



Supervisor Training: Addressing Opioid Misuse at the Worksite

Prevention Toolkit





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About this Toolkit

This toolkit is part of a comprehensive package of resources the National Association of Home Builders (NAHB) has created to help home builders understand and address the use and misuse of opioids among its workforce.

Opioid addiction is our nation's leading public health crisis, affecting people across all socioeconomic classes, races, genders, and jobs.

More than half of those who died from overdose had suffered at least one job-related injury.¹

1 out of 4 people who are prescribed opioids for long-term pain become addicted to them.²

4 out of 5 people treated for opioid abuse started on pain medications.³

More than 12 million Americans used prescription painkillers nonmedically in the past year.⁴

The home building industry is no exception.

- More than 700,000 people died as a result of a drug overdose between 1999 and 2017.⁵
- Around 68% of the more than 70,200 drug overdose deaths in 2017 involved an opioid.⁶
- On average, 130 Americans die every day as a result of an opioid overdose.⁷
- There are close to 200 fatal and non-fatal opioid overdoses in the U.S. every day. That's eight overdoses per hour, including at least two from workers in the home building industry.⁸

An injury is often the first in a series of events that can lead a person down the path of opioid addiction. As the home building industry has more on-the-job injuries than most other industries, along with an employee demographic that is more prone to addiction (i.e., often young and male), we need to be especially diligent about helping to prevent misuse of opioids and offering help when workers are struggling with addiction.

¹Cheng, M., Sauer, B., Johnson, E., Porucznik, C., & Hegmann, K. (2013). Comparison of opioid-related deaths by work-related injury. *American journal of industrial medicine*, 56(3), 308-316.

²Vowles, K.E., McEntee, M.L., Julnes, P.S., Frohe, T., Ney, J.P., van der Goes, D.N. (2015). Rates of opioid misuse, abuse, and addiction in chronic pain: a systematic review and data synthesis. *Pain*. 156(4):569-576. doi:10.1097/01.jpain.0000460357.01998.f1.

³Cicero, T.J., Ellis, M.S., Surratt, H.L., Kurtz, S.P. (2014). The changing face of heroin use in the United States: a retrospective analysis of the past 50 years. *JAMA Psychiatry*. 71(7):821-826.

⁴Han, B., Compton, W.M., Blanco, C., Crane, E., Lee, J., Jones, C.M. (2015). Prescription Opioid Use, Misuse, and Use Disorders in U.S. Adults: 2015 National Survey on Drug Use and Health. *Ann Intern Med*. doi:10.7326/M17-0865

^{5, 6, 7, 8}Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2017. Available at <http://wonder.cdc.gov>.

About this Toolkit

NAHB and its partners, Job-Site Safety Institute (JSI) and Advocates for Human Potential, Inc. (AHP), have taken an innovative approach to addressing opioid use and misuse, viewing the problem holistically and creating solutions that address intervention points that include prevention, treatment, recovery, and return-to-work strategies. A proactive approach to our nation's opioid crisis with knowledge and without stigma is critical to the health of the industry and the people who work in it.

This toolkit kit contains resources and tools for home building industry supervisors to use in the prevention of opioid misuse among workers and subcontractors in the homebuilding industry. It may be used as a companion to the many other resources related to addressing opioid misuse that can be found at nahb.org/opioids.



Why Prevention Matters

The home building industry has been deeply affected by the national epidemic of opioid overprescribing, addiction, and fatal overdose. The combination of a typically short building season, a large proportion (25% to 40%) of the workforce without health insurance, and a culture that often encourages working at all costs leads many in the home building industry to rely on opioid pain relievers to get back to work quickly after an injury or accident. This can lead to dependence, misuse, and addiction to prescription painkillers or replacement drugs, such as heroin.

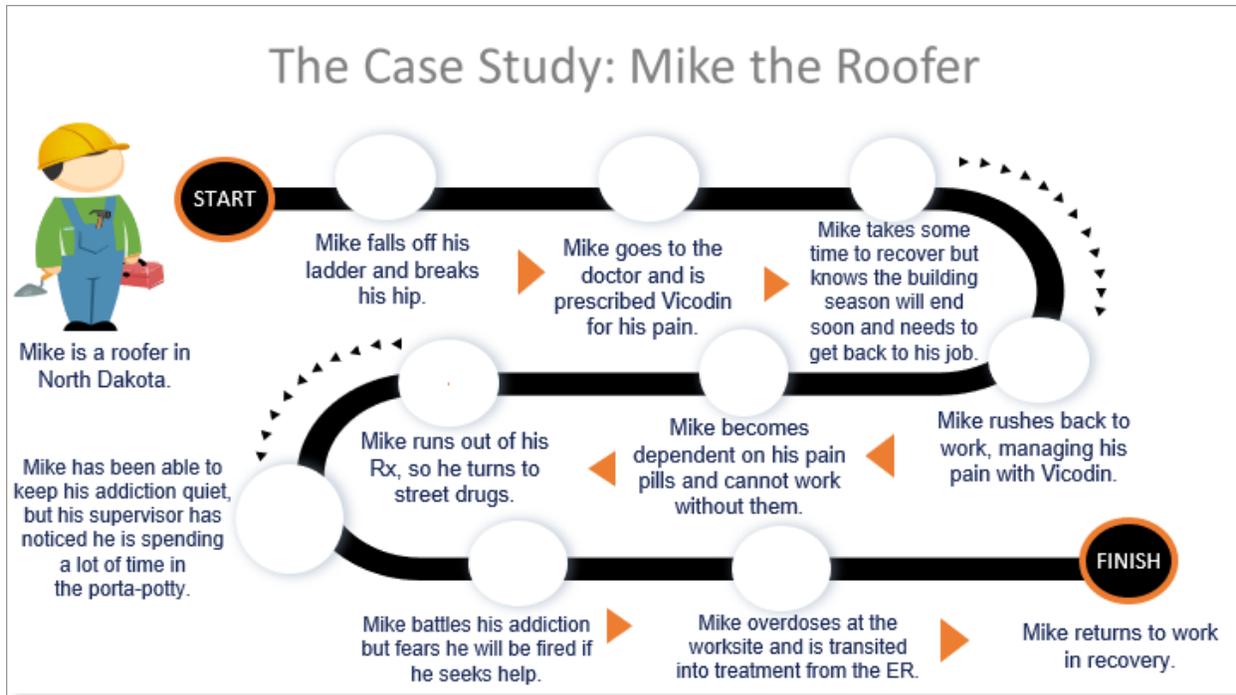
But there are steps supervisors and business owners can take to help prevent misuse of opioids. Prevention of opioid misuse starts before anyone sets foot on the worksite and there are many touchpoints where you can help prevent opioid misuse and addiction among your workers and subcontractors.

Strategies for prevention of opioid misuse include:

- Conducting pre-employment drug testing to ensure no new hire is joining your team with an existing drug issue.
- Prioritizing worksite safety to reduce injuries and accidents.
- Providing employee education on prescription opioids and alternatives for pain relief to reduce misuse of prescribed medications.
- Working with your workers' compensation carrier to support injured workers through policies and programs, such as light duty return-to-work after an injury or through a flexible paid time off plan.
- Providing an employee assistance program (EAP) to help workers address their concerns before they turn into much more complex problems.
- Setting up a worksite overdose response program that can save a life in the case of accidental overdose.

Case Study: Mike the Roofer

The following is a hypothetical illustration of a worker who has an injury, is prescribed medication, and progresses to opioid misuse. It presents an example of how opioid dependency typically progresses and where a supervisor or contractor might be able to step in to prevent opioid addiction.



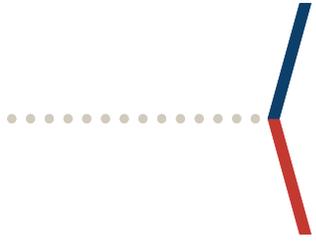
Case Study: Mike the Roofer

Some touch points where a supervisor could have taken an action to help Mike.



How might Mike’s supervisor have intervened to help prevent Mike’s progression into an addiction? The table below describes some touch points where a supervisor could have taken an action to help Mike. Each of these prevention activities is outlined in a section of this toolkit.

ACTION	PREVENTION ACTIVITY	WHERE IN THIS TOOLKIT TO LEARN MORE
Mike falls off his ladder and breaks his hip.	Before Mike can fall off the ladder, his supervisor could ensure he or she is enforcing safe worksite standards.	Ensuring a Safe Worksite to Reduce Injuries and Accidents
Mike goes to the doctor and is prescribed Vicodin for his pain.	<p>Discuss with Mike alternative pain management options he might want to discuss with his doctor.</p> <p>Contract with a Workers’ Compensation carrier that clearly makes every effort to curtail opioid use and misuse.</p>	<p>Alternatives to Opioids for Pain and Injuries</p> <p>Employee Education—Know the Facts About Taking Opioid Medications</p> <p>Working with Your Workers’ Compensation Insurance Carrier to Prevent Opioid Misuse</p>
Mike rushes back to work, managing his pain with Vicodin.	Provide flexible paid time off and implement return-to-work policies and procedures enforcing strict evidence-based standards and practices, such as light or reduced duty.	How Post-Accident/Post-Injury Light Duty Work Can Prevent Opioid Misuse
Mike overdoses at the worksite and is transitioned into addiction treatment from the Emergency Room (ER).	Have overdose reversal drugs like naloxone (NARCAN®) at the worksite and provide training on how to inject or administer.	Setting Up a Worksite Overdose Response (Naloxone) Program



Prevention Strategy 1

Pre-Employment Drug Testing

You might consider a pre-employment drug testing policy to help you and your company mitigate risks associated with hiring people who are using drugs. Pre-employment drug testing should be part of any comprehensive drug-free workplace program.

The information below should not be considered legal advice. Consult your lawyer in developing your particular policies to ensure compliance with applicable local, state, and federal laws.

Key Considerations

When developing your pre-employment drug testing policy, consider:

- At what point in the hiring process you will test?
- What drugs are you testing for?
- What testing method are you using?
- Where specifically will the test take place (i.e., in your office or at an off-site facility)?
- Who will conduct the drug test?
- Who will interpret the drug test?
- Who will pay for the drug test?
- What are the legal rights of the person being tested?
- How will you address the use of legal opioids and other medications, and medical or recreational marijuana, where applicable?

Prevention Strategy 1

Pre-Employment Drug Testing

How and What Drugs to Test For?

- Drug testing can be done through urine, saliva, or hair. Urinalysis is the most common type. Some testers prefer saliva tests because they are done under observation and can't be cheated.
- In addition to opioids, pre-employment drug testing can be done for marijuana; stimulants such as amphetamines, methamphetamine, and cocaine; barbiturates (e.g., sedatives); benzodiazepines (e.g., Xanax); PCP; and many other drugs.

Other Factors

- Many people take prescription medications legally and appropriately for legitimate medical issues. A positive screen for opioids or other drugs that are available by prescription is not immediate grounds for denying someone employment. Check with your drug testing firm, lawyer, and/or HR representative for how your company might handle this.
- People who test positive for opioids with a medical cause may be protected by disability laws. In some cases, the same goes for marijuana in states with legal medical marijuana. Consult your employment lawyer to update your policies to match your state's laws.



RESOURCES FOR MORE INFORMATION

U.S. Department of Health and Human Services (HHS) certified [drug testing labs](#)

Substance Abuse and Mental Health Services (SAMHSA) [Drug-Free Workplace Toolkit](#)

A Builder's Guidebook — Marijuana in the Workplace available from NAHB



Prevention Strategy 2

Ensuring a Safe Worksite to Reduce Injuries and Accidents

One of the best ways to help prevent opioid misuse among your employees and subcontractors is to prevent situations that can lead to injuries. NAHB offers a wealth of resources on this topic.

NAHB has an ongoing campaign, Safety 365, that provides information and resources to help keep construction workers safe and eliminate preventable accidents, injuries, and deaths.

The Safety 365 initiative highlights all aspects of construction workplace safety, and promotes safety off the job, with a focus on supporting construction safety every day—365 days a year: [#safety365](#).

Safety 365 Resources available to NAHB members

- [Video Toolbox Talks](#)
- [Fall Protection Toolkit](#)
- [National Safety Stand Down](#)
- [Fire Protection and Prevention Toolkit](#)
- [OSHA Inspection Toolkit](#)
- [OSHA Recordkeeping Toolkit](#)
- [Trenching and Excavation Toolkit](#)
- [Confined Spaces in Construction Toolkit](#)
- [Electrical Safety Toolkit](#)
- [Safety Program Toolkit](#)
- [Safety Training Toolkit](#)
- [Siding Contractor Safety Program Toolkit](#)
- [Silica in Construction Toolkit](#)
- [New Employee Construction Safety Toolkit](#)
- [HAZCOM Toolkit](#)

Learn more at www.nahb.org/en/research/safety.aspx



Prevention Strategy 3

Alternatives to Opioids for Pain and Injuries

Opioid painkillers are medications that are often prescribed for acute pain following an injury. However, opioids are powerful drugs that can lead to dependence, addiction, misuse, and accidental overdose. Opioids are rarely the most effective treatment for chronic (long-term) pain, despite often being prescribed for this use. Sometimes opioids truly are the right medication for a person's pain, but often there are alternative treatments that can manage pain and carry far less risk.

This tool can be used to help people have conversations with their doctors about alternatives to opioids.

Non-opioid pain relievers, such as acetaminophen (Tylenol®) or non-steroidal anti-inflammatory drugs (NSAIDs) like ibuprofen (Advil®) are often enough for some injuries.

Topical treatments, like lidocaine, capsaicin, and topical analgesics can help localized pain. Ice, heat, and rest should, of course, be considered as well.

Injections, often called “interventional approaches,” can include cortisone or other steroid shots or nerve blocks.

Cognitive behavioral therapy (CBT) can help address psychosocial and emotional contributors to pain, such as fear, avoidance, stress, and catastrophic thinking (e.g., “I will never get back to work and be able to support my family.”) CBT helps people reframe their thinking and can be used in combination with any of the other treatments listed in this toolkit.

Exercise can have a powerful effect on pain and has been proven to help with issues related to weakness or repetitive motions that contribute to pain; reduce lower back pain; and reduce hip and knee osteoarthritis pain.

Some antidepressants and other psychiatric medications work on the nerve pathways contributing to chronic pain. Some are even Food and Drug Administration (FDA)-approved specifically for this use. Note, though, that there is misuse potential with some of these medications as well.

Prevention Strategy 3

Alternatives to Opioids for Pain and Injuries

Physical therapy, acupuncture, chiropractic treatment, and massage therapy all have evidence supporting their ability to decrease pain.

Transcutaneous electrical nerve stimulation (TENS), the use of electrical currents to stimulate the skin and superficial tissues, is a very safe and somewhat effective treatment for pain. Intradiscal electrothermal therapy (IDET) is a related treatment specifically for people with back pain related to disc problems.

If you take opioids

Some experts recommend that people prescribed opioids consider the following ideas to prevent addiction.

- Ask for the immediate-release/fast-acting versions, rather than extended release/long-acting.
- Take the lowest possible dose.
- Tell your doctor about any other medications you take.
- Don't take an opioid for more than one week.

These materials are intended for educational purposes only. The information provided is not intended to diagnose, treat, cure or prevent any disease or condition, nor is it intended to substitute for clinical or medical care. Decisions about treatment of medical and behavioral health conditions and the use of medications are the sole responsibility of the patient, treatment providers, treating physician and other qualified healthcare professionals. Not all treatment options presented are appropriate for all patients or conditions. Talk with your physician about what course of treatment is best for you.

This fact sheet was written with information from the [National Institute on Drug Abuse](#), [Centers for Disease Control and Prevention](#), and [webmd.com](#).



Prevention Strategy 4

Employee Education—Know the Facts About Taking Opioid Medications

Visit the NAHB website, nahb.org/opioids, for fact sheets and other resources designed for construction workers, subcontractors, and supervisors.

- [Learn about commonly prescribed opioids and how to reduce the risk of addiction.](#)
- [Explore why workers in the home building industry are vulnerable to addiction and how to prevent it.](#)
- [Find out about heroin and other illicit drugs and which treatments work best.](#)

Below are some guidelines to share with your employees.

Safe Storage, Risk of Sharing, and Proper Disposal of Opioids

Seventy percent of people who misuse prescription opioids got them from friends or family. Children, pets, and elderly people can accidentally ingest and overdose on prescription opioids.

- Lock up your painkillers and don't share them with anyone, not even friends or family.
- *Never* take someone else's medication, even for a similar injury and even if you've taken the same medication before.
- Don't mix painkillers with alcohol, sleep medications, benzodiazepines like Xanax and Ativan, or other psychiatric medications or sedatives.
- If you don't finish your opioid, don't keep it around and don't flush it down the toilet. Most communities have drug take-back boxes at police stations or pharmacies, or you can find a disposal location at <https://nabp.pharmacy/initiatives/awarxe/drug-disposal-locator/>

These materials are intended for educational purposes only. The information provided is not intended to diagnose, treat, cure or prevent any disease or condition, nor is it intended to substitute for clinical or medical care. Decisions about treatment of medical and behavioral health conditions and the use of medications are the sole responsibility of the patient, treatment providers, treating physician and other qualified healthcare professionals. Not all treatment options presented are appropriate for all patients or conditions. Talk with your physician about what course of treatment is best for you.

Prevention Strategy 4

Employee Education—Know the Facts About Taking Opioid Medications

Reduce the Risk of Overdose

There are a number of steps people taking opioids can take to reduce the risk of accidental opioid overdose.

- Discuss non-opioid alternatives for pain relief with your doctor. If an opioid is still indicated, discuss taking the lowest dose possible for the shortest duration.
- Tell your doctor about all other medications and drugs you take and about how much alcohol you consume.
- Ask your doctor about how long the medicine will be in your body and whether and when you can drive.
- Do not use more of an opioid painkiller without talking to your doctor.
- Avoid mixing opioid drugs with alcohol, sleeping pills, and anti-anxiety medications.
- Get a prescription for naloxone or carry a naloxone overdose prevention kit if you or a family member is using a high daily dosage of opioids. Naloxone is a medication that can treat the effects of an opioid overdose until emergency medical help arrives.

Know the Facts!

- Make sure you know your workplace policy for prescription drug use.
- Understand how your company policies such as sick leave or short-term disability may affect you.
- Find out if your employer has an employee assistance program (EAP) that can help you with any personal issues that may arise from your injury or use of opioids.



RESOURCES FOR MORE INFORMATION FROM THE NATIONAL SAFETY COUNCIL

[Opioid painkillers what you need to know](#)

[Opioid painkillers: How they work and why they can be risky](#)

[Talking with your medical provider when you are prescribed an opioid painkiller](#)

[Understanding opioid pain medications: Know the risks](#)

[Common Risks at Work Due to Opioid Painkiller Use](#)

This fact sheet was developed with information from the [National Safety Council](#).

Prevention Strategy 5

Working with Your Workers' Compensation Insurance Carrier to Prevent Opioid Misuse

As federal, state, and local governments, as well as thousands of private and nonprofit organizations, work to address the nation's opioid crisis, many workers' compensation carriers are examining their role in overprescribing and misuse of opioids. While at one time they may have encouraged opioid use to get people back to work sooner, they now know that misuse of opioids increases disability and makes people less able to work in the long term.

Home building supervisors should reach out to their workers' compensation providers to partner in policies and other ways to help prevent opioid misuse. This can include partnering on intervention, return-to-work strategies, and recovery-focused case management.

Questions to Ask Your Workers' Comp Carrier/Insurer

1. Do you use improved utilization of statewide databases that track opioid prescriptions (prescription drug management programs [PDMP])?
2. Are you searching out overprescribing doctors? (In California, just 3 percent of the state's doctors prescribe 55 percent of the opioids, according to findings from the California Workers' Compensation Institute.)
3. How are you dealing with the high number of pain management clinics?
4. Do you conduct a retrospective drug utilization review?
5. Do you provide injured worker narcotics education?
6. Do you provide physician dispensing education?
7. Do you engage nurse case management early and regularly to deter chances of addiction?
8. Do you refer to alternatives in pain management?
9. Do you confer with the treating physician often?

Prevention Strategy 5

Working with Your Workers'
Compensation Insurance
Carrier to Prevent Opioid
Misuse

10. Can I, as the employer, discuss progress with treatment with you (case manager nurse), the doctor, and my employee?
11. Do you use treatment guidelines?
12. How do you address the mental health needs of someone who might be injured and on a pain management regimen?
13. Is there a pathway to substance use disorders treatment for people experiencing addiction and wanting treatment and recovery?
14. How do you address the psychosocial factors an employee may be dealing with?
15. Does the treating physician have access to peer-to-peer review or psychological consultation for difficult cases?
16. Can and do you flag cases that may reflect high risk?
17. How do you and your Prescription Drug Monitoring Program (PDMP) monitor and mitigate against the risk of prescribing an opioid painkiller (Vicodin, Percocet, Oxycontin) with other sedatives like benzodiazepines (Ativan), which can be a dangerous combination?

Sources: [Prescription Pain Medications: A Fatal Cure for Injured Workers](#), National Safety Council; [How prescription opioids may be affecting your workers compensation program](#), National Safety Council; https://www.ncci.com/Articles/Pages/11_OnOpioids-Doctors.aspx

Prevention Strategy 6

How Post-Accident/Post-Injury Light Duty Work Can Prevent Opioid Misuse

One of the main contributors to the increased dependence on opioids in the home building industry is workers' urgent desire to get back to work as soon as possible. One strategy for reducing this stress on workers and employers is to provide limited or light duty work for workers as they recover from an accident or injury.

While traditionally light duty work is considered a way for companies to save on workers' comp costs, it is also a useful approach to help workers maintain some of their pay and gain the security of knowing they still have a job and an employer who supports them. Light duty return-to-work could be combined with as-generous-as-possible paid or unpaid time off for the immediate recovery period after an injury, along with family medical leave (FMLA) if applicable.

You can use a [tool from the Job Accommodation Network](#) to develop your own light duty policy.

Below is a list of construction/home building specific tasks you could assign to a worker on light duty:

LIGHT DUTY WORK
Assisting with administrative work (Human Resources or administrative support, data entry, checking invoices, AP/AR, managing paperwork)
Attending work-related classes or seminars
Calculating estimates
Calling in orders
Caulking/installing beads
Compiling and updating safety manuals and MSD sheets
Conducting site, building, vehicle, or other safety inspections/surveys
Counting inventory/ordering
Providing customer service (scheduling jobs, making service calls, etc.)
Driving parts and supplies

Prevention Strategy 6

How Post-Accident/Post-Injury Light Duty Work Can Prevent Opioid Misuse

LIGHT DUTY WORK

Feeding veneer casing wrapper

Filing

Handling mail/stuffing envelopes

Inspecting sites

Managing dispatch

Measuring

Mixing mud for drywall

Organizing tools and supplies

Packing

Performing safety checks

Performing reception/phone/desk tasks

Restocking

Running parts to sites or shop

Sanding

Helping with site clean up

Supervising

Taping, texturing, wiping down walls (drywall tasks)

Providing traffic control (holding traffic signs; setting up and taking down cones)

Using a nail gun

Wrapping windows

MODERATE DUTY WORK

Acting as runner/messenger at job sites

Applying wood finishes

Assembling scaffolding

Assisting with masonry

Breaking open shingle packs/counting shingles

Changing light bulbs

Prevention Strategy 6

How Post-Accident/Post-Injury Light Duty Work Can Prevent Opioid Misuse

MODERATE DUTY WORK
Checking and repairing safety equipment (fire extinguishers, smoke detectors and first-aid kits)
Sanding molding
Cleaning and inspecting tools
Cleaning break rooms
Cleaning house or site
Driving a forklift (if properly trained)
Filling a glue spreader machine
Gluing
Hammering
Installing insulation
Laying lines
Maintaining equipment
Organizing shelves
Painting
Patching
Making cut outs for electrical outlets
Performing end feed on trim saw
Picking up wood chips
Purchasing
Repairing tools
Restocking supplies
Running cement mixer
Sanding molding
Tarring paper for roofing
Washing windows
Washing trucks and equipment

Source: SFM, *The Work Comp Experts® Transitional Work Ideas —Construction Industry*



Prevention Strategy 7

How Employee Assistance Programs (EAP) Help to Address Opioid Misuse

An Employee Assistance Program (EAP) is an employer-provided benefit offering free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems. EAPs address many issues affecting mental and emotional well-being, such as alcohol and other substance abuse, stress, grief, family problems, and psychological disorders. Many EAPs are active in helping organizations prevent and cope with workplace violence, trauma, and other emergency response situations.¹

EAPs can be a great resource for employees seeking low-barrier help to deal with personal issues, such as concerns about their drug use. EAPs can offer counseling, conduct evaluations, and provide referrals to treatment providers.

How it Works

- If you don't already have an EAP, consider offering one as part of your benefits package. If you offer health insurance, often an EAP is a low-cost add-on. Research shows that EAPs can return up to three times their cost in savings related to attendance, productivity, life satisfaction, life/work balance, and overall performance.²
- If you have an EAP, encourage employees to use it! The national average for utilization of EAPs is only 3 percent.³
- Employees can contact their EAP (usually via a phone number or website) at any time for no cost — often 24 hours a day/365 days a year.
- Employees can self-refer, and anything discussed is considered confidential and protected by medical privacy laws.

¹ U.S. Office of Personnel Management. Frequently Asked Questions: Work Life. Retrieved from <https://bit.ly/1NV8Fe6>

² National Safety Council. (2014). How employee assistance programs can address opioid painkiller abuse and addiction. [Fact sheet]. Retrieved from <https://bit.ly/2Vqsiog>

³ Beyer, C. (2018, August 30). Educate Workers About Employee Assistance Programs to Address Behavioral Health. Retrieved from <https://bit.ly/30fFuQh>

Prevention Strategy 7

How Employee Assistance Programs (EAP) Help to Address Opioid Misuse

- A union representative, supervisor, or other manager also can initiate a referral to an EAP, out of concern over drug use, for example.
- An EAP can be a critical tool in a drug-free workplace program and a part of a response plan for a positive drug test.
- Sometimes, an EAP can provide training to supervisors on engaging and intervening when an employee is in crisis.
- Among the services offered through an EAP are:
 - Short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems.
- EAPs address a broad and complex body of issues affecting:
 - Mental and emotional well-being services,
 - Support for alcohol and other substance abuse,
 - Counseling and support for stress, grief, family problems, and psychological disorders, and
 - Issues involving workplace violence, trauma, and other emergency response situations.



Prevention Strategy 8

Setting Up a Worksite Overdose Response (Naloxone) Program

An opioid overdose can be reversed if the antidote, naloxone, is administered in time. This medication works for an overdose involving any opioid, including prescription drugs and heroin. Injected naloxone, or the intranasal form, NARCAN,[®] is widely available in most states. Naloxone can temporarily stop many of the life-threatening effects of overdoses from opioids. Naloxone can help restore breathing and reverse the sedation and unconsciousness that are common during an opioid overdose.

There has been a dramatic increase over the years in on-the-job overdoses, especially in industries like construction where there are more workplace injuries leading to opioid prescriptions. Police officers and other emergency responders carry naloxone. The Surgeon General of the United States has also urged others who may encounter people at risk for opioid overdose to have naloxone available and to learn how to use it to save lives [[USSG 2018](#)].

Here are some basic questions to ask and points to consider if you would like to set up a naloxone program at your worksite.

1. Decide if a Naloxone Program is Right for Your Situation

These questions can help you think through if a naloxone program is right for you.

- Does the state where you work allow the administration of naloxone by non-licensed providers in the event of an overdose? You can find out here: <https://prevent-protect.org/individual-resources/where-to-get-naloxone>.
- Does your state's Good Samaritan law cover emergency naloxone administration? You can find out here: <http://www.ncsl.org/research/civil-and-criminal-justice/drug-overdose-immunity-good-samaritan-laws.aspx>.
- Do you have staff or subcontractors willing to be trained and willing to provide naloxone?
- Has there been an opioid overdose at one of your worksites or has there been evidence of opioid drug use on a worksite (such as finding drugs, needles, or other paraphernalia)?

Prevention Strategy 8

Setting Up a Worksite Overdose Response (Naloxone) Program

- How quickly can professional emergency response personnel access your worksite(s) to provide assistance? (This may vary greatly depending on how many sites and over what geographic area your workers are located.)
- Do you offer other first aid or emergency response interventions (first aid kits, automated external defibrillators [AEDs], trained first aid providers)? How are these currently handled, e.g., are they in a work trailer, located in a supervisor's or other's truck, or carried from site to site in a tool bag? Can naloxone be added?

2. Set Up Your Program Policies and Procedures

If you decide a naloxone program is right for your worksite(s), you will need to set up some policies and procedures, training, and plan to purchase, store, and, if needed, administer, naloxone.

Risk assessment. Conduct a risk assessment before implementing the naloxone program.

- Decide whether workers, subcontractors, or other visitors to your worksite(s) are at risk of overdose.
- Assess availability of staff and subs willing to take training and provide naloxone.
- Consult with professional emergency responders and professionals who treat opioid use disorders in your area.

Liability. Consider liability and other legal issues related to a naloxone program.

Records management. Include formal procedures for documenting incidents and managing those records, to include safeguarding the privacy of affected individuals. Maintain records related to staff roles and training.

Staff roles. Define clear roles and responsibilities for everyone who will be designated to respond to a suspected overdose. Include these roles and responsibilities in existing first aid or emergency response policies and procedures (first aid kits, AEDs, training, etc.).

Training. Develop a plan to train staff to lower their risks when providing naloxone. Staff must be able to

- Recognize the symptoms of possible opioid overdose.
- Call 911 to seek immediate professional emergency medical assistance.
- Know the dangers of exposure to drug powders or residue.
- Assess the incident scene for safety concerns before entering.
- Know when NOT to enter a scene where drug powders or residues are visible and exposure to staff could occur.

Prevention Strategy 8

Setting Up a Worksite Overdose Response (Naloxone) Program

- Know to wait for professional emergency responders when drug powders, residues, or other unsafe conditions are seen.
- Use personal protective equipment (nitrile gloves) during all responses to protect against chemical or biological exposures, including opioid residues, blood, or other body fluids.
- Administer naloxone and recognize when additional doses are needed.
- Address any symptoms that may arise during the response, including agitation or combativeness from the person recovering from an overdose.
- Use additional first aid, cardiopulmonary resuscitation (CPR), and basic life support measures. Opioid overdose can cause respiratory and cardiac arrest.
- Prepare for possible exposure to blood. Needles or other sharps are often present at the scene of an overdose.
- Provide bloodborne pathogen training to responding staff members and consider additional protection, such as hepatitis B vaccinations.

3. Provide Training

There are a number of free online trainings for naloxone administration. In addition, many large cities' Departments of Public Health offer training courses. Make sure you get the training required by your particular state. Free online courses and trainings include:

- [Take Home Naloxone](#)
- [Prevent and Protect](#)
- [Harm Reduction Coalition](#)

4. Get and Safely Store Naloxone

Naloxone is widely available in pharmacies. Most states allow purchase without a prescription. You can choose a nasal spray (NARCAN®) or injectable forms that can be delivered with an auto-injector, a pre-filled syringe, or a standard syringe/needle. Research shows that people trained on NARCAN reported higher confidence both before and after training compared with people trained on injectable forms.

Depending on your situation, you may store the naloxone in a work trailer, a supervisor's or other's truck, or wherever else you keep first aid and emergency supplies. You can learn more about industry requirements for first aid kits and how you may incorporate naloxone into this from [OSHA's construction first aid requirements](#) and the American National Standards Institute (ANSI) and International Safety Equipment Association (ISEA) American National Standard—Minimum Requirements for Workplace First Aid Kits and Supplies ([ANSI/ISEA Z308.1 standard](#)).

Prevention Strategy 8

Setting Up a Worksite Overdose Response (Naloxone) Program

Remember to

- Stock a minimum of two doses of naloxone. (In some cases, one dose of naloxone is inadequate to reverse an overdose.)
- Follow manufacturer instructions for storing naloxone. Keep in the box or storage container until ready for use. Note the expiration date for timely replacement.
- Store personal protective equipment, such as disposable nitrile gloves, and other first aid equipment, such as a responder rescue mask, face shield, or bag valve mask (for use in rescue breathing or CPR) close to the naloxone for quick response. Include needle/syringe disposal containers if injectable naloxone is used.

Adapted from Centers for Disease Control and Prevention National Institute for Occupational Safety and Health, Using Naloxone to Reverse Opioid Overdose in the Workplace: Information for Employers and Workers. Available at <https://bit.ly/2QhwYyL>.



Prevention Strategy 9

Things Employers Can Do Now to Reduce Opioid Misuse, Promote Effective Treatment, and Support Recovery Locally

A. Join local opioid safety coalitions working to reduce and eliminate opioid misuse and overdose.

- Participate in local opioid safety coalitions to support community prescribing guidelines and integration of addiction treatment into health care settings.
- Support local efforts to work with emergency departments (EDs) to treat addiction with buprenorphine and vivitrol (medication-assisted treatment or MAT), and to dispense naloxone to high-risk patients.
- Work with local opioid safety coalitions to build new MAT access points in your community.

B. Engage your health insurer in the design of a benefit plan that supports prevention and effective treatment.

- Confirm with your health insurance benefits broker and/or insurer that your health plan's network adequately provides for specialty addiction treatment (medical detox, medically-supervised residential treatment/rehabilitation, outpatient).
- Adjust health insurance benefits to minimize copays for addiction treatment (including prescriber visits for MAT).
- Remove authorization requirements and copays for naloxone and MAT from health insurance benefit plan design.
- Provide employees with education on opioid risks and nonopioid pain management strategies.
- Provide employees with education on naloxone.
- Add chiropractic and acupuncture services as a benefit to health insurance plan.

Prevention Strategy 9

Things Employers Can Do Now to Reduce Opioid Misuse, Promote Effective Treatment, and Support Recovery Locally

C. Confirm with your Workers Compensation insurer that practices are in place to reduce opioid misuse.

- Ask the Workers Compensation insurer whether their case managers have been trained on common issues in chronic pain and addiction, as well as have standards, policies, and practices in place to reduce the risk of opioid misuse.



LEARN MORE

Grayken Center for Addiction at Boston Medical Center, [Employer Resource Library](#)

National Safety Council, [Drugs at Work](#)

Adapted from: Curbing the Opioid Epidemic Checklist for Health Plans and Purchasers, Smart Care California, 2019. Smart Care California is a public-private partnership working to promote safe, affordable care in California, including a focus on opioid safety and lowering opioid overdose deaths.