



TORONTO SHELTER STANDARDS



VERSION 5
SHELTER, SUPPORT & HOUSING ADMINISTRATION

PREAMBLE

The City of Toronto has a long history of providing shelter services. For the past three decades, demand for shelter services has gradually increased in response to the on-going challenges of a lack of affordable housing and higher rates of poverty within a growing city. In order to meet the changing needs of clients, the administration and performance of the shelter system has become more proactive, and its services more specialized and flexible.

The City of Toronto is committed to delivering high-quality services that improve the lives of individuals and families experiencing homelessness. In order to fulfill this commitment, the Toronto Shelter Standards (TSS) were created in 1992 to ensure that services are delivered in a consistent manner across the shelter system. This version of the TSS was adopted by City Council in 2015 and revised in 2022.

The TSS provides City of Toronto-funded shelter providers and clients with a clear set of expectations, guidelines and minimum requirements for the provision of shelter services in Toronto. All emergency and transitional shelters funded or directly operated by the City of Toronto, in any and all built-forms where shelter services are delivered, are required to adhere to the TSS.

While every effort is made to ensure that the TSS address major governance, operational and service delivery considerations, this document is not exhaustive.

Shelter providers, including their Board of Directors, will consult qualified legal professionals and/or other appropriate advisors about any and all legal and financial obligations related to their operation as a shelter. Providers are expected to review, adhere and follow, all applicable federal, provincial and municipal legislation/regulations, their operating agreements, and the Principles of Service Delivery (as described under Section 5) for additional guidance and clarity.

Shelter providers and clients that require clarification on a shelter-related matter that is not addressed by the TSS are advised to review the Principles of Service Delivery for guidance and/or contact Shelter Support and Housing Administration Division (SSHA).

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All client 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 the shelter system.

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We acknowledge that our work takes place on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. We also acknowledge that Toronto is covered by Treaty 13 signed with the Mississaugas of the Credit, and the Williams Treaty signed with multiple Mississaugas and Chippewa bands.



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AFRICAN ANCESTRAL ACKNOWLEDGEMENT

The City of Toronto acknowledges all Treaty peoples – including those who came here as settlers – as migrants either in this generation or in generations past – and those of us who came here involuntarily, particularly those brought to these lands as a result of the Trans-Atlantic Slave Trade and Slavery. We pay tribute to those ancestors of African origin and descent.

This painting was created by Carol Mc Donald, Manager, Women's Residence, to commemorate SSHA's first Divisional Mentorship Program Pilot for Black Staff.



1 POLICY CONTEXT

1.1 HOUSINGTO 2020-2030 ACTION PLAN & THE TORONTO HOUSING CHARTER

HousingTO 2020-2030 Action Plan is the City's blueprint for action across the full housing spectrum – from homelessness to rental and ownership housing to long-term care for seniors – to create a city where housing opportunities are available for all. HousingTO was adopted by Toronto City Council in 2019. HousingTO updates and builds upon the City's first housing plan, Housing Opportunities Toronto Action Plan 2010-2020. It aligns with other City policies such as the Poverty Reduction Strategy, Resilience Strategy, TransformTO, and the Seniors Strategy. It sets targets to be achieved over the next 10 years with estimates of the financial investments necessary to achieve success. The Plan outlines increased accountability and oversight over a range of government resources necessary for improving housing outcomes for residents. HousingTO includes as a key strategic action to Prevent Homelessness and Improve Pathways to Housing Stability. SSHA is responsible for implementing the components of HousingTO that relate to the homelessness service system.

Consistent with the vision of HousingTO is the updated [Toronto Housing Charter – Opportunities for All](#). The updated Housing Charter expresses the City's policy approach to housing as one that begins and ends with human rights. A "human-rights based approach to housing" is consistent with the National Housing Strategy Act. It is based on the need to ensure that all residents have equal opportunity to thrive and on the recognition that adequate housing is essential to the inherent dignity and well-being of the person and to building healthy, sustainable communities.

1.2 HOMELESSNESS SOLUTIONS SERVICE PLAN

The [Homelessness Solutions Service Plan](#) sets out implementation priorities to guide the collective efforts of the homelessness service system over three years (2022-2024), while also defining outcome statements that guide longer term planning towards our shared goal of ending chronic homelessness in Toronto. The Service Plan outlines the Housing First, Human Rights and Person-Centred approaches as guiding SSHA in addressing homelessness. The Service Plan also provides further context on service delivery, who service users are and how the homelessness service sector operates within the broader housing system. The Service Plan was approved by Toronto City Council in November 2021.

By setting the minimum requirements for shelter services, the TSS play an important part in fulfilling the priorities of the Homelessness Solutions Service Plan.

1.3 HOUSING FIRST

The City's approach to addressing homelessness is grounded in a Housing First approach. Housing First focuses on helping people find permanent housing as quickly as possible, with the supports they need to live as independently as possible, without any preconditions such as accepting treatment or abstinence. The underlying philosophy of Housing First is that people are more successful in moving forward with their lives if they first have housing. The Housing First approach includes providing individualized, person-centred supports that are strengths-based, trauma-informed, grounded in a harm reduction philosophy and promote self-sufficiency.

1.4 COORDINATED ACCESS

[Coordinated Access to Housing and Supports \(Coordinated Access\)](#) is a systems-level approach for addressing homelessness that provides a consistent way to assess, prioritize and connect people experiencing homelessness to City-funded housing and supports. SSHA adopted a Coordinated Access approach in 2017, after signing onto the international [Built for Zero](#) campaign. The approach brings government agencies, Indigenous leaders, service providers and service users to work together and set priorities for the best use of supportive housing resources to achieve shared outcomes.

Coordinated Access is a key component of several municipal plans, including the 2020-2030 HousingTO Action Plan and the Homelessness Solutions Service Plan. It is internationally recognized as a best practice for reducing homelessness, and is mandated by provincial and federal levels of government.

1.5 SSHADIVISIONAL PRIORITIES & POLICY FRAMEWORKS

SSHA is committed to a continued focus on equity in its delivery of homelessness services, which includes addressing Anti-Black racism and incorporating an intersectional and inclusive approach to its work. SSHA will continue supporting Black service users and staff by advancing SSHA's actions in the Toronto Action Plan for Confronting Anti-Black Racism, and developing partnerships with City divisions, community agencies, boards, and commissions to impact long-term change.

The TSS reflects the commitments and principles in SSHA's [Harm Reduction Framework](#) and the [Meeting in the Middle – Engagement Strategy and Action Plan](#), which supports meaningfully addressing Indigenous homelessness in Toronto. The TSS also supports 2SLGTBQ+ clients and clients with disabilities.



2 TORONTO'S SHELTER SYSTEM

2.1 TYPES OF SHELTERS

The City of Toronto funds purchase of service shelters, and directly operates shelters in two broad categories: emergency shelters and transitional shelters.

Emergency shelters serve individuals and families experiencing homelessness with or without a referral. Clients may self-refer in person or over the phone. The typical length of stay in an emergency shelter is intended to be of short duration and the majority of clients use this type of shelter only once before returning to permanent housing.

Transitional Shelters serve individuals and families with a referral from an emergency shelter, Central Intake, Streets to Homes Assessment and Referral Centre (SHARC) or another agency. Clients cannot self-refer. Transitional Shelters provide specialized programming; clients are assessed for eligibility prior to admission. The typical length of stay in transitional shelters is intended to be longer to enable clients to address their particular housing and service needs.

Emergency and transitional shelters funded or directly operated by the City of Toronto may operate in a variety of built-forms such as purpose built facilities, re-purposed buildings, hotels and motels.

2.2 SECTORS OF THE SHELTER SYSTEM

Emergency and transitional shelters are further sub-categorized by the client groups they serve; each of these sub-categories is called a sector. Presently, there are five (5) sectors: adult men, adult women, mixed adult, youth and family.

2.3 ROLES, RIGHTS AND RESPONSIBILITIES

2.3.1 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 homelessness service system.

The City of Toronto provides a wide range of housing and homelessness services intended to support all Torontonians to achieve housing stability. Several City divisions are involved, to varying degrees, in the delivery of these services.

SSHA is the division with primary responsibility for managing a coordinated and effective system of shelter and homelessness services.

With respect to shelter services, SSHA is responsible for

- (a) Directly operating some emergency and transitional shelters
- (b) Administering and ensuring contract compliance with Operating Agreements between the City of Toronto and community-based organizations that deliver shelter and related services including emergency and transitional shelters, Housing Help programs within shelters, Drop-In centres and the Toronto Hostel Training Centre
- (c) Ensuring service quality assurance by maintaining and providing funder oversight for the implementation of the TSS by shelter providers, starting in the planning process and while shelters are operational
- (d) Developing policies that improve the shelter system's efficiency and capacity to generate positive outcomes for all stakeholders
- (e) Assessing the need under emergency conditions for flexibility in the implementation of the TSS, while ensuring that essential health and safety standards are met.

2.3.2 ROLE OF SHELTER PROVIDERS

The role of shelter providers is to deliver high-quality services to individuals and families experiencing homelessness while fulfilling the obligations set out in their Operating Agreements and the TSS, as well as adhering to applicable legislation. Shelter providers must ensure that all contracted services meet the applicable TSS.

City-funded shelter providers operate a majority of the shelters in Toronto. Their operational contributions as well as their knowledge, skills and experience serve as critical inputs to the development and refinement of system-wide policies and service delivery leading practices.

2.4 QUALITY ASSURANCE

SSHA undertakes a number of activities and uses a variety of tools to ensure that shelter providers deliver services in an effective and efficient manner.

SSHA conducts audits/reviews of shelter providers' operations and is primarily concerned with

- (a) Ensuring that shelter providers meet the TSS and their contractual obligations as set out in their Operating Agreement and License/Lease Agreements if applicable
- (b) Reviewing shelter providers' financial viability, budget submissions and service delivery performance
- (c) Providing information and assistance to shelter providers with respect to their shelter's budgets, policies, services and business processes

(d) Monitoring, reviewing and resolving complaints from clients and the community.

Audits and reviews focus on shelter providers' services, bed management practices, budget and related submissions, financial controls, capital assets and organizational/administrative functions. They are conducted at regular intervals and as needed.

2.4.1 PROGRAM REVIEWS

Program Reviews are conducted to ensure that shelter providers are in compliance with the TSS in order to ensure high-quality service delivery to clients. Program Reviews typically focus on models and processes.

2.4.2 SITE REVIEWS

Site Reviews are conducted to ensure that shelters are well-maintained and in a state of good repair. The primary purpose of a Site Review is to ensure the health and safety of all persons on shelter property.

2.4.3 ORGANIZATIONAL REVIEWS

Organizational Reviews are conducted to ensure that shelter providers' finances are in good standing and that their governance and administrative functions comply with the TSS. Shelter providers may be required to demonstrate their compliance with applicable legislation and generally accepted professional practices.

Organizational Reviews are often combined with Program and Site Reviews as part of a comprehensive evaluation of a shelter's operations.

2.4.4 SHELTER MONITORING PLAN

SSHA implements a Shelter Monitoring Plan on a case-by-case basis when there are concerns that a shelter provider is not meeting its contractual obligations, including meeting the TSS. A Shelter Monitoring Plan is implemented in response to difficulties arising from poor financial controls, service-level disruptions, frequent and severe complaints against a shelter and/or its staff or significant damage to a shelter's physical assets that impact on the shelter's ability to provide service and which requires remediation. A Shelter Monitoring Plan could be implemented at more than one shelter site if the shelter provider operates programs at more than one site. SSHA develops and administers Shelter Monitoring Plans in consultation with shelter providers to determine how to proceed with remediation while delivering the best possible services to clients.

2.4.5 UPDATING THE TORONTO SHELTER STANDARDS (TSS)

In order to maintain the relevance of the TSS to the evolving realities of shelter service delivery, the TSS are subject to amendment. Proposed amendments to the TSS will be reviewed by SSHA in consultation with stakeholders to determine their feasibility and impact. Amendments to the TSS are subject to approval from the General Manager, SSHAA.

SSHA reserves the right to introduce interim amendments to the TSS outside of the regularly scheduled amendment process via SSHA Directives.

2.4.6 SHELTER MANAGEMENT INFORMATION SYSTEM (SMIS)

SMIS is a secure, web-based application used to collect, store and retrieve client information and to facilitate efficient access to shelter services by identifying available beds in real time. The use of SMIS is mandatory at all City-funded shelters.

The analysis of SMIS information provides valuable insights for policy development, shelter system planning and for the preparation for Program, Site and/or Organizational Reviews.



3 DEFINED TERMS

The following definitions reflect the meanings of terms as they are used in the implementation and operation of the TSS. Defined terms are linked to this section throughout the TSS so that clicking on a defined term will bring you to its definition. For further clarification of these or related terms, please contact SSHAA.

2SLGBTQ+

An acronym that refers collectively to two-spirit, lesbian, gay, bisexual, transgender, transsexual and queer people. While terms and identities frequently change and more inclusive acronyms may be introduced elsewhere (e.g., LGBTQQIP2SAA, LBGTQIA), 2SLGBTQ+ will be used as an all-encompassing term in the TSS (*related term: Two-spirited People and Transgender Person*).

Abstinence-based Shelter

A shelter that prohibits the use of alcohol or illicit drugs as part of their service model, or a shelter that limits its service to clients who choose not to use or be exposed to alcohol or illicit drugs (*related term: Harm Reduction*).

Admission

The process of admitting a client to a bedded program by using SMIS to assign a client to a bed (*related terms: Intake and STARS Intake and Triage Module*).

Alternative Sleeping Arrangement

Any temporary sleeping arrangement that is not in a designated sleeping area, but is otherwise appropriate and safe (e.g., allowing a client to temporarily sleep on a cot or couch in a supervised area of the shelter).

Bed Check

A daily check of assigned beds to confirm that they are occupied by the designated client. Beds found vacant are immediately released for new admissions.

Bedded Program

A shelter program that includes overnight sleeping accommodations in addition to other support services.

Board

Refers to the volunteer Board of Directors of a shelter provider.

Capital Reserve Fund

An account kept by a shelter provider for the purpose of financing the replacement or repair of capital assets, including but not limited to building components and systems.

Child

For the purpose of determining shelter service eligibility, a person who is 15 years of age or less.

Cleaning/Maintenance Staff

Shelter staff, including contracted staff, who are involved in the cleaning or maintenance of a shelter facility, including but not limited to cleaners, custodians, maintenance workers, handypersons and superintendents.

Client

Any individual who is in receipt of any kind of support services provided by a shelter (*related term: Resident*).

Client Support Staff

Shelter staff, including contracted staff, who provide counseling, case management or support for clients, including but not limited to counselor, client service worker, case worker, housing help worker and social worker.

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, confidential information, time during working hours, 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.

Coordinated Access

A systems-level approach for addressing homelessness that provides a consistent way to assess, prioritize and connect people experiencing homelessness to City-funded housing and supports (*related terms: STARS Intake and Triage, STARS Housing Checklist, STARS*).

Curfew

A pre-determined time by which clients must be physically present within a shelter. Curfew is a tool for managing available beds in the shelter that allows shelter providers to assign an unoccupied bed to an incoming clients (*related terms: Held Bed and Occupied Bed*).

Dietary Staff

Shelter staff, including contracted 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.

Discharge

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

Discrimination

An action or decision that treats an individual or group negatively and/or denies social participation and/or human rights for reasons that include, but are not limited to, an individual's or group's perceived or actual: race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, disability, the receipt of public assistance, substance use, medical status, mental health status, physical appearance or hygiene.

Emergency Shelter

A shelter that is accessible by an individual or family experiencing homelessness with or without a referral, with the intention of providing short-term accommodation and the support services required to move clients into housing (*related term: Transitional Shelter*).

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 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., Extreme Cold Weather Alert).

Food Allergy

An immune system reaction that occurs soon after eating a certain food and which can be life-threatening. Even a tiny amount of the allergy-causing food can trigger signs and symptoms such as digestive problems, hives 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, including through chosen names and pronouns, behaviour and physical appearance (e.g., dressing, the length and style of hair, or by emphasizing, de-emphasizing or changing physical characteristics). Gender expression is completely separate from sexual orientation (*related term: Gender identity, Transgender Person*).

Gender Identity

A person's subjective experience of their own gender which may not match their birth-assigned sex or physical appearance. Gender identity is linked to a sense of self, the sense of being woman, man, both, neither or anywhere along the gender spectrum (non-binary). Gender identity is completely separate from sexual orientation (*related term: Gender Expression, Transgender Person*).

Harm Reduction

Harm reduction is a philosophy, approach, set of practical strategies, and policies or program, aimed at reducing the adverse health, social and economic consequences associated with substance use (both legal and illegal) in ways that are non-judgmental and non-coercive. Harm reduction as a philosophy and approach can align with abstinence-based shelter programs (*related terms: Abstinence-based Shelter, Opioid Agonist Treatment, Naloxone, Safer Crack Smoking Equipment, Safer Injection Equipment and Safer Sex Products*).

Health Information Custodian

A health information custodian (HIC) is a regulated health care practitioner whose primary function is to provide health care to an individual and who has responsibility for the collection and management of a patient's personal health information. *The Personal Health and Information Protection Act (PHIPA)* sets out the rules for the collection, use and disclosure of personal health information by HICs. An example of a HIC in the shelter system are nurses employed by a shelter to provide health care for clients.

Held Bed

A bed that has been assigned to a client who is not physically present in a shelter. Beds may be held for incoming clients or clients who have arranged to arrive after a shelter's curfew (*related terms: Curfew and Occupied Bed*).

Housing First

A service approach that focuses on quickly moving people experiencing homelessness into permanent housing and then connecting them to supports and services as needed in order to stabilize their housing.

Incident

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

Intake

The process of assessing a client's needs, eligibility and suitability for shelter service and recording the results of the assessment in SMIS. An Intake can lead to a referral or admission (*related terms: Admission, Referral, STARS Intake & Triage, and Referral*).

Leave with Permission

Authorized overnight leave to allow a client to spend nights away from a shelter.

Management Staff

Shelter staff who are involved in supervising or managing other shelter staff or programs, including, but not limited to shift leaders, supervisors, managers, senior managers and executive directors.

Medication

Any prescribed or over-the-counter substance used to treat disease, injury or relieve pain, including but not limited to medicine, drugs, supplements and remedies.

Medication Management Program

A formal program that involves prescribing (by a physician), transcribing (i.e., medication administration record), dispensing (by a pharmacist), administering (by a nurse or qualified caregiver) and monitoring (by nurse or physician) of medications that a client takes to confirm that he or she is complying with a medication regimen, while also ensuring the client is avoiding potentially dangerous drug interactions and other complications.

Naloxone

A fast-acting medication used to temporarily reverse the effects of opioid overdoses. Naloxone is also referred to as an opioid antagonist since it is used to counter the effects of opioid overdose.

Next of Kin

An emergency contact which could include but is not restricted to a client's closest living relative/relatives that has been documented in the Shelter Management Information Systems (SMIS). This information would be shared with other service providers, police and coroner in cases of death. The absence of providing this information does not preclude a client from receiving service.

Occupied Bed

A bed that has been assigned to a client as indicated in SMIS, including clients who have been granted permission to arrive after curfew or clients who are temporarily out of their beds but present elsewhere in a shelter during the final bed count (*related terms: Curfew and Held Bed*).

Operating Agreement

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

Opioid Agonist Treatment

An effective treatment for addiction to opioid drugs such as heroin, oxycodone, hydromorphone (Dilaudid), fentanyl, and Percocet. The treatment involves taking the opioid agonists methadone or suboxone to prevent withdrawal and reduce cravings for opioid drugs.

Personal Information

The information collected to register and identify an individual in the homelessness system. This information includes the information collected during an Intake in SMIS, information collected through case management supports and services, and physical and mental health documentation.

Personal Health Information

The information collected from an individual in the homelessness system that relates to providing health care to the individual, including identifying (a) health care provider(s) for the individual. This information would be held by a designated health care information custodian and in accordance with the *Personal Health Information Protection Act* (PHIPA) and all applicable professional regulations

Planned Discharge

A voluntary or anticipated discharge that results from a client meeting the goals of their service plan or to facilitate a client's transfer to housing or more appropriate programs/ supports (*related terms: Discharge and Unplanned Discharge*).

Referral

Following an Intake, the process of connecting a client to an alternative bedded program or service. During case management, a referral is the process of connecting a client to a resource, support, or service outside of the shelter where they are staying (*related terms: Admission, Intake, and STARS Intake & Triage*).

Resident

A client who has been admitted to a shelter's bedded program (*related term: Client*). A separate definition of resident applies in the context of reporting a death of a shelter resident and is found in the Death of a Shelter Resident Guidebook.

Rounds

A routine scheduled walk through a facility to maintain regular oversight of the site, promote staff visibility and help ensure quick responses as issues arise. Includes conducting facility review/assessment.

Safer Crack Smoking Equipment

Equipment used to help people who smoke crack cocaine to reduce the potential harm to themselves (e.g., to prevent the transmission of communicable diseases). Safer crack 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*).

Savings Program

A financial support program focussed on assisting clients to actively save funds in support of their service plan goals (e.g., housing). Savings programs have elements of a safekeeping program (e.g., holding client valuables), but have more controls and documentation requirements in order to accurately account for clients' savings.

Serious Occurrence

An incident that involves death, fire, serious assaults, serious accidental injuries, attempted suicide requiring acute medical attention or the possession or use of a weapon.
(related term: *Incident*).

Service Animal

An animal used by a person with a disability for reasons relating to their disability
(related term: *Emotional Support Animal*).

Service Disruption

A situation that renders a shelter 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) or unplanned (e.g., structural damage to a shelter building that results from severe weather).

Service Plan

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

Service Restriction

Restricting a client's access to shelter services for a limited length of time due to a particular incident or behaviour.

Service Triage, Assessment and Referral Support (STARS) tool

A common assessment tool that provides a standardized way to understand service users' support needs and assist staff to connect service users to housing and resources
(related terms: *Intake* and *STARS Housing Checklist Module*).

Service Triage, Assessment and Referral Support (STARS) Housing Checklist Module

The STARS Housing Checklist is used by caseworkers to support service planning for securing and maintaining housing. The Housing Checklist is part of Toronto's common assessment tool, the Service Triage, Assessment and Referral Support (STARS) tool (related terms: *Admission* and *Intake*).

Service Triage, Assessment and Referral Support (STARS) Intake and Triage Module

The STARS Intake and Triage module captures a client's general information and service needs. The Intake and Triage module is part of Toronto's common assessment tool, the Service Triage, Assessment and Referral Support (STARS) tool (*related terms: Admission and Intake*).

Shelter, Support and Housing Administration (SSHA) Directive

A communication bulletin notifying shelter providers of new service requirements or prescribed action(s) required under the authority of the Operating Agreement, TSS, City Council resolution or other legislation. SSHA Directives may also be used to clarify an existing shelter standard or to issue interim service requirements or standard(s).

Shelter Provider

A not-for-profit organization that is contracted by SSHA to provide shelter services through an Operating Agreement or shelter services that are directly operated by SSHA.

Shelter Staff

Employees, including contracted staff, of a shelter provider.

SMIS

The Shelter Management Information Systems is a secure, web-based application used to collect, store and retrieve client information and to facilitate efficient access to shelter services by identifying available beds in real time, case management and service planning. The use of SMIS is mandatory at all City-funded shelters.

Support Services

Any program or service offered by a shelter provider or service provider to help clients meet their goals or needs, including, but not limited to a shelter's bedded program, meal program, housing help services, employment program, etc. (*related term: Service Plan*).

Transgender Person

An umbrella term that describes people with diverse gender identities and gender expressions that do not conform to stereotypical ideas about what it means to be a girl/woman or boy/man in society. Trans' identities include a person whose gender identity or gender expression is different from the gender associated with their sex assigned at birth. A transgender person may or may not undergo medically supportive treatments to align their bodies with their internally felt gender identity. The term also includes, but is not limited to clients who identify as transgender, transsexual, cross-dressers or gender non-conforming (gender variant or gender-queer) for the purposes of the TSS (*related terms: Gender Expression and Gender Identity*).

Transitional Shelter

A shelter that is accessible, by referral only, to eligible individuals and families experiencing homelessness, with the intention of providing longer-term accommodation and specialized supports required to move clients into housing. Transitional shelter providers are designated as such in their Operating Agreement (*related term: Emergency Shelter*).

Two-spirited People

This term is culturally specific to North American Indigenous communities to describe from a cultural perspective people who are gay, lesbian, bisexual, trans, or intersex. The term can also describe a societal and spiritual role that certain people played within traditional societies, where they filled a role as an established middle gender. This 2SLGBTQ+ term is not exclusive to gender identity and can also refer to sexual orientation (*related terms: 2SLGBTQ+ and Transgender Person*).

Unplanned Discharge

An involuntary or unanticipated discharge that results from a client's unilateral decision to discontinue receiving service from a shelter (e.g., failure to return) or a service restriction (*related terms: Discharge and Planned Discharge*).

Weapon

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

Wellness check

A brief check-in with a client focused on their general wellbeing and safety through personal engagement while in their living environment. Consideration should be given to the time at which wellness checks are conducted, avoiding mealtimes, early morning or when clients are sleeping; with the exception of when the client safety plan requires it.

Youth

For the purpose of determining shelter service eligibility, a person who is between 16 and 24 years of age, inclusive.



4 APPLICABLE LEGISLATION

- (a) Shelter providers and their Board of Directors are responsible to ensure that they comply with all relevant aspects of applicable federal, provincial and municipal legislation/regulations.
- (b) Shelter providers are responsible to review the legislation and keep themselves informed, as legislations are amended from time to time.
 - (i) In the event of any legal conflict between the TSS and applicable legislation, the applicable legislation shall prevail to the extent of the conflict.
- (c) Shelter providers and their Board of Directors will comply with reference standards, policies and guidelines prescribed by SSHAA.
- (d) Shelter providers and their Board of Directors will comply with all of the terms and conditions of their Operating Agreements, the TSS and SSHAA Directives.
- (e) Shelter providers and their Board of Directors will consult qualified legal professionals and/or other appropriate advisors about any and all legal and financial obligations related to their operation as a shelter.



5 PRINCIPLES OF SERVICE DELIVERY

The Principles of Service Delivery are designed to guide shelter providers and their Board of Directors in their decision making and to promote the good governance of the shelter system. The Principles are particularly helpful in the event that the TSS are unclear or silent on an issue in question. Shelter staff and board members will refer to the Principles in such circumstances to inform their actions, decision making or service approach.

5.1 RESPECT AND DIGNITY

Shelter service delivery is based on accepting and respecting the inherent dignity, diversity, experiences and abilities of all individuals.

- (a) Shelter providers will
 - (i) Create and maintain an atmosphere of dignity, acceptance and respect for all individuals
 - (ii) Respect and balance the independence, values, knowledge, abilities and diversity of all individuals
 - (iii) Provide services to each client in a non-judgmental manner, free from discrimination and harassment
 - (iv) Protect and promote the health, safety and security of all individuals
 - (v) Protect the personal and health information and privacy of all individuals.

5.2 CLIENT-CENTERED SERVICE

Shelter services focus on clients' needs and empower them to collaborate in the development and implementation of a service plan. As much as possible, clients' preferences and their feedback about the services they receive are meaningfully considered and acted upon when appropriate.

- (a) Shelter providers will
 - (i) Work collaboratively with each client to develop a service plan that enables the achievement of a client's goals as they relate to housing stability

- (ii) Ensure that a client's service plan and the support services they receive focus on recognizing and building upon a client's strengths and capacities
- (iii) Provide services grounded in the principles of harm reduction that are responsive to the diverse and evolving needs of clients
- (iv) Provide services using a trauma-informed approach that takes into account an understanding of trauma in all aspects of service delivery and places priority on the client's safety, choice and control
- (v) Ensure that staff work collaboratively to share any necessary and relevant information about a client's situation in support of the client's service plan in a manner that is respectful of the client and their privacy
- (vi) Provide clients with access to clear and accurate information that allows them to make informed decisions
- (vii) Provide clients with opportunities to participate in the planning, development and evaluation of support services and the policies that govern them.

5.3 HOUSING FIRST

Housing is a basic human need. All persons deserve safe, secure, affordable and well-maintained housing. The focus of shelter service delivery is to help clients find and maintain housing consistent with their service plans.

- (a) Shelter providers will
 - (i) Work collaboratively with clients to find suitable housing as identified in their service plans
 - (ii) Work collaboratively with clients to provide them with the appropriate supports and referrals that will help them achieve and maintain housing stability.

5.4 ACCESS TO SHELTER SERVICES

All persons have the right to seek shelter services.

- (a) Shelter providers will
 - (i) Ensure that information about their shelter(s) and the various ways to obtain services is understandable, available through various means and accessible to people with disabilities
 - (ii) Work toward eliminating real or perceived barriers that prevent or inhibit client access to shelter services
 - (iii) Not use immigration status as a basis to deny newcomers to Canada access to shelter services.

5.5 SERVICE QUALITY

High-quality service delivery relies on clear, achievable and measurable outcomes.

- (a) Shelter providers will
 - (i) Ensure that services focus on achieving the best possible outcomes for each client
 - (ii) Meet or exceed service performance targets prescribed by SSHA
 - (iii) Commit to continuous, self-evaluation and improvement of the services they deliver, based on evidence and leading practice(s)
 - (iv) Be accountable to all of their stakeholders for all of their operations
 - (v) Ensure that their shelter's capital assets and infrastructure are kept in a state of good repair in order to maintain a safe, healthy and accessible physical environment.

5.6 COLLABORATION, COMMUNITY ENGAGEMENT AND PARTNERSHIPS

Community engagement, support networks and partnerships are essential to enhancing the efficiency and effectiveness of the shelter system.

- (a) Shelter providers will
 - (i) Collaborate with clients, service providers and other stakeholders to create and maintain a network of supports in order to achieve the best outcomes for clients and the neighbourhoods in which they receive services and/or reside
 - (ii) Develop and maintain a respectful and responsive relationship with the neighbourhood in which their shelter is located and with the wider community.



6 CLIENT RIGHTS AND RESPONSIBILITIES

- (a) Shelter providers will have Client Rights and Responsibilities, including a Client Code of Conduct, which will be posted in conspicuous areas of the shelter.
- (b) At a minimum, clients have the right to
 - (i) Expect that shelter staff will follow the TSS
 - (ii) Be treated in a non-judgmental and respectful way
 - (iii) Participate in a fair and clear complaint and appeal process without fear of reprisal
 - (iv) Provide feedback about current and potential shelter policies and services and the way services are delivered
 - (v) Actively participate in the identification of their housing and related goals
 - (vi) Receive support from shelter staff to achieve their housing and related goals
 - (vii) Be given clear and accurate information in order to make informed decisions about the support services they receive
 - (viii) Receive assistance from shelter 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 that is collected and stored by the shelter
 - (x) Have their personal and health information and privacy protected to the extent that legislation allows
 - (xi) Contact SSHA directly for information about the shelter system and to provide feedback about their service experience.
- (c) Clients will
 - (i) Follow the rules of the shelter
 - (ii) Treat all individuals with respect
 - (iii) Respect the property of the shelter, clients, staff, volunteers, visitors and members of the neighbourhood in which the shelter is located

- (iv) Work collaboratively with shelter staff to develop a service plan and to work toward achieving the goals set out in the service plan.
- (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.

6.1 CLIENT INPUT

- (a) Client input will be sought in all areas of program planning, program development, policy development and program evaluation in multiple ways, including but not limited to exit interviews, discharge surveys, one-on-one interviews, client surveys, client focus groups, client advisory groups and/or residents' meetings.
- (b) Shelter providers will hold a minimum of one (1) residents' meeting monthly to obtain residents' opinions and input about shelter operations and proposed policy or program changes.
 - (i) Notice of a residents' meeting must be posted in conspicuous areas of the shelter at least one (1) week in advance of the meeting.
 - (ii) Residents will be encouraged to attend and participate in these meetings.
 - (iii) Minutes must be recorded at these meetings and the minutes and resolutions to any concerns or issues raised must be posted in an area accessible to residents within two (2) weeks of the meeting, and remain posted until the next residents' meeting.
- (c) Shelter providers will assist SSHA in its implementation of any system-wide survey of shelter clients, such as the Street Needs Assessment and the Client Satisfaction Survey.



7 COMPLIMENTS, COMPLAINTS AND APPEALS

- (a) Shelter providers will
 - (i) 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
 - (ii) Identify a staff who will act as complaint lead, as part of the complaint policy. Clients will be made aware of who the complaint lead is and be reminded of this when filing a complaint
 - (iii) Submit a copy of the policy and procedures to SSHA and resubmit a copy whenever the document(s) are updated or otherwise revised
 - (iv) Offer a copy of the policy and procedures or a plain language version of the policy and procedures (e.g., simplified orientation brochure) to clients upon their request.
- (b) Shelter providers will respond professionally and appropriately to all complaints from all individuals.
- (c) Shelter providers must inform clients of this process, post their complaint and appeals process in a conspicuous area of the shelter, inform clients of who the complaint lead is for their location, keep a written record of formal complaints and a written record of the resolution of formal complaints.
- (d) Compliments and complaints are a valuable source of information about a shelter's performance and can highlight areas of achievement and areas for improvement. Shelter providers will collect, analyze and evaluate all compliments and complaints and take any necessary corrective action.
- (e) Shelter providers will provide the contact information for SSHA to any client who
 - (i) Has exhausted a shelter's complaints and appeals process, remains dissatisfied with the resolution, and who wishes to escalate their complaint or appeal further
 - (ii) Wishes to submit a compliment about an SSHA program, service or responsibility
- (f) Shelter providers will provide the contact information for the Office of the Ombudsman to any individual who wishes to make a compliment or complaint about a City of Toronto or SSHA program, service or responsibility.

8 ACCESS REQUESTS AND CUSTOMER SERVICE



- (a) Shelter providers will promote a high and consistent level of customer service by responding to requests for support services in a respectful, empathetic and timely manner.
- (b) Shelter providers with a website must post key contact information, and clear directions to the shelter location, unless exempted by SSHA.
- (c) Shelter providers must be able to respond to requests for support services made by phone or in person.
- (d) Shelter providers will endeavor to have a staff person respond to telephone requests for service in real time.
- (e) Shelter providers must have an automated voicemail system capable of storing incoming messages and relaying key information to any caller requesting service who does not reach a staff person.
- (f) At a minimum, an automated outgoing message will include
 - (i) The shelter's name and client group(s) it serves
 - (ii) Clear direction regarding when shelter staff will return calls
 - (iii) Direction to contact Toronto 311 if the caller requires more immediate support services
 - (iv) Direction to call 911 if the caller is in danger or in need of emergency services (e.g., paramedics, police, fire).

8.1 INTAKE / ASSESSMENT

- (a) Shelter providers will
 - (i) 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
 - (ii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised
 - (iii) Offer a copy of the policy and procedures or a plain language version of the policy and procedures (e.g., simplified orientation brochure) to clients upon their request.

- (b) Shelter providers, Central Intake and the Streets to Homes Assessment and Referral Centre (SHARC) will conduct an intake/assessment in order to determine the service need(s) and related accessibility requirements or accommodation (i.e., modified service requirements) needs of a client.
- (c) Shelter providers will complete an intake/assessment in SMIS, completing only those fields that are required in order to save the intake request in real time.
- (d) The intake/assessment will determine, at a minimum, if
 - (i) There is an available bed in their shelter
 - (ii) The client identifies as a member of the particular client group served by the shelter
 - (iii) There are no active service restrictions for the client at the admitting shelter.
- (e) Shelter providers will ask all clients for their gender identity rather than assume.
 - (i) Shelter providers will support the choices of transgender clients to gain access to sleeping areas designated for the gender the client identifies with and/or that will best preserve their safety and dignity.
 - (ii) In instances where transgender clients express concerns about their safety or dignity, shelter providers will accommodate requests for a bed in a non-gender specific /private room, if possible, or in a sleeping area that the client believes will best preserve their safety and dignity, regardless of their gender identity.
- (f) Shelter providers will not use immigration status as a basis to deny clients access to shelter services. Immigration status information will not be requested or collected in order to determine service eligibility at intake/assessment or admission process, unless approved by SSHA.
 - (i) Refugee status will be collected to facilitate suitable shelter placement and supports.
- (g) Shelter providers will request Next of Kin/Emergency contact information and record client's response in SMIS. The absence of providing this information does not preclude a client from receiving service.
- (h) Shelter providers will take all reasonable measures to accommodate clients with a disability.
 - (i) Shelter providers will take all reasonable measures to accommodate clients accompanied by service animals or emotional support animals.
 - (ii) Shelter providers that cannot accommodate clients with a disability will make a referral to an accessible shelter and offer appropriate transportation assistance, as described under section 8.2 Referrals.
- (i) Shelter providers will take all reasonable measures to accommodate clients accompanied by their pet.
 - (i) Shelter providers will have a plan outlining how clients with pets will be accommodated. The plan will be submitted to SSHA for review and consideration of exemptions.

- (j) Shelter providers will not make intake/assessment decisions based on a client's substance use.
- (k) Shelter access during intake/assessment may be denied in cases where
 - (i) There is an active service restriction for the client at the selected admitting shelter
 - (ii) A client's behaviour could compromise the health and safety of the client or other individuals within the shelter.
- (l) Shelter providers will record all service denials at intake/assessment in the referral notes in SMIS in real time, and refer the client to another shelter or appropriate service and offer appropriate transportation assistance, as described under section 8.2 Referrals.

8.2 REFERRALS

- (a) Shelter providers will
 - (i) Have a policy and procedures for referrals
 - (ii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised
 - (iii) Provide a copy of the policy and procedures or a plain language version of the policy and procedures (e.g., simplified orientation brochure) to clients upon their request.
- (b) Shelter providers who are not able to admit a client to their bedded program or provide the requested support services will refer the client to another shelter with space in an appropriate bedded program or to more suitable support services.
- (c) If a client is provided a referral over the phone, shelter staff will relay clear directions to the client in order for him/her to reach his/her destination as easily as possible.
- (d) When referring clients to a bedded program at another shelter, the referring shelter will
 - (i) Review SMIS information regarding bed availability at other shelters
 - (ii) Verbally review the Notice of Collection with the client and ask for their permission to enter their information into SMIS
 - (iii) Verify the existing intake/assessment or complete an intake/assessment in SMIS, filing in only those fields in SMIS that are required in order to save the intake request
 - (iv) Confirm by phone with the receiving shelter that a bed is available
 - (v) Complete the referral in SMIS in real time.
- (e) If the referral is not to a bedded program, the disposition of the referral will be recorded in SMIS in real time and the referred client will be given the necessary information to contact the appropriate support services.
- (f) When referring a client to support services, shelter providers and Central Intake will take a client's preferences into account as much as possible.

- (g) When referring a client with mobility or health issues to another shelter, shelter staff will first communicate the needs of the client to the receiving shelter, with consent from the client, to ensure that the receiving shelter is able to accommodate the client prior to executing the referral.
- (h) Shelter staff will offer transportation assistance to a referred client, taking into account any client limitations (e.g., mobility, visual impairment) and safety considerations.
- (i) When circumstances limit a shelter provider's ability to complete a referral, the referring shelter provider will
 - (i) Assist an in-person client to contact Central Intake and provide the client with Central Intake's contact information
 - (ii) Transfer phone requests to Central Intake and provide the client with Central Intake's contact information.

8.3 ADMISSION

- (a) Shelter providers will
 - (i) Have a policy and procedures for admission
 - (ii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised
 - (iii) Provide a copy of the policy and procedures or a plain language version of the policy and procedures (e.g., simplified orientation brochure) to clients upon their request.
- (b) Emergency shelter providers will admit clients to their bedded program at any time during their hours of operation when
 - (i) There is an available bed in their shelter
 - (ii) The client identifies as a member of the particular client group served by the shelter
 - (iii) There are no active service restrictions for the client at the admitting shelter.
- (c) Shelter providers will verbally review the Notice of Collection consent form with the client and ask for their permission to enter their information into SMIS.
- (d) Shelter providers that receive client referrals through Central Intake or SHARC, are required to complete the intake in SMIS when admitting clients to bedded programs.
- (e) Shelter providers will complete the intake in SMIS for each client at the time of admission or no later than 36 hours after admission.
 - (i) For families, shelter providers will complete the intake in SMIS for the head of household at the time of admission, and will complete the mandatory fields for all additional family members no later than 72 hours after admission.
 - (ii) For couples, shelter providers will complete the intake in SMIS for each client at the time of admission or no later than 36 hours after admission.

- (f) Shelter providers admitting clients to a bedded program will collect the following client information at minimum and record the response in the SMIS intake
- (i) Personal information, including name, date of birth, gender and pronouns
 - (ii) Personal contact information, including the client's phone number, email address, or other contact information, if the client is willing to share this information
 - (iii) Living situation, including sleeping arrangements, reason for seeking service and how long the client has been staying in Toronto
 - (iv) Demographic information
 - (v) The Support Needs Checklist and comments
 - (vi) The Support Level Triage and rationale
 - (vii) Source of income
 - (viii) The identification section, where ID is available and the client is willing to share it
 - (ix) Next of Kin or Emergency contact information, if the client is willing to share this information.
- (g) Family shelter providers will complete the Support Needs Checklist and Support Level Triage section considering the family as a whole, including individual differences in the comments and triage rationale section.
- (i) Family shelter providers, where a family member decides to seek housing separate from their family will update the head of household's Support Needs Checklist and Triage section to remove information about the departing household member. Family shelter providers will complete individual SMIS Support Needs Checklist and Triage sections for the departing household member.
- (h) Shelter providers will not deny access or services to clients that choose not to provide the requested information.
- (i) Shelter providers will update the intake information in SMIS as needed, ensuring it is accurate and up-to-date.
- (j) Shelter providers will ask all clients for their gender identity rather than assume.
- (i) Shelter providers will support the choices of transgender clients to gain access to sleeping areas designated for the gender the client identifies with and/or that will best preserve their safety and dignity.
 - (ii) In instances where transgender clients express concerns about their safety or dignity, shelter providers will accommodate requests for a bed in a non-gender specific /private room, if possible, or in a sleeping area that the client believes will best preserve their safety and dignity, regardless of their gender identity.
- (k) Shelter providers will not use immigration status as a basis to deny clients admission to shelter services. Immigration status information will not be requested or collected in order to determine service eligibility at intake/assessment or admission process, unless approved by SSHA.

- (i) Refugee status will be collected to facilitate suitable shelter placement and supports.
- (l) Shelter providers will take all reasonable measures to accommodate clients with a disability.
 - (i) Shelter providers will take all reasonable measures to accommodate clients accompanied by service animals or emotional support animals.
 - (ii) Shelter providers that cannot accommodate clients with a disability will make a referral to an accessible shelter and offer appropriate transportation assistance, as described under section 8.2 Referrals.
- (m) Shelter providers will take all reasonable measures to accommodate clients accompanied by their pet.
 - (i) Shelter providers will have a plan outlining how clients with pets will be accommodated. The plan will be submitted to SSHA for review and consideration of exemptions.
- (n) Shelter providers will not make admission decisions based on a client's substance use.
- (o) Shelter admission may be denied in cases where
 - (i) There is an active service restriction for the client at the admitting shelter
 - (ii) A client's behaviour could compromise the health and safety of the client or other individuals within the shelter.
- (p) Shelter providers will record all service denials at assessment in the referral notes in SMIS in real time, and refer the client to another shelter or appropriate service and offer appropriate transportation assistance, as described under section 8.2 Referrals.

8.4 SHELTER ORIENTATION

- (a) Shelter providers will provide clients with orientation to the shelter upon admission or as soon as possible, and no later than twenty-four (24) hours after admission. At a minimum, shelter orientation information will include
 - (i) Shelter rules
 - (ii) Curfew information
 - (iii) Meal time information
 - (iv) Availability and location of non-gender specific and/or accessible washrooms
 - (v) Option to access sleeping areas and washrooms designated for the gender the client identifies with and/or that will best preserve their safety and dignity
 - (vi) Nearby amenities (e.g., stores, community centre, library, drop-ins, etc.)
 - (vii) Health and Safety information including key aspects of a shelter's emergency plan, evacuation plan and identifying emergency exits

- (viii) Client rights and responsibilities
 - (ix) Service restriction information
 - (x) The process for making a complaint.
- (b) A tour of the shelter will be offered to all admitted Residents. Tours for interested Residents will be arranged as soon as reasonably possible and no later than forty-eight (48) hours after admission.
- (c) During orientation, as described in section 10.2.1 Harm Reduction, shelter providers will explain what harm reduction services are available at the location and will make explicit that
- (i) The site is a harm reduction positive location
 - (ii) Harm reduction supplies and naloxone are readily available, onsite or through mobile community services
 - (iii) All clients will be offered a naloxone kit and training
 - (iv) Substance use in and of itself is not a reason for service restriction; abstinence-based programs may be exempt and must comply with section 8.6 for Discharge, 8.6.2 for Service Restriction and Section 10.2.2 for abstinence-based programs
 - (v) Staff are concerned about the safety of people who use drugs at the site and are available to help with safety planning and arranging post-drug use safety checks.

8.5 BED ACCESS AND OCCUPANCY MANAGEMENT

8.5.1 QUEUE ADMINISTRATION AND HELD BEDS/ROOMS

- (a) Transitional Shelter providers are exempt from all requirements of section 8.5.1 Queue Administration and Held Beds/Rooms. Family shelter providers are required to meet the requirements of section 8.5.1 Queue Administration as they apply to rooms.
- (b) Specialized programs such as harm reduction programs may be exempt from all requirements of section 8.5.1 Queue Administration and Held Beds/Rooms with prior approval from SSHA.
- (c) Shelter providers will queue/hold beds/rooms for incoming clients for a maximum of two (2) hours.
- (d) Shelter providers may grant extensions beyond the maximum queue/hold time under extenuating circumstances (e.g., employment obligations, client appointments or lengthy travel time to the shelter) or as approved by the shelter.
- (e) Shelter providers will document approved extensions to the maximum queue/hold time in SMIS in real time and no later than two (2) hours after granting the extension.
- (f) Shelter staff will inform incoming clients of the maximum queue/hold time (or the time that an approved extension will expire) and the potential loss of bed or room resulting from late arrival.

- (g) If an incoming client does not arrive within the maximum queue/hold time or prior to the expiry time of the approved extension, shelter providers will release the held bed or room and clear their SMIS queue immediately.
- (h) Queue clearing must be done on a regularly scheduled basis and a minimum of four (4) times per shift during a shelter's hours of operation.

8.5.2 CURFEW

- (a) Transitional shelter providers and family shelter providers are exempt from all requirements of section 8.5.2 Curfew.
- (b) Specialized programs such as harm reduction programs may be exempt from all requirements of section 8.5.2 Curfew with prior approval from SSHA.
- (c) Shelter providers will inform all clients of the curfew time and the unplanned discharge that may result from missed curfew.
- (d) In the adult and youth emergency shelter sector, beds must not be held after curfew unless a client's service plan requires it, or unless the client has made prior arrangements with staff and has received permission to be late in order to attend school, volunteer work, shift work (including sex work), counselling, peer group, health/medical treatment, family reunification, cultural, religious, or family obligations.
- (e) If a client is approved to return after a shelter's curfew but fails to return or contact the shelter by the agreed upon time, the client may be discharged.
- (f) Shelter providers that receive a request for a bed after curfew and before 4:00 a.m. and the shelter provider is unable to accommodate or refer the presenting client to another shelter, the shelter provider will
 - (i) Discharge clients that have not returned for curfew or made other arrangements, and release the bed for use by the presenting client
 - (ii) If the bed cannot be prepared for use at this time, the shelter provider will intake and admit the new client and offer an alternative sleeping arrangement.
- (g) Shelter providers will transfer a client who is assigned to an alternative sleeping arrangement to an unoccupied bed at the earliest opportunity, or offer to refer the client to another shelter as soon as possible in a manner that complies with the requirements of section 8.2 Referrals.

8.5.3 OCCUPIED BED/ROOMS

- (a) Transitional shelter providers are exempt from all requirements of section 8.5.3 Occupied Bed/Rooms. Family shelter providers are required to meet the requirements of section 8.5.3 Occupied Bed/Rooms as they apply to rooms.
- (b) Specialized programs such as harm reduction programs may be exempt from all requirements of section 8.5.3 Occupied Bed/Rooms with prior approval from SSHA.
- (c) Shelter providers, including family shelter providers, will conduct regular bed checks to monitor the occupancy of their shelter, and

- (i) Immediately release unoccupied beds/rooms in order to facilitate access for other clients seeking a shelter bed.
- (ii) Providers may not conduct bed checks during overnight hours.
- (d) Shelter providers will mark the final number of occupied beds/rooms at 4:00 a.m. on a hard copy of the SMIS-generated bed log, which must be signed by the authorized staff and stored appropriately.

8.5.4 LEAVE WITH PERMISSION

- (a) Shelter providers may authorize a Leave with Permission in response to extenuating circumstances (e.g., medical emergency or funeral) or as part of a client's service plan (e.g., improving their housing situation, overnight visits to family to support the goal of family reunification, custody agreements, etc.).
- (b) Leaves with Permission that do not require prior approval by SSHA will
 - (i) Be limited to exceptional/emergency circumstances or be part of a client's service plan
 - (ii) Not exceed four (4) consecutive days
 - (iii) Be authorized by a shelter's Executive Director or designate.
- (c) For requests that exceed four (4) consecutive days, shelter providers will submit a completed Leave with Permission form to seek approval from SSHA.
- (d) SSHA approvals for Leave with Permission requests may be sought in each instance that a request is made by a client, or sought once for a series of requests if multiple, regularly scheduled leaves are required by a client's service plan.
- (e) Approved Leave with Permission requests must be documented in SMIS in real time, and will include
 - (i) Reason for leave
 - (ii) Date and time leave approved to begin
 - (iii) Expected date/time of return
 - (iv) Name of approver.
- (f) Vacated emergency shelter beds that result from approved Leaves with Permission will be treated as an available bed and assigned to clients seeking a shelter bed.
 - (i) Upon the return of the client who was granted the leave, shelter providers will transfer the client who was assigned to the vacated bed to an unoccupied bed in their shelter, or offer to refer the client to another shelter in a manner that complies with the requirements of section 8.2 Referrals.
 - (ii) Transitional and family shelter providers are exempt from this requirement of section 8.5.4 Leave with Permission.

8.5.5 LENGTH OF STAY

- (a) There is no prescribed limit to the length of time a client may stay in an emergency shelter. Lengths of stay will be determined on a case-by-case basis.
- (b) Shelter staff will use the benchmark of ninety (90) days as a trigger for initiating a reassessment of a client's service plan.

8.5.6 DAYTIME ACCESS

- (a) Shelter providers that do not normally provide service during the day will
 - (i) 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
 - (ii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised
 - (iii) Provide a copy of the policy and procedures or a plain language version of the policy and procedures (e.g., simplified orientation brochure) to clients upon their request.
- (b) Shelter providers may request that a client who is ill and requesting daytime access to a sleeping area produce a note from the client's physician.
- (c) Shelter providers that are unable to provide daytime access to sleeping areas will offer to arrange a referral to a shelter or other program that provides daytime access to a sleeping area. The referral must be completed in a manner that complies with the requirements of section 8.2 Referrals.

8.6 DISCHARGE

- (a) Shelter providers will
 - (i) 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
 - (ii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised
 - (iii) Provide a copy of the policy and procedures or a plain language version of the policy and procedures (e.g., simplified orientation brochure) to clients upon their request.
- (b) Abstinence-based shelter providers may discharge and/or issue a service restriction to a client who breaks shelter rules or policies regarding substance use in a manner that complies with requirements under section 8.6 Discharge and section 8.6.2 Service Restrictions.

- (i) Abstinence-based shelter providers will refer the discharged and/or service-restricted client to another shelter or appropriate support services in a manner that complies with the requirements of section 8.2 Referrals.
- (c) Shelter providers will record discharges in SMIS in real time.
 - (i) Appropriate management staff or designate will review all recorded discharges in SMIS within 14 days to ensure that the recorded disposition is accurate, and revise if needed.

8.6.1 PLANNED DISCHARGES

- (a) Shelter providers will ensure that discharged clients have a discharge plan in place (e.g., to housing, to treatment, to hospital), whenever possible.
 - (i) Discharge plans will be developed in collaboration with clients whenever possible.
- (b) As part of a client's planned discharge and transition out of a shelter, shelter staff will
 - (i) Provide information in writing and assistance to the client regarding resources relevant to the next stage of their service plan, including community services and key personal supports
 - (ii) Review consent forms and summarize information for the client or next shelter provider to assist in ensuring continuity of service in a manner that complies with the requirements of section 12.6.4 Sharing/Disclosure of Client Information
 - (iii) For up to twelve (12) months following discharge from the shelter, and at the request of the client, provide follow-up services or referrals to help support the client's transition to housing, provide crisis support and/or provide eviction prevention activities.
- (c) Exceptions are permitted in cases of unplanned discharge, which may result from
 - (i) A failure to return to shelter by curfew
 - (ii) A service restriction from the shelter's bedded program.

8.6.2 SERVICE RESTRICTIONS

- (a) Shelter providers will
 - (i) Have a policy and procedures for bedded program service restrictions, including an appeals process
 - (ii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised
 - (iii) Provide a copy of the policy and procedures or a plain language version of the policy and procedures (e.g., simplified orientation brochure) to clients upon their request.

- (b) Transitional shelter providers that utilize rental agreements as part of their service model will adhere to eviction processes described under the Residential Tenancies Act, 2006 and administered by the Landlord and Tenant Board. Accordingly, such shelter providers are exempt from having a service restriction policy for their bedded program.
- (c) Shelter providers will make clients aware of the service restriction policy upon admission or as soon as possible and no later than twenty-four (24) hours after their admission.
 - (i) The service restriction policy will be posted in conspicuous areas of the shelter.
- (d) Shelter providers may only issue service restrictions from a bedded program as a last resort to address
 - (i) Incidents involving violence, threats of violence (including threatening behaviour)
 - (ii) Serious occurrence arising from behaviours that cause dangerous circumstances for others
 - (iii) The violation of significant shelter rules
 - (iv) A client's continued refusal to work with staff on their service plan.
 - (v) All service restrictions from a bedded program must be approved by a shelter's Executive Director or designate prior to being issued.
- (e) During a Weather Alert, an Extreme Weather Alert, smog alert or when directed by SSHA, shelter providers will temporarily suspend all service restrictions, except in cases where a shelter 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 shelter.
- (f) Shelter providers will document the following information about service restrictions from a bedded program in SMIS in real time
 - (i) The reason for the service restriction
 - (ii) The date that the service restriction will be reviewed with the client
 - (iii) The date the service restriction will be lifted
 - (iv) The name of the staff person who issued the service restriction.
- (g) Shelter providers will, at a minimum, provide clients with the following information both verbally and in writing upon the issuance of a service restriction or as soon as possible thereafter
 - (i) The reason for the service restriction
 - (ii) The date that the service restriction will be reviewed with the client
 - (iii) The date the service restriction will be lifted
 - (iv) Information about the client's right to initiate an appeal of their service restriction.

- (h) Shelter providers will take all reasonable steps to ensure that the client has understood the information described under section 8.6.2 Service Restrictions above.
- (i) Shelter providers will advise clients wishing to appeal a service restriction of the shelter's internal processes for handling such appeals. If the client has exhausted the shelter's internal processes and is not satisfied with the outcome, shelter providers will direct the client to contact SSHA in order to make their complaint, as described under section 7 Compliments, Complaints and Appeals.
- (j) Shelter providers will refer the service restricted client to another shelter in a manner that complies with the requirements of section 8.2 Referrals.
 - (i) For clients who refuse a referral to another shelter, shelter providers will offer transportation assistance to reach a destination of the client's choice located within the City of Toronto, taking into account any client limitations (e.g., mobility, visual impairment) and safety considerations.
- (k) Shelter providers will not prohibit client access to other support services provided at the shelter site because of a service restriction from a bedded program unless the service restriction is agency-wide due to the severity of the client's actions/behaviour.
 - (i) Shelter providers will refer the service restricted client to another shelter to receive the support services that they cannot access due to the agency-wide service restriction, in a manner that complies with the requirements of section 8.2 Referrals.
- (l) Shelter providers will limit the use of service restrictions lasting three (3) months or longer to only the most serious occurrences resulting from client's actions/behaviour.
- (m) Service restrictions lasting three (3) months or longer may only be issued with the approval of SSHA.

8.7 EXTREME WEATHER

- (a) SSHA may require shelter providers to provide extreme weather responses outlined below any time that weather conditions create a risk for clients, regardless of whether a Weather Alert, an Extreme Cold Weather Alert or smog alert is declared.
- (b) During a Weather Alert, an Extreme Cold Weather Alert, smog alert or when directed by SSHA, shelter providers will, at a minimum
 - (i) Divert resources as needed to ensure continued delivery of core support services (i.e., bedded program, meal program)
 - (ii) Ensure at least one (1) air conditioned cooling area is available to clients during a heat-based Weather Alert or smog alert
 - (iii) Temporarily suspend all service restrictions, except in cases where a shelter 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 shelter
 - (iv) Refer the service restricted client to another shelter in a manner that complies with the requirements of section 8.2 Referrals.

- (v) Relax admission eligibility requirements
 - (vi) Provide or extend daytime access to clients
 - (vii) Based on a client's need, shelter providers will help clients obtain basic clothing and footwear appropriate for the season.
- (c) Shelter providers that have been pre-approved by SSHA may exceed their funded bed capacity during Weather Alerts, as per their Operating Agreement.
- (i) Shelter providers will not exceed their maximum building occupancy as set out by Regulation 213/07: Fire Code (made under the Fire Prevention and Protection Act, 1990) under any circumstances.
 - (ii) Shelter providers will have the expanded, SSHA approved beds set up to admit clients by 7:00 p.m. on the day of the Weather Alert/Extreme Cold Weather Alert being called and will ensure the capacity is updated in SMIS.
 - (iii) Shelter providers may temporarily use alternative sleeping arrangements that may not meet the requirements found under section 9.3.1 Sleeping Areas and Beds, if all beds are occupied.



9 BASIC NEEDS AND SERVICES

- (a) Shelter providers will ensure that contractors and sub-contractors abide by applicable requirements of section 9.

9.1 PERSONAL NEEDS

9.1.1 BEDDING

- (a) Upon admission, shelter providers will offer each client clean bedding consisting of a minimum of two (2) sheets, one (1) blanket, one (1) pillow, one (1) pillow case and one (1) towel that is at least 0.45 m. x 0.75 m. in size. Additional bedding will be provided if necessary. Clients who use cribs must be provided with clean crib sheets.
- (b) Shelter providers will establish a schedule for regular laundering and changing of bedding, crib sheets and towels that accounts for regular use, soiling and contamination.
- (c) Shelter providers will provide laundering facilities onsite or have a contract in place with a laundering service for bedding and linens.
- (d) If laundry facilities are available onsite, clients may launder their own clothes, bedding and towels as long as instructions about the safe use of the laundry facilities are provided.
- (e) If clients are not able or willing to launder their bedding and towels then shelter providers will launder the bedding and towels on a client's behalf.
- (f) Shelter providers will offer laundry soap or may require clients with an income to purchase these supplies.

9.1.2 TOILETRIES AND HYGIENE

- (a) Shelter providers will assist clients to obtain items needed to maintain basic hygiene and grooming. At a minimum, emergency shelter providers will offer each client soap, shampoo, a toothbrush, toothpaste, shaving products (e.g., razors), menstrual products and incontinence products as appropriate upon admission or no later than 12 hours after admission and upon request for the duration of the client's stay.
- (b) Shelter providers will provide toiletries and hygiene products that are low fragrance

- or fragrance-free and hypoallergenic, where possible.
- (c) Shelter providers may discontinue providing toiletry and hygiene products if a client's service plan requires it or if a client has an income and is able to purchase them.
 - (d) Transgender clients may have a need for toiletries and hygiene supplies that is greater than other clients. Shelter providers will work with transgender clients to provide additional supplies.

9.1.3 CLOTHING AND SUNDRY ITEMS

- (a) Based on a client's need, shelter providers will help clients obtain basic clothing and footwear appropriate for the season.
- (b) Clients may be offered public transit fare with the amount and frequency determined by their service plan.
- (c) Clients with an income may be required to contribute toward the cost of their transportation needs.
- (d) Where there is no service plan, clients may be offered public transit fare based on their immediate needs and the shelter's policies.

9.2 FOOD, DIET AND NUTRITION

- (a) In order to promote a healthy diet among clients, shelter providers will
 - (i) Offer clients safe and nutritious food to meet their dietary needs
 - (ii) Refer clients, particularly pregnant, breast feeding, youth and elderly clients, to food and nutrition supports (e.g., prenatal program, community kitchen, 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) Avoid serving food with poor nutritional value (e.g., foods high in processed sugar, fat and salt)
 - (v) Not use or withhold food to influence behaviour (either as reward or penalty)
 - (vi) Consult with a registered dietitian, on an annual basis or more frequently as needed, for support in menu planning, training and other food services, and other food security and nutrition-related supports
 - (vii) Post in a conspicuous place in or near the dining area of each shelter a copy of section 9.2 Food, Diet and Nutrition, a current copy of [Canada's Food Guide](#), a daily menu that will list potential allergens (e.g., peanuts, nuts, eggs and shellfish) in the listed menu items (where possible) and a notice stating whether the shelter can or cannot guarantee allergen-free food.

- (b) Shelter providers must offer meals to clients in a manner that complies with the requirements of section 9.2.1 Meal Program.
- (c) Shelter providers that are not able to offer meals onsite as part of a meal program will
 - (i) Seek the approval of SSHA and provide clients with a food allowance to purchase food and ensure adequate facilities are available and accessible for clients to safely store and prepare their own meals
 - (ii) Will provide clients with cooking utensils, pots, pans and sufficient plates, bowls, glasses, cups and cutlery for all members of the household
 - (iii) Have a policy and procedures for calculating food allowance amounts, eligibility criteria, an issuance process and reporting requirements
 - (iv) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised.

9.2.1 MEAL PROGRAM

- (a) Shelter providers that do not provide meals as part of their shelter service are exempt from all requirements of section 9.2.1 Meal Program.
- (b) Shelter providers will plan meal menus at least one (1) week in advance.
- (c) Adult and youth clients will be offered three (3) meals and a minimum of one (1) healthy snack per day. Children must be served three (3) meals and two (2) to three (3) healthy snacks per day.
- (d) Shelter providers must be able to provide food to a client outside of regularly scheduled meal times.
- (e) Shelter providers will ensure that clients can provide input and feedback in a manner that complies with the requirements of section 6.1 Client Input, and to incorporate this feedback into menu planning whenever possible.

9.2.2 DIETARY RESTRICTIONS AND ACCOMMODATION

- (a) Clients with food allergies, food intolerances, religious dietary restrictions, or medically prescribed diets will be accommodated where possible.
- (b) If it is not possible to accommodate these dietary needs, shelter providers will work with clients to develop a dietary plan that meets the client's needs including, but not limited to, applying for special diet allowances or referring clients to nutrition support programs.
- (c) A client who has 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.
- (d) Shelter providers serving pregnant or breastfeeding clients will
 - (i) Have a policy on handling and storing expressed breast milk and must provide adequate storage facilities (i.e., refrigerator) for the expressed milk

- (ii) Not store expressed breast milk in the same refrigerator as client medications
- (iii) Label expressed breast milk if stored in communal or staff controlled refrigerators
- (iv) Offer the client additional food at meal times and healthy snacks at all times in between, meal-time flexibility, menu alternatives and/or safe storage for purchased foods to help meet their dietary needs
- (v) Refer clients, particularly pregnant and breast feeding clients, to food and nutrition supports (e.g., prenatal program, community kitchen, etc.) to supplement their diet, if necessary
- (e) Shelter providers will ensure that baby formula and the proper preparation equipment and safe storage space is provided for clients with newborns or infants who are not breastfeeding.
- (f) Shelter providers that serve clients with infants must make infant appropriate foods available (e.g., iron fortified cereals and/or soft cooked, pureed, mashed foods).
- (g) Shelter providers that issue food allowances to families, as described under section 9.2 Food, Diet and Nutrition, will stock a supply of infant appropriate foods for emergency use.
- (h) 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](#).
- (i) Food preparation will, as much as possible, reflect the cultural diversity of shelter clients. Every attempt will be made to mark special cultural holidays and traditional occasions with special meals.

9.2.3 FOOD SAFETY

- (a) Shelter 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 spread of food-borne illness in compliance with Toronto Public Health food preparation requirements.
- (b) Shelter providers will ensure that shelter staff who handle or prepare food and all supervisors of staff who handle or prepare food have a valid Food Handlers' certificate.
- (c) Shelter providers will ensure that clients and/or volunteers involved in food preparation are supervised by a certified food handler.
- (a) Shelter providers that prepare food onsite will be subject to regular inspections by Toronto Public Health.
- (b) Shelter 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.

9.3 CLIENT PRIVACY AND PERSONAL SPACE

- (a) Shelter providers will
 - (i) 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.)
 - (ii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised.
 - (iii) Provide a copy of the policy and procedures or a plain language version of the policy and procedures (e.g., simplified orientation brochure) to clients upon their request.
- (b) Shelter providers will provide lockers or other secure forms of storage for clients to store their belongings (e.g., locked storage room, safekeeping program) and may limit the number of bags or amount of personal belongings that a client may bring to the site.
- (c) Shelter 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 12.6.3 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.
- (d) Shelter providers will hold unattended or unclaimed client identification, wallet, and government issued documents for a minimum of 30 days before disposing of them. All other unattended or unclaimed items will be held for a minimum of 7 days, 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.
- (e) Shelter providers will install and maintain appropriate window coverings to ensure client comfort and privacy.
- (f) Shelter providers will ensure that all textiles used as interior treatments for rooms and furniture (e.g., window coverings, upholstered furniture, carpet/rugs) are pest resistant and fire/moisture retardant.
- (g) Shelter providers that have communal space will consider designating
 - (i) A quiet space and/or overflow space that can be used for clients who are seeking a place to meditate, smudge, pray or to be used for clients who need time to de-escalate their emotions

9.3.1 SLEEPING AREAS AND BEDS

- (a) Shelter providers will ensure that designated sleeping areas are physically separated from dining areas and other communal areas unless alternative sleeping arrangements are approved for limited use by SSHA (e.g., during an Extreme Weather Alert).
- (b) Shelter providers will create or enhance the privacy of a client's sleeping area, including, but not limited to using screens, half walls, rearranging furniture or the layout of the sleeping area in order to create a more private space.
- (c) Shelter providers will provide a minimum of 3.5 m.² of personal space per client in sleeping areas to decrease the transmission of communicable diseases and conflict between clients. Shelter providers are encouraged to exceed this standard by providing more space between beds and discouraging the use of large dorms.
- (d) Shelter providers will prepare floor plans that illustrate the spacing of the beds in designated sleeping areas.
- (e) Shelter providers will maintain a lateral separation of at least 0.75 m. between beds (or alternative sleeping arrangements) and a vertical separation of at least 1.1 m. between the lowest hanging section of an overhead object (e.g., light fixture, bulkhead, air duct, plumbing, etc.) or as directed by SSHA.
 - (i) Family shelter providers are exempt from meeting the lateral separation requirements of 9.3.1 Sleeping Areas and Beds in rooms where only one family unit/household has been assigned.
- (f) Shelter providers will seek SSHA approval prior to arranging beds (or alternative sleeping arrangements) in a manner other than described under section 9.3.1 Sleeping Areas and Beds.
- (g) As much as possible, cribs, cradles, bassinets and beds will be arranged in a manner that
 - (i) Reduces the spread of communicable diseases
 - (ii) Facilitates clear walking paths and sightlines for emergency evacuations
 - (iii) Does not block air vents, windows, doors, plumbing or access panels
 - (iv) Does not expose a client to existing or potential dangers (e.g., under a shelf stocked with heavy items, etc.).
- (h) Each bed for use by clients older than two (2) years of age will have a mattress that corresponds with the size of the bed frame (e.g., a twin mattress on a twin-sized frame). The minimum mattress size is 0.76 m. x 1.82 m. x 0.89 m.
 - (i) Exceptions to the minimum mattress size are permitted under exceptional circumstances including Extreme Weather Alerts, with prior approval from SSHA.
 - (j) Cribs, cradles or bassinets, and corresponding mattresses for clients younger than two (2) years of age, will conform to the specifications prescribed under Cribs, Cradles and Bassinets Regulations (SOR/2010-261) (made under the Canada Consumer Product Safety Act, 2010).

- (k) Shelter providers will ensure that all mattresses are pest resistant and fire/moisture retardant or covered by a material designed to achieve the same qualities.
- (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).
- (m) Shelter providers will include in their cleaning plan how beds are to be cleaned, sanitized and disinfected between client uses.
- (n) Shelter providers will consult with SSHA prior to purchasing new or replacing existing bed frames.

9.3.2 WASHROOMS

- (a) To assist clients with their hygiene needs, shelter providers will provide
 - (i) A minimum of one (1) washroom that is designated non-gender specific, barrier-free and accessible that ensures compliance with applicable regulatory requirements.
 - (ii) A minimum of one (1) toilet for every fifteen (15) clients up to the first one-hundred (100) clients, and one (1) toilet for every thirty (30) clients thereafter. Urinals may replace up to half the number of required toilets in men's washroom
 - (iii) A minimum of one (1) washbasin for every fifteen (15) clients
 - (iv) A minimum of one (1) soap dispenser within 0.6 m. of each washbasin
 - (v) A minimum of one (1) shower for every twenty (20) clients.
- (b) Shelter providers will take all reasonable measures to ensure that clients have privacy while showering.
 - (i) Shelter providers will ensure that communal showers have shower curtains or equivalent privacy feature(s).
 - (ii) In locations where privacy is limited, shelter providers should consider adopting reserved shower times.
- (c) Shelter 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 unless clients are responsible for purchasing their own supplies (e.g., family shelters). Where possible, shelter providers will stock each washroom with menstrual products.
- (d) Shelter providers will ensure that sharps containers are made available in each bathroom stall in communal washrooms and are secured and tamper proof.
 - (i) Providers will inform clients of the presence of fixed sharps containers and how to use them.
 - (ii) Shelter providers will ensure that sharps containers are placed out of reach of children.

10 CASE MANAGEMENT, SUPPORTS AND SERVICES



10.1 CASE MANAGEMENT AND SERVICE PLANNING

- (a) Shelter providers will provide housing, case management and other support services to clients in a safe and non-judgmental environment, free from harassment, abuse, discrimination and violence.
- (b) All shelter providers will offer some degree of case management and service planning to their clients.
 - (i) Where possible, family shelter providers will assign a child/children their own client support staff person who can focus on the specific service needs of the child/children.
- (c) As part of the case management and service planning, shelter staff will
 - (i) Provide clients with preliminary information about case management (e.g., service plan expectations, available resources from the client support staff, support services available onsite) upon admission or no later than twenty-four (24) hours after admission
 - (ii) Work with clients to determine their immediate needs/concerns (e.g., health, harm reduction needs, safety considerations) upon admission or as soon as possible thereafter and no later than thirty-six (36) hours after admission
 - (iii) Work with clients to document a service plan by conducting an initial assessment of the client's needs, strengths, challenges and preferences as soon as possible and no later than seven (7) days after admission
 - (iv) Use the SMIS Consent Form to obtain consent from clients to share information with relevant support services and health care providers, as described in section 12.6.4 Sharing/Disclosure of Client Information.
- (d) An initial assessment of a client may include, but is not limited to identifying, documenting, or updating the following items
 - (i) Reason(s) for service
 - (ii) Family/household members who are not present in shelter
 - (iii) Specialized supports for 2SLGBTQ+, 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.
- (e) Shelter providers may request and collect immigration status information to assist clients to obtain or replace identification or determine eligibility for social assistance programs (e.g., housing subsidy programs, OW/ODSP, OAS, and CPP) or services (e.g., Housing Help, health care) that require this information.
- (f) Shelter providers will request Next of Kin/Emergency contact information and record client's response in SMIS. The absence of providing this information does not preclude a client from receiving service.
- (g) Shelter providers will ensure that the collected information is appropriately added into the STARS Intake and Triage and Housing Checklist modules in SMIS.
- (h) Shelter staff will work with each of their clients to develop and implement a service plan that is collaborative, respectful, client-centered, approached from an anti-oppression and trauma-informed care perspective, and guided by the principles of harm reduction.
- (i) Consistent with a Housing First approach, a client's service plan must, at a minimum, include a housing plan and a financial plan.
 - (i) The Housing First approach may be modified for youth clients who may be going through significant developmental changes (e.g., physical, cognitive, emotional, social) and/or lack the life skills that adult clients may have. This may include modifying accommodation types, prioritizing family reconnections/reunification, and prioritizing supports for youth development within the client's service plan/housing plan.
- (j) A client's housing and financial plan must, at a minimum, include the following documentation to support and enable client access to housing opportunities, subsidies, and supports
 - (i) Source of income
 - (ii) Valid Canadian status document and photo identification

- (iii) Notice of Assessment from the most recent tax year
 - (iv) Active and up-to-date housing application(s), including an Access to Housing application.
- (k) As part of a client's housing plan, shelter providers will, at a minimum
- (i) Complete the STARS Housing Checklist module.
 - (ii) Review a range of housing options with clients, including private market rental housing, social housing and supportive housing and support all shelter clients in completing all appropriate housing applications.
 - (iii) Ensure that all clients are provided an opportunity to be placed on the Centralized Waitlist with local priority status, Disadvantage Code ("DA Code") for rent-gearied-to-income (RGI) housing.
 - (iv) Assist clients to apply for any resources and supports they may be eligible for and interested in, including but not limited to housing benefits, income supports, and follow-up supports.
 - (v) Record and document all reference numbers and information, including housing application numbers and registration emails in the STARS Housing Checklist module.
 - (vi) Document what support was offered and what efforts were made to engage the client, if a client refuses support.
- (l) Shelter providers will ensure that Indigenous clients are aware of Indigenous-specific supports and services.
- (m) Depending on a client's needs, the overall service plan may include other sub-plans. Examples of sub-plans include, but are not limited to an employment plan, an education plan, a family reunification plan, an immigration plan, a substance treatment plan and an elderly client support plan.
- (n) Shelter 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 12.6.4 Sharing/Disclosure of Client Information.
- (o) At a minimum, shelter staff will meet monthly with a client to review and update their service plan as needed for the duration of the client's shelter stay.
- (p) When reviewing a service plan with a client, shelter staff are encouraged to
- (i) Identify goals and priorities in collaboration with the client
 - (ii) Break down goals into manageable steps (immediate, medium- and long-term)
 - (iii) Identify who needs to be involved (case conferencing, referrals, advocacy)
 - (iv) Identify the person responsible for each action/activity
 - (v) Implement steps toward stated goals in collaboration with the client and relevant stakeholders
 - (vi) Identify challenges and recognize achievements

- (vii) Problem solve and guide the client in problem solving and skills development
 - (viii) Review progress to date and update the service plan at the start of each meeting and at the point of service transition (e.g., when the client transitions to another support program, service, shelter provider or agency).
- (q) Shelter providers will ensure that the STARS Intake and Triage and Housing Checklist modules are updated in SMIS if new information is shared during service planning.
- (r) Upon a client's planned discharge, shelter staff will
- (i) Provide information in writing and assistance to the client regarding resources relevant to the next stage of their service plan, including community services and key personal supports
 - (ii) Review consent forms and summarize information for the client or next shelter provider to assist in ensuring continuity of service in a manner that complies with the requirements of section 12.6.4 Sharing/Disclosure of Client Information
 - (iii) For up to twelve (12) months following discharge from the shelter, and at the request of the client, provide follow-up services or referrals to help support the client's transition to housing, provide crisis support and/or provide eviction prevention activities.
 - (iv) Update the STARS Housing Checklist module with any housing-related supports provided following their discharge.
- (s) Service plan components and the prescribed timelines set out under section 10.1 Case Management and Service Planning may be modified in consultation with SSHA.
- (t) Shelter staff will document all meetings with clients in a clear and consistent manner and include such service plan notes in a client's service plan file. All service plan notes will, at a minimum, include the following information
- (i) The date of the meeting
 - (ii) The date of the case note(s)
 - (iii) The location of the meeting
 - (iv) The name and role of the person making the note(s)
 - (v) Contact information for all third parties named in the note(s)
 - (vi) Scan/copy of all relevant supporting documentation.
- (u) Shelter staff will update service plan notes at a minimum of once per week, even if there is no contact with a client. Such documentation will also include all appointments missed by a client including those with physicians, other support services workers, etc.
- (v) Shelter staff will summarize service plan notes every two (2) months and upon significant events (e.g., prior to a client transferring to another shelter provider, prior to a client's discharge from shelter, upon the resumption of shelter support services after a substantial hiatus, etc.)

- (w) Service plan summaries will describe, at a minimum, key information and the status of the current service plan, including but not limited to
 - (i) Goals identified in the service plan
 - (ii) Actions/activities the client has completed
 - (iii) Outstanding goals or actions.
- (x) Appropriate management staff or designates will review and sign-off on service plan summary notes.

10.1.1 FINANCIAL/SAVINGS PROGRAMS

- (a) Shelter providers will encourage and work with clients to establish financial savings in order to help offset the initial costs of moving to housing and to build their capacity to manage their financial affairs.
- (b) Shelter providers will offer or refer clients to supports that will increase their capacity to manage their finances including, but not limited to programs that offer credit counseling and household budgeting.
- (c) Shelter providers will encourage and work with clients to open a bank account if the client does not have an active account.
- (d) Shelter providers will encourage and work with clients to participate in a voluntary trusteeship or use the services of the Office of the Public Guardian and Trustee, where such services would be appropriate or benefit the client.
- (e) Shelter providers that offer an in-house savings program as part of their case management will
 - (i) 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
 - (ii) Determine savings goals with the client
 - (iii) Ensure that clients have access to their savings whenever they request, regardless of any savings goals
 - (iv) Work with clients to gradually move their savings to a bank account under their own management or a trusteeship program.

10.2 HEALTH AND MENTAL HEALTH SERVICES

- (a) Shelter providers will support clients who seek to address their health and mental health care needs. At a minimum, shelter providers will
 - (i) Assist clients with finding appropriate support services and make referrals when a shelter cannot provide the requested health and mental health services, including treatment, harm reduction and abstinence-based services and supports

- (ii) Ensure that Indigenous clients are aware of Indigenous-specific supports and services
- (iii) Issue a Leave with Permission for clients who seek non-emergency health and mental health care services at another institution in a manner that complies with the requirements of section 8.5.4 Leave with Permission
- (iv) Make every effort to accommodate ill clients at their shelter by providing daytime access as described under section 8.5.6 Daytime Access
- (v) Provide additional food servings and/or dietary supplements to clients who have been medically diagnosed as undernourished or underweight or refer clients to another shelter or service that provides the relevant dietary supports in a manner that complies with the requirements of section 9.2.2 Dietary Restrictions and Accommodation and section 8.2 Referrals.

10.2.1 HARM REDUCTION

- (a) Shelter providers will
 - (i) 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
 - (ii) 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
 - (iii) The policy will indicate that substance use in itself is not sufficient cause for contacting Children's Aid Services or Toronto Police Services
 - (iv) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised.
- (b) Shelter providers will facilitate the establishment of an onsite harm reduction advisory committee to ensure services are informed by resident needs and input, in a manner that complies with Section 6.1 Client Input.
 - (i) The committee will be led by clients with living experience of substance use and supported by site staff or harm reduction agency workers
 - (ii) Shelter providers will support resident-led or community-based harm reduction initiatives (e.g., peer-led programs, resident requests for room checks, etc.).
- (c) During admission, in conjunction with the requirements of section 8.3, shelter providers will explain what harm reduction services are available and will make explicit that
 - (i) The site is a harm reduction positive location
 - (ii) Harm reduction supplies and naloxone are readily available, onsite or through mobile community services
 - (iii) All clients will be offered a naloxone kit and training upon admission

- (iv) Substance use in and of itself is not a reason for service restriction; abstinence-based programs may be exempt and must comply with section 8.6 for Discharge, 8.6.2 for Service Restriction and section 10.2.2 of Abstinence-based programs
 - (v) Staff are concerned about the safety of people who use drugs at the site and are available to help with safety planning and arranging post-drug use safety checks.
- (d) Shelter providers will ensure naloxone kits (injectable and/or nasal spray) are available at all sites for staff and resident use.
- (i) All program staff on each shift will be trained in overdose prevention, recognition and response, including the administration of naloxone.
- (e) Shelter providers will post signage in communal, semi-private and private washrooms and washroom stalls and other visible areas (e.g., hallways, entrances, stairwells, etc.) noting
- (i) Overdose prevention initiatives available onsite
 - (ii) Availability of naloxone and other harm reduction supplies (i.e., safer injection equipment, safer smoking equipment, and safer sex products) (if available)
 - (iii) Encouragement of substance users to let another client or staff member know they are using.
- (f) Shelter providers will provide safer drug use equipment, safer sex products, training and related supports to clients (if qualified to do so).
- (i) Shelter providers will ensure that supplies will be easily accessible 24/7, for example, through zero barrier access in open common areas, peer satellite programming, site staff, or visiting harm reduction staff.
- (g) Upon the request of a client, shelter providers will 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 for
- (i) Opioid agonist treatment (buprenorphine, methadone, etc.)
 - (ii) Supervised consumption services
 - (iii) Free testing for sexually transmitted and blood borne infections
 - (iv) Free vaccinations
 - (v) Naloxone distribution and training
 - (vi) General nursing services (e.g., assessing injection-related abscesses, counselling, pregnancy testing and supportive decision-making, referrals to internal and external services).
- (h) Shelter providers in settings with self-contained and/or single occupancy rooms will prioritize best practices around overdose prevention over gathering limitations, including in the context of an outbreak of communicable illness.
- (i) Shelter providers will ensure that clients will be permitted to visit each other's rooms to provide support for safer drug use and overdose response.

- (ii) During an outbreak of a communicable illness, shelter providers will encourage clients to continue practicing IPAC measures even while visiting inside a single occupancy room.
- (i) Shelter providers will ensure that clients who smoke substances do so outdoors.
- (j) Shelter providers will ensure
 - (i) Sharps containers are secured and tamper proof and available throughout a site and in each bathroom stall in communal washrooms
 - (ii) Are placed out of reach of children
 - (iii) Clients are informed of the presence of fixed sharps containers and how to use them.
- (k) Shelter providers in settings with self-contained and/or single occupancy rooms will
 - (i) Inform clients of the availability of personal sharps containers and how to use them
 - (ii) Offer a sharps container to each client for their individual use upon admission
 - (iii) Make sharps containers available to clients when requested.
- (l) 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) Safer drug use supplies and/or safer sex products
 - (iii) Personal property, including substances.
- (m) Shelter providers will support clients who wish to engage in harm reduction programs by offering public transit fare to attend such programs or related appointments.
- (n) Shelter providers will not discharge clients or impose service restrictions on the basis of substance use on or off site, ensuring to comply with section 8.6 Discharges and section 8.6.2 Service Restrictions. This direction does not supersede section 10.2.2 Abstinence.
- (o) Shelter providers will ensure staff document any client death where overdose is the suspected cause of death using the Death of a Shelter Resident Reporting Form.
- (p) Shelter providers will make grief and loss support available to staff and clients immediately following a client death or overdose related traumatic event, and in an ongoing manner following the event. Support may include de-briefing, healing circles, one-on-one counselling, and peer to peer supports.
- (q) Shelter providers that operate abstinence-based programs, as per section 10.2.2 Abstinence, will identify with SSHA appropriate solutions that ensure the safety of clients and how they will implement harm reduction appropriate to the context of abstinence-based programs.
- (r) New and relocating sites will undergo a mandatory Harm Reduction and Overdose Preparedness Assessment as directed by SSHA.

10.2.2 ABSTINENCE

- (a) Shelter providers operating with an abstinence-based model will
 - (i) Identify how abstinence is defined within their program
 - (ii) Define to what extent they are able to provide service to non-abstaining clients
 - (iii) Document and submit a detailed description of the service model to SSHA for review and approval
 - (iv) Shelter providers of Indigenous-led programs, may provide culturally-appropriate abstinence-based programs.
- (b) Shelter providers that prohibit the use of alcohol onsite must inform clients prior to admission.
- (c) Admission decisions will not be based on a client's substance use.
- (d) Abstinence-based shelter providers will provide a private, dedicated space where clients under the influence of substances may rest until the effects of those substances have subsided.
- (e) Abstinence-based shelter providers may discharge and/or issue a service restriction to a client who breaks shelter rules or policies regarding substance use in a manner that complies with requirements under section 8.6 Discharge and section 8.6.2 Service Restrictions.
 - (i) Abstinence-based shelter providers will refer the discharged and/or service-restricted client to another shelter or appropriate support services in a manner that complies with the requirements of section 8.2 Referrals.

10.2.3 CLIENT MEDICATION

- (a) Shelter providers will
 - (i) 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
 - (ii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised
 - (iii) Encourage clients to self-administer medication whenever possible and will not require clients to surrender their medications.
- (b) Clients will be fully responsible for securely storing, accessing and administering their medication.
- (c) Some clients may require support from shelter staff (e.g., reminders, assistance with opening containers, etc.) or require shelter staff to help administer their medication where a physical limitation prevents the client from self-administering their medication. Only authorized staff may provide medication-related assistance to clients.

- (d) Shelter providers will treat medication information as confidential health information, as described under section 12.6 Privacy and Confidentiality of Client Information.
- (e) Shelter providers that assist clients with their medications will do so in a manner that complies with the requirements of section 10.2.4 Secure Storage and Disposal of Medication and 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 who issued and/or helped to administer the medication
 - (v) Client signature confirming receipt of medication.
- (f) Shelter 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.
- (g) Shelter 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, etc.) or the pharmacist who dispensed the medication to the client.

10.2.4 SECURE STORAGE AND DISPOSAL OF MEDICATION

- (a) Only authorized staff and/or the client will have access to the client's medication.
- (b) At a minimum, all medications will be
 - (i) Inventoried and labeled appropriately
 - (ii) Stored in separate containers for each client
 - (iii) Kept in a safe and secure location (e.g., a cabinet in an office, or locker or locked drawer in a client's room) at all times other than the time that the medication is accessed or administered.
- (c) Shelter providers will provide secure refrigerator space in an access-restricted area dedicated to the sole storage of medications requiring refrigeration.
- (d) Shelter providers will not store medications in the same refrigerator that is used to store expressed breast milk or food, as described under section 9.2.2 Dietary Restrictions and Accommodation.
- (e) Shelter 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.

10.2.5 MEDICATION MANAGEMENT PROGRAM

- (a) Shelter providers that offer a Medication Management Program will
 - (i) 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
 - (ii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised.

10.3 SPECIALIZED PROGRAM REQUIREMENTS

10.3.1 FAMILY SHELTERS

- (a) Family shelter providers will take all reasonable measures to keep a family unit or household intact.
 - (i) Family shelter providers will assign one family unit/household per room
 - (ii) Family shelter providers are exempt from meeting the lateral separation requirements of 9.3.1 Sleeping Areas and Beds in rooms where only one family unit/household has been assigned.
- (b) Family shelter providers will inform parents/guardians that
 - (i) Parents/guardians are responsible for their children and their children's behavior at all times during their stay in the shelter
 - (ii) Children must be registered in school during their stay at the shelter.
- (c) Family shelter providers will support and encourage parents/guardians to
 - (i) Be involved and participate in children's programs with their child/children
 - (ii) Use non-violent ways of disciplining children under their care
 - (iii) Be attentive to child safety practices including, but not limited to covering electrical outlets and sharp protruding edges or corners in their room, storing harmful chemicals or cleaning supplies in a secure area, taking measures to prevent children from climbing around/through windows and taking measures to protect children from accidental burns
 - (iv) Ensure to keep all sharps containers out of reach of children.

10.3.2 CHILDREN'S SERVICES AND PROGRAM

- (a) Family shelter providers will
 - (i) 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
 - (ii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised.
- (b) Family shelter providers will
 - (i) Stock a supply of disposable infant/toddler diapers and infant formula for emergency use
 - (ii) Encourage the use of disposable diapers
 - (iii) Permit the use of cloth diapers only where adequate laundry facilities and hygiene control procedures exist
 - (iv) Ensure that any diaper change stations in public or communal areas are installed near a washbasin supplied with running hot and cold water, soap, and paper towels
 - (v) Clean and disinfect diaper change stations regularly.
- (c) Where possible, family shelter providers will assign a child/children their own client support staff person who can focus on the specific service needs of the child/children.
- (d) Family shelter providers will
 - (i) Report any actual and suspected cases of child abuse or neglect as required under section 72 of the Child and Family Services Act, 1990
 - (ii) Work in full cooperation with child welfare agencies
 - (iii) 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 that use substances have dependent children
 - (iv) The policy will indicate that substance use in itself is not sufficient cause for contacting Children's Aid Services or Toronto Police Services.
- (e) Family shelter providers will offer a variety of developmentally appropriate activities for children within the shelter and/or ensure such opportunities are available within the surrounding community.
- (f) Family shelter providers will offer opportunities for children with developmental and/or physical disabilities to develop their full potential within an environment where they can interact and socialize with other children.
- (g) Family shelter providers will provide program summary/activity plans to parents/guardians prior to the commencement of any program/activity or may post such summary/plans in conspicuous areas of the shelter.

- (h) Family shelter providers will obtain written parental/guardian consent prior to a child's participation in a program/activity.
- (i) Field trips organized for children must be safe, educational/recreational in nature and age/developmentally appropriate.
- (j) Family shelter staff who organize, supervise or chaperone field trips will, at a minimum, review their child safety policy and lost child procedure prior to commencing any field trip.
- (k) 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.
- (l) Family shelter providers will ensure informational materials and displays in children's activity areas are not discriminatory or disrespectful.
- (m) Family shelter providers will ensure that all shelter-owned toys and activity materials are
 - (i) Safe, fully functional and large enough to prevent swallowing or choking
 - (ii) Reflective of diverse cultures, non-discriminatory or offensive and do not encourage the use of violence
 - (iii) Fully washable and disinfectable.
- (n) Family shelter providers will ensure that shelter-owned toys and activity materials are cleaned and disinfected according to a regular schedule. At a minimum,
 - (i) Infant toys will be washed per use and disinfected daily
 - (ii) Toddler and pre-school toys will be washed as needed and disinfected weekly
 - (iii) Toys for older children will be washed and disinfected as needed.
- (o) Family shelter providers are encouraged to seek partnerships with support agencies to provide onsite program/activity supports or by providing information to parents/guardians about relevant community resources.

10.3.3 2SLGBTQ+ CLIENTS

- (a) Shelter providers will
 - (i) Have a policy that details how services are provided to 2SLGBTQ+ clients in a manner that preserves their safety and dignity
 - (ii) Submit a copy of the policy to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised
 - (iii) Provide a copy of the policy or a plain language version of the policy (e.g., simplified orientation brochure) to clients upon their request.

- (b) Shelter providers will ask all clients for their gender identity rather than assume.
- (c) Shelter providers will accept gender identity and gender expression as defined by a client.
 - (i) In all their interactions, staff will use a client's chosen name and pronouns.
- (d) Shelter providers will make their services accessible to transgender clients in their self-identified gender.
- (e) Shelter providers will support the choices of transgender clients to gain access to sleeping areas and washrooms designated for the gender the client identifies with and/or that will best preserve their safety and dignity.
 - (i) In instances where transgender clients express concerns about their safety or dignity, shelter providers will accommodate requests for a bed in a non-gender specific /private room, if possible, or in a sleeping area that the client believes will best preserve their safety and dignity, regardless of their gender identity.
- (f) Shelter providers will continue to provide toiletries and hygiene supplies based on the client's need for the duration of the client's shelter stay.
- (g) Shelter providers may discontinue providing toiletry and hygiene products if a client's service plan requires it or if a client has an income and is able to purchase them.
- (h) Transgender clients may have a need for toiletries and hygiene supplies that is greater than other clients. Shelter providers will work with transgender clients to provide additional supplies.
- (i) Shelter providers will provide a minimum of one (1) washroom that is designated non-gender specific, barrier-free, and accessible that ensures compliance with applicable regulatory requirements. Where possible, shelter providers will stock each washroom with menstrual products.
- (j) Shelter providers will inform clients of the availability and location of non-gender specific and/or accessible washrooms.
- (k) Shelter providers will take all reasonable measures to ensure that clients have privacy while showering.
 - (i) Shelter providers will ensure that communal showers have shower curtains or equivalent privacy feature(s), or provide transgender clients with sole access to communal shower facilities at alternate times.
- (l) Shelter providers will treat hormones that belong to transgender clients as any other medication and will not consider them a prohibited substance nor confiscate them.
- (m) Shelter providers are encouraged to seek partnerships with 2SLGBTQ+-positive health/services providers.
- (n) Shelter providers that are not able to provide health or support services to 2SLGBTQ+ clients will provide appropriate referrals to 2SLGBTQ+-positive health/services providers.

10.3.4 INDIGENOUS CLIENTS

- (a) Shelter 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) Shelter providers will seek opportunities to affirm their commitment to and support of reconciliation efforts (e.g., posting land acknowledgement).
- (c) Shelter providers will support staff access to awareness and training around Indigenous cultures and histories, and will seek training from Indigenous organizations to deliver trainings on Indigenous cultural competencies.
- (d) Further to the requirements of section 9.3 (f) shelter providers will accommodate Indigenous client requests for an appropriate and dignified space to smudge or use medicines, including an indoor space if desired by the client.
- (e) Shelter providers will ensure that Indigenous clients are aware of Indigenous-specific supports and services.
 - (i) Shelter providers that are not able to provide services to Indigenous clients will provide appropriate referrals to Indigenous service providers if desired by the client.
- (f) Shelter providers are encouraged to seek partnerships with Indigenous services providers in a way that respects the self-determination and autonomy of Indigenous organizations.
- (g) Shelter providers of Indigenous-led programs may provide culturally-appropriate abstinence-based programs.

10.3.5 CLIENTS WITH DISABILITIES

- (a) Shelter 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) Shelter 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) Shelter 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) Shelter providers will take all reasonable measures to accommodate a client with a disability.
 - (i) Shelter providers will take all reasonable measures to accommodate clients accompanied by service animals or emotional support animals.
 - (ii) Shelter providers that cannot accommodate clients with a disability will make a referral to an accessible shelter and offer appropriate transportation assistance, as described under section 8.2 Referrals.

- (e) To assist clients with their hygiene needs, shelter providers will provide
 - (i) A minimum of one (1) washroom that is designated non-gender specific, barrier-free and accessible that ensures compliance with applicable regulatory requirements.
 - (ii) A minimum of one (1) shower that is designated non-gender specific, barrier-free and accessible that ensures compliance with applicable regulatory requirements.
- (f) Evacuation plans will, at a minimum, include procedures for evacuation of clients with mobility issues or other disabilities, as well as service animals.



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.



12 ADMINISTRATION

12.1 BOARD REQUIREMENTS

- (a) Not-for-profit organizations funded to provide shelter services must be governed by a volunteer Board of Directors.
- (b) At a minimum, the Board of Directors is responsible for
 - (i) Developing and reviewing the mandate, mission, values and strategies of the organization
 - (ii) Setting agency priorities
 - (iii) Reviewing and approving policies
 - (iv) Evaluating service models and delivery
 - (v) Entering into a purchase-of-service contract (i.e., Operating Agreement) with the City
 - (vi) Ensuring that the organization meets funder expectations, contract conditions and reporting requirements
 - (vii) Reviewing budgets and expenditures
 - (viii) Reviewing and approving accounting and reporting procedures
 - (ix) Conducting an annual performance review of the Executive Director
 - (x) Ensuring that the organization meets all legislated obligations.
- (c) The Board of Directors will have the required number of directors as specified in the agency's bylaws. Further, the board will solicit diverse membership to reflect the community they serve and with the range of skills required to fulfill this role.
- (d) At a minimum, the Board of Directors will ensure that the same number of board members required to reach quorum have received or will receive training in a manner that complies with the requirements of section 12.4.2 Training.
 - (i) The Chair of the Board must be one of the board members that has received or will receive this training.
- (e) The Board of Directors must convene regular meetings, conduct an annual general meeting and maintain written records of these meetings. Board minutes and minutes from the annual general meeting must be signed by the Chair or designate to verify acceptance.

12.2 ORGANIZATIONAL REQUIREMENTS

12.2.1 FINANCIAL ACCOUNTABILITY

- (a) On an annual basis, shelter providers will provide program and financial information to SSHA in a format specified by SSHA. Annual budget submissions will be submitted, in the specified format, by a date determined by SSHA. Operating Agreements will be duly signed by the Chair of the Board, designate, or a board member with signing authority.
- (b) A shelter's occupancy must not exceed its funded capacity as specified in its Operating Agreement unless approved by SSHA. Shelter providers will only be reimbursed up to the maximum value as specified in the Operating Agreement.
- (c) To register an employee as a signing officer, a Delegation of Signing Authority form must be completed and submitted to SSHA.
- (d) Shelter providers will ensure that their financial record keeping practices adhere to generally accepted accounting principles. All financial records will be kept for a minimum of seven (7) years and made available for auditing.
- (e) Shelter providers will have an annual audit conducted by a qualified, independent auditor. Multi-service organizations and shelter providers that provide more than one (1) shelter service/program will provide an audited statement of shelter operations for each shelter service/program. Such organizations are required to use the Audited Statement of Shelter Operations template.

12.2.2 PROGRAM ACCOUNTABILITY

- (a) SSHA will conduct reviews and audits as described under section 2.4 Quality Assurance. Shelter providers will provide SSHA representatives with reasonable access to the shelter premises and to financial and service records. Random audits of shelters may be conducted and bed logs must be provided when requested by SSHA representatives. Bed logs must be kept for a minimum of seven (7) years for auditing purposes.
- (b) During visits, SSHA representatives may wish to meet with shelter staff, board/sub-committee members, volunteers and/or shelter clients.
- (c) Shelter providers will not introduce any ancillary services that detract or otherwise interfere with the effective delivery of their support services. If in doubt whether such ancillary services would detract or otherwise interfere, shelter providers will discuss such plans in advance with SSHA.
- (d) Shelter providers, including the Board of Directors, are responsible for ensuring that staff performance and accountability are properly monitored and evaluated.
- (e) Shelter providers, including the Board of Directors, must ensure that all contracted services meet the applicable TSS.

12.2.3 PROPERTY MANAGEMENT AND CAPITAL PLANNING

- (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.
- (b) Shelter providers are encouraged to have a professional energy audit and an accessibility audit conducted at least once every ten (10) years and to prepare and implement an energy management plan and accessibility upgrades based on the audits findings.

12.2.4 NEIGHBOURHOOD ISSUES

- (a) Shelter providers will
 - (i) Have a good neighbour policy and 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
 - (ii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised.
- (b) Shelter providers will provide the contact information for SSHAA and the Office of the Ombudsman to any individual who wishes to make a complaint about a City of Toronto or SSHAA program, service or responsibility.

12.3 CONFLICT OF INTEREST

- (a) Shelter providers will
 - (i) Have a conflict of interest policy and procedures for declaring and reporting a conflict of interest
 - (ii) Submit a copy of the policy and procedures to SSHAA, and resubmit a copy whenever the document(s) are updated or otherwise revised.
- (b) At a minimum, shelter staff and board members
 - (i) Will not use their positions to give anyone special treatment that would advance their own interests or that of any member of the employee's family, their friends or business associates
 - (ii) Will not accept gifts, money, discounts or favours including a benefit to family members, friends or business associates for doing work that the shelter provider pays them to do. The exceptions to this are promotional gifts or those of nominal value (e.g., coffee mug or letter opener with the company's logo)

- (iii) Will not engage in any outside work or business activity that conflicts with their duties as shelter staff or board member, which use their knowledge of confidential plans, projects or information about the organization's assets that will, or is likely to, negatively influence or affect them in carrying out their duties as shelter staff or board member
- (iv) Will not use, or permit the use of, the shelter provider's property, facilities, equipment, supplies or other resources for activities not associated with their work. Any exceptions to this must be expressly approved by either the Executive Director or the Chair of the Board
- (v) May not disclose confidential or privileged information about the property, or affairs of the organization, or use confidential information to advance personal or others' interests, except in instances where the shelter staff or board member is providing necessary information to allege or report wrongdoing on the part of the shelter provider or Board of Directors (i.e., whistle blowing)
- (vi) Who knowingly have financial interests in a contract, purchase, sale or other business transaction with the shelter provider, or have family members, friends or business associates with such interests, will not represent or advise the shelter provider in such transactions.

12.4 HUMAN RESOURCES

- (a) Shelter providers will
 - (i) Have a policy and procedures regarding staff hiring, training, and performance management
 - (ii) Have a policy and procedures regarding student/volunteer placements, and the scope of work and supervision requirements of students/volunteers
 - (iii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised.
- (b) Shelter providers will provide all new employees with an orientation or orientation information within the first five (5) days of their employment. At a minimum, the orientation information will cover key shelter policies, procedures and processes, including
 - (i) Staff Code of Conduct
 - (ii) Client Rights and Responsibilities
 - (iii) Compliments and Complaints Process
 - (iv) Conflict of Interest policy
 - (v) Health and Safety information including key aspects of a shelter's emergency plan, evacuation plan and identifying emergency exits
 - (vi) Infection Control Practices, including the appropriate use of PPE
 - (vii) AODA Customer Service Requirements, including service animals

- (viii) Harm Reduction and Overdose Response
 - (ix) Any other information that is immediately required for the employee to perform their work safely, effectively and professionally (e.g., food safety).
- (c) Shelter providers that permit volunteer and/or student placements will
- (i) Provide each volunteer/student with a shelter orientation similar to that provided to new employees as described under section 12.4 Human Resources, and which covers relevant information to their placement
 - (ii) Not give volunteer/student access to SMIS, as described in the Hostel Services Guidelines – SMIS Implementation.
- (d) 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.
- (e) Shelter staff will comply with requirements of section 12.4.1 Staff Code of Conduct.

12.4.1 STAFF CODE OF CONDUCT

- (a) Shelter providers will have a Staff Code of Conduct that outlines acceptable, professional behaviour that applies to all staff, and which will be posted in conspicuous areas of the shelter.
- (b) Shelter staff will
 - (i) Acknowledge the power inherent in their position and work with a client-centered, anti-oppression approach
 - (ii) Act professionally, with integrity, objectivity and equity
 - (iii) Treat all individuals in a respectful, non-judgmental way
 - (iv) Follow the Toronto Shelter Standards
 - (v) 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 home and attempt to minimize the impacts of their presence in sleeping areas and washrooms
 - (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 shelter's policies and procedures.
- (c) Shelter staff 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
- (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.

12.4.2 TRAINING AND PROFESSIONAL COMPETENCIES

- (a) An ongoing commitment to learning is important to ensure that shelter staff and board members are able to perform their duties to the highest standards of professionalism and which are consistent with evidence-based leading practices. The TSS sets out minimum training and professional competency requirements for shelter staff and board members. Shelter providers are encouraged to exceed these standards.
- (b) Shelter providers will comply with all mandatory training requirements of applicable legislation.
- (c) Shelter providers will ensure that shelter staff and board members have received or will receive training in the identified topics and professional competencies as described under the Training Topics and Professional Competencies Matrix.
 - (i) Staffing categories (e.g., client support staff, dietary staff, cleaning/maintenance staff, supervisory/management staff) are defined under section 3 Defined Terms and may not align with a shelter staff's title but are based on their responsibilities or functions.
- (d) Shelter providers will maintain an accurate training record for their staff and board members and document all staff orientations and emergency drills/exercises that are conducted.
- (e) Shelter providers will keep training course/curriculum descriptions, manuals or any other documentation that describes the course content, the training methodology, the length/duration of the training course(s) that have been completed by their staff and board members. This documentation may be requested by SSHA representatives during any of the reviews described under section 2.4.1 Program Reviews.
- (f) Shelter providers may accept documentation from previously completed training or course work from a designated learning institution provided that they meet the requirements of section 12.4.2 Training and Professional Competencies.
- (g) Shelter providers will ensure that shelter staff and board members have received or will receive refresher training or update mandatory trainings no later than every five (5) years or the recertification period for their training (e.g., Standard First Aid), whichever is sooner.
- (h) Shelter providers are not limited to arranging training in the identified topics and professional competencies solely through in-class instruction, and may also access training content through other means (e.g., webinar, online modules, peer groups, etc.) provided that it is suitable to the learning style of the shelter staff or board members being trained.

- (i) Shelter providers will seek training in the identified topics and professional competencies from agencies or trainers who are qualified to deliver training on the subject matter and can tailor the training content to a shelter-specific context, where possible.
- (j) Shelter providers may deliver in-house training on subjects/topics where they have the operational experience or subject matter expertise.
- (k) Training timelines indicated in the Training Topics and Professional Competencies Matrix may be extended with prior approval from SSHA.

12.5 DOCUMENTATION AND REPORTING

- (a) Shelter providers will comply with all documentation and reporting requirements found in their Operating Agreement, the TSS and SSHA Directives.

12.5.1 SMIS

- (a) Shelter providers will comply with the SMIS-related requirements found throughout the TSS, SSHA Directives, SMIS Privacy Guidelines, SMIS User Agreement, and their Operating Agreement.
- (b) Documentation and reporting timeframes may be extended to a maximum cumulative period of twelve (12) hours if SMIS is unavailable due to system interruptions (e.g., SMIS maintenance, power failure, internet access failure).
 - (i) Shelter providers will ensure that all staff that use SMIS are aware of the manual back-up process in case of system interruptions or when a SMIS module is not available and use of the hard copy forms until SMIS or the SMIS module is available.
 - (ii) Shelter providers will immediately enter all information into SMIS as soon as SMIS or the SMIS module is available.

12.5.2 INCIDENT REPORTING

- (a) Shelter providers will document incidents in SMIS using the SMIS Incident Report module as soon as possible, but no later than twenty-four (24) hours after the incident.
- (b) Serious occurrences will be immediately reported to SSHA.
- (c) Shelter providers will document serious occurrences in SMIS using the SMIS Incident Report module as soon as possible, but no later than twelve (12) hours after the incident.
- (d) If SMIS or the SMIS Incident Report module is not available, the incident serious occurrence must be documented in the hard copy version of the SMIS Incident Report form or in another manner that captures the same information as reported in the SMIS Incident Report form and entered in SMIS once SMIS or the SMIS Incident Report module becomes available.
- (e) Where a reportable incident or serious occurrence takes place before 8:00 a.m. or after 5:00 p.m., shelter providers will report the incident or serious occurrence to SSHA.

- (f) The death of a shelter resident is a type of incident and will be reported immediately to SSHA, in accordance with the reporting requirements found in the [Reporting the Death of a Shelter Resident Guidebook](#).

12.5.3 SERVICE DISRUPTION

- (a) Shelter providers will immediately notify SSHA of any and all planned or unplanned service disruptions to provide information about the service disruption and the anticipated or actual impacts on shelter access and support services delivery.
 - (i) If the need to contact SSHA arises before 8:00 a.m. or after 5:00 p.m., the shelter provider will notify SSHA of the service disruption.
- (b) Shelter providers will submit a completed Shelter Service Disruption Notification form, by fax or email to SSHA within twenty-four (24) hours of notifying SSHA.
- (c) If the reason for the service disruption involves a serious occurrence, shelter providers will complete and submit an incident report in a manner that complies with the requirements of section 12.5.2 Incident Reporting.
- (d) Shelter providers will post a notice of the disruption to advise shelter clients and the public of limitations to services.
- (e) Shelter providers will inform SSHA when the service disruption has ended and services have returned to normal functioning.

12.6 PRIVACY AND CONFIDENTIALITY OF CLIENT INFORMATION

12.6.1 CLIENT INFORMATION AND FILES

- (a) Shelter providers will treat a client's personal information, including physical and mental health documentation, and client files as confidential information.
 - (i) Regulated health care practitioners employed by a shelter provider will collect, store, use, remove, disclose, retain and dispose of a client's personal health information in accordance with the Personal Health Information Protection Act (PHIPA) and all applicable professional regulations.
- (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 disposal of a client's personal information, including physical and mental health documentation that, at 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

- (iii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised.
- (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) 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.

12.6.2 COLLECTION OF CLIENT INFORMATION

- (a) Shelter providers will inform clients of the [SMIS Notice of Collection](#), and will
 - (i) Post it in conspicuous areas where client information is regularly displayed (e.g., intake/admission area, counselor or case worker office)
 - (ii) Verbally review the SMIS Notice of Collection and ensure the client understands it before entering client data into SMIS when conducting an intake
 - (iii) Shelter providers collecting client information by phone for an intake must inform the client of the following, "Your personal information is collected under the authority of the City of Toronto Act and is used to provide shelter services and to administer social assistance programs. Questions about this collection can be directed to the SMIS Privacy Contact at 416-392-8741."
- (b) Shelter providers will not use immigration status as a basis to deny clients access to shelter services. Immigration status information will not be requested or collected in order to determine service eligibility at intake/assessment or admission process, unless approved by SSHA.
 - (i) Refugee status will be collected to facilitate suitable shelter placement and supports.
- (c) Shelter providers may request and collect immigration status information to assist clients to obtain or replace identification or determine eligibility for social assistance programs (e.g., housing subsidy programs, OW/ODSP, OAS, CPP) or services (e.g., Housing Help, health care) that require this information.
- (d) Shelter providers will use the SMIS Consent Form to obtain consent from clients to share information with relevant support services and health care providers as described in section 12.6.4 Sharing/Disclosure of Client Information.

12.6.3 STORAGE OF CLIENT INFORMATION

- (a) Shelter providers will take all reasonable measures to safeguard hard-copy files containing a client's personal or health information including, but not limited to, storing the files in a secure location and in a locked container (e.g., locked cabinet in a locked office) and limiting access to the files to authorized shelter staff who require this information to provide support services.
- (b) Shelter 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), which may include, but is not limited to, password protecting the file, encrypting the file and limiting access to the files to authorized shelter staff who require this information to provide support services.
- (c) Removing confidential client files from the shelter premises or electronically transmitting confidential client information outside a secure network is discouraged.
- (d) Shelter providers that permit the physical removal or electronic transmission of confidential client information must identify the exceptional circumstances when and the manner by which confidential client-related information may be removed or transmitted to ensure the security, privacy and confidentiality of the information is maintained.
- (e) If client information must be removed or transmitted as part of the client's service plan, the information must be secured and moved/transmitted in a manner that will limit potential security, privacy and confidentiality breaches.

12.6.4 SHARING/DISCLOSURE OF CLIENT INFORMATION

- (a) Shelter providers will not disclose a client's personal information, including physical and mental health documentation, without first receiving the client's signed consent.
- (b) Upon the request of a client, shelter providers will provide information about the client's records (e.g., hard-copy notes, SMIS information and records) in a manner that follows applicable laws and does not compromise the confidentiality of personal information of other clients or staff.
- (c) Disclosure of confidential personal information, including physical and mental health documentation, about a client may only be provided to the client in question, or a person who is legally authorized to act on behalf of the client.
- (d) Sharing confidential client 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 consent and completed SMIS Client Consent form.
- (e) All client consent documentation will be accurate, up-to-date and recorded in SMIS.
- (f) Shelter providers will permit the disclosure of a client's personal information, including physical and mental health documentation, to relevant authorities or persons, without the client's signed consent only when
 - (i) Permitted or required under applicable legislation or regulations

- (ii) Disclosure is required pursuant to a court order or subpoena
- (iii) Refusing or neglecting to provide personal or health information could endanger the safety of the client or others.

12.6.5 RETENTION AND DISPOSAL OF CLIENT INFORMATION

- (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.

12.6.6 PRIVACY BREACH AND UNAUTHORIZED USE OF PERSONAL INFORMATION

- (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.
- (b) Shelter providers will report any actual or suspected breach of confidentiality with respect to client information to SSHA as soon as possible, but no later than twenty-four (24) hours after becoming aware of the actual or suspected breach.
- (c) Shelter providers will report to SSHA the following details of an actual or suspected breach of confidentiality with respect to client information that, at a minimum, includes
 - (i) The information breached
 - (ii) The time of occurrence
 - (iii) The manner or means of the disclosure, use or breach having occurred
 - (iv) The person(s) responsible, if known
 - (v) The steps that the shelter provider has taken and is intending to take to rectify, mitigate and avoid the possible adverse consequence of the unauthorized use, disclosure or breach.

