



# Harm Reduction Supply Distribution Partner Site Agreement

Public Health-Healthy Living (PHHL) will coordinate distribution of harm reduction supplies (i.e., safer injection and smoking/inhalation) to program and community partners to reduce the risk of disease transmission and other related health issues.

*Sites that are open to the public (as opposed to own clients), provide outreach services, are open evenings, and weekends will be prioritized.*

<b>Partner Site Name:</b>	
<i>Please complete the checklist below to indicate your agreement</i>	
<input type="checkbox"/>	<b>Service Provision: The Partner Site will-</b>
	Follow a <u>harm reduction philosophy</u> when engaging with people who use drugs.
	Provide harm reduction distribution supplies at no cost to clients.
	Follow practice guidelines as outlined in the SHSS <b>Harm Reduction Supply Distribution (CLI.6210.SG.005)</b> .
	Participate in orientation to service provision for harm reduction supply distribution with Local PHN Contact (ie: harm reduction philosophy, completion of tracking forms)
	Collaborate in evaluation of harm reduction supply distribution as needed
	Track distribution of harm reduction supplies using the <b>Harm Reduction Supply Distribution Inventory Tracking Sheet (CLI.6210.SG.005.FORM.02)</b> . Submit to SHSS PHHL at the end of each month to your Local PHN Contact
	Agree to have site listed in Street Connections service map when supplies are available to the public.
<input type="checkbox"/>	<b>Ordering Supplies</b>
	The primary contact/lead from the partner site will be the contact for liaising with the Local PHN Contact regarding orders, training needs, and other related communication.
	Please provide at least two-days' notice for supply orders before pick up. Arrange for own pick up of supplies.
	Track distribution of supplies using the <b>Harm Reduction Supply Distribution Inventory Tracking Sheet (CLI.6210.SG.005.FORM.02)</b> . Submit to your Local PHN Contact at the end of each month.
	Advise your Local PHN Contact when significant increase in requests are to occur. Orders will be filled based on resources available.

**Harm Reduction Supply Distribution Partner Site Agreement Registration Form**

SITE INFORMATION				
Site Name:				
Address: (i.e., Street # and Name, postal code)			Site Phone #:	
Is the site open to the public? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If no, please describe the service delivery model/plan</b> (e.g., event-based services only, only current clients offered supplies)				
Are services offered off-site? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, How? Off-site - mobile services <input type="checkbox"/> Off-site - satellite locations <input type="checkbox"/> Off-site – foot outreach <input type="checkbox"/> Other (describe) <input type="checkbox"/>				
Site Operating Hours (if open to the public)				
Days of the week:				
Hours From: To:			Are you open in the evenings or weekends?	
Partner Site Contacts				
	Name	Phone Number	Fax	Email
Site Manager				
Primary Contact/Lead				
Local PHN Contact				
PHN Contact				
Additional Site Information				
Type of Setting(s)	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Community Health Centre	<input type="checkbox"/> Hospital	
	<input type="checkbox"/> Primary Care/ Medical Clinic	<input type="checkbox"/> Mobile Health Van	<input type="checkbox"/> Other:	
<b>DATE:</b>				
<b>SIGNATURE OF PERSON COMPLETING FORM:</b>				

Please fax or email both pages to your Local PHN Contact