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# SAFE Workplaces

## Resources to Help Companies Respond to Critical Incidents, including Suicides and Overdoses



BY BOB VANDEPOL & CAL BEYER

# CRISIS MANAGEMENT: *The Critical Human Element*

Almost 15 people die at work every day. Three of them are in the construction industry.[1] Sadly, since this article first appeared in 2009, the year-end numbers have remained virtually unchanged. Construction's increasing complexity demands that construction leaders (including CFMs) deploy new risk management strategies and tactics. Unfortunately, despite these efforts, unanticipated emergencies and disasters occur daily in our industry.

A new trend has also emerged: 2019 marked the seventh consecutive year of unintentional overdoses due to non-medical use of drugs or alcohol in the workplace in all industries (not exclusive to the construction industry).[2] This is similar for the 307 suicides that occurred in all workplaces.[3]

Construction risk management is a specialized body of knowledge, techniques, tools, and resources focused on the identification, planning, and implementation of controls to prevent unanticipated events from happening in the first place; or to prevent the total disruption of a contractor's operations should such an event occur.

In addition to their human toll, organizational crises are disruptive to both corporate business and project operations. Productivity, quality, risk, safety, profitability, and other key performance measures are adversely affected by such events.

That is why risk management can be further defined as: "The conservation of an organization's human and financial resources."

## A Crisis Defined

A crisis is the turning point in an unanticipated event – the point at which the outcome of an emergency or disaster turns either better or worse. Remember that during a crisis, it's more likely to be *"business as unusual"* rather than "business as usual."

Whereas risk management is traditionally a *proactive* discipline, crisis management is *reactive*. Crisis management can be viewed as a specialized discipline within risk management, where specific practices are instituted in response to unanticipated events that threaten a company's stability. Having an effective plan and resources in place mitigates the destructive nature of that reactivity.

Crisis management is one of several interrelated core disciplines comprising enterprise risk management, along with emergency preparedness, disaster response, business continuity planning, supply chain risk mitigation, and cyber liability prevention. Crisis management practices can help lessen the magnitude of emergencies and disasters, while decreasing the uncertainty and anxiety associated with these events.

## The Impact of a Workplace Tragedy

Every day, construction workers leave home for work unaware that their next shift may involve a traumatic event, perhaps with life and death consequences. Such tragedies affect employee and staff health, safety, wellbeing, and morale.

Here are some representative workplace crises that can cause emotional trauma:

- Workplace fatalities
- Multiple-injury accidents
- Tragic injuries with graphic wounds or agonizing pain and suffering, where survivors are shocked, stressed, or traumatized by what they witnessed
- "Near death" incidents (such as structural collapses, explosions, employees suspended from fall arrest systems, excavation cave-ins, and confined space entry rescues)
- Crashes that result in injuries or fatalities
- Workplace violence (which could be among coworkers or a case of domestic abuse spilling over into the workplace)[4]
- Suicide of an employee or their family member, an employee of a subcontractor, or other business partner[5]

Employees can also be adversely affected by other tragedies, such as the loss of a coworker due to a heart attack or other natural causes. Another example is coping with the loss of a coworker's loved one. In fact, many crisis management professionals report that one of the hardest experiences for employees to endure is the loss of a coworker's child.

## Human & Organizational Consequences of a Workplace Crisis

In the midst of a traumatic event, construction leaders face not only the obvious human loss, but also increased exposure to significant financial loss. Exhibit 1 summarizes some potential human and financial consequences of a workplace crisis.

Exhibit 1: **Human & Financial Consequences of a Workplace Crisis**

| Human Consequences | Financial Consequences |
|---|---|
| Increased absenteeism | Workforce turnover |
| Diminished concentration and accuracy, resulting in lost productivity, error, and rework | Increased exposure to workers' comp claims |
| Pursuit of medical, psychiatric, and legal options | Recruiting challenges |
| Protracted medical treatment for "unrelated" ailments | Unmet customer service needs |
| Increased conflict among employees | Negative image and damaged corporate reputation |
| Fear and anxiety among employees | Inability to meet contracted deadlines |
| Increased use of alcohol and drugs | Litigation |

Following a catastrophe, an "us vs. them" mindset is a common dynamic within work groups. The company (or boss) is often blamed for problems related (and unrelated) to the tragic event.

Workplace tragedies can create pivotal turning points for companies and work teams. Some construction leaders relate how traumatic events have actually launched a new sense of loyalty, team cohesion, and commitment to safe work practices in their companies. Others bemoan a catastrophe that produced increased conflict, distrust of leadership, and a collective negative image.

The bottom line: Depending on your company's response, you and other leaders will either create a sense of *"We will never let that happen again,"* or *"This company will never be the same again."*

## Human Reactions to a Crisis

In a time of tragedy, the affected workers may be grateful for their own physical safety; however, the psychological outcomes of such events can be extremely difficult for the work group as a whole. ***Workers do not need to be injured physically to be injured psychologically.***

When impacted by tragedy, most people experience a flood of biological and neurological changes that overwhelm their normal coping mechanisms. A very predictable set of physical, mental, emotional, and behavioral reactions result.

Although many of these reactions have survival value during a crisis (like a soldier with heightened vigilance in a combat zone), they can also severely impair normal work and life productivity. Judgments about safety, attention to quality, and the ability to meet crucial deadlines are all in jeopardy.

So, in the midst of addressing various technological, operational, and logistical issues in the aftermath of a tragedy, it is also advisable to pay special attention to the human needs of your affected employees during and after a crisis.

## Exhibit 2: **Timing Is Everything – Your Response Must Be Phase-Sensitive**

The critical incident response (CIR) specialists leading the crisis response process are there to help individuals and companies transition through several predictable phases. Sequencing is crucial, so response phases should focus on the following transitions that will likely occur:

### From Deprivation to Access to Basic Resources

Asking someone how they feel when they lack food, clothing, and shelter does not empower them and will understandably add to their frustration. First, ensure access to safety and basic resources. Be practical.

### From Isolation to Connectivity

People tend to isolate after a crisis, whether by trying to avoid the stimuli related to the event or due to "feeling like a unique species" when impacted by traumatic stress. Connecting to natural social supports and professional resources helps counter this tendency.

The work team is often the best resource for social support because members shared the incident and understand the experience better than family and friends. Also, employees are more likely to "get it." In fact, CIR specialists often gather work groups together to build cohesiveness and enhance opportunities for mutual support.

### From Chaos to Order

Crises produce external and internal chaos. People and teams find it helpful when they transition from chaos to a predictable structure. Timely information, resumption of typical schedules, and prompt return to familiar tasks help recreate a sense of order.

Pertinent information also creates understanding and reduces anxiety, and should be shared by the company's leaders as soon as possible. Crises force people into situations and feelings that are unfamiliar and uncomfortable. When affected employees are able to get back to familiar schedules and tasks, they tend to bounce back quickly and more effectively.

### From Powerlessness to Efficacy

When we've adapted to what has happened and are able to function again, our feelings of powerlessness/helplessness are replaced with efficacy, confidence, and hope.

Focusing on what can be accomplished is crucial. Many employees will want to immediately return to business as usual; others may require a transition period during which they perform concrete, productive tasks not closely associated with the tragedy. However, extended time away is counter-indicated in the vast majority of situations.

### From Victim to Survivor

As the immediate impact shifts in intensity, people begin to attribute meaning to the incident and integrate it within their world view. A self-definition as a "survivor" is certainly more life-giving than seeing oneself as a perpetual "victim."

Company leaders can influence this process by recognizing that the vast majority of people who experience a crisis respond well to psychological first aid and return to full productivity. Communicating an expectation of recovery supports resilience, just as communicating an expectation of pathology or disability actually contributes to those outcomes.

### The Human Element

To illustrate the importance of the human element, let's review how people usually behave when traumatized.

**1)** We regress to more basic, primitive impulses and defenses.

- The brain is recircuited to focus on creating an immediate sense of safety. However, these new thought patterns are not necessarily logical, since the portions of the brain dealing with advanced abstract thought are "put on hold."
- Decisions tend to be impulsive, extreme, and emotional (rather than logical).
- Emotional responses are magnified and self-protective.

**2)** We immediately attempt to make sense of the incident in an effort to gain a feeling of control over it.

- We need to create an answer to the "why" of what happened, even when one isn't readily available.
- We believe that if we can just understand the incident, then we can prevent its reoccurrence.
- Our understanding of the incident is likely to be reactive and lack objectivity.

**3)** We isolate from others.

- The lack of control experienced in tragedy leads people to pull away from others in distrust.

Add these factors together and conditions are ripe for hostility and blame directed toward the most convenient targets – the company's leadership. Following a tragedy, the allegations of blame need not be accurate in order to be destructive to specific work groups and the company as a whole.

## Leadership During a Crisis

Due to these factors, you and other leaders must respond immediately and effectively during a crisis. Why? Because how you handle the first hour after a tragedy offers both tremendous opportunity and serious risk for your management relationships and outcomes.

*Don't kid yourself: The tragedy and its aftermath will not go away if ignored.* Your work groups will react – with or without leadership involvement. If ignored, your employees will feel as though insult has been added to injury, and feelings of betrayal will further fuel the likelihood of blame.

Your employees will watch you very carefully as they make decisions about their own reactions. Everyone in the room – whether tearful, hostile, or numb – will be focused on you, and will immediately make judgments about whether or not the company cares, and whether or not you and the other leaders are in control.

Therefore, you must be prepared to present that rare combination of *compassion* and *competence*. (These terms do not have to be mutually exclusive.)

Due to the stress that leaders also experience in these situations, they tend to be either overly competent (rigid, unfeeling, and/or bottom-line focused) or overly compassionate (tearful, paralyzed into indecision, and/or over-promising).

Effective crisis leadership includes both: "I care *and* I am competent enough to facilitate resilience and lead our company through this challenging crisis."

Individually and organizationally, recovery is facilitated when leaders acknowledge the personal impact on the people involved, while at the same time transitioning them to the next steps.

Those watching must witness a confident, competent person who doesn't minimize the effect of the tragedy, but rather communicates an expectation of recovery. *People tend to get better when they expect to get better.*

## Post-Incident Crisis Response

One way for companies to demonstrate leadership in times of crisis is to deploy a timely, post-incident crisis response process. One element of this process involves scheduling licensed and trained mental health professionals to provide onsite or phone counseling services. These services are known as critical incident response (CIR), psychological first aid, or grief counseling. Many construction workers have prior or current experience as Veterans and/or first responders where these services may be referred to as critical incident stress debriefing (CISD).

CIR services can be utilized by employees (including supervisors and managers) during times of extreme organizational stress or uncertainty caused by unforeseen events. Based upon the criticality of the incident and the number of affected personnel, there may be times when multiple mental health counselors are needed.

Typically, the operational flow begins with the company's safety, HR, or risk management department making an immediate referral to a CIR organization. Sometimes, the property and casualty insurer, claims third-party administrator (TPA), or the company's insurance broker makes the referral.

Employers may also be able to access this type of service through employee assistance programs (EAPs). Some union employers may even have this service available through a local or national labor union. Generally, services offered through an EAP limit the number of follow-up consultations allowed.

Follow-up services are frequently offered via phone consultation for a specified number of days post-incident. In contrast, services offered in support of workers' comp claims are typically offered on a one-time consultation basis, pending the recommendation from the responding specialist for follow-up care or treatment.

### The CIR Counselor

The immediate aftermath of a tragedy is no time to search for a counselor. Whereas clinical skills are foundational, this type of work is very different from most counseling practices. The CIR organization will already have protocols in place for receiving referrals and dispatching CIR counselors to meet with the impacted employees onsite. These counselors should:

- Hold a Master's or Doctoral degree in a mental health field;
- Be certified or licensed to practice independently; and
- Have received specialized training in crisis response.

### Circles of Impact

Prior to meeting with your employees, it's important for the counselor to be briefed on the tragedy and learn about the reactions of the people involved in the event. This helps the CIR counselor prearrange small groups of similarly affected individuals into "circles of impact" so they can meet for focused discussions.

For example, people who experienced risk to their own safety or witnessed horrific scenes will typically feel uncomfortable talking about it among coworkers who were not firsthand witnesses. Conversely, exposing nonwitnesses to gruesome images can secondarily traumatize them. Depending on the company's culture, another rule of thumb sometimes advises against mixing employees and those who supervise them in the same group.

Selecting from a continuum of structured group and individual interventions, the CIR counselor provides a safe, directed environment to:

**1)** Consult with leadership, which can include designing the response, addressing unique dynamics, and crafting verbal and written language;

**2)** Let people talk if they wish;

**3)** Identify and communicate "normal reactions to an abnormal event" so that people don't become overly anxious about their own reactions;

**4)** Build group support;

**5)** Outline self-help recovery strategies;

**6)** Brainstorm solutions to overcome immediate return-to-work and return-to-life obstacles;

**7)** Triage movement toward either immediate business-as-usual functioning or additional care; and

**8)** Position the company's leadership favorably.

In addition, information is often shared about access to other community resources that may be available to your employees. The CIR counselor may also assess anyone who presents a potential risk of suicide or violence.

Following the completion of the intervention, the counselor provides management with recommendations for immediate next steps. Because crisis leadership is usually outside the training, expertise, and comfort zone of many construction leaders, they often avoid the difficult conversations that could be so helpful.

Ducking these opportunities also increases the risk for such misinterpretations as: "*The company doesn't care about me or us,*" "*Only the bottom line counts,*" or "*My supervisor is afraid to tell us what's really happening.*"

## ACT: A Very Important Acronym

The acronym ACT describes the method of *Acknowledging, Communicating, and Transitioning* during a traumatic event.

The following information on ACT first appeared in an article by Bob VandePol and Betty Gilmore in the August 2009 issue of *Texas Banker*. Entitled "Dealing with Angry Customers," the section on ACT is reprinted here with the permission of the Texas Bankers Association.

"The *ACT* crisis communication process is a simple process that provides leaders with a structured way to facilitate both individual and organizational recovery.

### Acknowledge & Name the Incident

- Have an accurate understanding of the facts and avoid conjecture.
- Demonstrate the courage to use real language that specifically names what occurred.
- Acknowledge that the incident has impacted the team and that individuals will be impacted differently.
- Acknowledge that the incident has an impact on you. Doing so positions leadership as also impacted by the event and can align leaders with other employees. This reduces the likelihood of blame.

### Communicate Pertinent Information with Both Compassion & Competence

- In these situations, leaders must 'know their stuff' in a caring way.
- Leaders may benefit from the support of a colleague, attorney, or CIR counselor to help script a response and provide coaching/feedback.
- Have a crisis response plan that includes use of CIR counselors. These experts can help design the response plan and deliver structured clinical interventions to mitigate the effects of trauma. Simply exercising this plan automatically communicates compassion and competence.

### Transition to a Future Focus & Next Steps

- Triage employees back to work or to additional supportive care.
- Communicate an expectation of recovery. Those impacted must gain a vision of 'survivor' rather than 'victim.'
- Identify security and/or training strategies to prevent similar incidents in the future.
- Communicate flexible and reasonable accommodations as people progress back to 'return-to-work' and 'return-to-life' normalcy.
  - Employees should not be expected to immediately function at full productivity (although some will) but will recover more quickly if assigned concrete tasks.
  - Structure and focus are helpful. Extended time away from work often inhibits recovery. 'If you fall off a horse...get back on a pony as soon as possible.'
- Lead visibly for several days and be especially accessible to employees for support and information.
- Destigmatize and encourage utilization of the CIR counselor."

### Exhibit 3: **Strategies to Boost Resiliency & Counter Grief Following a Suicide or Another Critical Incident**

- Drink plenty of water to stay hydrated and flush excess stress ("fight or flight") hormones from your body.
- Avoid alcohol and sugary energy drinks.
- Stay connected and socialize. Do not isolate yourself.
- Eat – even if you're not hungry. Staying nourished will help promote better rest.
- Try to maintain a normal sleep pattern. Take power naps as needed.
- Maintain physical activity and exercise patterns. Being physically active is good for your mental wellbeing.
- If needed, access help from your company's EAP or behavioral health services (part of your health insurance benefits).

## Conclusion

Research indicates that humans are an amazingly resilient species – we bounce back from adversity. The application of psychological first aid facilitates a prompt and effective return to both work and life for most people.

When company leaders manage the risk of a traumatic event using this process, they not only speed individual and organizational recovery, but also increase the likelihood that affected employees will positively view management's involvement as a crucial aspect of their successful recovery. ■

*This article has been updated from its original version in the September/October 2009 issue of CFMA Building Profits.*

*Authors' note:* The original article set the wheels in motion for the construction mental health and suicide prevention initiative by emphasizing suicide prevention as "the next frontier in safety." In 2010, Bob VandePol was appointed as the Co-Chairman of the Workplace Task Force of the National Action Alliance for Suicide Prevention. Bob appointed Cal Beyer to serve on this Task Force; in 2015, Cal succeeded Bob as Co-Chairman of the Workplace Task Force and formed the Construction Subcommittee. Cal co-authored "Mental Illness & Suicide: Break the Silence & Create a Caring Culture"[6] with Dr. Sally Spencer-Thomas in the November/December 2015 issue of ***CFMA Building Profits*** that ultimately led to the formation of the Construction Industry Alliance for Suicide Prevention (CIASP).

## Endnotes

1. "National Census of Fatal Occupational Injuries in 2019." Bureau of Labor Statistics. U.S. Department of Labor. December 16, 2020. *www.bls.gov/news.release/pdf/cfoi.pdf.*
2. "National Census of Fatal Occupational Injuries in 2019." Bureau of Labor Statistics. U.S. Department of Labor. December 16, 2020. *www.bls.gov/news.release/pdf/cfoi.pdf.*
3. "National Census of Fatal Occupational Injuries in 2019." Bureau of Labor Statistics. U.S. Department of Labor. December 16, 2020. *www.bls.gov/news.release/pdf/cfoi.pdf.*
4. *www.cfmabponline.net/cfmabp/20210304/MobilePagedArticle.action?articleId=1669322.*
5. *www.cfmabponline.net/cfmabp/20191112?pg=24.*
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BOB VANDEPOL is the Executive Director of the Employee Assistance Program at Pine Rest Christian Mental Health Services in Grand Rapids, MI. Bob helps business leaders leverage behavioral health expertise to enhance the health and productivity of their work teams. Bob's areas of particular interest include suicide prevention, leading mission-driven teams, and facilitating individual and organizational resilience after tragedies. As the former President of Crisis Care Network, he directed their command center in Manhattan after the 2001 terrorist attacks and led responses to many of our nation's most notable tragedies.

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## Web **Resources**

**1)** Bernstein Crisis Management, Inc. – Crisis Management. *www.bernsteincrisismanagement.com/articles.html.*

**2)** Eluna Network. Childhood Grief Resources. *elunanetwork.org/resources/category/childhood-grief.*

**3)** International Employee Assistance Professionals Association (EAPA) – Workplace Disaster Resources. *www.eapassn.org/WPD.*

**4)** Jim Lukaszewski America's Crisis Guru®. Media Relations During a Crisis. *www.e911.com/wp-content/uploads/2017/06/MN-Cities-Magazine-May-June-2017-Issue-Article-Media-Relations-During-a-Crisis.pdf.*

**5)** National Child Traumatic Stress Network. (2006). Psychological First Aid (PFA) Field Operations Guide: 2nd Edition. *www.nctsn.org/resources/psychological-first-aid-pfa-field-operations-guide-2nd-edition.*

**6)** U.S. Department of Labor. Occupational Safety and Health Administration (OSHA). Critical Incident Stress Guide. *www.osha.gov/SLTC/emergencypreparedness/guides/critical.html.*

**7)** U.S. Department of Veterans Affairs. National Center for PTSD. Printed resources. *www.ptsd.va.gov/publications/print/index.asp.*

# Leading a Company in the AFTERMATH of a SUICIDE LOSS

**BY BOB VANDEPOL & CAL BEYER**




*Suicide Prevention Education Day: March 11, 2019, at Washington State Capitol in Olympia, WA*

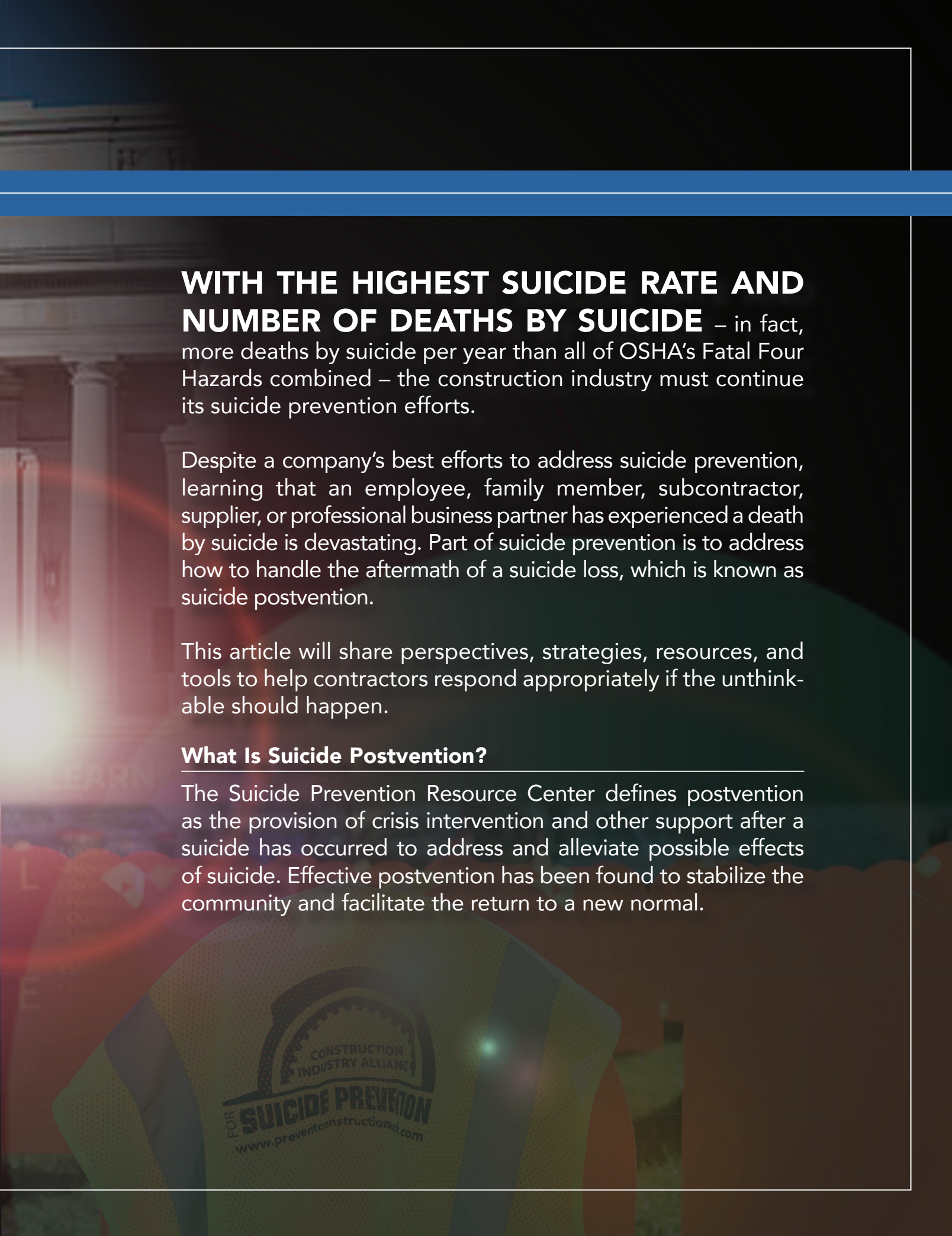
**WITH THE HIGHEST SUICIDE RATE AND NUMBER OF DEATHS BY SUICIDE** – in fact, more deaths by suicide per year than all of OSHA's Fatal Four Hazards combined – the construction industry must continue its suicide prevention efforts.

Despite a company's best efforts to address suicide prevention, learning that an employee, family member, subcontractor, supplier, or professional business partner has experienced a death by suicide is devastating. Part of suicide prevention is to address how to handle the aftermath of a suicide loss, which is known as suicide postvention.

This article will share perspectives, strategies, resources, and tools to help contractors respond appropriately if the unthinkable should happen.

## What Is Suicide Postvention?

The Suicide Prevention Resource Center defines postvention as the provision of crisis intervention and other support after a suicide has occurred to address and alleviate possible effects of suicide. Effective postvention has been found to stabilize the community and facilitate the return to a new normal.




Most important, it can help prevent suicide contagion. Studies have shown that the exposure to suicide or suicidal behaviors within one's family, one's peer group, or media reports of suicide can result in an increase in suicide and suicidal behaviors. This contagion effect is especially true among teens and young adults when communication about the death is sensationalized, graphic, or promotes a destructive cause. Sometimes the rationale for this increase in suicide or suicidal behavior occurs out of guilt, a distorted sense of loyalty, or a perceived false "permission" to do so.

Put simply, suicide postvention is the full spectrum of support services made available to survivors in the aftermath of a death by suicide.

Specifically, for a contractor, this can include conducting a formal critical incident debriefing session or an informal safety huddle. This can also include bringing in behavioral specialists representing a labor union or the company's employee assistance program (EAP).

The purpose of a critical incident debriefing session or safety huddle is to reinforce the company's commitment to the psychological safety and well-being of its employees, which reflects the company's caring culture. This serves to humanize the deceased and promotes improved acceptance by coworkers. Acknowledging the death by suicide (rather than ignoring it) is an effective way to reduce the stigma.

## Elements of Postvention

The objective of suicide postvention is to foster resilience – a return to productivity and a return to life – within the context of this new normal. Actions to take include:

- Coordinate to contain the crisis. Visible, strong leadership produces a contagious calm that mitigates the likelihood that one crisis will lead to additional crises. The impact of traumatic events often leads people to impulsively react in ways that cause further damage. Examples include hostile blaming at work or home, quitting one's job, excessive alcohol use, drinking while driving, or high-risk behaviors including self-harm.
- Notify all stakeholders in a way that directly demonstrates both competence and compassion.
- Protect and respect the privacy rights of the deceased employee and their loved ones.
- Communicate pertinent information to internal and external stakeholders (e.g., employees, customers, subcontractors, media) to reduce the potential for contagion and destructive rumors.
- Support the family and others impacted by providing practical assistance (e.g., scholarships for the children; a meal train; lawn cutting and landscaping; grocery shopping; transportation; help wading through insurance issues).
- Connect employees who are impacted to information, informal support, and professional support.
- Comfort and support those impacted and promote healthy grieving. Recognize and communicate that there is no one right way to grieve.
- Restore equilibrium by sensitively resuming a familiar schedule and familiar tasks. Even when those tasks are temporarily adapted, the focus on having some control reduces the feelings of powerlessness about the death.
- Lead visibly to send the message that leadership is capable of dealing with difficult challenges in a strong way that displays care for employees.
- Transition postvention into suicide prevention education.

After a death by suicide, those who are emotionally fragile can be at a greater risk of self-harm. Effective suicide postvention serves to prevent additional tragedies. Behavioral health professionals are skilled at assessing this type of risk and can triage to additional care accordingly.

## Critical Incident Management (Including Group Debriefing Huddles)

If your company does not have a critical incident management process, this is a good place to start your postvention work. Critical incidents in the workplace, such as a suicide, can create a lot of pain, anxiety, stress, and guilt that can affect the mental health and well-being of workers.

Sometimes these critical incidents trigger unhealthy behaviors including, but not limited to:

- Increased alcohol use (self-medication) and binge drinking
- Anger and aggression, or even violent outbursts
- Anxiety and worry leading to distractedness, which can create safety risks
- Sadness and depression
- Self-harm and even suicide ideations or suicide attempts

It is important to acknowledge the suicide (or the triggering incident) and talk openly and honestly about the consequences of the incident, while making sure to not dwell on

what happened, how it felt, or what people saw. It is also important to recognize that this is a leadership opportunity to start the recovery and healing process for everyone affected by the incident; this is the start of creating a "new normal."

It is also an opportunity to bring understanding of how grief affects the individual, and how your people can take care of themselves and others during this time of increased stress.

In times of crisis, employees look to leadership to help them find a path to overcoming the stress and trauma of a critical incident. The critical incident debriefing is a purposeful safety huddle to provide a path toward getting help, providing hope, and for starting the recovery process. This promotes psychological safety in the workplace and reinforces resiliency among individuals and the group.

### Strategies to Boost Resiliency & Counter Grief Following a Suicide or Another Critical Incident

- Drink plenty of water to stay hydrated and flush excess stress ("fight or flight") hormones from your body.
- Avoid alcohol and sugary energy drinks.
- Stay connected and socialize. Do not isolate yourself.
- Eat – even if you're not hungry. Staying nourished will help promote better rest.
- Try to maintain a normal sleep pattern. Take power naps as needed.
- Maintain physical activity and exercise patterns. Being physically active is good for your mental well-being.
- If needed, access help from your company's EAP or behavioral health services (part of your health insurance benefits).

## Q&A with the Authors

Bob VandePol and Cal Beyer first met near the Ground Zero Site in New York City after 9-11, where Bob provided critical incident debriefing services for contractors and first responders and Cal offered support to coworkers, business partners, and contractors. They started collaborating in 2005 when Cal was working with Arch Insurance and developing claim rapid response protocols.

Since then, they have collaborated on presentations, webinars, and articles in safety, construction, and insurance/risk management publications, etc., and have both served on the National Action Alliance for Suicide Prevention's Workplace Task Force. After being trained and coached by Bob, Cal has been a catalyst for suicide prevention efforts throughout the construction industry. Here, they answer questions surrounding suicide postvention.

***Does talking about suicide make it more likely to happen?***

*Bob:* Absolutely not. However, the way in which suicide is talked about can decrease or increase risk, especially among teens. Research indicates that when the topic of suicide is discussed in a nonsensationalized manner (that is, it does not glorify the deceased's act or manifesto but rather defines it oftentimes as an extreme symptom of depression), then it can reduce risk.

Talking about suicide should include messages that encourage seeking help and should clearly point out where that help is available. A culture that defines suicide as a safety risk reduces shame and makes people more likely to ask for the help they need.

*Cal:* Another aspect to this question that cannot be overstated is how important it is for a person to be asked if they are considering self-harm or even killing themselves when they are distressed or showing warning signs of suicide. Asking this direct question can be the difference between life and death. By asking "Are you thinking about suicide?" you are showing the distressed person that you notice them, that they matter to you, and that you care enough about them to ask an awkward question that many would shy away from asking.

***Why does suicide seem to be so much more shocking to people than death by other causes?***

*Bob:* It goes against everything we are taught and everything we do to take care of ourselves. Death by suicide brazenly challenges all of the shared beliefs and efforts that support safety, growth, and success.

The million-dollar question is *why* do people die by suicide? Most of the time, suicide requires a multitude of contributing factors, but when impacted by this level of shock people attempt to immediately grasp onto one reason why someone could possibly do something so harmful. How they assign that blame to themselves or others can contribute even more pain.

Many suicidal people suffer from depression, with suicide being its most severe symptom. Our society still wrestles with the fact that mental illness is an *actual* illness. We are saddened and grieve deeply when someone dies from a medical disease, but still find mental illness perplexing.


Suicide also feels very personal, as others often think "How could this person do this to their family? Friends? Me?"

*Cal:* It is hard to comprehend the depths of pain, desperation, and despair that someone must be feeling to take their own life. When faced with a death by suicide, many loved ones are racked by guilt and shame. Much of this is symptomatic of the stigma around mental health and suicide.

Bob speaks of the sadness and futility when family members and coworkers try to determine who is at fault for a death by suicide. It is the unthinkable and we all have a hard time wrapping our brains around the permanence of the act.

***What tips do you have for business leaders if they have to communicate a coworker's death by suicide to employees?***

*Bob:* First and foremost, honor the wishes of the family and ask them what they would like to have communicated. Sometimes they will want the cause of death to be made public for suicide prevention purposes; other times, focus on grief and healing rather than explicit details related to the cause of death. For example, language such as "Out of respect for the family who has lost so much, we choose to focus on our loss rather than cause of death" is usually received well.

Don't fearfully avoid the issue, but rather compassionately with strength state the decision to focus on grief. Most coworkers will put themselves in the place of the grieving family and honor that decision. Business leaders will "go on record" as being respectful of those most impacted.

*Cal:* Listen and empathize. Provide concern, care, and comfort. Let them know that you're there for them and ask them what you can do to help. Focus on hope, help, and recovery, along with ways to find a "new normal."

Let them know that contacting the family to express condolences is generally appreciated, as many people will usually shy away because of the stigma around suicide. Sending a card and attending the memorial/wake is generally appreciated as well.

Also, remember that language matters. Instead of saying someone "committed suicide," use the phrase "died by suicide" to reduce the stigma, make it easier to talk about, and remove blame from the person who died. After all, we don't say someone committed a brain tumor or cancer. We must treat mental health like we do physical health to increase understanding, reduce stigma, and create empathy.

It is healthy to talk about the person who died and the bravery of enduring the struggle. It humanizes the victim and shows others (especially family and coworkers) that there is empathy and compassion during these moments of struggle.

***If an EAP crisis consultant comes onsite, what should be expected of them?***

*Bob:* They should respond as an invited expert who holds important knowledge that needs to be integrated into a company's unique culture, schedules, and business objectives. An effective crisis consultant should:

- Consult with leadership to structure responses to what individuals and groups need most.
- Position leadership favorably through shared messaging. An external perspective can be very helpful while carefully preparing e-mails, scripts, and talking points.
- Allow people to talk, if they wish, without further stripping defenses.
- Identify and normalize acute traumatic stress reactions (e.g., difficulty sleeping; inability to concentrate; hypervigilance regarding suicide risk of other loved ones; rekindled grief from prior losses; high anxiety triggered by places; tasks, and memories related to the deceased colleague) so that those impacted by them do not become overly concerned about them.
- Build group support within work teams.
- Outline self-help recovery strategies.
- Brainstorm solutions to overcome immediate return-to-work and return-to-life obstacles.
- Triage movement toward either immediate business-as-usual functioning or additional care.
- Share themes and recommendations with leadership regarding next steps.

*Cal:* I agree with what Bob has outlined (and personally deployed). I would just mention that all crisis consultants and EAPs should be professional and compassionate.

***What advice do you have for friends or family members of someone who dies by suicide, especially those who want to jump in and help others in the cause of suicide prevention?***

*Bob:* Family members are uniquely qualified and sometimes uniquely disqualified. They should become involved under the

guidance and feedback of a professional as well as their peers to ensure they will not be harming themselves or others by getting involved too soon.

*Cal:* Family members should be encouraged to take care of themselves by taking time to grieve, mourn, and process their feelings. This is exhausting work, especially when grief is so fresh. Many professionals caution against doing too much too fast. People warn of needing to experience major milestone dates (i.e., birthdays, holidays, anniversaries) before jumping in too quickly. They should find key people with whom to share reactions and responses to this work.

Partnering with professionals and associations is a way of getting engaged without having to do all of the "heavy lifting" to stay refreshed. Being a catalyst and getting others engaged is a way to reduce the burnout potential. Recharge physical, emotional, and spiritual batteries when they are depleted. It is okay to say no without feeling guilty. Timing is everything and you will know when you are ready to share your story, fund raise, or volunteer.

***What should a business leader or coworker do if they are concerned about someone's suicide risk?***

*Bob:* Ask! It takes a lot of courage to ask this uncomfortable question.

Imagine if you were wrestling with suicide intentions and felt as though you were sending out risk signals, but nobody seemed to notice. Language such as "I care about you enough to risk ticking you off. I have seen and heard some things that concern me. Are you thinking about killing yourself?" should be used nonjudgmentally to initiate the conversation.

*Cal:* Take immediate action. Let the affected individual know that you care and that you are willing and able to offer them resources. There are many different resources (see panel to the right) from which one can learn how to safely have these conversations. Offering to help them call one of the crisis hotlines or the EAP is another way of showing you support them. *Regularly check in with the person to see how they are doing and to remind them that you are still there for them day or night.*

***What is the most rewarding aspect of your suicide prevention and postvention work?***

*Bob:* When I look into someone's eyes and see:

- Someone who successfully made it past a suicidal crisis and is now thinking, "Wow. How was I ever in that dark place? I'm gratefully taking care of myself to make sure I never go there again."

## 10 Action Steps for DEALING WITH THE AFTERMATH OF A SUICIDE

### IMMEDIATE: Acute Phase

1) **COORDINATE:** Contain the crisis.
2) **NOTIFY:** Protect and respect the privacy rights of the deceased employee and their loved ones during death notification.
3) **COMMUNICATE:** Reduce the potential for contagion.
4) **SUPPORT:** Offer practical assistance to family.

### SHORT-TERM: Recovery Phase

5) **LINK:** Identify and link impacted employees to additional support resources and refer those most affected to professional mental health services.
6) **COMFORT:** Support, comfort, and promote healthy grieving of the employees who have been impacted by the loss.
7) **RESTORE:** Restore equilibrium and optimal functioning in the workplace.
8) **LEAD:** Build and sustain trust and confidence in organizational leadership.

### LONGER-TERM: Reconstructing Phase

9) **HONOR:** Prepare for anniversary reactions and other milestone dates.
10) **SUSTAIN:** Transition postvention to suicide prevention.

*Source: https://theactionalliance.org/sites/default/files/managers-guidebook-to-suicide-postvention-web.pdf.*




- A business leader or coworker who helped a colleague through that crisis and witnessed their return to a healthy life and work.
- A family member (of those) whose loved one is now back to being themselves.

## Postvention RESOURCES

### Websites

National Suicide Prevention Lifeline 1-800-273-8255
*https://suicidepreventionlifeline.org*

Crisis Text Line Text "HELP" to 741-741
*www.crisistextline.org*

Construction Industry Alliance for Suicide Prevention (CIASP)
*www.preventconstructionsuicide.com*

LivingWorks Training
*www.preventconstructionsuicide.com/Training*

Mindwise Screening
*www.preventconstructionsuicide.com/MindWise_Screening*

National Alliance of Mental Illness
*www.NAMI.org*

R3 Continuum
*https://r3c.com*

Resources for Loss Survivors
*https://afsp.org/find-support/ive-lost-someone/resources-loss-survivors*

American Foundation for Suicide Prevention
*https://afsp.org*

American Psychiatric Association Foundation – Center for Workplace Mental Health
*www.workplacementalhealth.org*

### Articles

"I've Lost Someone"
*https://afsp.org/find-support/ive-lost-someone*

"A Manager's Guide to Suicide Postvention in the Workplace: 10 Action Steps for Dealing with the Aftermath of Suicide"
*https://theactionalliance.org/sites/default/files/managers-guide-book-to-suicide-postvention-web.pdf*

"Provide for Immediate and Long-Term Postvention"
*www.sprc.org/comprehensive-approach/postvention*

"Death by Suicide: Whose Fault Was It?"
*https://constructionexec.com/article/death-by-suicide-whose-fault-was-it*

"How to Communicate Following a Suicide"
*http://insurancethoughtleadership.com/workplace-communication-following-suicide*

- An exhausted business leader who knows they led their team competently and compassionately after a death by suicide.
- A suicide prevention champion who brings passion and expertise of saving lives into the corporate setting.

*Cal:* Being able to make a difference in the lives of others is a motivation for many safety, risk management, and human resource professionals. It is rewarding to offer support and resources to help a person through challenging circumstances and have them get help for themselves or a loved one. I have felt no higher calling than my work in suicide prevention. It is the most meaningful work I have ever experienced. ■

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CAL BEYER is the Director of Risk Management at Lakeside Industries in Issaquah, WA. Cal has over 30 years of professional experience in safety and risk management serving the construction industry. Cal was named by *Engineering-News Record* as a Top 25 Newsmaker of 2016 for his work on suicide prevention. Cal serves on the Executive Committee of the National Action Alliance for Suicide Prevention and the Expert Advisory Group of the American Psychiatric Association Foundation's Center for Workplace Mental Health.

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# Reversing Opioid Overdoses in Construction:

## A Jobsite Imperative

By Cal Beyer

**In August 2023, the Centers for Disease Prevention and Control (CDC) reported the first data highlighting substance overdose rates by occupation and industry level.**

Construction and extraction had the highest rate among 22 major occupational groups at 162.6 per 100,000 workers. Likewise, construction was the leading industry group among 18 others at a rate of 130.9 per 100,000 workers. Additional elevated death rates were delineated for at least 17 specific construction occupations. The analysis concluded causal and contributing factors including high injury rates, opioid prescriptions for pain management, and no paid time off for sufficient injury recovery and rehabilitation.[1]

With the nation's overdose crisis now in its third decade, it continues to be driven by opioid misuse. Initially due to overprescribed medications, the crisis first shifted to heroin use with the advent of prescription drug monitoring initiatives at state and federal levels.[2] However, the emergence of illicitly manufactured synthetic opioids – especially fentanyl – starting in 2013 sharply increased the number of overdose deaths. As the opioid crisis continued to worsen in the U.S. (Exhibit 1), naloxone has been deployed over the past two decades by public safety and community-based harm reduction agencies to reverse overdoses.[3]

# Reversing Opioid Overdoses in Construction:
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### Signs of an Opioid Overdose From the National Institute on Drug Abuse

- Unconsciousness
- Very small pupils
- Slow or shallow breathing
- Vomiting
- Inability to speak
- Faint heartbeat
- Limp arms and legs
- Pale skin
- Purple lips and fingernails

*Source: "Naloxone DrugFacts." National Institute on Drug Abuse. January 2022. nida.nih.gov/publications/drugfacts/naloxone.*

Naloxone is a lifesaving medication that can revive those experiencing an opioid overdose and offer them another chance at life as well as the possibility to seek treatment and recovery. Contrary to views rooted in social stigma around addiction that naloxone may enable continued drug use, without it, the U.S. overdose crisis would claim even more lives.

This article explores how naloxone provides a beacon of hope, breaking the chains of addiction in personal lives and workplaces.

### A RISK MANAGEMENT IMPERATIVE FOR WORKPLACES

The workplace is evolving into the next frontier for opioid overdose prevention.

Community naloxone deployments by law enforcement and harm reduction organizations have successfully revived tens of thousands of persons from fatal overdoses since the mid-1990s.[4]

In March 2024, the "White House Challenge to Save Lives from Overdose" was issued using naloxone, ultimately seeking the cooperation of workplaces across the nation to provide naloxone and training to employees to reduce opioid overdoses.[5]

While there is no law or regulation that requires the provision of naloxone in the workplace, a growing number of construction employers are deciding that having naloxone available with trained staff ready to respond in a suspected overdose emergency is a sound business practice.

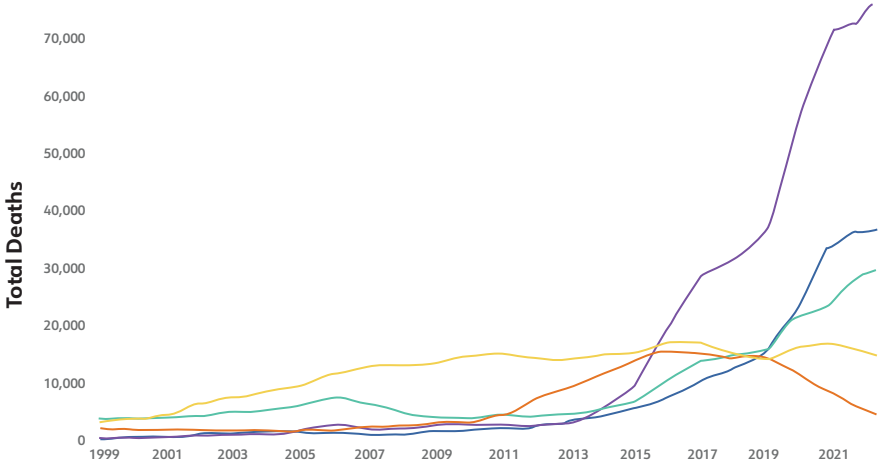
### UNDERSTANDING NALOXONE

In 2018, the Office of the Surgeon General issued an advisory highlighting the benefits of naloxone for various at-risk groups, including patients prescribed high doses of opioids for pain, those misusing prescription opioids, individuals using illicit opioids such as heroin or fentanyl, health care providers, family and friends of people who have an opioid use disorder, and community members who may encounter people at risk for opioid overdose.[6]

In 2024, the Substance Abuse and Mental Health Services Administration (SAMHSA) revised the *Opioid Overdose*

## Exhibit 1: Trends in U.S. Drug Overdose Deaths By Drug Type* (December 1999-June 2023)

The overdose crisis has evolved over time and is now largely characterized by deaths involving illicitly manufactured synthetic opioids, including fentanyl and, increasingly, stimulants.




**Synthetic opioids** (excluding methadone) overdose deaths increased **103-fold**

**Psychostimulants with abuse potential** (primarily methamphetamine) overdose deaths increased **64-fold**

**Cocaine** overdose deaths increased **7.6-fold**

**Rx opioid** overdose deaths increased **4.1-fold**

**Heroin** overdose deaths increased **2.5-fold**

**This graph shows the total number of drug overdose deaths in the U.S. over the previous 12 months for each month from December 1999 through June 2023, by drug type. Overdose deaths of all intents are included, using underlying cause of death ICD-10 codes X40-X44 (unintentional overdose), X60-X64 (suicide), X85 (homicide), and undetermined intent (Y10-Y14). Drug and drug category involvement are identified by specific multiple cause-of-death codes (heroin: T40.1, prescription opioids: T40.2 and T40.3, synthetic opioids excluding methadone (primarily fentanyl): T40.4, cocaine: T40.5, and psychostimultants with abuse potential (primarily methamphetamine): T43.6. Data source: CDC WONDER Multiple Cause of Death data file (1999-2021: final data file; 2022-2023: provisional data file, accessed 1/24/24). Source: National Vital Statistics System Mortality File.*

## Major Historical Milestones for Naloxone

- 1961: Medical researchers discovered naloxone.[1]
- 1971: The FDA approved naloxone for reversing opioid overdoses.[2]
- 2015: The FDA approved naloxone as a nasal spray for prescription use.[3]
- 2018: Now former U.S. Surgeon General Jerome Adams issued an advisory highlighting the importance of "knowing how to use naloxone and keeping it in reach to save a life" by reversing an opioid overdose.[4]
- 2023: The FDA approved naloxone for OTC use.[5]
- 2024: The FDA approved an extended shelf life for newly manufactured Narcan brand naloxone from three to four years.[6]

### Endnotes


1. *"Naloxone facts and formulations." Commonwealth of Massachusetts. mass.gov/info-details/naloxone-facts-and-formulations.*
2. *Ibid.*
3. *"FDA Approves First Over-the-Counter Naloxone Nasal Spray." U.S. Food & Drug Administration. March 29, 2023. fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray.*
4. *"U.S. Surgeon General's Advisory on Naloxone and Opioid Overdose." Office of the Surgeon General. April 8, 2022. hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/advisory-on-naloxone/index.html.*
5. *"FDA Approves First Over-the-Counter Naloxone Nasal Spray." U.S. Food & Drug Administration. March 29, 2023. fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray.*
6. *"FDA announces shelf-life extension for naloxone nasal spray." U.S. Food & Drug Administration. January 17, 2024. fda.gov/drugs/drug-safety-and-availability/fda-announces-shelf-life-extension-naloxone-nasal-spray.*


*Prevention and Response Toolkit* to address naloxone's proper storage, the monitoring of expiration dates, and broader accessibility in public settings.[7]

Naloxone is available over-the-counter (OTC) under several brand and generic names, with dosages ranging from 0.4 mg per dose up to 8 mg per dose.

The most common brand names include:

- RiVive, available in 3 mg doses
- Narcan, available in 4 mg doses
- Kloxxado, dispensed at 8 mg per dose[8]

The 4 mg per dose is the most common OTC naloxone product sold, and several products come in packages containing two doses.[9] The U.S. Food and Drug Administration (FDA) has cautioned that higher doses can trigger severe withdrawal symptoms in opioid-dependent individuals, including increased heart rate (tachycardia), body aches, nausea, and restlessness.[10]

Harm reduction advocates recommend starting with lower doses, as this approach is more humane and less likely to contribute to intensifying the effects associated with opioid withdrawal.

This position was substantiated in joint research undertaken by the New York State Department of Health and the New York State Police as reported by the CDC in the *Morbidity and Mortality Weekly Report* in February 2024. This research found similar outcomes from administering 4 mg doses vs. 8 mg doses, except those administered 4 mg doses experienced less severe symptoms of withdrawal.[11]

## WHEN & HOW TO ADMINISTER NALOXONE

Naloxone should be administered to any person who is showing the signs of an overdose or in cases where an overdose is suspected, even if they deny taking opioids, as other substances may have been cut or contaminated with fentanyl. The growing trend of combining opioids with stimulants like methamphetamine and cocaine underscores the need for caution in overdose situations.[12]

Historically, there have been two primary means of administering naloxone: *through an intramuscular injection* or *via a prepackaged inhalable nasal spray.* The intramuscular injection continues to be used in medical and clinical settings, in community-based harm reduction interventions, and emergency medical services by first responders. But the innovation of a nasal spray device has allowed for the mass distribution of naloxone to the general public.[13]

The "Save a Life at Work" sidebar a few pages ahead provides step-by-step information on administering naloxone. The following are some additional tips for training on administering naloxone:

- When using the nasal spray, training on the use of the device is recommended. It is vitally important to *not* test or prime the plunger. Once the plunger is depressed, the medication is immediately dispensed.[14]

- Those administering naloxone should maintain a positive communication style that is calming and reassuring to those receiving naloxone. A small percentage of persons who have been administered naloxone in a suspected or actual overdose emergency can react angrily or be combative.

Recent research concluded that positive and reassuring communication while administering naloxone is associated with less anger vs. more anger with a negative and shaming communication style.[15]

## STOCKING NALOXONE IN WORKPLACES & JOBSITES

An increasing number of contractors are stocking naloxone in standard jobsite first-aid kits or emergency response kits. Likewise, these contractors are training staff members on how to recognize and respond to a suspected opioid overdose and how to administer naloxone.[16]

These contractors have recognized the increasing risk of an unintentional overdose occurring in the workplace, and they are preparing for an appropriate response in case of an overdose emergency.

### Scenario 1

Imagine an employee, supplier, vendor, or visitor at your workplace or jobsite suddenly experiencing a medical emergency. The medical emergency could be with or without witnesses and occur in a hallway or stairway, training or conference room, restroom, or even a portable restroom.

In this case, imagine that a worker stumbles and drops to the ground. A bystander who discovers the fallen worker sees a seemingly lifeless body of an unconscious person that they are not sure is breathing or only breathing shallowly. The stricken person does not respond to verbal commands or physical jostling.

The result of this medical emergency depends on a couple of key factors, including how long the person has been unresponsive, how long it took to be discovered, and the expected response time by first responders to an emergency 9-1-1 call.

Beyond those facts, two other factors will help determine the possible outcome of this case:

1. Does the workplace or jobsite stock naloxone in first-aid kits?

2. Have workers been trained on recognizing the signs of an overdose *and* how to administer naloxone to reverse the effects of a suspected opioid overdose?

## Myths vs. Facts About Naloxone

| MYTHS | FACTS |
|---|---|
| Naloxone requires a prescription from a licensed medical provider. | Naloxone has been approved for OTC distribution since March 29, 2023[1] (and even longer in Canada[2]). Prior to the FDA's approval for OTC distribution, every state in the U.S. had passed legislation approving the accessibility of naloxone.[3] |
| Naloxone helps reverse the effects of all overdoses. | Naloxone will only help reverse the effects of overdoses attributable to opioids. An increasing number of overdoses are attributable to multiple substances in addition to opioids, including but not limited to stimulants and depressants such as animal tranquilizers. Naloxone will not counteract the effects of non-opioid substances.[4] |
| A single dose of naloxone is sufficient to reverse the effects of opioid overdoses. | The drug overdose crisis has worsened with the onset of more potent versions of opioids, especially synthetic fentanyl. The concentration of fentanyl can be so high that multiple doses of naloxone may be required to reverse the effects of an opioid overdose.[5] After administering the first dose, it is important to wait the recommended 2-3 minutes before administering the second dose.[6] |
| Naloxone is intended to be self-administered by persons who use drugs alone. | A person who is experiencing the symptoms of an overdose will not have the mental, cognitive, or physical ability to self-administer naloxone. This is why harm reduction organizations encourage persons who use drugs to not use alone and ensure that their family and friends are carrying naloxone for emergency use.[7] |
| Persons administered naloxone do not require emergency medical attention once they have been revived. | After being administered naloxone, emergency medical attention is required because the effects of naloxone are temporary, lasting anywhere from 30 to 60 minutes. The effectiveness of naloxone varies based on the type and concentration of opioids consumed and the tolerance level of an individual user based on prior, especially recurring, usage.[8] |
| Naloxone is yet another substance that can be abused. | Naloxone is safe and effective for its intended use as an opioid antagonist to help reverse the effects of an opioid overdose. Naloxone is not to be used for treating pain and does not provide euphoria or any other sensory effect, so it is not a substance with potential to be abused.[9] |
| The broader availability of naloxone results in increased or riskier usage of substances. | Research has concluded that the broader availability of naloxone did not encourage either more or riskier use of opioids. The availability of naloxone also did not discourage individuals from seeking or continuing treatment.[10] |

### Endnotes

1. *fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray.*
2. *canada.ca/en/health-canada/services/drugs-health-products/drug-products/announcements/narcan-nasal-spray-frequently-asked-questions.html.*
3. *safeproject.us/naloxone/state-rules.*
4. *store.samhsa.gov/sites/default/files/overdose-prevention-response-kit-pep23-03-00-001.pdf.*
5. *nida.nih.gov/publications/drugfacts/naloxone.*
6. *20797746.fs1.hubspotusercontent-na1.net/hubfs/20797746/Narcan%20OTC%20Fact%20Sheet%20(1).pdf.*
7. *store.samhsa.gov/sites/default/files/overdose-prevention-response-kit-pep23-03-00-001.pdf.*
8. *nida.nih.gov/publications/drugfacts/naloxone.*
9. *fda.gov/drugs/drug-safety-and-availability/fda-announces-shelf-life-extension-naloxone-nasal-spray.*
10. *store.samhsa.gov/sites/default/files/overdose-prevention-response-kit-pep23-03-00-001.pdf.*

# Reversing Opioid Overdoses in Construction:
## A Jobsite Imperative

### An Alarming Trend in Construction

Beginning in 2012, the Bureau of Labor Statistics has reported a growing trend of unintentional overdoses as occupational fatalities among all industries. In 2022, 525 overdose fatalities in the workplace reflected a 13.1% increase from 2021. Unintentional overdoses accounted for approximately 9.5% of all occupational fatalities reported among all industries and occupations in 2022.[1]

There is mounting evidence that the construction industry workforce has been adversely impacted by the opioid crisis, as discussed in "Waging a Counterattack on Opioids: First-Dose Prevention Strategies for the Workplace & at Home."[2]

Additionally, research supported by a National Institute on Drug Abuse grant resulted in the 2021 report *Workplace Guidelines to Prevent Opioid and Substance Abuse for the Construction Trades,* which provides a thorough account of how the high frequency and severity of musculoskeletal injuries in construction contributes to high rates of opioid prescriptions for construction workers.[3]

#### Endnotes

1. *bls.gov/news.release/pdf/cfoi.pdf.*
2. *cfmabponline.net/cfmabp/03042022/MobilePagedArticle.action?articleId=1776843#articleId1776843.*
3. *hwc.public-health.uiowa.edu/wp-content/uploads/Workplace-Opioid-Prevention-Program-Guidelines-for-Construction_v3.0.pdf.*

Generally, there are two likely outcomes:

***Response A: No Naloxone Available & No Staff Trained on Administering It***

After the initial discovery of the unresponsive worker, it is reasonable to expect that a 9-1-1 call would be initiated, as this is a standard response to any medical emergency.

Unless a bystander with their own personal naloxone steps forward, no naloxone is administered prior to the arrival of first responders. A person trained in first aid and CPR procedures may initiate CPR and rescue breathing to address the expected signs of respiratory distress.

The success of the reversal and potential for a revival of this patient will depend more on luck than on risk reduction based on the timeliness of the response and the concentration of the substance consumed.

The longer the response time by first responders, the poorer the expected outcome for this situation.

With today's increasing concentrations of potent and lethal synthetic fentanyl, the importance of quickly administering naloxone within seconds to minutes is advised.

The stricken worker could pass away before, during, or after the arrival of the first responders and the administration of naloxone.

Assuming the stricken patient is breathing when the first responders arrive, they will start with an assessment of signs and symptoms of the stricken patient. The first responders will likely conclude that this is a probable substance overdose and administer naloxone.

Once the patient is medically stabilized, the affected individual will be transported to a local emergency medical facility for further treatment and observation.

Assuming the patient dies, the following scenarios are likely outcomes from not being prepared with naloxone on-site and without staff trained in how to administer the medication:

- Law enforcement wishes to interview witnesses and possibly inspect the premises.
- The local Office of the Coroner/Medical Examiner may be contacted to initiate a death investigation.
- Local media contacts and possibly social media influencers reach out to verify reports of a breaking news story on-site.
- The workplace or jobsite experiences a shutdown of undetermined length depending on the reaction of the coworkers and the need to properly handle the ensuing crisis resulting from the overdose.

***Response B: Naloxone Is Stocked & Staff Have Been Trained on Administering It***

After discovery of an unresponsive person where the signs and symptoms point to a suspected opioid overdose emergency, trained on-site staff call 9-1-1 for emergency medical support and administer naloxone. While waiting for first responders to arrive, trained staff monitor the stricken worker for signs that the naloxone is either working or has not begun to work.

After waiting for approximately two minutes, trained staff administers a second dose of naloxone into the other nostril of the stricken worker. CPR and rescue breathing may be initiated depending upon the level of respiratory distress.

If breathing is restored, when the first responders arrive, then the patient will be quickly assessed to determine suitability for immediate transport to an emergency medical facility.

The ensuing mood at the workplace or jobsite is positive about the successful revival using naloxone to reverse the effects of a suspected opioid overdose.

The level of the crisis management and ripple effect of crisis communications is less in this scenario, and the company or project experiences significantly reduced delays and disruptions because of the professional way the emergency aid was administered.

## What Is Naloxone & How Does It Work?

Naloxone is the generic name for a medication that is used solely for the purpose of reversing the effects of an opioid overdose. The actual chemical name of this medication is naloxone hydrochloride.

The sole use of naloxone is to serve as an opioid antagonist; put simply, naloxone unblocks the brain's opioid receptors that are overloaded with large concentrations of opioids ingested or inhaled. When the opioid receptors become blocked, breathing can slow to a dangerously low rate of respiration. The brain is then deprived of oxygen, and brain injury can occur. Without prompt intervention with an opioid overdose reversal medication, an overdose can lead to death.[1]

Naloxone *only works on opioids* and will not work on any other substances. The effects of naloxone will only last between 30 and 90 minutes, and it is possible for a person to have enough opioids remaining in their bloodstream after being revived from an overdose to experience the recurrence of overdose symptoms. This is why it is vitally important for individuals to be transported to a health care facility for medical supervision after naloxone is administered.[2]

### Endnotes


1. *McDonald, James. "Non-Patient Specific Prescription for Naloxone with Pharmacy Dispensing Protocol." New York State Department of Health. February 12, 2024. health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/naloxone_standing_order_pharmacies.pdf.*
2. *"Naloxone DrugFacts." National Institute on Drug Abuse. January 2022. nida.nih.gov/publications/drugfacts/naloxone.*


### ACTION STEPS FOR EMPLOYERS FOR STOCKING NALOXONE IN WORKPLACES & ON JOBSITES

1. Understand the Good Samaritan statute(s) in the state(s) in which you do business. Seek a review from qualified legal counsel to ensure understanding of any limitations under the statutes in the states in which your company operates.

   - The Legislative and Public Policy Association and SAFE Project have online summaries of state-by-state Good Samaritan statutes governing calling 9-1-1 and administering naloxone.[17]
   - With the passage of such a statute in Kansas in 2024, 49 states have a Good Samaritan statute.[18]

2. Adopt a policy governing the provision of naloxone in first-aid kits and include basic information pertaining to ordering, monitoring expiration dates, replacing, training requirements, etc.

   - A sample policy template is available through the Alliance for Naloxone Safety in the Workplace.[19]

3. Institute training for select staff including key leaders in each workplace and jobsite on how to recognize the signs and symptoms of an opioid overdose and how to administer naloxone in a suspected overdose emergency.

   - There are multiple sources for such training including the National Association of Home Builders,[20] SAFE Project,[21] the National Safety Council,[22] and MindForge via the Alliance for Naloxone Safety in the Workplace.[23]

4. Most states have allocated public funds to support naloxone distribution to public health and public safety groups, including harm reduction groups working with populations at highest risk for overdoses.

   - Generally, most private sector businesses are placing orders for naloxone at their local pharmacy because it is available OTC.
   - Alternatively, specific brand distributors of naloxone may sell in bulk.

5. Understand the proper storage of naloxone. Pay attention to the instructions on the packaging about protecting the product from hot and cold temperature extremes.[24]

   - Determine if the naloxone will be stored in first-aid kits or in cabinets specially designed for this purpose. There are various types of cabinets available that have different features, including the availability of training resources via audio messages, video recordings, paper inserts, or even QR codes.
   - Among the various options are the following representative examples:
     - NaloxBox *(naloxbox.org)*
     - Naloxone Safety Kits *(naloxonesafety.com)*
     - ONEbox *(wvdii.org/onebox)*
     - Overdose Aid Kit *(overdoseaidkit.com)*
     - Windy City Cabinet *(windycitycabinet.com/overdose)*

6. Determine the need for posting signage locating naloxone kits to help hasten response times in an overdose emergency.

7. Pledge your company's support for the "White House Challenge: Saving Lives From Overdose" using naloxone.[25]

8. Commit to staying abreast of substance use and misuse trends affecting the potential for overdose emergencies in the workplace. Maintain relationships with diverse local resources, including law enforcement, community-based harm prevention and recovery organizations, to understand current trends within your area.

9. Evaluate options with your company's insurance and risk management advisors for both workers' comp and group health employee benefit plans:

   - Is it possible to add alternatives to opioids for pain management, medical diagnoses, and dental and surgical procedures?

– If opioid alternatives can't be substituted, then is it possible to co-dispense naloxone for all prescriptions containing opioids for injured employees covered by workers' comp and for members and dependents on group health plans?

The preceding list of recommended actions is comprehensive but not exhaustive. The provision of naloxone in workplaces and jobsites is in its infancy and many new innovations are expected to be introduced in the months and years ahead.

## CONCLUSION

Naloxone is a game changer in the nation's escalating opioid crisis. Every life is valuable, and carrying naloxone with the training to administer it is a proven strategy to help save lives.

By equipping workplaces and jobsites with naloxone, more people can be trained to recognize the signs of an overdose and respond quickly in an overdose emergency. Readily available naloxone and trained Good Samaritans on-site significantly reduces the risk of overdose fatalities — one company, one workplace, and one jobsite at a time. **BP**

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**Common Opioids**
are identified on the following page

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## Save a Life at Work

**How To Administer Naloxone During an Overdose**

### Check for Responsiveness

**Options:**
Yell their name
Rub their sternum
If breathing is irregular or has stopped, give a light jostle

### Yell for Help & Find Naloxone


If the person is not responsive, hurry and find your "in case of emergency" kit.

### Administer Naloxone

Insert the tip on the nasal spray bottle's nozzle into one of either nostril, then press the top firmly.

### Call for Emergency Medical Help, Evaluate & Support


Dial 9-1-1 to get emergency medical help right away! Move the person to their side and watch them closely if the person does not respond to your voice or touch or if they are not breathing normally.

### Administer Second Dose of Naloxone

Repeat step 3 to give another dose of naloxone in the other nostril if the person is not responsive.

### Wait Until Help Arrives

# Reversing Opioid Overdoses in Construction:
## A Jobsite Imperative

### Common Opioids

Opioids are a class of medications that are generally used for pain management in medical, dental, and surgical procedures.

**Medications for Opioid Use Disorder**

- Buprenorphine (Suboxone, Subutex, Zubsolv, Bunavail, Butrans)
- Methadone (Dolophine, Methadose)

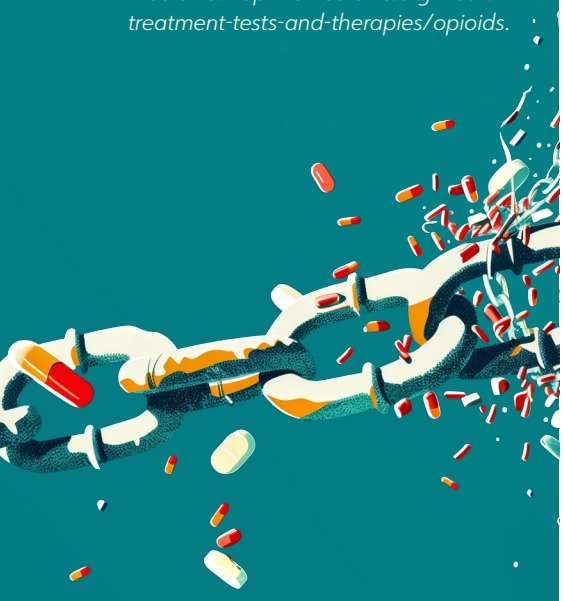
**Prescription Pain Relievers**

- Codeine (Tylenol with Codeine, TyCo, Tylenol #3)
- Fentanyl (Duragesic, Antiq)
- Hydrocodone (Vicodine, Lorcet, Lortab, Norco, Zohydro)
- Hydromorphone (Dilaudid)
- Oxycodone (Percocet, OxyContin, Roxicodone, Percodan)
- Oxymorphone (Opana)
- Meperidine (Demerol)
- Morphine (MSContin, Kadian, Embeda, Avinza)

**Illicit Opioids**

- Fentanyl (Durgesic, Antiq)
- Heroin

*Source: "Opioids." Johns Hopkins Medicine. hopkinsmedicine.org/health/treatment-tests-and-therapies/opioids.*

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# SAFEProject

Stop the Addiction Fatality Epidemic

# Now is the Time to Act: Stop the Addiction Fatality Epidemic

**108,000+**

**Americans lost to accidental overdoses last year**

**<10%**

**Incarcerated citizens who have access to treatment and recovery services**

**2X**

**Veterans are twice as likely to die from an accidental overdose**

**1 in 3**

**College students who report dealing with a mental illness**


## SAFE Project Programming Highlights

- Distributed over 115,000 free at-home drug deactivation systems to eliminate over 10.4 million unused or expired prescription medications
- Created the SAFE Treatment and Family Support Locator, an intuitive web-based database of more than 27,000 resources
- Supported more than 200 students through our Collegiate Recovery Leadership Academy
- Delivered prevention and recovery training to members of 20 distinct communities with the potential of reaching over a half-million people when implemented
- Delivered veteran wellness workshops and training impacting more than 300 veterans, military spouses, and caregivers
- Created customized tools and resources necessary to make workplaces recovery ready

SAFEProject
Stop the Addiction Fatality Epidemic

SAFE Project is a national 501(c)(3) nonprofit committed to overcoming the epidemic of addiction in the United States.

For more information, visit: www.safeproject.us