

Guidelines for Overdose Prevention Centers in New York City

In the absence of federal and state regulations governing the provision of overdose prevention services, the New York City Department of Health and Mental Hygiene (NYC Health Department) has established guidelines for entities currently providing or seeking to provide overdose prevention center (OPC) services in NYC. These guidelines promote OPC services in NYC that are high-quality and responsive to community needs and delivered in a way that ensures the safety of participants, staff and local residents.

The NYC Health Department strongly encourages OPCs operating in NYC to comply with the guidelines detailed in this document.

Guidelines are subject to updates and amendments.

Guidelines

Program Eligibility

Standard

Organizations expanding existing services to include OPC services must be registered and waived with the New York State Department of Health (NYSDOH) as a syringe exchange program, to the extent they provide these services. Programs should work in close collaboration with the NYC Health Department in planning the expansion of their services to include OPC services.

Guideline Indicators

1. Programs are in compliance with the NYSDOH AIDS Institute Policies and Procedures for Syringe Exchange Programs (available at health.ny.gov/diseases/aids/providers/prevention/harm_reduction/needles_syringes/syringe_exchange/docs/policies_and_procedures.pdf).
2. Active collaboration with NYC Health Department to:
 - Create OPC services policies and procedures
 - Develop a community engagement strategy
 - Follow data collection and reporting recommendations

- Ensure appropriate use of public funds in the support of their OPC services

Space

Standard

The program should ensure adequate space for all aspects of participant engagement in OPC services, including registration and screening, direct supervision of consumption, post-use observation, and emergency treatment.

Guideline Indicators

1. There should be a designated **reception and registration area** where new and returning participants can be greeted, assessed for eligibility and enrolled in services prior to entering the supervised consumption area.
2. There should be a designated **supervised consumption area** where program staff will directly supervise participants' consumption of pre-obtained substances.
3. The designated supervised consumption area should meet the following criteria:
 - a. Open layout for the drug consumption area with direct lines of sight so all participants and staff are visible at all times
 - b. Adequate space for overdose response
 - c. Adequate lighting to ensure visibility and safe injection
 - d. A flat, nonporous surface at each consumption station
 - e. Mirrors in areas that are not directly visible to staff (for example, drug consumption stations)
 - f. Secure entrances and exits to the supervised consumption area, such that staff can control the flow of participants
4. There should be a designated **post-consumption area** where staff will monitor and engage participants after they leave the supervised consumption area.
5. There should be a designated **medical intervention area** where staff will provide higher-intensity medical and health services, including first aid, wound care and treatment of injection-related soft tissue injuries.

Equipment

Standard

The program ensures that staff and participants have the equipment they need to reduce potential substance use harms, including overdose.

Guideline Indicators

1. **Safer use supplies:** Programs provide appropriate equipment to each participant based on the substances they will be using and their preferred route of administration.

- a. Equipment should include, at a minimum, a tray, a syringe, an alcohol swab, filters, straws, pipes, sterile water, a disposable bottle cap, matches, a tourniquet, a 2-by-2 gauze pad and a spot bandage.
2. **Sharps containers:** All consumption stations have secured sharps containers to ensure the safe disposal of used syringes and other equipment.
3. **Emergency response:** All programs have the following emergency equipment to respond to overdose symptoms, including sedation, loss of consciousness and overamping.
 - a. Intramuscular and intranasal naloxone
 - b. Automated external defibrillator (AED)
 - c. Bag valve mask
 - d. Oxygen tanks and related equipment, including pulse oximeters
4. **Personal protective equipment (PPE):** All staff working in the OPC are equipped with PPE (such as face masks, face shields, gowns and protective eye equipment) to reduce risk of disease transmission.
5. **Optional equipment:** A machine to provide on-site drug checking services.

Staffing

Standard

The OPC is staffed appropriately to ensure the safety of participants with clearly delineated roles, including but not limited to a responsible person in charge (RPIC), overdose prevention specialists (OPSs) and a medical lead.

Guideline Indicators

1. There is an assigned RPIC who is present at all times during OPC operations. An RPIC oversees OPC operation for each shift. This includes monitoring the flow of participants into the OPC and ensuring safe conditions for both staff and participants. The RPIC has the ability to temporarily pause OPC operations in order to address safety or other concerns.
2. There are OPSs who engage participants, assess needs, directly observe consumption and respond to a potential overdose. The ratio of OPS to OPC participants should never fall below 1-to-4.
3. There is one designated staff person to serve as the medical lead who is a physician, an advanced practice provider, a registered nurse, a licensed practical nurse or an emergency medical technician. This person will work with OPC staff members to respond to more complex overdoses, address other medical emergencies and provide connection to higher-intensity health care services.
4. There is one designated staff person to serve as the community manager to receive and address community concerns regarding safety or quality of life issues that may arise.
5. There are sufficient staff to ensure that minimum program service standards are met (see the core services listed in the Overdose Prevention Services section). Additional optional roles to support OPC operations may include:

- a. An administrative coordinator to provide a variety of administrative, supervisory, general clerical and other related duties.
- b. A counselor to provide crisis counseling, counseling support, and referrals to mental health care and social services.
- c. Harm reduction specialists to engage participants in reception and post-consumption areas and provide harm reduction education and counseling, naloxone, sterile syringes, safer use supplies, basic needs services, and linkages to care.

Training

Standard

Staff providing OPC services receive appropriate training in order to respond to potential overdoses and other adverse events on-site, engage participants and provide safer use and overdose prevention education, and connect participants to care on-site and through referrals.

Guideline Indicators

1. The program should submit a list of required trainings, knowledge, experience and competencies for OPC staff to the NYC Health Department for review and approval.
2. Recommended trainings and competencies include but are not limited to:
 - a. Current certification in CPR or AED
 - b. All mandated trainings required by the NYSDOH AIDS Institute
 - c. Demonstrated competencies in overdose intervention and provision of safer use skills and education, for example:
 - i. Demonstrated competence in responding to overdoses of varying complexity involving opioids, stimulants and multiple substances as well as those with medical complications (for example, fentanyl-induced muscle rigidity and cocaine-induced psychosis)
 - ii. Demonstrated competence in the administration of oxygen and naloxone
 - iii. Demonstrated knowledge of safer use skills and equipment and competence in providing safer use education

Overdose Prevention Services

Standard

The OPC provides comprehensive overdose prevention services to people who use drugs, including provision of safer use supplies, direct supervision of consumption of pre-obtained substances, post-use observation, intervention in the event of an overdose, and connection to medical, mental health or substance use disorder treatment as needed.

Guideline Indicators

1. The program provides direct supervision of consumption of pre-obtained substances and utilizes a continuum of interventions to support people who may experience an adverse event, including monitoring oxygen saturation with a pulse oximeter, providing supplemental oxygen, administering naloxone and activating emergency medical services (EMS) if needed.
2. The program ensures the participant is safe to leave the facility:
 - a. The participant maintains patency of airway, breathing and circulation.
 - b. The participant's vital signs remain stable without supportive intervention.

Wraparound Services

Standard

The OPC provides a set of wraparound services on-site to offer basic needs, health, mental health and substance use disorder treatment services to program participants. The program should also connect participants to health care and social services at other organizations as needed and conduct outreach and community engagement in the neighborhoods where they operate.

Guideline Indicators

1. The program provides the following core wraparound services:
 - a. Harm reduction education and counseling, naloxone, syringe exchange, safer use and safer sex supplies
 - b. Injection-related first aid (such as wound and abscess care)
 - c. Low-threshold access to medications for opioid use disorder (for example, buprenorphine)
 - d. Connections to primary medical care, substance use disorder treatment, mental health care and social services through on-site services and referrals
 - e. Basic needs services, including food and hygiene services

Community Engagement

Standard

The program is an active community partner and develops and maintains relationships with community residents, elected officials and local community organizations prior to opening of OPC services and throughout the time of implementation. The program maintains an open line of communication with community members to address concerns in a timely manner.

Guideline Indicators

1. The program's community manager, or their delegate, serves as the designated point-of-contact and liaison for community relations. The community manager should:
 - a. Be the direct point-of-contact for community concerns

- b. Attend community board meetings on a regular basis
 - c. Serve as the point-of-contact for requests and discussions with elected officials and the community board
2. The program acknowledges community concerns or requests from elected officials and the community board within a 48-hour period and makes a good faith effort to address these concerns, with the collaboration and support of the NYC Health Department.
3. The program works with other local social service, health and mental health organizations and community stakeholders, such as schools, police precincts and houses of worship, to support community health events and provide information and resources about harm reduction, OPC services, syringe litter cleanup and other services.
4. The program holds meetings or forums for the community to learn about service operations and raise questions.
5. The program develops and implements a clear strategy to address syringe litter, including a regular and routine process of syringe litter cleanup and proper disposal.
6. The program should submit their OPC community engagement plan to the NYC Health Department for review.

Safety and Security

Standard

The program ensures safety for all staff, participants and local residents. The program addresses safety concerns resulting from participant behavior, while working to preserve access to essential services as much as possible.

Guideline Indicators

1. The program develops and disseminates a code of conduct to all participants.
2. The code of conduct describes behaviors to maximize participant and staff safety.
3. The program establishes policies and procedures to address violations of the code of conduct, including potential safety concerns.
4. Consequences for violating the code of conduct are clearly defined and incorporate principles of trauma-informed care. Consequences should preserve access to essential services as much as possible.
5. The program ensures participants understand and agree to the terms.

Data Management and Reporting

Standard

The program develops sufficient data infrastructure and staffing to ensure accurate monitoring of OPC activities. With implementation support from the NYC Health Department, OPC service data is collected electronically and includes utilization and outcome metrics as well as participant demographic information. The program securely submits routine reports to the NYC Health

Department for monitoring purposes and, if appropriate, participates in the NYC Health Department's evaluation of the impact of OPC operations on individual and community health and public safety.

If the program receives federal funding, the program must comply with the federal substance use confidentiality regulations (Part 2 of Title 42 of the Code of Federal Regulations [CFR]) for the use and disclosure of any participant identifying information related to substance use disorder, diagnosis, treatment or referral for treatment. Where applicable, the program will obtain participant written consent in accordance with Part 2 of Title 42 of the CFR for the disclosure of participant identifying information. The program will ensure that external recipients (such as contractors) of such information are notified that the information is protected by Part 2 of Title 42 of the CFR. Programs may disclose participant identifying information to medical personnel to meet a medical emergency in which the participant's prior written consent cannot be obtained.

The program should use appropriate physical, technological and organizational safeguards to protect participant identifying information, which includes demographic information. The program restricts collection, use, disclosure of or access to participant identifying information to authorized users. The program does not use such information for personal or commercial purposes. The program ensures that its contractors understand and comply with the data privacy and security provisions of this policy. If the program collects, discloses, uses or accesses participant identifying information in violation of this policy ("incident"), the program notifies the NYC Health Department in writing as soon as practicable but no later than 24 hours after discovery, including a description of the incident, the types of information involved, the parties (if known) who gained access to the information without authorization and the mitigation taken by the program. The program also cooperates with the NYC Health Department and other City agencies to investigate the incident, and makes any voluntary or required notices.

Guideline Indicators

The program should:

1. Ensure that all OPC specialists are trained in data collection and entry
2. Ensure that all data are collected electronically on tablets
3. Have a dedicated staff person to coordinate data collection, entry, analysis and reporting to the NYC Health Department and serve as the point-of-contact for the NYC Health Department and other evaluation staff. This person or another dedicated staff person should also oversee the implementation of data privacy and security policies and practices, including but not limited to data privacy and security and cybersecurity training of the workforce.
4. Reserve at least one computer or laptop for data analysis. This computer should be equipped with Microsoft Excel and at least one statistical software (such as Stata, SPSS, SAS or R). The laptop or computer should have appropriate security safeguards.
5. Electronically collect all the following metrics:
 - a. At enrollment:
 - i. Participant date of birth
 - ii. Participant enrollment ID

- iii. Participant demographics, including race and ethnicity, gender, sex at birth, age, housing status, sexual orientation, and ZIP code (where they sleep and where they spend most of their waking hours)
 - iv. Drugs used and modality of use during the past 30 days
 - v. Setting of drug use during the past 30 days
 - vi. Overdose during the past six months
 - vii. Witnessed an overdose during the past six months
- b. At each OPC use:
- i. Drugs used and modality of use
 - ii. Where the participant would have used drugs if they had not attended the OPC and if they would have used alone
 - iii. Whether the participant experienced an overdose since last leaving the OPC
 - iv. If the participant brought syringes to dispose of at the visit
 - v. Changes to participant drug use in the last week
 - 1. Decreased use
 - a. By choice
 - b. Not by choice
 - 2. Increased use
 - 3. Change in substances being used
 - 4. Change in route of administration
 - 5. Change in polydrug use
 - 6. Got drugs from new or different source
 - 7. Change in use of sterile works
 - a. More sterile works used
 - b. More reuse of works
 - 8. Chose not to respond
 - 9. Other: _____
- c. Outcome of each OPC use:
- i. Whether an intervention was required
 - ii. Reason for intervention:
 - 1. Depressant-involved overdose (naloxone used)
 - 2. Depressant-involved overdose (no naloxone used)
 - 3. Stimulant-involved overdose or overamp
 - iii. List of interventions used:
 - 1. Agitation
 - 2. Pulse oximeter
 - 3. Oxygen or bag valve mask
 - 4. Hydration
 - 5. De-escalation
 - 6. Cooling
 - 7. EMS called
 - 8. Transferred to post-consumption area for monitoring
6. The program sends OPC utilization data to the NYC Health Department as requested for internal monitoring, provided that the data is not personally identifiable.

7. The program participates in NYC Health Department-supported evaluations of the impact of OPC services on a range of health and community safety outcomes, conducted in conjunction with an academic research institution.

Funding

Standard

When applicable, the program ensures the appropriate use of public funds. Staff time spent directly supervising drug consumption cannot be City-funded but must be supported through private funding.

Guideline Indicators

1. The program implements a time and effort structure to differentiate staff time related to supervised consumption versus other available services.
2. The program's time and effort tracking meets the following criteria:
 - a. The employee's time is documented in writing.
 - b. The documentation reflects the actual time spent by the employee on activities (for example, overdose education, needs assessment, provision of sterile supplies, post-use observation and clinical intervention to prevent a fatal overdose) whose costs are offset by the program's deliverable-based contract with the NYC Health Department.
 - c. The period covered by each documentation does not exceed one month.
 - d. The documentation accounts for all the employee's time for the period covered.
 - e. The documentation is signed by the employee and the employee's supervisor.
 - f. Documentation is collected and maintained in a manner that is audit-ready and can be produced upon request.
3. Quarterly time sampling of staff activities should be performed in order to ensure time and effort allocation accurately reflects staff time spent on authorized activities.
4. Time and effort documentation is available to the NYC Health Department if requested.

Policies and Procedures

Standard

The program develops and maintains policies and procedures to ensure safe and standardized OPC service operations. The program collects and maintains documentation and, when necessary, reports adverse incidents to the NYC Health Department.

Guideline Indicators

1. The program develops policies and procedures for the provision of services across the reception, supervised consumption, post-consumption and medical treatment areas.
 - a. A full list of recommended policies and procedures can be found in the table in this section.

2. The program submits policies and procedures to the NYC Health Department for review and approval.
 3. The program completes documentation at participant enrollment, at each OPC use, and after incidents or adverse events. This includes:
 - a. At enrollment: participant consent to services, user agreement or release forms
 - b. At each OPC use: supervised consumption area log of participants
 - c. Following specific incidents: administration of naloxone for depressant-involved overdoses, interventions for depressant or stimulant-involved overdoses, or temporary prohibition of participants
 - d. Following adverse or rare events: death, EMS activations, or accidents with or without injury
 - e. Following provision of specific services: all case management, medical, basic needs, on-site counseling, treatment and drop-in services provided on-site and through external referrals
 4. The program reports adverse events to the NYC Health Department as soon as possible. **Programs should report all details of any deaths on-site to the NYC Health Department immediately.**
 5. The program develops a **quality assurance and risk mitigation process** for ensuring the provision of high-quality services. This includes ensuring compliance with program requirements and addressing adverse events through root cause analysis and corrective action as necessary.
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Number	Policy	Policies and Protocols	Recommendations
1	General policies	Programs establish general rules for operation of an OPC. Guidance may be found at health.ny.gov/diseases/aids/providers/prevention/harm_reduction/needles_syringes/syringe_exchange/docs/policies_and_procedures.pdf .	All participants maintain possession of their own drugs while at the OPC. Entry to the OPC is monitored by OPC staff.
2	Quality assurance	Programs establish a policy which details how quality of services will be routinely assessed and maintained.	NYC Health Department reviews the program's process to ensure that it maintains high-quality service provision and addresses adverse events through root cause analysis and corrective action as necessary.
3	Eligibility	Programs establish eligibility criteria for OPC program participation and specify protocols for the special populations listed in the rows below.	In line with NYSDOH guidance regarding eligibility for syringe service program (SSP) services, programs screen potential OPC participants to assess current and previous drug use, including types of drugs used, frequency of use, mode of administration, number of years of use and other appropriate information. Generally, under NYSDOH guidance, eligibility is restricted to people with a history of substance use who are older than age 18 and not accompanied by children.
4	Protocol for specific populations	Programs establish a policy to address the needs of participants who cannot self-inject or are overly intoxicated as well as other specific circumstances. These policies should take into consideration the personal and professional liability of individual staff and the whole agency.	Programs do not discriminate based on race, color, religion, pregnancy status, sexual orientation, gender identity, immigration or citizenship status, national origin, disability, or age.

Number	Policy	Policies and Protocols	Recommendations
5	Staff policies	Programs develop guidelines for staff expectations, trainings, and roles and responsibilities.	<p>Staff policies include:</p> <ul style="list-style-type: none"> • Required trainings and qualifications • Expectations for staff behavior and comportsment to ensure compassionate service delivery while maintaining participant privacy and confidentiality • Expectations for staff to ensure complete and accurate data collection and documentation • Roles and responsibilities across the major areas of the OPC: reception, supervised consumption room, post-consumption area and treatment area.
6	Supervised consumption service policies	Programs develop detailed policies and procedures around the provision of supervised consumption area services.	<p>Policies describe:</p> <ul style="list-style-type: none"> • Overdose response equipment use and maintenance • Overdose intervention procedures: <ul style="list-style-type: none"> ○ Assessment and diagnosis ○ Manual ventilation administration ○ Naloxone and oxygen administration • Cardiac or respiratory arrest response <ul style="list-style-type: none"> ○ AED administration • Transference of care to EMS
7	Bathroom monitoring	Programs establish a bathroom monitoring protocol for all bathrooms accessible to OPC participants, including in the program areas outside of the OPC.	<p>Bathroom policies include:</p> <ul style="list-style-type: none"> • Routine inspection of bathrooms by program staff. • Timed intervals to check on participants while they use the bathroom using an intercom. • A procedure for visually confirming that the participant has not fallen, suffered a medical emergency or experienced an overdose (this includes a procedure for entering the bathroom to provide medical assistance).

Number	Policy	Policies and Protocols	Recommendations
8	Changes in days or hours	Programs establish a procedure for alerting participants to temporary or permanent changes to the hours and days of OPC operation. These changes should also be reported to the NYC Health Department.	
9	Complaint policy	Programs establish a procedure for fielding complaints or other expressions of dissatisfaction by an OPC participant.	Complaints are immediately brought to the attention of the RPIC and documented in writing. Complaints should be reviewed and addressed as part of the quality assurance process.
10	Confidentiality	Programs establish a confidentiality policy in compliance with Part 2 of Title 42 of the CFR where applicable. The policy should be adhered to by all OPC staff to protect OPC participants, including detailing permitted uses and disclosures of participant identifying information and other confidential information. Possible permitted uses and disclosures are detailed in the next column.	<p>Permitted uses and disclosures:</p> <ul style="list-style-type: none"> • A release of information is signed by the participant, specifying what information can be released and to whom, and how long the release is effective • A critical incident or medical emergency involving the participant or a staff person in which the participant or staff person cannot give prior consent • Mandated immediate notification of adverse events (such as a participant death) • Disclosures otherwise required by applicable law
11	Data management	Programs develop and implement appropriate physical, technical and organizational safeguards to protect the privacy and security of participant identifying information and other confidential information. Such safeguards include policies, practices and technology for secure collection, disclosure and retention of the information, and notification of unauthorized uses and disclosures.	<ul style="list-style-type: none"> • Data is stored in a secure location. Electronic data should be stored in a password-protected drive and paper forms should be kept in a locked cabinet. Encryption should be enabled to protect data. • Access is restricted to staff who need the data to fulfill their responsibilities. • All data is kept confidential. Identifiers should only be used by SSP staff for service provision purposes. • Data that is reported publicly should be in the aggregate form to prevent the identification of participants.

Number	Policy	Policies and Protocols	Recommendations
12	Death	Programs establish a protocol to respond in the case of an on-site death.	<ul style="list-style-type: none"> Documentation: Ensure all details of the incident are recorded. Staff members involved should complete an incident report. Reporting: The program notifies the NYSDOH AIDS Institute and the NYC Health Department's Harm Reduction Unit immediately. Support: The program ensures that staff and affected participants receive trauma counseling and other grief services.
13	Phones and communication	Programs establish a policy to ensure staff communication across the OPC.	OPC staff working in each of the four areas of the OPC (the reception or waiting area, supervised consumption area, post-consumption area and treatment area) should carry a communication device with them at all times during OPC operations so that they are accessible to the RPIC and other OPC staff.
14	Sharing and splitting doses	Programs establish a protocol for when two or more participants would like to split their dose. Splitting doses is a common practice wherein participants combine resources to purchase drugs that they may not have been able to afford alone.	<p>Assign adjacent stations to the participants who have indicated an interest in sharing or splitting a dose.</p> <p>Sharing or splitting should only directly involve OPC participants.</p> <p>All OPC participants involved in sharing or splitting should be consuming some of the drugs during the OPC visit.</p> <p>Sharing or splitting should not involve the exchange of money, goods, services or other compensation.</p>
15	Storing belongings	Programs are advised against storing items for participants.	At the end of each shift, items left by participants should be removed. Specific policies should be developed for unused drugs or unidentified substances left behind in the OPC (see the following row).

Number	Policy	Policies and Protocols	Recommendations
16	Unused substances left in the OPCs	Programs establish a policy to address drugs left behind by participants.	During or at the end of each shift, substances that have been left behind by participants are to be brought to the attention of the RPIC, recorded and disposed of appropriately.
17	Visitors	Programs establish a protocol to law enforcement and other possible visitors to the OPC.	
18	Minimizing the risk of communicable disease transmission	All programs follow guidance and protocols issued by the NYSDOH to minimize the risk of communicable disease transmission. Programs should also develop policies for the appropriate use of PPE to mitigate the risk of disease transmission.	
19	Needle stick or blood-borne exposures	Programs follow the protocols for blood or body fluid exposure as outlined by NYSDOH.	
20	Safe disposal	Programs establish a protocol for the safe disposal of sharps and other potentially biohazardous waste which is consistent with NYSDOH policies and procedures.	All supervised consumption stations are equipped with a sharps container for participants to dispose of their own sharps and other biohazardous waste.
21	Crisis management	Programs establish policies and procedures to assess, manage and document all crisis situations that may arise during the operation of the OPC.	<ul style="list-style-type: none"> • Define types of crises likely to arise and provide corresponding guidance, including roles of staff responding to the crisis and procedures for debriefing following a crisis • Outline the documentation procedure following a crisis • Outline the procedure and deadlines for reporting incidents in or near the OPC to both NYSDOH the and NYC Health Department.

Number	Policy	Policies and Protocols	Recommendations
22	Conflict resolution	Programs establish policies and procedures to address violations of community code of conduct.	<ul style="list-style-type: none"> • Define consequences for violations of code of conduct, incorporating principles of trauma-informed care • Consequences should maximize staff and participant safety, while preserving access to services as much as possible.

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