San Francisco Department of Public Health
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City and County of San Francisco
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SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

POLICY & PROCEDURE DETAIL

Policy & Procedure Title: DPH Overdose Prevention Policy	
Category: Client/Patient Services	
Effective Date: 12/10/2021	**Last Reissue/Revision Date**: Click here to enter a date.
DPH Division/Branch: Population Health, Community Health Equity and Promotion Branch	
Policy Contact: Eileen Loughran, Health Program Coordinator; Community Health Equity & Promotion (CHEP), Population Health Division	
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Distribution: DPH-wide	**If not DPH-wide, other distribution**: Click here to enter text.

PURPOSE OF POLICY

The purpose of this policy is to support the Department of Public Health's (DPH) compliance with local legislation, Ordinance 084-21 (Attachment A). The legislation requires DPH to annually submit to the Board of Supervisors a departmental policy describing how the department and its grantees that provide direct services to clients who use drugs will promote strategies to reduce drug overdoses ("Overdose Prevention Policy").

The mission of the Department of Public Health (DPH) is to protect and promote the health of all San Franciscans through the work of its two divisions - the San Francisco Health Network and the Population Health Division. Clients served by both divisions of DPH includes people who use drugs who may be at risk for overdose. Whenever a client is suspected of overdosing, City emergency services are called. However, there are many interventions that may help prevent and assist during a potential opioid overdose1 that staff can do while waiting for emergency services to arrive.

This policy outlines DPH's overdose prevention policy which includes resource posting, staff overdose prevention training, and sets procedures to follow in the event of an overdose.

[1] Commonly Used Terms, Opioid Basics, Centers for Disease Control and Prevention: https://www.cdc.gov/opioids/basics/terms.html
Opioid: Natural, synthetic, or semi-synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others. Prescription opioids are generally safe when taken for a short time and as directed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused and have addiction potential.
Overdose: Injury to the body (poisoning) that happens when a drug is taken in excessive amounts. An overdose can be fatal or nonfatal.

POLICY APPLICATION

This Overdose Prevention Policy applies to all DPH branches and sections that may engage with and/or provide direct services to clients who use drugs. In addition, policy components B - D, defined below, apply to both DPH branches and sections as well as its grantees that manage property and/or provide direct services to clients who use drugs.

DPH OVERDOSE PREVENTION POLICY & PROCEDURES

DPH branches, sections, and grantees that engage with and/or provide direct services to clients who use drugs will adopt the following policy and adapt outlined procedures to follow in the event of an overdose.

A. Drug Treatment and Harm Reduction Programs and Services

Clients served by branches and sections across DPH include people who use drugs who may be at risk for overdose. The Department of Public Health (DPH) has a long history of providing direct treatment services and supporting harm reduction as an effective strategy for overdose prevention. In 2000, the San Francisco Health Commission unanimously passed a resolution adopting a Harm Reduction Policy for Substance Abuse, STD and HIV treatment and prevention services, and/or programs that serve people who use drugs in their programs.

San Francisco has been a national leader in promoting the health and recovery of people who use drugs (PWUD) and/or with substance use disorders (SUD) and has a strong track record of innovation. DPH will continue to support effective strategies to prevent overdose death such as increasing the provision and use of naloxone to reverse overdose; expanding the use of low-barrier medication assisted treatment (MAT) to prevent overdose; and establishing harm reduction policies in high-risk settings.

B. Resource Posting

DPH branches, sections, and grantees will post and make accessible the following harm reduction resource schedules:

i. a syringe access and disposal schedule, and
ii. a naloxone distribution schedule

DPH branches, sections and grantees will update these schedules monthly. The updated schedules are available to print and save at the Overdose Prevention Resources SF.Gov webpage (https://sf.gov/information/overdose-prevention-resources).

Depending on the setting, the schedules may be posted in several locations. DPH branches, sections, and grantees will each determine appropriate locations for schedule posting. Some examples include:

- Exam and counseling rooms
- Lobbies and/or waiting areas
- Employee shared spaces (e.g., break rooms, conference rooms)
- Restrooms
- Employee workspaces
- Laboratories/research spaces

C. Overdose Prevention Training

DPH branches, sections, and grantees with staff who directly engage with people who use drugs will provide overdose prevention training to all relevant staff once per year as part of regularly scheduled staff trainings and will ensure that new staff who directly engage with people who use drugs are trained in overdose prevention strategies and response protocol as part of their orientation.

Overdose prevention trainings are currently provided through/are provided by DPH's Community Health Equity and Promotion (CHEP) branch, through the DOPE project, and the Harm Reduction Training Institute (HRTI). DPH is also currently in the process of developing an e-learning module and will notify DPH branches and sections with more information in 2022.

Once the e-learning module is live, DPH will strongly encourage all DPH staff to complete the module.

D. Overdose Reversal and Response

DPH branches, sections and grantees with staff who regularly engage with people who use drugs will maintain an onsite overdose response policy that describes the steps that will be taken in the event an individual overdoses on property managed by the department or in the presence of department staff.

The following list describes steps that staff can take to respond to an overdose at a site managed by DPH or where DPH staff are present. These steps may be adapted for specific settings (e.g., hospital settings, outpatient clinic settings, workplaces, research settings, etc.).

1) Staff should continuously monitor clients moving throughout the site. Staff should continuously monitor bathroom usage to ensure safety.
2) If a client is unresponsive and/or unconscious, try to wake them by calling their name, if known, or yelling for them to respond. If they do not respond, try waking them with a pain stimulus by pinching their ear, rubbing their sternum, or tapping their foot with yours. Check breathing; **if they are not breathing and are unresponsive immediately alert another staff member and engage EMS by calling 911**.
    a. Communicate to dispatch: "person is unresponsive and not breathing, possible overdose, please have naloxone/Narcan."
3) Staff will get the NALOXONE stored in the [*stored in the secure, room temperature location noted in the program's overdose prevention plan*]. Staff will administer one dose of nasal naloxone to the client.
    a. Any staff member who has received training in overdose recognition, response and naloxone administration can attend to the client (Attachment B).
4) If the client has a pulse, perform rescue breathing. For individuals without a pulse, perform CPR (rescue breathing + chest compressions). If available, an Ambu Bag (artificial breathing) or breathing shield can be used instead.
5) If there is no response to the naloxone from the client after 2-3 minutes, administer a second dose of naloxone and continue with rescue breathing while awaiting EMS.
6) EMS will assess the client and either transport to the hospital or patron will refuse transport. If client stays at venue, continue to observe for re-sedation as long as possible.

Each onsite overdose response policy will include steps to for a debrief session following an overdose episode. The session should be facilitated by site leadership and provide an opportunity for staff to discuss the steps that were taken, address any concerns, and identify areas of improvement for future response.

E. Identification of Overdose Prevention Champion (*DPH branches and sections only*)

DPH branches and sections with staff who engage with people who use drugs and/or with grantees who manage property or provide direct services to people who use drugs will identify an Overdose Prevention Champion. The responsibilities of each Overdose Prevention Champion may include:

- Tracking and managing overdose prevention training for branch/section staff
- Coordination of branch/section naloxone and other harm reduction supplies. This includes updating posted supply schedules, monitoring naloxone expiration and replacing when naloxone supply expires, as well as tracking the number of reversals.
- For DPH branches and sections with grantees who manage property or provide direct services to people who use drugs, the Overdose Prevention Champion will develop a process to monitor and evaluate grantees for compliance with established overdose prevention policies (sections B-D above).

ATTACHMENTS

A. Administrative Code - Departmental Overdose Prevention Policies
B. Legal References - California Civil Code Section 1714.22

ATTACHMENT A - ADMINISTRATIVE CODE - DEPARTMENTAL OVERDOSE PREVENTION POLICIES

FILE NO. 210304

ORDINANCE NO. 084-21

ENACTMENT DATE: 06/25/2021

[Administrative Code - Departmental Overdose Prevention Policies]

Ordinance amending the Administrative Code to require the Department of Public Health, Department of Homelessness and Supportive Housing, Human Services Agency, and Department of Emergency Management to develop and submit to the Board of Supervisors departmental overdose prevention policies.

Be it ordained by the People of the City and County of San Francisco:

Section 1. Findings.

(a) According to data from the Office of the Medical Examiner, the number of people who have died from drug overdoses in San Francisco has been rising at a staggering rate. In 2017, 222 people in San Francisco died from a drug overdose. In 2020, 697 people in San Francisco died from a drug overdose. This represents more than a tripling of the death rate in only three years, such that deaths from drug overdoses now average nearly two a day, and nearly 60 a month.

(b) Fentanyl, which is estimated to be 50 to 100 times more potent than morphine, entered the San Francisco market around 2015, causing eleven deaths that year. In 2016, the number of fentanyl overdose deaths in San Francisco doubled, reaching a total of 22. In 2020, 502 people were reported to have died in San Francisco as a result of overdose from use of fentanyl. Thus, in five years, fentanyl overdose deaths in San Francisco increased by 4500%.

(c) This is a public health crisis of major proportions that is out of control. The number of people who died from a drug overdose in San Francisco in 2020 was more than three times the number of people who died in San Francisco from COVID-19 that same year.

(d) Based on data showing the addresses of fatal drug overdoses in San Francisco over the first eight months of 2020, 111 people died on sidewalks or alleys, or in parks or cars; 296 people were found dead in homes or hotels, many in supportive housing in the Tenderloin; and 60 people were pronounced dead at hospitals.

(e) Consuming drugs alone while sheltering-in-place during the COVID-19 pandemic almost certainly amplified the overdose death risk of strong drugs; more than half of the 561 deaths from accidental overdoses during the period January - October 2020 occurred indoors.

(f) A 2019 study published in Drug and Alcohol Dependence surveyed overdose mortality among residents of single room occupancy (SRO) buildings in San Francisco during the period 2010 – 2017, and

found that overdose mortality was substantially higher among SRO residents as compared to non-SRO residents, and that SRO residents were also more likely to die from overdosing at home than elsewhere.

(g) A 2019 study published in the Journal of Urban Health examined the acceptability, feasibility, and implementation of the Tenant Overdose Response Organizers (TORO) program facilitated in ten SROs in Canada. That study concluded that the overdose response interventions used by the TORO program, including peer-led overdose prevention and response trainings, wall-mounted naloxone for emergency response, and peer-led support groups, are effective tools in addressing overdose risk in SROs. The study also concluded that tenants who had participated in the program and were taught about opioid overdoses were better able to respond to overdoses and contribute to wider community responses. This study helped inform the DOPE (Drug Overdose Prevention and Education) Project's SRO initiative in San Francisco.

Section 2. Chapter 15 of the Administrative Code is hereby amended by adding Section 15.17, to read as follows:

SEC. 15.17. DEPARTMENTAL OVERDOSE PREVENTION POLICIES.

By no later than December 31, 2021, and every year thereafter, the Department of Public Health, the Department of Homelessness and Supportive Housing, the Healthy Streets Operation Center through the Department of Emergency Management, and the Human Services Agency shall each submit to the Board of Supervisors a departmental policy describing how the department and its grantees that provide direct services to clients who use drugs will promote strategies to reduce drug overdoses ("Overdose Prevention Policy"), along with a resolution to accept transmission of the policy. Each departmental Overdose Prevention Policy shall, to the extent applicable to the department's activities:

(a) Address how departmental programs will provide drug treatment and harm reduction programs and services;

(b) Describe where the department will post the following materials to ensure that they are available and accessible to all clients:

(1) Up-to-date information about the location and schedule of syringe access and disposal services; and

(2) Up-to-date referral information about naloxone access and the schedule of overdose prevention and naloxone distribution services;

(c) Include an onsite overdose response policy that describes the steps the department will take in the event that an individual overdoses on property managed by the department or in the presence of department personnel;

(d) Ensure that department staff who work with people who use drugs receive training in overdose prevention strategies; and

(e) Describe the process by which the department will ensure that grantees that manage property on behalf of the department and/or provide direct services to people who use drugs implement overdose prevention policies that contain the information required in subsections (a)-(d) of this Section 15.17 as applied to the grantee.

Section 3. Effective Date.

This ordinance shall become effective 30 days after enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board of Supervisors overrides the Mayor's veto of the ordinance.

ATTACHMENT B - LEGAL REFERENCES - CALIFORNIA CIVIL CODE SECTION 1714.22

Legal/Liability:

Under California Law, staff who have received opioid overdose prevention and treatment training (meaning any training operated by a local health jurisdiction or that is registered by a local health jurisdiction to train individuals to prevent, recognize, and respond to an opiate overdose) are legally allowed to administer naloxone to a person who may be experiencing an opioid overdose. A person who is trained in overdose prevention strategies and administers naloxone shall not be held liable for civil action or be subject to criminal prosecution for possession or administration.

A prescriber may issue a standing order authorizing the administration of naloxone by any trained layperson to someone who may be experiencing an opioid overdose. If the program does not have an authorized prescriber (anyone who has prescribing privileges in the state of California), then they may work with a program that provides training and naloxone distribution to come provide training to staff.

Pursuant to Section 1714.22 of the California Civil Code:

For purposes of this section, the following definitions shall apply:

"Opioid antagonist" means naloxone hydrochloride that is approved by the federal Food and Drug Administration for the treatment of an opioid overdose.

"Opioid overdose prevention and treatment training program" means any program operated by a local health jurisdiction or that is registered by a local health jurisdiction to train individuals to prevent, recognize, and respond to an opiate overdose, and that provides, at a minimum, training in all of the following:

(A) The causes of an opiate overdose.

(B) Mouth to mouth resuscitation.

(C) How to contact appropriate emergency medical services.

(D) How to administer an opioid antagonist.

(2) A licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the administration of an opioid antagonist to a person at risk of an opioid-related overdose by a family member, friend, or other person in a position to assist a person experiencing or reasonably suspected of experiencing an opioid overdose.

(d) (1) A person who is prescribed or possesses an opioid antagonist pursuant to a standing order shall receive the training provided by an opioid overdose prevention and treatment training program.

(f) Notwithstanding any other law, a person who possesses or distributes an opioid antagonist pursuant to a prescription or standing order shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this possession or distribution. Notwithstanding any other law, a

person not otherwise licensed to administer an opioid antagonist, but trained as required under paragraph (1) of subdivision (d), who acts with reasonable care in administering an opioid antagonist, in good faith and not for compensation, to a person who is experiencing or is suspected of experiencing an overdose shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this administration.