

24-HOUR RESPITE SITE STANDARDS



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All client interviews and focus groups were conducted anonymously to encourage clients to freely share their thoughts and feedback. Clients provided valuable, thoughtful and honest feedback based on their first-hand experiences with SSHA's 24-Hour Respite Site services.

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PREAMBLE

The City of Toronto relies on and values community-based partnerships with the not-for-profit sector to deliver many housing and homelessness support services, including 24-Hour Respite Site services.

24-Hour Respite Site services are a type of allied shelter service that provides essential services to individuals experiencing homelessness in an environment that prioritizes ease of access to safe indoor space. These services include resting spaces, meals and referrals to additional support programs.

In contrast to Emergency Shelters, which prioritize helping clients find more appropriate and permanent forms of housing, 24-Hour Respite Sites prioritize ease of access to immediately essential services as listed above. As a result, 24-Hour Respite Sites are generally more accessible, especially to those who are vulnerable and who may not otherwise access shelters.

The 24-Hour Respite Site Standards (TRS) establish standards for all 24-Hour Respite Sites funded by the City of Toronto including any winter-only respite sites and all 24-hour women's only drop-in sites. Each of these programs are included in the term "24-Hour Respite Site" and are expected to meet the standards established in this TRS document.

The introduction of standards is an important step to ensure consistency and quality of service across all 24-Hour Respite Sites. While 24-Hour Respite Site providers (Providers) may not be able to immediately comply with all requirements of the TRS, they are expected to diligently make progress towards meeting them. Shelter, Support and Housing Administration (SSHA) is committed to working collaboratively with Providers to identify and take advantage of opportunities for improvement.

Providers are expected to review all applicable federal, provincial and municipal legislation/regulations, their operating agreements, and the Principles of Service Delivery (as described under section 3) for additional guidance and clarity. Providers must consult qualified legal professionals and/or other appropriate advisors about any and all legal and financial obligations related to their operations.



1

SERVICE SYSTEM MANAGEMENT

1 SERVICE SYSTEM MANAGEMENT

1.1 ROLE OF THE CITY OF TORONTO

The City of Toronto is the legislated provincial Consolidated Municipal Service Manager responsible for the administration of provincial and federal funding and the planning and management of the housing and homeless service system.

SSHA is the City Division assigned primary responsibility for increasing housing stability for low-income and vulnerable residents by investing directly in a range of housing and homelessness support services designed to help people find and keep permanent housing.

SSHA is responsible for

- (a) Directly operating some programs
- (b) Administering and ensuring contract compliance of Operating Agreements between the City of Toronto and community-based organizations that deliver 24-Hour Respite Site services
- (c) Ensuring service quality as described under section 1.3 (Quality Assurance) by maintaining and providing funder oversight for the implementation of the TRS, and
- (d) Providing policies, guidelines and resources that improve positive outcomes for all 24-Hour Respite Site stakeholders.

1.2 ROLE OF 24-HOUR RESPITE SITE PROVIDERS

The role of Providers is to deliver high-quality services to individuals or households experiencing homelessness while fulfilling the obligations set out in their Operating Agreements and in the TRS.

1.3 QUALITY ASSURANCE

In addition to Providers' own quality improvement processes and the activities listed under section 10.1.1 (Program Accountability), SSHA may use a variety of tools to ensure that Providers deliver services in an effective and efficient manner.

SSHA may conduct periodic audits/reviews of Providers' operations in order to

- (a) Ensure that Providers meet requirements of the TRS and their contractual obligations as set out in their Operating Agreement

- (b) Review Providers' financial viability, budget submissions and service delivery performance
- (c) Provide information and assistance to Providers with respect to their program's budgets, policies, services and business processes
- (d) Monitor and review compliments/complaints and resolve complaints from clients and the community.

Audits and reviews are conducted both at regular intervals and as needed and may include, but are not limited to program reviews, site visits, organizational reviews, monitoring plan implementations.

1.4 UPDATING THE 24-HOUR RESPITE SITE STANDARDS

In order to maintain the relevance and responsiveness of the TRS to the evolving realities of 24-Hour Respite Site service delivery, the TRS are subject to amendment. Proposed amendments to the TRS will be reviewed by SSHA in consultation with stakeholders to determine their feasibility and impact. Amendments to the TRS are subject to approval from the General Manager, SSHA.

1.5 SHELTER MANAGEMENT INFORMATION SYSTEM (SMIS)

SMIS is a secure, web-based application used to collect, store and retrieve client information and to facilitate efficient utilization of, and access to 24-Hour Respite Sites by identifying available resting spaces in an accurate and timely fashion. The use of SMIS is mandatory at all City-funded 24-Hour Respite Sites and shelters, when required by SSHA.

The analysis of SMIS information provides valuable insights for policy development, system planning and for the preparation for program, site and/or organizational reviews.



2

DEFINED TERMS

2 DEFINED TERMS

The following definitions reflect the meanings of terms as they are used in the implementation and operation of the TRS. For further clarification of these or related terms, please contact SSHA.

24-Hour Respite Site

Provides essential services to individuals experiencing homelessness in an environment that prioritizes ease of access to safe indoor space. Services provided include resting spaces, meals and service referrals. An allied shelter service that operates on a 24/7 basis.

24-Hour Respite Site Provider

A not-for-profit organization that is contracted by SSHA to operate a 24-Hour Respite Site through an Operating Agreement. In instances where SSHA directly operates a site, the City of Toronto is the provider. *Provider* is used interchangeably with *24-Hour Respite Site Provider* throughout the TRS.

24-Hour Women's Drop-in

A type of 24-Hour Respite Site that provides services to women and transgender or gender-non-binary people who are experiencing homelessness.

Admission

The process of admitting and assigning a client to a resting space within a 24-Hour Respite Site.

Allied Shelter Services

Emergency overnight spaces that offer a safe, warm indoor space and connections to other supports to meet the immediate needs of people experiencing homelessness. Provided to respond to increased demand for homeless shelters and/or operate from a low-barrier approach to serve people who may otherwise not access homeless shelters.

Cleaning/Maintenance Staff

Program staff who are responsible for cleaning or maintaining the 24-Hour Respite Site including, but not limited to cleaners, custodians, maintenance workers, handypersons and superintendents (*related term: Program Staff*).

Client

Any individual who uses any of the programs, support, amenities or services of a 24-Hour Respite Site.

Client Support Staff

Program staff who liaise, interact and work most directly with clients to offer support and assistance including, but not limited to administrative support, housing supports, counselling and referrals. Client support staff, include but are not limited to administrative assistants, counsellors, front line service workers, case workers, peer workers, housing help workers, community support workers and social workers (*related term: Program Staff*).

Conflict of Interest

A situation in which private interests or personal considerations may affect a person's judgment in acting in the best interest of their organization or client. It includes using a person's power derived from a position of authority, access to confidential information, time during working hours, or use of material or facilities for private gain or advancement or the expectation of private gain or advancement. A conflict may occur when an interest benefits the person, any member of the person's family, friends or business associates.

Dietary Staff

Program staff who are involved in the handling, storage, planning, preparation or serving of food or meals including, but not limited to kitchen staff, cooks, dietitians, nutritionists and servers (*related term: Program Staff*).

Discharge

The process of concluding a client's stay, including the use of SMIS to release a client's assigned resting space (*related terms: Planned Discharge, Unplanned Discharge*).

Disability

Any degree of physical, mental or cognitive disability as defined under the Ontario Human Rights Code.

Discrimination

Discrimination is any practice or behaviour, whether intentional or not, which has a negative impact on an individual or group protected in the Ontario Human Rights Code by excluding, denying benefits or imposing burdens upon them. Discrimination may arise as a result of direct differential treatment or it may result from the unequal effect of treating individuals and groups in the same way. Either way, if the effect on the individual is to withhold or limit full, equal and meaningful access to goods, services, facilities, employment, housing accommodation or contracts available to other members of society and their membership in a prohibited ground was a factor, it is discrimination.

Drop-in

Provide daytime locations that offer access to a range of services which may include food, showers, laundry facilities, health services, information and referrals, and social and recreational activities. Services are provided in a welcoming, safe and non-stigmatizing environment. Operate year-round.

Duty Officer

A centralized SSHA position that operates 24/7 and supports service delivery for shelters, drop-ins, 24-Hour Respite Sites, Out of the Cold programs, outreach, Central Intake and SHARC, by managing isolated issues as they arise with the goal of ensuring that the entire system is minimally affected and continues to perform as required. The Duty Officer position reports to the Systems Oversight Office.

Emotional Support Animal

A companion animal that provides comfort, emotional support or therapeutic benefit, such as alleviating or mitigating some symptoms of a mental or psychiatric disability (*related term: Service Animal*).

Extreme Weather Alert

An official alert issued by the City of Toronto's Medical Officer of Health when the outdoor temperature is likely to cause detrimental effects on human health. These alerts can be issued when the temperature reaches a prescribed threshold that is either very high (i.e., Heat Alert, Extreme Heat Alert) or very low (i.e., Cold Alert, Extreme Cold Weather Alert).

Food Allergy

An immune system reaction that occurs soon after contact with a certain food and which may be life-threatening. Even a tiny amount of the allergy-causing food can trigger signs and symptoms such as digestive problems, hives, decreased blood pressure and/or swollen airways.

Food Intolerance

A digestive system reaction that occurs soon after eating a certain food and which results in difficulty digesting a particular food. This can lead to symptoms such as intestinal gas, abdominal pain or diarrhea.

Gender Expression

The way people communicate or express their gender identity publicly; often through behaviour and physical appearance, e.g., choice of clothing, the length and style of hair, or by emphasizing, de-emphasizing or changing physical characteristics. Chosen names and preferred pronouns are also ways in which people express gender. Gender expression is totally separate from sexual orientation (*related terms: Gender Identity, Trans*).

Gender Identity

The gender that people identify with or how they perceive themselves, which may be different from their birth-assigned sex. Gender identity is linked to a sense of self, the sense of being woman, man, both, neither or anywhere on the gender spectrum (non-binary). Gender identity is completely separate from sexual orientation (*related terms: Gender Expression, Trans*).

Harm Reduction

An approach, set of strategies, policy or any program designed to reduce substance-related harm without requiring abstinence. Harm reduction is a key aspect of SSHA's Housing First approach, which focuses on the provision of housing and supports with no preconditions or 'readiness' requirements for the person to accept treatment for any physical or mental health or substance use issues (*related terms: Safer Crack Smoking Equipment, Safer Injection Equipment, Safer Sex Products*).

Housing First

An approach to addressing homelessness that focuses on helping people to find permanent housing as quickly as possible, with the supports they need to maintain it. The underlying philosophy of Housing First is that people are more successful in moving forward with their lives if they have housing first. Housing First principles include rapid access to housing with no housing readiness requirements, client choice, strengths based and client-centered supports, and a focus on community integration.

Incident

Any occurrence or event that takes place on 24-Hour Respite Site premises or involves active 24-Hour Respite Site clients or staff which may compromise the health, safety or well-being of those involved (*related term: Serious Occurrence*).

Intake

The process of initially assessing a client's needs, eligibility and suitability for admission to a resting space.

LGBTQ2S

An acronym that refers collectively to lesbian, gay, bisexual, transgender, transsexual, queer, questioning and two-spirit people. While terms and identities frequently change and more inclusive acronyms may be introduced elsewhere (e.g., LGBTQQIP2SAA, LBGTQIA), LGBTQ2S will be used as the all-encompassing term in the TRS. It is important to recognize that not all LGBTQ2S people necessarily agree on the labels or apply them to describe themselves. There is a continuous discussion and diversity of opinion about LGBTQ2S terms (*related terms: Trans, Two-spirit People*).

Management Staff

Program staff who are responsible for the supervision or management of other program staff or programs. Management staff include, but are not limited to shift leaders, supervisors, managers, senior managers and executive directors (*related term: Program Staff*).

Medication

Any prescribed or over-the-counter substance used to treat disease, injury or relieve discomfort including, but not limited to medicine, drugs, supplements and remedies (*related terms: Opioid*).

Monitoring Plan

A plan to monitor some or all aspects of a contracted organization's operations deemed to be insufficient in complying with requirements of the TRS and/or terms of their Operating Agreement. SSHA develops and administers monitoring plans in consultation with Providers to determine how to best proceed with remediation while minimizing disruptions to clients.

Operating Agreement

A contract between the City of Toronto and a not-for-profit organization that sets out the terms and conditions of services provided on behalf of the City to individuals and families experiencing homelessness.

Opioid

A class of powerful drugs that are primarily prescribed to treat severe pain. Opioids include illicit drugs such as heroin as well as prescription medications such as Percocet, morphine and codeine.

Organizational Reviews

Organizational reviews are conducted to ensure that Providers' finances are in good

standing and that their governance and administrative functions comply with the requirements of the TRS and terms of their Operating Agreement. Providers may be required to demonstrate their compliance with applicable legislation and generally accepted professional practices.

Pet

A domestic or tamed animal kept for companionship or pleasure, excluding those prohibited under *Municipal Code, Chapter 349 – Animals*.

Peer Worker

A peer worker is someone with personal lived experience of mental illness, substance use, poverty or homelessness, or experience supporting family or friends with such experiences, and who is employed to help clients with their recovery. A peer worker may be employed as paid staff or as a volunteer depending on the staffing model and service philosophy of the host organization. Within the TRS, peer workers are considered voluntary positions. Providers who employ paid peer workers should consider them to be program staff while reviewing the standards (*related term: Program Staff*).

Planned Discharge

A voluntary discharge at any time by the client, an anticipated discharge resulting from a client meeting the goals of their service plan, or a discharge to facilitate a client's transfer to housing or more appropriate programs/supports (*related terms: Discharge, Unplanned Discharge*).

Potentially Hazardous Food

Food in a form or state that is capable of supporting the growth of infectious or toxigenic micro-organisms and which requires time and temperature control to limit such growth.

Program Reviews

Program reviews are conducted to ensure that Providers are in compliance with the requirements of the TRS in order to promote high-quality service delivery to clients. Program reviews typically focus on program models and processes.

Program Staff

Any paid employee of a 24-Hour Respite Site. Volunteers, students and third party service workers are not considered program staff for the purposes of the TRS (*related terms: Cleaning/Maintenance Staff, Client Support Staff, Dietary Staff, Management Staff*).

Resting Area

The identified room or area within a 24-Hour Respite Site specifically made up of resting spaces to allow clients to lay or rest (*related term: Resting Space*).

Resting Space

A cot, mat or similar apparatus and associated space that can be assigned to a client and where a client can lay or rest (*related term: Resting Area*).

Safer Drug Smoking Equipment

Equipment used to help people who smoke crack cocaine or crystal methamphetamine

to reduce the potential harm to themselves (e.g., to prevent the transmission of communicable diseases). Safer drug smoking equipment may include Pyrex stems, brass screens, chop sticks and mouthpieces (*related term: Harm Reduction*).

Safer Injection Equipment

Equipment used to help people who inject drugs to reduce the potential harm to themselves (e.g., to prevent the transmission of blood-borne diseases). Safer injection equipment may include syringes in various sizes and brands, sterile water, alcohol swabs, tourniquets, filters, acidifiers and cookers (*related term: Harm Reduction*).

Safer Sex Products

Products used to help individuals reduce the potential harm (e.g., to prevent the transmission of communicable diseases) associated with sexual practices. Safer sex products may include condoms and lubes (*related term: Harm Reduction*).

Serious Occurrence

An incident that involves serious injuries, overdose, attempted suicide, serious assaults, death, fire, the possession or use of a weapon or a significant service disruption (*related terms: Incident, Service Disruption*).

Service Animal

An animal that can be readily identified as one that is being used by a person for reasons relating to the person's disability, as a result of visual indicators such as the vest or harness worn by the animal; or an animal who is identified as such through documentation from one of the regulated health professionals listed under the Integrated Accessibility Standards of the *Accessibility for Ontarians with Disabilities Act, 2005*, confirming that the person requires the animal for reasons relating to the disability (*related term: Emotional Support Animal*).

Service Disruption

Any situation that renders a 24-Hour Respite Site unable to provide its regular services and/or maintain a high standard of service delivery. Service disruptions can be either planned (e.g., renovations scheduled weeks or months in advance, etc.), or unplanned (e.g., structural damage to a 24-Hour Respite Site building that results from severe weather, etc.) (*related term: Serious Occurrence*).

Service Plan

A formally documented, individualized plan for a client that sets out their objectives, responsibilities and the course(s) of action established to help them to achieve their goals. Service plans may include sub-components (or sub-plans) depending on the particular needs of a client (*related term: Support Services*).

Service Restriction

Restriction of a specific client's access to 24-Hour Respite Site for a limited length of time due to a particular incident or behaviour.

SHARC

Provides access to safe indoor space while people are waiting for a referral to an

emergency shelter program or other temporary overnight accommodation. Services provided include access to snacks, telephones, showers and laundry facilities. An allied shelter service that operates on a 24/7, year-round basis.

Site Visits

Site visits are conducted by City staff to ensure that program facilities and sites are protected, secure, well-maintained and in a state of good repair. The primary purpose of a Site visit is to ensure the health and safety of all persons at the program facility/site.

SMIS

A secure, web-based system that provides real-time information on available shelter beds and resting spaces across all City operated and funded shelters and 24-Hour Respite Sites. The system is used to collect client information to improve service planning and to facilitate access to available services. The use of SMIS is mandatory at all City-funded shelters and designated 24-Hour Respite Sites.

Support Services

Any program or service offered by a Provider or other service provider to help clients meet their goals or needs including, but not limited to resting spaces, meal programs, housing help services, employment programs, etc.

Trans

An abbreviation that includes but is not limited to transgender, transsexual, gender non-conforming and gender questioning persons. It is an umbrella term used to describe individuals who, to varying degrees, do not conform to what society usually defines as a man or a woman (*related terms: Gender Expression, Gender Identity and Two-spirit People*).

Two-spirit People

A traditional Indigenous term for an individual who has both male and female characteristics within their spirit. Two-spirit individuals have been revered in many aboriginal cultures. Today, it is mostly used as a generic term used by some First Nations and Métis people to describe, from a cultural perspective, people who are known in non-Indigenous society as either gay, lesbian, bisexual, intersex or trans (*related terms: LGBTQ2S and Trans*).

Unplanned Discharge

An involuntary or unanticipated discharge that either results from a client's unilateral action to discontinue receiving service from a 24-Hour Respite Site (e.g., failure to return) or a service restriction (*related terms: Discharge, Planned Discharge, Service Restriction*).

Weapon

Any object that is used or intended to be used to cause harm to a person or threaten harm to a person.



3

PRINCIPLES OF SERVICE DELIVERY

3 PRINCIPLES OF SERVICE DELIVERY

The Principles of Service Delivery are designed to guide Providers in their decision making and to prioritize the clients' experience. These principles are particularly helpful in the event that the TRS are unclear or silent on an issue in question. Program staff will refer to these principles in such circumstances to inform their actions, decision-making or service approach.

3.1 RESPECT AND DIGNITY

Services will be delivered in a compassionate and non-judgemental manner that respects clients, their privacy and protects and enhances their dignity.

3.2 CLIENT-CENTERED SERVICE

Access and supports will be provided using a low-barrier approach that is client-centered, trauma-informed, grounded in harm reduction, approached from an anti-racism/anti-oppression perspective and involves clients in all key decisions regarding their needs.

3.3 SAFETY

24-Hour Respite Site services will be delivered in a manner that promotes and enhances the safety of clients, staff, volunteers and visitors.

3.4 HOUSING FIRST

Helping clients to find and maintain housing is an effective way to help clients' transition from homelessness to permanent housing. Clients are provided with information, opportunities and choices to access housing and related supports.

3.5 SERVICE QUALITY

24-Hour Respite Site service quality relies on clear, practical and achievable outcomes. Services will be delivered focussing on continuous improvement.

3.6 COLLABORATION AND PARTNERSHIPS

24-Hour Respite Site services will be built on positive community relations and a network of supports to achieve better outcomes for clients.



4

CLIENT RIGHTS AND RESPONSIBILITIES

4 CLIENT RIGHTS AND RESPONSIBILITIES

- (a) Providers will have a set of Client Rights and Responsibilities, including a Client Code of Conduct, which will be posted in conspicuous areas of the 24-Hour Respite Site.
- (b) At a minimum, clients have the right to
 - (i) Expect that program staff will follow requirements of the TRS
 - (ii) Be treated in a non-judgmental and respectful way
 - (iii) Participate in a fair and clear complaint resolution and appeal process without fear of reprisal
 - (iv) Provide feedback about current and potential program policies and services and the way services are delivered
 - (v) Actively participate in the identification of their housing and personal goals
 - (vi) Receive support or referral from program staff to help achieve their housing and personal goals
 - (vii) Be given clear and accurate information in order to make informed decisions about the support services they receive
 - (viii) Receive assistance from program staff with understanding information that is presented to them and with completing forms or other paperwork
 - (ix) Request and receive access to their personal and health information if it is collected and stored by the program
 - (x) Have their personal and health information and privacy protected to the extent that legislation allows
 - (xi) Contact SSHA directly for information about the housing and homelessness services system, 24-Hour Respite Sites and to provide feedback about their service experience.
- (c) Clients are expected to
 - (i) Follow the rules of the program
 - (ii) Treat all individuals with respect
 - (iii) Be responsible for the care, behaviour and control of their pet, emotional support animal or service animal while on the grounds of in a 24-Hour Respite Site

- (iv) Respect the property belonging to the program, clients, staff, volunteers, visitors and members of the neighbourhood in which the 24-Hour Respite Site is located.
- (d) Clients will not
 - (i) Discriminate against any individual or group of individuals
 - (ii) Engage in violent, abusive or harassing behaviour
 - (iii) Impose personal beliefs or standards on others.

4.1 CLIENT INPUT

- (a) Client input will be sought in multiple ways to support service improvements and to improve client experiences.
- (b) Clients must be consulted about significant policy or program changes.
- (c) Providers will ensure that alternate and accessible communication formats and supports are available to accommodate clients with disabilities.
- (d) Providers will assist SSHA in any implementation of surveys of clients.



5

COMPLIMENTS, COMPLAINTS AND APPEALS

5 COMPLIMENTS, COMPLAINTS AND APPEALS

- (a) Providers will have a policy and procedures regarding compliments, complaints and appeals, including how compliments and complaints can be made at the program level, how complaints will be investigated and resolved and any subsequent escalation or appeal process, including escalation of a complaint to SSHA when all other options have been exhausted.
- (b) Providers will respond professionally and appropriately to all complaints from all individuals.
- (c) Providers will inform all complainants of this process, post their complaints and appeals process in a conspicuous area of the 24-Hour Respite Site, keep a written record of formal complaints and a written record of the resolution of formal complaints.
- (d) Providers will ensure that alternate and accessible communication formats and supports are available as part of the compliments, complaints and appeals process to accommodate clients with a disability.
- (e) Compliments and complaints are a valuable source of information about a provider's performance and can highlight areas of achievement and areas for improvement. Providers will collect, analyze and evaluate all compliments and complaints and take any necessary corrective action.
- (f) Providers will provide the contact information for SSHA to individuals who:
 - (i) Have exhausted a program's complaints and appeals process, remain dissatisfied with the resolution and who wish to escalate their complaint or appeal further.
 - (ii) Wish to submit a compliment or complaint about a SSHA program, service or responsibility.
- (g) Providers will provide the contact information for Ombudsman Toronto to individuals who wish to submit a complaint about a City of Toronto program, service or responsibility and who have already gone through the City's internal complaints process.



6

ACCESS REQUESTS AND CUSTOMER SERVICE

6 ACCESS REQUESTS AND CUSTOMER SERVICE

- (a) Providers will operate their programs on a 24-hour basis, seven (7) days a week, unless stated otherwise in their Operating Agreement.
- (b) Providers will support low-barrier service delivery and promote a high and consistent level of customer service by ensuring ease of access and respectful, empathetic and timely response to requests for services. Providers will give due consideration to the vulnerabilities and unique circumstances of clients when establishing and enforcing program rules.
- (c) Providers with a website must include up-to-date contact information and clear directions to the 24-Hour Respite Site location, unless exempted by SSHA.
- (d) Providers must be able to respond to requests for service made by phone or in person.
- (e) Providers will have a program staff person respond to telephone requests for service in real-time or have an automated voicemail system capable of storing incoming messages and relaying key information to any caller requesting service who does not reach a program staff person. Incoming messages must be responded to within a reasonable period of time.
- (f) Automated outgoing messages for each 24-Hour Respite Site's main telephone number must include
 - (i) The program's name and client group(s) it serves
 - (ii) Directions to the 24-Hour Respite Site
 - (iii) Clear direction regarding when program staff will return calls
 - (iv) Direction to contact Toronto 311 if the caller requires more immediate support services
 - (v) Direction to call 911 if the caller is in danger or in need of emergency services (e.g., paramedics, police, fire).

6.1 INTAKE AND ASSESSMENT

- (a) Providers will have an intake/assessment policy and procedures to resting spaces that focusses on welcoming clients to the 24-Hour Respite Site, emphasizing ease of access, assessing clients for program eligibility and immediate needs, responding to service requests and explaining the collection of personal information in a manner that complies with the requirements of section 10.4.2 (Collection of Client Information), when information is collected.

- (i) Providers may ask clients about potentially dangerous items in a manner that complies with the requirements of section 9.2.1 (Weapons and Prohibited Items).
- (b) Providers will offer to refer unaccompanied clients between the ages of 16-18 years to a youth-serving shelter, SHARC or age-appropriate support program in a manner that complies with the requirements of section 6.2 (Referrals).
 - (i) Providers will report unaccompanied clients who appear to be under the age of 16 to a Children's Aid Society as required under Ontario's *Child, Youth and Family Services Act, 2017*, follow the instructions provided by the Children's Aid Society and document the interaction.
- (c) Providers will accommodate pets and have a pet policy including, but not limited to prescribing areas within the facility where pets are permitted/prohibited and outlining owner responsibilities.
 - (i) Providers that cannot accommodate clients with a pet will make a referral to another suitable support service including another 24-Hour Respite Site program, a shelter, SHARC or other appropriate program and will offer appropriate transportation assistance in a manner the complies with the requirements of section 6.2 (Referrals).
- (d) When required by SSHA, Providers will enter client data in SMIS in real-time. Programs that have specifically been exempted from use of SMIS by SSHA, will collect specific client information as prescribed and directed by SSHA, which at a minimum will include client name, date of birth and gender as provided by the client. Providers will ask, but not require clients to provide this information.
- (e) Providers will conduct an initial assessment in order to determine the immediate/basic service need(s) and related accessibility requirements or accommodation (i.e., modified service) requirements of a client.
 - (i) Providers will ask all clients for their gender identity rather than assume.
 - (ii) Providers will support the choices of clients to gain access to resting areas that they feel will best preserve their safety and dignity.
- (f) Providers will not request or collect immigration status information, unless approved by SSHA.
- (g) Providers will accommodate clients with disabilities.
 - (i) Providers that cannot accommodate a client with a disability or a client accompanied by a service animal or an emotional support animal will make a referral to another suitable support service including another 24-Hour Respite Site program, a shelter, SHARC or another appropriate program and will offer appropriate transportation assistance, in a manner the complies with the requirements of section 6.2 (Referrals).

6.2 REFERRALS

- (a) Providers will have a referral policy and procedures to ensure clients will be referred to another 24-Hour Respite Site, a shelter, SHARC or another appropriate program when providers are not able to admit them to their site, provide the requested support service or as directed in 24-Hour Respite Site referral protocols.
- (b) If a client is provided a referral, program staff will give them clear directions and offer transportation assistance to the other location in order for them to reach their destination as easily as possible, taking into account any safety considerations and client limitations (e.g., mobility, visual impairment, etc.)
- (c) When referring clients to a 24-Hour Respite Site, shelter, SHARC or another program, the referring program will
 - (i) Contact the receiving 24-Hour Respite Site, shelter, SHARC or program via telephone to confirm that a space is available
 - (ii) When required by SSHA, complete the referral in SMIS in real-time.
- (d) When referring a client to support services, Providers will take a client's preferences into account as much as possible.
- (e) When referring a client with health issues to another program, program staff will first obtain client consent to communicate any health needs to the receiving 24-Hour Respite Site, shelter or program, and then will ensure that the receiving location is able to accommodate the client prior to executing the referral.
- (f) When referring a client with a service restriction, program staff will provide only as much relevant information as is reasonably required to inform the receiving 24-Hour Respite Site, shelter, SHARC or program about the serviced restricted client and the potential threat or danger concerns that resulted in the service restriction.
- (g) When a Provider is unable to complete a referral, the provider will transfer phone request to SSHA or provide the client with SSHA's contact information.
- (h) For clients who decline or refuse a referral, Providers will offer transportation assistance to an alternative destination within reasonable proximity taking into account any client limitations (e.g., mobility, visual impairment) and safety considerations.

6.3 ADMISSION

- (a) Providers will have a policy and procedures for admission to resting spaces.
- (b) Admission decisions will be based on meeting the safety needs of the presenting client and not be based on a client's substance use or substance use history.
- (c) Providers will support the choices of a client to gain access to resting areas that the client feels will best preserve their safety and dignity.

- (d) Providers will admit clients to resting spaces at any time during their hours of operation when
 - (i) There is an available space to meet the client's service needs without exceeding the occupancy threshold specified in 24-Hour Respite Site referral protocols and
 - (ii) The client identifies as a member of the particular client group served by the program and
 - (iii) There are no active service restrictions for the client at the admitting program and
 - (iv) The client's behaviour does not compromise their own health and safety or those of other individuals within the site.
- (e) When required by SSHA, Providers will record admissions in SMIS in real-time (i.e., concurrent with the assignment of a resting space to a client). Programs that have specifically been exempted from use of SMIS by SSHA, will collect specific client information as prescribed and directed by SSHA, which at a minimum will include client name, date of birth and gender as provided by the client. Providers will ask, but not require clients to provide this information.
 - (i) When assigning resting spaces, the use of alternatives to cots or mats is permitted with SSHA approval.
- (f) Providers will request only as much information as is necessary to provide service to a client and will not request or collect immigration status, unless approved by SSHA.
- (g) When required by SSHA, Providers will record all denials of admission in SMIS in real-time and refer the client to another 24-Hour Respite Site program, a shelter, SHARC or another appropriate program, offering appropriate transportation assistance, in a manner that complies with the requirements of section 6.2 (Referrals). Programs that have specifically been exempted from use of SMIS by SSHA, will record this information as prescribed and directed by SSHA.
- (h) Program orientation information will be provided to all clients upon admission or as soon as reasonable and no later than 24 hours after their admission. At a minimum, program orientation information will include
 - (i) Program rules
 - (ii) Harm reduction policy
 - (iii) Resting space assignment and discharge information (including immediate discharge times)
 - (iv) Meal time information
 - (v) Nearby amenities and services (e.g., stores, community centre, library, drop-ins, etc.) available in the surrounding area

- (vi) Health and Safety information including key aspects of a program's emergency plan, evacuation plan and identifying emergency exits
 - (vii) Client rights and responsibilities
 - (viii) Service restriction information
 - (ix) The process for making compliments and complaints.
- (i) A tour of the program will be offered to all admitted clients. Tours for interested clients will be arranged as soon as reasonable and no later than 48 hours after their admission.

6.3.1 Resting Space Administration

- (a) Providers will queue and hold resting spaces for incoming clients for a maximum of two (2) hours, either through SMIS when required by SSHA, or through other means.
- (b) Providers will release queued and held resting spaces immediately after two (2) hours if the client has not arrived, in order to show availability for other waiting clients.
- (c) Providers will inform incoming clients on the telephone of the maximum queue/hold time and the potential loss of resting space resulting from late arrival.

6.3.2 Length of Stay

- (a) A client's length of stay will be established by Providers or determined on a case-by-case basis, taking a client's best interest into account.

6.4 DISCHARGE

- (a) Providers will have a policy and procedures for planned and unplanned discharges from resting spaces.
- (b) When required by SSHA, Providers will record discharges in SMIS in real-time. Programs that have specifically been exempted from use of SMIS by SSHA, will record discharge information as prescribed and directed by SSHA, which at a minimum will include client name, date of birth and gender as provided by the client.

6.4.1 Planned Discharges

- (a) Providers will ensure that interested clients have a discharge plan in place (e.g., to housing, to treatment, to hospital). Discharge plans will be developed in collaboration with clients.
- (b) As part of a client's planned discharge and transition out of a 24-Hour Respite Site, program staff will

- (i) Offer interested clients assistance and information (in writing) regarding resources relevant to the next stage of their service plan, including community services and key personal supports
- (ii) Where applicable, review consent forms and summarize information for interested clients or for the next service provider to assist in continuity of service, in a manner that complies with the requirements of section 10.4.4 (Sharing/Disclosure of Client Information).

6.4.2 Unplanned Discharges and Service Restrictions

- (a) Providers will have a policy and procedures for service restrictions, including an appeals process and description of when the use of agency-wide service restrictions is permitted.
- (b) Providers must immediately discharge clients who are known to have been away from the site for 12 hours without making arrangements with program staff or notifying program staff of their intended return.
- (c) The service restriction and discharge information will be posted in conspicuous areas of the site.
- (d) Service restrictions may only be issued as a last resort and only to clients that pose a specific threat or danger to another individual's health, safety, or the security of the site.
- (e) All service restrictions must be approved by the site lead or designate prior to being issued.
- (f) During a Weather Alert, an Extreme Weather Alert, smog alert or when directed by SSHA, Providers will temporarily suspend all service restrictions, except in cases where a Provider determines that the service-restricted client poses an immediate threat or danger to another individual's health or safety, or the security of the site.
- (g) Providers will document in real-time (in SMIS for those required to do so and manually for all others) and inform the clients of all of the following information about a client's service restriction
 - (i) The date, time, included site(s), and reason(s) for the service restriction
 - (ii) The date and time the service restriction will be lifted
 - (iii) The name of the program staff person who issued the service restriction
 - (iv) The fact that there is an appeal process available.
- (h) Clients wishing to appeal a service restriction will be advised by program staff of the site's internal processes for handling such appeals. If the client has exhausted the 24-Hour Respite Site's internal processes and is not satisfied with how their service restriction appeal was handled, program staff will direct the client

to contact SSHA in order to submit their appeal, as described under section 5 (Compliments, Complaints and Appeals).

- (i) Providers will refer the service restricted client to another 24-Hour Respite Site program, a shelter, SHARC or another appropriate program and offer appropriate transportation assistance, in a manner that complies with the requirements of section 6.2 (Referrals).
- (j) Providers will limit the use of significant service restrictions (i.e., lasting one (1) month or longer) to only the most serious situations that have resulted from client's actions/behaviour.
- (k) Service restrictions lasting one (1) month or longer may only be issued with the approval of SSHA.

6.5 EXTREME WEATHER

- (a) The Medical Officer of Health, Toronto Public Health is responsible for issuing Extreme Weather Alerts (i.e., cold alerts and heat alerts) and smog alerts.
- (b) During a Weather Alert, an Extreme Weather Alert, smog alert or when directed by SSHA, Providers will, at a minimum
 - (i) Ensure at least one (1) cooling area is available to clients during a heat-based Weather Alert / Extreme Weather Alert or smog alert
 - (ii) Comply with the requirements of section 6.4.2(f) and 6.4.2(i) as applicable
 - (iii) Based on available supplies and a client's need, Providers will assist clients to obtain basic clothing and footwear appropriate for the season.



7

BASIC NEEDS AND SERVICES

7 BASIC NEEDS AND SERVICES

- (a) Providers will prioritize the provision of a place to rest, meals and service referrals to clients.

7.1 PERSONAL NEEDS

7.1.1 Linens

- (a) Upon admission to a resting space outfitted with cots or mats, Providers will offer each client clean linens consisting of a minimum of two (2) sheets, one (1) blanket and one (1) pillow. Additional linens must be available if requested by clients to help maintain reasonable hygiene, cleanliness and comfort.
- (b) Providers will inform clients about the availability of towels and provide them upon request.
- (c) Providers will provide laundering facilities and supplies onsite or have a contract in place with a laundering service for their linens.
- (d) Providers that permit clients to launder their own clothes, linens and towels will provide instructions about the safe use of the laundry facilities.

7.1.2 Toiletries and Hygiene

- (a) Providers will assist clients to obtain items needed to maintain basic hygiene and grooming. At a minimum, Providers will offer each client their own supply of soap, shampoo, a toothbrush, toothpaste, shaving necessities, hygiene pads/tampons and incontinence products as appropriate upon admission or no later than twelve (12) hours after admission and upon request for the duration of the client's stay.
- (b) Providers will provide toiletries and hygiene products that are low fragrance or fragrance-free and hypoallergenic, where possible.
- (c) Some clients (e.g., pregnant clients and trans and gender non-binary clients, etc.) may have a need for toiletries and hygiene supplies that is different than other clients. Providers will work with clients to obtain additional toiletries and hygiene supplies as reasonably needed.

7.1.3 Clothing and Sundry Items

- (a) Based on available supplies and a client's need, Providers will assist clients to obtain basic clothing and footwear appropriate for the season.

- (b) Clients will be offered reasonable public transit fare based on their immediate needs and the provider's policies.

7.2 FOOD, DIET AND NUTRITION

- (a) In order to promote a healthy diet among clients, Providers will
 - (i) Offer clients safe and nutritious food to meet their dietary needs
 - (ii) Refer clients with special dietary requirements (e.g., pregnant and elderly clients, etc.) to food and nutrition supports (e.g., prenatal program, community program, etc.) to supplement their diet, if necessary
 - (iii) Ensure meals and snacks are of a size, quality, variety and nutritional value to meet the recommended guidelines of Canada's Food Guide
 - (iv) Not use or withhold food to influence behaviour (either as reward or punishment)
 - (v) Consult with a registered dietitian, on an annual basis or more frequently as needed, for support in menu planning and other food security and nutrition-related supports
 - (vi) Post in a conspicuous place in or near the dining area of each 24-Hour Respite Site, a daily schedule of meal times and a daily menu and a notice stating whether the program can or cannot guarantee allergen-free food.
- (b) Providers must offer meals to clients in a manner that complies with the requirements of section 7.2.1 (Meal Program).

7.2.1 Meal Program

- (a) Providers will as much as possible plan meal menus at least one (1) week in advance, following the guidance and recommendations from Canada's Food Guide.
- (b) Providers will consider culturally diverse menu offerings as part of their menu planning.
- (c) Providers will provide three (3) nutritious meals, a minimum of one (1) nutritious snack per 24 hour period, water and warm/cold beverages during operating hours, in a manner that complies with the requirements of section 7.2 (a)(iii).
- (d) Providers may issue meal vouchers/cards in lieu of meals when necessary.
- (e) Providers must be able to provide reasonable amounts of food to a client who has pre-arranged for a replacement meal outside of regularly scheduled meal times.

7.2.2 Dietary Restrictions and Accommodation

- (a) Providers will ask clients about food allergies, food intolerances, religious dietary restrictions or medically prescribed diets and will accommodate clients' needs as much as possible. Clients must be specifically notified if their dietary restrictions cannot be met.
- (b) Clients who have been medically diagnosed as undernourished or underweight will be offered additional food servings and/or a high-protein or high-calorie dietary supplement over and above regular meals.
- (c) Providers serving pregnant clients will
 - (i) Offer the client additional food at meal times and make nutritious snacks available at all times in between, and offer meal-time flexibility and menu alternatives to help meet their dietary needs
 - (ii) Refer the client to food and nutrition supports (e.g., prenatal program, community program, etc.) to supplement their diet, if necessary.
- (d) Clients who do not eat meat will have access to protein-based vegetarian food options (e.g., beans or soy-based products) at every meal and at snack time. Vegetarian food options must meet the basic nutritional requirements of Canada's Food Guide.

7.2.3 Food Safety

- (a) Providers will ensure that all foods are prepared, handled, stored and transported in a safe and sanitary manner to reduce the risk of cross-contamination and prevent the transmission of food-borne illness in compliance with Toronto Public Health food preparation requirements and the requirements found under Food Premises Regulation 493/17 (made under the *Health Protection and Promotion Act, 1990*).
- (b) Providers will ensure that all program staff who handle or prepare food receive Food Handler training and certification.
 - (i) Providers will ensure that all volunteers who handle or prepare food either receive Food Handler training and certification or are supervised by a person who has received Food Handler training and certification.
- (c) Providers that prepare food onsite will be subject to regular inspections by Toronto Public Health.
- (d) Providers will ensure donated foods are safe, of good quality and come from an inspected source.
 - (i) Food must be received in containers with tight-fitting lids or other suitable methods to protect it from contamination or adulteration.
 - (ii) Food must be transported, stored and served in a manner that complies with requirements found under Food Premises Regulation 493/17 (made under the *Health Protection and Promotion Act, 1990*).

7.3 PRIVACY AND PERSONAL SPACE

- (a) Providers that use security/surveillance cameras on or around the site will post a notice in a conspicuous place informing clients of the purpose and presence of such cameras.
- (b) Providers will have a client belongings policy and procedures including, but not limited to whether and how client belongings can be stored, retrieved, disposed (i.e., unclaimed or abandoned items, etc.)
- (c) Providers will consider providing dedicated personal storage space (e.g., lockers, allocated space within a larger storage area, etc.) for clients and may limit the number of bags or amount of personal belongings that a client may bring into the site.
- (d) Providers that offer to centrally store client belongings will do so in manner that minimizes the potential for pest infestation and will ensure client belongings are reasonably bagged, labelled and documented upon both receipt from, and collection by the client.
 - (i) If identification is being stored or held for a client, it will be treated as personal information and subject to the requirements of section 10.4.3 (Storage of Client Information). Additional precautions must be taken to ensure identification is securely stored and protected against theft or access by anyone other than the client.
- (e) Providers will hold unattended or unclaimed client belongings of value (e.g., identification, wallet, key documents) for a minimum of 30 days before disposing of them. All other unattended or unclaimed items will be held for a minimum of 24 hours, subject to available space, before they are disposed.
 - (i) Identification must be destroyed in such a manner that the information contained on the identification cannot be reconstructed or retrieved.
- (f) Providers will take all reasonable measures to ensure client comfort and privacy including, but not limited to the installation and maintenance of window coverings on all exterior windows, in a manner that complies with the requirements of section 9.3 (i).
 - (i) Notwithstanding the requirements of section 7.3 (f), Providers will not permit structures to be erected by clients (e.g., makeshift tents, privacy screens) that may create a hazardous or unsafe condition within the site.
- (g) Providers that have the additional space at their 24-Hour Respite Sites will consider designating
 - (i) A quiet space and/or overflow space that can be used for clients who are seeking quiet, a place to meditate, smudge, pray or to be used for clients who need time to de-escalate their emotions
 - (ii) A program area that can be used for client support functions (e.g., housing support, mobile clinic, etc.) that provides some privacy

- (iii) A dedicated resting/program area for clients who are in different stages of sobriety/recovery and wish to remove themselves from areas where substance use may be taking place
- (iv) A dedicated resting area for clients with service animals, emotional support animals or pets
- (v) A dedicated resting area for women, if the site is not exclusive to women.

7.3.1 Resting Areas and Spaces

- (a) Providers will ensure that designated resting areas are physically or functionally separated from dining areas and other communal areas. Functional separation may be applied in situations where a multi-functional space is exclusively assigned a single, specific use for a dedicated period of time daily.
- (b) Providers will opt for multiple and smaller resting areas/rooms over fewer and larger resting areas as much as possible.
- (c) Providers may enhance the privacy of a client's resting area, but must do so in a manner that does not diminish safety (e.g., obstructed sight lines, emergency egress, etc.) or result in unsanitary, hazardous or unsafe conditions within the site.
- (d) Providers will establish and post a regular lighting schedule to coincide with resting hours (i.e., when lights are turned down/up, on/off, etc.) for communal resting areas.
- (e) As much as possible, resting spaces will be arranged in a manner that
 - (i) Reduces the transmission of communicable diseases
 - (ii) Reduces the potential for conflict between clients
 - (iii) Facilitates clear walking paths and sightlines for emergency evacuations
 - (iv) Does not block air vents, windows, doors, plumbing or access panels
 - (v) Does not expose a client to existing or potential dangers (e.g., under a shelf stocked with heavy items, etc.)
 - (vi) Allows for the efficient use of space and provides flexibility to expand and contract capacity (e.g., by zone, by numbered resting spaces or areas).
- (f) Providers will reasonably ensure that all resting spaces are pest resistant and fire/moisture retardant, can be easily cleaned and disinfected or covered by a material designed to achieve these same qualities.
- (g) Providers will have a cleaning schedule and replacement plan for resting spaces, which will at a minimum, include an inspection schedule for bed bugs and common defects (e.g., stains, rips and tears).
- (h) When required by SSHA, Providers will provide a minimum of 3.5 m² (37.7 ft²) of personal space per client in resting areas to decrease the transmission of

communicable diseases and conflict between clients.

- (i) When required by SSHA, Providers will maintain a lateral separation of at least 0.75 m. (2.5 ft.) between resting spaces.
 - (i) Lateral separation exceptions may be made for couples that request it.
- (j) Where Providers are unable to comply with requirements of section 7.3.1 (h) or 7.3.1 (i), SSHA will require alternative forms of compliance to mitigate the potential transmission of communicable diseases and conflict between clients including but not limited to prescribing: the layout and/or arrangement of resting areas and resting spaces, use of engineering controls, increased frequency of rounds or checks, increased staffing levels, etc.

7.3.2 Washrooms

- (a) To assist clients with their hygiene needs, Providers will provide
 - (i) A minimum of one (1) washroom that is barrier-free and designated gender neutral in each 24-Hour Respite Site
 - (ii) A minimum of one (1) shower that is barrier-free and designated gender neutral in each 24-Hour Respite Site
 - (iii) A minimum of one (1) toilet for every 15 clients up to the first 100 clients and one (1) toilet for every 30 clients thereafter. Urinals may replace up to half the number of required toilets in men's washrooms.
 - (iv) A minimum of one (1) washbasin for every 15 clients. Up to four (4) foam alcohol-based hand sanitizer stations (containing at least 70% alcohol) in washrooms may be used as an equivalent to meet this requirement. These stations may not make up more than a third of the required number of washbasins.
 - (v) A minimum of one (1) soap dispenser within 0.6 m. (2 ft.) of each washbasin
 - (vi) A minimum of one (1) shower for every 20 clients. Where sufficient number of showers are not available directly onsite, providers will arrange for alternative options (approved by SSHA) for clients to access the required number of showers.
- (b) Providers will take all reasonable measures to ensure that clients have privacy while using the washroom and showering.
- (c) Providers must stock each washroom with an adequate supply of toilet paper, liquid soap for dispensers, paper towels and/or a hands-free hand dryer.
- (d) Providers will provide a separate washroom dedicated for staff use.
- (e) Providers will clean and disinfect washrooms in a manner that complies with the requirements of section 9.3.1 (Custodial Services).



8

SUPPORTS AND PROGRAMS

8 SUPPORTS AND PROGRAMS

8.1 SOCIAL AND RECREATIONAL PROGRAM

- (a) Providers will offer social/recreational programming or opportunities for clients to engage in social/recreational activities.

8.2 SERVICE PLANNING

- (a) All Providers will offer some degree of service planning to their clients and provide such services to interested clients. Client participation is neither mandatory nor a condition of service.
- (b) As part of the service planning, program staff will
 - (i) Focus first and foremost on client engagement and building a relationship with clients
 - (ii) Provide new clients with preliminary information about resources and support services available onsite, upon admission or no later than 24 hours after admission
 - (iii) Conduct any client interviews or assessments in a private space and/or in a manner that protects a client's privacy and their personal/health information and ensure any collection, storage and sharing of client information complies with the requirements of section 10.4 (Privacy and Confidentiality of Client Information)
 - (iv) Work with interested clients to determine their immediate needs/concerns (e.g., health, harm reduction needs, safety considerations) upon admission or as soon as possible thereafter.
- (c) An initial assessment of an interested client may include, but is not limited to identifying
 - (i) Reason(s) for service
 - (ii) Family/household members who are not present in 24-Hour Respite Site
 - (iii) Specialized supports for LGBTQ2S, Indigenous, senior and youth clients
 - (iv) Cultural/communication considerations
 - (v) Ability and mobility issues
 - (vi) Need for personal identification documents
 - (vii) Need for health and mental health supports

- (viii) Need for substance use and harm reduction supports
 - (ix) Need for financial supports as they relate to the client's housing plan
 - (x) History of housing, homelessness and current housing needs
 - (xi) Employment history and employability needs
 - (xii) Educational goals and supports
 - (xiii) Legal issues affecting the client
 - (xiv) Need for daily living/life skills supports
 - (xv) Service/supports currently provided by other organizations
 - (xvi) Client identified concerns.
- (d) Providers may request and collect immigration status information only to assist interested clients to obtain or replace identification or determine eligibility for social assistance programs (e.g., housing subsidy programs, OW/ODSP, OAS, CPP) that require this information.
 - (e) Program staff will work with interested clients to document a service plan based on the results of the client's assessment and focus on improved housing outcomes for clients.
 - (f) Program staff will offer to provide a written copy of the service plan to the client, in a manner that complies with the requirements of section 10.4.4 (Sharing/Disclosure of Client Information).
 - (g) Program staff will engage regularly with interested clients to
 - (i) Identify goals and priorities in collaboration with the client
 - (ii) Identify steps toward achieving identified goals with the client
 - (iii) Identify challenges and potential solutions.
 - (h) Program staff will document relevant interactions and meetings with clients in a clear and consistent manner and include such service plan notes in a client's service plan file.

8.3 HEALTH AND MENTAL HEALTH SERVICES

- (a) Providers will support clients who seek to address their health and mental health care needs. At a minimum, Providers will
 - (i) Assist clients with finding appropriate health and mental health services and make referrals when a program cannot provide the requested services
 - (ii) Provide additional food servings and/or dietary supplements to clients with

special dietary requirements or refer such clients to another program or service that provides the relevant dietary supports in a manner that complies with the requirements of sections 7.2 (a)(ii), 7.2.2 (Dietary Restrictions and Accommodation) and 6.2 (Referrals).

8.3.1 Harm Reduction

- (a) Providers will have a harm reduction policy and procedures including, but not limited to whether and how substances are used onsite, preventing/responding to overdose, whether and how needles are safely distributed, collected and disposed.
- (b) Providers will ensure naloxone kits (injectable or nasal spray) are available at all sites. All program staff on each shift will be trained in the administration of naloxone.
- (c) Providers will post signage in washrooms and washroom stalls noting the availability of naloxone and encouraging substance users to let someone know they are using.
- (d) Upon the request of a client, Providers will
 - (i) Provide safer injection equipment, safer smoking equipment, safer sex products, training and related supports if qualified to do so or
 - (ii) Refer clients to Toronto Public Health's The Works program, The Works Van service, or an organization listed by Toronto Public Health or similar program that offers harm reduction supplies, training and related support services.
- (e) Providers will ensure sharps containers are secured against tampering and available throughout a site and in each bathroom stall. Providers will inform clients of the availability of sharps containers and how to use them.
- (f) Upon the request of a client for any of the following services, Providers will refer clients to Toronto Public Health's The Works or similar program for
 - (i) Opioid substitution clinic
 - (ii) Supervised injection services
 - (iii) Free testing for HIV (anonymous and Rapid testing available), Hepatitis A, B and C, Gonorrhea, Chlamydia and Syphilis
 - (iv) Free vaccinations for Hepatitis A and B, Tetanus, Diphtheria, Pertussis, Pneumococcal pneumonia and Influenza
 - (v) Naloxone distribution and training
 - (vi) General nursing services (e.g., injection-related abscesses, counselling, pregnancy testing and supportive decision-making, referrals to internal and external services).

- (g) Providers will refer clients who are seeking methadone/suboxone treatment to Toronto Public Health's Methadone Works program or a similar program.
- (h) Providers will neither prohibit nor confiscate the following items from clients
 - (i) Life-saving medications (e.g., Epi-pens, nitroglycerin tablets, asthma inhalers, naloxone, etc.) or medications that have been prescribed
 - (ii) Safer injection equipment, safer smoking equipment and/or safer sex products.
- (i) Providers will support clients who wish to engage in harm reduction programs by offering public transit fare to attend such programs or related appointments.

8.3.2 Client Medication

- (a) Providers will have a policy and procedures regarding client medication (narcotic and non-narcotic) including, but not limited to its administration, secure storage, disposal and who is authorized to access client medications and provide medication-related assistance.
- (b) Providers will encourage clients to self-administer medication as much as possible and will not require clients to surrender their medications.
- (c) Clients will be fully responsible for securely storing, accessing and administering their medication.
- (d) Some clients may request reasonable support from program staff (e.g., reminders, assistance with opening containers, storing medications, etc.) or request program staff to help administer their medication where a physical limitation prevents the client from self-administering their medication. Only program staff authorized by the Provider may provide reasonable medication-related assistance to clients.
- (e) Providers that store medications for clients will treat medication information as a client's personal information, as described under section 10.4 (Privacy and Confidentiality of Client Information).
- (f) Providers that store medications for clients will do so in a manner that complies with the requirements of section 8.3.3 (Secure Storage and Disposal of Medication) and will maintain a consistent method of documenting medication information containing, at a minimum
 - (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 person who issued and/or helped to administer the medication
 - (v) Client signature confirming receipt of medication.

- (g) Providers are not responsible for ensuring that clients adhere to the prescribed instructions for taking medications and will release stored medication to clients whenever they request it.
- (h) Providers with concerns about the ability of a client to self-administer medication or with misuse of medication and/or the safety of the medication will
 - (i) First discuss these concerns with the client
 - (ii) If still concerned, seek client consent to consult with the client's health care professional (e.g., nurse, psychiatrist, physician) or the pharmacist who dispensed the medication to the client.

8.3.3 Secure Storage and Disposal of Medication

- (a) Only authorized program staff and/or the client will have access to the client's medication that is being stored by the Provider.
- (b) At a minimum, all medications stored on behalf of a client will be
 - (i) Inventoried and labeled appropriately
 - (ii) Stored in separate containers for each client
 - (iii) Kept in a safe and secure temperature appropriate location (e.g., a locked cabinet in an office, or locker or locked drawer in a client's room, etc.) at all times other than the time that the medication is accessed or administered.
- (c) Providers will provide secure refrigerator space in an access-restricted area dedicated to the sole storage of medications requiring refrigeration.
- (d) Providers will not store medications in the same refrigerator that is used to store food, as described under section 7.2.2 (Dietary Restrictions and Accommodation).
- (e) Providers will
 - (i) Specify how long unclaimed, unused and/or expired medication will be kept before it is properly disposed
 - (ii) Treat all unclaimed, unused and/or expired medications as hazardous waste and either drop off these medications at a pharmacy, a City of Toronto Household Hazardous Waste Depot, or arrange for third party collection and disposal.

8.4 SPECIALIZED PROGRAM REQUIREMENTS

8.4.1 LGBTQ2S Clients

- (a) Providers will have a policy that details how services are provided to LGBTQ2S

clients in a manner that preserves their safety and dignity.

- (b) Providers will ask all clients for their gender identity rather than assume and will accept gender identity and gender expression as defined by a client.
- (c) Providers will make their services accessible to trans and gender non-binary clients in their self-identified gender.
 - (i) In all their interactions, program staff will use a client's chosen name and pronoun.
- (d) Providers will support the choices of trans and gender non-binary clients to gain access to resting areas designated for the gender the client identifies with and/or that will best preserve their safety and dignity.
 - (i) In instances where trans and gender non-binary clients express concerns about their safety or dignity, Providers will accommodate requests for a resting space in a gender-neutral/private room, if possible, or in a resting area that the client believes will best preserve their safety and dignity, regardless of their gender identity.
- (e) Trans and gender non-binary clients may have a need for toiletries and hygiene supplies that is different than other clients. Providers will work with clients to obtain additional supplies.
- (f) Providers will provide a minimum of one (1) washroom that is barrier-free and designated gender neutral in each 24-Hour Respite Site.
- (g) Providers will inform trans and gender non-binary clients of the availability and location of gender neutral and/or barrier-free washrooms.
- (h) Providers will support the choices of trans and gender non-binary clients to gain access to gendered washrooms of the gender with which they identify.
- (i) Providers will take all reasonable measures to ensure that clients have privacy while showering.
 - (i) Providers will ensure that communal showers have shower curtains or equivalent privacy feature(s), or provide trans and gender non-binary clients with sole access to communal shower facilities at alternate times.
- (j) Providers will treat hormones that belong to trans and gender non-binary clients as any other medication and will not consider them a prohibited substance nor confiscate them.
- (k) Providers will consider seeking partnerships with LGBTQ2S-positive health/services providers.
- (l) Providers that are not able to provide health or support services to LGBTQ2S clients will provide appropriate referrals to LGBTQ2S-positive health/services providers.

8.4.2 Indigenous Clients

- (a) Providers will recognize the unique needs and history of Indigenous clients resulting in a higher representation of Indigenous clients within the population of people experiencing homelessness.
- (b) Providers will seek opportunities to affirm their commitment to and support of reconciliation efforts (e.g., posting land acknowledgement).
- (c) Providers will support staff access to awareness and training around Indigenous cultures and histories.
- (d) Further to the requirements of section 7.3 (g)(i), Providers will accommodate Indigenous client requests for an appropriate space to smudge or use medicines.

8.4.3 Clients with Disabilities

- (a) Providers will recognize the unique needs/barriers faced by clients with various disabilities resulting in a higher representation of clients with disabilities within the population of people experiencing homelessness.
- (b) Providers will provide all new program staff, students, peer workers and volunteers with a site-specific orientation or orientation information prior to starting work. At a minimum, the orientation information will cover AODA requirements, including service animals.
- (c) Providers will ensure that alternate and accessible communication formats and supports are available to accommodate clients with disabilities, and that staff know how to access them.
- (d) Providers will accommodate clients with disabilities. Those providers that cannot accommodate clients with disabilities or a service animal will make a referral to another 24-Hour Respite Site program, a shelter, SHARC or other appropriate program and will offer appropriate transportation assistance taking into account any client limitations (e.g., mobility, visual impairment) and safety considerations.
- (e) To assist clients with their hygiene needs, Providers will provide
 - (i) A minimum of one (1) washroom that is barrier-free and designated gender neutral in each 24-Hour Respite Site
 - (ii) A minimum of one (1) shower that is barrier-free and designated gender neutral in each 24-Hour Respite Site.
- (f) Evacuation plans will, at a minimum include procedures for evacuation of clients with mobility issues or other disabilities, as well as service animals.



9

HEALTH AND SAFETY

9 HEALTH AND SAFETY

9.1 HEALTH STANDARDS

- (a) Providers will have an infection prevention and control (IPAC) program in place to prevent or reduce the likelihood of transmitting communicable diseases to clients and staff. As part of the IPAC program, Providers will, at a minimum
 - (i) Have IPAC policies and procedures
 - (ii) Ensure program staff receive ongoing training and education on Routine Practice (i.e., risk assessment, hand hygiene, personal protective equipment, environmental controls, administrative controls) and environmental cleaning and disinfection.
- (b) Providers will provide personal protective equipment for relevant job functions (e.g., respirator, goggles, disposable gloves, etc.) and train program staff to use them properly and appropriately.
- (c) Providers will promote hand hygiene among clients and staff to reduce the transmission of communicable diseases.
- (d) Providers will provide foam alcohol-based hand sanitizer that contains at least 70% alcohol in high contact areas (e.g., reception and dining areas) and take appropriate measures to control or prevent misuse or misapplication of the product.
- (e) If a client or staff appear ill or has an illness that presents a health risk to other clients/staff, Providers will encourage the client/staff to seek medical treatment.
 - (i) When possible, 24-Hour Respite Sites providers will facilitate client referrals to community medical resources in a manner that complies with the requirements of section 6.2 (Referrals).
 - (ii) Providers will monitor for unusual patterns of illness. When a higher than normal number of people with similar types of illness is identified over a short period of time (few days), program staff will contact Toronto Public Health.
- (f) Providers will recommend that all program staff consult a health care professional about updating their vaccinations, including annual Influenza vaccination and completing a TB baseline assessment.
- (g) Providers will provide program staff with training and information about communicable diseases and infection control including, but not limited to
 - (i) IPAC Program
 - (ii) Food Safety (via Food Handler's Certification training)

- (iii) Specific diseases that are of public health significance
- (iv) The 24-Hour Respite Site's response plan for individual cases or outbreaks of communicable disease
- (v) Procedures for dealing with occupational exposure to blood or bodily fluids, biohazardous waste management, needle pricks and the safe handling of all sharps.

9.2 SAFETY STANDARDS

- (a) Providers will ensure adequate staff-to-client ratio for any given shift taking into account facility size and layout, client capacity, high client traffic periods, client and staff safety, monthly and seasonal factors and other planning and scheduling considerations.
- (b) Program staff must be on shift at any and all times during that program's hours of operation. When on shift, all program staff must be alert and attentive to the activities within the program. Staff sleeping while on shift is prohibited.
- (c) In addition to complying with the requirements of section 8.3.1 (b), Providers will ensure that all program staff on shift hold a valid certification in first aid and CPR.
- (d) Providers will ensure that an approved first aid kit is available that complies with the requirements of Regulation 1101: First Aid Requirements (made under the *Workplace Safety and Insurance Act, 1997*).
- (e) Providers will to the greatest extent they can, provide a safe and secure facility. Exterior doors to the site must be capable of being locked and must operate as designed. Exterior doors will be secured to prevent unwanted entry, but must allow unrestricted exiting. Emergency exits must be equipped with an alarm to alert staff of unauthorized entry and exits. Door alarms must be checked daily.
- (f) Program staff will conduct and log rounds or checks throughout a 24-Hour Respite Site's operations. Rounds will be regularly scheduled and occur more frequently in areas that warrant it. Rounds will include resting area/resting space checks, bathroom checks, checks for secured and unobstructed entry/exits and the documentation and resolution of issues that are identified.
- (g) Providers will have a policy and procedures regarding hazardous products and the reporting of unsafe conditions by any individual within the site that, at a minimum, includes hazardous product labelling, storage, disposal and program staff training requirements in the use of personal protective equipment and safe handling of hazardous products.
- (h) Providers will have a policy and procedures in place for the safe collection, removal and disposal of solid waste, recyclable materials, organic waste, biohazardous and hazardous waste.

- (i) Providers will have a workplace violence and harassment policy and procedures in compliance with the requirements of the *Occupational Health and Safety Act, 1990*.
- (j) Providers will have a policy and procedures for inspecting a client's resting space, room and/or personal belongings for situations where such an inspection is considered necessary in order to maintain the health and safety of clients or staff, or to maintain the security of the site.
- (k) 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 site that is easily accessible by staff and identified with a highly visible sign.
- (l) Providers will ensure lighting levels are adequate and suitable for the intended function of a given space and path of travel to exits.
- (m) Providers will introduce tools, processes and systems to improve the safety and security of the site as resources become available. These may include using client advisory groups and /or restorative approach to managing conflicts, acquiring an automated external defibrillator, installing emergency alarms in washrooms or providing personal panic alarms to allow clients to signal if they are experiencing a medical emergency, the use of two-way radios, security cameras and/or a public address system.
- (n) In addition to meeting the requirements of section 10.3.2 (Incident Reporting), Providers will debrief and review all incidents with staff in order to ensure staff well-being and to identify lessons that can help to prevent or mitigate such incidents from recurring.
 - (i) Serious incidents will be debriefed and reviewed no later than 24 hours after the occurrence.

9.2.1 Weapons and Prohibited Items

- (a) Providers will have a prohibited items policy and procedures regarding weapons and other items deemed potentially dangerous or prohibited by the provider that at a minimum includes their confiscation, safe handling and disposal when such items are brought anywhere on the site.
- (b) Providers may
 - (i) Ask clients about items that a client intends to bring into the site that staff deem potentially dangerous
 - (ii) Confiscate and/or dispose of items deemed potentially dangerous
 - (iii) Offer to store, secure or dispose of potentially dangerous items and may refuse to admit a client who will not surrender a potentially dangerous item(s).

- (c) Providers will seek guidance from the Toronto Police Service whenever they find or believe there to be firearms or weapons believed to be used in a crime, in or around the site.
- (d) Providers will neither prohibit nor confiscate items listed under sections 8.3.1 (h) and 8.4.1 (j).

9.3 FACILITIES MANAGEMENT

- (a) Providers will comply with all applicable legislation and codes regarding property standards, building and elevator maintenance, building and elevator operations, ventilation, heating/cooling, plumbing, fire/life safety systems and accessibility.
- (b) When planning significant renovations to their facility, or undertaking work that requires a building permit, Providers will notify SSHA, comply with all applicable building codes, fire codes and bylaws and review relevant design considerations found in
 - (i) Environmental Control Best Practices: Guidelines to Reduce TB Transmission in Homeless Shelters and Drop-In Centres
 - (ii) A current Accessibility Audit Report of the site
 - (iii) American National Standards Institute (ANSI) Standard ANSI Z358.1-2014
 - (iv) Sections 7.3 (Privacy and Personal Space), 7.3.1 (Resting Areas and Spaces) and 7.3.2 (Washrooms)
 - (v) Sections 9.2 (m), 9.3 (c) – (i).
- (c) Providers will have a main entrance that is visible from the street or that is clearly marked with signage.
- (d) Providers will designate smoking areas that are sited in a location that minimizes the potential for negative interactions with neighbours.
- (e) Providers will designate a private, staff-only area for the storage of confidential information and office supplies and for the performance of administrative functions.
- (f) Providers will have a dedicated site telephone and an established telephone number for administrative functions and staff use.
- (g) Providers will have internet access onsite for administrative functions and tasks including, but not limited to SMIS access.
- (h) Providers will maintain a minimum heated temperature of 21°C (i.e., the temperature should not drop below 21°C) and a maximum cooling temperature of 26°C (i.e., the temperature should not exceed 26°C) for indoor spaces. Any substantial failure to maintain these temperatures must be reported to SSHA's Duty Officer immediately.

- (i) Providers will ensure as much as possible that all textiles used as interior treatments for rooms and furniture (e.g., window coverings, upholstered furniture, carpet/rugs, cot/mat or similar apparatus) are pest resistant, fire/moisture retardant and can be easily cleaned and disinfected.

9.3.1 Custodial Services

- (a) Providers will ensure regular custodial services are available seven (7) days per week.
- (b) Providers will have a policy and procedures for emergency custodial response to blood and body fluid spills and outbreaks.
- (c) Providers will have a documented cleaning and disinfection plan that will include, at a minimum, a cleaning and disinfection schedule (i.e., frequency and times of cleaning and disinfecting) and some form of record documenting when cleaning and disinfecting was completed for all areas/items identified in the cleaning plan.
- (d) Providers will maintain adequate inventories of cleaning and disinfection supplies, as well as appropriate personal protective equipment for cleaning and disinfecting.
 - (i) All cleaning supplies will be selected based on their effectiveness, compatibility with disinfectants used in the 24-Hour Respite Site and presence of a drug identification number (DIN) from Health Canada (if it contains a disinfectant).
 - (ii) All disinfection supplies will be selected based on presence of a drug identification number (DIN) from Health Canada, presence of a natural product number (NPN) if the disinfectant contains alcohol, effectiveness, compatibility with the cleaning products used in the 24-Hour Respite Site, being stable in concentrate or use-dilution and having a pre-determined shelf-life, being active at room temperature, having instructions for use and a short contact time and not posing occupational health issues (e.g., phenolics can cause skin and respiratory issues).
 - (iii) All cleaning and disinfection supplies will be appropriately labeled and stored in a safe and secure location at all times when not in use by authorized staff. Hazardous products and related items must be inaccessible to clients at all times, unless the client has received WHMIS training.
- (e) Providers will have waste bins (i.e., food waste, garbage, recycling) throughout the facility and will collect waste safely and at frequent intervals to prevent noxious odours or unsanitary conditions.
 - (i) Providers will store waste in impervious containers with tight-fitting lids. Containers must be fitted with appropriate liners and cleaned regularly.
 - (ii) Providers will store waste and waste containers in a secure location prior to being disposed, collected or transported.

- (f) Providers will have dedicated laundry bins to store and transport clean linens in a manner that limits contamination of the linens. Clean linens will be stored and transported separately from soiled linens (i.e., sealed against cross-contamination).
- (g) Providers will have dedicated laundry bins to store and transport soiled linens in a manner that eliminates cross-contamination and minimizes agitation to avoid spreading contaminants.
- (h) Providers must provide sharps containers and must have procedures, including safety practices and required personal protective equipment, for the collection and disposal of sharps found inside/outside the 24-Hour Respite Site premises.

9.3.2 Maintenance

- (a) Providers will have a documented preventive maintenance plan that specifies the manner and frequency with which inspections, preventive maintenance, emergency repairs, routine upkeep and long-term replacements of building components, systems and equipment are conducted, in order to maintain the building in a state of good repair.
 - (i) All inspections must be performed by personnel qualified to detect and document deficiencies or potential hazards.
 - (ii) All maintenance must be performed by personnel qualified to perform the maintenance.
 - (iii) All repairs must be performed by personnel qualified to perform the repairs.
- (b) Providers will maintain complete and accurate inspection, service and maintenance records/logs for building operations.
- (c) Providers will have in-house or contracted building maintenance services available seven (7) days per week.
- (d) Providers will have a pest control policy and procedures that specifically address bed bugs and have an integrated pest control program to keep sites free of rodents and pests that, at a minimum, includes
 - (i) Regularly scheduled inspections and treatment conducted by a licensed pest control company
 - (ii) Documentation of all pest sightings and/or evidence of infestations as well as inspections and treatments
 - (iii) A communication plan to inform clients and program staff of treatment plans that, at a minimum, includes a treatment schedule and the precautions required.
- (e) Providers will not permit the use of broken, unsafe or defective furniture or equipment by staff or clients. Programs will regularly inspect, clean, disinfect, repair or replace such items.

9.4 EMERGENCY PREPAREDNESS AND BUSINESS CONTINUITY

- (a) Providers will
 - (i) Have business continuity, emergency and evacuation plans specific to each 24-Hour Respite Site
 - (ii) Review and update such plans every two (2) years or more frequently if required (e.g., as a result of significant renovation, significant staffing changes, etc.), including a clear indication of the revision date on each page of the document
 - (iii) Submit a copy of these plans to SSHA and resubmit a copy when the plans are updated or otherwise revised
 - (iv) Ensure program staff are trained on the various components of these plans when either the staff are new or the plan has been revised, and at least once a year thereafter
 - (v) Notify SSHA's Duty Officer of service disruptions and emergencies in a manner that complies with sections 10.3.2 (Incident Reporting) and 10.3.3 (Service Disruption Reporting).
- (b) Business continuity plans will, at a minimum
 - (i) Identify resource requirements to continue the provision of essential services (e.g., food, water, shelter, etc.), onsite or offsite, during emergency situations and non-emergency service disruptions (e.g., communicable disease outbreak, temporary power outage, labour disruption, etc.)
 - (ii) Include procedures for the determination, management and reporting of service disruptions, which will include, but not be limited to, the requirements described under section 10.3.3 (Service Disruption Reporting), and arrangements for referral/transfer of clients to another 24-Hour Respite Site, shelter or other temporary location during a service disruption, if the need arises
 - (iii) Include 24 hour contact information for 24-Hour Respite Site management staff and related SSHA staff
 - (iv) Be explained to all staff as part of their orientation to the 24-Hour Respite Site.
- (c) Emergency plans will, at a minimum
 - (i) Provide direction for the 24-Hour Respite Site's response to ensure the safety and security of clients and staff in a wide range of emergency situations including incidents that require the intervention of security staff
 - (ii) Be appropriate for each facility and client group that a 24-Hour Respite Site serves

- (iii) Adequately consider potential emergencies that might arise because of natural events (e.g., weather-related emergency, etc.), human-caused events (e.g., overdose, fire, bomb threats, etc.), accidental hazards (e.g., fire, chemical leak, etc.) and technological and infrastructure disruptions (e.g., power failure, gas leak, heat loss, etc.)
 - (iv) Assume that assistance from the City may not be available for the first 72 hours after a large-scale emergency
 - (v) Include lock down procedures
 - (vi) Include a Toronto Fire Services approved fire safety plan as required under Regulation 213/07: Fire Code (made under the *Fire Prevention and Protection Act, 1990*)
 - (vii) Include information on whether and how building systems (e.g., HVAC, water, gas, etc.) should be safely shut down/start up and by whom (i.e., certified personnel)
 - (viii) Include 24 hour contact information for 24-Hour Respite Site management staff and SSHA staff
 - (ix) Be explained to all clients and staff as part of their orientation to the 24-Hour Respite Site.
- (d) Evacuation plans will be appropriate for each facility and client group a 24-Hour Respite Site serves and include procedures for the total evacuation of the building.
- (e) Evacuation plans will, at a minimum
- (i) Include procedures for evacuation of clients with mobility issues or other disabilities
 - (ii) Include procedures for evacuation of service animals, emotional support animals and pets
 - (iii) Include procedures for evacuations that take place during peak hours (i.e., when staffing levels are highest) and during off-peak hours
 - (iv) Include an evacuation map that is posted in conspicuous areas throughout the 24-Hour Respite Site
 - (v) Identify a gathering area(s) that is nearby, where clients and staff will assemble after evacuation, as well as a designated site that can be used to temporarily shelter clients and staff from the elements in the event of an evacuation
 - (vi) Be explained to all clients and staff as part of their orientation to the 24-Hour Respite Site.



10 ADMINISTRATION

10 ADMINISTRATION

10.1 ORGANIZATIONAL REQUIREMENTS

10.1.1 Program Accountability

- (a) SSHA will conduct reviews and audits as described under section 1.3 (Quality Assurance). Providers will provide SSHA representatives with full access to financial, service and all other logs, records and documentation that are required under the Operating Agreement and TRS. Such logs, records and documents must be kept for a minimum of seven (7) years for auditing purposes. SSHA representatives will also be provided with reasonable access to the premises.
- (b) During visits, SSHA representatives may wish to meet with program staff, board/sub-committee members, volunteers and/or clients. Program staff will facilitate any such reasonable requests.
- (c) Providers will offer a copy of any policy and/or procedure required under the TRS, or a plain language version of the policy and/or procedure (e.g., simplified brochure) to clients upon their request.
- (d) Providers will not introduce any ancillary services that detract or otherwise interfere with the effective delivery of the support services as agreed on in their Operating Agreement. If in doubt whether such ancillary services would detract or otherwise interfere, Providers will discuss such plans in advance with SSHA.
- (e) Providers, including the Board of Directors, are responsible for ensuring that program staff performance and accountability are properly monitored, evaluated and managed.

10.1.2 Neighbourhood Issues

- (a) Providers will
 - (i) Have a community relations/outreach policy and plan to describe how the program will engage, communicate and work with the surrounding community to foster positive relationships, and address any concerns
 - (ii) Respond to community concerns in a manner that complies with the requirements of section 5 (Compliments, Complaints and Appeals).

10.2 HUMAN RESOURCES

- (a) Providers will have a designated supervisor (or lead) onsite at all times, who has decision-making authority for all aspects of a site's operations.
- (b) Providers will
 - (i) Have a policy and procedures regarding staff hiring, training and performance management
 - (ii) Have a policy and procedures regarding student, peer worker and, volunteer placements and the scope of work and supervision requirements for these placements
 - (iii) Have a policy and procedures regarding how contractors and contracted services (e.g., building maintenance, pest control, cleaning services, security, health services, etc.) are engaged including, but not limited to service expectations of contractors/employees of the contracted services and compliance with an established code of conduct. They will also include any training, skills or knowledge requirements specified by Providers.
- (c) In addition to meeting the requirements of section 9.1 (f), Providers will provide all new program staff, students, peer workers and volunteers with a site-specific orientation or orientation information prior to starting work. At a minimum, the orientation information will cover key program policies, procedures and processes, including
 - (i) Staff Code of Conduct
 - (ii) Client Rights and Responsibilities
 - (iii) Harm Reduction policy
 - (iv) Conflict of Interest policy
 - (v) Health and Safety information including key aspects of a 24-Hour Respite Site's emergency plan (including fire safety plan), evacuation plan and identifying emergency exits
 - (vi) IPAC program information
 - (vii) AODA requirements, including service animals
 - (viii) Any other information that is immediately required for the employee to perform their work safely, effectively and professionally (e.g., naloxone administration, food safety, handling sharps, use of personal protective equipment, etc.)
- (d) Providers will brief all program staff at the start of each shift on
 - (i) Their assigned role or duties
 - (ii) The supervisor (or lead) for the shift

- (iii) Relevant context/incidents from the previous shift(s) and relevant client information
- (iv) Any specific health and safety information relevant for their shift.
- (e) Program staff will comply with the requirements of section 10.2.1 (Staff Code of Conduct).

10.2.1 Staff Code of Conduct

- (a) Providers will have a Staff Code of Conduct that defines the professional behaviour required from all program staff.
- (b) At a minimum, a Staff Code of Conduct will explicitly include that all program staff will
 - (i) Understand and acknowledge the power inherent in their position and work from an inclusive client-centered, anti-racism/anti-oppression approach
 - (ii) Act professionally, with integrity, objectivity and equity
 - (iii) Treat all individuals in a respectful, non-judgmental way
 - (iv) Follow the 24-Hour Respite Site Standards
 - (v) Clearly explain the purpose of requests for a client's personal information
 - (vi) Ensure that clients have clear and accurate information in order to make informed decisions
 - (vii) Acknowledge that their workplace is a client's temporary place of respite and attempt to minimize the negative impacts of staff presence
 - (viii) Acknowledge when they are in a situation they are not adequately skilled to handle and seek direction and support from their peers and supervisors
 - (ix) Strive to continuously update their professional knowledge and skills
 - (x) Abide by all of the 24-Hour Respite Site's policies and procedures.
- (c) At a minimum, a Staff Code of Conduct will include that no program staff will:
 - (i) Discriminate against any individual or group of individuals
 - (ii) Engage in violent, abusive or harassing behaviour
 - (iii) Impose personal beliefs or standards on others
 - (iv) Become involved in a client's personal life beyond the scope of their professional function
 - (v) Have personal relations or accept gifts (except of nominal financial value) and/or services from current or former clients.

10.2.2 Training

- (a) An ongoing commitment to learning is important to ensure that program staff are able to perform their duties professionally and in a manner that is consistent with evidence-based leading practices. The TRS sets out minimum training requirements for program staff. Providers are encouraged to exceed these standards.
- (b) Providers will comply with all mandatory training requirements of applicable legislation.
- (c) Providers will ensure that program staff have received or will receive all required training as described under the Training Topics Matrix.
 - (i) Staffing categories (e.g., client support staff, dietary staff, cleaning/maintenance staff, supervisory/management staff, etc.) are defined under section 2 (Defined Terms) and may not align with a program staff's title, but are based on their general responsibilities or functions.
- (d) Providers will maintain complete and accurate orientation and training records for all program staff, including any emergency drills/exercises that they participate in, with all associated dates.
- (e) Providers will keep copies of all training course/curriculum descriptions, manuals or any other documentation that describes the course content, the version or revision date of the content, the training methodology and the length/duration of the training course(s) that have been completed by their program staff.
- (f) Providers may accept documentation from previously completed training or course work from a designated learning institution provided that they meet the requirements of section 10.2.2 (Training).
- (g) Providers will ensure that program staff have received or will receive refresher training or updated mandatory training within every five (5) year period, or within the recertification period for their training (e.g., Standard First Aid), whichever is sooner.
- (h) Providers may access training content through various means (e.g., in-class, webinars, online modules, peer groups, etc.), provided that it is suitable to the learning style of the program staff being trained and that the intended learning outcomes are achieved.
- (i) Providers will seek training from agencies or trainers who are qualified to deliver training on the subject matter and who can tailor the training content to a homelessness-specific context, as much as possible.
- (j) Providers may deliver in-house training on subjects/topics where they have the operational experience or subject matter expertise to do so effectively.
- (k) Training timelines indicated in the Training Topics Matrix may be extended with prior approval from SSHA.

10.3 Documentation and Reporting

- (a) Providers must comply with all documentation and reporting requirements of the City of Toronto, including those found in their Operating Agreement and in the TRS.

10.3.1 SMIS

- (a) Providers who are required to use SMIS will comply with the SMIS-related requirements found throughout the TRS, SMIS Privacy Guidelines, SMIS User Agreement and their Operating Agreement.
- (b) Providers will not give students, volunteers or peer workers access to SMIS, as described in the Hostel Services Guidelines - SMIS Implementation.
- (c) For Providers who are required to use SMIS, documentation and reporting timeframes may be extended to a maximum cumulative period of 12 hours only when SMIS is unavailable due to system interruptions (e.g., SMIS maintenance, power failure, internet access failure, etc.) At all other times documentation and reporting must be completed within established timeframes.
 - (i) Providers will ensure that all program staff that use SMIS are aware of the manual back-up process and the use of hard copy forms in case of system interruptions or when a SMIS module is not available.
 - (ii) Providers will immediately enter all manually recorded information into SMIS as soon as SMIS or the relevant SMIS module becomes available.

10.3.2 Incident Reporting

- (a) All serious occurrences and emergencies will be immediately reported to SSHA's Duty Officer by phone.
 - (i) The death of a client is a type of serious occurrence and will be reported immediately to SSHA's Duty Officer, in a manner prescribed by SSHA.
- (b) When required by SSHA, Providers will document incidents and serious occurrences in SMIS using the SMIS Incident Report module as soon as possible, but no later than six (6) hours after the serious occurrence or 24 hours after the incident (i.e., staff involved in the incident must record their reports prior to the end of their shift).
- (c) If SMIS is not available or its use is not required by SSHA, the incident or serious occurrence must be documented in the hard copy version of the SMIS Incident Report form or in a form as prescribed by SSHA.
 - (i) Completed incident report forms must be entered in SMIS once SMIS becomes available, or submitted to SSHA if the use of SMIS is not required by SSHA.

- (d) Providers will monitor for unusual patterns of illness. When a higher than normal number of people with similar types of illness is identified over a short period of time (few days), program staff will contact Toronto Public Health.

10.3.3 Service Disruption Reporting

- (a) Providers will immediately notify SSHA's Duty Officer of any and all planned or unplanned service disruptions and the anticipated or actual impacts on program access and support services delivery.
- (b) Providers will submit a completed Service Disruption Notification form to SSHA's Duty Officer within 24 hours of notifying SSHA.
- (c) If the reason for the service disruption involves a serious occurrence, Providers will complete and submit an incident report in a manner that complies with the requirements of section 10.3.2 (Incident Reporting).
- (d) Providers will post a notice of the disruption to advise clients and the public of limitations to services, in a manner that complies with the requirements of Regulation 191/11: Integrated Accessibility Standards. (made under the *Accessibility for Ontarians with Disabilities Act, 2005*).
- (e) Providers will immediately inform SSHA's Duty Officer when the service disruption has ended and services have returned to normal functioning.

10.4 PRIVACY AND CONFIDENTIALITY OF CLIENT INFORMATION

10.4.1 Client Information and Files

- (a) Providers will treat a client's personal and health information and client files as confidential information.
- (b) Providers will
 - (i) Have a policy and procedures regarding the collection, storage, use, retention, removal, disclosure and disposal of a client's personal and health information, which will include a breach of privacy protocol. The policy and procedures will be consistent with the requirements found in the TRS.
 - (ii) Have a media policy and notify clients and SSHA's Duty Officer of any media presence on site and/or any media requests for interviews or information as soon as known, and prior to any scheduled media presence. Programs will not permit filming or photography without a client's signed consent (release).

10.4.2 Collection of Client Information

- (a) Providers who are required to use SMIS will inform clients of the SMIS Notice of Collection either verbally or by posting it (and bringing it to the client's attention) in conspicuous areas where client information is regularly displayed (e.g., intake/admission area, counsellor or case worker office, etc.)
- (b) Providers will not request or collect immigration status information, unless to assist clients to obtain or replace identification or determine eligibility for social assistance programs.

10.4.3 Storage of Client Information

- (a) Providers will take all reasonable measures to safeguard hard-copy files containing a client's personal or health information including, but not limited to the storage of all such files in a secure location and in a locked container (e.g., locked cabinet in a locked office, etc.) and limiting access to authorized program staff who require this information to provide support services.
- (b) Providers will take all reasonable measures to safeguard electronic files containing a client's personal or health information and the storage medium for these files (e.g., computer, USB key, etc.), which may include, but is not limited to, password protecting the file, encrypting the file and limiting access to authorized program staff who require this information to provide support services.
- (c) Removing confidential client files from the 24-Hour Respite Site premises or electronically transmitting a client's personal information outside a secure network is discouraged unless the movement is absolutely necessary and safeguards have been put in place to ensure the security, privacy and confidentiality of the information is maintained.
- (d) Providers that permit the physical removal or electronic transmission of a client's personal information must document the exceptional circumstances requiring such movement and the safeguards taken to ensure the security, privacy and confidentiality of the information is maintained.
- (e) Providers will report any actual or suspected breach of confidentiality with respect to client information to SSHA's Duty Officer as soon as possible, but no later than 24 hours after becoming aware of the actual or suspected breach.

10.4.4 Sharing/Disclosure of Client Information

- (a) Providers will not disclose a client's personal or health information without first receiving the client's signed consent, unless permitted to do so under section 10.4.4 (f).

- (b) Upon the request of a client, Providers will provide information about the client's records (e.g., hard-copy notes, SMIS information, etc.) in a manner that does not compromise the confidentiality or personal information of other clients or program staff.
- (c) Requests for personal or health information about a client may only be made by the client in question, or a person who is legally authorized to act on behalf of the client.
- (d) Sharing a client's personal information with a service provider to which a client is referred or is receiving service, or a non-service provider (e.g., police, media, researcher, acquaintance of client who is not an authorized person acting on their behalf) is permitted with the client's written consent or completed SMIS Client Consent form.
- (e) All client consent documentation will be accurate, up-to-date and recorded in SMIS or securely stored elsewhere at the 24-Hour Respite Site, in a manner that complies with the requirements of section 10.4.3 (Storage of Client Information).
- (f) Providers will permit the disclosure of a client's personal or health information to relevant authorities or persons, without the client's signed consent only when permitted to do so by applicable legislation or regulations, including but not limited to the *Municipal Freedom of Information and Protection of Privacy Act, 1990*.

