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SUMMARY OF POLICIES, PROCEDURES AND PLANS REQUIREMENTS

Section / Sub-section	Standard Reference	Shelter Standard Requirement
Complaints, Compliments and Appeals	7 (b)	<p><i>Providers will have a policy and procedures regarding compliments, complaints and appeals, that at a minimum will (i) Outline how compliments and complaints can be made at the program level, how they will be kept confidential and documented, how complaints and appeals made at the program level will be investigated and resolved (ii) Outline that any client dissatisfied with the resolution of their complaint can escalate their complaint to TSSS for a process review when all other options have been exhausted, (iii) Make clear that clients have the right to a fair and clear complaint resolution and appeal process without fear of reprisal, and include a process for anonymous complaints (iv) Identify a staff who will act as complaint lead, as part of the complaint policy. The complaint lead will have completed CABR, 2SLGBTQ+ cultural competency and awareness and trauma informed trainings and be in a supervisory role. Clients will be made aware of who the complaint lead is and be reminded of this when filing a complaint. (v) Offer alternative and accessible modes of submitting (a) complaint(s), as per AODA, to support clients in making a complaint, compliment or appeal, including for those involving ABR, other than through a written submission (vi) Include informing clients of the status of their complaint throughout the review process, no later than 2 weeks after the initial reporting of the complaint</i></p>
Complaints, Compliments and Appeals	7 (e)	<p><i>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</i></p>



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		<i>and understanding of the impact of ABR-related behaviour on the person(s) affected (e.g., review of ABR policies, follow up meetings, etc.)</i>
Intake / Assessment	8.1 (a)	<i>Providers will have an intake/assessment policy and procedures to resting spaces that focus 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, when information is collected.</i>
	8.1 (c)	<i>Providers will take all reasonable measures to 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>
Referrals	8.2 (a)	<i>Providers will have a referral policy and procedures</i>
Admission	8.3 (a)	<i>Providers will have a policy and procedures for admission to resting spaces</i>
Discharge	8.6 (a)	<i>Providers will have a policy and procedures for planned and unplanned discharges from resting spaces 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</i>
Service Restrictions	8.6.3 (a)	<i>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.</i>
Client Privacy and Personal Space	9.3 (b)	<i>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.)</i>
	9.3.1 (j)	<i>Providers will prepare floor plans that illustrate the spacing of resting spaces in designated resting areas.</i>
Resting Areas and Spaces	9.3.1 (g)	<i>Providers will have a cleaning schedule that describes how resting spaces are to be cleaned, sanitized and disinfected between client uses and replacement plan for resting spaces, which will at a minimum, include an inspection schedule for bed bugs and common defects (e.g.,</i>



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		<i>stains, rips and tears).</i>
Harm Reduction	10.3.1 (a)	<i>Providers will have a harm reduction policy and procedures that will make explicit that the program 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.</i>
Client Medication	10.3.1 (a)	<i>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 Provider to access client medications and provide medication-related assistance.</i>
2SLGBTQ+ Clients	10.4.1 (a)	<i>Providers will have a policy and procedures that (i) details how services are provided to 2SLGBTQ+ clients in a manner that preserves their safety and dignity and that recognizes the needs of gender diverse, transgender and Two-Spirit clients (ii) how discrimination and bias toward 2SLGBTQ+ clients within respites will be addressed and includes clear consequences for any person(s), including clients, staff and/or volunteers, who engage in queerphobic behavior, including biphobia, homophobic and/or transphobic behaviour</i>
Indigenous Clients	10.4.2 (a)	<i>Providers will have a policy affirming their commitment to and support of reconciliation efforts that recognizes the unique needs and history of Indigenous clients and includes clear actions towards truth and reconciliation to best support Indigenous people experiencing homelessness. (i) Clients will be made aware of this policy during orientation and as needed throughout their stay</i>
Black Clients	10.4.4 (a)	<i>Providers will develop and implement ABR policies and procedures to address discrimination and bias toward Black clients within 24-Hour Respite Sites, 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 policies around ABR, in addition to other measures addressing ABR at orientation and as needed throughout their stay in the program.</i>



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Infection Prevention and Control Standards	11.1 (a)	<i>Providers will have an infection prevention and control (IPAC) program in place to prevent or reduce the likelihood of transmitting 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 (ii) Be updated to reflect any City-issued IPAC-related Directives</i>
Infection Prevention and Control Standards	11.1 (b)	<i>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 co-horting 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 TSSS.</i>
AND	11.4 (f)	
Emergency Preparedness And Business Continuity		
	11.2 (h)	<i>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.</i>
Safety Standards		
	11.2 (i)	<i>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>
	11.2 (j)	<i>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, safety and security of clients or staff, and to maintain the good condition and security of the site.</i>



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Weapons and Prohibited Items	11.2.1 (a)	<i>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 inside the site or on-site property.</i>
	11.3.1 (a)	<i>Providers will have a policy and procedures for emergency custodial service response. Regular custodial services will be available seven (7) days per week.</i>
	11.3.1 (b)	<i>Providers will have a policy and procedures for emergency custodial response to blood and body fluid spills and outbreaks.</i>
Custodial Services	11.3.1 (c)	<i>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 (i.e., frequency and times of cleaning and disinfecting) (ii) How resting areas and spaces 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 and disinfecting was completed for all areas/items identified in the cleaning plan.</i>
	11.3.2 (a)	<i>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. (iv) This plan will be developed in consultation with TSSS for City-owned properties.</i>
Maintenance	11.3.2 (e)	<i>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 and (iii) A</i>



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Emergency Preparedness And Business Continuity		<i>communication plan to inform clients and program staff of treatment plans that, at a minimum, includes a treatment schedule and the precautions required.</i>
	11.4 (a)(i) & (ii)	<i>Providers will (i) Have business continuity, emergency plan, evacuation plan and outbreak management 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</i>
	11.4 (b)	<i>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, technological disruptions, 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 12.5.3 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 TSSS staff (iv) Be explained to all staff as part of their orientation to the 24-Hour Respite Site.</i>
	11.4 (c)	<i>(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 when applicable (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 procedures for when to</i>



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Emergency Preparedness And Business Continuity		<p>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 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) (ix) Include 24-hour contact information for 24-Hour Respite Site management staff and TSSS staff (x) Be explained to all clients and staff as part of their orientation to the 24-Hour Respite Site.</p>
	11.4 (d)	<p>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.</p>
	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 24-Hour Respite Site; (vi) Identify a gathering area(s), located outside of the immediate neighbourhood of the 24-Hour Respite site 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; (vii) Be explained to all clients and staff as part of their orientation to the 24-Hour Respite Site.</p>
Property Management and Capital Planning	12.2.3 (a)	<p>(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 (ii) Providers will maintain a 10-yr State of Good Repair Plan, submit to TSSS and provide updates annually.</p>
	12.2.3 (b)	<p>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.</p>
Neighbourhood Issues	12.2.4 (a)(i)-(iii)	<p>Providers will have a (i) Have a community relations/outreach policy and plan (ii) Will engage, communicate and work with the surrounding community to foster positive relationships, and address any concerns</p>



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		<i>(iii) Respond to community concerns in a manner that complies with the requirements of Section 7 Compliments, Complaints and Appeals.</i>
Conflict Of Interest	12.3 (a)(i)	<i>Providers will have a conflict of interest policy and procedures for declaring and reporting a conflict of interest</i>
	12.4 (a)(i)	<i>Providers will have a policy and procedures regarding staff hiring, training, and performance management</i>
	12.4 (a)(ii)	<i>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</i>
Human Resources		<i>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.</i>
	12.4 (a) (iii)	
	12.6.1 (c)	<i>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, 12.6.3, 12.6.4 and 12.6.5.</i>
Client Information and Files		<i>Providers will have a media policy and notify clients and TSSS 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).</i>
	12.6.1 (d)	
Retention and Disposal Client Information	12.6.5 (a)	<i>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 TSSS with the explicit approval and in</i>



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		<i>accordance with instructions provided by TSSS.</i>
Privacy Breach and Unauthorized use of Personal information	12.6.6 (a)	<i>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.</i>
Program Accountability	12.2.2 (c)	<i>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.</i>