



WOMEN'S
SHELTERS
CANADA

Shelters and
Transition Houses
United to End Violence
Against Women

MOVING TOWARDS A HARM REDUCTION APPROACH

PREPARING FOR & RESPONDING TO OVERDOSES IN YOUR SHELTER



This resource is an excerpt from a [longer report](#) sharing lessons from Women's Shelters Canada's Community of Practice (CoP) on Harm Reduction and Lowering Barriers to Service at Domestic Violence Shelters and Transition Houses, [available here](#).

Experiencing, witnessing, and/or responding to a substance-related poisoning (or “overdose”) can be scary. Many people are resistant to harm reduction efforts for fear that this will increase the number of overdoses that happen. However, people will use substances whether you acknowledge it or not. Overdoses can and do happen, and it is better to be prepared.

As an organization, you can consider:

- Offering regular overdose response and naloxone training to staff and clients
- Developing overdose and other crisis response protocols that clearly state who is responsible for what and what actions need to be carried out
- Introducing these protocols at staff meetings and in the onboarding process with new staff; reviewing them quarterly at staff meetings
- Making the written protocols easily accessible at all times
- Creating overdose response kits and making these readily available at all times
- Holding regular overdose response drills so that everyone can practice responding to an overdose (similar to a fire drill)

These strategies will help ensure the information is known and front of mind. Developing these tools can also help to normalize and reduce the fear of finding someone who has overdosed, while allowing staff and clients to develop the skills to respond to this type of situation.

When an incident occurs, it can profoundly impact staff and other residents.

Considering how you can provide optimal support during and after a crisis is essential.

- Staffing is key, and any crisis will be easier to respond to if there is more than one staff member on-site. This can be challenging in the context of limited resources and staffing shortages.
- Access to a manager and/or supervisor on call who can support and provide guidance if anything happens can be helpful.
- It is important to debrief any crisis situation soon after it has happened, and with everyone.
- Aftercare for affected staff may include time off, counselling, and keeping communication channels open so they can raise other needs or questions.
- To hear directly from a few CoP members about how they responded to overdoses in their shelter and what they've included in their critical incident response policy, [watch this video](#).





ACTION SPOTLIGHT

One CoP member shared their experience with a client passing away from an overdose while in shelter.

Two staff carried out lifesaving measures as part of their immediate response while a third staff person cared for the client's child. Afterwards, the staff were interviewed by police, completed incident forms for the Ministry, and reached out to the client's emergency contact and child protective services. The shelter called other staff to come in and relieve the staff on duty during the incident, and carried out a debrief with those staff. They notified all staff about what had happened so they knew before coming to work. They also notified the other residents that the client had had a health emergency, to explain what was happening while maintaining confidentiality.

In the weeks that followed the incident, they reduced their outreach activities so the outreach team could staff the crisis line and frontline services. This allowed the shelter staff to take time for themselves and focus on supporting the shelter residents. The staff directly involved were given several shifts off with pay, and their shifts were double-staffed for several weeks after they returned to work so they could step away as needed. The shelter

did not admit anyone new for one week so that new residents weren't coming into a traumatic situation and so that everyone had some time to heal. They held a private, off-site debrief for the staff directly involved before they returned to work and brought in another shelter to host a debrief for the entire shelter team. At the client's family's request, they showed the family the client's room. As the client was Indigenous, they also brought in Indigenous elders to hold a ceremony in memory of the client.

Longer term, the shelter formed a harm reduction working group and introduced a mental health and addictions role to lead their work with clients in this area. They created a client resource booklet, and the management team was trained in crisis response and communication. They also formed a crisis response team consisting of managers and frontline staff. This team has a code word for when an incident is happening so that staff on-site can quickly inform them that they need to come in. The crisis team has a to-do list with preassigned tasks so they know what to do when they arrive on site.



ACTION SPOTLIGHT

Some CoP members are part of critical incident teams in their town or region.

These teams bring together different organizations to be trained in debriefing following a critical incident (e.g. overdose, death of a staff member or resident, fire, etc.). When one agency experiences an incident, they can call on another agency's team to support them so they don't have to lead their own debriefing process. The critical response team will often hold separate debriefs with the staff directly involved and other staff. This is an interesting model as it can be less costly than outsourcing to outside experts while ensuring the support is tailored to local realities.

If you are considering starting something similar in your area, you will need to find similar agencies to work with to form the interagency team. With them, you

will need to identify at least two staff from each agency to participate and receive training, identify scenarios in which the teams can be called on, and have processes in place around who at each agency calls in the response team, which team/other agency responds, and the parameters of the response. You will need to consider confidentiality and what information is shared. For example, one of the CoP members said that the only information shared with the debriefing team that comes into their agency is the client's first name so that staff can refer to her by first name in their discussion. Only high-level information about the incident is shared with the response team ahead of time, and what is shared in the debrief session stays in the debrief session.

If you have questions about this report or the examples or resources provided, please get in touch with WSC's Knowledge Exchange team at knowledge@endvaw.ca.

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