



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

Procedure Number: DHS-PB-2019-006

SUBJECT: Substance Use and Overdose Response Policy	APPLICABLE TO: All DHS Directly Operated and Contracted Facilities.	ISSUED: April 03, 2019 Replaces DHS-PB-2018-003
ADMINISTERED BY: DHS Office of the Medical Director		APPROVED BY: Joslyn Carter Administrator, Department of Homeless Services/Department of Social Services

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REVISIONS TO THE PROCEDURE

The procedure is being updated to inform staff of the following changes:

- The Naloxone Order Form, which had been Appendix B, is now the **DHS-14i** (Naloxone Order Form)
- The Monthly Overdose Site Summary Report, which had been **Appendix D**, is now the **DHS-14j** (DHS Monthly Site Report).
- The Clinical Resources for Shelters, which had been **Appendix E**, is now the **DHS-14h** (Clinical Resources For Shelters – Routine Care)
- The State Opioid Overdose Reporting Form, **Appendix C**, has been renamed the NYSDOH Opioid Overdose Prevention Initiative Community Naloxone Usage Form.
- The Signage Template, which had been **Appendix F**, has been bifurcated into five separate appendices, **Appendix D** Storage Location of Naloxone Kits, **Appendix E** Name of Certified Overdose Responders, **Appendix F** Steps for Overdose Assessment and Response, **Appendix G** Information about the Time and Place of Client Training, and **Appendix H** Substance Use Disorder onsite/offsite Referral Services.

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 Department of Homeless Services (DHS) directly-run and contracted facilities, including facilities with on-site Opioid Overdose Prevention Program (OOPP)

FORMS Referenced

- Naloxone Recipient Form (**Appendix B**)
- NYSDOH Opioid Overdose Prevention Initiative Community Naloxone Usage Form (**Appendix C**)
- Clinical Resources For Shelters – Routine Care (**DHS-14h**)
- Naloxone Order Form (**DHS-14i**)
- DHS Monthly Site Report (**DHS-14j**)

SIGNAGE

The following information must be displayed in DHS facility lobbies and common areas:

- **Appendix D** Storage Location of Naloxone Kits
- **Appendix E** Name of Certified Overdose Responders
- **Appendix F** Steps for Overdose Assessment and Response
- **Appendix G** Information about the Time and Place of Client Training
- **Appendix H** Substance Use Disorder onsite/offsite Referral Services

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 [Substance-use And Mental Health Services Administration (SAMHSA), 2014].

POLICY

Opioid overdose deaths are preventable. 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 this policy shall make every reasonable effort, using intranasal naloxone, to revive a victim of an apparent drug overdose. An 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, whether confirmed or suspected, to the DHS Office of the Medical Director (OMD) and as a Priority 1 critical incident.
- DHS has 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, in order to prevent fatal opioid overdoses, in accordance with New York State (NYS) regulations.
- All independent OOPPs serving DHS facilities will follow the guidance of this procedure.
- All directly-run and contracted sites must 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 least one trained staff member 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), oxycodone, 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 in a person's system.
 - It is important to administer naloxone to anyone who is unresponsive to stimuli, even if it is not known whether they 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 shouting at them.
- If the person does not respond 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, perform rescue breathing or cardio-pulmonary resuscitation (CPR). For rescue breathing, follow these instructions:
 - Place the person on their back and tilt their chin up.
 - Pinch the person's nose closed, and give two quick breaths through the mouth.
 - Continue with one breath every 5 seconds until person starts breathing
- If after 2-3 minutes there is minimal or no response, administer 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 an on-site medical provider and/or Emergency Medical Technician (EMT) takes over.
- If the person becomes responsive, place them on their side, so that they don't choke on vomit.
- Upon their arrival, inform the on-site Medical Provider and/or EMT of the actions that were taken.

2.2. Action after a Non-Fatal Overdose

Social Service Staff must do the following within one week of the non-fatal overdose:

1. Upon a client's return from the hospital, inquire whether the hospital staff made an offer and/or linkage to Medication Assisted Treatment (MAT) [i.e., methadone, buprenorphine, or

- naltrexone]. If they did, facilitate the client’s keeping the appointment. If the client was not linked to MAT (in primary care or in specialty addiction treatment program), refer them to the on-site medical provider, or instruct social service staff to arrange for the client’s linkage to SUD services and MAT. If the client declines MAT, offer a referral to other outpatient care. Refer to the Clinical Resources for Shelters – Routine Care (**DHS-14h**). If the 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.
 - Call or visit NYCWELL for referrals (1-888-NYC-WELL or nycwell.cityofnewyork.us).
2. Educate the client, their roommates, and their acquaintances on the following drug 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 is able to respond in case of an emergency.
 - Have a naloxone kit on hand for your friends to administer, in case of an emergency.
 3. The drug supply in NYC has a lot of illicitly manufactured fentanyl, which greatly increases the risk of an overdose. Fentanyl can be mixed into pills resembling Oxycontin or Xanax. Conduct a Dispensing Drive at the site to train clients in overdose prevention.
 4. Make a referral to counselling for the client’s family members. To find free counselling locations, go online at NYC Well.

2.3 Reporting Naloxone Administration

- Report all overdoses to the DHS OMD. Send them the NYSDOH Opioid Overdose Prevention Initiative Community Naloxone Usage Form for review and signature. Independent OOPPs must also forward the NYSDOH Opioid Overdose Prevention Initiative Community Naloxone Usage Form to OMD following each overdose.
- Within 24 hours of an overdose and an administration of naloxone, the trained Overdose Responder must forward the NYSDOH Opioid Overdose Prevention Initiative Community Naloxone Usage Form to DHS OOPP at dhssoopp@dhs.nyc.gov, in order 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 Rescue Kits

- The Facility Director must ensure that there is at least one Overdose Prevention Rescue Kit at all times. Used kits must be replaced immediately.
- Lost or damaged kits can be replaced by completing the top portion of the 3rd page of the NYSDOH Opioid Overdose Prevention Initiative Community Naloxone Usage Form and submitting it to the DHS OOPP and dhssoopp@dhs.nyc.gov.

3. Training

Each DHS facility must have a Trained Overdose Responder on duty during each work shift.

3.1 Who Should Be Offered Naloxone Training?

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

- **All staff members who have direct client contact.**
- **Clients with:**
 - a high-dose opioid prescription/chronic opioid therapy.
 - a history of current or past opioid misuse/illicit use.
 - a history of current or past 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, roommates, or persons 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** members 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** /10% of the client census each month, whichever is greater, until all clients are offered training.
- All shelter sites that have an on-site medical clinic must be registered as an independent OOPP (i.e., so they do not dispense under the DHS Medical Director's standing order). They must follow the same guidelines.

3.3 Roles and responsibilities

- **Facility Director**
 - Select a staff person to serve as the site's Overdose Prevention Champion. That person will be the liaison between the site and the DHS or independent OOPP through their contracted medical provider. The Champion must be a Trainer and Dispenser who has completed a DHS Training of Trainers (TOT), and be willing to lead the effort to reduce overdose deaths at their facility.
 - Designate at least one staff person for each shift who will be trained as a Trained Overdose Responder. Selected staff must be trained in opioid overdose prevention and naloxone administration.
 - Ensure notices indicating the names of the staff members who are Trained Overdose Responders and their phone numbers are prominently displayed in common areas. This information must be maintained in a log book in the Operation's office; and on an up-to-date list of Trained Responders, in order to ensure continued coverage for naloxone administration on each shift.
 - Upon learning of the planned departure of a trained staff member, identify a replacement staff member, and ensure that they are trained, so that all shifts will continue to be covered by at least one trained staff member.
- **Single Adult Intake and Assessment Site Staff**
 - All staff members performing 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 must:
 - receive a TOT training to become Overdose Trainers and Dispensers

- be equipped to provide a brief 5-10 minute naloxone Training of Responders (TOR) training to all clients presenting at Intake
 - have each client complete the Naloxone Recipient Form
 - provide each client with a single-step Narcan intranasal kit.
 - All naloxone trainings and kits distributed must be accounted for and recorded on the DHS Monthly Site Report (**DHS-14j**).
- **DHS OOPP Responsibility**
 - The DHS OOPP in the Office of the Medical Director will provide monthly TOT training sessions for new shelter providers not served by an independent OOPP, including education on overdose risks, assessment, and response, as well as administration of intra-nasal naloxone.
 - DHS OOPP must train staff to become Trainers and Dispensers.
 - Each trainee is provided with the tools required to conduct TORs as well as an individual naloxone kit.
 - At the conclusion of each TOT session, DHS OMD will email the facility director the names of staff members who were trained, and reiterate their responsibilities.
 - 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.
- **Independent OOPPs Responsibility - Overdose Champion/Site Trainer Responsibilities**
 - The OOPP staff of all DHS sites registered as independent OOPPs will train their site's staff and clients.
 - All independent OOPPs serving DHS sites must provide training and support similar to that provided by DHS OOPP.
 - All DHS facilities will have an Overdose Prevention Champion, regardless of whether they are served by the DHS or independent OOPP.
 - The Overdose Prevention Champion and Site Trainers are both Trainers and Dispensers.
 - The Champion is the lead trainer for their site and must:
 - Provide TOR training to facility staff that are new or in need of training.
 - Offer TOR training to all interested clients at least once a month.
 - Conduct a naloxone dispensing drive at least once every month.
 - Conduct a dispensing drive after each suspected overdose incident.
 - Provide Trained Overdose Responders refresher training every two years from the date of their initial training, as per state guidelines. The refresher trainings may be group trainings and conducted on a quarterly basis. The training must 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

- The DHS OOPP must provide one monthly two-hour Train-the-Trainer session for new shelter providers not served by an independent OOPP, as well as other sites that do not have trainers. This training must provide staff the requisite skills to train others to administer naloxone. The training must describe opioids; drug use and overdoses; 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; as well as how to provide overdose prevention and response training and dispense a naloxone kit.

- Overdose Champions/Site Trainers must provide overdose prevention and response TOR training to facility staff, as well as clients interested in how to administer naloxone to someone who is overdosing. The Brief Training Script and Essential Topics document will be used to facilitate the training. This 5-10 minute training, including a short practice, must include an introduction on the overdose epidemic; as well as an overview of the function of naloxone, how to recognize an overdose, administer naloxone, and properly follow-up after naloxone is administered.
- The ‘Stop OD NYC’ mobile app developed by the New York City (NYC) Department of Health and Mental Hygiene (DOHMH) available on iTunes and Google Play may be used to provide basic overdose prevention education/refresher training, as it highlights how to recognize and reverse an overdose with naloxone.
- Upon completion of the training, each staff member/client must complete a Naloxone Recipient Form (**Appendix B**) and will be issued a Certificate of Completion (**COC**) card and a naloxone kit.
- The blue **COC** card will serve 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, every completed Naloxone Recipient Form (**Appendix B**) must be scanned and emailed to DHS OMD at dhssoopp@dhs.nyc.gov
- In New York City, some overdose prevention programs provide Trained Overdose Responders with an Overdose Prevention kit that has an intra-muscular (IM) syringe. If a client has such a kit, OMD recommends exchanging it for an intranasal kit, having trained staff train the client on the use of the intranasal kit, having the client complete the Naloxone Recipient Form, and issuing a COC card.

4. Overdose Prevention Rescue Kits (Naloxone Kits)

- DHS OMD must provide naloxone kits to facilities under the DHS OOPP. If served by an independent OOPP, the site must request kits from the Program Director of the independent OOPP, which will obtain their kits from DOHMH.
- To order kits, the Overdose Prevention Champion or the site Trainer must complete and send the Naloxone Order Form (**DHS-14i**) to dhssoopp@dhs.nyc.gov.
- Naloxone kits ordered from DHS come pre-packaged with alcohol swabs, gloves, a 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. Larger sites may make arrangements with DHS OOPP to order and receive naloxone supplies directly.
- Sites must order naloxone kits for scheduled training and dispensing drives in advance, in order to ensure a sufficient number of kits.
- Each facility must account for every naloxone kit that is issued to them. A Naloxone Recipient Form (**Appendix B**) should be completed for each kit that is dispensed, and a NYSDOH Opioid Overdose Prevention Initiative Community Naloxone Usage Form (**Appendix C**) must be completed for kits that are used, damaged, or lost.
- All sites under DHS OOPP should have at least **2 Communal** Overdose Prevention kits, stored in a secure 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 NYSDOH Opioid Overdose Prevention Initiative Community Naloxone Usage Form (**Appendix C**) and DHS Incident Report must be maintained and submitted as follows:

- The Trained Overdose Responder must complete the NYSDOH Opioid Overdose Prevention Initiative Community Naloxone Usage Form (**Appendix C**) within 24 hours of an overdose where naloxone was administered.
- The site must complete a DHS Incident Report for every overdose and naloxone administration, as per DHS protocols.
- A copy of the NYSDOH Opioid Overdose Prevention Initiative Community Naloxone Usage Form (**Appendix C**) must be kept on file by the facility Director.
- The NYSDOH Opioid Overdose Prevention Initiative Community Naloxone Usage Form (**Appendix C**) must be emailed to DHS OMD at dhssoopp@dhs.nyc.gov, within 24 hours of an overdose by shelters and sites operating under the DHS OOPP license.
- For independent OOPPs, the NYSDOH Opioid Overdose Prevention Initiative Community Naloxone Usage Form (**Appendix C**) must be submitted to the State as per guidelines, with copy to DHS OMD, at dhssoopp@dhs.nyc.gov, following each naloxone administration.
- The NYSDOH Opioid Overdose Prevention Initiative Community Naloxone Usage Form (**Appendix C**) must be signed by the OOPP Program and Clinical Director.

5.2 Reporting to DOHMH

- The Naloxone Recipient Form (**Appendix B**) 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 DHS Monthly Site Report

- Facilities must report ALL overdoses on the **DHS-14j** (DHS Monthly Site Report).
 - To maintain sufficient supplies of naloxone kits for overdose response, the Facility Director must ensure that the **DHS-14j** is completed and submitted.
 - The OD Prevention Champion/Site Trainer must complete the **DHS-14j** (DHS Monthly Site Report).
 - All initial and refresher trainings must be reported.
 - The report template is in the **DHS-14j** (DHS Monthly Site Report). This report must be submitted to DHS OMD by the 15th of each month following the reporting month.
 - Instructions for completing the **DHS-14j** can be found in the NRF Toolkit.

Section II. Services for Substance Use Disorders (SUD)

PURPOSE

To provide guidelines on increasing access to SUD treatment for clients with substance use disorders, decreasing opioid overdoses, and increasing the use of medications for addiction treatment (MAT).

INTRODUCTION

Naloxone prevents opioid overdose deaths. Persons who overdose often continue to use and are at increased risk of future overdoses. To prevent/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 increased access to substance use services and MAT are 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, as they reduce the risk of mortality and increase the 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-reports.
- Offer opioid overdose training and a naloxone kit to all new clients at single adult Intake and Assessment sites, and at other sites for those not previously trained.
- Identify individuals who are at high risk for overdose, including those:
 - With a diagnosed substance use disorder, whether or not in treatment.
 - Recently released from incarceration.
 - Recently released from detoxification or rehabilitation.
 - With a recent period of abstinence.
 - With a history of overdose.
 - Prescribed opiate analgesics or high-dose opioids, as well as those receiving chronic opioid therapy. Interview these individuals to determine if there are signs of a substance use problem, including:
 - Taking more than a 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 a mental health shelter, if possible.
- Assigning them to a shelter with medical services on-site, if possible, when 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 a NYS Office of Alcohol and Substance Abuse (OASAS) licensed SUD provider 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 for:
 - Clinical evaluation.
 - Referral to SUD Services.
 - MAT on-site or 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 for Shelters – Routine Care (**DHS-14j**).
- SUD toolkit (to be distributed separately).

Appendices

Appendix A – Definitions

Appendix B – Naloxone Recipient Form

Appendix C – NYSDOH Opioid Overdose Prevention Initiative Community Naloxone Usage Form

Appendix D – Storage Location of Naloxone Kits

Appendix E – Name of Certified Overdose Responders

Appendix F – Steps for Overdose Assessment and Response

Appendix G – Information about the Time and Place of Client Training

Appendix H – Substance Use Disorder onsite/offsite Referral Services

DHS-14h - Clinical Resources for Shelters – Routine Care

DHS-14i - Naloxone Order Form

DHS-14j - DHS Monthly Site Report

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 by all trained Overdose Responders on-site, that contains two doses of naloxone (either single-step or multi-step) devices, disposable gloves, alcohol pads, a face mask, and an 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, addressing conditions of use along with the use itself, and helping them 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 (Dilaudid).
- **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 NY 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; executing recordkeeping and preparing 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 who 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; and 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)** – A staff member 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)** - A NYS training that staff must complete to become trained as a State Certified Overdose Trainer and Dispenser.

Appendix B: 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.

1206572878

Narcan/Naloxone Recipient Form (NRF)



I AM...

Staff. Name of shelter:

A Client. ID#:

Today's date: / /

Please use BLUE or BLACK ink

Write letters and numbers like this → A B C D E

Shade circles like this →

NOT like this →

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

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:

NYSDOH Opioid Overdose Prevention Initiative

Community Naloxone Usage Form



Purpose: This form is to serve as a collection tool for program staff. Program staff are required to enter the information into the NYSDOH Opioid Overdose Prevention Program System's electronic DOH sanctioned form.

On what day was the naloxone used? **Date naloxone used:**
If naloxone was used on more than one day, please submit a separate report for each use. If you don't know the precise date, choose one that you think is close.

Do you know the zip code where the overdose happened? **Yes: Zip Code:**
No: County/Borough & Town

Did the person who overdosed survive? (choose one) Yes No Don't know

(Check all that apply.) Select the type of naloxone used and the number of doses given.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Narcan™ Nasal spray,
Doses:
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> More than 4
<input type="checkbox"/> Don't Recall | <input type="checkbox"/> Intramuscular injection generic
Doses:
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> More than 4
<input type="checkbox"/> Don't Recall | <input type="checkbox"/> Nasal spray generic
Doses:
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> More than 4
<input type="checkbox"/> Don't Recall | <input type="checkbox"/> Evzio Autoinjector
Doses:
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> More than 4
<input type="checkbox"/> Don't Recall |
|--|---|---|--|



Did anyone else also give naloxone for this same overdose? (choose one) Yes No Don't know

(check all that apply) Were they

<input type="checkbox"/> Police	<input type="checkbox"/> Another civilian witness or bystander
<input type="checkbox"/> EMS	<input type="checkbox"/> Other
<input type="checkbox"/> Fire Fighter	

Do you know what type of naloxone they used? Yes No

(Check all that apply) What did they use (formulation & doses)?

- | | | | | |
|---|---|---|--|---------------------------------------|
| <input type="checkbox"/> Narcan™ Nasal spray doses:
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> More than 4
<input type="checkbox"/> Don't Recall | <input type="checkbox"/> Intramuscular injection generic doses:
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> More than 4
<input type="checkbox"/> Don't Recall | <input type="checkbox"/> Nasal spray generic doses:
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> More than 4
<input type="checkbox"/> Don't Recall | <input type="checkbox"/> Evzio Autoinjector doses:
<input type="checkbox"/> 1
<input type="checkbox"/> 2 3
<input type="checkbox"/> 4
<input type="checkbox"/> More than 4
<input type="checkbox"/> Don't Recall | <input type="checkbox"/> Other |
|---|---|---|--|---------------------------------------|



Was 911 called? (choose one) Yes No Don't know

APPENDIX C

Was rescue breathing performed before EMS, police or fire fighters arrived? (choose one)	Yes	No	Don't know
Were chest compressions performed before EMS, police or fire fighters arrived? (choose one)	Yes	No	Don't know
How old were they? (best guess)	Age:		
Were they	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Transgendered or gender non-conforming <input type="checkbox"/> Unknown Sex <input type="checkbox"/> Other	
Were they (more than one may be selected)	<input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino(a)	<input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Unknown race/ethnicity <input type="checkbox"/> Other	
(Indicate all that apply) Select which drugs the overdoser is likely to have used.	<input type="checkbox"/> Heroin <input type="checkbox"/> Pain pills <input type="checkbox"/> Cocaine <input type="checkbox"/> Fentanyl <input type="checkbox"/> Benzos	<input type="checkbox"/> Alcohol <input type="checkbox"/> Amphetamine/methamphetamine <input type="checkbox"/> Methadone <input type="checkbox"/> Other	
In what kind of place did the overdose happen?			
<input type="checkbox"/> Someone's home or apartment		<input type="checkbox"/> Library	
<input type="checkbox"/> Shelter or in a supportive housing setting		<input type="checkbox"/> Secondary school (e.g. high school, middle school)	
<input type="checkbox"/> Agency or facility that provides services, such as a syringe exchange, drug treatment program or social services agency or government office		<input type="checkbox"/> On a college/university/trade school campus	
<input type="checkbox"/> Public place <u>outside</u> (e.g. park; sidewalk, yard)		<input type="checkbox"/> Other	
<input type="checkbox"/> Public place <u>inside</u> , other than a library, secondary school, or college/university/trade school campus (e.g. restroom, business, train, car)			
What is the relationship to the person who overdosed?	<input type="checkbox"/> Friend or acquaintance <input type="checkbox"/> Family <input type="checkbox"/> Stranger	<input type="checkbox"/> Patient or client <input type="checkbox"/> Other (specify)	Prefer not to answer
Has this person experienced an opioid overdose in the past? (choose one)	Yes	No	Don't know
Was a replacement kit given? (choose one)	Yes	No	Don't know
Was information provided about getting naloxone from a pharmacy? (choose one)	Yes	No	Don't know
Please add any additional comments about this naloxone administration.	Comment:		

Thank you for taking the time to complete this form. All program data submitted are confidential.
If you have any questions, please email overdose@health.ny.gov or call 1.800.692.8528

For Registered Program Internal Use (optional): If your program collects additional information about the administration of naloxone, you may enter that here.

DO NOT provide any patient- or client-specific information on this form.

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.

Appendix F: Steps for Overdose Assessment and Response

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



CLINICAL RESOURCES FOR SHELTERS – ROUTINE CARE

PRIMARY 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. Greater New York Hospital Association operates a site to connect New Yorkers with free and low-cost health and social services: <http://hitesite.org/>
4. Enrollment in a Medicaid Health Home:
 - List of health homes: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_map/index.htm#
 - Health homes brochure: 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/

MENTAL HEALTH AND SUBSTANCE USE

1. For access to AOT, ACT,IMT or care coordination: make a SPOA or CSPOA application to DOHMH by emailing a completed form found here <https://www1.nyc.gov/site/doh/providers/resources/mental-illness-single-point-of-access.page> to spoa@health.nyc.gov to request an evaluation and assignment of a care coordinator or mental health team.
2. For routine substance use care, search for a local provider at <https://findaddictiontreatment.ny.gov/> or <https://oasas.ny.gov/providerDirectory/index.cfm>. OASAS has resources for individuals without insurance.
3. For routine mental health services, 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.

FOR CRISES

1. 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/>.
2. Cal 888-NYC-WELL to request a Mobile Crisis Team (MCT) (<https://nycwell.cityofnewyork.us/en/providers/mct-referral/>) consultation. Note that MCT have up to 48-72 hours to respond. This service is available for adults and children.

DHS Opioid Overdose Prevention Program
 Office of the Medical Director
 33 Beaver Street 13th Floor
 New York, NY 10004
 Telephone: 212-361-0590 or 212-361-0973

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 Food and Drug Administration (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 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 of naloxone or Narcan® except by authorized persons.)

Authorized Dispenser (print)	Program Site (print)		
Address	City	State	Zip Code
Phone Number	Email Address		

SAMPLE

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? Order Amounts: 25, 50, 75, 100
Narcan®	2 doses of 4mg/.1mL, single-step device		_____

EMAIL THIS SIGNED FORM TO dhssoopp@dhs.nyc.gov

For questions concerning orders, email: dhssoopp@dhs.nyc.gov

**DHS MONTHLY SITE REPORT
New York City Department of Homeless Services**

To be submitted on 15th of each month for the previous month

Name of DHS Facility:
Name of the Provider:
Address of the Facility:
Name of person completing the report:
Email of person completing the report:
Reporting Period (Month/Year):

SAMPLE

Please provide, as of the end of each month (Fields below accept numbers only):

1. Number of communal naloxone kits remaining at the site: _____
2. Current number of staff able to respond to an overdose (trained as Responders): _____
3. Number of dispensing drives held for clients: _____
4. Number staff who received a refresher training: _____
5. Number of clients who had a non-fatal overdose: _____
 - Of those:
 - 5a. Number referred to substance uses services after a non-fatal overdose: _____
 - 5b. Number trained as Overdose Responders: _____
6. Number of suspected overdoses without naloxone administered: _____

(Turn page)

