

OPIOID OVERDOSES NEEDING DROPLET PRECAUTIONS

Direction for responding to overdoses will be as dynamic as our current situation. The information provided **WILL change day-to-day and please check back regularly for the most up to date recommendations.**

IMMEDIATE RECOMMENDATIONS

- In the event of an overdose, **CALL 9-1-1 AND ADMINISTER NALOXONE**
- BC Emergency Health Services (BCEHS) will have access to appropriate personal protective equipment (PPE) needed for responding to opioid ODs during this time
- Anyone not responding to overdose should leave the room or immediate area.
- It is unclear at this time the degree to which the face shield will protect you from COVID-19 while providing rescue breaths. If you choose to provide rescue breaths, always use the face shield.
- IF leaving your site to respond to an OD, clear the area as much as possible
- Those essential to response should don appropriate PPE equipment (gown, face mask, eye protection, gloves); and those unable to leave immediate area (2 meters or 6.5 feet) should also don PPE (keeping this practice until we know more)
- New or appropriately cleaned PPE is required with each OD event

AEROSOL GENERATING MEDICAL PROCEDURES (AGMP)

Viruses can be passed from one person to the next a few different ways (e.g. contact, droplet and airborne). In the context of COVID-19, physical distancing and other public health recommendations are being made based on **contact and droplet precautions.**

Some activities such as **BVM OR the use of non-rebreather masks (NRB) OR other high flow oxygen (> 6-10 L/min)** procedures are considered aerosol generating medical procedures (AGMP). This is very important to know when responding to opioid overdoses because AGMPs can introduce aerosols of various sizes, including droplet nuclei into the air, changing COVID-19 infection control precautions from contact and droplet (surgical mask with face shield) to airborne (fit-tested N95 respirator with goggles).

When viral infections become airborne there is additional risk of infection to everyone in the immediate vicinity because it allows for smaller virus particles to be suspended in the air for a greater length of time, which means that others may be at risk for infection by entering into this space without the right protective equipment.

The risk from use of BVM or high flow oxygen due to AGMP can be reduced by using a bacterial and viral BVM filter or a HEPA filter. Until we know more, airborne PPE precautions are still required with the use of a filter.

IF you are providing supplemental oxygen use the minimum oxygen flow to achieve 90% SpO₂ and < 6-10 L/min

We recognize our current situation is uncertain and the colliding of our two provincial public health emergencies is causing grave concern for many people living and working during this time. We are working our hardest to provide as much information as we can, and as we receive it.

BVM INCREASES POSSIBILITY OF COVID-19 TRANSMISSION

We recognize that people who use drugs are doing incredible work to keep communities safe and reduce possible transmission while continuing to respond to the overdose crisis. Staff (including experiential workers) at some sites have been trained to provide breaths using Bag-Valve-Mask (BVM) ventilation.

We do not recommend using a BVM or non-rebreather mask or high flow oxygen when responding to an opioid overdose this time. If BVM use is necessary, appropriate personal protective equipment (PPE) should be used by everyone involved in OD response, and everyone who remains within the vicinity of the overdose event. Appropriate airborne precautions include fluid-resistant gown, gloves, a fit tested N95 respirator and eye protection (N95 with goggles or face shield).

Because it is unlikely that everyone on scene will be fitted for airborne precautions (N95) during the time of an unexpected overdose event, it is strongly encouraged that only responders remain on site if proceeding with BVM intervention, and only after donning the appropriate PPEs.

RESCUE BREATHS AND VENTILATION

We remain uncertain whether face masks for rescue breaths provide protection a this time. BCCDC's THN kit face shield masks are large/oversized and impermeable and cover enough space to prevent responder exposure to respiratory fluids. Face shields are protective against the passage of fluids from the one receiving care to the responder, but it remains unclear whether aerosolized virus particles can permeate the filter increasing possibility of transmission to responder.

Additionally, it is also unclear whether it is possible for viruses to be transmitted from the responder through the face shield, which is an important consideration when some responders may be asymptomatic or only have mild symptoms.

At this time we cannot determine if rescue breaths or oral and nasopharyngeal airways produce aerosols.

CHECK BACK SOON FOR MORE INFORMATION

OTHER RECOMMENDATIONS

- Cleaning OPS/SCS, routine: continue to use usual cleaning products with increasing frequency and attention to high-touch areas such as doorknobs and handrails, chairs, etc.
- Clear out all non-essential items (e.g. papers, books, food, etc.) from consumption areas
- Do not reuse equipment that is meant for one-time-use only (e.g. face shields, airways, etc.)
- Cleaning OPS/SCS after OD event: thorough clean of surfaces, replace equipment, and return to business as usual