



QUICK REFERENCE

POLICIES, PROCEDURES AND PLANS REQUIREMENTS

The 24-Hour Respite Site Standards (TRS) contain requirements for Providers to have policies, procedures and plans about various aspects of their operations.

This quick reference highlights all such requirements, but readers are directed to review the 24-Hour Respite Site Standards in its entirety.

The policies, procedures and plans listed do not necessarily represent separate and individual documents. A Provider may have a single policy and procedures document or plan that covers several of the requirements listed in the TRS.

5 (a) COMPLIMENTS, COMPLAINTS AND APPEALS

Standard

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.

6.1 (a) INTAKE AND ASSESSMENT

Standard

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.

6.1 (c) INTAKE AND ASSESSMENT

Standard

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.

6.2 (a) REFERRAL

Standard

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.

6.3 (a) ADMISSION

Standard

Providers will have a policy and procedures for admission to resting spaces.

6.4 (a) DISCHARGE

Standard

Providers will have a policy and procedures for planned and unplanned discharges from resting spaces.



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6.4.2 (a) UNPLANNED DISCHARGES AND SERVICE RESTRICTIONS

Standard

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.

7.3 (b) PRIVACY AND PERSONAL SPACE

Standard

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.)

7.3.1 (g) RESTING AREAS AND SPACES

Standard

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).

8.3.1 (a) HARM REDUCTION

Standard

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.

8.3.2 (a) CLIENT MEDICATION

Standard

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.

8.4.1 (a) LGBTQ2S CLIENTS

Standard

Providers will have a policy that details how services are provided to LGBTQ2S clients in a manner that preserves their safety and dignity.

9.1 (a)(i) HEALTH STANDARDS

Standard

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 have IPAC policies and procedures.

9.2 (g) SAFETY STANDARDS

Standard

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.



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9.2 (h) SAFETY STANDARDS

Standard

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.

9.2 (i) SAFETY STANDARDS

Standard

Providers will have a workplace violence and harassment policy and procedures in compliance with the requirements of the Occupational Health and Safety Act, 1990.

9.2 (j) SAFETY STANDARDS

Standard

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.

9.2.1 (a) WEAPONS AND PROHIBITED ITEMS

Standard

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.

9.3.1 (b) CUSTODIAL SERVICES

Standard

Providers will have a policy and procedures for emergency custodial response to blood and body fluid spills and outbreaks.

9.3.1 (c) CUSTODIAL SERVICES

Standard

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.

9.3.2 (a) MAINTENANCE

Standard

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.

9.3.2 (d) MAINTENANCE

Standard

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*



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- (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.*

9.4 (a) EMERGENCY PREPAREDNESS AND BUSINESS CONTINUITY

Standard

Providers will have business continuity, emergency and evacuation plans specific to each 24-Hour Respite Site.

9.4 (b) EMERGENCY PREPAREDNESS AND BUSINESS CONTINUITY

Standard

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.*

9.4 (c) EMERGENCY PREPAREDNESS AND BUSINESS CONTINUITY

Standard

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.*

9.4 (d) EMERGENCY PREPAREDNESS AND BUSINESS CONTINUITY

Standard

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.



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9.4 (e) EMERGENCY PREPAREDNESS AND BUSINESS CONTINUITY

Standard

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.*

10.1.2 (a)(i) PROGRAM ACCOUNTABILITY

Standard

Providers will 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.

10.2 (b)(i) HUMAN RESOURCES

Standard

Providers will have a policy and procedures regarding staff hiring, training and performance management.

10.2 (b)(ii) HUMAN RESOURCES

Standard

Providers will have a policy and procedures regarding student, peer worker and, volunteer placements and the scope of work and supervision requirements for these placements.

10.2 (b)(iii) HUMAN RESOURCES

Standard

Providers will 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.

10.4.1 (b)(i) CLIENT INFORMATION AND FILES

Standard

Providers will 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.

10.4.1 (b)(ii) CLIENT INFORMATION AND FILES

Standard

Providers will 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).