

APPENDIX E: In Effect Dates

The following schedule illustrates when various sections of the Toronto Shelter Standards take effect. Shelter providers who require further clarification should contact their Agency Review Officer (ARO).

Shelter providers who are not able to comply with the relevant sections when they take effect are required to submit an ARO-approved plan for compliance by the in effect date.

All SMIS-related requirements or requirements that involve the use of SMIS take effect immediately on the in effect date. Shelter providers who are not able to comply with these requirements must contact their ARO to discuss compliance alternatives.

OCTOBER 1, 2015

Section 5	Principles of Service Delivery
Section 6	Client Rights and Responsibilities
Section 12.4.1	Staff Code of Conduct

FEBRUARY 1, 2016

Section 1	Policy Context
Section 2	Toronto's Shelter System
Section 3	Defined Terms
Section 4	Applicable Legislation
Section 7	Complaints and Appeals
Section 8	Shelter Access and Customer Service
Section 9	Immediate (Basic) Needs and Services
Section 10	Case Management, Supports and Services
Section 11	Health and Safety
Section 12	Administration
Section 12.4.2(c) <i>(only applies to new staff/board members)</i>	Shelter providers will ensure that shelter staff and board members have received or will receive training as described under Appendix B: Training Matrix

MARCH 31, 2016

Section 9.2.2(d)(ii)	Shelter providers serving pregnant or breastfeeding clients will not store expressed breast milk in the same refrigerator as client medications.
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Section 9.3	<ul style="list-style-type: none"> (a) Shelter providers will provide lockers or other secure forms of storage for clients to store their belongings (e.g., locked storage room, safekeeping program). (b) Shelter providers will install and maintain appropriate window coverings to ensure client comfort and privacy. (c) Shelter providers will ensure that all textiles used as interior treatments for rooms and furniture (e.g., window coverings, upholstered furniture, carpet/rugs) are pest resistant and fire/moisture retardant.
Section 10.2.3(f)	<p>Shelter providers that assist clients with their medications will do so in a manner that complies with the requirements of section 10.2.4 Secure Storage and Disposal of Medication and maintain a consistent method of documenting medication information containing, at a minimum</p> <ul style="list-style-type: none"> (i) Name of client (ii) Name of client's medication (iii) Date and time medication is accessed by or issued to the client (iv) Name of the staff who issued and/or helped to administer the medication (v) Client signature confirming they received their medication.
Section 10.2.4(b)	<p>At a minimum, all medications will be</p> <ul style="list-style-type: none"> (i) Inventoried and labeled appropriately (ii) Stored in separate containers for each client (iii) Kept in a safe and secure location (e.g., a cabinet in an office, or locker or locked drawer in a client's room) at all times other than the time that the medication is accessed or administered.
Section 10.2.4(c)	<p>Shelter providers will provide secure refrigerator space in an access-restricted area dedicated to the sole storage of medications requiring refrigeration.</p>
Section 10.2.4(d)	<p>Shelter providers will not store medications in the same refrigerator that is used to store expressed breast milk or food, as described under section 9.2.2 Dietary Restrictions and Accommodation.</p>
Section 11.1(d)	<p>Shelter providers will provide alcohol-based hand sanitizer that contains at least 70% alcohol to supplement hand-washing in high contact areas (e.g., reception and dining areas) and in the event that water is not available (e.g., loss of water due to plumbing issue) and take appropriate measures to control or prevent misuse or misapplication of the product.</p>

JUNE 30, 2016

Section 8.1(g)	Shelter providers will take all reasonable measures to accommodate clients accompanied by their pet.
Section 8.4.1(b)	<p>As part of a client's planned discharge and transition out of a shelter, shelter staff will</p> <ul style="list-style-type: none"> (i) Provide information in writing and assistance to the client regarding resources relevant to the next stage of their service plan, including community services and key personal supports (ii) Review consent forms and summarize information for the client or next service provider to assist in ensuring continuity of service in a manner that complies with the requirements of section 12.6.4 Sharing/Disclosure of Client Information (iii) For up to twelve (12) months following discharge from the shelter, and at the request of the client, provide follow-up services or referrals to help support the client's transition to housing, provide crisis support or provide eviction prevention activities.
Section 10.1(l)	<p>Upon a client's planned discharge, shelter staff will</p> <ul style="list-style-type: none"> (i) Provide information in writing and assistance to the client regarding resources relevant to the next stage of their service plan, including community services and key personal supports (ii) Review consent forms and summarize information for the client or next service provider to assist in ensuring continuity of service in a manner that complies with the requirements of section 12.6.4 Sharing/Disclosure of Client Information (iii) For up to twelve (12) months following discharge from the shelter, and at the request of the client, provide follow-up services or referrals to help support the client's transition to housing, provide crisis support or provide eviction prevention activities.
Section 10.2.1(b)	Shelter providers will ensure sharps containers are available on shelter premises, secured against tampering (e.g., placing a cage around the container that allows for sharps to enter the container) and inform clients of the availability of sharps containers and how to use them.
Section 10.2.2(a)	<p>Shelter providers operating with an abstinence-based model will</p> <ul style="list-style-type: none"> (i) Identify how abstinence is defined within their program (ii) Define to what extent they are able to provide service to non-abstaining clients (iii) Document and submit a detailed description of the service model to SSHA for review and approval.

Section 10.2.2(d)	Abstinence-based shelter providers will provide a private, dedicated space where clients under the influence of substances may rest until the effects of those substances have subsided.
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Section 9.3.2(a)(i)	To assist clients with their hygiene needs, shelter providers will provide a minimum of one (1) washroom that is barrier-free, fully accessible and designated gender neutral in each shelter.
Section 10.3.3(i)	Shelter providers will provide a minimum of one (1) washroom that is barrier-free, fully accessible and designated gender neutral in each shelter. OR submit an ARO-approved plan for compliance.
Section 11.2(g)	Shelter providers will install and maintain at least one (1) eye wash station according to the manufacturer's instructions. The eyewash station must be in an area of the shelter that is easily accessible by anyone in the shelter and its location identified with a highly visible sign.
Section 11.4	Emergency Preparedness and Business Continuity
Section 12.2.3(a)	Shelter providers that own their building will have (i) A Building Condition Audit (BCA) and a Capital Reserve Fund Forecast (CRFF) completed every ten (10) years and updated every three (3) to five (5) years by a qualified professional (ii) A Board-approved Capital Plan that is informed by the BCA/CRFF and a preventive maintenance plan.
All policies, procedures, and plans	
JUNE 30, 2017	
Section 12.4.2(c) <i>(applies to all staff/board members)</i>	Shelter providers will ensure that shelter staff and board members have received or will receive training as described under Appendix B: Training Matrix