

Naloxone in BC Public Service Workplaces

What is Naloxone?

Naloxone is a medication that can quickly reverse the effects of an overdose from high potency narcotics. Naloxone is available without a prescription and can be given as an injection into an arm, buttocks, or muscle or as a nasal spray.

Naloxone will only work on opioid-related overdoses but likely will not cause harm if given to a person hasn't taken opioids.

What are high potency narcotics?

High potency narcotics (HPNs) are illicit drugs such as heroin or morphine that may contain fentanyl or analogues of fentanyl. Public service staff may be exposed to HPNs in the course of their work activities due to the types of services provided and work performed in the different ministries. Examples of possible HPNs exposures due to work: searching individuals, premises, vehicles, or handling unknown substances.

Are workplaces required to have Naloxone available?

There is no WorkSafeBC requirement to have naloxone available for use on public or clients. The [Naloxone Risk Assessment Tool for Public Sector Organizations](#) should be used to determine if naloxone should be available for public or clients use at your workplace.

For assistance with determining the potential for staff exposure to HPN's while working and the response to possible staff HPNs exposure, consult with a BC Public Service Agency Safety Specialist. This will help determine if there is an occupational requirement for naloxone for staff who may come in contact with HPNs and put procedures in place to eliminate or reduce the risk of exposure and have a plan for post exposure or incidents.

Are First Aid Attendants required to use Naloxone on clients or members of the public in the event of an overdose?

Occupational First Aid Attendants are mandated by WorkSafeBC to provide first aid to workers only, not the public or clients. The employer should discuss the willingness of the attendant and other staff to administer naloxone to public or clients in an overdose situation. In buildings with multiple tenants, it may be possible to coordinate overdose response for public or clients. Workplaces that have onsite security should review the security company's scope of service, specifically if it includes providing first aid services to the public and administering naloxone.

If someone administers naloxone on an unresponsive person, could they be affected by HPNs?

The likelihood of being affected by a HPNs while providing Naloxone is low. For first responders Health Canada states "treating someone who has overdosed from an opioid does not pose a significant threat to your health. It is still important to follow standard protocols."

The BC Centre for Disease Control states that “Fentanyl is not easily absorbed by skin, there is no risk of overdose from accidentally touching fentanyl” and “In BC, there are no confirmed overdoses from anyone touching fentanyl”.

Will having Naloxone in the workplace trigger additional occupational health and safety requirements?

Yes. To comply with WorkSafeBC regulations and protect the health and safety of workers who may be administering naloxone, workplaces will need to ensure the following safety items are addressed:

Exposure control plan

This plan will outline the risks from possible blood/bodily fluids exposures when administering naloxone and the control measures in place to protect staff from the exposure. Use of nasal naloxone is recommended to reduce the risk of a needle stick injury and possible exposure to blood. The BC Ministry of Health Joint Task Force on Overdose Prevention and Response notes that the risk of exposure to HPNs for someone responding to an overdose to administer naloxone is low. The exposure control plan must be a written plan available to staff and reviewed regularly.

Storage, stocking and disposal

The employer needs to determine the location and the number of naloxone kits. The employer must ensure that the kits are stored properly and are replaced prior to their expiry date. Needles used for naloxone administration must be appropriately disposed of as a biohazard, not in a normal trash bin.

Safe Work Procedures/Training: Naloxone use and exposure to illicit substances

Safe work procedures must be developed and available to staff who may administer naloxone or who may be exposed to HPNs. The procedures must include recognition of overdose symptoms, how to safely administer naloxone and the exposure control plan. Naloxone training for safe work procedures can be done by a qualified outside provider or in house trainer. The employer must have oversight of the training program and is responsible to ensure the content is appropriate and the training effective. Training can be in person or by video etc. but learning comprehension must be verified by the employer and attendance records kept. Refresher training may be required in the future.

Providing care in an overdose situation can be traumatic. Workplaces need to ensure staff know how to access counselling through Employee and Family Assistance Services by calling 1 800 655 5004. In some cases, workplaces may need to have specialized professional counsellors attend the workplace to assist staff who want to debrief with a health professional after witnessing or intervening in an overdose.

Information on critical incident response services can be found on MyHR's [critical-incident-response web page](#).

Is there WorkSafeBC coverage for Public Service staff injured while administering naloxone?

If a ministry/workplace determines they will be providing naloxone for harm reduction and staff were to be injured while administering naloxone in the course of their employment they would be eligible for workers compensation benefits.

This can be working at the 'office' or 'Ministry place' that staff attend daily or during fieldwork. For example, a staff member who is injured administering naloxone while completing a client home visit would be eligible for compensation because it was directly related to their work.

While WorkSafeBC provides coverage for work-related injuries and incidents, there are situations where coverage may not apply when actions are taken outside of an employee's job duties.

For example:

- A staff member leaves their workplace to administer naloxone to a member of the public.
- An employee administers naloxone while off-site for lunch, such as at a restaurant or while traveling to or from it.

In these cases, because the activity is not directly connected to the person's work responsibilities, it is unlikely that WorkSafeBC coverage would be available.

It should be noted that every workers compensation claim is adjudicated independently by WorkSafeBC based on the facts of the specific incident.

Could someone sue a worker if they were injured because the worker administered naloxone?

The [BC Good Samaritan Act](#) provides protection for people providing emergency aid.

The BC Centre for Disease Control states “This Means: If you help someone who overdoses, you are not liable for any injuries caused by your help”.

Conclusion

Having naloxone kits in the workplace for administration to public or clients requires some basic health and safety procedures, training and documentation. The decision to have naloxone in the workplace for public or client response should be based on the Ministry of Health’s [Naloxone Risk Assessment Tool for Public Sector Organizations](#). The BC PSA has templates and training materials available to assist workplaces with meeting their occupational safety requirements for prevention of exposure to HPNs and bodily fluids if they have naloxone kits in the workplace.

For more information contact:

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