Manitoba
Health, Seniors and Active Living

OVERDOSE PREVENTION AND RESPONSE RECOMMENDATIONS FOR SERVICE PROVIDERS

Many service providers and organizations that serve the public are concerned about an overdose occurring in workplace spaces (e.g. washrooms), at venues, or events. Establishing organizational policies and practices regarding overdose prevention and response is important for the safety of staff and clients. This document provides guidance for service providers to develop overdose prevention and response policies and protocols.

This document does not address occupational health concerns related to potential staff exposure to opioids. The likelihood of such exposures and related harms is extremely low.

	☑
1. Prevention and Preparation	☐
Cultural safety and harm reduction	☐
Emergency Preparedness: Drills, CPR training	☐
Consider emergency response times in planning	☐
Take-home naloxone for people at risk of overdose	☐
2. Early Detection	☐
Timely monitoring of spaces where drugs may be consumed	☐
3. Response	☐
Overdose recognition and response training for staff	☐
Naloxone administration training for staff	☐

1. Prevention and Preparation

Cultural safety and harm reduction

Client safety terms refer to physical safety, but **cultural safety and harm reduction training for staff are equally important and can reduce institutional racism and discrimination experienced by service recipients**, particularly those who use drugs.

A culturally safe space is an environment that is spiritually, socially, physically and emotionally safe for people; where there is no assault, challenge, or denial of their identity, of who they are, and what they need.

Harm reduction refers to policies, programs and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. Harm reduction focuses on the prevention of harm, rather than on the prevention of drug use itself. Adopting a harm reduction approach to service can enhance open communication and knowledge exchange about drug use between service providers and service recipients, which enhances safety.

The Chief Provincial Public Health Officer of Manitoba has a Position Statement on Harm Reduction, accessible at: https://www.gov.mb.ca/health/cppho/docs/ps/harm_reduction.pdf
The Winnipeg Regional Health Authority has a Position Statement on Harm Reduction, accessible at: http://www.wrha.mb.ca/community/publichealth/files/position-statements/HarmReduction.pdf

Emergency preparedness training for staff

Best practice when coming upon an unresponsive person is to call 911 and follow **CPR** recommendations. Having staff trained in CPR will enhance response to a wide range of health emergencies, including overdose. **Staff drills** are important for preparing staff and maintaining competency in emergency response.

Consider emergency response times in planning

Access to timely emergency response enhances client safety. **Organizations should be aware of the emergency response times in their area, how to access emergency response, and the implications of response times.** Overdose response, CPR, and naloxone administration are interim interventions until emergency response/first responders can attend to the scene. Organizations in areas with relatively slow emergency response times (compared to urban

centres) may choose to increase the amount of overdose prevention and response resources they build into their program, such as preparing staff to administer naloxone.

Take-home naloxone for people at risk of opioid overdose

Organizations that serve people at risk of opioid overdose should be aware of resources for their service recipients. Sites that distribute free take-home naloxone kits to people at risk of opioid overdose are listed on the Street Connections website: www.streetconnections.ca

Offering overdose prevention, recognition and response training to clients who are at risk of opioid overdose, or likely to witness overdose, is an important way to increase overdose prevention and response resources in the community. Providing public training helps staff maintain competence and knowledge about overdose response. A training manual on overdose prevention, recognition and response is accessible at: http://gov.mb.ca/fentanyl/service-providers.html

2. Early Detection

Timely monitoring of spaces where drugs may be consumed

Drugs are consumed in various spaces, and while private residences are the most common places where overdoses are occurring, overdose may also occur outdoors, in public restrooms, in vehicles, hotel rooms, bars, festivals, and other spaces and places. Organizational spaces that are less disrupted and private are more likely to be used for drug consumption (e.g. washrooms, stairwells).

It is important that clients are treated with dignity and respect, and are safe on organizational premises. **The most important way to prevent fatal overdose on organizational premises is to ensure that spaces are checked regularly enough so that if an overdose occurs, the person will be discovered in time to be revived.** If an overdosed person is not discovered in a timely manner, naloxone is of no use.

Washroom policies or procedures that require staff to check on the person in the washroom (knock on the door) at regular intervals can improve safety. For example, as single person washrooms are amenable to drug use, several organizations have installed washroom door lock technology, which signals a light to go on after the door has been locked for 10 minutes. Such technology can assist staff in efforts to balance client privacy with early detection.

For most organizations, addressing the above Prevention, Preparation, and Early Detection recommendations is enough to significantly enhance safety for clients and staff

3. Response

Overdose recognition and response training for staff

In addition to basic CPR training, staff can be trained to prevent, recognize and respond to overdose without necessarily being trained to administer naloxone. Being aware of the signs and symptoms of opioid overdose will support early detection and timely appropriate response. A training manual on overdose prevention, recognition and response is accessible at: http://gov.mb.ca/fentanyl/service-providers.html

Naloxone administration training for staff

Training on naloxone administration is generally brief and does not fully prepare a responder for an overdose situation. CPR training, including performing artificial respirations and chest compressions, should be a prerequisite to learning naloxone administration for organizational staff. Numerous pharmacies sell naloxone kits and provide training on naloxone administration. The College of Pharmacists of Manitoba maintains a list of these pharmacies on their website: www.cphm.ca.

Organizations should consider the following factors in decisions regarding the preparation of staff to administer naloxone in the workplace:

- Staff scope of practice
- Emergency response times
- Preparation of staff for rare events
- Likelihood of witnessed versus un-witnessed overdose

a) Staff scope of practice

Many health care professionals such as nurses, doctors, paramedics, and pharmacists have the administration of medications by injection in their scope of practice. There will be greater training and support needs for staff that do not have naloxone administration in their scope of practice. Less invasive routes of administration, such as intranasal, may be less intimidating training for staff if intramuscular injection of a medication is not within the scope of their profession or role.

b) Emergency response times

Organizations in areas with relatively slow emergency response times (compared to urban centres) may choose to increase the amount of overdose prevention and response resources they build into their program, such as having naloxone on site.

c) *Preparation of staff for rare events*

Overdoses in the workplace are rare events. Preparing staff and maintaining competency to respond to rare events is challenging, especially when those rare events are emergencies. Lengthy practice guidelines will not be accessed during an overdose. Providers require quick access tools to support decisions and interventions undertaken during an overdose event. There should be a point person in the organization responsible for staff preparation, refresher training, and drills.

d) Likelihood of witnessed versus un-witnessed overdose

When a person overdoses on an opioid drug, respirations will be depressed to the point of inadequate oxygen intake. Eventually under these conditions, the heart will stop. Naloxone administration has a small window of applicability and is indicated primarily for witnessed overdose or overdose that is discovered before the heart stops beating. Naloxone will not re-start a person's heart.

> **Witnessed overdose**: when the person is seen taking the drug, becoming intoxicated in a manner consistent with opioid intoxication, and losing consciousness.
>
> **Un-witnessed overdose**: coming across someone who is suspected to have overdosed on opioids and the responder does not know how long they have been unconscious and not breathing. The person's heart may have stopped. Full CPR and an automatic defibrillator (if available) is recommended until professional first responder and emergency services arrive.

Organizational staff members are more likely to come across un-witnessed than witnessed overdose, as drug use is more likely to be concealed from staff. This is especially true for organizations that do not incorporate harm reduction in their practice, or that have drug use or intoxication prohibition policies that compel clients to conceal their drug use.

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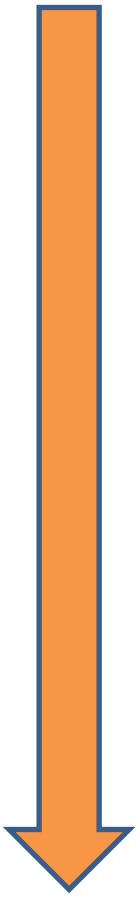

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Emergency preparedness for staff: CPR training, drills
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