

READY TO RESPOND: WHAT EMPLOYERS SHOULD KNOW ABOUT OSHA'S NEW OPIOID GUIDANCE

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US Litigation and Dispute Resolution Alert

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INTRODUCTION

On 24 September 2026, the US Department of Labor's (Department) Occupational Safety and Health Administration (OSHA) issued a new fact sheet, "Opioid Overdose Rescue with Reversal Medications" (Fact Sheet),¹ addressing how employers and workers can prepare for and respond to opioid overdoses in the workplace. Although the Fact Sheet is informational and does not impose new compliance requirements, it provides employers with a timely framework for evaluating workplace overdose preparedness. This alert summarizes OSHA's guidance and identifies practical steps employers can consider now, including assessing whether to maintain opioid overdose reversal medications, establishing procedures for their acquisition, storage, and replacement, training employees to recognize and respond to a suspected overdose, and reviewing applicable state and local requirements.

BACKGROUND

As part of the federal Trump administration's (Administration) broader focus on addiction treatment and recovery, the Department has undertaken initiatives to incorporate recovery into workforce strategies and promote workplace safety. These efforts include educating employers and workers about recognizing and responding to opioid overdoses. Opioids include prescription pain medications and illicit drugs, and an overdose in the workplace can present a serious health and safety issue. Employers should therefore consider opioid-overdose preparedness as part of their broader emergency-response planning.

OSHA'S NEWLY RELEASED FACT SHEET ON OPIOID OVERDOSE RESCUE WITH REVERSAL MEDICATIONS

As part of the Administration's Great American Recovery initiative, the Administration directed the Department to incorporate addiction recovery into its workforce strategy by educating employers and workers about opioid overdose reversal medications (OORMs), including naloxone (commonly sold under the brand name Narcan) and nalmefene. OSHA accordingly released the Fact Sheet to provide practical guidance on recognizing and responding to opioid overdoses in the workplace. The Fact Sheet is informational and does not impose new compliance requirements or, by itself, require every employer to maintain an OORM. It addresses how OORMs

work, how employers can acquire and maintain them, recommended employee training topics, available resources, and how to contact OSHA.

The Fact Sheet explains that OORMs are generally safe and effective when used as directed and may temporarily restore normal breathing by reversing or blocking the effects of opioids. Because an overdose may affect anyone in the workplace. Employers should consider whether employees are prepared to recognize warning signs, locate an available OORM, administer it according to product instructions, and activate the employer's emergency-response procedures.

Importantly, administering an OORM is not a substitute for emergency medical care: employees should call 911 immediately, even if the individual regains consciousness, because the medication's effects may be temporary and an additional dose may be necessary.

Employers can acquire OORMs through various methods as noted in the Fact Sheet, including pharmacies, wholesale and bulk purchasing, group purchasing organizations, and public health partnerships. The Fact Sheet also recommends storing OORMs according to product-labeling requirements in visible, easily accessible locations; monitoring expiration dates; assigning responsibility for managing and restocking the supply; and considering multiple kits for larger workplaces.

Even without a generally applicable federal stocking requirement, employers should evaluate whether opioid-overdose preparedness measures are appropriate for their workplaces based on factors such as the nature of the work, workforce needs, prior incidents, emergency-response times, and access to medical services.

Employers should also evaluate applicable state and local requirements, including employers operating in jurisdictions with an OSHA-approved State Plan. For example, beginning 12 December 2026, New York Labor Law § 27-f will require certain private employers that are federally required to maintain first-aid supplies² to make an opioid antagonist available in the workplace. The law uses the term "opioid antagonist," which is a type of OORM and that includes naloxone.

EMPLOYER BEST PRACTICES

Given the Fact Sheet, employers of all sizes should consider the following actions to help prevent opioid overdoses and promote a safe and healthy workplace:

- Train employees on how OORMs work, how to recognize the signs of an opioid overdose, and when and how to administer OORMs. Consistent with the Fact Sheet, training should also emphasize immediately calling 911 even if the individual regains consciousness; following product instructions, including when an additional dose may be needed; placing the individual in the recovery position while awaiting emergency assistance; recognizing possible withdrawal symptoms; understanding applicable Good Samaritan protections; treating affected individuals with respect and professionalism; and connecting individuals who experience an overdose with treatment and ongoing support.
- Provide readily accessible resources to help employers and employees learn about opioids and the use of OORMs to reverse an opioid overdose.
- Integrate overdose response into existing emergency-response and first-aid procedures, including protocols for calling 911, directing emergency responders to the affected individual, documenting and

reviewing an incident, and coordinating with occupational health providers or local emergency responders, as appropriate.

- If OORMs will be maintained, establish a reliable acquisition process; place them in clearly identified, visible, and readily accessible locations; assign responsibility for monitoring storage conditions and expiration dates; and maintain procedures for timely replacement and restocking.
- Evaluate applicable federal, state, and local requirements; available Good Samaritan protections; and any collective bargaining obligations before implementing or materially changing a workplace OORM program.
- Review related emergency-response, substance-use, reasonable-accommodation, leave, confidentiality, and post-incident procedures so that the program protects employee privacy, avoids stigmatizing affected individuals, and does not discourage employees from requesting assistance.

The firm's Labor, Employment, and Workplace Safety lawyers regularly counsel clients on workplace safety matters and can assist employers in assessing whether an OORM program is appropriate for their workplaces, evaluating applicable state and local requirements, and developing compliant training, emergency-response, storage, and program-administration protocols.

FOOTNOTES

¹ OSHA FactSheet: [Opioid Overdose Rescue with Reversal Medications](#).

² For example, OSHA requires adequate first-aid supplies to be readily available at general-industry workplaces that lack an infirmary, clinic, or hospital in near proximity that is used to treat all injured employees. OSHA also imposes separate first-aid-supply requirements for construction worksites and certain operations subject to industry-specific standards, including logging, maritime, electric-power, and commercial-diving operations. Please see 29 C.F.R. §§ 1910.151(b), 1910.266(d)(2), 1910.269(b)(3), 1910.421(c), 1915.87(d), 1917.26(b), 1918.97(b), and 1926.50(d)(1) (2026).

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