



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



COVID-19: Provincial Episodic Overdose Prevention Service (e-OPS) Protocol

Updated: June 26, 2020



Ministry of
Health



BC Centre for Disease Control

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.



Table of Contents

Acknowledgements	3
Background	4
E-OPS Protocol Development	4
Rationale	4
Protocol Purpose	5
Protocol Statement	6
Key Considerations	6
Procedure	7
Staff Training	11
Equipment	11
Documentation	11
Definitions	12
Legal Authority	13
Applicability	13
Related Health Authority or Social Service Policies	13
References	14

NOTE: This document is intended to illustrate best and promising practice. Some adaptation may be required for specific organizational contexts. It was written primarily for regional health authorities but may also be adapted by other organizations.

Acknowledgements

This document was developed by the Overdose Emergency Response Centre's (OERC) Overdose Prevention Strategies Working Group under the direction of the Joint Steering Committee on BC's Overdose Response. The protocol is based upon guidelines developed by Dr. Andrew Gray, Northern Health Medical Health Officer and intended to provide additional guidance to the BC Overdose Prevention Services Guide (2019).

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Background

British Columbia is currently addressing two significant public health emergencies. The first declared on April 14, 2016 due to escalating opioid overdoses and related deaths and the second declared on March 17, 2020 due to a novel coronavirus (COVID-19) pandemic.

To support the health and well-being of people who use drugs (PWUD), staff providing essential health and social services need to ensure the continuity of overdose prevention services for individuals who may be required to self-isolate in order to reduce their risk of both acquiring and spreading COVID-19 infection.

On March 26, 2020, supervised consumption and overdose prevention services (SCS/OPS) were listed as essential services in British Columbia during COVID-19 pandemic.¹ On the same day, the province of British Columbia, in collaboration with the BC Centre on Substance Use, issued interim clinical guidance titled [Risk Mitigation: in the Context of Dual Public Health Emergencies](#). This guidance was developed to assist health care providers to support patients to mitigate competing risks and enable social distancing and self-isolation measures, where possible, to reduce and prevent the spread of COVID-19.

e-OPS Protocol Development

In the context of BC's dual public health emergencies, there remains a need to provide overdose prevention services to support PWUD. This protocol has been developed to provide guidance and support to health and social service agency staff who observe or encounter people on site that need episodic overdose prevention services (e-OPS). e-OPS are overdose prevention services that are provided to people outside of established SCS/OPS locations.

This document was developed to provide guidance in the context of the COVID-19 pandemic. As such, it does not provide a review of the relevant literature and relies on the judgment of staff when utilizing this guidance.

Rationale

People are at risk of morbidity and mortality when using substances at health and social service facilities. Attempts to exclude people who use substances from facilities, or to exclude substance use from the visibility of staff, generally do not dissuade substance use, but instead may push people to use alone, in less safe environments. Further, attempts to dissuade substance use within these settings relates to higher rates of absenteeism, patients leaving health care facilities against medical advice, pain due to withdrawal, and other symptoms of discomfort that are not properly monitored and managed.

¹ BC Government (March 2020) <https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/essential-services-covid-19> Accessed April 2, 2020.

In situations where staff encounter an individual in their facility who indicates they wish to consume drugs, the most effective way to ensure their safety is to:

- When possible, maintain physical distance of at least two meters from others and follow organizational guidelines regarding Personal Protective Equipment (PPE).
- Maintain proper hand hygiene at all times:
 - Clean all surfaces of hands and wrists with soap and water for at least 20 seconds.
 - Using soap and water to wash is the single most effective way of reducing the spread of infection.
 - If soap and water are not available, you can use hand sanitizer with at least 60% alcohol content.
 - Do not touch face, eyes, nose, or mouth with unwashed hands.
- Where possible, consider [Risk Mitigation: in the Context of Dual Public Health Emergencies](#) to determine if a substitute pharmaceutical-grade alternative to the drug the patient/client is wishing to consume can be prescribed.
- Provide necessary supplies for safer injection / safer substance use, harm reduction education, overdose prevention education, and Take-Home Naloxone kits if needed.
- Allow the person to consume drugs in the most private and hygienic environment that is immediately available, monitor them for signs of overdose, and ensure that any overdose that may occur is managed and treated immediately.

Human resource and space constraints may not be sufficient to offer continuous, fixed-site overdose prevention services with dedicated staff in every setting where substance use occurs. Episodic overdose prevention services can be provided in a number of settings, including acute care to prevent patients leaving health care facilities against medical advice, as well as community isolation shelters and housing settings to support clients who are suspected or confirmed positive for COVID-19 who would otherwise use substances alone.

When staff encounter individuals who are actively using potentially adulterated substances there is an ethical and professional obligation to mitigate risk to a person's safety in the short term.

An episodic overdose prevention service, which is dependent only on staff and not on location, is both feasible and necessary to reduce the morbidity and mortality that could otherwise arise in such situations.

Protocol Purpose

This protocol is intended to provide guidance and support in the context of BC's dual public health emergencies for health and social services staff who may receive requests from patients/ clients/ residents to observe substance use and respond to overdose outside of designated or fixed locations offering supervised consumption services or overdose prevention services. As well, staff may identify patients/ clients/ residents who may benefit from this service through recognition of a patient's/ client's/ resident's potential need to use.

Additionally, the episodic overdose prevention protocol aims to:

- Promote dignity and respect for all patients/ clients/ residents and a non-judgmental approach to substance use
- Promote a safe environment for patients/ clients, families, visitors, and staff
- Promote a client-centred, non-judgmental, and non-punitive approach to substance use
- Provide optimal, evidence-based continuity of care and services for PWUD
- Promote the delivery of culturally safe and trauma-informed services
- Reduce barriers for engagement with health care services for people who use substances
- Improve relationships between health care providers or community housing workers and people who use substances
- Promote recognition that people may have substance use disorders and that the patient's/ client's/ resident's current goals may or may not include abstinence
- Reduce the stigma associated with substance use
- Reduce harms from lack of access to harm reduction supplies and safer substance use education in health care settings
- Reduce the potential harm associated with substance use, particularly the mortality and morbidity associated with opioid overdose
- Reduce potential harm associated with hidden substance use and rushed injections
- Reduce moral distress experienced by health care providers and community housing workers aiming to provide care in line with harm reduction principles; and,
- Improve safety and reduce stress for both staff and patients/ clients/ residents during responses to incidentally-discovered overdoses, by allowing overdoses to be detected earlier, in safer settings, with more preparation.

This protocol recognizes that it is not always possible to exclude all non-prescribed substances from facilities, and that attempts to do so must be balanced against the risk of excluding clients with substance use disorders from necessary health care and community facilities, including overdose detection and response.

Protocol Statement

In the context of the provincial overdose-related public health emergency, a Ministerial Order (M488) authorizes and directs health authorities in BC 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.

As the need arises, staff with appropriate training in overdose management **may** observe consumption of substances by people in any health or social service sector environment, for the primary purpose of preparing for and responding to any overdose that may occur. Refer to Staff Training section for training requirements.

Staff are not required to offer this service if they do not feel safe and supported to do so but are encouraged to share information and provide referrals to staff members that are comfortable offering this service.

Key Considerations

Health and social service sectors have an ethical and legal duty to provide care to all patients/ clients/ residents and to ensure the safety and dignity of patients/ clients/ residents, families, visitors, staff, physicians, and volunteers.

Considerations:

- Any single episode of drug use may prove fatal in the current context of a highly unpredictable unregulated drug supply;
- COVID-19 is a virus that can cause a respiratory infection and other health problems.
- Fentanyl and other opioids can slow breathing rates, so COVID-19 may increase the risk of overdose death when using opioids
- Drug use is not limited to small geographic areas with a high and persistent concentration of drug use; and
- There are current human resource limitations and it is necessary to offer, wherever feasible, the possibility of episodic overdose prevention services, intended for acute situations in which staff encounter drug use.

Procedure

- i. **Trigger for protocol initiation:**
 - a. Observed consumption may be requested by the patient/ client/ resident
 - b. Observed consumption may be offered by staff upon recognition of a patient's/ client's/ resident's potential need.
- ii. **Offer alternatives, if available and appropriate:**
 - a. Discuss with the patient/ client/ resident options for substance use disorder screening, diagnosis and treatment, including pharmacotherapies such as OAT or iOAT and non-pharmaceutical modalities such as psychotherapy and supportive recovery options.
 - b. Please consult [Risk Mitigation: in the Context of Dual Public Health Emergencies](#) to determine if a substitute pharmaceutical-grade alternative to the drug the patient/ client/ resident is wishing to consume can be prescribed or suggested.
 - c. If drug checking services are available at the specific health care site, drug checking services may be offered as an option to patients/clients. Please ensure that the required patient/ client/ resident teaching is provided in this context.
 - d. If the patient/ client/ resident accepts this alternative, also offer the client the opportunity to safely dispose of the substance they previously intended to consume (see below).
- iii. **Pre-use:**
 - a. Review expectations with the patient/ client/ resident as necessary, including:
 - i. expectations for the patient's/ client's/ resident's behaviour (see part viii, below),
 - ii. understanding that naloxone will be used if deemed necessary by the service provider.

- b. Provide safe drug use supplies and education, if needed and available.
 - c. Find the most private, clean, and safe space that is immediately available: for example, this may be the patient's/ client's/ resident's own room, a clinic room, or a bathroom.
 - d. Assist the patient/client with skin cleaning, vein finding, and vein care, if needed.
 - e. Encourage patient/ client/ resident to wash their hands or use wipes before preparing, handling or using drugs. Clean surfaces with soap and water, alcohol wipes, diluted bleach or hydrogen peroxide before preparing drugs if possible. See [cleaning and disinfecting information](#) on BCCDC's website on recommended bleach and water ratios.
 - f. The patient/ client/ resident must handle, and prepare, their own substance for consumption: staff may not assist with these steps.
- iv. **Use:**
- a. The patient/ client/ resident may self-administer their substance by the route of their choice (other than smoking – see part x, below): staff may not directly assist with venipuncture if this involves handling the loaded syringe. Please note, that it is imperative that the patient's/ client's/ resident's entire care team is updated on any related care plan changes. This includes the in-hospital care team and community care team, including the most responsible provider.

For patients/ clients/ residents who are unable to self-inject, support will be provided on a case-by-case basis.

- If the barrier is education, staff may provide education on safer self-injection practices as requested by the client and tailored to their unique experience and need.
- If the barrier is physical disability, staff will determine whether any physical supports, not directly related to the provision of the injection, might assist in self-injection (e.g. inserting a peripheral line to establish venous access, or where a peripheral or central line is already established, Luer-Lock connectors, pre-filled saline syringes, occlusive dressings, or injection supplies). Other routes of administration can be provided depending on client consent and availability.²
- People who are unable to self-inject may seek peer-to-peer assisted injection if neither education of the person to self-inject, nor the provision of physical supports, will address the person's immediate need to be protected from harm.³ If both a willing prescriber and injectable opioid agonist treatment (iOAT) are available on site, staff who are trained to do so may directly assist with injection of iOAT or other prescribed medicines. All efforts will be made to connect non-self-injectors with support including addiction treatment services and substitution options, including cannabis.

² Harm Reduction Nurses Association: Safer Injection Position Statement (January 2018) http://www.hrna-aiirm.ca/wp-content/uploads/2018/01/hrna-aiirm_infosheet_saferinjection_en_180116.pdf Accessed April 2, 2020.

³ BCCDC: BC Overdose Prevention Services Guide (January 2019) http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/Other/BC%20Overdose%20Prevention%20Services%20Guide_Jan2019_Final.pdf Accessed April 2, 2020

- b. The patient/client will be encouraged to use only one dose per e-OPS session. Some patients/ clients/ residents may choose to use part of their dose first to test it, and then finish the rest a few minutes later, or to inject two different substances separately.
- v. **Post-use:**
 - a. Monitor the patient/client/resident for signs of overdose, either intermittently or continuously, as appropriate.
 - b. Health care providers must call for help and intervene if overdose occurs, as per the BCCDC's [Decision Support Tool on the Administration of Naloxone](#).
 - c. Follow existing policies for any other severe outcomes, (e.g., calling a Code Blue in the event of cardiac arrest in an acute care facility).
 - d. Direct the patient/client/resident to dispose of any sharps appropriately.
 - e. Provide harm reduction education and supplies (including naloxone), as needed, as per the following policies and guidelines: [BC Harm Reduction Strategies and Services Policy](#) and [Guidelines and Best Practices for BC's Harm Reduction Supply Distribution Program](#).
 - f. Offer to connect the patient/client/resident with other harm reduction services, substance use treatment services, or other health services, as needed.
 - g. Offer to connect the patient to any cultural supports that may be available (e.g. Elders, Traditional Healers).
 - h. For inpatients, consider prescribing opioids (e.g., IV hydromorphone, diacetylmorphine) to reduce further risks and facilitate the patient's/client's engagement in care.
- vi. **Cleaning:**
 - a. As the episodic overdose prevention service is offered intermittently, routine cleaning of the space is necessary following this service. If substances are left behind by the patient/client/resident at a health care service or isolation shelter/housing site, follow the procedure below.
- vii. **Debriefing:**
 - a. After use of episodic overdose prevention protocol, health care or community housing providers may be led in a debrief by the most responsible person/person in charge. It is important to note that the patient/client/resident is free to refuse any element of the above services. At minimum, one may offer an accessible but private space for the client to use the substance without supervision (e.g., an unlocked bathroom, or their hospital bed with the curtain pulled), checking respiratory status and responsiveness every 3 to 5 minutes for 15 minutes post-use to assess for signs and symptoms of overdose.
- viii. **Patient/client/resident roles and responsibilities when utilizing the episodic overdose prevention service includes:**
 - a. Respect towards staff, other patients/clients/residents, and visitors.
 - b. Not displaying or using substances in public areas.
 - c. Safe storage, handling, and disposal of substances, needles, and other supplies.
 - d. No selling or sharing substances with other clients.
- ix. **Health care and community housing provider roles and responsibilities when providing the episodic overdose prevention service:**
 - a. Respect towards patients/clients/residents, and visitors.

- b. Offer information on the e-OPS services available to patients/clients/residents, including harm reduction supplies and Take-Home Naloxone as indicated.
 - c. Explain the facility's policies on harm reduction and safe storage, handling, and disposal of substances, needles and other supplies.
 - d. Explain the policies related to displaying or using substances in public areas.
 - e. Explain the policies related to selling or sharing substance with other clients.
 - f. Ensure documentation of all related discussions and interventions with patients/clients/residents and care team.
 - g. Explain the options available to patients/clients/residents who are interested in pharmaceutical alternatives and/or OAT/iOAT.
- x. **Limitations to this service**
- a. Smoking any substance, including unregulated substances, is prohibited in most health and social facilities to protect the safety of all staff, patients/clients/residents, and visitors. Staff are not supported to be present in any closed or poorly ventilated airspace where clients are smoking unregulated substances. If patients/clients choose to leave a facility to smoke a substance, encourage a safety plan regarding the risk of overdose, including having somebody with them who can recognize and respond to an overdose. Offer safer smoking supplies as available.
 - b. This protocol is intended to enable staff to respond appropriately to urgent overdose prevention service needs that may arise. It is not intended to establish a fixed-site, or continuous overdose prevention service in every facility. To manage the service demand and in light of limited human resource capacity, the service may not be advertised publicly. When people who use unregulated substances are engaged with the health service, the episodic overdose prevention service can be offered on a 1:1 basis and at the discretion of staff. However, if high demands for overdose prevention services do emerge in specific locations, consideration should be given to allocating resources for the establishment of a continuous, fixed-site overdose prevention service in the community.
 - c. If more than one patient/client/resident wants to use the service, consider staff capacity to respond to multiple simultaneous overdoses. If there is only capacity to respond to one overdose at a time, ask patient/client/resident to queue for the service or stagger the timing of their substance use to avoid this possibility. Clients may choose to use substances either in the same shared space or in separate spaces, depending on the availability of space, availability of health care or community housing provider(s), and consideration of patient/client/resident preference.
- xi. **Disposal of unknown substance left behind**
- If the substance is in a solid form** (options in order from most to least preferred, depending on local availability):
- a. Point-of-care deactivation technology, if available.
 - b. For a small amount of substances (enough for personal use): Transfer to Pharmacy Department for destruction, if the site has a Pharmacy Department: use a gloved hand to place substance in a plastic Ziploc or biohazard bag, fold the bag twice, seal with tape for transport, transfer bag to pharmacy for destruction, and complete the Suspected Illicit Substances Transfer Form or form specific to the health regions policies and procedures. Do **not** include patient/client/resident identifiers in the transfer record or on the bag with the discarded substance.

- c. For large amounts of substances (enough for trafficking e.g., quantity is more a person can consume in a week): Transfer substance to the police using the same process as for Pharmacy. This option is only available where there is a prior agreement with local police that they will offer this service. Do **not** disclose client identifiers or write them on the bag that is transferred to RCMP or municipal police department.
- d. Dispose of the discarded substance in a sealed sharps container in a secure location (least preferred).
- e. Complete a BC Patient Safety and Learning System (PSLS) report as per health authority protocol or other report as per social sector protocol.

If the substance is in a liquid form,

- a. Handle the container with disposable gloves (and tongs, if left in the barrel of a syringe) and dispose of the substance in a sharps/biomedical waste container in a secure location. Complete the appropriate form as indicated above for solid substances.
- b. Do **not** pour unknown liquid substances down the drain.

Unknown substances found by the staff are NOT to be returned to patients/clients.

xii. **Cultural Safety and Humility**

Services should be delivered in a culturally safe manner, recognizing that outcomes for Indigenous patients and families are best when care is delivered in a culturally safe manner in accordance with the [Declaration of Commitment to Cultural Safety and Humility in Health Services](#).

Staff Training

Staff will undergo specialized training to prepare for the provision of supervised consumption services which includes overdose management. The education offered will be specific to the health or social sector training curriculum for overdose prevention site which all will consist of the following key elements as the foundation for staff working with PWUD population:

- Cultural safety and humility
- Trauma-informed practice
- Anti-stigma
- Harm Reduction
- Take Home Naloxone distribution
- Safer injection and Overdose Management

Please see the [Responding to Opioid Overdoses in Overdose Prevention Services \(OPS\) and Supervised Consumption Sites](#) guidance document for more information.

Equipment

- **Phone:** for calling 911 in the event of an overdose
- **CPR face shield or eye protection (goggles or visor shields), bag-valve mask or pocket mask, and naloxone kit,** if available: the service may still be offered if emergency response supplies are not on hand, as long as an emergency response can be summoned rapidly
- **Disposable pad,** if available: to avoid contaminating surfaces with substances or body fluids
- **Sharps container:** may be obtained after the episode of substance use if not immediately available
- **Individual locked safes,** where available, in patient/client specific lockers on their unit

Documentation

For health care settings, document in the patient's health record all actions taken with respect to patients in accordance with this protocol. For inpatients, inform the patient's physician of the care provided.

1. Health Authority sites using the BC Patient Safety and Learning System (PSLS):
 - a. Report any opioid overdoses as a patient safety event in the PSLS. Patient safety events should be reported to the nurse/supervisor/manager in charge prior to documentation of the event in the PSLS, unless the event occurs afterhours or weekends (for reporting to managers).
 - b. Ensure that the words "Opioid Overdose" are listed under the event description section for ease of retrieving and reporting overdose events.
 - c. Event follow up - including mitigation strategies and documentation in the PSLS system - should occur immediately after the event. Information about the event should be disclosed to the patient/client/family, as appropriate.
2. All other organizations:

Document events as per organizational policy and guidelines.
Note that disclosure of identifying information should not be required as a condition of service for harm reduction interventions, including the service described in this protocol.

Definitions

Client: For brevity within document, used to refer to patients, clients, residents, and visitors.

Unregulated drugs: Controlled substances such as heroin, cocaine, or methamphetamine, and illicitly obtained prescription medications.

Overdose Prevention Service: Observation of a client using unregulated drugs, for the primary purpose of responding promptly to any overdose that may occur.

Consumption: For the purpose of this protocol, consumption includes self-administration of a substance by injection, ingestion, or inhalation (snorting), but not smoking or vaporizing.

Cultural Safety and Humility: An approach to service planning, organization and delivery that supports an environment free of racism and discrimination where people feel safe receiving health care. It is also an approach to care that develops and maintains respectful relationships based on mutual trust by reflecting on personal and systemic biases. Key elements include:

- Recognizing the role of history and society and past traumatic experiences, and their impacts on shaping health, wellness and health care experiences;
- Staffs' self-reflection on their own assumptions and positions of power within the health care/social services system;
- Humbly acknowledging oneself as a life-long learner when it comes to understanding another person's experience;
- Understanding that we cannot assume we know about another person's cultural experience, including that culture is an important part of a person's identity and important to discuss in relation to health care or social services; and
- Awareness from health care professionals of how their own cultural experience shapes their perspective and recognition that every person is the expert on their own unique experience. Please refer to the [First Nations Health Authority's Policy on Mental Health and Wellness](#)

Trauma-informed practice: Trauma-informed practice considers an understanding of trauma in all aspects of service delivery and prioritizes the individual's safety, choice, and control. A key aspect of trauma-informed services is to create an environment where service users are less likely to experience further traumatization or re-traumatization. This is supported, in part, through awareness of the wide-ranging impacts of trauma on individuals and communities, both direct and intergenerational. In the context of Indigenous people using substances, trauma-informed practice starts from a place of understanding that Indigenous clients are overrepresented among those who have experienced complex and multiple forms of trauma (e.g., psychological, physical, ecological); these understandings guide policy, planning and service delivery.

Legal Authority

[Ministerial Order No. M488](#) (Minister of Health, December 9, 2016) authorizes and directs health authorities in BC to establish overdose prevention services "in any place there is a need." Full-time services in fixed locations are not sufficient to respond to such needs, and the Order is not intended to be limited to services of that nature. The service described by this protocol is consistent with, and contributes to the implementation of, the direction provided by the Order.

On June 10, 2020, British Columbia accepted a temporary class exemption issued by Health Canada under Section 56 of the federal *Controlled Drugs and Substances Act*. The class exemption was extended to all Canadian provinces and territories to assist them in addressing the compounding effects of the opioid overdose crisis and the COVID-19 pandemic. With this exemption, BC will be providing direction on adaptations for service model adaptations at Supervised Consumption Sites, and overdose

prevention services—including e-OPS and drug checking—will continue to be established and operated under the authority of the Ministerial Order referenced above.

Applicability

All facilities, and all community settings where on-duty staff interact with patients or clients, including outreach settings such as clients' homes, shelters, or outdoors.

Related Health Authority or Social Service Policies

- Infection prevention and control protocols
- [Responding to Opioid Overdoses in Overdose Prevention Services \(OPS\) and Supervised Consumption Sites guidance document](#)
- Risk Mitigation in the Context of Dual Public Health Emergencies
- Client confidentiality protection
- Critical incident debriefing
- Declaration of Commitment on Cultural Safety and Humility in Health Services
- Dispensing and Distribution for Persons at Risk of Opioid Overdose: Take Home Naloxone Kits
- Disposal of unknown substances
- Handling and Removal of Suspected Illicit Substances
- Harm reduction service standards
- Harm Reduction Supply Distribution and Recovery
- Naloxone administration for suspected opioid overdose
- Sharps Handling and Disposal
- Sharps safety/universal precautions
- Smoke-free Grounds
- Substance use in acute care
- Violence prevention

References

British Columbia Government (2020). <https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/essential-services-covid-19>

Harm Reduction Nurses Association: Safer Injection Position Statement (2018). http://www.hrna-aiirm.ca/wp-content/uploads/2018/01/hrna-aiirm_infosheet_saferinjection_en_180116.pdf

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