



**Overdose Policy and Procedure**  
*Adopted 7/1/2018*

**Policy**

Recovery United, Inc. and its recovery community centers facilitate an overdose prevention and reversal program overseen by The Office of Drug Policy. We have historically responded to overdoses both onsite and out in the community with care, concern, and knowledge. The purpose of this policy is to state best practices and outline a procedure for overdose response in the office and in the community.

**Procedure**

**Onsite**

**OVERDOSE REVERSAL PROCEDURE**

Once a staff member (first responder) becomes aware that a participant has overdosed onsite, the following steps should be taken:

1. The staff member who first discovers the overdoser should immediately administer a sternum rub to identify whether or not the overdoser is responsive.
2. The staff should then notify other staff of the status of the overdoser (in the bathroom: by paging the front desk from the participant bathroom intercom, or at front desk: by using a “runner” (volunteer or peer) or telephone). The staff at the front desk should then request assistance from staff around the office by phone.
3. Once staff is notified, staff at the front desk is tasked with clearing the office of all other participants. Volunteers may remain in the office, and participants who are currently receiving services (case management, wellness exam, counseling, etc.) may be given the option of remaining in the office or departing.
4. Once the office is clear of participants, staff is to call 9-1-1. When the operator asks, “What is the emergency?” staff should respond, “I have someone who is not conscious,

and not responsive,” Depending on the report of the staff with the overdoser, the caller should also clearly state whether or not the overdoser is breathing.

5. Once the call is complete, one key-holding staff member should wait on the street for paramedics to arrive in order to direct them to the appropriate address. This same staff member should be sure to take the names and badge numbers of all paramedics and law enforcement officers present.
6. At minimum one other staff member (in addition to the first responder), a second responder, should attend to the overdose site to assist the first responder.
7. The first responder, with the help of the second responder is to move the person overdosing on to the floor in the largest unobstructed area in rescue position.
8. The first responder begins with the person on their back, performing two rescue breaths. Simultaneously, the second responder is to remove all items from the person’s pockets using tongs and puncture proof gloves.
9. The first responder then rolls the person overdosing into the rescue position and administers either intramuscular or intranasal naloxone.
10. The responders then attempt to wake the person overdosing for a second time with the use of a sternum rub and calling their name loudly.
11. If the overdoser is still not breathing on his or her own, then the staff member should position the person on his or her back and administer rescue breaths.
12. After two minutes of rescue breaths without a response, the responders should roll the person overdosing back onto their back for the second dose of naloxone.
13. The responders roll the person back on to their back to continue rescue breaths until the paramedics arrive.

Should the person experiencing overdose respond or become conscious at any point during these steps, the responders should discontinue the procedure and attend to the person’s needs.

Once external medical personnel arrive, onsite staff should maintain the confidentiality of the person if they have already come to and allow the person who overdosed to decide what information to give them. Should the person still be unconscious when the paramedics arrive, the paramedics should be given the person’s preferred name and any relevant medical history that in-house medical staff are aware of\*.

\*Office staff (not medical professionals) should **not** give medical history information.

## **Offsite**

### **Section I: Receiving a Call**

In the event that a community member receives a call from someone offsite reporting that they are a witness at the scene of an overdose, this person should verify all of the following information:

- 1) Ensure that the caller has **already** placed a call to 911 and reported to the operator that the victim is “unconscious or nonresponsive and not breathing.”
- 2) Make an assessment of response capacity:
  - a. Find out if the witness or victim is carrying Narcan on their person
  - b. Find out if the witness is comfortable administering rescue breaths
- 3) Find out the overdoser’s **exact** location, including:
  - a. Are they inside or outside?
  - b. What are their cross streets?
  - c. What is the caller looking at? Are there any landmarks?
  - d. Are they on a bench or a street, are they reachable by car

### Section II: Departure from Office

The person who received the call should notify a staff member of the situation.

Regardless of who received the call, at least two team members should respond to the call, one of whom must be a staff member experienced in reversing overdose.

Do **not** leave the office without:

- 1) Cell phone
- 2) Identification
- 3) Naloxone kit
- 4) Backup Naloxone kit

### Section III: Arrival On Scene

Once the team members arrive on-scene, assess whether EMS has arrived.

#### **Scenario A**

If EMS has not arrived on scene:

- Please proceed according to the protocol of Overdose Reversal acquired in SKOOP training.

#### **Scenario B**

If EMS has already arrived on scene:

- Identify yourself as a team member at [NAME OF ORGANIZATION] to EMS, FDNY, and NYPD.
- You may share that [NAME OF ORGANIZATION] implements a city-run overdose prevention and reversal program designed to prevent accidental overdose in [LOCATION], and that the program trains and authorizes community members to carry naloxone on their person.
- Do not share any information about the overdoser with police or emergency medical service providers.

#### Section IV: Follow-up

All individuals involved in the off-site overdose should collaborate on creating an incident report.

When the overdoser is next in the [ORGANIZATION NAME] office, every effort should be made for the team members present at the scene of the overdose to follow-up with the overdoser, including education and supportive counseling, as well as referrals.