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| **Policy #:** |  | **Effective Date:** |  |
| **Reviewed Date:** |  | **Next Review Date:** |  |
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# PURPOSE

The purpose of this policy is to ensure that staff at [insert organization] understand the actions that can be taken to support clients who use substances, with the goals of promoting client health and safety and reducing the risk of overdose/drug poisoning.

# APPLICATION

This policy applies to all programs, practices, communications, use of facilities, and provision of all [insert organization] services, and the staff, students, and third party providers/contractors (e.g. security, cleaning, food services, etc.), supporting individuals within [insert organization]. This policy supports the Toronto Shelter Standards, SSHA's Harm Reduction Directive and Housing First approach.

# OVERDOSE PREVENTION PROCEDURE

**Step 1: Conduct Substance Use Assessment**

* The substance use assessment is a series of questions asked by staff to get a baseline understanding of where the client is at in relation to their substance use.
* This assessment requires the worker to engage with the client compassionately and without judgement, avoiding ensuring that their language, tone, and bodily expressions communicate adherence to harm reduction principles.
* Assessment questions include:
  + What substance(s) is client using?
  + When was the last time they used?
  + Do they have a new drug seller or supply?
  + How is their overall health?
  + Do they use alone? With others? A supervised consumption service?
  + Do they have a viable naloxone kit (not expired, contents intact) or access to and safer drug use equipment?

**Step 2: Development a Safety Plan & Harm Reduction Education**

Using a strengths-based and client centred approach, discuss their Substance Use Assessment responses that imply risk for drug poisoning, infectious disease transmission, threat to personal safety, or other harms associated with substance use. Discuss harm reduction strategies that might be helpful to their safety planning.

* Safety Plan
  + Work with the client to collaboratively develop a safety plan based on the responses to the Substance Use Assessment. Please see 'Client Safety Plan Template' in the Appendices
  + Build off of the client's existing harm reduction expertise and work with them to find strategies that apply to their circumstances
  + Discuss and document a timeline for reviewing the safety plan if the client is amenable
* Harm Reduction Education
  + Encourage them not to use alone, the best way they can stay safe is to have someone with them or check in on them
    - Invite them to let staff know when they are using and if they are open to post-use wellness checks. Request that they keep their door unbolted for easy staff entry
    - If they are using substances with others, encourage them to use one at a time so the other person can check on them and respond as necessary
    - Encourage them to make use of the NORS phone line or Brave App
  + Encourage client to avoid intentionally mixing substances where possible. Acknowledge the unpredictable nature of the drug supply where drugs are often contaminated.
  + If client has not used in a while, or if you are aware that they have recently experienced an overdose and naloxone was administered, encourage them to start with less than previously as their tolerance will have decreased. Their body will not be able to process the same amounts that they used to be accustomed to and the drug supply may have changed.
  + If client has a new drug seller or supply encourage them to use it with caution; smelling, tasting, or testing a very small amount to discern quality
  + Encourage them to ask others about the quality of their supply
  + Make sure they have access to a Naloxone kit and know how to use it
  + Make sure they can recognize the early signs of opioid and other types of overdose
  + Provide client with fresh supply of safer drug use kits
  + Make sure clients know that staff are there support them without judgment

**Step 3: Communication**

Once a client safety plan has been created ask client if they consent to their safety plan details being shared with staff at the shelter to ensure everyone is aware of their needs and plan.

# WELLNESS & BED CHECK PROCEDURE

**Wellness Check**

* Risk of overdose, as well as the opportunity for drug poisoning prevention, recognition and response is one of a series of reasons why wellness checks are offered, along with poor health, environmental conditions, etc.)

**Bed Check**

* Once per day, at a regularly scheduled time (9:30pm-10:30pm), staff will check in on all clients to make sure they are still actively using their bed.
* Staff will also complete partial bed checks through-out the day and night to check for absent clients (2am, 5am, 8am).

**How to Conduct a Wellness or Bed Check**

When entering a client's room either during that day or at night, making sure the client knows you are coming by always knocking, but also calling out during the day/evening. Staff must enter client area in a respectful way and maintain client privacy as much as possible. This is important in fostering a compassionate and dignified environment.

When performing bed/wellness checks during the day/evening staff will make sure to knock and declare out loud that they are coming into a room before they enter. Night staff will only do wellness checks on clients where prior consent has been given, if a client is absent, or if there is reasonable cause for concern (at-risk of overdose, health issue).

# ROLES & RESPONSIBILITIES:

All Staff:

Staff are responsible for:

* Completing regular wellness checks & bed checks on clients who may be at-risk for overdose, or other drug-use safety concerns
* Notifying shift leaders if there are any areas of concerns resulting from checks
* Updating the substance use tracker
* Carrying naloxone with them and staying up to date on skills, protocols and procedures around naloxone use.
* Attending provided trainings in harm reduction principles and practices as well as naloxone administration

Supervisors & Managers:

Supervisors & Managers are responsible for:

* Supporting with substance use-related issues stemming from wellness and bed checks. These actions may include, but are not limited to calling emergency services, modifying a safety plan, or referring a client to a shelter more appropriate to their harm reduction needs.
* Ensuring all staff and partners are respecting client privacy in relation to their substance use as much as possible.
* Making sure naloxone and safer drug use supplies are well stocked.
* Making sure staff are properly educated and trained in overdose prevention, recognition and response including the use of naloxone

# APPENDICES:

TPH Overdose Prevention Plan



Organizational Opioid Overdose Risk Assessment



Guidance and Tips for Client Wellness Checks



Signs of an Opioid Overdose



Overdose Response Poster

