Overdose Prevention Services

Site Manual

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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 have been more than 5000 unintentional illicit drug overdose deaths since 2016. Interior Health has seen increasing numbers each year 168 (2016), 246 (2017), 233 (2018). 2019 saw the first reduction with 140 lives lost. Further information can be found in the BC Coroner Service report Illicit Drug Toxicity Deaths in BC.

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

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

Following careful analysis of overdose data within the Interior Health region, Overdose Prevention Sites were established in 2016 alongside existing services in Kelowna and Kamloops. Both locations were then rolled into Supervised Consumption Sites upon approval of Health Canada. In late 2018 Nelson also began running an OPS and future OPS may be supported in other communities where there is an identified need.

These sites received targeted support from Interior 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 Services are a key component of Interior Health's overdose response strategy, which also includes overdose prevention education, naloxone distribution, linkages to Mental Health and Substance use, opioid agonist treatment, harm reduction supplies and services, drug checking and supervised consumption services.

Purpose of Manual

This manual is intended to provide guidance to Overdose Prevention Services within the Interior Health region on the operational components required to facilitate such a service. This manual is based off of the BC Overdose Prevention Services Guide, which can be reviewed for a more intensive breakdown of the related services.

Core Services

Overdose Prevention Services provide a *welcoming, safe and supportive* environment for people who use drugs (PWUD). They embrace a harm reduction philosophy and must provide, at minimum, the following core services:

- Overdose prevention education
- Take Home Naloxone training and distribution for people who are likely to experience or witness an overdose
- Provision of a designated monitored space for injection drug use
- Onsite monitoring of people who are at risk of overdose, and rapid response, where necessary
- Distribution of all harm reduction supplies
- Safe disposal of harm reduction supplies, and recovery of any inappropriately discarded supplies
- Referrals to treatment and other health and social services

Additionally, OPS may also provide drug checking. In these cases additional data collection is required.

Staff Training and Support

Orientation and Training

All staff and volunteers 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
    - Training Modules available through Toward the Heart
    - For a quick refresher course please access the Online Training Module on Toward the Heart website
- Agencies participating in overdose prevention services must be registered with the BCCDC Facility Overdose Response Box (FORB) Program

In addition Interior Health recommends staff and volunteers complete the Harm Reduction 101: Philosophy & Practice module with a focus on safer substance use and trauma informed practice. Connect with your local Harm Reduction Coordinator for additional support or training at: harmreduction.coordinator@interiorhealth.ca

Psychosocial Support and Debriefing

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

Each OPS is to have an overdose prevention and response protocol, including reference to staff and volunteer debriefing and psychosocial support. Please also review **A Guide to Promote Staff Resiliency and Prevent Distress after an Overdose Reversal** as an additional resource.

The Health Emergency Management of BC has a Mobile Response Team which offers psychosocial supports to frontline workers and volunteers impacted by overdose. The Mobile Response Team may be reached through contacting:

Carolyn Sinclair: Program Lead
Telephone: 604-341-1605
Email: carolyn.sinclair@phsa.ca

Diana Reynolds: Program Coordinator
Telephone: 604-290-3484
Email: diana.reynolds@phsa.ca

Operational Guidelines

Safer Consumption

Harm Reduction Supply Distribution and Disposal

Each OPS 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 BCCDC Harm Reduction website.

Physical Space

OPS provide a monitored space for drug consumption in order to reduce risks associated with overdose. 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 in order to support people injecting substances to easily observe their head and arms.
- Sharps disposal containers are to be easily accessible and fixed to the site.
- 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.

Physical Space for Inhalation Overdose Prevention Services

Inhalation continues to be a primary mode of consumption for people who are using substances in the IH region. From the BCCDC 2018 Harm Reduction Client Survey, more than half of participants identified smoking or inhalation as their preferred method of drug use. In addition people who use stimulants are more likely to smoke or inhale than inject their drugs and may be opioid naïve.

Outdoor inhalation spaces have become increasingly common, primarily in our supportive housing and shelter locations. In an effort to ensure inclusion of people who inhale their substances please review Appendix A Recommendations for Sites Offering Inhalation OPS. This can serve as guide to OPS locations who are either running, or considering facilitating, outdoor inhalation spaces.

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. OPS may accommodate such requests so long as they have engaged in the appropriate staff training and follow the guidance available in section 8.4.4.4 in the Overdose Prevention Services Guide . *Overdose Prevention Site staff and volunteers are not authorized to administer drugs on behalf of clients.*

Staff and volunteers 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
- Palpate the client's arm
- Identify potential injection sites, including physically guiding the client's arm to the injection site
- Swab injection site with alcohol
- Demonstrate on oneself the process for applying the tourniquet and, if not sufficient, assist the client with applying it.
- Simulate safer consumption using a separate set of sterile equipment and the staff member's own body

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

For additional information on consumption activities and special considerations please review the BCCDC Overdose Prevention Manual

Access for Participants with Special Circumstances

Please review Appendix J in the BCCDC Overdose Prevention Manual for further information on supporting special populations such as youth, pregnant women, first time injectors, etc. The BCCDC OPS Guide notes that locations operated by peers or unregulated health care providers are encouraged to develop connections with your local health authority for clinical support and supervision from a regulated health care provider (RN/RPN, NP, paramedic). Interior Health will provide support to OPS sites for this purpose.

Overdose Prevention

OPS sites are expected to register with the BCCDC Facility Overdose Response Box (FORB) Program and to develop overdose prevention and response protocols, addressing both onsite and offsite overdoses. Sample protocols can be found on the Toward the Heart website, under Training – Review the Overdose Planning Resources. Sites may wish to conduct regular overdose response drills, in the same way they would conduct emergency evacuation drills.

Organizational policies that support overdose prevention

Agencies 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 sanction clients for using substances, for example, may lead clients to hide their substance use and diminish organizational capacity to prevent, recognize and respond to an overdose. Consider reviewing section 8.2 of the BCCDC Overdose Prevention Manual for processes around prohibition from OPS.

Overdose prevention messaging

Staff are encouraged to engage clients in overdose prevention conversations and explore strategies for prevention overdoes and other drug-related harms. Where drug checking services are also offered this may also be encouraged by staff.

Posters and other materials featuring evidence-informed overdose prevention messaging are encouraged to be displayed. CATIE is an excellent website that offers free harm reduction education materials.

Overdose Recognition and Response

Washroom monitoring

It is encouraged to work with service users accessing the OPS to encourage all use to happen in the designated space, rather than in washrooms. However, this is not always the case so we recommend the following: washrooms are to be easily accessible by staff, even if locked from the inside. Staff is to monitor client washroom use and be prepared to intervene in the event of an emergency. Please review Washroom Checklist in Service Settings for further information. Sample washroom policies can also be obtained by connecting with your local Overdose Prevention Nurse and/or Regional Harm Reduction Coordinator at harmreduction.coordinator@interiorhealth.ca.

Closing Protocol

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

Naloxone

Agencies are to keep a sufficient quantity of naloxone on site at all times, and ensure staff and volunteers 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.
Naloxone is available through the BCCDC FORB program for use on and off site. The Take Home Naloxone (THN) program can be used to provide kits to clients who are leaving this service as requested/needed.

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. OPS staff and volunteers are to have access to face shields or pocket masks, and know how to use them in the event of an overdose or other emergency. The use of face shields and/or pocket masks are sufficient for most OPS.

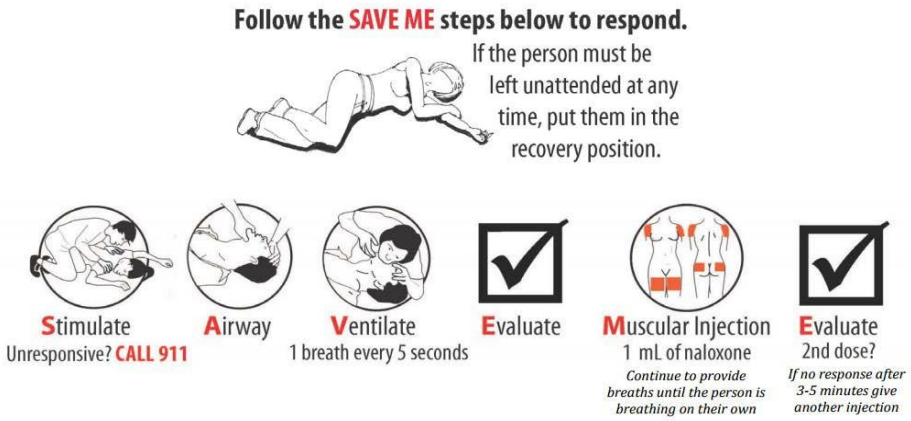
BCCDC recommends against the use of BVM for untrained staff, please see Position Statement: Bag Valve Masks for Overdose Response. Interior Health will support the use of Bag Valve Masks **only if** *staff and volunteers have received* ***specialized training and are highly skilled and experienced in 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. Please review Section 9.1.3 Oxygen Therapy and Bag Valve Masks (BVM) and Appendix O, in the BCCDC Overdose Prevention Site Guide for further guidance.

Recognizing a depressant (e.g. opioid) overdose

Depressants are a class of drugs that slow the central nervous system. Pharmacological effects include sedation, respiratory depression and analgesia. Opioids are a common sub-class and include codeine, heroin, morphine, methadone, hydromorphone, and fentanyl.

OPS staff and volunteers 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 depressant (e.g. opioid) overdose

In the event of a suspected opioid or other depressant overdose, OPS staff and volunteers 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]
- The Good Samaritan Drug Overdose Act is now law [poster]

Where a non-opioid depressant overdose is suspected, OPS staff and volunteers 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 is unknown, naloxone may be administered without adverse reaction.

Atypical Overdose Presentations

Increasingly OPS sites and other first responders are seeing overdoses caused from substances other than opioids. Drug checking services across the province have been helpful in detecting additional adulterants within the current drug supply. It is important to be aware of different presentations that can occur when working in OPS spaces. Some common symptoms of atypical overdoses include:

- Unusual movement of the arms and legs (chorea)
- Fentanyl induced muscle rigidity causing decorticate posturing (inwardly flexed at wrists, elbows, and feet)
- Seizures
- Delirium
- Staring gaze
- Walking or awake overdoses where the person is able to follow simple commands but is not getting enough oxygen
- Hallucinations
- Vomiting

FENTANYL INDUCED MUSCLE RIGIDITY

This presentation can be caused by injection of high dose fentanyl in the drug supplies and causes symptoms such as jaw clenching (interfering with airway management), chest or torso rigidity (interfering with ventilation) and fist clenching and finger stiffness (interfering with oxygen saturation monitors).

OPS staff should be aware of this condition and follow the BCCDC clinical guideline on responding to overdoses where muscle rigidity is present. – See Fentanyl-induced muscle rigidity

SUSPECTED BENZODIAZAPINE OR SIMILAR SUBSTANCE OVERDOSE

There have been incidents throughout the province of overdoses caused from substances other than, or in combination with, opioids – in particular benzodiazepines or benzo-like drugs such as etizolam. **Overdoses often present similar to opioid overdose, however, the response and management requires different interventions.** Commonly described symptoms include:

Procedure[1]:

1. **Assess for signs of benzo-like OD symptoms:**
    - Extremely heavy and prolonged nod (>3hrs)
    - Difficulty breathing or not breathing at all leading to cyanosis (blue lips or fingertips)
    - Extremely heavy and prolonged nod (> 3 hours)
    - Chorea (uncontrolled movements)
    - Delirium
    - Drug induced amnesia
    - Not rousing after naloxone administration (i.e appear to continue in deep sleep, unable to rouse) but breathing is adequate
    - Hypoxia (lack of oxygen) leads to confusion and not being oriented to person/place/and/or time
    - Weakness and uncoordinated muscles, dizziness, and potential coma
    - The risk of these is significantly increased when mixed with opioids, alcohol or barbiturates

[1] Baldwin, D. S., Aitchison, K., Bateson, A., Curran, H. V., Davies, S., Leonard, B., ... & Wilson, S. (2013). Benzodiazepines: Risks and benefits. A reconsideration. *Journal of Psychopharmacology*, *27*(11), 967-971 Retrieved from: https://drugabuse.com/benzodiazepines/overdose/

These symptoms are similar to symptoms of opioid overdose. Therefore it can be difficult to differentiate the type of overdose.

2. **Intervention:**

If unsure whether overdose is due to opioids vs other substances:

- Administer naloxone as per opioid overdose response guidelines in case of suspected opioid overdose. Overdoses may be due to a combination of benzos and opioids.
- Administer naloxone based on respiratory rate, continue to assess and support ventilations. Naloxone does not work on non-opioid drugs. When naloxone in given in this case, the person may not wake up after naloxone injection but may still be breathing.
- Stop administering naloxone once the person is breathing, regardless of whether they wake up.
- Apply oxygen if your OPS site is supported to do so and as per your opioid overdose guideline
- If respiratory status improves, but person still appears drowsy/sedated and minimally responsive:
    - Allow to sleep and monitor closely if there is staffing to support this
    - Do not allow more than 2 clients to remain in this state for observation at the site while caring for others who are actively using as it is very challenging for staff to manage. Due to the half-life of narcan, there is a risk for the person to decompensate again, therefore, need to limit the number of people being monitored.

3. **Call 911 for further support:**

If suspected benzo-overdose occurs and the status does not improve after administering two doses of naloxone OPS sites are encouraged to transfer care to emergency health services (EHS).

To reverse benzodiazepine overdose, the person needs to be transferred to hospital in order to be administered with a benzo-antagonist drug called Flumazenil. If the overdose is caused by confirmed/suspected benzo, communicate this to the EHS team when transferring the hospital.

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 crack cocaine, cocaine, amphetamines, Ritalin® and Adderall®.

OPS staff and volunteers 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, OPS staff and volunteers 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, keep them safe and gently encourage them to go to the hospital
- Encourage them to take slow, deep breaths
- If overheating, apply cool to the back of their neck or forehead
- Call 911 if the person has difficulty breathing, chest pain or loses consciousness

In the event of a seizure, OPS 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 is unknown, naloxone may be administered without adverse reaction.

Leaving the OPS to provide overdose 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 is 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 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 an overdose in the vicinity of the OPS.

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 illicit substances or substance use paraphernalia are left untouched
- Complete critical incident documentation in accordance with organizational protocols

- Notify Interior Health by calling **Medical Health Officer On-Call at 1 - 866 – 457 - 5648**
- Check in with relevant staff and respond to any debriefing or support needs

Data Collection

Interior Health is required to submit monthly reports to the Ministry of Health in relation to the overdose situation and response.

To facilitate this, some OPS may be asked to collect data on service delivery and overdose reversals and submit Overdose Events Tracking Sheets on a regular basis to Interior Health. Data collection tracking sheets will be provided to sites by Interior Health partners as needed.

Occupational Health and Safety

Immunization

Agencies providing overdose prevention services are to take reasonable steps to ensure staff and volunteers are up-to-date with recommended vaccines, in accordance with their organizational protocols.

The following immunizations are broadly recommended for OPS staff and volunteers:

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

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

Safe Disposal of Harm Reduction Supplies

Agencies are to ensure safe disposal of needles, syringes and other harm reduction supplies.

This may include installing sharps disposal bins in washrooms, providing personal 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 disposal is available on the Interior 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 extremely 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 risk assessment can be performed

Appendix A:

Recommendations for Sites Offering Inhalation OPS

Inhalation continues to be a primary mode of consumption for people who are using substances in the Interior Health region. Many agencies have been meeting the needs of their service users or residents by facilitating outdoor overdose prevention spaces (OPS) for people who smoke their drugs. People who use stimulants are more likely to smoke or inhale than inject their drugs and may be opioid naïve, so outdoor OPS options are inclusive of supporting this group of people.

This document is intended to provide some guidance and recommendations on Interior Health's expectations for sites facilitating outdoor, inhalation OPS.

☐ Covered tent and/or gazebo area

☐ Consider providing drug checking services

☐ Safer smoking supplies such as mouth pieces, screens, and push sticks can be ordered through the BCCDC Harm Reduction Supply Program. Provide safer smoking supplies including straight glass tubes and/or meth bowls where possible.

☐ NOTE: glass tubes and meth bowls are not currently covered by the BCCDC Harm Reduction Program. Connect with your Regional harm Reduction Coordinator(s) at harmreduction.coordinator@interiorhealth.ca for more information.

☐ Have Take Home Naloxone (THN) kits onsite for distribution to those who need them

☐ The inhalation OPS must allow for proper ventilation – if using a tent, leave three sides open to air. Inhalation space must remain 6 meters from any air intake, door or window as per the Tobacco and Vapor Products Control Act. Some spaces have utilized fans to facilitate air flow.

☐ If heating equipment is used to warm the tent, ensure proper fire safety practices are followed:

- ☐ Do not use open flame or gas/propane to heat tents unless certified for use indoors or enclosed areas as per the Bulletin from Office of the Fire Commissioner on Gas Fired Appliances and Tents
- ☐ When using electric heating equipment, ensure compliance with manufacturer's instructions for placement away from combustible material, such as furnishings and tent fabric
- ☐ Ensure tent fabric is rated as flame resistant and required by the BC Building Code (contact local building official)
- ☐ Ensure fire extinguishers are accessible and workers are trained in their use
- ☐ Keep furniture and other combustible material in or near tent away from open flame devices
- ☐ Provide an adequate number of non-combustible ash trays

☐ The inhalation OPS must not be viewable to the public

☐ Agencies must have signage posted that acknowledges the space as an inhalation OPS. It is also recommended to engage service users of the space in developing common ground rules and posting these as well.

- Suggested language for signage "*This outdoor structure is intended to operate as an inhalation Overdose Prevention Site in accordance with BC's Overdose Public Health Emergency and the*

Ministerial Order M488. This location is monitored for the safety of people who are using substances within."

☐ For housing locations – an inhalation OPS **must not be** the only smoking area available to residents (i.e people who smoke tobacco must be offered a place where there is not illicit drug use also happening).

☐ These sites are required to be monitored in a similar way to injection OPS spaces. Agencies must consider sight lines, how will you know when someone goes to use the space, who will be monitoring the space and calling 911 (eg. Peer monitoring, staff, video, etc). Clear roles and responsibilities need to be defined at the agency level.

☐ All staff in the agency must have received adequate training in overdose recognition and response including the administration of naloxone and the agency must be registered with the BCCDC Facility Overdose Response Box Program (FORB)[2].

☐ It is strongly recommended to set up the inhalation spaces in a booth style. Have somewhere for people to sit, put their drugs down, prepare, use, and then move to another space for cool down/relax if needed.

- Having a booth style service considers the importance of privacy and may help to reduce sharing of materials, forced/coerced sharing of substances and considers the vulnerability of some clients in these settings (eg women).

☐ The operating agency has partnered with Interior Health and will follow the approved Interior Health Overdose Prevention Services Site Manual

☐ The operating agency has reviewed provincial BCCDC Guide to Overdose Prevention Sites or Vancouver Coastal Health Housing Overdose Prevention Site Manual and agrees to utilize as a guiding document in service provision.

☐ It is strongly recommended that the operating agency identify their site to local stakeholders, including RCMP and BCEHS

☐ The operating agency is aware of the data collection requirements and agreeable to completing weekly reporting to Interior Health (if required).

[2] FORB sites bust be community based non-profits. Government or for-profit agencies are not eligible for FORB.