



Shelter Standards Clarification Questions

Last updated: August 24, 2016

Section 9.3.1 (a)

The layout of my facility makes it difficult or impossible to comply with this standard. What can we do to comply?

Such shelter providers should contact their Agency Review Officer. Section 9.3.1 (a) states: "Shelter providers will ensure that designated sleeping areas are physically separated from dining areas and other communal areas unless alternative sleeping arrangements are approved for limited use by SSHA (e.g., during an Extreme Weather Alert)."

The principal objective of this requirement is to improve client privacy and to attempt to limit pests by avoiding situations where foodstuff can readily be introduced to sleep areas. The shelter provider can discuss different ways of complying with this standard, such as installing temporary privacy measures to cordon off the sleeping area from dining area (e.g. screens).

Section 9.3.1 (e)

The layout of my facility makes it difficult or impossible to comply with this standard. What can we do to comply?

Such shelter providers should contact their Agency Review Officer. Section 9.3.1 (e) states: "Shelter providers will maintain a lateral separation of at least 0.75 m. (2.5 ft.) between beds (or alternative sleeping arrangements) and a vertical separation of at least 1.1 m. (3.5 ft.) between the top of a bed frame to the lowest hanging section of an overhead object (e.g., upper bunk frame, light fixture, bulkhead, air duct, plumbing, etc.) (see Appendix A: Sleeping Area / Personal Space Examples)."

The intent of this standard is to ensure people can freely and easily access their bunk without having to contort themselves to avoid situations where clients might experience minor injury or discomfort accessing their beds. The Shelter provider is encouraged to look at different configurations of the beds that may maximize compliance with this standard. Agency Review Officers may be able to offer assistance or recommendations to avoid bed reductions.

Section 9.3.2 (a)(i)

What can I do about a bathroom that does not meet this requirement?

Such shelter providers should contact their Agency Review Officer. Section 9.3.2 (a)(i) states: "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."

The Shelter Standards do not prescribe locations for washrooms. In instances where the location of the washroom is a barrier (e.g., can only be accessed through stairs), shelter providers are reminded of their customer service obligations to provide clients service under the Accessibility for Ontarians with Disabilities Act.



TSS QUICK REFERENCE:

QUESTIONS AND ANSWERS

Shelter providers are encouraged to apply for funding that would help improve accessibility in their shelters, as it becomes available. Hostel Services will forward notice of any funding opportunities through the Hostel Services Bulletin.

Section 10.2.1 (b)

Does having sharps containers in staff/administrative areas comply with 10.2.1 (b)?

Section 9.3.2 (a)(i) states: "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."

The intent of this standard is to ensure clients who wish to dispose of sharps are able to do so without barriers and in a manner that does not create a health or safety concern for other shelter clients or staff. Shelters that have sharps containers and that allow clients to drop off their sharps for disposal without any conditions may meet this standard.

However, shelter providers are encouraged to work with their clients to determine whether this is an acceptable solution for the client. Among other things, Principle of Service 5.1 compels providers to create and maintain an atmosphere of dignity, acceptance and respect; to provide services to each client in a non-judgmental manner, free from discrimination and harassment; to protect the personal and health information and privacy of all individuals. A shelter client may feel that having to access a sharps container through a staff member erodes their dignity makes them feel judged about their substance use, or infringes on their privacy if others can see them dispose of their sharps.

Similarly, Principle of Service 5.2 compels shelter providers to provide services grounded in the principles of harm reduction that are responsive to the needs of clients; to provide services taking into account the client's safety, choice and control. A shelter client may feel that having to access a sharps container through a staff member does not meet their needs or provide them choice or control.

Section 10.2.3 (b)

Does section 10.2.3 (b) of the Shelter Standards mean clients are permitted to keep their medication in their rooms?

Section 10.2.3 (b) does not specify or mention where clients are permitted to keep their medication. However, 10.2.3 (a) states that shelters must have an approved policy and procedures in place regarding client medications. Shelters could elect to specify whether medications are permitted within a client's room or not within this policy.

However, any policy or procedure should give due regard to section 10.2.4. While the storage of medication is covered under Section 10.2.4., this section does not specify where clients can store their medications. Rather, it requires that medications are kept in a "safe and secure" location. For shelters that have single rooms with locking doors, a client's room would meet this test. For other shelters that rely on dorms or have non-locking room doors, a locker would be more appropriate.

Section 10.2.3 (c)



TSS QUICK REFERENCE:

QUESTIONS AND ANSWERS

Does section 10.2.3 (c) of the Shelter Standards mean shelters are no longer expected to keep medication locked away and not permit clients to have their “meds” on the bedroom levels or common areas?

Section 10.2.3 (c) is intended to work with 10.2.3 (b) to establish the default notion that clients are entitled to keep their medications without surrendering them. However, 10.2.3 (d), (f) and 10.2.4 (b)(iii) work together to allow for certain situations when shelter staff can assist clients and facilitate the safe and secure storage of their medication.

There is no requirement under section 10.2.3 or 10.2.4 that prevents clients having their medications in common areas or sleeping areas, other than to require that medications must be stored in a safe and secure manner. Section 11.2.1 (Weapons and Prohibited Items) establishes that shelters will not prohibit or confiscate prescribed or life-saving medications or hormones from clients. As such, 11.2.1 is permitting such substances on shelter premises.

Shelters have some discretion to provide further clarity and direction re: which parts of the shelters clients can medicate/are not permitted to carry medication under 11.2.1 (a) and 10.2.3 (a). Shelter providers should review such policies with a critical eye. If the policy sounds like it is beginning to contradict the requirements of the standards; for example, the policy says medications are permitted within the shelter but bans the use of medication in all areas that clients are likely to access, it is reasonable to think clients will take issue and file complaints that the shelter policy effectively acts as a barrier to their timely access and use of their medication.

Is it contradictory to say that clients are responsible for storing their medication (10.2.3 (c)) and also say that medications must be secured and disposed of in a particular manner (10.2.4)?

While these sections may appear contradictory on their face when compared against each other, they are not. Section 10.2.3 (d) provides the common connection for 10.2.3 (c) and 10.2.4. Put another way, when read together, these sections collectively say:

- a) As much as possible encourage clients to be responsible for their own medication, including the storage and administration (use) of their medication. (10.2.3 (b) and (c))
- b) However, there may be times when a client needs help from shelter staff with their medication. This may extend to storing the medication for the client, if it is the client's wish or if there is no means of safe and secure storage directly available to the client on site. (10.2.3. (d))
- c) If you find yourself in such a situation, then at a minimum your shelter would need to store and dispose of the medication in the manner prescribed. (10.2.4(b), (c), (d))

Section 12.4.2

Are shelter staff who do not work directly with shelter residents (e.g., cooks, dietary staff, maintenance staff, administration staff) required to take Shelter Standards training?

Yes, Shelter Standards training is mandatory for all staff.

The Shelter Standards contains important information (e.g., Principle of Service Delivery, health and safety information) that apply to and would benefit all shelter staff, regardless of their title or position. The Standards also contains specific requirements related to food, diet and nutrition (section 9.2) that dietary staff must follow; requirements related to facilities managements (section 11.3) that maintenance and custodial staff must follow; as well as administration requirements (section 12) that administrators must follow.



TSS QUICK REFERENCE:

QUESTIONS AND ANSWERS

Section 12.4.2 (f)

Can shelter providers accept training that staff previously received or must shelter staff retake such courses in order to comply with the training requirements of the Shelter Standards?

Section 12.4.2 (f) states: "Shelter providers may accept documentation from previously completed training or course work from a designated learning institution provided that they meet the requirements of section 12.4.2 Training."

Accordingly, shelter providers may accept previously received staff training or staff qualifications provided they meet the applicable requirements of section 12.4.2.

Example 1:

A recently hired shelter staff member mentions that she received first aid training through her part-time work at a daycare centre. The staff member provides her training certificate and course description that shows it is the same course that all other staff take, which complies with section 12.4.2 (e). Her certificate shows she received this first aid training 4 years ago, which contravenes section 12.4.2 (g) because first aid training certification is only valid for 3 years. As such, this staff member will have to retake her first aid training.

Example 2:

A shelter staff member who completed his degree in social work last year mentions part of his degree included a full year course called "Race and Ethnicity". He provides a copy of his school transcript (confirming he completed the course) and a course description, which complies with section 12.4.2 (e). The course description in part reads "This course examines current debates around the concepts of race and ethnicity in Canada. Anti-oppression and anti-racism responses will be explored and students will be taught how to apply an anti-oppression and anti-racism lens to their work." Given that: this was a full year course; he took this course less than 5 years ago; and the documentation he provided was satisfactory, this course could be accepted as an equivalent to the mandatory anti-racism anti-oppression course that is required of all shelter staff.



Implementation Process Questions

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My shelter is currently funded to deliver basic support services, not enhanced case management. How are we expected to deliver case management with same level of funding?

Hostel Services consulted with non-24 hour shelter providers to ensure that case management expectations were reasonable.

Shelter providers who are not able to provide case management services are directed to comply with the following requirements in order to provide their client access to case management services:

- Section 8.2 (b), which states: "Shelter providers who are not able to . . . provide the requested support services will refer the client to . . . more suitable support services.";
- Principle of Service 5.6 (a)(i), which states: "Shelter providers will collaborate with clients, service providers and other stakeholders to create and maintain a network of supports in order to achieve the best outcomes for clients and the neighbourhoods in which they receive services and/or reside"

Accessibility requirements can take time and money to comply. Will having a plan be sufficient initially?

Shelter providers should contact their Agency Review Officer. A plan may be sufficient provided that it is detailed, identifies how requirements will be met, how funds will be acquired (if relevant) and has realistic and reasonable timeframes and milestones.

Shelter providers are encouraged to apply for funding that would help improve accessibility in their shelters, as it becomes available. Hostel Services will forward any funding opportunities we are aware of, through the Hostel Services Bulletin.