



# TSS QUICK REFERENCE:

## SUMMARY OF POLICIES, PROCEDURES AND PLANS REQUIREMENTS

TSS Section / Sub-section	Reference Standard	Shelter Standard Requirement
Complaints, Compliments and Appeals	7 (a)(i)	Shelter providers will have a policy and procedures regarding compliments, complaints and appeals, including how compliments and complaints can be made at the shelter level, how complaints will be investigated and resolved, and any subsequent escalation or appeal processes, including escalating a complaint to SSHA when all other options have been exhausted
Complaints, Compliments and Appeals	7 (c)	Shelters providers will have a policy and procedures regarding complaints involving anti-Black racism (ABR). This will, at a minimum, include (i) Ensuring awareness among clients that complaints involving ABR should be reported, and that the level and quality of service received by a client reporting a complaint involving ABR will in no way be impacted by reporting such a complaint; (ii) Providing a process that allows complaints involving ABR to be shared confidentially (e.g., complaints box); (iii) Clear guidelines on how complaints involving ABR will be processed and how the client will be made aware of the status of their complaint throughout the review process, and no later than 2 weeks after the initial reporting of the complaint; (iv) Supports for client(s) who experienced incident(s) involving ABR; (v) A follow-up process for client(s) engaging in ABR-related behaviours that will support learning and understanding of the impact of ABR-related behaviour on the person(s) affected (e.g., review of ABR policies, follow up meetings, etc.)
Intake / Assessment	8.1 (a)(i)	Shelter providers will have an access/intake policy and procedures that include assessing clients for program eligibility, responding to service requests not resulting in a SMIS intake and explaining the collection of personal information
Referrals	8.2 (a)(i)	Shelter providers will have a policy and procedures for referrals
Admission	8.3 (a)(i)	Shelter providers will have a policy and procedures for admission
Daytime Access	8.5.6 (a)(i)	Shelter providers that do not normally provide service during the day will have a policy and procedures for daytime access that, at a minimum, allows access to sleeping areas for clients who work overnight shifts (including sex work), are ill but not in need of medical care, or require daytime access as part of the service plan



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Discharge	8.6 (a)(i)	Shelter providers will have a policy and procedures for planned and unplanned discharges that include how clients retrieve their belongings and how unclaimed client belongings will be stored, handled and/or disposed, as per section 9.3 Client Privacy and Personal Space
Service Restrictions	8.6.2 (a)(i)	Shelter providers will have policy and procedures for bedded program service restrictions, including an appeals process
Food, Diet and Nutrition	9.2 (c)(iii)	Shelter providers that are not able to offer meals onsite as part of a meal program will have a policy and procedures for calculating food allowance amounts, eligibility criteria, an issuance process and reporting requirements
Dietary Restrictions and Accommodation	9.2.2 (d)(i)	Shelter providers serving pregnant or breastfeeding clients will have a policy on handling and storing expressed breast milk and must provide adequate storage facilities (i.e., refrigerator) for the expressed milk
Client Privacy and Personal Space	9.3 (a)(i)	Shelter 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.)
Sleeping Areas and Beds	9.3.1 (d)	Shelter providers will prepare floor plans that illustrate the spacing of the beds in designated sleeping areas
Sleeping Areas and Beds	9.3.1 (l)	Shelter providers will have a mattress replacement plan which will, at a minimum, include an inspection schedule for bed bugs and common defects (e.g., stains, rips and tears)
Financial/Savings Programs	10.1.1 (e)(i)	Shelter providers that offer an in-house savings program as part of their case management will have a policy and procedures regarding client savings including, but not limited to, the collection, safe keeping, recording and disbursement of client funds, the handling of abandoned client funds, and who is authorized by the shelter provider to access client funds
Harm Reduction	10.2.1 (a)(i)	Shelter providers will have a harm reduction policy and procedures that will make explicit that the shelter operates using a harm reduction approach. The policy and procedures will include, at a minimum, prevention and response to overdose; wellness checks; and how supplies are distributed, collected and disposed
Harm Reduction & Children's Services and Program	10.2.1 (a)(ii) & 10.3.2 (d) (iii)	Shelter providers will have a policy and procedure in place that outlines under which circumstances it is and is not appropriate to contact Children's Aid Services or Toronto Police Services when clients have dependent children



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Client Medication	10.2.3 (a)(i)	Shelter providers will have a policy and procedures regarding client medication (narcotic and non- narcotic) including, but not limited to, its management, issuance, administration, secure storage, disposal and who is authorized by the shelter provider to access client medications and provide medication- related assistance
Medication Management Program	10.2.5 (a)(i)	Shelter providers that offer a Medication Management Program will have a policy and procedures to ensure that all medications are possessed, issued, administered and disposed as required by law and in accordance with leading practices
Children's Services and Program	10.3.2 (a)(i)	Family shelter providers will have a policy and procedures for child safety, which will include, at a minimum, a section on field trips and lost child procedures, staff-to-child supervision ratios by children's age range, reporting suspected cases of child abuse and neglect and the maximum number of children that a shelter client is permitted to babysit at any one time
2SLGBTQ+ Clients	10.3.3 (a)(i)	Shelter providers will have a policy that details how services are provided to 2SLGBTQ+ clients in a manner that preserves their safety and dignity
Black Clients	10.3.6 (a)	Shelter providers will develop and implement ABR policies and procedures to address discrimination and bias toward Black clients within shelters, that, at a minimum, include clear consequences for any person(s) engaging in ABR behavior, including clients, staff and/or volunteers. (i) All clients will be made aware of shelter policies around ABR, in addition to other measures addressing ABR at orientation and as needed throughout their stay in shelter
Infection Prevention and Control Standards	11.1 (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 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



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Infection Prevention and Control Standards & Emergency Preparedness and Business Continuity	11.1 (b) & 11.4 (f)	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 and (x) annual plans for updates and revisions, with submission to SSHA
Safety Standards	11.2 (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
Safety Standards	11.2 (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
Safety Standards	11.2 (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
Weapons and Prohibited Items	11.2.1 (a)	Shelter providers must have 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
Custodial Services	11.3.1 (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



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Custodial Services	11.3.1 (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
Maintenance	11.3.2 (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
Maintenance	11.3.2 (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)
Maintenance	11.3.2 (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
Emergency Preparedness and Business Continuity	11.4 (a)(i)	Shelter providers will have a business continuity plan, emergency plan, evacuation plan and outbreak management plan for each shelter site



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Emergency Preparedness and Business Continuity	11.4 (b)	<p>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</p>
Emergency Preparedness and Business Continuity	11.4 (c)	<p>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 lock down 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 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</p>
Emergency Preparedness and Business Continuity	11.4 (e)	<p>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</p>



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Property Management and Capital Planning	12.2.3 (a)	Shelter providers that own their building will have (i) A Building Condition Audit (BCA) and a Capital Reserve Fund Forecast (CRFF) completed every ten (10) years and updated every three (3) to five (5) years by a qualified professional (ii) A Capital Plan that is informed by the BCA/CRFF and a preventive maintenance plan
Property Management and Capital Planning	12.2.3 (b)	Shelter providers are encouraged to have a professional energy audit conducted at least once every ten (10) years and to prepare and implement an energy management plan based on the audit findings
Neighbourhood Issues	12.2.4 (a)(i)	Shelter providers will have a good neighbour policy procedures, which could include community liaison committees and safety walks, to facilitate how the shelter engages, communicates and works with the surrounding community to foster positive relationships, and address any concerns
Conflict of Interest	12.3 (a)(i)	Shelter providers will have a conflict of interest policy and procedures for declaring and reporting a conflict of interest
Human Resources	12.4 (a)(i)	Shelter providers will have a policy and procedures regarding staff hiring, training, and performance management
Human Resources	12.4 (a)(ii)	Shelter providers will have a policy and procedures regarding student/volunteer placements, and the scope of work and supervision requirements of students/ volunteers
Client Information and Files	12.6.1 (b)	Shelter providers will (i) Have a policy and procedures for ensuring client information is accurate, complete and up to date (ii) Have a policy and procedures regarding the collection, storage, use, removal, disclosure, retention and disposition of a client's personal information, including physical and mental health documentation that a minimum include requirements of Sections 12.6.2 Collection of Client Information, 12.6.3 Storage of Client Information, 12.6.4 Sharing/Disclosure of Client Information and 12.6.5 Retention and Disposal of Client Information



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Client Information and Files	12.6.1 (c)	Shelter providers with employed regulated health care practitioners will have a policy and procedures regarding client personal health information that at a minimum includes (i) The safe and secure storage of client personal health information files (either hard-copies or electronic) (ii) Have a policy and procedures for ensuring client personal health information is accurate, complete and up to date (iii) Ensuring client personal health information is accessible only to (a) dedicated health information custodian(s) (HIC) (iv) giving clients access to their own personal health information and correcting personal health information that is incorrect or incomplete, unless subject to exceptions as identified in PHIPA (v) Outlining measures for the security and responsibility of client personal health information during the absence of a HIC employed at the shelter
Retention and Disposal Client Information	12.6.5 (a)	Shelter Providers will have a policy and procedures regarding the retention and disposal of a client's personal information, including physical and mental health documentation, that at a minimum includes (i) Maintaining a written record of client personal information that is destroyed in accordance to Section 12.6.1 Client Information and Files and the Operating Agreement, which includes a detailed description of the manner of such destruction (ii) Disposing only of SMIS information accessible to and required by SSHA with the explicit approval and in accordance with instructions provided by SSHA
Privacy Breach and Unauthorized use of Personal information	12.6.6 (a)	Shelter providers will have a policy and procedures regarding the management, documentation and reporting of privacy breaches and unauthorized use of personal information with respect to client information.