



11 HEALTH AND SAFETY

- (a) Shelter providers will ensure that contractors and sub-contractors abide by applicable requirements of section 11.

11.1 INFECTION PREVENTION AND CONTROL STANDARDS

- (a) Shelter providers will have an infection prevention and control (IPAC) program in place to prevent or reduce the likelihood of transmission of communicable diseases that at a minimum will
 - (i) Have written IPAC policies and procedures that will identify roles and responsibilities of all staff, surveillance strategies for hazards and sources of infection, risk mitigation strategies, documentation and reporting procedures, and training and education requirements for employees
 - (ii) Be updated to reflect any City-issued IPAC-related Directives.
- (b) Shelter providers will have an outbreak management plan that at a minimum includes
 - (i) A process for identifying and mobilizing the outbreak management team
 - (ii) Procedures for communication with Toronto Public Health and other stakeholders
 - (iii) Protocols for surveillance of new cases, along with case and contact management
 - (iv) Strategies for client placement and in-situ isolation plans when applicable
 - (v) Strategies for containment including identification of the outbreak area and staff cohorting plans
 - (vi) Environmental control measures including cleaning, disinfecting and environmental services
 - (vii) Distribution and use of the appropriate personal protective equipment (PPE)
 - (viii) Surveillance testing where applicable
 - (ix) A process for continued client admissions and transfers when applicable

- (x) Annual plans for updates and revisions, with submission to SSHA.
- (c) Shelter providers will provide personal protective equipment (e.g., masks, respirator, goggles, disposable gloves, etc.) and supplies to staff and clients as directed by Toronto Public Health and/or SSHA.
- (d) Shelter providers will promote frequent hand hygiene among staff and clients to reduce the spread of communicable diseases.
- (e) Shelter providers will provide alcohol-based hand sanitizer that contains at least 60% alcohol to supplement hand hygiene in high contact areas (e.g., reception and dining areas) and take appropriate measures to control or prevent misuse or misapplication of the product.
- (f) Shelter providers will ensure that general IPAC practice signage are posted in conspicuous areas as appropriate (e.g. hand washing and food safety guidelines, personal hygiene practices, etc.)
- (g) If a client or staff appears ill or has an illness that presents a health risk to other clients/ staff, shelter providers will encourage the client or staff to seek medical treatment.
 - (i) When possible, shelter providers will facilitate referrals to community medical resources in a manner that complies with the requirements of section 8.2 Referrals.
 - (ii) Shelter 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 (a few days), staff will contact Toronto Public Health.
- (h) Shelter providers will recommend that all shelter staff consult a health care professional about updating their vaccinations, including Health Canada-approved COVID-19 vaccine series, annual Influenza vaccination, and completing a TB skin test.
- (i) Shelter providers will provide staff with training and information about communicable diseases and infection control including, but not limited to
 - (i) Shelter IPAC Program including Routine Practices (i.e., risk assessment, hand hygiene, personal protective equipment, environmental controls, administrative controls) and environmental cleaning and disinfection
 - (ii) Specific diseases that are of public health significance, such as tuberculosis (TB), HIV, Hepatitis B and C, as well as common childhood diseases (for family shelters only)
 - (iii) The shelter's response plan for individual cases or outbreaks of communicable disease
 - (iv) Procedures for dealing with occupational exposure to blood or bodily fluids, biohazardous waste management, sharps injuries and the safe handling of all sharps.
- (j) Shelter providers will have a documented cleaning and disinfection plan that will comply with requirements of section 11.3.1 Custodial Services
- (k) Shelter providers will review the heating, ventilation and air conditioning (HVAC) systems of their facilities, and will consider enhanced air disinfection practices to limit the spread of communicable illnesses through structural improvement or augmentation as needed (e.g., with the use of portable high-efficiency particulate absorbing (HEPA) filtration systems).

- (l) Shelter providers will regularly monitor Toronto Public Health updates and provide educational updates or training to staff on the above topics.

11.2 SAFETY STANDARDS

- (a) Staff must be on shift at any and all times during a shelter's hours of operation. When on shift, all staff must be alert and attentive to the activities within the shelter. Sleeping while on shift is prohibited.
- (b) At least one (1) staff who holds a valid certification in Standard First Aid and CPR must be on duty at all times in the shelter. For staff in family shelters, the appropriate level of training must include Standard First Aid and CPR for children and infants.
- (c) Shelter providers will ensure that a naloxone kit and an approved first aid kit is available in the shelter and a portable kit is taken on outings, in a manner that complies with the requirements of Regulation 1101: First Aid Requirements (made under the Workplace Safety and Insurance Act, 1997).
- (d) Shelter providers will ensure that there is at least one (1) staff with a valid Standard First Aid and CPR certification on any field trip or outing. For family shelter providers, the appropriate level of training must include Standard First Aid and CPR for children and infants.
- (e) All program staff on each shift will be trained in overdose prevention, recognition and response, including the administration of naloxone.
- (f) Shelter providers will ensure that all individuals are safe and secure within the facility. Entrances to the shelter must be secured against unwanted entry. Emergency exits must be equipped with an alarm to alert staff of unauthorized entry and exits.
- (g) Shelter staff will conduct regularly scheduled and frequent rounds during all hours of a shelter's operations, at a minimum of two (2) rounds per shift. Rounds include but are not limited to bathroom checks and checks for secured and unobstructed entry/exits.
- (h) Shelter providers will have a policy and procedures regarding hazardous materials and the reporting of unsafe conditions by any individual within the shelter that, at a minimum, includes labelling, storage, disposal and staff training requirements in safe handling and the use of personal protective equipment.
- (i) Shelter 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 materials.
- (j) Shelter providers will have a policy and procedures for inspecting a client's bed, room and/or personal belongings if such an inspection is considered necessary in order to maintain the safety and security of staff, clients and the good condition of shelter property.
- (k) Shelter providers will install and maintain at least one (1) eye wash station according to the manufacturer's instructions. The eyewash station must be in an area of the shelter that is easily accessible by anyone and identified with a highly visible sign.

11.2.1 WEAPONS AND PROHIBITED ITEMS

- (a) Shelter providers must have a policy and procedures regarding weapons and other items deemed potentially dangerous or prohibited by the shelter provider that at a minimum includes their confiscation, safe handling and disposal when such items are brought inside the shelter or anywhere on shelter property.
 - (i) Staff may ask clients about any and all items that a client intends to bring into the shelter. Staff may refuse to admit a client if staff have reasonable grounds to believe that the client is in possession of a weapon or other prohibited items and the client refuses to disclose the items in question.
- (b) Shelter providers should seek guidance from the Toronto Police Service when confiscating, securing and disposing of weapons or other prohibited items.
- (c) Shelter 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) Hormones that belong to transgender clients
 - (iii) Safer Injection Equipment, safer crack smoking equipment and/or safer sex products, as described under section 10.2.1 Harm Reduction
 - (iv) Personal property, including substances, as described under section 10.2.1 Harm Reduction
- (d) Shelter providers that prohibit the use of alcohol onsite must inform clients prior to admission.

11.3 FACILITIES MANAGEMENT

- (a) Shelter 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, shelter providers will notify SSHA, comply with all applicable building codes, fire codes, bylaws and review relevant design considerations found in
 - (i) SSHA Shelter Design and Technical Guidelines
 - (ii) Environmental Control Best Practices: Guidelines to Reduce TB Transmission in Homeless Shelters and Drop-In Centres
 - (iii) The facility's Building Condition Audit (BCA) and Capital Reserve Fund Forecast (CRFF)
 - (iv) A professional energy audit and an accessibility audit of the facility
 - (v) Section 9.3 Client Privacy and Personal Space.

11.3.1 CUSTODIAL SERVICES

- (a) Shelter providers will have a policy and procedures for emergency custodial service response. Regular custodial services will be available seven (7) days per week.
- (b) Shelter providers will have a documented cleaning and disinfection plan, as per section 11.1. Infection Prevention and Control, that will include, at a minimum
 - (i) A cleaning and disinfection schedule that documents the frequency of cleaning and disinfection, and any modifications needed in response to the threat of the spread or outbreak of communicable diseases
 - (ii) How beds are cleaned, sanitized and disinfected between client uses
 - (iii) Selection and use of cleaning/disinfecting products and equipment; including documentation of the disinfectant's drug identification number (DIN) from Health Canada and manufacturer Safety Data Sheets
 - (iv) Appropriate PPE for cleaning/disinfection tasks
 - (v) Documentation noting when cleaning/disinfecting was completed for all areas/items identified in the cleaning plan.
- (c) Shelter providers will maintain adequate inventories of cleaning and disinfecting supplies and ensure all supplies are appropriately labeled and stored in a safe and secure location at all times when not in use by an authorized staff. Hazardous materials and related items must be inaccessible to clients at all times, unless the client(s) has received WHMIS training.
- (d) Shelter providers will collect waste safely and at frequent intervals to prevent noxious odours or unsanitary conditions.
 - (i) Shelter providers will store waste in impervious containers. Containers must be fitted with appropriate liners and cleaned regularly.
 - (ii) Shelter providers will store waste and waste containers in a secure location prior to being disposed, collected or transported.
- (e) Shelter providers will store and transport clean and soiled linens in a manner that limits cross-contamination. Soiled linens should be handled with minimum agitation to avoid spreading contaminants.
- (f) Shelter providers will maintain a regular schedule of monitoring sharps containers and ensuring a contract is in place with a biohazardous waste disposal company to replace them when they are full.

11.3.2 MAINTENANCE

- (a) Shelter 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) This plan will be developed in consultation with SSHA for City-owned properties.
- (b) Shelter providers will maintain complete and accurate inspection, service and maintenance records for building operations.
- (c) Shelter providers will have in-house or contracted building maintenance services available 24 hours per day to respond to day to day maintenance issues.
- (d) Shelter providers will ensure that contractors and sub-contractors abide by their Staff Code of Conduct.
- (e) Shelter providers will ensure that all furniture is in a good state of repair and to have a replacement plan which will, at a minimum, include an inspection schedule for bed bugs and common defects (e.g., stains, rips and tears).
- (f) Shelter providers will have a pest control policy, have procedures that specifically address bed bugs and have an integrated pest control program to keep shelters 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
 - (iii) A communication plan to inform clients and staff of treatment plans that, at a minimum, includes a treatment schedule and the precautions required.
- (g) Shelter providers will participate in bed bug, other pest-related and facility management surveys conducted by SSHA.

11.4 EMERGENCY PREPAREDNESS AND BUSINESS CONTINUITY

- (a) Shelter providers will
 - (i) Have a business continuity plan, emergency plan, evacuation plan and outbreak management plan for each shelter 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.)
 - (iii) Submit a copy of these plans to SSHA, and resubmit a copy when the plans are updated or otherwise revised
 - (iv) Ensure staff are trained on the various components of these plans, at least once a year.
- (b) Business continuity plans will, at a minimum
 - (i) Identify resource requirements to continue to provide essential services (e.g., food, water, shelter), onsite or offsite, during emergency situations and non-emergency service disruptions (e.g., influenza pandemic, temporary power outage, technological disruptions, labour disruption)

- (ii) Include procedures for determining, managing and reporting service disruptions, which will include, but not be limited to, the requirements described under section 12.5.3 Service Disruption and arranging to refer/transfer clients to another shelter or other temporary location during a service disruption, if the need arises
 - (iii) Include contact information for shelter management staff and SSHA staff
 - (iv) Be explained to all staff as part of their orientation to the shelter.
- (c) Emergency plans will, at a minimum
- (i) Provide direction for the shelter's response to ensure the safety and security of staff and clients in a wide range of emergency situations
 - (ii) Be appropriate for each facility and client group that a shelter serves
 - (iii) Adequately consider potential emergencies that might arise because of natural events (e.g., weather-related emergency), human-caused events (e.g., bomb threats), accidental hazards (e.g., fire, chemical leak) and technological and infrastructure disruptions (e.g., power failure, gas leak, heat loss)
 - (iv) Assume that assistance from the City may not be available for the first seventy-two (72) hours after a large-scale emergency
 - (v) Include lockdown procedures
 - (vi) Include a Toronto Fire Services approved fire safety plan, required under Regulation 213/07: Fire Code (made under the Fire Prevention and Protection Act, 1990)
 - (vii) Include procedures for when to set up a Fire Watch that, at a minimum, identify staff persons trained on the fire safety plan, frequency of rounds per hour and maintenance of a Fire Watch log
 - (viii) Include procedures on how to shut down/start up building systems (e.g., HVAC, water, gas) in a safe manner
 - (ix) Include contact information for shelter management staff and SSHA staff
 - (x) Be explained to all staff and clients as part of their orientation to the shelter.
- (d) Evacuation plans will be appropriate for each facility and client group a shelter serves and include procedures for the total evacuation of the building.
- (e) Evacuation plans will include, at a minimum
- (i) Procedures for evacuation of clients with mobility issues or other disabilities
 - (ii) Procedures for evacuation of service animals, emotional support animals and pets
 - (iii) Procedures for evacuations that take place during peak hours (i.e., when staffing levels are highest) and during off-peak hours (i.e., when staffing levels are minimal)
 - (iv) Procedures on how to shut down/start up building systems (e.g., HVAC, water, gas) in a safe manner

- (v) An evacuation map that is posted in conspicuous areas throughout the shelter
 - (vi) Identification of two (2) designated evacuation sites, one of which must be in a location that is not in the same neighbourhood as the shelter
 - (vii) Evacuation plans will be explained to all staff and clients as part of their orientation to the shelter.
- (f) Outbreak management plans, in compliance with section 11.1 Infection Prevention and Control Standards, will include, at a minimum
- (i) A process for identifying and mobilizing the outbreak management team
 - (ii) Procedures for communication with Toronto Public Health and other stakeholders
 - (iii) Protocols for surveillance of new cases, along with case and contact management
 - (iv) Strategies for client placement and in-situ isolation plans when applicable
 - (v) Strategies for containment including identification of the outbreak area and staff cohorting plans
 - (vi) Environmental control measures including cleaning, disinfecting and environmental services
 - (vii) Distribution and use of the appropriate personal protective equipment (PPE)
 - (viii) Surveillance testing where applicable
 - (ix) A process for continued client admissions and transfers when applicable
 - (x) Annual plans for updates and revisions, with submission to SSHA.