

Drug Poisoning Response

Overview

The information provided can be used as a guideline for creating a drug poisoning response for an Emergency Shelter setting.

Responsibilities

- Be alert and use appropriate personal protective equipment (PPE) and radio communication (e.g. gloves, safety glasses, gown, mask)
- Use radio communication for help, being very clear and concise. State "Medical Emergency" and your exact location.
- First staff on-site are not to leave unless directed by a Coordinator/Supervisor or a responding health service provider.

General Information

- Naloxone is used for drug poisonings related to opioids. However, when in doubt, it's better to administer Naloxone than not administer Naloxone. If someone is not experiencing a drug poisoning from opioids and they receive Naloxone, there will be no effect.

Necessary Supplies

- AED
- Multiple, fully stocked Naloxone kits
- Gloves
- Surgical face masks for staff
- Eye protection (reusable safety glasses or face shield)
- Gown

Drug Poisoning Response for Staff (Without Nurse/Medic Support) 911 should always be called and their direction followed.

- First Responder on Scene: Ensure scene safety by making sure the area is clear of obstructions or potential dangers to the person responding. Recognize that there is a medical emergency by communicating with the person experiencing the potential drug poisoning. If the person is not responding, try to illicit a response by using verba and/or sternum rub as taught in Naloxone training. If a shelter guest is unresponsive, immediately radio/call additional staff members and clearly let them know that there is a medical emergency and the exact location of the emergency.
- Additional staff responding to a medical emergency should bring with them the AED Device and Naloxone.
- Staff should ensure that the proper PPE is being used, including gloves and eye protection (reusable safety glasses or face shield).
- If a shelter guest is unresponsive and not breathing, CPR can be initiated. Ensure your organization has clear procedures for CPR and all staff are fully trained. Chest-compression only CPR is currently being used at many emergency shelters.
- Each person responding to an emergency should clearly be delegated a roll. 9-1-1 should be called and one person delegated to communicate clearly with 9-1-1. Ensure all staff are familiar with the layout of their building and can accurately explain where an emergency is occurring and how medical staff can reach that area

(supporting staff members may need to be dispatched to allow medical staff into the building and show them to the scene of the emergency.

- Staff supporting the emergency should be drawing up Naloxone injections as soon as they arrive on scene. A separate needle is used for each dose of Naloxone. Naloxone doses should be injected into the anterior (front) thigh muscles as per training (or as directed by 9-1-1).
- If there is no response to a Naloxone injection after 2 minutes an additional vial of Naloxone should be administered every 2 minutes until the person responds, or as directed by 9-1-1. Be prepared to administer a large number of injections. Use alternate legs if possible. Keep track of how much Naloxone was administered and the frequency/timing.
- If the person experiencing the emergency begins to vomit or choke, they should be turned on their side into recovery positions to prevent possible aspiration.
- If the person experiencing the emergency responds, before medical help arrives, reassure them that help is on the way. Explain what has happened, keeping in mind a trauma-informed approach. Stay with the person until help arrives.
- Ensure proper removal and disposal of PPE.
- Ensure documentation and notification of the emergency is followed according to your organization's policies and procedures.

Drug Poisoning Response With Medical Staff Present

- Initiate drug poisoning response as above.
- When medical staff arrive, staff initially responding should give a full report of all actions taken thus far, including if naloxone was administered, how much and at what time.
- Inform 9-1-1 dispatch that trained medical staff is on the scene.
- Medical staff will inform support staff of further actions to be taken.
- Medical staff are to document and notify according to organizational policies and procedures.

Considerations

Responding to potential drug poisonings will be a dynamic situation and will require consideration of the following:

- Ensuring proper communication between team members, medical staff and external resources is essential to responding effectively to a drug poisoning. All team members require the ability to communicate internally and externally at all times, through the use of radio and/or cell phones.
- Team members need to be made aware of the responsibilities and limitations of their position's response to drug poisoning. For example, Nursing/Medical staff can practice according to their certification and training which may include the administration of oxygen, where this is not appropriate for non-medical staff.
- Naloxone is used for drug poisonings related to opioids. Administering Naloxone to a person not experiencing a drug poisoning will

have no negative effect on them. When in doubt it is better to administer Naloxone than not to administer it.

Suggested Supplies

- AED (all staff should be trained in proper usage and aware of the locations of all AED machines).
- Multiple fully stocked Naloxone Kits (all staff should be trained in proper Naloxone administration and aware of the location of Naloxone kits, in addition to always carrying a kit with them).
- Gloves.
- Surgical face masks.
- Eye protection (reusable safety glasses or face shield.)