

Wright, Kristin J HLTH:EX

From: Henry, Bonnie HLTH:EX
Sent: Tuesday, November 15, 2016 8:06 PM
To: XT:HLTH Stanwick, Richard; Kendall, Perry HLTH:EX
Subject: Re: SCS FINAL PACKAGE

Thanks Richard,

There are two places in the SCS benefits/stats note where you say: 'availability of new, powerful opioids like Fentanyl'
It would be better to say something like the 'introduction of highly toxic opioids like illicitly manufactured fentanyl'

My best,
Bonnie
Dr Bonnie Henry
Deputy Provincial Health Officer
Office of the PHO
British Columbia
250 952 1330

From: Stanwick, Richard (Dr)
Sent: Tuesday, November 15, 2016 3:50 PM
To: Kendall, Perry HLTH:EX
Cc: Henry, Bonnie HLTH:EX
Subject: FW: SCS FINAL PACKAGE

In case the provincial media folk did not pass this on. Richard

From: Germain, Suzanne - Strategic Advisor, RJH
Sent: Monday, November 14, 2016 9:57 PM
To: Stanwick, Richard (Dr); Fyfe, Murray W. (Dr); Hoyano, Dee (Dr)
Cc: Damstetter, Cheryl; Crow, Richard (Dr)
Subject: SCS FINAL PACKAGE

Here's the final package with all the public materials for you our spokespeople. The aim is to send out the news release only shortly before noon. The other materials will be posted on the SCS web page. The web team is also going to tweet and do other social media 'stuff.' I think it will be very busy on Tuesday and Wednesday.

I will send around the internal materials shortly.

Suz.

Wright, Kristin J HLTH:EX

From: Henry, Bonnie HLTH:EX
Sent: Tuesday, November 29, 2016 7:23 PM
To: Kendall, Perry HLTH:EX
Subject: Re: overdose prevention

Partly yes. Thursday is good. I will write the summary of my call with Lisa in the am. Have been discussing a few things about it with Fiona. Hope Gathering Wisdom goes well.

B

Dr Bonnie Henry
Deputy Provincial Health Officer
Office of the PHO
British Columbia
250 952 1330

From: Kendall, Perry HLTH:EX
Sent: Tuesday, November 29, 2016 7:18 PM
To: Henry, Bonnie HLTH:EX
Subject: Fw: overdose prevention

I talked to them both and think I got this one sorted, but....

I am in Vancouver tomorrow. Talk on Thursday?

s.13

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Tyndall, Mark <Mark.Tyndall@bccdc.ca>
Sent: Tuesday, November 29, 2016 2:17 PM
To: Kendall, Perry HLTH:EX
Subject: Re: overdose prevention

Had a good chat with Richard – thanks for that.

mark

On 11/29/16, 1:30 PM, "Kendall, Perry" <perry.kendall@gov.bc.ca> wrote:

Try 2505197066

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Tyndall, Mark
Sent: Tuesday, November 29, 2016 1:11 PM
To: Kendall, Perry HLTH:EX
Subject: Re: overdose prevention

Thanks - I will reach out to him today. My flight is delayed so I have a couple of extra hours. Do you have a number for

him handy?

mark

On 11/29/16, 1:07 PM, "Kendall, Perry" <perry.kendall@gov.bc.ca> wrote:

I talked with Richard. It was not his intention to dismiss the offer or a discussion and he will be calling you he said. It does appear that he is not the key decision maker in VIHA re the OD response.

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Tyndall, Mark

Sent: Monday, November 28, 2016 5:23 PM

To: Kendall, Perry HLTH:EX

Subject: FW: overdose prevention

Hey Perry - hope you are well. Not sure if you are ^{s.22} but thought I should loop you in. I didn't copy you on my response to Richard, but it is important tha ^{s.22} We are dealing with a real crisis and when I offer some pretty modest but important help from BCCDC I get this type of response. I haven't "used" my Deputy PHO card but maybe I should.

Also I am on my way to France for the rest of the week - going to an e-cig meeting. Hope to bring back some good information and ideas.

Mark

From: <Tyndall>, Mark Tyndall <mark.tyndall@bccdc.ca<<mailto:mark.tyndall@bccdc.ca>>>

Date: Monday, November 28, 2016 4:36 PM

To: "richard.stanwick@viha.ca<<mailto:richard.stanwick@viha.ca>>"

<richard.stanwick@viha.ca<<mailto:richard.stanwick@viha.ca>>>

Subject: Re: overdose prevention

Hi Richard - not quite sure what you mean. The time is right now. This is directly in line with the work we need to do in the Ministry Working group on Supervised Sites that I co-chair and I have been working closely with Portland around the issue of "on-site" services with the Naloxone program at BCCDC. It would be a good opportunity to have a nurse or other worker from Island Health work with our nurse on this. Happy to chat.

mark

Dr. Mark Tyndall

Executive Medical Director

BC Centre for Disease Control

Professor of Medicine

University of British Columbia

655 West 12th Ave

Vancouver, BC

V5Z 4R4

Phone 604-707-2405

From: "richard.stanwick@viha.ca<mailto:richard.stanwick@viha.ca>"
<richard.stanwick@viha.ca<mailto:richard.stanwick@viha.ca>>
Date: Monday, November 28, 2016 8:31 AM
To: Mark Tyndall <mark.tyndall@bccdc.ca<mailto:mark.tyndall@bccdc.ca>>
Subject: RE: overdose prevention

Mark, we are working with PHS to move this forward as you reference and will certainly call upon you as the time is right. Thank you for your support. In health Richard

From: Tyndall, Mark [mailto:Mark.Tyndall@bccdc.ca]
Sent: Friday, November 25, 2016 5:48 PM
To: Stanwick, Richard (Dr)
Cc: Russell Maynard
Subject: overdose prevention

Hey Richard.

I was just talking with Russ about the Johnson Street building and what should be done to prevent overdoses. This has been a bad week across the province - really predictable based on cheque week. I have visited the Portland housing project a couple of times and have seen the room. My discussions with Russ and others have been that not only should a place where people can inject be available, it really should be a requirement. We tell people not to use alone, to always have someone with naloxone, to always have someone who can call 911 and then say by the way - we really can't allow this. Either go to your room or go outside in an alley or a bathroom. It is so counter-intuitive and deadly. It is so predictable that people will be found dead in their rooms as has been happening all over the province. This type of service should not even require an exemption. Imagine Jane Philpott having to sign off on something as basic as this. To make it easier, I think that trained peers could do much of this and it would have the added benefit of peer engagement. A nurse on stand by would be sufficient.

I understand the sensitivities around the BCCDC's role in the provision of actual services in health authorities but in this case, I think that there is a role assisting with a pilot site, in the evaluation, and scale-up this sort of activity. We could talk about helping out with nursing resources and harm reduction supplies. We could also develop standard operating procedures and training modules for staff - peers and nurses.

Let me know how we can help move this forward. It would be a great opportunity to collaborate.

mark

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BC Centre for Disease Control

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Vancouver, BC
V5Z 4R4

Phone 604-707-2405

Wright, Kristin J HLTH:EX

From: Henry, Bonnie HLTH:EX
Sent: Tuesday, November 29, 2016 7:10 PM
To: Kendall, Perry HLTH:EX
Subject: Re: overdose prevention

I had a talk with Mark a few days ago about our role as advocates vs provincial leaders. Are you in the office tomorrow? There are a few things we should talk about (this is one, some disturbing info from FH and national response)

B

Dr Bonnie Henry
Deputy Provincial Health Officer
Office of the PHO
British Columbia
250 952 1330

From: Kendall, Perry HLTH:EX
Sent: Monday, November 28, 2016 6:45 PM
To: Henry, Bonnie HLTH:EX
Subject: Fw: overdose prevention

Any ideas?

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Tyndall, Mark <Mark.Tyndall@bccdc.ca>
Sent: Monday, November 28, 2016 5:23 PM
To: Kendall, Perry HLTH:EX
Subject: FW: overdose prevention

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Vancouver, BC
V5Z 4R4

Phone 604-707-2405

Wright, Kristin J HLTH:EX

From: Henry, Bonnie HLTH:EX
Sent: Monday, December 5, 2016 1:00 PM
To: Torban, Mikhail N HLTH:EX
Cc: Lem, Marcus; XT:Kuo, Margot HLTH:IN
Subject: Re: Supervised Injection Sites demand estimates

I don't know that we have that data. I have copied Margot and Marcus to see if they have some insight.
My best,
Bonnie

Dr Bonnie Henry
Deputy Provincial Health Officer
Office of the PHO
British Columbia
250 952 1330

From: Torban, Mikhail N HLTH:EX
Sent: Monday, December 5, 2016 12:46 PM
To: Henry, Bonnie HLTH:EX
Subject: Supervised Injection Sites demand estimates

Hi Bonnie,

I'm working on issues related the overdose crisis and was wondering if you might have some data/projections related to how many people is specific LHAs estimated to be in need for Supervised Injection Sites. Do you think you might have this data or know who have?

Thanks, Mikhail

Mikhail Torban, M.D.
Manager, Communicable Disease Prevention and Vulnerable Populations
Public Health Services Branch & Office of Aboriginal Health
Population and Public Health Division
B.C. Ministry of Health

(250) 952-1553
Mikhail.Torban@gov.bc.ca
PO Box 9646 Stn. Prov. Govt
Victoria BC V8W 9P1

Wright, Kristin J HLTH:EX

From: Henry, Bonnie HLTH:EX
Sent: Thursday, December 8, 2016 8:10 AM
To: Kendall, Perry HLTH:EX; Daly, Patty [VC]; XT:HLTH Stanwick, Richard; XT:Lee, Victoria HLTH:IN
Cc: O'Briain, Warren W HLTH:EX; Plank, Sarah GCPE:EX
Subject: Re: Messaging re OD prevention

s.13

s.13

Dr Bonnie Henry
Deputy Provincial Health Officer
Office of the PHO
British Columbia
250 952 1330

From: Kendall, Perry HLTH:EX
Sent: Thursday, December 8, 2016 7:42 AM
To: Daly, Patty [VC]; XT:HLTH Stanwick, Richard; XT:Lee, Victoria HLTH:IN
Cc: Henry, Bonnie HLTH:EX; O'Briain, Warren W HLTH:EX; Plank, Sarah GCPE:EX
Subject: Messaging re OD prevention

Having just talked to Clayton, who has been talking to RCMP, and to Victoria, it is critical that our messaging clearly s.13

s.13 However ensuring that we maximise contact between the 100's of people we have trained to intervene with naloxone, and people in need of naloxone is something they can support.

s.13

Perry
Sent from my BlackBerry 10 smartphone on the TELUS network.

Wright, Kristin J HLTH:EX

From: Henry, Bonnie HLTH:EX
Sent: Friday, December 9, 2016 1:59 PM
To: XT:Corneil, Trevor Dr. HLTH:IN; Kendall, Perry HLTH:EX; Paton, Arlene HLTH:EX
Subject: Re: Final OPS Sites for IH

Well done Trevor!

Dr Bonnie Henry
Deputy Provincial Health Officer
Office of the PHO
British Columbia
250 952 1330

From: Corneil, Dr. Trevor
Sent: Friday, December 9, 2016 1:55 PM
To: Kendall, Perry HLTH:EX; Paton, Arlene HLTH:EX
Cc: Henry, Bonnie HLTH:EX
Subject: Fwd: Final OPS Sites for IH

FYI

Begin forwarded message:

From: "Corneil, Dr. Trevor" <Trevor.Corneil@interiorhealth.ca>
Date: December 9, 2016 at 12:00:19 PST
To: "Gillen, Jennifer" <Jennifer.Gillen@interiorhealth.ca>
Subject: Fwd: Final OPS Sites for IH

Begin forwarded message:

From: "Corneil, Dr. Trevor" <Trevor.Corneil@interiorhealth.ca>
Date: December 9, 2016 at 11:49:11 PST
To: "Corneil, Dr. Trevor" <Trevor.Corneil@interiorhealth.ca>
Subject: Final OPS Sites for IH

Kamloops:

1. ASK Wellness Drop-in Centre (North Shore, 433 Tranquille Road)
2. ASK Wellness Crossroads Inn (South Shore, 569 Seymour Street)

Kelowna:

1. Living Positive Resource Centre (Rutland, 168 Asher Road)
2. Kelowna Health Centre (Downtown, 1340 Ellis Street)

Trevor Corneil BA MD MHSc FCFP FRCPC

VP Population Health & Chief Medical Health Officer | Interior Health
Clinical Professor School of Population and Public Health | UBC
Mobile 250 868 6506 | Phone 250 868 7849 | Fax 250 862 4201

Admin Linda.Stajduhar@interiorhealth.ca | Phone 250 469 7070 x 12791
www.interiorhealth.ca/AboutUs/Leadership/MHO/Pages/default.aspx

This email is confidential, and is not for use by anyone other than the intended recipient.

Trevor Corneil BA MD MHSc FCFP FRCPC

VP Population Health & Chief Medical Health Officer | Interior Health

Clinical Professor | School of Population and Public Health, UBC

Contact 250 868 cell 6506 | tel 7849 | fax 7826 | admin 7729 Linda.Stajduhar@interiorhealth.ca
www.interiorhealth.ca/AboutUs/Leadership/Pages/MHO.aspx

This email is confidential, and is not for use by anyone other than the intended recipient.

Wright, Kristin J HLTH:EX

From: Henry, Bonnie HLTH:EX
Sent: Tuesday, December 13, 2016 1:41 PM
To: XT:Tyndall, Dr. Mark HLTH:IN; christopher.buchner@fraserhealth.ca
Cc: Kendall, Perry HLTH:EX
Subject: RE: Overdose Prevention Units and evaluation

That sounds like a reasonable approach. I agree we should take it to the task group and update on the federal announcement as well.

Any other issues for Friday?

B

*Dr Bonnie Henry
Deputy Provincial Health Officer
Office of the PHO
Ministry of Health
4th floor, 1515 Blanshard St
Mailing address: PO Box 9648, STN PROV GOVT
Victoria, BC
V8W 9P4
Bonnie.henry@gov.bc.ca*

Phone: 250 952-1330

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From: Tyndall, Mark [<mailto:Mark.Tyndall@bccdc.ca>]
Sent: Tuesday, December 13, 2016 1:26 PM
To: Henry, Bonnie HLTH:EX; christopher.buchner@fraserhealth.ca
Cc: Kendall, Perry HLTH:EX
Subject: Overdose Prevention Units and evaluation

Hi Bonnie and Chris – we have been working on some standard operating procedures and evaluation forms to get out to the various sites and I have just met with Marcus Lem around this. I think that this should come through our working group. It would be best if this was all centralized and that all RHAs followed the same data collection. We could arrange to pull it together at the BCCDC. Obviously all health authorities would have access to the data that they contribute and we would work together for standardized reports. Just to put it out there so we have a common voice and avoid petty territorial positioning about data.

mark

Dr. Mark Tyndall
Executive Medical Director
BC Centre for Disease Control

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University of British Columbia

655 West 12th Ave
Vancouver, BC
V5Z 4R4

Phone 604-707-2405

Wright, Kristin J HLTH:EX

From: Henry, Bonnie HLTH:EX
Sent: Tuesday, December 13, 2016 1:43 PM
To: XT:Tyndall, Dr. Mark HLTH:IN; christopher.buchner@fraserhealth.ca
Cc: Kendall, Perry HLTH:EX
Subject: RE: Overdose Prevention Units and evaluation

Just a thought Mark, Are these SOPs consistent with the ones FH and VCH had developed and Brian Emerson had revised? Just want to be sure we are all on the same page.

B

Dr Bonnie Henry
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Sent: Tuesday, December 13, 2016 1:26 PM
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Cc: Kendall, Perry HLTH:EX
Subject: Overdose Prevention Units and evaluation

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V5Z 4R4

Phone 604-707-2405

Wright, Kristin J HLTH:EX

From: Henry, Bonnie HLTH:EX
Sent: Tuesday, December 13, 2016 6:24 PM
To: Lem, Marcus; 'Buchner, Chris'; XT:Tyndall, Dr. Mark HLTH:IN
Cc: Kendall, Perry HLTH:EX
Subject: Re: Overdose Prevention Units and evaluation

That is great Marcus, thanks. I am not able to access the shared drive. Could you please add me to the email list.

Thanks,
Bonnie

Dr Bonnie Henry
Deputy Provincial Health Officer
Office of the PHO
British Columbia
250 952 1330

From: Lem, Marcus
Sent: Tuesday, December 13, 2016 5:23 PM
To: 'Buchner, Chris'; XT:Tyndall, Dr. Mark HLTH:IN; Henry, Bonnie HLTH:EX
Cc: Kendall, Perry HLTH:EX
Subject: RE: Overdose Prevention Units and evaluation

Hi Mark and Bonnie,

Cheryl Prescott, Margot Kuo and I had a teleconference with Miranda Compton and the VCH folks today. Their policies are drawn largely from the Insite and Towards the Heart materials and we have made sure that our materials are internally and externally consistent.

As new materials have become available I have uploaded them to the shared folder and sent them by email to folks who have had difficulties accessing the folder. I notify RHA task group members each time something new is added, as do RHAs when they upload their materials.

Thomas Kerr's guidelines have not yet been released and I have not seen the most recent versions, but he has been included in the notifications, so he is aware of what is currently being used.

Cheryl and Margot are finalizing the materials that will be used by Island Health and NHA Overdose Prevention Units and they will be uploaded to the shared file tomorrow.

Please feel free give me a call on my cell ^{s.17} if you have any questions.

I hope this helps.

Marcus

From: Buchner, Chris [mailto:chris.buchner@fraserhealth.ca]
Sent: Tuesday, December 13, 2016 3:40 PM
To: Tyndall, Mark; Henry, Bonnie
Cc: Kendall, Perry; Lem, Marcus
Subject: RE: Overdose Prevention Units and evaluation

Hi Mark,

I agree with the principle regarding consistency, and with support to HAs regarding methodology, tools, etc.

I think we have 2 different things on the hopper though – each of which requires a different approach.

SCSs vs. OD prevention units:

SCS has longer lead time and opportunity for some broader indicators and measures. We are keen to collaborate with folks on this.

OD prevention units: this work is already under way and due to the nature of implementation, needs to be very minimal, simple, adaptable to differing staff / volunteer groups and contexts. E.g. simple tally sheets. These conversations and decisions are already being made in each HA given the implementation timelines.

C.

From: Tyndall, Mark
Sent: Tuesday, December 13, 2016 1:47 PM
To: Henry, Bonnie; Buchner, Chris
Cc: Kendall, Perry; Lem, Marcus
Subject: Re: Overdose Prevention Units and evaluation

Marcus was mainly working with Thomas Kerr and VCH. I will copy him to answer your question.

Mark

Dr. Mark Tyndall
Executive Medical Director
BC Centre for Disease Control

Professor of Medicine
University of British Columbia

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Vancouver, BC
V5Z 4R4

Phone 604-707-2405

From: <Henry>, Bonnie <bonnie.henry@gov.bc.ca>
Date: Tuesday, December 13, 2016 1:42 PM
To: Mark Tyndall <mark.tyndall@bccdc.ca>, "christopher.buchner@fraserhealth.ca" <christopher.buchner@fraserhealth.ca>
Cc: "Kendall, Perry" <perry.kendall@gov.bc.ca>
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Wright, Kristin J HLTH:EX

From: Henry, Bonnie HLTH:EX
Sent: Thursday, December 15, 2016 9:02 AM
To: Emerson, Brian P HLTH:EX; 'Lem, Marcus'
Subject: FW: Guidelines for OD prevention in supported housing and shelters
Attachments: OD Prevention Response Guidelines Housing 2016-12-09.docx

I am also including Marcus as he has been working on SOPs for these sites for the SCS task group.
Bonnie

*Dr Bonnie Henry
Deputy Provincial Health Officer
Office of the PHO
Ministry of Health
4th floor, 1515 Blanshard St
Mailing address: PO Box 9648, STN PROV GOVT
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From: Emerson, Brian P HLTH:EX
Sent: Thursday, December 15, 2016 9:00 AM
To: Buchner, Chris; XT:HLTH Gustafson, Reka; Miranda Compton
Cc: Henry, Bonnie HLTH:EX
Subject: Guidelines for OD prevention in supported housing and shelters

Good morning.

Further to our discussions about developing these guidelines, thank you for your interest in this topic, and attached is an initial draft. We will also be discussing these with law enforcement and BC Housing.

Please let me know whether this is what you have in mind as being helpful for operators of these establishments.

Thanks.
Brian

Dr. Brian P. Emerson, Medical Consultant, Population and Public Health Division
BC Ministry of Health, PO Box 9646 Stn Prov Govt, Victoria, BC V8W 9P1
T 250.952.1701 C 250.514.2219 F. 250.952. 1713 brian.emerson@gov.bc.ca

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Overdose Prevention and Response

Guidelines for Supportive Housing and Homeless Shelters

Draft December 9, 2016

(Adapted from resources compiled by Fraser Health - <http://www.fraserhealth.ca/health-info/health-topics/harm-reduction/overdose-prevention-and-response/overdose-planning-organization/overdose-planning-for-your-organization>.)

Context

The Provincial Health Officer of British Columbia declared a public health emergency on April 14, 2016 because BC is experiencing an unprecedented rate of drug overdoses and deaths, particularly linked to fentanyl and similar products. Overdoses are unpredictable, can happen in any setting, and a quick response can be lifesaving and prevent significant disability or death. People who use drugs can be found in any setting, and due to the illegality of drug possession, their drug use may not be apparent to staff and other residents at supported housing and shelter locations. As such, staff and management need to take steps to prevent overdoses, and be prepared to respond to overdoses should they occur.

Key elements in preventing deaths from overdose are (1) educating and encouraging people not to use drugs alone, and (2) ensuring that naloxone and other life-saving first aid is available quickly in the event of an overdose. These goals may be achieved by:

- Providing education to residents about overdose risk and how to reduce it
- encouraging shelter and housing residents to ask staff to periodically check in on them ;
- providing residents with a designated space within the shelter or housing facility where residents who use drugs could do so in the company of others;
- provision in that space of harm reduction and first aid supplies, including naloxone kits in designated spaces and anywhere else they may be availed of;
- training of staff, and possibly interested residents, so that at the request of a resident they may oversee the resident consume a drug in the designated space, and then provide the resident with any necessary first aid or overdose response;
- s.13
- s.13
- visits by health authority community health nurses, or by community paramedics, to provide supplies, advice and support to staff and residents.

s.13

Significant resources in the health and social service sectors are being put towards naloxone distribution and training. For example, the BC Facility Overdose Response Box Program supplies no-cost overdose response supplies, including naloxone, to eligible community organizations that work with people who use drugs. Many organizations serving people at risk of overdose are

already connected to the Take Home Naloxone Program, which provides overdose prevention and response training as well as naloxone kits to eligible individuals.

Purpose

The purposes of these guidelines are to provide management and staff of supportive housing and homeless shelters with best practice advice and resources on prevention and management of overdoses, and prevention of unintended consequences.

Guidelines

1. Develop an overdose response protocol for your organization. This will include information on:
 - a. First Aid & Harm Reduction Training
 - b. A Substance Use Protocol
 - c. Overdose Prevention
 - d. Overdose Response
 - e. Post Overdose Incident Follow-Up
 - f. Client Involvement

Details on what should be considered under each of these heading is found in the *Overdose Prevention & Response Protocol Recommendations For Service Providers* by Fraser Health and Vancouver Coastal Health (Resource # 1)

If your facility serves a population at risk of overdose, the BC Centre for Disease Control may be able to provide a "facility kit" at no cost to your organization containing naloxone and emergency overdose response supplies through the BC Facility Overdose Response Box Program. For more information, visit: <http://towardtheheart.com/naloxone/forb/>. For more information about the Take Home Naloxone Program, visit: <http://towardtheheart.com/naloxone/>.

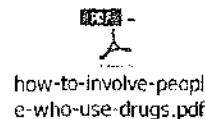
2. Connect with staff and people accessing your organization to develop an overdose plan. People with lived experience can add a rich perspective on what may and may not work in your facility. To learn more about how to involve people who use drugs see resource #2.
3. Develop step-by-step instructions on how to respond to all types of overdoses (see resource #3).
4. Review and practice your overdose response protocol regularly.
5. Prevent unintended consequences. One potential unintended consequence of a well-implemented overdose prevention and management protocol in supportive housing and homeless shelters is that these facilities may be perceived by drug traffickers as locations at which there is less risk of enforcement actions. Prevention, recognition and response to drug trafficking in these settings is described in resource #5.

Resources

1. *Overdose Prevention & Response Protocol Recommendations For Service Providers*
(http://www.fraserhealth.ca/media/Overdose_Prevention_Response_Protocol_Recommendations_Service_Providers.pdf)

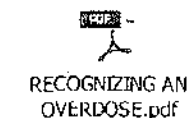


2. *How to Involve People Who Use Drugs*
(http://towardtheheart.com/assets/resources/how-to-involve-people-who-use-drugs-20140227posted_7.pdf)



3. *How to recognize and respond to overdoses*
<http://www.fraserhealth.ca/health-info/health-topics/harm-reduction/overdose-prevention-and-response/recognizing-an-overdose/>

<http://www.fraserhealth.ca/health-info/health-topics/harm-reduction/overdose-prevention-and-response/responding-to-overdose/>



4. See additional resources compiled by Fraser Health for additional resources not included in this guideline at <http://www.fraserhealth.ca/health-info/health-topics/harm-reduction/overdose-prevention-and-response/overdose-planning-organization/overdose-planning-for-your-organization>.
5. Prevention, recognition and response to drug trafficking in supportive housing and homeless shelters (resource to be found or developed).

Berkes, Andrea HLTH:EX

From: Kendall, Perry HLTH:EX
Sent: Tuesday, January 3, 2017 3:19 PM
To: Berkes, Andrea HLTH:EX
Subject: FW: UPDATED RE: Briefing Note MoH OD Prevention Sites - for our call
Attachments: Briefing Note MoH OD Prevention Sites.doc; ATT00001.htm

P. R. W. Kendall
OBC, MBBS, MHSc, FRCPC
Provincial Health Officer
Ministry of Health
Physical Address: 4th Floor, 1515 Blanshard Street
Mailing Address: PO Box 9648, STN PROV GOVT
Victoria BC V8W 9P4
Phone: 250 952-1330 Fax: 250 952-1570
Email: perry.kendall@gov.bc.ca



B.C. PUBLIC SERVICE
HALL OF EXCELLENCE MEMBER

From: Lee, Victoria [<mailto:Victoria.Lee@fraserhealth.ca>]
Sent: Friday, December 16, 2016 5:52 PM
To: Kendall, Perry HLTH:EX
Subject: Fwd: UPDATED RE: Briefing Note MoH OD Prevention Sites - for our call

MINISTRY OF HEALTH
BRIEFING NOTE
Date: December 16, 2016

Submitted By Dr. Victoria Lee

Expected Outcome ☐ Decision ☐ Discussion ☒ Information

Background

In mid-November, a surge in opiate overdose events and overdose deaths was seen in the Fraser Region. In response to this, Fraser Health began the process of identifying resources to augment our community-based response to the overdose emergency.

Fraser Health welcomed the Ministerial Order to develop or enhance overdose prevention services for the purpose of monitoring persons who are at risk of overdose, and provide rapid intervention as and when necessary. This order allowed us to rapidly leverage existing resources and move forward in our enhanced response.

This response is particularly important during periods of cold weather, which have negative impacts on our vulnerable populations and place strain on drop-in shelters and resources. Therefore, these enhanced resources in high risk communities will assist in getting individuals at risk out of the cold weather, to monitor and observe patients for overdoses and to respond immediately to health concerns.

Implementation

Fraser Health's implementation of the Order is focused on placing clinical and non-clinical resources (including skilled and trained staff and volunteers) in and around locations where populations at high risk for opiate overdose congregate (i.e. drop-in centres, shelters, etc.).

The initial focus for these services is Fraser Health's priority communities: Surrey, Abbotsford, Maple Ridge and Langley. These communities have seen the greatest increase in the Fraser region in relation to illicit drug overdose death rates and overall overdose events compared to previous years. Between January 1st, 2016 and December 11th, 2016, Surrey saw 1475 overdose events, Abbotsford had 426, Maple Ridge had 309, City of Langley had 126 and the Township of Langley had 163 overdose events.

The implementation of this order is accompanied by expansion of low-barrier Opioid Substitution Therapy (OST) for those service users that want to access it. Together these services provide an opportunity to engage active drug users into the Mental Health and Substance Use (MHSU) treatment continuum and can provide continuity of services as some individuals move in to treatment and care, tying the system together for that population more

effectively. Expansion of OST has started and continues in Surrey, and is underway in Maple Ridge and Abbotsford.

There are seven initial sites identified for augmented services:

- Surrey
 - The Gateway Shelter and Front Room Drop-in
 - Quibble Creek Sobering and Assessment Centre
- Abbotsford
 - Riverside Shelter
- Langley
 - Gateway of Hope
- Maple Ridge
 - Maple Ridge Temporary Homeless Shelter
 - Ridge Meadows Ministries Shelter.

Resources at these sites to provide surge services include a combination of: Mental Health and overdose (OD) prevention outreach workers; ACT teams; outreach nursing; EHS staff and St. John's Ambulance volunteers; RCMP; and augmented shelter and drop-in centre staff.

There are a variety of enhanced prevention and intervention services to be offered at these sites, including: outreach to bring people to drop-ins and shelters; distribution of THN and Naloxone training for agency staff; overdose intervention and reversal; monitoring and referral to treatment. In Surrey, an RCMP Command Centre on 135A will serve as a communication and referral point for interveners.

In addition to these activities, across the entire region Fraser Health is enhancing communications with community agencies regarding the allocation of resources to outreach and OD response, and ensuring that THN kits are available for clients at all residential treatment facilities and to clients at discharge.

Potential Risks

There are risks associated with the development of these sites, including a consideration of sustainability. We have allocated these enhanced resources for sites during cheque week and cold weather periods. Discussions about allocated resources beyond that, however, are ongoing. These resources are being diverted from other work, and as such this work may be happening at the cost of other care, and there is a potential for impacts on other client groups.

There is also the possibility that these sites are perceived as supervised consumption services (SCS) operating without a section 56 exemption to the Controlled Drugs and Substances Act. This has potential impacts on unionized staff, perceptions of staff safety, relationships with the RCMP and other community partners. To mitigate this, we are communicating with all stakeholders that by developing these overdose prevention sites we are building a safety net, by placing resources close to the individuals that need them most, and these sites will not operate as SCS.

Coordination of these sites may present a challenge as there are a variety of different organizations, programs and staff working across the different sites. To address this challenge, we will have a host agency lead and act as a command centre to check-in and monitor progress (i.e., the RCMP Command Centre on 135A in Surrey).

Wright, Kristin J HLTH:EX

From: Henry, Bonnie HLTH:EX
Sent: Tuesday, December 20, 2016 6:39 PM
To: Kendall, Perry HLTH:EX; XT:Lee, Victoria HLTH:IN; XT:Padhi, Dr. Shovita HLTH:IN
Cc: s.22 Buchner, Chris; Tyler, Ingrid
Subject: Re: Clarification on the consumption at SCS

Agreed. The only issue we have is with smoking which requires specific ventilation etc to protect workers. Injection, ingestion and snorting have all been supervised.
Bonnie

Dr Bonnie Henry
Deputy Provincial Health Officer
Office of the PHO
British Columbia
250 952 1330

From: Kendall, Perry HLTH:EX
Sent: Tuesday, December 20, 2016 5:52 PM
To: XT:Lee, Victoria HLTH:IN; XT:Padhi, Dr. Shovita HLTH:IN
Cc: s.22 Buchner, Chris; Tyler, Ingrid; Henry, Bonnie HLTH:EX
Subject: Re: Clarification on the consumption at SCS

The Act talks about supervised consumption service. So I don't see why that wouldn't be what we eventually supervise.

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Lee, Victoria
Sent: Tuesday, December 20, 2016 5:18 PM
To: XT:Padhi, Dr. Shovita HLTH:IN
Cc: s.22 Buchner, Chris; Tyler, Ingrid; Kendall, Perry HLTH:EX; Henry, Bonnie HLTH:EX
Subject: RE: Clarification on the consumption at SCS

Hi Shovita,

I thought that the reason that we were calling them consumption sites was to enable monitoring post oral/intranasal use as well. I've cc'd Perry and Bonnie to this email trail.

Thank you,
Victoria

Victoria Lee MD MPH MBA CCFP FRCPC
Vice President Population Health and
Chief Medical Health Officer
Fraser Health Authority
Suite 400, Central City Tower
13450 - 102nd Avenue

Surrey, BC
V3T 0H1
Office: 604.587.7891
Fax: 604.930.5414
email: Victoria.lee@fraserhealth.ca

Executive Assistant: Cecelia Holling
#400 - 13450 102 Avenue, Surrey, BC V3T 0H1
Direct: 604-587-7896
Fax: 604-930-5414
Email: ccelia.holling@fraserhealth.ca

From: Padhi, Shovita
Sent: Tuesday, December 20, 2016 4:27 PM
To: Lee, Victoria
Cc: s.22; Buchner, Chris; Tyler, Ingrid
Subject: Clarification on the consumption at SCS

Hi Victoria,

We were wondering if you might be able to clarify with your senior Provincial counterparts about the consumption that will take place at SCS. At present, the exemption only permits injection of substances – not oral or intranasal use. From a medical perspective, I still feel that these methods also put individuals at high risk for overdose and death. In Toronto, most of the overdoses are occurring in PO users. It would be great if we could eventually move in the direction of including oral and intranasal forms of consumption at these sites.

Thanks,
Shovita

Shovita Padhi; Medical Health Officer; Fraser Health Authority
Tel: 604-930-5404 Ext 765762; Cell: 604-506-7125

Berkes, Andrea HLTH:EX

From: MacDougall, Laura <Laura.MacDougall@bccdc.ca>
Sent: Wednesday, December 21, 2016 3:26 PM
To: Kendall, Perry HLTH:EX
Cc: XT:Kuo, Margot HLTH:IN; Lem, Marcus
Subject: RE: metrics on OD fatality prevention sites

Thanks, Perry. Just off a call re: logistics of transmitting this data and just wanted to give you a head's up that VCH has revised their forms and it didn't sound like they are collecting all 11 variables. You may hear something from their MHOs in response to your note. We thought there was agreement that the 11 were low-barrier enough to implement everywhere but this seems to have changed. Unfortunately, I don't know which variables are/are not being collected so can't comment on how close this will be to what others are doing.

Laura

From: Kendall, Perry
Sent: Wednesday, December 21, 2016 2:04 PM
To: MacDougall, Laura
Subject: FW: metrics on OD fatality prevention sites

FYI and thanks

P. R. W. Kendall
OBC, MBBS, MHSc, FRCPC
Provincial Health Officer
Ministry of Health
Physical Address: 4th Floor, 1515 Blanshard Street
Mailing Address: PO Box 9648, STN PROV GOVT
Victoria BC V8W 9P4
Phone: 250 952-1330 Fax: 250 952-1570
Email: perry.kendall@gov.bc.ca



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From: Kendall, Perry HLTH:EX
Sent: Wednesday, December 21, 2016 2:04 PM
To: XT:HLTH Daly, Patty; XT:Corneil, Trevor Dr. HLTH:IN; XT:Lee, Victoria HLTH:IN; XT:HLTH Stanwick, Richard; XT:Adams, Evan HLTH:IN
Cc: XT:Fumerton, Raina HLTH:IN; XT:Lysyshyn, Mark Dr. HLTH:IN; Henry, Bonnie HLTH:EX; XT:Tyndall, Dr. Mark HLTH:IN; Kendall, Perry HLTH:EX; 'warren.o'briain@gov.bc.ca'
Subject: metrics on OD fatality prevention sites

Colleagues,

On April 14, 2016 I declared a public health emergency due to increases in illicit opioid overdose and mortality associated with the use of highly toxic illegally produced fentanyl and analogues. The purpose of providing the notice of emergency was to enable improved surveillance of and response to this overdose situation.

On December 9, 2016 Health Minister Terry Lake, under provisions of the Emergency Health Services Act and the Health Authorities Act, ordered BCEHS 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.

To monitor these activities and to support local as well as provincial decision-making at the BC Health System Steering Committee on Overdose Response, some basic metrics on Overdose Prevention Services at a provincial level are needed. Core surveillance data elements were defined collaboratively with Northern, Island, Vancouver Coastal, Fraser, BCCDC, and Interior Health Epidemiologists (attached). Objectives of surveillance are to capture overdose events that may not otherwise be captured by existing surveillance and to monitor overdose events related to Overdose Prevention Services.

The attached defines the 11 non-personally identifying core data elements that I ask that you provide provincially, through BCCDC, each week. Due to the variability of the setting and operations at individual Overdose Prevention Services, implementation of data collection protocols are expected to be locally-informed.

I thank you for your cooperation.

Sincerely

Perry Kendall

Background: On Dec. 8th, BC enacted a ministerial order to create overdose prevention services. To support the decision making of the BC Health System Steering Committee on Overdose Response some basic metrics on the services at a provincial level are needed.

Objectives of Surveillance: 1) To capture overdose events that may not otherwise be captured by existing surveillance 2) To monitor overdose events related to Overdose Prevention Services.

Focus of Data Collection: Overdose Prevention Services in BC operate on different models in a variety of settings. The focus is to provide no barrier venues for persons who use drugs to be in a safer environment with a person with naloxone available nearby in case of overdose. In keeping with this, data collection must not pose barriers while collecting minimum core elements from all services with a focus on information that is readily available to any person, with or without medical training responding to an event.

This core data tool was developed collaboratively with Northern, island, Vancouver Coastal, Fraser, BCCDC, and Interior Health Epidemiologists. Implementation will depend on settings and models.

CORE DATA ELEMENTS

Person

Core Data Element (as it would ideally appear on a data collection tool)

Definition and Other Information

Gender: ☐ Male ☐ Female ☐ Transgender ☐ Unknown

The gender of the person experiencing the overdose. Data collection tools to include at minimum male, female, unknown.

Age Group: ☐ under 19 ☐ 19-39 ☐ 40 or older ☐ Unknown

The estimated age group of the person experiencing the overdose. Broad age categories are used to allow estimation by first responders.

Place

Overdose Prevention Service or Response Group Name/Code:

Name or Code of the Overdose Service (e.g. Powell St. Getaway). A list of overdose prevention services by name and code with an address and Response Groups/Names with an affiliated service or area is required to interpret this field.

Overdose Occurred: ☐ Inside ☐ Outside

Indoors or Outdoors as best describes where the person experiencing the overdose was seen to overdose or was found.

Time

Date: DD/MM/YYYY

The date of the overdose event

Time of Overdose: ____:____ ☐ A.M. ☐ P.M.
HH MM

The time that most closely approximates when the person showed observable signs of overdose or was found unresponsive.

Event/Intervention

Was 911 Called: ☐ Yes ☐ No ☐ Unknown

Whether or not 911 was phoned.

Was Naloxone Given: ☐ Yes ☐ No ☐ Unknown

Whether or not Naloxone was given (any form but injectable is assumed for most settings)

How many injections of Naloxone were given:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ more than 5

The number of naloxone injections given as a part of this overdose response. The underlying assumption is that the 0.4 mg vials are standard in community kits and Overdose Prevention services. Only count injections prior to a paramedic taking over.

Was rescue breathing performed? ☐ Yes ☐ No

Whether or not breaths were given or observed to be given by anyone as a part of the overdose response.

What was the outcome?

The outcome of the event as best described by one of the three options. May also include unknown but this has been excluded from example format to encourage a usable answer.

☐ Client Left ☐ Client Transported to the ED ☐ Client Died

P. R. W. Kendall
OBC, MBBS, MHSc, FRCPC
Provincial Health Officer
Ministry of Health
Physical Address: 4th Floor, 1515 Blanshard Street
Mailing Address: PO Box 9648, STN PROV GOVT
Victoria BC V8W 9P4
Phone: 250 952-1330 Fax: 250 952-1570
Email: perry.kendall@gov.bc.ca



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