

Ministry of Health

Consumption and Treatment Services Compliance and Enforcement Protocol, 2024

Ministry of Health
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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 in accordance with the terms of the Transfer Payment Agreement and this protocol. 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 routine 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 the perimeter of the CTS' property;
 - 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;
 - d) Infection prevention and control practices; and
 - e) Other potential health hazards related to CTS operations.¹
- 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.
- 5) The board of health shall submit reports as specified by the ministry.

Complaint Investigations

- 6) The board of health shall ensure that complaint investigations are initiated as soon as possible, and no later than by the next business day upon receipt of the complaint by phone, fax or email. Complaints may be received from

¹ Health hazards are defined in the Health Protection and Promotion Act:

"health hazard" means,

- (a) a condition of a premises,
- (b) a substance, thing, plant or animal other than man, or
- (c) a solid, liquid, gas or combination of any of them, that has or that is likely to have an adverse effect on the health of any person; ("risque pour la santé")

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 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 the perimeter of the CTS property, and if procedures for safe disposal of the harm reduction supplies are being followed
- 8) The board of health shall determine that an inspection is required if the board of health has reasonable grounds to believe that discarded needles and/or other harm reduction supplies on the CTS property may be a significant risk to public health or safety, or that the CTS is not following procedures for safe disposal of harm reduction supplies in a manner that may constitute a significant risk to public health or safety.
- 9) The board of health shall re-direct complaints related to security to the local police.
- 10) The board of health shall submit reports as specified by the ministry.

Investigations

- 11) 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 documentation from the CTS related to the complaint (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).

Compliance Activity

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

Data Collection

- 13) The board of health shall collect and maintain up-to-date inspection records and data as specified by the ministry.
- 14) 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 on templates as provided by the ministry.

Disclosure[§]

- 15) The board of health shall publicly disclose a summary report (“public summary reports”) of each routine inspection of each CTS, including steps to remediate any instances of non-compliance discovered or determined by the board of health.
- 16) The board of health shall publicly disclose a public summary report on each complaint-based investigation of each CTS, including any compliance issues identified and steps to remediate any instances of non-compliance discovered or determined by the board of health. Complaint based investigations are to be disclosed when the complaint is substantiated regardless of whether the board of health determines that the CTS premises requires an on-site inspection.

[‡] “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.

[§] In all disclosure, do not include any personal information as defined in the *Municipal Freedom of Information and Protection of Privacy Act*, or personal health information as defined in the *Personal Health Information Protection Act, 2004*.

- 17) The board of health shall post public summary 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 or investigation. Reports must remain posted for a minimum of two years.
- 18) The board of health shall also provide the public summary reports to the CTS about which the complaint was made within two weeks of a completed inspection or investigation.
- 19) The board of health shall disclose a complaint summary report to the ministry for each complaint received pertaining to a CTS, regardless of whether the complaint was determined by the board of health to be in or out of scope of this Protocol, and regardless of whether the board of health determined that the CTS required an on-site inspection. Complaint summary reports must be provided to the ministry within two weeks of the board of health receiving the complaint and include information on the nature of the complaint and any actions taken.
- 20) The board of health shall also provide the complaint summary reports to the CTS about which the complaint was made within two weeks of the board of health receiving the complaint.

References

1. Ontario. Ministry of Health. Ontario Public Health Standards: requirements for programs, services, and accountability. Toronto, ON: Queen's Printer for Ontario; 2021. Available from: <https://files.ontario.ca/moh-ontario-public-health-standards-en-2021.pdf>
2. *Health Protection and Promotion Act*, RSO 1990, c H.7. Available from: <https://www.ontario.ca/laws/statute/90h07>

Appendix: 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:

- With 24 hours' notice, enter the CTS premises to inspect and audit compliance with the TPA and program requirements.

Under the *Health Protection and Promotion Act*, medical officers of health have the authority to inspect or cause the inspection of CTS for health hazards, which does not require 24 hours notice:

- Every medical officer of health shall inspect or cause the inspection of the health unit served by him or her for the purpose of preventing, eliminating and decreasing the effects of health hazards in the health unit.
- Where a complaint is made to a board of health or a medical officer of health that a health hazard related to occupational or environmental health exists in the health unit served by the board of health or the medical officer of health, the medical officer of health shall notify the ministry of the Government of Ontario that has primary responsibility in the matter and, in consultation with the ministry, the medical officer of health shall investigate the complaint to determine whether the health hazard exists or does not exist.

