

# NALOXONE IN BC PUBLIC SERVICE WORKPLACES



The Joint Task Force on Overdose Response recently distributed a Naloxone Risk Assessment Tool for Public Sector Organizations. The Workplace Health and Safety Branch of the BC Public Service Agency (BC PSA) is providing this further information to address the occupational health and safety (OHS) considerations with the use of naloxone and the potential exposure of staff to high potency narcotics.

## **Are BC Public Service staff exposed to high potency narcotics and what are they?**

High potency narcotics (HPNs) are illicit drugs such as heroin or cocaine that contains fentanyl or analogues of fentanyl. The drugs may have been intentionally cut with or contaminated with 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 exposures due to work: searching individuals, premises, vehicles, or handling unknown substances from suspected drug users.

## **Am I required to have Naloxone in the workplace?**

There is no *requirement* to have naloxone available for use on public or clients. The *Joint Task Force Risk Assessment Tool* 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 occupational exposure to HPN's during the course of work and the risk management of such exposure a BC Public Service Agency Safety Specialist should be consulted. This evaluation would be necessary to determine any occupational requirement for naloxone.

## **Are First Aid Attendants required to use Naloxone on the public in the event of an overdose?**

No. Occupational First Aid Attendants are mandated by WorkSafeBC to provide first aid to workers only, not the public. The employer should discuss the willingness of the attendant and staff to administer naloxone to public/clients in an overdose situation. In buildings with multiple tenants, it may be possible to coordinate overdose response for public/clients. Workplaces that have onsite security should review the security company's scope of service, specifically whether or not it includes providing first aid services to the public and administering naloxone.

## **Will having Naloxone in the workplace trigger additional Occupational 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 will reduce the risk of a needle stick injury and possible exposure to blood. The Ministry Health Joint Task Force 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 must be appropriately disposed of as a biohazard, not in a normal trash bin.

### *Safe Work Procedures /Training: Naloxone Use and Exposure to Illicit Drugs*

Safe work procedures must be developed and available to staff who may administer naloxone or who may be exposed to illicit drugs. The procedures must include recognition of overdose symptoms, how to safely administer naloxone and the exposure control plan. Naloxone training for the 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 are having reactions from witnessing or intervening in an overdose.

Information on critical incident response services can be found on MyHR at:

<http://www2.gov.bc.ca/gov/content/careers-myhr/all-employees/safety-health-well-being/workplace/critical-incident-response>

## **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, *Joint Task Force on Overdose Response 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 should they choose to have naloxone kits on site.

*For more information contact:*

Online Ask MyHR:

<https://psa.frontlinesvc.com/app/ask>

Call MyHr:

Monday to Friday, 8:30 am to 4 pm PST  
250 952-6000 or 1 877 277-0772