COVID-19: Responding to Opioid Overdoses in Overdose Prevention Services (OPS) and Supervised Consumption Sites (SCS)
April 21, 2020

Overdose prevention sites and supervised consumption sites are exempt from the Provincial Health Officer’s order of no gatherings, as they are clinical spaces providing essential services. Service delivery should continue as much as possible.

While continuing to provide essential services, you should adopt these measures:

- Encourage and provide access to hand hygiene.
- Encourage respiratory etiquette e.g. cough or sneeze into elbow or sleeve, dispose of tissues properly.
- Disinfect high touch surfaces, counters, and tables frequently.
- When possible without limiting access, increase physical space between individuals.

Background
The greatest health risk to a client at an OPS or SCS site is OVERDOSE.

COVID-19 is a viral illness that causes a respiratory infection and other health problems. Fentanyl and other opioids can slow a person’s breathing rate, so having COVID-19 may increase the risk of overdose death from opioids.

- Inform all clients that the protocols for responding to opioid overdoses have changed: we give naloxone and call 9-1-1 earlier.
- Remind clients of what they know about overdose prevention e.g. start low and go slow, split your doses, use less if unwell.
- Put up posters and signs in plastic sleeves to help educate clients about hand hygiene, and cough and sneeze etiquette.

Physical Distancing
Follow physical distancing measures within reason without limiting access to OPS or SCS consumption sites or consumption booths. It is a priority that essential services including OPS or SCS remain open and accessible.
Protect Yourself Before an Opioid Overdose Happens

Maintain proper hand hygiene at all times:

- Clean all surfaces of hands and wrists with soap and water for at least 20 seconds.
- Using soap and water to wash is the single most effective way of reducing the spread of infection.
- If soap and water are not available, you can use hand sanitizer with at least 60% alcohol content.
- Do not touch your face, eyes, nose, or mouth with unwashed hands.

Wash and disinfect all surfaces in the area frequently:

- Clean and disinfect high-touch surfaces, such as knobs, taps, and flushers, frequently throughout the day. Clean countertops and consumption booths between each client.
- Wash with soap and water, and then disinfect with dilute bleach solution, hydrogen peroxide or alcohol-based wipes. Wear gloves when handling disinfecting products especially bleach.
- When disinfecting, open a window so the fumes from the products don't aggravate your throat or breathing.
- Make sure to dilute your bleach with room temperature water, not hot water. If the concentration of bleach on the container is 5.25%, you need 1-part bleach to 99-parts water or 10mL bleach to 990mL water. When using bleach on surfaces, allow the surface to remain wet for one minute.
- Diluted bleach solution should be made fresh each day to ensure the correct ppm of chlorine as it breaks down over time.
- Do not mix bleach with vinegar or other acids, ammonia, cleaning solutions, or rubbing alcohol. This can create toxic gases or corrosive materials that can cause damage.
- If soap and water are not available, disinfectant solutions should be sufficient if the surface is not visibly soiled.

Responding to an Opioid Overdose

People working at OPS or SCS locations should wear droplet personal protective equipment (PPE) when responding to an overdose:

- Surgical mask: Put on mask when responding to an overdose, change your mask if it becomes wet or dirty and take off mask after response.
- Eye protection: Goggles or visor shields to protect your eyes from droplets.
- Gloves: Put on gloves and extend to cover your wrists. You must change gloves between each patient or client. Wash your hands after taking your gloves off.
- CPR Face shield: Shields in take-home naloxone kits or facility overdose response boxes have a one-way valve and a large impermeable area which protects the responder from respiratory secretions or droplets.

Whenever CPR is carried out, there is always a risk of infection, particularly if rescue breaths are given without PPE. However, this risk is very low relative to the very high risk of brain injury or death during an overdose event. Taking basic precautions will minimize risk of infection of both the patient and the responder.
OVERDOSE PROTOCOL

1. **Put on PPE if available.** Wash hands or wear gloves.
2. **Stimulate the person.** Encourage them to take breaths.
3. **Call 9-1-1.** It is always important to get help.
4. **Administer naloxone.** If needed, give two (2) doses STAT.
5. **Provide rescue breaths.** Use a bag-valve-mask, CPR face shield, or pocket mask. Use a face mask or nasal prongs to provide oxygen at a flow rate of 6 - 10L per minute if needed and available.
6. **Re-evaluate breathing.** Give further doses of naloxone as needed.
7. **Start hands-only CPR if required.** If the person's heart stops, use hands-only chest compressions while covering the person’s mouth and nose lightly with a towel or t-shirt.

Remove PPE and Clean Work Environment

- Gloves: Remember, the outside of gloves are contaminated. Grasp the palm area of one gloved hand and peel off the first glove. Slide your fingers under the other glove at the wrist and peel it off. Discard in regular waste.
- Wash your hands: Clean all surfaces of hands and wrists. and washing hands, clean all surfaces of hands and wrists for 20 seconds.
- Surgical mask: Remove your mask from your face. Wash your hands again.
- Cleaning up: Once the treated person has left or been removed by emergency personnel, clean and disinfect all the surfaces nearby. Leave the room after cleaning your hands.

For More Information

On March 26, 2020, supervised consumption and overdose prevention services (SCS or OPS) were listed as essential services in British Columbia during COVID-19 pandemic.

On the same day, the province of British Columbia, in collaboration with the BC Centre on Substance Use, issued interim clinical guidance titled *Risk Mitigation: in the Context of Dual Public Health Emergencies*.

This guidance was developed to assist health care providers to support patients to mitigate competing risks and enable social distancing and self-isolation measures, where possible, to reduce and prevent the spread of COVID-19.

- Local OPS, harm reduction, and naloxone sites: [https://towardtheheart.com/site-finder](https://towardtheheart.com/site-finder)
- Visiting your pharmacy and accessing medications: [https://bcpharmacists.org/covid19](https://bcpharmacists.org/covid19)

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