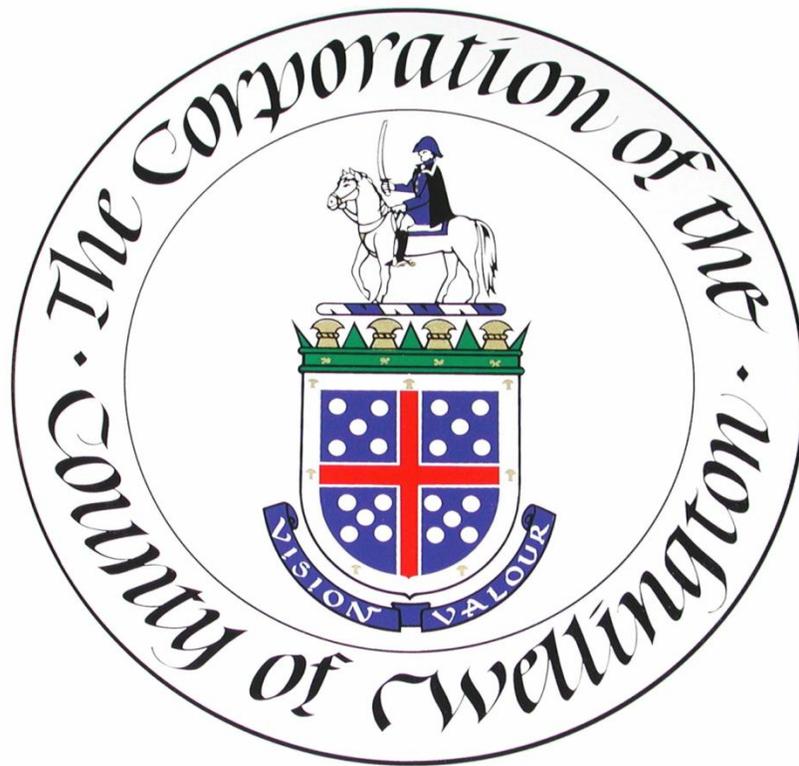


# COUNTY OF WELLINGTON Social Services



## Emergency Shelter Standards

January 2011



## Acknowledgements

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The Emergency Shelter Standards are the result of the expertise and commitment of many people in our community. The process and document were influenced by practices from other municipalities with special recognition to the City of Toronto and the Region of Waterloo.

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Debbie Bentley-Lauzon – Executive Director,  
Wyndham House Youth Emergency Shelter

Priscilla Cochrane – Assistant Director, Ramoth Life Centre

Brenda Tubman – Executive Director, Ramoth Life Centre

Rosemarie Coombs – Executive Director, Michael House

Sister Christine Leyser – Director, Welcome In Drop In Centre



### **County of Wellington Staff Assistance**

Goldie Barth, County of Wellington Special Services Manager  
Floriana Macerollo, Special Services LEAP & Student Worker  
Eleanor Baily, County of Wellington Administrative Assistant



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## 1.0 Introduction

### 1.1 Purpose

The Emergency Shelter Standards (Shelter Standards) are intended to provide a service framework for Shelter Operators that is consistent across and within Shelters and is based on community supported guiding principles.

The Shelter Standards apply to those Shelters that have an Emergency Shelter Purchase of Service Agreement with The County of Wellington.

This document is not meant to dictate Shelter policy or operations but rather to provide a clear set of expectations for all stakeholders and identify areas where policy needs to be developed.

The Shelter Standards are not intended to be exhaustive. Therefore, for issues not covered by these Standards, it is expected that Shelter Operators will exercise reasonable judgment and/or consult with County of Wellington staff where necessary.

(Please note, where the Shelter Standards conflict with any applicable federal, provincial, or municipal laws, bylaws, regulations, codes, order or directives, such laws, etc. shall prevail.)

### 1.2 Background

The community has a long history of providing Emergency Shelter for people experiencing homelessness. Since the 1980's, the Emergency Shelter system has grown and the face of homelessness

has changed. The growth in the Shelter system is attributed to changes in the employment landscape, government cuts to social programs and assistance rates, changes in the provision of mental health services, increasing rates of poverty, a lack of affordable rental housing, lack of services for people with substance use issues and lack of supports for maintaining housing stability.

Homelessness has grown beyond single transient men to include greater numbers of women, children, youth, families, people with mental health and/or substance use issues.

Since 1986, the County of Wellington has entered into Purchase of Service Agreements with community non-profit organizations to provide Emergency Shelter and assistance to families and individuals experiencing homelessness eligible under social assistance. The County has a responsibility to the residents who are served under these agreements to ensure that Shelters meet acceptable standards.

In 1999, the Province identified the 47 Consolidated Municipal Service Managers (CMSM's) across the Province (including The County of Wellington) as the local Service System Managers for Homelessness. This role includes responsibilities such as planning, allocation and reallocation of resources, quality assurance and service provision. While the County was already in the role of purchasing Shelter service and addressing minimum standards through Purchase of Service Agreements, the Service System Manager designation identified an expanded role in relation to homelessness and quality assurance.



In the absence of any provincial or federal regulations, licensing, standards or guidelines for Shelters and based on the growth and changes in homelessness, the changing municipal role, and the desire of Shelter Operators to have a clear set of expectations; it was determined that the County would develop local Shelter Standards for those Shelters with a Purchase of Service Agreement with the County.

### 1.3 Definitions

**“Act”** means the *Ontario Works Act, 1997* (Appendix B).

**“Disability”** includes any degree of physical Disability (such as diabetes, epilepsy, brain injury, paralysis, amputation, lack of physical coordination, visual impediment, hearing impediment, speech impediment, use of a guide dog or other animal and use of a wheelchair or other device), cognitive impairment or developmental Disability, learning Disability and/or mental illness (adapted from the *Ontarians with Disabilities Act, 2001*) (Appendix B).

**“Eligible Resident”** refers to a person receiving residential service from a Shelter that is approved by the County to receive emergency hostel per diem pursuant to the provisions of the Act and Regulations.

**“HIFIS”** is the Homeless Individual and Family Information System, a common database used by Shelters to collect information on homelessness.

**“Ministry”** means the Ministry of Community and Social Services of the Province of Ontario.

**“County”** refers to The County of Wellington.

**“County Staff”** refers to staff from The County of Wellington Social Services.

**“Regulations”** means the Regulations made under the Act.

**“Resident”** means a person receiving residential service from a Shelter.

**“Shelter”** means a facility that provides at minimum emergency room and board to individuals and/or families who are homeless. Shelter is synonymous with the term “Emergency Shelter”, “Emergency Hostel” and “Transient Hostel”.

**“Shelter Operator”** refers to the nonprofit agency providing Emergency Shelter services under a Purchase of Service Agreement with the County.

**“Shelter Standards”** is synonymous with “Emergency Shelter Standards” and is the service framework and expectations from the County, as amended from time to time, for the provision of Emergency Shelter services by the Shelter Operator.

**“CMSM”** refers to the Province’s designation of the County of Wellington as the Consolidated Municipal Service Manager.

### Conformity Language

In the Shelter Standards, areas that require conformity are recognized by language such as ‘will’, ‘shall’, ‘must’ or ‘must not’.

Statements framed in language such as ‘may’, or ‘recommended’ indicate that certain actions or situations are desirable, but not required in all circumstances.



## 1.4 The County's Role as the CMSM

The Act provides for the provision of Shelter services. The County has identified that it is a needed service and one for which it will administer funding. A portion of the funding for Shelters is provided under the Act through a per diem. This per diem is cost-shared between the Province and the County, up to a set provincial maximum per eligible resident per day. In addition, eligible residents may receive a Personal Needs Allowance (PNA) and other mandatory and discretionary benefits through the Act.

The County, as Service System Manager for Homelessness, administers Shelter assistance through Purchase of Service Agreements with Shelter Operators and also takes a broader role in planning, development and coordination of Shelter services. The Special Services Unit is responsible for Shelter services.

The Special Services Unit is responsible for planning, development, coordination and administration of Shelter services including but not limited to the following:

- Receiving Shelter purchase of service applications.
- Facilitating the review of purchase of service applications and making recommendations to the Social Services Committee.
- Entering into contractual arrangements (Purchase of Service Agreements) with community based agencies to purchase Shelter assistance for people experiencing homelessness that are eligible under the Act.
- Ensuring that all purchase of service programs meet the Shelter Standards and the contractual

obligations as set out in the Purchase of Service Agreement.

- Conducting the annual renewal process with Shelter Operators
- Serving as Community Coordinator for HIFIS.
- Providing information and influencing public policy related to the local Shelter system.
- Working with and supporting Shelters through:
  - serving as the point of contact for Shelter Operators in Social Services for all areas.
  - providing information and assistance to Shelters where appropriate
  - organizing and facilitating meetings with Shelter Operators to enhance communication, service co-ordination and support best practices.

Special Services Worker provides direct client service to Shelter residents.

### **Responsibilities of the Special Services Worker includes, but is not limited to the following:**

- Determining initial and ongoing entitlement to Per Diem and Personal Needs Allowance
- Providing support, information and referrals to Shelter Operators.

### **Accounts Payable Clerks have the following responsibilities:**

- Receiving the monthly invoices from Shelter Operators for Per Diem and Personal Needs Allowances.
- Reviewing and making necessary revisions as per consultation with Special Services Manager before



- arranging payments for Per Diem and Personal Needs Allowance payments invoiced monthly by the Shelter Operators.
- Providing information and clarification of revisions to invoices to the Shelter Operators.
- Maintaining manual statistical records needed to monitor Shelter occupancy.

### **1.5 The Shelter's Role**

Shelter Operators have a mandate to provide Emergency Shelter services to the community of people in need of Shelter, maintain the overall operation of Shelter facilities, and provide documents and statistics as part of the Purchase of Service Agreement with the County.

Shelters must cover the cost (either in part or in full) for basic needs and services. Responsibilities of the Emergency Shelter include, but are not limited to the following:

- Determining client's need for Shelter.
- Completing the Application for Assistance (1-A) with the client as required under the Act for per diem eligibility.
- Assisting the client to obtain required documents for Ontario Works eligibility.
- Providing basic needs as outlined in the Shelter Standards 4.1.
- Providing support coordination and crisis support as outlined in Shelter Standards 4.4.
- Providing services to children as outlined in Shelter Standards 4.7.

- Providing support and/or storage for client medication as outlined in Shelter Standards 4.3.5.
- Providing any additional programming, support, services or supplies.

### **1.6 Accountability**

#### **1.6.1 Purchase of Service Agreements**

A Shelter Purchase of Service Agreement outlines the contractual obligations of the Shelter Operator and the County. In order to obtain a Shelter Purchase of Service Agreement, an agency must successfully complete the purchase of service application process and be approved by County Council for a Shelter Purchase of Service Agreement. Shelter Operators initially entering into a Shelter Purchase of Service Agreement with the County must demonstrate their ability to meet the Shelter Standards or have developed a detailed plan to ensure all required areas are met within an agreed upon time-frame.

Purchase of Service Agreements are executed annually with an expiry date of December 31 of each year. Purchase of Service Agreements must be signed by the Shelter Operators' signing authority/s.

#### **1.6.2 Annual Renewal Process**

The Special Services Unit conducts a process for the annual renewal of Shelter Purchase of Service Agreements. Annual renewal consists of the submission and review of the following:

- Health Inspection Report
- Fire Inspection Report



- Certificate of Insurance
- Most recent Annual Report and Audited Financial Statements
- Updated list of Board of Directors
- Annual Update Narrative Report including updates of any required documents

To ensure that Shelter Operators with Shelter Purchase of Service Agreements are able to provide stable and on-going care to people experiencing homelessness in the community, the County will review financial information from agencies on an annual basis. Information detailed in audited financial statements and annual operating budgets form the basis of the financial assessment.

Part of the annual renewal process will include the Special Services Unit staff completing site visits. After reviewing the results, an email or letter is sent to the Shelter operator outlining the concerns and missing documentation. The County will receive an email or letter from the Owner/ Operator outlining the action taken in response to the County's concerns. The Special Services Staff will determine if another site visit is required prior to December 31.

Any concerns outlined must be rectified or an approved plan of action in place before the Purchase of Service Agreement is renewed.

The following process will be conducted annually:

**August:**  
Request for annual submissions.

**September:**  
Annual site visit/inspection date arranged.

**October:**  
Annual Site visit/inspection completed. Letter or email outlining concerns to be addressed follows within a week of the inspection.

**November/December:**  
All submissions and site inspections reviewed; a follow up site inspection completed if required, confirmation that concerns are addressed, per diem determined, and letter forwarded to hostel owner/operator.

**January1:**  
Renewal of Purchase of Service Agreement

### ***1.6.3 On-Going Monitoring and Accountability***

As non-profit agencies, Shelter Operators are governed by their organization's Board of Directors (the Board). The Board must be democratically elected to serve in a volunteer capacity. The Board should have a sufficient number of directors with a range of skills required to govern. The Board must convene regular Board Meetings and an Annual General Meeting. It is recommended that Board minutes and minutes from the Annual General Meeting are signed by the Board to verify acceptance. Minutes from any Board or Annual General Meeting will be provided to Special Services Unit staff on request as outlined in the Shelter Purchase of Service Agreement.

An operational review of a hostel will be undertaken annually, or at any time County staff is concerned that an operator is not meeting their obligations outlined in the hostel Purchase of Service Agreement, including adherence to the Shelter Standards. A review may also be



undertaken if the County receives a complaint regarding the operations of the Shelter or if an agency repeatedly fails to fulfill or follow the conditions of its By-laws or incorporating documents. Shelter Operators may also request a review or visit.

Any concerns arising from any site visit will be discussed in detail and followed by an email to the Shelter Operator and a period of time given for these concerns to be addressed.

The Shelter Operator will not introduce any ancillary services that detract or interfere with the effective delivery of their Shelter program, and if in doubt, should discuss such plans in advance with Special Services Unit staff.

The Shelter Operator is responsible for ensuring that staff performance and accountability are properly managed, monitored and evaluated.

The Shelter Operator must have approved policies and procedures (as outlined in Appendix A) which are in accordance with applicable legislation and By-laws.



## 2.0 Guiding Principles and Values

The Shelter Standards are grounded in the following guiding principles and values that promote a philosophy for service provision. These principles serve as a guide to assist in the development of the Shelter Standards. The guiding principles are grouped as “access principles” and “operational principles.”

### Access Principles

All individuals age 16 and over, including families with children, experiencing homelessness who are seeking Shelter service should have the right to Shelter service. This right exists regardless of political or religious beliefs, ethno-cultural background, (dis)ability, mental health, substance use, gender identity and/or sexual orientation, legal status or ability to pay.

It is recognized that people experiencing homelessness have few available resources and the Shelter system is often their final option to receive the basic necessities of life such as food and shelter. Limiting access or issuing service restrictions in the Shelter system should be done only as a last resort and under circumstances identified by the Shelter and known to the resident.

Gender identity is self-defined which may or may not correspond with a person’s physical appearance. Shelters should accept gender identity as defined by the individual rather than by the perception of staff and/or other residents. In addition Shelters should incorporate best practices in serving transgendered individuals.

To increase the accessibility of the Shelter system and to respond to diverse resident needs, a range of service approaches should be sought within the Shelter system.<sup>1</sup>

It is recognized that some people experiencing homelessness may own pets and that these pets may be so important to them that they will not seek Shelter service unless their pet can be accommodated in some way. Shelters should consider arrangements to address the needs of people with pets.

People experiencing homelessness, like other members of our community, may use substances (e.g. drugs, alcohol) to varying degrees. Everyone should be entitled to Shelter service whether or not they use substances<sup>2</sup>.

### Belief Statements Regarding Shelter and Substance Use:

- We believe a Shelter’s response to a resident or someone seeking residence that is using substances should be based on the safety and security of all residents including the person using substances as well as staff/volunteers and the facility.

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<sup>1</sup> While the guiding principles are ones that the Shelter Standards and shelter operators strive to adhere to, the community’s resources from time to time may limit availability of shelter spaces and shelter options.

<sup>2</sup> While the guiding principles recognize everyone should be entitled to shelter service whether or not they use substances, there may be service restrictions based on actions that seriously compromise the safety and security of the resident, other residents, staff/volunteers and/or the facility.



- We believe flexibility should be employed as each situation has unique circumstances. However, the factors that will be considered in decision making should be consistent (e.g. physical setting of Shelter, number of staff versus number of residents at the time, condition of other residents, actions of resident etc.).
- We believe the primary purpose of the Shelter is to provide Shelter and not recovery or respite from substance use issues.
- We believe withdrawal of Emergency Shelter services will not necessarily assist someone in overcoming their substance use issues.

### **Operational Principles**

Shelters should provide an atmosphere of dignity and respect for all Shelter residents and provide services in a non-judgmental manner. Discriminatory and racist incidents or behaviours will not be tolerated.

Shelters should make every effort to provide an environment that fosters a sense of safety.<sup>3</sup>

Shelters should make every effort to provide an environment that fosters a sense of personal control through providing choice and autonomy and building capacity wherever possible.

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<sup>3</sup> While the Guiding Principles recognize the value and importance of fostering personal safety and personal control, the Shelters recognize that these principles can be, at times, in conflict (i.e. where the choice of one resident may affect the safety of another). The Shelters will strive to maximize the utility of these principles with residents, while protecting the rights and safety of all, be they staff, residents or volunteers.

Residents should be recognized as being at different places on their life path, requiring different levels of assistance and support from Shelters and other services within the community. At whatever level a resident happens to be, they should be recognized as being capable of identifying their own goals and making progress towards these goals. Shelter staff (in conjunction with other related service providers in the community) should work within their mandate to support residents in achieving their goals.

Shelters should be sensitive to and work to accommodate diverse communication needs (e.g. various literacy levels, languages other than English).

Shelters should work towards creating a barrier-free environment for people with all types of disabilities (e.g. hearing and visual impairments, cognitive Disability, physical Disability etc.).

Shelter staff often has access to detailed and highly sensitive personal information about residents. Protecting the privacy and confidentiality of Shelter residents and their personal information should be of the utmost importance.

Shelters that include children should assist parents/guardians in accessing appropriate activities and ensuring that the school-related, recreation and treatment needs of resident children are addressed.

All people staying in Shelters are entitled to safe and nutritious food. Shelters should work to accommodate special dietary needs.

The health and safety of residents, volunteers and staff should be of the highest importance in each Shelter.



Training, policies, procedures and regular maintenance are intended to encourage, improve and maintain the health and safety of all people residing, volunteering and working in the Shelter.

In order to provide effective Shelter programs and services and to foster a sense of personal control, Shelter residents should be involved/have input in service provision, program planning, program evaluation, and policy development.

It is recognized as important to collect and coordinate data related to Shelter use in our community in order to assess and improve services.

Shelters are part of a larger network of housing stability services and related community networks. Collaboration is important to ensure effective and coordinated services.



### **3.0 Access to Shelter**

#### **3.1 Admission and Discharge Guidelines**

Admission and discharge records for all residents must be maintained through the Homeless Individual and Family Information System (HIFIS) by all Shelter Operators. Information to be collected is outlined in the Purchase of Service Agreement - County of Wellington HIFIS Data Sharing Protocol.

##### **3.1.1 Admission**

- a. Shelters not able to admit a person for whatever reason will provide a referral where the person is willing to receive one and where services for that person exist.
  - b. Shelters will admit new residents at times conducive to their hours of operation provided the applicant meets service criteria. Some Shelter Operators have the ability to receive per diem for eligible clients placed and supported by the Shelters in locations outside of the Shelter itself (e.g. motels).
  - c. Family members will not be dispersed between Shelters but instead (if they wish) be provided services as an intact family unless shelter is gender specific.
  - d. Shelter rules and resident expectations and responsibilities will be explained to new residents at admission or as soon as reasonably possible.
- e. It is recommended that Shelters create a mechanism to accommodate resident's pets on and/or offsite.
  - f. The Shelter will have clearly written criteria, policies and procedures for admission. A copy of admission and discharge policies will be on file with the County and re-submitted if revised (Appendix A).

##### **3.1.2 Bed Registration**

A copy of Shelters bed registration policies will be on file with the County and re-submitted if revised (Appendix A). The policy will address such issues as occupancy, final bed count, tracking system and holding or reserving beds.

##### **3.1.3 Leaves with/without Permission/Overnight Passes**

- a. The County has a policy with each shelter in regard to leaves and Per Diem payments and documentation requirements. This policy is attached to the individual Shelter Purchase of Service Agreement.
- b. Each Shelter will have an internal policy on leaves and passes that must be on file with the County and resubmitted if revised (Appendix A).

##### **3.1.4 Daytime Access**

In Shelters where daytime access is limited, provisions should be in place for people who require daytime accommodation on occasion. For



Shelters serving children, access must be ensured at all times.

### **3.1.5 Length of Stay**

There is no standard length of stay in the Shelter system. The County has an agreed length of stay with each shelter. Some shelters have an option to grant an additional 7 day stay at the Shelter's discretion. When residents reach the length of stay limit, they may be asked to leave the Shelter or an extension requested in writing (email), outlining the circumstances, from the County Special Services Manager. The County Policy with individual Shelter regarding length of stay information is attached to the Purchase of Service Agreement.

### **3.1.6 Capacity Limits**

- a. Shelters set their own regular and expanded/emergency capacity limits in compliance with the *Fire Code* made pursuant to the *Fire Protection and Prevention Act, 1997* (Appendix B). A copy of capacity limits policy will be on file with the County and re-submitted if revised (Appendix A).
- b. During extreme weather, Shelters will relax service restrictions, admission eligibility criteria and access hours wherever possible in order to minimize risk factors to people experiencing homelessness.

### **3.1.7 Discharge**

- a. To the extent that a resident is willing to participate, discharges

will be planned. Exceptional circumstances where residents may be discharged without a plan in place may include, but are not limited to, assault of staff or residents, other violent actions, possession of weapons, trafficking in illegal drugs or serious actions that compromise the health and safety of the individual resident, other residents, staff/volunteers and/or the facility pursuant to the *Occupational Health and Safety Act, R.S.O. 1990, c. 0.1* (Appendix B), or a resident no longer meets criteria to stay.

- b. It is recommended that Shelters directly provide or work with community partners to provide moving assistance for those leaving the Shelter and moving into housing. It is recognized that a Shelter's ability to assist will be dependent upon resource availability (i.e. available vehicle, staff/volunteers, or funding).

### **3.2 Service Restrictions Guidelines (e.g. Barring)**

- a. All Shelters must have a policy regarding service restrictions and a copy of this policy must be on file with the County and re-submitted if revised (Appendix A). Policies must clearly outline the reasons for service restrictions, other service restriction details, the appeal process and the review process to lift restrictions.
- b. Residents will be made aware of the service restriction policy upon admission or as soon as reasonably possible. The service



- restriction policy will be communicated so that it is accessible to all residents. All service restrictions issued by Shelters must be authorized by the Executive Director or their designate.
- c. Shelter staff must inform the resident of the reason for the service restriction, conditions of re-admittance, the date re-admittance will be reviewed with the resident and the date the service restriction may be lifted. Where possible and appropriate, Shelter staff will ensure a referral to another Shelter, service or other suitable place to stay.
- d. Long-term restrictions (any service restriction over a period of six months) will only be issued in the most serious cases that compromise the ongoing safety and security of Shelter staff and residents, recognizing that should the individual seek service in the future, their case will be reviewed individually based on a planned intake.
- e. In instances where a long-term restriction is placed on a resident, it will result in a referral to an appropriate resource, within or outside of the community, where the resident is willing to receive the referral and services for that person exist.
- and are based on issues of safety and security. Shelters will develop written policies consistent with 3.3.1 to 3.3.7 which will be placed on file with the County and re-submitted if revised (Appendix A).
- 3.3.1 Substance Use**
- a. Admission and discharge will not be based on substance use alone but on actions that would affect safety and security of residents, staff/volunteers and/or the facility (actions may include current actions, patterns of past actions or significant likelihood of action – assessed on an individual basis).
- b. Shelter Operators will communicate their admission and discharge policies to ensure residents and other service providers understand the basis on which people may be allowed or denied access to a Shelter if they are under the influence of a substance.
- c. When a Shelter is unable to admit or must discharge due to the Shelter's inability to maintain the safety and security of the resident using substances or other residents, staff/volunteers and/or the facility will result in a referral to access appropriate health resources (where the resident is willing to receive the referral and where services for that person exist).

### **3.3 Special Access/Accommodation Guidelines**

The basic premise of this section 3.3 is to be inclusive where exceptions are rare



### **3.3.2 Mental Health**

- a. Admission and discharge will not be based on a mental health issue alone but on actions that would affect safety and security of residents, staff/volunteers and/or the facility (actions may include current actions, patterns of past actions or significant likelihood of action – assessed on an individual basis).
- b. When a Shelter is unable to admit or must discharge due to the Shelter's inability to maintain the safety and security for the resident with a mental health issue or other residents, staff/volunteers or the facility, the Shelter will make every effort to find an appropriate setting or a referral to appropriate mental health resources.

### **3.3.3 Health Conditions**

- a. People who are seeking Shelter service who are ill or recovering from an illness, injury or surgery must be able to undertake the activities of daily living independently (e.g. rising, bathing, grooming, feeding, retiring etc.). If someone is unable to care for themselves, they may be accommodated if personal/attendant care is arranged in advance and the person accepts and complies with this care. Infection prevention and control practices must be followed.
- b. Residents who require monitoring or administration of medication may not be able to be accommodated at Shelters. If

someone is unable to monitor and administer their own medications, they may be accommodated if personal/attendant care is arranged in advance and the person accepts and complies with this care.

- c. Access to Shelter may be limited where prescribed by Public Health in cases of communicable disease outbreaks.

### **3.3.4 Disabilities**

The fact that a person has a Disability will not be an impediment in accessing Shelter services unless there are accommodation restrictions (i.e. need for a level of personal attendant care that cannot be accommodated by staff etc. A person with disabilities requesting admission to an Emergency Hostel Pregnancy Centre is not functionally able to care for their child.) Where access to Shelter is limited due to a Disability, attempts to make or find alternative Shelter arrangements will be made.

### **3.3.5 Sexual Orientation**

It is expected that all Shelters will be safe and accessible to people who are gay, lesbian and bisexual.

### **3.3.6 Gender Identity**

It is expected that all Shelters will be safe and accessible to transgendered / transsexual residents, in their self-defined gender. Shelters will provide services in a way that takes into consideration the safety of all residents and the need for



privacy. Recommended strategies based on the literature include:

- creating safety zones such as semiprivate rooms
- addressing harassment of transgendered residents by focusing on the inappropriate behaviour and enforcing zero-tolerance policies against discrimination
- creating policies around confidentiality that do not require transgendered individuals to disclose their status - if they do disclose, maintaining confidentiality and asking the individual how they would like the topic to be addressed if it is raised
- changing intake procedures so that new residents are asked how they identify themselves: male, female, transsexual, or transgendered.
- Include sentence on intake forms that specifically indicates that people with diverse gender identity expression are welcome.

well as its third parties are required to comply. Please visit:

[www.mcass.gov.on.ca](http://www.mcass.gov.on.ca) for more information.

### **3.3.7 Race and Ethnicity**

It is expected that all Shelters will be safe and accessible to all people, free of ethnic and racial discrimination.

### **3.3.8 Accessibility**

A Regulation was issued under the Accessibility for Ontarians with Disabilities act called the “Accessible Customer Service Standard”, Ontario Regulation 429/07. This regulation came into effect for public sector organizations on January 1, 2010, and will come into affect for the private sector (including non-profits and charities) on January 1, 2012. Under this regulation the County of Wellington, as



## 4.0 Shelter Operations

### 4.1 Accommodation Guidelines

- a. Each resident must be offered a bed with a mattress, pillow and necessary bedding (bedding to consist of a minimum of two sheets, a blanket and pillow case). The use of mats or cots may be used in exceptional circumstances and must be identified in the regular and expanded capacity limits policy of the Shelter. Each resident will still be provided a pillow and bedding.
- b. It is important to provide an adequate amount of space per person in the sleeping area, to decrease the potential spread of illness, to enhance personal security and to decrease altercations resulting from a lack of personal space. Each shelter will work within the space they have to accommodate these concerns. For safety reasons (e.g. in the event of an evacuation), a separation distance of .75 metres (2.5 feet) between the edge of beds (bunks, cots or mats) must be maintained.
- c. In the case of families, each family member (except couples) must have his/her own bed or bed-equivalent (e.g. babies may use playpens, small children may use a mattress or cot).
- d. There must be a minimum of one toilet for every 15 residents.
- e. There must be one washbasin for every 15 residents (with a supply of liquid soap and paper towels or blow dryers).
- f. There must be one shower/tub for every 20 residents.
- g. In the case of families, toilet and shower facilities must permit privacy (this could involve private or locking toilet and shower rooms or family washrooms).
- h. There must be a minimum of one shower towel provided to each resident. If laundry facility is not available for clients, towels will be changed weekly or more often as needed.
- i. If laundry facilities are available, Shelters may require residents to launder their own bedding and towels as long as instructions on how to safely use the laundry facilities are provided. Shelters may provide laundry soap or require residents with an income source to purchase these supplies themselves.
- j. Residents will be assisted in obtaining items needed to maintain basic hygiene and grooming. Shelters must, at a minimum, have a supply of soap, shampoo, toothbrush, toothpaste, shaving products and feminine hygiene products for emergency use by residents. Shelters may continue to provide these products throughout a resident's stay, or if the resident has an income source, may require residents to purchase these supplies themselves.



- k. Residents will have access to secure storage for their belongings, but may be limited by available resources or space in each Shelter.

#### **4.2 Food Safety and Nutrition Guidelines**

Shelters will ensure the following food safety and nutrition guidelines are implemented. At the same time, it is recognized that Shelters have limitations as they rely primarily on donated food. This includes food directly donated to the Shelters and that which is donated through food banks.

- a. Adult residents must be offered three meals and at least one healthy snack per day. Children under the age of 16 must be offered three meals and two to three healthy snacks per day. A meal is comprised of food from at least three food groups. A snack is comprised of at least two food groups with an emphasis on fruit and vegetable and grain products.
- b. Meals must be of size, quality, variety and nutritional value to meet the recommended daily intake based on Canada's Food Guide, where possible (Appendix C).
- c. Special food/meal accommodations will be made in the following situations:
- Shelters will ensure that meals meet the special needs of residents requiring a diet for treatment or maintenance of good health (e.g. hypertension, diabetes, allergies). Residents at Michael House and Ramoth House Pregnancy

Centres, in receipt of OW or ODSP, may be eligible for a Special Diet Allowance. Michael House and Ramoth House will be responsible to accommodate the special diet and will be reimbursed through OW or ODSP according to the amounts specified in the OW or ODSP Directives &

Regulations. Costs over and above these specified amounts will be the responsibility of the shelter. All of these should be discussed with the SSW. A Ministry of Community and Social Services Application for Special Diet Allowance and /or Pregnancy Nutritional Allowance must be completed by a physician, RN in the Extended Class, Registered Dietician, or Registered Midwife or a Traditional Aboriginal Midwife recognized and accredited by her or his Aboriginal community. This form must be submitted to the SSW for review.

- Residents who appear to be undernourished or underweight will be encouraged to seek medical assessment. If required by doctor's note, a resident will be offered additional food portions and/or a high-protein/high calorie drink or bar in addition to scheduled meals.
- Pregnant or breastfeeding residents will be offered additional food portions and/or a high protein/high calorie drink or bar as required by a doctor's note. Shelters will ensure that baby formula and the proper preparation equipment and safe storage space are provided. Shelters will assist residents to work with the Special Services Worker to obtain additional baby food, formula etc. as needed.



- Residents who do not eat meat will have access to protein-based vegetarian options (for example, beans, peanut butter or soy-based products).
  - It is recommended that food reflect the cultural diversity of the Shelter residents.
  - Special cultural holidays and traditional occasions may be marked with special meals.
- d. A bag/box lunch will be offered as a substitute for a regular meal or a missed meal for residents who are routinely absent during a meal period to attend school, treatment or employment, or other activities as approved by Shelter staff. Food will be made available to residents admitted after regular mealtimes.
- e. It is recommended that a poster stating Shelters cannot guarantee allergen free food (e.g., peanut, nuts, eggs and shellfish) be posted in the dining area. It is recommended that Shelters that are serving food with potential allergens such as peanuts, nuts, and shellfish attempt to alert residents.
- f. Shelters will communicate at least a daily menu in such a way that it is accessible to all residents.
- g. It is recommended that Shelters offering meals to residents have a mechanism available to allow residents to provide input and feedback (e.g. residents meetings, surveys etc.).
- h. Shelters that do not offer meals must provide residents with an alternative method of accessing food either by providing food to take with them and meals at an alternative location or food vouchers.
- i. Shelters where residents are involved in the meal preparation must encourage the highest possible levels of hygiene in the food preparation and food storage areas. This includes promoting hand washing, maintaining proper food temperatures, in addition to cleaning and disinfecting work counters, utensils and equipment.
- j. All Shelters with a Purchase of Service Agreement with the County must be inspected at least annually by Wellington- Dufferin-Guelph Public Health pursuant to the *Health Protection and Promotion Act*, (Appendix B)
- k. Each Shelter must have at least one current staff member that is working in food preparation with a certificate from the Food Handlers Training program. All food in Shelters must be prepared, handled and stored in a sanitary manner so as to prevent the spread of food borne illness, as per the *Food Premises* regulation made pursuant to the *Health Protection and Promotion Act*, (Appendix B).
- l. Each Shelter must have an acceptable donated food policy which must be on file with the County and re-submitted if revised (Appendix A).



- m. A copy of Canada's Food Guide will be posted in the dining area of each Shelter.

### **4.3 Health and Safety Guidelines**

- a. All Shelters must comply with an annual health inspection.
- b. All Shelters must comply with an annual fire inspection.
- c. All Shelters must deposit an annual certified copy of liability insurance or insurance certificate as outlined in the County Purchase of Service Agreement.
- d. An approved first aid kit must be available in each Shelter and a portable kit must be taken on outings.

#### **4.3.1 Illness**

Shelter staff will encourage residents who appear to be ill to seek medical treatment. Staff may facilitate treatment by referring residents to community medical resources. Staff cannot require residents to seek medical treatment against their will. Staff may involve other health professionals in an effort to intervene in the residents' best interest.

#### **4.3.2 Infection Control**

- a. Written policies and procedures will be developed in consultation with Wellington- Dufferin-Guelph Public Health for infection prevention and control including reporting and management of communicable

diseases. The policies must be approved by Wellington-Dufferin-Guelph Public Health and resubmitted if revised (Appendix A).

- b. Outbreaks are to be reported to Wellington-Dufferin-Guelph Public Health by calling 519-846-2715. (i.e. flu outbreaks)
- c. It is recommended that Shelters have a contract with a licensed pest control operator and have a scheduled inspection and treatment plan.
- d. Outdoor garbage must be stored in such a way as to discourage insect or rodent infestation. Indoor garbage receptacles must be removed at least once a day or more frequently to prevent noxious odours or unsanitary conditions. Receptacles must be cleaned and sanitized regularly.

#### **4.3.3 Safety and Security**

- a. Each shelter shall prepare a written policy, with respect to workplace violence and harassment in compliance with Bill 168 Occupational Health and Safety Amendment Act (Violence and Harassment in the Workplace 2009) which came into effect June 2010. This policy should be reviewed as often as necessary, but at least annually. This policy will be on file with the County and resubmitted if revised (Appendix A)
- b. Shelters must ensure that residents are safe and secure within the facility. Guarantees of personal



- safety, having a safe and secure place to store belongings, cleanliness and creating a welcoming atmosphere are all important aspects to consider when addressing this issue.
- c. Entrances to the Shelter must be secured against unwanted entry.
  - d. Emergency exits must be equipped with an alarm to alert staff of unauthorized comings and goings.
  - e. Kitchen access must be controlled with a view to safety.
  - f. Each Shelter will have an emergency evacuation plan which must be on file with the County and resubmitted if revised (Appendix A).
- kept in a secure location such as a locked cabinet in an office.
  - Shelters may determine that they do not provide assistance with medication and that residents are fully responsible for taking their own medication. Shelters that choose to provide some assistance with medication will encourage residents to properly self-administer. Residents may be able to self-administer or may require some support from Shelter staff such as prompts, reminders, help to open containers etc. It is recommended that staff consult with a nurse, psychiatrist, physician or pharmacist in any situation where they are concerned about the safety of a resident taking medication.
  - Shelters that document medication must maintain a consistent method of documentation.
  - All sharps will be placed in a regulation sharps container which should be kept in a secure location and out of reach of children.
  - All expired or unclaimed medications must be returned to a pharmacy for proper disposal.

#### **4.3.4 Environmental Hazards**

Shelters must ensure that environmental hazards such as chemicals and cleaning compounds are safely secured and stored. Minimum one person using the hazardous materials must be educated on the hazards associated with the products used, and the safe handling, storage and disposal protocol for the products and WHMIS trained.

#### **4.3.5 Resident Medication**

Shelters must have policies regarding the handling of resident medication which must be on file with the County and resubmitted if revised (Appendix A).

Policies should include the following:

- For the protection of all residents, medication held by staff must be
- a. Shelter Operators will have a policy regarding prohibited weapons, illegal substances, contraband and/or objects deemed potentially dangerous which will be on file with the County and resubmitted if revised (Appendix A).
  - b. To ensure the safety and security of all residents and staff, prohibited weapons, illegal substances,

#### **4.3.6 Weapons and Illegal Substances**



contraband and/or objects deemed potentially dangerous are not allowed in the Shelter or on the Shelter property. Prohibited weapons as defined in section 84 of the *Criminal Code* (Appendix B), are illegal and can be seized by police.

- c. If staff have reason to suspect that a resident has a prohibited weapon, illegal substances, contraband, and/or objects deemed potentially dangerous in their possession, staff may contact Ontario Provincial Police or Guelph City Police Services for assistance and/or advice. It is recommended that any securing and/or disposal of prohibited weapons, illegal substances, contraband and/or objects deemed potentially dangerous be done in consultation with Ontario Provincial Police or Guelph City Police Services.
- d. Objects deemed potentially dangerous to residents or staff (for example, a penknife) may be required to be turned over to staff and may be returned upon discharge if the staff member is confident that the intended use of the object is not to harm self or others. For safety purposes, staff may ask residents to show what they are bringing into the Shelter. Staff may refuse admission if residents or potential residents will not show what they are bringing into the Shelter.

#### **4.3.7 Child Abuse/Neglect**

All Shelters and staff are obligated to report any suspected cases of child abuse

or neglect, and to follow the legislative requirements of the *Child and Family Services Act* (Appendix B). All Shelters and staff will work in compliance with Child Welfare Agencies.

#### **4.3.8 Unusual and/or Serious Incidents**

- a. All Shelters must have a system in place for recording unusual incidents. This information will be made available to the County on request. All Shelters should have Serious Incident Occurrence Forms for staff to complete when required.
- b. Any incident of a serious nature is to be reported by the Shelter Operator to Special Services Worker for information purposes only within 24 hours. Serious incident occurrence forms should be emailed or faxed to 519-766-1462 to the Special Services Worker. A serious incident is defined as:
  - Any death of a resident while staying at the Shelter.
  - Any life threatening injury/situation that occurs on the premises (e.g. severe assault, accidental injuries, attempted suicides requiring medical assistance, incidences involving a firearm etc.).
  - Any situation which results in an interruption of service.
  - Any occurrence of fire within the Shelter.
  - An Incident which results in a filing of a police report or a tenant has required medical attention and assessment at a hospital or clinic.



#### **4.3.9 Furniture Safety**

- a. It is recommended that, where possible, mattresses be covered with a flame retardant and moisture retardant material (vinyl) and that window coverings, upholstered furniture and carpeting is composed of materials that are flame resistant or retardant.
- b. Cribs, high chairs and playpens for infants must conform to specifications approved by Health Canada –Crib Safety Booklet. (Appendix D).

#### **4.3.10 Maintenance Plan**

Shelters must have a maintenance plan that clearly specifies the manner in which cleaning, preventive maintenance, emergency repairs, routine upkeep and long term replacements are to be done.

#### **4.3.11 Insurance**

Shelters must maintain insurance coverage as per the Purchase of Service Agreement with the County.

Shelter Operators will:

- a. hold a policy of public liability and property damage insurance acceptable to the County, providing insurance coverage in respect of any one claim to a limit of \$2,000,000 per claim or occurrence, exclusive of interest and costs, against the loss or damage resulting from bodily injury, death, lost of or damage to property;

- b. name the County and its respective agents, officials, officers and employees as additional insured and such insurance shall include the following endorsements: Cross Liability with a Severability of Interests clause; Blanket Contractual Liability; Products and Completed Operations Liability; and Personal Injury Liability; and
- c. ensure that all required insurance policies shall be with an insurer licensed to sell insurance in the Province of Ontario and shall include a waiver of subrogation as respects the County. The Shelter's insurance shall be primary coverage and will not call into contribution any other insurance available to the County.
- d. The Shelter shall forthwith provide certificate(s) of insurance to the County evidencing all required insurance policies and thereafter any renewals thereof and such policies shall contain a provision that the insurer shall not cancel, or materially change coverage without providing the County at least thirty (30) days prior written notice. The insurance requirements stated herein shall not limit, reduce, or waive any of the Shelter's obligations to indemnify the County.

#### **4.4 Guidelines for Support Management and Crisis Supports**

- a. A Shelter may provide assistance and support to residents in the following areas:



- Assistance and referral to obtain appropriate housing
  - Assistance in obtaining financial benefits if eligible
  - Assistance in obtaining appropriate supports
  - Assistance in obtaining clothing and transportation
  - Assistance (if requested and/or needed) in developing a plan that supports the resident's housing stability goals
  - Assistance in obtaining identification
  - Referrals to appropriate services or resources
  - Advocacy
- b. Shelters that offer a support management and crisis support program may include any or all of the following core functions in collaboration with the resident:
- Assessment - an evaluation detailing the residents' service needs and resources to meet these needs, as well as current and potential strengths and challenges.
  - Planning - developing a plan in collaboration with the resident containing goals with timelines.
  - Referrals - information regarding the process of referring residents to all necessary internal and external services.
  - Monitoring - continuous evaluation of the plan with the resident to monitor progress, reassess goals and priorities, and identify new goals as appropriate.
  - Advocacy - interceding appropriately on behalf of a resident or group of residents to ensure access to needed services or resources.
- Collaboration – developing partnerships with relevant community based and/or government agencies to co-ordinate and provide services to Shelter residents.
  - Follow-up – providing support and assistance directly, or through referrals to agencies, to residents who have moved to the community.

#### 4.5 Guidelines for Confidentiality

- a. The collection, use and disclosure of all personal information under the contractual arrangement with the County are subject to the *Municipal Freedom of Information and Protection of Privacy Act*, (MFIPPA) (Appendix B). Shelters acknowledge that any information supplied to the County is subject to MFIPPA, including the access to information provisions contained therein.
- b. Shelter staff, volunteers/students and others must comply with any privacy legislation which applies to the collection, use, disclosure and handling of residents' personal information. Shelter staff, volunteers and agents who are members of a registered profession (as designated under the *Regulated Health Professions Act, 1991* or the *Social Work and Social Service Work Act, 1998*) (Appendix B) will adhere to the confidentiality standards of the relevant professional college, as well as the *Personal Health Information Protection Act, 2004* (Appendix B) relating to residents' personal health information.



- c. Shelters will have a confidentiality policy for the handling of residents' personal information by staff, students, volunteers and agents. This policy must be kept on file with the County and resubmitted if revised (Appendix A). The policy must include provisions addressing all of the items in sections 4.5.1 and 4.5.2 below.
- d. Shelters must have a policy regarding the disposal and retention of resident files.
- e. Resident records must be disposed of in a secure manner.

#### **4.5.1 Resident Information and Resident Files**

- a. Files (hard-copy and electronic) containing resident information must be kept secure to maintain confidentiality. Shelters' confidentiality policies must include statements concerning the practices used to maintain the security and confidentiality of resident information.
- b. Removing files from the Shelter premises for business related purposes should be limited to prevent the potential breach of privacy and security of resident information. Policies concerning removal of files must be included in Shelters' confidentiality policy and must be communicated to staff, students, volunteers and agents. The policies will include provisions governing the off-site removal of electronic information and hardware (e.g. laptop computers, USB drives, personal digital assistants) if relevant.
- c. Shelters must include statements in their confidentiality policy regarding resident access to personal information and records including the process for residents

#### **4.5.2 Sharing of Resident Information**

- a. Shelters' confidentiality policies must include provisions that restrict disclosure of residents' personal information without the consent of the affected resident. Exceptions to the consent requirement include:
  - Disclosure in compelling or compassionate circumstances affecting an individual's health or safety.
  - Disclosure of resident information by staff for child protection purposes as required by the *Child and Family Services Act* (Appendix B).
  - Disclosure as required per a court order, subpoena, summons or a search warrant, including providing testimony in court or at an administrative tribunal.
  - Disclosure expressly allowed or required by law.
  - Disclosure to the County to administer or to assess benefits or eligibility for assistance or as authorized under consent given by the resident to the County.
  - Disclosure to police or a law enforcement agency to support an investigation, or to report an occurrence on the Shelters' premises.



- Disclosure to an insurance adjuster representing the Shelter in response to a claim related to personal injury, property damage or loss, theft or fire involving Shelter residents.
  
- b. Sharing of resident information with other providers to whom the resident may be referred is necessary to ensure effective provision of services, continuity of care and efficient use of resources. The importance of sharing information with relevant providers will be explained to the resident and only disclosed with signed resident consent. It is recommended that the Consent to Release Personal Information Forms include the following information:
  - Date of disclosure.
  - Resident name (including all residents of a family unit who are at least 16 years old).
  - Name of the Shelter and contact person that is disclosing the information.
  - Type of information to be disclosed.
  - Name of the service provider and contact person the information is being disclosed to.
  - Date consent expires (optional, depending on resident's circumstances).Note that where information about children less than 16 years of age is disclosed, only the person who has lawful custody of the child may consent to the release of information.

#### **4.6 Linkages to Other Services**

Where possible, Shelters will work with other human service providers and form partnerships in order to increase access to services for their residents including strengthening referral linkages and encouraging access for provision of services on site at the Shelter.

#### **4.7 Guidelines for Services to Children (for Shelters that serve children)**

- a. Information will be made available on a variety of age appropriate play experiences for children and dependent youth within the Shelter or off-site. Information on community resources may be made available to parents.
  
- b. It is recommended that on-site play materials owned by the Shelter be:
  - safe, and in good condition;
  - bias free, non-violent, developmentally appropriate and represent diversity; and
  - washable and large enough to prevent swallowing or choking.
  
- c. It is recommended that toy washing schedules be created and followed. It is recommended that schedules include at a minimum that infant toys are washed as used, toddler toys are washed weekly, and toys for older children are washed as required. Washing of toys and ensuring age appropriateness is the responsibility of the parent, guardian, babysitter or children's worker.
  
- d. It is recommended that program plans and/or outlines of planned



- activities be posted or provided to parents. It is further recommended that excursions and/or field trips should be safe and age appropriate.
- e. Children's programs may include onsite and off-site procedures for:
    - what to do if a child becomes ill or is injured;
    - what to do if the parent does not pick up a child at the end of the activity; and
    - Inappropriate behaviors/actions of children, including violence.
  - f. Shelters must have a policy outlining procedures for lost child(ren) in the event that a child goes missing, which will be placed on file with the County and resubmitted if revised (Appendix A).
  - g. It is recommended that parental involvement be encouraged through direct participation in children and youth programs and/or providing access to resources outside of program hours.
  - h. It is recommended that Shelters serving dependent youth provide information on recreational, educational, and social activities on or off-site and that is separate from the children's program or activities.
  - i. It is recommended that children be registered in school during their stay at the Shelter. Children residing in Shelters often attend the local school; however parents may elect to have the child continue to attend their previous school.
  - j. It is recommended that Shelters support and encourage parents to use non-violent ways of disciplining their children.
  - k. Shelters must have a policy outlining the requirements for residents or others to baby sit children residing in the Shelter including the maximum number of children another resident may be responsible for at any one time and what to do in the event that a parent does not return. This policy will be on file with the County and resubmitted if revised (Appendix A).

#### **4.8 Staffing Guidelines**

- a. There must be staff on duty at all times in the Shelter. Shelter Operators must have a policy related to staffing the Shelter which is on file with the County and resubmitted if revised (Appendix A).
- b. It is recommended that staff should receive appropriate training and orientation for their particular job. Documentation must be maintained regarding employees' training, including:
  - Standard First Aid Certificate
  - CPR Level C Certificate
  - Safe Food Handling Certificate
- c. Shelter staff that provides support and/or crisis management to residents will have a suitable level of education achieved through community college, university or other accredited institution and/or relevant experience. It is



- recommended that ongoing professional development and supervision should be made available by the Shelter and may include conferences, support supervision, workshops and training courses.
- d. Within the first ten days of the start of employment all staff will be provided with information/ orientation on the following topics:
- Prevention of transmission of infection within the Shelter through use of routine practices and additional precautions (formerly known as universal health precautions) such as hand hygiene, use of personal protective equipment, and housekeeping practices, as well as the procedure for dealing with occupational exposure to blood or body fluids.
  - Information on specific diseases such as TB, HIV, hepatitis A, B and C and in the case of Shelters with children, childhood diseases (as appropriate).
  - Information on Shelter response to individual cases or outbreaks of infectious disease.
  - Information on community health care resources such as Wellington-Dufferin-Guelph Public Health contact numbers.
- e. All food preparation staff will be provided with information / orientation on the following topics:
- Canada's Guideline for Healthy Eating
  - the *Food Premises* regulation made pursuant to the *Health Protection and Promotion Act*, (Appendix B). Educational updates on the above topics will be provided as often as necessary to reinforce safe work practices.
- f. It is recommended that all staff and volunteers have:
- i. a 2-step TB skin test, initiated at a minimum within 1 week of their start date;
  - ii. an annual influenza vaccination; and
  - iii. immunization against Hepatitis B and documented immunity (for all staff and volunteers who may be exposed to blood or are at risk of injury by instruments contaminated by blood).
- g. It is required all staff provide a Criminal Record Check/Vulnerable Record Check as a condition of employment. A copy of which will be kept on file.

#### **4.9 Staff Expectations and Responsibilities**

Shelters should have policies outlining expectations for staff regarding professional behaviour and conduct which are in line with the Guiding Principles and Values set out in section 2.0 herein. (Appendix A)

#### **4.10 Resident Expectations and Responsibilities**

- a. Each Shelter will adopt a written policy concerning expectations of residents' conduct and expectations of the Shelter's conduct towards residents. A copy of these policies will be kept on file



with the County and resubmitted if revised (Appendix A).

- b. These policies will be communicated to residents through various avenues (e.g. intake, resident handbook, posting or resident meetings, etc.).

#### **4.11 Opportunities for Resident Input**

- a. All residents will have opportunities to provide feedback and input into the operations of the Shelter. Residents will be informed of these opportunities through various avenues (e.g. intake, resident handbook or resident meetings, etc.).
- b. Shelters will assist the County in its implementation of any system-wide survey of Shelter residents.

#### **4.12 Complaints and Appeals**

- a. Shelter Operators will adopt written policies and procedures regarding complaints and appeals. A copy of these policies will be kept on file with the County and resubmitted as revised (Appendix A).
- b. These policies and procedures will be communicated to residents through various avenues (e.g. intake, resident handbook, posting or resident meetings, etc.).
- c. All Shelters will keep a written record of formal complaints and their resolution. Complaints are a valuable source of information from Shelter residents. It is recommended that the Shelter Operator collect and analyze all complaints so that patterns can be noted and adjustments can be made. This information will be made available to the County on request.



**APPENDICES**

**Appendix A** - List of Required Shelter Policies

**Appendix B** - List of Applicable Legislation

**Appendix C** - Canada's Food Guide

**Appendix D** – Health Canada Crib Safety Booklet



## **APPENDIX A - List of Required Shelter Policies**

- Admission and Discharge
- Regular and Expanded Capacity Limits
- Bed Registration
- Internal Policy for Leaves with Permission/Overnight Passes
- Service Restrictions (Barring)
- Special Access/Accommodation Issues
- Donated Food
- Confidentiality
- Babysitting (for Shelters serving children)
- Lost Child (for Shelters serving children)
- Prevention, Handling and Reporting of Communicable Diseases
- Emergency Planning
- Staffing
- Resident Medication
- Prohibited Weapons and Illegal Substances
- Mandatory Staff Training
- Staff Expectations and Responsibilities
- Resident Expectations and Responsibilities
- Complaints and Appeals
- Infection prevention and control
- Workplace Violence and Harassment



## APPENDIX B - List of Applicable Legislation

*Building Code Act*, 1992, S.O. 1992, c. 23

*Building Code*, O. Reg. 350/06.

[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_92b23\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_92b23_e.htm)

*Child and Family Services Act*, R.S.O. 1990, c. C.11

[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_90c11\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90c11_e.htm)

*Criminal Code*, R.S., 1985, c.C-46

[http://laws.justice.gc.ca/en/showdoc/cs/C-46/bo-ga:l\\_III/en#anchorbo-ga:l\\_III](http://laws.justice.gc.ca/en/showdoc/cs/C-46/bo-ga:l_III/en#anchorbo-ga:l_III)

*Fire Protection and Prevention Act*, 1997, S.O. 1997

*Fire Code*, O. Reg. 213/07.

[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_97f04\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_97f04_e.htm)

*Health Protection and Promotion Act*, R.S.O. 1990, c. H.7,

*Food Premises*, R.R.O., 1990, Reg. 562.

[http://www.e-laws.gov.on.ca/html/regs/english/elaws\\_regs\\_900562\\_e.htm](http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900562_e.htm)

*Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990 (MFIPPA)

[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_90m56\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90m56_e.htm)

*Occupational Health and Safety Act*, R.S.O. 1990, c. 0.1

[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_90o01\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm)

*Ontarians with Disabilities Act*, 2001, S.O. 2001, c. 32

[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_01o32\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_01o32_e.htm)

[http://www.e-laws.gov.on.ca/html/regs/english/elaws\\_regs\\_900562\\_e.htm](http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900562_e.htm)

*Ontario Works Act*, 1997, S.O. 1997, c. 25, Sched. A

[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_97o25a\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_97o25a_e.htm)

*Personal Health Information Protection Act*, 2004, S.O. 2004, c. 3, Sched. A

[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_04p03\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm)

*Regulated Health Professions Act*, 1991, S.O. 1991, c. 18

[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_91r18\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm)

*Social Work and Social Service Work Act*, 1998, S.O. 1998, c. 31

[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_98s31\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_98s31_e.htm)

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*Accessible Customer Service Standard*, Ontario Regulation 429/07

[www.mcass.gov.on.ca](http://www.mcass.gov.on.ca)

*Bill 168 Occupational Health and Safety Amendment Act (Violence and Harassment in the Workplace)2009* <http://www.labour.gov.on.ca/english/hs/topics/workplaceviolence.php>

### NOTES:

1. This list of Applicable Legislation is not intended to be exhaustive. Shelters must be maintained and operated in compliance with all federal, provincial and municipal legislation, regulations, by-laws, rules and guidelines.
2. Any reference to a statute herein is to such statute and to the regulations made pursuant to such statute as such statute and regulations may at any time be amended or modified and in effect and to any statute or regulations that may be passed that have the effect of supplementing or superseding such statute or regulations.