



## OVERDOSE PREVENTION, RESPONSE, & POSTVENTION:

# Promising Policies and Practices for Organizations

2019

Health Resources in Action, Inc. (HRiA) is a nonprofit public health and medical research funding organization based in Boston, Massachusetts whose mission is to help people live healthier lives and build healthier communities through prevention, health promotion, policy, and research.

Through the Opioid Overdose Prevention Training Project (OOPTP), HRiA provides training and technical assistance in opioid overdose prevention, recognition, and response to staff and service providers in community corrections centers, homeless shelters, family shelters, public libraries, public housing, and other venues. The goal is to help staff prevent, prepare for, and be able to respond to opioid overdose emergencies. The OOPTP is funded by the Massachusetts Department of Public Health's Bureau of Substance Addiction Services, whose funding comes from a larger federal grant through the Substance Abuse Mental Health Services Administration (SAMHSA).

The recommendations below aim to reduce fatal opioid overdoses in a variety of settings. This includes but is not limited to community corrections centers, family and individual shelters, and substance use treatment facilities. While these recommendations are focused on addressing opioid overdose, implementing these recommendations may also be helpful in relation to other medical emergencies or traumatic events.

This document provides guidance for the development, implementation, and updating of policies and procedures within your organization. The needs and resources of every organization are different. Many of these recommendations can be implemented on their own or combined with existing policies. Please take these recommendations as a menu of suggestions to implement and integrate into existing organizational policies.



Health Resources in Action  
Advancing Public Health and Medical Research

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# Addressing Risks and Concerns

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Your staff may be concerned about intervening during an overdose for fear of their own safety or of being held liable should an overdose victim die after a staff member intervenes. Below is information on legal protections and maintaining personal safety for individuals responding to opioid overdose.

## GOOD SAMARITAN LAW

40 states and the District of Columbia have enacted some form of a Good Samaritan or 911 **Drug Immunity Law** to encourage people to seek out medical attention for an overdose or for follow-up care after naloxone has been administered. These laws generally protect people when calling 911 or intervening during a medical emergency. Specifically, they typically grant immunity from arrest, charge, or prosecution for controlled substance possession and paraphernalia offenses when a person overdoses or a person attempts to rescue another person overdosing by seeking help. Some states provide immunity from violations of pretrial, probation, or parole conditions and violations of protection or restraining orders in these circumstances. Bystanders are protected from liability when acting in good faith to respond to a medical emergency such as an opioid-related overdose. The Commonwealth of Massachusetts has a Good Samaritan Law which explicitly provides immunity from criminal prosecution to anyone who seeks medical assistance for themselves or another person who is experiencing a drug-related overdose.

### Limitations of the Massachusetts Good Samaritan Law

- The Good Samaritan Law does have limitations. You can be arrested for possessing the following, also known as the “3 Ws”:
  - Weapons
  - Warrants (out for someone’s arrest)
  - Weights (large quantities of drugs)

## FENTANYL EXPOSURE:

Staff may be concerned about their personal safety when responding to an overdose due to exposure to fentanyl. Fentanyl, like other opioids, can cause overdose when it is injected, sniffed, or taken by mouth. Fentanyl powder does not cause overdose by touching it alone. If any suspicious powder is present, it is prudent to wear gloves. Further information and recommendations on fentanyl and safety are available here:

- White House recommendations on fentanyl can be found here: <http://bit.ly/whfentanylsafety>.
- The American College of Medical Toxicology also has a statement on fentanyl exposure, which can be found on their website at <http://bit.ly/acmtfentanyl>.
- Other questions around fentanyl can be found in **Appendix B** of this document.

# Overdose Prevention

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The recommendations below are intended to prevent fatal opioid overdoses before they occur.

## **BATHROOM SAFETY:**

All public restrooms are places where people may use drugs. The tools below are recommended to make bathrooms safer:

**Ensure adequate bathroom monitoring while continuing to respect individuals' dignity and privacy. Options include:**

- Assign a staff member to monitor bathrooms with a door knock every 3-5 minutes.
- Lock bathroom doors, requiring people to ask for a key or pass code so staff are aware of when the bathroom is occupied and how long it has been occupied. Implemented with a timer policy, this ensures that if someone is in there for longer than 3-5 minutes they will be checked on.
- Install an intercom (call button) to communicate with someone using the bathroom without having to knock or open the door to ensure someone's safety. Many intercom systems also have call buttons that allow the person in the bathroom to call for help on their own, if they are able. Intercom systems are best used to complement the use of timers or time limit policies.
- Install a reverse motion detector.
  - A reverse motion detector is a bathroom monitoring system that will sound an alarm if someone who has entered a bathroom does not move for a set amount of time (usually two minutes).
  - Reverse motion detectors can either complement or be an alternative to timers or time limit policies.
- In single stall or full-door bathrooms, remove the bottom 6 inches from the bathroom door to make it easier to see if a patron is on the ground in distress/overdosing.

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Assigning staff to monitor the bathrooms with a knock every 3-5 minutes can prevent a fatal overdose from occurring in a bathroom setting.

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## **Post bathroom policies on or outside the door.**

- Indicate the set time that people can use the bathroom before someone checks on them. Clearly communicate to all staff and those using the bathroom how often and in what manner the policies are enforced.
- Indicate access instructions clearly outside the door, in cases when a key or pass code is required for access.

**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 pick-up. Contact your local SSP for more information.

**Easy access to naloxone (Narcan®)**

- Equip your organization's bathrooms with a naloxone rescue kit. Ensure that each bathroom has a naloxone rescue kit that is easily accessible to anyone who may need it (i.e. not in a locked drawer or desk). Naloxone should be accompanied by other rescue and protective equipment including pocket masks, gloves, bag-valve mask, etc., as well as brief steps for responding to an overdose.
- If it is not feasible to have a rescue kit in or directly outside each bathroom, post clear signage that indicates where naloxone is in case of emergency.
- See **Appendix A** for additional information on where and how to obtain naloxone.

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Easy accessibility to naloxone is crucial to ensure an adequate response to an overdose.

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## 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 prevention and other materials can be ordered free through the Massachusetts Health Promotion Clearinghouse:

<https://massclearinghouse.ehs.state.ma.us/category/BSASOVD.html>

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# Overdose Response

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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 and maintenance staff, and all others. Training may be accessed through Health Resources in Action by emailing [grofpe@hria.org](mailto:grofpe@hria.org) or through local Overdose Education and Naloxone Distribution (OEND) Sites. Find OEND sites here: [http://bit.ly/dph\\_oend](http://bit.ly/dph_oend).
- Boston Public Health Commission has created short videos in English (<http://bit.ly/2VDIEyP>) and Spanish (<http://bit.ly/2JJJv9N>) that can be used to supplement in-person overdose prevention and response training.
- Practice overdose response drills on a regular basis so staff are prepared in the case of an emergency.

## NALOXONE (NARCAN®)

- Place naloxone rescue kits in easily accessible places. Naloxone should be accompanied by other rescue and protective equipment such as pocket masks, gloves, and bag-valve mask, as well as brief steps for responding to an overdose. Try to standardize naloxone placement in multiple rooms/floors throughout your building, similar to how Automated External Defibrillators (AEDs) and first aid kits may be accessible.
  - Do not lock up naloxone rescue kits.
  - Place clear and prominent signage indicating where kits are located.
- Track the expiration date and availability of the naloxone and replace as necessary.
  - This can be done in a variety of ways depending on organizational and individual needs and preferences. For example, when placing kits, you can set calendar reminders before they expire or check the expiration of kits along with other routine tasks (such as after completing a monthly assignment, weekly timesheet, etc.).
  - If you have placed naloxone rescue kits in busy or public areas of your site, check routinely to ensure they are still there. Replenish as necessary.
- Hang educational posters throughout your site. The posters can alert staff and clients about the use of naloxone as part of an overdose response protocol, where naloxone can be obtained, and/or where training is offered.
- Develop organizational policies that document all of the above decisions about training frequency, naloxone placement, and rescue kit storage, maintenance, and replacement.
  - A sample of the San Francisco Public Library Opioid Overdose Response Procedure can be found in **Appendix C**.

## 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 staff will monitor clients/participants/tenants who appear sedated, and how they will recognize and respond to an overdose emergency.
  - An example of an Opioid Overdose Response Procedure, used by the San Francisco Public Library, can be found in **Appendix C**.
- Designate Roles/Steps
  - With any type of emergency, it is vital that staff and workers have designated roles and responsibilities. It is possible for one person to effectively respond to an overdose, but we recommend the following roles as examples:
    1. One person who gets the naloxone kit(s).
    2. One person who administers the naloxone and provides rescue breathing.
    3. Multiple people may be able to give rescue breaths by taking turns or rotating roles.
    4. One person who calls 911.
    5. One person who stands outside and directs EMTs to where the overdose has occurred.
    6. One or more people to keep track of how much time has passed, how long the victim has been unconscious, how many doses of naloxone have been given, etc.
    7. One or more people to usher other tenants, clients, or participants away from the emergency if they are not actively helping.
    8. Post-overdose: a manager should check in with staff and lead a debriefing and make sure that staff take a break if needed (see more in next section).
  - In the event a single person is responding to an overdose, the recommended response steps are:
    1. Recognize overdose.
    2. Call 911.
    3. Administer naloxone as soon as available.
    4. Begin rescue breathing (1 big breath every 5 seconds).
    5. Stay with the person until help arrives.
      - Place them in recovery position (<http://bit.ly/2JGXWvr>) if you need to leave for any length of time.





# Overdose Postvention

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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.
  - Include discussion of overdose prevention and response in team lunches or half/full day retreats for healing and team-building.
  - If individual staff need extra support, have a plan in place for individual clinical supervision in addition to group clinical supervision.
  - If clinical supervision is not currently in place, set up a regular group clinical supervision for the staff.
  - Allow staff to schedule counseling sessions, attend support groups, or participate in another self-care activity during the work day as needed and when possible.
- **Revise policies/procedures as needed, based on what was learned from this experience and staff feedback.**

## REFRESH STAFF EDUCATION

- Ensure that staff know how to assess overdose risk among those who may have been using with the individual who overdosed.
- Confirm staff feel confident about talking with clients about overdose prevention and/or safer use.
- Discuss ways to share information about who the staff consider are at high risk to experience an overdose (i.e. do you have clients who have overdosed in the past? Do you have clients who have had brief or sustained periods of abstinence? Do you have clients who tend to use alone?).

- 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.

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## REPLENISH OVERDOSE KITS

- Add new naloxone and other needed supplies like face masks or gloves to rescue kits, even if just one naloxone dose was used.

## CREATE SAFETY PLANS WITH CLIENTS AND PARTICIPANTS AT HIGH RISK FOR OVERDOSE

- Both people engaged in treatment and those not engaged are at risk for overdose, so anyone who has used opioids should have an overdose prevention safety plan.
- Staff can work with clients at high risk of overdose to develop a safety plan, which can minimize the risk of overdose and other negative health outcomes.
  - Questions to consider when helping someone plan for safety:
    1. What does the person's overdose prevention plan look like, if they have one?
      - What is the person's plan to avoid using alone?
      - Where will the individual keep their naloxone?
      - What type of setting do they typically use in?
      - How does the person feel about calling 911 if they were to witness an overdose?
    2. Where can the person access clean and sterile injecting equipment?
    3. Are they aware of the risk factors of overdose and fatal overdose (i.e. using alone, periods of abstinence, etc.)?
- Additional information for public health workers on postvention efforts can be found in Franklin Cook's *Coping with Overdose Fatalities* (<http://bit.ly/cwodf>) document.



# Appendix A

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## RESOURCES FOR CLIENTS

### OEND Sites

- Contact Overdose Education and Naloxone Distribution (OEND) Sites ([http://bit.ly/dph\\_oend](http://bit.ly/dph_oend)) to obtain naloxone and trainings.
- Consumers can obtain free naloxone from all OEND sites in Massachusetts.

### Syringe services programs (SSPs)

- Visit SSPs (<http://bit.ly/massplocations>) to get sterile (new) needles and syringes free of cost, dispose of used needles and syringes, and get connected to other services such as testing for hepatitis C, HIV and other sexually transmitted infections, overdose education, and naloxone.
- Many SSPs and OEND sites offer both services.

### Boston Public Health Commission - Overdose Prevention and Bystander Training

- Free online course that provides information about the opioid epidemic and how to recognize and respond to an opioid overdose
- Includes practical, step-by-step guidance for performing rescue breathing and administering naloxone
- Can receive *Certificate of Training* once course is completed
- Visit this website for more information: <http://bit.ly/dvlcbphc>.

### Massachusetts Substance Use Helpline

- Free and anonymous resource to find substance use treatment, recovery, and harm reduction resources anywhere in Massachusetts
- Toll-free phone: 800-327-5050
- Website: [HelplineMA.org](http://HelplineMA.org)

## Appendix B

### FAQs

**Where has carfentanil appeared in the US? If not in Massachusetts, what states have been seeing it?**

Carfentanil is a fentanyl analog, as is furanylfentanyl, and acetylfentanyl. Unlike carfentanil, which is about 10,000 times more potent than morphine, furanylfentanyl, and acetylfentanyl is estimated to be less potent than fentanyl (these estimates vary).

- From July-December 2016, the CDC looked at data from 10 states that are part of the State Unintentional Drug Overdose Reporting System (SUDORS). In this time, there were 5,152 opioid overdose deaths across these states. 720 (14%) had a fentanyl analog present. Carfentanil was present in 389 (7.6%) of the total deaths. Find the report here: <http://bit.ly/2w44IDr>.

Number and percentage of opioid overdose decedents testing positive for fentanyl analogs and U-47700 — 10 states, July–December 2016. For full table: <https://www.cdc.gov/mmwr/volumes/66/wr/mm6643e1.htm>

STATE	TOTAL OPIOID OVERDOSE DEATHS	ANY FENT ANALOG PRESENT, NO. (%)	CARFENTANIL, NO. (%)
<b>Total</b>	5,152	720 (14.0)	389 (7.6)
<b>Maine</b>	154	44 (28.6)	0
<b>Massachusetts</b>	1,071	17 (1.6) (reported analogs were furanylfentanyl (10) and acetylfentanyl (est. 5))	0
<b>NH</b>	131	16 (12.2)	0
<b>New Mexico</b>	166	11 (6.6)	0
<b>Ohio</b>	2,043	531 (26.0)	354 (17.3)
<b>West Virginia</b>	393	79 (20.1)	35 (8.9)
<b>Wisconsin</b>	413	14 (3.4)	0
<b>MO (22 counties), OK &amp; RI</b>	781	8(1.0)	0

- CDC data from 10 states (SUDORS) between July-December 2016 shows carfentanil deaths in Ohio and West Virginia, with Ohio leading as 17.3% of their total opioid overdose deaths involved carfentanil. In all of 2016, Florida reported over 500 carfentanil deaths.
- Ohio is a state to watch. CDC data from SUDORS states is showing a pattern where soon after carfentanil deaths in Ohio peak, other states observe a spike. CDC information from July 2016-June 2017 shows that when rates of carfentanil related deaths decreased, the number of deaths with any fentanyl analog increased — mainly furanylfentanyl, and acetylfentanyl.<sup>1</sup>

### Have we been seeing carfentanil in Massachusetts?

- While CDC data has not captured any carfentanil related deaths in MA, two deaths involving carfentanil were reported in local news in July of 2017.<sup>2</sup>
- Carfentanil has been identified in a lab analysis of samples from MA State Police. Local news reported on three samples containing carfentanil in June of 2017. By September 2017, the lab had identified a dozen samples of carfentanil.<sup>3</sup>

### What happens physiologically when someone experiences “wooden chest” during a fentanyl overdose? Given that opioids are depressants, what happens in the body that gives way to this seizing of the muscles in the upper body?

- Chest wall rigidity, or “wooden chest,” is observed with fentanyl and other lipophilic synthetic opioids and causes the muscles in the chest and abdominal muscles to become rigid. Chest wall rigidity makes it difficult to provide assisted ventilation, or rescue breathing. When wooden chest is present, it is important to perform rescue breathing through the nose in addition to through the mouth.<sup>45</sup>
- Chest wall rigidity is not completely understood, but there are case studies with patients in hospital settings who have adverse reactions to fentanyl when administered for surgery. Researchers do not believe it is related to the depression of the respiratory drive that is typically seen with opioid overdoses.

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<sup>1</sup> O’Donnell J, Gladden RM, Mattson CL, Kariisa M. Notes from the Field: Overdose Deaths with Carfentanil and Other Fentanyl Analogs Detected — 10 States, July 2016–June 2017. *MMWR Morb Mortal Wkly Rep* 2018;67:767–768. <https://www.cdc.gov/mmwr/volumes/67/wr/mm6727a4.htm>

<sup>2</sup> Croteau, S. (2017, July 17). 2 people dead, 1 person hospitalized in suspected drug overdoses in Lawrence. *MassLive*. Retrieved from [https://www.masslive.com/news/index.ssf/2017/07/2\\_people\\_dead\\_1\\_person\\_hospita.html](https://www.masslive.com/news/index.ssf/2017/07/2_people_dead_1_person_hospita.html)

<sup>3</sup> AP. (2017, Sept 26). Mass State Police: Opioid carfentanil found in a dozen samples this year. *Boston News*. Retrieved from <https://www.boston.com/news/local-news/2017/09/26/mass-state-police-opioid-carfentanil-found-in-dozen-samples-this-year>

<sup>4</sup> Çoruh, B., Tonelli, M.R., & Park, D.R. (2013). Fentanyl-induced chest wall rigidity. *Chest*, 143(4). <https://www.ncbi.nlm.nih.gov/pubmed/23546488>

<sup>5</sup> Phua, C.K., Wee, A., Lim, A., Abisheganaden, J., & Verma, A. (2017). Fentanyl-induced chest wall rigidity syndrome in a routine bronchoscopy. *Respiratory Medicine Case Reports*, 20, 205-207. <https://www.ncbi.nlm.nih.gov/pubmed/28337407>

### **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<sup>6</sup>
  - "No person who, in good faith, provides or obtains, or attempts to provide or obtain, assistance for a victim of a crime as defined in section one, shall be liable in a civil suit for damages as a result of any acts or omissions in providing or obtaining, or attempting to provide or obtain, such assistance unless such acts or omissions constitute willful, wanton or reckless conduct."
- Title XVI Chapter 112 Section 12FF: Immunity of person administering naloxone or another opioid antagonist to person experiencing opiate-related overdose<sup>7</sup>
  - "Any person who, in good faith, attempts to render emergency care by administering naloxone or any other opioid antagonist, as defined in section 19B of chapter 94C, to a person reasonably believed to be experiencing an opiate-related overdose, shall not be liable for acts or omissions resulting from the attempt to render this emergency care; provided, however, that this section shall not apply to acts of gross negligence or willful or wanton misconduct."
- Title XV Chapter 94C Section 19: Prescription; restrictions on issuance<sup>8</sup>
  - "...The responsibility for the proper prescribing and dispensing of controlled substances shall be upon the prescribing practitioner, but a corresponding responsibility shall rest with the pharmacist who fills the prescription..."

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<sup>6</sup> <https://malegislature.gov/Laws/GeneralLaws/PartIII/TitleIV/Chapter258c/Section13>

<sup>7</sup> <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXV/Chapter94C/Section34A>

<sup>8</sup> <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXV/Chapter94C/Section19>

- (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 professional practice.”

**What is the possibility of experiencing an overdose from fentanyl becoming “airborne?” Is there a possibility of experiencing an overdose simply from touching fentanyl?**

1. The *Safety Recommendations for First Responders* published by the White House states that while the inhalation of airborne fentanyl powder would likely have harmful effects, it is less likely to occur than skin contact, which is already unlikely. Skin contact with fentanyl does not have any expected harmful effects.<sup>9</sup>
- Additionally, the American College of Medical Toxicology and American Academy of Clinical Toxicology released a position statement on Preventing Occupational Fentanyl and Fentanyl Analog Exposure to Emergency Responders in July of 2017. In the case of airborne fentanyl, they state that the risk of experiencing an overdose due to fentanyl inhalation is minute. It takes about 200 minutes of exposure to airborne fentanyl to reach a dose of 100 micrograms. Additionally, the vapor pressure of fentanyl is very low, so it is unlikely that it would evaporate into a gaseous phase.<sup>10,11</sup>
  - Inhalation is only a concern if the drug particles are suspended in the air. An unlikely event that may involve lethal doses of fentanyl or fentanyl analogs is one involving a weaponized aerosol containing the drug.
  - Should one be concerned about significant exposure to airborne fentanyl, a properly fitted respirator or mask should provide sufficient protection.

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<sup>9</sup> [https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final STANDARD size of Fentanyl Safety Recommendations for First Respond....pdf](https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final%20STANDARD%20size%20of%20Fentanyl%20Safety%20Recommendations%20for%20First%20Respond...pdf)

<sup>10</sup> ACMT site; information on fentanyl exposure precautions

[https://www.acmt.net/cgi/page.cgi/zine.html/The ACMT Connection/ACMT Statement on Fentanyl Exposure](https://www.acmt.net/cgi/page.cgi/zine.html/The_ACMT_Connection/ACMT_Statement_on_Fentanyl_Exposure)

<sup>11</sup> ACMT and AACT Position Statement: Preventing Occupational Fentanyl and Fentanyl Analog Exposure to Emergency Responders. [https://www.acmt.net/Library/Positions/Fentanyl PPE Emergency Responders .pdf](https://www.acmt.net/Library/Positions/Fentanyl_PPE_Emergency_Responders_.pdf)



# Appendix C

## Sample Organizational Policy

### San Francisco Public Library

#### OPIOID OVERDOSE RESPONSE PROCEDURE

**APPROVED BY:** Office of the City Librarian

**Date:** August 22, 2017

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#### **Staff Responsible for Training Coordination:**

**SUBJECT:** Opioid Overdose Prevention and Response Protocol

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#### **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.

Training is provided by the Drug Overdose Prevention and Education (DOPE) Project. The DOPE Project is contracted and registered with the San Francisco Department of Public Health to provide overdose response training and naloxone to San Francisco service providers free of charge pursuant to Section 1714.22 of the Civil Code.

## PROCEDURE (REVIEWED IN YEARLY TRAINING):

1. If a library patron is unresponsive and/or unconscious and SFPL staff suspects the patron may be suffering from an opioid overdose, staff should try to wake the patron. If staff is unable to wake the patron, staff should check breathing. If the patron is not breathing the staff member should immediately alert another staff member and engage Emergency Medical Services (EMS) by calling 911. Communicate to EMS dispatch: "person is unresponsive and not breathing, possible overdose, please have naloxone/Narcan."
2. Only staff members who have received the training offered by SFPL/DOPE under this policy in overdose recognition, response, and naloxone administration may determine whether the patron's condition requires naloxone and, if so, may administer naloxone to the patron consistent with that training. Naloxone is stored in the First AID kits at the location's information desk(s) on each floor. Staff will administer one dose of naloxone to the patron (naloxone may be administered nasally, which is the type of naloxone available at library locations).
3. If staff is trained in CPR, they may begin standard CPR after the first dose of naloxone has been administered, including rescue breathing (OD is a respiratory emergency, not necessarily a cardiac emergency, please perform rescue breathing in addition to chest compressions if comfortable). If available, an Ambu Bag (artificial breathing) can be used instead.
4. If there is no response to the naloxone from the patient after 2-3 minutes, staff shall administer a second dose of naloxone and continue with CPR/rescue breathing while awaiting EMS.
5. EMS will assess patient and either transport to the hospital or patient will refuse transport. Patients refusing transport will be asked to leave library property for the remainder of the day.

## LEGAL/LIABILITY:

Under California law, a prescriber may issue a standing order authorizing the administration of naloxone by any trained layperson to someone who may be experiencing an opioid overdose. If the program does not have an authorized prescriber (anyone who has prescribing privileges in the state of California), then they may work with a program that provides training and naloxone distribution to come provide training to staff.

### ***Pursuant to Section 1714.22 of the California Civil Code:***

For purposes of this section, the following definitions shall apply:

1. "Opioid antagonist" means naloxone hydrochloride that is approved by the federal Food and Drug Administration for the treatment of an opioid overdose.
2. "Opioid overdose prevention and treatment training program" means any program operated by a local health jurisdiction or that is registered by a local health jurisdiction to train individuals to prevent, recognize, and respond to an opiate overdose, and that provides, at a minimum, training in all of the following:
  - A. The causes of an opiate overdose.
  - B. Mouth to mouth resuscitation.
  - C. How to contact appropriate emergency medical services.
  - D. How to administer an opioid antagonist.

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 or is suspected of experiencing an overdose shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this administration.

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Director:

Date: