

Overdose Prevention Sites: User Guide for Applicants

Population and Public Health Division
Ministry of Health and Long-Term Care

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INTRODUCTION

On November 15, 2017, the federal Minister of Health announced the federal government's new strategy to address the opioid crisis, which includes working with provinces and territories to establish a streamlined protocol for temporary exemptions under Section 56(1) of the *Controlled Drugs and Substances Act (CDSA)* for overdose prevention sites.

On December 7, 2017, Health Canada issued an exemption to the Minister of Health and Long-Term Care to establish temporary Urgent Public Health Need Sites (referred to as Overdose Prevention Sites) in Ontario. As such, the Ministry of Health and Long-Term Care (MOHLTC) will establish Overdose Prevention Sites (OPS) on a time limited basis (3 to 6 months), with the possibility of extension. **OPS are intended as low barrier, life-saving, time-limited services. OPS offer targeted services in order to address the crisis in opioid related overdoses.**

Successful OPS applicants will enter into a legal agreement with the MOHLTC or a Local Health Integration Network (LHIN) that will cover the required terms and conditions, including the services permitted at the OPS.

Overdose prevention sites **will** provide the following services:

- Supervised injection;
- Naloxone; and
- Provision of harm reduction supplies including, but not limited to needles, syringes and other safe drug use equipment, and the disposal of used harm reduction supplies.

OPS **can** provide or permit the following services based on local need and capacity:

- Peer to peer assisted injection;
- Supervised oral and intranasal drug consumption; and/or
- Fentanyl test strips as a drug checking service.

The OPS exemption does not cover supervised inhalation services.

The *Overdose Prevention Sites: User Guide for Applicants* provides an overview of the process involved to receive provincial approval and funding to establish OPS. The guide also provides information on program delivery requirements under the Health Canada exemption and the provincial criteria used to assess each applicant's ability to address these requirements.

The *OPS Application Form* assists applicants with the necessary information to facilitate the application review process. Note that applicants do not need to apply for a federal exemption.

THE APPLICATION PROCESS

Stage One: Program Application Review and Approval

Program Model Minimum Requirements

Applications must demonstrate the following minimum requirements:

- a) Site is led by an incorporated healthcare or community based organization, or partners with one (referred to as a co-applicant)¹, that works with individuals who use drugs. Preference will be given to those who currently offer harm reduction services.
 - If there is a co-applicant:
 - The relationship between the applicant and co-applicant must be provided;
 - A letter from the co-applicant which describes how they will support the overdose prevention site must be submitted with the application².
- b) Site must have a Designated Person² who is responsible for overseeing all operations, including staff members at the OPS
- c) Evidence demonstrating local need:
 - Opioid-related morbidity and mortality data (may be obtained from Coroner's data, Public Health Ontario's Opioid Tracker, and/or other data sources);
 - Approximate number of expected clients visiting the OPS per day;
 - Other data to indicate local need for the OPS (as determined by the applicant)
- d) Letter of permission from the land/property owner to operate an OPS on-site if the applicant does not own the property;
- e) Applicant has the space to operate an OPS with minimal or no capital start-up costs required³:
 - Floor plan is provided with the application
 - Please indicate if there is access to washroom facilities and a sink.
- f) Site meets municipal bylaws and provincial regulations for accessibility;
- g) Physical safety and security measures are in place to ensure client, staff and community safety:

¹ If the applicant is not an incorporated health care or community based organization (i.e. a legal entity capable of entering into contracts) that works with individuals who use drugs and offers harm reduction services, it will require a co-applicant for the overdose prevention site. The co-applicant must be willing to enter into a legal agreement and assume accountability for OPS operations, including funding, etc.

² The Designated Person must, before the OPS is operational, provide: a résumé including relevant education and training; a criminal record check issued by a Canadian police force; and, a document(s) issued by a police force of another country, if the person has lived outside of Canada within the preceding 10 years.

³ The space can be a permanent building or a mobile site such as a trailer.

- Meets provincial and municipal safety requirements
 - Fire safety plan is in place
 - EMS, first responders, and fire service have access to and within the site
- h) Minimum of two employees, with CPR and naloxone training, are required to be on-site at all times, with one designated health professional available as determined by the applicant (e.g. on-call or onsite);
- i) Applicant has established relationships with other service providers that can provide staff or other support to the OPS as needed.

Successful applicants must also comply with the terms and conditions set out by Health Canada in exemptions under Section 56(1) of the *Controlled Drugs and Substances Act* (CDSA) in relation to overdose prevention sites in Ontario⁴ (see Appendix A).

Provincial Funding for OPS

As part of the application process, applicants will identify the duration of the OPS they are applying for (3 or 6 months) and the site’s proposed days/hours of operation. This will vary for each OPS based on local need and capacity.

To support applicants develop their OPS model of service, the ministry developed an OPS Funding Guide (see Table 1). While the table presents three potential OPS models, the ministry will consider OPS with less days/different hours of operation. Funding allocations for an approved OPS will, however, fall within the parameters outlined in the OPS Program Funding Guide (excluding minimal capital start-up costs, if applicable).

Table 1: OPS Program Funding Guide

Length	7 hours / day 7 days / week	12 hours / day 7 days / week	24 hours / day 7 days / week
3 months	\$61,100	\$97,350	\$184,350
6 months	\$122,200	\$194,700	\$368,700

Funds provided for OPS will support direct service delivery and may include:

- Salaries
- Medical Supplies
- Program, Administrative, Phone, Data Management and IT Expenses.

Applicants will be required to submit a budget as part of entering into a legal agreement with MOHLTC or a LHIN.

Funding must not be used for physician funding to deliver clinical services.

⁴ See the Ministry of Health and Long-Term Care’s *Overdose Prevention Site Policies and Procedures Toolkit* for sample policies and procedures that will assist an OPS in meeting the terms and conditions of the exemption.

Additional Funding Requests for Minimal Capital Start-Up Costs

Applicants may request additional funding for minimal start-up costs that are required to launch services. Requests for additional funding of this nature must include a detailed description of work to be done or item needed, including the rationale and a cost estimate. Requests for additional funding for minimal capital start-up costs will be made on a case-by-case basis.

Approval

The applicant (and co-applicant, if applicable) will be notified within 14 days from the date a completed application, including any supporting documentation, is received by the Ministry (through the Ministry Emergency Operations Centre (MEOC)). Applicants will be notified as follows:

- Approved as submitted;
- Approved with revisions;
 - Ministry staff will notify applicants if revisions are required, and a summary of the revisions, within 14 days from the date the application was received.
 - Applicants are encouraged to re-submit the application with the required revisions in a timely manner.
 - Resubmissions should be sent to EOCLogistics.moh@ontario.ca with the subject “Revised Application for OPS: <Name of Applicant Organization>”
 - The revised application will be reviewed by ministry staff and applicants will be notified of the ministry’s final decision. This may exceed 14 days if the applicant is delayed in sending any follow-up material.
- Rejected (rationale provided).

Stage Two: Operationalize OPS

Approved applicants (and co-applicants, if applicable) will receive a letter confirming funding subject to signing an agreement with the MOHLTC or a LHIN.

The funding agreement sets out the minimum program requirements, terms and conditions, funding allocation and outlines reporting requirements for monitoring purposes. Applicants will be required to develop site-specific policies/procedures in order to comply with the terms and conditions in the OPS exemption provided under Section 56(1) of the *Controlled Drugs and Substances Act*. To support applicants, the ministry will provide an *Overdose Prevention Site (OPS) Policies and Procedures Toolkit*⁵ that can be adapted for this purpose. OPS will be required to ensure all policies and/or procedures are adhered to.

Applicants will also ensure appropriate infection prevention and control practices are in place. Public Health Units (PHUs) will be able to support this work, upon request.

An inspection of the site may be conducted to ensure that provincial program requirements are met.

⁵ To be provided to overdose prevention sites by the Ministry of Health and Long-Term Care.

Stage Three: Monitoring, Reporting and Evaluation

As part of the monitoring and reporting requirements, monthly reporting from any OPS to the MOHLTC will be required for the following variables:

- # of client visits (including an average number of clients per day)
- # of overdoses
- # of clients administered naloxone
- # of calls to EMS
- # of deaths
- General demographics of clients served

All OPS providers will also be required to meet financial reporting requirements as defined by a LHIN or ministry. A standardized reporting template will be provided to facilitate reporting.

To ensure that the OPS programs are cost effective and are achieving provincial objectives, the MOHLTC will complete an evaluation of all provincially funded OPS operations.

Data and other information related to overdose prevention sites may be provided to the federal Minister of Health upon request.

Stage Four: Submitting an Application

Completed OPS application forms and accompanying documents should be submitted to the Ministry Emergency Operations Centre (MEOC) with the subject “Application for OPS: <Name of Applicant Organization>” at EOCLogistics.moh@ontario.ca.

Upon submission, MEOC will forward application to local municipality. The local municipality will have up to 4 days to provide feedback and/or comment on the application to the MEOC. Applicants will be notified of the decision to approve or decline the application within 14 days of submission to the MEOC.

Questions about the application process may be forwarded to EOCLogistics.moh@ontario.ca or 1.866.212.2272.

Appendix A: Summary of Health Canada Terms and Conditions for Overdose Prevention Sites

General

- The Overdose Prevention Site (OPS) is, and continues to be, in compliance with other applicable federal, provincial and municipal legislation to maintain public health and safety.
- Staff members are trained on their roles and responsibilities.
- The OPS must provide to the Ministry of Health and Long-Term Care, upon request, access to any records, information or any relevant data gathered or collected at the UPHN-Site.
 - Relevant data includes, but is not limited to:
 - Average number of visits per day
 - General demographics of the clients served
 - Number of overdoses/drug emergencies
 - Number of deaths related to activities involving illicit substances

This information may be shared with Health Canada upon request.

Policies and Procedures⁶

- Each Overdose Prevention Site must have policies and procedures in place:
 - regarding the possession, production, administration and transferring of illicit substances at the OPS;
 - that will take necessary precautions to prevent drug trafficking activities that are not otherwise authorized under this exemption within the OPS; and
 - to address any amount of “unidentified substance” that may be an illicit substance that has been left at the UPHN-Sites, including notifying local law enforcement within 24 hours of the occurrence for them to pick up the unidentified substance for disposal.

⁶ See the Ministry of Health and Long-Term Care’s Overdose Prevention Site Policies and Procedures Toolkit for sample policies and procedures that will assist an OPS in meeting the terms and conditions of the exemption.

Designated Persons, Staff Members and Clients

- Designated persons and staff members may only produce an illicit substance if the production of the illicit substance is for the purpose of drug checking, or administering or transferring an illicit substance, as allowed by this exemption.
- Designated persons may only administer and transfer an illicit substance if the administration and transfer is for the purpose of assisting a client with the consumption of an illicit substance. The administration and transfer of illicit substances cannot involve any exchanges for financial compensation, goods, or services.
- Clients may only produce an illicit substance if the production of the illicit substance is for the purpose of self-consumption, or the administering or transferring of an illicit substance, as allowed by this exemption.
- Clients may only transfer an illicit substance if the transfer is for the purpose of:
 - Assisting another client with the consumption of an illicit substance; or
 - Drug checking by a designated person or staff member.

The administration and transfer of illicit substances cannot involve any exchanges for financial compensation, goods, or services.

- Clients may only administer an illicit substance if the administration is for the purpose of assisting another client with the consumption of an illicit substance. The administration of illicit substances cannot involve any exchanges for financial compensation, goods or services.