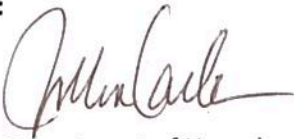




NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES  
 DRUG USE AND OVERDOSE RESPONSE POLICY

Procedure Number: DHS-PB-2018-003

<b>SUBJECT:</b>  Substance Use and Overdose Response Policy	<b>APPLICABLE TO:</b>  All DHS Directly Operated and Contracted Facilities.	<b>ISSUED: March 30, 2018</b>
<b>ADMINISTERED BY:</b>  DHS Office of the Medical Director	<b>APPROVED BY:</b>   Joslyn Carter Administrator, Department of Homeless Services/Department of Social Services	

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## PURPOSE OF THE PROCEDURE

To provide guidelines on:

1. Section I. Response to drug overdoses (OD)
2. Section II. Services for Substance Use Disorders (SUD)

## APPLICABILITY

- All DHS directly-run and contracted facilities, including facilities with on-site Opioid Overdose Prevention Program (OOPP)

## FORMS Referenced

- Naloxone Order Form ([Appendix B](#))
- Naloxone Recipient Form ([Appendix C](#))
- Monthly Overdose Site Summary Report ([Appendix D](#))
- State Opioid Overdose Reporting Form ([Appendix E](#))

## SIGNAGE

The following information must be displayed in DHS facility lobbies and common areas. See template attached in [Appendix F](#).

- Storage location of naloxone kits
- Name of Certified Overdose Responders on duty on each shift and the main facility phone number
- Steps for overdose assessment and response
- Information about the time and place of client training
- Substance Use Disorder (SUD) referral services on-site and off-site, including OASAS SUD Provider and Peer Advocates, if available

**DEFINITIONS** – Defined terms used throughout this procedure are listed and defined in full in [Appendix A](#).

## INTRODUCTION

In New York City, annual drug overdose deaths have increased significantly in recent years. Drug overdose has been the leading cause of death among DHS clients since 2014. In fiscal year 2017 (FY17), overdose deaths comprised the largest proportion of homeless deaths, with 86 deaths (27%).

- Standard emergency procedures for opioid overdose call for the administration of naloxone to attempt overdose reversal.
- If standard procedures are followed, a Trained Overdose Responder rendering assistance in an emergency to a person who is unconscious, incurs no liability as per the 911 Good Samaritan Law.
- In addition, naloxone has no adverse effects in persons not under the influence of an opioid. Individuals experiencing an opioid overdose may undergo acute withdrawal upon administration of naloxone.
- Non-fatal overdoses are a risk factor for subsequent overdoses (SAMHSA, 2014).

## POLICY

Opioid overdose deaths are preventable, and it is the policy of DHS to provide assistance to any person(s) who may be suffering from an opioid overdose.

- Individuals trained in accordance with the policy shall make every reasonable effort, using intranasal naloxone, to revive the victim of an apparent drug overdose. The overdose does not

have to be confirmed before naloxone is administered, as naloxone does not have adverse effects.

- All DHS facilities must report all overdoses, confirmed or suspected, to the DHS Office of the Medical Director (OMD) and as a Priority 1 critical incident.
- DHS is an Opioid Overdose Prevention Program (DHS OOPP), led by a clinical director and a program director, and staffed by two overdose prevention coordinators.
- DHS OOPP provides authorized training to individuals to prevent a fatal opioid overdose in accordance with NYS regulations.
- All independent OOPPs serving DHS facilities will follow the guidance therein.
- All directly-run and contracted sites will have an Overdose Prevention Champion who will lead the efforts to reduce overdose deaths at their site.
- Local Law 225 of the City of New York requires that shelter staff be trained in naloxone administration and that at a minimum one trained staff is on duty at all times.

## PROCEDURE

### Section I: Response to Drug Overdoses (OD)

#### 1. Background

- **Examples of Opioids:** Heroin, morphine, methadone, oxycodone (Percocet), hydrocodone (Vicodin), oxymorphone, fentanyl, codeine, and hydromorphone (Dilaudid).
- **Risk Factors for an Overdose:** People are at highest risk of an overdose:
  - After a period of abstinence, including after discharge from a hospital, a drug treatment program or jail, due to reduced tolerance
  - When mixing drugs
  - When using alone
  - If they have a prior history of non-fatal overdose
- **The Signs and Symptoms of an Overdose** include:
  - Unresponsiveness
  - Slowing or cessation of breathing
  - Snoring or gurgling
  - Blue/gray lips and nails, and grey or ashen skin color

*These symptoms indicate a life threatening situation; if due to opioids, the symptoms may be reversed with naloxone.*
- **Naloxone** is a safe medication that can reverse overdoses caused by opioids such as heroin and prescription painkillers.
  - It has no known negative effects and is non-addictive, as it has no potential for abuse or dependence. It takes 2-5 minutes to start working, may require more than one dose, and stays in the system for 30-90 minutes. It may cause withdrawal in a person who is opioid dependent. Naloxone has no effect if opioids are not present.
  - It is important that naloxone be administered to anyone who is unresponsive to stimuli, even if it is unknown that they may have taken a drug. Naloxone does not harm.
- OMD will distribute an SUD Toolkit, containing fact sheets and resources for staff and clients.

## 2. Opioid Overdose Response and Treatment

### 2.1 Response during an Overdose

The Trained Overdose Responder will ensure that the following occurs, when a person is unresponsive, unconscious, has slowed or stopped breathing or is turning blue, and cannot be roused:

- Call 911 to request assistance for a potential overdose.
- Try to get the person to respond to stimulation by performing a sternal rub, shaking them, or calling to them loudly.
- If there is no response to stimuli, administer one dose (4mg) of Single Step Narcan Nasal Spray in one nostril OR if using Multi Step Nasal Spray, administer one half of the vial into each nostril.
- IF THE PERSON IS NOT BREATHING, the responder performs rescue breathing, or cardio-pulmonary resuscitation (CPR) if they know how. For rescue breathing, follow these instructions:
  - Place person on their back and tilt their chin up
  - Pinch nose closed, and give two quick breaths to start through the mouth
  - Continue with one breath every 5 seconds until person starts breathing
- If after 2-3 minutes there is no or minimal response, the responder repeats with second Single Step Narcan device in the other nostril OR if using Multi Step Nasal Spray, administer again one-half dose of intra-nasal naloxone, through each nostril.
- Continue rescue breathing or CPR, until the person is responsive and breathing on their own, or on-site medical provider/EMS takes over.
- If the person becomes responsive, place them in the rescue position (on their side), so that the person doesn't choke on vomit.
- Inform on-site Medical Provider and/or EMS of actions taken upon their arrival.

### 2.2. Action Steps after a Non-Fatal Overdose

After a non-fatal overdose, the following should be carried out by the facility Social Service Staff within one week of the non-fatal overdose:

1. Upon a client's return from the hospital, inquire whether offer and/or linkage to Medication Assisted Treatment (methadone, buprenorphine, or naltrexone; (MAT) was made by hospital staff. If the client is linked to a MAT program, facilitate appointment keeping. If the client was not linked to MAT (in primary care or in specialty addiction treatment program), refer client to the on-site medical provider if any, or instruct social service staff to arrange for linkage SUD services and MAT. If client declines MAT, offer referral to other outpatient care. Refer to the clinical resources directory ([Appendix G](#)). If client declines services, continue to offer assistance periodically.
  - A directory of MAT and other treatment providers can be found at <https://www.oasas.ny.gov/providerDirectory> and <https://www.findtreatment.samhsa.gov/locator>.
  - Additional information on MAT is available at [www.samhsa.gov/medication-assisted-treatment](http://www.samhsa.gov/medication-assisted-treatment).
  - Call or visit NYCWELL for referrals (1-888-NYC-WELL or [nycwell.cityofnewyork.us](http://nycwell.cityofnewyork.us)).
2. Educate the client, roommates and acquaintances on overdose prevention tips:
  - Avoid mixing drugs, as drugs taken together can interact in ways that increase their overall effect.
  - If you are using after a period of abstinence, do a tester shot and go slow.

- Using alone increases the chance of fatally overdosing. Have a friend with you who knows what drugs you have taken and can respond in case of an emergency.
  - Have a naloxone kit at hand for your friends to use in case of need.
  - The NYC drug supply contains a high volume of illicitly manufactured fentanyl, which greatly increases the risk of overdose. Fentanyl can be mixed into pills resembling Oxycontin or Xanax.
3. Conduct a Dispensing Drive at the site within a few days of an onsite overdose to train clients in overdose prevention.
  4. Referral to counselling for the client's family members. Find free counselling locations at NYC Well.

### 2.3. Reporting Naloxone Administration

- Report all overdoses to OMD. Send State Overdose Reporting Form for review and signature. Independent OOPPs must also forward a copy of their State form to OMD following each overdose.
- Within 24 hours of an overdose and an administration of naloxone, the trained Overdose Responder will forward the State Overdose Reporting Form to DHS OOPP at [dhssoopp@dhs.nyc.gov](mailto:dhssoopp@dhs.nyc.gov) to report the naloxone administration and request a replacement Overdose Prevention Kit.
- Report all overdoses and naloxone administrations as a Priority 1 critical incident.

### 2.4 Replacing OD Prevention Kits

- The Facility Director must ensure that there is at least one Overdose Prevention kit at all times. Used kits must be replaced right away.
- Lost or damaged kits can be replaced by completing the top portion of the State Overdose Reporting form and submitting it to the DHS OOPP and [dhssoopp@dhs.nyc.gov](mailto:dhssoopp@dhs.nyc.gov).

## 3. Training

**Each DHS facility will have a Trained Overdose Responder during each work shift.**

### 3.1. Who Should Be Offered Naloxone Training?

Any individual at a risk of overdose or likely to witness an opioid overdose, including:

- **All staff members who have direct client contact**
- Clients with:
  - high-dose opioid prescription/chronic opioid therapy
  - history of current or past opioid misuse/illicit use
  - history of or in treatment for opioid use disorder
  - concurrent opioid/ benzodiazepines prescriptions
  - a previous non-fatal overdose
  - drug use other than opioids, as opioids can be mixed with cocaine and other drugs
- Any family member, friends, roommate or person in the social networks of users, and other individuals who may be in a position to witness an overdose.

### 3.2. Training Targets

- Each Overdose Prevention Champion/Site Trainer is expected to train at least **three (3) staff** each month until all staff members who may encounter a person at risk of an overdose are trained.
- Each trained trainer is expected to train at least **ten (10) clients** per month or 10% of the client census that month, whichever is more, until all clients are offered training.
- All shelter sites that have an on-site medical clinic must become registered as an independent OOPP (i.e. do not dispense under the DHS Medical Director's standing order) and are expected to follow the same guidelines.

### 3.3. Roles and responsibilities

#### 1. Facility Director

- Select a staff person to serve as the site Overdose Prevention Champion who will be the liaison between the site and the DHS OOPP or independent OOPP through their contracted medical provider. The Champion will be a Trainer and Dispenser who has completed a Training of Trainers (TOT) through DHS and be someone interested in and willing to lead the effort to reduce overdose deaths at their facility.
- Designate at least one staff person, for each shift, to be trained and have the responsibilities of a Trained Overdose Responder. Assigned staff must be formally trained in opioid overdose prevention and naloxone administration to become a Trained Overdose Responder.
- Ensure notices are prominently posted in common areas indicating the staff members who are Trained Overdose Responders on each shift and the main facility phone number. The same information will be maintained in a log book in the Operation's office. Maintain an up-to-date list of Trained Responders, to ensure continued coverage for naloxone administration, on each shift given potential staffing changes over time.
- Upon announcement of the planned departure of a trained staff, facility directors should identify that a replacement staff member is trained and that all shifts continue to be covered by at least one trained staff per shift.

#### 2. Single Adult Intake and Assessment Site Staff

- All staff members assigned to perform Intake and Assessment, at single adult facilities, will offer training and naloxone to all new clients, as part of the intake process.
- All single adult intake and assessment workers will receive a TOT training to become Overdose Trainers and Dispensers and equipped to provide a brief 5-10 minute naloxone Training of Responders (TOR) training to all clients presenting at Intake, per a standard training script, have each client complete the Naloxone Recipient Form, and provide a single-step Narcan intranasal kit.
- All naloxone trainings and kits distributed must be accounted for and recorded on the Site Summary Sheet Monthly Report.

#### 3. DHS OOPP Responsibility

- The DHS OOPP in the Office of the Medical Director will provide monthly TOT sessions for new shelter providers not served by an independent OOPP, including education on overdose risks, assessment, and response, and administration of intra-nasal naloxone.
- DHS OOPP trains staff to become Trainers and Dispensers.

- Each trainee is provided with the tools required to conduct TORs and an individual naloxone kit.
  - After each TOT session, the DHS OMD will send a follow-up letter via email to the facility director indicating who was trained and explaining their responsibilities.
  - The DHS OMD will provide a written standing order to trainees following each session to document their authority to dispense naloxone. The Overdose Champion/Site Trainer(s) should have their standing orders with them whenever they are dispensing naloxone.
4. **Independent OOPPs Responsibility Overdose Champion/Site Trainer Responsibilities**
- For DHS sites that are registered as independent OOPPs via their own medical provider, the OOPP staff will train the site staff and clients.
  - All independent OOPPs serving DHS sites must provide similar training and support as the DHS OOPP.
  - All DHS facilities that are staffed will have an Overdose Prevention Champion, regardless of whether they are served by the DHS OOPP or an independent OOPP.
  - The Overdose Prevention Champion and Site Trainers are both Trainers and Dispensers.
  - The Champion is the lead trainer for their site and will:
    - Provide TOR training to facility staff who are new or in need of training.
    - Offer TOR training to all interested clients at least once a month. This training is short and uses materials provided by DHS OMD.
    - Conduct a naloxone dispensing drive at least once every month.
    - Conduct a dispensing drive after each suspected overdose incident.
    - Provide a refresher training every two years to Trained Overdose Responders from the date of their initial training as per state guidelines. The refresher trainings can be grouped and conducted on a quarterly basis. The training should be provided by the OD Champion/Site Trainer using either the Brief Training Script or the STOP OD NYC mobile app.

### 3.4 Training Procedure

5. The DHS OOPP in the Office of the Medical Director will provide one monthly two-hour Train-the-Trainer session for new shelter providers not served by an independent OOPP and other sites that do not have trainers. This training provides staff skills to train others to administer naloxone. The training describes opioids, explains drug use and overdoses, describes risk factors for overdoses, signs and symptoms of an overdose, how naloxone works to reverse an overdose, the importance of naloxone training in the shelter system, how to respond to an overdose, how to provide overdose prevention and response training and dispense a naloxone kit.
6. Overdose Champions/Site Trainers will provide overdose prevention and response TOR training to facility staff and interested clients on how to administer naloxone to someone who is overdosing. The Brief Training Script and Essential Topics document can be used to facilitate the training. This is a brief 5-10 minute training with a short introduction on the overdose epidemic, and an overview of the function of naloxone, how to recognize an overdose, how to administer naloxone, and what to do after administration. A short practice is included.
7. The 'Stop OD NYC' mobile app, developed by the NYC DOHMH, can also be used to provide basic overdose prevention education, especially how to recognize and reverse an overdose with naloxone. The recommended use is for refresher trainings. The app is available for free on iTunes and Google Play.

- After each training for staff or clients, the newly trained person will complete a Naloxone Recipient Form, and the Trainer will issue a Certificate of Completion card and a naloxone kit to them.
- The blue **COC card** acts as both proof that the recipient of the naloxone kit was trained, and as a non-patient specific prescription under the Clinical Director's "**Standing order.**"
- After every training session, the completed Naloxone Recipient Forms should be scanned and sent to DHS OMD at [dhssoopp@dhs.nyc.gov](mailto:dhssoopp@dhs.nyc.gov)
- In New York City some overdose prevention programs are providing Trained Overdose Responders with an Overdose Prevention kit that includes an intra-muscular (IM) syringe. If a client presents with such kit, OMD recommends exchanging the IM kit for an intranasal kit, have trained staff provide a brief naloxone training, have the client complete the Naloxone Recipient Form and issue a COC card.

#### 4. Overdose Prevention Rescue Kits (Naloxone Kits)

- DHS OMD will provide naloxone kits to facilities under the DHS OOPP. If served by an independent OOPP, the site will request kits from the Program Director of the OOPP which obtain their kits through DOHMH.
- To order kits, the Overdose Prevention Champion or the site Trainer will complete and send the **Naloxone Order Form** to [dhssoopp@dhs.nyc.gov](mailto:dhssoopp@dhs.nyc.gov).
- Naloxone kits ordered from DHS will come pre-packaged with alcohol swabs, gloves, and rescue breathing mask, 2 or more doses of naloxone/Narcan® and 1 blue Certificate of Completion card.
- Sites under the DHS OOPP are responsible for picking up the kits for their sites. The single adult Intake sites will receive naloxone kits directly. Arrangements can be made with DHS OOPP for larger sites to order and receive naloxone supplies directly.
- Sites should order naloxone kits for scheduled training and dispensing drives in advance of the training to ensure sufficient kits at time of training.
- Each facility must account for every naloxone kit that is issued to them; a Naloxone Recipient Form should be completed for each kit that is dispensed, and a State Overdose Reporting Form should be completed for kits that are used, damaged, or lost.
- All sites under DHS OOPP should have at least **2 Communal** Overdose Prevention kits, to be placed in a safe location that is easily accessible to trained staff on duty. Sites with frequent overdoses will be issued more kits.

#### 5. Record-Keeping and Reporting

##### 5.1 Reporting to DHS

- The **State Opioid Overdose Reporting Form** and DHS Incident Report will be maintained and submitted as follows:
  - The Trained Overdose Responder will complete the State Opioid Overdose Reporting Form within 24 hours of an overdose where naloxone was administered.
  - The site will complete an incident report for every overdose and naloxone administration as per DHS protocols.
  - A copy of the State Overdose Reporting Form must be kept on file by the facility Director.
  - The State Opioid Overdose Reporting Forms will be emailed to DHS OMD at [dhssoopp@dhs.nyc.gov](mailto:dhssoopp@dhs.nyc.gov), within 24 hours of the overdose, by shelters and sites operating under the DHS OOPP license.



- For independent OOPPs, the form should be emailed to the State as per guidelines, with copy to OMD, at [dhsoopp@dhs.nyc.gov](mailto:dhsoopp@dhs.nyc.gov), following each naloxone administration.
- The state form should be signed by the OOPP Program and Clinical Director.

## **5.2 Reporting to DOHMH**

- The Naloxone Recipient Form (NRF) must be completed by all trainees and trainers when a kit is dispensed.
- The NRF Toolkit describes requirements for completing the NRF, including instructions for completing, scanning and submitting the NRFs to DHS OOPP (to be distributed separately to Trainers).

## **5.3 The Monthly Overdose Site Summary Report**

Facilities must report ALL overdoses on the Monthly Overdose Site Summary Report.

- To maintain sufficient supplies of naloxone kits for overdose response, the Facility Director should ensure that the Monthly Overdose Site Summary Report is completed and submitted.
- The OD Prevention Champion/Site Trainer should complete the Monthly Report.
- All initial and refresher trainings must be reported.
- The report template is in [Appendix D](#). This report must be submitted to DHS Office of the Medical Director by the 15th of each month following the reporting month.
- Instructions for completing the Monthly Report can be found in the NRF Toolkit.

## Section II. Services for Substance Use Disorders (SUD)

### PURPOSE

Provides guidelines on increasing access to SUD treatment for clients with substance use disorders, decrease opioid overdoses, and increase use of medications for addiction treatment (MAT).

### INTRODUCTION

Naloxone prevents opioid overdoses deaths, but persons who overdose often continue to use and are at increased risk of future overdoses. To prevent or ensure early response to overdoses, structural design (e.g. bathroom sensors), work-related procedures (observation of persons appearing to be overdosing and bathroom checks), and increasing access to substance use services and MAT are all needed.

Substance use disorders are chronic medical conditions. Like other medical conditions, they are treatable and people can recover. MAT, such as methadone, buprenorphine (suboxone), are the most effective strategies for the treatment of opioid use disorders. They reduce risk of mortality and increase ability to regain function and health.

### OBJECTIVES

- Support the health and well-being of individuals with SUD through assessment, early identification of SUD and history of prior overdoses, linkage to harm reduction services and to medical care and social services.
- Facilitate rapid access to substance use services and MAT for clients with opioid use disorders; increase the number and proportion of persons receiving MAT.
- Support retention in care for clients with SUD.
- Decrease opioid overdoses.
- Eventually decrease the proportion of individuals who report active drug use 3 months after shelter intake.

### PROCEDURE

#### 1. Role of Site

- Identify individuals with SUD history through the Health Screening and self-report assessment, including:
  - Review of the Intake Questionnaire
  - Review of the Alcohol, Substance Use, and Mental Health Screening Tools
  - Review of clinical assessment
  - Any additional client self-report
- Offer opioid overdose training and a naloxone kit to all new clients at single adult Intake and Assessment sites, and at other sites if not previously trained.
- Identify individuals that are high risk for overdose, including those:
  - With a diagnosed substance use disorder, whether in treatment or not
  - Recently released from incarceration
  - Recently released from detoxification or rehabilitation
  - With a period of recent abstinence
  - With a history of overdose
  - Prescribed opiate analgesics, high-dose opioid prescription or receiving chronic opioid therapy. For these clients, question individuals to determine if there are signs of a drug use problem, including:

- Taking more than prescribed dose
  - Having difficulty controlling use
  - Taking amounts that make them confused or sleepy
- Prioritize individuals for linkage to SUD services by
  - Assigning them to mental shelter if possible.
  - Assigning them to a site with medical services on-site, if possible, and if a mental health shelter bed is not available.
  - Putting a note and managerial flag in CARES as to the level of SUD (based on CARES assessment) and the risk of overdose.
  - Strategies to Connect Clients to Care and or Support
    - Connecting individuals to a Peer Advocate, if available, for:
      - Support and risk reduction education
      - Connection to harm reduction, treatment, or other services
      - Providing naloxone training and kit, if client is not already trained
      - Assisting in navigating health and social service systems to access services
      - Group support
    - Connecting individuals to OASAS-licensed SUD providers for:
      - Peer services and on-site engagement
      - In depth SUD assessment
      - Linkage to and maintenance in clinical services and MAT
      - Counseling and evidence-based interventions
    - Connecting individuals to on-site medical provider
      - Clinical evaluation
      - Referral to SUD Services
      - MAT on-site or via linkage to a neighborhood provider
    - Any SUD program that clients are connected to must offer MAT

**2. Clinical resources** can be found:

- In the clinical resources directory ([Appendix G](#))
- In the SUD toolkit (to be distributed separately)

## Appendices

- A – Definitions
- B – Naloxone Order Form
- C – Naloxone Recipient Form
- D – Monthly Overdose Site Summary Report
- E – State Opioid Overdose Reporting Form
- F – Signage Template
- G – Clinical Resources Directory

## Appendix A: Definitions

- **Clinical Director** - A licensed physician, physician's assistant, or nurse practitioner, who has clinical oversight for the OOPP.
- **Communal Kit**- An Overdose Prevention kit that is specifically designated for communal use at a shelter/program facility for use by all trained Overdose Responders on site, and contains two doses of naloxone (either single-step or multi-steps ) devices, disposable gloves, alcohol pads, face mask and instruction sheet for the administration of naloxone.
- **DHS OMD OOPP**- Department of Homeless Services, Office of the Medical Director, Opioid Overdose Prevention Program consisting of a clinical director, program director and overdose prevention coordinators who provide authorized training to individuals to prevent a fatal opioid overdose in accordance with NYS regulations.
- **Harm Reduction** – Is a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer and managed use, to abstinence, based on client readiness and choice. Harm reduction strategies meet drug users where they are at, addressing conditions of use along with the use itself and help clients move along the continuum toward safer use and medication-assisted treatment.
- **Medication-Assisted Treatment (MAT)** – Is the use of FDA-approved medications for addictions treatment, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.
- **Naloxone** (naloxone hydrochloride, Narcan®) - A drug used to counter the effects of opioids, for example, a heroin or morphine overdose. Naloxone is used specifically to counteract life-threatening depression of the central nervous system and respiratory system.
- **Opioids** – Opioids include prescribed and illicit substances that act on the nervous system to relieve pain or to cause euphoria (good feelings) and may also cause feelings of contentment, and/or detachment. Continued use and over-use can lead to physical dependence and withdrawal symptoms. Examples of opioids include heroin, morphine, methadone, oxycodone (Percocet), hydrocodone (Vicodin), oxymorphone, fentanyl, carfentanyl, codeine, hydromorphone (Deluded).
- **Opioid Overdose** - An acute condition including but not limited to decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined.
- **Opioid Overdose Prevention Program (OOPP)** – A program that has been approved by and registered with the State Department of Health to train individuals on responding to suspected overdoses, including the administration of naloxone.
- **Overdose Prevention Champion**- A designated program staff member who will coordinate opioid overdose prevention efforts at their facility, and will act as the liaison between the site and DHS OMD OOPP, and the independent OOPP if there is one serving the site. Responsibilities include becoming a Certified Overdose Trainer and Dispenser; act as a lead trainer for their site; provide training to other staff and clients as Overdose Responders; order Naloxone kits, perform recordkeeping and prepare reports.
- **Overdose Prevention Rescue Kit (OD Prevention kit)** – A blue nylon pouch that contains two blister packs of single step Narcan® Nasal spray, accompanied by a disposable face mask for rescue breathing, latex gloves, alcohol wipes, and a brochure explaining how to administer naloxone. These items are kept in a blue pouch, clearly labelled “Overdose Prevention Rescue Kit.”
- **Overdose Response Trainer** - Staff who has completed naloxone administration TOT training with DOHMH, DHS-OMD or the Harm reduction Coalition and is trained as a State Certified Overdose Trainer and Dispenser.

- **Program Director** – An individual who is responsible for administering the OOPP, training and selecting persons as Certified Overdose Responders and Trainers, issuing certificates of completion, keeping records, ensuring that naloxone inventories meet needs, etc.
- **Substance Use Disorder (SUD)** - Also known as **drug use disorder**, is a medical condition in which the **use** of one or more substances leads to a clinically significant impairment or distress. **Substance** in this context is limited to psychoactive drugs.
- **Trained Overdose Responder (TOR)** - Staff or client who has completed naloxone administration training with a NYS-registered OOPP and is trained as a State Certified Overdose Responder
- **Training of Trainers (TOT)**- Is a NYS training that staff must complete to become trained as a State Certified Overdose Trainer and Dispenser

## Appendix B: Naloxone Order Form



DHS Opioid Overdose Prevention Program  
 Office of the Medical Director  
 33 Beaver St. 13<sup>th</sup> Floor Rm 1355  
 New York, NY 11004  
 Tel-212-361-0590 or 0973 | Fax-917-637-7755

### Naloxone Order Form

The undersigned individual represents and warrants that he/she is an Authorized Dispenser under the NYC DHS Medical Director, who is a medical practitioner licensed in the state of New York to prescribe products determined by the FDA to carry the Federal Legend and that he/she maintains a bona fide practice at the NYC DHS 33 Beaver St NY NY 10004. The practitioner has authorized the individual(s) named on this supply order to dispense naloxone hydrochloride, also known as naloxone or Narcan®, to a trained overdose responder, as defined by Section 3309 of the Public Health Law, so long as the recipient has completed an approved opioid overdose recognition and response. (Caution: Federal Law restricts the sale or dispensing except by authorized persons.)

Authorized Dispenser (print)	Program site (print)		
Address	City	State	Zip
Phone number	Email address		

*I certify that the information provided in this verification is true and accurate.*

\_\_\_\_\_  
 Authorized Dispenser's Signature (Required)

\_\_\_\_\_  
 Date

**PLACE ORDER HERE.**

Item	Description	How many communal Naloxone kits does your site have?	How many Narcan Kits do you want to order? <b>Order amounts: 25, 50, 75, 100</b>
Narcan®	2 doses of 4mg/.1mL, single-step device	_____	_____

**EMAIL THIS SIGNED FORM TO [dhsoopp@dhs.nyc.gov](mailto:dhsoopp@dhs.nyc.gov) OR FAX TO 917-637-7755.**

**For questions concerning orders:**

Email Mercy Adeniranye, Overdose Prevention Coordinator: [Madeniranye@dhs.nyc.gov](mailto:Madeniranye@dhs.nyc.gov) or  
 Felicia Martin, Director of DHS Opioid Overdose Prevention Program at [fmartin@dhs.nyc.gov](mailto:fmartin@dhs.nyc.gov)

**Appendix C: Naloxone Recipient Form**

**NYC Department of Homeless Services  
Overdose Prevention Training**

Date of training (MM/DD/YYYY):

Name of person receiving kit:

**PLEASE COMPLETE ALL INFORMATION ON SECOND PAGE.**

**Rest of page intentionally left blank.**



### Narcan/Naloxone Recipient Form (NRF)



I AM...

Staff. Name of shelter:

A Client. ID#:

Please use BLUE or BLACK ink

Write letters and numbers like this → A K C D E  
Shade circles like this → ●  
NOT like this → ∞ ✓

Today's date:  /  /

1. What is the ZIP code of the place you live or stay most often?

2. Is this the first time you've received or purchased a naloxone/Narcan kit?

- Yes
- No

3. Why are you getting a kit today? Please select all that apply.

- I'm worried that someone I know will overdose OR that I will overdose
- I work with people who use drugs as part of my job
- Just in case I see someone overdose

4. What is your race and/or ethnicity? Please select all that apply.

- White
- Black or African American
- Hispanic or Latino/a
- Asian
- Middle Eastern or North African
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Don't know
- Other:

5. What is your date of birth?  /  /

**STOP -- BELOW THIS LINE FOR TRAINER USE ONLY**

How many kits were distributed to this person?  
(This total should include any communal kits provided)

Fill in if any communal kits provided:

↳ If so, how many communal kits?

↳ ZIP Code of shelter receiving communal kits:

Naloxone formulation provided:

- Two doses single-step Narcan
- Two doses intramuscular (0.4mg/1ml)

Expiration date:  /

Name of program site giving training:

Address of program site giving training:

ZIP Code:

Dispensing location:

Dispensing location ZIP Code:

Name of person dispensing kit:

**Appendix D: Monthly Overdose Site Summary Report**

**DHS OVERDOSE MONTHLY REPORT**

**New York City Department of Homeless Services**

Name of Facility: \_\_\_\_\_

Program and Provider: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Reporting Period (Month/Year): \_\_\_\_\_

Number of communal naloxone kits on site: \_\_\_\_\_

Number of staff persons on site who are able to respond to an overdose (at the end of the month): \_\_\_\_\_

Number of non-fatal overdose clients connected to Substance Use Services: \_\_\_\_\_

Number of non-fatal overdose clients trained as Overdose Responders: \_\_\_\_\_

Number of Dispensing Drives held: \_\_\_\_\_

Number of Naloxone Recipient Forms (NRFs) submitted to DHS for this reporting period: \_\_\_\_\_

**NALOXONE DISTRIBUTION**

1. In total, how many <u>people received naloxone training</u> (any formulation) from this site during this time period, including those who didn't receive a kit? a. Number of newly trained staff b. Number of newly trained clients	_____ _____ _____
2. How many naloxone <u>kits were distributed</u> by this site during this time period (1 kit = 2 doses)? Single step Narcan <sup>®</sup> Nasal Spray kits	_____
3. How many <u>group naloxone trainings</u> (>3 people trained at once) were held by this site during this time period?	_____
4. At the time when you submit this form, how many staff members at this site are <u>currently authorized to dispense</u> naloxone (including employees, peers, consultants, interns, etc.)? <i>Note: Authorized dispensers should have attended a Training of Trainers session and be authorized to dispense naloxone under a current standing order.</i>	_____

**NALOXONE INVENTORY**

5. How many <u>unexpired</u> naloxone <u>doses</u> are in stock at this site, including doses already in kits (1 kit = 2 doses)? Single step Narcan <sup>®</sup> Nasal Spray doses Multi-step intramuscular injection doses Multi-step intranasal spray doses*	_____ _____ _____
6. How many <u>expired</u> naloxone <u>doses</u> are in stock across at this site? Single step Narcan <sup>®</sup> Nasal Spray doses Multi-step intramuscular injection doses Multi-step intranasal spray doses*	_____ _____ _____
Date of count: _____	

\* Multi-step intranasal naloxone is no longer distributed by NYC DOHMH.

**NALOXONE ADMINISTRATIONS**

7. During this time period, how many overdoses did <u>on-duty staff</u> (including peers, consultants, interns, etc.) at this site respond to by administering naloxone? a. Fatal (at the time they left the shelter) b. Non-fatal	_____ _____ _____
8. During this time period, how many overdoses did <u>off-duty staff</u> from this site (including peers, consultants, interns, etc.), clients, participants, and patients report responding to by administering naloxone?	_____
<i>Please attach NYS DOH Opioid Overdose Reporting Form for all administrations of IN naloxone.</i>	

Shelter Director/OD Prevention Champion: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix E: State Opioid Overdose Reporting Form

### New York State Department of Health Opioid Overdose Reporting Form

Program name:	Site name:	Today's Date (MM/DD/YY):
<b>A. Reason For Visit / Naloxone Refill</b>		
1. Was your naloxone <input type="checkbox"/> Used? <input type="checkbox"/> Lost? <input type="checkbox"/> Taken by police? (Check one only) <input type="checkbox"/> Past expiration date? <input type="checkbox"/> Never received? <input type="checkbox"/> Other → Please specify:		
<b>B. Use of Naloxone</b>		
2a. How many doses of naloxone did you use? <input type="checkbox"/> None (If naloxone was not used to reverse an overdose, form ends here.) (Check one only) <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Two or more <input type="checkbox"/> Unknown		
2b. How was naloxone given? (Check one only) <input type="checkbox"/> Injected in the muscle <input type="checkbox"/> Sprayed in the nose <input type="checkbox"/> Unknown		
3. Date naloxone was used. (MM/DD/YY): _____ (If exact day is unknown, please provide month _____ and year _____.)		
<b>C. Location of Use</b>		
4. Location of overdose: Borough/County: _____ Neighborhood: _____ Zip code: _____		
5. Was this location: <input type="checkbox"/> A house / an apartment? <input type="checkbox"/> On the street / outside? <input type="checkbox"/> A shooting gallery? (Check one only) <input type="checkbox"/> A business (e.g. store, bar, restaurant)? <input type="checkbox"/> An SRO? <input type="checkbox"/> A shelter? <input type="checkbox"/> Unknown? <input type="checkbox"/> Other → Please specify: _____		
<b>D. About the Overdoser</b>		
6. Were they <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown sex (Check all that apply) <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Other → Please specify: _____		
7. Were they <input type="checkbox"/> African-American/Black <input type="checkbox"/> Hispanic/Latino(a) <input type="checkbox"/> Caucasian/White (Check all that apply) <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/> Other race/ethnicity → please specify: _____		
8. About how old were they? (Use your best guess) _____ years old		
<b>E. What Drugs Had Been Used</b>		
9. Did the overdoser: <input type="checkbox"/> Inject heroin <input type="checkbox"/> Sniff heroin <input type="checkbox"/> Use heroin, but how is unknown (Check one only) <input type="checkbox"/> Not use heroin <input type="checkbox"/> Not sure if heroin was used		
10. Was the overdoser using anything else? <input type="checkbox"/> Methadone <input type="checkbox"/> Cocaine <input type="checkbox"/> Benzos (Check all that apply) <input type="checkbox"/> Pain pills <input type="checkbox"/> Alcohol <input type="checkbox"/> Unknown <input type="checkbox"/> Amphetamine <input type="checkbox"/> Other drugs → please specify: _____		
<b>F. Condition of Overdoser</b>		
11. Was overdoser conscious before naloxone was used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
12. Was overdoser breathing before naloxone was used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>G. Actions Taken</b>		
13. Was rescue breathing performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
14. Were EMS (911) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>H. Outcome</b>		
15. Did the overdoser survive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>I. Please provide any information that would be helpful in describing the overdose</b>		
16		
<b>J. Signatures of Program Director and Clinical Director</b>		
Program Director _____ Date (MM/DD/YY) _____		Clinical Director _____ Date (MM/DD/YY) _____
Please send the completed form using any one of the three methods below:		
E-mail: <a href="mailto:oper@health.ny.gov">oper@health.ny.gov</a>	Fax: (518) 402-6813	Shu-Yin John Leung OPER, AIDS Institute, NYSDOH Empire State Plaza CR342 Albany, New York 12237

Appendix F: Signage Template

Naloxone Kits Are

Stored At



# **TRAINED OVERDOSE RESPONDERS**

- Name
- Name
- Name

Main Facility  
Phone Number

- ###-###-

####

## **NOTICE**

- If you see an unresponsive person in the facility, please call a trained Overdose Responder and 911.
- If you have been trained as an Overdose Responder, please administer Naloxone.

## HOW TO RECOGNIZE AND RESPOND TO AN OVERDOSE

- **The Signs and Symptoms of an Overdose are**
  - Unresponsiveness
  - Slowing or cessation of breathing
  - Snoring or gurgling
  - Blue/gray lips and nails, and grey or ashen skin color
  - These symptoms indicate a life threatening situation and can be reversed with naloxone when due to opioids.
  
- **When a person is unresponsive, unconscious, has slowed or stopped breathing or is turning blue, and cannot be roused:**
  - Call 911 to request assistance for a potential overdose.
  - Try to get the person to respond to stimulation by performing a sternal rub, shaking them, or calling them loudly.
  - If there is no response to stimuli, administer one dose (4mg) of Single Step Narcan Nasal Spray in one nostril OR if Multi Step Nasal spray, administer one half of the vial into each nostril.
  - **IF THE PERSON IS NOT BREATHING**, perform rescue breathing, or cardio-pulmonary resuscitation (CPR) if you know how. For rescue breathing, follow these instructions:
    - Place person on their back and tilt their chin up
    - Pinch nose closed, and give two quick breaths to start through the mouth
    - Continue with one breath every 5 seconds until person starts breathing
  - If after 2-3 minutes there is no or minimal response, repeat with second Single Step Narcan device in the other nostril OR If Multi Step Nasal Spray, administer again one-half dose of intra-nasal naloxone, through each nostril.
  - Continue rescue breathing or CPR, if trained, until the person is responsive and breathing on their own, or on-site medical provider/EMS takes over.
  - If the person becomes responsive, place them in the rescue position (on their side), so that the person doesn't choke on vomit.
  - Inform on-site Medical Provider and/or EMS of actions taken upon their arrival.

# Learn How to Save a Life



## FREE Overdose Prevention Training

This training will teach you how to recognize and reverse an opioid overdose using naloxone- a medication that reverses opioid overdose and restores breathing. You will become a Certified Opioid Overdose Responder and receive an Overdose Rescue Kit with naloxone and a Certificate of Completion card.

Venue: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_



## SUD Referral Services on Site



## Appendix G: Clinical Resources for Shelters

### Routine care

1. Public hospitals <http://www.nychealthandhospitals.org/hospitals/>
2. Federally Qualified Health Centers <https://findahealthcenter.hrsa.gov/index.html>, or <http://www.hospitalyellow.com/clinic-federally-qualified-health-center-fqhc/new-york/1>
3. Both accept Medicaid and have a sliding fee scale for the uninsured. The FQHCs listed below specifically serve homeless persons.
4. Enrollment in a Medicaid Health Home:
  - List of health homes: [https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/hh\\_contacts.htm#nyc](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_contacts.htm#nyc)
  - Health homes brochure [https://www.health.ny.gov/publications/1123/hh\\_brochure.pdf](https://www.health.ny.gov/publications/1123/hh_brochure.pdf)
  - Health homes eligibility information: [https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/hh\\_contacts.htm#nyc](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_contacts.htm#nyc).
5. For access to care coordination for persons not eligible for Medicaid Health Homes, make a SPOA or CSPOA application to DOHMH by emailing a complete form, found here (<http://www1.nyc.gov/site/doh/health/health-topics/recovery-from-mental-illness-single-point-of-access.page>), to [spoa@health.nyc.gov](mailto:spoa@health.nyc.gov), to request an evaluation and assignment of a care coordinator or mental health team.
6. For on-going substance use care, search for a local provider at <https://findaddictiontreatment.ny.gov/>.
7. For routine mental health service, search for a local provider at <https://my.omh.ny.gov/bi/pd/saw.dll?PortalPages>. If the client is in the FWC shelter system, refer the case to an on-site Client Care Coordinator, or DHS Social Worker to help with coordination and follow through.
8. Greater New York Hospital Association operates Hite Site to connect New Yorkers with free and low-cost health and social services: <http://hitesite.org/>

### For crises

9. For free crisis counseling, peer support, information and referral to behavioral health services that meet a person's insurance (or lack thereof) requirements, location and language preferences, contact NYC Well by calling 1-888-NYCWELL, texting to 65173 or opening a chat on their website at <https://nycwell.cityofnewyork.us/en/>.
10. Call 888-NYC-WELL to request a Mobile Crisis Team (MCT) (<https://www1.nyc.gov/site/doh/health/health-topics/crisis-emergency-services-mobile-crisis-teams.page>) consultation. Note that MCT have up to 48-72 hours to respond.
  - [https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/health\\_home\\_chronic\\_conditions.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/health_home_chronic_conditions.pdf)