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Overdose Prevention

Ensure that staff can easily unlock and access the bathroom if someone were to require emergency assistance inside. This may include:

- Providing the bathroom key/code to multiple staff members to ensure someone on site always has a key available.
- Having a designated place for staff to access a bathroom key in case of emergency.
- Ensuring that bathroom doors open out.
 - When doors open in, a person may not be able to push the door open if there is a body or something else blocking the way.
 - Having doors that open out from the bathroom will allow someone to get to an overdose victim or other unresponsive individual quickly and easily.

Install Secure Sharps Boxes in all bathrooms.

- Sharps boxes can allow for proper and safe disposal of used needles. This has benefits for the broader community as well because it makes it less likely that people will dispose of used needles in trashcans, toilets, or public areas.
- Sharps boxes should be placed in each bathroom, and some sites may choose to include contact information for the nearest syringe services program (SSP) on the box. A list of SSPs in Massachusetts can be found at <http://bit.ly/massplocations>.
 - Engaging with SSPs can help people who use drugs learn harm reduction strategies and reduce their risk of fatal overdose and other negative outcomes. Including this information in the bathroom can increase access for participants.
- Some SSPs offer sharps picp51 G [(i)22(cp51 G [(i) EMC /P <</MC)-24(00912 0 612 792 re W* n BT /F4 10 T

MESSAGES TO PROMOTE SAFETY

- Post signs suggesting ways to keep oneself safer if using drugs.
 - For example, signs can promote proper syringe disposal or explain risk factors for an overdose (such as using alone) and ways to mitigate those risks.
 - Share pamphlets promoting resources including treatment options, harm reduction programs, and where to obtain naloxone.
 - Educate staff on overdoses and how to administer naloxone.
 - Seek opportunities or formalize a process discussing overdose prevention with clients, participants, tenants, and residents whenever possible, such as: at intake, when looking at waitlists, during trauma screening or individual/group counseling, at discharge, and after an overdose.
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Overdose Response

The recommendations below offer guidance on responding to an opioid overdose. This includes steps we recommend taking in advance, as well as the steps for performing a rescue in the event of an opioid overdose.

TRAINING

- Offer staff trainings annually and as part of new employee orientation. Ensure all staff (on all shifts) are trained in overdose response, including security guards, program managers, cleaning

PURCHASING NALOXONE (NARCAN)

- Each municipality and non-municipal agency needs a single Massachusetts Controlled Substances Registration (MCSR) for their public employees to administer naloxone or other approved opioid antagonists. More information on MCSRs can be found here: <http://bit.ly/mamcsr>.

IN THE EVENT OF AN OVERDOSE

- Develop an on-site overdose prevention and response plan.
 - This should describe how



Overdose Postvention

The recommendations below are intended for actions to take after an overdose occurs.

OFFER SUPPORT AND AN OPPORTUNITY TO DEBRIEF WITH STAFF

Take some time to debrief with staff who were present during the overdose. Discuss what happened, how the team responded, how they are feeling, any additional support they may need, and how the team might have responded differently at another time. Check in together again later in the day and, if needed, in the days or weeks that follow, and connect staff to support resources.

- **This debriefing will look different depending on your organization and circumstances. The following are some recommendations regarding how to approach a post-overdose conversation:**
 - Be prepared to hold a debrief that could last anywhere from 5 minutes to an hour.
 1. A manager, human resources staff, or an external counselor can lead these debriefs.
 - If possible, allow for the site to close for a short period to give staff time to take a walk, get a coffee, or do another self-care activity.
 1. If this is not possible, try to allow staff a quiet space and/or some time away from the site. This may occur in shifts/on rotation depending on the circumstances.
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- Ensure staff have updated lists of ongoing support groups, naloxone trainings, and other relevant resources to share. The Massachusetts Substance Use Helpline (<https://helplinema.org>) can be a resource for anyone seeking substance use treatment or harm reduction services.
- Once staff feel ready, run a skill-building practice session where people go over the steps of responding to an overdose through hands-on role playing.

Chest wall rigidity risk factors:

1. Dose and rapidity of injection of opioids
2. Extremes of age (newborns and elderly)
3. Critical illness with neurologic or metabolic diseases
4. Use of medications that modify dopamine levels

Helping someone experiencing wooden chest:

- In hospital settings, naloxone has worked to alleviate chest wall rigidity. As this involves a seizing of the muscles, administering a short-acting neuromuscular blockade has been effective in some cases. Additionally, one can continue providing ventilator support and rescue breathing both through the nose and mouth.

Some organizations that are licensed through MA DPH (but not through BSAS) view that having naloxone on site is a liability; these Bureaus within DPH will not allow these organizations to have naloxone on the premises.

Should there be an adverse event, and those involved acted in good faith, responsibility would not fall on those individuals or the site.

- Title IV Chapter 258C Section 13: "Good Samaritans; 'liability'⁶

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- (d) Naloxone or other opioid antagonist may lawfully be prescribed and dispensed to a person at risk of experiencing an opiate-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose. For purposes of this chapter and chapter 112, any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of

Appendix C

Sample Organizational Policy

San Francisco Public Library

OPIOID OVERDOSE RESPONSE PROCEDURE

APPROVED BY: Office of the City Librarian

Date: August 22, 2017

Staff Responsible for Training Coordination:

SUBJECT: Opioid Overdose Prevention and Response Protocol

POLICY AND PURPOSE:

To prevent fatal opioid overdose and to intervene rapidly and effectively in the event of an opioid overdose to ensure the best possible health outcomes for all library patrons.

GENERAL:

The community served by the San Francisco Public Library (SFPL) includes opioid users who may be at risk for a potential overdose. Whenever a library patron is suspected of overdosing, City emergency services are called. However, there are many interventions to assist during a potential opioid OD that staff can do while waiting for emergency services to arrive.

TRAINING:

SFPL will provide a voluntary overdose response training for all security and library staff once per year and ensure that all new staff members are offered the option of training in overdose prevention and response protocol as part of their orientation.

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PROCEDURE (REVIEWED IN YEARLY TRAINING):

1. If a library patron is unresponsive and/or unconscious and SFPL staff suspects the patron may be

3. A licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the administration of an opioid antagonist to a person at risk of an opioid-related overdose by a family member, friend, or other person in a position to assist a person experiencing or reasonably suspected of experiencing an opioid overdose.
 - E. A person who is prescribed or possesses an opioid antagonist pursuant to a standing order shall receive the training provided by an opioid overdose prevention and treatment training program.
 - F. Notwithstanding any other law, a person who possesses or distributes an opioid antagonist pursuant to a prescription or standing order shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this possession or distribution. Notwithstanding any other law, a person not otherwise licensed to administer an opioid antagonist, but trained as required under paragraph (1) of subdivision (d), who acts with reasonable care in administering an opioid antagonist, in good faith and not for compensation, to a person who is experiencing