

Guidelines and Resources for Supportive Housing Providers, Homeless Shelter Providers and Regional Health Authorities on Overdose Prevention and Response

February 15, 2017

Purpose

The purposes of these guidelines are to provide management and staff of supportive housing and homeless shelters with best practice advice and resources on prevention, recognition and response to overdoses.

Background

Overdoses are unpredictable, can happen in any setting, and a quick response can prevent significant disability or death. People who use drugs may reside in any setting, and due to the illegality of drug possession their drug use may not be apparent to staff and tenants/clients at supportive housing and homeless shelters. As such, staff and management may need to take steps to prevent, recognize and be prepared to respond to overdoses should they occur.

Key elements in preventing deaths from overdose are (1) educating and encouraging people not to use drugs alone, (2) utilizing the actions below to reduce the stigma that encourages isolation and (3) ensuring that naloxone and other life-saving first aid is available quickly in the event of an overdose. These goals may be achieved by:

- providing education to tenants/clients about overdose risk and how to reduce it;
- ensuring that tenants/residents will not be evicted for disclosing drug use;
- allocating space within the shelter or housing facility where those who use drugs may do so in the company of others;
- provision of harm reduction and first aid supplies, including naloxone kits and sharps disposal containers, in allocated spaces and anywhere else there may need to be access to them;
- training of staff, and interested tenants/clients, peers and/or volunteers, to monitor allocated spaces and respond to an overdose;
- managing access to the space so that tenants/clients use is not impeded by guests, but also ensuring that guests do not use drugs unsupervised such as in bathrooms and stairwells.
- discouraging drug use alone; and for tenants/clients who choose to use alone, encouraging them to work with staff to establish a plan for room checking to reduce risk based on when a tenant/client is likely to be using drugs;
- arranging for visits by health authority community health nurses, or by community paramedics, to provide advice, advise on supplies, and provide support to staff and tenants/clients.

Guidelines

Given the diversity of supportive housing and homeless shelters in BC the following may or may not apply to specific circumstances, and should be adapted accordingly.

1. Develop an overdose prevention, recognition and response protocol for your organization. This may include information on:
 - a. First aid and harm reduction training
 - b. A substance use protocol
 - c. Overdose prevention, recognition and response
 - d. Post overdose incident follow-up
 - e. Tenant/client involvement
 - f. Incident debriefing and psychosocial support for staff
 - g. Evaluation, with tenants/clients, of the effectiveness of the protocol.

Details on what should be considered under these headings may be found in the *Overdose Prevention & Response Protocol Recommendations for Service Providers* by Fraser Health and Vancouver Coastal Health (Resource # 1).

For non-profit community organizations which serve a population in a facility at risk of overdose, the BC Centre for Disease Control (BCCDC) may be able to provide supplies at no cost containing naloxone and other emergency overdose response supplies through the BC Facility Overdose Response Box Program

(<http://towardtheheart.com/naloxone/forb/>). An expectation of this program is that information about overdose responses will be provided to BCCDC.

In addition information on planning tools i.e. sample protocols, policies and check sheets are available to any organization at <http://towardtheheart.com/naloxone/forb/program-modules>.

For more information about the Take Home Naloxone Program, which provides overdose prevention and response training, as well as naloxone kits to eligible individuals, visit <http://towardtheheart.com/naloxone/>.

2. Involve staff, volunteers, and tenants/clients in developing an overdose plan. People with lived experience can provide a rich perspective on what may and may not work in your facility. To learn more about how to involve people who use drugs in developing a plan see resource #2.
3. Determine who is at risk of overdose and level of risk (see resource #3)
4. Develop step-by-step instructions on how to recognize and respond to overdoses, including the importance of call 911 for all overdoses (see resource #4).
5. Review and practice your overdose response protocol regularly.

6. Ensure that facility policies are not a barrier for people who are prescribed opioid-assisted treatment medications such as buprenorphine/naloxone (e.g. Suboxone) or methadone to treat their opioid use disorder, as these medications are internationally recognized as a best practice in treating opioid use disorder.
7. Anticipate the psychological impacts of overdose events and the need for providing or referring staff and tenants/clients to psychosocial support services (see resource #6).

Resources

1. *Overdose Prevention & Response Protocol Recommendations For Service Providers* (http://www.fraserhealth.ca/media/Overdose_Prevention_Response_Protocol_Recommendations_Service_Providers.pdf)



Overdose Prevention
Checklist V3.pdf

2. *How to Involve People Who Use Drugs* (http://towardtheheart.com/assets/resources/how-to-involve-people-who-use-drugs-20140227posted_7.pdf)



how-to-involve-people-who-use-drugs.pdf

3. *How to determine who is at risk of overdose, and the level of risk* (<http://www.drugsandhousing.co.uk/hoorat4colour.pdf>)



hoorat4colour.pdf

4. *How to recognize and respond to overdoses*

<http://www.fraserhealth.ca/health-info/health-topics/harm-reduction/overdose-prevention-and-response/recognizing-an-overdose/>

<http://www.fraserhealth.ca/health-info/health-topics/harm-reduction/overdose-prevention-and-response/responding-to-overdose/>



RECOGNIZING AN
OVERDOSE.pdf



RESPONDING TO AN
OVERDOSE.pdf

5. See additional resources compiled by Fraser Health at:

<http://www.fraserhealth.ca/health-info/health-topics/harm-reduction/overdose-prevention-and-response/overdose-planning-organization/overdose-planning-for-your-organization>.

or contact the Portland Hotel Society for their “Harm Reduction and Overdose Management Policy and Procedures” (604 683 0073) .

6. *Incident debriefing and psycho-social support resources*

- Take Home Naloxone: A Guide to Promote Staff Resiliency & Prevent Distress After an Overdose Reversal

http://towardtheheart.com/assets/naloxone/naloxone-staff-resiliency-final_185.pdf



Naloxone-staff-resiliency-BCCDC Dec 23 20:

- Healthcare Resiliency During Prolonged Response by Health Emergency Management BC



HEMBC Staff
Resiliency.pdf

- In addition see resources available from the Public Health Agency of Canada at <http://www.phac-aspc.gc.ca/publicat/oes-bsu-02/index-eng.php> and listed below:
Taking Care of Ourselves, Our Families and Our Communities

Helping Children Cope

Helping Teens Cope

Self-Care for Caregivers

- Additional information may be found in “*Opioid Overdose in Supportive Housing, How to Keep People Safe.*” by Shannon Riley RN, BSN, MPP, Project Manager, Illicit Drug Overdose Response, Prevention, Vancouver Coastal Health Authority (<http://summit.sfu.ca/item/16417>)

Appendix – Ministerial Order with respect to Overdose Prevention Services



ORDER OF THE
MINISTER OF HEALTH
