

Decision Support Tool Possession of Exempted Substances for Personal Use - Adult

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Purpose

This Decision Support Tool (DST) guides [staff](#) supporting the [person we serve](#) who brought exempted substances with them into a [health care setting](#) within Fraser Health. This DST does *not* promote or condemn substance use, but guides staff to reduce the harms associated with stigmatizing substance use. This DST aligns with the Health Canada exemption from application of the *Controlled Drugs and Substances Act* ([decriminalization exemption](#)), for adults (18 years and older) in British Columbia possessing small amounts of certain substances for personal use ([exempted substances](#))¹.

Outcomes

- Reduce [stigma](#) and other harms related to substance use,
- Increase access to, and ongoing connections with, health services for people who use substances, *and*
- Provide respectful, equitable and non-judgmental care to persons we serve who bring exempted substances that respects their rights and promotes their dignity.

Applicability

Except where noted, this DST applies to people we serve aged 18 years or older, who bring exempted substances into a [health care setting](#) within Fraser Health.

Practice Level and Education

This DST applies to all Fraser Health staff.

Fraser Health [Staff Guide for Implementation](#)

Harm Reduction

- [Harm Reduction 101A Foundations](#)
- [Harm Reduction 101B Supplies](#)
- [Community Drug Checking](#)

Trauma-informed Practice

- [Trauma & Resiliency Informed Practice - All Professions - Part 1](#)
- [Trauma & Resiliency Informed Practice - All Professions - Part 2](#)
- [Language Matters](#)
- [Person family centred care](#)

Unintentional drug poisoning Response

- [BCCDC Naloxone Administration](#)
- [Take Home Naloxone](#)
- [Overdose Prevention and Response in the ED](#)
- [Online Street Degree - Advanced Overdose Response](#)
- [Online Street Degree - Managing Medical Emergencies](#)

Substance Use Treatment

- [Addiction Care and Treatment Online Course \(ACTOC\)](#)

Policy Statements

- All staff must meet the expectations outlined in the [Possession of Exempted Substances for Personal Use - Adult - Corporate Policy](#).

- All staff are expected to promote harm reduction principles as outlined in [Harm Reduction for Psychoactive Substance Use - Corporate Policy](#).

Assessment and Intervention

Approach to Care

General principle: use [Appendix A - Guiding Values](#) to support people who bring exempted substance into a health care setting within Fraser Health.

Goals of care

Staff will collaborate with the people we serve to develop their goals of care. This may include consideration of the following:

- Using [person- and family-centred care](#) and [trauma-informed practice](#) to meet the physical, emotional, mental, social, psychological, and spiritual needs of the people we serve;
- Acknowledging that admission to hospital and other care areas can be a period of increased stress and/or pain for people we serve;
- Acknowledging people we serve may face challenging treatment choices;
- Acknowledging abstinence may not be a realistic or desirable goal for all people we serve;
- discussing with people we serve what is important to them to promote good decision-making and patient-centered care;
- Improving comfort and engagement of the people we serve, by assessing and treating their individual:
 - withdrawal symptoms
 - pain
 - cravings
- Promoting harm reduction;
- Using trauma-informed practice with people we serve to meet their physical, emotional, mental, social, psychological, and spiritual health care needs;
- Supporting engagement and ongoing connection to healthcare services for people we serve who use drugs;
- Involving the Addiction Medicine Consult Team (AMCT) if available, requesting a [Hospital In-Reach Virtual Health Addiction Clinic consultation](#), or calling the 24/7 Addiction Medicine Clinician Support Line (call 778-945-7619) early in admission.

Establish a safe care environment

- Create a safe care environment by setting mutual expectations in a respectful and [culturally safe](#) way:
 - *“I’m hoping you and I can spend a few minutes having a conversation so I can better understand your health history.”*
 - *“I would like to hear about what most concerns you about your care, and review available options, is now a good time?”*
- Demonstrate that people we serve are welcome and supported:
 - Introduce yourself and your role, use person we serve’s preferred name, and show that you are listening.
 - *“How can I support you right now?”*
 - *“What is it that you need?”*
- Acknowledge person we serve’s feelings, and validate their emotions and experience:
 - *“I can see you’re feeling upset and uncomfortable right now. Would it be okay if I came back in 5 minutes to talk to you about it?”*
- If a person we serve has become overtly angry and upset, ask to debrief with them when they are ready.
 - Share the unsafe feelings that both the person we serve and staff have;
 - Remember the person we serve may be experiencing a number of triggers (e.g., acute withdrawal, perceptions of stigma);
 - Ask the person we serve how staff can support them to feel less frustrated:
 - *“Please tell me more about what happened so I can better understand how to help you.”*

- Discuss any safety concerns with your manager, supervisor or team (consult unit clinical nurse educator (CNE), clinical nurse specialist (CNS) or [Safety and Well-being](#) as needed).
 - Find further safety resources on the Pulse [Safety and Well-being](#) page.

Harm reduction

- Harm reduction-oriented practice can reduce the transmission of blood-borne illnesses, other injection-related infections, and prevent fatal overdose.²
- Offer people we serve who use substances, have a history of substance use, and those on opioid agonist treatment and their [essential care partners](#) the following:
 - A [naloxone kit](#);
 - [Harm reduction supplies](#) including: syringes (0.5 or 1 ml), alcohol swabs, tourniquets, sterile water, cookers, filters, vitamin C, safer smoking supplies (e.g., pipes, foils, mouth pieces, push sticks), and personal sharps containers;
 - A referral or information about [Overdose Prevention Services](#) (OPS), and [Supervised Consumption Sites](#) (SCS) ([see site finder](#)), or a designated inhalation space outside hospital or care area for consumption of exempted substances (e.g., smoke tent); *and*
 - Provide [resources for safer substance use](#).

Assessment of Substance Use

Staff will screen all people we serve for substance use on admission and assess for ongoing use throughout their hospital stay.

- Recognize that not everyone will be forthcoming about their substance use because of shame, stigma, past experiences in hospital, child protection concerns, or fear that they will be perceived as drug seeking.
- People we serve have the right to determine whether to disclose this information.
- People we serve may be more willing to disclose substance use patterns when:
 - permission is asked;
 - the information is requested in a non-judgmental manner;
 - they are in a safe and private setting; *and*
 - the value of the information is explained (e.g., useful in predicting and treating withdrawal or determining starting doses for pain management, potential interactions with prescribed medications).

When conducting the initial substance use assessment of a person we serve:

- Introduce yourself and ask to do an initial assessment to better understand their health history.
- Approach the person we serve with genuine curiosity and state, *"Because of the Toxic Drug Poisoning Crisis, we are asking all people we serve about their drug and alcohol use; this helps us better understand their medical history, as it can have an impact on your health. We are not making any assumptions about anyone."*
- Ask the person we serve the following questions:
 - *"How often do you use drugs or consume alcohol during a typical day?"*
 - This type of question normalizes the client's behavior and asks about drug use in a straightforward way without judgment.
 - What substances do you use typically including nicotine, alcohol, opioids, stimulants (e.g., cocaine, MDMA, methamphetamine), benzodiazepines, cannabis, GHB, hallucinogens, and inhalants?
 - *"How do you use this substance (smoke, snort, IV)?"*
 - *"When was the last day that you used it?" "How are you feeling today?" "*
 - *Have you had any withdrawal symptoms when you stopped using this substance in the past?"*
 - Do you have any substance use goals (e.g., to be safe while using substances, reduced use, abstinence)?
- Support the engagement and ongoing connection of people we serve to healthcare services for people who use substances.
- If needed, consult [Ethics Services](#) for support with challenging situations.

Assessing withdrawal, pain and cravings

Staff will assess and treat people we serve's [withdrawal](#) symptoms, cravings, and pain to improve their comfort and engagement.

Withdrawal symptoms

- Unregulated and toxic substances create complex and intense withdrawal experiences.
- Unrecognized withdrawal can be a cause for aggression and agitation (see "Safety Alert" document on the [Management of Opioid Use Disorder - Acute Care - Clinical Practice Guideline](#) page).
- Assess a person we serve for withdrawal symptoms and offer them options to alleviate discomfort (e.g., PRN's and other pharmaceutical alternatives to address withdrawal symptoms).
- Use the following screening tools to assess withdrawal symptoms (e.g., [Clinical Opioid Withdrawal Scale Screening Tool](#), [Clinical Institute Withdrawal Assessment Alcohol](#), [Objective Alcohol Withdrawal Scale](#)).

Assessing pain and craving

- Staff will assess each person we serve for any pain and/or cravings, and offer them treatment options and alternatives to improve their comfort (e.g., PRN medications, offer referral to Addiction Medicine Services).
 - Involve the AMCT if available, or call the 24/7 Addiction Medicine Clinician Support Line (call 778-945-7619) early in a person we serve's admission.
- Staff will proactively inform people we serve when and how often they can have PRN medication, so that they do not have to ask for assistance to manage their pain and cravings.
 - People we serve are often reluctant to ask for PRNs due to fears of [stigma](#) and [discrimination](#) and being labelled a "drug-seeker".
- Treating acute pain in people we serve with pre-existing, active Opioid Use disorder (OUD) can be challenging given high opioid tolerance.⁴
 - People we serve with high opioid tolerance may benefit from a consult to [Hospital In-Reach Virtual Health Addiction Clinic](#).

Possession of exempted substances

When staff have been informed by a person we serve they are in possession of an exempted substance, staff will do the following:

1. Conduct a [point of care risk assessment](#).
2. Perform basic substance use assessments as set out in this DST, and document the outcomes of the assessments in the health record where primary health care data is recorded.
3. Perform regular withdrawal and pain assessments and offer and administer regularly scheduled or PRN medication as ordered.
4. Refer to [Staff Guide for Implementation](#) for having a culturally safe conversation about person we serve use of exempted substances.
5. Review and provide the [Bringing Exempted Substances for Personal Use into Our Buildings](#) education material to the person we serve.
6. Inform people we serve that they must keep their exempted substances contained and secured at all times to ensure the safety of staff, people we serve, and visitors.
 - Provide the person we serve with two zip-lock plastic bags to contain their exempted substances.
 - Do **not** use a patient label.
 - If available in the care setting, offer access to a [secure storage](#) area (this is a place that both protects the contents from interference and prevents exposure to others (e.g., bedside drawer or cabinet, individual storage closet)).
 - If an individual storage area not available the person we serve may keep their exempted substances with them in a place not visible to others (e.g., pocket, purse, satchel, envelope).
 - If the person we serve is unable to secure their exempted substances, then refer to [Appendix B - Staff-initiated Storage - Algorithm](#)
 - This would include when a person we serve is unconscious, unable to send their substance home, unable to keep their substance out of sight, or no bedside storage is available

- On an exception basis if you must assist the person we serve with their exempted substances, don the [appropriate PPE](#).
- 7. Provide a sharps disposal container to dispose of used supplies.
- 8. Provide new harm reduction supplies and equipment (i.e., packaged syringes, tourniquets, packaged cookers).
 - Unused substance use supplies may be visible and kept at bedside, if appropriate for the care area (e.g., not in pediatric areas).
 - Provide information on where to access substance use supplies, including [drug checking](#).
- 9. Offer [safer substance use](#) education including [Overdose Prevention Safety Planning](#).
- 10. Provide information on related [Smoke, Vapour and Tobacco Free Premises - Corporate Policy](#) (which prohibits smoking or vaping on Fraser Health sites. Fraser Health prohibits smoking any substance, including exempted substances, to protect the safety of all staff, people we serve, clients, residents, and visitors).
 - If people we serve choose to leave a facility to smoke a substance, encourage a safety plan regarding the risk of unintentional drug poisoning, including having somebody with them who can recognize and respond to an unintentional drug poisoning. Offer [safer smoking supplies](#) if available (e.g., straight stems, brass screens, push sticks, bowl pipes, mouthpieces, straws and foil).
 - Provide information on where to access nearby [overdose prevention Sites](#) or a [designated inhalation space](#)^{5,6} outside hospital or other care area for consumption of exempted substances (e.g., smoke tent)
- 11. Encourage a person we serve to advise their healthcare team when they use exempted substances during their care, and the reason:
 - e.g., *“Sharing this information ensures that your prescriber is able to consider any possible drug interactions with other therapies and provide appropriate care and support for you.”*
- 12. If person we serve wishes to pursue a MHSU Withdrawal Treatment Program, and requests disposal of substance:
 - Follow the [Unknown Substances Disposal and Spill Response Procedure](#); and
 - Provide person we serve with waste disposal container if they wish to dispose of substance themselves.
- 13. Inform a person we serve if the use of exempted substances is contraindicated in the care area and provide rationale (e.g., drug interactions; interference with detoxification treatment; risk of unwitnessed unintentional drug poisoning).
 - If staff encounter person we serve is using substances within a facility where this is prohibited, have a culturally safe conversation with them regarding withdrawal and pain symptoms; consult with supervisor or manager, and most responsible provider (MRP).
 - MRP may call the 24/7 Addiction Medicine Clinician Support Line to learn about evidence-based medication options (call 778-945-7619).
- 14. Inform person we serve that exempted substances that are deemed discarded or abandoned will be disposed of by hospital staff.

Person we serve use of substances

If staff encounter people we serve using substances:

- Assess safety by conducting a [point of care risk assessment](#) (including the use of flames, sharps, smoke, signs of person we serve unintentional drug poisoning, person we serve agitation, risk to other people we serve, visitors or staff).
- Do **not** try to physically stop the person we serve from using substances, take a confrontational approach, or immediately intervene.
 - People we serve may be defensive or reactive if confronted in that moment.
 - Do not have a conversation when someone is in the process of using substances.
 - Acknowledge them and return in five minutes to assess for safety and talk to the person we serve. (e.g., *“I see that you are in the process of using substances. Would it be okay if I come back in five minutes to check on you and make sure that you are safe and we can talk?”*)
- If the person we serve is found smoking substances in an enclosed space:
 - Do not enter without appropriate PPE

- If an urgent or emergent situation, the care team will assess risk to self and others, and respond accordingly
- Close the room for an hour after the person we serve vacates since vapours may be present in the air for 1 hour after smoking unknown substances
- When appropriate (e.g., when person we serve is not acutely intoxicated or sedated) staff will discuss with the person we serve the following:
 - Staff concerns related to safety and substance use, communicating to the person we serve that you care about their safety and the safety of other people we serve and staff.
 - Possible withdrawal symptoms by asking, “Is there something we can be doing better to reduce your need to use unregulated substances while you are receiving treatment?”
 - Arrange a consultation with MRP regarding PRN medication to alleviate withdrawal symptoms or pain.
 - MRP may contact AMCT if available, or call the 24/7 Addiction Medicine Clinician Support Line to learn about evidence-based medication options (call 778-945-7619).
 - Overdose Prevention Services (OPS) if available at the site, or nearby.
 - If people we serve are unable to access OPS (e.g., people we serve certified under the *Mental Health Act*, people we serve in critical care settings), contact AMCT if available, or 24/7 Addiction Medicine Clinician Support Line to ensure appropriate care management.
- Respectfully remind person we serve that using exempted substances is prohibited in the facility and why
 - (e.g., risk of unwitnessed unintentional drug poisoning; drug interactions; interference with treatment).
- If all options as set out above have been explored with the person we serve, and they continue to smoke substances in the facility, consult with supervisor/manager regarding management of risk behaviour (e.g., [Behavioural Safety Care Plan](#))

Responding to a suspected drug poisoning

- Follow DST for naloxone administration for your care area:
 - [Naloxone - Administration - Suspected Opioid overdose, Non-Hospital Settings - Decision Support Tool](#)
 - [Opioid, Suspected Overdose - Acute Care and Tertiary Mental Health Setting - Decision Support Tool](#)
 - [Opioid Antagonist \(Naloxone\) - Long-Term Care - Decision Support Tool](#)
 - Transport visitors who experience a suspected drug poisoning to Emergency Department.
- Complete a [Patient Safety and Learning System](#) (PSLS) patient safety event report for all person we serve unintentional drug poisonings.

Safe handling and disposal

- Conduct [Unknown Substance Disposal Spill Cleanup Procedure](#) for disposal of exempted or unknown substances, when:
 - Staff member discovers exempted or unknown substance (e.g., discarded or abandon); *or*
 - The individual requests disposal of exempted substances (e.g., when entering a treatment program).
- *Do not* dispose of substances that are in an individual’s possession.
- Follow the [Unknown Substance Disposal Spill Cleanup procedure](#).
 - Ensure that a Naloxone kit is available for staff safety.
 - Always conduct disposal of substances with a co-worker.
 - Avoid performing tasks or operations that may cause unknown substances to become airborne (e.g., do not flush them down the toilet).
 - *Do not* touch the eyes, nose, or mouth after touching any surface that may be contaminated, even if wearing gloves.
 - Wash hands with soap and water after working in an area that may be contaminated, even if gloves were worn. *Do not* use hand sanitizer or bleach.
 - Dispose contaminated supplies immediately after use.
 - Complete [PSLS Safety Hazard](#) to report discovery and subsequent disposal of unknown substances. This report does not involve an identifiable patient. The Reporter indicates their program, role and name, description of unknown substance (form, colour, approximate size), when and where discovered or abandoned, when and how destroyed, and name of witness.

Documentation

- Staff must document relevant factual clinical observations related to possession of exempted substances as follows in the a person we serve’s Medical Health Record:
 - Assessments performed and all interventions offered, accepted, attempted or declined.
 - Care and support plans using narrative notes.
 - Education provided to the person we serve and essential care partner.
 - Reports of a person we serve unwitnessed use of exempted substances (e.g., “Patient informed care team that they are in possession of exempted substances for personal use. Patient stored personal substances within their personal belongings at the bedside. Patient reports using personal substances at approximately 1000h this morning.”).
 - If staff place substances into storage, include “substances for personal use” on the [client belongings form](#) under personal effects.
 - Update the [client belongings form](#) as required.
 - PRN medications administered in the Medication Administration Record (MAR).
 - Person we serve response to PRN medications.
- Do **not** list “substances for personal use” on the MAR.

Education materials for persons we serve

- [Bringing Exempted Substances for Personal Use into Our Buildings - Booklet](#)
- Safer substance use education material:
 - [Drug checking](#)
 - [Preventing an overdose](#)
 - [Opioid agonist treatment](#)
 - [Substance Use - Safer Smoking - Pamphlet](#)
 - [Substance Use - Safe Injecting - Pamphlet](#)
 - [Safer Series Card - Screens - Poster](#)
 - [Safer Sex and Drug Use | Toward the Heart](#)

Evaluation and monitoring of persons we serve

- PSLs monitoring: safety events related to unintentional drug poisoning; safety hazards related to discovery and disposal of unknown or exempted substances.

Related Resources

- [Naloxone - Administration - Suspected Opioid Overdose, Non-Hospital Settings - Clinical Protocol](#)
- [Perinatal Substance Use / Exposure - Eat Sleep Console - Toolkit](#)
- [Workplace Health and Safety - Corporate Policy](#)
- [Respecting Diversity in Daily Interactions, Care Planning and System Design - Corporate Policy](#)
- [Essential Care Partner and Visitor - Corporate Policy](#)
- [Harm Reduction Clinical Resources \(bccdc.ca\)](#)
- [BCCDC Toolkit: responding to opioid overdose for BC service providers](#)

Additional Information[Why B.C. decriminalized personal possession of some drugs](#)

- Adults in B.C. are not subject to criminal charges for the personal possession of small amounts of certain illegal drugs. Health Canada granted an exemption from the *Controlled Drugs and Substances Act* to the Province of B.C. from January 31, 2023 until January 31, 2026.
 - Substance use is a public health matter, not a criminal justice issue.
 - The decriminalization of people who possess certain illegal drugs for personal use is a critical step in B.C.’s response to the toxic drug crisis.
 - Helps to reduce the barriers and stigma that prevent people from accessing life-saving supports and services.
 - Public health experts, policy and advocates have called for decriminalization.

Definitions

Abstinence: is used in addiction treatment to describe the process of abstaining (meaning not to engage in, or avoid) from addictive substances and/or behaviors.

Appropriate PPE: for the purpose of this DST, appropriate PPE refers to the following based on point of care risk assessment:

- fluid resistant disposable gloves (e.g., nitrile gloves) (double glove if directly touching exempted substance e.g., spill clean-up)
- disposable gown
- powered air purifying respirator (PAPR) with Organic Vapour and High Efficiency Particulate Air (OV/HEPA) cartridges when entering a closed space where inhalation of unknown substances is occurring, and for 1 hour after unknown substances were smoked
- fit-tested N95 respirator for storage and disposal of unknown substances
- eye protection

Culturally safe: an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and [discrimination](#), where people feel safe when receiving health care.

Decriminalization exemption: Health Canada exemption under s. 56 (1) of the *Controlled Drugs and Substances Act* (CDSA). Under this exemption, from January 31, 2023 to January 31, 2026, application of the CDSA will not apply to adults (18 and over) in British Columbia for possession for personal use of a cumulative total of up to 2.5 grams of certain controlled substances (cocaine, methamphetamine, MDMA opioids).

Designated inhalation space

- A designated inhalation space is an **outdoor consumption site** that provides a safe space for participants to use unregulated substances in an open-air environment. Smoking is a common form of substance use. In Canada, the risk of injury and fatal unintentional drug poisoning is high for people who smoke unregulated substances. Some smoking injuries that occur from hot smoke and used or broken pipes are burns, cuts, HIV, Hepatitis C, and heart and respiratory issues. The outdoor inhalation space is primarily for people who smoke unregulated substances to have access to witnessed consumption for their safety. Friends, essential care partner, or peer workers at designated Fraser Health sites may provide witnessing.
- A designated inhalation space is not a tobacco smoking area. Provide an alternative space for participants smoking tobacco.
- Occupational Health:
 - To prevent smoke exposure, peer workers should only enter the inhalation space to assist participants as needed (e.g., check on their status, respond to unintentional drug poisonings and other emergencies).
 - When entering the outdoor inhalation space, staff should don a fit-tested elastomeric (half facemask) respirator with ov/p100 filters. These respirators are re-usable and require routine cleaning and disinfecting.

Exempted substances: small amounts of substances presumed to be one of the substances (cocaine, methamphetamine, MDMA (ecstasy), opioids) in the decriminalization exemption.

Health care setting: all sites where Fraser Health staff provide care to people we serve.

Point-of-care-risk-assessment (POCA): Before staff begin a task with a person we serve, conduct an informal assessment for risk in the moment. POCA's ensure that it is safe to start or continue a task or interaction with a person we serve. POCA categories include person we serve, environment, task, and yourself.

- Person we serve: Are they experiencing an emotional crisis? Is there a history of trauma? Is there a history of aggression?
- Environment: Are there other people in the area? What could harm the person we serve or me right now?
- Task: Is now the best time to complete this task? Can this task wait until later?

- Personal check-in: Am I ready, willing, and able to proceed with this task now?

Safety hazard: A circumstance, situation, agent (i.e., object, substance, or person), or action with the potential to cause Harm, although no Person we serve or visitor is actually involved in a Patient Safety Incident (see [Patient Safety Incident Management - Corporate Policy](#)).

Secure storage area: placing an item so it is not visible to others. This includes any place that both protects the contents from tampering and prevents exposure or risk. Locked storage is not necessary, as long as substances are kept out of sight and prevents risk to others (e.g., in bedside drawer or individual closet; in personal purse or satchel, or envelope).

Stigma: refers to negative attitudes (prejudice) and negative behavior (discrimination). These attitudes and judgments can affect how we think about, behave and provide care to people. Stigma can also include structural stigma, which is defined as societal-level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and wellbeing of stigmatized individuals.

Substance use supplies: any device used in consumption of controlled substances (e.g., pipes, syringes, cookers).

Withdrawal: withdrawal is the combination of physical and mental effects a person experiences after they stop using or reduce their intake of a substance such as alcohol and prescription or recreational drugs. The intensity and duration of these withdrawal symptoms can vary widely, depending on the type of drug and the person's biology. Withdrawal can be very uncomfortable and distressing, and potentially dangerous in some cases.

Appendices

[Appendix A - Guiding Values](#)

[Appendix B - Staff-initiated Storage - Algorithm](#)

References

1. Health Canada. Exemption from *Controlled Drugs and Substances Act*: Personal possession of small amounts of certain illegal drugs in British Columbia (January 31, 2023 to January 31, 2026). [Internet]. 2022 May. [cited 2023 Feb 23]. Available from: [Exemption from Controlled Drugs and Substances Act: Personal possession of small amounts of certain illegal drugs in British Columbia \(January 31, 2023 to January 31, 2026\)](#)
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