

Preventing and Responding to Overdose: Guidance for Housing and Shelter Programs

Housing and shelter programs play a vital role in educating residents and implementing measures to prevent and respond to overdoses. According to a recent [University of Washington survey](#), 33% of residents in permanent supportive housing programs in Washington witnessed an opioid overdose in their building in the three months prior to the survey. In a [subsequent survey](#) of permanent supportive housing program staff, they indicated a need for ongoing training on substance use-related topics. They also expressed a need for strategies for consistently implementing policies that address substance use among residents.

Below are recommendations for preventing and responding to overdose for housing and shelter program leadership, staff, and residents.

Recommendations for program leadership and staff

Create a site-specific overdose response plan and get naloxone for staff use in suspected opioid overdose responses.

- Make sure all staff carry **naloxone**. This includes giving a naloxone kit to all levels of personnel, from security and maintenance to management. If that is not possible, naloxone kits should be available in a well-known and accessible location. *Note:* Some forms of naloxone are over-the-counter, meaning they do not require a prescription. In Washington, the [statewide standing order for naloxone](#) acts as a prescription to carry, administer, and distribute naloxone.
- Train all staff to **recognize** the signs of an opioid overdose. Provide training about how other substances (e.g., sedatives, alcohol, xylazine) may affect overdose response.
- Train all staff to **respond** to a potential opioid overdose and have regular practice drills to build comfort for emergency response. Identify the responsibilities of each staff member on shift.
Complete the worksheet on the last page of this document.
- Provide quarterly or twice-annual refresher trainings and review of agency policies and procedures to ensure that new staff are appropriately trained.

[Apply to become an Overdose Education and Naloxone Distribution \(OEND\) program partner](#). This allows your program to get free naloxone from the Washington State Department of Health to distribute to staff and residents and keep on-site. OEND partners are also equipped to provide naloxone trainings to staff and residents.

Alternatively, you can work with an existing OEND partner for support with training and to distribute naloxone at your site. For assistance finding a partner in your area, email naloxoneprogram@doh.wa.gov.

Visit the OEND program website to get training resources and materials on overdose prevention and response for staff and residents.

- In the event of an overdose death, offer resources to staff and residents to process the loss. Some resources:
 - [Coping with Overdose Fatalities: Tools for Public Health Workers](#), from the Massachusetts Department of Public Health, offers tools to support frontline staff.
 - The [Washington State 988 Suicide & Crisis Line](#) is a resource for anyone experiencing an emotional crisis. It is free, confidential, and available in multiple languages.

Provide training to all levels of staff to address bias and stigma and improve their ability to support residents who use drugs.

Explore training courses and resources on topics such as those listed below:

- Models such as [progressive engagement](#) and [approaches to providing comprehensive, integrated, and trauma-informed treatment services](#)
- [Mental Health First Aid](#)
- [Mental health issues and support](#)
- [Substance use and stigma](#)
- [Motivational interviewing techniques](#) to support residents in making positive changes in their lives
- Addressing substance use through a [harm reduction approach](#), including this training on [implementing harm reduction into housing settings](#)

Create partnerships with programs in your area to support residents who use drugs and to facilitate warm handoffs to services.

Find information on local programs through these websites:

- [Washington Recovery Helpline](#)
 - Medications for opioid use disorder (e.g., buprenorphine and methadone)
 - Recovery services, and more
- [Washington State syringe service program directory](#)
 - Sterile drug use equipment
 - Harm reduction education
 - Referrals and linkages to health and social services
- [Washington State community drug checking network](#)
 - Syringe service programs that provide drug-checking services to help people identify what is in their drugs and create risk reduction plans
- [Washington State Naloxone Finder](#)
 - Naloxone distribution
 - Overdose response training

Recommendations for supporting residents

Support residents in getting naloxone and learning how to use it.

- Educate residents about overdose recognition and response.
 - Written and video training resources and materials on overdose prevention and response:
 - [Washington State Department of Health's OEND program website](#)
 - Email naloxoneprogram@doh.wa.gov
 - [Naloxone use instructions](#)
 - [Naloxone posters and brochures](#)
- Place naloxone kits in common areas so residents can access them anytime. Let residents know where naloxone is in the building.

- Support residents in using health coverage, including Apple Health/Medicaid, to get naloxone.
 - [Information on how to use health coverage to get naloxone](#). This document can be found in other languages under “Resources” on [the naloxone webpage](#)

Educate residents about the highly variable and unpredictable drug supply.

- Consider providing fentanyl and xylazine test strips and [instructions](#). You may be able to obtain test strips from:
 - [BTNX](#) sells test strips.
 - Local agencies may offer test strips for free. E.g., [Public Health – Seattle & King County](#) may offer test strips to local programs.
- Training on fentanyl and xylazine test strips:
 - [Written and video instructions](#)
 - Staff training email naloxoneprogram@doh.wa.gov

Support residents in developing a plan to prevent and respond to overdoses.

- Share support resources such as:
 - [Never Use Alone Hotline](#) (877-696-1996): a line people can call when they are using by themselves. Peer operators take location information and alert emergency medical services to that location if someone stops responding after using. **Note that the hotline is volunteer-run. We cannot guarantee the availability of services.**
 - [Washington Recovery Help Line](#) (866-789-1511) or [FindTreatment.gov](#) (800-662-4357) for substance use and mental health treatment resources.
 - [Suicide & Crisis Lifeline](#) (988) call or text for support with mental health struggles, emotional distress, alcohol or drug concerns, or just someone to talk to.
- Share information about the [Good Samaritan Law](#). It gives specific protections against drug possession charges to encourage residents to seek help when responding to an overdose.
- Case managers or other staff can help residents develop a personalized plan for preventing and responding to overdose in their own lives. Topics should include a discussion of factors that increase risk for overdose (e.g., changes in tolerance) and factors that increase the chance of dying from an overdose (e.g., using alone). This is an example of an [Overdose Risk Assessment and Safety Planning Worksheet](#) and [accompanying guidance](#) from the NYC Department of Health & Mental Hygiene that could be adapted. [This handout](#) describing some strategies to avoid and/or respond to opioid overdoses could also be shared with residents.

Create opportunities for residents to build community with other residents and staff.

- Using alone increases the risk of fatal overdose. Create cozy spaces for residents to hang out and build social connections. Offer programs to create and build trusting relationships among residents and with staff, such as movie, craft, and game nights.
- Support the development of [resident-led naloxone distribution and overdose education programs](#) to improve naloxone awareness and access among residents.

Agency Overdose Response Worksheet

BEFORE A RESPONSE	
Have all staff members received overdose recognition and response training and engaged in practice response drills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all staff members have a naloxone kit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If staff members do not have individual kits, where can they locate the naloxone kits for use?	Naloxone kits are located:
Who will work with residents to make emergency plans for pets, children, and/or dependents if they are away from home unexpectedly (e.g., due to being transported to a hospital for an overdose or any other medical emergency)?	Add position title(s):

RESPONSE & AFTERCARE <i>Consider what happens when there is only one or two staff members on-site or no staff members on-site.</i>	Position title(s) for each shift (can be the same position for more than one duty)
Who will administer naloxone?	
Who will call 911?	
Who will stay with the individual after naloxone is given and monitor the person's breathing until emergency medical services arrive?	
Who will manage the crowd and safety in the area if residents witnessing the event create a sense of panic?	
If the resident refuses transport by emergency medical services, who will continue to check on them for the next several hours?	
If the resident is transported to the hospital and leaves behind a child, dependent, and/or pet, who will attend to their caregiving?	
Who will check in with residents and staff who may have witnessed and/or responded to the overdose to offer support and appropriate resources, such as counseling?	

POST-RESPONSE ACTIVITIES	Position title of responsible party
Who maintains the naloxone inventory? If the inventory is low, who will order more?	
If your agency receives naloxone from a program that requires data about naloxone usage, who will submit that data?	
Who tracks and reviews data regarding overdoses that happen in the facility?*	
Who will meet with staff to debrief the response and ask questions like: How did the response go? What worked well and what could be improved for future responses? Do staff members need refresher overdose recognition and response training?	

*Disability laws protect individuals in recovery, including those taking medications for opioid use disorder, but current illegal drug use is not considered a disability under Washington state or federal law. However, people cannot be denied access to health care or substance use disorder treatment services that they otherwise qualify for simply because they currently use illegal drugs. Given this, consider avoiding the use of personal identifiers when tracking overdoses that occur in a housing or shelter facility.

