fraserhealth

OPS Minimum Service Standards Checklist

The purpose of this document is to support the review and compliance with the BC Ministry of Health Overdose Prevention Services (OPS) Minimum Service Standards (MSS) that were put in place June 2025.

The OPS MSS do not supersede existing or future legislation, regulations, professional regulations, contractual obligations and/or organizational requirements. In-scope OPS are expected to abide by all applicable legislation, legal regulations, professional regulations, contractual obligations, and/or organizational requirements, including, but not limited to, occupational health and safety regulations, professional scope of practice requirements, municipal by-laws, and (where relevant) contracts with health authorities.

1. The Director or their designate for the contracted community partner conducting this self-assessment will complete this checklist in consultation with the assigned Fraser Health Harm Reduction Lead.
    a. The contractor must describe how the program will meet all minimum service standards listed in the checklist
2. The Executive Director for the contracted organization will sign off and submit this completed checklist to The Fraser Health Harm Reduction Lead (HRL) providing contract management of the service.
    a. The Fraser Health Director, PPH, Toxic Drug Response Program will provide sign off to confirm compliance with the OPS MSS.

Community Partner Information

Location of Non-Profit Organization	Organization name			
	Street			
	City		Postal code	
Type of NPO				
Director	Name		Email	
	Phone		Date	
Designate	Name		Email	
	Phone		Date	

Minimum Service Standards

Briefly indicate below how the organization meets the following criteria:

Check	Standard	Explain how these criteria are met
1. Core Services		
☐	Observed consumption of all relevant modes of drug use, including inhalation wherever feasible and appropriate	
☐	Rapid response to adverse events (e.g., toxic drug poisonings) by trained personnel, in accordance with their scope of practice and/or training	

Check	Standard	Explain how these criteria are met
☐	Distribution and disposal of harm reduction supplies, including naloxone	
☐	Connections and supported navigation to other health and social services, such as treatment options, through clearly defined pathways	
☐	Delivery of relevant harm reduction training/education to clients, including practices to help people stay safer when using substances	
2. Commitment to Dignity, Cultural Safety, & Equity		
☐	Implement a plan for ongoing engagement with people with lived and living experience (PWLLE), with the principles of inclusivity, transparency, collaboration, and accountability	
☐	Implement a cultural safety and humility policy	
☐	Have policies in place to support priority populations	
☐	Foster an environment free of discrimination and harassment	
3. Governance & Oversight		
☐	Defined governance structure, outlining clear roles and responsibilities for decision-making and oversight	
☐	Financial oversight plan, outlining processes and structures for ensuring sound financial management and establishing responsibilities, monitoring mechanisms, and controls to safeguard resources, ensure compliance, and achieve objectives	
☐	Service plan, outlining the OPS's purpose and context including key objectives, strategic actions, and performance measurement	
☐	Risk management plan, identifying potential risks and challenges and articulating strategies to mitigate/eliminate them	

4. Operational Protocols		
☐	Daily operations protocols (e.g., washroom monitoring if washrooms are available, cleaning/infection control)	
☐	Drug poisoning response protocol (e.g., opioid, stimulant, unknown substance, polysubstance poisoning response; leaving the OPS to provide assistance);	
☐	Occupational health & safety protocols (e.g., training, risk assessment, exposure response)	
☐	Protocol on how to connect clients to health and social supports when requested (e.g., treatment, opioid agonist treatment, housing programs)	
☐	Emergency procedures (e.g., fire safety, emergency services calls, crisis de-escalation, violence, extreme weather)	
☐	Protocol addressing substances left behind (e.g., securing the substance, contacting the police to dispose of the substance)	
☐	Protocol to support clients who present with medical needs (e.g., catheters, wounds)	
☐	Death protocol (e.g., calling emergency services, securing the area, informing the health authority, debriefing with staff)	
5. Community Relations		
☐	Take reasonable measures to act as good neighbours in their community and immediate vicinity (e.g., external congregation, safety and security, litter and discarded drug paraphernalia, and crisis de-escalation in the immediate vicinity of the OPS)	
☐	Develop and operationalize a community relations plan, to guide relationships with neighbours, partner organizations, and other community members	

6. Occupational Health & Safety		
☐	Take all reasonable measures to ensure the health and safety of workers, clients, and other persons present at the OPS	
☐	Identify and ensure that workers are made aware of all known or reasonably foreseeable health and/or safety hazards	
☐	Develop, implement, and train workers in safe work procedures	
☐	Take measures to reduce potential exposure to unregulated substances for bystanders;	
☐	Ensure that workers have access to all necessary personal protective equipment (PPE), as determined by the health authority and by occupational health and safety requirements.	
7. Physical Space and Location		
☐	Have the following features: i. More than one entry/exit, for fire and emergency safety. ii. Adequate space to respond to adverse events (e.g., toxic drug poisonings). iii. A clearly indicated and unobstructed pathway to the entrance/exit. iv. Adequate lighting to ensure visibility and safety. v. Relevant furnishings made of non-porous materials. vi. Appropriate facilities for the safe disposal of sharps and other harm reduction, biohazardous material.	
☐	Be accessible to people with differing abilities, or, if the physical space poses barriers to universal accessibility, make all reasonable attempts to offer alternate arrangements to safely accommodate all participants	
☐	If inhalation services are offered: Have appropriate inhalation space (e.g., tent, gazebo, shipping container, building) that minimizes disruptions to neighbours, and complies with all relevant occupational health and safety requirements, including adequate ventilation	

☐	Be located at a site that prevents second-hand exposure to unregulated substances while reducing public drug use. i. must comply with municipal zoning requirements.	
8. Days & Hours of Operation		
☐	Determine days and hours of service based on community needs and available resourcing i. Best practice is minimum 12 hours of service per day, 7 days a week if feasible ii. Hours of service consider community needs across morning, afternoon, evening, and night times iii. OPS will regularly review their days and hours of operation Clearly communicates their days and hours of operation, including any changes or interruptions	
9. Staffing		
☐	Have a defined human resources policy, applicable to all personnel: i. The policy must clearly define roles and responsibilities to ensure clarity, accountability, and efficiency in human resource management. The policy must define each role including specific duties, tasks, expectations and accountabilities. ii. The policy must outline and ensure compliance with all regulatory and employment requirements. iii. The policy must include a training and support plan to ensure all personnel have the knowledge, skills, and tools necessary for their roles.	
☐	Adhere to the following staffing complement requirements: i. A minimum of 2 personnel trained in drug poisoning response must always be available ii. A sufficient number of employees must be available at all times to provide core services and ensure safety for staff and participants, accounting for the volume of visits to the OPS.	

	iii. The inclusion of PWLLE must be prioritized in staffing models	
☐	All personnel must have up-to-date training in the following: i. OPS site policies and procedures. ii. Toxic drug poisoning response. iii. Harm reduction fundamentals (services and philosophy). iv. Cultural safety and humility. v. Trauma- and violence-informed practice. vi. Crisis management and de-escalation techniques. vii. Connecting and referring people to other health and social supports, like treatment. viii. Occupational health and safety ix. Toxic drug poisoning response.	
10. Eligibility & Access		
☐	Have clearly outlined client rights and responsibilities, including: i. A commitment to safeguarding client privacy ii. An overview of the principles, policies, and procedures in place to protect sensitive client information and foster trust in OPS services.	
☐	Have defined intake procedures, including: i. Welcoming clients and orienting them to the service. ii. Informing clients of their rights and responsibilities. iii. Where applicable, providing relevant supports to members of priority populations, including information regarding available treatment options.	
☐	Not deny service access except in cases where client, staff, and/or community safety is at risk, and/or where the relevant client has contravened the client rights and responsibilities, and/or when the service is at capacity.	

	i. Must have clear and consistent practices for breaks in service, accounting for client, staff, and community safety. ii. Reasonable effort must be made to support a client with appropriate use of the service before resorting to a break in service. iii. Breaks in service must be accompanied by reasonable drug poisoning safety planning efforts to support the affected individual. iv. Extended breaks in service must be reviewed on a regular basis.	
☐	Not deny service access to individuals who demonstrate signs of substance use, except in the instances outlined above	
11. Data Collection & Reporting		
☐	Develop and implement a data collection and reporting plan, outlining a systematic approach to gathering, managing, analyzing, and reporting service and administrative data to, and as required by Fraser Health. i. The plan will ensure data integrity, promote informed decision-making, and align with organizational priorities and client privacy and confidentiality. ii. Collection of the following minimum data indicators is required: number of visits, number of visits for inhalation, number of overdoses reversed, number of deaths, number of referrals for health care or treatment. iii. Collection of personal information (e.g., personal health numbers) is not required.	
☐	Report any on-site deaths in accordance with Fraser Health policy	
☐	Report additional events/critical incidents requiring expedited reporting (e.g., significant disruptions of service, major incidents) in accordance with Fraser Health policy.	
☐	Ensure that all personal data gathered is collected, stored, and destroyed in accordance with the Personal Information Protection Act or the Freedom of Information and Protection of Privacy Act, as well as Fraser Health policies for personal medical data.	
☐	Ensure that external research is conducted only with prior Fraser Health authority and relevant ethics approvals.	

Community Partner Contact Information

Community Partner Organization Executive Director		
Name	Email	Phone
Signature		

Fraser Health Endorsement

Harm Reduction Lead		
Name	Email	Phone
Signature		Date

Toxic Drug Response Director		
Name	Email	Phone
Signature		Date

RESET FORM