Improving Emergency Department Protocols of Care for Overdose Survivors Using Suicide Prevention Frameworks

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Submission Type Workshop

Topic Addiction- Substance Use Disorders: Identifying, Diagnosing, Treating, and/or Managing

Status Submitted

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SUBMISSION DETAILS

Workshop Summary The United States continues to face a devastating opioid overdose crisis, with synthetic opioids — particularly illicitly manufactured fentanyl — driving record overdose mortality. While naloxone has dramatically increased survival rates, overdose reversal is only the beginning of the clinical encounter. Despite strong evidence that the immediate post-overdose period carries elevated risk for mortality, most EDs lack structured protocols to systematically assess psychosocial risk, initiate treatment, and connect survivors to ongoing support. Numerous gaps remain, from lack of standardized care pathways and clinical provider education, to insufficient integration between emergency department and community-based or outpatient care.

Suicide prevention protocols have been well established in the ED due to a robust set of tools and frameworks, including universal screening, ED based intervention and consultation, individualized safety planning, counseling, and follow-up (i.e. ED-SAFE trial, Boudreaux 2023). To underscore, the overlap between OUD and suicide risk is substantial; patients with OUD have a 5.46 times higher risk for suicide than the general population (Wilcox 2024). A significant proportion of overdoses, involve co-occurring depression, trauma, and suicidal ideation. As such, these frameworks offer a powerful template for strengthening ED protocols for overdose survivors.

ED and addiction medicine providers must respond to the increasing demand for consistent, compassionate, and evidence-based post-overdose care that not only reverses overdose, but also meaningfully connects survivors to ongoing treatment and support. Drawing upon foundational work and evidence from ED-based suicide prevention efforts, ED based post-overdose care protocols are a ripe area of intervention in the continuum of overdose death prevention efforts.

Workshop Interaction and Engagement Methods Skill-Building Exercises – incorporating tools such as hands-on training, quizzes, toolkits, worksheets, facilitated small group discussions or breakouts., Digital Interactivity and Audience Response Systems - We encourage engagement using

polling and audience response systems. Please inform AAAP staff prior to your workshop if you wish to use one of these methods for leaner engagement., Practical training and problem solving (Role play/Real play) - Presenters or prepared audience members take on various roles to practice techniques/skills., Case Discussion - Use of cases to engage the audience in brainstorming about diagnosis, treatment planning, clinical issues.

Interactive Plan Description The workshop is structured in five focused segments that move participants from conceptual grounding through applied skill practice to protocol design. Didactic content is brief and anchored in clinical relevance; the majority of time is devoted to clinical case discussions, followed by building protocols with fellow participants in small groups, and ending with discussion on how to bring back these ideas to participants' own institutions as well as their local public health structures.

0:00–0:10 (10 min) — Welcome, Introduction, and Pre-Assessment
Objective(s): All three objectives (baseline assessment)
Method: Facilitator-led opening framing the clinical and public health rationale for bringing suicide prevention and overdose response into dialogue. Brief poll assessing participants' current ED protocols and perceived gaps.

0:10–0:20 (10 min) — What's the Connection? Overdose & Suicidality
Objective(s): Objective 1 — Describe components of an evidence-based post-overdose protocol as based off suicide prevention frameworks
Method: Mini-lecture presenting the evidence base background as well as current foundations of ED-based suicide prevention protocols; Overview of barriers and differences of translating suicide prevention protocols to overdose prevention prevention including limitations to involuntary holds and assessing intentionality; Discussion of relevant policies, such as SB43 in San Francisco, which demonstrate this complexity

0:20–0:45 (25 min) — Applying the Framework: AHS Bridge Overdose Program
Objective(s): Objective 1 and 3 — Components of our institution's pilot program in our local applications of the suicide prevention framework, as well as discussing implementation, challenges and milestones thus far
Method: Overview of Presenters' institutional protocol and process of implementation; Highlight internal collaborations within our multidisciplinary clinical care team as well as externally building with community partners; Case-based learning of patients enrolled in the program; Subsequent iterations and learning points of the pilot program; Future directions and development of a standard of care

0:45-0:55 (10 min) — Brief break; assemble groups and distribute packet for next activity
Participants are encouraged to locate others who are in their local institutions, organizations, and/or locations for the best applications of our next activity.
Resource Packet Distributed: Key suicide prevention tools for screening and ED-based protocols (suggestions: C-SSRS quick reference, Stanley-Brown Safety Planning template, lethal means counseling guide adapted for OUD populations); Roadmap template of our protocol, counseling

guides and warm handoff scripts, annotated bibliography of key evidence

0:55–1:20 (25 min) — Building Your Protocol: From Encounter to Handoff
Objective(s): Objective 2 and 3 — Design or strengthen an ED care protocol integrating suicide prevention principles
Method: Participants will engage in a guided protocol mapping exercise focused on their own local institutions and ED's (10 min): identify major gaps in care, identify key partners and stakeholders, map an ED encounter for an overdose survivor from triage to discharge and identify where suicide prevention elements (risk screening, safety planning, means restriction, MOUD initiation, warm handoff) could be embedded. This will be followed by a 10 minute share-out from each group, particularly sharing one gap and one actionable change they plan to implement upon return from the conference. Facilitator(s) synthesize common themes and respond to each group's contributions.

1:20–1:30 (10 min) — Action Planning, Closing, and Resource Distribution
Objective(s): All three objectives — integration, commitment to application, and post-assessment
Method: Based on previous discussion, discuss within groups if any changes or new ideas may be applicable to their own action planning. Encourage setting a realistic timeline goal for their actionable change or implementation.

Writing Educational Learning Objectives

Please list at least three (3) brief learning objectives below.

Learning Objective 1 Describe components of an evidence-based post-overdose protocol based off suicide prevention frameworks — including screening, individualized safety planning, harm reduction counseling, offering MOUD initiation and warm handoff to outpatient clinical care

Learning Objective 2 Outline a care coordination pathway in participants' own care setting, connecting emergency or acute care settings with community-based recovery support services, including peer recovery programs, outpatient treatment, and syringe service programs

Learning Objective 3 Strategize to address challenges in caring for overdose survivors in the immediate post-reversal period to reduce stigma, increase treatment engagement, and address barriers to care, emphasizing not only trauma-informed and person-centered communication strategies to the patient but also advocating for this population to hospital and care systems