Overdose Prevention Site Manual

PPH - Toxic Drug Response

November 2025

fraserhealth
Better health. Best in health care.

We recognize that Fraser Health provides care in the traditional, ancestral and unceded lands of the Coast Salish and Nlaka'pamux Nations and is home to 32 First Nations within the territories of the Fraser Salish region.

Fraser Health is dedicated to serving all Indigenous people, and honors the unique cultures of the First Nations, Métis and Inuit living within the Fraser Salish region.

It is important to recognize the ongoing impacts of colonization on Indigenous communities and families who continue to be overrepresented in unregulated toxic drug supply poisoning deaths.

This guide does not provide explicit direction on how to embody cultural safety and anti-racist practice into OPS but encourages organizations to commit to ongoing learning and development of culturally safe services.

The harm reduction movement began with people who use drugs organizing and finding solutions for their community.

Many of the interventions and tools we have today are a direct result of that work.

We wish to acknowledge the ongoing efforts of people who use drugs in helping keep communities safe.

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Acronyms

BCCDC	British Columbia Center for Disease Control
eOPS	Episodic Overdose Prevention Service
FORB	Facility Overdose Response Box
HOPS	Housing Overdose Prevention Site
IPC	Infection Prevention and Control
MoH	Ministry of Health
MRT	Mobile Response Team
MSS	Minimum Service Standards
OPS	Overdose Prevention Site
THN	Take Home Naloxone

1.0 Introduction

1.1 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 unregulated drug poisonings and unregulated drug poisoning deaths in the province.

In December 2016, the Minister of Health issued a Ministerial Order No. M488 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."

The declaration of the emergency has also allowed for the collection and sharing of real-time data on toxic drug poisonings to proactively identify areas where risks are arising and warn and protect people who use substances.

Since the declaration of this emergency, the number of people who have lost their life from a toxic drug poisoning continues to increase.

1.2 Overdose prevention sites (OPS) are established

In accordance with the ministerial order, overdose prevention sites (OPSs) were established in priority locations across the province. OPSs provide a safe, supportive and welcoming space where drug consumption is witnessed, and toxic drug poisonings are responded to by trained staff.

There are four main service delivery models for overdose prevention services, including:

- Fixed site locations
- Episodic overdose prevention service (eOPS)
- Housing overdose prevention site (HOPS)
- Mobile overdose prevention site (MOPS)

Following careful analysis of toxic drug poisoning data within the Fraser Health region, OPSs were established alongside existing services across the region. These sites receive targeted support from Fraser Health to prevent unregulated toxic drug poisonings and toxic drug deaths, and reduce the adverse health, social and economic consequences associated with substance use.

1.3 Purpose of OPS manual

The purpose of this manual is to provide operational guidance to OPSs in the Fraser Health region. This manual is based off the BC Overdose Prevention Services Guide

which provides a more comprehensive overview of the operational components for overdose prevention services. In addition, as of June 2025, the Ministry of Health has articulated minimum service standards for all community-based, publicly funded, fixed and mobile OPS, as well as for all hospital-based OPS in B.C. These standards aim to support consistency among OPS, ensuring all sites are providing quality, accessible and culturally safe services. (link to MoH OPS MSS document online or append to this manual)

2.0 Staff training and support[1]

2.1 Orientation and training

Table 1 outlines courses that are required for all staff providing overdose prevention services within three months of beginning job duties.

Table 1. Required courses for OPS staff

	Course
1	Basic Life Support (BLS)/CPR certification
2	Basic overdose prevention, recognition and response training (including intramuscular naloxone administration) that could be provided through: - Toward the Heart Quick Learn: Naloxone Administration - First aid provider - Fraser Health - Your organization
3	Online Street Degree—Advance Overdose Response
4	Online Street Degree—Managing Medical Emergencies
3	Harm Reduction 101A: Foundations of Harm Reduction
4	Harm Reduction 101B: The Ins & Outs of Harm Reduction Supplies
5	Community Based Drug Checking: Fentanyl screening for FHA direct staff and allied partners
6	Cɬhi:ya:ỳəstəl' (Working Together) Indigenous Cultural Safety and Anti-Racism - LearningHub -

[1] MoH MSS: 9. Staffing

	Course
7	Intro to Gender Diversity
8	Gender Diverse Relational Practice
9	Gender-Based Violence: We all can help improving the health sector's response
10.	Trauma-informed practice https://learninghub.phsa.ca/Courses/29467/trauma-resiliency-informed-practice-all-professions-part-one https://learninghub.phsa.ca/Courses/29468/trauma-resiliency-informed-practice-all-professions-part-two https://learninghub.phsa.ca/Courses/34351/trauma-and-resiliency-informed-practice-all-professions-full-day https://learninghub.phsa.ca/Courses/30691/boundaries-and-professional-practice-in-island-health-mhsu
11.	Crisis management and de-escalation techniques

* Overdose prevention, recognition and response training (including naloxone administration) should be followed up with in-person practice.

After completion of these courses, it is important for leadership to check-in with their staff to determine if they require additional support or training to further build their knowledge and skills on overdose prevention, recognition and response, including naloxone administration.

Additionally, some OPS staff should attend Take Home Naloxone Distribution: A virtual trainer the trainer to learn the logistics of distributing THN. It is not necessary all staff attend this training as those who attend can train other staff.

Staff looking for an introduction or refresher on naloxone administration may complete:

- Toward the Heart's Overdose Prevention, Recognition and Response Training
- St. John's Ambulance Opioid Poisoning Response Training- Condensed

Contact your Harm Reduction Coordinator if you require additional support with staff training or email harmreduction@fraserhealth.ca.

2.2 Psychosocial support and debriefing

The experience of witnessing and/or responding to a toxic drug poisoning may lead to a range of psychological responses among OPS staff, particularly when multiple toxic drug poisonings have occurred. Those with lived experience of substance use may face additional impacts due to high toxic drug poisoning and mortality rates among their peer group.

Each OPS is to have a toxic drug poisoning prevention and response protocol, including reference to staff debriefing and psychosocial support.

The BCCDC's Guide to Promote Staff Resiliency and Prevent Distress after an Overdose Reversal offers practical strategies for OPS management.

The Provincial Overdose Mobile Response Team (MRT) offers psychosocial support to first responders, frontline workers and people with lived experience working within the toxic drug poisoning public health emergency. The MRT can be reached at mrt@phsa.ca or by calling 1-888-686-3022.

Each OPS will post information about their organization supports including the Employee Assistance Program process.

3.0 Operational guidelines

3.1 Commitment to Dignity, Cultural Safety & Equity[2]

The OPS service must

a. implement a plan for ongoing engagement with people with lived and living experience (PWLLE), with the principles of inclusivity, transparency, collaboration, and accountability.
    i. The plan must address PWLLE engagement in service design, implementation, delivery, and evaluation.
b. Implement a cultural safety and humility policy
c. Have policies in place to support priority populations (see Clients with special considerations)
d. Foster an environment free of discrimination and harassment

3.2 Physical space[3]

Some OPS service delivery models provide a monitored space for drug consumption to reduce the harms associated with substance use, including responding to a toxic drug

[2] MoH MSS: 2. Commitment to Dignity, cultural Safety, & Equity
[3] MoH MSS: 7. Physical Space and Location

poisoning if it occurs. While service delivery models vary, these monitored spaces can include indoor space and/or an outdoor inhalation space. These spaces must be located at a site that prevents second-hand exposure to unregulated substances while reducing public drug use.

Indoor space

The following physical space elements are recommended for indoor spaces:

- The space is to be warm with adequate lighting to ensure visibility and safety; 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 be around a table or face a wall to support client privacy, while enabling monitoring by staff.
- Recommended to have sturdy chairs with arms that are best for tipping individual backwards in the event of a medical emergency.
- Mirrors may be strategically placed to facilitate monitoring or self-injection
- Appropriate facilities for the safe disposal of sharps and other harm reduction/biohazardous material.
- Surfaces used for injection need to be cleaned with cleaners that kill Blood Borne Viruses. For other surfaces, surface cleaner is sufficient we have many sites where they use Cavi wipes and other materials on non-stainless-steel surfaces that increase their porosity.
- There is to be adequate space for staff to lay an individual down to administer naloxone and provide rescue breathing in the event of a toxic drug poisoning.
- More than one entry/exit for fire and emergency safety
- There is to be a clear pathway to the exit should medical transport be required.
- Be accessible to people with differing abilities, or, if the physical space poses barriers to universal accessibility, make all reasonable attempts to offer alternate arrangements to safely accommodate all participants.

Refer to the BC Overdose Prevention Services Guide (Appendix T) for additional requirements for indoor inhalation spaces

Outdoor inhalation space

Inhalation spaces must have appropriate inhalation space (e.g., tent, gazebo, shipping container, building) that minimizes disruptions to neighbours, and complies with all relevant occupational health and safety requirements, including adequate ventilation. The following physical space elements are recommended for outdoor inhalation spaces:

- Allow natural ventilations as much as possible e.g., if using a tent ensure 3 sides of tent are open. A fan can be used to direct airflow away from clients, workers and public.
- Ensure the space remains 6 meters from any air intake, door, window (as per Tobacco and Vapour Products Regulation).
- Ensure fire safety practices are followed if using heating equipment to warm space:
    - Do not use open flame or gas/propane. Use electric heaters instead.
    - Ensure compliance with manufacturer's instructions for placement away from combustible material of electric heating equipment
    - Ensure tent fabric is flame resistant
    - Ensure fire extinguishers are accessible and workers are trained in use
    - Keep furniture and other combustible material away from open flame devices and electric heaters
    - Provide non-combustible ash trays
- Set up inhalation spaces in a booth style in a circular arrangement and include a chill out area in a separate tent or area to reduce second-hand- smoke exposure.
- Tent and other furnishings should be non-porous material that can be easily disinfected with hospital-grade disinfectant.
- Surfaces should be regularly disinfected using a hospital-grade disinfectant

Refer to the BC Overdose Prevention Services Guide (Appendix R) for additional requirements for outdoor inhalation overdose prevention services e.g., personal protective equipment.

3.3 Community Relations[4]

All OPS services must:

- Take reasonable measures to act as good neighbours in their community and immediate vicinity (e.g., external congregation, safety and security, litter and

[4] MoH OPS MSS: 5. Community Relations

discarded drug paraphernalia, and crisis de-escalation in the immediate vicinity of the OPS); and,

- Develop and operationalize a community relations plan, to guide relationships with neighbours, partner organizations, and other community members.
    - The community relations plan must outline how the OPS will work with interested parties to proactively address matters of community interest and/or concern that are directly related to service delivery (e.g., external congregation, safety/security, litter/discarded drug paraphernalia, and crisis de-escalation in the immediate vicinity of the OPS); and,
    - The community relations plan must address external communications, complaint processes, and dispute resolution.

3.4 Core services[5]

OPSs are welcoming, safe and supportive environments for people who use substances. Each site provides the following core services:

- Witnessed consumption of unregulated substances (i.e. all relevant modes of drug use, including inhalation wherever feasible and appropriate)
- Monitoring space for people with extended periods of unconsciousness
- Delivery of relevant harm reduction training/education to clients, including practices to help people stay safer when using substances.
- Toxic drug poisoning prevention, recognition and response including the administration of naloxone by trained personnel, in accordance with their scope of practice and/or training
- Take Home Naloxone (THN) distribution for people who are likely to experience or witness a toxic drug poisoning
- Distribution of harm reduction supplies
- Safe disposal of harm reduction supplies, and recovery of any inappropriately discarded supplies
- Connections and supported navigation to other health and social services, such as treatment options, through clearly defined pathways
- Drug checking services

[5] MoH OPS MSS: 1. Core Services

Harm reduction supply distribution & disposal

Each OPS is to distribute harm reduction supplies and provide facilities for the safe disposal of used equipment, in accordance with the BC Harm Reduction Strategies and Services Policy and Guidelines.

Sites must be preauthorized by Fraser Health to receive and distribute supplies. Contact your regional Harm Reduction Coordinator to receive guidance on how to order and approval.

Harm reduction supplies can be ordered through an existing harm reduction distribution site or through the BCCDC Harm Reduction Program by completing the Supply Requisition Form and emailing it to harmreduction@bccdc.ca. Further information on harm reduction supplies and how to order them is available on the Toward the Heart website.

OPS's are to ensure safe disposal of needles, syringes and other harm reduction supplies, including:

- Installing sharps disposal bins in washrooms,
- Offering sharps containers to clients accessing harm reduction services,
- Discussing safe disposal options with clients, 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.

Drug checking

Drug checking helps clients make better-informed decisions about the substances they are using by providing them information about what is in their substances. Where a monitored space for witnessed consumption is provided, point-of-care drug checking services outlined in **Table 2** may be offered at OPS.

Table 2. Drug checking methods & limitations.

Drug checking method	Description	Limitations
1. Fentanyl test strips	Used to detect the presence of fentanyl and some fentanyl analogues in a drug sample. There are several types of fentanyl test strips on the market. Fraser Health uses BTNX test strips.	Does not indicate the amount of fentanyl or fentanyl analogue within a sample. Only tests for fentanyl within the sample provided. Fentanyl may still be present in the remainder of the substance. It is not 100% accurate and a negative result does not guarantee the drug is free from fentanyl or a fentanyl analogue.

Drug checking method	Description	Limitations
		Not all fentanyl analogues are detected well e.g., carfentanil. A large amount of stimulants can lead to false positives. Does not detect the presence of other, potentially harmful substances.
2.Benzodiazepine test strips	Used to detect the presence of benzodiazepines in a drug sample.	FHA does not support the distribution or use of benzodiazepine test strips without accompanying Fourier Transform Infrared (FTIR) testing. This is in part because of the following characteristics: • Not all benzodiazepine analogues are detected well. • Cannot detect benzodiazepine-like substances, including etizolam, which is the most common benzodiazepine-like substance in the current drug supply. • Cannot determine the quantity or what kind of benzodiazepine is present in the sample. • False negatives can occur as benzodiazepines do not dissolve well in water. • Test results can be very faint and difficult to read and interpret. • Does not detect the presence of other, potentially harmful substances.
3. FTIR Spectrometer	An FTIR spectrometer is a small portable machine that can detect multiple substances in a drug by shining infrared light on the sample and comparing it to a reference database.	Cannot detect substances present in small amounts (less than ~5%). Cannot detect new or rare substances that are not in reference database. Cannot reliably distinguish between substances with similar chemical make-up.

Fentanyl test strips

Staff are required to be trained on how to use fentanyl test strips. Staff are not required to be trained to use benzodiazepine test strips or the FTIR Spectrometer as these are performed by a trained Drug Checking Technicians. If staff are interested in receiving training on these testing methods contact the Drug Checking Lead.

OPS sites who agree to actively participate in submitting data regularly can access fentanyl test strips at no cost through their regional Harm Reduction Coordinator, Drug Checking Lead or by emailing harmreduction@fraserhealth.ca.

Take home fentanyl test strip kits should be made available to clients for individual use off-site. Each kit should consist of the following items in a Ziploc bag:

- 5 fentanyl test strips
- 5 paper cups
- Drug checking with fentanyl test strips: A step-by-step guide

When providing these kits to clients, staff should ensure that clients know:

- How to use them,
- How to interpret the results,
- Limitations of this test
- Tips to keep safer when using substances

Benzodiazepine take-home test strips are not provided to clients due to the limitations noted in **Table 2** above.

For more information on fentanyl test strips refer to:

- Drug checking with fentanyl test strips: A step-by-step guide
- ANKORS how to use fentanyl test strips video.
- VCH fentanyl test strips tutorial

3.5 Eligibility & Access[6]

Client Rights and Responsibilities

- The OPS service will have clearly outlined client rights and responsibilities, including:
    - A commitment to safeguarding client privacy
    - An overview of the principles, policies, and procedures in place to protect sensitive client information and foster trust in OPS services.

Intake Procedures

- The OPS service will have procedures for welcoming clients and orienting them to the service
    - Informing clients of their rights and responsibilities

[6] MoH OPS MSS: 10 Eligibility & Access

- Where applicable, provide relevant supports and information regarding available treatment options.

Service Breaks

- The OPS service will not deny service access except in cases where client, staff, and/or community safety is at risk, and/or where the relevant client has contravened the client rights and responsibilities, and/or when the service is at capacity.
  - The service will have clear and consistent practices for breaks in service, accounting for client, staff, and community safety.
  - Reasonable effort must be made to support a client with appropriate use of the service before resorting to a break in service.
  - Breaks in service must be accompanied by reasonable drug poisoning safety planning efforts to support the affected individual.
  - Extended breaks in service must be reviewed on a regular basis.

3.6 Authorized activities

Staff and volunteers can provide the following assistance to clients if requested and they have been trained to do so:

- Provide verbal guidance about safer consumption
- Encourage hand hygiene before and after consumption
- Palpitate the client's arm
- Identify potential injection sites, including physically guiding 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 caution when observing injection to minimize the risk of needle stick injury. It is recommended that staff stand or sit on the side of the client that is furthest from the hand holding the syringe.

Peer assisted injection

Self-injection among clients is the preferred method of consumption. Some people require assistance when injecting substances as they may not have experience injecting or have a physical or psychological limitation (e.g., difficult or limited access to veins, withdrawal symptoms, limited mobility, dexterity or vision, history of injection-related anxiety, etc.).

Peer assisted injection (i.e. doctoring) is permitted when self-injection is not possible, and if both individuals agree to the arrangement and are informed about the legalities of their decision. Under the current legal framework, it remains possible providing assisted injection could lead to criminal liability. **OPS staff are not permitted to administer drugs on behalf of clients.**

The following guidelines should be followed when a client is not able to self-inject:

- If the barrier to self-injection is an education barrier, trained OPS staff should provide education to support client to self-inject in a safer manner.
- If the barrier to self-injection is a physical disability, OPS staff will determine if any physical supports, not directly related to the provision of injection, could assist in self-injection.
- In the event self-injection is not possible or cannot be performed safely, peer assisted injection is permitted if both clients agree and are aware of legalities of assisted injection.
- OPS staff should provide safer injection education to the peer providing assisted injection if needed.

Splitting and sharing

Splitting and sharing is a common practice among people who use substances and involves acquiring, separating and/or transferring drugs between individuals. Drugs brought into an OPS by a client can be split and/or shared.

The following guidelines should be followed when clients are splitting and/or sharing:

- Only drugs intended for personal use in that visit are allowed to be split and/or shared. Large quantities or exchanges of drugs not intended for personal consumption are out of scope and should not take place within an OPS.
- Clients will identify to staff when they intend to split and/or share their drugs
- Clients should cap syringes before passing to another client

For more information on splitting and sharing refer to Splitting and Sharing in OPS/SCS—A Protocol Template.

3.7 Clients with special considerations

The OPS will foster an environment free of discrimination and harassment.[7]
People who use substances are individuals with intersecting identities may have additional risks of experiencing stigma or re-traumatization including, youth, people who are pregnant or parenting, Indigenous people, people of colour, people who do sex work, women, people living with mental illness and/or substance use dependence, gender diverse individuals and people who identify as 2SLGBTQ; These clients may require special considerations when accessing an OPS.

The OPS service will make additional efforts to ensure individuals feel safe in accessing spaces that are free from violence. Staff should have additional training in practicing allyship to systemically excluded groups, recognizing and responding to lateral violence, with particular attention to attending to targeting parts of an individuals' identity.

Youth

Youth (under 19 years of age) face the same barriers to accessing harm reduction services as adults do, in addition to the lack of funding for youth-focused services. Turning youth away from these services has the potential to create more harm than building relationships and connection as a lack of accessible harm reduction services among youth can lead to higher rates of blood-borne infections and toxic drug poisonings.

> Youth represent the highest risk group for contracting HCV and HIV through injection drug use. Research has shown that younger people who use drug may engage in higher-risk behaviors more than established people who use drug, including sharing needles and other drug equipment, engaging in sex work, and using condoms inconsistently, increasing their vulnerability to blood-borne diseases.[8]
>
> In a report from the BC Coroners Service, for the years from the start of 2019 to the end of 2023, unregulated drug toxicity is the leading cause of unnatural death among youth.[9]

- The OPS service will provide a safe space to youth to discuss their drug use history and connection to resources as requested.
- Youth will access the OPS only when the youth shows obvious signs of drug use
- Staff can witness substance use, provide safer substance use education and support safer substance use practices for youth without a formal capacity assessment or guardian consent.

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[7] MoH OPS MSS 2. Commitment to Dignity, Cultural Safety, & Equity
[8] Vancouver Coastal Health Overdose Prevention Site Manual. (2022). https://www.vch.ca/en/media/13086
[9] https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/youth_unregulated_drug_toxicity_deaths_in_bc_2019-2023.pdf

For more information refer to the BCCDC's Guidelines for providing harm reduction services to youth in BC.

Clients who are pregnant and parenting

People who are pregnant or parenting who use substances experience stigma, fear of child welfare involvement, child separation and punitive policies. These barriers can significantly impact their access to OPS.

People who are pregnant and parenting can access OPS. It is important to provide a welcoming environment and supportive care that is trauma and violence informed, culturally safe and person and family centered.

Not all substances affect an individual's ability to provide safe care to children. Substance use alone should not be reported to the Ministry of Children and Family Developed (MCFD). Staff have a duty to report if there are immediate concerns that the parent or family cannot provide safe child care and there is no safe child care available. In necessary. A report should be made thoughtfully in collaboration with parents and the healthcare team.

Refer to the BC Overdose Prevention Services Guide and the Provincial Episodic Overdose Prevention Service Protocol for additional guidance when working with people who are pregnant and parenting.

2SLGBTQ+

There is a *substantial gap in our understandings about how this crisis affects key populations not conventionally identified within overdose-related surveillance data. This gap is particularly pronounced for gay, bisexual, and other men who have sex with men (sexual minority men)—a population that experiences substance use-related inequities across adolescence and young adulthood.*[10]

Clients with medical needs[11]

OPS services are not required to address clients with medical needs on site (e.g. catheters or wounds) but must be able to connect clients with appropriate services/supports available.

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[10] Goodyear, T., Mniszak, C., Jenkins, E. *et al.* "Am I gonna get in trouble for acknowledging my will to be safe?": Identifying the experiences of young sexual minority men and substance use in the context of an opioid overdose crisis. *Harm Reduct J* **17**, 23 (2020). https://doi.org/10.1186/s12954-020-00365-4

[11] MoH OPS MSS: 4. Operational Protocols

3.8 Housing and sheltering OPS sites[12]

Housing Overdose Prevention Sites (HOPS) and sheltering sites are encouraged to provide monitored space(s) for residents (and their guests) to consume unregulated substances to reduce harms associated with substance use.

Some sites prefer to open their HOPS when staff to resident ratios are highest. Other sites ensure their HOPS is accessible 24 hours a day.

For more information refer to 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 and Vancouver Coastal Health's Housing Overdose Prevention Site Manual.

Service delivery models

Service delivery models vary across the province. Sites are to involve residents in the creation of HOPS policies and procedures to strengthen service acceptability, health outcomes and relationships between residents and staff.

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

1. 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?

[12] MoH OPS MSS: HOPS are out of scope currently

2. Peer monitoring
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.

3. 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. Guest policies are specific to each organization and policies are to be communicated through signs in the HOPS and throughout the building.
Some sites ask that guests are accompanied by a resident when using the HOPS, while others support guests to use the space independently.
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 toxic drug poisoning.

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 contacting your regional Harm Reduction Coordinator or by emailing harmreduction@fraserhealth.ca.

3.9 Episodic Overdose Prevention Services (eOPS)[13]

eOPS refer to provider-witnessed consumption of substances for the purpose of preventing or responding to a toxic drug poisoning outside of an established site (e.g., OPS) in any setting where drug poisoning prevention is needed (e.g., outreach, emergency departments, community-based settings, etc.).

eOPS is facilitated by a provider-trained in overdose response and equipped with supplies to a toxic drug poisoning.

For more information on eOPS refer Provincial Episodic Overdose Prevention Service (eOPS) Protocol and supporting documents, including:

- Youth Key Considerations for eOPS
- People Who are Pregnant and Parenting Key Considerations for eOPS
- Housing and Shelters Key Considerations for eOPS

3.10 Infection prevention and control

OPSs should maintain routine infection prevention and control (IPC) practices (e.g., hand hygiene) always and implement additional measures when Fraser Health identifies an elevated risk of infectious disease transmission.

The following IPC routine practices should be always followed:

- Staff to stay home if they feel sick or have symptoms of illness (e.g., fever, chills, new cough, etc.)
- Ensure staff and clients have access to alcohol-based hand sanitizer and hand-washing facilities to regularly perform hand hygiene. Post signage outlining how to perform hand hygiene.
- Encourage staff to get vaccinations for vaccine-preventable diseases (e.g., COVID-19, seasonal influenza).
- Encourage respiratory etiquette (cover coughs and sneezes) among staff and clients and provide tissues and ability to dispose of them.
- Maintain routine cleaning and disinfection practices.
    - Follow relevant guidance on cleaning and disinfection for community-based settings and health-care and clinic settings.

[13] MoH OPS MSS: community-based eOPS are out of scope currently

    - OPS sites that are not considered clinical or healthcare settings are encouraged to follow as two step cleaning process (i.e. cleaning and disinfection).
    - Regularly clean and disinfect highly touched surfaces and shared equipment.
- Ensure there is adequate ventilation and air circulation throughout the building or space.
- Support the use of medical masks among clients and staff based on a point of care risk assessment e.g., client has respiratory symptoms, staff member coming within 6ft of client with respiratory symptoms.

- Communicable Disease Environmental Health Officer (EHO) Team:
  Follow up gastrointestinal outbreaks in residential facilities, foodborne, waterborne, zoonotic and environmental diseases

  Location: several offices across Fraser Health
  Phone: 604-476-7059

For more information about IPC refer to Communicable Disease Prevention: Responding to Drug Poisoning at Overdose Prevention Services & Supervised Consumption Sites.

3.11 Emergency procedures

The OPS service must define clear emergency procedures for

- Fire safety
- Emergency services calls
- Crisis de-escalation
- Violence prevention and response
- Extreme weather

3.12 Data collection & Reporting[14]

Fraser Health is required to submit regular reports to the Ministry of Health in relation to the toxic drug poisoning situation and response. Collection of the following minimum data indicators is required:

- number of visits,

[14] MoH OPS MSS: 11 Data Collection & Reporting

- number of visits for inhalation,
- number of overdoses reversed,
- number of deaths,
- number of referrals for health care or treatment.

To facilitate this, contracted OPSs are to collect the above service delivery data and submit it to Fraser Health each month.

Personal Information:
Collection of personal information (e.g., personal health numbers) is not required. The OPS service will ensure that all personal data gathered is collected, stored, and destroyed in accordance with the *Personal Information Protection Act or the Freedom of Information and Protection of Privacy Act* as well as Fraser Health policies for personal medical data.

Critical Incident Reporting:
Critical Incidents (e.g. major incidents involving client safety or death; significant disruptions of service) will require expedited reporting to Fraser Health.

External Research:
Any external research conducted by the OPS service will require prior Fraser Health authority and relevant ethics approvals.

4.0 Overdose prevention

4.1 Overdose prevention and response protocol

OPS's are to develop overdose prevention and response protocols, addressing both onsite and off-site toxic drug poisonings and ensure staff are familiar with their content. Refer to the Overdose Prevention and Response: Policy and Protocol Recommendations for Service Providers for guidance on developing a protocol for your site.

Sites may wish to conduct regular overdose drills to ensure staff's skills are sharp and ready, in the same way they would conduct emergency evacuation drills. Use the Overdose Response Practice Drill Toolkit to plan and conduct your drill.

4.2 Organizational policies for substance use

OPS's are to examine organizational policies and practices to ensure they support a culture of open communication in relation to substance use and toxic drug poisonings. For example, policies that penalize clients for using substances may lead clients to hide their substance use and diminish organizational capacity to prevent, recognize and respond to toxic drug poisoning.

4.3 Overdose prevention messaging

Staff are encouraged to engage clients in overdose prevention conversations and explore strategies for preventing toxic drug poisonings and other drug-related harms. Posters and other materials featuring evidence-informed overdose prevention messaging may also be displayed.

4.4 Connecting clients to health and social supports[15]

OPS services will define operational protocols on how to connect clients to health and social supports when requested (e.g. treatment, opioid agonist treatment, housing programs).

4.5 Toxic drug alerts

Toxic drug alerts can be issued by Fraser Health to inform people who use drugs and the community about contaminated drugs or increased toxic drug poisoning risks in their community.

Sign-up to receive drug alerts by email here or by cellphone by texting "JOIN" to ALERTS (253787).

Community partners including OPS staff are to notify Fraser Health if they observe increased unusual toxic drug poisoning activity e.g., more toxic drug poisonings than usual, severe or unusual reactions following substance use, etc.

To notify Fraser Health:

- **During regular hours** (8:30am – 4:30pm, Monday to Friday) call the Medical Health Officer Line (604-587-3828).
- **During 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:

- Were there multiple toxic drug poisonings within a specific time period?
    - If yes, how many and what was the time frame?
    - How does this compare to a usual day in the facility or in the community?
- Is there a common substance connected to the toxic drug poisonings?
    - If yes, provide a description of the substance (e.g., colour, consistency, smell, colour changes when water added, packaging).
    - Were we able to get a sample to a FTIR drug checking service to find out more information?

[15] MoH OPS MSS: 4. Operational Protocols

- Are there concerning toxic drug poisoning presentations or unusual side effects clearly connected to a drug?
    - If yes, what was the severity of the side effects and/or how was the reaction unusual for people taking the substance?
- How much naloxone was given?
    - What was the individual's response to naloxone?

Depending on their assessment of the situation, the Fraser Health may issue a toxic drug alert.

5.0 Overdose recognition and response

5.1 Washroom monitoring

Staff are to regularly monitor client washroom use throughout their shift and before the OPS closes each day. Staff are also responsible for monitoring the washroom use if a participant is inside and should be prepared to respond in the event of an emergency. To support this, washrooms are to be easily accessible by staff, even if locked from the inside.

Brave Sensors can be installed in OPS washrooms to passively monitor these spaces for signs of a toxic drug poisoning.
Refer to the University of Victoria's Safer Bathroom Toolkit for additional guidance.

5.2 Naloxone

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

OPS's are to always keep a sufficient quantity of naloxone on site and ensure staff know how to administer it.

The BCCDC coordinates two naloxone programs, including the Take Home Naloxone (THN) Program and the Facility Overdose Response Box (FORB) Program (**Table 3**). New sites are required to register for each program using the New Site Registration Forms to begin receiving supplies. Registered sites are to submit the Supply Order Form to request additional supplies.

Table 3. BCCDC naloxone programs.

	THN	FORB
Target Audience	People who are likely to experience or witness a toxic drug poisoning.	Not-for-profit organizations who work with clients who are likely to experience a toxic drug poisoning.
Description	Take home naloxone kits	Response boxes include 3, 5, 10 or 20 doses of naloxone and other toxic drug poisoning supplies.
Registration & Supply Forms	THN New Site Registration Form THN Supply Order Form	FORB New Site Registration Form FORB Supply Order Form

5.3 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 brain injury from lack of oxygen.

OPS staff are to have access to face shields or pocket masks and know how to use them in the event of a toxic drug poisoning or other medical emergency.

While face shields are single use, pocket masks can be reused given the one-way valve and filter is replaced and the mask is cleaned and disinfected between uses following the manufacturer's instructions for use. Pocket masks should be stored in a wipe-able container that is regularly disinfected.

Fraser Health recommends against using bag valve masks, unless staff have received specialized training and are highly skilled and experienced in their use and have ongoing competency and equipment checks. Bag Valve Mask ventilation is a complex skill to master, generally requiring two individuals to apply the face mask and operate the bag. When Bag Valve Mask ventilation is performed incorrectly it can result in serious injury or death.
Refer to the BC's Overdose Prevention Manual for more information on bag valve masks and oxygen therapy. [16]

[16] In BC, the administration of oxygen is a restricted activity under the existing Health Professions Act (HPA). However, significant changes are coming with the new Health Professions and Occupations Act (HPOA), which comes into force on April 1, 2026.

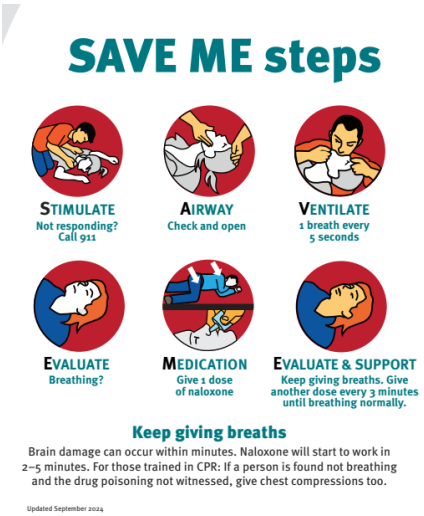
5.4 Opioid (or other depressant) overdose and response

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.

OPS staff are to be trained and confident in identifying the signs of opioid toxic drug poisoning. 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 toxic drug poisoning may appear similar to other types of depressant toxic drug poisonings. In the event of a suspected opioid or other depressant overdose, OPS staff are to act in accordance with organizational protocols. The SAVE ME steps[17] are essential in responding to an opioid overdose.



[17] https://towardtheheart.com/naloxone-training

The Fraser Health How to respond to an opioid poisoning describes the process in greater detail and may be printed out and displayed at OPSs and other locations. The following documents provide further guidance on responding to an opioid toxic drug poisoning:

- https://towardtheheart.com/
- How to open one-point cut (OPC) ampules the right way [video]
- Fentanyl-induced muscle rigidity [factsheet]
- The Good Samaritan Drug Overdose Act is now law [poster]
- BCCDC toolkit: Responding to opioid overdose for BC service providers
- Fact Sheet CLINICAL RESPONSE MODEL.pdf (bcehs.ca)
- Toward the Heart Calling 911 at an overdose

Where a non-opioid depressant overdose is suspected, OPS staff are to call 9-1-1 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**. When multiple substances have been consumed, or when the nature of the toxic drug poisoning (or other medical emergency) is unknown, naloxone may be administered without adverse reaction.

Prolonged sedation

Responding to an opioid toxic drug poisoning is more challenging when benzodiazepines and/or xylazine are added to opioids as these non-opioid sedatives can slow down breathing and cause prolonged sedation.

Prolong sedation refers to when a person is breathing normally but is unresponsive and cannot be woken up for an extended period of time (typically a few hours) after taking substances. Prolonged sedation can occur after an opioid poisoning if the substances are contaminated with non-opioid sedatives (e.g., xylazine, benzos and benzo analogues such as etizolam and bromazolam).

Responding to toxic drug poisonings with prolonged sedation can be more challenging because naloxone will restore breathing that is stopped by opioids, but will not wake someone who is sedated from non-opioid sedatives.

For more information on prolonged sedation refer to the following resources:

- Prolonged sedation—basics
- Responding to prolonged sedation

5.5 Stimulant overdose recognition and response

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, methamphetamines, Ritalin and Adderall.

OPS staff are to be trained and confident in identifying the signs of stimulant toxic drug poisoning. These may include:

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

OPS staff are to follow organization protocol when responding to a suspected stimulant toxic drug poisoning. The recommended steps include the following:

- 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 9-1-1 if the person has difficulty breathing, chest pain or loses consciousness

OPS staff are to following the below guidance in the event of a seizure:

- Cushion the individual's head (with a pillow or sweater)
- Roll them onto their side to prevent choking
- Clear the area of any dangers
- Call 9-1-1
- Do not restrict the person's movement
- Do not put anything in their mouth

Naloxone will have no effect if administered within the context of a stimulant overdose. Naloxone may be administered when multiple substances have been consumed or where the nature of the toxic drug poisoning (or other medical emergency) is unknown.

For more information refer to Toward the Heart's Responding to a Stimulant Over-Use and Overdose Factsheet.

5.6 Leaving an OPS to provide assistance

OPS staff may become aware of a person in the surrounding area of the OPS who requires immediate assistance. When this occurs, staff are to follow their organizational policy.

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

- Emergency Health Services (9-1-1) 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 OPS
- The safety of clients and staff inside the OPS 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 a toxic drug poisoning within the surrounding area of the OPS.

5.7 Death protocol

In the event of a death at an OPS, staff are to complete the following procedures:

- Call 9-1-1 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 contacting your regional Harm Reduction Coordinator or by emailing harmreduction@fraserhealth.ca.
- Check in with relevant staff and respond to any debriefing or support needs

6.0 Occupational health and safety[18]

The OPS service will

- Take all reasonable measures to ensure the health and safety of workers, clients, and other persons present at the OPS.
- Identify and ensure that workers are made aware of all known or reasonably foreseeable health and/or safety hazards
- Develop, implement, and train workers in safe work procedures
- Take measures to reduce potential exposure to unregulated substances for bystanders
- Ensure that workers have access to all necessary personal protective equipment (PPE), as determined by the health authority and by occupational health and safety requirements

6.1 Immunization

OPSs 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 OPS staff:

- Diphtheria and tetanus
- Polio
- Hepatitis A and B
- Measles, mumps and rubella
- Varicella (chicken pox)
- Influenza
- COVID-19

Further information on immunizations and vaccine-preventable diseases is available on the Fraser Health website.

6.2 Exposure to blood and bodily fluids

If 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.

[18] MoH OPS MSS: 6. Occupational Health & Safety

The BCCDC 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 an 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 needle stick 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.

6.3 Disposal of unknown substances

OPS leadership should be notified immediately when an unknown substance is left at an OPS. Relevant organizational policies are to be followed.
In the absence of an organization 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 sharp's container or Deterra Drug Deactivation pouch.
- Place the pouch in the garbage or dispose of the sharps container as per usual.

6.4 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 hospital-grade surface disinfectant after each use
- Wear disposable nitrile 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 sanitizer should not be used as it 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.

7.0 Resources

BC Ministry of Health

- OPS Minimum Service Standards, June 2025

General harm reduction

- CATIE Harm Reduction Fundamentals
- Harm Reduction Strategies and Services Policy Guidelines
- Guidelines for Providing Harm Reduction Services to Youth Guideline
- Trans Care BC's Hormone Injection Supplies Toolkit
- Language matters!
- Harm reduction FAQ
- Peer Engagement Principles and Best Practices

OPS manuals

- BC Overdose Prevention Services Guide
- Raven's Eye Sage Sites: First Nations Overdose Prevention in BC
- Guidelines and Resources for Supportive Housing Providers, Homeless Shelter Providers and Regional Health Authorities on Overdose Prevention and Response
- Vancouver Coastal Health's Housing Overdose Prevention Site Manual
- Interior Health Criteria for Overdose Prevention Sites & Services
- This Tent Saves Lives: How to open an Overdose Prevention Site
- Twelve characteristics of client-centered supervised consumption services (SCS)

Drug checking

- Drug checking with fentanyl test strips: A step-by-step guide

- ANKORS How to Use Fentanyl Test Strips
- VCH fentanyl test strips tutorial

eOPS

- Provincial Episodic Overdose Prevention Service (eOPS) Protocol
- Youth Key Considerations for eOPS
- People Who are Pregnant and Parenting Key Considerations for eOPS
- Housing and Shelters Key Considerations for eOPS

Overdose prevention

- Overdose Response Practice Drill Toolkit
- University of Victoria's Safer Bathroom Toolkit
- Engaging in Overdose Prevention Conversations
- The First Seven Minutes Overdose Prevention
- The Good Samaritan Drug Overdose Act is Now Law
- Overdose Response Practice Drill Toolkit

Overdose response

- BCCDC Toolkit: Responding to Opioid Overdose for BC Service Providers
- Overdose Prevention and Response: Policy and Protocol Recommendations for Service Providers
- Naloxone and Temperature
- Naloxone FAQ
- Naloxone use in pregnancy
- Naloxone use in children
- How to open one-point cut (OPC) ampules the right way
- Bag Valve Masks for Overdose Response
- Why give breaths in opioid overdoses?
- Fentanyl-induced muscle rigidity
- Responding to a Stimulant Over-Use and Overdose

- How to Respond to an Opioid Poisoning
- Prolonged sedation—basics
- Responding to prolonged sedation
- Guide to Promote Staff Resiliency and Prevent Distress after an Overdose Reversal

Infection prevention and control

- BCCDC's Blood & Bodily Fluid Exposure Management
- Communicable Disease Prevention: Responding to Drug Poisoning at Overdose Prevention Services & Supervised Consumption Sites
- COVID-19 Handwashing

Other

- Splitting and Sharing in OPS/SCS—A Protocol Template
  Educational Resources
  Community partners can access many of the courses below at no cost by folks setting up an account in the Learning Hub Portal with an organization email.
- Indigenous Cultural Safety 101 [Learning Hub]
- San'yas Indigenous cultural safety training [PHSA]
- Cɬhi:ya:y̓əstəl' (Working Together) Indigenous Cultural Safety and Anti-Racism - LearningHub
- Harm Reduction 101A: Foundations of harm reduction [Learning Hub]
- Harm Reduction 101B: The ins and outs of harm reduction supplies [Learning Hub]
- Harm reduction fundamentals: A toolkit for service providers [CATIE]
  - Unit 1: Setting a foundation for harm reduction
  - Unit 2: Harm reduction principles and practices
- Trauma and resiliency information practice—Part 1 [Learning Hub]
- Trauma and resiliency information practice—Part 2 [Learning Hub]

- Implicit Bias: Building a common understanding [Learning Hub]
- Diversity Competency Module 1: What is diversity? [Learning Hub]
- Intro to gender diversity [Learning Hub]
- Gender diverse relational practice [Learning Hub]
- Indigenous gender diversity: Creating culturally relevant and gender-affirming services [Learning Hub]
- Harm reduction fundamentals: A toolkit for service providers [CATIE]
    - Unit 3: Drug use, health and harm reduction
    - Unit 4: Supporting harm reduction service provider capacity
- Virtual take home naloxone training [Toward the Heart]
- Take home naloxone distribution: A virtual train the trainer [Learning Hub]
- Community based drug checking: Fentanyl screening for Fraser Health direct staff and allied partners [Learning Hub]
- Giving and receiving feedback [Learning Hub]