TAKE HOME NALOXONE: A GUIDE TO PROMOTE STAFF RESILIENCY & PREVENT DISTRESS AFTER AN OVERDOSE REVERSAL

INTRODUCTION

While many people who use drugs find reversing overdoses to be empowering and positive[1], this is not always the case for lay-person staff working in shelters, housing units and the community. The increase in access to community naloxone allows peers and some agency staff to receive training and respond to an opioid overdose with an "antidote" - naloxone. This recent change in overdose management can be a powerful factor in determining the psychological response of the person responding to an overdose. Those most at risk for developing negative psychological outcomes from reversing overdoses are newer staff who do not have the historical comparison of responding to overdoses without naloxone. Lay staff, without medical training and those who lack adequate coping mechanisms, have described the experience of reversing an overdose as stressful, frightening and overwhelming. Studies also show that volunteers and non-medical personnel in the settings of natural and man-made disasters are at a higher risk of negative psychological outcomes than trained healthcare and emergency workers [2,3].

RISK FACTORS FOR STAFF DISTRESS

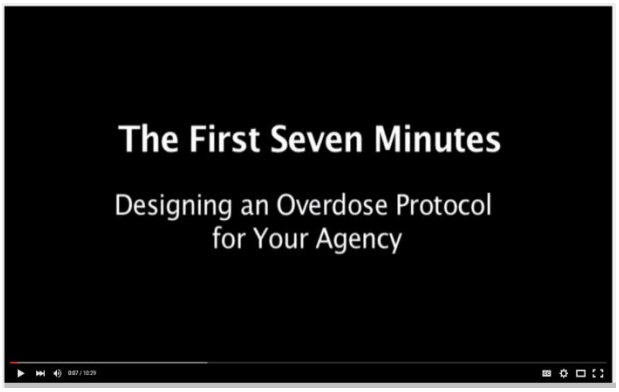
Based on interviews with staff and supervisors associated with the 'Take Home Naloxone' program across multiple health districts and facilities, we have learned about some important factors which contribute to negative psychological sequelae following administration of naloxone.

Risk Factors	Examples	Management Strategies
Adverse outcome of the overdose in spite of naloxone intervention	Many factors contribute to the outcome of overdose reversal, including the amount and type of substances used, the overall health status of the person using drugs and the length of time since overdose. While the majority of overdose reversals are successful, due to these complex interacting factors, there may be instances where a person's brain or end organs have been damaged or naloxone may need to be administered more than once.	Warn staff that multiple doses of naloxone may be required, and that administering naloxone does not, in and of itself, guarantee an optimal outcome. Build a plan at your agency to decrease the length of time between overdose and reversal.
Staff inexperience	Staff report greater distress when they do not feel confident in their skills. This association of inexperience with greater psychological distress in the workplace is supported by the literature[4,5].	Offer regular naloxone training, so that staff can maintain their knowledge and skills.

Risk Factors	Examples	Management Strategies
Real or perceived lack of organizational support	Research shows that discrepancies between requests for support and received support are highly related to the development of psychopathology[2].	See below “Make sure that staff feel supported”
Role ambiguity in the work place	Several staff reported that significant stress was caused by ambiguity surrounding their role in overdose reversal (e.g. they had a kit belonging to a client, and didn’t know if they could use this kit for other clients). Research supports that lack of clarity in the workplace can be a significant source of stress[6].	See below “Develop a naloxone protocol”
Feeling of “too much responsibility”	Instances have arisen where staff felt that they carried sole responsibility for reversing overdoses at a given facility, a burdensome feeling that contributed to distress following naloxone administration.	Train all staff to reverse overdoses, and divide this task among staff. Where possible, train drug users to administer naloxone. See below “Develop a naloxone protocol”
Accumulated prior traumas	The environments where people overdose regularly, are also areas where staff may be subjected to verbal abuse or exposed to vicarious trauma by hearing the stories of others. These accumulated traumas can reduce resiliency following overdose reversal[5]. Witnessing overdose may also trigger painful memories.	See below “Make sure staff feel supported”
Client’s familiarity with staff	Studies show that identifying with the client or “victim” of a critical incident can make the helping person more susceptible to post-traumatic symptoms[2].	Recognize that certain types of overdoses can be exceptionally stressful, and manage accordingly, with more time for debriefing and self-care.
Client’s age	When clients are young or underage, this can exacerbate stress following overdose reversal.	
Environmental factors	The environment where the overdose occurs may be chaotic, or there may be panicked bystanders. These factors can lead to the overdose feeling less controlled and manageable.	See below “Develop a naloxone protocol”
Legal concerns	The Good Samaritan laws do not cover staff who are hired for the express purpose of administering naloxone, so some staff worry that they will be held accountable if a reversal is not successful. Likewise, some staff have expressed concern that they may be held accountable for not administering naloxone.	Make the expectations of staff very clear, so that they know where they stand with respect to the Good Samaritan laws. See below “Develop a naloxone protocol”

RECOMMENDATIONS FOR ORGANIZATIONS

1. Develop an overdose response protocol



- Go through The First Seven Minutes video to help create a response plan for your agency. Identify areas where overdoses are likely to happen and come up with solutions to reduce the possibility of an overdose happening there through environmental or structural redesign. Consider locked doors or other barriers that may hinder the visibility of people who have overdosed and/or delay an emergency response.
- Taking the specifics of your organization into account, develop a protocol for managing overdoses and use it consistently, in order to eliminate ambiguity, enhance efficiency and give staff the confidence to know that they are doing the right thing.
- Depending on the size of your team, at the start of each shift consider making one staff person "in charge" of incidents for that shift. The person in charge can then delegate tasks such as calling 911, evacuating bystanders, meeting first responders, providing rescue breaths and administering naloxone. Encourage staff to be open with respect to their comfort level with each of these tasks. Expect that some staff may not feel comfortable giving breaths (e.g. due to respiratory illness) or managing a large crowd.
- Ensure that clients are aware of this protocol and know to contact staff as soon as they suspect an overdose. Crucial seconds or minutes can be saved by clear communication, increasing the likelihood of timely and successful overdose reversal, and allowing staff more time to consult with colleagues and call for backup.
- Where appropriate, consider involving clients in different roles of response protocol or monitoring activities
- Practice. Have regular practice overdose scenarios, similar to the "Great Shake Out" or fire drills. Drills are an effective way of practicing response in real time and will alleviate stress when individuals have to respond.

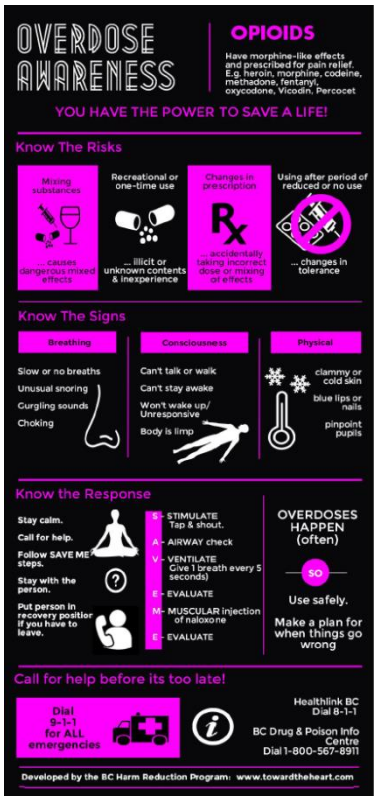
2. Make sure that staff feel supported

- Enhance staff resiliency by creating a supportive work environment. Provide encouragement and positive feedback. Make it a priority to follow-up staff complaints. Encourage feelings of connectedness and belonging by organizing social events for staff. Promote self-care as a regular and worthwhile practice. These simple interventions will allow staff to better manage stress following overdose reversal.
- Prioritize and allow staff to debrief following critical incidents, if they feel it would be helpful. If they prefer not to debrief, give staff a few moments to recover from the adrenaline rush of reversing an overdose – they may want to take a walk, buy a coffee or make a phone call to a friend or family member.
- Normalize the need to debrief and take time for self.

- Encourage staff to use their sick time if they need a mental health break. Everyone experiences and copes with stress differently, and some people may need more time away from their workplace in order to recuperate after critical incidents.
- If your organization has an Employee Assistance Program, encourage staff to use this resource for extra support.
- Where possible, try to alleviate systemic issues such as inadequate staffing, unpredictable scheduling (e.g. being called in to work at the last minute) and lack of staff safety in the workplace.
- Examine policies that jeopardize the therapeutic alliance and relationship between the provider and the people they serve. They are often in opposition to the ethics that drew individuals to the work, and this can be a source of moral distress/burnout for staff, while also creating potential situational violence. Policies that are difficult to enforce consistently or fairly erode an ethic of solidarity and support systems.
  Acknowledge that staff may be working in an environment that seems unfair or frustrating (e.g. non-medical staff may not have access to carry naloxone).

3. Encourage clients to use drugs safely

- Preventing overdoses is the surest way to avoid staff distress
- Remind users to buy their drugs from a source they trust, to test a small amount first, and to never use alone
- Post and remove drug alerts in a timely manner and have conversations with clients about them.
- Encourage clients to have discussions about responding to a potential overdose with people that may be in a position to save them. This may require creating a safe space for clients to tell staff that they are using on site (e.g. in the washroom or their room). When clients share this information, encourage staff to work with clients to create a check in plan.
- Offer overdose prevention and response training, including naloxone administration training, to people who use drugs and their family and friends.
- Advocate for more accessible opioid substitution therapy.
- Work to address the stigma and internalized stigma about substance use that prevents people from asking for help. Have meaningful conversations about how this shows up in policy or work environments, or other services that clients access.



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