

Emergency Shelter Program

Sample **Policies** and **Procedures**
for Emergency Shelters

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Introduction

Following the transfer of the Emergency Shelter Program (ESP) to BC Housing in 2005, a new program framework was written in collaboration with the shelter sector. The new framework recommends that all ESP shelter providers develop written policies and procedures.

This document provides a range of examples of required policies and procedures to assist shelter providers in developing their own. In some cases more than one example is provided on a specific topic, demonstrating that there is more than one right way to approach a specific policy or procedure.

The policies and procedures in this document are an amalgamation of actual policies and procedures from currently operating shelters. All sources for these policies and procedures are listed in the References Section at the end of the document.

The policies and procedures included in this document are limited to those unique to emergency shelter providers. For policies related to general non-profit operation, agencies may review components of BC Housing's [Housing Provider Kit](#).

The fictitious Safe Stay Shelter and the Safe Stay Shelter Society are used in all examples. At first, this may be somewhat confusing to the reader since some of the policies will appear to contradict one another. Hopefully, the reader will be able to read each policy and procedure independently and not be distracted by any such contradictions.

What are Policies & Procedures?¹

A policy is an organization's official position on a certain topic. It is intended to guide decisions and actions. It addresses what should happen and why. It is usually crafted as a broad statement using generalized language.

Example: "Safe Stay Shelter Society wishes to positively and accurately portray its role to the public. Therefore the Society is committed to ensuring quality two-way communication with members of the media."

A procedure is a written description of the usual way of doing something. It explains how an organization wants something to be done. It is usually crafted to be specific, tangible, precise and factual.

Example: Telephone Procedure:

- Answer the phone
- Write message on the duplicate pad
- Place top copy in the employee's message box
- File completed duplicate message books.

What are the Characteristics of a Good Policy and Procedure?²

When writing policies and procedures use the following techniques:

- Write as you would speak – use the active voice and the present tense
- Use common words – avoid jargon, duplication and long phrases
- Write short sentences and paragraphs
- Limit adjective use
- Eliminate unnecessary information

¹ From online course - "Writing Effective Policies and Procedures" - Charity Village Campus Courses at www.charityvillage.com

² From online course - "Writing Effective Policies and Procedures" - Charity Village Campus Courses at www.charityvillage.com

Admission and Discharge

The ESP Framework provides the following direction on the required policies and procedures:

SECTION 9.1 ESSENTIAL SERVICES

Admission and Discharge

- All shelters will have written policies and procedures for admission eligibility and allowable length of stay.
- Policies and procedures as well as clients' rights and responsibilities in accessing shelter services are to be clearly explained to clients upon admission.
- The shelter will have written policies and procedures for expelling individuals that:
 - Define reasons or conditions of expulsion
 - Include timely due process provisions
 - Are clear and simple to understand
 - Describe the conditions or process for re-admission to the shelter including the appeal and complaints procedure
 - Require reasonable efforts be made to provide an appropriate referral.

In this section the following examples are presented:

- **Two different admission policies are presented: a high barrier and a minimal barrier example**
- **The admission procedure is presented separately**
- **Charter of Client Rights and Responsibilities**
- **A discharge policy and procedure**

SAFE STAY SHELTER

Admission Policy (1) – High Barrier

Approved:	Approved by:	Policy No:
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Policy

The Safe Stay Shelter promptly and responsively screens applicants' eligibility for services. To be eligible for services, clients must be homeless and cannot have consumed alcohol or drugs on the day they are seeking entry into the shelter.

Once a client is admitted to the Shelter, if Shelter staff become aware of further information or observations that the client is unable to participate effectively in the Shelter programs (including consuming alcohol or drugs), they should contact the Program Supervisor for direction to ensure the client is referred for appropriate services.

SAFE STAY SHELTER

Admission Policy (2) – Minimal Barrier

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Policy

Safe Stay Shelter provides specialized support services for people living with mental illness, addictions and other challenges. All of the Safe Stay Shelter programs operate from a low barrier perspective — meaning that we do not require that people be sober, compliant with mental health or addiction treatment plans, or agree to participate in programs to receive services and housing support from us. Instead, we welcome them to a community of people experiencing similar challenges meeting them where they are at.

The homeless are not homogenous. By offering a variety of housing and support options, Safe Stay Shelter can ensure that appropriate, supportive environments are available to our clients. Safe Stay Shelter programs include emergency housing, transitional housing, long term housing, outreach programs, food services and community living support.

By providing services to those who are not considered ‘housing ready’ by other organizations (active substance use, and no psychiatric treatment links or medication use), Safe Stay Shelter has been successful in breaking the cycles of chronic homelessness, instability and substance use for their clients by providing assertive interventions within a high tolerance environment.

The goal is not simply to get people off the streets but to provide a comprehensive array of supports that assist people in achieving stability which allows them to move forward with their lives. By providing housing and support in a client-centred environment, Safe Stay Shelter engages clients to create an atmosphere of trust where opportunities for change can be discovered.

Safe Stay Shelter welcomes all people who are homeless or at-risk of homelessness unless they have previously been banned due to severe violence towards staff or other clients or dealing drugs on our property.

SAFE STAY SHELTER

Shelter Admission Procedure – Minimal Barrier

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Procedure

Clients are informed of the purpose, scope and contents of services offered at the Safe Stay Shelter at the outset of service delivery. Clients are informed that service use is voluntary. A person becomes a client at the Safe Stay Shelter when both staff and the client have mutually agreed upon service and a file has been opened.

The Client must be able to convince staff that they know where they are, are willing to participate with the admissions procedure. If they do not, staff may use their discretion about admission. If they are not “received”, a referral may have to be made to another agency for help. If any behavioural problems occur, police may be called.

The following admission procedure is followed for all clients:

- Ask clients to identify themselves and provide date of birth (check ID if available)
- Determine if the person is barred
- Ask if the person has any weapons or medication to turn in
- Administer shelter questionnaire and client intake forms
- Present the Charter of Rights and Responsibilities
- Assign bed and offer shower and laundry

The orientation of those being served begins at intake. Each new client will receive a copy of “House Rules” and will be asked to sign the statement of agreement. Orientation will be conducted in a way that is clear, consistent, understandable and will include:

1. Identification of the shelter worker and their role
2. Information about how the program operates
3. Mission, program and services of the Safe Stay Shelter
4. Clear communication regarding clients rights and responsibilities
5. Information regarding complaint procedures

This information will be provided to all people who become clients, however, the worker will assess to what depth the information for new clients will be delivered.

Shelter staff will use Safe Stay Shelter’s intake document as a guide during intake and orientation to ensure all procedures are in place and are followed consistently with each client.

SAFE STAY SHELTER

Charter of Client Rights and Responsibilities

Approved:	Approved by:	Policy No:
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Policy

The Safe Stay Shelter respects the rights and dignity of the people it serves and treats them in a non-coercive manner. Shelter programs have procedures in place to facilitate a respectful workplace.

This Charter establishes the rights and responsibilities for clients accessing services at the Safe Stay Shelter. The rights and responsibilities include:

RIGHTS

- The right to feel safe in the Safe Stay Shelter and associated programs;
- The right to progress through the shelter programs at your own level of comfort and understanding
- The right to be considered for accommodation and housing based on fair policies;
- The right to receive help finding and staying in suitable housing on a long-term basis;
- The right to be treated with respect regardless of your race, status, gender, sexual orientation, age, religion, or beliefs;
- The right to be informed of your human, legal, and civil rights, and to speak up when you feel they have been violated;
- The right to be informed about the policies of the Society that have a direct impact on you;
- The right to be informed and included in the decisions made about you and your family;
- The right to confidentiality in accordance with the *Private Information Protection Act* and the *Freedom of Information and Protection of Privacy Act*;
- The right to receive help when applying for income assistance, employment and health services, educational opportunities and other support services; and,
- The right to make a complaint or appeal a decision you do not agree with and receive an answer that makes sense to you.

RESPONSIBILITIES

- The responsibility to respect the rights of others to feel safe;
- The responsibility to respect the cultural backgrounds and privacy of others;
- The responsibility to follow schedules and rules of the Safe Stay Shelter and its programs;
- The responsibility to let program staff know if you are unable to keep an appointment and need to reschedule;
- The responsibility to inform staff if you feel that any staff member has breached the code of ethics, confidentiality or has treated you unfairly.

Procedure

Upon intake into the shelter clients are advised of their rights and responsibilities and provided with the information in writing. Copies of the Charter will also be posted in high visibility locations throughout the shelter.

Additional Example

Homeless Rights and Responsibilities from the State of Victoria, Australia.

Consumer Charter and Guidelines: Your rights and responsibilities explained.

The charter establishes rights and responsibilities for people using community-managed homelessness assistance or social housing services funded through the Department of Human Services.

The rights and responsibilities include:

- The right to assistance during a crisis or to prevent a crisis;
- The right to be considered for accommodation and housing based on fair policies;
- The right to receive help finding and staying in suitable housing on a long-term basis;
- The responsibility to respect the rights of others to feel safe;
- The right to be free from discrimination;
- The right to respect for your culture;
- The responsibility to respect the cultural backgrounds and privacy of others;
- The right to respect, dignity and privacy;
- The responsibility to treat others with respect and dignity;
- The right to participate in the decision making process of organisations;
- The right to help applying for income support, employment and health services; educational opportunities and other support services; and
- The right to make a complaint or appeal a decision you do not agree with and receive an answer that makes sense to you.

SAFE STAY SHELTER

Discharge Policy and Procedure

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Policy

The Safe Stay Shelter Society ensures that when service is terminated, either voluntarily or involuntarily, employees follow an orderly and respectful process.

Discharge may occur when the client:

- Achieves his/her goals and is ready to discontinue service
- No longer wants to stay at the Shelter and receive service
- Refuses to adhere to the policies and procedures of the shelter (e.g. violent behaviour or weapons possession);
- Has needs that exceed the resources and expertise of the shelter.

Procedure

Discharge Checklist

As a client prepares for discharge staff should use the following checklist to ensure an orderly and comprehensive discharge and file closing process:

- Wrap up case planning with the client
- Complete a discharge/aftercare plan with the client
- Have the client complete a Client Satisfaction Survey prior to leaving;
- Record the reason for discharge
- Make appropriate referrals where external after care is required
- Ensure all personal property in the client file is returned to the client
- Enter a closing summary in the client file within two days of discharge.

Closing Summary

A closing summary entered into the client record must be written by staff within 2 days of client departure. The closing summary includes:

- The reason for discharge
- Service goals and outcomes
- Plans for follow-up
- Other summary comments as appropriate

Involuntary Discharge

In some cases, the Shelter may require a client to be discharged on an involuntary emergency basis. The Shelter Manager must sign off on the decision to ask a client to leave. Employees have an obligation to assist such clients in linking to other appropriate services prior to leaving the shelter. This may include, among other things, making referrals or providing the clients with resources to self refer. Staff should always remain non-judgmental in their approach to the client. Be honest with the client about why s/he is being asked to leave

The client may react angrily to the involuntary discharge and staff may be the target of that anger. If there are concerns that this may happen, staff should ensure that they are not alone during the procedure.

Appeal Process

If a client expresses a concern or makes a complaint concerning their involuntary discharge, s/he can take the following steps:

1. The client should discuss the matter fully with the Shelter Manager, who will make a decision on any corrective action required within the boundaries of his/her authority. The Manager will notify the Executive Director of the client's concerns and the action taken.
2. If the client is still unsatisfied with the outcome, the client may submit a request for intervention to the Executive Director, who will acknowledge receipt within five days. The Executive Director will take any corrective action required within 10 days and inform the client, in writing, of the resolution.
3. Clients have the right to ask assistance of another person to speak on their behalf, or help fill out a grievance form.
4. Client grievances are reported in the Shelter Manager's Quarterly and Annual Reports. The Board of Directors reviews all grievances quarterly and annually, providing a level of review that does not involve the person about whom the complaint was made or the person who reached the decision.
5. Copies of all documents are placed in the client file.

Service Restrictions - Substance Use, Weapons and Violence

The ESP Framework provides the following direction on the required policies and procedures:

SECTION 9.3.1 ACCOMMODATING DIFFERENT CLIENT GROUPS

Service Restrictions

Emergency Shelter providers must have clearly written criteria and policies that outline the rationale and mandate for providing services to selected client groups, including policies for situations where services are restricted for safety reasons, and submit policies for approval to BC Housing.

SECTION 9.3.2 SERVICE DELIVERY MODEL

- There are a variety of service delivery models currently in use across the province. Service models are based on a number of factors such as service mandate, needs and characteristics of local clients and additional support services available in the community. Emergency shelter providers must have clearly written criteria and policies that outline the service delivery model and rationale for providing particular services.
- The most common service models are based on substance use or approach to service delivery in the shelter. Emergency shelter providers should communicate their policy on substance use to clients upon admission.

SECTION 10.2 BUILDING SECURITY MEASURES

- Shelters should have written policies in place on the possession of weapons and violent behaviour in the shelter

In the following section, examples are presented for:

- **Substance Use Policies**, (High Barrier and Minimal Barrier examples)
- **A Weapons Policy**
- **A Violent Behaviour Policy and Procedure**
- **A Dealing with Inappropriate Behaviour Policy and Procedure**



SAFE STAY SHELTER

Substance Use Policy 1– Minimal Barrier

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Policy

While drugs and alcohol are not allowed on the premises, we do house many clients who are actively using these substances. We offer a non-judgmental approach that attempts to meet clients “where they are at” with their substance abuse. Instead of denying services to clients who are using, we try to give opportunities for the clients to minimize the harms associated with substance abuse.

Procedure

- Staff will not ask clients to be abstinent, only that they cannot use in the shelter.
- Staff should help clients recognize that some ways of using substances are clearly safer than others.
- Staff should recognize that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social factors that affect clients’ vulnerability to and capacity for effectively dealing with substance use.

Practicing Harm Reduction

- Staff should support clients with their harm reduction plans. Examples of this include:
 - ➔ Encouraging a client who has decided to reduce the amount of substance s/he consumes in a day;
 - ➔ Listening and honouring a client’s story about how s/he became dependent on prescription medication;
 - ➔ Helping a client to get past the shame of being addicted so that s/he can make conscious choices about what s/he wants to do about it;
 - ➔ Giving a client information on how to use more safely to keep him/herself disease free, which will lead to more options in the future.
- Staff may not automatically ask a client to leave the shelter for drug use or for having paraphernalia in the shelter.
- When addressing a client who has been found using in the shelter, staff should offer alternative solutions to the client, such as making sure the client knows where needle exchange programs are located.
- When addressing paraphernalia that has been found, staff emphasize that clients must use the provided needle exchange to maintain a safe environment in the shelter, and for their own health.
- When clients are quite inebriated or high in the common areas of the shelter, staff should ask them

SAMPLE POLICY & PROCEDURE

to stay in their rooms when in this state. If a client is asked to leave the common areas and stay in his/her room, staff should make a point of checking on the client periodically, to ensure his/her physical safety.

SAFE STAY SHELTER

Substance Use Policy 2 – High Barrier

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Policy

Safe Stay Shelter does not accept clients who are currently using drugs and alcohol. The shelter does not have the expertise to admit individuals who are currently using and/or are severely intoxicated. Clients must agree to be sober while staying at the shelter. Any client suspected of using any non-approved drugs or concealing syringes will be required to leave the shelter.

Procedure

Admission

- Clients are questioned about their current drug and alcohol use at admission.
- Clients are asked to commit to remaining drug and alcohol free during their stay at the shelter.
- All medication, syringes, and drug paraphernalia are to be turned in upon admission to the shelter.
- Prescribed medications are stored in the office and staff will assist clients to take timely dosages of the medication.

Severe Intoxication

- If an individual seeks admission to the shelter while in a state of severe intoxication, staff should not assign a bed for the person.
- The individual should be monitored while the police are called.
- The police will be able to provide the care and monitoring required to safely look after the individual.

SAFE STAY SHELTER

Weapons Policy and Procedure

Approved:	Approved by:	Policy No:
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Policy

Weapons will not be accepted for check-in or allowed in the facility. Shelter staff will make the determination as to what constitutes a weapon. Attempts to bring weapons into the facility will result in an immediate denial of service.

Work tools and any other devices, which may be used in a manner that could cause serious bodily injury, must be checked in at the front desk and appropriately stored, before the client is allowed in other areas of the shelter.

Procedure

- Items which require check-in must be tagged with the client’s name and date of check-in. All check-in items must be immediately stored in a locked box, closet or cabinet, which is to be located in a secure area of the facility.
- Clients may retrieve the items whenever they are ready to leave the facility.
- Upon check-in of an item, clients will be provided with a Property Log Agreement Form, used to log receipt and return of the item. This form will also explain the rules of the Shelter Safety Policy. The client must sign this agreement and turn the item(s) over to shelter staff, before continuing to any area of the shelter.
- When a client requests the return of his/her item(s), the client’s name and date the item was returned will be entered in the Property Log Agreement Form. The client will confirm the return of their item(s) by signing in the appropriate column. The shelter will keep the original copy of the Property Log Agreement Form and provide the client with a copy of the signed document. This procedure will be done each time an item is returned to a client. Only the Shelter Supervisor or Site Manager may return an item.

SAMPLE POLICY & PROCEDURE

Banned Weapons

- Guns (including zip guns and BB guns)
- Knives (other than those specifically designated for legitimate vocational purposes-see list of items for check-in)
- Spears and swords
- Clubs, sticks and staves
- Explosive devices
- Martial arts weapons
- Brass knuckles
- Pepper spray/mace
- Stun guns
- Tasers
- Razors (including straight razors and razors with removable blades)
- Slingshots

Items Requiring Mandatory Check-in

- Work Tools (hammers, screwdrivers, crowbars, box cutters, etc.)
- Sports Equipment (golf clubs, baseball bats etc.)
- Camping equipment (hatchets, tent spikes, etc.)
- Knives which are used for legitimate vocational purposes (culinary knives for clients employed as chefs/cooks)
- Heavy flashlights (such as police style Maglite flashlights)
- Canes (must be checked-in by clients who are not mobility impaired)
- Large metal crosses
- Jewellery with studs, spikes and/or other protrusions
- Scissors

Please Note: This is not meant to be a comprehensive list of banned items/items requiring check-in. Shelter staff and security personnel are fully authorized to make determinations regarding such items on a case-by-case basis.

SAFE STAY SHELTER

Violent Behaviour Policy and Procedure

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Policy

A client will be told to leave the shelter when staff has witnessed the person, or s/he has admitted to, being violent or physically intrusive inside the shelter, or s/he has repeatedly targeted another individual. This includes:

- Hitting, kicking, slapping, pushing
- Throwing objects at someone
- Any unwanted physical contact
- Being verbally abusive repeatedly to the same person

Procedure

1. Staff will intervene in a conflict in the shelter and encourage those involved to work things out respectfully, offer to mediate, and name abusive behaviour.
2. Staff will prioritize being in common areas with clients when tensions are high.
3. Whenever possible, the decision to tell a client to leave should be discussed with the manager or another support worker.
4. When a client has assaulted anyone in the shelter or been physically intrusive, aggressive (including unwanted touching) and staff have seen it, or the person has admitted it, s/he must leave.
5. Staff should be honest with the client about why s/he is being asked to leave. If possible, help the person with their plans and provide him/her with alternatives. Staff should remain non-judgmental.
6. The client may react angrily and staff may be the target of that anger. If a staff member is concerned about personal safety and s/he is on shift alone, call in another staff person before talking with the client and, if necessary, notify the police.
7. Notify the Shelter Manager immediately and complete a Critical Incident Form.

SAFE STAY SHELTER

Dealing with Inappropriate Behaviour Policy and Procedure

Approved:	Approved by:	Policy No:
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Policy

At the Safe Stay Shelter, our primary concern is housing and assisting clients who are in crisis. We do our best to help clients live within the guidelines that are necessary for maintaining the communal environment of the shelter. If at all possible, we want clients to be able to continue their stay at the shelter. This can sometimes be a difficult task, especially when clients act out in loud, rude or aggressive ways towards staff or other clients. It is up to staff on shift to find a balance between ensuring the safety of the shelter (staff and clients) and finding ways to assist the client in maintaining a certain level of appropriate behaviour, so that s/he can remain a client.

Procedure

If a client has repeated instances of inappropriate behaviour that jeopardizes the safe and communal atmosphere of the shelter, a client may be given warnings; placed on daily assess or evicted; or barred for a period of time.

- **Warnings**

If a client disregards a shelter policy, and is not receptive to being told by staff that it is unacceptable behaviour, s/he will be given a warning. It is important that the client be made clearly aware of why s/he is being given the warning. If the client receives too many warnings about the same unacceptable behaviour s/he may be asked to leave. However, if a client has several warnings on file, but on different topics, then this does not lead to him/her being asked to leave.

- **Daily Assess**

This indicates that there were significant issues that arose during the current or recent previous stay of a client. If the incidents occurred during his/her previous stay, the client should be made aware that s/he needs to closely monitor his/her behaviours related to the daily assess, as a condition of the shelter offering him/her space. (If for example, there was drug paraphernalia found in the client's things when s/he moved out, s/he needs to have the alcohol and drug policy emphasized to her when s/he calls for space and during the intake. As well, it means that the client will be given fewer warnings about his/her behaviour during this stay, and may be asked to leave sooner than if s/he did not have a history of being unable to follow the guidelines of the shelter.

- **Evictions**

A series of warnings, followed by a final warning for threatening or unsafe behaviour will lead to an eviction. A clear time limit for the client to leave the building is given at this time.

Extremely threatening behaviour towards staff or another client will result in immediate eviction. If a client is too aggressive, angry or out of control to leave the shelter on their own, the police can be called to escort the client from the premises.

SAMPLE POLICY & PROCEDURE

Barrings

If a client is unable to comply with the behavioural requirements of the shelter, especially if s/he cannot/will not follow conflict resolution procedures or is violent, s/he will be barred for a period of time. Once a client has been evicted, his/her file is assessed by staff in order to determine if a barring is necessary, and if so, how long it will be in place.

Spirituality

The ESP Framework provides the following direction on the required policies and procedures:

SECTION 2.0 GUIDING PRINCIPLES – CORE SERVICES THAT ARE ACCESSIBLE AND CLIENT FOCUSED

Emergency shelter providers should have policies in place regarding spiritual activities that take place within the shelter to ensure that individuals not participating have equal access to services and accommodation.

In the following section two example policies are presented for

- **A Spirituality Policy and Procedure for a Christian based organization**
- **A Spirituality Policy and Procedure for a secular organization**



SAFE STAY SHELTER

Spirituality Policy (Christian based)

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Policy

When the Safe Stay Shelter Society was founded 25 years ago it was based on the Christian principles of caring for those in need in our community and the importance of sharing God’s love through real and tangible actions. Those principles remain just as valid for the work of the shelter today. That being said, while Christian prayers, services, bible studies and pastoral counselling are available at the shelter for those clients who are interested in participating, participation in any religious activity is not compulsory or expected. Clients staying at the shelter are free to practice any religion or spiritual belief that they adhere to, or none at all if that is the case.

Staff will work with those clients of other beliefs and spiritual practices to connect them with organizations that can offer appropriate activities and services if so desired.

Procedure

1. During the intake process staff will assess client interest in religious or spiritual development.
2. Staff will clearly explain to clients that participation in any and all religious activities at the shelter is not compulsory or expected.
3. Staff will regularly post a schedule of any religious activities that are occurring in the shelter.
4. Staff will also regularly post information about other religious and spiritual activities in the community.

SAFE STAY SHELTER

Spirituality Policy (secular based)

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Policy

Safe Stay Shelter Society encourages holistic healing for its clients, meaning that we encourage clients to work towards physical, emotional, mental and spiritual well-being. It is important, however, that clients be free to practice any religious or spiritual belief they adhere to. Given the breadth of religious and spiritual backgrounds of our clients and to ensure fairness to all clients, religious and spiritual activities do not take place in the Shelter. Shelter staff, however, are strongly encouraged to help clients make connections with religious and spiritual groups who can provide these activities to our clients.

Procedure

1. During the intake process staff will assess client’s religious and spiritual needs.
2. Staff will explain to clients that religious and spiritual activities do not take place at the shelter, but that they will help clients to connect with other groups offering these activities.
3. Staff will also regularly post information about religious and spiritual activities in the community.

Complaints

The ESP Framework provides the following direction on the required policies and procedures:

SECTION 2.0 GUIDING PRINCIPLES

Transparent and Accountable Operations

- Providers will adopt written policies and procedures regarding complaints and appeals and communicate these policies to clients.

SECTION 11.3 POLICIES AND PROCEDURES

A policy and process for dealing with client complaints which, at a minimum includes:

- A system for the review of complaints
- How formal complaints and their resolution are recorded
- How complaints and appeals procedures are made available and are clearly communicated to clients

The following three examples provide a range of options for shelters to consider. The first two examples reflect approaches for addressing complaints about some aspect of shelter operations.

- The first example is less defined and perhaps more suitable for a small shelter.
- The second has a more clearly defined procedure and could be more suitable for a larger shelter or a society that operates more than one shelter.
- The third example addresses conflict between shelter clients and proposes a conflict resolution procedure.



SAFE STAY SHELTER

Complaints Policy and Procedure: Small Shelter

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Policy

Feedback is important. Shelter clients must be provided with an opportunity to express their concerns and/or complaints. Staff have a duty to listen to and consider what is being said, and provide the client with a response.

Procedure

To ensure that client concerns/complaints are handled in a consistent and responsive way the following procedure should be followed:

1. Whenever possible, the staff person first hearing the concern/complaint must attempt to resolve it using active listening and conflict resolution skills.
2. If the client remains angry or concerned, staff may refer the client to the program manager or designate, who may then refer him/her to the Executive Director.
3. Clients also have the right to access the Board of Directors and/or BC Housing. In these cases provide the client with the mailing address of the Safe Stay Shelter Society and/or BC Housing.

SAFE STAY SHELTER

Complaints Policy or Procedure 2: Larger Shelter or Society

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Policy

The Safe Stay Shelter Society maintains a client grievance procedure to ensure that clients’ complaints are dealt with promptly and in an unbiased manner.

Clients are provided with a written description of the Safe Stay Shelter Society grievance procedure and a Client Grievance Form upon admission to the shelter. Staff are responsible for advising clients of their rights and of the grievance procedure, including that a staff member will assist them to complete the form and file the grievance.

Procedure

If a client expresses a concern or makes a complaint concerning their admission to or stay at the shelter, s/he can take the following steps:

1. The client will discuss the matter fully with the Shelter Manager, who will make a decision on any corrective action required within the boundaries of his/her authority. The Manager will notify the Executive Director of the client’s concerns and the action taken.
2. If the client is still unsatisfied with the outcome, the client may submit a request for intervention to the Executive Director, who will acknowledge receipt within 5 days. The Executive Director will take any required corrective action within 10 days and inform the client, in writing, of the resolution.
3. Clients have the right to ask assistance of another person to speak on their behalf or help fill out the grievance form.
4. Client grievances are reported in the Shelter Manager’s Quarterly and Annual Reports. The Board of Directors reviews all grievances quarterly and annually, providing a level of review that does not involve the person about whom the complaint was made or the person who reached the decision.
5. Copies of all documents are placed in the client file.

SAFE STAY SHELTER

Complaints Policy and Procedure 3: Conflict Resolution

Approved:	Approved by:	Policy No:
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Policy:

Living in a communal environment is always challenging, whatever the current life circumstances are for the people involved. Because of this, conflict does happen between clients. As part of our commitment to providing safe shelter, we require all clients who stay in the shelter to participate in mediated conflict resolution with a Support Worker when they are having a conflict with a roommate or anyone in the shelter. This is also effective for preventing violence in the workplace.

Procedure

1. As a first step, clients should resolve conflict with each other by talking calmly and directly with the other person involved to find some resolution. If this does not resolve the conflict, then both people involved need to come into the office so that the Support Worker can mediate.
2. Clients need to agree to abide by the conditions of the solution of this process or acknowledge they will be moved to another shelter.
3. Each person should have a chance to tell their side of the story in a respectful way without interruptions from the other person.
4. The Shelter Worker should encourage the clients to suggest compromises that could solve the situation. If they are unable to come up with constructive solutions, Shelter Workers should put forward compromises that might work for all involved.
5. Sometimes, the clients are just not able to compromise, and it may be necessary to have the two people involved stay away from each other, and out of each others' business, for the duration of their stay. It must be made clear that if the people involved cannot follow these guidelines, and continue to engage in behaviour that is aggressive, threatening or too disruptive to other clients, then one or both people may be asked to leave. If possible, an alternate space in another shelter will be found.

Privacy and Confidentiality

The ESP Framework provides the following direction on the required policies and procedures:

SECTION 11.0 REPORTING AND MONITORING

11.2 Client Records

Staff and volunteers must respect the privacy and confidentiality of clients' personal information. Emergency shelter providers are to develop policies for staff and volunteers regarding client confidentiality and must comply with the Protection of Personal Information Act.



SAFE STAY SHELTER

Privacy & Confidentiality Policy & Procedure

Approved:	Approved by:	Policy No:
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Policy

Safe Stay Shelter values and protects confidentiality of client information. For the shelter to work effectively, clients must have confidence that information they provide will be safeguarded appropriately.

Procedure

Shelter staff

1. Treat as confidential all discussions about clients, all client case records, and all other material containing information about clients;
2. Inform all clients that concerns or questions on why their personal information is being recorded or what is done with it can be directed to the Executive Director who is Safe Stay Shelter’s information privacy officer;
3. Keep client files secure and locked;
4. Limit access to client files to authorized persons; and,
5. Do not leave clients or other people unattended with confidential material.

Access to Client Files

Access to client files is only permitted to appropriate, authorized persons. These include clients; parents or legal guardians, where appropriate; employees authorized to see specific information on a “need-to-know” basis; and others outside the Shelter whose access is permitted by law.

Working Notes and Off-Site Documentation

In programs where client contact is off-site or where client working notes must be secured outside of the Shelter’s regular office, it is important to ensure confidentiality is respected both verbally and in written form. To achieve this, the following additional procedures are required:

1. Whenever possible, off-site information will have minimal identifying information (initials)
2. If confidential material is kept in a vehicle during working hours, the vehicle must be locked at all times and the material stored out of view. No confidential material is to be left in a vehicle overnight.
3. Any confidential information kept at an employee’s home must be secured. No confidential information is to be stored on home or personal computer hard drives. Computer disk files must be password protected.

SAMPLE POLICY & PROCEDURE

4. Working notes must be brought into the office and securely stored or destroyed every three months.
5. Upon client discharge, all written information/notes on the client kept outside of the office must be returned for secured filing.

Information Technology

The ESP Framework provides the following direction on the required policies and procedures:

SECTION 11.0 REPORTING AND MONITORING

11.1 Data Collection and Statistics

BC Housing, in consultation with emergency shelter providers, developed a database to assist providers with the day to day work of shelters and minimize the work involved in meeting the reporting requirements of BC Housing and other funders. Shelters are required to keep information in the database up-to-date.

In addition, the Emergency Shelter Program Support Services Agreement, Schedule A, Section 4.c requires that information technology written policies be in place to ensure the security and consistency of ESP shelter data.



SAFE STAY SHELTER

IT Policy & Procedures

Approved:	Approved by:	Policy No:
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Policy

Safe Shelter Society protects the confidentiality of client and business data by maintaining computer security that meets or exceeds industry standards. The security includes hardware and software applications as well as limited security access using user names and passwords.

Information handled by computer systems must be adequately protected against unauthorized access, modification, disclosure, or destruction. Effective controls for logical access to information resources minimize inadvertent employee error and negligence, and reduce opportunities for computer crime.

Fulfillment of security responsibilities is mandatory and violations of security requirements may be cause for disciplinary action, up to and including dismissal, civil penalties, and criminal penalties.

Procedures

Access Codes and Passwords

- The confidentiality and integrity of data stored on Safe Shelter Society’s computer systems is protected by access controls to ensure that only authorized users can gain access. Access privileges are restricted to only those capabilities that are appropriate to each user’s job duties (this includes limiting the installation of software to IT staff).
- Each user is responsible for the security of his or her assigned passwords. Passwords should not be written down. Users must not disclose passwords to others and must immediately change passwords if it is suspected that they have become known to others.
- Where possible, passwords must be a minimum of seven characters in length and be comprised of a combination of letters, numbers and special characters. The use of proper names, dates, phone numbers and words that can be found in a dictionary must be avoided.
- Passwords must be changed at least every 90 days, if not prompted automatically by the system.
- Some systems provide the ability to save a password so that it does not need to be entered the next time the application is run. This can provide easy access to systems for an unauthorized user. Under no circumstances should passwords to Safe Shelter Society’s systems be saved in an unencrypted format.
- When a user walks away from a computer they are logged on to, they must either log off or lock the computer. This applies even if the user is only leaving the computer unattended for a short period of time.
- All users acknowledge their reading and understanding of computer security issues each time they log on to a Society computer system.

Computer Viruses

[Computer viruses](#) are programs designed to make unauthorized changes to programs and data. Therefore, viruses can cause destruction of Society resources and are much easier to prevent than cure.

Defenses against computer viruses include protection against unauthorized access to computer systems, using only trusted sources of data and programs, and maintaining [virus-scanning software](#).

- Users must not knowingly introduce a computer virus into Society computers.
- Users must not load diskettes, CD-ROM's, USB memory devices or other portable media of unknown origin.
- All incoming diskettes, CD-ROM's, USB memory devices and other portable media must be scanned for viruses before the files that they contain are opened.
- Any user who suspects that his/her Safe Shelter Society laptop or workstation has been infected by a virus must immediately power off the workstation and contact IT Department.

Bypassing or breaching security measures

- Attacks against Safe Shelter Society systems come from many sources both internal and [external](#) to Safe Shelter Society's computer networks. Security measures, such as a firewall and intrusion detection system, have been put in place to protect Safe Shelter Society from breaches that originate from outside sources.
- Any activity that bypasses or is intended to bypass the security measures that are in place to protect Safe Shelter Society's networks is in contravention of this policy and may lead to disciplinary action.

Inappropriate use

Inappropriate use of Safe Shelter Society's information technology includes, but is not limited to:

- Unauthorized access, alteration, destruction, removal, and/or disclosure of data, information, equipment, software, or systems;
- Deliberate over-extension of the resources of a system or interference with the processing of a system;
- Disclosure of confidential passwords and/or access devices or information for accounts, equipment, and telephone voice mail;
- Unauthorized use of Society facilities and resources for commercial purposes;
- Theft of resources;
- Malicious or unethical use; and
- Use that violates provincial or federal laws.

SAMPLE POLICY & PROCEDURE

Monitoring system use

- The Manager of Information Technology is responsible for monitoring the system for security. In the course of monitoring individuals improperly using the system, or in the course of system maintenance, the Manager of Information Technology may also monitor the activities of authorized users.
- Anyone using Safe Shelter Society's system expressly consents to such monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials or the Executive Director for disciplinary action.

Critical Incidence Response

The ESP Framework provides the following direction on the required policies and procedures:

SECTION 10.3 HEALTH AND SAFETY — SAFETY REGULATIONS

- Shelters must comply with the direction of local fire authorities as they interpret the BC Fire Code. Emergency shelter providers must have established proper fire evacuation procedures and an emergency preparedness plan covering medical emergencies, natural disasters, labour disruptions, and other causes of loss of essential services. A copy of the policy/procedures should be available in a location that is readily available to clients, staff and volunteers.
- Shelters should have a pest control inspection and treatment plan in place to deal with any outbreak of pests.
- Shelters will develop procedures around client death and timely notification of BC Housing of such incidents.

SECTION 11.3 POLICIES AND PROCEDURES

Emergency shelter providers must establish policies and procedures to include the following: critical incident responses which, at a minimum will include plans and procedures for fire: fire and other emergency evacuations (e.g. earthquake), loss of essential services, business continuity, medical emergencies, client deaths, threat and assault to shelter staff and clients, outbreaks of infectious disease, and pest control and treatment plan.

In this section, the following examples are presented:

- **A Critical Incidents Policy and Procedure**
- **Fire Procedure**
- **Earthquake Procedure**
- **First Aid Policy and Procedure**
- **Shelter Client Death Procedure**
- **Threat and Assault to Staff and Clients Policy and Procedure**
- **Infectious Disease Outbreak Policy and Procedure**
- **Pest Control Policy and Procedure**

SAFE STAY SHELTER

Critical Incidents Policy and Procedure

Approved:	Approved by:	Policy No:
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Policy

All critical incidents must be documented. These include, but are not limited to, incidents where the Society has been exposed to potential liability, where outside intervention has been sought (police, fire, emergency services, etc.) where staff have refused to dispense a client’s prescribed medication, an act of physical violence has occurred or been threatened.

Procedure

- 1) Inform the shelter manager or delegate as soon as possible. Complete the Critical Incident Form in as much detail as possible, ensuring you stick to factual information and stay away from judgments/opinions. Provide the form to the Shelter Manager or delegate by the end of your shift.
- 2) The Shelter Manager, in cases where deemed appropriate and necessary, will initiate a critical incident stress debriefing session with the staff members present.

Exceptions

- In routine situations (e.g. a client refuses to go to the hospital but staff determine s/he requires hospitalization and calls an ambulance, a routine call to after hours mental health, refusal to dispense prescribed medication because a client is impaired), it is not necessary to contact the Shelter Manager or designate at home, unless staff is seeking input/support.

Source: Atira Women’s Resource Society

SAFE STAY SHELTER

Fire Procedures

Approved:	Approved by:	Policy No:
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In Case of Fire

1. Pull the fire alarm if it is not already sounding; the Fire Department monitors the alarm and will respond immediately.
2. Do not attempt to extinguish a fire yourself.
3. Alert all clients, staff and visitors and immediately evacuate the shelter. Direct clients to the safe mustering station outside.
4. Do not use the elevator.
5. Staff should collect the daily log, the visitor book and admission log as well as the extra staff keys.
6. At the mustering station confirm that all clients, staff and visitors have evacuated the building.
7. When the Fire Department arrives, speak to the officer in charge. If required give the officer a set of staff keys.
8. Contact the Shelter Manager or his/her delegate as soon as possible.
9. If the weather is inclement and if the evacuation will not be short, request the Fire Department provide buses for immediate short term shelter.
10. Contact other agencies in the community, inform them of the situation and ask for assistance in providing temporary shelter for the clients.
11. For a false alarm or other short term evacuation, direct occupants back into the building once the Fire Department has authorized an all clear. Complete a Critical Incident Form.

Smoke Alarm

In the shelter there are smoke alarms in every bedroom, in the hallways, common room, laundry room, and kitchen and in the main office.

Fire Extinguishers

There are fire extinguishers located at each end of the main hallway. They can be used for any type of fire, but are only to be used when the fire is small and contained (e.g. stove fire). In all other situations, staff are expected to inform clients and evacuate the house immediately.

Fire Exit Procedures

The fire exit procedures for clients are posted visibly in each bedroom, and are as follows:

- Roll out of bed.
- Touch back of hand to the door, if the door is cool, open it a crack; if you do not smell smoke, open the door and leave the building.
- If the door is hot, DO NOT OPEN IT – leave by the window. If necessary, use a chair to break the window.
- If the fire alarm is not sounding, pull the nearest fire alarm (located beside the elevator and in the main hallway).
- Check to see if everyone is out but DO NOT GO BACK IN THE BUILDING.
- Follow the directions of Shelter Staff.

SAFE STAY SHELTER

Earthquake Procedure

Approved:	Approved by:	Policy No:
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In Case of an Earthquake

1. In the event of an earthquake, direct all persons including staff to seek protection under tables, counters, door frames and other protected areas.
2. When the earthquake has subsided assess the situation and if there are injuries, damage, fire, a natural gas leak or a natural gas odour or a heavy water leak, contact 911.
3. Evacuate the building if there is a fire, a natural gas leak or odour, hot water or steam leak or other hazardous objects or obstacles. Be aware that aftershocks could occur.
4. To evacuate— alert all clients, staff and visitors and immediately leave the shelter. Direct clients to the safe mustering station outside.
5. Do not use the elevator.
6. Staff should collect the daily log, the visitor book and admission log as well as the extra staff keys. Do not enter any unsafe or hazardous areas.
7. At the mustering station confirm that all clients, staff and visitors have evacuated the building.
8. Contact the Shelter Manager or his/her delegate as soon as possible.
9. If the evacuation is going to be for an extended period of time, the Shelter Manager will make arrangements for alternate meals and accommodation.

SAFE STAY SHELTER

First Aid Policy and Procedure

Approved:	Approved by:	Policy No:
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Policy

The Safe Stay Shelter provides required First Aid assistance in compliance with applicable requirements of Work Safe BC.

Wherever possible we will respect a client’s decision not to go to the hospital. If however, the shelter worker believes the client to be in need of hospitalization, s/he will call for an ambulance.

Procedure

- The Safe Stay Shelter Society requires sufficient employees to have WCB-recognized Level One First Aid training in order to meet WCB regulations.
- Documentation of the training is kept in the employee’s personnel file.
- First Aid kits and manuals are readily available in a designated place on each floor of the shelter and at the front desk. The list of contents for the First Aid kit is kept in or attached to the First Aid kit.

Applying First Aid

If an injury requiring First Aid occurs, employees should:

- Immediately administer First Aid as prescribed in WCB training.
- Wear disposable latex/vinyl gloves or use disposable airways for resuscitation, to minimize the risk of contact with pathogens.
- Record all incidents requiring First Aid in the Program’s First Aid (WCB) Record log.
- Report First Aid to a parent or guardian where applicable.

Calling an Ambulance

- Call 911.
- Complete a Critical Incident Form detailing your observations and reasons for calling the ambulance.
- Call the Shelter Manager or designate if you need support.

SAFE STAY SHELTER

Shelter Client Death Procedure

Approved:	Approved by:	Policy No:
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Procedure

In case of client death staff should:

1. Call 911.
2. DO NOT move the client or touch anything in the vicinity of the body.
3. Call a second staff member for support.
4. Call the Shelter Manager.
5. The Shelter Manager will initiate Critical Incident Debriefing for staff and clients as and if required.
6. The Shelter Manager will notify, the Executive Director, Board of Directors and BC Housing of death as soon as possible.

SAFE STAY SHELTER

Threat and Assault to Staff and Clients Policy and Procedure

Approved:	Approved by:	Policy No:
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Policy

Safe Stay Shelter encourages a team approach, whenever possible, to defining, assessing and acting on violence and the potential for violence in the workplace. Violence is defined as physical or verbal actions that result in another person feeling intimidated, uncomfortable, unsafe, threatened or harassed. As many of the people we serve live with mental illness and addictions, the cause of violent behaviour may be complex. Using the staff and volunteer team is helpful in assessing each on a case-by-case basis.

Safe Stay Shelter Society makes staff and client safety a top priority in several ways. These include:

- Critical Incident Report binder
- Staff journal to track important issues, trends and clients with a violent history
- Safety issues as a regular component of weekly team meetings
- Regular checks on the environment (e.g. office layout and natural surveillance sights)
- Staff orientation
- Non-violent communication training

Procedure

Factors to consider before taking action include:

- Body language of the person in question
- Understanding the background of the person in question (cultural background, history of violence, mental illness, drug or alcohol use or intolerance of authority)
- Conduct an environmental scan (is there an unobstructed escape path, possible weapons)
- Assess your own capability for handling the situation. Know your own limits, triggers and your tendency to under- or over-react.
- Ask yourself what has happened: Who, what, when, where, how and why?

Action

When possible, staff should use practiced words and phrases to redirect aggressive/violent behaviour to create respect and empathy. However, at times direct action and intervention may be required. Although there is no specific formula for when to take direct action, there are certain circumstances when it becomes time to act. These may include:

- Danger to yourself or others
- Property is being damaged
- Your feelings of personal safety have been violated
- You have exhausted all other options
- You are no longer in control of the situation
- The person is fixated on you
- Things appear to be escalating.

Before taking any direct action, assess your own personal safety and possible escape routes. Ensure that you have involved another co-worker either to assist you or to act as another set of eyes ready to act. Ask the person who is acting out violently to leave the shelter. If the individual will not leave, explain that the police will be called if they do not comply. If the person will still not leave, do not hesitate to call police.

Post-Violent Incident Procedure

The following outlines a number of procedures to follow immediately after an act of violence in the workplace. Procedures may vary depending on the nature of the incident and will be discussed and carried out as a team.

- Ensure the person has left the building
- Call police, if you have not already done so
- Ensure the assaulted person is in a safe place
- Call for an ambulance if someone has been physically assaulted
- Administer First Aid if necessary
- Support the injured person
- Support other clients in the area
- Communicate with all staff on site and off site

Other important procedures that may follow include:

- Complete a Critical Incident Report Form
- Note the incident in the staff log book
- Debrief the incident
- Follow-up with a discussion in team meetings

SAFE STAY SHELTER

Infectious Disease Outbreak Policy and Procedure

Approved:	Approved by:	Policy No:
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Policy

Staff are responsible for protecting the clients receiving services through the shelter from risk, including from infectious diseases. Staff are to be diligent in observing visible symptoms of infections/diseases and asking questions to identify whether individuals may have infections or other communicable diseases.

Staff are to err on the side of caution if a person’s condition is questionable and take preventative actions. Where serious infection or communicable disease is suspected, staff are to immediately refer the individual to medical services. Where the infection/disease is determined to be a reduced risk, staff are to provide clear instructions to the individual about any restrictions that may be temporarily implemented to reduce the spread of disease (e.g. flu, colds).

At no point is staff to put any individual (including employees) at risk by placing a person with an infection or communicable disease in the Safe Stay Shelter without direction from a trained medical professional. Staff are to exercise extreme caution and err on the side of protection where a person has a severely compromised immune system (e.g. persons living with HIV/AIDS). Staff are to make sure that all symptoms and actions are clearly documented and communicated to medical professionals.

Procedure to reduce/eliminate risk from infections and infectious diseases

1. All staff are to wash hands frequently. Appropriate reminder signs are to be posted in kitchens, washrooms and other areas deemed appropriate.
2. Where more than two people have cold/flu symptoms within a 48 hour period, the Manager is to be informed.
3. Where any serious risk of infection/disease is identified or suspected, and it cannot be assessed by a medical professional immediately, isolate the individual including, as appropriate, their eating utensils. Where this is impractical (e.g. Drop In), temporary restriction from the service may be required.
4. At the earliest possible time, have the individual assessed by a trained medical professional and request the medical personnel provide an appropriate medical plan within the context of the shelter services.
5. When an individual is referred to Safe Stay Shelter, ask questions regarding the person’s exposure to communicable disease/infection and their condition.
6. Be alert to any emerging signs or symptoms of illness, such as diarrhoea, fever, general malaise, excessive tiredness, changes in behaviour, etc.

SAMPLE POLICY & PROCEDURE

7. If symptoms are noted, refer at once to medical services. Notify the Manager and maintenance staff and ensure detailed documentation to ensure that future shifts become aware and continue observing the situation.
8. Communication is the key to prevention and timely management of these challenges. Make sure that all appropriate parties are aware of the situation and that all actions are clearly documented. Ensure that confidentiality and privacy are respected.

Procedure for an Outbreak

1. Notify clients and post signs.
2. Extra hand sanitizer will be left at the front desk to ensure an adequate supply is available to everyone.
3. The following contact surfaces are to be cleaned with bleach and water (three tablespoons to one litre of water (1:45 strength). Gross contamination may require a bleach solution of 1:10 strength, including:
 - All door knobs
 - Phone key pads and mouth pieces
 - Toilet seats and flush handles
 - All taps and areas around sinks
 - Beverage container taps and condiments or food containers
4. Where an outbreak is declared by a medical professional, the Manager may authorize additional cleaning staff to intensify the cleaning regime. Staff should consider wearing a mask when cleaning to avoid the inhalation of contaminants.
5. Cleaning is to be done as often as possible especially during times when people are using common areas.
6. All clients and staff are to wash their hands before eating.
7. Staff may need to have extra fluids available for ill clients.
8. Dining areas are to be cleaned between sittings with a bleach solution; consider closing the dining area between meals.
9. Screen kitchen staff and volunteers before allowing them in the kitchen.
10. Deliver food to clients if a quarantine is established.
11. Monitor/coordinate movement of individuals in and out of quarantine areas.
12. Keep up-to-date records of individuals who present with symptoms using illness tracking form and quarantined persons sheet.
13. Designate and apply signage to "sick" washroom. Where this is not possible, staff will need to clean as often as possible, or have client report usage for cleaning.
14. Document and discuss the situation at each shift and update the Manager.
15. Email other community facilities with updates and information.

SAFE STAY SHELTER

Pest Control Policy and Procedure

Approved:	Approved by:	Policy No:
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Policy

The Safe Stay Shelter Society is committed to maintaining a pest free environment in the shelter. All staff receive appropriate training for the identification of common pests as well as prevention and control measures.

In the event that pests are reported, the following control procedures will be initiated as promptly as possible. Other service and shelter providers in the community will be notified of serious outbreaks.

Procedure

Lice

Lice are small insects that feed on human blood and lay their eggs on body hairs, or on clothing fibres. Bites cause a mild irritation and a purplish spot.

To control the spread of lice, clients should be encouraged not to share hats, helmets, brushes, combs, towels and linens etc.

- When lice are detected on a client, remove all items of clothing and bedding and wash separately in hot water and dry in a hot dryer.
- Provide the client with fresh bedding and clean clothing.
- Treat with non-prescription shampoo/medication as per directions on the packaging.
- Clean the client’s room by vacuuming any upholstered furniture, rugs and the floor.
- 24 hours later repeat actions.
- Notify other shelter staff.

Scabies

Scabies is a skin condition caused by microscopic mites that burrow under the skin causing itchiness and inflammation.

- When scabies are detected on a client, remove all items of clothing and bedding and wash separately in hot water and dry in a hot dryer.
- Provide the client with fresh bedding and clean clothing.
- Treat with non-prescription shampoo/medication as per directions on the packaging.
- Occasionally antibiotics may be prescribed if there is secondary infection.
- 24 hours later repeat actions.
- Notify other shelter staff.

Bed Bugs

Bed bugs are parasitic reddish-brown, oval, flattened insects about a quarter of an inch long that feed on human blood. Their bites produce itchy bumps.

When bed bugs are detected in the Shelter the following procedure is to be followed:

- Immediately contact a licensed Pest Control Company to eradicate the bed bugs.
- Follow the Pest Control Company's instructions for how to prepare the shelter for bedbug treatment.
- Ensure the Pest Control Company treats all crevices, baseboards, window sills, bed frames, mattresses, box springs, furniture and closets. Garbage storage rooms, hallways, laundry rooms and common rooms should also be treated.
- Bed bug infested materials designated for disposal should not be removed from the shelter until after being treated by the Pest Control Company.
- Clothes and linens to be laundered may be removed in sealed plastic bags and washed in hot water and dried on the hottest setting of the dryer.
- Small non washable items are to be put in a freezer for a period of 48 hours to kill eggs.
- All discarded clothing or other materials should be enclosed in plastic bags and marked "bed bug infested" for disposal.
- All vacuumed refuse in bed bug infested rooms should be double bagged in plastic bags and given to the pest control company for appropriate treatment and disposal.
- All furniture and mattresses for disposal should be treated and if possible labelled as bed bug infested before placing in a dumpster. Such materials should not be recycled or allowed to be picked up from the sidewalk or dumpster.
- Continue Pest control treatments every two weeks until there are no new signs of bed bugs (minimum two treatments).

Workplace Safety

The ESP Framework provides the following direction on the required policies and procedures:

SECTION 10 FACILITY GUIDELINES

10.2 Building Security Measures

- Shelters must have written procedures for ensuring the safety and security of staff working in the shelter. If at any time staff must work alone, appropriate safety and security measures must be in place. Procedures must be in accordance with current Occupational Health and Safety Regulations.

SECTION 11.3 POLICIES AND PROCEDURES

- Emergency shelter providers must establish written policies and procedures that address workplace safety including requirements that the use of hazardous cleaning materials be in accordance with Workplace Hazardous Materials Information System (WHMIS) guidelines (<http://www2.worksafebc.com>) and requirements for staff safety including staff working alone.

In this section, the following examples are presented:

- **Workplace Safety – Housekeeping, Hygiene & Hazardous Materials Policy and Procedure**
- **Working Alone Policy and Procedure**



SAFE STAY SHELTER

Workplace Safety – Housekeeping, Hygiene & Hazardous Materials Policy and Procedure

Approved:	Approved by:	Policy No:
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Policy

The Safe Stay Shelter understands the importance of maintaining hygienic, sanitary environments for the well-being of clients and staff. The Shelter maintains a consistent and high standard of housekeeping. Staff are provided with WHIMS training and education for any hazardous materials they may come into contact with when carrying out their assigned work tasks.

Procedure

The Shelter maintains written, standardized housekeeping procedures, trains employees in them, and monitors their implementation and effectiveness. Client participation in housekeeping tasks follows the Shelter guidelines.

Program supervisors are responsible for ensuring household tasks are assigned and completed. Particular attention is paid to the primary sources of household biohazards, kitchens and bathrooms. Programs take steps to prevent the spread of infection in bathrooms, bedding, and food.

To prevent cross-contamination, clients are required to store personal toiletries in their bedrooms when not in use. Clients are assigned a set of linens at intake for their use while in the shelter. The client is responsible for washing their linens. At discharge, linens are laundered by an employee in hot water with bleach.

Hazardous Material

All hazardous materials (household cleaners, solvents, etc.) must be stored in a designated locked and secured location. All highly flammable or combustible materials are stored separate from the shelter and programming area and are kept in a locked and ventilated space such as an outside shed.

Flammable or combustible materials may not be stored longer than one year. Upon opening the container, staff will clearly mark the discard date on the container. Disposal takes place at a legally recognized depot site.

Staff are trained in the reading of WHIMS labels and Material Safety Data Sheets for safely using the hazardous material and responding to a spill, release, fire or poisoning. on any hazardous material found at the shelter.

An up-to-date inventory of hazardous materials (as defined by WHIMS) kept at the shelter is maintained. The hazards of the controlled products are identified and evaluated on an ongoing basis. Whenever possible, less hazardous materials will be substituted. Procedures for using hazardous materials will be developed. Protective equipment and clothing will be provided as required.

SAMPLE POLICY & PROCEDURE

Basic instruction and emergency procedures for dealing with hazardous materials will be provided to staff and/or updated when new products are received or new hazard information becomes available.

Poison Control

The phone number for the local Poison Control Centre is posted in a central location and is included in the front of the Emergency/Fire Safety Plan. Current information on poison control is also circulated regularly to staff.

SAFE STAY SHELTER

Working Alone Policy and Procedure

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Policy

All shifts will have two staff on duty. Maintaining the safety and security of clients and staff is paramount at the Safe Stay Shelter. The Shelter Manager will ensure that staff do not work alone; however, in the event that a set of circumstances leads to a staff person working alone the following procedure will be used.

Procedure

When a staff person is working alone, especially during late night hours, the following procedures will be implemented:

1. A second staff person, shelter manager or the Society’s Executive Director must check in with the staff person working alone, three times during the shift (beginning, mid-shift and at the end of the shift).
2. The staff person working alone will wear a personal emergency call device on a lanyard around the neck and use to call for help in the event of a personal security or emergency issue.
3. This procedure will be reviewed with staff on an annual basis to incorporate any required revisions.

Employment

The ESP Framework provides the following direction on the required policies and procedures:

SECTION 7.3 STAFF AND VOLUNTEERS

Emergency shelters are expected to have policies on staffing models, remuneration, relevant experience and competencies, as well as training objectives and requirements. It is recognized that among service providers some staff are represented by unions and others are not.

Due to the wide range of potential employment related policies in unionized and non-union environments, examples of such policies are not currently included in this document.

SECTION 8.3 HEALTH AND SAFETY – STAFFING LEVELS AND TRAINING

Emergency shelter providers are expected to have policies on staffing ratios, remuneration, and training.

In this section the following examples are presented:

- **Staff Training Policy and Procedure**



SAFE STAY SHELTER

Staff Training Policy and Procedure

Approved:	Approved by:	Policy No:
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Policy

The Safe Stay Shelter Society provides or arranges for a staff training and development program that enhances employee skills and abilities to ensure employees are qualified to fulfill their job responsibilities and to promote awareness and sensitivity to cultural backgrounds and needs.

Procedure

- The Society maintains a Staff Development Fund for the training and development needs of regular employees.
- Training is provided on an ongoing basis through direct monthly supervision and through bi-monthly training events staff are required to attend.
- The Society documents attendance at the required training. No exemptions are granted. If an employee is unable to attend the training, s/he will be scheduled for the next available opportunity. The Society keeps a record of pre-Society employment training and in-service training (documents of attendance and completion) in employee personnel files.
- The Shelter Manager is responsible for ensuring that employees have appropriate and current training in all required areas (health and safety, policies and procedures, universal precautions, first aid, and non-violent communication).
- Annually in their Program Annual Reports, the Manager evaluates the Shelter’s training requirements.

New Employees

- All new employees complete staff orientation within their first two months of employment. All other required training must be completed within the first year of employment.
- Training that an employee is directed to take by her/his immediate supervisor or that is required by the Society (e.g. First Aid) is funded by the Society, including the cost of the employee’s wages and any relief coverage necessary. The Manager must clearly identify all applications for funds for directed training.

Building Maintenance

The ESP Framework provides the following direction on the required policies and procedures:

SECTION 11.3 POLICIES AND PROCEDURES

Emergency shelter providers must establish policies and procedures to include building maintenance;

In this section the following example is presented:

- **Building Maintenance Policy and Procedure**



SAFE STAY SHELTER

Building Maintenance Policy and Procedure

Approved:	Approved by:	Policy No:
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Policy

The Safe Stay Shelter Society takes all necessary steps to keep its property and premises well maintained and in a state of good repair. It complies with all legal requirements and acts promptly when repairs are necessary.

Procedure

The Shelter Supervisor, or designate, is responsible for property upkeep and maintenance, including:

- Maintaining facility safety and security;
- Conducting monthly Shelter Manager’s inspections using the Shelter Manager’s Monthly Inspection Checklist and sending completed inspection reports to the Health and Safety Committee;
- Conducting a nightly site tour, a perimeter/security check that includes checking motion detector lights and visually inspecting the fire alarm system;
- Conducting required preventive work site maintenance, and keeping records of maintenance work performed and inventory (including equipment and tools);
- Ensuring all required current business licenses are maintained;
- Keeping copies of all building keys and a list of security codes used in the facility; and,
- Regularly maintaining vehicles as required.

Repairs & renovations

- Emergencies, hazards, and critical health issues must be addressed immediately, more routine work must be addressed within one week.
- Regular maintenance is allowed for in the annual budget and must be completed as quickly after the damage is noticed as possible.
- Repairs and renovations in excess of \$1,000 must be referred to the Executive Director.
- For work over \$500 three estimates must be solicited.
- Staff are required to report any damage or loss of property to the Shelter Manager.

Miscellaneous

If relevant, the following policies should be developed:

- Storage of clients' personal belongings and money (Section 11.3)
- Handling of client medication including storage, the provision (or withholding) of assistance with medication, and the disposal of medication. (Section 11.3)
- Child-minding (section 11.3)

In this section the following examples are presented:

- **Handling Client's Money Policy and Procedure**
- **Medication Policy and Procedure**



SAFE STAY SHELTER

Handling Client’s Money Policy and Procedure

Approved:	Approved by:	Policy No:
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Policy

While staying at the Safe Stay Shelter, clients may want to keep their money or valuables in a secure location. To avoid theft and any resulting conflict, shelter staff should urge clients to lock up anything of value.

Procedure

Clients may have their money locked up in the shelter’s safe, located in the downstairs administrative office. As only administrative staff have access to the safe, clients will only be able to access their money during business hours, Monday – Friday from 8:30 am to 4:30 pm. In addition, shelter workers should only accept cash from a client during these hours.

- If the Shelter Manager is on site, give the client an envelope to store his/her money.
- Have the client record his/her name and balance on the envelope, both the Shelter Manager and client will initial to indicate the balance is correct.
- Notify the Shelter Manager when a client would like to access his/her money.
- The Manager will give the envelope to the client.
- The Manager and the client will record the new balance on the envelope and both will initial the new balance.

SAFE STAY SHELTER

Medication Policy & Procedure

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Policy

This policy outlines the guidelines for self-administration of prescription medications for clients of the shelter. The shelter has a responsibility to keep all prescription drugs that are prescribed to clients in a locked cabinet. These medications should only be made available to the client to whom they are prescribed. Clients are responsible to administer their own medications. The following procedure is intended to provide a safe and consistent approach to medication storage and distribution to clients.

Procedure

Medications are the property of the client and therefore the administration of the medication is the responsibility of the client.

- Medications will be in either a vial or dosette format, properly labelled with the client’s name, pharmacy, and physician.
- Each client’s medication will be stored in an individual labelled bin within a locked cupboard/drawer in the front office.
- There will be access to a refrigerator for storage of medications that require refrigeration.
- Medications for a shelter client will be returned to the pharmacy marked “for disposal” when a client has not booked in to the shelter for a period of one week, and has not returned for their medications.
- If staff or client notices errors to the dosette, return dosette to pharmacy immediately.
- Vials of multiple mixed pills will be accepted for storage until the pharmacy can be contacted for proper dispensing and packaging of medications. The mixed pills will be returned to the pharmacy for proper disposal.
- Staff are not responsible for ensuring clients’ adherence to the medication regimen. However, good judgment and common sense should be used and the Shelter Manager notified if a client has not been taking their medication or taking too much or too little of their medication.

Client Guidelines for Self Administration:

- The client will administer the medication according to the time, route and frequency of the prescription.
- The client is entitled to take a day's worth of medication. You may put the day's dose in an envelope and label with clients name, date, and medication.
- Clients may be permitted to keep the following medications on their person while residing in the shelter, providing fellow client safety is not compromised and medications are properly labelled:
 - ➔ Nitro-glycerine spray/tablets
 - ➔ Epi-pen
 - ➔ Skin creams
 - ➔ Inhalers

Staff Guidelines for Self Administration:

- Staff will provide the client with any materials required to self administer medications, and if required, a private place to administer medications.
- Staff are expected to either add a pharmacy-printed medication administration record (MAR) to the medication binder when a client books into the shelter or, if this is not available, to create a MAR using the "medication administration record" form.
- The MAR requests that staff ask clients for their physician name, pharmacy, and allergies.
- Initial that medications have been taken.
- A signature sheet will be kept current with new staff who initial for medication.
- MAR sheets and medication administration records must be kept for one month before being properly destroyed.

References



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Information in this document has been compiled using information such as existing policies and procedures, websites and client brochures from the following organizations:

- Active Support Against Poverty Housing Society
- [Atira Women’s Resource Society](#)
- [BC Housing](#)
- [Charity Village website](#)
- [Elizabeth Fry Society of Greater Vancouver](#)
- Homeless Individuals and Families Initiative (Shelter Policy Manual)
- [Human Services Agency, Department of Human Services and Department of Aging and Adult Services, City and County of San Francisco](#)
- [Hyland House Shelter](#)
- [Lookout Emergency Aid Society](#)
- [Ottawa Inner City Health](#)
- [Pacifica Housing Services](#)
- [Rain City Housing](#)
- [St. James Community Service Society](#)
- [Stepping Stones for Success Short Term Accommodation Program](#)
- [WorkSafeBC](#)

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