

Consumption and Treatment Services Compliance and Enforcement Protocol, 2021

Ministry of Health
Effective: June 2021

Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.^{1,2} The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Protocols are program and topic-specific documents incorporated into the Standards which provide direction on how boards of health shall operationalize specific requirement(s) identified within the Standards.

Purpose

Organizations operating a Consumption and Treatment Services (CTS) will be required through their Transfer Payment Agreement (signed with the Ministry of Health, “the ministry”) to allow for inspections of their CTS by boards of health.

The purpose of this protocol is to provide direction to boards of health that have ministry funded Consumption and Treatment Services operating within their region.

- 1) The board of health shall enforce this protocol with respect to:
 - a) Routine, onsite inspections of CTS
 - b) Cause / complaints-based investigations and inspections of CTS

Reference to the Standards

This section identifies the standards and requirements to which this protocol relates.

Effective Public Health Practice

Requirement 9. The board of health shall publicly disclose results of all inspections or information in accordance with the *Consumption and Treatment Services Compliance and Enforcement Protocol, 2021* (or as current); the *Food Safety Protocol, 2018* (or as current); the *Health Hazard Response Protocol, 2018* (or as current); the *Infection Prevention and Control Compliant Protocol, 2018* (or as current); the *Infection Prevention and Control Disclosure Protocol, 2018* (or as current); the *Infection Prevention and Control Protocol, 2018* (or as current); the *Recreational Water Protocol, 2018* (or as current); the *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current); the *Tanning Beds Protocol, 2018* (or as current); and the *Tobacco, Vapour and Smoke Protocol, 2018* (or as current).

Healthy Environments Standard

Requirement 11. The board of health shall conduct routine inspections, complaint-based investigations, enforcement and public reporting for Consumption and Treatment Services (CTS) within its jurisdiction in accordance with the Consumption and

Treatment Services Compliance and Enforcement Protocol, 2021 (or as current) except for CTS that are directly operated by the local board of health. Boards of health that directly operate a CTS will not inspect their own facility; these inspections, complaint-based investigations, enforcement and public reporting shall be conducted by another organization as identified by the ministry. Complaints received by a local board of health about any CTS it operates should be directed to the ministry and/or any organization identified by the ministry.

Substance Use and Injury Prevention

Requirement 5. The board of health shall conduct routine inspections, complaint-based investigations, enforcement and public reporting for Consumption and Treatment Services (CTS) within its jurisdiction in accordance with the Consumption and Treatment Services Compliance and Enforcement Protocol, 2021 (or as current) except for CTS that are directly operated by the local board of health. Boards of health that directly operate a CTS will not inspect their own facility; these inspections, complaint-based investigations, enforcement and public reporting shall be conducted by another organization as identified by the ministry. Complaints received by a local board of health about any CTS it operates should be directed to the ministry and/or any organization identified by the ministry.

Operational Roles and Responsibilities

Surveillance and Inspection

All CTS funded by the ministry will be subject to routine inspections as well as cause / complaints-based investigations and inspections. The ministry will provide the board of health with information about the location, operator, and any other information as determined by the ministry, about the CTS.

Routine Inspections

- 2) The board of health shall ensure that each CTS is inspected once per calendar year from their commencement date of operation.
 - a) The board of health shall arrange a time for routine inspections in advance with the CTS operator.
- 3) The board of health shall include an assessment of the following during each inspection:
 - a) Safe and effective disposal of needles and other harm reduction materials as per the CTS' documented procedure.
 - b) Type and volume of harm reduction supplies, including needles, found within a 15m perimeter of the CTS;
 - c) Up-to-date records including, but not limited to the following:
 - i. Log of calls to police services

- ii. Log of security-related incidents; and
 - d) Other potential health hazards related to CTS operations.
- 4) The board of health shall conduct additional inspections based on risks including, but not limited to, evidence that the CTS is not following-up on required actions from a previous inspection and/or increased complaints about CTS operations.*

Complaint Investigations

- 5) The board of health shall assess complaints regarding the disposal of harm reduction materials utilized at, or in the vicinity of, the CTS. This shall include assessing if any discarded needles and other harm reduction supplies (including volume estimates) are present within a 15m perimeter of the CTS, and if procedures for safe disposal of the harm reduction supplies are being followed.†
- 6) The board of health shall ensure that complaint investigations are initiated as soon as possible, and no later than within 24 hours upon receipt of the complaint by phone, fax or email. Complaints may be received from local stakeholders, including but not limited to: local businesses, municipal officials, police, school/child care centre officials and members of the general public.
- 7) The board of health shall re-direct security related complaints to the local police.

Investigations

- 8) The board of health shall, upon receipt of a complaint, review the complaint content and determine appropriate action as follows:
- a) Notify the CTS of the complaint and request information pertaining to compliance and mitigation measures, if any, already undertaken by the CTS.
 - b) Request for complaint-related CTS documentation (as appropriate), including but not limited to:
 - i) Documented procedures developed by the CTS for the safe disposal and effective pick-up of needles and other harm reduction supplies; and
 - ii) Incident and/or other logs kept by the CTS.
 - c) Conduct onsite inspection of CTS (as required).

Enforcement Activity

- 9) The board of health shall use a compliance strategy that employs a balance of education, inspection, and progressive enforcement.‡

* Health hazards are defined in the Health Protection and Program Act (see Section 1(1)).

† The removal of any inappropriately discarded harm reduction materials will need to be handled by the CTS and/or the appropriate local authorities.

‡ “Progressive enforcement” means the use of education visits/calls, inspections, warnings and graduated options to reflect the frequency and severity of the level of non-compliance. These mechanisms will include inspections, warnings regarding instances of non-compliance, and a CTS non-compliance notice provided to the ministry.

Data Collection

- 10) The board of health shall collect and maintain up-to-date inspection data as specified by the ministry.
- 11) The board of health shall maintain the following records:
 - a) Inspection records conducted to determine compliance with CTS program requirements
 - b) Enforcement activity utilized including, but not limited to, warnings provided to the CTS and notifications provided to the ministry
 - c) Reports submitted to the ministry. See Appendix A for the reporting template.

Disclosure

- 12) The board of health shall publicly disclose a summary report on each routine and complaint-based inspection of each CTS, including steps to remediate any instances of non-compliance discovered or determined by the board of health. Complaint based inspections are to be disclosed when the complaint is substantiated and upon conducting a risk assessment, the board of health has determined that the premises requires an on-site inspection.
- 13) The board of health shall post reports on the board of health's website in a location that is easily accessible to the public within two weeks of a completed inspection. Reports must remain posted for two years.

References

1. Ontario. Ministry of Health. Ontario public health standards: requirements for programs, services, and accountability, 2018. Toronto, ON: Queen's Printer for Ontario 2018. Available from:
http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/default.aspx
2. *Health Protection and Promotion Act*, RSO 1990, c H.7. Available from:
<https://www.ontario.ca/laws/statute/90h07>

Appendix A: Reporting Template

Note: Please do not include any personal information (PI) as defined in the *Municipal Freedom of Information and Protection of Privacy Act*, or personal health information (PHI) as defined in the *Personal Health Information Protection Act, 2004*, in this Reporting Template.

Consumption and Treatment Services Inspection Report

Facility Number: <input type="text"/>		Report Number: <input type="text"/>
Public Health Unit:		
Legal Name (Facility):		
Operating Name (Facility):		
Facility Address:		
Unit Number:		
Street Number:		Street Name:
Street Type:		
Street Direction: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> N/East <input type="checkbox"/> S/East <input type="checkbox"/> N/West <input type="checkbox"/> S/West		
City/Town:		Municipality:
Postal Code: <input type="text"/>		Phone Number: (<input type="text"/>) <input type="text"/> - <input type="text"/> Ext. <input type="text"/>
		Fax Number: (<input type="text"/>) <input type="text"/> - <input type="text"/>
Contact Information:		
Operator: (RPIC) [§]	First Name <input type="text"/>	Last Name <input type="text"/>

§1 RPIC = Responsible Person in Charge

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Primary Contact (if different than RPIC):	First Name <input type="text"/>	Last Name <input type="text"/>
Contact Address:		<input type="checkbox"/> Same <input type="checkbox"/> Different than above
<i>Below details of address only display if "Contact Address"="Different than above"</i>		
Unit Number:		
Street Number:		Street Name:
Street Type:		
Street Direction: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> N/East <input type="checkbox"/> S/East <input type="checkbox"/> N/West <input type="checkbox"/> S/West		
City/Town:		Municipality:
Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Phone Number: (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"><input type="text"/><input type="text"/> Ext. <input type="text"><input type="text"/><input type="text"/><input type="text"/></input></input>
		Fax Number: (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"><input type="text"/><input type="text"/></input>
		Email Address:

Findings:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1. Disposal of Needles and other harm reduction materials is done safely and effectively as per the CTS' documented procedure.		
2. Removal/pick-ups of discarded needles and other harm reduction supplies are effectively completed within a 15m perimeter of the CTS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. The record/log of calls to police services is up to date.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. The record/log of CTS incidents is up to date.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. If applicable, other potential health hazards relating to CTS operations are noted.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Complaints-Based Inspection:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Action Taken	1. Education Provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2. Warning Issued to the CTS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	3. Advised CTS that a non-compliance notice would be issued to the ministry	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments: (Note: Do not include any private information about individuals using the services of the CTS)			
Recipient:	Position:	Signature:	Date:
Inspector's Name:		Inspector's Signature:	Date:
Please return completed form to addictionandsubstances@ontario.ca			

Appendix B: Authority of an Inspector to Inspect a CTS

Under the provisions of the ministry's transfer payment agreement (TPA) with each CTS, the ministry, or any authorized representative (which may include a local board of health) identified by the ministry, may:

- Upon an agreed upon time (with 24 hours' notice), enter the CTS premises to inspect and audit compliance with the TPA and program requirements, conduct a routine inspection of discarded needles and other harm reduction supplies surrounding the CTS area within a 15m perimeter.

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