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## POSITION STATEMENT

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### Prevention of Opioid Overdose in the Workplace

#### INTRODUCTION

According to data from the Centers for Disease Control and Prevention (CDC), approximately 107,543 people died of drug overdoses in the United States in 2023 (CDC, 2024b). Furthermore, the CDC reports that the number of drug overdose deaths at work is rising, and that most overdose deaths at work were from opioids (CDC, 2024a). The National Institute for Occupational Safety and Health (NIOSH, 2024) reported that 75% of employers feel that opioid use has impacted their workplace, but only 17% feel prepared to address this issue. Furthermore, the same report found that “half of all respondents 18 years or older who reported misusing opioids had full- or part-time jobs in 2021” (NIOSH, 2024).

There are several risk factors for opioid misuse or opioid use disorder (OUD) according to NIOSH (2024) and the U.S. Department of Labor (n.d.). These include:

- Work-related illnesses or injuries
- Chronic medical conditions (i.e., sleep apnea, asthma, chronic obstructive pulmonary disease)
- Over-prescription in employee health services or health plans
- Over-prescription in workers' compensation medical care
- Younger adults (18-25 years old)
- Older adults (65 years and older)
- Individuals with mental health disorders (depression, anxiety, post-traumatic stress disorder)

- Personal history of alcohol or substance abuse
- Concomitant use of other sedating medications or agents

There are several signs that an individual may be experiencing an acute opioid overdose, including (SAFE Project, 2024):

- pinpoint pupils
- loss of consciousness
- unresponsive to outside stimulus
- awake but unable to talk
- breathing that is slow and shallow, erratic, or has stopped
- blue/purple or grayish skin
- choking sounds or a snore-like gurgling noise
- vomiting
- limp body
- a face that is pale or clammy
- a pulse that is slow, erratic, or not present at all.

Occupational health nurses (OHNs) should prepare workplaces to respond to opioid overdoses that occur

in the prehospital setting. Preparation in the workplace can include opioid overdose awareness, training first responders on how to identify a potential overdose and administer naloxone, and stocking reversal agents.

## RATIONALE

OHNs are often the first to arrive at the scene of an overdose, putting them in the best position to administer this time-sensitive, life-saving intervention. Research suggests that naloxone distribution among the public in the prehospital setting could avert 21 percent of opioid overdose deaths (National Institutes of Health [NIH], 2022).

Naloxone hydrochloride, 4 milligram (mg), also known as Narcan, is a medication that rapidly reverses the effects of opioid overdose, restoring breathing (NIH, 2022). On March 23, 2023, the U.S. Food and Drug Administration approved Narcan for over-the-counter (OTC) use without a prescription (FDA, 2023). Naloxone is available in many forms, however the use of a nasal atomizer device reduces the potential for occupational exposure to needlestick injuries and can be administered by non-medical personnel (SAFE Project, 2024a).

## RECOMMENDATIONS

AAOHN recommends that OHNs develop written procedures for onsite naloxone programs that are consistent with state and local regulations. This shall include, but not be limited to the following:

- Policies and procedures for lay person or first responder training, healthcare provider credentialing, and continuing education
- Appropriate treatment documentation (time, dose, and route of reversal treatment) and documentation on timing of Emergency Medical System (EMS) activation
- Standing orders provided by the state (see SAFE Project information below) or medical director (if applicable)
- Consideration must be given to determination of return-to-work status and referrals to Employee Assistance Programs (EAP) or other appropriate providers

### SAFE Project

The [SAFE Project website](#) is a helpful resource for determining your state-specific guidelines (SAFE Project, 2024b). The SAFE Project provides standing orders, signed by a physician, in some states where this is required.

For example, in some states any pharmacy or other organization may request a free-standing order to distribute naloxone. This standing order allows a

[%20and%20Drug%20Administration%20approved%20naloxone%20product%20approved%20for%20use%20without%20a%20prescription.](#)

National Institute of Health (NIH, 2022). *Naloxone*

pharmacist to dispense naloxone under the authority of the delegating physician. It also allows any employee or volunteer of a requesting organization to distribute naloxone without a prescription and allows any pharmacy or organization employee or volunteer to administer naloxone for a suspected opioid overdose. Under the law in some states, once you are covered under this standing order, you are protected legally to distribute naloxone to people who want or need it.

### Training

Regardless of the specific program, effective opioid overdose response training for laypersons should include:

- Recognition of overdose signs and symptoms
- Understanding of opioid effects on the central nervous system
- Proper administration techniques for naloxone products
- Information on local laws and naloxone access
- Importance of calling emergency services
- Aftercare and what to expect following naloxone administration, including recognition of severe opioid withdrawal when Narcan is administered to opioid dependent individuals

## SUMMARY

Because the standard of care for people who have sustained an opioid overdose includes the provision of naloxone, individuals experiencing an overdose in the workplace should have access to this care. Each state will govern the practice of occupational health and naloxone administration by a trained provider, including OHNs.

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