

# Overdose Prevention Site Manual

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Population and Public Health

November 2018



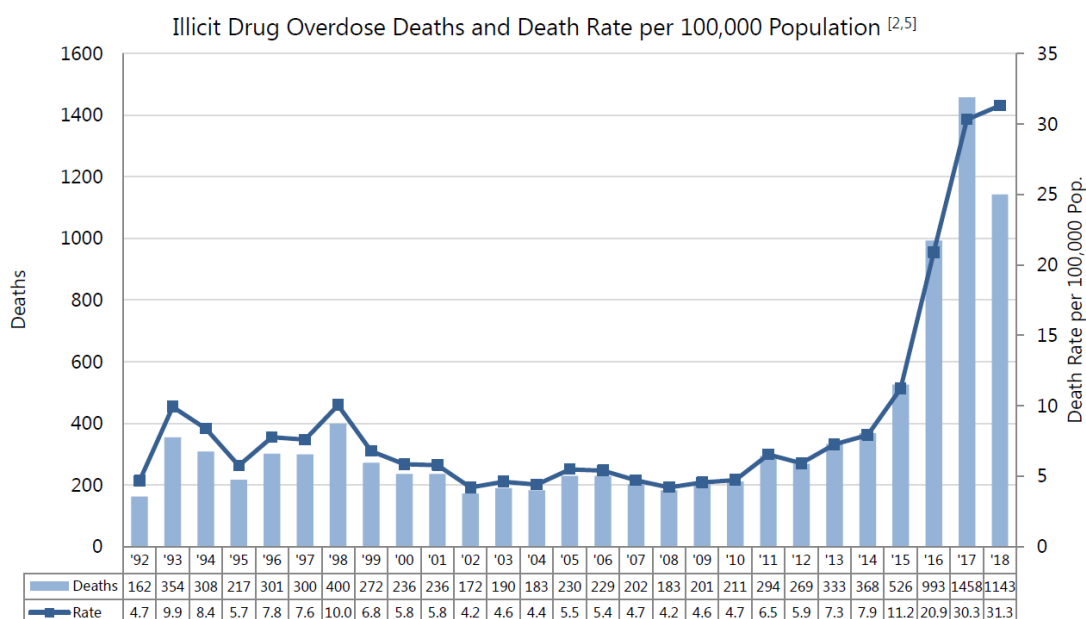
## 1. Introduction

### A public health emergency is declared

In April 2016, British Columbia's Provincial Health Officer declared a public health emergency under the *Public Health Act* in response to rising drug overdoses and overdose deaths in the province.

There were 993 unintentional illicit drug overdose deaths in British Columbia in 2016 (both confirmed and suspected), representing an 88.8% increase from the previous year when there were 526 overdose deaths. Fraser Health saw the highest number (332) of unintentional illicit drug overdose deaths in the province, comprising 33.4% of all illicit drug overdose deaths in 2016.

In 2017, there were 1,458 unintentional illicit drug overdose deaths in British Columbia. 481 of these deaths occurred in the Fraser Health region.



### A ministerial order is issued

In December 2016, the Minister of Health issued a [ministerial order](#) under the *Emergency Health Services Act* ordering British Columbia Emergency Health Services and regional health boards to provide:

“overdose prevention services for the purpose of monitoring persons who are at risk of overdose, and providing rapid intervention as and when necessary, as ancillary health services, in any place there is a need for these services, as determined by the level of overdose related morbidity and mortality.”

### **Overdose Prevention Sites are established**

In accordance with the ministerial order, temporary Overdose Prevention Sites were established in priority locations across the province.

Following careful analysis of overdose data within the Fraser Health region, Overdose Prevention Sites were established alongside existing services in Surrey, Langley, Abbotsford and Maple Ridge.

These sites receive targeted support from Fraser Health in order to prevent drug overdoses and overdose deaths, and reduce the adverse health, social and economic consequences associated with substance use.

Overdose Prevention Sites are a key component of Fraser Health’s broader overdose response strategy, which also includes overdose prevention education, naloxone distribution, safe prescribing practices, supervised consumption services, innovative technological solutions, opioid agonist treatment and other mental health and substance use services.

## **2. Core services**

Overdose Prevention Sites are *welcoming, safe and supportive* environments for people who use substances.

Each site provides the following core services:

- Overdose prevention education
- Take Home Naloxone training and distribution for people who are likely to experience or witness an overdose
- Onsite monitoring of people who are at risk of overdose, and rapid response, where necessary
- Distribution of harm reduction supplies
- Safe disposal of harm reduction supplies, and recovery of any inappropriately discarded supplies

- Referrals to health and social services
- Enhanced data collection

Some Overdose Prevention Sites also provide a monitored space for drug consumption in order to reduce harms associated with substance use including overdose and overdose death.

### **3. Staff training and support**

#### **Orientation and training**

All staff providing overdose prevention services are to complete the following training courses prior to commencing duties:

- First Aid and CPR training
- Overdose prevention, recognition and response training, including naloxone administration (available through your organization, St. John Ambulance or [Fraser Health](#))

In addition, Fraser Health recommends Overdose Prevention Site staff complete Harm Reduction 101 training (available through the Provincial Health Services Authority [Learning Hub](#)).

Organisation leadership are to complete Overdose Response for Organisations training (also available through the [Learning Hub](#)).

Staff and community members looking for a quick introduction or refresher in relation to naloxone administration may access the [online training module](#) on the Toward the Heart website.

#### **Psychosocial support and debriefing**

The experience of witnessing and/or responding to an overdose may elicit a range of psychological responses among Overdose Prevention Site staff, particularly where multiple overdoses have occurred. Those with lived experience of substance use may face additional impacts due to high overdose and mortality rates among their peer group.

Each Overdose Prevention Site is to have an overdose prevention and response protocol, including reference to staff debriefing and psychosocial support.

The BC CDC [Guide to Promote Staff Resiliency and Prevent Distress after an Overdose Reversal](#) offers practical strategies for Overdose Prevention Site management.

The [Provincial Overdose Mobile Response Team](#) offers psychosocial support to first responders, frontline workers and people with lived experience working within the overdose public health emergency. The Mobile Response Team may be reached at [mrt@phsa.ca](mailto:mrt@phsa.ca).

## **4. Operational guidelines**

### **Safer consumption**

#### **Harm reduction supply distribution and disposal**

Each Overdose Prevention Site is to distribute harm reduction supplies and provide facilities for the safe disposal of used equipment, in accordance with the [British Columbia Harm Reduction Strategies and Services Policy and Guidelines](#).

Further information on harm reduction supplies and how to order them is available on the [Toward the Heart](#) website.

#### **Physical space**

Some Overdose Prevention Sites provide a monitored space for drug consumption in order to reduce harms associated with substance use including overdose and overdose death. While service delivery models may vary, the following elements are recommended:

- The space is to be warm and well-lit to enable safer consumption and effective monitoring by staff.
- Ventilation is to meet item 9.41 of the [Canada Occupational Health and Safety Regulations](#). In most cases, one window or open door will be sufficient for ventilation purposes.
- Tables and chairs are to have non-porous, non-flammable surfaces that can be easily cleaned with hospital-grade surface disinfectant.
- Chairs may face a wall to support client privacy, while enabling monitoring by staff.
- Mirrors may be strategically placed.

- Sharps disposal containers are to be easily accessible.
- Surfaces are to be cleaned with CaviWipes or other hospital-grade surface disinfectant after each use.
- There is to be adequate space for staff to administer naloxone and provide rescue breathing in the event of an overdose.
- There is to be a clear pathway to the exit should medical transport be required.

### **Authorized activities**

Where a monitored space for drug consumption is provided, clients are to self-administer where possible.

Some individuals are unable to self-administer due to physical disabilities or other factors and may request support from another person. Overdose Prevention Sites may accommodate such requests. *Overdose Prevention Site staff are not authorized to administer drugs on behalf of clients.*

Staff are authorized to provide the following assistance if requested by clients *and where they have been trained to do so*:

- Provide verbal guidance in relation to safer consumption
- Encourage handwashing before and after consumption as an infection control measure
- Palpitate the client's arm
- Identify potential injection sites, including physically guiding the client's arm to the injection site
- Swab injection site with alcohol
- Tie off client's arm
- Simulate safer consumption using a separate set of sterile equipment and the staff member's own body

Staff are to exercise extreme caution when observing injection in order to minimize the risk of needlestick injury. It is recommended that staff stand or sit on the side of the client that is furthest from the hand holding the syringe.

## **Drug checking**

Where a monitored space for drug consumption is provided, drug checking services may be offered in accordance with the Drug Checking for Community Based Programs guideline (available through Fraser Health).

Drug checking utilizing [BTNX Fentanyl Test Strips](#) enables individuals to test substances for fentanyl prior to consumption and take measures to reduce overdose risk, such as reducing their dose or discarding the substance.

Fentanyl Test Strips are not 100% accurate and do not detect the presence of some fentanyl analogues and other potentially harmful substances.

For this reason, Fentanyl Test Strips are to be utilized under the guidance of Overdose Prevention Site staff. *Test strips are not to be distributed for takeaway use.*

Overdose Prevention Site staff are to discuss test results and safety planning with clients prior to consumption.

## **Overdose prevention**

### **Overdose prevention and response protocol**

Overdose Prevention Sites are to develop [overdose prevention and response protocols](#), addressing both onsite and offsite overdoses, and ensure staff are familiar with their content.

Sites may wish to conduct regular [overdose drills](#), in the same way they would conduct emergency evacuation drills.

### **Organizational policies that support overdose prevention**

Overdose Prevention Sites are to examine organizational policies and practices to ensure they support a culture of open communication in relation to substance use and overdose.

Policies that penalise clients for using substances, for example, may lead clients to hide their substance use and diminish organizational capacity to prevent, recognize and respond to overdose.

### **Overdose prevention messaging**

Staff are encouraged to engage clients in [overdose prevention conversations](#) and explore strategies for preventing overdose and other drug-related harms.

Posters and other materials featuring evidence-informed overdose prevention messaging may also be displayed.

Further information on [overdose planning for your organization](#) is available on the Fraser Health website.

### **Overdose alerts**

Overdose Prevention Sites are to notify Fraser Health if they observe:

- More overdoses than usual; or
- Severe or unusual reactions following substance use.

To notify Fraser Health:

- During regular hours (8:30am – 4:30pm, Monday to Friday) call the Medical Health Officer Line on 604 587 3828.
- After hours (after 4:30pm, weekends and holidays) call the Medical Health Officer On-Call Line on 604 527 4806.

The following information may be helpful to have on-hand when you call Fraser Health:

- Basic demographics of people who experienced overdoses or unusual reactions
- Locations of overdoses
- Number of overdoses observed, and how this compares to a usual work day
- Nature and severity of reactions
- How many clients were affected, and in what time frame
- Whether a common substance was connected to overdoses or unusual reactions
- Description of the substance

Depending on their assessment of the situation, the Medical Health Officer may issue an [overdose alert](#).



## **Overdose recognition and response**

### **Washroom monitoring**

Washrooms are to be easily accessible by staff, even if locked from the inside. Staff are to monitor client washroom use and be prepared to intervene in the event of an emergency.

### **Closing protocol**

Before closing, Overdose Prevention Sites are to check washrooms and any other locations overdoses may occur.

### **Naloxone**

Overdose Prevention Sites are to keep a sufficient quantity of naloxone on site at all times, and ensure staff know how to administer it.

Naloxone, also known by the brand name Narcan, is a safe and highly effective medication that reverses the effects of opioid overdose. Naloxone has no potential for abuse and no effect if opioids are absent.

Overdose Prevention Sites may access naloxone for onsite administration through the British Columbia Centre for Disease Control (BC CDC) [Facility Overdose Response Box](#) program. Take Home Naloxone kits for people who are likely to experience or witness an overdose may be accessed through the BC CDC [Take Home Naloxone](#) program.

### **Face shields**

Rescue breathing is a critical component of opioid overdose response. The longer a person is without oxygen, the more likely they are to experience hypoxic brain injury.

Overdose Prevention Site staff are to have access to face shields or pocket masks, and know how to use them in the event of an overdose or other medical emergency.



Fraser Health recommends against using [Bag Valve Masks](#) *unless staff have received specialized training and are highly skilled and experienced in their use.* Bag Valve Mask ventilation is a complex skill to master, generally requiring two individuals to apply the face mask and operate the bag. Performed incorrectly, it can result in serious injury or death.

### **Recognizing an opioid (or other depressant) overdose**

Opioids are a sub-class of drugs that slow the central nervous system. Pharmacological effects include sedation, respiratory depression and pain relief. Common opioids include codeine, heroin, morphine, methadone, hydromorphone (also known by the brand name Dilaudid) and fentanyl.

Overdose Prevention Site staff are to be trained and confident in identifying the signs of opioid overdose. These may include:

- Slow or no breaths
- Unusual snoring or gurgling sounds
- Choking
- Blue, grey, clammy or cold skin
- Pinpoint pupils or rolled-back eyes
- Vomiting
- Inability to walk, talk or stay awake

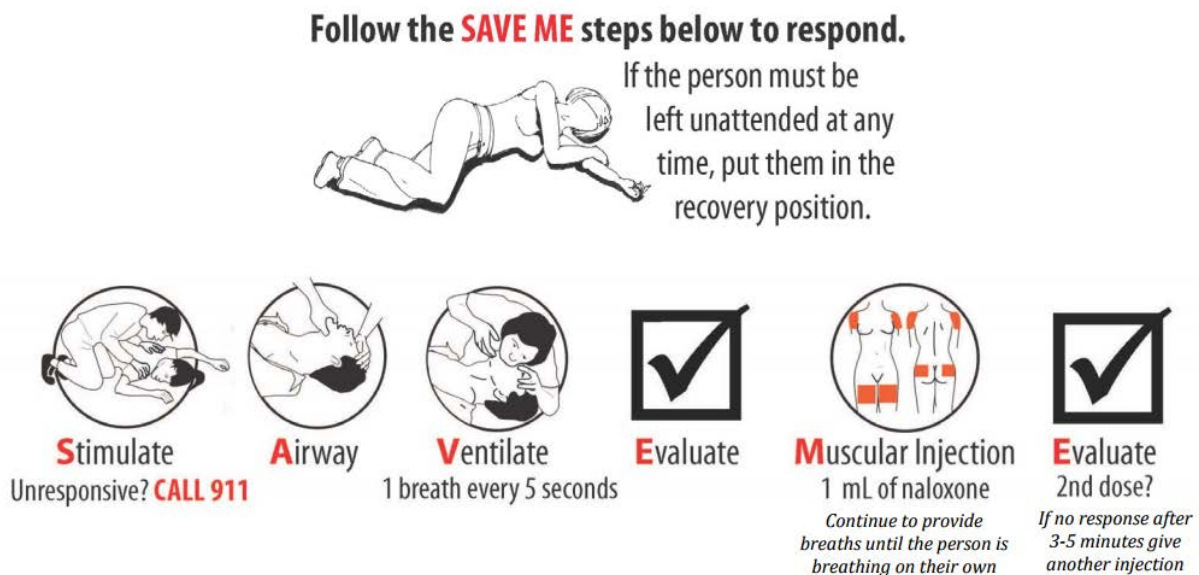
- Limp body
- No response to stimulus

Opioids belong to a class of drugs called depressants. Alcohol, GHB and benzodiazepines (such as diazepam or Valium) are also depressants. An opioid overdose may appear similar to other types of depressant overdose.

### Responding to an opioid (or other depressant) overdose

In the event of a suspected opioid or other depressant overdose, Overdose Prevention Site staff are to act in accordance with organizational protocols.

The below diagram describes the SAVE ME steps essential in responding to an opioid overdose.



The [How to Respond to an Opioid Overdose](#) poster describes the process in greater detail, and may be printed out and displayed at Overdose Prevention Sites and other locations.

The following documents provide further guidance on responding to an opioid overdose:

- [Why give breaths in opioid overdoses?](#)
- [How to open one-point cut \(OPC\) ampules the right way](#) [video]
- [Fentanyl-induced muscle rigidity](#)

- [The Good Samaritan Drug Overdose Act is now law](#) [poster]

Where a non-opioid depressant overdose is suspected, Overdose Prevention Site staff are to call 911 and provide rescue breathing, as needed, until Emergency Health Services arrive. *Naloxone will have no effect if administered within the context of a non-opioid depressant overdose.* Where multiple substances have been consumed, or where the nature of the overdose (or other medical emergency) is unknown, naloxone may be administered without adverse reaction.

### **Recognizing a stimulant overdose**

As the name suggests, stimulants are a class of drugs that stimulate the central nervous system. Pharmacological effects include increased heart rate, blood pressure and body temperature. Common stimulants include cocaine, crack cocaine, amphetamines, Ritalin and Adderall.

Overdose Prevention Site staff are to be trained and confident in identifying the signs of stimulant overdose. These may include:

- Disorientation
- High level of anxiety or panic
- Shortness of breath
- Rapid or irregular heartbeat
- Chest pain
- Elevated body temperature
- Seizure

### **Responding to a stimulant overdose**

In the event of a suspected stimulant overdose, Overdose Prevention Site staff are to act in accordance with organizational protocols.

Recommended steps include:

- Limit stimulation by moving the person to a quiet location with low light
- Monitor the person, observe safety protocols and gently encourage them to go to the hospital
- Encourage them to take slow, deep breaths

- If overheating, apply cool to the back of the neck or forehead
- Call 911 if the person has difficulty breathing, chest pain or loses consciousness

In the event of a seizure, Overdose Prevention Site staff are to incorporate the following:

- Cushion the person's head (with a pillow or sweater)
- Roll them onto their side (to prevent choking)
- Clear the area of any dangers
- Call 911
- Don't restrict the person's movement
- Don't put anything in their mouth

*Naloxone will have no effect if administered within the context of a stimulant overdose. Where multiple substances have been consumed, or where the nature of the overdose (or other medical emergency) is unknown, naloxone may be administered without adverse reaction.*

### **Leaving the Overdose Prevention Site to provide assistance**

Overdose Prevention Site staff may, on occasion, become aware of a person in the vicinity of the site who requires immediate assistance.

On such occasions, staff are to act in accordance with organizational policy.

While their primary responsibility is to ensure the safety of clients and staff onsite, staff may decide to leave the site to provide assistance under the following circumstances:

- Emergency Health Services (911) have been called
- The situation is life-threatening and cannot wait until Emergency Health Services arrive
- The situation does not present a risk to staff health or safety
- A second person accompanies the staff member or is able to observe them from the inside the Overdose Prevention Site

- The safety of clients and staff inside the Overdose Prevention Site is ensured
- It is the individual staff member's decision to leave the site to provide assistance

Additionally, breakaway kits (containing naloxone, face shields and other supplies) may be provided to clients wanting to respond to an overdose in the vicinity of the Overdose Prevention Site.

### **Death protocol**

In the event of a death, Overdose Prevention Sites are to respond in accordance with the following procedure:

- Call 911 and request immediate assistance
- Secure the area around the individual, ensuring the scene is left undisturbed and any substances or substance use paraphernalia are left untouched
- Complete critical incident documentation, in accordance with organizational protocols
- Notify Fraser Health by emailing [katherine.moriarty@fraserhealth.ca](mailto:katherine.moriarty@fraserhealth.ca) (Fraser North), [erin.gibson@fraserhealth.ca](mailto:erin.gibson@fraserhealth.ca) (Fraser South) or [lianne.radmore@fraserhealth.ca](mailto:lianne.radmore@fraserhealth.ca) (Fraser East)
- Check in with relevant staff and respond to any debriefing or support needs

### **Data collection**

Fraser Health is required to submit regular reports to the Ministry of Health and the Ministry of Mental Health and Addictions in relation to the overdose situation and response.

To facilitate this, Overdose Prevention Sites are to collect service delivery data and submit it to Fraser Health each month.

Contracted agencies are to submit data via the Fraser Health Portal. Non-contracted agencies are to email Microsoft Excel spreadsheets (available through Fraser Health) to [populationhealthobservatory@fraserhealth.ca](mailto:populationhealthobservatory@fraserhealth.ca)

## **5. Housing sites**

Housing sites are encouraged to provide a monitored space for residents (and their guests) to consume substances in order to reduce harms associated with substance use including overdose and overdose death.

Service delivery models vary across the province.

Some sites prefer to open their Housing Overdose Prevention Site (HOPS) when staff to resident ratios are highest. Other sites ensure their HOPS is accessible 24 hours a day.

The Government of British Columbia's [Guidelines and Resources for Supportive Housing Providers, Homeless Shelter Providers and Regional Health Authorities on Overdose Prevention and Response](#) provides best practice advice and resources for management and staff.

### **Service delivery models**

Sites are to involve residents in the creation of HOPS policies and procedures in order to strengthen service acceptability, health outcomes and relationships between residents and staff.

The following are three service delivery models currently operating in British Columbia.

#### **Staff monitoring**

Under this model, residents (and their guests) are encouraged to inform staff before they use the HOPS.

Staff conduct regular checks or monitor the HOPS via a wall-mounted camera with video transmitted to an office monitor.

Staff are responsible for cleaning, restocking harm reduction supplies, completing relevant documentation and sharps disposal.

Considerations may include:

- Are residents okay with wall-mounted cameras or might this be a deterrent to service access?
- Are residents comfortable with staff monitoring or would a peer-based model be more acceptable?

- How do staff know when the HOPS is in use? Do residents collect harm reduction supplies from them before entering the HOPS? Are there clear sight lines? Do regular checks allow for rapid overdose response?

### **Peer monitoring**

Here, residents receive stipends for monitoring the HOPS and/or witnessing consumption in private rooms.

Residents may also be remunerated for cleaning the HOPS, restocking harm reduction supplies, completing relevant documentation, sharps disposal and other duties.

### **Self-initiated monitoring**

Under this model, signs ask residents (and their guests) to bring another person into the HOPS who could respond in the event of an overdose.

This approach may be effective where residents are opting to use the HOPS without informing staff. However some residents may not have a trusted friend they want to bring into the HOPS. A backup plan including staff and/or peer monitoring is therefore recommended.

Staff are responsible for cleaning, restocking harm reduction supplies, completing relevant documentation and sharps disposal.

### **Guest policy**

Housing sites are encouraged to provide a monitored space for residents and guests to consume substances.

Some sites ask that guests are accompanied by a resident when using the HOPS, while others support guests to use the space independently.

Guest policies are specific to each organisation.

However sites that have not supported guest access to overdose prevention services, have found guests were more likely to consume substances in stairwells, washrooms and other spaces, thereby increasing the likelihood of unwitnessed overdose.

Guest policies are to be communicated through signs in the HOPS and throughout the building.



## **Fraser Health support**

When establishing a HOPS, Fraser Health is available to provide technical and limited financial support in relation to:

- Setting up the space
- Purchasing tables, chairs, mirrors and other equipment
- Procuring naloxone and harm reduction supplies
- Staff orientation and training in relation to harm reduction and overdose prevention

Support may be requested by emailing [katherine.moriarty@fraserhealth.ca](mailto:katherine.moriarty@fraserhealth.ca) (Fraser North), [erin.gibson@fraserhealth.ca](mailto:erin.gibson@fraserhealth.ca) (Fraser South) or [lianne.radmore@fraserhealth.ca](mailto:lianne.radmore@fraserhealth.ca) (Fraser East).

## **6. Occupational health and safety**

### **Immunization**

Overdose Prevention Sites are to take reasonable steps to ensure staff are up-to-date with recommended vaccines, in accordance with organizational protocols.

The following immunizations are broadly recommended for Overdose Prevention Sites staff:

- Diphtheria and tetanus
- Polio
- Hepatitis B
- Measles, mumps and rubella
- Varicella (chicken pox)
- Influenza

Further information on [immunizations](#) and vaccine-preventable diseases is available on the Fraser Health website.

## **Safe disposal of harm reduction supplies**

Overdose Prevention Sites are to ensure safe disposal of needles, syringes and other harm reduction supplies.

This may include installing sharps disposal bins in washrooms, offering sharps containers to clients accessing harm reduction services and discussing safe disposal options with them, and conducting sweeps of the local area to identify and safely dispose of any inappropriately discarded supplies.

Further information on [safe sharps handling and disposal](#) is available on the Fraser Health website.

## **Exposure to blood and body fluids**

In the event that someone is poked or scratched by a needle, or exposed to blood or body fluids through mucosal contact or contact with damaged skin, immediate medical attention is to be sought.

The hospital Emergency Department will perform a risk assessment of the exposed person, and ensure appropriate clinical management. In some cases, this may include laboratory testing, post-exposure prophylaxis, counselling and follow-up testing.

The BC CDC guidelines on [Blood and Body Fluid Exposure Management](#) contain detailed guidance for health professionals.

In the event of exposure to blood or body fluids, the following steps are to be followed in accordance with organizational protocols:

- Try and stay calm. The risk of blood borne virus infection following exposure is low.
- Wash the affected area with soap and water. In the event of an eye splash, flush the eye with water or saline.
- In the event of a needlestick injury, allow the wound to bleed freely. Do not promote bleeding by squeezing the wound. This may damage the tissues and increase uptake of any pathogens.
- Go directly to the hospital Emergency Department.
- If the source of the blood or body fluid is known, the source person may also attend the hospital Emergency Department so that a risk assessment can be performed.

## **Disposal of unknown substances**

In the event that an unknown substance is left at the Overdose Prevention Site, management is to be notified immediately.

Relevant organizational policies are to be followed.

In the absence of an organisation policy in relation to unknown substances, management may consider the following process:

- Use disposable gloves while handling the substance, and be careful not to touch your face.
- Transfer the substance into a sharps container or [Deterra Drug Deactivation](#) pouch.
- Place the pouch in the garbage, or dispose of the sharps container as per usual.

## **Exposure to fentanyl and fentanyl analogues**

Incidental skin exposure to fentanyl or fentanyl analogues is extremely unlikely to cause harm. According to Health Canada, there is [no documented evidence](#) of first responders becoming ill after skin contact with fentanyl.

To prevent incidental exposure to fentanyl and fentanyl analogues, the following safety protocols are to be observed:

- Avoid handling client belongings, where possible
- Clean surfaces with CaviWipes or other hospital-grade surface disinfectant after each use
- Wear disposable gloves when cleaning, and when handling unknown substances
- Avoid touching the eyes, nose and mouth to prevent mucous membrane exposure

Where skin exposure is suspected, the affected area is to be washed with soap and water as soon as possible. *Alcohol-based hand sanitizers are not to be used as they may increase drug absorption.* Where mucosal membrane exposure is suspected, the affected area (eyes, nose or mouth) is to be flushed with water or saline.

Organisational overdose prevention and response protocols are to be observed as usual.