DEVELOPING AN OPIOID OVERDOSE RESPONSE PROTOCOL:

INFORMATION FOR WORKPLACES

PETERBOROUGH DRUG STRATEGY

DISCLAIMER

The purpose of this document is to provide general information for developing a workplace opioid overdose response protocol. It offers stakeholders a tool to assess the risk of an onsite opioid overdose and determine an appropriate level of response. Workplaces are encouraged to utilize and/or adapt this document to inform their internal processes related to opioid overdose response and prevention.

New evidence related to opioids and opioid overdose is continually emerging. While the content of this document is evidence-based, it represents the best knowledge available to date at the time of publication. Accordingly, this document may change based on new information and the development of resources. This document is not intended to provide legal advice and should not be relied upon as such.

The intended audiences for this resource are staff who work with people who use drugs, other support staff working in areas where people who use drugs may be present and at risk of an opioid overdose, and decision makers responsible for the above mentioned service providers and other support staff.

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BACKGROUND

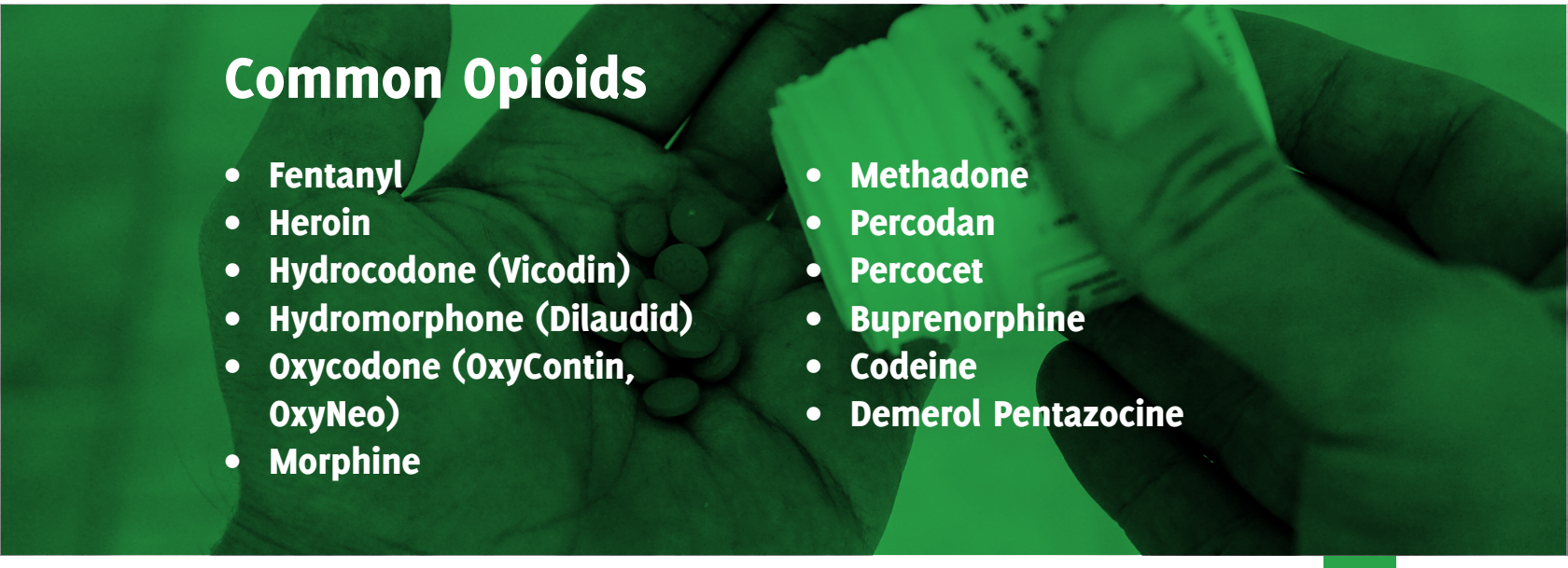
Ontario is currently experiencing a public health emergency resulting from an unprecedented increase in opioid-related harms including emergency department visits, hospitalizations, and overdoses. Since 2003, the number of opioid-related fatalities in the province has increased by 136 percent, and it is estimated that 867 Ontarians died from opioid-related causes in 2016.[1] Additionally, the people experiencing opioid-related harms come from all walks of life, including all ages, income brackets and both sexes, although some populations are disproportionately impacted.[2]

Harms related to opioids are also a local issue. Currently available data indicates that Peterborough has the fourth highest rate of opioid-related emergency room visits among Ontario's 15 census metropolitan areas[3], as well as the fourth highest rate of opioid-related deaths among Ontario's 36 public health unit areas (9.2 per 100,000 population between July 2013 and June 2016).[4]

Due to the increasing prevalence of opioid-related harms in our community, there is also an increased likelihood that staff at workplaces will encounter someone who uses opioids and is at risk of experiencing an opioid-related medical emergency. Accordingly, this document may be used in conjunction with other resources to inform organizational opioid overdose response planning efforts that aim to reduce harm to individuals, first responders, and staff.

ABOUT OPIOIDS

Opioids are a group of drugs that are primarily used to relieve pain. Other medical uses include the control of coughs and diarrhea, and for the treatment of addiction to other opioids. Opioids may be used medically or non-medically.



Common Opioids

- **Fentanyl**
- **Heroin**
- **Hydrocodone (Vicodin)**
- **Hydromorphone (Dilaudid)**
- **Oxycodone (OxyContin, OxyNeo)**
- **Morphine**
- **Methadone**
- **Percodan**
- **Percocet**
- **Buprenorphine**
- **Codeine**
- **Demerol Pentazocine**

Opioids bind to specific receptor sites in the brain and the body that control basic life functions like breathing, heart rate, body temperature, and consciousness. Once attached to these sites, they reduce the body's perception of pain. They can also produce euphoria, a property that contributes to their potential for unsafe use.[5]

There are a number of factors that may have an impact on an individual's use of opioids and the outcomes they may experience, including their level of risk for related harms. Of particular note are the factors of tolerance and dependence. Over time, use of an opioid can lead to tolerance, regardless of whether prescription or illicit formulations are used. Tolerance is when a person has to use a larger amount and/or a higher strength of a drug to achieve the same effect. With prolonged use, dependence may also occur. Dependence refers to a state where the body requires a drug to function normally. If a person who is dependent stops using opioids, they will experience withdrawal symptoms, such as nausea, agitation, depression, and insomnia.[6]

OPIOID OVERDOSE RECOGNITION AND RESPONSE

WHAT IS AN OPIOID OVERDOSE?

An opioid overdose is a medical emergency that occurs when a person takes an amount of a drug or combination of drugs that is more than their body can process. Because opioids cause respiratory depression, taking more than the body can handle can cause breathing to slow, become irregular, or stop. As a consequence, the person can lose consciousness and eventually die.

An opioid overdose is different than being 'on the nod', which is a phrase to describe the desired effect of using an opioid. When a person is 'on the nod' their breathing may be slower than normal, their pupils may appear very small, and they may exhibit an altered state of consciousness ranging from mild euphoria to drowsiness. Importantly, a person on the nod can still be awakened.

As the person progresses to opioid overdose common signs include changes in their skin and eyes. They may appear pale, their fingernails and lips may have a blue cast and they may have pinpoint pupils. Also their breathing may slow down, become irregular or stop. Often you can hear deep snoring, gurgling ("death rattle") or wheezing sounds. Similarly, the person may be unconscious and will not respond to painful stimuli, light, or sound.[7]

If a person is exhibiting signs of opioid overdose, and most importantly is unresponsive, immediately call 911. Where applicable, follow your organization's emergency response procedures, which may or may not include the administration of naloxone.

WHO IS AT RISK OF AN OPIOID OVERDOSE?

It is important to understand that **anyone** can overdose from using opioids. Factors that increase the risk of opioid overdose include:

- Taking prescription opioids that were not prescribed to you
- Obtaining opioids from an unregulated source where their quality and potency are not known
- Having overdosed on opioids before
- Mixing opioids with other drugs, especially depressants like alcohol or benzodiazepines (e.g. Valium, Xanax)
- Using opioids again after having stopped for a while, which lowers tolerance
- Using opioids alone[8]

Additional factors that may increase the risk of an overdose include the person's health status, as well as the way the drug is administered (for example, injecting an opioid versus consuming it orally).

WHAT ARE THE SIGNS OF AN OPIOID OVERDOSE?

A person who is experiencing an opioid overdose may exhibit the following signs:

Skin feels cold and clammy

Fingernails or lips are blue or purple

Body is very limp

Can't wake the person up

Deep snoring or gurgling sounds

Breathing is very slow, erratic or has stopped

Pupils are very small

*Illustrations adapted from Health Canada (2017). Festival Poster. Retrieved from: https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/opioid/festival-poster-eng.pdf

HARM REDUCTION

Understanding harm reduction is fundamental for reducing the risks and related harms associated with substance use, and essential for staff members that work with people who use drugs.

Harm reduction refers to a range of pragmatic, evidence-based policies and practices designed to minimize drug-related harms.[9] The primary focus of harm reduction is to reduce the adverse health and social costs of legal and illegal substance use without the expectation that people necessarily abstain or stop using drugs.

Harm reduction is rooted in a movement for social justice that seeks to address inequalities that isolate and marginalize people who use drugs.[10] A core principle of harm reduction is 'meeting people where they are at.' This includes strategies that promote safer practices for using drugs, access to health care and harm reduction equipment, personally- and culturally-relevant safety practices, and mechanisms that reduce the risk of drug-related harms.

Practical examples of harm reduction related to the harms of opioids are needle syringe programs, safe injection sites, and the provision of take-home naloxone. Other practical examples of harm reduction related to preventing injury and disease include bike helmets, life jackets, seat belts, condoms, sunscreen, etc.

NALOXONE

Naloxone is a safe and effective medication that can temporarily reverse an opioid overdose. In Canada, naloxone may be administered by injection (into a large muscle group) or intranasally (sprayed into the nose). Once administered, the medication works quickly, usually within 3-5 minutes, but will only last for a short period of time estimated as up to 45 minutes. For detailed steps on how to administer intranasal or injectable naloxone, see Appendix A and B respectively.

Naloxone is only effective for opioid-related overdoses. Although naloxone will not reverse overdoses caused by other drugs (i.e., cocaine, ecstasy, GHB or alcohol), it is harmless if given in error or in response to respiratory depression unrelated to opioids.

How naloxone works

Naloxone and opioids bind to the same receptors in the brain that control breathing, heart rate, and consciousness. Naloxone temporarily blocks the effects of the opioids by exerting a stronger bond over these receptors, helping to restore normal breathing and consciousness (see image below).

Since the protective effects of naloxone are temporary, it is crucial to call 911 anytime naloxone is administered.

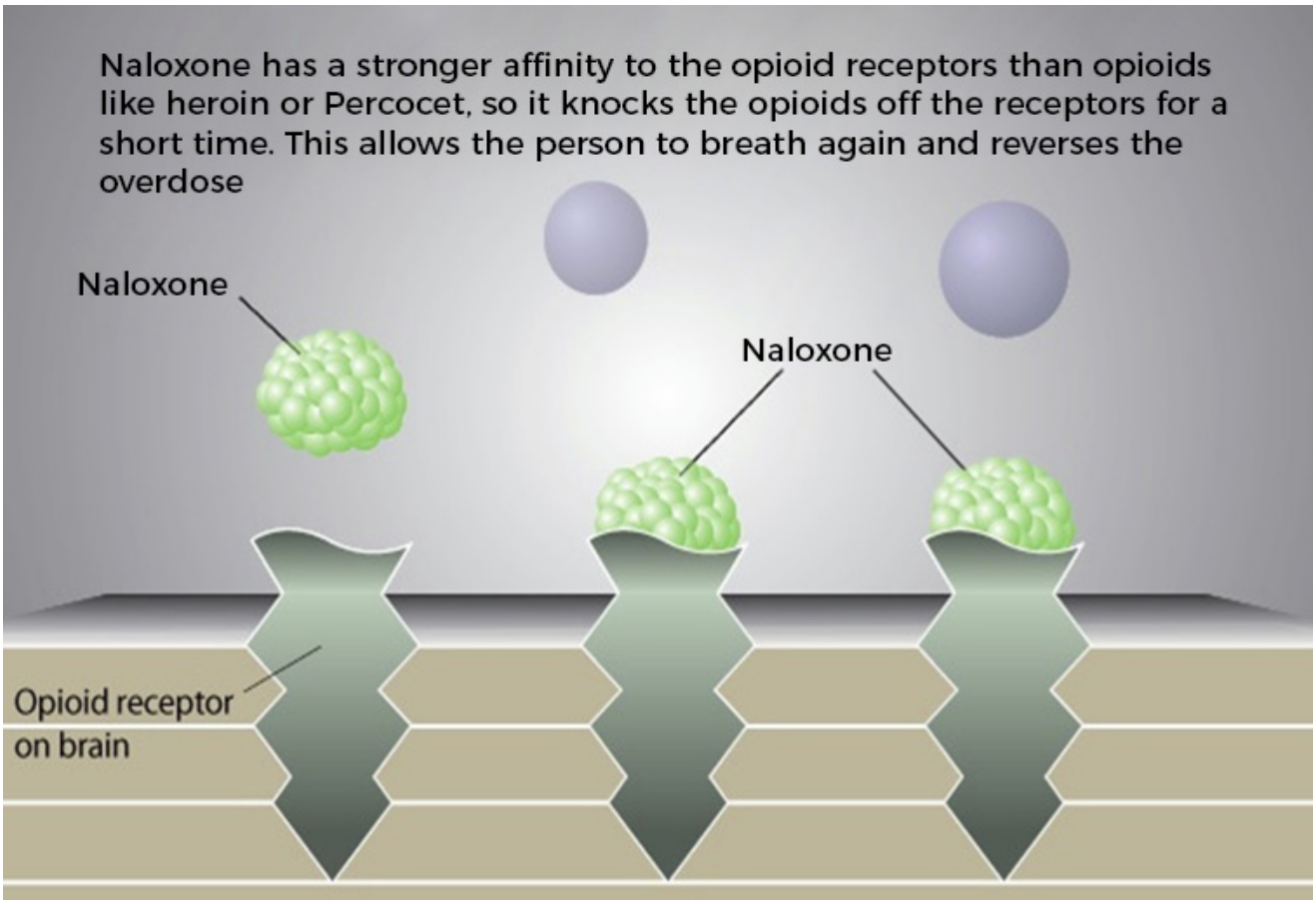


*Image source: Maya Doe-Simkins. http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/

Naloxone and Withdrawal

A person who has developed a dependency to opioids may experience withdrawal after naloxone is administered. Although withdrawal is not fatal, it can be distressing and painful for the person. When the naloxone starts working the individual may:

- Wake up suddenly
- Wake up slowly
- Be disorientated
- Experience mild to severe withdrawal symptoms (e.g. nausea, vomiting, sweating)
- Want to use more drugs
- Be agitated[11]

It is a common misconception that people always become violent when they are revived by naloxone. To reduce potential risk to first responders and the person who has overdosed, the following precautions are recommended:

- Give one dose of naloxone, and then check for breathing. If breathing is absent, give chest compressions for 2-3 for minutes before giving the next dose
- Talk calmly to the person and explain what you are doing, even if they appear unconscious

- Tell the person the withdrawal symptoms will start to subside when Naloxone wears off after approximately 20 minutes.[12]

Accessing Naloxone

Naloxone is available without a prescription, and anyone can administer the medication when used in response to an opioid overdose medical emergency.

In Ontario, individuals likely to experience an opioid overdose, as well as their friends and family members may access intranasal and injectable naloxone kits for free. Intranasal kits may be accessed without a health card through community organizations that participate in the Ontario Naloxone Program. Injectable kits are available with a health card through participating community pharmacies.

Individuals in a position to help someone experiencing an opioid overdose may access a free injectable naloxone kit through participating community pharmacies by showing their health card and completing a short 5 to 10 minute training. This training may vary from location to location as a standardized training program does not currently exist.

Naloxone is not free for workplaces to use in their first aid kits. Workplaces must purchase naloxone through a local pharmacy or order a kit directly from a supplier (see below for more information). If you opt to order the intranasal formulation of naloxone directly from the supplier, you will have to independently source additional kit components, as listed in the table below.

The current cost of an intranasal kit containing two 4/mg doses of intranasal naloxone is approximately $145, while the cost of an injectable kit is around $33. Contacting pharmacies that already participate in the publically funded naloxone program may represent a potential source for workplaces that wish to purchase intranasal kits through special order.

NALOXONE PROCUREMENT OPTIONS FOR WORKPLACE FIRST AID KITS

TYPE OF KIT	 **Injectable Kits**	 **Intranasal Kits**
KIT CONTENTS	• 1 hard case • 2 (0.4 mg/1 ml) vials or ampoules (a small glass container) of naloxone • 2 safety-engineered syringes with 25g, 1" needles attached • 2 devices (known as "breakers," "snappers," or "openers") or alcohol swabs for opening ampoules safely • 1 pair of non-latex gloves	• 1 hard case • 2 doses of Narcan® Nasal Spray (4 mg/0.1ml) • 1 pair of non-latex gloves • 1 insert with instructions (English and French) • 1 product monograph with additional information on the medication (English and French)
SUPPLIERS	Purchase online or from local pharmacies as a fully assembled kit. For a searchable list of local pharmacies that stock naloxone kits in your area, visit: https://www.ontario.ca/page/where-get-free-naloxone-kit	**MEDICATION ONLY** Narcan nasal spray may be ordered directly from the supplier (ADAPT Pharma). For more information, visit: https://www.narcannasalspray.ca/ Other kit components will need to be sourced independently. **FULLY-ASSEMBLED KIT** The following companies may be able to assist you in accessing fully assembled kits: The Control Group: http://www.thecontrolgroup.ca/ Calea: http://www.calea.ca/catalogue/calea/index.php?option=com_content&view=article&id=98:naloxone-kits
COST*	$33 per assembled kit	$145 per two doses (medication only) $175 per assembled kit

*Note: All costs are an approximation based on quotes received at the time of publication. Pricing may fluctuate.

RISK ASSESSMENT AND OVERDOSE RESPONSE PLANNING

When deciding whether your workplace should have naloxone available, you should determine the likelihood that staff will encounter someone experiencing an overdose in the course of their work.

To answer this question, consider the following:

- Do staff regularly work with people who use drugs?
- Do staff work in areas where people might be using drugs?
- Do staff work in areas where people may be at risk for overdose?
- Has there already been an overdose in your workplace?
- Have any of your clients raised concerns about their overdose risk?
- Do staff currently use opioids or have a history of opioid use?

If you answered yes to any of these questions you should develop an overdose response plan for your program.

You can decide to:

- Raise staff awareness of the potential for opioid overdose, signs and symptoms and how to monitor your space or the surroundings
- Train staff on how to respond to an opioid overdose by calling 911, administering naloxone, if appropriate, and other first aid support for unresponsive individuals with suspected opioid overdose

Examples of staff that could benefit from having naloxone available to them include:

- Harm reduction staff
- Shelter staff
- Outreach staff
- Parks Ambassadors
- Staff who work in community agencies like drop-ins, community health centres, etc.
- Staff who provide home visits for clients who may use drugs
- Bartenders

If there is a likelihood of encountering someone experiencing an opioid overdose, your workplace should consider having a supply of naloxone and training for staff on how to use naloxone.

COMPONENTS OF AN OVERDOSE RESPONSE PLAN

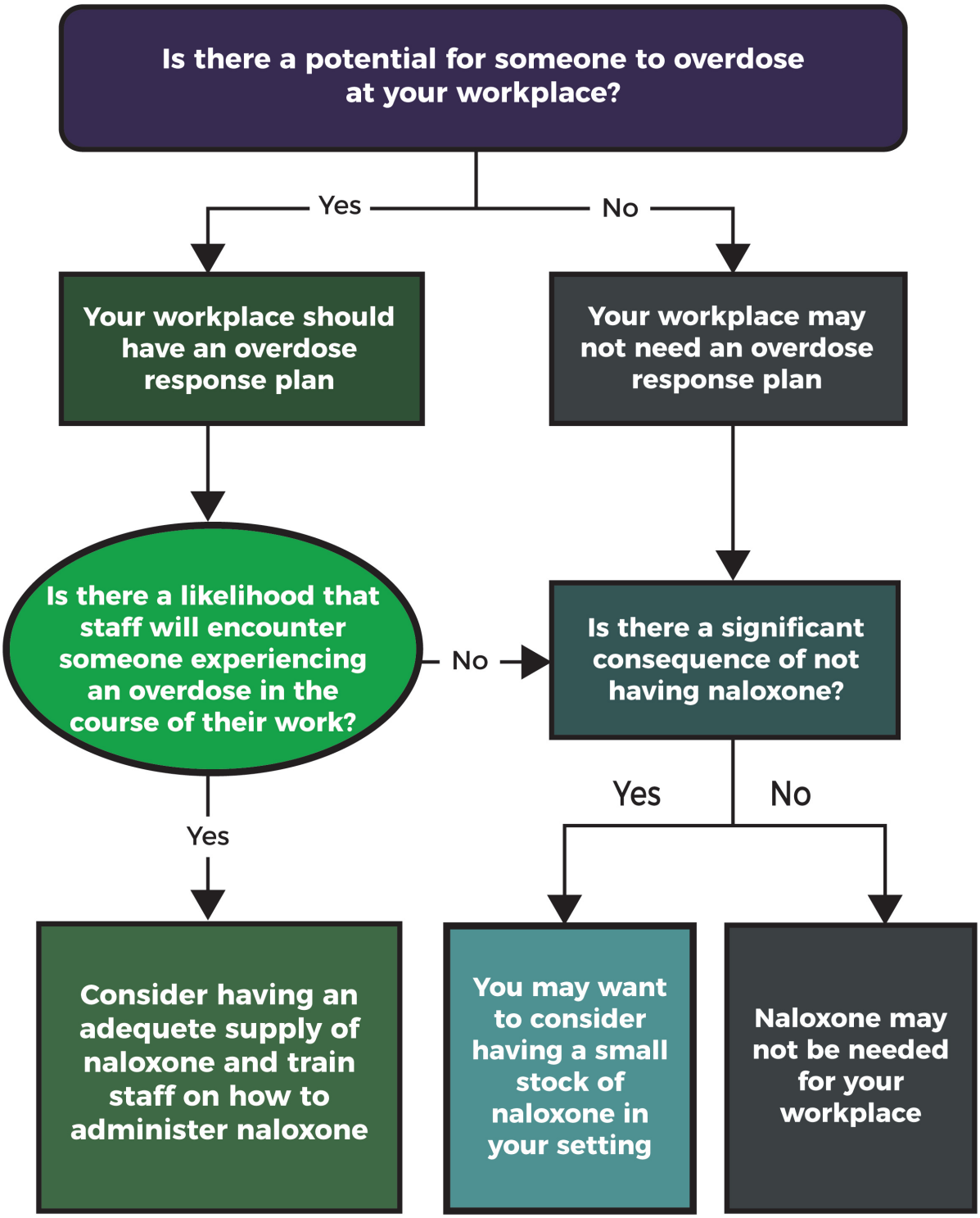
1. **Staff training on:**
    - Opioids and the risk factors for an opioid overdose
    - How to prevent an opioid overdose
    - Signs of an opioid overdose
    - Naloxone and the steps to responding to an opioid overdose
    - The internal policies and procedures for responding to an opioid overdose as well as the necessary follow-up

- Self-care

2. **Strategies to monitor clients and spaces for opioid overdose, including:**
    - Regularly and systematically monitoring all areas where people may be using drugs or where they go following drug use
    - Ensuring bathroom doors and doors to other potential areas are easily accessible in the event of an overdose medical emergency

3. **A plan for how to respond to an opioid overdose, including**
    - Calling 911
    - Naloxone administration (if applicable, see below)
    - Chest compressions and, if trained, rescue breathing
    - Documentation and notification
    - Debriefing post-incident (see Appendix D and E for sample incident reporting and debriefing forms).[13]

DECISION MAKING TOOL



Adapted from Toronto Public Health

LIABILITY, RISK, AND CONSENT

IMPORTANT: You will need to consult your own organization's current policies and procedures regarding consent and any legal and liability issues, however, the following information may be helpful.

The Health Care Consent Act, 1996 generally requires a health care provider (HCP) to obtain consent prior to initiating any form of treatment. However, Naloxone can be administered in the absence of consent when two preconditions are met:

1. There must be an emergency and
2. The delay in obtaining consent must either prolong the client's suffering or put the client at risk of sustaining serious bodily harm.

This applies to both persons who are incapable and capable of giving consent to receive treatment. An emergency is defined as a person experiencing severe suffering or at risk of sustaining serious bodily harm if the treatment is not administered.

For individuals NOT capable of giving consent to receive treatment, Naloxone may be given without consent if there is an emergency, there is a communication barrier, the means to communicate have failed and/or the delay in finding a practical way to permit communication would prolong the suffering or put the client at risk of serious bodily harm.[14]

Staff who administer Naloxone are protected from liabilities under Ontario's Good Samaritan laws. Furthermore, because naloxone is harmless if given in error or for other forms of overdose, the risk of injury to clients is low.

Note: If Naloxone is administered without consent, the rationale for doing so should be documented on an incident report form (see Appendix D).

GOOD SAMARITAN DRUG OVERDOSE ACT

In May 2017, the federal Good Samaritan Drug Overdose Act became law. The act amends sections of the Controlled Drugs and Substances Act to provide some legal protection for individuals who seek emergency support during an overdose. The purpose of the legislation is to reduce the fear that individuals may feel were police to attend an overdose emergency.

The legislation provides protection to individuals who are in violation of the following conditions:

- Charges for possession of a controlled substance (i.e. drugs) under section 4(1) of the Controlled Drugs and Substances Act
- Breach of conditions regarding simple possession of controlled substances (i.e. drugs) in:
    - pre-trial release
    - probation orders
    - conditional sentences
    - parole

The act does not provide legal protection against the following offences:

- outstanding warrants
- production and trafficking of controlled substances
- all other crimes not outlined within the act[15]

CONCLUSION

Opioid overdose is a complex issue that affects people from all backgrounds. Reducing opioid-related harms ultimately requires collaborative action grounded in a harm reduction approach. Workplaces can play a central role in reducing the harmful consequences of opioid use by planning and preparing for an onsite opioid overdose. While specific actions may vary based on your workplace, awareness and education, including staff training on opioid overdose recognization and response, is the first step towards reducing opioid-related harms at work and in the community at large.

For more information and resources related to opioids, visit www.peterboroughdrugstrategy.com. To find upcoming training opportunities, visit the Question of Care website at www.questionofcare.com.

REFERENCES

[1] Public Health Ontario. (2017). Opioid-related Morbidity and Mortality in Ontario. Retrieved from: http://www.publichealthontario.ca/en/dataand0analytics/pages/opioid.aspx

[2] Ontario Drug Policy Research Network. (2017). Latest Trends in Opioid-Related Deaths in Ontario. Retrieved from: http://odprn.ca/wp-content/uploads/2017/04/ODPRN-Report_Latest-trends-in-opioid-related-deaths.pdf

[3] Canadian Institute for Health Information. (2017). Opioid-Related Harms in Canada. Retrieved from: https://secure.cihi.ca/free_products/opioid-harms-chart-book-en.pdf

[4] Ontario Drug Policy Research Network. (2017). Behind the Prescriptions: A Snapshot of Opioid Use Across All Ontarians. Retrieved from: http://odprn.ca/research/publications/opioid-prescribing-in-ontario-august-2017/

[5] Centre for Addiction and Mental Health. (2003). Do You Know…Prescription Opioids. http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/oxycontin/Pages/opioids_dyk.aspx

[6] Centre for Addiction and Mental Health. (2016). Opioid Withdrawal. Retrieved from: https://www.porticonetwork.ca/web/opioid-toolkit/treatment/opioid-withdrawal

[7] Toronto Public Health, Managing a Suspected Drug Overdose Sample Policy and Procedure

[8] Government of Ontario. (2017). Get Naloxone Kits for Free. Retrieved from: https://www.ontario.ca/page/get-naloxone-kits-free

[9] Harm Reduction International. (n.d). What Is Harm Reduction? Retrieved from: https://www.hri.global/what-is-harm-reduction

[10] Ontario Harm Reduction Distribution Plan. (2017). Harm Reduction. Retrieved from: http://www.ohrdp.ca/about-us/harm-reduction/

[11] Toronto Public Health. (2017). Managing a suspected drug overdose: Sample policy and procedure.

[12] Toward the Heart - BC Centre for Disease Control. (n.d.). Busting Naloxone Myths. Retrieved from: http://towardtheheart.com/assets/uploads/15058620406ZIcl4Di6CauCUzVhxXJvHmx8IlnPpiG6tz11yv.pdf

[13] The Works Needle Exchange Program - Toronto Public Health. (2017). Organizational Opioid Overdose Risk Assessment Tool.

[14] Health Care Consent Act, 1996, S.O. 1996, c. 2, Sched. A

[15] Government of Canada. (2017). About the Good Samaritan Overdose Act. Received from: https://www.canada.ca/en/health-canada/services/substance-abuse/prescription-drug-abuse/opioids/about-good-samaritan-drug-overdose-act.html

APPENDIX A: RESPONDING TO AN OVERDOSE WITH INTRANASAL NALOXONE

STEP 1: STIMULATION
Try to wake the person. Shout their Name. Shake at Shoulders.

STEP 2: CALL 911
If the client does not respond to stimulation, call 911 immediately.

STEP 3: ADMINISTER NALOXONE (INTRANASAL)
Lay the person on their back. Insert nozzle tip into 1 nostril. Firmly press plunger

STEP 4: CHECK BREATHING
If the person IS breathing, put them in the recovery position (see below).

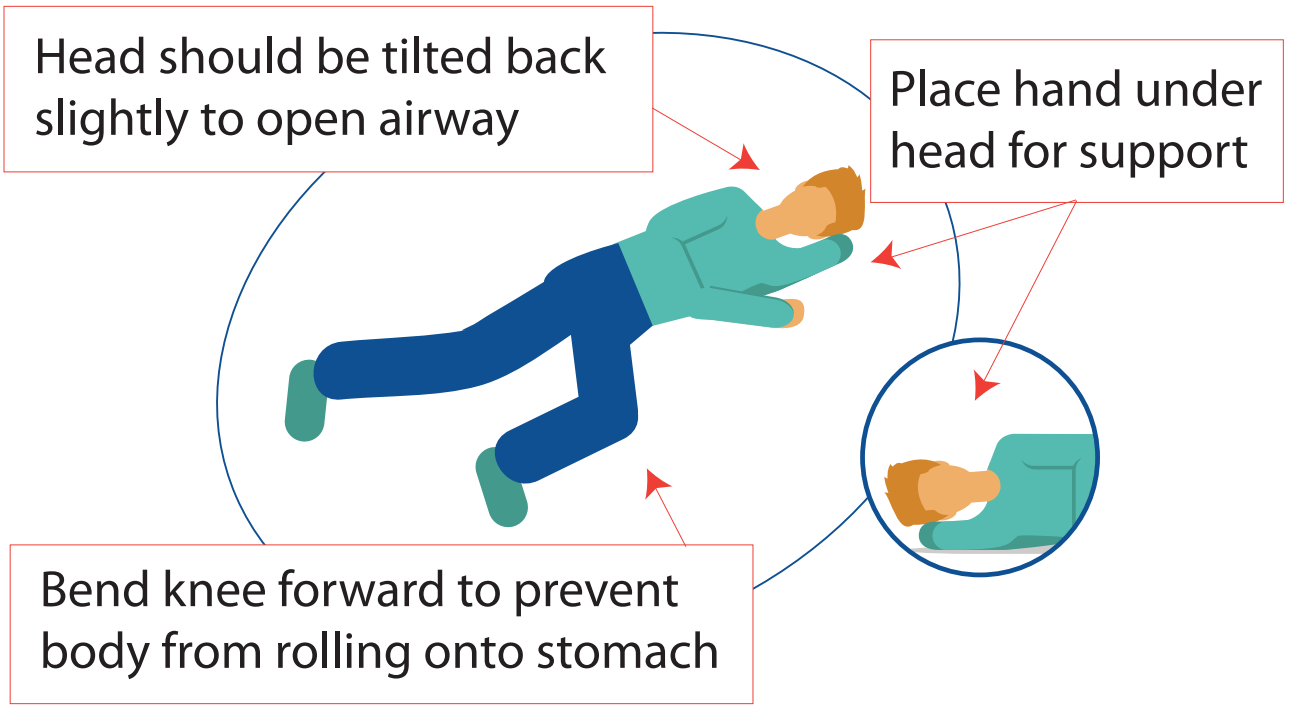
If the person IS NOT breathing, give chest compressions. Push hard and fast with both hands on the center of the chest. Position arms in locked position. Bend at the hips and push down at least 2 inches with each compression, using your body weight

Continue chest compressions until EMS arrives. If possible, switch persons doing compressions every 2 minutes to avoid fatigue.

STEP 5: REASSESS
If person does not start breathing on their own within 2-3 minutes, administer a second dose of naloxone in the other nostril following the same procedure in step 3 and continue chest compressions until EMS arrives. If additional naloxone nasal sprays are available, naloxone may be administered in alternating nostrils every 2-3 minutes until the person responds or EMS arrives.

RECOVERY POSITION

If at any point you need to leave the person alone, place them in the recovery position (on their side). Placing a person in the recovery position gives gravity assistance to the clearance of physical obstruction of the airway by the tongue, and also gives a clear route by which fluid can drain from the airway and prevent choking.



APPENDIX B: RESPONDING TO AN OVERDOSE WITH INTRAMUSCULAR NALOXONE

STEP 1: STIMULATION
Try to wake the person. Shout their Name. Shake at Shoulders.

STEP 2: CALL 911
If the client does not respond to stimulation, call 911 immediately.

STEP 3: ADMINISTER NALOXONE (INTRANASAL)

1. Break open the naloxone ampoule using the amp snapper cap or an unopened alcohol pad

TIP: If there is liquid above the amp neck, gently tap the amp tip with your finger to get all the liquid to the bottom

2. Insert a new syringe into the ampoule and steadily and slowly draw up all of the naloxone into the syringe. Do not worry about air bubbles in the syringe - a little bit of air in the muscle will not harm the person

3. Inject all of the Naloxone (1mL) into upper arm or thigh at a 90 degree angle

TIP: If you cannot remove the clothing over the injection site, the needle is long enough to reach through light clothing.

Adapted from Toronto Public Health

STEP 4: CHECK BREATHING

If the person IS breathing, put them in the recovery position.

If the person IS NOT breathing, give chest compressions. Push hard and fast with both hands on the center of the chest. Position arms in locked position. Bend at the hips and push down at least 2 inches with each compression, using your body weight.

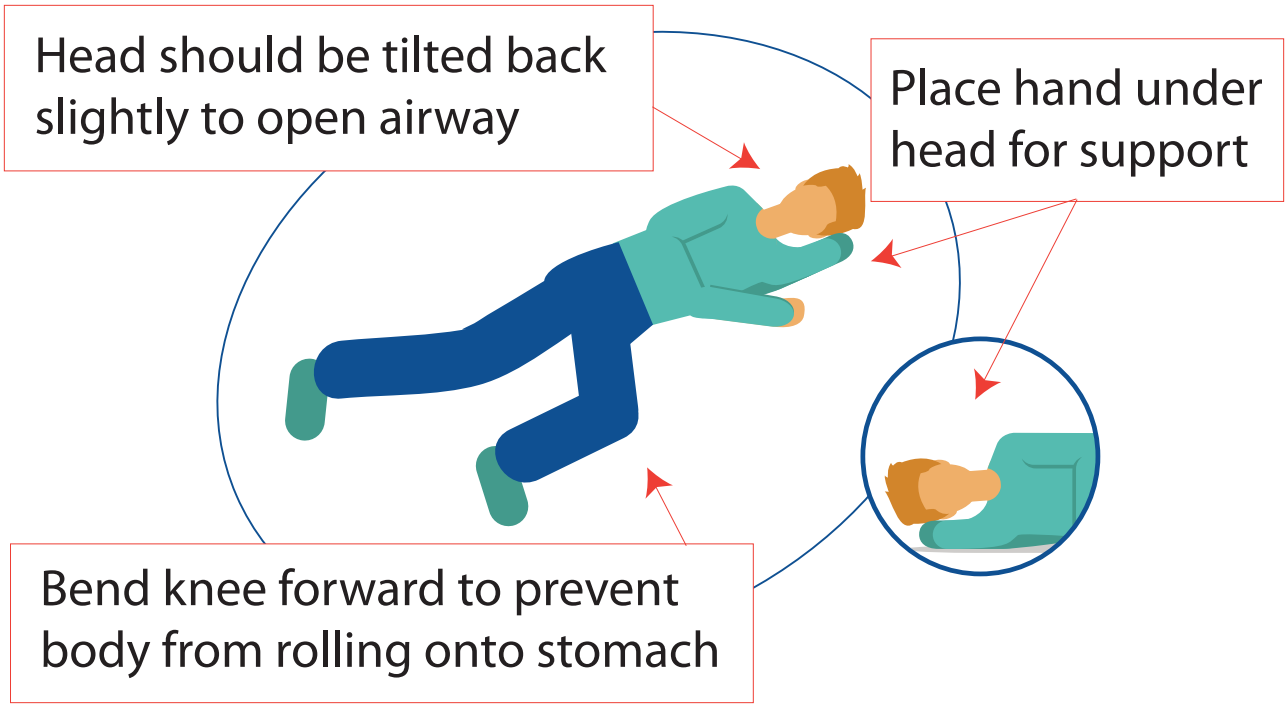
Continue chest compressions until EMS arrives. If possible, switch persons doing compressions every 2 minutes to avoid fatigue.

STEP 5: REASSESS

If person does not start breathing on their own within 2-3 minutes, administer a second dose of naloxone following the same procedure in step 3 and continue chest compressions until EMS arrives.

RECOVERY POSITION

If at any point you need to leave the person alone, place them in the recovery position (on their side). Placing a person in the recovery position gives gravity assistance to the clearance of physical obstruction of the airway by the tongue, and also gives a clear route by which fluid can drain from the airway and prevent choking.



APPENDIX C: EXAMPLE OPIOID OVERDOSE RESPONSE PROTOCOL

‹‹Organization Name››
‹‹Organization Logo››

OPIOID OVERDOSE & RESPONSE

AUTHORIZATION: ‹‹name/dept››

DATE APPROVED: ‹‹MM/DD/YYYY››

CURRENT VERSION: ‹‹MM/DD/YYYY››

HISTORY OF REVISIONS
Version 1.0 ‹‹MM/DD/YYYY››

PURPOSE
To respond to and prevent fatal opioid overdoses at ‹‹Organization Name››

SCOPE
This policy and procedure applies to ‹‹who?›› ‹‹where?››

DEFINITIONS
‹‹modify as required for your organization››

- Client: any individual using the facilities or services of the organization.
- Naloxone: an antidote to an opioid overdose. Naloxone can temporarily restore breathing following an opioid overdose and can be given by injection or intranasally.
- Opioid: a class of drug, sometimes called opiates. Includes drugs derived from the poppy such as morphine and codeine ('opiates') as well as synthetic or partially synthetic formulas such as heroin, oxycodone, methadone, fentanyl. Opioids are often used to treat pain.
- Opioid Overdose: a medical emergency caused by using more of an opioid drug or combination of drugs than the body can process. Opioids can slow or stop a person's breathing.
- Staff: any employee or volunteer at the organization.

POLICY
‹‹modify as required for your organization››
‹‹Organization Name›› is committed to opioid-overdose prevention, recognition and response. This policy will support staff intervene in opioid overdoses at this organization.

Minimum Standard

- All staff will be able to identify opioid overdose, and respond by calling 911 and providing first aid, including doing chest compressions.
- Staff trained in naloxone administration may choose to give naloxone in addition to chest compressions and calling 911, depending on the circumstances and their comfort level.
- At least one staff member with training in naloxone administration will be available at all times.
- Clients will be encouraged to obtain naloxone kits and will be permitted to retain possession of them at all times while accessing services or the facility. (If applicable)

APPENDIX D: EXAMPLE EMERGENCY RESPONSE INCIDENT REPORT

INCIDENT REPORT FORM

Last Name:	**First Name:**	**Anonymous**
Date of Birth: _____/_____/____ (yyyy) (mm) (dd)	**Gender: ☐ Male ☐ Female ☐ Transgender ☐ Other**	
Location:_____		**Date: _____/_____/____ (yyyy) (mm) (dd)**

MEDICAL HISTORY

Allergies:	
Medications/Substance use:	
Medical Considtions/ Hospitalizations:	

TYPE OF INCIDENT

	Fall		**Respiration Depression**		**Difficulty Breathing**
	Seizure		**Overdose**		**Hypoglycaemia**
	Fainting		**Critical Lacerations/ Bleeding**		**Chocking/Air Way Obstruction**
	Self-harm		**Withdrawal**		**Suspected Fracture**
	Heat Stroke		**Chest Pain**		**Other:_____**

MEDICATION ADMINISTRATION

Time				
Medication				
Dose				
Route				

INCIDENT DETAILS *(outline details of incident and times that interventions occurred)*
Consider including: EMS call and arrival, signs of respiratory depression, orientation, treatments used and administered and client's response:

Emergency Response Personnel Name	Badge Number

Management Notified ☐ **Yes** ☐ **No**	**Management Responded:** ☐ **Yes** ☐ **No**

RESPONSE TIME

EMS Call: ___/___	**EMS Arrival: ___/___**	**AED: ___/___ ☐ Used**

FOLLOW-UP POST INCIDENT
(E.g. Assign a staff member to call the hospital; follow up with the client, family etc.)

Name (print)	**Title:**
Signature:	**Date:**
Name (print)	**Title:**
Signature:	**Date:**
Name of Supervisor/Manager:	**Title:**
Signature:	**Date:**

Adapted from Toronto Public Health

APPENDIX E: EXAMPLE EMERGENCY RESPONSE INCIDENT DEBRIEFING FORM

Key Considerations:

- **Was the need for assistance communicated clearly and effectively prior to the incident? During the incident?**
- **Did all team members understand roles and responsibilities?**
- **Was the workload efficiently/effectively distributed?**

Staff involved in incident: _____

Issue	Actions to be Taken	Target Completion Date	Person Responsible
What went well? Why?			
What did not go well? Why not?			
What could we do better next time?			

ADDITIONAL COMMENTS

Completed By: _____ **Date: _____** **Time: _____**

Adapted from Toronto Public Health