

COVID-19: Responding to Opioid Overdoses in Overdose Prevention Services and Supervised Consumption Sites

November 25, 2021

Illicit drug toxicity/overdose deaths are preventable. Overdose prevention services (OPS) and supervised consumption sites (SCS) provide essential services and are therefore exempt from the Provincial Health Officer's order limiting in-person services.

Creative and flexible service delivery should continue in alignment with BC's current public health guidance, WorkSafe BC's [Communicable Disease Prevention guide](#) and recommendations from your local health authority.

Background/Current Status

The context of BC's dual public health emergencies related to the toxic drug supply and the COVID-19 pandemic requires providing access to harm reduction services including overdose prevention services (OPS) and supervised consumption services (SCS) while maintaining measures to prevent the spread of COVID-19.

This document provides guidance on responding to illicit drug poisonings or overdoses in OPS/SCS settings, where there will be a need for flexibility and consideration of the facility, staff training and available resources when implementing public health guidelines for preventing the spread of COVID-19.

This document aligns with provincial public health guidance. In areas with high community spread of COVID-19, additional prevention measures may be required. Refer to local health authorities for regionally specific public health guidance and infection prevention and control measures.

OPS and SCS settings differ according to the facility and staff. OPS and SCS may be delivered in health care settings or in various locations in the community. Peers, people with lived and living experience of substance use, and/or nurses may staff sites.

The greatest health risk to people using substances is the toxic drug supply and POISONING or OVERDOSE. For more information about OPS and SCS, and the number of overdose events in BC visit BCCDC's [harm reduction reports](#).

COVID-19 is a viral illness caused by the SARS-CoV-2 virus that causes a respiratory infection and other health problems. Fentanyl and other opioids can slow a person's breathing rate. Increasingly, benzodiazepines and benzo-like substances such as etizolam have been found mixed with opioids in the

illicit drug supply.¹ Benzo and benzo-like drugs can complicate and increase the likelihood of overdose, resulting in prolonged sedation or cause serious withdrawal symptoms with cessation of use.²

People with substance use disorders, particularly opioid use disorder, have significantly higher risk of developing COVID-19 and have significantly worse outcomes.³ Additionally, the COVID-19 pandemic has had other impacts on people who use substances, including loss of social connections and supports, an increasingly unpredictable drug supply and poisoning risk, and disruption of access to health care and social services⁴

Scope

This guidance applies to people working in OPS and SCS settings, including support staff and peer workers.

General

The following measures help minimize the spread of COVID-19 at OPS and SCS sites:

- Encourage staff to stay home if they are sick.
- Support OPS/SCS staff and clients who use services to receive vaccinations for COVID-19.
- Encourage and provide access to [hand hygiene](#).
- Encourage respiratory etiquette (e.g., cough or sneeze into elbow or sleeve, dispose of tissues properly).
- Avoid overcrowding and encourage staff and clients to maintain personal space.
- Clean and disinfect high-touch surfaces, counters and tables regularly. Follow [general guidance](#) on cleaning and disinfecting and/or [clinical guidance](#) depending on the setting.
- Maintain adequate ventilation (flow of fresh air).
- Masks are required in public indoor settings for all people aged five years and older regardless of vaccination status. Medical mask [requirements](#) continue to be in place in health care settings.
- Complete a [Point-of-Care Risk Assessment](#) to determine what personal protective equipment (PPE) to wear and what actions need to be implemented.
- [Complete COVID-19 Patient Screening](#). Confirmed or suspected cases of COVID-19 have:
 - Tested positive for COVID-19, and/or
 - Had close contact with a confirmed case of COVID-19, and/or
 - One or more [symptoms of COVID-19](#).
- If wearing a [medical mask](#) and [eye protection](#):

¹ [Benzodiazepines found in opioids in BC; Etizolam in BC's illicit drug market](#)

² [Overdoses Resources: Opioids and benzos or etizolam; Withdrawal from benzos mixed in BC's illicit drug supply](#)

³ [COVID-19 risk and outcomes in patients with substance use disorders: analyses from electronic health records in the US](#)

⁴ [Impacts of the COVID-19 Pandemic on People Who Use Substances: What We Heard](#)

- Avoid touching the mask and eye protection and immediately clean hands if adjusted or touched.
- Remove and replace a mask when wet, damaged, difficult to breathe through or soiled.
- Remove and replace eye protection when visibly soiled, cracked or vision is impaired.
- Clean hands before and after removing each piece of PPE.
- If wearing gloves:
 - Clean your hands before putting on and after taking your gloves off.
 - Change gloves and clean hands between clients and remove when leaving service area.
- Refer to local health authority for region-specific public health guidance.

Clients with confirmed or suspected cases of COVID-19 should be informed/reminded of the following:

- Naloxone administration and escalation to emergency services will be done earlier in the case of a suspected overdose event.
- The standard initial naloxone dose administered is now doubled ($2 \times 0.4\text{mg} = 0.8\text{mg}$).⁵
- Remind clients of ways to prevent an overdose if unwell, including using drug checking services where available, ways to prepare drugs to reduce risk of harm (including blood-borne pathogen infection), “start low and go slow,” split your doses and use less, and not using alone if possible.

Responding to a Suspected Illicit Drug Poisoning or Overdose

To determine the likelihood of COVID-19 and PPE requirements for responding to a suspected illicit drug overdose event, complete a [Point-of-Care Risk Assessment](#). Use a CPR Face Shield with a one-way valve for giving breaths. When adequate ventilation is not available, and where possible, open the doors and windows after responding to an overdose and/or during an [Aerosol Generating Medical Procedures](#) to improve ventilation. Wash your hands before donning PPE and after doffing each item of PPE. See posters for more information on [putting on/donning PPE](#) or [taking off/doffing PPE](#).

Based on the Point-of-Care Risk Assessment, there are different overdose response protocols with PPE recommendations detailed below:

⁵ This measure remains in place due to the amount of fentanyl in the drug supply. For more information on responding to opioid overdoses in community: [Toward the Heart: Responding to Drug Overdoses During COVID-19](#) or [VCH Overdose Response for Community Members](#)

OVERDOSE RESPONSE PROTOCOL for Clients with No Symptoms and Low Likelihood of COVID-19

1. Clean hands. Additional PPE beyond a medical mask (e.g., eye protection or gown) is not necessary.
2. Stimulate the person. Encourage them to take breaths.
3. Call 9-1-1. It is always important to get help.
4. Administer naloxone.
5. Apply oxygen, if available. Provide oxygen⁶ at a low flow rate of 6 – 10 L if you are able to encourage the person to take breaths. If this does not help or is not available, then follow guidance in step 6 to give rescue breaths. Monitor with an oximeter, if available.
6. Provide rescue breaths. Remove mask and use a CPR Face Shield with one-way valve shield, pocket mask, or Bag-Valve-Mask (BVM) (See below for considerations on BVM use during COVID-19).
7. Re-evaluate breathing. Give further doses of naloxone, as needed.
8. Start chest compressions if the person's heart stops and continue with rescue breaths.

PPE Recommendations for Clients with No Symptoms and Low Likelihood of COVID-19:

- The use of routine eye protection or gown is not necessary.

⁶ The use of oxygen with a face mask is recommended for overdoses with fentanyl (e.g., laryngospasm)

OVERDOSE PROTOCOL for Clients with Suspected or Confirmed COVID-19

If Point-of-Care Risk Assessment is not completed or risk is unknown, treat as suspected COVID-

19

1. Clean hands, apply gloves, medical mask and eye protection. See PPE considerations below.
2. If staff anticipates BVM and/or CPR may be required, don N95 mask.
3. Stimulate the person. Encourage them to take breaths.
4. Call 9-1-1. It is always important to get help.
5. Administer naloxone. If needed, give two (2) doses STAT.
6. Apply oxygen, if available. Provide oxygen⁵ at a low flow rate of 6 - 10L per minute if you are able to encourage the person to take breaths. If this does not help or is not available, then follow guidance in step 6 to give rescue breaths. Monitor with an oximeter, if available.
7. Provide rescue breaths. Remove medical mask and use a CPR face shield with one-way valve shield, pocket mask, or change to N95, if available, and use BVM (turn oxygen to 15 L). See below for considerations on BVM and use of respirators during COVID-19.
8. Re-evaluate breathing. Give further doses of naloxone as needed
9. Start CPR, if required. If the person's heart stops, start chest compressions and continue to give rescue breaths with appropriate PPE, including a covering over the client's nose and mouth.

PPE Recommendations for Clients with Suspected or Confirmed COVID-19:

- CPR Face Shield with one-way valve: take-home naloxone kits or facility overdose response boxes have a one-way valve and a large impermeable area, which protects the responder from respiratory secretions. Ensure a good seal throughout interventions to prevent leakage of air from the side of the mask.
- Medical mask: Remove your mask⁷ to give rescue breaths using a CPR Face Shield with a one-way valve. Re-apply new mask after overdose event. If using a BVM for ventilation, wear a N95 mask.
- Eye protection: [Clean and disinfect reusable eye protection](#) if they become wet or dirty and after overdose response interventions.
- Gloves: Clean hands, put on gloves and extend to cover your wrists. Change gloves between each person. Clean hands after taking your gloves off.
- Respirators: See below for more information on when and how to use for responding to opioid overdoses.

⁷ Whenever rescue breaths and CPR is carried out, there is always a risk of infection to the responder, particularly if rescue breaths are given without PPE or if PPE malfunctions (e.g., improper seal resulting in air leakage). However, this risk is very low relative to the very high risk of brain injury or death during an overdose event for the client. Taking basic precautions will minimize risk of infection of both the client and the responder.

- Removing PPE: Follow your site's communicable disease prevention plan. After responding to an overdose of a person with suspected or confirmed COVID-19, remove all PPE and practice hand hygiene. See the following resources for more information:
 - a. [Removing PPE \(Droplet & Contact\)](#)
 - b. [Removing PPE \(Airborne \[Aerosol Generating Medical Procedure\]\)](#)

If Your Site has a Bag-Valve-Mask (BVM) for Ventilation and Respirators

- Respirators (e.g., N95 or equivalent (re-usable or disposable)) filters at least 95% of airborne particles. Annual fit-testing for respirators is required to determine which model and size will best protect you. To wear a respirator, your face needs to be clean-shaven to have appropriate protection.
- BVM ventilation is an [Aerosol Generating Medical Procedure](#), and can cause SARS-CoV-2 to be transmitted through the air.
 - If use of a BVM is necessary and client has suspected or confirmed COVID-19 status, contact, droplet and airborne precaution PPE should be used by everyone involved: Gloves, fit-tested respirator ([re-usable](#) or disposable), and eye protection.
 - Follow and implement additional Aerosol Generating Medical Procedure measures outlined in local health authority guidelines to minimize risk.
 - BVM should be fitted with viral or HEPA filter which will provide additional viral filtration and help to reduce transmission. Presence of the viral or HEPA filter does not negate the need for contact, droplet and airborne PPE (e.g., gloves, fit-tested respirator and eye protection).
- When using BVM, turn oxygen to 15L.

Cleaning and Disinfecting

Follow local Infection Prevention and Control Guidance for Cleaning and Disinfection.

- Wear gloves when cleaning and disinfecting. Wear additional PPE as indicated by the disinfectant chemical [Safety Data Sheet](#) (previously known as MSDS) or when cleaning up grossly contaminated surfaces or equipment. Follow manufacturer's instructions for use, including contact time required.
- When disinfecting where a ventilation system is not available, and where possible, open a window so the fumes from the products don't aggravate your throat or breathing.
- Clean and disinfect countertops and consumption booths between each client.
- Wash with soap and water and then disinfect with [ready to use disinfectant wipes or solutions](#).

- If soap and water are not available, only cleaning and disinfection solutions that stipulate that they are both cleaners and disinfectant are sufficient (e.g., hydrogen peroxide wipes). Clean and disinfect using a two-step process.
- Wash hands after cleaning and disinfection procedures.

Cleaning and Disinfection Wipes

- Cleaning and disinfectant wipes contain a detergent to clean and a disinfectant to disinfect the surface at the same time. However, if there is soil, dirt or dust on the surface, use one wipe to remove the soil, dirt or dust and a second wipe to disinfect.
- Ensure you allow sufficient wet contact time to kill microorganism as identified on the label.

Bleach

- Clean area with soap and water or a general detergent product prior to disinfection.
- Diluted bleach solution should be made fresh each day to ensure the correct ppm of chlorine as it breaks down over time. See [chart](#) for recommended dilution factors and wet contact times for different surfaces/bleach concentrations.
- Do not mix bleach with vinegar or other acids, ammonia, cleaning solutions or rubbing alcohol. This can create toxic gases or corrosive materials that can cause damage.
- Always use bleach in a well-ventilated area.
- Dilute bleach with room temperature water, not hot water.
- For general disinfection:
 - If the concentration of bleach on the container is 5.25%, you need 1-part bleach to 99-parts water or 10mL bleach to 990mL water.
 - Allow the surface to remain wet for five minutes.

Supporting Documents for Cleaning and Disinfectants in the Work Environment

- [COVID-19 Infection Prevention and Control: Guidance for Home and Community Health Care](#)
- Poster: [Cleaning and Disinfectants for Health Care and Clinic Settings](#)
- BCCDC Website: [Infection Control for Health Care Facility Settings](#)
- Poster: [Environmental Cleaning and Disinfectants for Health Care and Clinic Settings](#)
- BCCDC Website: [Cleaning and Disinfecting](#)

More Information:

On March 26, 2020, overdose prevention services and supervised consumption sites were listed as essential services in British Columbia during COVID-19 pandemic. On the same day, the province of British Columbia, in collaboration with the [BC Centre on Substance Use](#), issued interim clinical guidance

titled [Risk Mitigation: In the Context of Dual Public Health Emergencies](#). This guidance was developed to assist health care providers to support patients to mitigate competing risks and enable social distancing and self-isolation measures, where possible, to reduce and prevent the spread of COVID-19.

- Local OPS, harm reduction, and naloxone [site finder](#)
- [COVID-19 information](#)
- For [information about OAT and other medical supports to address illicit drug use](#)
- Visiting your pharmacy and [accessing medications](#)
- [Resuscitation Council \(UK\) statements on COVID-19](#)