

Opioids and Work

Opioids are medications that reduce pain but carry serious risk of misuse. Workers in occupations which face risk of injury are in greater danger of opioid or other substance use, overdose, or death. These at-risk workers and other populations often lack the necessary resources and education to protect themselves.

This refresher module is an awareness-level training tool designed to address the impact of the opioid crisis on workers, the workplace, and the community. Training on the use of Naloxone (Narcan) for treatment of an opioid overdose is an optional activity.

Time Requirement: 1-3 hours

Number of Instructors: 1 or more, consistent with ratio in Minimum Criteria

Materials

- Opioids and Work PowerPoint
- Participant Guide – A printed copy of the PowerPoint will serve as the Participant Guide. Print and make copies of the PowerPoint (3-slide Handout option) so participants can take notes and have all content to refer to in the future.
- Technology – computer(s), projector, screen, cables, internet (note the PowerPoint includes a video which may require the internet)
- Whiteboard or equivalent; markers
- Room with tables for small group activities

If Treating an Opioid Overdose (Topic 4) is to be covered, will also need:

- Skills Checklist for each participant
- PPE for each participant (preferably the PPE participants use at their workplace)
- Manikin(s)
- Practice (air only) nasal applicator(s)

Objectives

When completed, participants will be better able to:

- Describe opioid characteristics, opioid use disorder and the epidemic
- Identify opioid misuse prevention and recovery strategies
- Describe the relationship between workplace injuries and opioid misuse (Topic 1)
- Identify workplace opioid prevention strategies (Topic 1)
- Describe workplace opioid misuse prevention policies and support programs (Topic 2)
- Describe the importance of positive mental health (Topic 3)
- Identify actions to improve your mental health (Topic 3)
- Identify and safely treat an opioid overdose (Topic 4)
- Administer Naloxone (Narcan) during a simulated overdose (Topic 4)

Preparation

This refresher module is designed to be 1-3 hours in length. It includes 30 minutes of Opioid Basics followed by 1-4 optional Topics depending on the needs of the participants (see Agenda below). The desired Topic(s) should be selected in advance and the facilitator should become familiar with the content and Activity. Every facilitator should be familiar with the material in this Facilitator Guide as well as the corresponding PowerPoint presentation.

The facilitator should also:

- Gather necessary paperwork prior to the session
- Ensure operation of audiovisual equipment prior to the session
- Ensure you are able to show the video in the PowerPoint (see note in details below)
- Test web links prior to the session
- Print copies of PowerPoint (3-slide Handout option) to serve as Participant Guides so participants can take notes and have all content to refer to in the future
- If possible, identify local and/or company resources and add these to the materials
- Be prepared for controversy, as all participants may not accept opioid use disorder as a disease (see note in details below)
- Have a plan in case a participant has an emotional response to the content (see paragraph below)

Some of the content in this refresher module may trigger emotional discomfort among participants. Be sure to notify participants that if they feel uncomfortable or upset, they are free to leave the training room, and if they need immediate support, they should let the facilitator know that. Facilitators should have a plan in place in the rare event that this may occur. The

plan should include providing private space to provide support. If the lead facilitator provides support, the plan should include having a co-trainer run the class. Alternatively, the plan could include having a person trained in providing support available to call upon, such as a mental health professional or trained crisis response team member.

Agenda

This refresher module includes about 30 minutes of Opioid Basics (opioids, opioid use disorder, and the opioid epidemic). After that, the content can be tailored for the needs of participants, totaling 1-3 hours for the entire refresher module. The flexibility comes from 4 optional Topics:

1. Workplace Injuries and Opioids - Explores the relationship between workplace injuries and opioid misuse and introduces workplace opioid prevention strategies.
2. Workplace Opioid Prevention Policies & Support Programs - Details workplace opioid misuse prevention policies and support programs.
3. Substance Use & Mental Health - Explains the importance of positive mental health and identifies actions to improve mental health.
4. Treating an Opioid Overdose – Covers routes of opioid exposure, protection, identification of an opioid overdose, treatment with Naloxone (Narcan), and decontamination.

Introduction	5 minutes
Opioid Basics	25 minutes
<u>Select 1-4 of the following optional Topics:</u>	
1. Workplace Injuries and Opioids	25-30 minutes
2. Workplace Opioid Prevention Policies & Support Programs	25-30 minutes
3. Substance Use & Mental Health	25-30 minutes
4. Treating an Opioid Overdose	60 minutes
Closing	5 minutes

Resources

- NIEHS Worker Training Program, Opioids & Substance Use: Workplace Prevention & Response: <https://tools.niehs.nih.gov/wetp/index.cfm?id=2587>
- NIOSH Opioids in the Workplace webpage: <https://www.cdc.gov/niosh/topics/opioids/default.html>
- MentalHealth.gov - <https://www.mentalhealth.gov>
- SAMHSA - <https://www.samhsa.gov/>
- InterAgency Board for Emergency Preparedness & Response (IAB) - <https://www.interagencyboard.org/sites/default/files/publications/IAB%20First%20Responder%20PPE%20and%20Decontamination%20Recommendations%20for%20Fentanyl.pdf>
- U.S. Drug Enforcement Administration (DEA) - <https://www.dea.gov/documents/2017/2017-11/2017-11-28/fentanyl-safety-recommendations-first-responders>

Minimum Content Requirements

- Opioids, opioid use disorder and the epidemic
- One, two, three, or four Topics and their associated Activity

Questions You May Be Asked

1. Am I in danger if I accidentally touch or breath in opioids?

Seek medical attention immediately if opioids are breathed in, get into your eyes, nose or mouth, or if the exposure is to liquid or gel opioids or by a needle stick. However, accidental exposure is most likely to be to by touching dry or powder opioids. Brief skin exposure to dry or powder opioids is not likely to cause a problem but should be immediately removed by washing with soap and water (not alcohol-based hand disinfectant).

2. How do I find more information on...?

The internet and the local library are resources for researching. Use only trusted internet sources such as government websites. Avoid independent opinion blogs, newsletters, and unverified groups.

Presentation of the Session

This session can be presented as follows:

Opioids Basics

Time requirement: 25 minutes

Materials: PowerPoint and Participant Guide

Objectives: Describe opioid characteristics, opioid use disorder and the epidemic
Identify opioid misuse prevention and recovery strategies

Preparation: Review PowerPoint

Minimum content: Opioid characteristics, opioid use disorder, the opioid epidemic, warning signs, opioid misuse prevention and recovery strategies

Use the PowerPoint slides and notes below to cover the Opioids Basics content.

The color and texture of fentanyl do not indicate anything about its strength. That can only be determined by chemical analysis. Similarly, the texture of fentanyl may range from light and finely powdered to somewhat coarse, cakelike, and crumbly, resembling powdered milk. Occasionally, fentanyl may have a medicinal or chemical odor, but this is not characteristic. There is nothing about the appearance of fentanyl samples that is unique, and it is impossible to distinguish them from heroin except by chemical analysis.

Fentanyl can be injected, snorted/sniffed, smoked, taken orally by pill or tablet, and spiked onto blotter paper. Fentanyl patches are abused by removing their gel contents and then injecting or ingesting these contents. Patches have also been frozen, cut into pieces, and placed under the tongue or in the cheek cavity.

Seek medical attention immediately if opioids are breathed in, get into your eyes, nose or mouth, or if the exposure is to liquid or gel opioids or by a needle stick. However, accidental exposure is most likely to be to by touching dry or powder opioids. Brief skin exposure to dry or powder opioids is not likely to cause a problem, but should be immediately removed by washing with soap and water (not alcohol-based hand disinfectant).

Illicitly-produced fentanyl is sold alone or in combination with heroin and other substances and has been identified in counterfeit pills, mimicking pharmaceutical drugs such as oxycodone.

Most recent cases of fentanyl-related harm, overdose, and death in the U.S. are linked to illegally-made fentanyl. It is sold through illegal drug markets for its heroin-like effect. It is often mixed with heroin and/or cocaine as a combination product - with or without the user's knowledge - to increase its euphoric effects.

Video (Slide 9) - The video was developed by the National Safety Council and is entitled, Opioids & the Brain. It is 2 minutes and 36 seconds long and is an excellent tool for helping people understand Opioid Use Disorder. The video is embedded in slide. You will need an internet connection and sound source to show the video. The YouTube URL for the video is: <https://youtu.be/baCPgy6YLS4>. If you know that you will not have internet access you can make your PPT presentation self-contained uploading the video and then save the PPT as a packaged PowerPoint presentation and not a full PowerPoint file by clicking File > Save As > PowerPoint Show. Be sure to test the file to make sure it works properly.

Avoiding dope sickness is the main motive for people addicted to opioids.

Be prepared for controversy: Presenting evidence that opioid use disorder is a relapsing disease may be controversial and not accepted by all participants. Understand that stigma and disbelief about addiction is powerful. Therefore, it is very important that facilitators are familiar with the evidence and avoid arguing or debating with participants, and rather point them to reliable sources such as CDC, AMA, etc. Although controversy in a training program may be uncomfortable, teaching that opioid use disorder is a disease and addressing stigma are key parts of the program. Bottom line: whether the addiction started due to a workplace injury and subsequent prescription of opioids or because the person was using drugs recreationally, the addicted worker in both cases needs and deserves support to regain their lives through treatment and recovery.

A common misconception associated with Medication-Assisted Treatment (MAT) is that it substitutes one drug for another. Instead, these medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. MAT programs provide a safe and controlled level of medication to overcome the use of an abused opioid.

The remainder of the program will consist of 1-4 of the Topics below. Each is 30-60 minutes, including its corresponding Activity.

Workplace Injuries and Opioids (Topic 1)

Time requirement: 25-30 minutes including Activity

Materials: PowerPoint and Participant Guide - The slides and participant content for this topic can be found following the Opioid Basics content in the PowerPoint.

Objectives: Describe the relationship between workplace injuries and opioid misuse
Identify workplace opioid prevention strategies

Preparation: Review PowerPoint and Activity

Minimum content:

Relationship between workplace injuries and opioid misuse

Opioid misuse prevention through injury prevention and treatment

Activity - Prevention of injuries that can lead to pain treatment/substance use

Use the PowerPoint slides to cover the content.

Activity - Prevention of injuries that can lead to pain treatment/substance use

Time Requirement: 10-15 minutes, including report back if desired

Objective: Document opportunities to identify and control workplace hazards

Task: Choose one or more workplace hazards and brainstorm ideas on how the problems could be evaluated, documented, and prevented

Break into small groups for completion of the Activity. Each group will choose one or more workplace hazards and record ideas on how the problems could be evaluated, documented, and prevented. If desired, facilitate a report back/discussion afterwards.

Some may be hesitant to share anything negative about their workplace. Do not push. Be prepared to discuss whistleblower protection.

Below is a list of potential ideas to evaluate, document, or prevent workplace hazards/injuries:

- Housekeeping
- Use of respirators (facial hair, seal checks, etc.)
- Need for hazardous materials awareness training
- First aid supplies replenished
- Need SOP for _____
- Need to clean and repair PPE
- Update of chemicals on-site
- Emergency alerting practiced
- Increase time to plan before starting tasks
- Tool inspection and repair tracking
- Evaluate ergonomics of _____
- Improve the Safety & Health Committee
- Evaluate OSHA logs or workers' compensation data to identify high-risk jobs
- Conduct worker interviews or surveys to identify high-risk jobs

Workplace Opioid Prevention Policies & Support Programs (Topic 2)

Time requirement: 25-30 minutes including Activity

Materials: PowerPoint and Participant Guide - The slides and participant content for this Topic can be found in the PowerPoint.

Objective: Describe workplace opioid misuse prevention policies and support programs

Preparation: Review PowerPoint and Activity

Minimum content:

Workplace opioid misuse policies

Workplace opioid prevention support programs

Activity - Ideas to improve workplace substance use treatment and recovery programs

Use the PowerPoint slides and notes below to cover the content.

To introduce the concept of punitive policies you could ask: If a person has cancer, would the employer ask them to sign a last chance letter when they go into treatment? Would the employer develop a zero-tolerance policy for cancer or a “three strikes and you’re out” if the worker relapsed?

A common misconception associated with MAT is that it substitutes one drug for another. Instead, these medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. MAT programs provide a safe and controlled level of medication to overcome the use of an abused opioid.

Alternative-to-discipline (ATD) programs can help to create a work environment where it is more likely that workers who need help will come forward about substance use or mental health problems. Eliminating the fear of being stigmatized or losing employment is critical.

Training and education are key to successful ATD programs so that workers know how to access the program.

One constraint of Employee Assistance Programs (EAPs) is that workers must ask for help. EAP personnel are not allowed to reach out to people. In contrast, member assistance

program and peer advocates can use the strength of their peer relationships to try to influence co-workers to seek help, including accessing EAP resources.

Activity - Ideas to improve workplace substance use treatment and recovery programs

Time requirement: 10-15 minutes, including report back if desired

Objective: Identify ideas to improve workplace substance use program

Task: Write down one or more ideas that will help improve workplace substance use treatment and recovery programs. Describe any relevant details (who, what, when, why, where).

Break into small groups for completion of the Activity. Each group will write down one or more ideas that could help improve workplace substance use treatment and recovery programs. Describe any relevant details (who, what, when, why, where). If desired, facilitate a report back/discussion afterwards.

Some may be hesitant to share anything negative about their workplace. Do not push. Be prepared to discuss whistleblower protection.

Below is a list of potential ideas.

- Share information from this training with co-workers
- Increase participation in organizational programs geared to improve safety and health and avoid opioid use
- Evaluate the employee assistance program
- Start a member assistance program or peer advocacy program
- Review/amend punitive workplace substance use policies
- Plan and conduct training and education
- Initiate a naloxone program at the workplace
- Focus on self-care: exercise, sleep, healthy eating, socializing, and relaxing

Mental Health & Substance Use (Topic 3)

Time requirement: 25-30 minutes including Activity

Materials: PowerPoint and Participant Guide - The slides and participant content for this Topic can be found in the PowerPoint.

Objectives: Describe the importance of positive mental health

Identify actions to improve your mental health

Preparation: Review PowerPoint and Activity

Minimum content: Definition of mental health

Importance of mental health

Ways to improve mental health

Activity - Identify work-related risk factors affecting mental health

Use the PowerPoint slides to cover the content.

Activity - Identify work-related risk factors affecting mental health

Time requirement: 10-15 minutes, including report back if desired

Objective: Identify work-related risk factors that can impact mental health

Task: Discuss if these risk factors are present in your worksite and list any key examples.

Work-Related Risk Factors Affecting Mental Health

- Work-life balance
- Workplace violence/harassment/bullying
- Job demands
- Presenteeism
- Job burnout
- Occupational injury/illness

Break into small groups for completion of the Activity. Each group will discuss if these risk factors are present in their worksite, and list any key examples. If desired, facilitate a report back/discussion afterwards. Some may be hesitant to share anything negative about their workplace. Do not push. Be prepared to discuss whistleblower protection.

Treating an Opioid Overdose (Topic 4)

Time requirement: 60 minutes including Activity

Materials: PowerPoint, Participant Guide, and Skills Checklist (found in this Facilitator Guide). The slides and participant content for this Topic can be found in the PowerPoint.

Objectives: Identify and safely treat an opioid overdose

Administer Naloxone (Narcan) during a simulated overdose

Preparation: Review PowerPoint and Activity. A copy of the Skills Checklist should be made for each participant. The completed Checklists will be retained as part of the program file. Note that with reconnaissance, this program could be modified to more closely match the policies and procedures used at the participant's facility and this should be done so if possible.

Note that this content includes assessment/treatment flow charts appropriate for responders with various levels of medical training. Reconnaissance would allow the facilitator to adjust the content to match the medical training of the participants.

Minimum content: Routes of opioid exposure

Protection

Identification of an overdose

Decontamination

Activity – Administration of Naloxone (Narcan)

Use the PowerPoint slides and the notes below to cover the content.

Because the level of PPE needed for response to liquid or high quantities of fentanyl requires a trained HAZMAT team, the remainder of the program will focus primarily on dry/powdered encounters.

Examples of incidental exposures include when an EMS worker or law enforcement officer responds to an emergency call where a person has overdosed and drug powders are on the individuals clothing or vehicle. In these cases, there would be a concern about breathing in the powders (inhalation), transferring them from hand to mouth (ingestion), and transferring them to the skin, eyes, and mucous membranes (absorption).

NIOSH: “Potential exposure routes of greatest concern include inhalation, mucous membrane contact, ingestion, and percutaneous exposure (e.g., needlestick). Any of these exposure routes can potentially result in a variety of symptoms that can include the rapid onset of life-threatening respiratory depression. Skin contact is also a potential exposure route, but is not likely to lead to overdose unless large volumes of highly concentrated powder are encountered over an extended period of time. Brief skin contact with fentanyl or its analogues is not expected to lead to toxic effects if any visible contamination is promptly removed. There are no established federal or consensus occupational exposure limits for fentanyl or its analogues.”

Relate to participants that one challenge of opioid overdose response is that responders are unlikely to know how much opioid is present and in what format prior to arriving at the scene. Responders may not even know initially that they are responding to an overdose.

Note there are two American Health Association flow charts, based on the medical training of the responder. Take the opportunity to encourage participants to get CPR certified because CPR may be required for the person experiencing the overdose or the response may end up being for something other than an overdose.

It can be difficult to distinguish an opioid overdose from other cardiac or respiratory emergencies. You can identify an opioid overdose by a combination of three symptoms known as the Opioid Triad: coma, pinpoint pupils, respiratory depression. Other factors to consider include patient history, evidence on scene and bystander reports.

This guidance will focus on use of the intra-nasal (IN) delivery of Narcan, as it is easier and more convenient to use in most situations than an injectable.

Note that Naloxone will not harm a patient who is experiencing cardiac or respiratory arrest from causes other than opioids.

Activity – Administer Naloxone (Narcan)

Purpose: To practice administering Narcan during a simulated opioid overdose response.

Directions: Divide the group into teams based on the number of manikins available. Each team will respond to a simulated opioid overdose and utilize necessary PPE and precautions while assessing and treating a patient. Each participant should have the opportunity to assess the patient and practice administration of Narcan. Allow 20-30 minutes for the exercise, depending on the number in each team. Afterwards, the entire group will assess the response during a debrief. Each participant will complete their Skills Checklist. Note that the Skills Checklist contains a range of potential actions, which can be adapted to the medical training level of the participants. Actions suited for healthcare providers such as taking pulse and rescue breathing can be included or excluded as appropriate. Collect a Skills Checklist from each participant to be included in the program file.

Setup: Each team should have a manikin and practice (air only) nasal applicator.

Patient: Unconscious, with pinpoint pupils and breathing <8 per minute.

Naloxone/Narcan Administration Skills Checklist

Purpose: To practice the administration of a nasal Naloxone (Narcan) device.

Directions: Your instructor will provide you with a simulated opiate overdose scenario. You will practice assessment and treatment of the patient following the AHA flow chart and the Skills Checklist.

Nasal Naloxone/Narcan Administration	Yes	No
Did you wear appropriate PPE, including respiratory protection?		
Did you identify and assess the victim for responsiveness? <ul style="list-style-type: none"> • Is breathing adequate? (8 breaths per minute, no cyanosis) • Are there pinpoint pupils? • Is there a pulse? 		
Did you call 911 or activate emergency response system per organization or facility protocol?		
Did you check for medical alert tags?		
Did you make the area safe for the victim?		
Did you initiate CPR and AED protocol, if indicated?		
If there were no respirations, did you initiate rescue breathing using a pocket mask or bag valve mask with oxygen? (optional)		
Did you determine the need to administer the Mucosal Atomization Device (MAD)?		
Did you remove the two yellow caps off the atomizer and one red/purple off the vial?		
Did you attach the MAD by screwing it to the top of the plastic delivery device?		
Did you administer a 1 mg of Narcan in each nostril? (Maximum of 2 Mg)		
Did you administer a second dose after 3-5 minutes?		
Did you continue to monitor for respirations (and pulse)?		
Did you transport the victim to the local emergency department via EMS?		

Name: _____ Date: _____ Instructor _____

Summary/Closing

- Review the objectives
- Answer any remaining questions
- Forward suggestions to improve this refresher module to your Program Director
- Forward any impact stories or 'takeaways' to your Program Director