

# DIRECTIVE

**Directive No.:**  
2021-01

**Date Issued:**  
June 7, 2021  
**Updated:**

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**Authority:** | This Directive is issued under the authority of the General Manager of SSHA.

**Subject:** | Updated overdose prevention and response strategies and additional measures in response to the opioid crisis and the impact of COVID-19 and physical distancing requirements in Toronto Shelter Standards (TSS) and The 24-Hour Respite Sites Standards (TRS).

**Directive or  
Required Action:**

- a) Shelter providers opening services at new locations will work with the City to arrange a Harm Reduction and Overdose Preparedness Assessment ideally before, or upon opening. Before residents move in, shelter providers will ensure:
  - i. Harm reduction supplies and naloxone are available
  - ii. All staff have been trained in harm reduction and overdose recognition, prevention, and response
  - iii. Harm reduction policies and procedures (outlined in b) are in place
- b) Shelter providers, including those operating sites to accommodate physical distancing requirements, will have a harm reduction policy and harm reduction procedures in place that will make explicit that the shelter operates using a harm reduction approach. The policy and procedures will include, but not be limited to preventing/responding to overdose; wellness checks; how harm reduction supplies are distributed, collected and disposed.
- c) Shelter providers will have a policy and procedure in place that outlines under which circumstances it is and is not appropriate to contact Children's Aid Services or Toronto Police Services when clients have dependent children. The policy will indicate that substance use in itself is not sufficient cause for contacting Children's Aid Services or Toronto Police Services.
- d) During client admission, shelter providers explain what harm reduction services are available at the location and will make explicit that:
  - i. the site is a harm reduction positive location;

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- ii. harm reduction supplies and naloxone are readily available, onsite or through mobile community services;
  - iii. substance use in and itself is not a punishable activity; and
  - iv. staff are concerned about the safety of people who use drugs at the site and are available to help with safety planning and arranging post-drug use safety checks.
- e) Shelter providers will ensure naloxone kits (injectable and/or nasal spray) are available at all sites for staff and resident use. All program staff on each shift will be trained in overdose prevention, recognition and response, including the administration of naloxone. All clients will be offered a naloxone kit and training upon admission.
- f) Shelter providers will post signage in communal, semi-private and private washrooms and washroom stalls and other visible areas (e.g., hallways, entrances, stairwells, etc.) noting the overdose prevention initiatives available onsite, availability of naloxone and other harm reduction supplies (i.e., safer injection equipment, safer smoking equipment, and safer sex products)(if available), and encouraging substance users to let someone know they are using.
- g) Shelter providers will provide safer drug use equipment, safer sex products, training and related supports (if qualified to do so). Supplies must be made easily accessible 24/7, for example, through zero-barrier access in open common areas, peer satellite programming, site staff, or visiting harm reduction staff.
- h) Shelter providers will facilitate the establishment of an onsite harm reduction advisory committee to ensure services are informed by resident needs and input. The committee will be led by clients with living experience of substance use and supported by site staff or harm reduction agency workers.
- i) Upon request of a client, shelter providers will refer clients to Toronto Public Health's The Works program, The Works Van service, or an organization listed by Toronto Public Health (see Appendix D: Links to References and Resources) or similar program that offers harm reduction supplies, training and related support services.

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- j) Upon the request of a client for any of the following services, shelter providers will refer clients to Toronto Public Health's The Works or similar program for
    - i. Opioid agonist treatment (buprenorphine, methadone, etc.)
    - ii. Supervised consumption services
    - iii. Free testing for HIV (anonymous and Rapid testing available), Hepatitis A, B and C, Gonorrhea, Chlamydia and Syphilis
    - iv. Free vaccinations for Hepatitis A and B, Tetanus, Diphtheria, Pertussis, Pneumococcal pneumonia and Influenza
    - v. Naloxone distribution and training
    - vi. General nursing services (e.g., assessing injection-related abscesses, counselling, pregnancy testing and supportive decision-making, referrals to internal and external services).
  - k) In the context of COVID-19 and the provision of hotel rooms or apartments, physical distancing requirements will not supersede best practices around overdose prevention. Clients residing in the same building are permitted to visit each other's rooms to provide support for safer drug use and overdose response. Where possible, clients should be encouraged to continue practicing physical distancing and mask wearing even while visiting inside a self-contained room.
  - l) Shelter providers in all settings will ensure clients who smoke substances do so outdoors.
  - m) Shelter providers working in congregate settings will ensure sharps containers are secured against tampering and available throughout a site and in each bathroom stall. Providers will inform clients of the presence of fixed sharps containers and availability of personal sharps containers and how to use them.
  - n) Shelter providers working in settings with self-contained rooms will ensure sharps containers are available throughout the site, will offer a sharps container to each client for use in their self-contained room and/or bathroom upon admission, and will make sharps containers available to clients for use in their self-contained room when requested. Sharps containers will be secured against tampering when possible and placed so that they are out of reach of children. Providers will inform clients of the availability of sharps containers and how to use them.

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- o) Shelter providers will maintain a regular schedule of monitoring sharps containers and ensuring a contract is in place with a biohazardous waste disposal company to replace them when they are full.
- p) Shelter providers will refer clients who are seeking opioid agonist treatment or safe supply programs will refer people to these services including the program operated by The Works, Toronto Public Health and/or to other community based programs.
- q) Shelter providers will neither prohibit nor confiscate the following items from clients:
  - i. Life-saving medications (e.g., Epi-pens, nitroglycerin tablets, asthma inhalers, naloxone, etc.) or medications that have been prescribed
  - ii. Safer drug use supplies and/or safer sex products.
  - iii. Personal property, including substances
- r) Shelter providers will support clients who wish to engage in harm reduction programs by offering public transit fare to attend such programs or related appointments.
- s) Shelter providers will not discharge clients or impose service restrictions on the basis of substance use on or off site, ensuring to comply with section 8.4 Discharges and section 8.4.2 Service Restrictions in the TSS and 6.4 Discharges in the TRS. This direction does not supersede section 10.2.2 Abstinence.
- t) Shelter providers will make all staff available, according to operational needs, to attend harm reduction and overdose related training when it is offered, as per section 12.4.2 Training in the TSS and 10.2.2 in the TRS.
- u) Shelter providers will support resident-led or community-based harm reduction initiatives (e.g., peer-led programs, resident requests for room checks, etc.)
- v) Shelter providers will ensure staff document any client death where overdose is the suspected cause of death using the [Death of a Shelter Resident Reporting Form](#).

# Shelter, Support and Housing Administration Shelter

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- w) Shelter providers will make grief and loss support available to staff and clients immediately following a client death or overdose related traumatic event, and in an ongoing manner following the event. Support may include de-briefing, healing circles, one-on-one counselling, and peer to peer supports.

For additional information on harm reduction and overdose prevention and response programming options, please refer to the Guidance Document for Harm Reduction in Shelter Programs: A Ten Point Plan in the Harm Reduction Implementation Toolkit.

SSHA will continue to work with Shelter and Respite Site Providers that do not currently meet the standards to develop suitable plans for implementation and ensure the health and safety of clients.

SSHA will continue to work with abstinence based Shelter Providers, as per section 10.2.2, to identify appropriate solutions that ensure the safety of clients and implementation of harm reduction appropriate to the context of abstinence based programs. SSHA's harm reduction framework recognizes that abstinence is part of the harm reduction continuum and that harm reduction also supports choices that may reflect a goal of abstinence, safer use or no change in substance use patterns. SSHA's Meeting in the Middle plan also recognizes Indigenous peoples' inherent right to self-determination and the importance of providing culturally-based services including, but not limited to, abstinence-based programs.

Shelter providers are directed to review the above Updated Harm Reduction Sections 10.2.1 of the TSS and 8.3.1 of the TRS with your staff, senior management and board of directors and to implement all requirements

**Purpose of  
Directive:**

To update existing overdose prevention and response measures and to add measures to minimize the risks and harms associated with substance use in private rooms in hotels, motels, or apartment buildings.

**Background:**

Interim changes to standards in response to the COVID-19 Pandemic will be reviewed on an ongoing basis and updated based on available direction and guidance from Ontario Ministry of Health and Toronto Public Health. Effective immediately, Section 10.2.1 Harm Reduction in the Toronto Shelter Standards

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and the 24-Hour Respite Site Standards are replaced by the versions contained in this directive.

In response to the COVID-19 pandemic, many shelter clients have been relocated to private rooms in hotels, motels or apartment buildings, and are encouraged to maintain physical distance from others. Using substances alone and in private spaces increases the risk of fatal overdose. The overdose prevention and response strategies implemented by shelter providers must reflect the increased risk presented by physical distancing recommendations.

**Resources:**

- The Guidance Document for Harm Reduction in Shelter Programs: A Ten Point Plan and a number of other resources part of the implementation toolkit are [all listed on the Resources section of the City's webpages](#)
- [Services Provided by the Works \(Toronto Public Health\)](#)

**Contact  
Information:**

For more information about and support in implementation of this Directive, please contact your ARO.