

# ACKNOWLEDGEMENTS

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The City extends its gratitude to those individuals who attended a consultation session for these standards and provided a lived-experience lens.

# PREAMBLE

The City is committed to delivering high quality services that improve the lives of individuals and families experiencing homelessness. To meet this commitment, the first Ottawa Emergency Shelter Standards were developed and approved by Ottawa City Council in 2005. In 2018, the City of Ottawa undertook a process to update the 2005 Ottawa Emergency Shelter Standards to reflect the changing shelter environment.

To update Ottawa's Standards, staff conducted a comprehensive literature review and an environmental scan of the shelter standards of seven other municipalities in Canada. This review provided insights into best practices and common approaches to providing shelter services and supports. Borrowing from the best practices, common approaches, and previously received client and community feedback, a draft version of the Ottawa Emergency Shelter Standards ("OESS") was completed.

Over 2019 and 2020, Housing Services sought feedback from internal and external stakeholders on the draft OESS. Internally, the document was circulated to various City departments and service areas for review and comment. Externally, the City of Ottawa received feedback through consultations, including consultations with City-funded agencies, ancillary partners, and people with lived experience of homelessness and/or housing precariousness.

Of note, these consultations and feedback included:

- In-person consultations with the Aboriginal Community Advisory Board and other ancillary partners
- In-person consultations with staff, including frontline workers, human resources, maintenance, and management from all City-funded emergency shelters and transitional housing programs
- An in-person consultation session with people with lived experience of homelessness
- Feedback from the consultations on the 10-Year Housing and Homelessness Plan 2020-2030, which included over 75 in-person consultations with over 1200 people, over 300 of whom had lived experience of homelessness and/or unstable housing
- Survey results from the 2018 provincially mandated Point-in-Time Count, which surveyed over 1400 individuals, all of whom were experiencing homelessness and/or unstable housing

Findings of the literature review and environmental scan, as well as feedback from the consultation sessions and surveys, have been incorporated into this document.

The updated OESS are more comprehensive, detailed, and measurable than the 2005 Standards; there are 40 new sections, 48 enhanced sections, and 9 updated sections. The revisions and updates to the OESS incorporate the recommendations gathered through the Review process and provide clients and service providers with clear guidance and expectations regarding service delivery.

Through this process, it was determined that a separate set of standards should be developed for transitional housing program providers and the Ottawa Transitional Housing Program Standards (“OTHPS”) were developed to reflect the unique operational and programming needs of transitional housing.

The OESS will be reviewed and updated every five years, with the opportunity for shelter providers, transitional housing program providers, internal stakeholders, ancillary partners, and clients/residents to provide feedback and input.

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# DEFINED TERMS

## **Abuse**

Abuse in any form is a violation of a person's rights and can be either a single act or repeated acts. Abuse may be deliberate or the result of ignorance, or lack of training or understanding. Abuse can occur in any relationship and may result in significant harm to or exploitation of the person subjected to it.

## **Admission**

The process of granting a new or returning client access to a shelter and its services.

## **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, sleeping mat, or couch in a supervised area of the shelter).

## **Assessment**

Systematic gathering and evaluation of client information from all available sources in order to develop an individualized service plan.

## **Bed**

A piece of furniture for sleep or rest, typically a frame with a mattress and coverings.

## **Bed – Held**

A bed that has been assigned to a client who is not physically present in a shelter. Beds may be held for new incoming clients or for current clients who have arranged to arrive after a shelter's curfew.

## **Bed – Occupied**

A bed that has been assigned to a client as indicated in the Homeless Individuals and Family Information System ("HIFIS"), including clients who have been granted permission to arrive after curfew and clients who are temporarily out of their beds but present elsewhere in a shelter during the final bed count.

## **Bed – Overflow**

A cot or sleeping mat that may be used when maximum regular shelter capacity has been reached, in extreme weather emergencies, or in other unique circumstances (as approved by the City).

## **Board**

The volunteer Board of Directors of a shelter provider.

**Book-Out**

The process of concluding a client's stay at a shelter, including the use of HIFIS to release a client's assigned bed.

**Book-Out – Planned**

A voluntary or anticipated discharge that results from a client securing long-term housing, meeting their service plan goals, or transferring to programs/supports that are more appropriate.

**Book-Out – Unplanned**

An involuntary or unanticipated discharge that results from a client's decision to discontinue receiving shelter services, from a failure to return at curfew, or from a service restriction.

**Child**

For the purposes of determining shelter eligibility, a child is a person who is 15 years of age or younger. A shelter provider may provide service to a person who is 16 years of age or older only with the person's consent (*Child & Family Services Act, 1990*).

**City**

The City of Ottawa, or more particularly, the Community and Family Shelters Branch of the City of Ottawa's Housing Services.

**Client**

A person residing at a shelter that has been determined by the shelter provider to be eligible for a funded stay, as set out in the Service Agreement.

**Communicable Disease**

An illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal, or reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment.

**Complaint**

An expression of dissatisfaction related to the services and/or support at a shelter. A complaint may be made verbally or in writing, and may be received from anyone, including clients, client advocates, other homelessness agencies, and members of the community.

**Conflict of Interest**

A situation in which a person uses, may use, or may be perceived to use information, influence and/or resources of an organization to which they are affiliated primarily for personal benefit, benefit to their family, or to protect against personal loss or that of related organizations to which they belong, without prior disclosure of affiliation.

## **Coordinated Access**

A coordinated access system is the process by which individuals and families who are experiencing homelessness or at-risk of homelessness are directed to community-level access points where trained workers use a common assessment tool to evaluate the individual or family's depth of need, prioritize them for housing support services and then help to match them to available housing focused interventions.

## **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 client.

## **Disability**

Any degree of physical disability (such as diabetes, epilepsy, brain injury, paralysis, amputation, lack of physical coordination, visual impairment, hearing impairment, speech impediment, use of a guide dog or other animal, and use of a wheelchair or other device), cognitive impairment or developmental disability, learning disability and/or mental illness (adapted from the *Ontarians with Disabilities Act, 2001*). Includes the definition of "disability" in Section 10 of the *Ontario Human Rights Code*.

## **Discrimination**

Unequal or different treatment, or harassment that causes harm.

## **Extreme Weather Alert**

An official alert issued by Environment and Climate Change Canada when the weather is likely to cause detrimental effects on human health. These alerts include heat and cold warnings and poor outdoor air quality events. Other extreme weather alerts include warnings about winter storms, tornadoes, and other unsafe weather conditions.

## **Financial Savings Program**

A financial support program focused on actively assisting clients to save funds for housing or in support of other service plan goals. 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.

## **Food Allergy**

An immune system reaction that occurs soon after eating a certain food, 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.

### **Funding**

An amount that is payable by the City to the shelter provider for the provision of shelter services rendered to eligible clients, in accordance with amounts set out in the Service Agreement.

### **Gender Expression**

The manner in which a person publicly presents their gender. This can include behaviour and outward appearance such as dress, hair, make-up, body language, and voice. Chosen names and pronouns are also common ways of expressing gender.

### **Gender Identity**

A person's internal experience of their own gender, which may not match the sex they were assigned at birth or their physical appearance.

### **Harm Reduction**

Harm reduction is both a philosophy and set of practical strategies 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 may include abstinence-based shelter programs providing a client with the choice to participate or to seek other forms of treatment or support.

### **HIFIS**

The Homeless Individuals and Families Information System is a computerized information management system used to book-in and book-out clients, maintain health records, preserve historical client records, communicate amongst users through bulletins, and collect information on the shelter population. It is a common database used by shelters to collect information on homelessness.

### **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.

### **Indigenous Peoples (or Aboriginal Peoples)**

A collective name for all the original peoples of North America and their descendants. The Canadian Constitution recognizes three groups of Indigenous people: First Nations, Inuit, and Métis. These are three distinct peoples with unique histories, languages, cultural practices, and spiritual beliefs.

### **Infection Prevention and Control (IPAC)**

Evidence-based practices and procedure that, when applied consistently, can prevent or reduce the risk of infection in clients and workers.

### **Intake**

The process of assessing a client's needs, eligibility, and suitability for service and recording the results of the assessment in HIFIS. Intakes are expected to be performed for clients whose file is outdated, incomplete, or non-existent.

### **Leave with Permission**

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

### **LGBTQ2S**

An acronym that refers collectively to lesbian, gay, bisexual, transgender, transsexual, queer, questioning and two-spirited people. While terms and identities frequently change and acronyms that are more inclusive may be introduced elsewhere (e.g. LGBTQQIP2SAA, LBGTQIA), LGBTQ2S will be used as an all-encompassing term in the OESS.

### **Medication**

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

### **Ministry**

The Ministry of Municipal Affairs and Housing (MMAH) of the Province of Ontario.

### **Naloxone**

Naloxone is a medication that can temporarily reverse the effects of an opioid overdose. Opioids include drugs like heroin, morphine, fentanyl, methadone, etc. In Ontario, naloxone is available for free through public health units, at local pharmacies, community agencies, shelters, transitional housing programs, outreach programs, and withdrawal management programs. It is available to people who could be at risk of an overdose and to people who could help someone who is overdosing.

### **Policy**

A practice or procedure that is approved by senior management, Board of Directors or other legally binding governance structure.

### **Principle**

Is a reason, general truth, a base on which standards are founded or derived.

### **Procedure**

A written set of instructions to achieve a given task. A procedure may form a standard against which to evaluate the performance of that task.

### **Province**

Refers to the Province of Ontario.

### **Quality Assurance**

A formal set of activities that reviews and affects the quality of service provided, giving both internal and external parties the confidence that the organization will consistently meet the requirements for quality service.

### **Review – Compliance**

Conducted every 30 months to ensure that shelter providers are adhering to all aspects of the OESS in order to ensure high-quality service delivery to clients. They focus on compliance with applicable legislation, profession practices, programming models, processes, client health and safety, and building maintenance.

### **Review – Site**

Conducted annually on years when a Compliance Review is not conducted and/or as requested by the shelter provider, or at other times as determined by the City. Site Reviews ensure that shelters are well-maintained and in a state of good repair. The primary focus of a Site Review is to ensure the health and safety of all persons on shelter property and does not encompass all aspects of a Compliance Review.

### **Routine Practices**

The system of infection prevention and control practices (e.g. risk assessment, hand hygiene, personal protective equipment, environmental controls, and administrative controls) recommended by the Public Health Agency of Canada to be used with all clients during all care to prevent and control transmission of micro-organisms.

### **Safer Inhalation Equipment**

Equipment used to help people who smoke crack cocaine or crystal methamphetamine to reduce the potential harm to themselves (e.g., to prevent the transmission of communicable diseases). Safer inhalation equipment may include glass stems, brass screens, push sticks and mouthpieces.

### **Safer Injection Equipment**

Equipment used to help people who inject drugs to reduce the potential injection related harms (e.g., to prevent the transmission of blood-borne infections like HIV). Safer injection equipment may include needles and syringes in various sizes, sterile water, alcohol swabs, tourniquets, filters, cookers and biohazard containers.

### **Serious Occurrence**

Incidents such as death, fire, and/or critical injury, as well as incidents covered by the media that must be reported to the City. [See Section 11.8 – Serious Occurrences.](#)

### **Service Agreement**

The binding agreement between the City and the shelter providers that sets out the rights, obligations, terms, and conditions of providing services on behalf of the City to individuals and families experiencing homelessness in consideration for funding.

### **Service Animal**

In keeping with the *Accessibility for Ontarians with Disabilities Act's* Customer Service Standards, one of two conditions must apply for an animal to be considered a service animal:

- a. The animal can be easily identified as relating to the client's disability (for example, it is a guide dog or other animal wearing a vest or harness); or
- b. The client provides documentation from a regulated health professional confirming the client requires the animal due to a disability.

### **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 their objectives, responsibilities, and the course(s) of action necessary to achieve their goals, with a primary focus on housing.

### **Service Restriction**

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

### **Shelter Provider**



A not-for-profit organization that receives funds from the City to provide emergency shelter services through a Service Agreement, or shelter services that are directly operated by the City.

### **Shelter System**

Temporary emergency accommodations, which includes both shelters and transitional housing programs.

### **Staff or Shelter Staff**

Includes:

- a. Cleaning / Maintenance Shelter 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
- b. Dietary Shelter 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
- c. Management 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
- d. Employees of a shelter provider who provide counseling, case management, housing assistance, or frontline client support

### **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 temporary emergency accommodations, meal programs, housing help services, employment programs, etc.

### **Temporary Emergency Accommodation – 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.

### **Temporary Emergency Accommodation – Transitional Housing Program**

Transitional housing is a form of supportive, yet temporary accommodation, which enables residents to receive required supports to aid in the transition to independent living and self-sufficiency. Transitional housing program providers are designated as such in their Service Agreement and subject to different standards.

### **Transgender Person**

A person whose gender identity or gender expression does not match the sex assigned to them at birth. Some transgender people are prescribed hormones to bring their bodies into alignment with their gender identity, while others will undergo surgery as

well. However, not all transgender people can or will take those steps, and a transgender identity is not dependent upon physical appearance or medical procedures. The term transgender will be used as an umbrella term referring to people with diverse gender identities and expressions that differ from stereotypical gender norms. It includes but is not limited to people who identify as transgender, trans woman (male-to-female), trans man (female-to-male), gender non-conforming, gender variant or gender queer for the purposes of the OESS and is intended to be interpreted in a manner that aligns with the *Ontario Human Rights Code*.

### **Trustee**

A guardian of property duly appointed under the *Substitute Decisions Act, 1992*, S.O. 1992, c. 30, and regulations thereto, as amended from time to time, an attorney under a continuing power of attorney, a trustee duly appointed under a statute, a will or other instrument, as the case may be.

### **Two-Spirited People**

This term is culturally specific to North American Indigenous communities and refers to queer Indigenous people who identify with both a male and female spirit. This term is not exclusive to gender identity and can also refer to sexual orientation.

### **Weather Advisory**

A Weather Advisory is issued for specific weather events (like blowing snow, fog, freezing drizzle, and frost) that are less severe but could still have an impact on people.

### **Weather Statement (Special)**

A Special Weather Statement is the least urgent type of weather alert that is issued to let people know that conditions are unusual and could cause concern.

### **Weather Warning**

As certainty increases about the path and strength of a storm system, a Weather Watch may be upgraded to a Weather Warning, which is an urgent message that severe weather is either occurring or will occur. Warnings are usually issued six to 24 hours in advance, although some severe weather (such as thunderstorms and tornadoes) can occur rapidly with less than 30 minutes notice.

### **Weapon**

Any object that is used, designed, or intended for use in threatening, intimidating, or causing physical injury or death to a person.

### **Youth**

For the purposes of determining shelter service eligibility, a youth is a person who is between 16 and 17 years of age, inclusive.

# 1 POLICY CONTEXT

Temporary emergency accommodations include both shelters and transitional housing programs which play a vital role in the continuum of housing and homelessness services. The City of Ottawa's foundational principles, outlined below, are meant to provide an overall framework to guide providers in their delivery of service. These principles align with a Housing First approach and focus on supporting individuals, couples, and families to meet their housing goals.

## 1.1 FOUNDATIONAL PRINCIPLES

### **Diversion Strategies**

Diversion is a service delivery approach that shelter providers use to divert individuals/families from becoming homeless before they enter the shelter system or to immediately expedite their exit from the shelter system. Shelter providers assess individuals/families seeking temporary emergency accommodation and if there is a safe and appropriate alternative, they are diverted from the shelter system. If shelter providers are unable to divert individuals/families, they are admitted to the shelter system.

### **Housing-Focused**

Shelter providers use a housing-focused approach from the time a client enters a shelter. Shelter stays are intended to be brief and clients are expected to actively pursue a variety of housing options. Shelter providers complete client assessments with the goal of supporting the transition to suitable housing options. Clients are expected to be actively involved in developing a housing plan.

### **Person-Centred Approach**

A person-centred approach examines how programs and services are experienced by clients, and then uses those insights to improve delivery. It brings the voices of clients' lived experience to the forefront of the service delivery process and actively seeks meaningful input from those clients.

### **Trauma-Informed Care**

Trauma-informed care is an overarching structure and treatment philosophy that emphasizes understanding, compassion, in response to the effects of all types of trauma. It looks at physical, psychological, and emotional safety for both clients and shelter providers. This approach recognizes that clients may have a history of trauma which may impact their ability to maintain and/or secure housing and empowers clients

to make decisions pertaining to their housing search. This approach utilizes a variety of skills and tools to help keep clients housing focused.

### **Harm Reduction Approach**

A harm reduction approach is person-driven, non-judgemental and ensures that people who use substances are treated with dignity and respect. This approach is consistent with principles of an overarching Housing First approach, which focuses on the provision of housing and supports with no preconditions or requirements for people to accept treatment for any mental health or substance use issues.

## **1.2 10-YEAR HOUSING & HOMELESSNESS PLAN 2020-2030**

Ottawa's emergency shelter system and transitional housing programs play a vital role in ensuring no one in Ottawa is left unsheltered. As a city we believe that everyone should have access to safe, affordable, housing suitable to their needs.

This vision is guided by the City's 10-Year Housing and Homelessness Plan 2020-2030 ("the Plan") which is a strategic roadmap to ensure that the availability of and access to affordable housing is improved, housing affordability is increased, and people receive the supports they need to find and maintain housing. The Plan outlines the City's efforts to ensure appropriate options are available to residents across the housing continuum, from temporary emergency housing to permanent housing in the private market.

The Plan focuses on three ambitious key goals which include:

1. Everyone has a home
  - Create between 5,700-8,500 affordable housing options (new units and housing subsidies) targeted to both low to moderate income households
    - New supportive housing will be 10% of all new units created
    - New accessible housing will be 10% of all new units created
  - Preserve the existing affordable housing supply with no net loss of community housing
2. People get the supports they needs
  - Unsheltered homelessness is eliminated
  - Chronic homelessness, including Indigenous and Veteran's homelessness, is reduced by 100%
  - Overall homelessness is reduced by 25%
  - Indigenous homelessness is reduced by 25%
  - New people entering homelessness (inflows) is reduced by 25%
  - People returning to homelessness is reduced by 25%
3. We work together as a housing sector
  - Client experience across the housing system is improved (client experience surveys)

- The system works more efficiently for clients, front line staff and administrators (examining the per capita cost of serving people at various levels of need)

Temporary emergency accommodation usage continues to increase in large municipalities across the country including the City of Ottawa.

The shelter system needs to be nimble, flexible and prepared to adjust and respond to changes in local needs, whether they be from changes in demographics, client needs, crises, migration, immigration, or economics. Families, single men, women, and youth who are in a housing crisis will continue to turn to the emergency shelter system for temporary emergency accommodation and supports while they search for alternate affordable, adequate, and suitable housing. The updated OESS provide clients and service providers with clear guidance and expectations regarding service delivery.

Though the Plan, the City will implement several strategies to reduce inflows to the shelter system and increase outflows to permanent housing options. These strategies are intended to ensure people are supported in their search for permanent housing and have temporary accommodations during that search period.

## 2 GUIDING PRINCIPLES

Guiding Principles are designed to guide shelter providers in their decision-making and to promote the good governance of the shelter system.

### 2.1 RESPECT, DIGNITY, INCLUSION & COURTESY

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

Shelter providers will:

- a. Create and maintain an atmosphere of dignity, inclusion, acceptance and respect for all individuals
- b. Respect the independence, values, knowledge, abilities and diversity of all individuals
- c. Provide services to each client in a courteous and non-judgmental manner, free from discrimination and harassment
- d. Protect and promote the health, safety and security of all individuals
- e. Protect the personal information and privacy of all individuals
- f. Comply with the Ontario Human Rights Code and not discriminate against people based on the protected grounds

Shelter providers will not:

- g. Require clients to participate in religious activities/programming

### 2.2 CLIENT-CENTERED SERVICE

Shelter services focus on clients' needs, empowering them to collaborate in the development and implementation of a housing-focused service plan. Clients' preferences and their feedback about the services they receive are meaningfully considered and acted upon, whenever possible and appropriate.

Shelter providers will:

- a. Work collaboratively with each client to develop a housing-focused service plan that enables the achievement of a client's goals as they relate to housing stability
- b. 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

- c. 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
- d. Provide clients with access to clear and accurate information that allows them to make informed decisions
- e. Provide services that respect the principles of harm reduction, which are responsive to the diverse and evolving needs of clients
- f. Provide services using an approach that considers an understanding of trauma in all aspects of service delivery and places priority on the client’s safety, choice and control

## **2.3 HOUSING FIRST**

The City’s Housing First program connects people who sleep unsheltered, in emergency shelters, or in transitional housing programs to independent and permanent housing and then provides additional supports that vary according to their needs.

Housing First prioritizes people experiencing homelessness for housing and supports based on their level of need for support services and/or the length of time they have been homeless. People with the highest needs access housing and support services more quickly. Providing a person who is homeless with housing and the necessary supports to stay housed leads to a better quality of life and is far less costly than staying in the shelter system.

Shelter providers will work collaboratively with clients to:

- a. Find suitable housing as identified in their service plans
- b. Provide them with the appropriate supports and referrals that will help them achieve and maintain housing stability
- c. Provide timely referrals to Indigenous service providers for Indigenous Housing First programs and supports

## **2.4 SERVICE QUALITY**

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

Shelter providers will:

- a. Ensure that services focus on achieving the best outcomes for each client
- b. Meet or exceed the minimum standards prescribed in the OESS
- c. Commit to continuous self-evaluation and improvement of the services they deliver, based on evidence and leading practices
- d. Be accountable for their operations

- e. Ensure that their capital assets and infrastructure are kept in a state of good repair in order to maintain a safe, healthy and accessible physical environment

## **2.5 COLLABORATION, COMMUNITY ENGAGEMENT & PARTNERSHIPS**

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

Shelter providers will:

- a. Collaborate with clients, service providers and other stakeholders to create and maintain a network of supports to achieve the best outcomes for clients and the neighbourhoods in which clients reside
- b. Develop and maintain a respectful and responsive relationship with the neighbourhood in which their shelter is located and with the wider community ([see Section 13.7 – Good Neighbour Policy](#))



## **3 OTTAWA'S SHELTER SYSTEM**

Ottawa's shelter system consists of both City-owned and City-funded temporary emergency accommodation providers that serve single adults, single youth and families.

### **3.1 TYPES OF TEMPORARY EMERGENCY ACCOMMODATION**

The City provides temporary emergency accommodation within the City of Ottawa both directly and through the purchase of services. There are two types of temporary emergency accommodation: Shelters and Transitional Housing Programs.

#### *3.1.1 Temporary Emergency Accommodation – Shelter*

Shelter services include safe and secure temporary emergency accommodation, food, and case management supports for those experiencing homelessness and includes both families and single individuals.

Shelters serve all clients experiencing homelessness with or without a referral. Clients may self-refer in person or over the phone. The typical length of stay in a shelter is intended to be temporary and many clients use this type of service only once before returning to permanent housing.

#### *3.1.2 Temporary Emergency Accommodation – Transitional Housing Program*

Transitional Housing provides programming with a residential component. Residents receive required supports to transition to independent living and self-sufficiency. The level of supports can vary depending on individual needs. Unlike emergency shelter services which are designed to meet the immediate needs of people who are experiencing homelessness, transitional housing provides programming (e.g. life skills, training, education) with accommodations on site. The accommodations are longer-term and more service intensive than emergency shelters.

The OESS does not apply to Transitional Housing Programs as Transitional Housing Programs adhere to the OTHPS.

### **3.2 ROLE OF THE CITY OF OTTAWA**

The City is responsible for providing temporary emergency accommodation services within the City of Ottawa both directly and through the purchase of services. The City-issued OESS establish a clear set of expectations, guidelines, and minimum

requirements for City-funded shelter providers and clients in Ottawa. City-funded shelter providers are required to comply with the OESS pursuant to their Service Agreement with the City.

As the service manager for emergency shelter services in Ottawa, the City, through Housing Services, is accountable to the Ministry of Municipal Affairs and Housing (“MMAH”) to ensure that:

- a. Funding is expended only for eligible clients and services
- b. Clients have equitable access to core services
- c. Services delivered are compliant with the Service Agreement and OESS
- d. The shelter system is coordinated and supported

To this end, the City:

- a. Shares information and resources that support shelter providers in their service delivery to clients
- b. Conducts a Compliance Review at least once every 30-month period
- c. Conducts Site Reviews annually, in years when a Compliance Review is not conducted, or as requested by the shelter provider, or at such other times as the City deems appropriate
- d. Reviews and updates the OESS every five years

### **3.3 ROLE OF THE SHELTER PROVIDER**

The role of the shelter provider is to deliver high-quality services to individuals and families experiencing homelessness while fulfilling the obligations set out in their Service Agreements and the OESS.

City-funded shelter providers operate most temporary emergency accommodation in Ottawa. 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 practices.

As a primary delivery agent of temporary emergency accommodation, each shelter provider is responsible to:

- a. Operate its shelter in a manner that is consistent with its mandate and legislated obligations
- b. Understand, implement and comply with the requirements of the OESS
- c. Be available for Compliance Reviews or Site Reviews as required
  - i. This includes having all necessary documentation ready to demonstrate compliance
- d. Ask Housing Services to schedule a review if it is deemed helpful to the shelter provider

- e. Collaborate with other shelter providers to strengthen client service delivery across the shelter system
- f. Provide copies of all policies and procedures to the City and resubmit copies whenever document(s) are updated
- g. Submit financial/funding reporting as required
- h. Follow all applicable legislation

### **3.4 QUALITY ASSURANCE**

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

Housing Services conducts reviews of shelter providers' operations to:

- a. Ensure accountability in the expenditure of public funds
- b. Ensure that shelter providers meet the OESS and their contractual obligations as set out in their Service Agreement
- c. Review shelter providers' financial accountability for funds received, viability, budget submissions, and service delivery performance
- d. Provide guidance to shelter providers with respect to their funding model, policies, services, and processes
- e. Monitor, review, and resolve complaints from clients and the community
- f. 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/requested.

#### ***3.4.1 Compliance Reviews***

Compliance Reviews are conducted to ensure that shelter providers are complying with all aspects of the OESS in order to ensure high-quality service delivery to clients. Compliance Reviews focus on compliance with applicable legislation, professional practices, programming models, processes, client health and safety, and building maintenance.

Compliance Reviews are conducted every 30 months and focus on all aspects of the OESS, including, but not limited to:

- a. Emergency and maintenance plans
- b. Inspection records and certificates
- c. Site inspection (general health and safety, signage, and food areas)
- d. Human Resources and financial management
- e. Shelter policies and procedures
- f. Case management

### 3.4.2 Site Reviews

Site Reviews are conducted annually, on years when a Compliance Review is not conducted, and/or as requested by the shelter provider or at other times as determined by the City. Site Reviews ensure that shelters are well-maintained and in a state of good repair.

- a. The primary focus of a Site Review is to ensure the health and safety of all persons on shelter property and does not encompass all aspects of a Compliance Review

## 3.5 GOVERNANCE

Shelter providers, as non-profit corporations, are governed by a duly constituted Board of Directors or other legally binding government structure such as a governing council and are required to operate in accordance with applicable corporate governing legislation.

Shelter providers will:

- a. Provide annual reports and minutes from the Annual General Meeting to the City on request, as outlined in the Service Agreement
- b. Develop and implement a conflict of interest policy ([see Section 13.5 Conflict of Interest](#))

## 4 APPLICABLE LEGISLATION & GUIDELINES

Shelter providers and their Board of Directors or other legally binding governance structure are responsible to ensure that they comply with all relevant aspects of applicable federal, provincial, and municipal legislation/regulations.

The legislation listed in this section is not intended to be exhaustive. Shelter providers are responsible to review all applicable legislation and keep themselves informed, as legislation is amended from time to time.

In the event of any legal conflict between the OESS and applicable legislation, the applicable legislation shall prevail to the extent of the conflict.

### 4.1 FEDERAL

- a. Canada Consumer Product Safety Act
- b. Canada's Food Guide

### 4.2 PROVINCIAL

- a. Accessibility for Ontarians with Disabilities Act
- b. Child and Family Services Act
- c. Community Homelessness Prevention Initiative (CHPI), including its guidelines
- d. Employment Standards Act
- e. Fire Prevention and Protection Act
- f. French Language Services Act
- g. Health Protection and Promotion Act
- h. Municipal Freedom of Information and Protection of Privacy Act
- i. Occupational Health and Safety Act
- j. Ontario Building Code Standards
- k. Ontario Fire Code
- l. Ontario Human Rights Code
- m. Personal Health Information Protection Act
- n. Smoke Free Ontario Act
- o. Technical Standards and Safety Act
- p. Workplace Safety and Insurance Act

### **4.3 MUNICIPAL**

- a. City of Ottawa's 10-Year Housing and Homelessness Plan 2020-2030
- b. HIFIS 4 User Guide
- c. Ottawa Public Health – Hot and Cold Weather Resources
- d. Ottawa Public Health – Infection Prevention and Control Guide for Homelessness Settings
- e. Ottawa Public Health – List of Harm Reduction Services
- f. Property Maintenance By-laws
- g. Property Standards By-laws

## 5 CLIENT RIGHTS & RESPONSIBILITIES

In order to ensure clients are aware of their rights and responsibilities, shelter providers will approve and post, in conspicuous areas of the shelter, the following:

- a. Client Rights and Responsibilities
- b. Client Code of Conduct
- c. Complaint Resolution Process
- d. Ontario Human Rights Code information poster

If requested, clients are to be provided a plain language copy of these documents.

### 5.1 CLIENT RIGHTS

At minimum, clients have the right to:

- a. Expect that shelter staff will follow the OESS
- b. Be treated respectfully, fairly and in a non-judgmental way
- c. Participate in a fair and clear complaint/appeal process without fear of reprisal
- d. Provide feedback about current and potential shelter policies and services and the way services are delivered
- e. Schedule meetings with shelter staff and actively participate in the identification of their needs, housing goals, and other related goals
- f. Be informed of available services and how to access these services
- g. Be given clear and accurate information in order to make informed decisions about the support services they receive
- h. Receive assistance from shelter staff to understand information that is presented to them and to complete forms or other paperwork
- i. Have their personal information and privacy protected in accordance with any/all applicable privacy legislation
- j. Receive the contact information for the City's Program Coordinator for Community and Family Shelters Branch to provide feedback about their service experience or obtain information about the shelter system in Ottawa
- k. Refuse religious activities/programming
  - i. City-funded shelter providers cannot require clients to participate in any religious activities/programming

### 5.2 CLIENT RESPONSIBILITIES

Clients will:

- a. Follow all rules of the shelter

- b. Work collaboratively with shelter staff to develop a service plan, which includes a comprehensive housing plan ([see Section 10.1.1 – Service Plans](#))
- c. Work towards achieving service plan goals, with the focus of finding housing
- d. Treat all individuals with dignity and respect
- e. Contribute to a safe and respectful environment for all
- f. Use respectful language and behave in a safe manner
- g. Respect the property of the shelter, clients, staff, volunteers, and visitors

Clients will not:

- h. Engage in abusive, inappropriate, violent, harassing and/or unwelcome behaviour
- i. Discriminate against any individual or group of individuals

### **5.3 CLIENT INPUT**

Shelter providers recognize the importance of client input in the delivery of shelter services.

- a. Shelter providers will obtain clients' opinions and input about shelter operations and proposed policy or program changes in multiple ways, which must include the option of anonymity. These may include, but are not limited to:
  - i. Scheduled client meetings
  - ii. One-on-one discussions
  - iii. Exit interviews
  - iv. Focus groups
  - v. Surveys (including online surveys)
  - vi. Suggestion box
  - vii. E-mail inbox
- b. Shelter providers will assist Housing Services in its implementation of any system-wide survey of shelter clients
- c. Shelter providers will maintain records of client input received and provide documentation to the City upon request



## 6 COMPLAINTS & APPEALS

Complaints are a valuable source of information about a shelter's performance and can highlight areas for improvement. A complaints and appeals process allows clients, staff, volunteers, and other community programs to provide feedback on the shelter's operations and services, express complaints, and suggest improvements. This is an important component of continuous quality improvement.

Shelter providers will respond professionally and appropriately to all complaints from all individuals. Appropriate measures should be taken to keep the complainant's identity confidential.

Shelter providers must create a policy for resolving client complaints and appeals. The policy must incorporate the following:

- a. That the staff identified in the policy have the knowledge, skill, and authority to effectively respond
- b. That the process is free of any coercion, intimidation or bias, either before, during, or after receiving the feedback or complaint
- c. That a complaint by or on behalf of a client does not result in that client experiencing a reduction of service, unfair treatment, retaliation, or a service restriction
- d. A recognition of the shelter provider's power and authority and options to mitigate (e.g. utilize a neutral third party at any point in the process if the nature of the feedback or complaint is sensitive and/or poses a conflict of interest)
- e. Acknowledgment that all complaints are taken seriously, and will be reviewed/investigated as appropriate while recognizing that there is not an expectation to resolve complaints that are determined to be frivolous or vexatious in nature
- f. That appropriate staff will acknowledge receipt of formal complaints within 72 business hours and address the complaint within a reasonable time thereafter
- g. The types of complaints that will be reported, investigated and those that will be referred to the police or other community programs
- h. The multiple avenues to receive complaints, including options for anonymity
- i. A method for keeping a written record of formal complaints and a written record of the resolution of formal complaints
  - i. Reasonable accommodations should be made if clients cannot submit their complaint in writing
- j. Where the complaint (i.e. disputes in areas of nutrition, sanitary conditions, staffing, supervision, medication, programming, etc.) is not resolved between the parties involved, the City's Program Coordinator for Community and Family Shelters Branch shall be involved and if necessary, a meeting will be convened with all parties to resolve the issue

- k. That contact information for the City's Housing Services and the Office of the Ombudsman is available to any individual who wishes to make a complaint about a City of Ottawa or Housing Services program, service or responsibility

Shelter providers will:

- l. Respond to the City's request(s) for information or documentation regarding any feedback or complaints in a timely and cooperative manner
- m. Conduct a periodic review of all types of feedback and complaints received (formal or informal) and implement recommendations as needed
- n. Post the policy in a common area that outlines how complaints will be received, actioned and documented
- o. Provide a copy of the official policy or a plain language version of the policy to clients upon their request

# 7 ACCESSING SHELTERS & SHELTER SERVICES

All persons have the right to request shelter services. Shelter providers are expected to serve clients who require temporary emergency accommodation and who meet their City-established service mandate. Shelter providers will work toward eliminating real or perceived barriers that prevent or inhibit client access to shelter services.

## 7.1 HELD BEDS

- a. Shelter providers will hold beds for incoming clients for a maximum of two hours
- b. Shelter providers may grant discretionary extensions beyond the maximum hold time under extenuating circumstances (e.g. employment obligations, client appointments or lengthy travel time to the shelter)
- c. Shelter providers will appropriately document approved extensions to the maximum hold time
- d. Shelter providers will inform incoming clients of the maximum hold time (or the time that an approved extension will expire) and the potential loss of bed resulting from late arrival
- e. Shelter providers will release a held bed if an incoming client does not arrive within the maximum hold time or prior to the expiry time of the approved extension
- f. Shelter providers are permitted to have book-in policies and procedures, including specific book-in timeframes and shelter providers are not expected to hold beds prior to their book-in time

### Exemptions

- g. Family shelter providers are exempt from all requirements of this section
- h. Specialized programs may be exempt from all requirements of this section with prior approval from the City

## 7.2 BOOK-IN / INTAKES

Shelter providers assess individuals/families seeking temporary emergency accommodation and if there is a safe and appropriate alternative, they are diverted from the shelter system. If shelter providers are unable to divert individuals/families, they are admitted to the shelter system.

### 7.2.1 Intake at Admission

Intakes will be completed immediately upon admission to the shelter. During an intake, staff will:

- a. Complete all relevant consent forms
  - i. Consent forms must be reviewed and updated with clients at least once every 12 months
- b. Complete intake form(s) that include, at minimum:
  - i. Legal name
  - ii. Date of birth
  - iii. Self-identified gender
  - iv. Source(s) of income
  - v. Identification verification
- c. Assign a bed to the client
  - i. The client will not be assigned a sleeping mat unless other appropriate beds are full or in exceptional circumstances to accommodate the client's unique needs
- d. Introduce that additional Indigenous services are available to clients who self-identify as Indigenous
  - i. Create an environment that encourages Indigenous self-identification and ask clients directly if they are First Nations, Inuit or Métis
- e. Review client contribution expectations, in accordance with City guidelines
- f. Review client rights and responsibilities
- g. Review complaints and appeals policy
- h. Enter information and book client(s) into HIFIS
- i. Provide copies of any intake documents upon request

### 7.2.2 Shelter Orientation

A comprehensive shelter orientation will be provided no later than 24 hours after intake.

The orientation will:

- a. Review shelter rules
- b. Review daily routines (e.g. curfews, mealtimes, etc.)
- c. Assess any immediate needs for clothing, toiletries, or health supports
- d. Review health and safety guidelines and shelter evacuation plan
- e. Provide a facility tour (where operationally possible)

### 7.2.3 Preliminary Case Management

As part of preliminary case management and service planning, shelter staff will:

- a. Provide clients with preliminary information about case management services no later than 24 hours after admission ([see Section 10 – Case Management, Supports & Services](#))

- b. 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 36 hours after admission
- c. Create an environment that encourages Indigenous self-identification and ask clients directly if they are First Nations, Inuit or Métis
  - i. Offer to refer all self-identified Indigenous clients to appropriate Indigenous service providers

Exemption

- d. Clients who do not have capacity to consent and/or understand the consent form at intake are exempt from the above timeline and staff will complete all requirements of the above section as soon as possible after the client's admission

### **7.3 DAYTIME ACCESS TO SLEEPING AREA**

Shelter providers that do not normally provide daytime access to sleeping areas will:

- a. Develop and implement a policy and procedure for allowing daytime access, which at minimum allows access to sleeping areas for clients who work nights, are ill but not in need of medical care, or require daytime access as part of their service plan
- b. Provide a copy of the policy and procedure to clients upon their request

### **7.4 CURFEW & LEAVE WITH PERMISSION**

#### *7.4.1 Curfew*

- a. Shelter providers will make every effort to inform clients of the curfew time and the unplanned discharge that may result from missing curfew
- b. 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
- c. 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
- d. If a shelter provider receives a request for a bed after curfew and they are unable to accommodate or refer the presenting client to another provider, 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 no beds are available for use, admit the new client and offer an alternative sleeping arrangement
- e. Clients assigned to an alternative sleeping arrangement are to be transferred to an unoccupied bed at the earliest opportunity, or offered a referral to another provider as soon as possible in a manner that complies with the requirements of [Section 7.5 – Referrals](#)

#### Exemptions

- f. Family shelter providers are exempt from the above curfew requirements, but must have their own internal written policies and provide these to clients in writing, upon request
- g. Specialized programs may be exempt from all requirements of this section with review/approval from the City

#### 7.4.2 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)
- b. Leaves with permission that do not require prior approval by the City will:
  - i. Be limited to exceptional/emergency circumstances or as part of a client's service plan
  - ii. Not exceed three consecutive days
- c. For requests that exceed three consecutive days, shelter providers will seek approval from the Program Coordinator for Community and Family Shelters

## 7.5 REFERRALS

- a. Shelter providers who are not able to provide services to a client or provide the requested support services will refer the client to another provider with space or to more suitable support services
- b. When a shelter provider is at capacity, front line staff will call other providers to determine available beds and make the appropriate referral
- c. If a shelter provider calls to check on bed availability, the provider making the referral will obtain permission from the client to share their name and date of birth so that the individual can be checked for eligibility
- d. If a client is provided a referral over the phone, staff will relay clear directions to the client for them to reach their destination as easily as possible
- e. When referring a client with health issues to another provider:

- i. Staff will first communicate the health needs of the client to the receiving shelter to ensure that the receiving provider is able to accommodate the client prior to executing the referral
- ii. If the provider is able to accommodate, personal information may be shared with verbal or written consent from the client to complete the referral
- f. When referring a client with a service restriction, as per [Section 7.6 – Service Restrictions](#), the referring provider will clearly relay all relevant information regarding risks to health and safety to the receiving provider

## 7.6 SERVICE RESTRICTIONS

- a. Shelter providers will:
  - i. Develop and implement a policy for service restrictions, including an appeals process
  - ii. Provide a copy of the official policy and procedures or a plain language version of the policy and procedures to clients upon their request
- b. Post the service restriction policy in conspicuous areas of the shelter
- c. Shelter providers may issue service restrictions to address:
  - i. Incidents involving violence or threats of violence, including threatening behaviour
  - ii. Clients who exhibit behaviour that poses a health and/or safety risk to staff, other clients and/or the facility
  - iii. A client’s continued refusal to work with staff on their service plan
- d. Shelter providers will temporarily suspend all service restrictions during extreme weather, or when otherwise directed by Housing Services, 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
- e. Shelter providers must maintain records of all service restrictions, which will include:
  - i. Name of client
  - ii. Date the service restriction is issued
  - iii. Reason for service restriction
  - iv. Date the service restriction is to be reviewed with the client or will be lifted
  - v. Referral destination (when applicable)
  - vi. Name of the staff member(s) who issued the service restriction
- f. Shelter provider staff may be granted access to a client’s service restriction details if required to perform their required duties
- g. Shelter providers must inform the client of:
  - i. Reason for the service restriction

- ii. Conditions of re-admittance
- iii. Date re-admittance will be reviewed with the client
- iv. Date the service restriction may be lifted
- v. Referral destination, when applicable
- h. Shelter providers will not prohibit client access to other support services provided at the shelter site because of a service restriction unless the service restriction is agency-wide due to the severity of the client's actions
- i. Long-term restrictions, which is any service restriction over a period of six months, will only be issued in the most serious cases that compromise the ongoing safety and security of shelter provider staff and clients
  - i. Should the client seek service in the future, their case will be reviewed
- j. In instances where a long-term restriction is placed on a client, the client will be referred to an appropriate resource, within or outside of the community

## 7.7 BOOK-OUT

Shelter providers will:

- a. Develop and implement a policy and procedure for planned and unplanned book-outs that include how clients retrieve their belongings and how unclaimed client belongings will be stored, handled and/or disposed
- b. Provide a copy of the official policy and procedures or a plain language version of the policy and procedures to clients upon their request
- c. Maintain book-out records for all clients, which must, at minimum, include entering book-outs in HIFIS within 12 hours of a client's departure

### 7.7.1 *Planned Book-Outs*

As part of the client's planned book-out and transition out of a shelter, shelter providers will:

- a. Develop a discharge plan in collaboration with the client whenever possible
- b. 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 supports
- c. Review consent forms and summarize information for the client or next service provider to assist in ensuring continuity of service

### 7.7.2 *Unplanned Book-Outs*

- a. Unplanned book-outs may result from a failure to return to shelter by curfew, a service restriction, or an exceptional circumstance that may include, but is not limited to, assault of staff or other clients, other violent actions, possession of a weapon, trafficking drugs, or serious actions that compromise the health and safety of the individual client, other clients, staff, volunteers, or the facility



- b. Shelter providers may book-out and/or issue a service restriction to a client who breaks shelter rules including substance use
- c. Booked-out and/or service-restricted clients will be referred to another provider or appropriate support services

## **7.8 VISITORS**

Shelter providers will:

- a. Develop and implement a visitor policy and procedure
  - i. Shelter providers may choose to not allow visitors, but must allow access to employees of external agencies who are providing onsite supports
  - ii. Shelter providers reserve the right to temporarily suspend visitor access in exceptional circumstances
- b. Have a sign in/sign out sheet for all visitors, including employees of external agencies
  - i. Exceptions may be granted by shelter providers for employees of external agencies who provide regularly contracted onsite services and are scheduled to work at the shelter
  - ii. The sign in/sign out sheets must be retained for a minimum of one year
- c. Provide just cause for any visitor that is denied access if visitors are permitted generally

## **7.9 FRENCH LANGUAGE SERVICES**

Shelter providers will:

- a. In their role as a service provider providing a public service in an area designated in the Schedule to the French Language Services Act, ensure services are provided in both French and English
- b. Make it known to the public, including by way of signs, notices, other information on services, and initiation of communications in French and English, that services provided to and communications with the public in connection with the shelter are available in both French and English

## 8 BASIC NEEDS & FOOD SERVICES

In the provision of temporary emergency accommodation, shelter providers ensure that clients have access to basic needs such as bedding, toiletries, hygiene items, food and/or meal preparation space, and other sundry items. The OESS outlines the minimum requirements pertaining to basic needs and food services.

### 8.1 BEDDING

- a. Upon admission, shelter providers will offer each client clean bedding consisting of a minimum of one twin-sized sheet, one twin-sized blanket, one standard sized pillow, one pillowcase and one towel that is at least 68.5 cm x 132 cm (27 in x 52 in) in size
  - i. Additional bedding will be provided if necessary
  - ii. 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
  - i. In exceptional circumstance (e.g. outbreak), the schedule will be reviewed and updated as required
- 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, shelters may require clients to launder their own bedding and towels, as long as instructions on how to safely use the laundry facilities are provided
  - i. Shelters may provide laundry soap or require clients with an income source to purchase these supplies themselves
  - ii. Shelters may charge clients a nominal amount for the use of laundry machines

### 8.2 TOILETRIES & HYGIENE

- a. Shelter providers will assist clients to obtain items needed to maintain basic hygiene and grooming
- b. Shelter providers will appropriately offer each client soap, shampoo, a toothbrush, toothpaste, and shaving products (e.g. razors) upon admission or no later than 12 hours after admission
- c. Shelter providers will appropriately offer each client hygiene pads/tampons and incontinence products upon admission

- d. Shelter providers are encouraged to provide toiletries and hygiene products that are low fragrance or fragrance-free and hypoallergenic, where possible
- e. 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
  - i. Shelter providers may discontinue providing toiletry and hygiene products if a client has an income and is able to purchase supplies themselves
  - ii. As transgender clients may have a need for toiletries and hygiene supplies that is greater than other clients, the shelter provider will offer additional supplies as needed
  - iii. In exceptional circumstances, shelter providers may be required to provide toiletries and hygiene supplies to all clients in order to meet Ottawa Public Health recommendations

### **8.3 CLOTHING & SUNDRY ITEMS**

- a. Based on a client's needs, shelter providers will help clients obtain basic clothing and footwear appropriate for the season
- b. Clients may be offered public transit fare (OC Transpo vouchers) based on their service plan goals and the shelter's policies

### **8.4 FOOD SERVICES**

Shelter providers that have food services will ensure that:

- a. Clients are provided with three meals a day that are prepared in accordance with Canada's Food Guide
- b. Clients with food allergies, food intolerances, religious dietary restrictions, or medically prescribed diets will be accommodated where possible
  - i. 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. Clients who miss served meals for valid reasons (e.g. work, school, medical appointments, late book-in) are provided with a to-go meal
- d. Clients who appear to be undernourished or underweight will be encouraged to seek a medical assessment
  - i. If required by a doctor's note, the client will be offered additional food portions
- e. Clients, particularly pregnant, breastfeeding, and elderly clients, are referred to food and nutrition supports (e.g. prenatal program, community kitchen, etc.) to supplement their diet, if necessary

- f. All food (including donated food) is stored, handled, prepared and served in accordance with the Health Protection and Promotion Act
- g. A daily menu is posted in a conspicuous place in or near the dining area that lists potential allergens (e.g. peanuts, tree nuts, eggs and shellfish) in the listed menu items and a notice stating whether the shelter can or cannot guarantee allergen-free food

Shelter providers that do not offer meals onsite as part of a meal program will ensure that:

- h. Clients have easy access to appropriate facilities for the storage, preparation, and consumption of meals

#### ***8.4.1 Pregnant & Breastfeeding Clients and Clients with Infants***

- a. Shelter providers that have food services and serve pregnant or breastfeeding clients will:
  - i. Develop and implement 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. Offer the client additional food at mealtimes, healthy snacks at any time in between, meal-time flexibility, menu alternatives and/or safe storage for purchased foods to help meet their dietary needs
  - iv. Offer additional food portions as required
  - v. Assist clients to obtain additional baby formula/food, when necessary
- b. Shelter providers that serve clients with infants must make infant appropriate foods available (e.g. milk, formula, iron fortified cereals and/or soft cooked, pureed, mashed foods)
- c. Shelter providers will ensure that proper preparation equipment and safe storage space are provided for baby formula/food

Shelter providers that do not offer meals onsite as part of a meal program will ensure that:

- d. Clients have easy access to appropriate facilities for the storage, preparation, and consumption of meals

#### ***8.4.2 Special Food & Meal Accommodations***

- a. Shelter providers that have food services will ensure special food and/or meal accommodations are made in the following situations:
  - i. Clients who are on restricted or special diets will be offered food that meets their particular needs as required by a doctor's note

- ii. Clients who do not eat meat will have access to protein-based vegetarian options (e.g. beans, peanut butter or soy-based products)

## 9 PHYSICAL ENVIRONMENT

Clients who access shelter services are entitled to adequate and appropriate sleeping facilities, washrooms, bathing facilities, dining areas, and client storage. The OESS outlines the parameters and minimum ratios required for these spaces.

### 9.1 SLEEPING AREA & BEDS

- a. Each client must be offered a bed with a mattress and required bedding ([see Section 8.1 – Bedding](#))
  - i. Mats or cots may only be used in exceptional circumstances and must be identified in the regular and expanded capacity limits policy ([see Section 11.7 – Capacity Limits](#)) of the shelter and clients will still be provided required bedding
- b. Sleeping areas provide 3.5 square metres (37.7 square feet) per single adult age 16 and over
- c. Where possible, a distance of 2 metres should be maintained between beds, but a minimum separation distance of 0.75 metres (2.5 feet) between the edges of beds (bunks, cots, or mats) must be maintained and a vertical separation of at least 1.1 metres (3.6 feet) between the top of a bed frame to the lowest hanging section of the upper bunk frame or ceiling
  - i. In instances where physical separation distances of 2 metres cannot be maintained, there must be a washable a physical barrier
  - ii. Shelter providers should limit the use of bunk beds and encourage clients sleeping in the same area to sleep head-to-toe
  - iii. Family shelters are exempt from meeting the lateral separation requirements of sleeping areas in rooms where only one family unit/household has been assigned
- d. In the case of families, each family member (except couples) must have their own bed or bed-equivalent (e.g. babies may use playpens, small children may use a mattress or cot)
- e. Cribs, cradles, bassinets, and beds will be arranged in a manner that:
  - i. Facilitates clear walking paths and sightlines for emergency evacuations
  - ii. Does not block air vents, windows, doors, plumbing, or access panels
  - iii. Does not expose a client to existing or potential danger
- f. Cribs, cradles, or bassinets, and corresponding mattresses for clients younger than two years of age, will conform to the specifications prescribed under *Cribs, Cradles and Bassinets Regulations* (as stated in the *Canada Consumer Product Safety Act*)

- g. Shelter providers will have a scheduled, documented, and recorded mattress replacement plan, that will include, at minimum, an inspection schedule for bed bugs and common defects (e.g. stains, rips, and tears)

## 9.2 WASHROOMS

- a. One washbasin and toilet are available for every 15 clients
  - i. Urinals may replace up to half the number of required toilets in men's washrooms
  - ii. There must be at least 2 metres between washbasins, toilets, and urinals; if this separation distance is not possible, there must be a washable physical barrier
- b. Toilet stalls have locks that can be readily released from the outside in the case of an emergency
- c. Washrooms and shower rooms with locks must have locks that can be readily released from the outside in the case of an emergency
- d. The bottom of each bathtub and shower is equipped with non-skid material
- e. One bathtub or shower is available for every 20 clients
- f. In the case of families, toilet and shower facilities must permit privacy (this could involve private or locking toilets and shower rooms or family washrooms)
- g. There must be a minimum of one shower towel provided to each client
  - i. If laundry facilities are not available for clients, towels will be changed weekly or more often as needed
- h. 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 all clients are responsible for purchasing their own supplies

## 9.3 DINING AREA

- a. Dining area(s) provide an adequate seating capacity for all clients to eat comfortably
- b. Dining room seating should ideally be sized to accommodate the capacity of the shelter in one sitting, but larger shelters may need to have multiple sittings or multiple sittings may be required to meet current public health recommendations
- c. The following signage must be conspicuously posted in the dining area:
  - i. The daily or weekly menu
  - ii. A notice whether the shelter can or cannot guarantee allergen-free food

## 9.4 ADDITIONAL FACILITY FEATURES

- a. Clients will have access to secure storage for their belongings
- b. Shelter providers will install and maintain window coverings to ensure client comfort and privacy
- c. Shelter providers will ensure sharps containers are available on shelter premises, secured against tampering (e.g. placing a cage around the container that allows for sharps to enter the container) and encourage their use
- d. Shelter providers will ensure that designated sleeping areas are physically separated from dining areas and other communal areas unless alternative sleeping arrangements are approved (e.g. during extreme weather or when directed by the City)



# 10 CASE MANAGEMENT, SUPPORTS & SERVICES

Shelter providers will provide temporary accommodation, case management and other support services to clients in a safe and non-judgmental environment, free from harassment, abuse, discrimination and violence. All services are delivered in a manner that promotes respect, dignity, inclusion, acceptance and courtesy. Client needs and housing goals are assessed through regular and ongoing case management, both formal and informal.

## 10.1 CASE MANAGEMENT

All shelter providers will offer housing-focused case management and service planning to their clients. As part of case management, shelter staff will:

- a. Meet with a client within 72 business hours of admission to the shelter
  - i. This meeting will include discussing options for diversion
- b. Provide appropriate and timely referrals to Indigenous service providers
- c. Review the information collected at intake for accuracy ([see Section 7.2 – Book-In / Intakes](#))
  - i. Update HIFIS with any additional or updated information collected
- d. Work with clients to document a service plan by conducting an initial assessment of the client's needs, strengths, challenges and preferences no later than fourteen days after admission
  - i. Update HIFIS with all additional information collected

### 10.1.1 *Service Plans*

- a. A client's service plan must be consistent with a Housing First approach. Service plans will include a City-designated assessment tool to support Coordinated Access. Assessment tools for Indigenous clients will be developed and/or endorsed by Indigenous service providers to ensure they are culturally-appropriate. In addition, service plans will include a comprehensive housing plan, a financial plan and may also include, but is not limited to identifying:
  - i. Reason(s) for service
  - ii. History of housing, homelessness and current housing needs
  - iii. Client-identified concerns
  - iv. Family/household members who are not present in the shelter
  - v. Specialized supports for Indigenous clients ([see Section 10.5.5](#)), LGBTQ2S clients ([see Section 10.5.4](#)), seniors, veterans, and independent youth ([see Section 10.5.2](#))

- vi. Cultural and linguistic interpretation/communication considerations
- vii. Ability and mobility issues
- viii. Need for personal identification documents
- ix. Need for health and mental health supports
- x. Need for substance use and harm reduction supports
- xi. Need for financial supports as they relate to the client's housing plan
- xii. Employment history and employability needs
- xiii. Educational goals and supports
- xiv. Legal issues affecting the client
- xv. Need for daily living/life skills supports including basic needs
- xvi. Service/supports currently provided by other organizations
- b. Shelter providers will provide a copy of the service plan to the client if requested

### 10.1.2 *Service Plan Reviews*

- a. At a minimum, shelter providers will make reasonable attempts to meet semi-monthly with a client to review and/or update their service plan for the duration of the client's shelter stay
- b. When creating or reviewing a service plan with a client, shelter providers should:
  - i. Identify accomplishments, barriers, goals and priorities in collaboration with the client
  - ii. Break down goals into SMART (specific, measurable, attainable, relevant, and time-based) objectives, which include immediate, medium-term, and long-term goals
  - iii. Identify who needs to be involved in activities such as case conferencing, referrals, and advocacy
  - iv. Identify the person(s) responsible for each action/activity
  - v. Implement steps toward stated goals in collaboration with the client and relevant stakeholders
  - vi. Provide guidance in problem solving and skills development
  - vii. Review progress to date and update the service plan at the start of each meeting and at the point of service transition (i.e. when the client transitions to another support program, service, or service provider)
- c. Upon a client's planned book-outs, 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 personal supports

### 10.1.3 *Client Contact & Documentation*

- a. Shelter providers will document all meetings with clients in a clear and consistent manner and include service plan notes in a client's 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. Detailed summary of meeting discussion
- vi. Documented future steps
- vii. Contact information for all third parties named in the note(s)
- viii. Housing viewings or lease signings attended or missed by a client, including those with other support services, agencies, third parties, etc.
- ix. Missed appointments with shelter staff
- x. Documented reasons why required semi-monthly meetings have not occurred, if applicable
- xi. Scans/copies of all relevant supporting documentation
- b. Documentation is subject to privacy legislation

## 10.2 CLIENT HEALTH & MENTAL HEALTH

Shelter providers will support clients to address their physical and mental health care needs.

At minimum, shelter providers will:

- a. Assist clients to find appropriate support services and make referrals when a shelter cannot provide the requested health and mental health services
- b. Approve a curfew extension or 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 7.4 – Curfew & Leave with Permission](#)
- c. Make every effort to accommodate ill clients at their shelter by providing daytime access as described in [Section 7.3 – Daytime Access to Sleeping Area](#)
- d. Offer additional food portions to clients who have been medically diagnosed as undernourished or underweight if meals are provided by the shelter, as described in [Section 8.4 – Food Services](#)

If shelter providers are looking to refer the client to another provider [see Section 7.5 – Referrals.](#)

### 10.2.1 *Harm Reduction*

Harm reduction strategies are person-driven, non-judgemental and ensure that people who use substances are treated with dignity and respect. This approach is consistent with principles of an overarching Housing First approach, which focuses on the provision of housing and supports with no preconditions or requirements for people to accept treatment for any mental health or substance use issues.

Upon the request of a client, shelter providers will provide harm reduction and related support services. If a shelter provider does not offer harm reduction and related support services, they will refer clients to organizations that offer:

- a. Supervised injection/consumption sites
- b. Safer injection equipment
- c. Safer inhalation equipment
- d. Naloxone distribution and training
- e. Safer sex products
- f. Testing for sexually transmitted infections, HIV, Hepatitis B, and Hepatitis C
- g. Free vaccinations
- h. Addictions treatment
- i. Managed Alcohol programs
- j. Smoking cessation supports

### 10.2.2 *Abstinence*

Shelter providers operating programs with an abstinence-based model will:

- a. Identify how abstinence is defined within their program(s) and premises
- b. Submit a detailed description of the service model to the City
- c. Define to what extent they can provide service to non-abstaining clients

### 10.2.3 *Client Medication*

- a. The shelter provider develops, implements, and regularly reviews written policies and procedures to ensure that clients have access to their prescription and over-the-counter medication when needed
- b. Only authorized staff and/or the client will have access to the client's medication
- c. Shelter providers, at a minimum, will:
  - i. Inventory and label all medication appropriately
  - ii. Store medication in separate containers
  - iii. Keep medication in a safe and secure location (e.g. locker or locked drawer in a client's room) at all times other than the time that the medication is accessed or administered
- d. Shelter providers that store medication on clients' behalf will also:
  - i. Store medication in a secure area that is only accessible to authorized staff (e.g. locked medication cart or cabinet in an office)
  - ii. Make medication available only to those clients for whom they have been prescribed and that this release of medication is documented (e.g. Medication Administration Record)
  - iii. Provide medication to clients when they are booked-out and, if practical, have clients sign a receipt
- e. Shelter providers will neither prohibit nor confiscate the following items from clients:

- i. Life-saving prescription medications (e.g. Epi-pens, nitroglycerin tablets, asthma inhalers, insulin) and naloxone
  - ii. Hormones that are prescribed to transgender clients
- f. Shelter providers will provide secure refrigerator space in an access-restricted area dedicated to the sole storage of medications requiring refrigeration
- g. Shelter providers will not store medications in the same refrigerator that is used to store expressed breast milk or food
- h. 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 or arrange for third party collection and disposal
- i. Shelter providers will follow and encourage clients to follow City by-laws and policies concerning the proper disposal of syringes

### **10.3 CONTRIBUTIONS**

The City will provide updated contribution guidelines to all shelter providers on an annual basis or when required.

It is the role of the shelter provider to complete the following within 30 days:

- a. Review each client's financial situation to determine their ability to contribute
- b. Collect client contributions where appropriate
- c. Record client contributions in HIFIS
- d. Monitor client income and update HIFIS accordingly

### **10.4 FINANCIAL SAVINGS PROGRAM**

Shelter providers that offer an in-house savings program as part of their case management will:

- a. Develop and implement a policy and procedure regarding client savings including:
  - i. Collecting and safekeeping of client funds
  - ii. Recording and disbursement of client funds
  - iii. Handling of abandoned client funds
  - iv. Defining which staff are authorized by the shelter provider to access client funds
- b. Determine savings goals with the client as part of ongoing case management
- c. Ensure that clients have access to their savings during designated hours, regardless of any savings goals

- d. Work with clients to open a bank account if they do not have an active account
- e. Work with clients to participate in a voluntary trusteeship or use the services of the Office of the Public Guardian and Trustee where such support would be appropriate

## **10.5 CASE MANAGEMENT, SUPPORTS & SERVICES – ADDITIONAL CONSIDERATIONS**

### *10.5.1 Clients with Disabilities*

As per *Accessibility for Ontarians with Disabilities Act* (“AODA”) requirements, shelter providers will take all reasonable measures to accommodate a client with a disability.

- a. Shelter providers are obligated to observe the requirements identified under the AODA
  - i. This includes ensuring that all employees, volunteers, and contractors who deal with the public receive training about the provision of services to persons with disabilities
- b. Service restrictions/limitations shall only be made as permitted under legislation and the Human Rights Code
  - i. Where access to shelter services is limited due to a disability, attempts to make or find alternative temporary arrangements will be made, including shelter referrals or transitional housing
- c. Shelter providers will take all reasonable measures to accommodate clients accompanied by their service animal
- d. Shelter providers will ensure that information about their services is made available through various means that are accessible to people with disabilities, upon request
- e. Shelter providers will work towards eliminating real or perceived barriers that inhibit access to shelter services for people with all types of disabilities (e.g. cognitive disabilities, physical disabilities, mental disorders)
- f. Evacuation plans will include procedures for the evacuation of clients with mobility issues or other disabilities

### *10.5.2 Independent Youth*

- a. Shelter providers providing services to youth aged 16 to 17 experiencing homelessness will offer the following options to youth that do not have a place to stay overnight. These options will be presented and discussed with the youth with a focus on safety in the following order:
  - i. The possibility of family reconciliation
  - ii. The possibility of staying overnight with friends or other relatives

- iii. The possibility of entering into a Voluntary Youth Services Agreement with the Children’s Aid Society of Ottawa
- iv. Admittance of the youth to the shelter
- b. The Children’s Aid Society of Ottawa will be informed when any independent youth under the age of 16 presents at either the shelter provider’s physical location or on the streets. The shelter provider will comply with the reporting requirements identified under the *Child and Family Services Act* (“CFSA”)
- c. The Housing First approach may be modified for youth residents who may be going through significant developmental changes (e.g. physical, cognitive, emotional, social) and/or need to acquire life skills to live independently
  - i. Modifications could include alternative accommodation types, prioritizing family reconnections/reunification, and prioritizing supports for youth development within the client’s service plan/housing plan

### 10.5.3 *Services to Children*

All shelters and staff are obligated to report any suspected cases of child abuse or neglect and to follow the legislative requirements of the *Child and Family Services Act*. All shelters and staff will work in compliance with Child Protection Agencies.

- a. Family shelter providers will take all reasonable measures to keep a family unit or household intact.
  - i. Family shelters will assign one family unit/ household per room
  - ii. Family shelters are exempt from meeting the lateral separation requirements of sleeping areas ([see Section 9.1 – Sleeping Area & 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 behaviour at all times
  - ii. School-aged children must be registered in school during their stay at the shelter
  - iii. Shelter staff are obligated to report any suspected cases of child abuse or neglect under the *Child and Family Services Act*
- c. Family shelter providers will support and encourage parents/guardians to:
  - i. Be involved and participate in children’s programs with their child(ren)
  - ii. Use non-violent ways of disciplining children under their care
  - iii. Be attentive to child health and safety practices to prevent injury
- d. Family shelter providers will develop and implement a policy and procedure(s) for child safety, which will include:
  - i. Field trips and lost child procedures
  - ii. Staff-to-child supervision ratios by children’s age range
  - iii. Reporting suspected cases of child abuse and neglect

- iv. The maximum number of children that a client is permitted to babysit at any one time
- v. What to do in the event that a parent/guardian does not return to pick up their child(ren)
- vi. What to do if a child becomes ill and/or injured
- vii. Inappropriate behaviours/actions of children, including violence
- e. Family shelter providers will:
  - i. Stock a supply of disposable baby/toddler diapers and baby formula for emergency use
  - ii. 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
  - iii. Clean and disinfect diaper change stations regularly
- f. Family shelter providers will offer a variety of developmentally appropriate activities for children within the shelter and/or provide information about such opportunities available within the surrounding community
- g. Family shelter providers will obtain written parental/guardian consent prior to a child's participation in a program/activity
- h. 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
- i. Family shelter providers will ensure that there is at least one staff with a valid Standard First Aid and CPR (level C) for children and infants certification on any field trip or outing
- j. 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. Smooth, non-porous, do not retain water, and are fully cleanable

#### 10.5.4 *LGBTQ2S Clients*

Shelter providers will:

- a. Develop and implement a policy that details how services are provided to LGBTQ2S clients in a manner that preserves their safety and dignity and indicates that people with diverse gender identities are welcome
  - i. Provide a copy of the official policy or a plain language version of the policy to clients upon their request
- b. Provide appropriate and timely referrals to LGBTQ2S-positive health/services providers if they are not able to provide these services directly
- c. Address harassment of LGBTQ2S clients by addressing inappropriate behaviour and enforcing a zero-tolerance policy against discrimination towards gender identity or sexual orientation



- d. Ask all clients for their gender identity rather than make assumptions, while recognizing that gender is a spectrum
- e. Accept gender identity and gender expression as defined by a client
  - i. In all interactions, staff will use a client's chosen name and pronouns
- f. Make services accessible to transgender clients in their self-identified gender
- g. 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
  - i. In instances where transgender clients express concerns about their safety or dignity, shelter providers will accommodate requests for a bed in a gender-neutral/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
- h. Provide toiletries and hygiene supplies based on the client's need for the duration of their shelter stay
  - i. Shelter providers may discontinue providing toiletry and hygiene products if a client has an income and is able to purchase them
  - ii. As transgender clients may have a need for toiletries and hygiene supplies that is greater than other clients, the shelter provider will offer additional supplies as needed
- i. 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 showers at alternate times
- j. Treat hormones that are prescribed to transgender clients as any other medication and will not consider them a prohibited substance nor confiscate them

### 10.5.5 *Indigenous Clients*

Shelter providers will:

- a. Create an environment that encourages Indigenous clients to self-identify and directly ask clients if they are First Nations, Inuit or Métis
- b. Accept self-identification as defined by a client
- c. Provide appropriate and timely referrals to Indigenous service providers
- d. Develop and implement a policy that details how self-identified Indigenous clients will be referred to culturally-appropriate services and how timely referrals will be made to Indigenous service providers
  - i. Provide a copy of said policy or a plain language version of the policy to clients upon their request

# 11 HEALTH & SAFETY

A key role in delivering shelter services is to provide for the health and safety of all clients and staff, which includes ensuring appropriate policies, procedures, and plans are current and in place. The OESS outlines the minimum health and safety standards that all shelter providers must follow.

## 11.1 HEALTH & SAFETY STANDARDS

### 11.1.1 *First Aid*

- a. The shelter provider ensures that:
  - i. Staff hold a valid certification in First Aid and CPR (level C) in accordance with [Section 13.6.3 – Training](#)
  - ii. Shelter providers will ensure that 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 the Workplace Safety and Insurance Act
  - iii. For family shelter providers, the appropriate level of training must include First Aid and CPR (level C) for children and infants

### 11.1.2 *General Safety*

- a. Shelter providers are responsible for determining the appropriate staffing ratios to ensure the safety of staff/clients and delivery of services in their facility
  - i. The City may require minimum staffing ratios in the Service Agreements with shelter providers
- b. A minimum of two staff must be on shift at all times during a shelter's hours of operation (unless an exception has been granted in writing by the City)
  - i. When on shift, all staff must be alert and attentive to the activities within the shelter
  - ii. Sleeping while on shift is prohibited
- c. Shelter staff will conduct and document regularly scheduled rounds during all shifts of a shelter's operations
  - i. Rounds include but are not limited to bed checks, bathroom checks, and checks for secured and unobstructed entry/exits
- d. Shelter providers will develop and implement a policy and procedure 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

### 11.1.3 *Building Safety*

- a. Emergency exits must be equipped with an alarm to alert staff of unauthorized entry and exits
- b. All shelter providers must comply with an annual health inspection conducted by Ottawa Public Health (“OPH”)
- c. Garbage is stored in such a way as to discourage insect or rodent infestation
- d. Shelters must ensure that environmental hazards such as chemicals and cleaning compounds are safely secured and stored
- e. Those using hazardous materials must be educated on the hazards associated with the products used, and the safe handling, storage and disposal protocol for the products ([see Section 13.6.3 – Training](#))

### 11.1.4 *Fire Safety*

- a. An annual fire inspection must be completed by a certified vendor
- b. A fire plan must be prepared, submitted to Fire Services for approval, and implemented
- c. An emergency and/or fire evacuation plan must be in place
- d. Staff must be familiar with the emergency and/or fire evacuation plan and explain it to each client upon admission or as soon thereafter as possible
- e. Diagrams of the evacuation plan must be posted in plain sight on the walls and/or doors of all sleeping and communal areas
- f. The shelter provider must ensure fire drills are conducted monthly and recorded in a log kept on the premises
- g. Smoking and vaping are prohibited in all indoor areas of the shelter and within the specified distance as outlined in the *Smoke Free Ontario Act* (“SFOA”)
  - i. Any outdoor designated smoking area will also comply with the regulations as set out by the SFOA and any applicable municipal by-laws

### 11.1.5 *Food Safety*

The shelter provider ensures that:

- a. Staff and volunteers are trained to adhere to the highest possible levels of cleanliness in the food preparation and food storage areas in adherence to the *Ontario Food Premises Regulations*
- b. At minimum, annual Food Safety Inspections are conducted by OPH and any requests resulting from such inspections are completed
  - i. Shelter providers will provide copies of Food Safety Inspections to Housing Services upon request
- c. During food preparation times at least one current staff member on duty, whose function is to assist or prepare food, has a certificate from a Ministry of Health and Long-Term Care approved Food Handler training program

- d. Each shelter must develop and implement a donated food policy that is acceptable to OPH which must be on file with the City and resubmitted if revised
  - i. In exceptional circumstances, OPH may recommend and/or require changes to the shelter provider's donated food policy

## 11.2 WEAPONS & PROHIBITED ITEMS

- a. Shelter providers must develop and implement a policy and procedure regarding weapons and prohibited items
  - i. The policy should reference storage and return, confiscation, safe handling, and disposal when such items are brought inside the shelter or on shelter property
  - ii. Prohibited items may include, but are not limited to, alcohol, drugs, and drug paraphernalia
- b. Staff may ask clients to show what item(s) they are bringing into the shelter and may refuse admission if the client does not comply with the request
- c. Staff may refuse to admit a client if they have reasonable grounds to believe that the client is in possession of a weapon or prohibited item(s)
- d. Shelter providers should seek guidance from the Ottawa Police Service when confiscating, securing, and disposing of weapons or other prohibited items

## 11.3 INFECTION CONTROL

Shelter providers will have an infection prevention and control (“IPAC”) program in place to prevent and reduce the likelihood of transmitting communicable diseases to clients and staff. As part of the IPAC program, shelter providers will, at minimum:

- a. Have IPAC policies and procedures developed in consultation with OPH
- b. Ensure program staff and management receive ongoing training and education on Routine Practices, environmental cleaning, and disinfection
  - i. Refer to the *IPAC Guide for Homelessness Service Settings*, which outlines infection prevention and control best practices
  - ii. Regularly monitor OPH and Public Health Ontario websites for the most up-to-date information, documents, practices, and procedures
- c. Shelter providers will supply and make accessible personal protective equipment (e.g. goggles, disposable gloves, gowns, medical masks etc.) for all staff and clients, as needed
  - i. Shelter providers will ensure staff are trained in the proper use of personal protective equipment, including donning and doffing techniques
- d. Shelter providers will promote proper and frequent handwashing among staff and clients to reduce the spread of communicable diseases

- e. Shelter providers will provide alcohol-based hand sanitizer that contains at least 70% alcohol to supplement handwashing in high contact areas (e.g. reception and dining areas) and in the event that a designated hand washing station/sink is not available
  - i. Shelter providers will also take appropriate measures to control or prevent misuse or misapplication of the product(s)
- f. If a client appears ill or has an illness that presents a health risk to other clients, shelter providers will encourage the client to seek medical treatment and where possible, facilitate referrals to community medical resources
  - i. Shelter providers should monitor for unusual patterns of illness and will notify OPH at 613-580-6744, ext. 26325 when there are a number of cases lasting longer than a few days
  - ii. Shelter providers shall complete a Serious Occurrence Report pursuant to [Section 11.8](#), but omit client identifying information to protect personal information
- g. Shelter providers will provide staff with information about communicable disease management and infection control practices including, but not limited to:
  - i. IPAC program
  - ii. Specific diseases of public health significance and reporting cases of communicable disease to OPH in a timely manner
  - iii. The shelter's response plan for individual cases or outbreaks of communicable disease
- h. Shelter providers will recommend that all shelter staff consult a health care professional to update their vaccinations, including annual influenza vaccination, and tuberculosis screening
- i. Shelter providers will regularly monitor OPH updates and provide information, educational updates and/or training to staff as required

## 11.4 MAINTENANCE PLANS

### 11.4.1 *Custodial*

- a. Shelter providers will have a procedure for emergency custodial service response
- b. Shelter providers will have a documented cleaning plan that will include, at a minimum, a cleaning schedule and documentation noting when cleaning was completed for all areas/items identified in the plan
  - i. In exceptional circumstances, the City may require a review and enhancement of cleaning schedules
- c. Shelter providers will maintain an adequate inventory of cleaning supplies
- d. Shelter providers will store and transport clean and soiled linens in a manner that limits cross-contamination

- i. Soiled linens should be handled with minimum agitation to avoid spreading contaminants

#### 11.4.2 *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
- 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 seven days per week

#### 11.4.3 *Pest/Rodent Control*

- a. Shelter providers will have a pest control policy and procedure that specifically addresses bed bugs, and an integrated pest/rodent control program 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 procedure to inform clients and staff of treatment plans that, at a minimum, includes a treatment schedule and the precautions required

### 11.5 **EMERGENCY PREPAREDNESS & BUSINESS CONTINUITY**

Shelter providers will:

- a. Have an emergency preparedness plan, evacuation plan, and business continuity plan for each shelter site
- b. Ensure that these plans are appropriate for each facility and client group being served
- c. Review and update such plans annually at minimum and as required (i.e. following renovations, legislative changes, etc.)
- d. Ensure staff are trained on the various components of these plans
  - i. These plans must define staff roles and responsibilities
  - ii. Staff must be retrained annually or when changes to these plans are made
- e. Ensure clients are advised of the core components of the emergency and evacuation plans at intake

### 11.5.1 *Emergency Preparedness Plans*

Emergency Preparedness Plans will, at minimum:

- a. Have procedures in place to manage various types of emergencies, including medical emergencies, fire, flood, threats/assaults, loss of essential services, service disruption, and extreme weather
- b. Outline actions for the first 72 hours as the City is not the primary point of contact and may not be available immediately in the event of a large-scale emergency
- c. Include a Protective Measures Plan that covers lockdown, shelter-in-place, secure facility, and evacuation procedures

### 11.5.2 *Evacuation Plans*

Evacuation Plans will include, at minimum:

- a. Procedures for evacuation of clients with mobility issues or other disabilities
- b. A script to explain the process to clients upon intake
- c. Procedures for evacuations that take place during peak hours and off-peak hours when staffing levels may be lower
- d. An evacuation map, which is to be posted in conspicuous areas of the shelter
- e. Identification of designated evacuations site(s)

### 11.5.3 *Business Continuity Plans*

Business Continuity Plans will include, at minimum:

- a. Criteria for plan implementation
- b. Identification of resource requirements to continue to provide essential services (e.g. food, water, and shelter), during a state of emergency, emergency situations and non-emergency service disruptions
- c. Procedures for determining, managing, and reporting service disruptions
- d. Procedures for referring or transferring clients to another shelter or temporary location during a service disruption and addressing emergencies as outlined in [Subsection 11.5.1\(b\)](#)

## 11.6 **EXTREME WEATHER**

- a. Environment and Climate Change Canada (“ECCC”) is responsible for issuing Weather Alerts (e.g. heat and cold warnings) and outdoor air quality alerts (jointly with the Ontario Ministry of Environment, Conservation, and Parks)
- b. It is strongly recommended that shelters sign up for weather alert notifications from ECCC via email from ECAAlertMe and/or by signing up for the WeatherCAN app on mobile devices

- c. ECCC issues different types of alerts depending on the severity and timing of an event, including Special Weather Statements, Advisories, Watches and Warnings
- d. During these alerts, or when directed by Housing Services, shelter providers will, at a minimum:
  - i. Enhance communication to clients (particularly during Weather Warnings)
  - ii. Relax admission eligibility requirements
  - iii. Provide or extend daytime access to clients
  - iv. Provide information on the locations of designated local warming/cooling centres
- e. During extreme weather conditions, shelter providers will relax service restrictions, admission eligibility criteria, and access hours wherever possible in order to minimize risk factors to those experiencing homelessness
  - i. In the case of extreme weather conditions, shelter providers may provide additional cots and/or resources in order to accommodate additional clients
  - ii. If additional clients are accommodated, shelter providers must ensure compliance with all applicable legislation, as described in [Section 4 – Applicable Legislation & Guidelines](#)
  - iii. If additional clients are accommodated, the City must be notified of any changes within 24 hours

## 11.7 CAPACITY LIMITS

### 11.7.1 *Legislated Capacity Limits for Premises*

- a. Shelter providers set their own regular and expanded/emergency capacity limits in compliance with the *Fire Code* made pursuant to the *Fire Protection and Prevention Act*
  - i. A copy of the capacity limits policy will be on file with the City and will be resubmitted if updated

### 11.7.2 *Bed Capacity Limits*

- a. Shelter bed capacity limits are detailed in shelter providers' Service Agreements

## 11.8 SERIOUS OCCURRENCES

- a. When a Serious Occurrence takes place, the shelter provider provides verbal notification of the incident, as soon as possible, to the City's Program Coordinator for Community and Family Shelters
- b. The shelter provider must complete a "Serious Occurrence Report" form set out by the City



- c. The form must be submitted to the City within 48 hours of the occurrence or, if on a weekend or statutory holiday, on the next business day
  - i. Reports should be submitted by email to [Housing-Logement@ottawa.ca](mailto:Housing-Logement@ottawa.ca) (include "Serious Occurrence" in the subject line) or by fax 613-580-2648 (Attn: Housing Services Program Administrative Clerk)
- d. The shelter provider shall ensure that serious incidents such as fire, death, and/or critical injury, as well as incidents covered by the media are reported to the City within 24 hours of the occurrence
- e. A Serious Occurrence may include, but is not limited to:
  - i. Natural disaster, such as fire, flood, extended power failure, or extreme weather damage to the building
  - ii. Unexpected death of a client
  - iii. A complaint made against a staff member involving allegations of assault, abuse, or mistreatment of any client
  - iv. A complaint made against a client involving allegations of assault, abuse, or mistreatment
  - v. Missing person report to police where the person is a child, deemed high risk (cognitively impaired, dementia, mental health crisis, etc.) or that may receive media coverage
  - vi. Outbreak of a communicable or infectious disease(s) that results in a disruption of operations (i.e. quarantine)
  - vii. Serious/unusual situations where the police are called regarding the actions of clients, staff, volunteers, or visitors, that result in criminal charges being laid

# 12 DOCUMENTATION, REPORTING & CONFIDENTIALITY

Shelter providers must treat a client's personal and health information and client files as confidential information.

## 12.1 CONFIDENTIALITY

The shelter provider must develop, implement, and regularly review written confidentiality policies and procedures to ensure that:

- a. All applicable privacy legislation is adhered to
- b. The collection, use, disclosure, and storage of all personal information under contractual arrangement with the City is subject to the *Municipal Freedom of Information and Protection of Privacy Act* ("MFIPPA")
- c. In accordance with MFIPPA, the shelter provider must ensure that a written confidentiality policy is in place
- d. All staff, volunteers, and students must comply with MFIPPA with respect to the collection and disclosure of a client's personal information
- e. Staff, volunteers, and students must review and sign a confidentiality agreement during their initial training period
- f. The confidentiality policy includes statements concerning the privacy, security, and confidentiality of client information as well as the removal of, destruction of (hard copy or electronic files), client access to personal information and records, and a privacy breach protocol
- g. Where information about children less than 16 years of age is requested, only the person who has lawful custody of the child may consent to the release of information

### 12.1.1 *Client Consent*

- a. A consent form is signed by each client so that specified personal information can be shared with the City for the purposes of:
  - i. Administering shelter services, coordinated access to housing programs, and housing benefits
  - ii. Determining or verifying initial and ongoing eligibility for basic needs allowance and funding for stays at a shelter
  - iii. Policy analysis, research and evaluation of policies and programs with respect to homelessness in the City
- b. Clients' personal information can only be disclosed with a signed consent from the client, except where:

- i. Permitted or required under legislation or regulation
- ii. Required pursuant to a court order or subpoena
- iii. Refusing or neglecting to provide information could endanger the safety of another client, individual or group
- c. Sharing of client information with other service providers to which the client is referred may be necessary to ensure continuity of care
  - i. The sharing of information will be explained to the client and only disclosed with consent

## 12.2 RECORDS MANAGEMENT

Shelter providers will develop and adhere to policies that address the following:

- a. Storage of records
- b. Access to client personal records
- c. Disclosure or transmission of client records
- d. Destruction of records of former clients (timelines)
- e. Disclosure of information when there is a risk of harm
- f. Access by external support providers with client consent

### 12.2.1 *Creation of Client Files*

- a. A personal file is created for each new client which, at minimum, includes:
  - i. Demographic information for all family members
  - ii. Legal Name
  - iii. Date of Birth
  - iv. Gender
  - v. Citizenship / Immigration Status
  - vi. Veteran Status
  - vii. Indigenous Indicator
  - viii. Date of admission
  - ix. Housing history (including a minimum of two years of previous addresses)
  - x. Date of book-out
  - xi. Incident Reports concerning such matters as accidents, injuries, abuse of clients or staff, and details concerning incident resolution
  - xii. Log of client's leave (overnight, weekend, vacation, hospitalization, etc.)
  - xiii. Log of medical/health-related appointments
  - xiv. Staff notes relating to the client's service plan

### 12.2.2 *Client Records Management*

- a. Client data is collected in an organized, consistent, and efficient manner
- b. Client data is collected in HIFIS as per the shelter provider's Service Agreement and Ottawa HIFIS Data Provisional Agreement

- c. Staff record daily incidents and observations necessary to ensure the safety of clients and orderly operation of the shelter in an operations log
  - i. Shelters will develop and implement a policy on the storage and retention of operations' logs
- d. Service restriction records include the name, date, reason(s), and duration of each person denied admission and any follow-up or referral services provided
- e. Admission and book-out records for all clients must be accurately maintained in HIFIS by all shelter providers
- f. Shelter providers will ensure that all staff who use HIFIS are aware of the manual backup process in case of system interruptions and use of the hard copy forms until HIFIS is available

### **12.2.3**      *Protection and Storage of Client Information*

- a. Shelter providers will take all reasonable measures to safeguard electronic and hardcopy files containing client's personal or health information and limiting access to the files to authorized shelter provider staff who require this information to provide support services
- b. Electronically transmitting confidential client information outside of a secure network is prohibited
- c. Removing confidential files from the shelter premises is discouraged and only permitted in exceptional circumstances 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
- d. The City may require specific document retention periods in accordance with City policies

# 13 ADMINISTRATION

In the provision of temporary emergency accommodation, shelter providers must fulfill an administrative role. The OESS outlines the requirements as they pertain to financial accountability, program accountability, insurance, property management and capital planning, conflict of interest, human resources, and good neighbour policies.

## 13.1 FINANCIAL ACCOUNTABILITY

City-funded shelter providers will:

- a. Provide annual budget submissions, in the specified format and by a date determined by the City
- b. Submit required financial documentation to support funding received, in the specified format and at regular intervals determined by the City
- c. Ensure that their financial record-keeping practices adhere to generally accepted accounting principles
  - i. All financial records will be kept for a minimum of seven years and made available for auditing purposes
- d. Shelter providers will have an annual audit conducted by a qualified, independent auditor

## 13.2 PROGRAM ACCOUNTABILITY

Shelter providers are responsible for operational decisions, management of the shelter, program delivery, and staff.

- a. Housing Services will conduct scheduled or random reviews as described under [Section 3.4 – Quality Assurance](#), during which shelter providers will provide Housing Services with reasonable access to the shelter premises and to financial and service records
  - i. During visits, Housing Services representatives may wish to meet with shelter staff, Board members, volunteers and/or shelter clients
- b. Shelter providers will not introduce any ancillary services that detract or otherwise interfere with the effective delivery of their shelter support services
  - i. If in doubt whether such ancillary services would detract or otherwise interfere, shelter providers will discuss such plans in advance with Housing Services
- c. Shelter providers, including the Board of Directors (or other legally binding governance structure) are responsible for ensuring that staff performance and accountability are properly monitored and evaluated

### 13.3 INSURANCE

- a. During the term of the service agreement, the shelter provider shall obtain and maintain commercial general liability insurance acceptable to the City, which shall be subject to limits of not less than \$5,000,000.00 inclusive per occurrence for bodily injury, death, and damage to property including loss of use thereof
- b. The commercial general liability insurance shall include coverage for:
  - i. Premises and operations liability
  - ii. Products or completed operations liability
  - iii. Blanket contractual liability
  - iv. Cross liability
  - v. Liability with respect to non-owned licensed motor vehicles
  - vi. Severability to interest clause
  - vii. Owner and contractor protective coverage
- c. The commercial general liability insurance policies shall be in the name of the shelter provider and shall name the City, as an additional insured thereunder
- d. The shelter provider shall provide and maintain during the term of the Agreement liability insurance in respect to owned licensed motor vehicles subject to limit not less than \$5,000,000.00 inclusive per occurrence for bodily injury, death, and damage to property including loss of use thereof, where applicable to the operations of the shelter provider under the contract
- e. If the shelter provider is not registered with the Workplace Safety and Insurance Board, the shelter provider shall provide and maintain contingent employer's liability and voluntary compensation insurance coverage as part of its commercial general liability insurance
- f. The liability insurance policies shall contain an endorsement to provide the City with 30 days written notice of cancellation or of a material change that would diminish coverage
- g. The insurance policies shall preclude subrogation claims by the insurer against anyone insured
- h. Evidence of insurance satisfactory to the City shall be provided 15 days prior to the policy expiry date set out in the insurance certificate
- i. The shelter provider shall maintain such other insurance as it deems appropriate

### 13.4 PROPERTY MANAGEMENT & CAPITAL PLANNING

- a. Shelter providers that own their building are encouraged to have:
  - i. A Building Condition Assessment (BCA) and a Capital Reserve Fund Forecast (CRFF) completed every 10 years and updated every three to five years by a qualified professional

- ii. A Capital Plan (approved by the Board of Directors or other legally binding governance structure) that is informed by the BCA/CRFF and a preventative maintenance plan
- iii. A professional energy audit conducted at least once every 10 years and to prepare and implement an energy management plan based on the audit findings

## 13.5 CONFLICT OF INTEREST

Shelter providers will:

- a. Develop and implement a policy and procedure for declaring, managing and reporting a conflict of interest
- b. At a minimum, shelter staff, including management and board members:
  - i. Will report and avoid real, potential and perceived conflicts of interest
  - ii. 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
  - iii. Will not accept gifts, money, discounts, or favours including a benefit to family members, friends, or business associates for work that the shelter provider pays them to do (exceptions to this are promotional gifts or those of nominal value)
  - iv. 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
  - v. 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 (exceptions to this must be expressly approved by either the Executive Director or the Board of Directors)
  - vi. Will 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. whistleblowing)
  - vii. Will not represent or advise the shelter provider in transactions where they 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

## 13.6 HUMAN RESOURCES

Shelter providers, as employers, must regularly develop, implement, and review written human resources policies and procedures to ensure that:

- a. There is a staff code of conduct that outlines acceptable, professional behaviour that applies to all staff
- b. Staff and volunteers who interact with clients have a Police Vulnerable Sector Check
- c. At least two staff must be on shift and awake at all times during a shelter's hours of operation (unless an exception has been granted in writing by the City)
  - i. Shelter providers are responsible for determining the appropriate staffing ratios to ensure the safety of staff/clients and delivery of services in their facility
  - ii. The City may require minimum staffing ratios in the Service Agreements with shelter providers
- d. Staff are supervised, and performance is evaluated regularly
- e. Staff are qualified, oriented, and fully trained for their job function
- f. Staff human resource files are kept current and accurate, and include records of training, performance evaluations, orientation, and any other pertinent information

### 13.6.1 *New Employees*

Shelter providers will provide all new employees with an orientation or orientation information within the first five training/shadow shifts of their employment, unless an exemption has been granted in writing by the City.

At minimum, the orientation information will cover key shelter policies, procedures and processes, including:

- a. Staff Code of Conduct
- b. Client Rights and Responsibilities
- c. Conflict of Interest policy
- d. Confidentiality, personal information and personal health information
- e. Health and Safety information, including key aspects of the shelter's emergency plan, evacuation plan and identifying emergency exits
- f. Infection Control Practices
- g. AODA Customer Service Requirement, including service animals
- h. Any other information that is immediately required for the employee to perform their work safely, effectively and professionally (e.g. food safety, use of personal protective equipment, Naloxone training)



### 13.6.2 *Volunteer / Student Placements*

Shelter providers that permit volunteer/student placements will:

- a. Develop and implement a policy regarding the supervision of volunteers and student placements
- b. Provide each volunteer/student with an orientation similar to that provided to new employees

### 13.6.3 *Training*

An ongoing commitment to learning is important to ensure that shelter staff and board members perform their duties to the highest standards of professionalism and which are consistent with evidence-based leading practices.

Shelter providers must comply with all mandatory training requirements of applicable legislation including required provincial health and safety training such (e.g. AODA, Food Handlers Certification).

In addition, the OESS sets out minimum training requirements for shelter staff. Shelter providers are encouraged to exceed these standards.

At minimum, regular core training consists of:

- a. First Aid and CPR certification (Level C)
- b. Suicide intervention training (ASIST or other equivalent training)
- c. Non-Violent Crisis Intervention training
- d. Personal Protective Equipment Use (including donning and doffing techniques and proper hand hygiene)
- e. Overdose prevention, recognition, response and Naloxone training
- f. Universal Precautions and Safe Sharps and Waste Handling
- g. Harm Reduction training

Shelter providers will ensure that new staff receive this training and all staff will receive refresher training and recertification as required.

### 13.6.4 *Policy & Procedures Manual*

All shelter providers will have a policy and procedure manual available to all staff and the Board of Directors (or other legally binding governance structure).

At minimum, the following areas must be covered in the shelter provider's policies and procedures:

- a. Mission statement
- b. Program description
- c. Crisis/incident reporting
- d. Conflict of interest

- e. Staff code of conduct
- f. Confidentiality
- g. Harassment, discrimination, and workplace violence
- h. Definition of abuse (physical, verbal and emotional)
- i. Leaves with permission
- j. Clients under 16 years of age
- k. Service restrictions (barring)
- l. Client file management
- m. Mandatory staff training
- n. Safety measures including but not limited to smoking and vaping, weapons, drugs and alcohol, and acts or threats of violence
- o. Client medication management
- p. Child abuse reporting requirements
- q. Health and safety measures including but not limited to fire systems, safe food handling, First Aid and CPR, Workplace Hazardous Materials Information System (“WHMIS”), and safe sharps and waste handling
- r. Complaints
- s. Donated food
- t. Workplace accommodations
- u. Harm reduction

### **13.7 GOOD NEIGHBOUR POLICY**

A good neighbour policy is intended to facilitate how shelters engage, communicate, and work with the surrounding community to foster a positive relationship.

Shelter providers will:

- a. Develop and implement a good neighbour policy and procedure, which must include:
  - i. How the shelter will engage with neighbours and the surrounding community to positively contribute to the neighbourhood’s safety and wellbeing
  - ii. A mechanism for replying to public complaints and concerns, including identifying the shelter provider’s primary point(s) of contact, specific timelines for replies, and a process for escalation of complaints and appeals
  - iii. Provide a copy of said policy or a plain language version of the policy upon request
- b. Provide contact information for Housing Services and the Office of the Ombudsman to any individual who wishes to make a complaint about a City Housing Services program, service, or responsibility

- c. Encourage clients to respect the property and members of the neighbourhood in which the shelter is located
- d. Consider recommendations from the City to the Good Neighbour Policy and Procedure

## APPENDIX A – INSPECTION TOOL SAMPLE

### Compliance Reviews & Site Reviews - Introduction

The Standards help the City fulfill its oversight role as Service Manager. The Standards supplement the contractual agreement and are not meant to be exhaustive. They provide minimum guidelines in the areas of major governance, operations and service delivery to ensure a consistent standard is achieved in temporary emergency accommodations.

#### Purpose of Compliance Reviews & Site Reviews

- To ensure accountability in the expenditure of public funds
- To ensure that shelter providers meet the OESS and their contractual obligations as set out in their Service Agreement
- To review shelter providers' financial accountability for funds received, viability, budget submissions, and service delivery performance
- To provide guidance to shelter providers with respect to their funding model, policies, services, and processes
- To monitor, review, and resolve complaints from clients and the community

#### Compliance Reviews

Compliance Reviews are conducted to ensure that shelter providers are complying with all aspects of the OESS in order to ensure high-quality service delivery to clients. Compliance Reviews focus on compliance with applicable legislation, professional practices, programming models, processes, client health and safety, and building maintenance.

Compliance Reviews are conducted every 30 months and focus on all aspects of the OESS, including, but not limited to:

- Emergency and maintenance plans
- Inspection records and certificates
- Site inspection (general health and safety, signage, and food areas)
- Human Resources and financial management
- Shelter policies and procedures
- Case management

#### Site Reviews

Site Reviews are conducted annually, on years when a Compliance Review is not conducted, and/or as requested by the shelter provider or at other times as determined by the City. Site Reviews ensure that shelters are well-maintained and in a state of good repair. The primary focus of a Site Review is to ensure the health and safety of all persons on shelter property and does not encompass all aspects of a Compliance Review.

**Housing Services OESS Inspection Report**

Facility Information	Inspection Date:
	Contact Name:
	Housing Services Staff:
	OPH Inspector:
	Report Date:

**Review Type:**    Site Review (annual)    Compliance Review    Site Review (agency request)

Follow-up or Status Update Required by:	
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<b>Report Findings</b>
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**Ottawa Emergency Shelter Standards Certification  
(Site Review & Compliance Review)**

I, the undersigned, certify, to the best of my knowledge, that the information provided below is true and correct (*check all that apply*).

<input type="checkbox"/>	The shelter provider obtains clients' opinions and input about shelter operations and proposed policy or program changes in multiple ways, including the option of anonymity ( <i>section 5.1 of OESS</i> ).
<input type="checkbox"/>	The shelter provider reviews the following at book-in/intake: contribution expectations, client rights and responsibilities, and complaints and appeals policy ( <i>section 7.2 of OESS</i> ).
<input type="checkbox"/>	No later than 24 hours after intake, clients are provided with a shelter orientation which includes: reviewing shelter rules, daily routines, health and safety guidelines, shelter evacuation plan and a facility tour, if feasible ( <i>section 7.2 of OESS</i> ).
<input type="checkbox"/>	Clients are not granted leaves with permission over 3 days without City pre-approval ( <i>section 7.4.2 of OESS</i> ).
<input type="checkbox"/>	Clients who are service restricted are informed of the reason for service restriction, conditions and timelines of re-admittance, and referral destination, if appropriate ( <i>section 7.6 of OESS</i> ).
<input type="checkbox"/>	Clients are booked out of HIFIS within 12 hours of their departure ( <i>section 7.7 of OESS</i> ).
<input type="checkbox"/>	Clients are offered an appropriate bed and required bedding ( <i>section 8.1 of OESS</i> ).
<input type="checkbox"/>	Clients are provided 3 meals per day, to-go meals (as appropriate) and additional food portions when appropriate/required ( <i>section 8.4 of OESS</i> ).
<input type="checkbox"/>	Cribs, cradles, or bassinets, and corresponding mattresses for clients younger than two years of age, conform to the specifications prescribed under <i>Cribs, Cradles and Bassinets Regulations</i> as stated in the <i>Canada Consumer Product Safety Act</i> ( <i>section 9.1 of OESS</i> ).
<input type="checkbox"/>	Clients have access to secure storage for belongings ( <i>section 9.4 of OESS</i> ).
<input type="checkbox"/>	The shelter provider monitors client income and updates HIFIS accordingly ( <i>section 10.3 of OESS</i> ).
<input type="checkbox"/>	The shelter provider takes reasonable measures to accommodate clients accompanied by their service animal ( <i>section 10.5.1 of OESS</i> ).
<input type="checkbox"/>	The Children's Aid Society of Ottawa is informed when any independent youth under the age of 16 presents at either the shelter provider's physical location or on the streets. The shelter provider complies with the reporting requirements identified under the <i>Child and Family Services Act</i> ( <i>section 10.5.2 of OESS</i> ).
<input type="checkbox"/>	The shelter provider reports any suspected cases of child abuse or neglect and to follow the legislative requirements of the <i>Child and Family Services Act</i> ( <i>section 10.5.3 of OESS</i> ).
<input type="checkbox"/>	The shelter provider obtains written parental/guardian consent prior to a child's participation in a program/activity ( <i>section 10.5.3 of OESS</i> ).

## OTTAWA EMERGENCY SHELTER STANDARDS

- The shelter provider refers self-identified Indigenous clients to appropriate Indigenous service providers (*section 10.5.5 of OESS*).
- Food Handler Certificates are kept current and during food preparation times at least one current staff member on duty, whose function is to assist or prepare food, has a current certificate (*section 11.1.5 of OESS*).
- The shelter provider regularly monitors OPH updates and provides information, educational updates and/or training to staff as required (*section 11.3 of OESS*).
- Staff are trained on various components of the emergency preparedness plan, evacuation plan and business continuity plan (*section 11.5 of OESS*).
- The shelter provider completes and submits Serious Occurrence Report forms as required (*section 11.8 of OESS*).
- Staff, volunteers, and students review and sign a confidentiality agreement during their initial training period (*section 12.1 of OESS*).
- Financial records are being kept for a minimum of seven years (*section 13.1 of OESS*).
- The shelter provider ensures that at least two staff are on shift and awake at all times during a shelter's hours of operation, unless an exception has been granted in writing by the City (*section 13.6 of OESS*).
- The shelter provider is of the opinion that it has appropriate staffing ratios to ensure the safety of staff/clients and delivery of services in their facility (*section 13.6 of OESS*).
- New employees are provided with an orientation or orientation information within the first five training/shadow shifts of their employment, unless an exemption has been granted in writing by the City (*section 13.6.1 of OESS*).

I hereby authorize the City of Ottawa to review any document(s) and appropriate source(s) if deemed necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Position

**Documents for Submission (Site Review & Compliance Review)**

Please provide electronic copies of the current version(s) of the following documents at least five (5) days prior to your review date. All policies and procedures must be written in accordance with the appropriate section(s) of the OESS noted below.

<b>General Agency Documents (required)</b>	<b>OESS Section</b>
<input type="checkbox"/> AGM Report	3.5
<input type="checkbox"/> AGM Minutes	3.5
<input type="checkbox"/> Annual Fire Inspection Certificate	11.1.4
<input type="checkbox"/> OPH Food Safety Inspection Reports	11.1.5
<input type="checkbox"/> Annual Budget Submission	13.1
<input type="checkbox"/> Annual Financial Audit	13.1
<input type="checkbox"/> CGL Insurance Certificate	13.3

<b>Policies and/or Procedures (required)</b>	<b>OESS Section</b>
<input type="checkbox"/> Conflict of Interest	3.5 & 13.5
<input type="checkbox"/> Client Complaints & Appeals	6
<input type="checkbox"/> Daytime Access to Sleeping Area	7.3
<input type="checkbox"/> Service Restrictions	7.6
<input type="checkbox"/> Book-Outs	7.7
<input type="checkbox"/> Visitors	7.8
<input type="checkbox"/> Client Medication	10.2.3
<input type="checkbox"/> Service Animals	10.5.1
<input type="checkbox"/> Services to LGBTQ2S Clients	10.5.4
<input type="checkbox"/> Indigenous Referrals to Indigenous Service Providers	10.5.5
<input type="checkbox"/> Weapons & Prohibited Items	11.2
<input type="checkbox"/> Pest Control	11.4.3
<input type="checkbox"/> Capacity Limits	11.7.1
<input type="checkbox"/> Confidentiality	12.1
<input type="checkbox"/> Records Management	12.2
<input type="checkbox"/> Storage & Retention of Operations' Logs	12.2.2
<input type="checkbox"/> Volunteer / Student Placement	13.6.2
<input type="checkbox"/> Good Neighbour	13.7

<b>Policies and/or Procedures (if applicable)</b>	<b>OESS Section</b>
<input type="checkbox"/> Book-Ins / Held Beds	7.2
<input type="checkbox"/> Handling and Storing Expressed Breast Milk	8.4.1
<input type="checkbox"/> Abstinence-Based Program Service Model	10.2.2
<input type="checkbox"/> Financial Savings Program	10.4
<input type="checkbox"/> Child Safety	10.5.3
<input type="checkbox"/> Inspection of Client Beds/Rooms/Personal Belongings	11.1.2
<input type="checkbox"/> Donated Food	11.1.5



**Physical Environment Inspection (Site Review & Compliance Review)**

<b>Postings &amp; Signage</b>		
<b>Details</b>	<b>Compliant?</b>	<b>Comments</b>
Client Rights & Responsibilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Client Code of Conduct	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Complaints & Resolution Process	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ontario Human Rights Code Info Poster	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Service Restrictions P&P	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Daily Menu (incl. potential allergens)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Allergen-Free Food not Guaranteed	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fire Evacuation Diagrams	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Client Supplies &amp; Basic Needs Items</b>		
<b>Details</b>	<b>Compliant?</b>	<b>Comments</b>
Linens meet size requirements	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Supply of linens	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Laundry facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$_____/wash \$_____/dry
Stock of toiletries & hygiene items	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Stock of bus vouchers	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Supply of baby/toddler diapers <i>(family shelters only)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Supply of baby formula <i>(family shelters only)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Physical Environment</b>		
<b>Details</b>	<b>Compliant?</b>	<b>Comments</b>
Occupied beds have mattresses	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Lateral bed separations are 0.75m	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vertical bed separations are 1.1m	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Washable physical barriers if bed separation is less than 2m	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Adequate dining area seating	Yes <input type="checkbox"/> No <input type="checkbox"/>	# of seats: _____ # of seating times: _____
Dining area is separate from sleeping area	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Window coverings for privacy	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tamper-proof sharps containers	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Client Food Preparation &amp; Storage Areas</b> <i>(for agencies who do not provide meals)</i>		
<b>Details</b>	<b>Compliant?</b>	<b>Comments</b>
Clients have access to place to store food	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Clients have access to place to prepare and consume food	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>General Health &amp; Safety</b>		
<b>Details</b>	<b>Compliant?</b>	<b>Comments</b>
First aid kits, incl. portable, are on site	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Emergency exits are equipped with an alarm	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Garbage is stored to discourage insect/rodent infestations	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Chemical/cleaning compounds safely stored/secured	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Adequate supply of PPE for staff/clients	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hand sanitized (70% alcohol) available in high-contact areas	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inventory of cleaning supplies	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Washrooms</b>		
<b>Details</b>	<b>Compliant?</b>	<b>Comments</b>
1 Washbasin for every 15 Clients	Yes <input type="checkbox"/> No <input type="checkbox"/>	# of washbasins: _____
1 Toilet for every 15 Clients	Yes <input type="checkbox"/> No <input type="checkbox"/>	# of toilets: _____
Urinals (may replace up to half the number of required toilets)	Yes <input type="checkbox"/> No <input type="checkbox"/>	# of urinals: _____
1 Bathtub/Shower for every 20 Clients	Yes <input type="checkbox"/> No <input type="checkbox"/>	# of bathtubs/showers: _____
Washable physical barrier if less than 2m between washbasins/toilets/urinals	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Readily released lock(s) for washroom	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Readily released lock(s) for stalls	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Readily released lock(s) for showers	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bathtubs/showers are non-skid	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Stocked with toilet paper, liquid soap for dispensers, paper towels and/or hands-free hand dryer	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Family shelter toilet/shower rooms permit privacy	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Diaper change stations are near washbasin with running hot/cold water, soap & paper towels	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Client Medication (for agencies who store medication on clients' behalf)</b>		
<b>Details</b>	<b>Compliant?</b>	<b>Comments</b>
Storage area is safe/secure & only accessible by staff	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medication is labelled & stored in separate containers	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Separate/functional fridge for medication (not accessible to clients)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Release of medication is documented (e.g. MAR sheets)	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**On-Site Document Review (Site Review & Compliance Review)**

*The following documents are to be made available for both compliance reviews and site reviews.*

<b>Fire, Emergency &amp; Business Continuity Plans/Records</b>	<b>OESS Section</b>	<b>Compliant?</b>	<b>Comments</b>
Fire Plan	11.1.4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fire Evacuation Plan	11.1.4 11.5.2	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fire Drill Logs/Records	11.1.4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Emergency Preparedness Plan	11.5.1	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business Continuity Plan	11.5.3	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Health, Safety &amp; Maintenance Plans/Records</b>	<b>OESS Section</b>	<b>Compliant?</b>	<b>Comments</b>
Visitor Sign-in/Sign-out Records	7.8	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Linen Laundering / Changing Schedule	8.1	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mattress Inspection & Replacement Schedule	9.1	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Communication Log(s) – Facility Rounds	11.1.2	Yes <input type="checkbox"/> No <input type="checkbox"/>	
IPAC Policies & Procedures	11.3	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cleaning Plan	11.4.1	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Preventative Maintenance Plans	11.4.2	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inspection, Service & Maintenance Records	11.4.2	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Pest Inspection/Treatment Records	11.4.3	Yes <input type="checkbox"/> No <input type="checkbox"/>	

*I have read and understood this report.*

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

Position

**On-Site Document Review (Compliance Review Only)**

The following documents are to be made available for review during a compliance review only.

Human Resources Documents/Records	OESS Section	Compliant?	Comments
HR Policies & Procedures	13.6	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Staff Training Records/Matrix	13.6.3	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Policy & Procedures Manual	13.6.4	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Client-Related Records	OESS Section	Compliant?	Comments
Sample of Client Input	5.3	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sample of Client Complaints/Resolutions	6	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Communication Log(s) – Client Referrals	7.5	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Service Restrictions Records	7.6	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Client File Samples <input type="checkbox"/> 5 files reviewed <input type="checkbox"/> 10 files reviewed	OESS Section	Compliant?	Comments
Current consent form	7.2	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Intake forms with minimum requirements	7.2	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Data match HIFIS file	7.2	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contribution expectations discussed with client	7.2	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Minimum personal information included	12.2.1	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Met with case worker within 72 business hours	10.1	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Service plan includes required information	10.1.1	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Client meetings/meeting attempts semi-monthly	10.1.2	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Service plans updated	10.1.2	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Discharge plan developed	7.7.1	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<ul style="list-style-type: none"> <li>• Provide a cross-section of files for varying lengths of stay, including booked-out client(s)</li> <li>• For agencies with less than 50 households: 5 files required for review</li> <li>• For agencies with more than 50 households: 10 files required for review</li> </ul>			

*I have read and understood this report.*

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

Position

## APPENDIX B – IN-EFFECT DATES

The following schedule illustrates when various sections of the Ottawa Emergency Shelter Standards take effect. Shelter providers who require further clarification should contact the City of Ottawa’s Program Coordinator for Community and Family Shelters Branch.

Shelter providers who are not able to comply with the relevant sections when they take effect are required to submit a City-approved plan for compliance and associated timelines to be compliant.

Any sections not listed are in effect immediately. For sections where policies currently exist under the 2005 Ottawa Emergency Shelter Standards, but require updates, the previous policy will remain in place until the in-effect date of the new policy.

<b>AUGUST 31, 2021</b>	
<b>Section 6</b>	<i>Complaints &amp; Appeals</i>
<b>Section 7.7.1</b>	<p>As part of the client’s planned book-out and transition out of a shelter, shelter providers will:</p> <ul style="list-style-type: none"> <li>a. Develop a plan in collaboration with the client whenever possible</li> <li>b. 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 supports</li> <li>c. Review consent forms and summarize information for the client or next service provider to assist in ensuring continuity of service</li> </ul>
<b>Section 9.1(c)</b>	<ul style="list-style-type: none"> <li>c. Where possible, a distance of 2 metres should be maintained between beds, but a minimum separation distance of 0.75 metres (2.5 feet) between the edges of beds (bunks, cots, or mats) must be maintained and a vertical separation of at least 1.1 metres (3.6 feet) between the top of a bed frame to the lowest hanging section of the upper bunk frame or ceiling                             <ul style="list-style-type: none"> <li>i. In instances where physical separation distances of 2 metres cannot be maintained, there must be a washable a physical barrier</li> </ul> </li> </ul>
<b>Section 9.2(a)(ii)</b>	There must be at least 2 metres between washbasins, toilets, and urinals; if this separation distance is not possible, there must be a washable physical barrier

<b>Section 10.2.3(a)</b>	The shelter provider develops, implements, and regularly reviews written policies and procedures to ensure that clients have access to their prescription and over-the-counter medication when needed
<b>Section 11.4.1(a)</b> <b>Section 11.4.1(b)</b>	<ul style="list-style-type: none"> <li>a. Shelter providers will have a procedure for emergency custodial service response</li> <li>b. Shelter providers will have a documented cleaning plan that will include, at a minimum, a cleaning schedule and documentation noting when cleaning was completed for all areas/items identified in the plan</li> </ul>
<b>Section 11.4.2(a)</b>	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
<b>Section 11.4.3(a)</b>	<p>Shelter providers will have a pest control policy and procedure that specifically addresses bed bugs, and an integrated pest/rodent control program that, at a minimum, includes:</p> <ul style="list-style-type: none"> <li>i. Regularly scheduled inspections and treatment conducted by a licensed pest control company</li> <li>ii. Documentation of all pest sightings and/or evidence of infestations</li> <li>iii. A communication procedure to inform clients and staff of treatment plans that, at a minimum, includes a treatment schedule and the precautions required</li> </ul>
<b>Section 12.2.2(c)(i)</b>	Shelters will develop and implement a policy on the storage and retention of operations' logs
<b>Section 13.6(a)</b>	There is an approved staff code of conduct that outlines acceptable, professional behaviour that applies to all staff

<b>DECEMBER 31, 2021</b>	
<b>Section 5(a)</b> <b>Section 5(b)</b> <b>Section 5(c)</b> <b>Section 5(d)</b>	<p>In order to ensure clients are aware of their rights and responsibilities, shelter providers will approve and post, in conspicuous areas of the shelter, the following:</p> <ul style="list-style-type: none"> <li>a. Client Rights and Responsibilities</li> <li>b. Client Code of Conduct</li> <li>c. Complaint Resolution Process</li> <li>d. Ontario Human Rights Code information poster</li> </ul>
<b>Section 7.6(a)</b>	Shelter providers will:

	<ul style="list-style-type: none"> <li>i. Develop and implement a policy for service restrictions, including an appeals process</li> <li>ii. Provide a copy of the official policy and procedures or a plain language version of the policy and procedures to clients upon their request</li> </ul>
<b>Section 7.6(b)</b>	The service restriction policy will be posted in conspicuous areas of the shelter
<b>Section 7.7(a)</b> <b>Section 7.7(b)</b>	<p>Shelter providers will:</p> <ul style="list-style-type: none"> <li>a. Develop and implement a policy and procedure for planned and unplanned book-outs that include how clients retrieve their belongings and how unclaimed client belongings will be stored, handled and/or disposed</li> <li>b. Provide a copy of the official policy and procedures or a plain language version of the policy and procedures to clients upon their request</li> </ul>
<b>Section 7.8(a)</b> <b>Section 7.8(b)</b>	<p>Shelter providers will:</p> <ul style="list-style-type: none"> <li>a. Develop and implement a visitor policy and procedure <ul style="list-style-type: none"> <li>i. Shelter providers may choose to not allow visitors, but must allow access to employees of external agencies who are providing onsite supports</li> <li>ii. Shelter providers reserve the right to temporarily suspend visitor access in exceptional circumstances</li> </ul> </li> <li>b. Have a sign in/sign out sheet for all visitors, including employees of external agencies <ul style="list-style-type: none"> <li>i. Exceptions may be granted by shelter providers for employees of external agencies who provide regularly contracted onsite services and are scheduled to work at the shelter</li> <li>ii. The sign in/sign out sheets must be retained for a minimum of one year</li> </ul> </li> </ul>
<b>Section 8.4.1(a)(i)</b>	<p>Shelter providers that have food services and serve pregnant or breastfeeding clients will:</p> <ul style="list-style-type: none"> <li>i. Develop and implement a policy on handling and storing expressed breast milk and must provide adequate storage facilities (i.e. refrigerator) for the expressed milk</li> </ul>
<b>Section 10.2.2</b>	<p>Shelter providers operating programs with an abstinence-based model will:</p> <ul style="list-style-type: none"> <li>a. Identify how abstinence is defined within their program(s) and premises</li> <li>b. Submit a detailed description of the service model to the City</li> <li>c. Define to what extent they can provide service to non-abstaining clients</li> </ul>
<b>Section 10.5.3(d)</b>	Family shelter providers will develop and implement a policy and procedure(s) for child safety, which will include:

	<ul style="list-style-type: none"> <li>i. Field trips and lost child procedures</li> <li>ii. Staff-to-child supervision ratios by children’s age range</li> <li>iii. Reporting suspected cases of child abuse and neglect</li> <li>iv. The maximum number of children that a client is permitted to babysit at any one time</li> <li>v. What to do in the event that a parent/guardian does not return to pick up their child(ren)</li> <li>vi. What to do if a child becomes ill and/or injured</li> <li>vii. Inappropriate behaviours/actions of children, including violence</li> </ul>
<b>Section 10.5.3(h)</b>	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
<b>Section 10.5.4(a)</b>	<p>Shelter providers will:</p> <ul style="list-style-type: none"> <li>a. Develop and implement a policy that details how services are provided to LGBTQ2S clients in a manner that preserves their safety and dignity and indicates that people with diverse gender identities are welcome <ul style="list-style-type: none"> <li>i. Provide a copy of the official policy or a plain language version of the policy to clients upon their request</li> </ul> </li> </ul>
<b>Section 10.5.5(d)</b>	<p>Shelter providers will:</p> <ul style="list-style-type: none"> <li>d. Develop and implement a policy that details how self-identified Indigenous clients will be referred to culturally-appropriate services and how timely referrals will be made to Indigenous service providers <ul style="list-style-type: none"> <li>i. Provide a copy of said policy or a plain language version of the policy to clients upon their request</li> </ul> </li> </ul>
<b>Section 11.1.2(d)</b>	Shelter providers will develop and implement a policy and procedure 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
<b>Section 11.2(a)</b>	<p>Shelter providers must develop and implement a policy and procedure regarding weapons and prohibited items</p> <ul style="list-style-type: none"> <li>i. The policy should reference storage and return, confiscation, safe handling, and disposal when such items are brought inside the shelter or on shelter property</li> <li>ii. Prohibited items may include, but are not limited to, alcohol, drugs, and drug paraphernalia</li> </ul>
<b>Section 13.5</b>	<i>Conflict of Interest</i>
<b>Section 13.6.1</b>	<i>New Employees</i>



<b>JUNE 30, 2022</b>	
<b>Section 5.3(a)</b>	<p>Shelter providers will obtain clients' opinions and input about shelter operations and proposed policy or program changes in multiple ways, which must include the option of anonymity. These may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>i. Scheduled client meetings</li> <li>ii. One-on-one discussions</li> <li>iii. Exit interviews</li> <li>iv. Focus groups</li> <li>v. Surveys (including online surveys)</li> <li>vi. Suggestion box</li> <li>vii. E-mail inbox</li> </ul>
<b>Section 10.4(a)</b>	<p>Shelter providers that offer an in-house savings program as part of their case management will:</p> <ul style="list-style-type: none"> <li>a. Develop and implement a policy and procedure regarding client savings including: <ul style="list-style-type: none"> <li>i. Collecting and safekeeping of client funds</li> <li>ii. Recording and disbursement of client funds</li> <li>iii. Handling of abandoned client funds</li> <li>iv. Defining which staff are authorized by the shelter provider to access client funds</li> </ul> </li> </ul>
<b>Section 11.1.5(d)</b>	<p>Each shelter must develop and implement a donated food policy that is acceptable to OPH which must be on file with the City and resubmitted if revised</p>
<b>Section 11.3(a)</b>	<p>As part of the IPAC program, shelter providers will, at minimum have IPAC policies and procedures developed in consultation with OPH</p>
<b>Section 11.5(a)</b>	<p>Shelter providers will have an approved emergency preparedness plan, evacuation plan, and business continuity plan for each shelter site</p>
<b>Section 11.7.1(a)</b>	<p>Shelter providers set their own regular and expanded/emergency capacity limits in compliance with the <i>Fire Code</i> made pursuant to the <i>Fire Protection and Prevention Act</i></p> <ul style="list-style-type: none"> <li>i. A copy of the capacity limits policy will be on file with the City and will be resubmitted if updated</li> </ul>
<b>Section 12.2</b>	<p>Shelter providers will develop and adhere to policies that address the following:</p> <ul style="list-style-type: none"> <li>a. Storage of records</li> <li>b. Access to client personal records</li> <li>c. Disclosure or transmission of client records</li> </ul>

	<ul style="list-style-type: none"> <li>d. Destruction of records of former clients (timelines)</li> <li>e. Disclosure of information when there is a risk of harm</li> <li>f. Access by external support providers with client consent</li> </ul>
<b>Section 13.6.2</b>	<p>Shelter providers that permit volunteer/student placements will:</p> <ul style="list-style-type: none"> <li>a. Develop and implement a policy regarding the supervision of volunteers and student placements</li> <li>b. Provide each volunteer/student with an orientation similar to that provided to new employees</li> </ul>
<b>Section 13.6.4</b>	<i>Policy &amp; Procedures Manual</i>
<b>Section 13.7</b>	<i>Good Neighbour Policy</i>

<b>DECEMBER 31, 2022</b>	
<b>Section 13.6.3</b> <i>(in effect date applies only to training not previously required)</i>	<p>Shelter providers must comply with all mandatory training requirements of applicable legislation including required provincial health and safety training such (e.g. AODA, Food Handlers Certification).</p> <p>In addition, the OESS sets out minimum training requirements for shelter staff. Shelter providers are encouraged to exceed these standards.</p> <p>At minimum, regular core training consists of:</p> <ul style="list-style-type: none"> <li>a. First Aid and CPR certification (Level C)</li> <li>b. Suicide intervention training (ASIST or other equivalent training)</li> <li>c. Non-Violent Crisis Intervention training</li> <li>d. Personal Protective Equipment Use (including donning and doffing techniques and proper hand hygiene)</li> <li>e. Overdose prevention, recognition, response and Naloxone training</li> <li>f. Universal Precautions and Safe Sharps and Waste Handling</li> <li>g. Harm Reduction training</li> </ul> <p>Shelter providers will ensure that new staff receive this training and all staff will receive refresher training and recertification as required.</p>