



Shelter Harm Reduction and Overdose Preparedness Assessment

Site and Assessment Team Details

Date:

Site Name and Operator:

Site Address:

Assessment Team:

Site Representative(s):

Resident Representative(s):

Harm Reduction Sector Representative(s):

Site Basics:

Site type: Traditional Shelter Respite Shelter Hotel Supportive Housing

Number of residents: _____ Number of beds: _____ **OR** Number of rooms/units: _____

Gender(s) served (including proportions) _____

Priority population group(s) (eg. Indigenous, youth, 2+SLGBTQ): _____

Staff positions on site: _____

Organizational Policies & Protocols

Organizational policies or protocols include:

- A commitment to a harm reduction approach to drug use
- The requirement for all client service staff to employ a harm reduction approach to drug use
- A commitment to destigmatizing drug use – example: _____
- Non-punitive responses to drug use onsite
- Protections from discharge on basis of drug use and/or drug selling (in and of itself)
- Clear directive for not engaging CAS on basis of drug use alone (if applicable)
- Clear directive for police non-engagement related to drug use alone
- A client-led wellness check system that respects client autonomy and privacy (while balancing safety concerns)
- An overdose response and naloxone administration directive, covering inside and outside incidents
- Other: _____

Client INITIAL intake protocol includes at minimum, UNIVERSAL orientation to the site's:

- Harm reduction policy and programming, including overdose preparation and prevention services
- Non-punitive response to drug use on site (primacy of support and care)
- Safer drug use supply availability (Supplies are available at intake)
- Naloxone availability (Naloxone is offered to all clients at initial intake)
- Wellness check protocols

Secondary intake protocol includes supportive discussions about:

- Individual overdose preparation/planning
- Organizational policies on CAS protocols (if applicable) and police engagement related to drug use
- Processes for resident participation in site activities, job or volunteer opportunities
- Feedback and complaints mechanism
- The role of security staff on site
- Emergency contact information (document next of kin)
- How to support continued access to services: harm reduction, health care providers/prescribers, employment, etc.

Notes:

Harm Reduction Operational Requirements

The organization has consistent access to and systems in place to manage:

- Safer drug use supply distribution
- Naloxone distribution
- Biohazardous waste/sharps disposal
- Overdose response and naloxone administration (see section below: Overdose Prevention, Preparedness and Response Strategies)

Safer drug use supplies are available to clients:

- 24/7 barrier free (eg. self-serve stations) through designated residents/peers through all staff
- through visiting service providers

Naloxone is available to clients:

- 24/7 barrier free (eg. self-serve stations) through designated residents/peers through all staff
- through visiting service providers

The following involvement opportunities are in place for people who use drugs:

- Resident harm reduction and/or overdose prevention advisory committee
- Paid positions that utilize their drug culture expertise and offer further skill development
- Volunteer positions
- Consultation about site harm reduction, overdose prevention, and overdose preparedness initiatives
- Training and education in harm reduction and overdose response

The following referral pathways for harm reduction care are established:

- Local/accessible harm reduction program OAT prescriber Safer Supply prescriber
- Community Health Centre Local pharmacy Other:

Notes:

Overdose Prevention, Preparedness and Response Strategies

Up-to-Date overdose-related policies and procedures specifying:

- The established protocol for overdose responses onsite (inside and outside)
- Staff expectations for engaging in client-centred overdose prevention and preparedness practices-
 - ongoing collaboration with clients to assess their overdose risk
 - supporting clients to use more safely in their rooms or elsewhere onsite (eg. peer witnessing, request staff to do post-drug use wellness checks, use overdose prevention phone lines or app-based spotting)
 - supporting clients to be trained in overdose prevention, recognition & response and carry naloxone
- Frequency of staff overdose refresher training and simulation participation (with tracking mechanism)
- Regular and systematic quality assurance checks of all onsite naloxone and related PPE
- Directives for frequent and systematic monitoring of communal and secluded locations onsite (including outside)
- Requirements for staff debriefing and offering client support following an overdose
- Post-overdose incident responsibilities (contacting next of kin in case of death, restocking naloxone and PPE, documentation, overdose reporting, staff care plans)

Routinization of overdose prevention, preparedness and response

- Establish overdose prevention and preparedness as a standing item at all site meetings
- Ensure shift meetings include reports or discussion about: overdose details from previous shift, identifying clients with increased need for overdose-related support, emerging conditions introducing new or increased overdose risk (eg. potent drug circulation), and staff overdose-related responsibilities.

Physical space assessment

- Conduct initial and recurring site safety audits to identify site locations presenting overdose incident risk
- Devise harm reduction-orientated strategies for creating safer spaces for drug use (eg. identify locations for quick-access naloxone such as communal bathrooms, meal areas, hallways)

Location	Risk(s) identified	Safety Strategies

Overdose response stations

- Create self-serve naloxone stations, that include: naloxone kits, medical gloves in various sizes, disposable surgical masks, hand sanitizer, large posters of overdose response protocol

In-room interventions (hotel room and single unit spaces)

- Ensure private client dwellings have operational telephone with room-to-room and external outgoing functionality
- Display 911 call directions close to or on phone
- Display overdose response protocol poster
- Promote overdose prevention services: naloxone, peer witnessing, staff post-drug use wellness checks, [National Overdose Response Service](#), [Safer Use Support Line](#), [BeSafe App](#), onsite/local supervised consumption services

Programmatic interventions (onsite)

- Onsite overdose prevention site/supervised consumption service
- Peer witnessing program (phone and/or in-person)
- Staff witnessing program (phone and/or in-person)

Overdose awareness and education (client trainings, posters, flyers, discussions)

- Display overdose response protocol posters in communal spaces
- Promote naloxone availability
- Display overdose prevention line promotional materials
- Promote onsite overdose prevention services
- Offer and promote overdose training

Notes:

Staff Training

ALL site staff are trained in:

- Expectations for engaging with people who use drugs (respect, non-discrimination, trauma-informed)
- Overdose recognition and response (including dispatching back up, and as appropriate, naloxone administration)
- Safer sharps handling

In addition to the above, client service staff are trained in:

- CPR
- Overdose recognition and response skills training/simulation
- Overdose prevention and client safety planning
- "Harm Reduction 101" (history, philosophy & science, anti-stigma, drugs, drug use, impacts of drug use)
- Harm Reduction Supplies, naloxone distribution & best practices
- Role expectations related to harm reduction and drug use policies
- Organizational harm reduction and overdose related policies and protocols
- Trauma-informed care

Notes:

Recommendations

Recommendation	Priority (high, moderate, low)	Responsible Person(s)	Target Implementation Date

Assessment Follow Up Plan (Harm Reduction Representative)

- Email assessment documentation to site operator

Date:

- Connect with site operator within 1 week of assessment (support, recommendation updates).

Date:

Updates:

- Connect with site operator within 2 weeks of assessment (support, recommendation updates).

Date:

Updates:

Assessment Team Reflections

Appendix A: Overdose Risk Audit Procedure

Step	Action	Deliverable
1	Schedule site visit for overdose audit with site operator	<ul style="list-style-type: none"> review of goals of audit, participants (including recruitment of site resident), and process
2	Identify site's specific physical space and organizational vulnerabilities to overdose risk and their potential for precipitating overdose death (ie. "risk areas.")	<ul style="list-style-type: none"> An inventory of risk areas (including site locations, policies, procedures, staffing, staff skill, etc.)
3	Rank overdose risk areas by priority.	<ul style="list-style-type: none"> Prioritized list for action planning
4	Determine overdose risk elimination and control measures.	<ul style="list-style-type: none"> A record recommended risk elimination and control measures Adequacy (acceptable, feasible) of risk elimination and control measures
5	Eliminate the risk or implement risk controls.	<ul style="list-style-type: none"> Site operator and Task Force implement controls that functioning appropriately
6	Measure the effectiveness of controls.	<ul style="list-style-type: none"> Monitor through follow up to confirm controls continue to function.
7	Make changes to improve continuously.	<ul style="list-style-type: none"> Site Operators continuously monitor for improvements.

(Adapted from: [Canadian Centre for Occupational Health & Safety, Sample Risk Assessment Form](#))

Appendix B: Good Practices for Assessment Teams

- Review the objectives, process and confidentiality with all participants before starting the audit
- Get an overview of the space layout and resident access areas from the site operator prior to doing a walk-about.
- Take a photos or video during the audit if possible and note the location where it was taken.
- Take notes or use photos and video to document positive features as well as problem areas.
- Keep notes on the improvement ideas generated during the audit to help develop recommendations
- Talk to people you meet during the audit- introduce yourself; tell them what you are doing and ask for their thoughts; consider asking whether they have had any bad experiences, and what changes they'd like to see.
- On the Hotel Overdose Risk Audit Tool, record very accurate details and very specific location information for each location or feature.
- Hold an audit team meeting onsite, immediately following the audit- review the findings and (further) develop recommendations.
- Ensure all recommendations are clear and assigned for accountability and follow up.
- Develop concrete plans for action steps and follow up.

(Adapted from: [City of Toronto: Safety Audits](#) webpage)