

Communicable Disease Prevention: Responding to Drug Poisoning at Overdose Prevention Services and Supervised Consumption Sites

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Drug poisoning (overdose) deaths are preventable. Overdose prevention services (OPS) and supervised consumption sites (SCS) provide essential services, preventing and responding to drug poisoning while taking measures to prevent communicable disease transmission in line with BC's current public health guidance, WorkSafeBC's Communicable Disease Prevention guide and local health authority recommendations.

It is important to recognize the **high risk for harms and death from drug poisoning.** Extra precautions should not prevent life-saving emergency response and resuscitation.

Background

This document provides guidance on infection prevention practices to **reduce communicable disease transmission** while **ensuring access** to drug poisoning prevention and response in OPS/SCS settings.

In 2016, BC's Provincial Health Officer declared a [public health emergency](#) in response to increasing deaths from drug poisoning caused by the toxic unregulated drug supply. In March 2020, a second public health emergency was declared due to the [COVID-19](#) pandemic. These **dual public health emergencies** caused **increasing harms and barriers to services** for people who use substances across BC.

The effect of the toxic drug poisoning emergency and the COVID-19 pandemic on drug toxicity deaths highlighted the need for **access to drug poisoning prevention and response** services while **preventing the spread** of communicable diseases. **Communicable diseases** are illnesses **spread from one person to another** through infectious agents such as viruses and bacteria, including acute respiratory illnesses, such as seasonal influenza.

The **greatest health risk** to people who use substances **is drug poisoning from the toxic unregulated drug supply.** For more information, visit BCCDC's [Unregulated Drug Poisoning Emergency Dashboard](#).

Scope

The guidance in this document applies to regulated (e.g. nurses and physicians) and non-regulated employees and volunteers who provide emergency drug poisoning response in OPS and SCS settings.

Disclaimer

This guidance **does not replace workplace or employer/organizational policies** and procedures; it is intended to guide the development of employer/organizational and **site-specific policies and procedures**.

In employment and organizational settings, it is important for providers to **understand what they can and cannot do** when responding to a drug poisoning. How providers can respond (i.e., what activity or skill one can perform) is based on scope of practice, training, professional and legislated regulations, and employer/organizational procedures, which is determined by the following:

- **Regulated health professionals** (e.g. nurse, physician): provincial and federal legislation (e.g. *The Health Professions Act, Controlled Drugs and Substances Act*), regulatory body standards and guidelines (e.g. of WorkSafeBC, BC College of Nurses and Midwives), and employer/organizational policies and procedures.
- **Non-regulated providers** (e.g. peer, outreach worker): provincial legislation (e.g. WorkSafeBC), federal legislation (e.g. *Controlled Drugs and Substances Act*), job descriptions and employer/organizational restrictions (e.g. workplace policies and procedures).

Preventing Communicable Disease Transmission during Drug Poisoning Response

During drug poisoning response, there is risk for communicable disease transmission whenever a provider comes in contact with blood, body fluids, mucous membranes, non-intact skin, or soiled items (e.g. during CPR, giving rescue breaths, using a bag-valve-mask, administering naloxone). However, the risk for responders can be mitigated by following **routine infection prevention and control** practices (e.g. point-of-care risk assessment, hand hygiene, personal protective equipment [PPE]).

Whenever rescue breaths and CPR are carried out, there is a risk of infection to the responder, particularly if rescue breaths are given without PPE or if PPE malfunctions (e.g. improper seal resulting in air leakage). The risk of transmission is very low when compared to the imminent risk for harms, such as brain injury and death, if providers do not respond to drug poisoning. Taking basic precautions can minimize risk of infection for both the responder and the person experiencing drug poisoning.

Communicable Disease Prevention in OPS/SCS Settings

Employers and organizations are encouraged to **consider the facility, staff, and resources** when developing communicable disease prevention policies and procedures to **prevent the transmission of communicable disease** and **ensure access** to life-saving drug poisoning prevention and response services in OPS/SCS settings.

OPS and SCS settings should maintain **routine infection control practices** (e.g. hand hygiene) **at all times** and implement **additional measures** when public health authorities identify an **elevated level of risk** of communicable disease transmission. Refer to local health authorities and employer/organizational policies for region-specific public health guidance and infection prevention and control measures.

The following **routine practices** should be followed **at all times** to **prevent the spread** of communicable disease:

- Support providers to **stay home** if they feel sick or have symptoms of illness (e.g. fever/chills, new cough).
- Promote **hand hygiene** and provide resources, including alcohol-based hand rub and [hand-washing](#) facilities.
- Support providers getting **vaccinations** against vaccine-preventable illnesses (e.g. COVID-19, seasonal influenza).
- Encourage **respiratory etiquette** (e.g. cover coughs and sneezes) and provide tissues and the ability to dispose of them.
- Maintain **routine cleaning and disinfection** practices.
- Follow relevant guidance on [cleaning and disinfecting](#) for community-based settings and [health-care and clinic settings](#).
- Community-based OPS sites that are not considered clinical or health-care settings (e.g. housing OPS, community-based peer-run OPS sites) are encouraged to follow a [two-step cleaning process](#):
 - **Clean surfaces** with soapy water or a household cleaning product.
 - **Disinfect surfaces** with a store-bought disinfectant, accelerated hydrogen peroxide wipes, or follow [BCCDC instructions](#) to safely mix and dilute household bleach with room temperature water.
- Maintain adequate **ventilation** and **air circulation** throughout the building or space. Ensure ventilation systems are in working order and are regularly maintained. Air should flow through the space.

- Support the use of **medical masks**, which are **required in** [health-care facilities](#) and **recommended** at **OPS** settings that are not considered health-care facilities. Please note the following exceptions to the provincial policy requiring medical masks:
 - People under 5 years old
 - People unable to wear a mask because of a health condition or physical or mental impairment
 - People unable to put on or remove a mask without help from another person, and
 - People communicating with someone with a hearing impairment.

Before Responding to a Suspected Drug Poisoning

Before responding to a suspected drug poisoning:

1. Providers should conduct a [Point-of-Care Risk Assessment \(PCRA\)](#) to determine the next actions and select appropriate [PPE](#).

A **PCRA** allows providers to estimate the risk for communicable disease transmission based on:

- The **person** experiencing the drug poisoning (e.g. signs or symptoms of illness), and
 - The **tasks** involved in drug poisoning response (e.g. giving breaths, using a bag-valve-mask), and
 - The **environment** (e.g. ventilation, cleaning, number of people).
2. Next, consider the **risks** identified in the PCRA to decide the **next actions** and **choose the appropriate PPE** to put on. There may be **different PPE and actions** depending on the **risks identified** by the PCRA.

Maintain routine practices at all times (e.g. prevention of blood-borne pathogens, sharps safety) and determine if **additional precautions** (e.g. droplet, contact, airborne) are needed to minimize risk. **Employer/organizational policy** and **site-specific procedures** will guide how and when **additional precautions** are applied.

When there is an **increased risk** for communicable disease transmission during drug poisoning response, **additional precautions are recommended**, including gloves, gowns, medical masks, eye protection/face shields, and/or respirators.

Responding to a Suspected Drug Poisoning

Routine drug poisoning response practices, additional precautions, and PPE will vary according to **employer/organizational policies and procedures** and estimated risk determined by the [PCRA](#) (e.g. droplet, contact, airborne).

A. Low Risk for Communicable Disease Transmission

Maintain **routine practices and PPE** when:

- **Person** experiencing the drug poisoning has **no signs or symptoms** of illness, is **not** known to be immune compromised, and **no additional precautions** have been identified, **AND**
- When **all tasks or procedures** in drug poisoning response have a **low likelihood** of communicable disease transmission, including **trained** and **equipped** providers carrying out **tasks with a low risk** of disease transmission (e.g. naloxone administration, low-flow oxygen delivery) **AND**
- When the SCS/OPS **environment** has a **low likelihood** of communicable disease transmission, including adequate ventilation and good air circulation, **sufficient** space to carry out drug poisoning response, and regular **cleaning and disinfection** procedures.

B. Elevated Risk for Communicable Disease Transmission

Additional precautions are recommended when:

- **Person** experiencing the drug poisoning has confirmed or suspected **illness, signs or symptoms** of illness, appears **unwell**, or **additional precautions** have been identified, **AND**
- A task or procedure in the drug poisoning response has an **elevated risk** for communicable disease transmission (e.g. use of bag-valve-mask ventilation), including potential for **contact with blood or body fluids (e.g. sputum)**, **AND/OR**
- When the SCS/OPS **environment** has an **increased likelihood** of communicable disease transmission, such as **poor air circulation** or ventilation, **insufficient space** to carry out drug poisoning response, or lack of regular **cleaning and disinfection**.

Considerations for Selecting PPE to Respond to Drug Poisoning

Some questions responders should ask themselves:

Could my hands be exposed to blood or body fluids, or touch mucous membranes of the nose or mouth? (e.g. administering naloxone)

- If yes, wear gloves

Could my eyes, face, and clothes be splashed or sprayed with blood or body fluids (e.g. person is coughing)?

- If yes, wear a medical mask, eye protection, and a gown.

Is there an airborne or increased aerosol transmission risk? (See airborne and aerosolized transmission section below)

- If yes, wear respiratory protection.

Airborne and Aerosolized Communicable Disease Transmission

Some communicable diseases can be **spread through the air** (airborne transmission) if the pathogen is airborne (e.g. pulmonary tuberculosis) or becomes **aerosolized** (turned into **small particles** in the air) during certain procedures.

During drug poisoning response, some communicable diseases (e.g. COVID-19, influenza) can be spread through **aerosol transmission** during an [aerosol generating medical procedure \(AGMP\)](#).

Assisted ventilation using a **bag-valve-mask** is considered a [possible AGMP](#). In light of emerging evidence, review [recommendations](#) from the BC AGMP Expert Group on the **AGMP status** of procedures and accompanying information on how to determine appropriate PPE in different situations.

Elevated Risk of Airborne and Aerosol Transmission and Drug Poisoning Response

During an AGMP, wearing a **fitted respirator** (e.g. N95) is recommended when there is **elevated risk** of airborne or aerosol transmission:

Elevated risk for airborne or aerosol transmission is indicated when a person is:

- Unwell/coughing; *or*
- Has a confirmed or suspected communicable respiratory illness that is spread by airborne or aerosol transmission; *or*
- When the risk is unknown.

Policies and procedures will vary across settings. Health Authority employees should refer to their organizational policies and procedures for AGMP guidelines.

Additional strategies to decrease the risk of communicable disease transmission during drug poisoning response:

- Practice regular and frequent hand hygiene: perform hand hygiene **before** putting on gloves, **change** gloves between each person assisted, and perform hand hygiene **after** taking **gloves off**.
- Perform hand hygiene **before** putting on PPE and after **taking off each item** of PPE. Review information on how to properly [put on \(don\)](#) and [take off \(doff\)](#) for [contact and droplet](#) and [airborne](#) illnesses.
- If using a face mask to give breaths, use a **CPR face shield** with **one-way valve** and **large waterproof area** to protect yourself from respiratory secretions. Ensure a good seal to prevent air leaking from the side of the mask. CPR face shields are available in **Take-Home Naloxone kits** and [Facility Overdose Response Boxes](#).
- There is **no benefit** to [wearing extra PPE](#) (e.g. double gloves, combining masks). Extra items of PPE **do not** mean more protection as these **affect the fit** and **complicate** the removal process, which can increase risk of self-contamination.
- If good **ventilation** is **not available** or **is not functioning**, improve **air circulation** and increase the flow of fresh air through the space. If possible, open doors and windows during bag-valve-mask ventilation and after responding to a drug poisoning.
- If using a bag-valve-mask, a **HEPA filter attachment** can provide additional protection to **reduce aerosol transmission** of communicable disease. Continue to wear appropriate PPE when using this added measure.

Additional Resources

- Provincial Infection Control Network (PICNET) of BC [infection prevention and control resources](#)
- Toward the Heart overdose prevention site, harm reduction, and naloxone [site finder](#)
- Toward the Heart [Resource Page](#)
- BCCDC [Harm Reduction Services](#)
- BCCDC [Harm Reduction Clinical Resources](#)
- Office of the Provincial Health Officer: [Current Health Issues](#)
- BCCDC [Aerosol Generating Medical Procedures](#)
- BCCDC [Cleaning and Disinfecting information](#)
- WorkSafeBC [Communicable Disease Prevention](#)
- WorkSafeBC “Communicable Disease Prevention: [A guide for employers](#)”