

South Riverdale Community Health Centre Consumption and Treatment Service Review

Prepared by Unity Health Toronto

FEBRUARY 28th, 2024

TABLE OF CONTENTS

EXECUTIVE SUMMARY	i
INTRODUCTION	1
REVIEW METHODS	4
REVIEW FINDINGS	
Assessment Parameters.....	5
Service Provision.....	12
Safety and Security.....	15
Community Engagement and Communications.....	18
Human Resources.....	23
Critical Incidents.....	29
Funding.....	36
Forward Looking Questions.....	38
LIST OF RECOMMENDATIONS	41
APPENDICES	49
Appendix A. Terms of Reference for the Review.....	50
Appendix B. Site visit information	52
Appendix C. Document review.....	54
Appendix D. Review team members.....	58
Appendix E. Code Silver Infographic.....	59

EXECUTIVE SUMMARY

On July 7th, 2023, a fight between alleged drug sellers broke out near the Consumption and Treatment Service (CTS) at 955 Queen Street East, operated by the South Riverdale Community Health Centre (SRCHC). Gunshots were fired and a stray bullet killed Karolina Huebner-Makurat, a mother of two who had been walking nearby. Public outcry and media coverage followed. Two men face criminal charges and a third is being sought on a Canada-wide warrant related to the homicide. Toronto Police also charged a CTS staff member with being an accessory after the fact and obstructing justice. Some neighborhood residents and members of the local business improvement association said that they had been raising significant concerns related to the CTS site and its operations, including in the months and weeks prior to the fatal shooting, without an adequate response.

In late 2023, the Ministry of Health appointed Jill Campbell as a supervisor of the CTS at 955 Queen Street East, and also asked Unity Health Toronto to conduct an external review as a means of identifying opportunities for improvement. Unity Health Toronto is a hospital network affiliated with the University of Toronto offering a range of health services spanning the City of Toronto, and expertise in mental health and addictions care and process improvement initiatives.

Parameters for the review set by the Ministry of Health included:

- i) whether services are provided as expected in accordance with the CTS Program Application Guide and the CTS Transfer Payment Agreement
- ii) whether there is sufficient oversight of Consumption and Treatment Services to ensure health service quality and program success based on the review questions, and where appropriate, identify recommendations for improvement
- iii) the responsiveness to local community concerns (including any school related concerns)
- iv) the suitability of maintaining CTS funding for the site
- v) the general suitability for CTS to be integrated within community health centres

Unity Health Toronto assembled a team and conducted an external review from October 2023 to February 2024. The review team's conclusions related to the five parameters are below:

- i) In general, the CTS is providing services in accordance with the CTS Program Application Guide and the CTS Transfer Payment Agreement. The review team has made recommendations on how these services can be improved. Implementation of these recommendations may require additional resources that SRCHC does not currently have.
- ii) In general, there is sufficient oversight of the CTS to ensure health service quality and program success. The review team has made a number of recommendations on how oversight can be improved.
- iii) The CTS has been somewhat responsive to local community concerns with room for improvement. The review team has made a number of recommendations to help increase responsiveness, some of which may require resources that SRCHC does not

currently have. An accompanying report details the community engagement process and findings, including suggestions from community members.

- iv) It is suitable to maintain funding for the CTS at 955 Queen Street East and the review team has made a number of recommendations related to funding.
- v) The review team found it is suitable and desirable for CTS to be integrated within community health centres.

The review team thanks everyone who has engaged in this process, including all of the stakeholders who opened their doors to the review team, answered questions and shared their insights and experiences.

INTRODUCTION

Supervised Consumption Services are health services that require a federally-granted exemption under section 56.1 of the Controlled Drugs and Substances Act. Since 2018, Ontario has required that provincially funded supervised consumption services provide additional health and support services. This expanded model is known as a Consumption Treatment Service (CTS).

South Riverdale Community Health Centre (SRCHC) oversees operations for two CTS, including Moss Park CTS, which operates as a satellite of SRCHC, and a CTS housed within the SRCHC at 955 Queen Street East (sometimes referred to as KeepSix CTS). The following is a selected timeline of events related to the implementation and operation of the CTS at 955 Queen Street East:

2012

- A report finds Toronto has the highest number of people who use drugs in Ontario and that drug use is dispersed throughout the city, which is unlike other cities, where drug use is concentrated in one or a few neighbourhoods (Toronto and Ottawa Supervised Consumption Assessment [TOSCA] Study). The TOSCA investigators find public support for locating supervised consumption facilities where there is visible public drug use and where people who use drugs are homeless or unstably housed. The report recommends three facilities be established in Toronto.

2013

- The Toronto Board of Health approves a recommendation from the Medical Officer of Health regarding the implementation of integrated supervised injection facilities in three locations: Toronto Public Health (near Dundas and Yonge), Queen West-Central CHC, and South Riverdale CHC.

2016

- South Riverdale CHC applies for exemption under section 56.1 of Health Canada's Controlled Drugs and Substances Act to operate a Supervised Consumption Site.
- A staff report to the City of Toronto Board of Health says, "compared to the city overall, there are disproportionately high numbers of people who inject drugs within South Riverdale's catchment area, as well as higher rates of emergency department visits due to opioid or cocaine use in Toronto."

2017

- With support from community members through online surveys, the South Riverdale Community Health Centre opens a SCS at 955 Queen Street East on November 27.

2018

- The Ontario government introduces a shift in the province from Supervised Consumption Sites (SCS) to Consumption and Treatment Services (CTS), reflecting an expanded approach that goes beyond providing a space for people to consume drugs

under supervision. The shift includes additional requirements to integrate pathways to treatment and to offer additional support services.

- The SCS at 955 Queen Street East meets the new requirements and becomes a CTS.

2019

- Toronto's Drug Checking Service launches at five community harm reduction organizations, including the CTS at 955 Queen Street East.

2020

- Coincident with the COVID-19 pandemic, there is a large increase in the number of opioid-related deaths in Ontario. Isolation and an increasingly unpredictable drug supply are factors.

2021

- Residents living in close proximity to the CTS at 955 Queen Street East, along with other Leslieville residents and business owners, report that they have been contacting SRCHC management, the local city councillor's office and Toronto Police Service in 2020 and 2021 about illegal and concerning activity. Specifically, they said they reported visible drug use, inappropriately discarded drug equipment and safety concerns, especially for children, in the area.
- At a meeting between SRCHC management and community members in June, meeting notes show potential responses offered by SRCHC management included using pylons in front of the building to permit a safe flow of people traffic, creating direct communication pathways for addressing concerns/complaints, continuing with outside monitoring, ongoing needle patrol, and exploring other opportunities to address concerns where possible.

2022

- Residents living near the site escalate concerns to the CTS Community Liaison Committee through their volunteer representative. Stated concerns included break-ins and property damage to businesses. Residents and business owners also email, call and walk into SRCHC to share concerns, and email or call the city councillor and police.
- The Community Liaison Committee meets three times this year. Minutes from these meetings indicate that there is opportunity to discuss community concerns at each meeting but no concerns are noted until November. Minutes from the November meeting indicate that the SRCHC responded to concerns around safety with increased staff presence outside the site.

2023

- May 11th – Toronto Public Health conducts its first routine inspection of the CTS at 955 Queen Street East and does not highlight any concerns.
- Community concerns around illegal activity and children's safety are reported on social media, according to some residents.

- The SRCHC Community Liaison Committee meets twice this year. Additional meetings are held between community residents and SRCHC management because of growing concerns. During one of the earliest meetings, on June 26th, 2023, the SRCHC agrees to contact One Community Solutions to explore temporary security measures at the site.
- July 4th – a follow-up meeting is held and SRCHC reports not yet being successful in implementing temporary security measures.
- July 7th – a fatal shooting occurs very near the CTS. Toronto Police later charge one man with second-degree murder, and a second man with manslaughter, robbery, and failure to comply with probation. A third man is being sought on a Canada-wide warrant related to the homicide. A woman from Pickering faces charges that include accessory after the fact to an indictable offence and obstruction of justice. She is identified as a staff member from SRCHC.
- July 10th, 17th, and 24th – SRCHC leaders and a resident group meet to discuss residents' concerns.
- July 26th – a town hall is organized by residents with panelists including the SRCHC CEO, the Member of Parliament for the area, the Medical Officer of Health for the City of Toronto, the City Councillor for the area, the Superintendent for the Toronto Police Service and the Ontario Deputy Minister of Health. Hundreds of people attend and perspectives on the relation of the CTS to the safety of the community are mixed.
- July 27th - September 19th – SRCHC develops the Safer Community Committee to develop recommendations to improve community safety. The committee includes community members, business owners, Toronto Police Services, and service organizations and meets five times in total. Before the recommendations are published, several members resign stating that they feel that the focus of the group does not meaningfully centre their concerns.
- The SRCHC continues to meet with local residents through the summer of 2023 and into October. A group of residents organizes as the Leslieville Neighbours for Community Safety Group. Meetings between this group and SRCHC continue monthly.
- October – Toronto Public Health conducts a complaints-based inspection of the CTS at 955 Queen Street East. The report for this inspection indicates education was provided to the CTS. According to the CTS, the education was about clarifying where the 15m perimeter is around the building.
- October – Ministry of Health appoints Jill Campbell supervisor of the CTS at 955 Queen Street East and commissions this review from Unity Health Toronto.

REVIEW METHODS

The Ministry of Health presented assessment parameters and questions to Unity Health Toronto to guide and shape the review. Unity Health Toronto assembled a review team comprising more than a dozen individuals and assigned subject matter experts to support specific areas of the inquiry, which took place between October 2023 and February 2024.

The review team examined documentation supplied by SRCHC, the Ministry of Health, and community members. A list of some of these documents can be found in Appendix C

The review team also gathered input directly from a number of internal and external stakeholder groups. Internally, this involved seeking feedback from SRCHC leadership, management and staff. The review team visited the CTS at 955 Queen Street East on more than 10 occasions for interviews, walkabouts and to gather input from stakeholders at the site.

In addition, the review team identified and engaged with seven types of external stakeholder groups. They included clients who access the CTS; clients who access general community health centre services; neighbourhood residents; neighbourhood families; neighbourhood business owners and employees; local daycares; and local schools. The team collected information through in-person and on-line consultation groups, an online survey form (which members of the community also helped circulate through their social media groups), email submissions, and prior documents and reports. More than 150 emails were received and read by the review team and themes and questions from these messages helped inform the review.

The review team established a regular weekly meeting to discuss key findings and to determine additional steps that should be taken to complete the review.

REVIEW FINDINGS

Parameters establish criteria and standards by which an external group can evaluate services, practices, and operations of an organization. The five parameters set by the Ministry of Health were tailored to the specific needs of CTS at 955 Queen Street East and the clients they serve. This led to focused observations, conclusions and recommendations from the review team.

Assessment parameter 1: Assess whether services are provided as expected in accordance with the CTS Program Application Guide and the CTS Transfer Payment Agreement.

Review team conclusion: The review team found that, in general, the CTS is providing services in accordance with the CTS Program Application Guide and the CTS Transfer Payment Agreement. The review team has made recommendations on how these services can be improved. Implementation of these recommendations may require additional resources that SRCHC does not currently have.

Observations

CAPACITY TO PROVIDE CONSUMPTION AND TREATMENT SERVICES

INTEGRATED WRAPAROUND, MANDATORY SERVICES

Supervision of Consumption: In compliance with requirements, the CTS at 955 Queen Street East provides supervision for consumption of substances via injection, oral, and nasal routes. Consumption via inhalation is not mandatory as per requirements, nor is the site (or most CTS in Toronto) supported in providing this service. Because the site is not set up to allow inhalation inside, anyone wishing to do so must leave the building. In these instances, staff sometimes accompany the client outside and supervise the consumption outside the building.

Pathways to Addictions, Mental Health, and Social Services: Because the CTS at 955 Queen Street East is embedded within a community health centre, pathways to services primarily focus on referrals to services that can be provided within the centre, including opioid agonist therapies, HIV/sexually transmitted infection testing and treatment, Hepatitis C virus (HCV) testing and treatment, Indigenous services, primary care, mental health supports, and food and housing services. Additionally, the CTS team supports clients to connect with other programs at the community centre, helping ensure that clients are able to attend individual and group appointments. This type of support falls outside of traditional referral pathway categories and is not reflected in the monthly reporting from the CTS.

Harm reduction services and education: Harm reduction education is woven into service provision, but may also be requested by clients or offered by staff at the CTS at 955 Queen Street East. The staff provide education to clients on safer drug use including vein finding, injection techniques, and needle exchange. Staff also help supervise needle and equipment

disposal within the site. Staff provide oxygen and naloxone as required in all overdose response situations inside the site. Nurses provide injection-related care such as wound care, and HIV and HCV disease screening and testing. All staff do assessments for injection-related first aid as necessary.

Removal of inappropriately discarded harm reduction supplies surrounding the CTS area: CTS staff at 955 Queen Street East remove inappropriately discarded harm reduction supplies such as needles and other drug use equipment five days a week and on an as-needed basis, and as resources such as staffing and time allow. Additionally, since the fatal shooting in July 2023, a company called One Community Solutions has conducted needle sweeps during the week and on weekends.

Public Education: SRCHC provides public education formally and informally to broad stakeholders, including through open houses, newsletters, and group education to various groups including public health units and community health centres throughout the province.

SERVICE DELIVERY MODEL

CTS staff at 955 Queen Street East deliver team-based care, such that staff working onsite are responsible for the supervision and safety of all clients using the site at one time, including those recovering or resting in the adjacent post-consumption space. Clients at the CTS can socialize with each other and with staff at the site. This socialization is a valuable strategy to increase comfort and avoid isolation.

Hours of Operation: The CTS application guide specifies that preference is given to sites that offer consistent hours of operation seven days a week. Additionally, while the initial Transfer Payment Agreements did not specify open hours for the site, the 2019/20 Transfer Payment Agreement specifies that the CTS at 955 Queen Street East be open 11 hours per day, 7 days per week. The site has not been able to achieve these hours for a number of reasons including staffing/compensation challenges and alignment with the CHC's opening hours. The CTS currently operates during the hours of 8:00 am until 5:00 pm, Monday to Friday.

Staffing Model: As per the CTS application guide, a designated health professional must be present at all times, though the guide does not specify whether this professional needs to be present within the CTS or within the premises. In this regard, there has always been a designated health professional – a registered nurse (RN) – onsite at the SRCHC who could respond if needed, even if not always in the CTS itself. The site also hires its own Registered Nurse (RN) to work specifically within the CTS, but has had challenges retaining a person in this full-time role, with stretches of up to eight months without a full-time RN. During these periods, the site used SRCHC casual RNs as a replacement as much as possible.

The CTS at 955 Queen Street East operates in a model where at least three staff service the area at all times. The site receives funding for 2.6 Registered Nurse (RN) Full Time Equivalent (FTEs), 2.6 Health Promoter FTEs, and 2.6 Peer Workers FTEs to work within the CTS. The

staffing model, as per the CTS application guide, includes peers/people with lived and living experience of drug use (PWLE). Challenges leading to less than planned staffing at times include: not having replacement staff when full-time staff are away, salaries that are significantly lower than in other sectors (e.g., RN salaries in community health centres are significantly lower than RN salaries in hospital), and the challenging nature of the work, especially for staff with lived or living experience of drug use, in addition to insufficient mental health supports for staff.

PROXIMITY

The CTS at 955 Queen Street East is located in the heart of Leslieville, a vibrant Toronto neighborhood. The next nearest CTS or SCS is Regent Park Bevel Up CTS at 465 Dundas St. E, which is approximately two kilometres west of the site.

The CTS is located less than 200m from each of Morse Street Junior Public School, Mighty Kids Daycare, Brightpath daycare, Sprouts childcare, and Liberty Prep school. The site is located within 600m of John Chang Neighbourhood Park, Jimmie Simpson Park, and McCleary Playground.

The service is within close proximity (less than 200 meters) to schools/daycares/parks, so according to provincial requirements it must specify how community concerns will be addressed via community consultation and through ongoing community engagement.

COMMUNITY SUPPORT AND ONGOING ENGAGEMENT

The service has a number of mechanisms in place to allow the community to voice concerns, however, the review team found areas where this process could be improved. Further observations by the review team regarding community engagement can be found in the separate report on Community Engagement and Communications.

ACCESSIBILITY

The CTS at 955 Queen Street East fosters accessibility by allowing clients to access the site and use services without having to show identification or make appointments.

The CTS at 955 Queen Street East gives priority access to individuals who are at highest risk of overdose (for example, individuals who have recently been incarcerated) by ensuring that these individuals (identified as high risk during intake) get to use the site as soon as possible once they present. The site is also located between two public transit streetcar stops on a frequently traveled street in the city, along which open drug use has been observed for many years (TOSCA, 2012).

Indigenous cultural safety is promoted by access to traditional medicines, cultural activities, and the presence and expertise of staff who are Indigenous.

A policy is in place to allow drug splitting and sharing. Separate protocols are in place to ensure access for high-risk clients, including pregnant people, youth, and those who cannot self-inject (SCS Policies and Procedures).

FUNDING

The review team found that, overall, services are provided as expected according to funding requirements, with some areas, including hours of operation and staffing that require additional focus. Further observations and details surrounding the funding of the CTS are in the section on Funding, page 36.

ACCOUNTABILITY

REPORTING

The CTS must report monthly, quarterly, and annually to the Ministry of Health, as well as annually to the Toronto Board of Health. Data required by the province for monthly reporting include a range of criteria from hours of operation to overdose events, substances consumed and community engagement.

In accordance with provincial requirements, the CTS at 955 Queen Street East has reported monthly data, on time, to the Ministry. General concerns from community engagement were mentioned in some reports, however, required details about community engagement including who participated and how any concerns were addressed were lacking. In response to the reports, the site received requests for supplementary information from the Ministry as needed. Supplementary information requests included clarification of numbers, use of funds, or additional information such as details around the plan to be open for longer hours and on Sunday, which, as noted above, did not meet provincial requirements.

SAFETY AND SECURITY

Security mechanisms are in place at the CTS site and have included Toronto Police Service access after-hours and SRCHC reaching out to TPS when needed. The review team has found areas where improvements can be made to enhance overall safety and security at SRCHC. Further information can be found in the section on Safety and Security, page 15.

ENFORCEMENT

The CTS at 955 Queen Street East complies with reporting requirements to the Board of Health, the Ministry of Health and Health Canada. Further observations from the review team on enforcement and oversight can be found below.

Assessment parameter 2: Assess whether sufficient oversight of consumption and treatment services to ensure health service quality and program success based on the review questions, at minimum, and, where appropriate, identify recommendations for improvement.

Review team conclusion: The review team found that, in general, there is sufficient oversight of the CTS to ensure health service quality and program success. The review team has made a number of recommendations on how oversight can be improved.

Observations:

Reporting: As previously mentioned, the CTS at 955 Queen Street East complies with reporting requirements to the Board of Health and the Ministry of Health. These include annual reports to the Board of Health and to the Ministry of Health. It is also required to provide quarterly and annual financial and monthly program reports to the Ministry of Health. The review team found that communication from these bodies to the CTS has centred around the need for clarification of data provided by the site in these reports.

Inspections: According to the 2022 Consumption and Treatment Services Compliance and Enforcement Protocol, the CTS is supposed to be subject to routine annual inspections by Toronto Public Health, compliance evaluations annually by the Ministry of Health, complaints inspections as needed by Public Health, and other inspections by Health Canada and the Ministry of Labour for occupational health and safety compliance, as needed.

The review team found that the first routine inspection by Toronto Public Health was held on May 11th, 2023. This inspection did not highlight any operational concerns. The report from this inspection is publicly available on the TPH website. In October 2023, TPH conducted its second inspection. The report from this inspection indicated that education was provided.

The review team also found that the federal government conducted an inspection of the site from September 19th through 22nd, 2023. The review team received emails from SRCHC leadership that indicate that the inspectors made no observations that required immediate attention; however, the site was encouraged to make sure that records of staff training on policies and procedures are kept up-to-date. Additionally, the site was reminded to notify the Office of Controlled Substances of any updates to site operations after an exterior light and camera were noted to be positioned incorrectly on the floor plan.

Assessment parameter 3: Assess responsiveness to local community concerns (including any school related concerns).

Review team conclusion: The review team found that the CTS has been somewhat responsive to local community concerns with room for improvement. The review team has made a number of recommendations to help increase responsiveness, some of which may require resources that SRCHC does not currently have.

Observations:

Mechanisms are in place to allow SRCHC to receive and respond to community concerns. These mechanisms, and related communications supports, were enhanced following the fatal shooting incident on July 7th, 2023. However, the review team has found areas where improvements can be made to further enhance communications and community engagement between SRCHC, the CTS site and residents and improve responsiveness to local community concerns. See Communications and Community Engagement section, page 18. In addition, community members had suggestions about how to improve communication and engagement, which are included in a separate Community Engagement companion report. This companion report also includes suggestions from community members that address some areas of concern that are outside the mandate of this review.

Assessment parameter 4: Assess suitability of maintaining CTS funding for the site.

Review team conclusion: The review team found that it is suitable to maintain funding for the CTS at 955 Queen Street East and the review team has made a number of recommendations related to funding.

Observations:

The review team found a clear need for the services at 955 Queen Street East, based on the number of clients being served and the broad range of health services clients are accessing via referrals and integrated services in the community health centre. The review team's observations related to this parameter are found in the Service Provision section (Access, Referral pathways to wrap-around services, Integrated services), page 12.

Assessment parameter 5: Assess general suitability for CTS to be integrated within community health centres.

Review team conclusion: The review team found it is suitable and desirable for CTS to be integrated within community health centres.

Observations:

Clients at the CTS at 955 Queen Street East have low-barrier, walk-in access to substance use and addictions counselling, treatment including opioid agonist therapy, medications for withdrawal, referrals, and resources. They also have access to immediate counselling or mental health crisis support from CTS staff as required, and referrals to other services and service providers. Clients can access primary care directly from the Registered Nurse at the CTS or through SRCHC's interdisciplinary team (which includes doctors, nurses, nurse practitioners, dietitians, chiropodists, a physiotherapist, health promoters, educators, and the midwifery team.) They can access employment support, referrals to external service providers, and nutritious snacks and coffee.

Clients seem to have the greatest access to care when a CTS is integrated within a CHC offering a broad range of services, due to ease of access to these services and referrals. This is especially important for people who use drugs, who often have complex health and social needs. Further, when integrated within facilities that already work with people who use drugs, establishing relationships with these individuals is easier for CTS staff, and other community members. Additionally, embedded CTS provides an opportunity for privacy and confidentiality compared to stand-alone CTS since it is not necessarily obvious if clients are accessing CTS services or other CHC services when they come to the site.

SERVICE PROVISION

Assessment Questions:

Access

- i. Where do clients come from?
- ii. How many clients are being served?
- iii. Are clients having to wait for services or being turned away?
- iv. What measures are taken to promote equitable access?

Referral pathways to wrap-around services

- i. Are clients connected to appropriate wrap-around services?
- ii. Are there opportunities for improvement with partnerships to strengthen wrap-around services for CTS clients?

Integrated services

- i. Is the service setting appropriate to meet CTS clients and community needs?

Access

i. Where do clients come from?

CTS staff who are familiar with the clients say most clients are local residents and come from a range of locations within the M4M postal code including social housing buildings, as well as clients who are experiencing homelessness and shelter residents. However, supporting data is lacking, as clients are not required to show ID or proof of address.

ii. How many clients are being served?

Number of unique individuals per year:

- April 1, 2021 to March 31, 2022 = 202
- April 1, 2022 to March 31, 2023 = 126
- April 1, 2023 to Sept 30, 2023 = 104

From September 2022 to September 2023, unique individuals to the site averaged 47 per month. In the same period, there were 11,858 total visits for supervised consumption.

iii. Are clients having to wait for services or being turned away?

Clients are not turned away from the CTS but at times need to wait for services. Whether or not people have to wait, and for how long, varies depending on the day, how many clients are at the site, and whether staff are managing any prolonged or complex overdoses.

Clients who smoke or inhale substances cannot be served inside the CTS. In the summer of 2022, SRCHC explored an inhalation pilot with the Ministry of Health and Long Term Care and is awaiting feedback.

iv. What measures are taken to promote equitable access?

A number of measures promote equitable access at the CTS at 955 Queen Street East:

- ID is not required for clients to access the site.
- Policies and protocols are in place to accommodate access for people who cannot self-inject, need to share their drugs, who may be pregnant, are intoxicated, or are youth
- Appointments are not required
- Overdose response is trauma informed
- Indigenous cultural safety is promoted through access to traditional medicines, cultural activities and the presence and experience of staff who are Indigenous
- Priority access is given to individuals who are at highest risk of overdose (for example individuals who have been recently incarcerated).

Referral pathways to wrap-around services

i. Are clients connected to appropriate wrap-around services?

As a CTS that is integrated within a community health centre, CTS clients at 955 Queen Street East access and receive referrals from health and social service providers beyond the CTS.

SRCHC has internal referral pathways for primary care, hepatitis C treatment and other chronic disease care. SRCHC has low barrier, non-appointment-based access to primary care two times weekly for clients of their harm reduction via outreach. The team that offers care includes family physicians, nurse practitioners, social workers/navigation support, as well as access to other allied health including physiotherapy and chiropody services. In addition, there are a number of group-based programs that clients can choose to access, to address determinants of health, such as community kitchen, kit-making circles, seeking safety, the hepatitis C group, and women's program.

From January to July 2023, at least 165 individuals who use drugs received clinical support from health centre providers for services beyond the CTS. This group would include people who used the CTS as well as people who did not.

In 2022, the staff at the CTS at 955 Queen Street East made more than 100 referrals to each of primary care and hospital services, and social services including Indigenous health promoter, shelters, group programs, ID replacement, legal support, social assistance support, and housing. They also made 59 referrals to substance use services including withdrawal management, treatment programs, and safer supply, and 11 referrals to mental health services.

The CHC is transitioning the site team to an electronic medical record to better track both internal and external referrals.

ii. Are there opportunities for improvement with partnerships to strengthen wrap-around services for CTS clients?

The review team found there are opportunities for SRCHC to improve partnerships and strengthen wrap-around services for CTS clients. For example, in their Ontario Health Team work with the East Toronto Health Partners, the CHC explored the possibility of having RAAM (Rapid Access Addiction Medicine) clinic services available at least one day per week at SRCHC, which may be a possibility in the future. The centre is also currently in discussion with the Comprehensive Treatment Clinic, another member of the East Toronto Health Partners, about offering OAT services through SRCHC or through virtual platforms for interested CTS clients. Additionally, the centre is hoping to explore ways to better define and formalize referral pathways to withdrawal management and treatment services to help improve access to people seeking this care.

Integrated services

i. Is the service setting appropriate to meet CTS client and community needs?

The location is accessible to clients by several routes including by public transit, as it is on a major TTC streetcar line and located in a neighbourhood that has had historically high rates of substance use. It is also integrated with primary care and various other harm reduction services.

During the week of July 7th, 2023, SRCHC surveyed twenty-one clients. Nineteen said that the CTS at 955 Queen Street East should remain in its current location, one person skipped the question, and one person responded, “no – a lot of people in this community don’t want drug users here.” People surveyed commented on the need for the site to stay where it is since there are no other supervised consumption services in East Toronto. They also commented on concerns regarding intimidation and surveillance from community members stemming from stigma and fear of drug users.

The characteristics of the local community have changed in the last 25 years since SRCHC began offering harm reduction services at 955 Queen Street East. It is possible that some of these changes may have contributed to making the services and client group feel less welcome.

SAFETY AND SECURITY

Assessment Questions:

Safety and security

- i. Are safety and security measures sufficient for staff, clients and the community?
- ii. How is the organization responding to community safety concerns (including any school related concerns)?

i. Are the safety and security measures sufficient for staff, clients and the community?

The review team conducted a security review via three site visits, document reviews and discussions with leadership from SRCHC and CTS staff at 955 Queen Street East.

The review team found that after the fatal shooting incident on July 7th, 2023, several improvements related to safety and security were completed including the hiring of One Community Solutions. Toronto Police Service (TPS) conducted a Crime Prevention Through Environmental Design (CPTED) audit on July 19th, 2023. SRCHC implemented recommendations from this report that included:

- Increased exterior lighting on the north, east and west part of the building
- Additional cameras and related signage
- Fencing west property line between SRCHC and the Church
- Reducing the size of shrubs
- Strategic use of planters to help discourage loitering
- Signing of a trespass authorization form with TPS to allow for enforcement of the Trespass to Property action on SRCHC property.

These completed recommendations have improved community safety. The review team found additional areas where improvements can be made to enhance overall safety and security at SRCHC.

Video Surveillance: Existing cameras located at SRCHC record for up to 60 days and are visible on screens located at the front desk on the first floor. Cameras for the lobby and external areas are not visible to the staff of the CTS. Through document review and discussions with staff, there does not appear to be a documented camera maintenance program, which would help ensure proper operation of the system and appropriate recording quality of video images. Signage on the exterior of the building indicates that there is 24 hour CCTV Surveillance which can be misleading to the community as the cameras are recorded 24 hours a day but staff are not actively watching the cameras during the opening hours of the health centre and there is no monitoring after hours.

Exterior: During site visits by the review team, the grounds, sidewalks and the parking lot appeared well maintained with no evidence of sharps or other drug equipment on the property. Some loitering on the east and north sides of the building were noted. Staff from One Community Solutions did not appear to be taking any action in regards to the loitering that was taking place. The benches located on the north side of the building seem to attract loitering that would likely increase in summer months.

Security Staffing/One Community Solutions: During discussions with leadership at SRCHC and in the document reviews, it was found that One Community Solutions (OCS) staff are referred to as “security”. The One Community Solutions staff observed working at the health centre are not in uniforms that conform to the Ontario Private Security and Investigative Services uniform regulations. A check of the One Community Solutions website indicates that they are a security alternative. The Registered Security Employer database does not list One Community Solutions as being licensed to provide Security Guard Services in the province of Ontario.

The review team examined the contract between One Community Solutions and SRCHC. It is not clear if One Community Solutions is adhering to the scope of work outlined in their contract with the health centre. The timing of the shift agreed upon is 6:00am until 12:00am. SRCHC staff and OCS staff have noted that at times there is only one guard present (instead of two, as per the contract) at the start of the shift, and SRCHC staff have not yet been able to verify whether guards stay until their shift ends. The contract states that One Community Solutions will do outreach with local partner organizations. In speaking with One Community Solutions and with SRCHC staff, the review team found that this does not appear to be working. Staff from One Community Solutions do not engage Toronto Police directly, but rather communicate through SRCHC staff, who then contact the police. The proposal of services states that One Community Solutions staff are trained in crisis management, de-escalation and non-violent conflict resolution. In speaking with some One Community Solutions staff, the review team found that they do not receive formal training in these areas. SRCHC staff have also indicated that the skill level for handling of incidents varies widely. Additionally, the One Community Solutions staff observed working during site visits did not appear comfortable in dealing with persons loitering around the health centre.

Policies: The CTS at 955 Queen Street East has an 885-page policy document that includes Emergency Management policies (Section 11) and a section on Use of Surveillance Cameras (Section 9). In discussions with CTS staff, the review team found that CTS staff were aware of a lockdown policy but unsure of specifics or whether lockdown drills had been performed. There does not appear to be a Code Silver Code/policy in place at this time to deal with incidents of a person with a weapon/active attacker on the premises.

Toronto Police Services: The review team found that there does not seem to be an ongoing, formal avenue of communication between SRCHC and TPS that could help build relationships and address ongoing community and staff safety concerns. An ongoing relationship between SRCHC and TPS would also help bring clarity to the community regarding what SRCHC is and is

not responsible for, and what TPS is and is not responsible for. The review team found that TPS has increased community patrols of the areas surrounding the health centre. These patrols provide an increased sense of safety for the community. TPS were involved in completing a Crime Prevention Through Environmental Design (CPTED) audit of the site and recommendations were made and appropriate actions taken by SRCHC.

Public Areas: During site visits, the review team observed that the area outside of the CTS is an area where clients can sit while waiting for a space to open with the CTS. Staff from the CTS do not have camera access to be able to view this space to help ensure the safety of clients and individuals entering the space. Washrooms are locked and monitored by staff who check the washrooms every 5 minutes when they are occupied.

ii. How is the organization responding to community safety concerns (including any school related concerns)?

After the fatal shooting on July 7th, 2023, SRCHC completed several improvements related to safety and security. This included hiring One Community Solutions (see above). Toronto Police Service also conducted a Crime Prevention Through Environmental Design (CPTED) audit on July 19th, 2023, and SRCHC implemented recommendations from this report (see above).

While these completed recommendations have improved the overall safety and security of SRCHC, it is important to note that some residents feel more can be done to respond to community safety concerns (see Communication section, page 18 and Community Engagement report).

COMMUNITY ENGAGEMENT AND COMMUNICATIONS

Assessment Questions

- i. How can community engagement and communications strategies be strengthened?
- ii. Is the process for responding to community concerns or complaints effective and responsive?

i. How can community engagement and communications strategies be strengthened?

The review team found that SRCHC has detailed communications policies, which provide guidelines of how their external and internal communication channels are used, including processes for social media and media relations. Leaders are educated about these policies as part of orientation, which is a good practice to help them understand how SRCHC engages with key stakeholders. It also ensures consistent communication alignment to corporate brand guidelines, values and strategy.

After the fatal shooting on July 7, 2023, the centre's leadership recognized the need for additional resources and brought in external consultants to help supplement its communication strategy, including third-party facilitated community engagement sessions to inform recommendations for changes to its operations.

A town hall organized by community members later that month included participation from SRCHC leadership. The SRCHC also responded by:

- Contracting Public Progress to conduct a community engagement and consultation process with local residents and business to better understand community safety concerns (Security Update for Health Canada, Sept 2023).
- Creating a temporary Safer Community Committee, whose members (neighbours, police, schools, SafeTO, elected officials) pursued opportunities to strengthen coordination between the community health centre, police, and other city services in the interest of public safety (Summary Report for Health Canada, Sept 2023).
- Contracting One Community Solutions in July 2023 for one year to increase security measures (One Community Solutions contract).
- Creating a back-to-school plan with the help of concerned community members to enhance security and community engagement, which includes increased patrols by One Community Solutions during school travel hours and during community health promotion events held next to the CHC.
- Conducting a Crime Prevention through Environmental Design (CPTED) audit with Toronto Police Services on July 19th; changes have been implemented (Incident Response Summary Report, Aug 22, 2023).
- Updating the service's loitering policy to discourage loitering by clients around the site (Loitering Policy, Aug 2023)

- Enhancing communication and site tours with local police and other emergency responders to include community education sessions on CTS and other services at SRCHC for approximately 20 community police officers and 3 fire fighters (Incident Response Summary Report, Aug 22, 2023).
- Enhancing communication and clarification with community members about how to address drug litter outside of the SRCHC vicinity.

Since July 7th, 2023, the communications team at SRCHC and the communications teams at other CHCs operating a CTS have started to meet to share learnings and communication strategies. This is an excellent approach and the review team recommends formalizing this group. The review team also recommends exploring the possibility of extending this networking group model to other leadership roles, if not already in place. Initial discussions within the communication group have broached the idea of creating a shared communications resource which could play a crucial role in ensuring consistent messaging about CTS sites and services, as well as enhancing communication with the communities surrounding them. The review team encourages these conversations to continue and for the SRCHC and other CHCs to explore this as a possible way to explore this augment their limited communication resources.

The review team found an overall increased need from the community for regular two-way communication. The need for more external communication and regular community engagement should be considered in the centre's communication strategy and in any future adjustments to the communications team's roles and scope.

The creation of the SRCHC's Community Liaison Committee, and after the fatal shooting, the Safer Communities Committee, have been avenues to hear from members of the Leslieville community. SRCHC should engage the community to foster a better understanding of the work happening and to demonstrate steps taken to ensure safety or changes made as a result of conversations with the community. These could include, but are not limited to:

- Hosting open houses of the CTS to invite the community in to meet staff and see the facility. Collaborating with the local resident associations and holding a standing spot for updates and Q&A at their meetings would be beneficial to increasing public engagement and communication. These kind of approaches were also noted in the Safer Communities Committee Final Report. After the fatal shooting, SRCHC's senior leadership attended community organized town halls and meetings. The review team encourages SRCHC leaders to continue to attend such events to enable ongoing dialogue. The centre could explore collaborating and co-hosting these meetings with the lead volunteers in the community who organized previous town halls.
- The review team recommends reviewing and redesigning the centre's external communication strategy with the goal of sharing more frequent information about the CHC and the CTS. The centre could ask the community for input to inform communication preferences and the type of information they would find helpful.

SRCHC should continue to refine and develop its system for tracking, triaging and responding to complaints or concerns from members of the community, with the goals of improving two-way communication with the community, setting expectations for timely responses, helping to monitor impact, and rebuilding trust with the community. The complaints and concerns system should strive for maximum transparency regarding how concerns will be addressed, acceptable time frames for addressing responses, and appeals processes for people who feel that their concerns have not been addressed.

Further developing this function, and the role that would oversee it, would improve two-way communication with the community by setting expectations of a timely response, help monitor impact, and rebuild trust with the community.

ii. Is the process for responding to community concerns or complaints effective and responsive?

The review team conducted its own community engagement between October 2023 and January 2024 to hear independently from external stakeholder groups on this question. Detailed findings are presented in a separate report (Community Engagement companion report). This section summarizes what the review team heard from diverse stakeholder groups, focusing especially on areas within the review mandate. Five separate two-hour group consultations were held, with a total of 64 participants belonging to the following stakeholder groups: Clients who access the CTS, clients who access general CHC services, neighborhood residents, neighborhood businesses and employees, and a group of concerned neighbours. Groups are not necessarily representative of the community. Individual consultations were held with local daycares and local school administrators. Additionally, an online form generated 141 responses.

SRCHC Communications and Community Engagement: Many respondents expressed frustration about the level of communication and emphasized that there was no effective process to raise concerns or file complaints. Many respondents felt that the SRCHC staff were dismissive of their concerns, and did not answer their emails or other queries. Many respondents reported that when there was a response, it was weak and consisted of excuses about not having the power or resources to make changes. Some perceived a culture of passing responsibility to others within the SRCHC and asked for a clear “chain of responsibility and accountability,” including an appeal mechanism. Several respondents felt that communication was worse after the pandemic started. Respondents also noted that the SRCHC website did not clearly indicate who should be contacted about concerns or provide detailed information about site operation.

Daycare and school officials said that communication could be improved by dispelling myths about the site through publicizing what services are being offered, how the CTS is supporting people, and sending a message that the CTS will not “distribute drugs”. However, many respondents felt that newsletters and emails were of limited use.

In contrast, people who were clients of the SRCHC felt that staff were very approachable and responsive, although less so after the start of the pandemic. Another perspective shared by clients was that SRCHC and the board had been open to feedback and have welcomed, encouraged, and incorporated feedback.

Security and safety concerns: Respondents expressed a range of security and safety concerns. Overall, the concerns shared by respondents were consistent with findings from the Public Progress Report published in September 2023.

Several people reported incidents of harassment (including threats) and physical assault from CTS clients, including to children. Some respondents and CTS clients added that SRCHC staff and security have sometimes been present during altercations but do not intervene, appearing neglectful. Many respondents, including clients of SRCHC, were concerned about crowding and loitering outside of the CTS, when individuals outside of the CTS are visibly intoxicated, belligerent, and acting erratically.

Many respondents were concerned about public drug use, including people overdosing in public (fatal and non-fatal); drug use has been observed directly outside of the CTS, in alleyways, on the street, in parks and other public spaces in the neighbourhood. Schools and daycares have found people using drugs in their parking lots or in their entryways. Respondents have also observed excrement, discarded needles and substances, and other garbage in the neighbourhood. Residents and daycare staff have witnessed individuals having sex, defecating and urinating in public and on daycare property.

Many respondents were concerned about the effects on children of public drug use, disruptive behaviour, and discarded equipment and drugs. Residents and families are concerned about the long-term impacts on the emotional and mental wellbeing of children and no longer feel a sense of safety in their neighbourhood.

Several residents and businesses have experienced theft, property damage and break-ins in their homes and cars.

Many responders emphasized that there is a noticeable presence of drug selling both outside the CTS and in the neighbourhood. Respondents also fear that sellers are armed and directly responsible for an increase in guns and violence in the neighbourhood.

Many of the safety concerns reported are more pronounced for residents who live on Heward Avenue, which is in very close proximity to SRCHC. These residents feel their concerns are distinct.

Some respondents expressed different opinions about safety and security related to the CTS.

CTS clients stated that SRCHC is not the only site where there are problems. CTS clients felt that their own sense of safety has been compromised. They have experienced residents in the neighbourhood photographing them without consent and making remarks when walking by.

CTS clients share concerns with other participant groups about CTS staff not having enough training. Most respondents felt that there is insufficient attention from SRCHC management to address their concerns.

Some respondents had no concerns about security and safety related the CTS. The 2023 Public Progress Report found that some businesses were supportive of the CTS and SRCHC overall, while others had concerns only after fatal shooting on July 7th, 2023. The report also found that residents who have lived in the Leslieville neighbourhood for more than 20 years feel safer now than they have in the past.

The review team considered that some concerns mentioned frequently by community members existed outside the scope of the CTS's responsibilities in the community. For example, many concerns are related to the lack of stable housing, including public drug use, visibility of people with mental illnesses, and a lack of easy access to public restrooms. Such issues are not specific to CTS clients, but are common among people experiencing poverty and other forms of marginalization.

HUMAN RESOURCES

Assessment Questions

- i. How can hiring and retention practices be improved?
- ii. Is existing training for staff sufficient?

Unity Health is aware that the police have charged one of the SRCHC employees with accessory after the fact to an indictable offense, and obstructing justice in connection with the fatal shooting in July 2023. Although the review did not look into the specifics surrounding the hiring of that individual employee, the review team did pay particular attention to the rigour and application of the general practices for human resource screening, selection, training and performance management, which remain a cornerstone of any organization's risk mitigation strategies. Through this review, specific recommendations have been made with respect to updates to the organization's criminal check policy. The SRCHC leadership team also noted that they routinely have discussions with staff regarding professional boundaries and maintaining a therapeutic relationship, which SRCHC was able to demonstrate are codified in policy. Ensuring this type of training is in place and is regularly refreshed will continue to be important to reinforce organizational expectations and ensure that professional boundaries are maintained.

i. How can hiring and retention practices be improved?

While SRCHC has approximately 190 staff in total, the CTS itself is staffed by a small team made up of Registered Nurses (RNs), community health workers and overdose response workers.

The current CTS headcount consists of 1 full time RN, 1 part time community health worker, one full time community health worker (and another full time community health worker hire in process as of January 2024), and 1 full time overdose response worker. There are also two casual staff (one RN and one overdose response worker) who work regularly. Additional casual staff are employed but have limited availability and have not worked in some time. On occasion, an RN may be re-assigned from the Moss Park CTS to support staffing.

Within the CTS, three staff are currently scheduled on each shift. These three scheduled staff and can be any combination of a RN, community health worker and overdose response workers, although a minimum of one RN is scheduled on each shift.

The current Human Resources (HR) team at SRCHC consists of three Full Time Equivalent (FTEs) and is led by an HR manager who has had significant experience with the CTS. A HR business partner and an HR administrator report to the HR manager. There is no designated role responsible in the organization for occupational health and safety, which means that it must be managed entirely through the Internal Responsibility System largely relying on the work of the

Joint Occupational Health and Safety Committee and the accountability for safety that is held by individual managers/directors for their programs.

During scheduled site visits with the review team, SRCHC representatives in HR and leadership described a culture of collaboration and consultation across their management team, as well as a desire for continuous learning and quality improvement. The strong values and sense of purpose held by the staff of the organization were demonstrated through the commitment and passion demonstrated by the individuals that the review team spoke to. A clear commitment to the clients of the CTS and to the SRCHC more broadly was also clearly demonstrated by the individuals that the review team engaged with. Health equity was frequently mentioned in the context of what was important to ensure accessible and quality service to SRCHC and CTS clients.

As noted earlier in this report, SRCHC has grown significantly in recent years and recruitment and retention have been a key area of challenge and focus particularly in light of the current system-wide health human resources challenges and increased competition for clinically trained professionals. Specific to the CTS, vacancies in key roles have prevented the CTS from being able to fulfill its objective of implementing extended hours. Roles within the CTS have also become progressively more difficult to fill over time mirroring the experiences of healthcare organizations more broadly in the context of the health human resources challenges post pandemic. The shortage of trained health workers combined with surging needs across all health sectors has served to exacerbate challenges that were pre-existing with recruitment for community based roles. The RN role in particular has posed significant challenges with notable periods of vacancy. At the start of January 2024, the CTS was in the process of hiring new RN and community health worker roles with the goal of increasing the daily staffing to four staff scheduled and expanding hours on Monday, Tuesday and Thursday shifts.

While no formal compensation benchmarking exercise has taken place, HR and CTS leadership have both received feedback from staff that compensation is a key factor hindering their recruitment and retention. The HR manager also spoke to observations from postings of other organizations as indications that compensation may be a hindrance to recruitment and retention.

As a part of this review, the review team reviewed all HR policies, recruitment and selection materials and relevant procedures. SRCHC has robust and current HR policies that address all aspects of the employment relationship and meet all minimum legal requirements. The review team did not identify any missing legislatively required policies, nor deficiencies in terms of compliance with employment legislation within the policies reviewed. Additional evidence was provided of employee programs across a broad spectrum of the employee life cycle, from recruitment activities, to onboarding, to training, to the evaluation of employee performance and the management of employee exits. Despite the small size of the HR team and resources limitation inherent to an organization in this sector, the overall HR program demonstrated a high level of sophistication and maturity with all large components appearing to be in place from our perspective.

The individuals who had accountability for Occupational Health and Safety demonstrated a reasonable knowledge of Health and Safety legislation, programs and policies. As previously mentioned, it was noted by the review team that responsibilities for Health and Safety appeared to be decentralized across multiple individuals and stakeholders. This occupational health and safety environment, including the inherent hazards, were acknowledged by the reviewers to be complex and dynamic. An observation by the review team is that such environments may benefit from the co-ordination and oversight of a dedicated resource to ensure all safety risks are managed.

Police Records Check Policy & Process: SRCHC has a robust police check policy (“Police Checks Policy”) that clearly outlines requirements and procedures. However, the policy includes a number of exceptions to the requirements for either a criminal record check or a Vulnerable Sector Screening (VSS) as may be applicable. Specifically the policy details exclusions for individuals in dedicated positions for people with lived experience formally referred to as peer positions, and employees on contracts less than 6 months, as well exemptions for BIPOC persons on a case by case basis and subject to the discretion of the CEO. According to the policy, the exception for individuals with lived experience exists for the following reason:

“...in consideration of SRCHC’s employment of individuals in dedicated positions for people with lived experience (formerly referred to as peer positions) who by nature of their role may have a relationship with the law, the Centre acknowledges it may be difficult to attract individuals if this is a condition of employment.”

The SRCHC team interviewed described the purpose of the exception generally is to ensure that the police check policy is not a barrier to applicants who have lived experience of drug use. While this is a noble intention it does create unmitigated risk to the organization of employing individuals within a safety sensitive environment with vulnerable persons who may have criminal records with offenses that would be incongruent with their role performed as a part of the SRCHC.

The Criminal Record Check Policy accepts police checks and vulnerable sector screens from applicants as “active” provided they have been completed within the previous 12 months. SRCHC staff shared in follow-up correspondence that all positive criminal record checks are reviewed by the CEO to determine if the decision to hire may proceed based on the results of the police records. The CEO confirmed that criteria considered include date of offense, age at time of offense, nature of offense, and any relationship to substance use; however, this is not formalized in a specific document.

Roles with Lived Experience (Peer Support Model): The SRCHC operates a highly integrated interdisciplinary model within its consumption treatment facility. Staff expressed clarity with

regard to the designated acts for each profession working within the CTS as well as the limitations on actions and client interactions designated to certain roles given their qualifications and training. According to current Ministry of Health requirements, the CTS staffing model must include peers/persons with lived experience. SRCHC does not have a defined/titled “Peer Support” position in the CTS and observations of other comparator organizations support that the move away from this title is a sector-wide trend. This has been described as being driven by dual forces with one objective being to move away from language that is “othering” for staff and clients and diminishing of the contributions of staff with lived experience. The other has been the desire to “professionalize” the role of positions, which historically required only lived experience. SRCHC team also noted that in order to fill the Overdose Response Worker & Community Health Worker positions in the current labour market conditions, they have been hiring staff without lived experience although it is still noted as preferred on both postings.

While the leadership of the CTS stated they do have some longer serving staff with lived experience who currently work in the Overdose Response Worker positions, CTS leadership indicated that they no longer see these roles as requiring lived experience as a mandatory condition of employment. New hires recently have been described as largely being made up of new graduates without lived experience.

Staff Safety & Internal Responsibility System: Leaders interviewed about workplace safety and the Internal Responsibility System appeared committed to workplace safety and were reasonably well informed about workplace safety practices as required for their fulfillment of their accountabilities related to workplace safety. They appear to have a functioning Joint Health and Safety Committee and this group attests to rigorous practices in terms of maintaining their regular schedule of workplace inspections. The Interviewees acknowledged that they work in a safety sensitive environment, but also pointed out that they do not have any dedicated or shared resource within the organization who is entirely dedicated to workplace safety. Currently responsibilities for health and safety are decentralized across various leaders at the organization and are centrally coordinated by the Joint Occupational Health and Safety Committee.

The interviewees described a culture within the CTS of staff who recognize the critical role that they play in the preservation of human life. A testament to their leadership is that this appears to be a strong and enduring purpose that resonates throughout this organization.

Interviewees described a rule that staff are not to support client overdoses outside of a distance of 15 metres from the building. They qualified this expectation by making a permissive statement along the lines of: if a staff thinks that they can save someone’s life then they will do what has to be done.

There is no policy for Code Silver (Lockdown for Active Shooter) despite a significant incident in the proximity of the centre very recently. It was not apparent in discussion with CTS leadership that a plan was in place should a similar event occur again in future. They have indicated that they have not done lockdown drills recently.

During the first of two site visits, the review team noticed that security personnel did not appear to be present upon entering and exiting the facility. The review team was informed that there is one security individual who patrols inside and outside of the building and into alleyways within the community close to the site. During the second site visit, the review team found that security was present in the vicinity of the front entrance.

Staff Trauma Supports: The leadership of the CTS demonstrated that they have extensive ongoing approaches to engage and support staff including routine daily de-briefing sessions at the start and end of each shift, individual and group counselling services, manager support, ad hoc use of grief and trauma counsellors and Employee Assistance Program resources. SRCHC confirmed that for their group benefits, full time and part time (17.5 hours/week, or more), including full time and part time (17.5 hours/week, or more) contract employees on contracts greater than one year, have access to group benefits. For mental health benefits through the group benefits, they provide \$20 per visit to a psychologist and up to \$300 per calendar year.

Through the course of the review, some concerns were voiced that the current limits on mental health support (cap of \$20.00 per visit), effectively meant that staff were unable to access these benefits due to the out of pocket costs. All staff, no matter the employment status, have access to EAP. Innovative wellness options such as acupuncture and shiatsu have been offered on an ad hoc basis and interviewee described a special wellness fund as a means for managers to make wellness resources available to staff in the CTS.

The work in the CTS was described as hard, demanding hyper-vigilance and requiring the tact and resilience to manage complex client responses throughout the shift. The interviewees acknowledge that the work environment is challenging and that there is no form of mitigation that can fully remove the frequent exposure to events such as overdoses or aggressive responses from some clients. The interviewees reported that monitoring of staff for signs of stress or trauma is done informally by the manager and the director. While information shared suggests the organization intervenes when staff exhibit signs of needing support, there is no program in place for proactive support or monitoring for staff with a history of substance use, in part because of a desire to treat all employees equitably and to avoid “othering” employees who have used substances. However, the lack of a proactive policy can lead to a delay of support until staff exhibit signs of unmanaged substance use. The review team identified a need to provide additional resources and support to staff with a history of substance use disorder; these supports should be provided in sensitive ways to avoid making staff feel singled out or targeted.

Staffing Model: Both HR and CTS program leadership have highlighted challenges with recruitment and staffing. With respect to the CTS, this has had a negative impact on clients because of their inability to extend service hours into the evenings and weekends. Staffing challenges experienced by SRCHC are unsurprising given broader HHR context and the organization has made reasonable efforts to advertise and recruit staff. When asked about employees' reasons for leaving or reasons why job offers are not accepted, concerns were raised about the lack of competitiveness of wage rates. The HR representative and CTS leadership indicated that they believe that pay rates may be below comparable CHC organizations, but this is based on reviews of job postings rather than on any sort of formal analysis.

Reporting/Complaint Mechanisms: While interviewees described an open environment where employees were enabled to bring forward concerns regarding their work environment or with their colleagues to HR or management, no current mechanism exists for staff to report concerns anonymously.

Policies: The HR policies are well done and address all routine employment terms and condition as well as legally mandated items. While department leadership indicated that expectations around drug use at work and requirement to be at baseline are communicated to staff in the CTS, expectations for all staff with respect to fitness to work in do not appear to sit formally in any organizational policies.

ii. Is existing training for staff sufficient?

Based on a documentation review, legislatively required Human Resources and Occupational Health and Safety trainings are in place for employees (*AODA Training, WHMIS, Occupational Health and Safety Training for Workers and/or Supervisors, and Workplace Violence Training.*) In addition to legislatively required trainings, SRCHC provided records outlining a variety of other mandatory trainings for staff, including but not limited to privacy training, hand hygiene, mental wellness in the workplace, resolving conflict and de-escalating challenging behaviours. Additional training opportunities related to anti-Black racism and Indigenous learnings are also offered. The CTS leadership reported, in discussion with the review team, that CTS staff received specific training on trauma informed care, Crisis Prevention Institute (CPI) training, Basic Life Support (BLS) certification and ASIST training (suicide intervention). From a Human Resources and Occupational Health and Safety perspective, the training records appear to support legislative obligations and while the specific training content was not reviewed, the topics appear to be sufficient to promote positive job performance. A system for delivery and monitoring of training was produced.

CRITICAL INCIDENTS

Assessment Questions

- i. Are appropriate measures in place to respond to critical incidents?
- ii. Is an appropriate definition of “critical incidents” being used?
- iii. Are appropriate measures in place for notifying the leadership of the organization, funding partners and Health Canada of critical incidents (as appropriate)?

i. Is an appropriate definition of “critical incidents” being used?

In the healthcare sector the only common definition for a “critical incident” is outlined in the Public Hospitals Act and refers specifically to patient harm. It defines a critical incident as:

*Any unintended event that occurs when a patient receives treatment in the hospital,
(a) that results in death, or serious disability, injury or harm to the patient, and
(b) does not result primarily from the patient’s underlying medical condition or from a known risk inherent in providing the treatment*

The review team confirmed that SRCHC does not have a formal *critical incident* definition.

While the fatal shooting on July 7, 2023 outside of the South Riverdale Health Centre (SRCHC) was a very serious and tragic event, it is not an incident that healthcare organizations would refer to as a critical incident. This is due to the fact that the incident was external to the SRCHC property and the individual who was injured was neither an SRCHC client nor an employee. When a serious event like this occurs outside and in proximity to a healthcare facility it is essential that the organization be equipped to respond in a manner that mitigates potential threats to their clients and staff. This type of response is referred to as an emergency response plan and is typically part of a larger organizational integrated risk framework. Therefore, the focus of the following sections is on the existing policies, procedures and emergency response plans at SRCHC.

The review team found through documentation review and consultation with SRCHC leadership with oversight for the CTS at 955 Queen Street East that there is a *critical incident response framework*, which includes policies and procedures focused on supporting a safe environment for all and pertains to all sites of SRCHC including the CTS. The policies/procedures include i) procedure for dealing with challenging situations ii) de-escalating disruptive behavior and crisis response iii) emergency lockdown procedure iv) procedure for working with emergency personnel v) severing, limiting and/or terminating challenging clients of the centre vi) incident/accident report and vii) critical incident response and follow-up protocol.

Within the *de-escalating disruptive behavior and crisis response* policy there are procedures for incident response, follow-up and restrictions. These procedures are solely linked to an incident where a client's behavior has escalated and attempts to de-escalate have been unsuccessful. The policy refers to critical situations that include i) presence of a weapon or ii) physical violence or harm to self or others. These policies and procedures are currently under review by SRCHC leadership based on learnings from the fatal shooting outside of the SRCHC on July 7th, 2023.

In addition to this there is an Incident Reporting policy requiring staff to complete an incident/accident report for anything that: i) causes injury or harm to people ii) damage to property iii) theft iv) unusual occurrence or v) privacy or security breach. An incident is defined as an event that was unpleasant or unusual in nature. An accident is defined as an unfortunate incident that happens unexpectedly and unintentionally, typically resulting in damage or injury.

The intent of the critical incident framework along with other policies, procedures and practices is to support the organization's response to what could be considered a critical incident including internal and external threats to i) safety of clients and staff and ii) service provision. Further details and assessment of the critical incident response framework, associated policies, procedures and practices are outlined in the following section.

ii. Are appropriate measures in place to respond to critical incidents?

SRCHC has several policies and procedures that contribute to managing serious events and emergency situations that present a potential or actual threat to the organization, clients and staff. The following provides an overview of these with additional context gathered from interviews with SRCHC senior leaders. This information has been aligned with common stages of risk identification, mitigation and response which would all be central to a robust emergency response plan and broader integrated risk framework.

Risk Identification: SRCHC has a *Risk Management Operational Framework* that provides guidelines and processes to identify, assess and plan to mitigate risks aligned with organizational priorities, mission, vision, values and strategic objectives. It identifies the Board and CEO with Senior Leadership as being responsible for the determination of the organization's overall risk appetite and risk tolerance. Risk management is seen as a shared responsibility amongst all staff, board members, volunteers and students. There are also several organizational level standing committees who are accountable to manage and monitor day to day risks and develop strategies to reduce current risk. This includes Joint Occupational Health & Safety, Infection Control Committee, Communications Committee, IT/IM Steering Committee, Management Teams, Leadership Teams and Senior Leadership Team. It is unclear how these various committees contribute to the overall identification, assessment, mitigation, management and reporting of key organizational risks.

A *Risk Management Tool* was implemented in the past year and is in the early stages of its development and utility. In its current state it provides a retrospective assessment of risks based on a checklist of questions pertaining to traditional operational dimensions. The risk

management tool is reviewed and updated by Senior Leadership twice per year. It is also reviewed by the Board once per year. Currently the tool does not highlight nor rate inherent risks, current or future state risks associated with the CTS. It is important to note that the application process for the CTS did not require a comprehensive risk assessment and mitigation strategy prior to approval or post.

Having a robust enterprise risk framework and assessment tool is key to identifying and mitigating all inherent risks associated with an organization; including those that could evolve into a serious event or emergency. In the current state, this framework and tool are narrow in scope and needs to transition from reactive risk management of events that have occurred or are occurring to a more proactive risk assessment of future or potential risks with scoring/rating criteria. The SRCHC tool, at present, is very compliance based and there appears to be a disconnect with practice and the application of the framework. SRCHC would benefit from reviewing and implementing *HIROC's Integrated Risk framework* and transition from a balanced scorecard approach to a structured summary of the key risks, also referred to as a structured risk register. This is available free of charge to HIROC subscribers and provides a standardized framework, taxonomy and classification matrix to facilitate the identification, assessment, mitigation, management, and reporting of key organizational risks. This would allow SRCHC the flexibility of using a standardized risk assessment approach to create a concise summary of the most significant risks, assign a risk rating/score, identify immediate and longer-term mitigation, and determine whether the residual risk is at an acceptable level.

In addition to this SRCHC has an incident reporting policy and procedure in place to ensure incidents are recorded and addressed in a timely manner. Incident/accident reports are filled out for anything that:

- i) causes injury or harm to people
- ii) damage to property
- iii) theft
- iv) unusual occurrence and
- v) privacy or security breach.

Completed reports are reviewed and acted on by the most responsible supervisor and administrator. They are also reviewed weekly by the Program Management Team along with quarterly summaries shared with the Senior Leadership Group that highlight operational and programmatic risks. The full leadership team and board also receive a comprehensive report twice a year and inform some aspects of the risk management tool. Operationally, there isn't a process to cascade the risks throughout the organization or a process to identify changes in their risk profile, effectiveness of the mitigation plans previously identified, and any emerging risks quarter over quarter.

In addition to the organizational approaches to risk identification noted above, there are specific operational strategies in place to proactively identify risks to the CTS at 955 Queen Street East on a daily basis. These strategies includes daily shift meetings each morning and at the end of

each day. The morning daily shift meeting is attended by all CTS staff and at least one manager. The purpose of these meetings is to identify any potential challenges for the day based on knowledge of clients, situations that could escalate and how to manage those to maintain a safe environment for all. The end of day meeting, which is attended by all working CTS staff and at least one manager and staff from others areas on the first floor where the CTS is located, focuses on debriefing on the day and planning for the following day. The rationale for including staff from surrounding areas is to ensure any observations they have are shared and included in planning for the subsequent day. This model supports a proactive situational awareness approach to risk identification and is a strength of the CTS model. However, it does not appear that these risks inform the broader organizational risk management tool.

Risk Mitigation: Beyond the risks that are identified through the risk management tool and associated mitigation strategies there are other policies and processes in place to support day to day mitigation of risk. The first is a daily huddle that occurs with all SRCHC directors, managers, VP and the CEO. The purpose of these is to check-in as a leadership group share any key issues for the day including staffing, urgent incidents and debriefs. This provides a daily opportunity to ensure all leadership have situational awareness and an opportunity to plan for and mitigate the impact of key issues. This could be enhanced by the approach taken through the daily shift meetings held by CTS staff to be more proactively risk and future focused. There doesn't appear to be a direct link between these shift meetings and the more administrative daily huddles at SRCHC. Similar to the daily shift meetings in the CTS the daily huddles do not appear to inform the organizational risk management tool for longer-term mitigation and monitoring.

The second mitigation strategy identified was the provision of education to staff to support them in their ability to manage risk including urgent and serious events or emergencies. There are both mandatory educational requirements for all staff and additional requirements specific to different roles and functions. Relevant to risk identification and mitigation all staff are required to complete courses on:

- i) preventing workplace violence
- ii) mental wellness in the workplace
- iii) safety begins with you
- iv) resolving conflict and
- v) de-escalating challenging behaviours.

Staff in the CTS are also required to complete non-violent crisis prevention intervention training annually or more frequently if required. They also complete ASIST suicide intervention training and newly, mental health first aid. These training experiences support staff in identifying and mitigating risks specific to clients and creating a safe environment.

There is also an organizational Training and Evaluation Schedule to support staff in utilizing the five emergency codes:

- i) fire
- ii) assist

- iii) aggressive behavior
- iv) cardiac arrest/medical emergency and
- v) lockdown

The Human Resources department tracks this training and works with the Directors and Joint Occupational Health and Safety to coordinate training. Recent changes to some of these procedures and creation of new procedures have delayed the intended training cycle. In particular, training and reorientation on code lockdown has not been completed since the fatal shooting on July 7th, 2023, which leadership identified as a gap. Leadership is committed to looking at how to be more intentional about the required training. SRCHC has implemented a system to alert leadership when a staff member is due for re-education or certification, which will assist in prompting the appropriate leadership to ensure the required education is provided.

Within the CTS at 955 Queen Street East, there are additional strategies to mitigate risks. As mentioned above in the risk identification section, daily shift meetings are central to identifying any potential or actual risks to the safety and security of clients and staff in the CTS. While this approach is somewhat aligned with the daily huddles that occur every morning for the whole of SRCHC, it is unclear how the two connect and if learnings and best practices from each could be identified and used to enhance each process.

Additionally, the general philosophy of care within the CTS site, referred to as relational care, is viewed as another strategy to mitigate risk. This approach to care is based on being trauma-informed, anti-oppressive and harm reduction focused. It involves modeling to clients how to participate in healthy and respectful interactions and clearly community expectations along with boundary setting and talking through disagreements. This supports the ability to mediate and de-escalate tense situations and focus on restorative processes versus punitive repercussions. This approach to care is seen as an effective risk mitigation strategy and as it builds relationships that lead to trust where people are more likely to engage in co-creating a positive environment for all.

Emergency Protocols and Response: SRCHC has several policies and procedures that support how staff respond to a situations that present a potential or actual threat to the organization, clients and staff. The first is a Business Continuity Planning Framework which is part of the broader risk management framework. It provides critical steps to take when localized disasters such as fires, floods, earthquakes, power interruptions and hazardous chemical spills have occurred and rendered the facility as inoperable or unusable thus impacting the ability of the SRCHC to deliver essential programs and services. The business continuity plan provides strategies to support the continuation of core business functions including the declaration of a disaster/emergency and the implementation of an Incident Management Team (IMT) to manage the disaster/emergency. The use of an IMT to manage such events is beneficial in all emergency situations as it provides a standard chain of command to support decision making, risk mitigation and clearly defined roles. This approach may have been beneficial in managing the events of July 7th, 2023 and in particular the inclusion of a formal debrief process that results in clear actions and accountability.

The management of imminent and actual risk to the safety and security of clients and staff is outlined in the SRCHC Code Lockdown and includes scenarios in the CTS. The code lockdown is implemented when there is danger in the building and all occupants are kept inside and as far away from danger as possible and where there is danger in the community and a lockdown has been implemented to keep all occupants inside until instructed to do otherwise by external emergency personnel.

While this code aims to prevent an individual or individuals entering the building who may threaten the safety and security of clients and staff, it does not include how to manage a scenario where a person is able to enter a SRCHC building who is actively using a weapon or physically attacking individuals. Currently, there is not a procedure in place to manage this type of scenario. In discussions with senior leadership, it was identified that this would be of benefit to the organization and complementary to the code lockdown procedure. All emergency response 'codes' should include a structured process for a hot debrief immediately following the incidents and cold debrief, more formalized to identify what worked well, areas of improvement, immediate actions required. These emergency response codes should also incorporate specific circumstances under which 911 should be called.

Specific to the CTS at 955 Queen Street East, additional strategies are in place to respond to serious or emergency situations where there is a potential or actual threat to the safety and security of clients or staff. The first is the placement of panic buttons; one is in each of the two main CTS spaces under desks. Once pressed, an alert is sent to an off-site third party security company which calls the centre, asks if police are needed, and calls police if appropriate. Additionally, an alert is emailed to leadership so they are aware and can respond to the area to assist. Secondly, the CTS space itself is a locked space and entry can only occur with a fob that only staff have. Exiting from the CTS does not require a fob and thus provides a clear exit path for all. It is also possible to keep the separate spaces of the CTS locked, which supports the code lockdown process and can create space and barriers between a threat and those being threatened.

From within the CTS, there is a side exit to the outside, which provides a further exit path for emergency situations. Staff can also press an intercom button on the phones in the CTS, which allows for everyone in the building to hear what is occurring the CTS overhead and provides another mechanism to alert others in the building of a potential or actual critical situation. Lastly, walkie talkies are used to support communication amongst staff across the entire SRCHC site. Staff in the CTS have access to these and at least one person on each floor including managers and medical staff in the building has one. This provides another mechanism to escalate requests for assistance and to alert others about an emergency or critical incident requiring support.

iii. Are appropriate measures in place for notifying the leadership of the organization, funding partners and Health Canada of critical incidents (as appropriate)?

Upon review of policies and procedures and in conversation with senior leaders it was determined that there is some direction on the process to notify organizations, funding partners and Health Canada (if applicable) of serious events or emergencies. The clearest guidance is found in the business continuity plan and two governance policies that reference the CEO as responsible for communications with the Ontario Health, the Ministry of Health, other funders and any other regulatory/statutory authorities in the face of a disaster or emergency.

In circumstances where the Chief Executive Officer determines the organization may be impacted negatively, the CEO will report to the Board through the Board Chair/President who will determine whether the issue should be brought forward to the Board. The CEO is also expected to make the Board aware of any relevant trends, anticipated or actual adverse media coverage, material external and internal changes, and particularly changes in the assumptions upon which any Board policy has previously been established. There are currently no internally established guidelines or external guidelines from the Ministry for reporting emergency situations or critical incidents where there is a threat to the safety/security of clients and staff to funders and Health Canada.

FUNDING

Assessment Questions

- i. Are CTS program funding requirements being met?
- ii. How can existing CTS site funding be optimized to ensure the right services are available in the right place at the right time?

i. Are CTS program funding requirements being met?

The review team found the CTS at 955 Queen Street East is meeting almost all of its funding requirements.

The Transfer Payment Agreement outlines the terms and conditions under which funds are transferred from the Ministry of Health to the CTS. Funding requirements refer to the specific performance targets set out by the Ministry of Health as well as financial reporting. Performance targets include hours of operation, number of client visits, number of overdose events reversed, substances consumed, and community engagement, which the CTS reports on monthly and annually. Financial reports include quarterly reports, annual reconciliation reports, and annual financial statements.

Funding requirements that are not being met include those related to Sunday operations, staffing, and hours of opening. Specifically, the site receives funding for Sunday operations related to the CHC building (e.g., for heating, etc) but it has not been open as a CHC or CTS on Sundays, unlike other Consumption and Treatment Services. Other elements of funding specific to staff requirements have been difficult to maintain because of staff retention issues. Another area where requirements have not been met relates to hours of operation. The Transfer Payment Agreement specifies that the CTS should be open 11 hours a day, 7 days a week. The CTS has not been able to hire sufficient staff to stay open 11 hours per day.

One area that requires greater clarity is community engagement. SRCHC reports note that engagement has been occurring, but very little detail has been provided in these reports.

The review team found that the site is working on improving a number of areas in reporting, specifically looking at improving data accuracy/ forms completion to support reporting.

ii. How can existing CTS site funding be optimized to ensure the right services are available in the right place at the right time?

Over the past six months, programming within the broader CHC's harm reduction team has expanded, providing more formalized opportunities for clients of the CTS to connect with peers and participate in group care. SRCHC has plans to extend program hours into evenings (a trial was conducted in August 2023) and weekends. One potential avenue to explore is the consideration of hiring Registered Practical Nurses (RPNs) instead of RNs.

There is also opportunity to optimize funding through flexibility in use of current CTS funds. Funding for the CTS at 955 Queen Street East is \$1,311,600 annually each year. Of this amount, \$916,285 is allocated to staffing (salaries and benefits) and \$395,315 to operating expenses (program costs, infection control and cleaning, medical equipment, security, staff training, rent, Sunday opening costs, and admin and IT expenses.)

Spending for fiscal years 2020/21, 2021/22, 2022/23 was less than budgeted. Spending was within 25% of the budget each year for staffing (staff hiring and retention has been an ongoing challenge), and was within 30% of the budget for operating expenses. Approximately 20% of the budget for operating expenses is allocated to Sunday opening costs, but the CTS has not been able to use these funds because of staffing difficulties, the lack of weekend premiums, and the challenge that the rest of the CHC is closed on Sundays.

SRCHC submitted their CTS budgets and spending for fiscal years 2020/21 through the first half of 2023/24 to the review team. Up until the 2023/24 fiscal year, spending had been relatively consistent. For the first six months of 2023/24, spending continues to be under budget for staffing, due to ongoing difficulty in hiring or retaining staff. Meanwhile, over the same period, operating expenses have been significantly over budget for the first time since at least 2020/21, specifically with respect to medical and other program expenses, including security expenses.

Regular security services were not maintained by SRCHC prior to July 14th, 2023 of the current fiscal year. Another anomaly in spending was staff training, for which only 20 per cent of the allocated budget was spent in the first half of 2023/24; in previous years, staff training was fully spent.

FORWARD LOOKING QUESTIONS

Assessment Questions

- i. What have we learned from the review of this model that can be applied to future models?
- ii. Are all program parameters appropriate?
- iii. How can service quality be improved?

i. What have we learned from the review of this model that can be applied to future models?

This review underscores that community engagement is a vital aspect of CTS operations. While community engagement has long been considered essential to the effective operation of a CTS, this review highlights that community engagement and communications require ongoing, focused attention and resources. This theme was raised throughout the review process by community members, staff and clients. Without sufficient attention to community engagement, there is risk of eroded trust and broken relationships, which act as barriers to communication, learning, and understanding. The concerns of community members, as well as the benefits that the CTS at 955 Queen Street East has had on the health and well-being of its clients, are not as easily acknowledged in a hostile climate. Future models should ensure effective processes and allocate sufficient resources to ensure trust and relationships with surrounding communities can be fostered and maintained.

The review team found that two-way sharing of information between the CTS and the community is necessary for ensuring ongoing, robust communication with community members. There is room for improvement in how community engagement activities are reported to the Ministry, including the addition of specific community-relevant indicators. Examples of community engagement indicators include the number or percentage of community members participating in CTS decision-making processes or committees and the number of volunteer hours contributed by community members to CTS initiatives or projects. Moreover, a CTS within close proximity to child-care facilities, parks, and public spaces, requires clear mechanisms for community consultation and engagement focused on children's needs as well as potential plans to enhance these mechanisms as soon as the need should arise.

The review team considered that some concerns mentioned frequently by community members would exist even if the CTS did not operate in the neighbourhood. For example, many concerns are related to the lack of stable housing, including public drug use, visibility of people with mental illnesses, and a lack of easy access to restrooms. Such issues are not specific to CTS clients, but are common among people experiencing poverty and other forms of marginalization.

The review team found that there is opportunity for improvements in government funding and oversight, including clarity around inspections: specifying the level of government responsible for collecting and reviewing community feedback and concerns, communicating the results of inspections to the public, and the detailed results of inspections to CTS.

The review team found that additional requirements added to CTS applications around risk assessment and mitigation strategies would be helpful, and that annual reporting on risk should be incorporated into CTS annual reports.

The review team found that the security needs associated with a CTS should be thoughtfully considered and properly funded to address the safety and security of both, community members and CTS clients. The team found that, as CTS provide for a highly stigmatized and underserved population, a slightly different approach to needs might be required in some instances. For example, a uniformed security guard in hospital might create a feeling of safety amongst the general hospital population, while the same uniformed security guard in a CTS may be more likely to trigger negative emotions like fear amongst CTS clients. For any contracted security or alternative security company, mechanisms should be in place to evaluate how responsibilities are carried out and whether the response of these teams to both CTS clients and community members is appropriate.

While some recommendations presented in this report are specific to wages and benefits for CTS staff, several of the recommendations in this report are contingent upon CTS retaining their staff. The review team found that the issue of staff retention came up frequently during the review process and must be addressed in planning future models.

As the street drug composition and toxicity change, and so too the needs of the people who use drugs, the review team found that the collective response of CTS must be more timely. People who use drugs have been increasingly turning toward inhalation of substances, which is still not supported by most CTS in the province. People are therefore increasingly forced to forego the use of these helpful services, or staff may feel compelled to supervise use outside the site.

ii. Are all program parameters appropriate?

The review team found that the parameters within which the CTS operates are reasonable and appropriate. The team also found that there is opportunity to strengthen some of these parameters and has presented recommendations accordingly.

iii. How can service quality be improved?

The centering of CTS clients and their needs is a commendation to SRCHC that should not be understated. In a society that has historically dismissed and harmed people who use substances, and additionally, in a neighborhood that is rapidly changing, South Riverdale's CTS, and the broader CHC within which it operates, represent a necessary safe space for some of the area's more marginalized individuals.

During site visits, several suggestions were made by CTS staff to improve service quality and increase client comfort. For example, staff suggested adding booths to reach more people at a time, and assigning dedicated space for socialization inside the building, both of which could also help address loitering outside the space. They suggested that overall, the space be made more comfortable for clients, with booths facing inward instead of toward a wall, and that this would also make supervision easier, a full shower instead of a foot wash, as people inject into various areas of the body. Importantly, staff clearly and regularly described a need to support clients who inhale drugs.

The review team found that increasing hours of operation would improve service access, especially outside of standard working hours, which further promotes clients entering the workforce and maintaining steady hours. This would also allow people to use inside the site more and away from the public eye.

RECOMMENDATIONS

SERVICE PROVISION

1. Recommendation: The review team recommends that SRCHC conduct annual, voluntary surveys of CTS clients to better understand the demographics of their clientele and where they live.
2. Recommendation: The review team recommends that SRCHC open its CTS in accordance with the hours specified in the Transfer Payment Agreement, which would include ensuring that the CTS is open on Saturdays and Sundays. Alternatively, the Transfer Payment Agreement should be revised to reflect the hours the CTS is open.

SAFETY & SECURITY

3. Recommendation: The review team recommends that SRCHC hire a licensed security company that can provide licensed security guards with appropriate training who can respond to the internal and external needs of SRCHC.
4. Recommendation: The review team recommends that SRCHC develop and document a plan for cameras:
 - in a maintenance procedure to ensure cameras are recording properly, pointed correctly and cleaned where appropriate.
 - in yearly reviews of camera locations, comparing to incident locations to ensure appropriate coverage of high incident areas.
 - to standardize camera retention so that all cameras are recording for 60 days for consistency.
5. Recommendation: The review team recommends that SRCHC review signage to ensure compliance with the Privacy Commissioners Guidelines on Surveillance from 2015 [2015 Guidelines Surveillance.pdf \(ipc.on.ca\)](https://www.ipc.on.ca/2015-Guidelines-Surveillance.pdf). SRCHC should maintain a list of all cameras noting the views and purpose of the camera. Signage wording should change to avoid stating that there is 24hr surveillance and to include the site phone number and contact for inquiries regarding the cameras. This information should be shared with the community in an effort to discourage community members from filming CTS clients.
6. Recommendation: The review team recommends that SRCHC develop standard operating procedures for staff of contractors (e.g., security services). Procedures should

include but not be limited to hours of work, procedure for reporting for work and departing from work, role expectations, instructions on responding to incidents on SRCHC property and in the community, with specific instructions on reporting of criminal activity on both SRCHC property and adjacent areas.

7. Recommendation: The review team recommends that SRCHC ensure surveillance policy clearly states how video is to be released for requests from Toronto Police Services or through a Freedom of Information request. SRCHC should consider adding a release form in relation to this to the current surveillance policy. The form should outline who the requester is, under what authority the video is being released, and names/signatures of the requester and the staff member releasing the video.
8. Recommendation: The review team recommends that SRCHC develop a policy to have security staff escort staff to their vehicle and or the closest transit stop. Organizations refer to such a policy as “Safe Walk” and implement it when a staff member feels threatened by a patient, client, partner or a member of the community.
9. Recommendation: The review team recommends that SRCHC establish communication and escalation protocols with key contacts at Toronto Police Service 55 Division, which SRCHC leaders, front line staff and security staff can use when necessary.
10. Recommendation: The review team recommends that SRCHC schedule regular, documented meetings with key contacts from Toronto Police Services, 55 Division. Meetings should take place at least quarterly, be attended by key decision-making leaders from SRCHC, Toronto Police Services, and any security contractors. Meetings should have set agendas and minutes should be recorded.
11. Recommendation: The review team recommends that SRCHC provide live video feed to CTS staff so that clients leaving the CTS can be monitored to ensure they depart safely and do not loiter after using the service. Radio communication can be used between CTS staff and security staff to ensure proper monitoring of clients on the 1st floor and on the immediate exterior of the building. This feed can also be used to monitor clients waiting to enter the CTS.
12. Recommendation: The review team recommends that SRCHC remove the majority of benches on the north side of the building, leaving one bench for people who need to sit while waiting for transportation. The review team also recommends that SRCHC change the remaining seating to prevent persons from laying across the benches, post appropriate signage to discourage loitering and advise persons that seats are reserved for persons awaiting transportation. SRCHC should have contracted staff or SRCHC staff enforce appropriate usage of the bench.
13. Recommendation: The review team recommends that SRCHC require proof of training on de-escalation, crisis intervention, overdose response, and communication (with

internal stakeholders and emergency services) for all staff for whom this would be relevant, including staff of contractors.

14. Recommendation: The review team recommends that SRCHC conduct a contract review with currently contracted companies to ensure they are meeting the terms of their current contracts.
15. Recommendation: The review team recommends that SRCHC schedule hours of security staff to reflect the hours of the centre. Best practices indicate that security guards be present one half hour prior to the arrival of the first staff member/patient/client to do a safety check of all external areas including entrances and parking lot. Security should be scheduled to depart after all other staff have departed to ensure their safety. SRCHC should verify that security or other contracted staff are present during the hours outlined in their contract.

COMMUNITY ENGAGEMENT

16. Recommendation: The review team recommends that SRCHC designate an individual who is responsible for intake of and initial response to all community concerns. The review team recommends that SRCHC make the name and contact information of the designated individual clear to the community.
17. Recommendation: The review team recommends that SRCHC further explore opportunities to collaborate on communications with other CHCs, particularly those that operate a CTS.
18. Recommendation: The review team recommends that SRCHC regularly report relevant indicators to community members. The complete set of indicators should be selected as part of the community consultation, but possible indicators can include the number of clients served at the SRCHC, the number of visits to the CTS, the total number of overdoses within the CTS and the number of overdoses requiring naloxone, and the number of new staff hired. These indicators should be updated and posted to the SRCHC website on a regular basis.
19. Recommendation: The review team recommends that SRCHC develop a formal crisis communication strategy framework and align this with corporate crisis response plans based on learnings from this experience. This would ensure there is a pre-established process and tools in place to effectively deal with an emergency. Timely communication will help maintain transparency, reduce misinformation, provide guidance and information to the centre's key stakeholder groups and mitigate impacts that can erode public trust. As part of this crisis communication plan, the centre should have at least two designated spokespersons media trained so that there is good support and coverage in place for this key role during prolonged events.

20. Recommendation: The review team recommends that SRCHC review and redesign the centre's external communication strategy with community members. Communication should include information and updates about the CHC and the CTS. Community members should include, but are not limited to: CTS clients, SRCHC general clients, residents (with a focus on residents with children), local businesses, local employees, local schools, and daycares. Other sources of data regarding community input should be included as available, such as public health and health services data and crime data. When engaging with residents, community consultations should ensure that residents who are in especially close proximity to the CTS, who may have distinct concerns, are included in all consultations. Consultations should also aim to capture a diversity of residents with regard to socio-economic characteristics (in particular, income/wealth, ethno-racial group, and Indigeneity) and duration of residence in the neighborhood.
21. Recommendation: The review team recommends that SRCHC codify its community consultation processes in a document that clearly defines roles within SRCHC for addressing community concerns, responsibilities of people in these roles, expectations about reporting, and mechanisms to address accountability.
22. Recommendation: The review team recommends that SRCHC clearly define roles and responsibilities for communications. Reorganization could include:
- A senior corporate communications role that would provide strategic support, alignment and advice for SRCHC's senior leadership team and community engagement functions; support East Toronto Health Partners Ontario Health Team work; coordinate with externally contracted communication resources; lead the production of the annual report/newsletters.
 - A communications role to support projects that align to the centre's key areas of focus, as well as a content producer, so materials can be used on multiple channels (web, newsletters, social media, etc.).
 - A community events/health promotions role that supports the programs in the community. This could have a fundraising lens as well.
23. Recommendation: The review team recommends that SRCHC ensure clear communication objectives and include: explaining the reasons for change; addressing skepticism about why and how changes are made; and demonstrating how the changes are responsive to identified needs.

HUMAN RESOURCES

24. Recommendation: The review team recommends that SRCHC hire an expert in occupational health and safety within the HR team who would report to the HR Manager for overall accountability for health and safety and to integrate workplace safety and security efforts.

25. Recommendation: The review team recommends SRCHC review its employee benefits program to provide full-time and part-time staff with robust psychological/mental health support at a level that would enable full coverage per appointment up to a defined annual maximum (currently capping coverage to \$20.00 per visit/ \$300 annually).
26. Recommendation: The review team recommends that SRCHC undertake a formal compensation benchmarking exercise to establish alignment of SRCHC compensation with peer organizations and to make adjustments as required, including through collective bargaining if necessary.
27. Recommendation: The review team recommends that SRCHC require staff to sign off on training provided around Emergency Codes. SRCHC should consider having Emergency Code training available online for all staff.
28. Recommendation: The review team recommends that SRCHC review lockdown policy with all staff on yearly basis and include it in orientation for all new staff prior to starting work. The review team recommends that SRCHC keep records of all training completed.
29. Recommendation: The review team recommends that SRCHC amend the Police Check Policy to:
- i. require all employees to complete a criminal check prior to start date (remove current exclusions/discretion); SRCHC should pay for these criminal checks.
 - ii. include a formal process and decision-making criteria for reviewing situations where employees have police records
 - iii. include a clear policy statement that having a criminal record does not, in and of itself, disqualify someone from employment.
 - iv. require checks provided on engagement to have been done in preceding 6 months (decrease from 12 months) to reflect more common standard;
 - v. clarify what constitutes a “change post-hire that requires notification to SRCHC” (for example, being charged with any offence) and address the associated timelines for disclosure and review process.
30. Recommendation: The review team recommends that SRCHC review the practice of allowing employees to attend to clients outside of the physical building. Some recommendations for staff safety when they attend to emergencies outside of the building could include a clear program of hazard mitigations developed to protect the worker (e.g., respond in pairs, carry an emergency alarm, security accompaniment, use of mobile devices, etc.).

31. Recommendation: The review team recommends that SRCHC implement a more formal and proactive monitoring plan for all staff to identify as individuals who may be experiencing stress/trauma.
32. Recommendation: The review team recommends that SRCHC develop an employee *Fitness for Work (Substance Use)* policy for the organization that outlines expectations with respect to the workplace, resources for external supports and how breaches of the policy will be investigated/addressed, including how the organization will meet any required accommodation needs of staff experiencing substance use challenges.
33. Recommendation: The review team recommends that SRCHC formalize an anonymous reporting procedure where concerns can be shared directly with senior leadership. This procedure, including information on how concerns will be investigated/addressed should be communicated and accessible to staff and it should be clear that this reporting mechanism is not a substitute for addressing harassment, discrimination and employment-related grievances that already have formal procedures in place.

CRITICAL INCIDENTS / SERIOUS EVENTS

34. Recommendation: The review team recommends that SRCHC clearly define what constitutes a serious event where there is an immediate internal or external threat to the safety/security of SRCHC clients and staff and requires an urgent response. Additionally, SRCHC should review all policies, procedures and emergency response frameworks to ensure they reflect the organizational definition of a serious event or emergency.
35. Recommendation: The review team recommends that SRCHC assign an individual on the management team with the functions of identifying, documenting and monitoring the mitigation of all risks, and managing the risk register.
36. Recommendation: The review team recommends that SRCHC prioritize the development, communication and simulation testing of a formal Code Silver (Weapons/Active Attacker) protocol including lock down procedures and it is recommended that this be developed with the support of external expert resources in security and workplace violence.
37. Recommendation: The review team recommends that SRCHC develop structured code/emergency response protocols with clear escalation (that includes calling 911 when appropriate to do so) and specific job action sheets.

Additionally, SRCHC should conduct mock code exercises at all SRCHC sites including the CTS sites and these should be tested annually with a focus on Code White, Code Silver, and lockdown.

38. Recommendation: The review team recommends that SRCHC develop a clear policy and guidelines to indicate when key stakeholders should be notified of serious events including which roles are accountable and expected timelines for notification. The formalized escalation process should be documented as part of the code/emergency response for notifying leadership, funding partners and Health Canada of serious events where appropriate.
39. Recommendation: The review team recommends that SRCHC consider modifying the panic buttons in the CTS at 955 Queen Street East to be routed so that they communicate into an internal person to ensure timely communication and response to a threatening situation.
40. Recommendation: The review team recommends that SRCHC implement post event debriefs and formalize response for areas of improvement and lessons learned that includes plan to address findings.

FUNDING

41. Recommendation: The review team recommends that the Ministry of Health allow CTS sites more flexibility in how they use funds. The review team recognizes that the implementation of some of the recommendations in this report may require additional resources that SRCHC does not currently have.

FORWARD-LOOKING QUESTIONS RECOMMENDATIONS

42. Recommendation: The review team recommends that the Ministry of Health develop a set of criteria that can be used to consider and approve applications for supervised inhalation spaces in proposed and funded consumption and treatment services in Ontario.
43. Recommendation: The review team recommends that the Ministry of Health clarify, in partnership with people with lived experience of drug use and the organizations that provide services, what is expected of CTS sites with respect to the requirements to employ persons with lived experience of substance use and the specific functions they fulfill.

44. Recommendation: The review team recommends that SRCHC develop a specific plan and action steps to determine how the CTS intends to comply with the MOH requirement to include peer support/persons with lived experience of substance use in the staffing model in the short and long term. Additionally, where dedicated roles exist, SRCHC should update job descriptions/postings and interview guides for roles designated for persons with lived experience to incorporate recognized peer support competencies and consider supporting specialized peer support training.
45. Recommendation: The review team recommends that all municipal, provincial, and federal inspections of the CTS include clear communication by the inspecting body to the CTS, especially with respect to opportunities for improvement.
46. Recommendation: The review team recommends that the Ministry of Health incorporate specific requirements around community concerns into the monthly provincial reports submitted by the CTS. These can include details such as the number of complaints, the nature of the complaints, how the complaints were brought to the attention of SRCHC, the time to initial response and any necessary follow-up, and specifics about how the complaints were addressed.
47. Recommendation: The review team recommends that the Ministry of Health require all CTS applications to complete a risk assessment with mitigation strategies prior to formal approval of a CTS application.
48. Recommendation: The review team recommends that the Ministry of Health incorporate into the CTS annual reports a requirement that all CTS programs provide an annual report on their risk register and mitigation plan.

APPENDICES

Appendix A – Terms of Reference of the Review

The review team assessed the services and operation of South Riverdale Community Health Center’s Consumption and Treatment Service. The team developed its own work plan to generate a written review by addressing the following parameters and questions set by the Ministry of Health.

Assessment Parameters

1. Assess whether services are provided as expected in accordance with the CTS Program Application Guide and the CTS Transfer Payment Agreement.
2. Assess whether there is sufficient oversight of consumption and treatment services to ensure health service quality and program success based on the review questions below, at minimum, and, where appropriate, identify recommendations for improvement.
3. Assess responsiveness to local community concerns (including any school related concerns).
4. Assess the suitability of maintaining CTS funding for the site.
5. Assess the general suitability for CTS to be integrated within community health centres.

Assessment Questions

Access

- Where do clients come from?
- How many clients are being served?
- Are clients having to wait for services or being turned away?
- What measures are taken to promote equitable access?

Referral pathways to wrap-around services

- Are clients connected to appropriate wrap-around services?

- Are there opportunities for improvement with partnerships to strengthen wrap-around services for CTS clients?

Integrated services

- Is the service setting appropriate to meet the CTS client and community needs?

Safety and Security

- Are safety and security measures sufficient for staff, clients and the community?
- How is the organization responding to community safety concerns (including any school related concerns)?

Community engagement

- How can community engagement and communications strategies be strengthened?
- Is the process for responding to community concerns or complaints effective and responsive?

Human resources

- How can hiring and retention practices be improved?
- Is existing training for staff sufficient?

Critical incidents

- Are appropriate measures in place to respond to critical incidents?
- Is an appropriate definition of “critical incidents” being used?
- Are appropriate measures in place for notifying the leadership of the organization, funding partners and Health Canada of critical incidents (as appropriate)?

Funding

- Are CTS program funding requirements being met?
- How can existing CTS site funding be optimized to ensure the right services are available in the right place at the right time?

Forward looking questions

- What have we learned from the assessment of this model that can be applied to future models?
- Are all program parameters appropriate?
- How can service quality be improved?

Appendix B – Site Visit Information

DATE/TIME SPENT	VISITORS	VISIT AGENDA	SRCHC STAFF
October 23 rd , 2023 1 hour	Sabrina Divell	Initial meeting about communications and timeline of events	CEO, VP Strategy and Systems, and Communications manager
October 26 th , 2023 2 hours	Irfan Dhalla, Nicole Kirwan, Kelly Sequeira	Meet SRCHC leadership and CTS staff, general introductions, tour inside/outside facility	CEO, VP Strategy and Systems, Director Mental Health and Substance Use, other CTS staff
October 30 th , 2023 2 hours	Sabrina Divell, Danielle Pereira	Communication processes	Communications manager
November 2 nd , 2023 1 hour	Irfan Dhalla, Jill Campbell	Discussion on how the reviewers and supervisor will work together	CEO
November 31 th , 2023 1.5 hours	Paul Greenwood	Walk-around of site	
December 1 st , 2023 2 hours	Manson Locke, Liz Hill, Cheryl Croutch	Discussion of HR, occupational health & safety, relationship development	HR personnel
December 5 th , 2023 2 hours	Uzma Ahmed, Michelle Firestone, Cathy Long	Community consultation with CHC clients	CHC staff
December 13 th , 2023 2 hours	Uzma Ahmed, Michelle Firestone	Community consultation with CTS clients	Program Manager Mental Health and Substance Use

December 15 th , 2023 1 hour	Nicole Kirwan, Kelly Sequeira	Discussion on CTS operations, management	Director Mental Health and Substance Use, Program Manager Mental Health and Substance Use
December 21 st , 2023 1 hour	Nicole Kirwan, Kelly Sequeira	Discussion on CTS operations, frontline	Registered Nurse, Community Health Worker, Overdose Prevention Worker
January 9 th , 2024 1 hour	Manson Locke, Liz Hill	HR discussion	HR personnel

Appendix C – Document Review

TITLE/DOCUMENT	AUTHOR	DATE
BACKGROUND and GOVERNANCE		
Health Canada Controlled Drugs and Substances Exemption Application narrative	SRCHC	Dec 2016
Staff report – Implementing Supervised Injection Services in Toronto	Toronto Public Health	June 16, 2016
Letters of Support	Liberty Prep School, Woodgreen, Inner City Health Associates	Dec 2018
CTS Application Guide	Ministry of Health and Long Term Care	Oct 2018
Transfer Payment Agreement	Ontario Minister of Health and SRCHC	Jul 2019
Governance Policies	SRCHC	June 2022
Consumption and Treatment Services Compliance and Enforcement Protocol	Ministry of Health	October 2022
SRCHC CTS Annual Program Report	SRCHC	March 2023
SRCHC Monthly reports to MOH	SRCHC, Ministry of Health	Jan 2022-Sept 2023
Inspection Report	Toronto Public Health	May 2023, October 2023
Compliance Verification Visit Follow-up Email	Health Canada	Oct 2023
Controlled Drugs and Substances Act	Health Canada	1996, last amended Nov 2023
OPERATIONAL		
SRCHC Organization Policies	SRCHC	Updated Aug 2023
CTS Organizational Policies	SRCHC	September 2021
CTS Clinical Policies	SRCHC	September 2021
Drug Splitting and Sharing Policy	SRCHC	November 2021
Client Rights and Responsibilities Policy	SRCHC	September 2022
CTS Budgets and Spending	SRCHC, Ministry of Health	Fiscal year 2020-21, 2021-22, 2022-23, 2023
Communications & Community Engagement		
KeepSix CTS Community Consultations & Engagement plans	SRCHC	Sept 2021

Community Liaison Committee Terms of Reference	SRCHC	Dec 2022, Jan 2024
Community Liaison Committee Meeting Minutes	SRCHC	Jan 2022 – Dec 2023
Residents Group Meeting Minutes	Residents group	June 2021 – Oct 2023
Leslieville Town Hall slide deck and meeting minutes	Town hall organizers	July 2023
Heward, Pape, Boston avenues Activity Capture	Community residents	July 2023
Safer Community Committee Terms of Reference	SRCHC	Sept 2023
Safer Community Committee Resignation	Businesses and Residents	Oct 2023
Safer Community Committee Final Report	SCC	Oct 2023
Community Safety Issues in Leslieville	Public Progress	Sept 2023
Leslieville Neighbours Community Safety Group Meeting Minutes	Residents group	Oct 2023 – Dec 2023
CTSreview emails (151 emails)	Community members	October 2023 – February 2024
Leslieville Harm Reduction Coalition Letter of Support	Leslieville Harm Reduction Coalition	October 2023
Media Review	Various	July 2023 – Feb 2024
Communications Plan 2022-2025	SRCHC	Received November 2023
Communications Policies 2023	SRCHC	Received November 2023
Community Feedback Report	SRCHC	November 2023
KeepSix Program Data Summary	SRCHC	Sept 2023
'How To' Guide for Collecting Drug Samples	Toronto's Drug Checking Service	Feb 2022
Incident Report Logs	SRCHC	2022 – 2023
Client Education documents	SRCHC	
KeepSix Users Rights and Responsibilities	SRCHC	2023
Human Resources		
Job Postings (Director, Substance Use Mental Health; CTS Program Manager; RN CTS; Community Health Worker; Overdose Response Worker)	SRCHC	2019-2023
Job Descriptions (Director, Substance Use Mental Health; Manager Harm Reduction & Hepatitis C; Program Manager CTS; RPIC & ARPIC; RN CTS; Community Health Worker; Overdose Response Worker)	SRCHC	2021-2023




Interview Guides (Director, Substance Use Mental Health; Program Manager CTS; Program Manager Substance Use Mental Health; RN CTS; Community Health Worker ;Overdose Response Worker)	SRCHC	2019-2023
Reference Check Template	SRCHC	Received October 2023
New Employee Orientation Sign-Off	SRCHC	Received October 2023
KeepSix Orientation and Training Checklist	SRCHC	Received October 2023
List of Mandatory Courses for Employees	SRCHC	Compiled October 2023
Cross-organizational Training	SRCHC	January 2022- July 2023
KeepSix Training Log	SRCHC	October 2023
Performance Review Forms (Bargaining and Non-Bargaining Units)	SRCHC	October 2022
Letters of Offer Template (Bargaining and Non-Bargaining Units)	SRCHC	Received October 2023
KeepSix CTS RN Availability	SRCHC	January 2022 – October 2023
Safety & Security		
Access and Security Policy	SRCHC	September 2021
Police Check Policy	SRCHC	July 2022
De-escalating Disruptive Behaviour and Crisis Response policy	SRCHC	December 2022
One Community Solutions and SRCHC Proposal	One Community Solutions	July 2023
One Community Solutions Service Agreement	One Community Solutions	July 2023
Crime Prevention Through Environmental Design (CPTED)	Toronto Police Services	July 2023
Incident Response Summary Report	SRCHC	August 2023
Procedure to Discourage Loitering	SRCHC	Revised August 2023
CTS Safety and Security Updates and Checklist	SRCHC	Oct 2023
Risk Mitigation		
SRCHC Risk Management Framework 2022-2024	SRCHC	November 2022
Operational Monitoring Report FY 22/23 Q2 and Risk Management Framework	SRCHC	December 2022
Incident Report Log	SRCHC	April 2023- March 2024
Occupational Health and Safety Summary Report	SRCHC	June 2023

CCA Accreditation Review	Canadian Centre for Accreditation	July 2023
Incident/Accident Reporting Form	SRCHC	July 2023
Code Response	SRCHC	Received Dec 2023

Appendix D – Review Team Members

1. Uzma Ahmed
2. Ahmed Bayoumi
3. Cheryl Croutch
4. Irfan Dhalla
5. Sabrina Divell
6. Michelle Firestone
7. Paul Greenwood
8. Elizabeth Hill
9. Monica Jacobs
10. Nicole Kirwan
11. Manson Locke
12. Hayley Mick
13. Cathy O’Neill
14. Danielle Pereira
15. Kelly Sequeira

Appendix E – Code Silver Infographic

CODE SILVER - ACTIVE ATTACKER: A QUICK GUIDE		
ACTION	Near Attacker	Away from Attacker
<p>RUN</p> 	<ul style="list-style-type: none"> • Know your work area, familiarize yourself with the safest and fastest escape route. • RUN and help others only if safe to do so. Don't be delayed by those refusing to leave. • Do NOT RUN towards the sound of gunfire or any other violent disturbance. • Leave all belongings behind. • Remain calm. 	<ul style="list-style-type: none"> • Avoid the affected area and run to a safe location. • If you choose to stay, barricade the doors and HIDE. Follow the HIDE guidance. • Remain calm.
<p>HIDE</p> 	<ul style="list-style-type: none"> • If you cannot safely run away from the assailant, quickly HIDE and secure all doors behind you. • Barricade the doors with furniture, work as a team if possible. • Turn off all electronics and be silent. • Stay away from windows. • Do not compromise your location until you hear a "CODE SILVER-ALL CLEAR" 	<ul style="list-style-type: none"> • Secure your unit and move any patients into rooms that can be secured. • Finish all procedures and stabilize the patients. • Block all doors, turn off the lights, cell phones and pagers. Do not make any noise. • Remain away from windows and public view.
<p>DEFEND</p> 	<ul style="list-style-type: none"> • As a last resort, and only if your life is in imminent danger, improvise weapons and try to distract and incapacitate the attacker. • Work in a team to overpower and overwhelm the attacker. • Commit to your actions! You are fighting for your life right now. 	<p>This is only a last resort and applies to a situation where you are in grave and immediate danger. Every attempt to RUN or HIDE should be made in an Active Attacker situation.</p>