

Workplace Opioid Overdose & Naloxone Response Policy



A drug called naloxone hydrochloride has proven effective in temporarily stopping the life-threatening effects of opioid overdoses by restoring breathing and reversing sedation and unconsciousness. Because it has few side effects, the benefits of using it to treat overdose greatly outweigh the risks. On June 1, 2023, new Ontario OHS regulations take effect requiring employers to keep a naloxone kit if they “become aware, or ought reasonably to be aware,” of a risk of overdose at the workplace. Even if it’s not required, keeping a naloxone kit at your workplace may save lives. But you need to implement proper policies and procedures. Here’s a template policy that incorporates National Institute of Occupational Safety and Health (NIOSH) protocols and the new Ontario OHS requirements.

1. POLICY

In recognition that addiction to opioid drugs is a societal problem and that overdoses can happen anytime and anywhere, including within the workplace, ABC Company will provide for trained staff to administer naloxone, in accordance with federal and provincial law and medical guidelines and oversight, to persons suffering from opioid overdose in the workplace at the earliest possible opportunity to minimize risk of death.

2. PURPOSE

The purpose of this Policy is to set clear guidelines on use of naloxone by approved staff in the workplace setting.

3. DEFINITIONS

For purposes of this Policy:

Naloxone is an antidote drug that can be given via injection or intranasally to temporarily restore breathing to a person experiencing an opioid overdose:

- **IM naloxone** refers to intramuscular administration of naloxone, either from a vial and syringe or an auto-injector;
- **IN naloxone** refers to the intranasal administration of naloxone;

Opioids, aka opiates, are a class of drug derived from the poppy such as morphine and codeine, or synthetic or partially synthetic formulas such as heroin, oxycodone, methadone, fentanyl, typically prescribed to treat pain;

Opioid overdose is an acute life-threatening condition that can slow or stop a person's breathing caused by use of a dose of too much opioids;

Rescue breathing consists of one deep breath in the subject's mouth every five seconds, ensuring that the person is lying on their back, with head tilted up and nose plugged.

4. NALOXONE RESPONSE COORDINATOR

ABC Company will appoint a qualified and properly trained individual to serve as Naloxone Coordinator for the workplace with responsibility for:

- Collaborating with local partners to obtain naloxone, either directly or by prescription;
- Selecting locations to store naloxone that are readily accessible to authorized staff responsible for administering naloxone and clearly marked as containing naloxone;
- Ensuring that naloxone kits are in ample supply, properly equipped, current and not past expiration date;
- Ensuring that authorized staff are adequately trained in overdose recognition, naloxone use, and storage;
- Maintaining the naloxone use report form and log; and
- Replacing naloxone kits that are damaged, unusable, expired or used.

5. AUTHORIZED STAFF

Naloxone must be provided by authorized staff who successfully complete training in:

- Overdose prevention;
- Overdose recognition;
- Overdose response with naloxone and overdose response without naloxone;
- This Policy and protocol;
- A walk-through of the site to identify high risk areas of the facility (like bathrooms or rooms).

Overdose response drills will be held at least [*specify frequency*] and refresher training will be held annually. ABC Company will retain records of staff training, including documentation of which staff have the required competencies to administer naloxone.

USE OF NALOXONE

6.1 Indications & Use

Authorized staff must check for responsiveness if a worker, visitor or other person in the workplace is believed to be suffering from an opioid overdose. Indicators of an opioid overdose include, but are not limited to:

- Lack of response to external stimulation, such as a sternum rub;
- Blue or gray skin, lips, or fingertips;
- Depressed or slow respirations;
- Difficulty breathing (laboured, shallow or halted breaths);
- Decreased pulse rate;
- Pinpoint pupils, even in a dark environment;
- Evidence of opioid ingestion, inhalation, or injection, such as needles, cookers, tourniquets, needle tracks, aluminum foil, etc.).

6.2 Summon Help

Authorized staff must summon EMS by calling 911 and communicating that the person is not breathing or in suspected overdose, and that naloxone administration is intended.

6.3 Administration Protocols

In administering naloxone, authorized staff must maintain universal precautions against pathogens and infection by using latex gloves if using IM naloxone, as well as a CPR face shield or barrier if performing rescue breathing. Steps:

- Administer one dose of naloxone;
- If possible, begin rescue breathing for two minutes;
- If there is no response after two minutes of rescue breathing, administer second dose of naloxone and resume rescue breathing until the person begins breathing on their own or EMS arrives;
- Ensure accurate communication to EMS for proper medical record documentation before transport to hospital emergency department; and
- Document naloxone use.

6.4 Posting of Names of Naloxone Authorized Staff

The names and workplace locations of the Naloxone Coordinator and authorized staffers that have received the required naloxone training must be posted in conspicuous locations in the workplace where they are likely to come to the attention of workers.

7. NALOXONE MAINTENANCE, STORAGE & REPLACEMENT

Naloxone kits must be stored in proper conditions and temperatures, as specified by the product's manufacturer. Authorized staff who administer naloxone must communicate with the Naloxone Response Coordinator to ensure naloxone is replaced. Missing, damaged, or expired naloxone kits will be reported directly to the Naloxone Response Coordinator and replaced.

8. NALOXONE KITS & PPE

8.1 Naloxone Kits [*insert if you're in Ontario*]

Naloxone nasal spray kits must contain:

- 2 doses of intra-nasal spray, with each dose containing 4 mg/0.1 ml of naloxone hydrochloride;
- 1 rescue breathing barrier; and
- 1 pair of non-latex gloves.

Naloxone injectable kits must contain:

- 2 vials or two ampoules, with each vial or ampoule containing a 0.4 mg/1 ml dose of naloxone;
- for each ampoule included in the kit, 1 device to safely open the ampoule, such as a breaker, snapper or opener;
- 2 syringes, with each syringe attached to a 25 gauge safety-engineered needle that measures 1 inch in length;
- 2 alcohol swabs;
- 1 rescue breathing barrier; and
- 1 pair of non-latex gloves.

8.2 PPE

ABC Company will furnish and authorized staff must ensure the proper use, storage and maintenance of PPE and first aid equipment necessary to deliver naloxone safely, which may include (without limitation):

- Disposable nitrile gloves;
- Safety glasses;
- Breathing barriers;
- N95 masks;
- Sharps disposable containers (when using injectable naloxone).

9. INCIDENT REPORTING & DEBRIEFING

The Naloxone Response Coordinator shall ensure that records relating to training, provision of naloxone and other activities provided under this Policy are properly maintained. Authorized staff that provide naloxone must complete the ABC Company Naloxone Incident Report Form listing key information about the incident immediately after it occurs. The staff member will also provide a debriefing of the incident by completing the ABC Company Naloxone Incident Debriefing Form seven (7) days after the incident.

10. MONITORING

The Naloxone Response Coordinator must maintain a log tracking distribution and use of Naloxone at the workplace. The log and other records and data will be used to periodically monitor the effectiveness of this Policy.