OVERDOSE ASSESSMENT, RESPONSE AND TREATMENT POLICY FOR SELECTED ADULT FACILITIES

PURPOSE

To provide guidelines for staff response when a client is found unconscious or not breathing.

APPLICABILITY

Adult facilities with on-site Medical Providers, participating in the program.

FORMS USED

- ZZZ Incident Report
- WWW Opioid Overdose Prevention Program Registration Form
- Opioid Overdose Responder Certificate (WWW DOH)
- Harm Reduction Brochure (YYY)
- Harm Reduction Monthly Transactions Report

SIGNAGE

- Opiate Overdose Prevention Program
- Storage location of overdose prevention kits
- Staff on duty, who are Certified Overdose Responders
- Steps for overdose assessment, response, and treatment

RELATED PROCEDURES

- Syringe Possession, Disposal, and Provision Policy
- Exposure Control Policy for blood-borne pathogens (ECP)
- ZZZ Criteria for Reporting Incidents - Procedure # 08-003

DEFINITIONS

Certified Overdose Responder (Trained Overdose Responder) – An individual who has completed training and education with a WWW-registered Opioid Overdose Prevention Program for overdose assessment, response and treatment.

Client – Any homeless individual being housed in the facility.

Clinical Director - A licensed Physician, Physician’s Assistant, or Nurse Practitioner, who has clinical oversight for the program.
ZZZ – City Department of Homeless Services.

YYY – City Department of Health

Exposure Control Policy (ECP) – The written procedures of ZZZ or an agency housing ZZZ clients created to eliminate or minimize employees’ occupational exposure to blood-borne pathogens, in accordance with the blood-borne pathogen standards, under Federal, State, and City regulations.

Facility – Any facility housing ZZZ clients.

Fitpack – A portable mini-sharps container which has space for both the irretrievable disposal of dirty syringes and the storage of clean syringes.

Mucosal Atomizer Device (MAD, mucosal atomizer, intranasal device) – Allows certain medications to be administered into the nose. The device creates a medication mist which lands on mucosal surfaces and is absorbed directly into the bloodstream. It is used to reduce the risk of accidental needle-stick.

Naloxone (Naloxone Hydrochloride, Narcan) - A drug used to counter the effects of opiates, for example, a heroin or morphine overdose. Naloxone is used specifically to counteract life-threatening depression of the central nervous system and respiratory system.

WWW DOH – State Department of Health.

On-site Medical Provider – A state-licensed Medical Provider, who is contracted by ZZZ, or subcontracted by or under agreement with an agency housing ZZZ clients, to provide medical or psychiatric services in the facility.

Overdose Prevention Kit (OD Prevention kit) – A container, such as a nylon pouch, with two doses of naloxone, and two intra-nasal (mucosal atomizer) devices for the administration of naloxone. OD Prevention kits will also have disposable gloves, alcohol pads, and a face mask. OD Prevention kits are to be individually labeled with the Certified Overdose Responder’s name. Clients who are Certified Overdose Responders may also have prescribed intramuscular OD Prevention kits, which are to be stored, as per the ZZZ Syringe Possession, Disposal, and Provision Policy, in the Shift Supervisor’s office.

Overdose Response Coordinator – The staff, at a facility, who is the liaison to the ZZZ’ Office of Health Care Policy and Administration and is responsible for ordering supplies and filing reports.

Program Director - The on-site staff, who is responsible for training and selecting persons as Certified Overdose Responders, keeps records, inventories, etc. The Program Director will usually be the facility’s Director of Social Services or Shelter Director.

Registered Opioid Overdose Prevention Program – A program that has been approved by, and registered with, the State Department of Health, to train individuals how to respond to suspected overdoses, including the administration of naloxone.
**Sharps Container** – An OSHA-approved, leak-proof, rigid, plastic container, labeled “Infectious Waste”, used for disposal of used syringes. Sharps containers are mounted on the wall with a metal band and locked. Sharps containers are to be mounted high enough on the wall as to be out of the reach of children.

**Shift Supervisor** – The person in charge of the daily operations of a facility for a specific shift. This person may be the Assistant Superintendent Welfare (ASW), House Manager, Residential Assistant (RA), Shelter Director, Program Director, Director of Social Services, Sup I, Caseworker, Case Manager, or other title. A representative of a private building, owner, or management company is not considered a Shift Supervisor.

**Staff** – Any employee of the facility or social services. A building owner or management company representative is not considered staff for the purpose of this procedure.

**Syringe** – Refers to both the hypodermic needle and the accompanying syringe. When applicable, the term “needleless syringe” will be used to denote a syringe tube, without a needle.

---

**DETAILED INSTRUCTIONS**

I. **Types of Facilities and Programs**

The “Overdose Assessment, Response and Treatment Policy” applies to selected Adult facilities, with on-site Medical Providers.

II. **Special Issues**

OD Prevention kits, prescribed, individually, to designated shelter staff, and easily available to those staff, while on duty, will include two mucosal atomizers (intra-nasal devices), and two pre-filled vials with the naloxone, for the administration of intra-nasal naloxone.

Many overdose prevention programs here, however, are providing Certified Overdose Responders with an OD Prevention kit that includes an intra-muscular syringe for injection administration. In addition, some shelter clients may have been prescribed OD Prevention kits with syringes. As such, a portion of the procedure involves issues of syringe security, disposal, storage, and reflects the structure of facilities with increased security measures, particularly upon entry.

III. **Entry/Security Procedure**

Should an individual enter the facility with an OD Prevention kit, including an intra-muscular syringe, staff should follow the ZZZ Syringe Possession, Disposal, and Provision Policy.

Should an individual enter the facility with an OD Prevention kit, including an intra-nasal device for naloxone, the individual will be allowed to maintain the OD Prevention kit in his/her possession, in the facility.

IV. **Client Communication and Education**
Staff and on-site Medical Providers will inform all clients that at least one staff member is available, on each shift, to intervene in cases of suspected opioid overdose. The name or names of the Certified Overdose Responder will be posted, prominently, for each shift.

Clients will be encouraged to be aware of potential overdose events in the facility, and to report any suspected overdose event to the staff on duty, immediately, for intervention. For example, clients will be encouraged to approach any staff and/or on-site Medical Provider to report that an individual cannot be roused or is turning blue.

The Program Director will ensure that signs are posted, prominently, in public spaces, throughout the facility, reinforcing the message. ZZZ will supply signage to facilities that shelter sites are Registered Opioid Overdose Prevention Programs, with staff capable of intervening in the case of a suspected opiate overdose.

Staff and on-site Medical Providers will offer basic overdose prevention education to clients, using the educational brochure provided by the YYY.

On-site Medical Providers will become state-registered Opioid Overdose Prevention Programs for the facilities they service, including, training clients and staff and prescribing and dispensing naloxone.

V.  Certified Overdose Responder at Each Facility, on Each Shift

The Program Director is responsible for designating at least one staff person, for each shift, to be trained and have the responsibilities of a Certified Overdose Responder. Each Certified Overdose Responder will have a prescription for naloxone. Naloxone, provided to the Certified Overdose Responder, as part of an OD Prevention kit, must be clearly identified for the use of the specific Certified Overdose Responder.

Assigned staff must participate in an opioid overdose prevention training to become a Certified Overdose Responder. YYY and ZZZ will arrange for training prior to the beginning of the program. Training will include education on overdose risks, assessment, and response, including administration of intra-nasal naloxone. Certified Overdose Responders must be re-trained every two years.

At each facility, a notice will be posted, prominently, in a public area and maintained in a log book in the Shift Supervisor’s office, identifying the staff who are Certified Overdose Responders on each shift. The Program Director is responsible for maintaining this list up-to-date, and for ensuring continued coverage for delivery of the intervention, on each shift, given potential staffing changes over time.

On-site Medical Providers are responsible for registering as an Opioid Overdose Prevention Program with the WWW DOH, and adhering to the program guidelines, outlined here, as well as to WWW DOH regulations.

VI.  Storage Location of Overdose (OD) Prevention Kits

a.  Facility
Both staff, who are Certified Overdose Responders, and on-site Medical Providers, will have ready and immediate access to their OD Prevention kits.

Clients, who are Certified Overdose Responders, will be allowed to store their OD Prevention kits with their possessions, providing that naloxone is supplied with an intra-nasal device only.

Signage, identifying the location of the OD Prevention kits, will be prominently displayed. In addition, signage, describing and explaining the steps for overdose assessment, response, and treatment, will be prominently displayed near the Shift Supervisor’s office and near the main Security post.

b. On-site Medical Provider

All Medical Providers will be required to have immediate access to their individual OD Prevention kits for use in an overdose event.

OD Prevention kits, containing intra-muscular naloxone, will be maintained in a secured area of the location where the on-site Medical Provider delivers care at the facility. These OD Prevention kits will be maintained for use by the qualified on-site Medical Provider, only, during Medical Provider working hours.

Signage, identifying the location of the OD Prevention kits, will be prominently displayed inside the on-site medical clinic. In addition, signage, describing and explaining the steps for overdose assessment, response, and treatment, will be prominently displayed near the storage location of the OD Prevention kits in the medical clinic.

On-site Medical Providers are responsible for registering as an Opioid Overdose Prevention Program with the WWW DOH, and adhering to the program guidelines, outlined here, and described by the WWW DOH.

c. Clients in possession of Overdose (OD) Prevention kits

Clients entering the facility may be Certified Overdose Responders and may be in possession of OD Prevention kits, which may have been provided by either the on-site Medical Provider at the facility or another prescriber.

Should an individual enter the facility with an OD Prevention kit, including an intra-muscular syringe, staff should follow the ZZZ Syringe Possession, Disposal, and Provision Policy.

Should an individual enter the facility with an OD Prevention kit, including an intra-nasal device for naloxone, the individual will be allowed to maintain the OD kit in their possessions in the facility. Similarly, clients receiving OD Prevention kits, including the intra-nasal device for naloxone, from the on-site Medical Provider at the facility, will be allowed to maintain the OD Prevention kit with their possessions.

VII. Supplies

a. Responsibility
At each facility, the Program Director is responsible for appointing a staff member to serve as the Overdose Response Coordinator. This Overdose Response Coordinator will be responsible for maintaining supplies inventory, reviewing Harm Reduction Monthly Transaction Reports, ordering and reordering supplies, and will maintain communication with the Clinical Director.

b. Description

The OD Prevention kit include two naloxone vials (2 mg/2 ml each), two pre-filled needleless syringes with (intra-nasal) mucosal atomizer devices, for attachment and administration, accompanied by a disposable face mask for rescue breathing, latex gloves, alcohol wipes, and a brochure explaining how to administer the naloxone. These items are kept in a blue pouch, clearly labeled “Overdose Prevention Rescue Kit.”

The Overdose Response Coordinator is responsible for monitoring the expiration dates of naloxone doses in OD Prevention kits, discarding all naloxone doses as the law allows, as they expire, and re-ordering new OD Prevention kits from the State. Separately, [name of person and phone number] of the ZZZ Office of Health Care Policy and Administration should be contacted to reorder intra-nasal naloxone and mucosal atomizers.

While the Overdose Response Coordinator is in charge of the above, the Program Director and Clinical Director have the ultimate responsibility, under WWW DOH regulations.

c. Ordering and reordering

Within 24 hours of an overdose event, the Overdose Response Coordinator or designee should contact [name of person and phone number] of the ZZZ Office of Health Care Policy and Administration to reorder intra-nasal naloxone and mucosal atomizer. During the interim period, the Program Director must ensure that there is a Certified Overdose Responder, with a complete OD Prevention kit, ready to respond, at all times.

VIII. First Aid Procedure: Response and Treatment

a. Role of Certified Overdose Responder

A Certified Overdose Responder must be available for each shift.

The Certified Overdose Responder will ensure that the following occurs, when a person is unconscious, not breathing, cannot be roused, or is turning blue (i. though iv. can be delegated to other staff):

i) Calls 911 and reports that a person is unconscious/not breathing.
ii) Gives EMS and facility security the exact location of the victim within the facility.
iii) Notifies facility security to direct EMS to the location and clears the immediate area.
iv) Contacts on-site Medical Provider, if there is one on premises.
v) Upon arrival of on-site Medical Provider or EMS to the location of the victim, these professional medical staff become, immediately, responsible for all first aid procedures.
vi) If the on-site Medical Provider or EMS has not arrived, the Certified Overdose Responder provides mouth-to-mouth rescue breathing: tilts head back, pinches
nose, and gives two quick breaths to start. Then gives one breath every 5 seconds. If trained in CPR, performs CPR (2 breaths/30 compressions for 1 set).

vii) If the victim has not resumed breathing on their own after 5 breaths given, or one round of CPR, administers one-half dose of intra-nasal naloxone, through each nostril, immediately.

viii) If the victim is still not breathing, resumes rescue breathing (vi. above) or CPR, if trained, until Medical Provider or EMS arrives and takes over.

ix) If after 3 to 5 minutes there is still no response, administers again one-half dose of intra-nasal naloxone, through each nostril.

x) Continues rescue breathing or CPR, if trained, until the victim is breathing on his own, or on-site Medical Provider/EMS takes over.

xi) If the victim resumes breathing, but, remains groggy, places the victim in the recovery position (on their side), so that the victim doesn’t choke on vomit.

xii) Informs on-site Medical Provider and EMS of actions taken, upon their arrival.

IX. Record-keeping

a. ZZZ incident report

In the event of an overdose and consequent use of a Certified Overdose Responder's OD Prevention kit, the Shift Supervisor, Overdose Prevention Coordinator or Program Director, will complete the ZZZ Incident Report and follow ZZZ’ Criteria for Reporting Incidents Procedure.

b. Harm Reduction Monthly Transaction Report

In order to maintain sufficient quantities of supplies of intra-nasal naloxone and mucosal atomizer devices for overdose prevention and response, the Overdose Response Coordinator or designee will be required to complete and file a Harm Reduction Monthly Transaction Report, identifying and itemizing the number of OD Prevention kits used in the overdose response. The Harm Reduction Monthly Transaction Report must be submitted to ZZZ Office of Health Care Policy and Administration.

c. WWW DOH Opioid Prevention Program reporting requirements

The WWW Department of Health has specific reporting and record keeping requirements; including maintaining a record of all Certified Overdose Responders and completion of monthly submission of a form for overdose reversals. The Program Director will refer to WWW DOH Opioid Overdose Prevention Guidelines for Policies and Procedures for specific WWW DOH reporting and record keeping requirements.

X. Hazardous Waste Removal

Removal of sharps containers will be through the on-site Medical Providers.
STEPS FOR OVERDOSE ASSESSMENT, RESPONSE, AND TREATMENT

The Certified Overdose Responder will ensure that the following occurs, when a person is unconscious, not breathing, cannot be roused, or is turning blue (i. though iv. can be delegated to other staff):

i) Calls 911 and reports that a person is unconscious/not breathing.

ii) Gives EMS and facility security the exact location of the victim within the facility.

iii) Notifies facility security to direct EMS to the location and clears the immediate area.

iv) Contacts on-site Medical Provider, if there is one on premises.

v) Upon arrival of on-site Medical Provider or EMS to the location of the victim, these professional medical staff become, immediately, responsible for all first aid procedures.

vi) If the on-site Medical Provider or EMS has not arrived, the Certified Overdose Responder provides mouth-to-mouth rescue breathing: tilts head back, pinches nose, and gives two quick breaths to start. Then gives one breath every 5 seconds. If trained in CPR, performs CPR (2 breaths/30 compressions for 1 set).

vii) If the victim has not resumed breathing on their own after 5 breaths given, or one round of CPR, administers one-half dose of intra-nasal naloxone through each nostril, immediately.

viii) If the victim is still not breathing, resumes rescue breathing (vi. above) or CPR, if trained, until Medical Provider or EMS arrives and takes over.

ix) If after 3 to 5 minutes there is still no response, again administers one-half dose of intra-nasal naloxone, through each nostril.

x) Continues rescue breathing or CPR, if trained, until the victim is breathing on his own, or on-site Medical Provider/EMS takes over.

xi) If the victim resumes breathing, but remains groggy, places the victim in the recovery position (on their side), so that the victim doesn’t choke on vomit.

xii) Informs on-site Medical Provider and EMS of actions taken, upon their arrival.