



MANUAL

OCTOBER 2023

Acknowledgements

Territory Honouring

The Street Degree and this manual are produced on the traditional territories of the x^wməθkwəyəm (Musqueam), Skwxwú7mesh (Squamish), and Səlílwətaʔ/Selilwitulh (Tsleil-Waututh) First Nations. Vancouver Coastal Health works in communities in the traditional territories of the x^wməθkwəyəm (Musqueam), Skwxwú7mesh (Squamish), Səlílwətaʔ/Selilwitulh (Tsleil-Waututh), Shíshálh, Tla'amin, Wuikinuxv, Heiltsuk, Nuxalk, Kitasoo-Xai'xais, Lil'wat, Samahquam, Xa'xtsa, Skatin, and N'Quatqua Nations. We recognize that the toxic drug-poisoning crisis is deeply connected to the harms of colonialism, and disproportionately harms Indigenous people. We commit to addressing these harms in our work.

Acknowledgment of Lived and Living Experience

We gratefully acknowledge that this work would not be possible without the dedicated frontline work of People with Lived Experience (PWLE) in overdose prevention in the Downtown Eastside of Vancouver. We want to acknowledge the immense loss of lives during the toxic drug emergency, and that toxic drug deaths could be prevented by a regulated drug supply. We have lost so many of the brilliant people who contributed to the Street Degree. The content of this manual is peer informed and peer reviewed.

Additional Acknowledgements

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All updates to this current version will be listed here in subsequent versions.

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<https://www.vch.ca/en/substance-use-harm-reduction-resources-health-professionals-service-providers>



Point phone camera at this QR code to access this webpage.

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List of Acronyms and Definitions

Acronym	Definition
2SLGBTQ+	Two-Spirit, Lesbian, Gay, Bisexual, Trans-, Queer, plus other gender and sexual orientations
ABC	Airway, Breathing & Circulation
AED	Automated External Defibrillator
BC	British Columbia
BCEHS	BC Emergency Health Services
BCCDC	BC Centre For Disease Control
Benzos	Benzodiazepines
BVM	Bag Valve Mask
COVID/COVID-19	Coronavirus 2019
cm	Centimetre
CPR	Cardiopulmonary Resuscitation
DTES	Downtown Eastside
EHS/911	Emergency Health Services (Ambulance/Fire Department)
ER	Emergency Room
Hep C	Hepatitis C
HEPA Filter	High Efficiency Particulate Air
HIV	Human Immunodeficiency Virus
HR	Heart rate
IM	Intramuscular (In The Muscle)
IV	Intravenous (In The Vein)
IVDU	Intravenous Drug Use
L/min	Litre per minute
LK	Lateral Kindness
LV	Lateral Violence
mg	Milligram
MRT	Provincial Overdose Mobile Response Team
O2	Oxygen
OD	Overdose
OPS	Overdose Prevention Site
PHS	Portland Hotel Society
PICC	Peripherally Inserted Central Catheter
PPE	Personal Protective Equipment
PSI	Pounds per square inch
PWLLE	People With Lived And Living Experience Of Substance Use, sometimes called “peers”
Rigs	Sharps/Needles
RR	Respiratory Rate
SAVE ME	Stimulate, Airway, Ventilation, Evaluate, Muscle/Medicate, Evaluate
SCS	Supervised Consumption Site
Sharps	Needles/Rigs/Broken Glass
Spo2	Blood Oxygen Level/Oxygen Saturation
THN Kits	Take Home Naloxone Kits (Available Through BCCDC & Any OPS)
VCH	Vancouver Coastal Health

Background

The Street Degree began as a collaboration between the Overdose Prevention Site (OPS) Lab, Vancouver Coastal Health (VCH) and Portland Hotel Society (PHS). Classes were held at the Molson OPS for People with Lived and Living Experience (PWLLE) to build the skills needed to work in Overdose Prevention. A key principle of the Street Degree has always been **“Nothing about us without us”** - to put the voice of those who use drugs first. PWLLE stepped into leadership roles by co-facilitating courses and giving input in the design and content of courses. The Street Degree could only happen with their knowledge and skills.

Objective

The objective of the Street Degree is to build the skills, knowledge and confidence of PWLLE and other staff in overdose prevention work. Ultimately, the broad objective of the ‘Street Degree in Overdose Prevention’ is the wider acceptance, acknowledgment and legitimization of the knowledge and work done by PWLLE in Overdose Prevention.

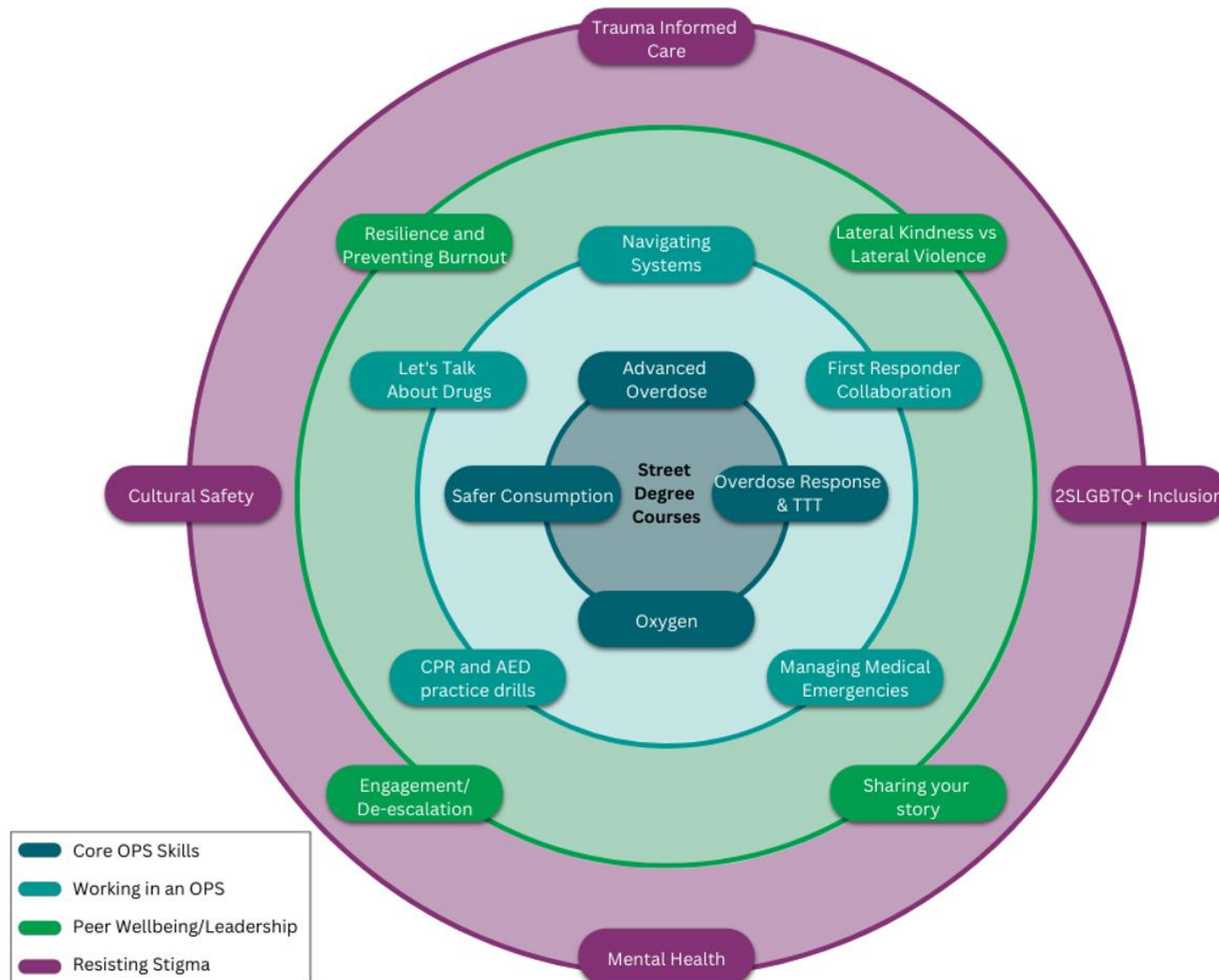
A Note on Language

We teach that language matters. Our choice of words can help or hurt people, carry stigma, and shape how we understand the problems we face and the solutions we should work towards. Therefore, we want to include a note about the language in this manual. In the years since we started the Street Degree, we updated many terms to reflect the realities of the toxic drug crisis. For example, we used to use “Overdose” to explain this crisis, but communities have pointed out that this is not a case of accidentally overusing a substance; it is a widespread Toxic Drug Poisoning crisis caused by an unregulated and contaminated drug supply. Where we used to use the broad term Peer, people have asked us to recognize the value of workers and call them People with Lived and Living Experience of Substance Use (PWLLE). We are sure that many more terms will update and change in the years to come.

This manual is an update and expansion of the manual produced in 2019 and includes material from the original manual. In some older lesson plans, you may see the terms “peer” and “overdose” used.

Street Degree Curriculum Image

This is a graphic of the Street Degree Curriculum, including what we consider the “core OPS skills” at centre, “working in a an OPS” courses, “peer well-being/ Leadership” courses, and topics that relate to “Resisting Stigma”. These are just some examples - we have also hosted many other topics as requested by the community.



STREET DEGREE

(Peer Focused!)

WHAT?

VCH's Street Degree program consists of over 20 interactive courses that center the voices and experiences of peer workers in the Toxic Drug Response. Courses are co-facilitated by people with lived and living experiences, nurse educators, and community educators.

Courses include:

- Naloxone Train the Trainer
- Advanced Overdose Response
- First Responder Collaboration
- Lateral Kindness vs. Lateral Violence
- Engagement/De-Escalation
- Resilience and Preventing Burnout
- Supervised Consumption
- Managing Medical Emergencies
- 2SLGBTQ+ Inclusive Care
- Indigenous Cultural Safety
- Alcohol Harm Reduction
- ...and more!

10 courses (20 hours of training): Completed Street Degree
20 courses (40 hours of training): Completed Masters Degree

WHERE AND WHEN?

Date: Twice a month

Address: Japanese Hall, 487 Alexander Street,
4th floor classroom

**FOR MORE INFORMATION,
EMAIL: OVERDOSERESPONSE@VCH.CA**

**OPEN TO ALL,
BUT PEERS ARE
PRIORITY**

**Vancouver
CoastalHealth**

Using This Manual

This manual contains the overviews and lesson plans for some of the key courses in the street degree to help communities work on street degrees in their settings. You may choose to focus on different topics or other methods of training, depending on the needs of the people responding to the toxic drug emergency in your community.

In this version of the manual, we are sharing more detailed lesson plans because communities are requesting them, but these are not a script you have to follow word for word! Please adapt lesson plans, as you need to for your community and the ways of teaching that work for you. Draw on all the experienced people in your community.

We continue to develop new courses on new topics all the time based on community needs and are always interested in what other communities are developing. Keep in touch with us at OverdoseResponse@vch.ca

Lesson Plans – The Format

Each topic has a one-page overview, and a more detailed lesson plan behind it. Lesson plans follow the “BOPPPS” format, which stands for:

Bridge in:	A short statement to “hook” learners, get their attention and let them know why they should learn about this topic.
Objectives:	By the end of the lesson, participants should be able to meet these measurable outcomes.
Pre-assessment:	A quick way to find out how much learners already know about the topic
Participatory Learning:	Learning activities that involve learners’ active participation. Each learning activity should help participants to meet one or more of the objectives.
Post Assessment:	A way to measure whether people have met the objectives.
Summary:	Short statement of what was learned today.

For a [blank BOPPPS lesson plan](#), see the appendix.

To learn more about BOPPPS, see https://wiki.ubc.ca/Documentation:Mini-Lessons_Basics_-_BOPPPS_Model_for_Planning_Lessons

We have also provided PowerPoint or Canva slide decks for some of the lessons, if you wish to use them. Slides can be helpful as reminders of what to cover and to keep the lesson on track. If you don’t have a digital way to show the slides in class, you can also print them as handouts.

Since there are many different learning styles, it can help to have a few different ways of getting information across, such as discussion, hands-on learning, small group activities, slides and visuals, and written materials. Keep in mind that people will have different levels of literacy.

Timing

We have suggested times to the left of each portion of the lesson plan, but these suggestions will vary depending on how the discussion goes in the group. When using scenarios, some groups may be ready to jump right in after learning the theory. For groups that are newer to the material, try

1. Reading through the scenario as a group
2. Talking through the scenario as a group
3. Having a group lead instructor/peer facilitator through the scenario
4. Practicing scenarios in small groups

Coordinator Role

We have found that Street Degree succeeds in communities with strong support from a coordinator. This person does not need to facilitate lessons (although they might!), but they do all the work behind the scenes to ensure Street Degree goes smoothly. This support includes creating the calendar for sessions, booking space, facilitators, organizing honoraria, handling sign-up, and providing the snacks and materials for lessons are on-site.

The coordinator needs to be an organized strong communicator. They do not need to be a person with lived experience of substance use but should be familiar with working with peers and well-connected in the community of people who use substances. The coordinator is often the first person hired on the project. See the Appendix for a [Sample Coordinator Job Description](#).

Logistics

Each community will organize Street Degree in different ways. Consider what will work best for your community, venue and team. Things to consider include:

- How will you communicate upcoming courses? Where will this be advertised? How far in advance? *In Vancouver, we promote through our Overdose Community of Practice, OPS sites, and community partners. We put out the poster a month in advance.* For a sample poster, see the appendix.
- How will you handle sign-up? Will you do drop-in, first come, first served? Will you have learners sign-up in advance in person or over the phone, or by email? Will you reserve a portion of seats specifically for People with Lived Experience or OPS workers? *In Vancouver, we take sign-ups over email to a maximum of 30 people. We also have a waitlist, and first come-first served at the door as long as there is room.*
- What is your maximum capacity for a session (consider facilitator/ learner ratios and the size of your room)? How will you handle no-shows, latecomers, or too many learners coming? For a sample sign-up sheet, see the appendix.
- Will people receive honoraria at the end of the session, or have their worksite add Street Degree sessions as paid training time?
- How many sessions does it take to earn a degree? *In Vancouver, we set 10 (different) sessions for a Street Degree and 20 for the Jeremy Bell Memorial Masters Degree. In Squamish, they offer a certificate after 5 sessions, which is also the starting requirement to work in the OPS.*
- How will you print the degree? We suggest printing on card stock and framing the certificate when you present it to the graduating student. Purchase affordable frames at your local dollar store.

Accessibility and Equity Diversity and Inclusion (EDI)

How are you making your training accessible to the most people? There are many topics to consider when addressing this topic. Some things we have learned and invite you to consider are:

- **In-person training:** Where is your training? Is it easy for your students to get there? Is the space accessible to people with mobility issues? Does the room require signage to direct students to the space?

- **Online training:** Are you using closed captioning? Do you have a visual component to your instruction besides just a “talking head?”
 - **Words matter:** Are you using relevant words and language that make sense for the people you are teaching? Are you explaining the acronyms you are using? Are the handouts easily understood?
 - **Visual learners:** are you just speaking to students, using a visual aid such as a PowerPoint presentation, or writing key points on wallpaper? Do you have handouts with the key points you discuss in the training?
 - **Physical space:** Is the room accessible?
 - **Transportation** – is the course near the people that need the training, if not how do they get there? How are the acoustics in the room – can you change group activities to minimize noise?
 - **Built Environment:** Are there stairs? Is there an elevator?
- **Ask your students what they need to learn best if you are new to instructing.**

Facilitator Roles

Street Degree sessions should always be facilitated or co-facilitated by People with Lived or Living Experience (PWLLE) of substance use and working in the Toxic Drug Emergency Response. People who experience oppression are experts in their experience in a way no “professional” can be and can understand concepts like stigma, withdrawal or the Toxic Drug Emergency more than anyone else can.

We recommend always having two or more facilitators in the room. We have noted suggested facilitator and learner ratios on the overview of each lesson - particularly those involving hands-on skills. Ensure facilitators have some experience with the skills and topics they teaching. Having two or more facilitators, helps ensure all learners get help during hands-on practice and extra people are on hand in case a learner becomes upset, confused or triggered. We also learn a lot by working alongside different co-facilitators. Meet with your co-facilitators before the lesson to go over who will do which part. If you are not a PWLLE, your role might be to keep track of time and keep the class on track by introducing each component and then getting out of the way! (e.g. “To start, Jim will Honour the Land with a Territorial Acknowledgement,” “Now, Les will show us how to use a bag-valve-mask,” “Brandy, can you share a definition of Lateral Kindness to start us off?”).

Many of the experienced facilitators at Street Degree started as learners. If you notice, a learner is keen to attend and participate in sessions, and has an interest or a lot to share about a particular topic, invite them to co-facilitate a session. Suppose you are working with a new co-facilitator. In that case, they might start small (for example, just introducing the icebreaker, or handing out supplies) and build up to more and more facilitation. The more PWLLE see themselves reflected at the front of the room, the more comfortable they will feel stepping into this role.

For more information about working with PWLLE, see the [Best Practice Manual: For Supporting Peers/ Experiential Workers in Overdose Response Settings](#) from Toward the Heart.

Room Set-Up

We recommend setting up the room so learners can see each other for discussions and group work. Usually, we use a “u-shape,” a circle, or group people at tables of 4-5 people around the room. Place the sign-up sheet, pens, hand sanitizer, masks, nametags, and any print materials near the entrance to the room. We also offer snacks, water and juice, whether by the door or on the tables.

Street Degree Welcome and Housekeeping

We recommend each session start with the following points:

- **Territorial Honouring:** We must start by recognizing the traditional territories on which we are meeting and expressing gratitude to the Indigenous people and their ancestors who have cared for these

territories since time immemorial. See the [Transformative Territory Acknowledgment Guide](#) to read more about meaningful territorial acknowledgements.

- **Content warning:** Since so much of our content is on substance use and toxic drug poisoning, it can be triggering for many people in the room. Content warnings allow learners to prepare themselves for session content that might be upsetting. Acknowledging that material can be unsettling, permitting people to care for themselves and each other, and talking about other supports can be one way to make this easier on people. See Appendix 6 on page 75 of the [BC Trauma Informed Practice Guide to learn more about grounding strategies](#). You can also get support for your team and other workers in the BC Toxic Drug Response by contacting the [Mobile Response Team](#) at 1-888-686-3022 or email MRT@phsa.ca
- **Introductions of facilitators:** Introduce yourself, your pronouns, your role, and what lived and/or work experience you bring to the class.
- **Introduction of participants and icebreaker:** Give each participant a chance to introduce their name, pronouns, where they work, and something about themselves. For a list of [short icebreakers](#), see the appendix.
- **Housekeeping:** explain the structure of the next 2 hours, including break time. Point out bathrooms and exits. Point out sign-in sheet. Explain if people need to stay until the end to get credit/ honoraria. Announce any degrees that will be presented at the end.
- **Co-create group guidelines:** Group guidelines are the agreements we make for our time together to make it a safer place to have open discussions. Although it takes sometime at the beginning of the session, group guidelines can help you to avoid (or at least handle) conflicts later in the discussion. Guidelines might be respecting confidentiality, one person speaking at a time, or using person-first language. It is ideal if the group can develop these together, but you may need to give some suggestions to start. For a list of [ideas for group guidelines](#), see the appendix.

Online Street Degree

We have made three of the Street Degree courses into online courses. These are linked here:

- [Advanced Overdose Response](#)
- [First Responder Collaboration](#)
- [Managing Medical Emergencies](#)

These courses are on the LearningHub website. See this link for [instructions to access the Online Street Degree on Learning Hub](#). Feel free to use any diagrams, activities and videos in the online courses when facilitating in person. The [Online Street Degree Facilitator Guide](#) will help you navigate the online course to go straight to the pieces you wish to use with your group.

MODULE 1: Overdose Response & Train the Trainer

Overview

In this module, participants learn how to teach overdose response, including giving breaths and naloxone administration. Through group discussion and hands-on practice, participants review overdose prevention and the SAVE ME steps and practice training others. All participants will leave with a [Naloxone Trainer certificate](#).

Facilitators: People with Lived and Living Experience

(We suggest one trainer for every five learners to help with hands-on practice)

EDUCATION OVERVIEW

OVERDOSE RESPONSE & TRAIN THE TRAINER

<p>Objectives:</p> <ol style="list-style-type: none"> 1. Describe signs of opioid overdose 2. Review SAVE ME Steps to respond to overdose 3. Demonstrate the correct use of equipment used for overdose response 4. Demonstrate how to train others 	<p>Learning Methods:</p> <ul style="list-style-type: none"> • Discussion • Demonstration • Hands-on practice • Training others in small groups <p>Length : 2 hours</p>
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<p>Supplies Needed (<i>optional in italics</i>):</p> <ul style="list-style-type: none"> • Sign in sheet • Name tags • Markers • Board or chart paper • Pens • Snacks and Water • Hand Sanitizer • Overdose Survival Guide Pamphlet • Mock Take Home Naloxone (THN kits) • THN kits • Flat Mask • Water ampoules • Plastic breakers • Vanish Point syringes • THN masks • Injection pads or oranges • Band-Aids • Sharps container • Printed support materials • Rescue Annie dolls • Triangle masks 	<p>Printable Resources and Support Materials:</p> <ul style="list-style-type: none"> • Lesson plan • Overdose Survival Guide Pamphlet (BCCDC) (can be ordered or printed) • SAVE ME steps poster (BCCDC) • Certificate (BCCDC) • Train the trainer certificate (BCCDC) • Wallet-size certificates (BCCDC) • Take Home Naloxone Knowledge Checklist (BCCDC) • Overdose Prevention, Recognition and Response Training Manual (BCCDC) • SAVE ME steps key messages • Toxic Drugs: Ideas to Stay Alive • Evaluation forms • Street Degrees (<i>if anyone graduating</i>)
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Lesson Plan

LESSON PLAN OVERDOSE RESPONSE & TRAIN THE TRAINER	2 hrs
Instructor / Facilitator Activities	Time
<p>Getting started:</p> <ul style="list-style-type: none"> • Territorial Acknowledgement • Content warning: Acknowledge the Toxic Drug Emergency, the work of everyone in the room, and why this topic is essential in this context. Recognize that students can bring up grief, loss, and fear, and point out supports. • Introductions of facilitators • Introduction of participants and icebreaker • Housekeeping (explain the structure of the next 2 hours including break time) • Co-create group guidelines <p>Bridge In: Have you ever responded to an opioid overdose?</p>	15
<p>Objectives:</p> <ol style="list-style-type: none"> 1. Describe signs of opioid overdose 2. Review SAVE ME steps to respond to overdose 3. Demonstrate the correct use of equipment used for overdose response 4. Demonstrate how to train others 	1
<p>Pre-assessment:</p> <p>Ask: How many participants have had a SAVE ME/Take Home Naloxone training? (show of hands)</p>	1
<p>Participatory Learning:</p> <p>Hand out OD survival guides for reference</p> <p>Brainstorm: What is an opioid overdose?</p> <ul style="list-style-type: none"> • Talk about stimulants and opioids • What are some examples of opioids? • Does naloxone work on stimulant overdoses? Non-opioid overdoses? (No, but it also won't make it worse) <p>Brainstorm: Signs of opioid overdose</p> <ul style="list-style-type: none"> • Be aware of complications from other substances like Benzos, Ketamine, GHB, Alcohol <p>Discussion: Safety for responders</p> <ul style="list-style-type: none"> • Take a breath, assess the scene, what do you need? • Personal Protective Equipment (PPE) – mask, goggles, gloves if you have them? THN mask? • What do you do if you are on your own or with another responder? • Do you have a phone? What is the recovery position if you don't have a phone and you need to leave the person alone? • Managing crowds and bystanders <p>Discuss and Demonstrate: SAVE ME steps</p> <ul style="list-style-type: none"> • Ask participants to refer to the pamphlet to answer questions what each letter in SAVE ME stands for and what to do in each step • Share your experience with overdose response for tips • Refer to SAVE ME steps key messages for detailed tips on each step <p>Discuss: Aftercare</p> <ul style="list-style-type: none"> • Naloxone lasts 20-90 mins, symptoms can return • People should go in ambulance or be watched for 2 hours (Where can this happen in your setting?) • How can you care for yourself after a response? (Debriefing, grounding, self and community care) 	30

BREAK (distribute practice supplies during the break)	15
Small group practice: First 10 mins: Break into groups of 2/3 people and demonstrate SAVE ME steps together Second 10 min: switch roles so each person has a chance to train others in the group Instructors circulate to observe practice, answer questions Last 10 min: Large group debrief: How did that go? Any issues or learnings to share with the large group?	35
Post-Assessment: How confident are people now feeling about using the kit? About training someone else to use a kit? Hand out evaluation forms, give time to fill out	10
Summary: Refer back to objectives Encourage people to train someone within the week while info is fresh in their minds! Distribute Naloxone Train the Trainer Certificates Recognize any Street Degree graduates with certificates Announce next courses	10

Support Materials

Facilitator's Key Messages for SAVE ME Steps

STIMULATE

- Voice : “I’m worried about you” “I’m going to Narcan you”
- Touch: “I’m going to touch you” before you touch (trauma informed & safety),
- Pain: firm pinch to shoulder (try it on yourself), we no longer recommend the sternal rub
- **No response → CALL 911!**
- If you have to leave to call 911, what do you do with the person? Demonstrate recovery position
- Discuss – where do you put your phone, what do you tell 911 (e.g. give address and location of emergency, symptoms, amount of naloxone given)?

AIRWAY

- Head tilt /jaw thrust: hold the jaw, point nose to the sky, and keep repositioning if air not getting in
- Managing objects in mouth (e.g.: needle cap, gum, dentures, vomit, rig cap and food) **DO NOT USE FINGERS TO REACH INTO MOUTH** (What can you use instead? We recommend a syringe that is still in the wrapper)
- Jaw clenching: Give double dose of naloxone (0.8mg) first if unable to open mouth/ airway

VENTILATION

- Oxygen to brain is first priority – if they are not breathing **YOU MUST GIVE BREATHS**
- Demonstrate use of THN mask – how do you use it? Which side? Reminder to pinch nose
- 2 breaths first, then 1 breath every 5 seconds – count out loud
- Where are you looking to see if the air is going in the lungs? Reposition if air going to stomach to avoid vomiting
- Talk about 1 or 2 person response
- If mask breaks (or no mask?) – What do you do? Any other masks people are using (e.g. triangle mask)?

*** Remember you can always breathe someone through an overdose if you don't have naloxone**

EVALUATE

- Do the breaths go in? If not, what next? How do you know the air is going in?
- What will you see if your response is working? (colour, responsiveness, O2, breathing, movement)

MUSCLE/MEDICATE

- Describe naloxone vials and vanish point needles
- Demonstrate opening and drawing up naloxone
- Discuss: tips and common problems when drawing up (swirl or tap vial, finding dot/ line on vial, finger protection, too much air in needle, stiff plunger, cut fingers, etc.) Finding the dot can be difficult, we recommend just turning the vial if you have difficulty breaking the vial
- Visually assess to see if you have 1 ml/ 1 cc in the syringe- if no check to see if there is liquid in the vial or lid of vial
- Inject in large muscle: shoulder, butt or thigh
- Can inject through clothes – check for items in pockets (visually)
- Inject at 90 and press plunger until you hear a **CLICK** (the needle will retract into the needle and will no longer be visible)

EVALUATE

- Are they breathing, responsive?
- Keep breathing for them until they are breathing
- If breathing is not improving, give a second dose
- Witnessed OD vs unwitnessed

AFTERCARE

- Naloxone lasts 20-90 mins, symptoms can return
- People should go in ambulance or be watched for 2 hours (where can this happen in your setting?)
- How can you care for yourself after a response? (Debriefing, grounding, self and community care)

How to Respond to an Opioid Poisoning (BCCDC)

How to Respond to an Opioid Poisoning

<h1>S</h1>	<p>Check responsiveness</p> <ol style="list-style-type: none"> 1 Speak to them or make noise 2 Squeeze their fingertips or the muscle between the neck and shoulder <p>Stimulate</p> <p>If not responsive:</p> <ol style="list-style-type: none"> ① Call 9-1-1 ② Go to next step 	<p>Responsiveness means:</p> <ul style="list-style-type: none"> • Awake and alert OR • Responds to questions OR • Easy to wake up OR • Minimal or no sedation
<h1>A</h1>	<ol style="list-style-type: none"> 1 Check if they are breathing normally 2 Check for a pulse (heartbeat) 3 Remove anything in their mouth 4 Insert airway (if trained and permitted) <p>Airway</p> <p>If not breathing normally: Go to next step</p>	<p>Breathing normally means:</p> <ul style="list-style-type: none"> • Taking 10 or more breaths per minute AND/OR • Oxygen saturation is more than 90% AND • No unusual breathing sounds (e.g. gurgling)
<h1>V</h1>	<ol style="list-style-type: none"> 1 Lift chin and tilt head back 2 Give 1 breath every 5 seconds: Use a CPR face mask OR Bag-Valve-Mask with oxygen 3 Keep giving breaths until breathing normally <p>Ventilate</p> <p>If not breathing normally: Go to next step</p>	<p>If at any time:</p> <p>There is NO PULSE: Start CPR with rescue breathing and compressions</p>
<h1>E</h1>	<ol style="list-style-type: none"> 1 Check again if they are breathing 2 Check responsiveness 3 Check for a pulse <p>Evaluate</p> <p>If not breathing normally: Go to next step</p>	<p>They start breathing normally:</p> <ul style="list-style-type: none"> • Place them on their side • Monitor breathing and responsiveness • Repeat SAVE ME if they stop breathing or become unresponsive • STOP giving naloxone when they are breathing normally – even if they are still unresponsive
<h1>M</h1>	<p>Give naloxone:</p> <ul style="list-style-type: none"> • Inject 1-2 ampoules (0.4-0.8 mg) into arm or thigh muscle OR • Give 1 intranasal spray (4 mg) in one nostril <p>Medicate</p>	<p>The poisoning seems severe or complex:</p> <ul style="list-style-type: none"> • Inject 2 ampoules (0.8 mg) of naloxone immediately • Then give 1 ampoule of naloxone every 2-4 minutes until they are breathing normally
<p>↓ ↑ Repeat step M & E until they are breathing normally</p>		
<h1>E</h1>	<ol style="list-style-type: none"> 1 Check breathing and responsiveness 2 If they are still not breathing normally 3-5 minutes after giving naloxone, give another dose 3 Keep giving breaths until they are breathing normally <p>Evaluate & Support</p>	

MODULE 2: Advanced Overdose Response

Overview

In this module, participants go beyond the fundamentals of overdose response to learn about complicated overdose presentations, including rigidity and benzo overdose, and how to use advanced tools such as a triangle mask, bag-valve-mask (BVM), oral airways, and/or oxygen.

Note: access to advanced tools will depend on the work site, manager approval, and policy, train participants on the tools they have at their site.

Facilitators: Peers and one health professional if needed

EDUCATION OVERVIEW

ADVANCED OVERDOSE (OD) RESPONSE

<p>Objectives:</p> <ol style="list-style-type: none"> 1. Review the SAVE ME steps 2. Assess the severity or stage of an OD 3. Demonstrate correct use of equipment used in advanced OD response (airway, BVM, O₂, oximeter, AED, simple mask, chair) 4. Demonstrate responding as a team to an OD 	<p>Learning Methods:</p> <ul style="list-style-type: none"> • Discussion • Demonstration • Hands on practice scenarios <p>Length : 2 hours</p>
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<p>Supplies Needed (<i>optional in italics</i>):</p> <ul style="list-style-type: none"> • Sign in sheet • Name tags • Markers • Pens • Board or chart paper • Snacks and Water • Hand Sanitizer • Rescue Annie dolls • Oral Airways • Oxygen tank • Oximeters • Simple mask • Bag Valve Mask (BVM) • <i>Audio/visual if showing video</i> 	<p>Printable Resources and Support Materials:</p> <ul style="list-style-type: none"> • Lesson Plan • Oxygen Use Checklist • Team Roles Checklist • Overdose Scenarios 1-6 • OD Response Checklist • Advanced OD One-Pager • Pro/con of tools One-Pager • Pocket Guide • Optional: VCH chair tip procedure • Evaluation forms • Street Degrees (<i>if anyone graduating</i>)
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Note: This course also exists as an [Online Street Degree Course](#). Feel free to use any diagrams, activities and videos in the online course when facilitating in person. The [Online Street Degree Facilitator Guide](#) will help you navigate the online course to go straight to the pieces you wish to use with your group.

Lesson Plan

LESSON PLAN ADVANCED OVERDOSE (OD) RESPONSE	2 hrs
Instructor / Facilitator Activities	Time
<p>Getting started:</p> <ul style="list-style-type: none"> • Territorial Acknowledgement • Content warning: Acknowledge the Toxic Drug Emergency, the work of everyone in the room, and why this topic is essential in this context. Recognize that students can bring up grief, loss, and fear, and point out supports. • Introductions of facilitators • Introduction of participants and icebreaker • Housekeeping (explain the structure of the next 2 hours including break time) • Co-create group guidelines <p>Bridge In: You have learned the basic overdose response, but the SAVE ME steps and a THN kit are not always enough. Today we will learn advanced skills and tools for complex overdoses.</p>	15
<p>Objectives:</p> <ol style="list-style-type: none"> 1. Review the SAVE ME steps of responding to an overdose 2. Assess the severity or stage of an overdose 3. Demonstrate correct use of equipment used in advanced OD response (airway, BVM, O2, oximeter, AED, simple mask, chair) 4. Demonstrate responding as a team to an overdose 	1
<p>Pre-assessment:</p> <ul style="list-style-type: none"> • How many have had a SAVE ME/THN training? (write SAVE ME on board) • What other tools are you using/seeing in your workplace beyond the THN kit? (List tools where they belong under SAVE ME) • Has anyone done a chair tilt? 	1
<p>Participatory Learning:</p> <p>Brainstorm: What do severe or unusual opioid OD's look like?</p> <ul style="list-style-type: none"> • Rigidity, no pulse, very low oxygen, other substances, seizures, vomiting <p>Discuss: Staging of overdoses</p> <ul style="list-style-type: none"> • Refer to Staged Overdose Response Table <p>Review: SAVE ME adding advanced tools</p> <p>STIMULATE: Demonstrate one person chair tilt</p> <ul style="list-style-type: none"> • Stand behind chair and hold person with your arms • Wide stance/chair on your front leg • Lower down with small slow steps • When almost at floor go on knees and protect head to the floor, take away chair • Click here for online video, especially at 1:00 – 1:25, click here for procedure <p>AIRWAY: Demonstrate oral airway</p> <ul style="list-style-type: none"> • Hand out oral airways and discuss pros and cons • Demonstrate how to measure (from curve of jaw to corner of mouth) • Demonstrate how to insert (upside down, turn halfway) (measure and insertion video here) <p>VENTILATION: Demonstrate tools and review pros and cons</p> <ul style="list-style-type: none"> • Oximeters: pro/cons, how to use • What do readings mean? Mild 90-94/moderate 80-90/Severe below 80 • Oxygen tank: pro/cons, how to turn on 	35

<ul style="list-style-type: none"> • What is attached? (BVM, airways, HEPA filter on,, simple mask available but not attached) • Simple mask: pros/cons, level of O2 used (6-8 L) • BVM pros/cons, level of O2 (15L), describe parts of the BVM, HEPA filter • Demo: Hand holds/seal, body position (elbows on surface), 2 person response • Demo: squeezing bag 1/3, only use one hand, thumb/pinky squeeze, assessing effective/ineffective ventilations (video here) • Hand out BVMs and let groups try hand holds and seal <p>EVALUATE</p> <ul style="list-style-type: none"> • Has there been any improvement? • Discuss pulse and CPR/ AED <p>MEDICATION</p> <ul style="list-style-type: none"> • When do I or do I not give more naloxone? • Severe OD: start with double dose of naloxone (0.8mg) • Breathing improves, but not responsive: suspect benzos, can stop doses and support if breathing is good (every 5 sec and good colour) <p>EVALUATE</p> <ul style="list-style-type: none"> • What will you see if your response is working? (colour, responsiveness, O2, breathing) • Talk about aftercare <p>Overview: team roles handout</p>	
<p>BREAK (hand out supplies for scenarios, including chairs, annies, equipment and printed scenarios)</p>	15
<p>Practice in teams</p> <ul style="list-style-type: none"> • Use name tag to identify each person's role in the team • Choose the scenarios that use the tools used at learners' worksites <p>Scenario 1 – remember the first scenario is the first pancake – it is for learning!</p> <ul style="list-style-type: none"> • Facilitator circulate and help, participants practice reporting to facilitator as if they are the paramedics arriving <p>Large group debrief and share learnings</p> <p>Scenario 2 – switch scenarios, switch roles, 3rd scenario if time.</p>	40
<p>Post-Assessment: Debrief after last scenario: How was it doing things a second time through? Any learnings to share with the group? Were you able to work together as a team? Any questions about new skills or tools? Hand out evaluation forms, give time to fill out</p>	5
<p>Summary: Refer back to objectives</p> <ul style="list-style-type: none"> • We have all had the chance to learn about and use advanced tools today. Keep practicing with your team and try the skills you still need to practice. Pull out tools when you are on shift to feel prepared when you need to use them. Share what you have learned with your colleagues. <p>Recognize any Street Degree graduates with certificates Announce next courses</p>	10

Support Materials

Advanced Overdose Tools: Tips, Pros and Cons

Tool	When to use	Pros	Cons
Oral airway	Unconscious patient, if you are trained and have manager support	Easy to place Holds airway open	Risk of vomiting Risk of blocking airway if wrong size
Oximeter	To monitor oxygen levels	Gives useful info on overdose severity	Not always accurate, especially with cold hands, nail polish
Oxygen	Oxygen sats less than 94%, if you are trained and have manager support	Prevent brain damage Gentle response to mild OD	Flammable Is a medication
Flat mask with 1-way valve (in THN kit)	To protect rescuer when providing mouth-to-mouth rescue breathing	Widely available, has 1 – way valve	Breakable, difficult to put in a person’s mouth if jaw is rigid, need to plug nose while breathing
Triangle mask/ CPR mask with 1-way valve	To protect rescuer when providing mouth to mouth rescue breathing	Widely available, has 1 way valve, gets air in through nose AND mouth which can help if jaw is rigid	Need to make a seal on face
Simple Mask	Conscious, breathing, able to respond, turn oxygen to 6-8 L	Gentle way to support low-flow, oxygen in mild OD, sometimes no need for naloxone	CANNOT get oxygen into a person who is not breathing enough on their own
Bag Valve Mask	No breathing or slow breathing, with training and manager approval, turn oxygen to 15L	Pushes air or oxygen into patient, easier and safer for rescuer than mouth to mouth	Needs a good seal, can force air into stomach and cause vomiting, can push too much air and rupture lung

Advanced OD One-Pager

January 2021

ADVANCED OVERDOSE TIPS

ASSESS



ALERTNESS: is the person alert, nodding off but wakes to voice, or only responsive to touch or pain?

BREATHING: is the person breathing >10 breaths/min or is breathing ineffective because it is slow, gurgly/snoring?

CIRCULATION: is the skin warm or pink, cool or pale, blue to lips &/or finger tips?



Alertness, Breathing, & Circulation **DECREASE** with an opioid OD

Alertness, Breathing, & Circulation **INCREASE** with good rescue breaths/bagging & naloxone

BREATHS VS COMPRESSIONS

- Giving breaths is the most important part of an opioid OD response because brain cells die without breaths
- Compressions should only be given in an OD response if there is no pulse, or the OD was unwitnessed



FENTANYL



Can Cause:

- Rigid chest muscles
- Clenching of jaw which makes it hard to give breaths

Consider:

- Giving double dose naloxone (0.8mg)
- Harm reduction tip: when using Fentanyl, inject a smaller amount & at a slower rate

BENZOS

- Benzo ODs look similar to opioid ODs however the person is STILL BREATHING
- Person may have uncoordinated movement, dizziness and be very sleepy
- What to do: call 911, give breaths + naloxone (SAVE ME steps), monitor breathing
- If person breathing at least once every 5 seconds, you do not need to keep giving naloxone



OVERDOSE STAGES



MILD: at least 1 breath every 5 sec + alert/drowsy? → Stimulate, encourage breaths & monitor

MODERATE: less than 1 breath every 5 sec + confused, not responding voice/touch? → Stimulate, open airway, give breaths, O2, naloxone

SEVERE/COMPLICATED: no resps, gasping/gurgling, unresponsive, or blue/lips or finger tips? → Open airway, breaths or O2 w/ BVM, naloxone 1-2 doses

***Remember to practice!* Mask seal/Bag compressions/Give naloxone/ Team approach
by: VCH Overdose Emergency Response - OverdoseResponse@vch.ca**

Advanced OD Checklist

CHECKLIST	DETAILS TO CHECK
OPIOID OD RECOGNIZED TIME: _____	<input type="checkbox"/> Alertness: decreased or not responsive <input type="checkbox"/> Breathing: decreased (less than 1 breath every 5 seconds) or absence of breathing. May also hear snoring or gurgling <input type="checkbox"/> Pale face and skin with blue to lips and/or finger tips
STIMULATE	<input type="checkbox"/> Call their name. If no response, trap squeeze and encourage breaths. Tell the person before you do any interventions on them <input type="checkbox"/> If no response, call for help
CALL 911	<input type="checkbox"/> Yes (if NO response) <input type="checkbox"/> No (if mild OD or able to stimulate person to breathe) <input type="checkbox"/> *Put them in recovery position if you have to leave* <input type="checkbox"/> Check pulse. No pulse =start CPR and get AED if available <input type="checkbox"/> Tell 911 the address and location of emergency, symptoms, amount of naloxone given
OPEN AIRWAY	<input type="checkbox"/> Open airway with head tilt, chin lift or jaw thrust for head injury <input type="checkbox"/> Clear airway of food, gum, rig caps, fluid, etc. <input type="checkbox"/> Insert oral airway if trained
GIVE BREATHS/ OXYGEN	<input type="checkbox"/> Simple Plastic Shield Mask: pinch the nose and give 1 breath every 5 seconds until the person is breathing or ambulance arrives <input type="checkbox"/> Triangle Mask: triangular end to cover the nose and flat end to chin, give 1 breath every 5 seconds <input type="checkbox"/> BVM: use the thumb and forefingers of both hands to form a seal around the triangle mask, and squeeze about 1/3 of bag to give 1 breath every 5 seconds <input type="checkbox"/> Give O₂ at 15 L/ min if using BVM Time: _____ <input type="checkbox"/> Give O₂ at 8 L/ min if using simple O ₂ mask Time: _____
GIVE NALOXONE INTRAMUSCULAR Every <u>2-5 mins</u> Swirl ampoule, snap top off, draw up, remove extra air	<input type="checkbox"/> 1 ampoule (0.4mg) Time: _____ Time 2 nd dose: _____ Time 3 rd dose: _____ <input type="checkbox"/> 2 ampoules (0.8mg) Time: _____ Time 2 nd dose: _____ Time 3 rd dose: _____ *2 amp (0.8mg) if severe OD as per protocol*
EVALUATE RESPONSE	<input type="checkbox"/> Continue giving breaths until they are breathing on own or they respond: ↑Alertness ↑Breathing ↑Colour ↑Saturation (>90%)
AFTERCARE	<input type="checkbox"/> Send to hospital or monitor at least 2 hours. Discourage use of opioids (naloxone wears off in 20-90 minutes) and discuss harm reduction strategies <input type="checkbox"/> Lead responder gives report to Ambulance/Fire including: Type of drug, time of OD, time breaths given, # of doses naloxone <input type="checkbox"/> Fentanyl check: Positive <input type="checkbox"/> Negative <input type="checkbox"/> <input type="checkbox"/> THN Kit and teaching: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Connect to <u>Overdose Outreach Team</u> (604-360-2874): Yes <input type="checkbox"/> No <input type="checkbox"/>

Staged Overdose Response Table

Assessment	Mild (stage 1)	Moderate (stage 2) Any or all of the following:	Severe (stage 3) Any or all of the following:	Complex (stage 3) Any one or more:
Appearance	Drowsy	Nodding	Unresponsive OR Blue to lips/finger tips	Muscle rigidity: ❖ <i>Jaw clenching</i> ❖ <i>Wooden chest or chest wall stiffness</i>
Respiratory Rate (RR)	At least 1 breath every 5 sec	<u>Less than 1 breath every 5 sec</u> OR <u>Less than 10/min</u>	No respirations OR Gasping/Gurgling	Flailing limbs or hands flexed inward at wrists and elbows Seizures Walking overdoses Staring gaze Slow or no heart rate Vomiting Extreme confusion/psychosis
Oxygen Saturation (SpO ₂) on Room Air	90% - 94%	81-90%	<u>Less than 80%</u> <i>Note: Very pale skin and blue/grey lips means the SpO₂ is about 66%</i>	
Level of Consciousness	Drowsy	Eyes closing, confused, may not respond to voice or touch	Eyes closed, confused or not talking, NO response to pain	
Call 911?	No	Yes - If no response to stimulation	Yes	
How to Manage	<ol style="list-style-type: none"> Stimulate by talking, encourage breaths, trap squeeze (<i>sternal rub no longer recommended</i>) Observe and monitor respiration rate, O₂ saturation, and level of consciousness. Increased alertness, <i>pink/normal</i> skin colour, and breaths over 12/min means improvement 	<ol style="list-style-type: none"> Stimulate by talking and encourage breaths. Use trap squeeze to wake Airway/Oxygen (O₂): Open airway using head tilt/chin lift or jaw thrust. Using the face mask shield or triangle mask, give 1 breath every 5 seconds <i>*If trained and with manager and VCH approval: Apply O₂ 6-10 liters per min by simple face mask.</i> If SpO₂ less than 90% and no simple mask available, consider holding bag-valve mask over face at 15 liters per min Administer Naloxone 0.4mg intramuscular. Repeat dose of 0.4mg every 3-5 min until respirations over 10/min, SpO₂ over 90%, and alertness increases Monitor respiratory status Observe for two hours or send to hospital for observation 	<ol style="list-style-type: none"> Airway/Oxygen (O₂): Open airway using head tilt/chin lift or jaw thrust. Using the facemask shield or triangle mask, give 1 breath every 5 seconds. <i>*If trained and with manager and VCH approval: insert oral airway to prevent tongue from blocking airway. Give oxygen at 15 liters/min attached to bag-valve mask</i> <i>Watch for chest rise to ensure a good mask seal. Readjust head position if needed</i> Note: with chest rigidity, chest may not rise Administer Naloxone 0.8mg intramuscular <ul style="list-style-type: none"> If SpO₂ and respiration rate increase within 2 min, continue with SAVE ME steps and repeat giving 0.4mg Naloxone every 3-5 min apart as needed until respiration rate over 10/min and SpO₂ over 90% If SpO₂ and respiration rate do NOT increase within 2 min, administer 0.4mg – 0.8mg Naloxone at 2 minute intervals until SpO₂ and respiration rate improve If client loses pulse, begin CPR, continue to assist ventilation If vomiting: Turn head to side, clear out airway, and use suction if available If delirious: Provide assurance and re-orientation to time and place. Give space 	
When to Escalate	If status worsens, go to Moderate response	If O ₂ saturation decreases to less than 80%, respiration rate decreases to less than 10/ min, or client appears blue, go to Severe response	If status does not improve, be sure 911 is called and transfer to hospital If no pulse and if trained: Perform CPR and use AED (Automated External Defibrillator)	

Oxygen Use One-Pager

Prior to Using Oxygen (O2):

- Check pressure gauge on the tank before starting each shift and after each use
- At **1000 PSI** or less switch out for a new O2 tank
- To prepare, make sure hose on bag-valve-mask (BVM) is connected to the tank
- Remove plastic cover from face mask
- Once ready, place BVM back in bag and hang from tank, so it is ready to go



Using a BVM (Ideally a 2-person response):

- Be sure the airway is clear; scoop out any objects or fluids you can see if necessary
- Start with the head-tilt chin-lift to open the airway
- Use the jaw thrust method if you suspect a head injury
- Lift the jaw/chin up into the mask rather than pushing the mask down onto the face
- Form a seal with the mask: at the straight end of the mask, make a “C” grip with your thumb and forefinger and an “E” grip under the chin with your other fingers. Your other hand makes a “C” grip on the pointy end of the mask with the “E” fingers resting on the forehead
- Turn oxygen tank on to 15 liters of O2
- Squeeze about a third of the bag every five seconds (counting out loud “one, one thousand”...)
- Watch for chest rise and fall, improved color, and monitor O2 saturation (if possible)



Using an Oral Airway (only with manager approval and training):

- To choose the appropriate airway size, measure from corner of the mouth to angle of the jaw
- You can feel the angle of the jaw bone just below the ear lobe
- Insert oral airway upside down or along the cheek and turn into place towards the throat
- If participant gags when oral airway inserted OR you don't have the right size, use the BVM without an airway



Safety:

- Do not smoke near oxygen tanks or when O2 is in use
- Keep open flames away from tanks at all times
- Keep the oxygen in its stand or trolley to reduce the risk of it falling over
- Store extra, unsecured tanks by placing them flat on the floor (Do not allow tanks to stand or lean in an upright position while unsecured)




Team Roles in Advanced OD

Before every shift, decide who does what:

Role	Responsibilities	Role	Responsibilities
Role 1: Lead + Naloxone	<ul style="list-style-type: none"> • Call 911 • Explain the address and location of emergency, symptoms, amount of naloxone given • Hold the face mask or Bag-Valve-Mask (BVM) *good seal • Administer naloxone 2-5 min apart • Oversee the response and monitor the time • Report to 1st responders 	Role 1: Lead + Naloxone	<ul style="list-style-type: none"> • Call 911 • Explain the address and location of emergency, symptoms, amount of naloxone given • Hold the face mask or Bag-Valve-Mask (BVM) *good seal • Administer naloxone 2-5 min apart • Oversee the response and monitor the time • Report to 1st responders
Role 2: Airway + Breathing	<ul style="list-style-type: none"> • Open and clear the airway • Evaluate respiration • Place the oximeter (optional) • Administer breaths 1 every 5 seconds <u>OR</u> • Squeeze half of the BVM bag 1 every 5 seconds (+ check for chest rise) until ambulance arrives or the person wakes up 	Role 2: Airway + Breathing	<ul style="list-style-type: none"> • Open and clear the airway • Evaluate respiration • Place the oximeter (optional) • Administer breaths 1 every 5 seconds <u>OR</u> • Squeeze half of the BVM bag 1 every 5 seconds (+ check for chest rise) until ambulance arrives or the person wakes up

Pocket Guide


 Respond to a **MILD** overdose

Appearance	Drowsy
Respiratory Rate (RR)	<u>At least 1 every 5 sec</u>
Oxygen Saturation (SpO ₂)	90 to 94%
Level of Consciousness	Alert or Drowsy
Color and Warmth	Normal skin color, warm skin

- **Don't call 911**
- **Stimulate** by talking, encourage breaths, or use trap squeeze
- **Observe and monitor** respiration and consciousness until back to normal



If respiration or consciousness worsen, go to **Moderate OD**

 Respond to a **MODERATE** overdose

Appearance	Nodding
Respiratory Rate (RR)	<u>Less than 1 every 5 sec</u>
Oxygen Saturation (SpO ₂)	81 to 90%
Level of Consciousness	Eyes closing, confused, may not respond to voice or touch
Color and Warmth	Lips and finger tips may be blue, cooler skin

- **CALL 911** if no response to stimulation
- **Stimulate** by talking and encourage breaths. Use trap squeeze to wake
- **Apply O₂** 6-10 liters per min by simple face mask or support breaths using pocket mask. If SpO₂ less than 90% and no simple mask available, hold bag-valve mask over face at 15 liters per min
- **Administer Naloxone 0.4mg** intramuscular. Repeat dose of 0.4mg every **3-5 min** until respirations over 10/min, SpO₂ over 90%, and alertness increases
- **Monitor** respiratory status
- **Observe** for two hours or send to hospital for observation



If SpO₂ decreases to **less than 80%**, **respiration** decreases to **less than 10**, or client appears **blue**, go to **Severe OD**

Vancouver Coastal Health Oxygen use checklist

- Complete the oxygen safety checklist every shift
- Check pressure gauge on the tank before starting each shift and after every use:



At **1000 PSI** or less, switch for a **new** O2 tank

- To prep, make sure hose on bag-valve-mask (BVM) is **connected** to the tank as this is the mask needed in an emergency
- Remove plastic cover from BVM mask
- Place BVM back in bag and hang from tank, so it is ready to use
- Make sure simple facemask is in bag with BVM. You will need this if person is breathing on their own (less than 5 breaths per minute)
- If your site uses airways, make sure they are stored in this bag as well



Do not smoke near oxygen tanks or when O2 is in use!
Keep open flames away from tanks at all times
Keep oxygen in its stand or trolley to reduce the risk of it falling over

Sep-22

Vancouver Coastal Health Bag-valve-mask (BVM)
(2 person response)

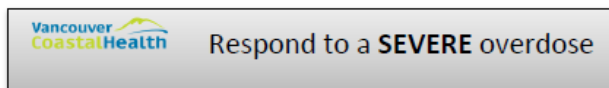
- **Be sure the airway is clear**; scoop out any objects or fluids if necessary
- Start with the **head-tilt chin-lift** to open the airway
- **1st person**: Form a seal with the mask, pointy end to the nose and straight end over the mouth. Make a “C” grip with your thumb and forefinger and an “E” grip under the chin with your other fingers



Lift the jaw/chin up into the mask rather than pushing the mask down onto the face

- Turn oxygen tank on to **15 liters** of O₂ [15L]
- **2nd person**: Squeeze about a **third** of the bag every **five seconds** (counting out loud “1 one thousand, 2 one thousand”, etc.)
- Watch for **chest rise**, improved color, and monitor O₂ saturation if possible (should be **over 90%**)

Sep-22



Appearance	Unresponsive or BLUE
Respiratory Rate(RR)	No respirations OR Gaspings/Gurgling
Oxygen Saturation (SpO₂)	<u>Less than 80%</u> <i>Note: Very pale skin and blue/grey lips means the SpO₂ is about 66%</i>
Level of Consciousness	Eyes closed, confused or not talking, NO response to pain

➤ **Call 911**

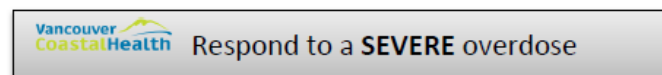
- **Airway/Oxygen (O₂):** Open airway using head tilt/chin lift or jaw thrust. If trained (with manager approval) insert oral airway to prevent tongue from blocking airway. Give oxygen at 15 liters/min attached to bag-valve. Watch for chest rise to ensure a good mask seal. Readjust head position if needed

Note: *with chest rigidity, chest may not rise

➤ **Administer Naloxone 0.8mg (2 vials) intramuscular**

- **If SpO₂ and RR increase** within 2 min, continue with **SAVE ME** steps and repeat giving **0.4mg** Naloxone **every 3-5 min** apart as needed until RR over 10/min and SpO₂ over 90%
- **If SpO₂ and RR do NOT increase** within 2 min, administer **0.4mg – 0.8mg** (2 vials) Naloxone at **2 minute intervals** until SpO₂ and RR improve

If client loses pulse, begin CPR, continue to assist ventilation



- **If vomiting:** Turn head to side, clear out airway, and use suction if available
- **If delirious:** Provide assurance and re-orientation to time and place. Give space



If status does not improve, **be sure 911 is called**

If any or more of the following, this is a **complex** overdose:

- ✓ Muscle rigidity:
- ✓ *Jaw clenching*
- ✓ *Wooden chest or chest wall stiffness*
- ✓ Flailing limbs or hands flexed inward at wrists and elbows
- ✓ Seizures
- ✓ Walking overdoses
- ✓ Staring gaze
- ✓ Slow or no heart rate
- ✓ Vomiting
- ✓ Extreme confusion/psychosis

Aug-21

Scenario 1: Bryan (1-2 Person Response, No Advanced Tools)

Bryan is sitting against the wall in the bathroom, sleeping and snoring. He has a rig/needle in his arm, and the cap from his needle is visible in his mouth.

Checklist	
	Put on gloves and recommended PPE
	Stimulate: First Voice, then Touch, then Pain (e.g., shoulder squeeze). No reaction
	Call 911
	Call for onsite help
	Lie them on their back
	Remove cap from their mouth and check the airway
	Open their airway: Head tilt or Jaw Thrust
	Assess respirations: Looking, listening and feeling ➤ Bryan takes 1 breath every 7 seconds, and you hear a gurgling sound
	Take the mask and place it on their face: Blue mouth piece in the mouth of the person or triangle mask on in the correct direction with pointy end towards the nose
	Give 1 breath every 5 seconds: Ensure a good seal, count out loud, pinch the nose, keep the airway open, and watch for the chest rising and falling
	Keep providing breaths for them, every 5 seconds
	Prepare naloxone injection (1 or 2 doses): Swirl vial, break away from the face, draw up all the liquid in the vial, push most of the air out
	Inject naloxone: In the thigh or shoulder, can be through the clothes, pushing the plunger until the needle retracts
	Evaluate After 1 minute, Bryan wakes up and doesn't remember anything
	Reassure Bryan: Tell them what happened, to wait for the ambulance, or have someone observe/stay with person for up to 2 hours after injection

Give feedback to your partner:

- Did they complete all the steps above?
- Were they able to correctly place the THN mask or make a good seal with the pocket mask?
- Were they able to draw up and give the full dose of naloxone (0.4mg) (if practiced)?

Scenario 2: Michelle (2-3 Person Response, BVM, O2)

Michelle is unconscious, sitting in a chair with a rig/needle next to her on the floor.

Checklist	
	Put on gloves and recommended PPE
	Stimulate: Voice, then Touch, then Pain (e.g., trap squeeze). Always vocalize what you are doing. <ul style="list-style-type: none"> ➤ No reaction
	Call 911
	Call for help
	Tilt chair to lie them on their back on the floor
	Check their airway (remove objects you can see, turn on side if fluids in mouth)
	Open their airway: Use a head tilt or jaw thrust
	Assess their respirations: Looking, listening, feeling <ul style="list-style-type: none"> ➤ Michelle is not breathing and lips are blue
	1st person prepares naloxone injection (2 vials): swirl ampoule, break away from the face leaving vial snapper on to protect hands, draw up all the liquid from the vial, and push most of the air out of barrel (can draw up both doses in one syringe)
	Inject naloxone: in thigh or shoulder, through clothes, push the plunger until the needle retracts
	2nd person brings bag-valve-mask (BVM) and oxygen (O2)
	If available, insert correctly sized oral airway
	1st person turns O2 on at 15L/min and hold the mask assuring a good seal 2nd person squeeze about 1/3 the bag giving 2 breaths initially, then 1 breath every 5 seconds (just enough to see chest rise and/or colour improvement)
	Keep providing oxygen and give a breath with bag valve mask over period of 1 second every 5 seconds <ul style="list-style-type: none"> ➤ After 3 minutes, Michelle is not waking up. Colour is a bit improved, but they are still not breathing
	2nd person prepares another naloxone injection (*consider injecting 2 vials for a complicated overdose): Swirl vial, break away from the face leaving vial snapper on to protect hands, draw up all the liquid in the vial, and push most of the air out of the barrel
	Inject naloxone: In thigh or shoulder, through clothes, pushing the plunger until the needle retracts
	Keep providing oxygen and breaths every 5 seconds with bag valve mask <ul style="list-style-type: none"> ➤ After 1 minute, Michelle starts to breathe again and lips are pink. They do not remember what happened
	Evaluate and support waiting for the ambulance and give a verbal handover report

Note: If participant checks for pulse: pulse is present. No need for Cardio Pulmonary Resuscitation (CPR).

Give feedback to your partner:

- Did they complete all the steps above?
- Were they able to make a good seal with the bag valve mask?
- Were they able to draw up and give the full (double) dose of Naloxone (if practiced)?

Scenario 3: AJ (2 Person Response, Pocket Mask, Complex)

AJ is unconscious, sitting in a chair with a rig/needle next to them on the floor.

Checklist	
	Put on gloves and recommended PPE
	Stimulate: Voice, then Touch, then Pain (e.g., trap squeeze). Always vocalize what you are doing ➤ No reaction
	Call 911
	Call for help
	Tilt chair to lie them on their back on the floor
	Check their airway (remove objects you can see, turn on side if fluids in mouth)
	Open their airway: Use a head tilt or jaw thrust
	Assess their respirations: look, listen, feel ➤ AJ is not breathing and lips are blue
	1st person prepares naloxone injection (2 vials): swirl ampoule, break away from the face leaving vial snapper on to protect hands, draw up all the liquid from the vial, and push most of the air out of barrel (can draw up both doses in one syringe)
	Inject naloxone: in thigh or shoulder, through clothes, push the plunger until the needle retracts
	2nd person places pocket mask on face, keep airway open and ensuring a good seal
	2nd person gives 2 breaths initially, then 1 breath every 5 seconds (just enough to see chest rise and/or colour improvement)
	Evaluate ➤ After 3 minutes, AJ is not waking up. Colour is a bit improved, but they are still not breathing
	2nd person prepares another naloxone injection (*consider injecting 2 vials for a complicated overdose)
	Inject naloxone: In thigh or shoulder, through clothes, pushing the plunger until the needle retracts
	Keep providing oxygen and breaths every 5 seconds with pocket mask ➤ After 1 minute, AJ starts to breathe every 5 sec and lips are pink. They do not wake up.
	Evaluate and support waiting for the ambulance

Note: If checking for pulse and pulse is present, then no need for Cardio Pulmonary Resuscitation (CPR).

Give feedback to your partner:

- Did they complete all the steps above?
- Were they able to make a good seal with the bag valve mask?
- Were they able to draw up and give the full (double) dose of Naloxone (if practiced)?
- Did you communicate well as a team?
- Why could AJ still be asleep after starting to breathe again?

Scenario 4: Mike (2-3 Person Response, BVM, O2, CPR and AED)

Mike is found unconscious in a fire escape, with blue lips and skin. A needle is beside them on the ground.

Checklist	
	Put on gloves and recommended PPE
	Stimulate: Voice, then Touch, then Pain (e.g., trap squeeze). Always vocalize what you are doing ➤ No reaction
	Call 911
	Call for help
	Position him on his back on the floor
	Check their airway (remove objects you can see, turn on side if vomit/ fluids in mouth, remove dentures if able)
	Open their airway: use a head tilt or jaw thrust
	Assess their respirations: look, listen, feel ➤ Mike is not breathing and lips are blue
	Assess for pulse: Mike has no pulse
	Call for AED, Begin CPR Place mask or cloth over Mike's face to prevent droplets. Place both hands middle of chest, lock arms, push hard and fast (5 cm deep, 100 pushes a minute)
	2nd person prepare naloxone injection (2 vials): swirl ampoule, break away from the face leaving vial snapper on to protect hands, draw up all the liquid from the vial, and push most of the air out of barrel (can draw up both doses in one syringe)
	2nd person: inject naloxone: in thigh or shoulder, through clothes, pushing the plunger until the needle retracts
	2nd or 3rd person brings AED, Bag valve mask and O2, places AED at Mike's head and apply the pads as shown on picture
	Follow directions of AED: when AED says stand clear, do not touch Mike.
	If AED says deliver shock: press button to deliver shock (if not automatic)
	1st person: continue CPR if instructed by AED: 30 compressions to 2 breaths (AED will beep 100/ min) (2nd person: monitor pulse and give feedback on compressions)
	2st person: hold the bag valve mask, ensure a good seal, connect and turn on O2 to 15L 2nd person (or 3rd if available), squeeze about 1/3 the bag give 2 breaths every 30 compression (1st person: watch for chest rise, give feedback on breaths)
	Keep doing CPR, 2 breaths with bag valve mask every 30 compressions ➤ After 2 cycles, Mike is not waking up. Colour is a bit improved, but they are still not breathing
	2nd or 3rd person prepares and gives another 2 vials Naloxone.
	Continue CPR and follow directions of AED. When AED says to stand clear, switch roles to give compressor a break.
	Continue CPR until ambulance arrives and takes over. Give verbal handover report to ambulance.

Give feedback to your partner:

- Did they complete all the steps above?
- Were they able to make a good seal with the bag valve mask?
- Were they able to draw up and give the full (double) dose of Naloxone (if practiced)?
- How were their compressions?
- Did you communicate well as a team?

Scenario 5: Shila (2 Person Response, CPR & Pocket Mask)

Shila is found unconscious in a bathroom stall, with blue lips and skin. A needle is beside them on the ground.

Checklist	
	Put on gloves, and recommended PPE
	Stimulate: Voice, then Touch, then Pain (e.g., trap squeeze). Always vocalize what you are doing <ul style="list-style-type: none"> ➤ No reaction
	Call 911
	Call for help
	Lie them on the floor
	Check their airway (remove objects your can see, turn on side if fluid in mouth)
	Open their airway: Use a head tilt or jaw thrust
	Assess their respirations: Looking, listening, feeling <ul style="list-style-type: none"> ➤ Shila is not breathing and lips are blue
	Assess for pulse: Shila has no pulse
	Begin CPR: 30 compressions to 2 breaths Place pocket mask or cloth over Shila's face to prevent droplets Place both hands middle of chest, lock arms, push hard and fast (5 cm deep, 100 pushes a minute)
	2nd person prepares naloxone injection (2 vials): swirl vial, break away from the face leaving vial snapper on to protect hands, draw up all the liquid from the vial, and push most of the air out of barrel (can draw up both doses in one syringe)
	2nd person injects naloxone: In thigh or shoulder, through clothes, pushing the plunger until the needle retracts
	2st person: place pocket mask and give 2 breaths every 30 compressions. Ensure a good seal and airway, give 2 breaths (1st person: watch for chest rise during breaths)
	1st person: continue CPR – 30 compressions to 2 breaths (2nd person – monitor for pulse and give feedback on compressions) <ul style="list-style-type: none"> ➤ After 2 cycles, Shila is not waking up. Colour is a bit improved, but they are still not breathing, no pulse
	2nd or 3rd person prepares and gives another 2 vials naloxone.
	Both: switch compressor/ breather. Continue CPR 30 compressions to 2 breaths. Give feedback and encouragement
	Continue CPR until ambulance arrives and takes over. Give handover report to ambulance.

Give feedback to your partner:

- Did they complete all the steps above?
- Were they able to make a good seal with the pocket mask?
- Were they able to draw up and give the full (double) dose of Naloxone (if practiced)?
- How were their compressions?
- Did you communicate well as a team?

Scenario 6: Bill (2-3 Person Response, Pocket Mask, CPR & AED)

Bill is found unconscious in a fire escape, with blue lips and skin. A needle is beside them on the ground.

Checklist	
	Put on gloves and recommended PPE
	Stimulate: Voice, then Touch, then Pain (e.g., trap squeeze). Always vocalize what you are doing ➤ No reaction
	Call 911
	Call for help
	Lie them on their back on the floor
	Check their airway (remove objects your can see, turn on side if fluid in mouth)
	Open their airway: Use a head tilt or jaw thrust
	Assess their respirations: Look, listen, feel - Bill is not breathing and lips are blue
	Assess for pulse: Bill has no pulse
	Call for AED, begin CPR Place mask or cloth over Bill's face to prevent droplets Place both hands middle of chest, lock arms, push hard and fast (5 cm deep, 100 pushes a minute) Give: 30 compressions and 2 breaths with pocket mask (or BVM)
	2nd person: prepares naloxone injection (2 vials): Swirl ampoule, break away from the face leaving vial snapper on to protect hands, draw up all the liquid from the vial, and push most of the air out of barrel (can draw up both doses in one syringe)
	2nd person: Inject naloxone: In thigh or shoulder, through clothes, pushing the plunger until the needle retracts
	2nd or 3rd person: brings AED, place AED at Bill's head and apply the pads as shown on picture
	Follow directions of AED: When AED says stand clear, do not touch Bill.
	If AED says: DELIVER SHOCK: press button to deliver shock (if not automatic)
	1st person: continue CPR if instructed by AED: 30 compressions to 2 breaths (AED will beep 100/ min) (2nd person: monitor pulse and give feedback on compressions)
	2nd person: holds the pocket mask, ensuring a good seal and open airway 2nd person gives 2 breaths every 30 compressions (1st person: watch for chest rise, give feedback on breaths)
	Keep doing CPR, 2 breaths with pocket mask every 30 compressions ➤ After 2 cycles, Bill is not waking up. Colour is a bit improved, but they are still not breathing
	2nd or 3rd person prepare and give another 2 vials naloxone.
	Continue CPR and follow directions of AED When AED says to stand clear, switch roles to give compressor a break
	Continue CPR until ambulance arrives and takes over. Give handover report to ambulance

Give feedback to your partner:

- Did they complete all the steps above?
- Were they able to make a good seal with the pocket mask?
- Were they able to draw up and give the full (double) dose of naloxone (if practiced)?
- How were their compressions?
- Did you communicate well as a team?

Scenario 7: Juanita (Outside) (2 Person Response, Cardio Pulmonary Resuscitation [CPR] & Pocket Mask)

Setting: Drop-in centre

Case scenario:

You arrive at work. You walk by José and Juanita sitting at the back of the building and ask if they are okay. Jose shakes Juanita and yells, “She won’t talk to me!” You notice Juanita’s lips and skin are blue. You bend down to help, but José is frantic and interferes with your ability to check her.

How does the overdose response start? Describe the steps you will take to alert your team there is a problem.

- Do you leave the situation? Do you use your phone to call for help? Do you send José to get help?

Assuming you stay, what do you do while waiting for your team to arrive?

- If you do not have your naloxone kit, what do you do while waiting for help?
- If you have a naloxone kit, what do you do?

Your team has arrived; while waiting, you realize that Juanita does not have a pulse.

- What happens next?
- Who takes the lead?
- Describe all the steps you will do while waiting for help to arrive.

The ambulance arrives.

- What happens next? Who talks to them? What do you say?

Debrief

- The paramedics take José and Juanita to the hospital
- What do you do next to start your shift in a good headspace?

Things to consider

1. What could you have done to save time in your response?
2. How was the communication with your team? Was it clear who was doing what role?
3. Was your outdoor response kit easy to find?
4. Do you remember your basic CPR skills?
5. What parts do you need to practice most? What would help you?

MODULE 3: First Responder Collaboration

Overview

In this module, participants learn about communication between first responders when calling 911, handing over care, and directing people to community resources.

Facilitators: one peer and one or two guests

(Local first responders such as paramedics or firefighters. Ask guests to bring their typical equipment with them. If unable to invite guests, use the videos listed in the resources below.)

EDUCATION OVERVIEW FIRST RESPONDER COLLABORATION

<p>Objectives:</p> <ol style="list-style-type: none"> 1. Review peers experience with handover of care for an overdose 2. Describe calling 911 3. Describe BCEHS and/or Fire department response to an OPS 4. Describe effective communication in a handover 5. Demonstrate correct use of equipment in overdose handover 	<p>Learning Methods:</p> <ul style="list-style-type: none"> • Brainstorm • Group discussion • Hands-on Practice <p>Length : 2 hours</p>
<p>Supplies Needed (<i>optional in italics</i>):</p> <ul style="list-style-type: none"> • Sign in sheet • Name tags • Markers • Board or chart paper • Pens • Snacks and Water • Hand Sanitizer • Bag Valve Mask (BVM) • Oral Airways • Triangle Masks • Printed support materials • Naloxone Kits • <i>Computer and speakers to use videos</i> • <i>Mock naloxone kits</i> • <i>Injection pads</i> • <i>Rescue Annie dolls</i> • <i>Oxygen Tank</i> • <i>Simple oxygen mask</i> 	<p>Printable Resources and Support Materials:</p> <ul style="list-style-type: none"> • Lesson plan • Team roles handout • Overdose scenarios • Calling 911 at an overdose • Videos from online street degree (use on WiFi or download ahead of time) <ul style="list-style-type: none"> ○ 911 call-taker interview (3 min) ○ Paramedic interview (3 min) ○ The handover (5 min) • Evaluation forms • Street Degrees (<i>if anyone graduating</i>)

Note: This course also exists as an [Online Street Degree Course](#). Feel free to use any diagrams, activities and videos in the online course when facilitating in person. The [Online Street Degree Facilitator Guide](#) will help you navigate through the online course to go straight to the pieces you wish to use with your group.

Lesson Plan

LESSON PLAN FIRST RESPONDER COLLABORATION	2 hrs
Instructor / Facilitator Activities	Time
<p>Getting started:</p> <ul style="list-style-type: none"> • Territorial Acknowledgement • Content warning: Acknowledge the Toxic Drug Emergency, the work of everyone in the room, and why this topic is essential in this context. Recognize that students can bring up grief, loss, and fear, and point out supports. • Introductions of facilitators • Introduction of participants and icebreaker • Housekeeping (explain the structure of the next 2 hours including break time) • Co-create group guidelines <p>Bridge In: Have you ever had a bad experience trying to hand over care to other First Responders? Today is about understanding how all First Responders from OPS, ambulance and fire can work well together.</p>	15
<p>Objectives:</p> <ol style="list-style-type: none"> 1. Review peers experience with handover of care for an overdose 2. Describe calling 911 3. Describe BCEHS and/or Fire department response to an OPS 4. Describe effective communication in a handover 5. Demonstrate correct use of equipment used in overdose response and handover 	1
<p>Pre-assessment:</p> <p>Brainstorm: What works to create a smooth handover of care for an overdose? Share examples of effective handovers.</p>	5
<p>Participatory Learning:</p> <ol style="list-style-type: none"> 1. Calling 911: What to expect and what to say <ul style="list-style-type: none"> • When calling 911, give the address, explain you are at an OPS, and that you are trained to use advanced equipment, see poster) 2. Optional Video: 911 Call-taker interview (3 min) 3. BCEHS and Fire attendees describe their typical overdose response and what crews would like to see from overdose prevention workers and explain the equipment they bring (or, Video: Paramedic Interview (3 min)) 4. Discuss Team Dynamics in an Overdose Response: <ul style="list-style-type: none"> ○ Roles ○ Team approach ○ Communication tips (identify yourself, make eye contact, calm tone, prioritize info, minimize distractions) ○ If no BCEHS or Fire attendees you can view and discuss The handover (5 min) 	30
BREAK	15

<p>Practice: Small group hands-on practice with scenarios, triangle masks, BVMs, and/or oxygen to practice handing over of respiratory care and giving effective verbal reports team to team</p> <ul style="list-style-type: none"> • What information would you give on the phone to 911? • What information do you give when help arrives? • How to handover the seal of the mask on a BVM? • How to use a BVM with a 2-person handhold? • How to handover chest compressions if CPR has started? 	30
<p>Post-Assessment: Review Objectives Large group debrief What worked well in hands on practice? What would you like to work on in the future? What do you most appreciate about other first responders (both peers and BCEHS/ Fire)? Hand out evaluation forms, give time to fill out</p>	15
<p>Summary: Refer back to objectives Share with your colleagues about communication between first responders when calling 911, handing over care, demonstrating correct equipment use, and directing people to community resources. Recognize any Street Degree graduates with certificates Announce next courses</p>	10

Support Materials

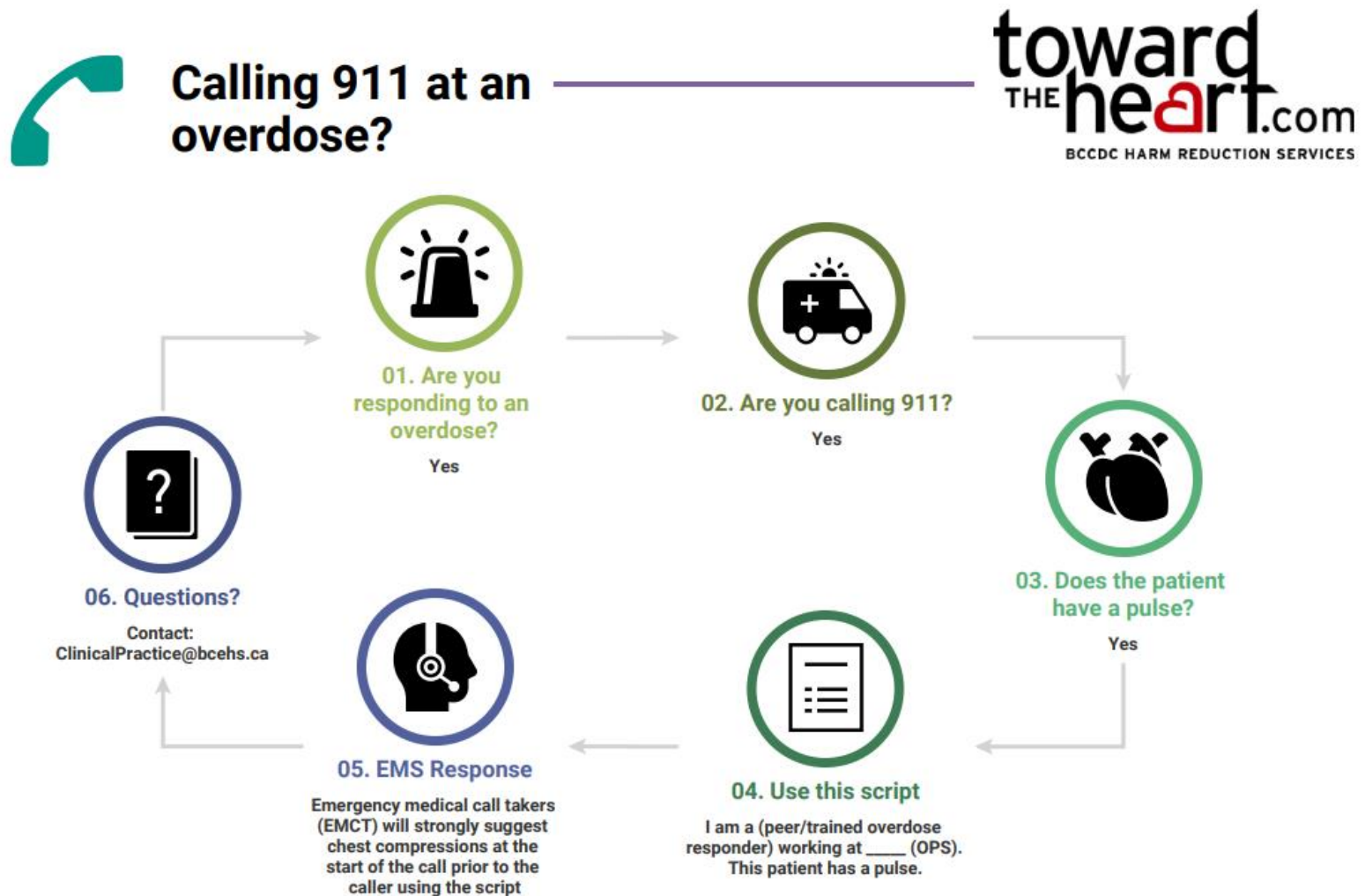
Team Roles in Advanced OD

Role	Responsibilities	Role	Responsibilities
Role 1: Lead + Naloxone	<ul style="list-style-type: none"> • Call 911 • Hold the face mask or Bag-Valve-Mask (good seal) • Administer naloxone 2-5 min apart • Oversee the response and monitor the time • Report to 1st responders 	Role 1: Lead + Naloxone	<ul style="list-style-type: none"> • Call 911 • Hold the face mask or Bag-Valve-Mask (good seal) • Administer naloxone 2-5 min apart • Oversee the response and monitor the time • Report to 1st responders
Role 2: Airway + Breathing	<ul style="list-style-type: none"> • Open and clear the airway • Evaluate respiration • Place the oximeter (optional) • Administer breaths 1 every 5 seconds <u>OR</u> • Squeeze half of the BVM bag 1 every 5 seconds (+ check for chest rise) until ambulance arrives or the person wakes up 	Role 2: Airway + Breathing	<ul style="list-style-type: none"> • Open and clear the airway • Evaluate respiration • Place the oximeter (optional) • Administer breaths 1 every 5 seconds <u>OR</u> • Squeeze half of the BVM bag 1 every 5 seconds (+ check for chest rise) until ambulance arrives or the person wakes up

Scenarios

[See support materials for Advanced OD](#)

Calling 911 infographic



This 911 EMCT Practice Update aims to recognize the experience and expertise of trained overdose responders by allowing EMCTs to bypass chest compressions to support airway and breathing management when a patient has a pulse.

August 31st, 2022

Source: <https://towardtheheart.com/assets/uploads/1661986319jBxJvi70gHpiYh5htGZBmadH10UaCSOnBjYiXHF.pdf>

MODULE 4: Managing Medical Emergencies in Overdose Prevention

Overview

In this module, participants learn how to identify medical emergencies and take the first steps to respond to them. These emergencies include breathing problems, bleeding, heart attack, stroke, seizures, endocarditis, sepsis and anaphylaxis.

Facilitators: Ideally one PWLE and a health professional (nurse or paramedic)

EDUCATION OVERVIEW

MANAGING MEDICAL EMERGENCIES

Learning Objectives:

1. Recognize common medical emergencies at OPS settings.
2. Discuss basic interventions needed for these medical emergencies.
3. Describe when care needs to be escalated to call 911.

Learning methods:

- PowerPoint
- Discussion and small group work
- Case studies
- Group quiz

Length : 2 hours

Supplies Needed (*optional in italics*):

- Sign in sheet
- Name tags
- Markers
- Board or chart paper
- Pens
- Snacks and Water
- Hand Sanitizer
- Printed support materials
- *PowerPoint Slides*
- *Projector and computer if showing slides*


Printable Resources and Support Materials:

- [Medical Emergency Questions](#)
- [PowerPoint](#)
- [Seizure Handout](#)
- [Anaphylaxis Handout](#)
- [Bleeding Handout](#)
- [Evaluation forms](#)
- [Street Degrees](#) (*if anyone graduating*)

Note: This course also exists as an [Online Street Degree Course](#). Feel free to use any diagrams, activities and videos in the online course when you are facilitating in person. The [Online Street Degree Facilitator Guide](#) will help you navigate the online course to go straight to the pieces you wish to use with your group.

Lesson Plan

LEARNING PLAN MEDICAL EMERGENCIES	2 hrs
Instructor / Facilitator Activities	Time
<p>Getting started:</p> <ul style="list-style-type: none"> • Territorial Acknowledgement • Content warning: Acknowledge the Toxic Drug Emergency, the work of everyone in the room, and why this topic is essential in this context. Recognize that students can bring up grief, loss, and fear, and point out supports. • Introductions of facilitators • Introduction of participants and icebreaker • Housekeeping (explain the structure of the next 2 hours including break time) • Co-create group guidelines <p>Bridge in: Your teams have already handled many medical emergencies! This training supports the work you have already done and gives the newer team members more tools to assess those emergencies.</p>	15
<p>Objectives:</p> <ol style="list-style-type: none"> 1. Recognize common medical emergencies at OPS settings. 2. Discuss how to identify and intervene in medical emergencies. 3. Describe when care needs to be escalated to call 911. 	1
<p>Pre-assessment: (If large group, get into smaller groups first to discuss and then return to the large group to discuss.)</p> <p>What do they already know? Ask about groups' experiences of medical emergencies.</p> <ul style="list-style-type: none"> • How did they know when it was about to happen? 	5
<p>Airway, Breathing & Circulation (ABC) (Ask group for things to consider for ABCs - write on wall paper)</p> <p>Airway</p> <ul style="list-style-type: none"> • Is the airway clear? Are there any foreign objects in the mouth or throat? Do you hear any wheezing, snoring or gurgling that might mean an obstruction of the person's airway? Are there any loose teeth or dentures? • Give 2 breaths – do they go in? <p>Breathing</p> <ul style="list-style-type: none"> • Look for signs of breathing distress like gasping, working hard to breathe (using stomach muscles to move air in and out) or blueness to lips, meaning their oxygen is low. Is the breathing too fast (more than 20 breaths/minute) or too slow (fewer than 12 breaths/minute)? In addition, the slower someone breathes, the drowsier they can get. • If you have a pulse oximeter, you can use it to measure the person's oxygen saturation level. Remember, an ideal oxygen saturation should be between 95% and 100%. <p>Circulation</p> <ul style="list-style-type: none"> • Is their skin warm or cool? Is the face and chest pale in colour? Are the lips or fingertips blue? These signs can mean decreased blood flow. • Feel for a pulse at the side of their neck (the carotid artery) or the inside of their wrist, and see if you can tell if it is fast or slow and regular or irregular. A typical pulse for adults is between 60 and 100 beats per minute and has a steady, even beat. 	10

<ul style="list-style-type: none"> Is the person conscious or unconscious? If the heart is not pumping enough oxygenated blood through the body to the brain, the person may appear drowsy or unconscious and not respond to voice, touch or pain. 	
<p>Participatory Learning: PowerPoint & discuss different types of medical emergencies, red flags, and when and how to refer to higher level of care:</p> <ol style="list-style-type: none"> Breathing problems Heart Problems Stroke Endocarditis Seizures Sepsis Anaphylaxis Bleeding Mental Health Crisis Bear Spray  <p>Medical Emergencies May 20</p>	45
BREAK	10
<p>Practice: Case studies and group discussion Break out into smaller groups and divide between two case studies Write out answers to the question on poster paper Come back together as a large group and discuss what was discussed in the smaller groups</p>	20
<p>Post Assessment: Do you feel more confident caring for people with these medical emergencies and when care needs to be escalated? Hand out evaluation forms, give time to fill out</p>	5
<p>Summary: Refer back to objectives Share with colleagues how to identify various medical emergencies and the first steps to respond to them. Recognize any Street Degree graduates with certificates Announce next courses</p>	10

Support Materials

Medical Emergencies Case Scenarios in OPS Settings

1. John, 40 years old, is seated at a booth of the OPS. Just after injecting, he comes to you because he does not feel good: his arms are very itchy and he feels like he cannot breathe. What do you do?

2. Mary, 23 years old, is coming regularly to the OPS. Today, she is telling you that she does not feel good these days: her left arm is red and swollen; she has a fever and feels like her heart is beating fast. What do you do?

3. Paul, 56 years old, comes to you because he is feeling a pressure in his chest and pain in his left shoulder. He is very pale and sweaty. What do you do?

After few minutes, Paul falls on the floor, unresponsive. What do you do?

Medical Emergencies Case Scenarios in Non-OPS Settings

1. John, 40 years old, he is seated at a table resting after eating. He comes to you because he does not feel good: his arms are very itchy and he feels like he cannot breathe. What do you do?

2. Mary, 23 years old, is coming regularly to your site. Today, she is telling you that she does not feel good these days: her left arm is red and swollen; she has a fever and feels like her heart is beating fast. What do you do?

3. Paul, 56 years old, comes to you because he is feeling a pressure in his chest and pain in his left shoulder. He is very pale and sweaty. What do you do?

After few minutes, Paul falls on the floor, unresponsive. What do you do?

PowerPoint Slides (Handout)



Medical Emergencies

For OPS Responders

May 2023

Note: in the digital version of this manual, click the image above to open the slide presentation. You can display the slides or print them as a handout. If you only have access to a print copy of this manual and need the slide deck, please email us at OverdoseResponse@vch.ca

Seizure First Aid

Seizure First Aid

How to help someone having a seizure

1

STAY with the person until they are awake and alert after the seizure.

- ✓ **Time** the seizure
- ✓ Remain **calm**
- ✓ Check for **medical ID**



2

Keep the person **SAFE**.

- ✓ Move or guide away from **harm**



3

Turn the person onto their **SIDE** if they are not awake and aware.

- ✓ Keep **airway clear**
- ✓ **Loosen tight clothes** around neck
- ✓ Put **something small and soft** under the head



Call 911 if...

- ▶ Seizure lasts longer than 5 minutes
- ▶ Person does not return to their usual state
- ▶ Person is injured, pregnant, or sick
- ▶ Repeated seizures
- ▶ First time seizure
- ▶ Difficulty breathing
- ▶ Seizure occurs in water

Do NOT

- ✗ Do **NOT** restrain.
- ✗ Do **NOT** put any objects in their mouth.
 - ▶ **Rescue medicines can be given** if prescribed by a health care professional

Learn more: [epilepsy.com/firstaid](https://www.epilepsy.com/firstaid)

Anaphylaxis First Aid

Food Allergy Canada

ALLERGIC REACTIONS

Could YOU save a life?

After eating or being stung by an insect, a person at risk for anaphylaxis might have any of these symptoms.

Think **F.A.S.T...**



Face
Hives, itching, redness, swelling of face, lips or tongue

Airway
Trouble breathing, swallowing or speaking, nasal congestion, sneezing

Stomach
Stomach pain, vomiting, diarrhea

Total Body
Hives, itching, swelling, weakness, dizziness, sense of doom, loss of consciousness

then **ACT...**

Give Epinephrine

- Give epinephrine (e.g. EpiPen®, ALLERJECT™, Emerade™) at the first sign of a reaction.
- The first signs may be mild, but symptoms can get worse quickly.
- Repeat as early as 5 minutes if symptoms do not improve.

Call 9-1-1

- Have person transported to hospital, even if symptoms are mild or have stopped.

Visit foodallergyca.ca or call 1 866 785-5660 for more information and support.

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Source: <https://foodallergyca.ca/tools-and-downloads/downloads/information-sheets/>

Bleeding Cuts and Wounds First Aid

Medical Emergencies



MODULE 5: Oxygen Training

Overview

In this module, participants learn how to use an oxygen tank, when to use oxygen and how to maintain and store a tank. Through group discussion and hands-on practice, participants will practice using an oxygen tank, learn when to use different supplies when responding to an overdose and how to set up a tank with all the appropriate supplies to respond to an overdose.

Facilitators: People with Lived and Living Experience and people with experience working with oxygen in an OPS

(We suggest one trainer for every five learners to help with hands-on practice)

EDUCATION OVERVIEW

OXYGEN TRAINING

<p>Objectives:</p> <ol style="list-style-type: none"> 1. Assess a victim's airway 2. Show when and how to use oxygen masks (simple face mask and BVM) 3. Demonstrate using an oxygen tank 4. Demonstrate setting up an oxygen tank for use 5. Describe the safety and storage protocols for an oxygen tank 	<p>Learning Methods:</p> <ul style="list-style-type: none"> • Discussion • Demonstration • Hands-on practice • Training others in small groups <p>Length : 2 hours</p>
<p>Supplies Needed (<i>optional in italics</i>):</p> <ul style="list-style-type: none"> • Sign in sheet • Name tags • Markers • Board or chart paper • Pens • Snacks and Water • Hand Sanitizer • Printed support materials • <i>Rescue Annie dolls</i> • <i>Triangle masks</i> • <i>Simple Face Mask</i> • <i>Bag Valve Mask</i> • <i>HEPA-filter</i> • <i>Oral Airways 3 Sizes</i> • <i>Oxygen Tank w/Mobile Stand</i> • <i>Oximeter</i> 	<p>Printable Resources and Support Materials:</p> <ul style="list-style-type: none"> • Lesson plan • Oxygen Knowledge Checklist (BCCDC) • Overdose Prevention, Recognition and Response Training Manual (BCCDC) • Oxygen Administration: Knowledge Checklist • Oximeter • Overdose Response Equipment Checklist • SAVE ME steps key messages • Evaluation forms • Street Degrees (<i>if anyone graduating</i>)

Lesson Plan

LESSON PLAN OXYGEN TRAINING	2 hrs
Instructor /Facilitator Activities	Time
<p>Getting started:</p> <ul style="list-style-type: none"> • Territorial Acknowledgement • Content warning: Acknowledge the Toxic Drug Emergency, the work of everyone in the room, and why this topic is essential in this context. Recognize that students can bring up grief, loss, and fear, and point out supports. • Introductions of facilitators • Introduction of participants and icebreaker • Housekeeping (explain the structure of the next 2 hours including break time) • Co-create group guidelines <p>Bridge In: You have had the SAVE ME Training, and today you will learn how to respond to people who are overdosing on illicit substances with more oxygen and some other tools.</p>	15
<p>Objectives:</p> <ul style="list-style-type: none"> • Review airway and ventilation steps when responding to an overdose • Assess the severity or stage of an overdose and which masks to use • Demonstrate how to use an oxygen tank • Demonstrate how to set up an oxygen tank before use • Describe the safety and storage protocols for an oxygen tank 	1
<p>Pre-assessment:</p> <ul style="list-style-type: none"> • How many have taken Advanced Overdose Training? • Has anyone used oxygen? • What equipment do you have available at your worksite? 	5
<p>Participatory:</p> <p>Brainstorm: What do severe or unusual opioid OD's look like?</p> <ul style="list-style-type: none"> • Rigidity, no pulse, very low oxygen, other substances, seizures, vomiting <p>Discuss: Review Airway, Ventilation steps when responding to an overdose</p> <ul style="list-style-type: none"> • What tools to use when responding to mild, moderate and severe overdoses • Refer to Staged Overdose Response Table <p>Review:</p> <p>STIMULATE: Demonstrate one person chair tilt</p> <ul style="list-style-type: none"> • Stand behind chair and hold person with your arms • Wide stance/chair on your front leg • Lower down with small slow steps • When almost at floor go on knees and protect head to the floor, take away chair • Click here for online video, especially at 1:00 – 1:25, click here for procedure <p>AIRWAY: Demonstrate oral airway</p> <ul style="list-style-type: none"> • Hand out oral airways and discuss pros and cons • Demonstrate how to measure (from curve of jaw to corner of mouth) • Demonstrate how to insert (upside down, turn halfway) (measure and insertion video here) <p>VENTILATION: Demonstrate tools and review pros and cons</p> <ul style="list-style-type: none"> • Oximeters: pro/cons, how to use • What do readings mean? Mild 90-94/moderate 80-90/Severe below 80 • Oxygen tank: pros/cons, how to turn on 	30

<ul style="list-style-type: none"> • What is attached? (BVM, airways (1 of each size in bag), HEPA filter attached, simple mask available but not attached), laminated copy of the pocket guide • Simple mask: pros/cons, level of O2 used (6-8 L) • BVM pros/cons, level of O2 (15L), describe parts of the BVM, HEPA filter • Demo: Hand holds/seal, body position (elbows on surface), 2 person response • Demo: squeezing bag 1/3, only use one hand, thumb/pinky squeeze, assessing effective/ineffective ventilations (video here) • Hand out BVMs and let groups try hand holds and seal <p>EVALUATE</p> <ul style="list-style-type: none"> • Has there been any improvement? • Discuss pulse and CPR/ AED <p>MEDICATION</p> <ul style="list-style-type: none"> • When do I use or do I not use more naloxone? • Severe OD: Start with a double dose of naloxone (0.8mg) • Breathing improves, but not responsive: suspect benzos, can stop doses and support if breathing is good (every 5 sec and good colour) <p>EVALUATE</p> <ul style="list-style-type: none"> • What will you see if your response is working? (colour, responsiveness, O2, breathing) • Talk about aftercare <p>Next: <i>Facilitator: Break classroom into groups of 3-4 people and hand out scenarios and the rescue tools that match the scenario</i></p>	
BREAK	15
<p>Next: Practice in groups of 2</p> <ul style="list-style-type: none"> • Use name tag to identify each person's role see Team Roles Handout (e.g. role 1, role 2) • Choose scenarios from Advanced OD Response (Module 2) that use the tools used at learners' worksites <p>Scenario 1 – Remember, the first scenario is the first pancake – it is for learning. It won't be perfect, but you will learn something every time you practice.</p> <ul style="list-style-type: none"> • The facilitator circulates and helps participants to practice reporting to the facilitator as if they are the paramedics arriving on the scene. <p>Large group debrief and share learnings</p> <p>Return to groups of 2 Scenario 2 – Switch scenarios, switch roles. Try a 3rd scenario if time!</p>	35
<p>Post-assessment: How confident do you feel about using oxygen and the various tools in an overdose response?</p> <p>Hand out evaluation forms, give time to fill out</p>	10
<p>Summary: Refer back to objectives Share with your colleagues the proper use of an oxygen tank, when to use it, the supplies involved and how to maintain and store the tank.</p> <p>Recognize any Street Degree graduates with certificates Announce next courses</p>	45

Oxygen Use One-Pager

Prior to Using Oxygen (O₂):

- Check pressure gauge on the tank before starting each shift and after each use
- At **1000 PSI** or less switch out for a new O₂ tank
- To prepare, make sure hose on bag-valve-mask (BVM) is connected to the tank
- Remove plastic cover from face mask
- Once ready, place BVM back in bag and hang from tank, so it is ready to go



Using a BVM (Ideally a 2-person response):

- Be sure the airway is clear; scoop out any objects or fluids you can see if necessary
- Start with the head-tilt chin-lift to open the airway
- Use the jaw thrust method if you suspect a head injury
- Lift the jaw/chin up into the mask rather than pushing the mask down onto the face
- Form a seal with the mask: at the straight end of the mask, make a “C” grip with your thumb and forefinger and an “E” grip under the chin with your other fingers. Your other hand makes a “C” grip on the pointy end of the mask with the “E” fingers resting on the forehead
- Turn oxygen tank on to 15 liters of O₂
- Squeeze about a third of the bag every five seconds (counting out loud “one, one thousand”...)
- Watch for chest rise and fall, improved color, and monitor O₂ saturation (if possible)



Using an Oral Airway (only with manager approval and training):

- To choose the appropriate airway size, measure from corner of the mouth to angle of the jaw
- You can feel the angle of the jaw bone just below the ear lobe
- Insert oral airway upside down or along the cheek and turn into place towards the throat
- If participant gags when oral airway inserted OR you don't have the right size, use the BVM without an airway



Safety:

- Do not smoke near oxygen tanks or when O₂ is in use
- Keep open flames away from tanks at all times
- Keep the oxygen in its stand or trolley to reduce the risk of it falling over
- Store extra, unsecured tanks by placing them flat on the floor (Do not allow tanks to stand or lean in an upright position while unsecured)



Oxygen Knowledge Checklist



Oxygen Administration: Knowledge Checklist

This checklist provides a guideline to assess the participant's knowledge following the training session. As the Educator, you need to review each knowledge objective in the training and ensure that the participant understands each one and the reason.

Participant's Name: .

Date: / /

Educator's Name: .

Initials	Knowledge Objectives	
	O₂ Safety	<ul style="list-style-type: none"> • Demonstrates knowledge of key maintenance of the O₂ tank (when to change the tank, how to check pressure, how to store the tank, knows no combustibles can be near the tank) • Knows how to prepare and verify Bag Valve Mask (BVM) and simple mask function • Know the risks linked to O₂ and BVM use:
	Monitor Respiratory Status	<ul style="list-style-type: none"> • Knows the physical signs of hypoxia: colour • Knows how to assess respiration rate and interpret the result
	Monitor Oxygen Saturation	<ul style="list-style-type: none"> • Demonstrates the use of oximeter and can interpret the result • Knows when to check oxygen saturation: before and during O₂ administration
	Open Airway	<ul style="list-style-type: none"> • Demonstrates how to open airway: head tilt, chin lift • Demonstrates how to clear the airway • Demonstrates how to insert an airway: Right size, right technique (if applicable)
	BVM Use	<ul style="list-style-type: none"> • Knows when to use a BVM mask (severe OD) • Demonstrates how to use the BVM with the 2 person technique: Sealing, pressure on the bag, amount of O₂ • With or without O₂
	Simple Mask Use	<ul style="list-style-type: none"> • Knows when to use a simple mask (moderate OD) • Demonstrates how to use the Simple Mask: positioning, amount of O₂
	O₂ Maintenance	<ul style="list-style-type: none"> • Knows what to do after O₂ use (discard masks, change supplies, check pressure) • Knows how to do the daily checklist • Knows where to find resources if needed

Overdose Response Equipment Checklist



Overdose Response Equipment Checklist

Date																
Naloxone																
# of naloxone vials																
Expiry dates checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Tank																
O ₂ tank functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O ₂ level >1000 PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BVM attached , Simple Face Mask mask, 3 sizes oral airways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OD pocket guide attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No smoking signs visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank upright in stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oximeter works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# of O ₂ tanks in stock																
Need to order tanks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AED																
Pads seal intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pads exp. date > 1 mo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto-test done (turn the AED on when lid is closed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra set of pads in case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency kit (scissors, razor, towel, mask, umbrella...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initials																

Oximeter Guide

OXIMETER

Goal: measure oxygen level in blood and pulse rate

How to use:

1. Clip the Oximeter on the finger (nail polish can affect the reading)
2. Wait 2 seconds, the Oximeter will power on automatically.
3. After few seconds, read the number



Possible reasons for bad reading:

- Person is moving, agitated
- Hands are cold
- Oximeter is not placed far enough on the finger
- Batteries are dead
- Fingers are wet or dirty
- Nail polish on finger or long nails

Try another finger if you do not get a reading



Always look at the person (respiration, colour, airways...) to interpret the numbers.

Normal range:

- Saturation of O₂: between 90% and 100%
- Pulse rate: 60 to 100 beats per min for adults

Note: This is part of the pocket guide

MODULE 6: Let's Talk About Drugs

Overview

In this module, participants will learn about the different types of drugs and their actions on the body. They can exchange knowledge about harm reduction messages and safe consumption.

Facilitators: Ideally one peer and one guest (i.e. harm reduction worker)

EDUCATION OVERVIEW LET'S TALK ABOUT DRUGS

Objectives:

1. List drug names and put them into various categories (e.g. opioids, benzos, stimulants, and alcohol)
2. Describe the main effects of these drugs
3. List addiction treatment and harm reduction strategies for different substances
4. Practice using resources to find answers about drugs

Learning Methods:

- Discussion
- Small group activity

Length : 2 hours

Supplies Needed (*optional in italics*):

- Sign in sheet
- Name tags
- Markers
- Pens
- Board or chart paper
- Snacks and Water
- Hand Sanitizer
- *Audio/visual if showing video*
- *Phones, tablets or computers for using web resources*

Printable Resources and Support Materials:

- [Lesson Plan](#)
- [Drugs Wheel \(CATIE.ca\)](#)
- [Substance Use Spectrum \(Health Canada\)](#)
- [DOPE Guide \(Stella\)](#)
- [What You Should Know \(From Grief to Action Coping Kit\)](#)
- [Nuggets video](#)
- [Factsheets \(Tripsit.me\)](#)
- [Substances \(drugcocktails.ca\)](#)
- [Substances and Addiction \(Canadian Centre on Substance Use and Addiction\)](#)
- [Evaluation forms](#)
- [Street Degrees \(if anyone graduating\)](#)

<ul style="list-style-type: none"> • Common names • Effects on the body and mind • Harm reduction messages • Addiction treatments (if applicable) <p>Fun Tip: Try running this activity as a “Jeopardy” style game</p>	
BREAK	15
<p>Participatory Learning Each group presents its work to the big group</p>	40
<p>Post Assessment: How confident do you feel talking about the different types of drugs and their actions on the body, harm reduction messages and safe consumption? Hand out evaluation forms, give time to fill out</p>	10
<p>Summary / Closure activities: Refer back to objectives Today, we had an overview of some of the main categories of substances that people use. Keep using the resources to learn more about substance use and share what you know with your colleagues and clients. Recognize any Street Degree graduates with certificates Announce next courses</p>	5

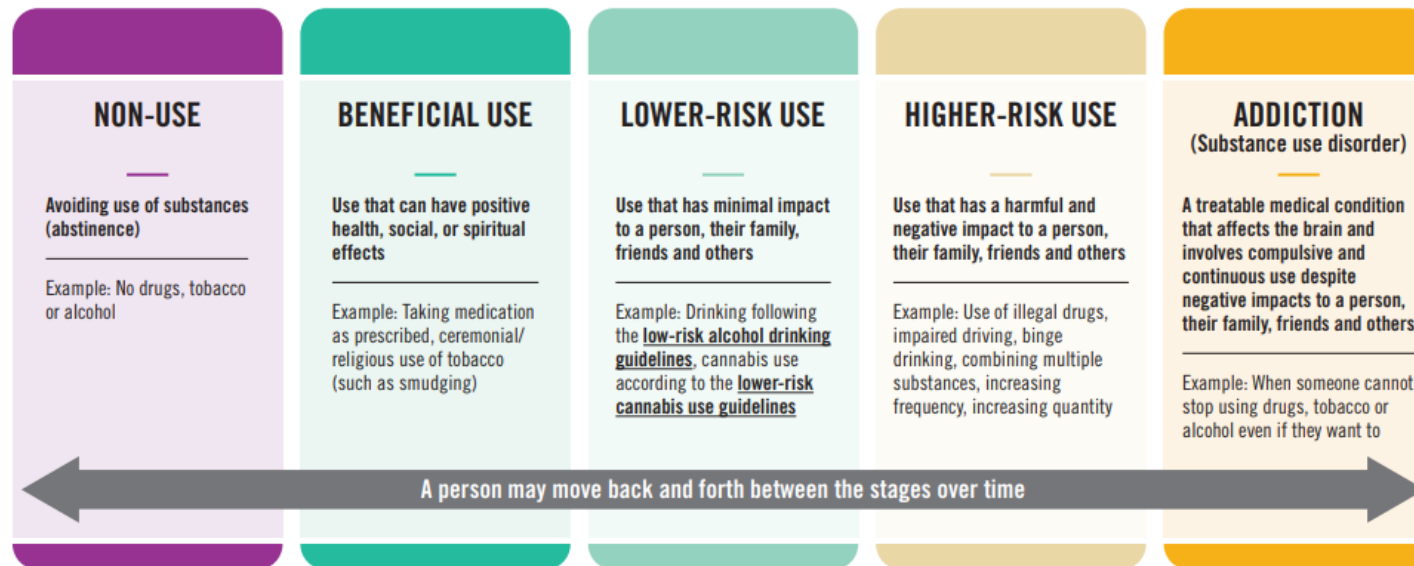
Support Materials

Spectrum of Substance Use

SUBSTANCE USE SPECTRUM

People use substances, such as **controlled and illegal drugs**, **cannabis**, **tobacco/nicotine** and **alcohol** for different reasons, including medical purposes; religious or ceremonial purposes; personal enjoyment; or to cope with stress, trauma or pain.

Substance use is different for everyone and can be viewed on a spectrum with varying stages of benefits and harms.



NOTES

- Drugs, tobacco and alcohol have different effects on a person depending on factors like the substance(s) being used, tolerance, sex, age, weight, and any underlying health conditions, among other factors.
- The best way to avoid any harms from substance use is to avoid use. However, many people use substances without causing significant harm to themselves or others. In some cases, substances have a serious risk of harm at any level of use.
- Children and young adults are especially vulnerable to the effects of different substances because of the impacts on their development. In some cases, there may be no level of beneficial use or lower-risk use.
- The path to recovery from addiction is possible but it looks different for everyone. Some people may benefit from non-use (abstinence), whereas others may need different support, which could include medication, counselling, withdrawal management, and wrap-around services, such as employment and housing to support longer-term wellness.
- **Resources** are available to help people struggling with substance use. With the right supports, it is possible for a person to improve their health across the spectrum.

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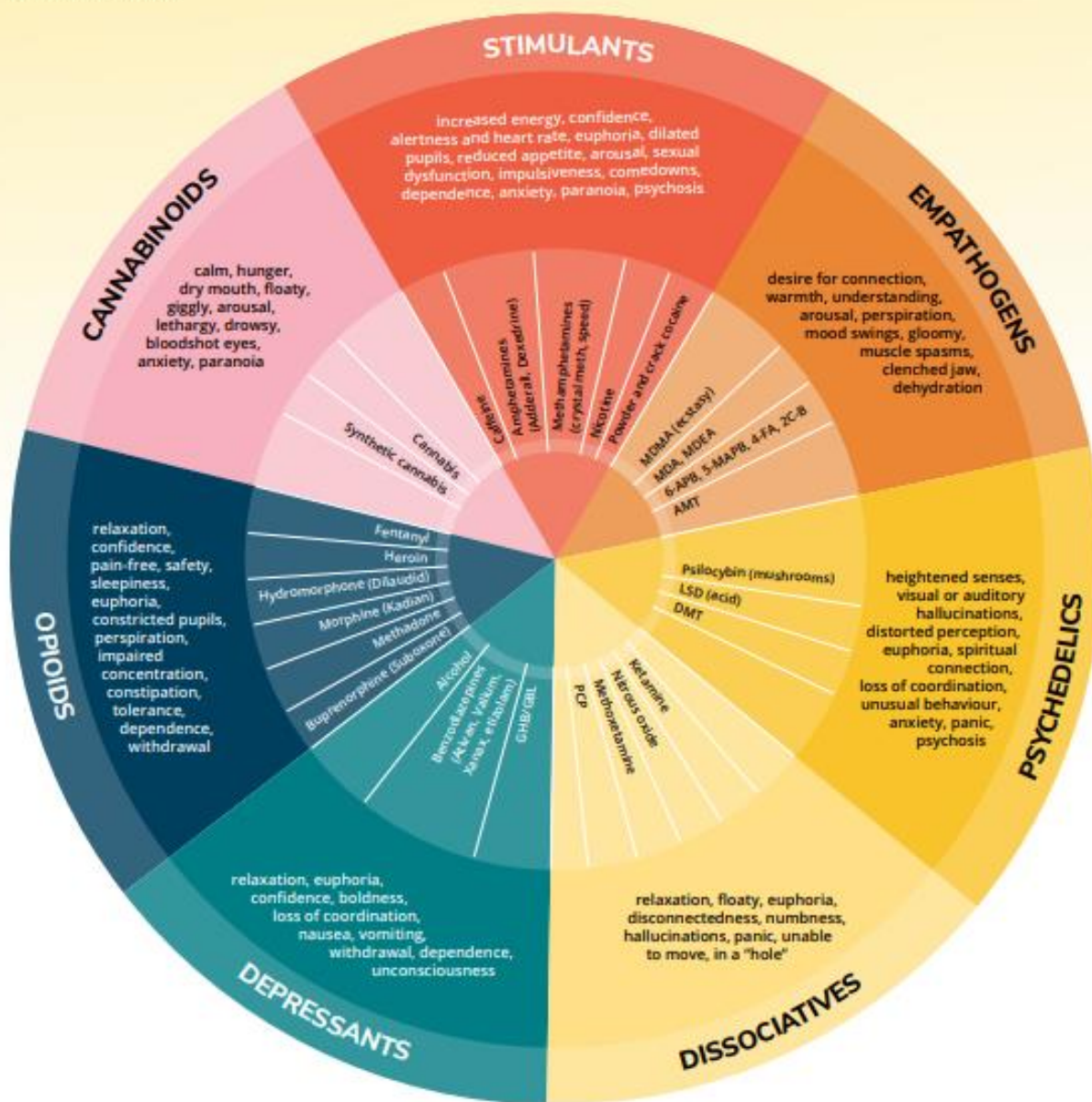
Cat.: H134-21/2022E-PDF | ISBN: 978-0-660-42897-0 | Pub.: 220010

Source: <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/substance-use-spectrum-infographic/pub-eng.pdf>

Drugs Wheel (Catie.ca)

THE DRUGS WHEEL

This resource is for reference only. There is overlap between many of these categories and the information here does not include the effects of mixing substances. Each person can have a different experience of the same drug and this can vary from one time to another.



The Drugs Wheel by Mark Adley is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-nc-sa/4.0/).
 Based on a work at www.thedrugswheel.com

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada

Link here: <https://www.catie.ca/sites/default/files/2022-03/CATIE-IG-Drugs-wheel-EN-03-2022.pdf>

Recommended Online Resources about Substance Use

[Factsheets \(Tripsit.me\)](https://drugs.tripsit.me/)

<https://drugs.tripsit.me/>

[Substances \(drugcocktails.ca\)](https://www.drugcocktails.ca/substances)

<https://www.drugcocktails.ca/substances>

[Substances and Addiction \(Canadian Centre on Substance Use and Addiction\)](https://ccsa.ca/)

<https://ccsa.ca/>

[Substance Use Spectrum \(Health Canada\)](https://www.canada.ca/content/dam/hc-sc/documents/services/publications/substance-use-spectrum-infographic/pub-eng.pdf)

<https://www.canada.ca/content/dam/hc-sc/documents/services/publications/substance-use-spectrum-infographic/pub-eng.pdf>

[DOPE Guide \(Stella\)](https://www.catie.ca/resource/dope-guide)

<https://www.catie.ca/resource/dope-guide>

[What You Should Know \(From Grief to Action Coping Kit\)](https://www.heretohelp.bc.ca/sites/default/files/fgta-coping-kit-what-you-should-know.pdf)

<https://www.heretohelp.bc.ca/sites/default/files/fgta-coping-kit-what-you-should-know.pdf>

[Nuggets video](https://www.youtube.com/watch?v=HUngLgGRJpo)

<https://www.youtube.com/watch?v=HUngLgGRJpo>

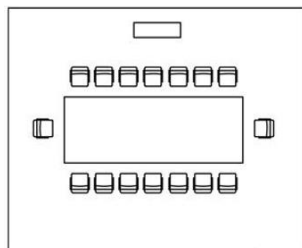
MODULE 7: Lateral Kindness vs Lateral Violence

Overview

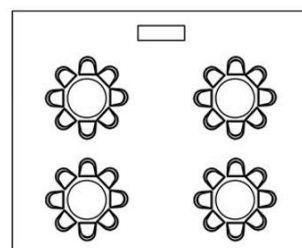
What does it mean to be laterally kind when faced with lateral violence in the workplace? In this module, participants will discuss lateral kindness and lateral violence. Participants will collaborate on ideas for making the workplace safer.

Note: Managers should be informed of this workshop and receive a follow-up email with the main ideas that came up during the session.

This workshop works best with a seating style that makes it easy for the group to interact for the group work. (we suggest Banquet Style – see image)



Boardroom Style



Banquet Style

Facilitators: Peers and one health professional if needed

EDUCATION OVERVIEW
LATERAL KINDNESS vs LATERAL VIOLENCE

<p>Objectives:</p> <ol style="list-style-type: none"> 1. Define and recognize what it means to be laterally kind (LK) versus laterally violent (LV) 2. Explain and give examples of how LK practices can increase worker and client safety 3. Explain and give examples of how LV practices can decrease worker and client safety 	<p>Learning Methods:</p> <ul style="list-style-type: none"> • Brainstorm in small groups • Discussion in large groups • Group activity <p>Length: 2 hours</p>
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<p>Supplies Needed (<i>optional in italics</i>):</p> <ul style="list-style-type: none"> • Sign-in sheet • Name tags • Markers • Board or chart paper • Pens • Snacks and Water • Hand Sanitizer 	<p>Printable Resources and Support Materials:</p> <ul style="list-style-type: none"> • Lesson Plan • Facilitator Lateral Kindness and Violence Activity Answer Key • Student answer key • Workplace Kindness Challenge • FNHA From Lateral Violence to Lateral Kindness • Auntie Up! Lateral Violence vs Lateral Kindness • Random acts of Kindness website • Safety in the workplace - from Lateral Violence to Lateral Kindness (Awasis 2016) • Evaluation forms • Street Degrees (if anyone graduating)
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Lesson Plan

LESSON PLAN LATERAL KINDNESS VS LATERAL VIOLENCE	2 hrs
Instructor / Facilitator Activities	Time
<p>Getting started:</p> <ul style="list-style-type: none"> • Territorial Acknowledgement • Content warning: Acknowledge the Toxic Drug Emergency, the work of everyone in the room, and why this topic is essential in this context. Recognize that students can bring up grief, loss, and fear, and point out supports. • Introductions of facilitators • Introduction of participants and icebreaker • Housekeeping (explain the structure of the next 2 hours, including break time) • Co-create group guidelines <p>Bridge In: IMPORTANT, MUST SAY: This topic comes from Indigenous resources on lateral violence. For Indigenous communities, lateral violence is part of a larger cycle of hurt rooted in colonization, trauma, racism, and discrimination. Lateral violence can look like marginalizing and stigmatizing people. Practicing lateral kindness is an act of decolonizing our communities and a practice of reconciliation and healing.</p> <p>We have decided to name this course with kindness at the beginning. We remember the things we see and hear first. That is why the training you are attending today is called Lateral Kindness vs Lateral Violence.</p>	15
<p>Objectives:</p> <ol style="list-style-type: none"> 1. Define and recognize what it means to be laterally kind (LK) versus laterally violent (LV). 2. Explain and give examples of how LK practices can increase worker and client safety. 3. Explain and give examples of how LV practices can decrease worker and client safety. 	1
<p>Pre-assessment: Discuss with the group:</p> <p>What does lateral mean?</p> <ul style="list-style-type: none"> • Horizontal • Side-to-side • Sideways • Same level <p>What is the opposite?</p> <ul style="list-style-type: none"> • Vertical • Up and down • Hierarchy • Different levels 	5
<p>Participatory Learning – Part 1: In small groups, ask the students to share any ideas they have about the meaning of LK & LV. Return to the large group, and share ideas.</p> <p>What is Lateral Kindness?</p> <ul style="list-style-type: none"> • Kindness directed towards one's peers and community. • A full definition be founds in the Support Materials 	20

<p>Brainstorm: (write on wallpaper)</p> <ul style="list-style-type: none"> • Ask: What does LK look like? • Ask: How is LK an antidote to LV? • Discuss how <i>Random Acts of Kindness</i> are an act of <i>Lateral Kindness</i>. • Ask: What could <i>Random Acts of Kindness</i> look like in the workplace? • Ask: How do they help create a safer work environment? <p>Share the examples found in the Support Materials</p> <p>What is lateral Violence?</p> <ul style="list-style-type: none"> • Displaced violence directed against one's peers or community rather than adversaries. A full definition be founds in the Support Materials <p>Brainstorm: (write on wallpaper)</p> <ul style="list-style-type: none"> • Ask: What would <i>Vertical Violence</i> look like? (top-down) • Brainstorm examples: management, oppressive systems (gov't, colonial, patriarchy etc.), gossip. • Ask: What does LV look like at work? • Ask: How does LV create unsafe work environments? <p>Share the examples found in the Support Materials</p>	
<p>Participatory Learning – Part 2:</p> <p>Use the “Student Lateral Kindness Worksheet” and “Student Lateral Violence Worksheet” and have the participants to brainstorm answers to each of the questions. Work in small groups of 4-5 and have some groups work on Lateral Violence and some work on Lateral Kindness. (Groups will swap topic after the break.)</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>If you have a small class size or if there are no tables available, you can do this as a large group activity.</p> <ul style="list-style-type: none"> • Split the room in two, having one group work on Lateral Violence and the other on Lateral Kindness. • Write the answers directly onto poster-board/wallpaper. • Swap after the break </div> <p>Lateral Kindness Questions</p> <ol style="list-style-type: none"> 1. How do you practice LK? As an individual? As a team? 2. What do you observe when your team focuses on LK? 3. How is LK acknowledged? 4. What needs to happen to promote more LK in the workplace? <p>Lateral Violence Questions</p> <ol style="list-style-type: none"> 1. Why is LV happening? 2. How does LV manifest? What do you observe? 3. What should we do when we see LV or experience it? 4. What should we do to prevent LV? 	15

BREAK	10
<p>Small Group Practice continued</p> <p>Groups change topics and brainstorm their ideas on Lateral Kindness.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>For small classes sizes that have split into two groups:</p> <ul style="list-style-type: none"> • Have the students change places to look at the other groups' responses. • Group 1 reads and adds to Group 2's responses. • Group 2 reads and adds to Group 1's responses. </div>	20
<p>Presentation:</p> <p>Bring the groups back together and take up the worksheet. Have each group present a few of their findings and add in any they have missed.</p>	20
<p>Post-Assessment:</p> <p>In the large group, ask people to share what was most impactful for them and how they can implement this at work.</p> <p>Challenge the group to try some random act of kindness over the next week.</p> <p>Handouts: Workplace Kindness Challenge, FNHA From Lateral Violence to Lateral Kindness</p> <p>Hand out evaluation forms, give time to fill out</p>	10
<p>Summary / Closure activities:</p> <p>Refer back to objectives</p> <p style="padding-left: 40px;">Today, you had a chance to learn about lateral kindness and violence and how, when practiced, our workplaces can become either safe or unsafe for both staff and the people you serve.</p> <p>Announce next courses</p> <p>Recognize any Street Degree graduates with certificates</p>	5

Support Materials

Definitions and Examples of Lateral Kindness and Lateral Violence

“Lateral kindness is an approach to addressing lateral violence. It is based on Indigenous values that promote social harmony and healthy relationships. Lateral kindness uses First Nations teachings about respect, fairness, and the importance of relationships to create an environment built on a foundation of kindness....Lateral kindness has the power to improve health services by increasing workplace safety; improve retention of health staff by setting values, standards and relationships by building personal skills.”

From: [FNHA From Lateral Violence to Lateral Kindness](#)

Examples of Lateral Kindness:

1. Checking in with people/coworkers – how are you today?
2. ‘I’ Statements
3. Talking directly to people and not about them with other people (gossip)
4. Active listening and reflecting
5. No assumptions and judgments – talk to people
6. Humility – acknowledge concerns of others without getting defensive
7. Personal reflection before reacting
8. When giving feedback use ‘and’ instead of but
9. Calling in vs calling out
10. Listening – eye contact

“Lateral violence, which occurs when we direct our feelings of dissatisfaction or anger towards one another – instead of recognizing that the true adversaries are colonialism, internalized racism, and oppression in other forms.... is expressed in many ways, such as gossip, verbal and physical assaults, passive-aggressive behaviours, blaming, shaming, attempts to socially isolate others, demeaning activities, bullying, and threatening or intimidating behaviour.”

From: [FNHA From Lateral Violence to Lateral Kindness](#)

Examples of Lateral Violence:

1. Labels - Someone who uses meth calls someone who uses crack a “crackhead”
2. A co-worker interrupts another co-worker constantly
3. You see someone roll their eyes when a client says they will only be 5 more minutes
4. You hear someone say something racist
5. You hear someone comment negatively about someone’s sexual orientation
6. Misnaming
7. Define Microaggressions

Facilitator Lateral Kindness and Violence Answer Key

Lateral Kindness and Violence Answer Key

These are all examples of answers from previous sessions. Some may not be the answers you would think. Be curious and discuss whatever answers you hear from your group.

Lateral Kindness

1. How do you practice LK? As an individual? As a team?
2. What do you observe when your team is focusing on LK?
3. How is LK acknowledged?
4. What needs to happen to promote more LK in the workplace?

<p>How do you practice? Thank people Apologize Empathize Talk to each other Collaborate with clients/coworkers vs telling Trauma informed Boundary setting/ mutual respect Strength spotting vs negativity bias Assume best intention Authenticity Self care Pause before reacting Take an interest in each other Respectful Respond vs react /personal reflection before reacting Curiosity Don't take things personally Name and reframe Take ownership/ responsibility for your actions Strength spotting</p>	<p>What do you observe? Safer work spaces Good communication/collaboration Functioning teams Conflict management Non-threatening body language Organized responses to conflict Engagement with others Retention Less sick days Supportive environment Productivity Less stress Relaxed body language Collaborative/ less reactive Humility Calling 'in' vs calling 'out' – be curious, don't assume, & - talk directly to people Eye contact</p>
<p>How to acknowledge? Listen Accept apologies Staff appreciation Client appreciation Discuss situations Resolve situations Celebrate the wins Shared appreciation See each other as humans Use words</p>	<p>What needs to happen for your setting? Staff training Supportive leadership Address conflict Support staff to talk directly to each other Culture shift or culture of kindness Visuals ex. Posters Modeling Team building Check-in with staff Solution oriented conflict management There are 2 sides to every conflict When giving feedback use 'and' instead of 'but'</p>

Lateral Violence

1. Why is there lateral violence (LV)?
2. How does LV manifest?
3. What to do if you see LV or experience it?
4. How to prevent LV?

<p style="text-align: center;">Why is there?</p> <p>Fear Racism Hierarchy Mob mentality Drugs (lack off) Differences of opinion Beliefs Stress Feeling unsafe/ unheard Backlash Jealousy Anxious about change Threatened by positions of authority Scarcity – resources (gov’t and other), time etc. Trauma (defense mechanism) Felling of superiority of yourself or others Lack of sleep, nutrition or drug use (junk sick), homelessness Lack of friend & family support Misunderstandings Insecurities</p>	<p style="text-align: center;">How does it manifest?</p> <p>Gossip Stigma Crosstalk/ interrupting Down playing/ lessen someone’s experience Belittling/ blaming One up man ship Peer pressure Group shunning Silent treatment/ Ghosting Passive aggressive Bullying & cyber bullying (texts, social medias) Body language, gestures, eye rolling Verbal threats or physical violence Intimidation (dealers use intimidation) Drug/substance hierarchy – you do __ so you are worse/better than Route of admin hierarchy – I use __ way so I am worse/better than Labels and misnaming Racism Focus on the negative – negativity bias</p>
<p style="text-align: center;">What to do if you see it or experience it?</p> <p>Walk away, ignore it, say nothing Speak to the person Go score/ use Fight back Retribution Take a breath Take the person aside to try to fix it Healing circle Team building Activities that are fun and social Take it outside, deal with it and move on Curiosity – do not assume someone has bad intention There are different experiences of every interaction Practice lateral kindness Set boundaries Debrief Ask for help</p>	<p style="text-align: center;">How to prevent it?</p> <p>Walk away from gossip Check-in Lateral violence training Healing circle Regular chat/rant sessions to release negative energy Making sure people have resources they need Sharing the workload Sick/mental health day Non biased mediator Racism awareness day Fair policies & practices Safe space to voice concern Don’t repeat violence Exercise confidentiality Support each other when feeling down Remember bully is the one with the issues Treat others the way they want to be treated Team building</p>

Student Lateral Kindness Fillable Answer Key for Group Activity

LATERAL KINDNESS ANSWER KEY

Fill in examples of lateral kindness from group activity

How do you practice lateral kindness?
As an individual? As a team?

What do you observe when your team is focusing on lateral kindness?

How is lateral kindness acknowledged?

What needs to happen to promote more lateral kindness in the workplace? In the community?

V1 April 2023 Overdose Emergency Response Team VCH

Student Lateral Violence Fillable Answer Key for Group Activity

LATERAL VIOLENCE ANSWER KEY

Fill in examples of lateral violence from group activity

Why is there lateral violence?

How does lateral violence manifest?

What to do if you see lateral violence or experience it?

How can we prevent lateral violence?

V1 April 2023 Overdose Emergency Response Team VCH

Workplace Kindness Challenge



Workplace Kindness Challenge

This is a fun and engaging challenge to use in your workplace to encourage a kinder, more compassionate environment.

When someone completes all of the items below, celebrate! Consider offering an incentive like a gift card, a vacation day, tickets to an event or whatever is appropriate to your organization.

Wake up early to exercise	Place encouraging sticky notes in public areas	Smile	Donate to a local non-profit	STOP! Hydrate yourself.
Include someone who might have a new perspective.	Share your favorite song with someone	Create time in your day to connect with someone	Compliment with reckless abandon	Start and end the day with positive intentions
Send an uplifting text to a friend or family member	Laugh until your belly hurts	Treat someone to a cup of coffee (a colleague or stranger)	Download a meditation app and try it out before bed	Help someone that could use an extra hand
Celebrate someone's accomplishment.	Share some positivity	Write a list of things you appreciate about your boss and give it to them	Tidy up a disorganized area (your desk, storage room, etc.)	Text a colleague an encouraging message
Explore your surroundings	Start a gratitude journal	Tell someone they are doing a great job	Make it a point to listen to others and don't interrupt	Write a letter to your future self at futureme.org and schedule it to send back to you in 1 year
Leave a glowing review of a local business online	Take five minutes to think about all your positive relationships	Stop what you're doing and breathe deeply, close your eyes and appreciate your life.	Go for a long walk	Get some exercise doing something you enjoy!
Buy something from a locally owned business	Become a RAKtivist	Call someone you've been meaning to reach out to	Answer your phone with a smile on your face. People can 'hear' your smile	Recommend an uplifting movie or book to someone
Reflect on three things you accomplished this week	Leave coins at a vending machine so someone can enjoy a treat	Tell someone two things you appreciate about them	Relay an overheard compliment to someone	Send someone a card or note of appreciation
Put away your phone while in someone else's company	Bring a yummy treat in for everyone to enjoy	Don't complain for 24 hours	Publicly acknowledge someone who deserves the praise	Text someone a positive message
Change three small things about your routine that will help the environment	Take a walk and reflect on the things that bring you happiness	Remind yourself that you are doing the best you can	Exhibit kindness, even when in a hurry	Sign up to be an organ donor

RANDOM ACTS OF KINDNESS FOUNDATION*

If you're interested in working with us at The Random Acts of Kindness Foundation to create a customized challenge for your organization, email us at info@randomactsofkindness.org.

MODULE 8: Engagement (De-Escalation)

Overview

What did you learn about engagement and then de-escalation as a response to connecting with clients and then managing escalating behaviour?

Facilitators: Peers and guest speakers if needed

EDUCATION OVERVIEW

ENGAGEMENT (DE-ESCALATION)

<p>Objectives:</p> <ol style="list-style-type: none"> 1. Describe the importance of grounding practices 2. Define engagement and de-escalation (responding vs reacting) – and expose similarities and differences 3. Explore the context of situations through the Drug, Set & Setting model 4. Explain essential engagement & de-escalation strategies and how you would use these with clients. 	<p>Learning Methods:</p> <ol style="list-style-type: none"> 1. Discussion 2. Brainstorm 3. Videos 4. Practice - small group practice <p>Length : 2 hours</p>
<p>Supplies Needed (<i>optional in italics</i>):</p> <ul style="list-style-type: none"> • Sign-in sheet • Name tags • Markers • Board or chart paper • Pens • Snacks and Water • Hand Sanitizer • Projector • Computer 	<p>Printable Resources and Support Materials:</p> <ul style="list-style-type: none"> • Lesson Plan • Strength-Based Practice • Drug, Set, Setting One-Pager • De-escalation One-Pager • VIDEO: Brene Brown on Empathy vs Sympathy • VIDEO: Calming and De-Escalation Strategies • Evaluation forms • Street Degrees (<i>if anyone graduating</i>)

Lesson Plan

LESSON PLAN ENGAGEMENT (DE-ESCALATION)	2 hrs
Instructor / Facilitator Activities	Time
<p>Getting started:</p> <ul style="list-style-type: none"> • Territorial Acknowledgement • Content warning: Acknowledge the Toxic Drug Emergency, the work of everyone in the room, and why this topic is essential in this context. Recognize that students can bring up grief, loss, and fear, and point out supports. • Introductions of facilitators • Introduction of participants and icebreaker • Housekeeping (explain the structure of the next 2 hours, including break time) • Co-create group guidelines <p>Bridge In: Why are we focusing on engagement first, before de-escalation? Respond vs React – Be prepared and connect with clients. In addition, when de-escalation strategies are needed, preparedness will have happened, and severity and frequency will ideally be less.</p>	15
<p>Review Objectives: (Pre-written on wallpaper)</p> <ol style="list-style-type: none"> 1. Describe the importance of grounding practices. 2. Define engagement and de-escalation (responding vs reacting) – expose similarities and differences. 3. Explore context through the Drug, Set & Setting model. 4. List essential engagement & de-escalation strategies, and explain how you would use these with clients. 	1
<p>Pre-assessment:</p> <ol style="list-style-type: none"> 1. Has anyone taken an Engagement training? 2. How about De-escalation? 	5
<p>Participatory Learning:</p> <p>Activity 1 Brainstorm: Do you have any shared team grounding practices? Personal practices? (write on wallpaper)</p> <p>Do you ground yourself before you start work? Do you ground yourself before you enter a potentially challenging conversation? How do you ask for help if you are not prepared?</p> <p>Practice: Grounding exercise: 5 things you see, 4 things you feel, 3 things you hear, 2 things you smell, 1 thing you taste</p> <p>Discuss: Impact and purpose of grounding, other ideas for grounding</p> <p>Grounding examples: When washing hands - time to ground Do you know any breathing exercises?</p>	15

<p>Participatory Learning:</p> <p>Activity 2</p> <p>Presentation & Discussion</p> <p>Engagement vs de-escalation – why change language</p> <p>Any tools that come to mind that you already use? (write on wallpaper)</p> <p>Examples:</p> <ul style="list-style-type: none"> • Strength spotting vs Negativity bias • Respond vs React • Get ahead of the problem • Plan vs fix • Collaborate vs tell • Empathy vs Sympathy – WATCH VIDEO: Brene Brown on Empathy vs Sympathy <p>Additional concepts to explore in discussion</p> <p>Boundaries</p> <p>Trauma Informed</p>	15
<p>Participatory Learning:</p> <p>Activity 3</p> <p>Context – Drug, Set, and Setting - use handout Strength-Based Practice and Drug Set Setting</p> <p>Discuss In groups of 2-3:</p> <ol style="list-style-type: none"> 1. Drug: pick a substance 2. Set: Where is the person using this substance 3. Setting: What is that person experiencing today? 4. How will this combination affect their experience? <p>Return to large group and discuss</p>	15
<p>BREAK</p>	15
<p>Participatory Learning:</p> <p>Activity 4</p> <p>De-escalation techniques</p> <p>Escalation happened – NOW WHAT? Any tools that come to mind? (write on wallpaper)</p> <p>WATCH VIDEO: Calming and De-Escalation Strategies</p> <p>Discuss de-escalation strategies from the video (write on wallpaper)</p> <ul style="list-style-type: none"> • Respect space • Non-threatening verbal • Team – ask for help, how to accept help – managing our ego • Set limits • Repeat 	15

<ul style="list-style-type: none"> • Can the person be re-directed? Moved somewhere quiet? • Ignore challenging questions • Physical altercations – what do we do? Never touch people, get in the middle 	
<p>Participatory Learning:</p> <p>Activity 5</p> <p>Engagement skills to practice - use handout Strength Based Practice and Drug Set Setting</p> <p>Explain then practice with same group</p> <ol style="list-style-type: none"> 1. Strength spotting vs negative bias 2. Ask-Tell-Ask vs Tell-Tell-Tell <p>Discuss: Return as a group and review Any learnings to share with the group?</p> <p>Hand out evaluation forms, give time to fill out</p>	15
<p>Post Assessment:</p> <p>What is one engagement and one de-escalation tool you learned today?</p>	5
<p>Summary:</p> <p>Refer back to objectives</p> <p>Today you learned learn about engagement and then de-escalation as a response to connecting with clients and then managing escalating behaviour.</p> <p>Recognize any Street Degree graduates with certificates</p> <p>Announce next courses</p>	10

Support Materials

Strength-Based Practice One-Pager

Strength-Based Practices

WHAT IS STRENGTH-BASED PRACTICE?

- A collaborative process between staff and client
- Focus on what the client is doing well
- Client is seen as being resourceful and resilient rather than focusing on the problem or the problematic behavior
- May require re-framing of the situation to highlight strengths rather than the problem





BENEFITS

- A strengths-based approach aims to increase the hopefulness of the client
- Encourage people to make their own decisions and informed choices

TRY THIS!

STRENGTH SPOTTING

- **Label:** Name the strength you notice.
- What do you observe?
- **Explain:** Give an explanation for your observation. What were they doing when you noticed the strength?
- **Appreciate:** Express appreciation/affirmation. Why do you value that strengths expression?

OR TRY THIS!

ASK-TELL-ASK

- Ask a question, hear a response, ask another question, Repeat!
- Example:
 - Is it ok if I share some ideas?
 - *Listen to response
 - Can you tell me what you think?
 - *Listen to response
 - What else do you think?

WHAT IS THE OPPOSITE OF STRENGTH SPOTTING?

NEGATIVITY BIAS
The focus is on all the things that are wrong



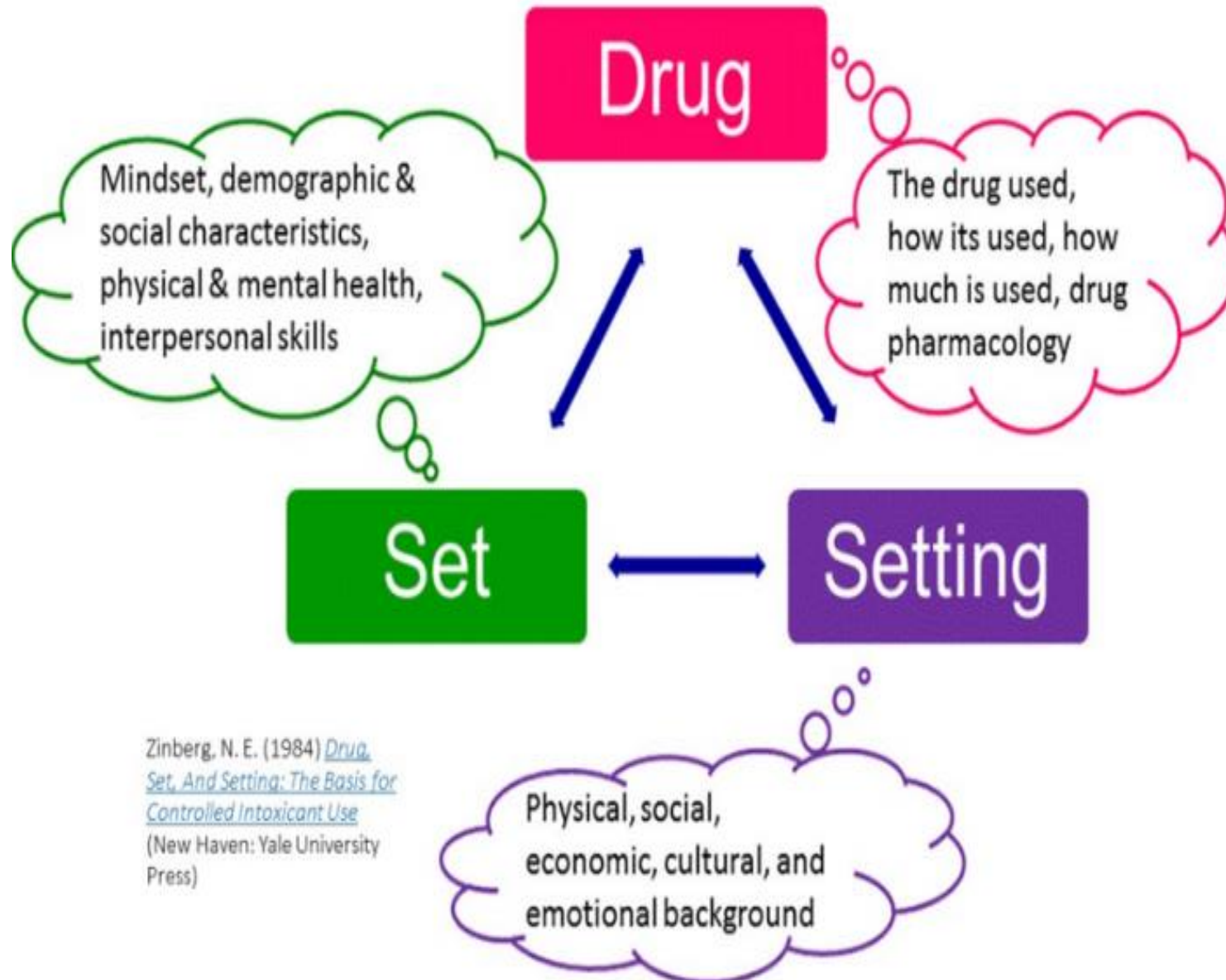
WHAT IS THE OPPOSITE OF ASK-TELL-ASK?

TELL-TELL-TELL!
No listening happening

overdoseresponse@vch.ca

2/08/2023

Drug, Set, Setting One-Pager



De-Escalation One-Pager

OVERAMPING FROM STIMULANTS

DE-ESCALATION



SET YOURSELF UP FOR SUCCESS

- Make a plan before an escalation
- Reflect on on your own emotions
- Decide who will lead
- Get to know your clients
- Be clear about wait times
- Make sure entrance and exits are clear and visible
- Decrease clutter
- Remove possible weapons
- Have a quiet space

STRATEGIES

- Scan the space for dangers
- Clear the space
- Ensure an exit
- Stay calm
- Open body posture
- Approach from front or side
- Monitor eye contact – not too much/ too little
- Give space
- Mirror body language
- sit if people are sitting/ pace if they are pacing
- Reduce stimuli
- Find a quiet place
- Calm even voice
- Simple questions
- Know your limits



AVOID

- Saying No
- Arguing
- Threatening
- Telling people to calm down
- Blocking exits
- Making false promises
- Raising your voice
- Taking things personally
- Restraining someone
- Turning your back on them



DE-ESCALATION KIT

Might include water, cigarettes, juice or coffee



SAY

- "You are safe here"
- "I'm here to help"
- "I want to understand more"
- "If you need time, that's fine"
- "I can suggest a few things"
- "You won't always feel this way"



REMEMBER TO BREATHE AND TRUST YOUR INTUITION

CREATED BY VANCOUVER COASTAL HEALTH, ADAPTED FROM FROM ST. STEVEN'S COMMUNITY HOUSE

<https://www.sschto.ca/Adults/Addictions/Crystal-Methamphetamine-Strategy>

www.vch.ca/overdose

Overdoseresponse@vch.ca

SEP 15, 20MAY 202320

MODULE 9: Resilience and Preventing Burnout

Overview

In this module, participants will learn about resiliency and preventing burnout.

Facilitators: Peers and guest speakers if needed

EDUCATION OVERVIEW RESILIENCE AND BURNOUT

<p>Objectives:</p> <ol style="list-style-type: none"> 1. Describe what it means to be resilient 2. List organizational practices that can contribute to a resilient team 3. Define burnout and explain strategies that can prevent this from happening 4. Determine how to create and establish safer workspaces for both staff and clients 	<p>Learning Methods:</p> <ul style="list-style-type: none"> • Lecture • Storytelling • Presentation • Group work • Brainstorm <p>Length : 2 hours</p>
<p>Supplies Needed (<i>optional in italics</i>):</p> <ul style="list-style-type: none"> • Sign in sheet • Name tags • Markers • Board or chart paper • Pens • Snacks and Water • Hand Sanitizer 	<p>Printable Resources and Support Materials:</p> <ul style="list-style-type: none"> • Lesson plan • Take Home Naloxone: A Guide to Promote Staff Resiliency & Prevent Distress After an Overdose Reversal • Self-care Handout (50 Ways to Take a Break) • VIDEO: Zone of Fabulousness Part 2 • Evaluation forms • Street Degrees (<i>if anyone graduating</i>)

Lesson Plan

LESSON PLAN RESILIENCY AND PREVENTING BURNOUT	2 hrs
Instructor / Facilitator Activities	Time
<p>Getting started:</p> <ul style="list-style-type: none"> • Territorial Acknowledgement • Content warning: Acknowledge the Toxic Drug Emergency, the work of everyone in the room, and why this topic is essential in this context. Recognize that students can bring up grief, loss, and fear, and point out supports. • Introductions of facilitators • Introduction of participants and icebreaker • Housekeeping (explain the structure of the next 2 hours, including break time) • Co-create group guidelines <p>Bridge In:</p>	15
<p>Objectives:</p> <ol style="list-style-type: none"> 1. Describe what it means to be resilient. 2. List organizational practices that can contribute to a resilient team 3. Define burnout and explain strategies that can prevent this from happening. 4. Determine how to create and establish safer workspaces for both staff and clients. 	1
<p>Pre-assessment: (Questions should be pre-written, write answers on wallpaper)</p> <p>How does it feel when you are resilient? What builds resilience? What is burnout? What does it feel like to be burned out?</p>	5
<p>Participatory Learning:</p> <p>Activity 1: VIDEO The Zone of Fabulousness Part 2</p> <p>Discuss:</p> <p>Small groups: What does Vicky mean by the zone of fabulousness? What does it mean when we are enmeshed? Or disconnected? What can we say to support each other when we are slipping too far toward enmeshment or disconnection?</p>	20
BREAK	15
<p>Discuss:</p> <p>Small Groups (refer to Take Home Naloxone handout page 1, Risk Factors for Staff Distress Question: What are risk factors for burnout? Answers from handout:</p> <ul style="list-style-type: none"> • Adverse outcome of the overdose despite naloxone intervention • Staff inexperience • Real or perceived lack of organizational support • Role ambiguity in the work place • Feeling of “too much responsibility” • Accumulated prior traumas • Client’s familiarity with staff • Client’s age 	35

<ul style="list-style-type: none"> • Environmental factors • Legal concerns 	
<p>Participation: Snowball activity – everyone takes several pieces of paper and writes strategies to prevent burnout and throws them to the front of the room. Read them aloud and discuss</p>	15
<p>Post-Assessment: Turn to the person next to you and share one strategy from today’s session that you want to use to resist burnout. Hand out evaluation forms, give time to fill out</p>	5
<p>Summary: Refer back to objectives Today, we discussed resiliency tools and how they can lead to preventing burnout. Recognize any Street Degree graduates with certificates Announce next courses</p>	10

Support Materials

See next page

Self-care Handout (50 Ways to Take a Break)

50 Ways to Take a Break

- Take a Bath
- Listen to Music
- Take a Nap
- Go to a body of water
- Watch the clouds
- Light a candle
- REST your legs up on a wall
- Let out a sigh
- Fly a Kite
- Watch the stars
- Learn something NEW
- Listen to a guided relaxation
- Read a Book
- Write a Letter
- 2x Move twice as slowly
- Take Deep Belly Breaths
- MEDITATE
- Notice your Body
- Call a Friend
- Meander around Town
- WRITE in a journal
- Walk Outside
- Buy some Flowers
- Find a relaxing Scent
- Go for a run
- Take a bike ride
- Create your own coffee break
- View some ART
- Turn off all electronics
- Go to a park
- Pet a furry creature
- Examine an everyday object with Fresh Eyes
- Drive somewhere NEW
- Go to a Farmer's Market
- Forgive Someone
- read or watch something FUNNY
- Engage in small acts of KINDNESS
- Make some MUSIC
- Climb a Tree
- Let go of something
- Put on some music and DANCE
- Give Thanks
- Write a quick poem
- Read poetry
- Do some gentle stretches
- Print on a surface other than paper
- Write a quick poem
- Read poetry
- Put on some music and DANCE
- Give Thanks

Karen Homeffer-Ginter www.kareng.com Art by Paulo Hanes www.chart-nlogic.com

After an Overdose

After an O.D.

- 1.** Commitment to each other's wellness. Commit to making time immediately after the incident to check in with each other.
- 2.** Connection is key. Our aim is to connect in solidarity, and not to go over any grim details. Offer choices if your partner is struggling with containment. When folks are overwhelmed it's not easy for them to say what they need, but having choices offered is useful: a hug, a phone call to a friend...think useful, immediate things.
- 3.** What did we do right? Share your knowledge. Our responses to the epidemic are being developed by our peers, in the moment. We want to share the learning of what we did right.
- 4.** What do we need to do differently? We want to be cautious not to share the grim details, but we also need to share things that everyone should know. Each time that we respond we learn something new, and it's okay to acknowledge that we may do things differently the next time.

CONNECT

Resiliency

for LIFE

Design and Text:
www.taniewillard.ca
www.vikireynolds.ca

atira
WOMEN'S EMPOWERMENT SOCIETY

atira
WOMEN'S EMPOWERMENT SOCIETY

phs
COMMUNITY HEALTH SERVICES SOCIETY

raincity
HOUSING

Retrieved from: <https://vikireynoldsdotca.files.wordpress.com/2017/09/poster22x-100.jpg>

MODULE 10: Safer Consumption

Overview

In this module, learners learn how to communicate clearly with OPS participants about safer substance consumption techniques.

Participants will demonstrate how to use various harm reduction supplies, find appropriate veins, care for veins and support safer inhalation, snorting and rectal (booty bumping) administration practices.

Facilitators: People with Lived and Living Experience

(We suggest one trainer for every five learners to help with hands-on practice)

EDUCATION OVERVIEW SAFER CONSUMPTION

Objectives:

1. Explain how to use communication skills, creating a “verbal agreement”
2. Discuss and explain the various ways to administer/use drugs
3. Demonstrate how to use harm reduction supplies
4. Describe how to find veins and vein care
5. Explain a basic understanding of key substance use related Infections

Learning Methods:

- Discussion
- Demonstration
- Hands-on practice
- Training others in small groups

Length : 2 hours

Supplies Needed (*optional in italics*):

- Sign in sheet
- Name tags
- Markers
- Board or chart paper
- Pens
- Snacks and Water
- Hand Sanitizer
- 1ml, 3ml, 5ml syringes
- Filters
- Vitamin C
- Sterile water
- Needle Tips (Various needle tip sizes)
- Swabs/Gauze
- Tourniquet
- Cookers
- Pipe/mouth piece
- Foil
- Screen
- *Injection Training Arm (buy online or contact health unit to borrow)*

Printable Resources and Support Materials:

- [Lesson plan](#)
- [Safer Sex and Safer Drug Use](#)
- [Overdose Prevention Site Manual, Vancouver Coastal Health](#)
- [Connecting: A Guide to Using Harm Reduction Supplies as Engagement Tools](#)
- [BCCSU IVDU Wounds Document](#)
- [Safer Smoking Pamphlet](#)
- [Safer Injection Pamphlet](#)
- [Safer Tablet Injection Pamphlet](#)
- [Needle Barbing Image](#)
- [Bevel Up Diagram](#)
- [Toxic Drugs: Ideas to Stay Alive](#)
- [Booty Bump: What It Is Boofing? How It's Done & Risks](#)
- [Safer Snorting](#)
- [Evaluation forms](#)
- [Street Degrees \(if anyone graduating\)](#)

Lesson Plan

LESSON PLAN SAFER CONSUMPTION	2 hrs
Instructor / Facilitator Activities	Time
<p>Getting started:</p> <ul style="list-style-type: none"> • Territorial Acknowledgement • Content warning: Acknowledge the Toxic Drug Emergency, the work of everyone in the room, and why this topic is essential in this context. Recognize that students can bring up grief, loss, and fear, and point out supports. • Introductions of facilitators • Introduction of participants and icebreaker • Housekeeping (explain the structure of the next 2 hours, including break time) • Co-create group guidelines <p>Bridge In:</p> <p>There are so many ways that people consume drugs, yet we tend to focus only on a few of these ways. Knowing how people use drugs and the unique harm reduction tools will help you give the best information to your clients so they can make the best decisions to support their health.</p>	15
<p>Objectives:</p> <ol style="list-style-type: none"> 1.Explain how to use communication skills, creating a “verbal agreement” 2.Discuss and explain the various ways to administer/use drugs 3.Demonstrate how to use harm reduction supplies to promote healthy outcomes. 4.Describe how to find veins and vein care to provide safer injection techniques 5.Explain a basic understanding of key Intravenous Drug Use (IVDU) related Infections 	1
<p>Pre-assessment:</p> <p>How confident do you feel providing education about harm reduction supplies? What are all the different ways that people can use drugs?</p>	5
<p>Participatory Learning:</p> <p>Discussion: Communication and Safety:</p> <p>What is important to communicate up front when doing “booth care” at site where clients are injecting their substances?</p> <ul style="list-style-type: none"> • Do an environmental scan – watch for peoples belongings, uncapped rigs • Asking permission to touch people, feel for veins • Boundaries – tapping out after 2 or 3 attempts, clear communication and rapport • Body Sites – comfortable – hands, feet, etc... • Buddy Injection Support – see Participants who are unable to self inject in Overdose Prevention Site Manual, Vancouver Coastal Health • Splitting & Sharing –Overdose Prevention Site Manual, Vancouver Coastal Health <p>Safer Injection Techniques:</p> <p>Tips and Tricks to find veins (brainstorm):</p> <ul style="list-style-type: none"> • Increase Fluid Intake • Warming up body and using warm compress • Rotating sites • Taking a break if possible <p>Using a tourniquet (tie)Vein Finding:</p> <ul style="list-style-type: none"> • Finding Veins – Vein (no pulse) vs. Artery (has a pulse) 	45

<ul style="list-style-type: none"> • NO go zones! <p>Choose distal veins (far from your core) before proximal (close to core) veins Safer Injection Key messages:</p> <ul style="list-style-type: none"> • Handwashing and ensuring everything kept as clean as possible • Demonstrate Supplies: why and how to use each one • Tying a tourniquet for quick release • Preparing, cooking and filtering • Cleaning injection site with alcohol (circle outward) • Bevel up • Flagging • PICC Injection – Not the first option • Safer Tablet Injection <p><u>IVDU Related Infections:</u></p> <ul style="list-style-type: none"> • Abscesses – Cellulitis • Endocarditis • Osteomyelitis • Sepsis/Bacteremia • HIV and Hep C <p><u>Safer Smoking Techniques</u></p> <ul style="list-style-type: none"> • Safe smoking supplies • Crack and meth pipes, foil • Screen vs. Brillo • Mouthpieces, sharing pipes • Start low, go slow <p>*See resource for related infections</p> <p><u>Safer Snorting Techniques</u></p> <ul style="list-style-type: none"> • Straws, glass or metal – don’t share can pass viruses and bacteria • Clean hard surface • Nose care – clean nose with sterile water or saline, crush substances, switch nostrils, vitamin E oil <p>*See resource for related infections</p> <p><u>Safer Booty Bumping</u></p> <ul style="list-style-type: none"> • Common Substances: Cocaine, Fentanyl, Morphine, MDMA, Xanax, Alcohol, Ketamine – what else? • Preparing, cooking and filtering substance • lube • Syringe with removable needle tip <p>*See resource for related infections</p>	
<p>BREAK</p>	<p>15</p>
<p>Practice Time:</p> <ul style="list-style-type: none"> • Breakout into groups of 4-5 people • Rotate going through practicing with arm manikin, 	<p>30</p>

<ul style="list-style-type: none">• Review harm reduction supplies for all ways to use substances• Facilitators support each group	
Post-Assessment Discuss how confident you feel about the learning objectives 1-5 using an “Arm -o-meter”.	5
Summary: Questions/Comments Evaluations	10

Support Materials

Skin Infections (BCCDC)

Harm Reduction Resources

Skin Infections



What is a skin infection?

A skin infection is when germs like bacteria and viruses infect the skin through the blood. These germs can spread to other areas like the brain, heart, spine and bones, and cause life-threatening infections.

Cellulitis and abscesses are examples of skin infections.



1 Abscess

What can cause skin infections?

- Drugs cut with irritating substances
- Scratches, burns & wounds
- "Missing" the vein
- Bug bites
- Broken skin (e.g., eczema)
- "Skin popping" (injecting under the skin)

What does it look and feel like?

- Sensitive/painful to touch
- Increase or change in drainage color
- Redness, warmth & swelling
- Foul smell after cleaning



2 Red "streaks"

Signs the infection could be spreading

- Fever and chills
- Short of breath
- Fast heart rate
- Low blood pressure
- Redness is spreading
- Feeling faint/unwell
- Red "streaks"

Get help right away!

Mark the edge to see if the redness is spreading

What can increase risk?

- Weakened immune system due to medications or health conditions (e.g., diabetes, chemotherapy, HIV)
- Unclean skin or injection supplies
- Poor circulation
- Lack of access to healthy foods



3 Cellulitis

DO

- ✓ See a healthcare provider as soon as you can for:
 - Wound care, medications & draining of abscesses if needed
 - Tetanus and hepatitis B immunizations
- ✓ If you can't get help right away:
 - Apply warm damp towels or soak abscesses in warm salt water several times a day.
 - Raise the area if there is swelling.
 - Clean the wound. Sterile saline or sterile water is best. Tap water is OK to use.
 - Keep open wounds covered with clean & dry bandages.
 - Get help if there are symptoms of infection. If treated quickly, hospital stays can be avoided
- ✓ Wash your hands and body with soap & water.
- ✓ Boost protein (e.g., nuts, beans, tofu, fish, meat), minerals & vitamins in your diet or take a multivitamin. This will help wounds heal.

DON'T

- ✗ Poke or cut open an abscess. This can damage your skin and spread the infection.
- ✗ Take antibiotics meant for other people or animals. The wrong medication or dose can make you sick or cause antibiotic resistance.
- ✗ Use creams or ointments unless advised to by your healthcare provider. They can make the infection worse.
- ✗ Use hydrogen peroxide, alcohol wipes or rubbing alcohol. They slow healing.

1 <https://medpics.ucsd.edu/index.cfm?curpage=image&course=clinimg&mode=browse&lesson=114&img=1954>
 2 Dr. John Heilman (2010) <https://commons.wikimedia.org/wiki/File:Cellulitis.Jmh649.JPG>
 3 <https://www.nhs.uk/conditions/cellulitis/>

Skin Infections: drug use tips

- Before injecting, clean the injection site with soap & water, or alcohol swabs.
- Do not use saliva.



Rotate sites to avoid collapsed veins, scar tissue & bruising.

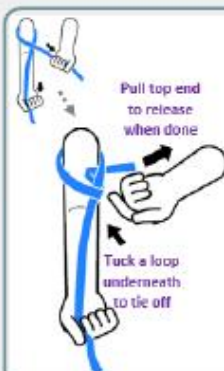
Use ascorbic acid (Vitamin C). Lemon juice can cause infections.



Use sterile water to dissolve drugs. Non-sterilized water can damage veins and cause infection.

Safer Injection tips to avoid damage to the skin and skin infections

Use new supplies each time.
Never reuse or share supplies.

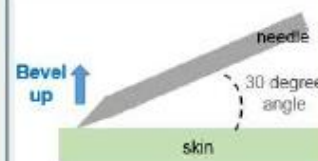


- Use an elastic tie to make it easier to find a vein.
- Allows for quick release without damaging the skin or veins.
- Release the tie **before** injecting to avoid damaging the vein.

Use **Sterifilt FAST** filters, to remove fillers & coatings. They can filter better than cotton.



Bevel = sloped edge of the needle tip



Bevel up when injecting to avoid damaging the vein

Get your drugs checked to see what's in them!

In the toxic drug supply, drugs can be cut with things that can make you sick or cause skin infections.

See the resource page of the [Toward the Heart](https://towardtheheart.com) website for more information.

Drug Checking Services in BC

- BC Centre for Substance Use: <https://drugcheckingbc.ca/drug-checking-sites/>
- [Getyourdrugtested.com](https://getyourdrugtested.com) - by mail too
- Toward the Heart - find a site <https://towardtheheart.com/site-finder>

More tips

Have an overdose plan.
Carry naloxone.

Be aware of your health & tolerance

Start low, go slow

Use one drug at a time

Beware of mixing. Avoid using alcohol. Prescription drugs can increase risk of overdose. If you do mix, use less than you normally would and go slow.

Have a buddy

If you choose to use alone, get someone to look in on you. Use a life saving app like [Lifeguard](#) or [Brave](#).

Injection-Related Related Infections

Abscesses/cellulitis

An abscess is an enclosed collection of liquid (pus) anywhere in the body. It can form in the skin, muscle, or other soft tissues. Cellulitis is an infection of skin or soft tissue. Bacteria is the cause of both abscesses and cellulitis. Bacteria can be introduced when skin is not cleaned well before injecting. The four primary signs and symptoms of soft tissue infection are heat, swelling, redness, and pain.

Participants with an abscess or cellulitis should seek medical attention, as they could need antibiotics. The serious bacterial infections are sepsis, endocarditis, or osteomyelitis. If they are not treated early enough can lead to severe medical complications.

Sepsis

Sepsis is a blood infection. This can occur for many reasons related to IV drug use, and when the content of an abscess leaks into the body's blood circulation. It can result in severe organ damage or death. Signs and symptoms include chills, fever, aching, and general discomfort.

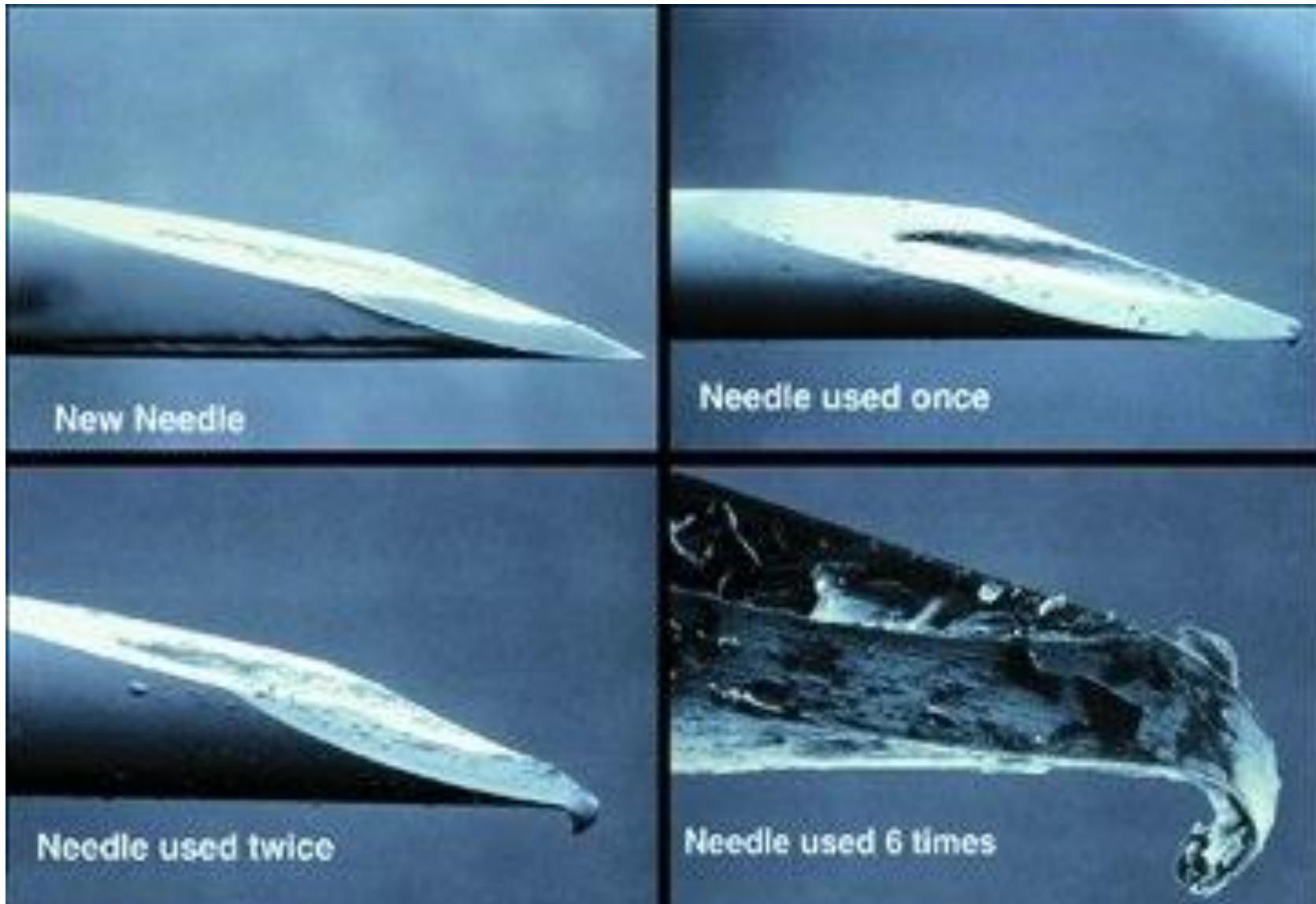
Endocarditis

A bacterial infection inside the heart's chambers or valves. One of the ways bacteria becomes a problem is when the skin is not being cleaned properly prior to injection, allowing bacteria to enter the bloodstream and then the heart. Signs and symptoms include fever and/or chills; sweating and/or night sweats; weakness and/or fatigue; joint and/or muscle pain; shortness of breath; swelling of feet, legs, and/or abdomen; weight loss.

Osteomyelitis

Is a painful infection of a bone and the surrounding tissue. IV drug use is a common cause of osteomyelitis, often from soft tissue infection near the bone. Signs and symptoms include pain (particularly low back), fever and/or chills, swelling, redness and/or warmth over infected bone, and sweating.

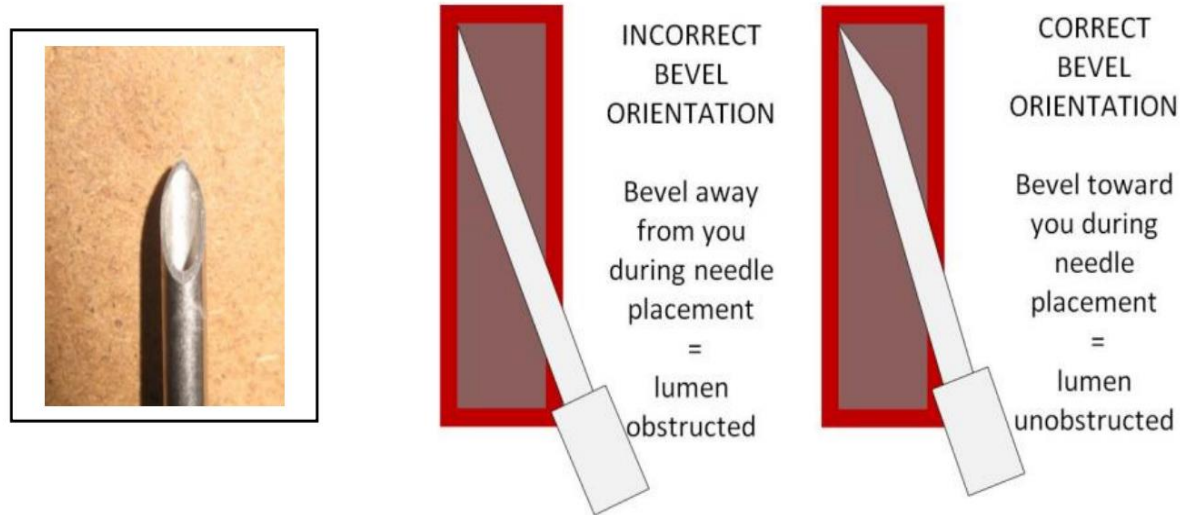
Needle Barbing Image



Source: Drugs and Health Development Project (2009). Tips for Vein Care. Retrieved August 22, 2018, from <http://www.drugsproject.co.nz/health/vein-chart>

Bevel Up Diagram

Placement of the needle into the vein should always be done with the bevel facing toward you.



Source: IV Injection Basics. Retrieved August 22, 2018, from http://www.r-vets.org/IV_Injection_Basics.pdf

Toxic Drugs: Ideas to stay alive



Toxic drugs:

Ideas to stay alive



Naloxone kits and training



Use at an OPS



Ask about safer supply



Use where people can see you



Plan for relapse: Be extra careful if you use when your tolerance is down



If you are using because of symptoms of withdrawal, discuss your OAT with your clinic



Watch for drug alerts on posters, websites, RADAR



Test your drugs at an OPS or with take home strips



Use a little first, then the rest



If your goal is not to use, what supports will help?



Use with a friend or ask someone to check on you after



Use Lifeguard app or with a friend on the phone to send help if you can't respond

info: OverdoseResponse@vch.ca

V1 Mar 1 2021

Available for download at: <https://www.vch.ca/en/overdose-response-naloxone-training>

APPENDICES

Facilitator Guide for Online Street Degree: Assessing and Responding to Complex Opioid Overdoses



Facilitator Guide

Knowing What To Do:

Assessing and responding to complex opioid overdoses



When working through this course in a group:

- Go through the course first so you're very familiar with each section
- Print this guide to have on hand to help you navigate the course
- Go through the module one section at a time
- Pause to discuss the content or explore any questions
- Pause after videos to discuss thoughts on what is presented
- You might be coming to this with a lot of experience: If you feel confident that you can explain some of this material in your own words, you can skip those videos or activities
- Pass around tools for advanced overdose response when they are talked about in each section
- Try out and keep practicing the skills demonstrated in the course – there's no substitute for hands-on practice!

TOPIC

This course covers advanced overdose response, including assessing and responding to mild, moderate and severe overdoses. This course also covers advanced overdose tools like bag-valve masks, oral airways, and oxygen.



COURSE SECTIONS

SECTION 1: Introduction

SECTION 2: Mild (Stage 1) Overdose

SECTION 3: Moderate (Stage 2) Overdose

SECTION 4: Severe (Stage 3) Overdose

SECTION 5: Wrap Up

TIME

This entire course should take about 2 hours to complete, but everyone's pace is different, so don't be concerned if it takes either more or less time. The important thing is to learn the material.

SUPPLIES

Practice by using the tools (like masks, airways, oxygen) that you'll have available to you at your OPS or worksite. If you don't have access to some supplies, it's more important to get comfortable using the ones you have.

Recommended supplies (at least one set to pass around):

BVM and/or triangle pocket mask, oral airway, inflatable Annie dolls, THN practice kits, personal protective equipment (mask, goggles, gloves), sharps box to dispose of needles and vials safely.

If available: pulse oximeter, oxygen tank, injection pad (or glove stuffed with bubble wrap).

Audio visual supplies (if available):

Computer and projector to show the online module to the group in front of the class.

SECTION ONE

Section 1: Introduction

The main objectives of this section are to be able to:

- Understand the scope of the module
- Meet the two fictional "hosts"
- Understand course navigation

Section Title	Content Summary/Format
Welcome	Introduction and land acknowledgment
Working in groups or working solo	Instructions for working in groups or solo
Meet Sarah & David	Introduction to the two "host" characters who will accompany our learning journey <ul style="list-style-type: none"> • Animated video
Using this course	Overview of contents and instructions for how to use the course <ul style="list-style-type: none"> • Click and reveal

SECTION 2 – Mild (Stage 1) Overdose

Section 2: Knowing What to Do: Assessing and responding to complex opioid overdoses – Mild (Stage 1)

The main objectives of this section are to be able to:

- Assess a mild (stage 1) overdose
- Describe the steps to follow when responding to a mild (stage 1) overdose
- Explain how to use a pulse oximeter to assess an overdose

Section Title	Content Summary/Format
Learning objectives	Overview of section learning objectives
Terms used in this course	A list of terms used throughout this module <ul style="list-style-type: none"> Click and reveal
SAVE ME steps	SAVE ME steps <ul style="list-style-type: none"> Click and reveal Breathing <ul style="list-style-type: none"> Image with clickable hotspots Using a pulse oximeter <ul style="list-style-type: none"> Video Oximeter troubleshooting Quiz
Assessing and responding to a mild (stage 1) overdose	Explaining OD stages <ul style="list-style-type: none"> Animated video Quiz OD stages continued <ul style="list-style-type: none"> Animated video Chart on Mild (Stage 1) ODs – signs and interventions
Knowing what to do	Mild OD scenario and questions <ul style="list-style-type: none"> Use the tips and tools drop-down menus to access resources to help answer the questions
Reflecting on what you've learned	Question for review
Summary	Summary of key concepts

SECTION 3 – Moderate (Stage 2) Overdose

Section 3: Knowing What to Do: Assessing and responding to complex opioid overdoses – Moderate (Stage 2)

The main objectives of this section are to be able to:

- Assess a moderate (stage 2) overdose
- Describe the steps to follow when responding to a moderate (stage 2) overdose
- Explain how to use a triangle (pocket) mask

Section Title	Content Summary/Format
Learning objectives	Overview of section learning objectives
What's been your experience with more complex overdoses?	Reflection questions asking about experiences with complex overdoses
Assessing a moderate (stage 2) overdose	What's a stage 2 overdose? <ul style="list-style-type: none"> Animated video
When to give breaths	When to give breaths Quiz
Naloxone in a moderate (stage 2) overdose	When to give naloxone in a moderate overdose <ul style="list-style-type: none"> Click and reveal Quiz
Airway management including airway opening & clearing	Ways to open an airway <ul style="list-style-type: none"> Click and reveal Quiz
Advanced airway interventions	Advanced airway intervention tools <ul style="list-style-type: none"> Click and reveal Plastic mask or pocket mask Oxygen <ul style="list-style-type: none"> Click and reveal Video Quiz Oxygen use checklist <ul style="list-style-type: none"> PDF

SECTION 3 – Moderate (Stage 2) Overdose (cont'd)

Responding to a moderate (stage 2) overdose	Explaining stage 2 overdose <ul style="list-style-type: none"> • Animated video Chart on Moderate (Stage 2) ODs – signs and interventions
Handover to EHS/ ambulance	Instructions for what to do in a handover
Knowing what to do	Moderate OD scenario and questions <ul style="list-style-type: none"> • Use the tips and tools drop-down menus to access resources to help answer the questions
Reflecting on what you've learned	Question for review
Summary	Summary of key concepts

SECTION 4 – Severe (Stage 3) Overdose

Section 4: Knowing What to Do: Assessing and responding to complex opioid overdoses – Severe (Stage 3)

The main objectives of this section are to be able to:

- Assess a severe (stage 3) overdose, or any unusual overdoses
- Describe the steps to follow when responding to a severe (stage 3) overdose
- Explain how to use an oropharyngeal airway (OPA), also called an oral airway, and a bag valve mask (BVM)
- List ways a team can work together to improve overdose response
- AND watch a full severe overdose response on video

Section Title	Content Summary/Format
Learning objectives	Overview of section learning objectives
Terms used in this course	A list of terms used throughout this module <ul style="list-style-type: none"> • Click and reveal
Assessing a severe (stage 3) overdose	What's a stage 3 overdose? <ul style="list-style-type: none"> • Animated video
Fentanyl overdoses	What to do in fentanyl overdoses <ul style="list-style-type: none"> • Click and reveal Quiz

SECTION 4 – Severe (Stage 3) Overdose (cont'd)

Benzo overdoses	What to do in benzo overdoses <ul style="list-style-type: none"> Click and reveal Quiz
Flailing (dyskinesia)	What to do in benzo overdoses <ul style="list-style-type: none"> Click and reveal Quiz
Advanced airway interventions – oral airways (OPA) & bag valve masks (BVM)	Pros and cons of an OPA <ul style="list-style-type: none"> Click and reveal Sizing an OPA <ul style="list-style-type: none"> Video Quiz When to use an OPA <ul style="list-style-type: none"> Click and reveal Pros and cons of a BVM <ul style="list-style-type: none"> Click and reveal How to use a BVM <ul style="list-style-type: none"> Click and reveal Video Quiz
Naloxone in a severe (stage 3) overdose	Naloxone use <ul style="list-style-type: none"> Click and reveal
AED	AED use <ul style="list-style-type: none"> Click and reveal Video
Reviewing the advance overdose tipsheet	VCH Tip Sheet contents <ul style="list-style-type: none"> Click and reveal
Team roles	Review of team approach <ul style="list-style-type: none"> Click and reveal Quiz
Responding to a severe (stage 3) overdose	Explaining stage 3 overdose <ul style="list-style-type: none"> Animated video Chart on Severe (Stage 3) ODs – signs and interventions

SECTION 4 – Severe (Stage 3) Overdose (cont'd)

Knowing what to do	Severe OD scenario and questions <ul style="list-style-type: none"> Use the tips and tools drop-down menus to access resources to help answer the questions
Reflecting on what you've learned	Question for review
Putting it all together	Responding to a complex overdose <ul style="list-style-type: none"> Video scenario Quiz
Summary	Summary of key concepts

SECTION FIVE

Section 5: Knowing What to Do: Assessing and responding to complex opioid overdoses – Wrapping Up

The main objectives of this section are to be able to:

- Know where to go for support
- Know what other courses are available
- Acknowledge those people who helped create this course

Section Title	Content Summary/Format
Looking back on what we covered	Quick topic review
Where can I go for support?	List of links to references and resources
What's next?	Summary of additional courses
Credits	List of organizations and people involved in the creation of the course

Facilitator Guide for Online Street Degree: First Responder Collaboration



Facilitator Guide

Knowing What To Do:

First Responder Collaboration



When working through this course in a group:

- Go through the course first so you're very familiar with each section
- Print this guide to have on hand to help you navigate the course
- Go through the module one section at a time
- Pause to discuss the content or explore any questions
- Pause after videos to discuss thoughts on what is presented
- You might be coming to this with a lot of experience: If you feel confident that you can explain some of this material in your own words, you can skip those videos or activities
- Pass around tools for advanced overdose response when they are talked about in each section
- Try out and keep practicing the skills demonstrated in the course – there's no substitute for hands-on practice!

TOPIC

This course explores how peers and other first responders can work together to give the patient the best treatment possible, including special focus on:

- Working together
- Sharing information
- Handing over care



COURSE SECTIONS

SECTION 1: Introduction

SECTION 2: Working Together

SECTION 3: Sharing Information

SECTION 4: Making the Transfer

SECTION 5: Wrapping Up and Next Steps

TIME

This entire course should take about 1-2 hours to complete, but everyone's pace is different, so don't be concerned if it takes either more or less time. The important thing is to learn the material.

SUPPLIES

Practice by using the tools that you'll have available to you at your OPS or worksite. If you don't have access to some supplies, it's more important to get comfortable using the ones you have.

Recommended supplies (at least one set to pass around):

BVM and/or triangle pocket mask, oral airway, THN practice kits, personal protective equipment (mask, goggles, gloves).

If available: pulse oximeter, oxygen tank, injection pad (or glove stuffed with bubble wrap) if people want to practice using the vanish-point syringes.

Audio visual supplies (if available):

Computer and projector to show the online module to the group in front of the class.

SECTION ONE

Section 1: Introduction

The main objectives of this section are to be able to:

- Understand the scope of the module
- Meet the two fictional "hosts"
- Understand course navigation

Section Title	Content Summary/Format
Welcome	Introduction and land acknowledgment
Meet Sasha & Bryan	Introduction to the two "host" characters who will accompany our learning journey
Peers in action	<p>Scenario: Overdose at the OPS</p> <ul style="list-style-type: none"> • Video <p>Reflection question about the scenario</p>
Working in groups or working solo	Instructions
Terms used in this course	Click and reveal
Using this course	<p>Overview of contents and instructions</p> <ul style="list-style-type: none"> • Click and reveal

SECTION 2

Section 2: Working Together

The main objectives of this section are to learn about:

- What motivates peers, BCEHS and Fire to help others
- What tools BCEHS and Fire use on a call
- How to identify yourself as a trained peer responder

Section Title	Content Summary/Format
Learning objectives	Overview of section learning objectives
Calling 9-1-1	Revisiting the main scenario <ul style="list-style-type: none"> • Video Interview with BCEHS call taker <ul style="list-style-type: none"> • Video What to expect when calling 9-1-1
What tools do BCEHS and Fire use?	Photo <ul style="list-style-type: none"> • Click and reveal
Being recognized as a trained peer responder	Illustrated story
Knowing what to do	Quiz
Summary	Summary of key concepts

SECTION 3

Section 3: Sharing Information

The main objectives of this section are to learn about:

- What details we'll be asked – or need to report – when handing over care to other first responders like BCEHS and Fire

Section Title	Content Summary/Format
Learning objectives	Overview
How to report to BCEHS or Fire	Illustrated story

SECTION 3 (cont'd)

Information sharing with BCEHS and Fire	Interview with a paramedic <ul style="list-style-type: none"> Video Important reporting points <ul style="list-style-type: none"> Click and reveal
Giving a report	Click and reveal
Putting it into practice	Revisiting the main scenario <ul style="list-style-type: none"> Video Quiz
Summary	Summary

SECTION 4

Section 4: Making the Transfer

The main objectives of this section are to learn about:

- Physical care handover – from peer to BCEHS or Fire including the BVM and CPR
- Team approaches and team roles in an overdose
- Hands-on practice

Section Title	Content Summary/Format
Learning objectives	Overview of section learning objectives
We're a team	Understanding the team approach to passing over care <ul style="list-style-type: none"> Illustrated story
Hand over care	Revisiting the main scenario <ul style="list-style-type: none"> Video Quiz
Team approach	What to do in fentanyl overdoses <ul style="list-style-type: none"> Click and reveal Quiz
Hands on practice	Practice roles using a scenario Practice a BVM handover
Summary	Summary of key concepts

SECTION 5

Section 5: Wrapping up and next steps

The main objectives of this section are to:

- Review key topics explored in this module

Section Title	Content Summary/Format
Looking back at what we covered	Importance of good communication with BCEHS and Fire <ul style="list-style-type: none"> Illustrated story Quick topic review
Where can I go for support?	List of references and resources <ul style="list-style-type: none"> Links
What's next?	Summary of additional courses
Credits	List of organizations and people involved in the creation of the course

Facilitator Guide for Online Street Degree: Managing Medical Emergencies



Facilitator Guide

Knowing What To Do:

Managing Medical Emergencies



When working through this course in a group:

- Go through the course first so you're very familiar with each section
- Print this guide to have on hand to help you navigate the course
- Go through the module one section at a time
- Pause to discuss the content or explore any questions
- Pause after videos to discuss thoughts on what is presented
- You might be coming to this with a lot of experience: If you feel confident that you can explain some of this material in your own words, you can skip those videos or activities
- Pass around tools for advanced overdose response when they are talked about in each section
- Try out and keep practicing the skills demonstrated in the course – there's no substitute for hands-on practice!

TOPIC

This course explores what to do when you encounter other types of medical emergencies besides overdoses when working at an OPS.



COURSE SECTIONS

SECTION 1: Introduction

SECTION 2: Medical Emergencies & Warning Signs

SECTION 3: Identifying & Responding to Medical Emergencies

SECTION 4: Practice

SECTION 5: Wrapping Up

TIME

This entire course should take about 1-2 hours to complete, but everyone's pace is different, so don't be concerned if it takes either more or less time. The important thing is to learn the material.

SUPPLIES

(At least one set to pass around): BVM and/or triangle pocket mask, oral airway, THN practice kits, personal protective equipment (mask, goggles, gloves).

Audio visual supplies (if available):

Computer and projector to show the online module to the group in front of the class.

SECTION ONE

Section 1: Introduction

The main objectives of this section are to be able to:

- Understand the scope of the module
- Meet the two fictional "hosts"
- Understand course navigation

Section Title	Content Summary/Format
Welcome	Introduction and land acknowledgment
Working in groups or working solo	Instructions
Meet our team	Introduction to the "host" characters who will accompany our learning journey
Terms used in this course	Click and reveal
Using this course	Overview of contents and instructions <ul style="list-style-type: none"> • Click and reveal

SECTION 2

Section 2: Medical Emergencies & Warning Signs

The main objectives of this section are to learn about:

- How to identify warning signs of medical emergencies
- When to refer and send people to a higher level of care

Section Title	Content Summary/Format
Learning objectives	Overview of section learning objectives
Be prepared	Being prepared means knowing the 'red flags' <ul style="list-style-type: none"> • Illustrated story
Activity: 'Red Flags'	Reflection question about recognizing 'red flags'
Take a critical look	Reviewing the ABCs for prioritizing care <ul style="list-style-type: none"> • Click and reveal
Warning signs of a medical emergency	Where to look for 'red flags' <ul style="list-style-type: none"> • Click and reveal
Knowledge Check	Quiz
Summary	Summary of key concepts

SECTION 3

Section 3: Identifying & Responding to Medical Emergencies

The main objectives of this section are to learn about:

- Different types of medical emergencies you may see in harm reduction or overdose prevention work – other than overdoses
- Referring and sending people to higher levels of care

Section Title	Content Summary/Format
Learning objectives	Overview of section learning objectives
Playing our part	Explores peers' role in recognizing an emergency <ul style="list-style-type: none"> • Illustrated story

SECTION 3 (cont'd)

Identifying & responding to medical emergencies	List key areas to be aware of: Breathing Problems Heart Problems <ul style="list-style-type: none"> Quiz Stroke <ul style="list-style-type: none"> Quiz Endocarditis Seizures <ul style="list-style-type: none"> Quiz Sepsis <ul style="list-style-type: none"> Quiz Anaphylaxis
Knowledge check	Quiz
Summary	Summary of key concepts

SECTION 4

Section 4: Practice

The main objectives of this section are to learn about:

- Hands-on practice through scenarios

Section Title	Content Summary/Format
Learning objectives	Overview of section learning objectives
Working at the OPS	Being prepared for emergencies <ul style="list-style-type: none"> Illustrated story Three scenarios - Tracy and Jose <ul style="list-style-type: none"> Drag and drop exercise Jordan and Marly <ul style="list-style-type: none"> Drag and drop exercise Lincoln and Symon <ul style="list-style-type: none"> Drag and drop exercise
Summary	Summary of key concepts

SECTION 5

Section 5: Wrapping up and next steps

The main objectives of this section are to:

- Review key topics explored in this module

Section Title	Content Summary/Format
Looking back at what we covered	Debriefing the scenarios in the course <ul style="list-style-type: none"> Illustrated story Quick topic review
Where can I go for support?	List of references and resources <ul style="list-style-type: none"> Links
What's next?	Summary of additional courses
Credits	List of organizations and people involved in the creation of the course

Blank Lesson Plan

BOPPPS Lesson Plan Template		
Lesson Topic:		Materials Required
Bridge-In (hook) -		
Objective(s) (By the end.... learners will...)	Pre-Assessment	
Presentation/Practice/Participation		
Duration	Facilitator or Learner Activity	Materials Required
(in minutes)		
Post-Assessment	Summary	
Reflections on the Lesson		

Sample Evaluation Form

Name of training _____ Date _____

Name of trainer _____

Please circle how you rank today's training:



Why did you give it this ranking?

For example, why did you like, or not like today? What did you like or not like?

What was the best thing you learned today? _____

Short Icebreakers

- Share your name, pronoun, and worksite...
- Favourite TV show
- If I were a weather pattern, I would be...
- What is your superpower? What are you really good at?
- What superpowers do you wish you had?
- What is your micro-joy, something small that gives you joy?
- Why do you have the name that you have?
- Favourite food
- Least favourite food
- An object you happen to have with you and why you like it or what it says about you (e.g. your hat, backpack, water bottle, etc.)
- Something we would not know about you by looking at you
- Something you are proud of

Suggested Group Guidelines

These are all options to give you ideas, not rules you must follow. Create agreements collaboratively with the learners in the room.

- Share the teaching, not the story (respect confidentiality of personal stories) aka “What's said here, stays here, what’s learned here leaves here”
- Take space, give space (if you tend to be shy, “take space” and share your knowledge or questions. If you tend to be quick to speak or speak often, “give space” to leave room for others)
- Phones on silent, or take calls outside the room
- Raise hands to speak or one speaker at a time
- Allow people to finish before responding
- Use person first language (e.g.: “person who uses drugs”) instead of labels (e.g. “addict”)
- No stupid questions
- Be mindful of your impact, not just your intention (e.g. even if you had good *intentions*, if what you say hurts someone, apologize)

Sample Street Degree

CERTIFICATE OF COMPLETION

Name

for successfully completing
the Street Degree in Overdose Prevention



Date:

Facilitator Signature:

On behalf of the Street Degree Team

Sample Master's Street Degree



Sample Poster



STREET DEGREE

(PEER CO-FACILITATED!)

MARCH 2023

**OPEN TO ALL,
BUT PEERS ARE PRIORITY**

**14
MARCH**

TRAINING SESSION #1: TRANS CARE

Address: Japanese Hall, 487 Alexander St, 4th floor

1:30 PM - 3:30 PM

**29
MARCH**

TRAINING SESSION #2: CPR AED

Address: Japanese Hall, 487 Alexander St, 4th floor

1:30 PM - 3:30 PM

Note: There are **20-30 spots available per session** - it is recommended to sign up early, as spots fill up quick!

You can register for the above training sessions at:

overdoseresponse@vch.ca

Please do not attend the training session if you are sick.

Email overdoseresponse@vch.ca if you can no longer make it, as we can offer your space to someone else on the waitlist.

FOR MORE INFORMATION

Email: overdoseresponse@vch.ca

Vancouver
CoastalHealth

Sample Coordinator Job Description

STREET DEGREE PROGRAM FACILITATOR

Wage/Compensation

\$xx/hour, 4-6 hours/week (adjust for your context)

Role Summary

The Street Degree Program Facilitator will work to plan and co-facilitate the Street Degree Program, at _____. The Program Facilitator will foster a welcoming and inclusive space, to create opportunity for learning and capacity building. The Program Facilitator will work alongside the Peer Facilitator to teach skills related to overdose response, group facilitation, peer support work and wellness.

Duties and Responsibilities

- Prepare for and facilitate weekly Street Degree education sessions for interested clients, participants and community members.
- Follow and improve upon *Street Degree for Overdose Prevention* curriculum, as developed by Vancouver Coastal Health
- Offer support, collaboration opportunities and peer supervision to Street Degree Peer Facilitator.
- Foster positive relationships with clients and group members based on patience, empathy, dignity, mutual respect and confidentiality.
- Support and facilitate community partnerships with an aim towards aligning a coordinated, client-centered community support system for our shared community clients.
- Participate in ongoing program development through collaboration with the Community Action Team, and other community agencies (including research and/or site visits).
- Make recommendations to create and enhance programming designed for marginalized individuals overcoming multiple barriers including substance abuse and mental health issues.

Qualifications:

- Diploma in Social Work, community social services or relevant discipline and/or equivalent experience.
- Minimum two years previous experience working with communities experiencing addiction, homelessness and facing impacts of the toxic drug supply crisis
- Current certification in First Aid/CPR.
- Current certification in Advanced Overdose Response (or willingness to get).
- The successful candidate will be subject to a Criminal Record Check.
- Willing to work a flexible schedule in order to meet the needs of the clients.

Skills and Abilities

- Demonstrated ability to work independently and within a team environment.
- Demonstrated ability to communicate effectively both verbally and in writing.
- Demonstrated experience working with disadvantaged adults who are experiencing homelessness, substance use, mental health or other barriers.
- Ability to build relationships within the community that will facilitate a continuum of care that is client-centred and that mobilizes resources to support agency programming.
- Ability to facilitate safe and inclusive group discussions and education sessions

Sample Invoice/Pay Request

Organization:

Address:

Phone:

Email:

Invoice

Submitted:

Submitted by:

<i>Invoice for</i>		<i>Payable to</i>	<i>Invoice #</i>
		<i>Project</i>	<i>Due date</i>
<i>New vendor:</i>	<i>DOB:</i>	<i>SIN#</i>	

<i>Description</i>	<i>Qty</i>	<i>Unit price</i>	<i>Total price</i>
<i>Item #1</i>			
<i>Item #2</i>			

Subtotal

Vendor signature:

Staff signature:

Adjustments

Payment will be sent ___ weeks after the payment has been submitted. Please contact _____

with any questions

Vancouver Coastal Health Substance Use and Priority Populations. (2023). Street Degree Manual 2023.