**[Insert organisation name/logo]**

Client overdose risk management plan

***Note\****

*This template provides an example of a risk management plan for managing client overdose situations. It provide specific guidance to staff members in managing concerns that arise when providing direct client services. Other examples available as part of the Risk Management Policy include:*

* *Home visiting risk management plan*
* *Mental health episodes risk management plan*

*All material provided by the Network of Alcohol and other Drugs (NADA) is for guidance purposes only. The information should be reviewed in relation to your organisation’s individual circumstances and policies. NADA does not provide medical advice. You should seek the advice of a healthcare professional if you have specific questions or concerns.*

*This Risk Management Plan may contain links to other websites. The links are provided for convenience only and may not remain current or be maintained. We are not responsible for the content or privacy practices associated with linked websites.*

*\*Please delete this note when using the examples provided to develop risk management plans for your organisation.*

**Client Drug Overdose Risk Management Plan**

The organisation’s risk management plan when working with clients experiencing a drug overdose. The plan requires the implementation of the following strategies and actions:

|  |  |
| --- | --- |
| **Strategy** | **Actions** |
| **Staffing, training and supervision** | * Ensure **[insert as appropriate, e.g. all staff, or all clinical staff]** are certified in First Aid with ongoing facilitation to ensure certification currency. * Ensure **[insert number]** staff are rostered on to work at the premises at all times. * Education regarding different types of overdose is provided to all new staff, and to existing staff annually. * Advice and information is provided to staff regarding drug alerts and emerging drug trends. * Advice and education relating to overdose effects and support is routinely provided to clients. * Monitor compliance with the Client Overdose Risk Management Plan. * Regular supervision is offered to all staff and incident debriefing is available when needed. * **[Insert information relating to medical staffing onsite].** * **[Insert information relating to training or information in the use of Naloxone. For example, refer to the NSW Health** [**Take Home Naloxone Program**](https://www.health.gov.au/our-work/take-home-naloxone-program)**; the** [**ADF website**](https://adf.org.au/drug-facts/naloxone/) **or NUAA’s** [**overdose resources**](https://nuaa.org.au/overdose) **and naloxone videos, accessible** [**here**](https://nuaa.org.au/videos)**].** * **[Insert other action].** |
| **Identify, assess and act** | * **For information on how to identify and respond to:** * An opioid overdose, refer to NSW Health’s guides to the [Prenoxad injection](https://www.health.nsw.gov.au/aod/programs/Factsheets/naloxone-factsheet-prenoxad.PDF) or the [Nyxoid nasal spray](https://www.health.nsw.gov.au/aod/programs/Factsheets/naloxone-factsheet-nyxoid.PDF). * A benzodiazepine overdose, refer to NUAA’s [‘Stopping Dropping’](https://static1.squarespace.com/static/61bc083a85af43143a2eb69a/t/6217018647d1f57151d6a40b/1645674887578/benzo+overdose.pdf) guide * The client should not be left unattended if possible, or for any significant period of time. For more information on First Aid, refer to the Work Health and Safety Policy and Procedure. * Maintain a safe and calm environment. * Enlist the help of other staff, but ensure they stand at the periphery to reduce further escalation from crowding. * Where possible, identify and inform emergency services of: * the substance/s and amount used by the client to help them assess the level of risk and anticipated reactions; * any breathing difficulties; * any increase or decrease in temperature; and * seizures and implemented actions. * **[Insert other action].** |
| **Prepare and communicate** | * Ensure a mobile phone is available. * Inform direct supervisor and brief other colleagues of the risks, while ensuring you follow privacy and confidentially procedures. * Complete an incident report within 7 days. * Complete case notes within 7 days. * **[Insert other action].** |
| **Follow up** | * Follow up with the client following the incident to ensure their welfare * If a reversal drug like Naloxone is used, ensure it is replenished |
| **Eliminate or reduce the risk** | * Allocate roles to colleagues, as appropriate, to ensure action is taken in response to the incident and that client safety is upheld. * Evacuate and/or restrict the area as appropriate. * Provide debriefing for clients to reduce risk of future occurrences. * Provide ongoing supervision and incident debriefing for staff to help identify when incident likelihood is increased. * **[Insert other action].** |
| **Review** | * Provide debriefing for staff, including Employee Assistance Program (EAP) if necessary. * Consult staff to decide whether the risk control processes implemented were effective. * Review incident – triggers/underlying risk. * Review the control process. * Review external factors of the risk. * Modify procedures, protocols and work practices and inform staff of changes. * Client Care plan to be reviewed with the client to provide alternative treatments, if possible. * **[Insert other action]** |
| **[Insert other strategy]** | * **[Insert actions]** |