

Heartland Health Outreach

POLICY: Opioid Overdose Prevention, Recognition, and Response

Effective Date: November 2014
Next Review Date: November 2016

Last Review Date: November 2015

PURPOSE:

To provide operating procedures for opioid overdose prevention, recognition, and response.

EMPLOYEES AFFECTED:

Heartland Health Outreach employees who might witness an opioid overdose during the course of their work.

POLICY:

It is the policy of Heartland Health Outreach to offer training on opioid overdose prevention, recognition, and response, including the use of naloxone, to all employees. Because preventing death from overdose is a community concern, the same trainings are available for participants.

RESPONSIBILITY:

The "Health Care Professional", as defined by the Division of Alcohol and Substance Abuse's (DASA) *Drug Overdose Prevention Program* is responsible for:

- Reviewing training materials
- Approving *master trainers*
- Providing the standing order for the *Drug Overdose Prevention Program*
<http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL444-2050.pdf>
- Reviewing adverse events

The "Program Director", as defined by the Division of Alcohol and Substance Abuse's (DASA) *Drug Overdose Prevention Program* is responsible for:

- Ensuring all DASA program requirements are met, including collecting enrollment and refill forms and collating them for the DASA
<http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL444-2050.pdf>
- Ensuring that HHO has at least one *master trainer* at all times
- Ordering and monitoring relevant program supplies

A *master trainer* is capable of providing train-the-trainer sessions. A *trainer* is a nonmedical employee who has received training and orientation by a *master trainer*, and may educate other nonmedical employees involved in opioid overdose prevention, recognition, and response.

PROCEDURES:

Oversight

HHO will maintain registration as a *Drug Overdose Prevention Program* with the Division of Alcoholism and Substance Abuse (DASA).

The identified health care professional, as defined by DASA, will provide clinical consultation, serve as an advisor concerning medical issues, approve *master trainers*, and review reports of all administrations of an opioid antagonist.

The identified program director, as defined by DASA, will ensure that training is consistent with guidelines, identify potential *master trainers* within HHO, issue certificates of completion to those that are trained, maintain records of these trainings, be a liaison with emergency medical services, report all administrations of an opioid antagonist, and review all incidents of overdose responses.

Training and materials for overdose response will be available to participants and employees upon request. Existing emergency response kits will include naloxone and an accompanying delivery device.

Training

Employees that work within residential settings will receive training on overdose prevention, recognition, and response on a rotational schedule. All other teams may be trained upon request.

Participants may receive training and materials upon request.

Opioid overdose or poisoning recognition

Participants are encouraged to immediately report any suspected overdose events to employees and call 911. No participants will receive an interruption in their services or negative programmatic consequence as a direct result of reporting or experiencing a suspected overdose.

Opioid overdose or poisoning response

Employees trained as *overdose responders* suspecting an opioid overdose should follow these steps:

1. Establish whether the participant is responsive.
2. If there is no response, call 911.
3. Deliver one dose of naloxone.
4. If sufficient protective equipment is available, begin rescue breathing. If protective equipment is not available, skip this step.
5. If there is no response after 3 to 5 minutes, deliver second dose of naloxone.
6. If the participant must be left unattended, place them in the rescue position.

Every overdose emergency includes calling 911, even if the overdose victim has resumed consciousness following the administration of rescue breathing and/or naloxone.

Following an overdose, employees submit an incident report. Employees will follow up with participants to debrief the event and supervisors will provide relevant support to employees.