

# Health and Safety During the Opioid Overdose Emergency: Northern Health's Recommendations for Industrial Camps

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**northern health**  
*the northern way of caring*

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## Introduction

In April 2016, BC's Provincial Health Officer declared a Public Health Emergency due to the increasing number of drug overdose deaths across the province. This increase has been largely due to a shift in the black market towards highly toxic, illicitly produced drugs containing unpredictable doses of fentanyl or fentanyl analogues. Unfortunately, this emergency shows no signs of stopping.

Overdose prevention and response, together with prevention of and recovery from substance use disorders (addiction) more generally, is a shared responsibility among many sectors of society. Industrial camps are well placed to participate in many aspects of this important work. On average, individuals working in construction and the trades have higher rates of substance use disorder than the general population. We also know that opioid overdoses have occurred at industrial camps in British Columbia. Overdoses are rarely fatal if detected and treated in time, but the distance of many remote camps from emergency medical services means that any overdose has a higher chance of being fatal if this eventuality is not prepared for.

There are a number of important measures employers can take to ensure health and safety in this area, which should be provided to all employees, regardless of whether they are known to use substances. This document outlines key areas where management in industrial camps can contribute to reducing the impact of the opioid overdose emergency among its workforce.

Our recommendations, detailed in the following pages, are summarized as follows:

1. Prevent drug use by promoting mental wellness at work and in camp
2. Foster an open, respectful, and well-informed working environment regarding mental health and addiction
3. Prepare for the possibility of an opioid overdose and the need for emergency response
4. Provide confidential access to other harm reduction supplies
5. Support employees with addictions to get help
6. Appropriately manage the risk of impairment in safety-sensitive positions

Please note that this guide is not a substitute for legal advice. This guide is independent of and does not negate legal requirements, including those defined under provincial and federal human rights legislation, privacy legislation, and case law. It is also independent of, and not intended to provide guidance on meeting, any applicable WorkSafeBC requirements.

## 1. Prevent Drug Use by Promoting Mental Wellness at Work and in Camp

Stressful work environments, shift work, and distance from family and friends, can contribute to or exacerbate mental health and substance use problems. Companies should take a proactive approach to ensure that mental health and wellness promotion, as well as protection of mental health, are part of camp programs and infrastructure designs.

This can enhance team connectedness, increase healthy behaviours amongst workers and enhance productivity, while decreasing the likelihood of risky substance use, which is often a response to psychological distress.

Northern Health recommends:

- Providing healthy lifestyle activities such as social/recreational opportunities.
- Supporting individuals to make improvements in their personal lifestyles.
- Ensuring physical and social environments are welcoming and safe for everyone, and are free of discrimination based on ethnicity/race, gender, sexuality, disability, etc.
- Creating psychologically healthy and safe workplaces by implementing the *National Standard for Psychological Health and Safety in the Workplace*.
- Fostering a healthy organizational culture.
- Providing easy and confidential access to comprehensive Employee and Family Assistance Programs which include support related to mental health and addiction.
- Attending to regulatory health and safety requirements.

Learn more about promoting mental wellness at work:

- Canadian Centre for Occupational Health and Safety  
*Workplace Health and Well-Being: Comprehensive Workplace Health and Safety Programs:*  
[https://ccohs.ca/oshanswers/psychosocial/mentalhealth\\_work.html?wbdisable=true](https://ccohs.ca/oshanswers/psychosocial/mentalhealth_work.html?wbdisable=true)
- Guarding Minds @ Work  
*A Workplace Guide to Psychological Health and Safety:*  
<http://www.guardingmindsatwork.ca/>
- Mental Health Commission of Canada and Canadian Standards Association *National Standard for Psychological Health and Safety in the Workplace:*  
<https://www.mentalhealthcommission.ca/English/national-standard>
- WorkSafeBC – *Bullying & harassment:*  
<https://www.worksafebc.com/en/health-safety/hazards-exposures/bullying-harassment>

## 2. Foster an Open, Respectful, and Well-informed Working Environment Regarding Mental Health and Addiction

Substance use occurs across a spectrum from beneficial to harmful. Substances that affect the brain include caffeine, tobacco, cannabis, alcohol, prescription medications, and illegal substances.

Addiction, the compulsive use of a substance despite detrimental consequences, most often reflects an attempt to cope with persistent and severe psychological or physical suffering. For people struggling with drug addiction, the need to use drugs often outweighs the risks. Scientific evidence shows that prohibition often does not stop people with addictions from using drugs, but instead fuels secrecy and shame, and drives drug use underground. If people expect that discovery of their drug use will lead to rejection, judgement, job loss, or other forms of reprisal or discrimination, they will avoid seeking help and support when they need it. They will also use drugs in riskier ways, such as alone and out of sight, where no help is available if an accidental overdose occurs. During the current opioid overdose crisis, most deaths have occurred among people using drugs alone.

Ironically, then, prohibition and the threat of punishment can prolong a person's addiction and increase the risks they face. This secrecy and shame is fuelled by misunderstanding of the nature of drug addiction, and by legal and organizational policies that punish drug use, rather than seeing it as a potential symptom of psychological or physical suffering.

Policies and practices at work should therefore reflect an understanding that sometimes drug use is part of people's lives which may be reduced, but cannot be entirely eliminated, by education or enforcement efforts alone. This recognition can lead to creative and collaborative solutions to keep environments and people safe, and to de-stigmatize mental illness and substance use.

Northern Health recommends:

- Providing employees with educational resources around alcohol and drug use (see below).
- Adopting policies that acknowledge the reality of risky substance use, and provide reassurance that people who come forward for help with substance use issues will be met with respect and support, rather than reprisal.
- Acting in a non-discriminatory manner towards employees who are experiencing substance use issues, recognizing that substance use disorder is best understood as a disability or chronic disease, rather than simply an individual choice.

- Using health-promoting and non-stigmatising language when discussing people who use substances (e.g. language that reflects the medical nature of substance use disorders and treatment, using language that promotes recovery).

Learn more about addiction and reducing risks related to substance use:

- Mental health and substance use information:  
<http://www.heretohelp.bc.ca/>
- Canada's Low Risk Drinking Guidelines:  
<https://www.camh.ca/-/media/files/canadas-low-risk-guidelines-pdf.pdf>
- Canada's Lower Risk Cannabis Use Guidelines:  
<https://www.camh.ca/-/media/files/pdfs---reports-and-books---research/canadas-lower-risk-guidelines-cannabis-pdf.pdf>

Learn more about reducing stigma:

- Respectful Language and Stigma Regarding People Who Use Substances:  
<http://towardtheheart.com/resource/new-respectful-language-and-stigma-regarding-people-who-use-substances/open>
- Reducing Stigma:  
<http://towardtheheart.com/reducing-stigma>
- Northern Health – Stop Stigma. Save Lives:  
<https://www.northernhealth.ca/YourHealth/Stigma.aspx>

### 3. Prepare for the Possibility of an Opioid Overdose and the Need for Emergency Response

Ensuring that remote workplaces have a way to detect and respond to an opioid overdose, especially in remote worksites or housing complexes, is an important component of first responder skills and first aid in BC.

Opioids slow down the part of the brain that controls breathing. In an overdose, a person stops breathing entirely. Overdose preparedness includes ensuring first aid providers are trained on overdose recognition and response, and have the equipment necessary to respond effectively. Overdose response includes calling emergency medical services, providing rescue breathing, and administering naloxone.

Naloxone is a safe medication that quickly reverses the effects of opioids, and has no other effects. It is non-impairing and non-addictive. Like the Epi-Pen, it is available in B.C. without a prescription. Extensive research has found that the availability of overdose safety measures like naloxone does not encourage people to use more drugs.

Individuals who may be personally at risk of either experiencing or witnessing an overdose can receive a free naloxone kit through a provincial program. Access points exist in nearly all communities of a significant size, and are listed at [towardtheheart.com/site-finder](http://towardtheheart.com/site-finder). Eligible individuals include those who currently use or formerly used opioids, be they prescription or illicit, regularly or occasionally; or who have friends or family members who use opioids. Other concerned individuals may also choose to purchase a naloxone kit from a pharmacy.

BC's [\*Naloxone Risk Assessment Tool for non-public sector organizations\*](#) recommends that naloxone be stocked in any setting where overdoses are very likely, or where overdoses are possible and emergency medical care for an overdose (i.e. paramedic and hospital care) would be delayed. In a remote industrial camp that lacks trained responders or naloxone, an otherwise treatable overdose could be fatal.

It is important to note that the risk to the responder from accidental exposure to drugs at the scene of an overdose is extremely low. No cases of significant exposure have been documented in Canada to date, despite tens of thousands of overdoses reversed by health care providers and lay people alike. Opioids do not aerosolize and absorption through the skin is very slow. [\*Disposable gloves, and a barrier mask for rescue breathing, provide sufficient protection to the responder.\*](#) Any unknown powders or substances found at the scene of an apparent overdose are unlikely to be dangerous, so long as they are left undisturbed.

Northern Health recommends:

- Ensuring first aid staff in remote industrial camps receive training on overdose recognition and response. Free online training is available at [www.naloxonetraining.com](http://www.naloxonetraining.com). Some first aid trainers, such as St. John's Ambulance and BC Emergency Health Services, offer in-person training.
- Including a naloxone kit with first aid equipment. Kits are available for purchase from many community pharmacies for a low cost.
- Making employees aware that overdose response is available as part of first aid.
- Allowing workers to have their own naloxone kits. Note that this is not necessarily an indication that the worker uses substances themselves. Naloxone kits are life-saving first aid tools which anyone can choose to carry, in case they encounter someone who is experiencing an overdose.

Learn more about opioid overdose and naloxone:

- Overdose Prevention and Response in BC: <https://www2.gov.bc.ca/gov/content/overdose>
- Opioid overdose response training: <http://towardtheheart.com/naloxone-training>
- Naloxone Risk Assessment Tool For Non-Public Sector Organizations: [http://www2.gov.bc.ca/assets/gov/overdose-awareness/naloxone\\_risk\\_assessment\\_-\\_non-governmental\\_sectors.pdf](http://www2.gov.bc.ca/assets/gov/overdose-awareness/naloxone_risk_assessment_-_non-governmental_sectors.pdf)
- BC Provincial Health Officer – *Guidance statement regarding Personal Protective Equipment for Emergency Medical Services and Health Care Workers dealing with overdose victims*: <https://www.fentanyl-safety.com/wp-content/uploads/UpdatedGuidance-statement-PPE-EMS-HCW-Jan2017.pdf>



## 4. Provide Confidential Access to Other Harm Reduction Supplies

Harm reduction is an approach based on evidence and grounded on human rights. This approach aims to keep people safe and minimize death, disease, and injury from high-risk behaviour, while neither judging the person nor encouraging the behaviour. It recognizes that abstinence from all risky behaviour is not possible or realistic for all people at all times. Harm reduction involves a range of supports, strategies, and tools to decrease stigma; enhance the knowledge, skills, resources, and supports for individuals, families and communities to be safer and healthier, whether the behaviour continues or not. Clean needles for people who inject drugs to prevent infection, condom distribution to prevent sexually transmitted infections, and seat belts in motor vehicles and helmet laws for motorcyclists to prevent injury, can be all considered examples of harm reduction.

Extensive research has found that this approach is very effective in reducing death, disease, and injury related to substance use, as well as the health and social costs, and does not lead to more people using substances.

Northern Health recommends:

- Providing confidential and non-judgemental access to harm reduction supplies, in order to improve safety for anyone who engages in sex or drug use, including sterile needles, sharps containers, naloxone, condoms and other supplies.
- Providing education materials on safer sex and safer substance use (see resources listed below).

Learn more about harm reduction:

- Safer drug use: <http://towardtheheart.com/safer-use>
- Harm reduction in general: <http://towardtheheart.com/about>
- Best practice recommendations for Canadian harm reduction programs: <http://www.catie.ca/en/programming/best-practices-harm-reduction>

## 5. Support Employees with Addictions to Get Help

Substance use disorder (drug addiction) is unfortunately common. Compared to the general population, it is more common among working-age men, and among workers in construction and the trades<sup>1</sup>. Due to the stigma and shame surrounding drug addiction, people often hide their addiction as long as possible. However, people can flourish when their addiction is treated appropriately.

Substance use disorder is defined as a disability under federal and provincial human rights law. Employees with a substance use disorder have the right to accommodation by their employer, to the point of undue hardship.

For workplaces under federal jurisdiction (and governed under the *Canadian Human Rights Act*), more information is available in [Impaired at Work: A guide to accommodating substance dependence](#), by the Canadian Human Rights Commission. For workplaces under provincial jurisdiction (and governed under the *British Columbia Human Rights Code*), more information can be found on the [BC Human Rights Clinic website](#).

Employers should enable employees with substance use issues to seek help confidentially, ideally before substance use affects their work performance. Providing sickness and disability benefits can encourage employees to seek help proactively, as can providing access to voluntary self-referral Employee and Family Assistance Programs. Discretion, privacy and confidentiality are essential to allow employees to seek this help (in addition to meeting the employer's legal obligations). People should also have a way to connect with supports if they have concerns about someone else's substance use.

If there are changes in an employee's attendance, performance, or behaviour, or impairment is suspected, employers should inquire whether the employee has a disability requiring accommodation. Inquiry should be respectful, compassionate and non-judgemental, and should focus on objective work performance concerns, not speculation about the cause. Employers should not try to diagnose substance dependence or recommend treatment.

In the event that the employee discloses (or the employer suspects) a substance use disorder, an assessment should be completed by a medical professional. The employer must respect the employee's right to privacy: the employer needs to know what accommodation steps are needed to support the employee, but they are not entitled to information on the diagnosis or details of the treatment plan.

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<sup>1</sup> Substance Abuse and Mental Health Services Administration – National Survey on Drug Use and Health. [https://www.samhsa.gov/data/sites/default/files/report\\_1959/ShortReport-1959.html](https://www.samhsa.gov/data/sites/default/files/report_1959/ShortReport-1959.html)

Respect, dignity, inclusion and compassion in addition to providing opportunities to perform meaningful work, are key elements of not only recovery from illness, but also of a positive mental health promoting work environment. Exclusion, shaming, and judgement may drive people back towards substance use.

Northern Health recommends:

- Facilitating and encouraging access to mental health and addictions programs, with respect for the privacy and human rights of employees.
- Respectful and discreet inquiry, and referral to a medical professional, if substance use problems are suspected.
- Reasonable accommodation for employees diagnosed with substance use disorder.

Learn more about detecting possible substance use issues and reasonable accommodation for employees with substance use disorders:

- Canadian Human Rights Commission – Impaired at Work:  
*A guide to accommodating substance dependence:* <https://www.chrc-ccdp.gc.ca/eng/content/impaired-work-guide-accommodating-substance-dependence>

## 6. Appropriately Manage the Risk of Impairment in Safety-sensitive Positions

Employers have a clear duty to ensure workplace safety, including minimizing the risk that workers in safety-sensitive positions will be impaired on the job. Impairment may result from fatigue, medical disorders, alcohol and drug use, prescription medications, mental health problems, etc.

At the same time, efforts to reduce this risk must also be mindful of the risk of unintended consequences. Fear of punishment or job loss creates a disincentive to disclosure and help-seeking for addiction. This barrier to treatment may increase the risk that the use of impairing substances will continue, undetected and untreated.

Impairment in the workplace is best detected by direct observation of behaviour and other physical signs. When impairment is observed or suspected, employers have a duty to investigate and to promptly implement reasonable safety precautions.

It is important to understand the limitations of random or systematic drug testing:

- A positive result does not necessarily imply recent use: trace amounts of certain substances may be found in urine for days or weeks after they were last used, well after the cognitive effects of the drug have passed.
- A positive result does not necessarily imply significant impairment: the degree of impairment depends on the specific substance, the dose that was taken, and the individual's level of tolerance.
- It is not always possible to distinguish between prescribed and illegal substances: for example, opioids and opioid substitutes may be obtained illegally, but may also be prescribed in the treatment of chronic pain or addiction.
- Certain tests have risks of false positives or false negatives.

For individuals who need to regularly take prescribed medication that may carry a risk of impairment, the risk of significant impairment is best assessed by a physician. Restrictions should be commensurate with the degree of safety sensitivity associated with the individual's position. As an example, the [\*National Standards for Driving\*](#) affirm that long-term use of opioids or opioid agonist (substitution) therapy is not necessarily incompatible with safe commercial driving, and that individuals should be assessed by their physicians, who may find them fit to drive.

If drug testing is used, the results should be used with these limitations in mind. Consultation with a knowledgeable health professional is recommended if considering such a program.

Further recommendations on effective and appropriate strategies for detecting and responding to impairment due to substances are provided in *[Impaired at Work: A guide to accommodating substance dependence](#)*, a recent guidance document published by the Canadian Human Rights Commission.

Northern Health recommends:

- Focusing on observable behavioural signs of impairment as the most important strategy for detecting impairment in safety-sensitive positions.
- Considering the potential limitations, and seeking to mitigate any unintended consequences, of other approaches to preventing, detecting, or dealing with impairment in safety-sensitive positions.

Learn more about appropriately managing the risks associated with impairment:

- Canadian Human Rights Commission – Impaired at Work:  
*A guide to accommodating substance dependence: <https://www.chrc-ccdp.gc.ca/eng/content/impaired-work-guide-accommodating-substance-dependence>*
- Canadian Council of Motor Transport Administrators  
*Determining Driver Fitness in Canada: <http://ccmta.ca/images/publications/pdf/Determining-Driver-Fitness-In-Canada-Final.pdf>*