

# CITY OF LONDON EMERGENCY SHELTER GUIDELINES

February 2011



**London**  
CANADA



## **LONDON EMERGENCY SHELTER GUIDELINES**

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### **Acknowledgements**

The Emergency Shelter Guidelines are the result of the expertise and input of many people in the community. The process and the document were influenced by best practices from other municipalities with special recognition to the City of Toronto and the Regional Municipality of Waterloo. Special recognition must also be given to the London START Guide for street and vulnerable youth which provided a framework for many of the guidelines in this document and to existing policy and procedure manuals developed by local emergency shelter operators.

The Emergency Shelter Guidelines were developed and confirmed to reflect the interests of the City of London and shelter operators. The Emergency Shelter Guidelines are intended to recognize the distinctiveness of emergency shelter services within the City of London as well as the distinctiveness between individual emergency shelter operators.

### **Members of the Shelter Guidelines Reference Group**

The Shelter Guidelines Reference Group was comprised of the leadership and staff of all of the emergency shelters and the City of London. Staff who have a primary role in the oversight and management of homelessness services in London. The Reference Group worked together for over twelve months to ensure that the guidelines support consistency across all emergency shelters and are forward thinking.

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### **Approved by London City Council – February 28, 2011**

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<sup>1</sup> On April 6, 2011 Leaurie Noordermeer passed away leaving a legacy behind. Her leadership and commitment to women and families is deeply missed.

**Table of Contents**

- A.1. Introduction .....5**
- A.2. Definitions.....5**
- B. Guiding Principles .....7**
- C. Standards of Organizations ..... 10**
  - 1.0 Ontario Works ..... 10
  - 1.1 Emergency Shelter Services Agreement ..... 10
  - 1.2 Minimum Checklist Standards..... 11
  - 1.3 Annual Review Process ..... 11
  - 2.0 Monitoring and Accountability ..... 11
  - 3.0 Program Accountability ..... 12
  - 4.0 Financial Accountability..... 13
  - 4.1 Personal Needs Allowance ..... 14
  - 4.2 Bus Tickets..... 15
  - 4.3 Bus Passes ..... 15
  - 4.4 Taxi Use ..... 15
  - 4.5 Ontario Drug Benefit Program - Drug Cards ..... 16
  - 4.6 Employment Related Expenses ..... 16
  - 5.0 Food Safety and Nutrition Guidelines ..... 16
  - 6.0 Health and Safety Standards ..... 18
  - 6.1 Smoking ..... 19
  - 6.2 Infection Control ..... 19
  - 6.3 Safety and Security ..... 19
  - 6.4 Environmental Hazards..... 19
  - 6.5 Resident Medication..... 20
  - 6.6 Alcohol/Illegal Substances and Medications without a Prescription..... 20
  - 6.7 Firearms, Weapons, Ammunition or Devices (weapons) ..... 21
  - 6.8 Unusual or Serious Incidents ..... 22
  - 6.9 Child Abuse/Neglect..... 22
  - 6.10 Furniture Safety..... 22
  - 6.11 Maintenance Plan ..... 23
  - 6.12 Guidelines for Support Management and Crisis Supports ..... 23
  - 6.13 Guidelines for Confidentiality ..... 23
  - 6.14 Resident Information and Resident Files ..... 24
  - 6.15 Sharing of Resident Information..... 24
  - 6.16 Linkages to Other Services ..... 25
  - 6.17 Guidelines for Services to Children (for shelters that serve children) ..... 25
- D. Access to Shelter .....27**
  - 1.0 Admission and Discharge Guidelines ..... 27
  - 1.1 Extended Stays ..... 27
  - 1.2 Capacity Limits ..... 28
  - 1.3 Bed Registration..... 28
  - 1.4 Daytime Access ..... 28
  - 1.5 Curfew..... 28
  - 1.6 First Missed Night / Open Reserved Bed ..... 29

**LONDON EMERGENCY SHELTER GUIDELINES**

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- 1.7 Service Restrictions .....29
- 1.8 Absent Without Leave and Warrants .....30
- 1.9 Order to Reside .....30
- 2.0 Special Access and Accommodation .....31
- 2.1 Mental Health and Substance Use/Addictions .....31
- 2.2 Disabilities .....31
- 2.3 Health .....31
- 2.4 Sexual Orientation .....32
- 2.5 Gender Identity .....32
- 2.6 Race and Ethnicity .....32
- 2.7 Independent Youth Under 16 Years Old .....32
- 2.8 Protocol Regarding Youth Experiencing Homelessness .....33
- 3.0 Extreme Temperature Alert .....33
- 4.0 Discharge .....33
- 5.0 Referral Protocol .....34
  
- E. Resident Rights and Responsibilities .....35**
  - 1.0 Overview .....35
  - 2.0 Resident Input .....36
  - 3.0 Resident Complaints and Appeals .....36
  
- F. Human Resources .....37**
  - 1.0 Staffing Guidelines .....37
  - 1.1 Staffing .....37
  - 1.2 Job Descriptions .....37
  - 1.3 Reference Checks .....38
  - 1.4 Orientation .....38
  - 1.5 Performance Appraisals .....39
  - 1.6 Supervision .....39
  - 2.0 Staff Training .....39
  - 2.1 Overview .....39
  - 2.2 Mandatory Certificate Programs .....39
  
- G. Appendices .....40**
  
- H. Relevant Legislation .....40**

## A.1. Introduction

The Emergency Shelter Guidelines are intended to provide a service framework for shelter operators that is consistent across and within shelters operating in London, Ontario and is based on community supported guiding principles.

The guidelines apply to those shelters that have an Emergency Hostel Services Agreement with the City of London.

The guidelines have been developed to provide shelter operators, residents and stakeholders with a minimum set of expectations and guidelines for the provision of shelter services in London and identify areas where policy needs to be amended or developed. It is intended that these guidelines will be reviewed in partnership between the City of London and shelter operators on a regular basis.

The guidelines are not intended to be exhaustive. Therefore, for issues not covered by these guidelines, it is expected that shelter operators will exercise reasonable judgment and/or consult with City of London staff where necessary.

Where the Emergency Shelter Guidelines conflict with any applicable federal, provincial, or municipal laws, by-laws, regulations, codes or directives, such laws, etc. shall prevail.

## A.2. Definitions

“**Act**” or “**OW Act**” means the *Ontario Works Act, 1997*.

“**City**” refers to The Corporation of the City of London.

“**City manager**” refers to the City’s Manager, Ontario Works assigned to emergency shelters.

“**City staff**” refers to staff from the City’s Social and Community Support Services.

“**Consent to service person over 16**” means a service provider may provide a service to a person who is sixteen years of age or older only with the person’s consent (*Child & Family Services Act, 1990*).

“**Directives**”: From time to time the Ministry of Community and Social Services issues directives and policies which are required to be implemented by emergency shelters and the City of London.

“**Disability**” includes any degree of physical disability (such as diabetes, epilepsy, brain injury, paralysis, amputation, lack of physical coordination, visual impediment, hearing impediment, 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*).

“**Eligible resident**” refers to a person receiving residential service from a shelter that is approved by the City to receive emergency shelter per diem pursuant to the provisions of the Act and Regulations.

“**ODSP**” means Ontario Disability Support Program.

“**Regulations**” means the Regulations made under the Ontario Works Act, 1997.

“**Resident**” means a person receiving residential service from an emergency shelter.

“**Service agreement**” refers to the Emergency Shelter Services Agreement which is the operating contract between the shelter operator and the City of London. For the purposes of these standards the service agreement refers to the Emergency Shelter Agreement. It being noted that the current service agreement between shelter operators and the City of London is known as the Emergency Hostel Agreement.

“**Shelter**” means a facility that provides at minimum, emergency room and board to individuals and/or families who are experiencing homelessness. Shelter is synonymous with the term “Emergency Shelter” and “Transient Shelter” and “Emergency Hostel”.

“**Shelter guidelines**” is synonymous with “emergency shelter guidelines” and “emergency and hostel guidelines” and is the service framework and expectations from the City, as amended from time to time, for the provision of emergency shelter services by the shelter operator.

“**Shelter operator**” refers to the non-profit corporation providing Emergency Shelter Services under an Emergency Shelter Service Agreement with the City, synonymous with “Hostel Operator”.

“**Youth**” are those individuals between 13 and 24 year of age, inclusive.

## B. Guiding Principles

The Emergency Shelter Guidelines are a set of principles that promote a philosophy for service provision. These principles serve as a framework upon which the shelter guidelines are developed and actualized.

The principles are ones that the guidelines and shelter operators strive to adhere to, noting that the community's resources may from time to time limit availability of shelter spaces and shelter program options.

While the principles recognize that everyone should be entitled to shelter services there may be service restrictions imposed based on individual actions that seriously compromise the health, safety and security of the resident, other residents, staff, volunteers and/or the facility.

1. All individuals age 16 and over, including families with children, experiencing homelessness who are seeking shelter service should have the right to shelter services. This right exists regardless of political or religious beliefs, ethno-cultural background, health issues, disability, mental health, addictions and substance use, gender identity, sexual orientation or legal status.
2. It is recognized that people who are experiencing homelessness have few available resources and the shelter system is often their final option to receive the basic necessities of life such as food and shelter. Limiting access or issuing service restrictions in the shelter system should be done only under exceptional circumstances, and under circumstances identified by the shelter operator and known to the residents.
3. Shelter operators will provide an atmosphere of dignity and respect for all shelter residents and provide services in a non-judgmental manner.
4. To increase the accessibility of the shelter system and to respond to diverse resident needs, a range of service approaches should be sought within the shelter system. From time to time, the community's resources may limit availability of shelter spaces and shelter options.
5. Residents will be recognized as being at different places on their life path, requiring different levels of assistance and support from shelters and other services within the community. At whatever level a resident happens to be, they will be recognized as being capable of identifying their own goals and making progress towards these goals. Shelter operator staff, in conjunction with other related service providers in the community, will work within their mandate to support residents in achieving these goals.
6. People experiencing homelessness, like other members of our community, may use substances such as alcohol, controlled and, or illegal substances to varying degrees.

A shelter operator's response to a resident or someone seeking shelter that is using substances will be based on the safety and security of all residents including the person using substances as well as shelter operator staff/volunteers and the facility.

Flexibility will be employed as each situation has unique circumstances, including the presence of children. The factors that will be considered in decision making should be consistent (e.g. physical setting of shelter, number of shelter operator staff versus number of residents at the time, condition of other residents, actions of resident, etc.).

The primary purpose of the shelter operator is to provide shelter and not recovery from substance use and associated issues.

7. Shelter operators will be sensitive to, and work to accommodate, diverse communication needs including various literacy levels and languages other than English. Shelter operator staff will work to ensure that residents have access to appropriate interpreter services, if available.
8. Shelter operators will work towards creating a barrier free environment for people with all types of disability, including, but not limited to, hearing and visual impairments, cognitive disability or physical disability.
9. Gender identity is self-defined. Sometimes this may not correspond with a person's physical appearance. Shelter operators will accept gender identity as defined by the individual rather than by the perception of shelter operator staff and/or other residents. In addition, shelter operators will incorporate best practices in serving transgendered/transsexual individuals.
10. It is recognized that some people experiencing homelessness may own pets and that these pets may be so important to them that they will not seek shelter service unless their pet can be accommodated in some way. Shelter operators will consider arrangements to address the needs of people with pets.
11. Shelter operators will make every effort to provide an environment that fosters a sense of safety. The shelter operators recognize that these principles can, at times, be in conflict (i.e. where the choice of one resident may affect the safety of another). The shelter operators will strive to maximize the utility of these principles with residents, while protecting the rights and safety of all, be they shelter operator staff, residents or volunteers.
12. Shelter operators will make every effort to provide an environment that fosters a sense of personal control through providing choice and autonomy and building capacity wherever possible and within a community living environment.
13. All people staying in shelters are entitled to safe and nutritious food. Shelter operators will work to accommodate special dietary needs.
14. Shelter operators that include children will assist parents/guardians in accessing appropriate activities and ensuring that the school-related, recreation and treatment needs of resident children are addressed.

15. The health and safety of residents, volunteers and shelter operator staff is of the highest importance in each shelter. Training, policies, procedures and regular maintenance are intended to encourage, improve and maintain the health and safety of all people residing, volunteering and working in the shelter.
16. In order to provide effective shelter programs and services, whenever possible, shelter residents should be involved/have input in service provision, program planning, development and evaluation, and policy development.
17. Shelter operator staff have access to detailed and highly sensitive personal information about residents. Protecting privacy and confidentiality of shelter residents and their personal information is of the utmost importance.
18. Shelter operators will collect and coordinate data related to shelter use in the community in order to assess and improve services.
19. Shelter operators are part of a larger network of homeless services and agencies. Collaboration within this network is important to ensure effective and coordinated services.

## **C. Standards of Organizations**

### **1.0 Ontario Works**

The *OW Act* and related Regulations provide the legislative framework for the provision of employment assistance and financial assistance to help people in temporary financial need.

The Ontario Works – London program is delivered by the City of London Social and Community Support Services and is intended to help people in temporary financial need find sustainable employment and achieve self-reliance through the provision of effective, integrated employment services and financial assistance as well as emergency shelter services.

Emergency shelter services may be provided directly by a municipality or indirectly through a private shelter operator. Service contracts can be established with shelter operators where they are provided with a per diem rate per participant, in offering emergency shelter services.

Ontario Works – London, known as the delivery agent, is responsible for monitoring ongoing eligibility and making determinations about the refusal, reduction or cancellation of assistance where a member of a benefit unit fails to comply with the conditions of eligibility or a benefit unit's circumstances have changed. Ontario Works – London is required to set out clear expectations for participants regarding participation, reporting requirements and other matters that may affect ongoing eligibility.

Ontario Works – London is responsible for adhering to the program verification standards identified in the policies. These standards set out the documentation that is acceptable for verifying the personal and financial circumstances of applicants and participants.

### **1.1 Emergency Shelter Services Agreement**

An Emergency Shelter Services Agreement (Service Agreement) outlines the contractual obligations between the shelter operator and the City of London. The Service Agreement is based on maintaining a long term relationship with shelter operators. Service Agreements are reviewed annually. It is a requirement of the Service Agreement that operators abide by any emergency shelter guidelines.

In order to obtain an Emergency Shelter Service Agreement a shelter operator must successfully complete the purchase of service application process and be approved by Municipal Council.

Shelter operators entering into an emergency shelter Service Agreement with the City must demonstrate their ability to meet the shelter guidelines and standards or have developed a detailed plan to ensure all required areas are met within an agreed upon time-frame.

Shelter operators serving youth must adopt and adhere to the minimum standards approved by the START (**S**treet and vulnerable youth service standards that provide: **T**rust **A**ccountability **R**esponsiveness **T**o ensure consistent support for youth) Guide.

## **1.2 Minimum Checklist Standards**

The Emergency Shelter Guidelines Checklist, see Appendix A, is an important part of the application and review process. It is a tool used by both the City and the emergency shelters to ensure that mandatory and best practice policies and practices are in place, and provides the shelters an opportunity to review and improve items that do not receive a full rating. While emergency shelters should always be working towards a 100% rating, a Checklist rating of 80% must be achieved (with all mandatory items met) in order to be considered for a new or renewed Shelter Service Agreement.

## **1.3 Annual Review Process**

The City of London Social and Community Support Services will maintain a process for the annual review of the Shelter Service Agreement. Wherever possible, the annual review should be synchronized with the review conducted by the START Guide Monitoring Body. The annual review consists of, and is not limited to, the submission and review of the following:

- Health Inspection Report;
- Fire Inspection Report;
- Certificate of Insurance;
- Most recent Annual Report, Audited Financial Statements, Annual Financial Reports;
- Updated list of Board of Directors or in the case of The Salvation Army, the Community Council and the Regional Advisory Board; and
- Annual Update Narrative Report including updates of any required documents.

To ensure that shelter operators with Shelter Service Agreements are able to provide stable and ongoing care to people experiencing homelessness in the community, the City reviews financial information from agencies on an annual basis. Information detailed in audited financial statements, annual operating budgets and financial forecasts form the basis of the financial assessment.

Part of the annual review may include, but is not limited to, City staff completing annual site visits. Any concerns arising from the site visit will be discussed in detail with the shelter operator and kept on file. Any concerns outlined must be rectified before the Service Agreement is renewed.

## **2.0 Monitoring and Accountability**

As not-for-profit corporations, shelter operators are governed by their organization's Board of Directors (the Board). The Board must be democratically elected to serve in a volunteer capacity. The Board should have a sufficient number of directors with a range of skills required to govern. The Board must convene regular Board meetings and shall meet at least six times per year including holding an Annual General Meeting. The Salvation Army-London is governed by a National Board of Directors and a Regional Advisory Board which meets six times per year and a Community Council which meets a minimum four times per year. It is recommended that Board minutes and minutes from the Annual General Meeting are signed by the Board to verify acceptance. Minutes from any Board, Community Council or Annual General Meeting will be provided to city staff on request as outlined in the Shelter Service Agreement.

The Board of Directors is responsible for:

- Ensuring the mandate, mission, values and strategies of the organization are followed;
- Setting shelter operator priorities;
- Reviewing and approving policies;
- Evaluating services;
- Reviewing budgets and expenditures;
- Reviewing and approving accounting and reporting procedures;
- Selecting and conducting an annual performance review of the Executive Director and in the case of the Salvation Army every three years; and
- Ensuring that the shelter operator meets funder expectations and contract conditions including compliance with these London Emergency Shelter Guidelines.

An operational review of a shelter operator may be undertaken if, at any time, city staff is concerned that a shelter operator is not meeting its obligations outlined in the Emergency Shelter Service Agreement, including adherence to the shelter guidelines. A review may also be undertaken if a shelter operator repeatedly fails to fulfill or follow the conditions of its by-laws or incorporating documents. Shelter operators may also request a review or site visit. A review may happen outside of these conditions as part of general compliance, as required by the Province of Ontario, or as required by any regulation or directive.

The shelter operator must have approved procedures which are in accordance with applicable legislation, regulations, by-laws and policies.

The shelter operator will not introduce any ancillary services that detract or interfere with the effective delivery of their shelter program, and if in doubt, should discuss such plans in advance with the City Manager.

### **3.0 Program Accountability**

Shelter operators are responsible for program accountability and ensuring that staff performance and accountability are properly monitored and evaluated. The shelter operator must have a system of staff supervision and regularly scheduled performance evaluations.

All shelters will have a policy and procedure manual available to shelter operator staff and the Board of Directors. At a minimum, the following areas must be covered in the shelter operator's policies and procedures:

- Mission statement/program description;
- Crisis/incident reporting;
- Conflict of interest;
- Confidentiality;
- Harassment/discrimination/workplace violence;
- Definition of abuse (physical, verbal and emotional);
- Absent without leave (AWOL) and warrants;
- Residents under 16 years of age;
- Client file management;
- Secured human resources files;
- Reference checks (professional/personal and Police Records and Vulnerable Positions Screening);

- Training/orientation;
- Supervision;
- Safety measures including but not limited to;
  - Smoking
  - Weapons
  - Drugs and alcohol
  - Acts or threats of violence
- Administration of medications;
- Child abuse reporting requirements;
- Criminal offence discretion;
- Health and Safety including but not limited to;
  - Fire systems
  - Safe food handling
  - First Aid/CPR
  - Workplace Hazardous Materials Information System (WHMIS)
  - Safe sharps and waste handling
- Performance appraisals; and
- Professional relationships and boundaries.

#### **4.0 Financial Accountability**

Section D outlines the standards related to Access to Shelter and supports the section on Financial Accountability.

Each shelter operator will submit to the City of London, on or before the 7th day of each month, a monthly statement/invoice for the preceding month showing the amount of payment claimed and details including the names of the residents and the number of overnight stays and dates of arrival and departure for each resident. A signed copy of the residents "Application for Ontario Works Assistance" form must be on file prior to the issuance of any benefit. The City of London will reimburse the shelter within thirty (30) days of receipt of the invoice, if determined by the City to be acceptable.

Shelter operators will not invoice the City for two per diem payments for the same bed on the same date.

Shelter operators will only be reimbursed at the per diem rate determined by Municipal Council for residents that qualify as a person in need of assistance under the OW Act.

Per diem payments beyond 42 days are subject to the approval of the City.

Shelters operators will be reimbursed at the per diem rate determined by Municipal Council subject to the following provisions regarding the treatment of income:

- Income received within the calendar month that the resident registers at the shelter is exempt for the purpose of calculating the per diem;
- Income received within the calendar month(s) subsequent to the calendar month that the client registered at the shelter will be deducted from the per diem as per the OW legislation; and

- In instances where an OW client is assessed to be in an overpayment for funds issued, that amount will not be charged as income against the per diem.

Shelters will only be reimbursed at the per diem rate determined by Municipal Council for residents that are physically present at bed count and/or that have been either granted an overnight pass or are eligible under the “exceptions to overnight passes” provisions.

The City will inform the shelter operator by both phone and email, when a shelter resident:

- Becomes eligible for OW benefits;
- Is not eligible for per diem payment;
- Is in receipt of any source(s) of income, or there is a change in the amount of income being received by a resident.

Shelter operators will endeavor to ensure that a resident granted an overnight pass, or who is eligible under the “exemptions to overnight passes” provisions, is not concurrently residing at another shelter.

Shelter operators shall have a process in place for approving and documenting resident stays including overnight absences and income. All exceptions will be reviewed by the City Manager.

#### **4.1 Personal Needs Allowance**

The authority related to eligibility and entitlement for the personal needs allowance (PNA) is identified in the OW Act and Regulations, and explained in Directive 2.7.

Shelter operators will have a policy in place regarding PNA.

People who receive emergency shelter services shall not receive a PNA from the delivery agent, such as OW or ODSP.

Persons in receipt of emergency shelter services receive assistance with personal needs from the shelter operator through the provision of in-kind services and/or a cash amount as determined by the Agreement and as set out in these Guidelines. See Appendix B. In-kind personal needs allowance includes, but is not limited to, such things as: personal hygiene products and basic toiletries.

For eligible recipients of OW emergency shelter services, the combined value of both the monetary and in-kind products provided by the shelter operator to cover personal needs should not exceed the amount approved by the Director per month.

Calculation of PNA for each resident shall coincide with the number of days recorded on the monthly invoice for that resident and is based on the days a shelter bed was occupied by that individual.

A signed copy of the resident’s “Application for Ontario Works Assistance” form must be on file prior to the issuance of any benefit.

Unclaimed PNA may be retained by the shelter operator on behalf of the resident for a period of time as specified in the shelter operator's policy on PNA to a maximum of 28 days within a calendar year.

#### **4.2 Bus Tickets**

The provision of transportation benefits is governed by OW regulations and municipal policy. These services are primarily discretionary in nature and subject to change.

The City may provide bus tickets to shelter operators through a formula that is based on the maximum number of shelter beds at each of the shelters. The City may set limits to the maximum number of tickets issued and is subject to change.

Bus tickets may be provided to shelter operators for distribution to eligible residents for the following reasons:

- To secure housing;
- To look for employment;
- To go to work;
- To attend school; and
- To attend medical appointments (including NA/AA and counselling).

Residents eligible for bus tickets are those individuals who qualify as a person in need of assistance under the OW Act. In the first month of the resident's shelter stay, income, regardless of the source, should not affect bus ticket eligibility. Residents who are paying to stay at the shelter would not be eligible for bus tickets.

Shelter operators will maintain a bus ticket distribution record or log that records the name of the resident, date, number of tickets issued, and the purpose for which the tickets were issued. The log will be signed by both the resident and the staff member issuing the tickets. A layout of the record or log will be provided by the City. See Appendix C.

When additional bus tickets are required, shelter operators will submit completed bus ticket records to the City for review and issuance of bus tickets.

#### **4.3 Bus Passes**

A bus pass may be issued to shelter residents who have an active Participation Agreement on a case by case basis with the approval of the City Manager.

#### **4.4 Taxi Use**

The City may reimburse travel costs by taxi in emergency health situations. These costs will reflect the most reasonable and economical means of transportation.

Residents who may be eligible for taxi vouchers are those individuals who qualify as a person in need of assistance under the OW Act. In the first month of the resident's shelter stay, income, regardless of the source, should not affect taxi use eligibility. Residents who are paying for their stay would not be eligible for taxi use reimbursement.

Recipients of ODSP residing in an emergency shelter in the second calendar month are not eligible for taxi use reimbursement.

Taxi vouchers may be issued to shelter residents for emergency purposes – where bus services are not available and the use of ambulance services is not warranted – for the following reasons:

- Medical emergencies;
- Emergencies where it has been determined that failure to provide the transportation would result in a detriment to the health of the resident; or
- Transferring an individual due to lack of a shelter bed during an extreme weather alert.

The use of taxi vouchers or request for reimbursement for taxi use must comply with the relevant OW Directives, including minimum and maximum reimbursement criteria.

Shelter operators will maintain a taxi use distribution record or log that records the name of the resident, date and the purpose for which the taxi voucher was issued. The log will be signed by both the resident and the staff member issuing the voucher. Wherever possible, a receipt will be provided by the taxi company and submitted to the shelter operator.

See Appendix D.

#### **4.5 Ontario Drug Benefit Program - Drug Cards**

Drug cards may only be issued for OW eligible residents of emergency shelters.

A signed copy of the resident's application for OW assistance must be on file prior to any request for the issuance of a drug card.

Requests for drug cards will be faxed or emailed by shelter operator staff to the OW caseworker covering that shelter on the prescribed form specifying the resident's name, health card number and the pharmacy to which the drug card is to be faxed.

Recipients of ODSP are not eligible for drug cards through OW.

#### **4.6 Employment Related Expenses**

Other expenses may be issued to shelter residents that are eligible for OW and have an active Participation Agreement with the approval of the OW shelter manager.

#### **5.0 Food Safety and Nutrition Guidelines**

Shelter operators will follow food safety and nutrition guidelines. It is recognized that shelter operators rely on donated food. This includes food directly donated to the shelters and that which is donated through the food bank. Each shelter operator must have a donated food policy that is acceptable to the Middlesex-London Health Unit.

Adult residents must be offered three meals and at least one healthy snack per day. Children under the age of 16 must be offered three meals and two to three healthy snacks per day.

A meal is comprised of food from at least three food groups. A snack is comprised of at least two food groups with an emphasis on fruit and vegetable and grain products. Meals must be of size, quality, variety and nutritional value to meet the recommended daily intake based on Canada's Food Guide. See Appendix E.

Special food/meal accommodations will be made in the following situations:

- Residents who are on restricted or special diets will be offered food that meets their particular needs as required by a doctor's note.
- Residents who appear to be undernourished or underweight will be encouraged to seek medical assessment. If required by a doctor's note, a resident will be offered additional food portions and/or a high-protein/high calorie drink or bar in addition to scheduled meals.
- Pregnant or breastfeeding residents will be offered additional food portions and/or a high protein/high calorie drink or bar as required by a doctor's note. Shelters will ensure that baby formula and the proper preparation equipment and safe storage space are provided.
- Residents who do not eat meat will have access to protein-based vegetarian options (for example, beans, peanut butter or soy-based products).
- It is recommended that food reflect the cultural diversity of the shelter residents.
- Special cultural holidays and traditional occasions may be marked with special meals.

A bag/box lunch will be offered as a substitute for a regular meal or a missed meal for residents who are routinely absent during a meal period to attend school, treatment or employment, or other activities as approved by shelter operator staff. Whenever possible, food will be made available to residents admitted after regular mealtimes.

It is recommended that a poster stating shelter operators cannot guarantee allergen free food (e.g., peanut, nuts, eggs and shellfish) be posted in the dining area.

Shelter operators will communicate at least a daily menu in such a way that it is accessible to all residents. A copy of Canada's Food Guide will be posted in the dining/kitchen area of each shelter.

It is recommended that shelter operators offering meals to residents have a mechanism available to allow residents to provide input and feedback (e.g. residents meetings, surveys etc.).

Shelter operators where residents are involved in the meal preparation must encourage the highest possible levels of hygiene in the food preparation and food storage areas. This includes promoting hand washing, maintaining proper food temperatures, in addition to cleaning and disinfection of work counters, utensils and equipment.

Shelter operators with ten or more residents are considered to be a "food premises" under the *Food Premises* regulation made pursuant to the *Health Protection and Promotion Act*, and will be inspected at least annually by the Middlesex-London Health Unit (MLHU).

Each shelter operator must have at least one current staff member on shift that is working in food preparation with a certificate from the Food Handlers Training program. All food in shelters must be prepared, handled and stored in a sanitary manner so as to prevent the spread of food borne illness, as per the *Food Premises* regulation made pursuant to the *Health Protection and Promotion Act*.

## 6.0 Health and Safety Standards

All shelter operators must comply with any and all applicable legislation which includes, but is not limited to, the Occupational Health and Safety Act, Fire Protection and Prevention Act, and Health Protection and Promotion Act.

All shelter operators must comply with an annual health inspection conducted by the Middlesex-London Health Unit, and an annual fire inspection, completed by a certified vendor.

Approved first aid kits must be available in each shelter in appropriate locations and a portable kit must be taken on outings, in accordance with Health and Safety Standards.

Each shelter operator will have and use a basic health and safety checklist that complies with appropriate Regulations and Acts. This checklist will be completed during a monthly inspection of the shelter facilities. This checklist will include at a minimum:

- Clearly posted emergency procedures;
- Clearly posted emergency phone numbers;
- First aid kits on-site, stocked and visible;
- Fire extinguisher on-site and in working condition;
- Medications and cleaning supplies maintained in a locked location; and
- Approved fire plan.

The completed checklists will be kept on file with the shelter operator.

On an annual basis, shelter operators must make arrangements for both fire and health inspections to be conducted. Any issues that arise from these inspections must be addressed immediately.

Each shelter operator shall carry liability insurance as required under the Service Agreement and any other insurance as appropriate.

At least one staff person certified in First Aid and Cardiopulmonary Resuscitation (CPR) must be on duty at all times in the shelter. All full time shelter operator staff must maintain current First Aid/CPR certification and WSIB First Aid requirements.

Shelter operator staff can and should encourage a resident to seek medical treatment if it appears that the resident is ill. Shelter operator staff can facilitate treatment by referring residents to community health resources. Shelter operator staff cannot require residents to seek medical treatment against their will; however, staff can involve health professionals who may be able to intervene.

All shelter operator staff must receive WHMIS training. Each shelter operator must adhere to the policies and regulations of the Occupational Health and Safety Act (OHSA).

All shelter operator staff must receive information/training on Universal Precautions and Safe Sharps and Waste Handling.

### **6.1 Smoking**

Smoking is prohibited in all indoor areas of the shelter and within the specified distance as outlined in the Smoke Free Ontario Act (SFOA). Any outdoor designated smoking area will also comply with the regulations as set out by the SFOA.

### **6.2 Infection Control**

Written policies and procedures will be developed in consultation with the Middlesex-London Health Unit for infection prevention and control including reporting and management of communicable diseases.

Outbreaks of infectious diseases and serious infections are to be reported to the Middlesex-London Health Unit and the City of London.

All shelter operators will develop a pandemic plan in consultation with the Middlesex-London Health Unit.

Each shelter operator shall have a contract with a licensed pest control operator and have a scheduled inspection and treatment plan.

Outdoor garbage must be stored in such a way as to discourage insect or rodent infestation. Indoor garbage receptacles must be removed at least once a day or more frequently to prevent noxious odours or unsanitary conditions. Receptacles must be cleaned and sanitized regularly.

### **6.3 Safety and Security**

Through active policies, practices and training, shelters will strive to ensure that residents are safe and secure within the facility. Personal safety, having a safe and secure place to store belongings, cleanliness and creating a welcoming atmosphere are all important aspects to consider when addressing this issue.

Entrances to the shelter must be secured against unwanted entry.

Emergency exits must be equipped with an alarm to alert staff of unauthorized comings and goings.

Kitchen access must be controlled with a view to safety.

Each shelter operator will have an emergency plan.

### **6.4 Environmental Hazards**

Shelter operators must ensure that environmental hazards such as chemicals and cleaning compounds are safely secured and stored.

Those using the hazardous materials must be educated on the hazards associated with the products used, and the safe handling, storage and disposal protocol for the products.

### **6.5 Resident Medication**

Shelter operators will have policies regarding resident medication and its storage. Policies will include the following:

- a) **Storage:** For the protection of all residents all medication must be kept in a secure location, such as a cabinet in an office, and must be locked at all times.
- b) **Documentation:** Shelter operators that administer medication will maintain a consistent method of documenting medication. Medication information will be recorded in a medication logbook detailing the date, name of resident, the time the medication was taken and the name of the staff or volunteer.
- c) **Administering:** Shelter operator staff and volunteers will not administer oral, intravenous or intra muscular medication including sprays, inhalers, drops, of any kind to residents. This includes over the counter medication. The policy does not apply to volunteers/in-kind staff that are medically authorized to administer medications such as a doctor or a registered nurse.

Residents who are able to self administer may still require support from shelter operator staff or volunteers such as prompts, reminders, assistance opening containers, etc.

Shelter operator staff should consult with a nurse, psychiatrist, physician or pharmacist in any situations where they are concerned about the safety of a resident taking medication.

- d) **Monitoring:** Residents who require monitoring or administration of medication may not be able to be accommodated at shelters. If someone is unable to monitor and administer their own medications, they may be accommodated if personal/attendant care is arranged in advance and the person accepts and complies with this care.
- e) **Sharps:** All sharps should be placed in a regulation sharps container which must be kept in a secure location and out of reach of children.
- f) **Expired and unclaimed medicines:** All expired and unclaimed medications should be returned to a pharmacy for proper disposal.

Each shelter will determine a practice regarding expired medication provided at the time of intake. To the best extent possible, an updated and current prescription must be provided.

### **6.6 Alcohol/Illegal Substances and Medications without a Prescription**

Shelter operators will have a policy regarding alcohol/illegal substances and medications without a prescription. The policy will include:

- a) To ensure the safety and security of all residents and shelter operator staff, no alcohol or illegal substances are allowed in the shelter or on shelter property.
- b) Confiscated alcohol/illegal substances must be stored in a safe locked area. The London Police Service will be contacted for advice and/or assistance regarding the disposal of confiscated illegal substances. Confiscated alcohol must be properly disposed of or returned to individuals. Documentation, including the names who witnessed the disposal of alcohol and confiscated illegal substances must be maintained.
- c) Persons refusing to “hand over” illegal substances, prescription drugs or alcohol will be refused admission to the shelter and residents refusing to “hand over” illegal substances, prescription drugs or alcohol will be required to leave the shelter immediately.
- d) If a resident is suspected of being under the influence of illegal substances, prescription drugs or alcohol, shelter operator staff will assess the individual and circumstances and develop a plan of safety and action and will:
  - i) Respond to the resident individually. This may include finding a visible safe space at the shelter where the individual will be frequently monitored and assessed by staff;
  - ii) Provide immediate safe options including external referrals;
  - iii) Ask the resident to come back to the shelter at a later time; or
  - iv) Provide transportation to a supervised service such as withdrawal management or the emergency department of a hospital.

#### **6.7 Firearms, Weapons, Ammunition or Devices (weapons)**

Shelter operators will have a policy regarding prohibited weapons, devices, firearms, ammunition and/or objects deemed potentially dangerous. The policy will include the following:

- a) To ensure the safety and security of all residents and staff, prohibited weapons, and/or objects deemed potentially dangerous are not allowed unsecured in the shelter or on the shelter property. The Criminal Code of Canada Part III Firearms and Other Weapons defines such things as prohibited ammunition, prohibited firearm, prohibited weapon. See Appendix F.
- b) Objects deemed potentially dangerous to residents or shelter operator staff (for example, a penknife) may be required to be turned over to shelter operator staff and may be returned upon discharge if the shelter operator staff member is confident that the intended use of the object is not to harm self or others. For safety purposes, shelter operator staff may ask residents to show what they are bringing into the shelter. Shelter operator staff may refuse admission if residents or potential residents will not show what they are bringing into the shelter. Items held by the shelter operator are to be stored in a locked secure place. Documentation must be maintained including the name of the resident and signature; description of the surrendered item; date surrendered; date returned; and the name(s) of the shelter operator staff involved.

- c) Any resident suspected of having a weapon must surrender it to shelter staff or be refused admission/asked to leave the shelter.
- d) London Police Service will be called immediately when a prohibited weapon is surrendered or confiscated for assistance and/or advice. Such items are to be stored in a locked secure place until they are turned into London Police Service. Documentation will be maintained including the name of resident; description of the surrendered or confiscated item; police contact details and the name(s) of staff involved.

### **6.8 Unusual or Serious Incidents**

Shelter operators will have policies dealing with recording unusual incidents. Whenever an incident occurs where the police, Children's Aid Society or other emergency service providers are required, adequate documentation must be completed to describe the incident. The reporting format must include full names, specific times and full details of the incident. All contacts (police, CAS, etc.) must be recorded by full name and identification number where applicable.

Any serious incident involving the following is to be reported by the shelter operator to the City of London for information purposes only within 24 hours. Serious incident occurrence forms should be faxed to the City Manager or sent electronically to the City Manager. A serious incident is defined as:

- Any death of a resident while staying at the shelter.
- Any life threatening injury/situation that occurs on the premises (e.g. severe assault, accidental injuries, attempted suicides requiring medical assistance, incidences involving a firearm etc.).
- Any situation which results in an interruption of service that results in the closure of the shelter.
- Any occurrence of fire within the shelter that results in the closure of shelter or serious damage.

### **6.9 Child Abuse/Neglect**

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.

### **6.10 Furniture Safety**

It is recommended that, where possible, mattresses be covered with a flame retardant and moisture retardant material and that window coverings, upholstered furniture and carpeting is composed of materials that are flame resistant or retardant.

Cribs, high chairs and playpens for infants will conform to specifications approved by the Canadian Standards Association (CSA) or other government agency.

### 6.11 Maintenance Plan

Shelters will have a maintenance plan that clearly specifies the manner in which cleaning, preventive maintenance, emergency repairs, routine upkeep and long term replacements are to be done.

### 6.12 Guidelines for Support Management and Crisis Supports

A shelter operator may provide assistance and support to residents in the following areas:

- Assistance and referral to obtain appropriate housing;
- Assistance in obtaining financial benefits if eligible;
- Assistance in obtaining appropriate supports;
- Assistance in obtaining clothing and transportation;
- Assistance (if requested and/or needed) in developing a plan that supports the resident's housing stability goals;
- Assistance in obtaining identification;
- Referrals to appropriate services or resources; and
- Advocacy.

Shelter operators that offer a support management and crisis support program may include any or all of the following core functions in collaboration with the resident:

- **Assessment:** An evaluation detailing the residents' service needs and resources to meet these needs, as well as current and potential strengths and challenges.
- **Planning:** Developing a plan in collaboration with the resident containing goals with timelines.
- **Referrals:** Information regarding the process of referring residents to all necessary internal and external services.
- **Monitoring:** Continuous evaluation of the plan with the resident to monitor progress, reassess goals and priorities, and identify new goals as appropriate.
- **Advocacy:** Interceding appropriately on behalf of a resident or group of residents to ensure access to needed services or resources.
- **Documentation and archival information:** Detailing the services the resident receives will be recorded. An archive practice will be maintained that satisfies any relevant Acts and Regulations.
- **Collaboration:** Developing partnerships with relevant community based and/or government agencies to co-ordinate and provide services to shelter residents.
- **Follow-up:** Providing support and assistance directly, or through referrals to agencies, to residents who have moved to the community.

### 6.13 Guidelines for Confidentiality

The collection, use and disclosure of all personal information under the contractual arrangement with the City is subject to the requirements outlined by Ontario Works and the *Municipal Freedom of Information and Protection of Privacy Act*, (MFIPPA). Shelter operators acknowledge that any information supplied to the City is subject to MFIPPA, including the access to information provisions contained therein.

Shelter operator staff, volunteers/students and others must comply with any privacy legislation which applies to the collection, use, disclosure and handling of residents' personal information. Shelter operator staff, volunteers and agents who are members of a registered profession (as designated under the *Regulated Health Professions Act*, or the *Social Work and Social Service Work Act*,) will adhere to the confidentiality standards of the relevant professional college, as well as the *Personal Health Information Protection Act*, relating to residents' personal health information, along with the Personal Information and Electronic Documents Act.

Shelter operators will have a confidentiality policy for the handling of residents' personal information by staff, students, volunteers and agents. The policy will include provisions addressing all of the items in Sections 6.14 and 6.15 below.

#### **6.14 Resident Information and Resident Files**

Files (hard-copy and electronic) containing resident information will be kept secure to maintain confidentiality. Shelter operators' confidentiality policies will include statements concerning the practices used to maintain the security and confidentiality of resident information.

Removing files from the shelter operators' premises for business related purposes will be limited to prevent the potential breach of privacy and security of resident information. Policies concerning removal of files will be included in the shelters' confidentiality policy and will be communicated to staff, students, volunteers and agents. The policies will include provisions governing the off-site removal of electronic information and hardware (e.g. laptop computers, USB drives, personal digital assistants) if relevant.

Shelter operators will include statements in their confidentiality policy regarding resident access to personal information and records including the process for residents to request access to and/or copies of their support files.

Shelter operators will have a policy regarding the disposal and retention of resident files.

Resident records will be disposed of in a secure manner.

#### **6.15 Sharing of Resident Information**

Shelter operator's confidentiality policies must include provisions that restrict disclosure of residents' personal information without the consent of the affected resident. Exceptions to the consent requirement include:

- Disclosure in compelling or compassionate circumstances affecting an individual's health or safety.
- Disclosure of resident information by staff for child protection purposes as required by the *Child and Family Services Act*.
- Disclosure as required per a court order, subpoena, summons or a search warrant, including providing testimony in court or at an administrative tribunal.
- Disclosure expressly allowed or required by law.
- Disclosure to the City to administer or to assess benefits or eligibility for assistance.

- Disclosure to police or a law enforcement agency to support an investigation, or to report an occurrence on the shelters' premises.
- Disclosure to an insurance adjuster representing the shelter in response to a claim related to personal injury, property damage or loss, theft or fire involving shelter residents.

Sharing of resident information with other providers to whom the resident may be referred is necessary to ensure effective provision of services, continuity of care and efficient use of resources. The importance of sharing information with relevant providers will be explained to the resident and only disclosed with signed resident consent. It is recommended that the Consent to Release Personal Information forms include the following information:

- Date of disclosure;
- Resident name (including all residents of a family unit who are at least 16 years old);
- Name of the shelter and contact person that is disclosing the information;
- Type of information to be disclosed;
- Name of the service provider the information is being disclosed to; and
- Date consent expires (optional, depending on resident's circumstances).

Where information about children less than 16 years of age is disclosed, only the person who has lawful custody of the child may consent to the release of information, in accordance with the practices set out in MFIPPA.

#### **6.16 Linkages to Other Services**

Where possible, shelter operators will work with other human service providers and form partnerships in order to increase access to services for their residents including strengthening referral linkages and encouraging access for provision of services on site at the shelter.

#### **6.17 Guidelines for Services to Children (for shelters that serve children)**

- a) Information will be made available on a variety of age appropriate play experiences for children and dependent youth within the shelter or off-site. Information on community resources may be made available to parents.
- b) On-site play materials owned by the shelter must be:
  - safe and in good condition;
  - bias free, non-violent and developmentally appropriate; and
  - washable and large enough to prevent swallowing or choking.
- c) Toy washing schedules will be created and followed. It is recommended that schedules include at a minimum that infant toys are washed as used, toddler toys are washed weekly, and toys for older children are washed as required. Washing of toys and ensuring age appropriateness is the responsibility of the parent, guardian, babysitter or children's worker.

- d) It is recommended that program plans and/or outlines of planned activities be posted or provided to parents. It is further recommended that excursions and/or field trips should be safe and age appropriate.
- e) Children's programs may include on-site and off-site procedures for:
- what to do if a child becomes ill or is injured;
  - what to do if the parent does not pick up a child at the end of the activity; and
  - inappropriate behaviors/actions of children, including violence.
- f) Shelter operators will have a policy outlining procedures for lost child(ren) in the event that a child goes missing.
- g) It is recommended that parental involvement be encouraged through direct participation in children and youth programs and/or providing access to resources outside of program hours.
- h) It is recommended that shelter operators serving dependent youth provide information on recreational, educational and social activities on or off-site and that is separate from the children's program or activities.
- i) It is recommended that children be registered in school during their stay at the shelter. Children residing in shelters often attend the local school, however parents may elect to have the child continue to attend their previous school.
- j) It is recommended that shelter operators support and encourage parents to use non-violent ways of disciplining their children.
- k) Shelter operators will have a policy outlining the requirements for residents or others to babysit children residing in the shelter including the maximum number of children another resident may be responsible for at any one time and what to do in the event that a parent does not return.

## **D. Access to Shelter**

In addition to the material outlined in Section D, Section C 4.0 provides details related to the Financial Accountability.

### **1.0 Admission and Discharge Guidelines**

Shelter operators are eligible for per diem payments from the City for residents that qualify as a person in need of assistance under the OW Act.

Admission and discharge records for all residents will be maintained by all shelter operators. Shelter operators will maintain a resident record which contains the name of the resident; date of birth; assigned room and bed number; time in (if after curfew); late pass; overnight pass or exception to overnight pass information and discharge information.

Shelter operators must be able to admit new residents during their hours of operation, provided that the applicant is eligible for service and space is available.

“Application for Ontario Works Assistance” form, see Appendix G, will be completed for all residents when they access the shelter for the first time or when they return to the shelter after being absent. Shelter operator staff will ensure that the relevant information is entered on the required form and that it is signed by the resident.

The shelter operator will have clearly written criteria, policies and procedures for admission. Shelter rules and resident expectations and responsibilities will be explained at admission or as soon as is reasonably possible and be posted in public places.

Shelter operators that are not able to admit a person for whatever reason will provide a referral where the person is willing to receive the referral and where services for that person exist. (Refer to Section 5.0 “Access to Shelter” in the Guidelines). As noted in Section C 6.16, shelter operators will observe the requirements related to the Sharing of Resident Information.

It is recommended that shelter operators create a mechanism to accommodate resident’s pets on and/or off-site.

### **1.1 Extended Stays**

Per diem payments beyond 42 days will only be approved based on the submission of an “Extended Stay in Emergency Shelters” form by the shelter operator to the City. See Appendix H.

Determination of candidates for the over 42 day extension is recommended by the shelter operator for approval by the City. The extended stay requires that the resident has a support plan in place, has demonstrated commitment to this support plan and is likely to move from the shelter within a reasonable time frame and that funding is available.

## 1.2 Capacity Limits

Capacity of each shelter will be identified within the Service Agreement. Any changes or revisions to capacity require a revised service agreement with the exception of extreme temperature protocol.

- a) Shelter operators set their overall capacity including expanded/emergency capacity limits in compliance with the *Fire Code* made pursuant to the *Fire Protection and Prevention Act*.
- b) Shelter operators participate in the City of London's Extreme Temperature Protocol. See Appendix J. Shelter operators provide additional cots and/or resources in order to accommodate additional people in the case of extreme weather. During extreme weather, shelter operators will relax service restrictions, admission eligibility criteria and access hours wherever possible in order to minimize risk factors to people experiencing homelessness.

## 1.3 Bed Registration

All shelter operators will have bed registration policies in place which will address such issues as occupancy, final bed count, tracking system and holding or reserving beds.

All shelter operators will determine the time of their final bed count, and the final count will be conducted at this set time every night (ideally between 12:00 am and 4:00 am). For shelter operators that are unable to perform physical bed counts during the set times it is expected that shelter operators will develop a tracking system to determine who is in the shelter during the final count.

## 1.4 Daytime Access

At shelters where daytime access is limited, provisions must be in place for people who work overnight shifts or who are ill provided they are not in need of medical care. Some shelter operators may require a doctor's note specifying the medical need and time line for accommodating residents during the day. For shelter operators serving children, access must be ensured at all times.

## 1.5 Curfew

In shelters where night time curfews exist, provisions will be in place to accommodate residents who expect to be late for legitimate reasons such as work, medical, family reunion, etc.

Shelter operators enforcing curfew restrictions against residents will only do so after due consideration of potential health and safety issues. No person who has missed their curfew will be expelled on the night of the incident, unless alternative arrangements and transportation have been arranged.

**1.6 First Missed Night / Open Reserved Bed**

Shelter operators are eligible to receive the per diem payment from the City for the first missed night where a resident has signed in for a bed and where the resident is not physically present at bed count.

There may be instances where it is pre-arranged that a bed is reserved, and the resident is not physically present at bed count. These exceptional circumstances will be considered in very limited situations where a special accommodation is required due to extraordinary circumstances such as health, mental health, addiction, immigration hearings and or employment matters. If it is greater than 24 hours, the shelter operator will contact the City Manager.

Shelter operators will not invoice the City for two per diem payments for the same bed on the same night.

For shelter operators that have children as residents under parental control overnight passes can be issued for specified reasons made by the parent or guardian. The shelter operator will not bill the City for these circumstances.

Shelter operators will have an internal policy and process in place to monitor the use and possible misuse of open reserved beds, including a practice of consequences to the resident for failure to comply.

**1.7 Service Restrictions**

On occasion it may be necessary to restrict a resident's access to the services provided by a shelter operator.

All shelter operators will have a policy regarding service restrictions. Policies will clearly outline the reasons for service restrictions, other service restriction details, the appeal process and the review process to lift restrictions.

Residents will be made aware of the service restriction policy upon admission or as soon as is reasonably possible. The service restriction policy will be posted and communicated so that it is accessible to all residents. All service restrictions issued by shelters will be authorized by the Executive Director or their designate.

Shelter operator staff will inform the resident of the reason for the service restriction, conditions of re-admittance, and the date of re-admittance will be reviewed with the resident and the date the service restriction may be lifted. Where possible and appropriate, shelter operator staff will ensure a referral to another shelter operator or service and facilitate a transfer to that shelter operator or service.

Shelter operators will maintain records of all service restrictions. Records will include the name of resident, date the service restriction is issued, reason for service restriction, date the service restriction is to be reviewed with the resident, date the service restriction will be lifted, shelter or other destination to which the resident was referred (where appropriate) and name of the shelter operator staff member who issued the service restriction.

Long-term restrictions (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 operator staff and residents, recognizing that should the individual seek service in the future, their case will be reviewed individually based on a planned intake.

In instances where a restriction is placed on a resident, a referral will be provided to an appropriate resource, within or outside of the community, where the resident is willing to receive the referral and services for that person exist.

Shelter operators will not deny occupancy to an individual requesting a bed if that individual is in arrears to the shelter.

### **1.8 Absent Without Leave and Warrants**

Absent without leave (AWOL) and warrants applies to adults, youth and dependent children.

If the shelter operator staff becomes aware that a resident is absent without leave from any residential or treatment program or wanted by the police the following actions will be taken:

- The resident is not permitted to remain at the shelter unless they consent to turn themselves in;
- Shelter operator staff will notify all residents that, in the event it is discovered the resident is AWOL or has warrants, the police and any other relevant agencies including the Children's Aid Society of London & Middlesex will be notified that they were or are at the shelter;
- Identifying information (for example the time the person was present at the shelter and a description of what the person was wearing) will be provided to the contacted authorities;
- The shelter operator will not hide a resident from police or other involved agencies under any circumstances; and
- The shelter operator staff will comply with the reporting requirements identified under the Child and Family Services Act (CFSA).

### **1.9 Order to Reside**

Orders to reside apply to youth, adults, dependent youth and youth who are on orders to reside with a parent/guardian.

On occasion the courts may issue an order for an individual being released from custody to reside at an emergency shelter. Prior to admission to the shelter, an individual who has received an order to reside will be advised of the role and services of an emergency shelter within the context of their court order to reside in the shelter.

The individual will be required to sign the "Rules of Accommodation for Persons Released to an Emergency Shelter" process and form which outlines the role of emergency shelters, the expectations of the individual to maintain responsibility related to any court ordered conditions, and the agreement of the individual to allow the police or other authorized and designated parties the authority to gather information related to the individual's current residency from the named shelter. See Appendix I.

Individuals in a shelter with orders to reside and any other orders of the court are responsible for adhering to their orders to reside and notifying the courts or police of variations.

## **2.0 Special Access and Accommodation**

Section 2 relates to admission and discharge decisions and practices for individuals with unique circumstances or backgrounds. The section is intended to promote the inclusivity of all individuals requiring emergency shelter.

### **2.1 Mental Health and Substance Use/Addictions**

Admission and discharge decisions will not be based on mental health and/or substance misuse/addictions issues alone, but on actions that would affect safety and security of residents, staff/volunteers and the facility. Actions may include current actions, patterns of past actions or the significant likelihood of action and will be assessed on an individual basis.

Shelter operators will communicate their admission and discharge policies to ensure residents and service providers understand the basis on which people may be granted or denied access to a shelter if they are under the influence of a substance.

When a shelter operator is unable to admit a person, or must discharge an individual due to issues related to mental health and/or addictions, a referral to another shelter operator or other appropriate resources should be made.

### **2.2 Disabilities**

A person with a disability will be supported to receive shelter services unless there are accommodation restrictions such as the need for a level of personal attendant care that cannot be accommodated by shelter operator staff, etc.

Where access to a shelter is limited due to a disability, attempts to make or find alternative housing or shelter arrangements will be made.

Shelter operators are obligated to observe the requirements identified under the Accessibility for Ontarians with Disabilities Act. Shelter operators shall ensure that all of its volunteers, employees or agents, who deal with members of the public under the Service Agreement, receive training about the provision of services to persons with disabilities, in compliance with the *Accessibility for Ontarians with Disabilities Act, 2005* and its Regulations.

### **2.3 Health**

People who are seeking shelter services who are ill or recovering from an illness, injury or surgery must be able to undertake the functions of daily living independently (e.g. feeding, grooming, administering medications, etc.) If someone is unable to care for themselves, they may be accommodated if personal attendant care is arranged in advance and the person accepts and complies with this care.

Infection prevention and control practices must be followed which will include routine practices, precautions and hand hygiene.

Practices and protocols must adhere to the standards set out by the Middlesex-London Health Unit.

Access to shelter may be limited where prescribed by the Middlesex-London Health Unit in cases of communicable disease outbreaks.

#### **2.4 Sexual Orientation**

It is expected that all shelters will be safe and accessible to people who are gay, lesbian and bisexual.

#### **2.5 Gender Identity**

It is expected that all shelters will be safe and accessible to transgendered/transsexual residents in their self-defined gender. Shelter operators will provide services in a way that takes into consideration the safety of all residents and the need for privacy. Recommended strategies include:

- creating safety zones such as semi-private rooms;
- addressing harassment of transgendered/transsexual residents by focusing on the inappropriate behaviour and enforcing zero-tolerance policies against discrimination;
- creating policies around confidentiality;
- changing intake procedures so that new residents are asked how they identify themselves: male, female, transsexual or transgendered; and
- including a sentence on intake forms that specifically indicates that people with diverse gender identity expression are welcome.

Shelter operators will develop a process detailing how they will ensure accessibility to the transgendered/transsexual community.

#### **2.6 Race and Ethnicity**

It is expected that all shelters will be safe and accessible to all people, free of ethnic and racial discrimination. Where possible, cultural translators will be used to assist with communication.

#### **2.7 Independent Youth Under 16 Years Old**

The Children's Aid Society of London & Middlesex will be informed when an independent youth under the age of 16 comes into contact with a service provider (staff or volunteer) either at the shelter operator's physical location or on the streets between the hours of midnight and 6:00 am, or as identified under the Child and Family Services Act (CFSA). The shelter operator will comply with the reporting requirements identified under the CFSA.

Independent youth under the age of 16, who are absent from school without just cause will not be permitted to remain at the shelter operator's physical location during school hours.

## **2.8 Protocol Regarding Youth Experiencing Homelessness**

Shelter operators providing services to youth experiencing homelessness will offer the following options to youth between 16 and 17 years old that do not have a place to stay overnight. These options will be presented to and discussed with the youth with a focus on safety in the following order:

1. The possibility of family reconciliation;
2. If the first option is not realizable, the possibility of staying overnight with friends or relatives; and
3. If the first two options are not possible, the youth is to be admitted to the shelter.

These options should be discussed at the time of intake with a focus on safety recognizing that individual circumstances may prevent this from happening. In such cases these options should be discussed with the resident as soon after intake as is reasonable.

Under OW, eligibility criteria for 16 and 17 year olds includes full-time attendance at school and satisfactory progress. However, if a 16 or 17 year old accesses emergency shelter services, they may attend school, but are not required to be in school full-time until their living conditions are conducive to maintaining full-time school attendance.

Parents that are youth experiencing homelessness between the ages of 16 and 17 will apply to OW separately.

## **3.0 Extreme Temperature Alert**

During an extreme temperature alert, as issued by the Medical Officer of Health for the Middlesex-London Health Unit, shelter operators should relax service restrictions, admission eligibility criteria and extend daytime access hours wherever possible in order to minimize risk factors to homeless persons. See Appendix J.

## **4.0 Discharge**

Discharge records will be maintained by shelter operators for all residents.

There is no standard length of stay. Funded stays can be extended if a plan is developed and approved by the City. Shelter operators that choose to extend stays beyond funding limits accept the costs incurred. Length of stay is dependent on the needs of the resident. Ideally discharges should always be planned events.

Aside from short term stays there are exceptional circumstances where residents may be discharged without a plan in place including and not limited to assault of staff or residents, other violent behaviour, possession of weapons, trafficking in illegal drugs, or serious behaviours that compromise the health and safety of other residents or staff. See Appendix H.

## 5.0 Referral Protocol

The following referral protocols serve as a guide for front line staff:

1. When a shelter operator is at capacity, front line staff will call other shelter operator providers to determine available beds. Assuming that other shelter operators have beds available, a referral will be made.
2. When a shelter operator is at capacity and other shelter operators report being full, the shelter operator making the referral will provide shelter to their over-capacity limits.
3. When a shelter operator is asking an individual to leave the shelter and/or the individual is restricted from entry in some manner, and other shelter operators report being full, the other shelter operators will accommodate the individual in question up to their over-capacity limits. In the event that the "over-capacity limit" is met, the individual is to be referred to the police and the CAS where appropriate.
4. When a shelter operator is requesting an individual to leave the shelter and/or the individual is restricted from entry in some manner, and other shelter operators report that the same individual is restricted entry, and it is clear that the individual presents a clear risk to others, the London Police Service will be contacted to address the needs of the individual.
5. Agencies that accept referrals will hold the bed no longer than one hour unless previously arranged. If an individual arrives after the one hour period and the beds have been occupied, the individual will still be accommodated, as per the protocols outlined in this section.

If a shelter operator calls to check on bed availability, the agency or shelter making the referral will share the name and date of birth so that the individual can be checked for eligibility. If there are restrictions, they should be stated and for how long. The details will not be shared without a signed release faxed to the shelter operator or verbal release given over the phone.

## **E. Resident Rights and Responsibilities**

### **1.0 Overview**

All shelter operators will adopt the following rights and responsibilities of residents. These policies will be posted and communicated to residents through various venues such as intake, postings and/or resident meetings.

Residents have the right to:

1. Expect that the guidelines outlined in this document will be followed;
2. Be treated in a non-judgmental and respectful way;
3. Be free from discrimination and harassment;
4. Have safe and clean accommodation;
5. Receive adequate and nutritious food;
6. Receive information about programs and services in order to make informed decisions;
7. Have forms and requests for information (pertaining to the shelter) explained;
8. Have individual needs met due to a disability accommodated where possible in accordance with the Accessibility for Ontarians with Disability Act;
9. Receive support from shelter staff, in accordance with shelter mandate, in order to achieve reasonable goals;
10. Be involved in and/or have fully explained any decisions that affect them;
11. Have personal information treated confidentially;
12. Have personal information stored in a secure manner;
13. Have an opportunity to provide feedback and input into shelter operations; and
14. Have a clear complaints and appeals process.

Residents have a responsibility to:

1. Follow the rules of the shelter;
2. Provide the shelter operator with eligibility information such as: personal data, residence history, asset and income details, etc. to the best of their ability;
3. Disclose any information that may negatively affect the health and well being of shelter operator staff, residents, volunteers and visitors;

4. Treat shelter operator staff/volunteers and other shelter residents with respect and observe the non violence and anti-harassment practices of the shelter;
5. Respect the private property and belongings of other shelter residents;
6. Respect the private property and belongings of the shelter operator;
7. Maintain their own personal belongings;
8. Not bring banned items or substances onto shelter property;
9. Work with shelter operator staff to improve their housing situation within their capacity;  
and
10. Notify the shelter operator if they no longer require services.

## **2.0 Resident Input**

To provide effective shelter programs and services, shelter residents should be involved and have input in service provision, program planning, development and evaluation, and policy development.

## **3.0 Resident Complaints and Appeals**

All shelter operators will adopt written policies and procedures regarding resident complaints and appeals.

These policies will be communicated to residents through various venues such as intake, postings and/or resident meetings.

Shelter operators will keep a written record of formal complaints and their outcome.

It is recommended that the shelter operators collect and analyze all complaints so that patterns can be noted and adjustments can be made. This information will be made available to the City upon request.

## **F. Human Resources**

Shelter operators are expected to employ skilled and competent staff to facilitate the delivery of emergency shelter programs and services.

### **1.0 Staffing Guidelines**

- a) There must be shelter operator staff on duty at all times in the shelter. Shelter operators will have a policy related to staffing.
- b) Shelter operator staff who provide support and/or crisis management to residents will have a suitable level of education achieved through community college, university or other accredited institution and/or relevant experience. It is recommended that ongoing professional development and supervision should be made available by the shelter operator and may include conferences, support supervision, workshops and training courses.

### **1.1 Staffing**

Staffing files will be kept for all shelter operator staff and volunteers. As a minimum standard, these files will include the following information:

- Resume, letter of application;
- Reference check results/reports;
- Police Records and Vulnerable Positions Screening;
- Signed employment contract;
- Signed statement of confidentiality;
- Copy of current job description;
- Performance evaluations; and
- Documentation of orientation and training.

Any documentation contained in the files will be dated.

Staffing files will be kept in a secure locked file with restricted access.

### **1.2 Job Descriptions**

As a minimum standard, the following will be identified in job descriptions for shelter operator staff and volunteers:

- General reporting procedures;
- Specific Duties; and
- Qualifications.

Shelter operators will have policies outlining expectations for shelter operator staff regarding professional behaviour and conduct which are in line with the Shelter Standards Guiding Principles.

### 1.3 Reference Checks

Police Records and Vulnerable Positions Screening and reference checks are required for all shelter operator staff and volunteers. It is the responsibility of the Executive Director or designate to ensure that Police Records and Vulnerable Positions Screening and reference checks are conducted. It is up to the discretion of the shelter operator as to who bears the cost of the Police Records and Vulnerable Positions Screening.

Within twelve weeks from the start of employment, the Police Records and Vulnerable Positions Screening and reference checks must be carried out. The date on the Police Records and Vulnerable Positions Screening must be within six months of the offer of employment or volunteer position.

### 1.4 Orientation

The following are the minimum standards regarding the orientation to be provided to shelter operator staff and volunteers that are involved with a shelter operator:

- An information package, consisting of the shelter operator's Policy and Procedures manual pertaining to the position, a job description and organizational information will be provided to the staff/volunteer to read;
- At the end of the orientation, the staff/volunteer will sign and date a form stating that he/she has read and understood all information presented in the package;
- A review or training on the prevention of transmission of infection within the shelter through use of routine practices and additional precautions (formerly known as universal health precautions) such as hand hygiene, use of personal protective equipment, and housekeeping practices, as well as the procedure for dealing with occupational exposure to blood or body fluids;
- Information on specific diseases such as TB, HIV/AIDS, Hepatitis A, B and C and in the case of shelters with children, childhood diseases (as appropriate);
- Information on shelter response to individual cases or outbreaks of infectious disease;
- Information on community health care resources such as the Middlesex-London Health Unit contact numbers; and
- Shelter operators shall ensure that all of its volunteers, employees or agents, who deal with members of the public under the Service Agreement, receive training about the provision of services to persons with disabilities, in compliance with the *Accessibility for Ontarians with Disabilities Act, 2005* and its Regulations.

All food preparation staff will be provided with information/orientation on the following topics:

- Canada's Guideline for Healthy Eating; and
- the *Food Premises* regulation made pursuant to the *Health Protection and Promotion Act*.

Educational updates on the above topics will be provided as often as necessary to reinforce safe work practices.

It is recommended that all shelter operator staff and volunteers have:

- i) A 2-step TB skin test, initiated at a minimum within 1 week of their start date;
- ii) An annual influenza vaccination; and

- iii) Immunization against Hepatitis B and documented immunity (for all staff and volunteers who may be exposed to blood or are at risk of injury by instruments contaminated by blood).

Orientation should take place within one week after a new staff member or volunteer joins the shelter.

### **1.5 Performance Appraisals**

At a minimum, all shelter operator staff and volunteers should have a performance appraisal carried out at the end of their probationary period and at least every twelve months thereafter. The performance appraisal will include the staff person/volunteer and his/her supervisor.

### **1.6 Supervision**

For the purpose of these guidelines, supervision is defined as:

- Staff or volunteer having regular access to supervisor; and
- Supervisor is to directly monitor staff or volunteer.

Formal, private supervision meetings are encouraged on a regular basis as an opportunity to discuss confidential matters, provide feedback, job performance issues, concerns, etc. Student placements will follow the appraisal schedule appropriate to that particular post-secondary institution.

## **2.0 Staff Training**

This section outlines the minimum standards to be observed related to shelter operator staff training and mandatory certificate programs.

### **2.1 Overview**

Shelter operator staff will receive appropriate training and orientation for their particular job.

Documentation must be maintained regarding shelter operator staff and volunteer training.

### **2.2 Mandatory Certificate Programs**

All shelter operators must have a policy regarding mandatory shelter operator staff training that includes at a minimum:

- Standard First Aid and CPR (at least one person per shift is certified in accordance with Regulation 101 under the Workplace Safety and Insurance Act);
- Workplace Hazardous Materials Information System (WHMIS) (for those exposed to hazardous materials in accordance with Regulation 101 under the Workplace Safety and Insurance Act); and
- Safe Food Handling Certificate (for any staff serving food for over 10 people in accordance with Ontario Food Premised Regulations 562/90).

## **G. Appendices**

- A Emergency Shelter Guidelines Checklist
- B Personal Needs Allowance; Provision of In-kind Service
- C Bus Ticket Distribution Log
- D Taxi Voucher Practice and Record
- E Canada's Food Guide
- F Criminal Code of Canada Part III
- G Application for Ontario Works Assistance
- H Extended Stay in Emergency Shelters
- I Order to Reside Form
- J City of London's Extreme Temperature Protocol

## **H. Relevant Legislation**

Ontario Acts and Legislation, including the Ontario Works Act, 1997, can be found by accessing:  
[www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca)

The Criminal code of Canada can be found at: <http://laws.justice.gc.ca/en/C-46/>

Under Development

Under Development

**1. Shelter Provider Process**

- When a resident requires bus tickets, they will approach the designated staff member to make the request.
- The staff member will verify that the person requesting the ticket(s) is a resident of the shelter with a valid Form 1 on file for the current stay.
- The staff member will verify that the intended use of the tickets is valid as per section 3. below which includes:
  - to secure housing, look for employment, go to work, attend school or attend medical appointments (including NA/AA and counselling)
- The staff will note in the appropriate column the intended ticket use and check that a valid Form 1 is on file for the current stay. All resident's information needs to be verified prior to tickets being distributed.
- The resident will sign that they are the intended recipient and the use of the ticket is as stated
- The staff member will sign indicating that they have verified the information
- Once the page is full, the staff will add the individual columns and calculate the total distributed.
- The calculations will be verified by an authorized shelter staff member and they will sign and date the sheet where designated.
- As the shelter's float of tickets reduces, they will request the Ontario Works shelter caseworker replenish their ticket supply and submit copies of the distribution log along with the request.

**2. Notes to the Record of Payment Items**

- DATE: date the ticket(s) were distributed – include day and month
- RESIDENT'S NAME: Last then first – printed – as per identification provided by resident
- D.O.B: Resident's date of birth using the 2 digit day, 2 digit month followed by 4 digit year format
- FORM 1A ON FILE: Hostel staff need to check this box to note that they have verified that the client is on the invoice and eligible for bus tickets through Ontario Works
- # OF TICKETS ISSUED:
- HOUSING – to be issued for residents who are actively seeking housing. These tickets are to allow the resident to view potential units.
- WORK – to be issued to residents who are working or are actively looking for employment
- SCHOOL – to be issued to residents who are attending school
- MEDICAL – to be issued to residents to attend counseling, doctor or other (AA/NA etc.) medical appointments
- RESIDENT'S SIGNATURE: To be signed by the resident receiving the tickets verifying who they are and the ticket use

- **AUTHORIZED SIGNATURE:** To be signed by the shelter staff giving the tickets verifying who is receiving and that the client has a valid Form 1 on file.
- **SUB TOTALS:** Each specific column is to be totaled
- **TOTAL DISTRIBUTED:** This is the combination of HOUSING, WORK, SCHOOL and MEDICAL tickets distributed.
- **Date:** This is the date that the sheet was completed.
- **Authorized Shelter Signature:** This is the signature of the shelter staff indicating that the information on the form is correct.

### **3. Applicable Directives and Local Interpretation**

Bus tickets may be distributed to eligible residents for the following reasons: to secure housing, look for employment, go to work, attend school or attend medical appointments (including NA/AA and counselling).

Finding stable, longer term housing may be the primary focus for participants residing in emergency hostels. Participants should be encouraged to take part in activities that will help them secure permanent accommodation, stabilize their living conditions, and make participation in employment assistance activities practical.

Eligible residents for bus tickets are those individuals who qualify as a person in need of assistance under the Ontario Works Act. Residents who are paying to stay or are in receipt of ODSP would not be eligible. This is in effect even during the first month of stay.

Hostels will maintain a bus ticket distribution log that records the name of the resident, date, number of tickets issued, and the purpose for which the tickets were issued. The log will be signed by both the resident and the staff member issuing the tickets.

The City of London may set monthly maximums for the issuance of bus tickets to hostel operators which are subject to revision as deemed necessary by the City. Bus tickets will be distributed among hostel operators based on the maximum number of beds each operator possesses.

Based on current practices hostel operators will receive a monthly bus ticket allotment of 4 bus tickets per bed to be provided by the City to the operator on a bi-monthly basis or as required.



**GENERAL INFORMATION:**

Taxi vouchers may be provided to a resident if they meet the criteria for the provision of health benefits.

All travel costs should reflect the most reasonable and economical means of transportation.

Residents of an emergency shelter who are 'Paying for Stay' or are ongoing under the Ontario Disabilities Support Program (ODSP) are not eligible for the Ontario Works (OW) Travel and Transportation for Medical Purposes benefit.

A bus pass may be provided if the resident's monthly transportation costs to attend verified on-going appointments for medical or health-related purposes will be equal to or exceed the cost of a transportation pass.

Travel and transportation costs for medical treatment are paid when the costs exceed \$15 per resident or benefit unit in a given calendar month. Verification is required from the appropriate health provider confirming the person requires the service. Appropriate health providers include but may not be limited to:

- Physician registered with the College of Physicians and Surgeons of Ontario
- Registered Nurse in the Extended Class registered with the College of Nurses of Ontario
- Addiction/Withdrawal Management Counsellor who is registered with the Ministry of Health

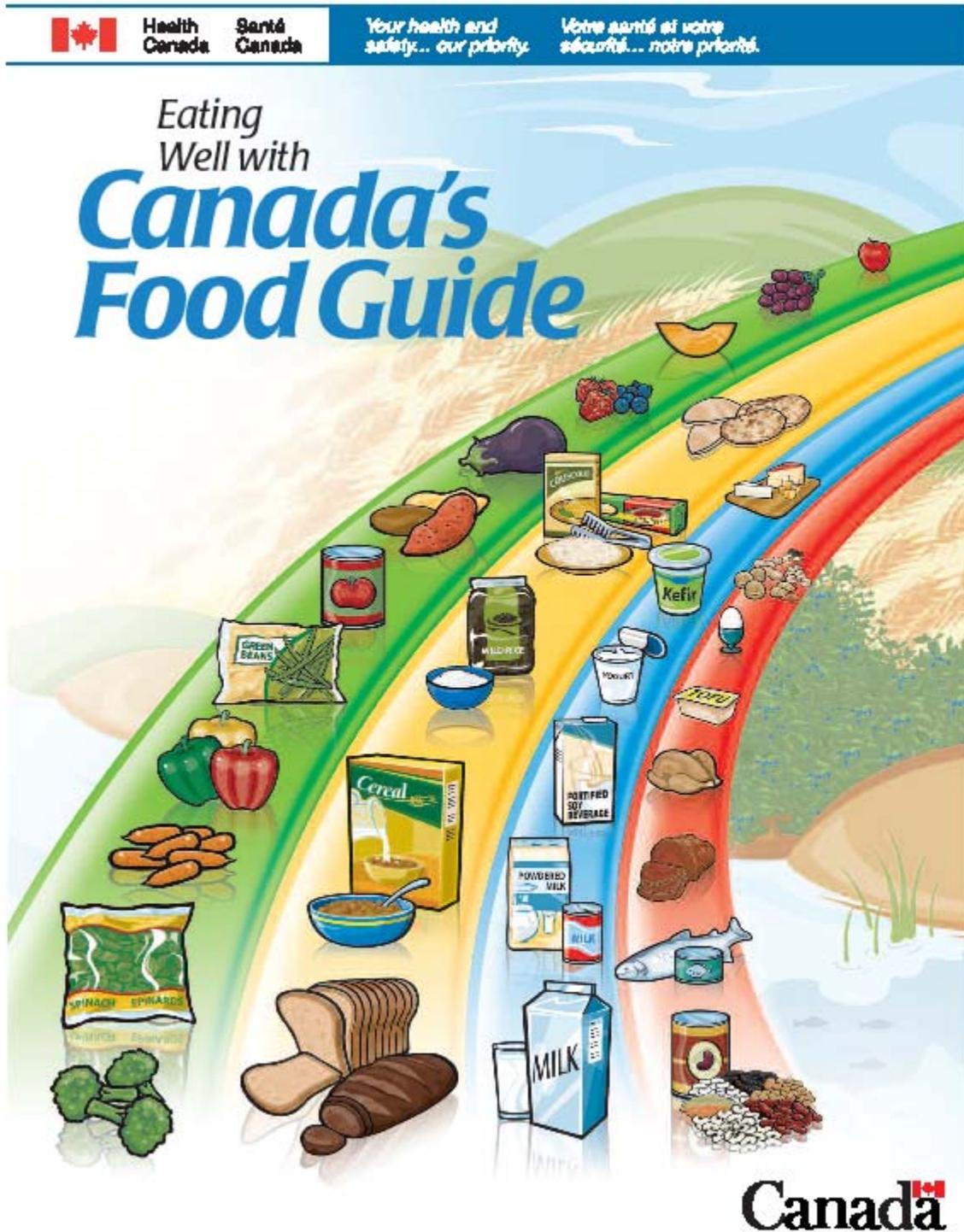
Travel costs could include:

- attendance at medical appointments
- rehabilitation (therapy)
- a healing lodge
- psychological counselling
- drug and alcohol recovery groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, etc.)

**PROCESS:**

1. The Shelter Operator will maintain a 'Travel for Medical Purposes' log (see attached form below).
2. At the end of each month, the Shelter Operator will forward their 'Travel for Medical Purposes' log (with receipts and verification attached) to the OW Shelter Manager.
3. The OW Shelter Manager will distribute this to the appropriate OW Shelter Caseworker.
4. The OW Shelter Caseworker will review the invoice and compare it to log and receipts.
5. The OW Shelter Caseworker removes any requests which do not fulfill the eligibility as noted above.
6. The OW Shelter Caseworker then calculates the appropriate amount payable by the City and forwards this to the OW Shelter Manager for review and approval.
7. In cases where there are significant changes made to the invoice, the OW Shelter Manager may contact the appropriate Shelter Operator to discuss and explain the reasons behind the changes.
8. The OW Shelter Manager signs the approved invoice and the OW Shelter Caseworker forwards the invoice to our Finance department for payment.





### Recommended Number of Food Guide Servings per Day

Age in Years Sex	Children			Teens		Adults			
	2-3	4-8	9-13	14-18		19-50		51+	
	Girls and Boys			Females	Males	Females	Males	Females	Males
<b>Vegetables and Fruit</b>	4	5	6	7	8	7-8	8-10	7	7
<b>Grain Products</b>	3	4	6	6	7	6-7	8	6	7
<b>Milk and Alternatives</b>	2	2	3-4	3-4	3-4	2	2	3	3
<b>Meat and Alternatives</b>	1	1	1-2	2	3	2	3	2	3

The chart above shows how many Food Guide Servings you need from each of the four food groups every day.

Having the amount and type of food recommended and following the tips in *Canada's Food Guide* will help:

- Meet your needs for vitamins, minerals and other nutrients.
- Reduce your risk of obesity, type 2 diabetes, heart disease, certain types of cancer and osteoporosis.
- Contribute to your overall health and vitality.

**What is One Food Guide Serving?**  
Look at the examples below.

 <p><b>Fresh, frozen or canned vegetables</b> 125 mL (½ cup)</p>		 <p><b>Leafy vegetables</b> Cooked: 125 mL (½ cup) Raw: 250 mL (1 cup)</p>		 <p><b>Fresh, frozen or canned fruits</b> 1 fruit or 125 mL (½ cup)</p>		 <p><b>100% Juice</b> 125 mL (½ cup)</p>					
 <p><b>Bread</b> 1 slice (35 g)</p>		 <p><b>Bagel</b> ½ bagel (45 g)</p>		 <p><b>Flat breads</b> ½ pita or ½ tortilla (35 g)</p>		 <p><b>Cooked rice, bulgur or quinoa</b> 125 mL (½ cup)</p>		 <p><b>Cereal</b> Cold: 30 g Hot: 175 mL (¾ cup)</p>		 <p><b>Cooked pasta or couscous</b> 125 mL (½ cup)</p>	
 <p><b>Milk or powdered milk (reconstituted)</b> 250 mL (1 cup)</p>		 <p><b>Canned milk (evaporated)</b> 125 mL (½ cup)</p>		 <p><b>Fortified soy beverage</b> 250 mL (1 cup)</p>		 <p><b>Yogurt</b> 175 g (¾ cup)</p>		 <p><b>Kefir</b> 175 g (¾ cup)</p>		 <p><b>Cheese</b> 50 g (1 ½ oz.)</p>	
 <p><b>Cooked fish, shellfish, poultry, lean meat</b> 75 g (2 ½ oz.) / 125 mL (½ cup)</p>		 <p><b>Cooked legumes</b> 175 mL (¾ cup)</p>		 <p><b>Tofu</b> 150 g or 175 mL (¾ cup)</p>		 <p><b>Eggs</b> 2 eggs</p>		 <p><b>Peanut or nut butters</b> 30 mL (2 Tbsp)</p>		 <p><b>Shelled nuts and seeds</b> 60 mL (¾ cup)</p>	

**Oils and Fats**

- Include a small amount – 30 to 45 mL (2 to 3 Tbsp) – of unsaturated fat each day. This includes oil used for cooking, salad dressings, margarine and mayonnaise.
- Use vegetable oils such as canola, olive and soybean.
- Choose soft margarines that are low in saturated and trans fats.
- Limit butter, hard margarine, lard and shortening.



***Make each Food Guide Serving count...***  
*wherever you are – at home, at school, at work or when eating out!*

▶ **Eat at least one dark green and one orange vegetable each day.**

- Go for dark green vegetables such as broccoli, romaine lettuce and spinach.
- Go for orange vegetables such as carrots, sweet potatoes and winter squash.

▶ **Choose vegetables and fruit prepared with little or no added fat, sugar or salt.**

- Enjoy vegetables steamed, baked or stir-fried instead of deep-fried.

▶ **Have vegetables and fruit more often than juice.**

▶ **Make at least half of your grain products whole grain each day.**

- Eat a variety of whole grains such as barley, brown rice, oats, quinoa and wild rice.
- Enjoy whole grain breads, oatmeal or whole wheat pasta.

▶ **Choose grain products that are lower in fat, sugar or salt.**

- Compare the Nutrition Facts table on labels to make wise choices.
- Enjoy the true taste of grain products. When adding sauces or spreads, use small amounts.

▶ **Drink skim, 1%, or 2% milk each day.**

- Have 500 mL (2 cups) of milk every day for adequate vitamin D.
- Drink fortified soy beverages if you do not drink milk.

▶ **Select lower fat milk alternatives.**

- Compare the Nutrition Facts table on yogurts or cheeses to make wise choices.

▶ **Have meat alternatives such as beans, lentils and tofu often.**

▶ **Eat at least two Food Guide Servings of fish each week.\***

- Choose fish such as char, herring, mackerel, salmon, sardines and trout.

▶ **Select lean meat and alternatives prepared with little or no added fat or salt.**

- Trim the visible fat from meats. Remove the skin on poultry.
- Use cooking methods such as roasting, baking or poaching that require little or no added fat.
- If you eat luncheon meats, sausages or prepackaged meats, choose those lower in salt (sodium) and fat.



\* Health Canada provides advice for limiting exposure to mercury from certain types of fish. Refer to [www.healthcanada.gc.ca](http://www.healthcanada.gc.ca) for the latest information.

### Advice for different ages and stages...

#### Children

Following *Canada's Food Guide* helps children grow and thrive.

Young children have small appetites and need calories for growth and development.

- Serve small nutritious meals and snacks each day.
- Do not restrict nutritious foods because of their fat content. Offer a variety of foods from the four food groups.
- Most of all... be a good role model.



#### Women of childbearing age

All women who could become pregnant and those who are pregnant or breastfeeding need a multivitamin containing **folic acid** every day.

Pregnant women need to ensure that their multivitamin also contains **iron**. A health care professional can help you find the multivitamin that's right for you.

Pregnant and breastfeeding women need more calories. Include an extra 2 to 3 Food Guide Servings each day.

#### Here are two examples:

- Have fruit and yogurt for a snack, or
- Have an extra slice of toast at breakfast and an extra glass of milk at supper.



#### Men and women over 50

The need for **vitamin D** increases after the age of 50.

In addition to following *Canada's Food Guide*, everyone over the age of 50 should take a daily vitamin D supplement of 10 µg (400 IU).



### How do I count Food Guide Servings in a meal?

Here is an example:



#### Vegetable and beef stir-fry with rice, a glass of milk and an apple for dessert

250 mL (1 cup) mixed broccoli, carrot and sweet red pepper	=	2 <b>Vegetables and Fruit</b> Food Guide Servings
75 g (2 1/2 oz.) lean beef	=	1 <b>Meat and Alternatives</b> Food Guide Serving
250 mL (1 cup) brown rice	=	2 <b>Grain Products</b> Food Guide Servings
5 mL (1 tsp) canola oil	=	part of your <b>Oils and Fats</b> intake for the day
250 mL (1 cup) 1% milk	=	1 <b>Milk and Alternatives</b> Food Guide Serving
1 apple	=	1 <b>Vegetables and Fruit</b> Food Guide Serving

## Eat well and be active today and every day!

### The benefits of eating well and being active include:

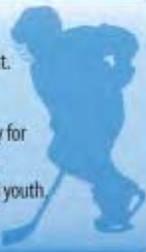
- Better overall health.
- Lower risk of disease.
- A healthy body weight.
- Feeling and looking better.
- More energy.
- Stronger muscles and bones.

### Be active

To be active every day is a step towards better health and a healthy body weight.

Canada's Physical Activity Guide recommends building 30 to 60 minutes of moderate physical activity into daily life for adults and at least 90 minutes a day for children and youth. You don't have to do it all at once. Add it up in periods of at least 10 minutes at a time for adults and five minutes at a time for children and youth.

*Start slowly and build up.*



### Eat well

Another important step towards better health and a healthy body weight is to follow Canada's Food Guide by:

- Eating the recommended amount and type of food each day.
- Limiting foods and beverages high in calories, fat, sugar or salt (sodium) such as cakes and pastries, chocolate and candies, cookies and granola bars, doughnuts and muffins, ice cream and frozen desserts, french fries, potato chips, nachos and other salty snacks, alcohol, fruit flavoured drinks, soft drinks, sports and energy drinks, and sweetened hot or cold drinks.

### Read the label

- Compare the Nutrition Facts table on food labels to choose products that contain less fat, saturated fat, trans fat, sugar and sodium.
- Keep in mind that the calories and nutrients listed are for the amount of food found at the top of the Nutrition Facts table.

Nutrition Facts	
Per 0 mL (0 g)	
Amount	% Daily Value
Calories 0	
Fat 0 g	0 %
Saturates 0 g	0 %
+ Trans 0 g	
Cholesterol 0 mg	
Sodium 0 mg	0 %
Carbohydrate 0 g	0 %
Fibre 0 g	0 %
Sugars 0 g	
Protein 0 g	
Vitamin A 0 %	Vitamin C 0 %
Calcium 0 %	Iron 0 %

### Limit trans fat

When a Nutrition Facts table is not available, ask for nutrition information to choose foods lower in trans and saturated fats.

### Take a step today...

- ✓ Have breakfast every day. It may help control your hunger later in the day.
- ✓ Walk wherever you can – get off the bus early, use the stairs.
- ✓ Benefit from eating vegetables and fruit at all meals and as snacks.
- ✓ Spend less time being inactive such as watching TV or playing computer games.
- ✓ Request nutrition information about menu items when eating out to help you make healthier choices.
- ✓ Enjoy eating with family and friends!
- ✓ Take time to eat and savour every bite!



For more information, interactive tools, or additional copies visit Canada's Food Guide on-line at: [www.healthcanada.gc.ca/foodguide](http://www.healthcanada.gc.ca/foodguide)

### or contact:

Publications  
Health Canada  
Ottawa, Ontario K1A 0K9  
E-Mail: [publications@hc-sc.gc.ca](mailto:publications@hc-sc.gc.ca)  
Tel.: 1-866-225-0709  
Fax: (613) 941-5366  
TTY: 1-800-267-1245

Également disponible en français sous le titre :  
Bien manger avec le Guide alimentaire canadien

This publication can be made available on request on diskette, large print, audio-cassette and braille.

The Criminal code of Canada can be found at: <http://laws.justice.gc.ca/en/C-46/>



**Application for Assistance  
Ontario Works**

Part 1: To the Administrator, I apply for assistance under the Ontario Works Act, 1997 and in support of my application, make the following statements:

**1. Personal Data**

Mr.      Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Mrs.      \_\_\_\_\_  
 Miss \_\_\_\_\_  
 Ms. \_\_\_\_\_

Marital Status: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_ Health Number: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**2. Residence for the past 12 months**

a) If applicant born outside Canada, provide the following:

Arrival date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 This Municipality  
 Another Municipality

Country: \_\_\_\_\_  
 Outside Ontario  
 Unorganized Territories

Land: \_\_\_\_\_  
 Indian Reserve

**3. Last/Present Employment**

Have you ever been employed? \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Employed by: \_\_\_\_\_ Address: \_\_\_\_\_  
 Normal Occupation: \_\_\_\_\_

**4. Dependents and other persons living with applicant (see reverse side if necessary):**

Given Name and Surname	Date of Birth			Citizenship		Other Person Living in the household (e.g. relative, partner)	Amount \$	Effective Date	Relationship to Applicant
	D	M	Y	Yes	No				
Spouse						Roomer			
Citizen and other dependents						Boarder			
						Concubine			
						Other			

**6. Monthly Living Expenses**

Rent	Room and Board	Mortgage (principal and interest)
\$ _____	\$ _____	\$ _____
Taxes	Fin. charges	Fuel
\$ _____	\$ _____	\$ _____

**8. Income and Assets**

(List all income and assets of applicant & all dependents living in the household, such as social assistance of any kind, wages, fee for parking earnings, rentals, contribution of payments from any spouse, annuities, shopping accounts, savings accounts, bonds, stocks, money in cheq. insurance policies, real estate, etc.)

Name of Person having Income or Asset	Type of Income or Asset	Amount of Income Per Week, Month, Year	Value of Asset



## 1. Applicable Directives and Local Interpretation

"Emergency hostel services" means the provision of board, lodging, and personal needs to homeless persons on a short term, infrequent basis. Typically, these are individuals in crisis seeking temporary supports pending resolution of the issues that gave rise to the emergency.

### Ontario Works Policy Directives - 2.7 Emergency Hostel Services

<http://www.mcsc.gov.on.ca/documents/en/mcsc/social/directives/ow/0207.pdf>

#### ***D. Access to Hostel – 1. General*** (taken from the current London Emergency Hostel Guidelines)

*Per diem payments beyond the 42 day limit will only be approved based on the submission of an "Extended Stay in Emergency Shelters" form by the hostel operator to the City of London. Approval for the extended stay requires that the resident has a support plan developed, has demonstrated commitment to this support plan and is likely to move from the hostel within a reasonable time frame.*

The duration of the extension will be reviewed on a case by case basis taking the above into consideration.

Follow up with resident is an ongoing process between the shelter and the resident to support and expedite their move to the most appropriate housing option available.

After the extension has reached the 60 mark, contact will take place between the shelter and Ontario Works to discuss the resident's 42 day extension support plan and progress. This contact can be instigated by either the shelter or OW.

Approvals, durations and reviews are determined on a case by case basis.

## 2. Shelter Provider Process

Shelter staff will meet with the resident to review the need for the extension and develop a support plan and time frames using shelter developed documents as well as the attached 'Extended Stay in Emergency Shelter Request' form (this form is to be completed electronically to facilitate email delivery).

Shelter staff will save this form using a unique identifier name (this is your identifier so please feel free to come up with one that is best suited to your businesses needs). This will facilitate emailing the initial and final leave notification.

The shelter will email the form as an attachment (not as part of the body of an email) to the Ontario Works Shelter Manager at [bnewman@london.ca](mailto:bnewman@london.ca) on a daily basis.

Once the shelter ends the 42 day extension with the resident, the shelter will email the original extension request with the updated 42 day termination information to the Ontario Works Shelter Manager indicating the reason for the termination.

## 3. Notes to the 'Extended Stay in Emergency Shelter Request' form

**Section 1:**

The date in the top right corner will automatically appear as today's date. Please use the 'dd/mm/yyyy' format for all date fields on this form.

When entering the name enter as last then first name.

'# in Benefit Unit' includes Individual, their spouse and any dependants who enter shelter with them.

**Section 2, Section 3 and Section 4:**

These are check boxes which can be marked with an 'X' using the spacebar and moving through using the tab key or simply by clicking on the appropriate box using the mouse. In the event that you have made an error, you can remove the 'X' in the same manner.

**Section 5:**

This is to be completed prior to sending the initial request. A brief description of why the extension is being requested and the support plan in place to facilitate moving out of shelter should be noted.

**Section 6:**

This is to be completed prior to sending the final leave notification. A brief description of why the extension has ended and any other pertinent information should be noted.



**Extended Stays in Emergency Shelters – Special Circumstances and Outcomes**  
Shelter Name Here

Complete Sections 1, 2, 3, 4 and 5 at Day 42 and Section 6 at the end of the individual's stay			
Section 1: Individual's Personal Information			Date (dd/mm/yyyy): 10.26.2010
Name of Individual (last/first):		Birth Date: / /	
# in Benefit Unit:	Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No		# of Dependents:
Arrival Date: / /	Target Leave Date: / /		Final Leave Date: / /
# of Days Beyond 42:			

*The purpose of the extended stay is to help an individual to stabilize their situation. This includes the pursuit of options supporting movement out of the shelter and into a more permanent situation, including housing, hospitalization, treatment and the establishment of community supports. Approval for extended stay requires that the individual has a support plan developed, has demonstrated commitment to this support plan and is likely to move from the shelter within a reasonable time frame.*

Section 2: Reason(s) for Extension (Please check all that apply)
<input type="checkbox"/> New Canadian family/individual needing to arrange settlement services including translation.
<input type="checkbox"/> Youth unable to access housing.
<input type="checkbox"/> Mental health concerns. Waiting for diagnosis, income support, group home or transitional; bed and/or community support services
<input type="checkbox"/> Waiting for long term care options including addictions, group home or a home for special care
<input type="checkbox"/> Found/offered housing but cannot move in yet
<input type="checkbox"/> Actively pursuing housing options without success
<input type="checkbox"/> Necessary for health reasons (surgery, illness, appointment)
<input type="checkbox"/> Life crisis or personal loss, including (but not limited to) death in the family, fire, divorce
<input type="checkbox"/> Addictions. Committed to treatment, including day treatment programs
<input type="checkbox"/> Consistency in support staff and residence necessary to support move to a more permanent situation
<input type="checkbox"/> Waiting for transnational bed; including beds at Women's Community house. At'lohsa and Roger Smith Wing
<input type="checkbox"/> Court order or condition of probation to reside at the emergency shelter for a specific amount of time
<input type="checkbox"/> Change in family dynamics resulting in change in original housing needs (Ex: children returned to parent or moved from family)
<input type="checkbox"/> Stable address needed to obtain employment
<input type="checkbox"/> Unable to access income support/pending income support

Section 3: Primary Outcomes (please check all that apply)	Expected	Achieved
Achieve housing	<input type="checkbox"/>	<input type="checkbox"/>
Obtain transitional housing, including beds at Women's Community house. At'lohsa and Roger Smith Wing	<input type="checkbox"/>	<input type="checkbox"/>
Enter treatment or specialized placement such as addictions, mental health, long term care, group home or home for special care	<input type="checkbox"/>	<input type="checkbox"/>
Enter hospital	<input type="checkbox"/>	<input type="checkbox"/>
Stabilize or improve health status (including stabilized on medication)	<input type="checkbox"/>	<input type="checkbox"/>
Establish community supports needed to allow movement into the community (including community mental health program)	<input type="checkbox"/>	<input type="checkbox"/>
Children able to remain with parents	<input type="checkbox"/>	<input type="checkbox"/>
Eligible for OW/ODSP or other income support providing financial resources fro housing	<input type="checkbox"/>	<input type="checkbox"/>
Meet goals established on support plan while actively searching for housing (including stabilized medication, sobriety, stay in school, attending day programs)	<input type="checkbox"/>	<input type="checkbox"/>
Obtain employment allowing for movement to housing	<input type="checkbox"/>	<input type="checkbox"/>
Incarceration	<input type="checkbox"/>	<input type="checkbox"/>
Discontinued	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Alternative Route – Please indicate the alternative route at day 42 if the per diem for an extended stay is not available (check one)
<input type="checkbox"/> Room and Board <input type="checkbox"/> Special Boarder <input type="checkbox"/> Other Shelter <input type="checkbox"/> On the Street
<input type="checkbox"/> Remain in current shelter – costs absorbed by shelter/community donations

Section 5: Additional Information/Comments at Day 42

Section 6: Additional Information Upon Leaving

## Rules of Accommodation for Persons Released to an Emergency Shelter

### Background:

This process and attached form is intended to:

- Ensure individuals in court who require emergency shelter services understand the role and services of an emergency shelter within the context of their court order to reside in the shelter;
- Provide a shared understanding of emergency shelter services, as defined within Provincial legislation and directives, Municipal policies and by-laws, and the terms of existing service contracts and standards of the individual shelter organizations;
- Reflect the primary intention of emergency shelter services to provide safe and short term emergency accommodations, meals, and services to those living without other available housing; and
- Ensure a shared understanding that emergency shelter services provided to residents and all information collected and shared related to residents of an emergency shelter must adhere to the above noted requirements and all relevant freedom of information and protection of privacy rules.

### Form:

The “*Rules of Accommodation for Persons Released to an Emergency Shelter*” process and form outline the role of emergency shelters, the expectations of the individual to maintain responsibility related to any court ordered conditions, and the agreement of the individual to allow the police or other authorized and designated parties the authority to gather information related to the individual’s current residency from the named shelter.

Emergency shelters provide services to those with orders to reside at their location within the same rules and services as other shelter residents. These include adherence to shelter rules, provision of support services including the securing of housing, and within prescribed limitations to duration of stay.

Individuals in shelter with orders to reside and any other orders of the court are responsible for adhering to these orders and notifying the courts or police of variations.

This form does not hold the emergency shelter responsible in acting as a surety. Emergency shelters work co-operatively with the individual and their support agencies and courts.

### Process:

The “*Rules of Accommodation for Persons Released to an Emergency Shelter*” form replaces the Mission Services “*Rules of Accommodation for Persons on Court-Ordered Release*” and the Salvation Army Centre of Hope “*Rules of Accommodation Forms used by The Salvation Army Corrections and Justice Services*”.

The “*Rules of Accommodation for Persons Released to an Emergency Shelter*” form is to be explained and completed by the Salvation Army Corrections and Justice Services (?) Court

Worker with the individual identifying their emergency shelter of choice, authorizing any third party agencies (subject to the agreement of the courts) and confirming and signing the agreement.

A copy of the completed form is to be faxed to the respective emergency shelter.

**Rules of Accommodation for Persons Released to an Emergency Shelter**

1. I \_\_\_\_\_ am currently living without any available housing.  
(Name of Individual - Printed)
2. It is my intention to temporarily reside at the following emergency shelter:  
  
\_\_\_\_\_  
(Name of Emergency Shelter)
3. I understand that I will be required to abide by the resident rules, expectations, and policies of the above noted shelter. A copy of this form will be provided to the above noted emergency shelter.
4. I understand that I am accountable to adhere to all other requirements within my court order.
5. I understand that, from time to time, the London Police Service or \_\_\_\_\_ are authorized by the Court to request residency information about my current stay at the above noted shelter.  
(Name of Agency or Surety)
6. I authorize the above noted emergency shelter to share information regarding my current shelter stay if requested to do so with the parties cited in section 5 (above) within the terms of this agreement.
7. I understand that my stay in emergency shelter is managed within local guidelines, policies, and relevant legislation and that the duration of my stay is limited to 42 days subject to review by the shelter on a case by case basis.
8. I understand that, while staying in the emergency shelter, I will work with shelter staff and other service agencies to secure appropriate housing. I will abide by my court order related to notifying and registering any planned changes of my address in the manner approved by the Court.

This information has been explained to me by the court worker. I understand that I am responsible for adhering to the above conditions and agreements. Any breach of my order may result in my arrest and additional charges being laid against me. A copy of this form will be sent to the above noted shelter.

---

Printed Name

---

Signature

---

Date

---

Court Worker Witness

Copy: Emergency Shelter

# Extreme Temperature Protocol



**November, 2005**

For information, please contact:

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## Table of Contents

Background .....	1
Introduction	
Extreme Temperature Protocol Objective.....	3
Criteria for Initiating an Alert.....	3
Process for Initiating an Alert .....	4
Hot Weather Response Components .....	5
Authority .....	7
Agreements.....	7
Extreme Temperature Plan .....	7
Plan Implementation	
Strategic Considerations.....	8
Extreme Temperature Network .....	8
Notification, Activation and Termination of Plan.....	8
Communications .....	9
Other Key Aspects	
Worker Protection.....	10
Cooling Centres .....	10
Agency Roles and Responsibilities	
Canada Post .....	11
Canadian Red Cross Society .....	11
Community Care Access Centre of London & Middlesex.....	11
Community Health Centre .....	11
Emergency Medical Services .....	11
Hospitals – London Health Sciences Centre (University Campus & Victoria Campus); St. Joseph’s Health Care London (Parkwood) .....	11
Hydro One.....	12
London and Middlesex Housing Authority.....	12
London (City of) Animal Control & London Humane Society .....	12
London (City of) & Middlesex (County of) Fire Services .....	12
London (City of) Ontario Works.....	12
London Intercommunity Health Centre .....	12
London Police Service, Ontario Provincial Police, Strathroy-Caradoc Police Service, First Nations Police .....	13
London Transit Commission .....	13
Middlesex County, City of London Public Libraries.....	13
Middlesex-London Health Unit.....	13
Parks & Recreation, Conservation Authorities .....	14
St. John Ambulance .....	14
Seniors Network .....	14
Women’s Community House .....	14
Youth Action Centre .....	14
Review, Update and Approval of the Plan.....	15
Key Terms .....	16
Appendix A (Notification List).....	17

## Background

Heat waves have resulted in more weather-related fatalities annually than any other natural disaster, ranging from an average of 240 deaths in a year without a declared heat alert to 1,700 deaths in the United States during a year with declared excessive heat emergencies.

Heat wave effects are thought to increase in the near future due to global warming and other climatic changes.

Mean summer temperatures range from 17°C to 20°C, temperatures of 26°C or higher occur in most summers. Climate model simulations have suggested that temperatures in Southern Ontario will warm between 2°C and 5°C by the end of the 21<sup>st</sup> Century, so London is likely to experience more frequent episodes of hot and humid summer weather with a humidex in the 40°C to 45°C. Typically, this region has 8 – 10 days over 30°C per summer.

People most at risk include the elderly, the very young, chronically ill, socially isolated, urban residents, the mentally ill, people on certain medications and those without access to air conditioners.

Access to air conditioning is the most effective intervention to reduce mortality from heat waves.

Weather variability, rather than heat intensity, is the most important factor defining human sensitivity to heat.

Extreme heat is a well known cause of heat stroke, heat syncope, heat cramps and it also exacerbates many pre-existing health conditions, elevating morbidity and mortality. Heat stroke has a fast onset and a poor survival rate, so prevention efforts must begin when high temperatures are forecast rather than when they arrive.

Environment Canada records all temperatures in the shade, theoretically another 8°C or 9°C could be added to all temperatures for assessment of temperature in the direct sunlight.

The worst heat wave in Canada occurred in 1936, recording over 1,000 deaths.

The highest temperature ever recorded in Middlesex-London was in the summer of 1988, when 38.2°C was experienced and without humidex!

The combined effort of city managers, public health and social services workers and emergency medical officers is needed to develop a systematic plan that will provide assistance to the most vulnerable populations.

Education and awareness are key components of behavioural modification and may include recommendations such as seeking cool shelter, reducing activity, drinking fluids and checking on elderly relatives and neighbours during heat events.

Forecasting of weather information is regularly used for events such as cold snaps, wind chill, storms and high winds, but rarely for heat waves.

It is uncertain how the elderly and other high risk groups perceive their vulnerability to heat stress and to what extent they are willing to take preventive action. Public health efforts, especially the education and awareness component need to take this factor into consideration.

Deaths reported as having heat as the immediate or antecedent cause of death typically have these details:

- Body temperature of 40.6°C or higher at the time of death or immediately after death

- Substantial environmental or circumstantial evidence of heat as a contributor to death
- Absence of evidence of another cause of death if the decedent was found in a decomposed condition and was last seen alive during the heat wave

were based on weather conditions that preceded the deaths of three homeless people in 1995 in Toronto.

Heat wave planning shall be organized around a few central principles:

- Identification of a lead agency and participating organizations;
- Use of a consistent, standardized warning system activated and deactivated and the according education;
- Implementation of response activities targeting high-risk populations;
- Collection and evaluation of information;
- Ongoing revision of the plan.

For these reasons, an Extreme Temperature Protocol is needed to make official the practice of issuing a Heat Alert Response and a Cold Alert Response to inform local agencies, in a co-ordinated manner, of the forecast of an extreme weather temperature to ensure that vulnerable persons are informed and protected.

There is no clear medical evidence on what constitutes extreme and potentially harmful cold weather. Many factors, such as wind, snow, clothing, overall health and alcohol levels combine to create a potentially harmful situation. For some people injury or death as a result of hypothermia can occur at temperatures as high as 5 degrees Celsius. The - 15 degrees Celsius temperature is used in Cold Weather Alert Protocols in Toronto and Niagara Region, which

## Introduction

### Extreme Temperature Protocol

The objective of this protocol is to reduce the health risks associated with extreme hot or cold weather, especially for those at risk (e.g. seniors, those with underlying medical conditions, homeless persons) through a co-ordinated, community response.

The protocol also identifies:

- The measures activated at the call of the Medical Officer of Health (or delegate) to mobilize community strategies
- The actions required by each participating agency in the Extreme Temperature Network once the Protocol is activated.

The effectiveness of the Protocol is dependent upon co-ordination and co-operation of the participating agencies. The Protocol is a minimal response due to limited resources and other constraints including the capacity for weekend and after hour's services.

A public service announcement or caution will be issued in the spring and fall to remind the Network member agencies about health risks associated with extreme temperatures.

### Criteria for Initiating Alerts

1. A Heat Alert (**full alert** to the agencies, stakeholders and the media) is initiated in the following circumstances, when one or more of these criteria are met:
  - The forecast is showing a humidex advising of 40<sup>o</sup> Celsius or higher.
  - The humidex is forecast to rise to 36<sup>o</sup> Celsius or higher, combined with an Environment Canada Smog Alert.

- Environment Canada issues a humidex warning for outdoor activity for people in the Middlesex-London area.
  - High temperatures without a humidex reading equal 38<sup>o</sup> Celsius or above.
2. A Cold Alert (**full alert** to the agencies, stakeholders and the media) is initiated in the following circumstances, when one or more of these criteria are met:
    - Daily predicted low temperature of -15 degrees Celsius without wind chill; or
    - The wind chill reaches the level at which Environment Canada issues a warning for outdoor activity for people in the Middlesex-London area; or
    - Extreme weather conditions, such as a blizzard or ice storm.

## Process for Initiating an Alert

An Extreme Temperature Network comprised of agency representatives is established.

The Extreme Temperature Network meets at the beginning of the summer season to review the Hot Weather Response and address any relevant issues. The Network will meet again in the late fall to review the cold weather response protocols.

The Middlesex-London Health Unit monitors temperatures daily through the Environment Canada Weather Office website.

The Office of the Medical Officer of Health activates the Hot Weather Response when the “*Criteria for Initiating an Alert*” (see page 3) are met.

The Office of the Medical Officer of Health activates the Cold Weather Response when the “*Criteria for Initiating an Alert*” (see page 3) are met.

The Office of the Medical Officer of Health notifies the Extreme Temperature Network of the decision to activate either the Hot Weather Response or the Cold Weather Response via agency advisory fanouts.

The Office of the Medical Officer of Health issues a Heat Alert Media Advisory or a Cold Alert Media Advisory and provides relevant fact sheets by fax or e-mail to the regional media (print and broadcast) if an extended Alert is anticipated.

Any agency can recommend to the Medical Officer of Health (or delegate) that a Heat Alert or a Cold Alert be called if conditions vary from the specific criteria.

## Extreme Temperature Response Components

The proposed Heat Alert or Cold Alert Responses include the following components:

**Monitoring** – Temperature, air quality and wind chill information will be monitored by Middlesex-London Health Unit staff through the Environment Canada and Air Quality Ontario web sites. These sites post special weather statements, including information on heat, cold and smog episodes. The website addresses are:

<http://airqualityontario.com>

[http://weatheroffice.ec.gc.ca/canada/on\\_e.html](http://weatheroffice.ec.gc.ca/canada/on_e.html)

**Notification** – Middlesex-London Health Unit staff receives daily an advance 5-day weather forecast from Environment Canada (via e-mail) and a specific message (via e-mail) when there is either Smog, Wind Chill or Humidex Advisories issued for Southern Ontario.

**Consultation** – Middlesex-London Health Unit staff will consult with the local weather office to discuss Middlesex-London specific forecasts with a trained meteorologist, if necessary.

**Decision** – based on weather sources and conditions, the Medical Officer of Health (or delegate) will determine if the Middlesex-London Health Unit will issue a Heat Alert or a Cold Alert to the communities in Middlesex-London.

**Activation** – If a Heat Alert or a Cold Alert is declared by the Medical Officer of Health (or delegate), Health Unit staff will send notification to the Extreme Temperature Network. Each agency is then responsible for internal notification of its staff and for the notification of their external partnering services.

**Communications** - In addition, Heat Alert and Cold Alert information will be posted to the Middlesex-London Health Unit's website (both Intranet and Internet) at [www.healthunit.com](http://www.healthunit.com).

**Media Notification** – the Middlesex-London Health Unit will send notification of each Alert to all media outlets in Middlesex-London (both print and broadcast).

**Public Education** – Since most people have the capacity to protect themselves from the negative effects of hot weather or cold weather, messages to educate people are also required. For example, the public will be encouraged to “look in on” any particular vulnerable neighbours and will be given information on how to provide support for hot weather or cold weather illnesses. People without shelter for the winter and those without air conditioning in the summer will be encouraged to go to air-conditioned public facilities such as malls and libraries. In the winter, those persons without adequate shelter and heat will be encouraged to attend designated shelters.

Public education will occur in a variety of ways:

- Information can be obtained by calling the Middlesex-London Health Unit at (519) 663-5317 and visiting the website at [www.healthunit.com](http://www.healthunit.com).
- Agencies can include information in their newsletters and post on their bulletin boards and on their websites and be prepared to answer questions.
- Education via the media (articles will be submitted to the newspapers).
- Supplementary education may be delivered when a Heat Alert or Cold Alert is called and when the media interview staff.

**Agency Staff Education** – Vulnerable populations are, most often, already being served by an agency. Agency staff may require education on the prevention and treatment of heat induced illnesses or cold induced illnesses. This will be provided in the form of fact sheets and referrals to additional support centres.

**Termination** – Once the decision has been made that the extreme hot weather or extreme cold weather is no longer a health threat (once ambient temperatures are predicted), the Medical Officer of Health (or delegate) will terminate the Heat Alert or the Cold Alert by notifying the participating agencies and the media. Individual agencies will be responsible for notifying their staff and partnering services that the Alert has been terminated.

## Authority

The current authority for implementing the Extreme Temperature Protocol is provided through a Middlesex-London Health Unit directive from the Ministry of Health and Long Term Care in conjunction with the Extreme Temperature Plans within the County of Middlesex and the City of London's Emergency Plans.

## Agreements

Memorandums of Understanding have been/will be established between Middlesex-London Health Unit on behalf of the citizens of the City and County with agencies involved with the Extreme Temperature Network to provide specific services during a Heat Alert or a Cold Alert.

The proposed responsibilities of each service provider are described in the following Section, ***“Plan Implementation”***.

any of the Municipalities in Middlesex-London or the Mayor of the City of London, on the advice/directive of the Medical Officer of Health (or delegate), Middlesex-London Health Unit. The event may initially be forecasted as a Heat or Cold Alert, however, the intensity and magnitude may be such that other measures in addition to those identified in this protocol would become necessary.

In the event of a severe and protracted heat or cold event, the Middlesex County and/or the City of London's Emergency Operations Centre may need to be activated. When an emergency is declared, protocols for notification and termination identified in Middlesex County (Municipalities) and/or the City of London's Emergency Response Plan will be followed.

The established Emergency Operations Control Group(s) at the Middlesex County, at each of the Municipalities and at the City of London are comprised of a number of key executives (Community Control Group) of departments/divisions within their organizational structure. Executive staff of other agencies, boards and associations, both public and private (i.e. utilities, hospital associations, school boards), may be requested from time to time to be members of the Community Control Group for the proactive purpose of ensuring emergency preparedness. The responsibilities include:

- Formulating and developing plans and emergency response programs for all departments, agencies and local boards under the jurisdiction of County or City Councils;
- Coordinating procedures for implementing the Plan;
- Conducting training programs and exercises to ensure readiness of employees and other persons to act under the Plan;
- Maintaining the respective Emergency Plans current.

## Extreme Temperature Plan

An emergency resulting from any severe and protracted weather condition may be declared by the Warden of Middlesex County, the Mayor of

## Plan Implementation

### Strategic Considerations

Limited options currently exist for homeless people during a Heat Alert, especially on weekends when drop-in centres and libraries are closed or have reduced hours of operation. As well, community agencies have limited capacity for outreach to frail seniors and other vulnerable clients after regular business hours including distribution of printed information.

At this time, we can only estimate health impacts and our research continues into the relationship between extreme hot weather, extreme cold weather and health including the testing and refinement of a Middlesex-London specific heat and cold response threshold. Adjustments to the system will be made accordingly.

### Extreme Temperature Network

An Extreme Temperature Network will be responsible for implementing the Protocol. Chaired by the Medical Officer of Health (or delegate), it will be comprised of organizations able to address the assigned tasks. Network agencies will include but will not be limited to representation from:

- Canada Post
- Canadian Red Cross Society (The)
- Community Care Access Centre of London & Middlesex
- Community Health Centre
- Emergency Medical Services
- Hospitals – London Health Sciences Centre (University Campus & Victoria Campus):  
St. Joseph's Health Care London (Parkwood)
- Hydro One
- London Hydro
- London and Middlesex Housing Corporation
- London (City of) Animal Control/London Humane Society
- London (City of) and Middlesex (County of) Fire Services
- London (City of) – Ontario Works
- London Intercommunity Health Centre
- London Police Service, Ontario Provincial

- Police
- Strathroy-Caradoc Police Service
- London Transit Commission
- Middlesex County and City of London Public Libraries
- Middlesex-London Health Unit
- Parks and Recreation and Conservation Authorities
- St. John Ambulance
- Seniors Network
- Women's Community House
- Youth Action Centre.

The Committee reviews and revises the Protocol annually.

### Notification, Activation and Termination of the Plan

Middlesex-London Health Unit co-ordinates the activities identified in the Extreme Temperature Protocol. This includes notifying representatives of the participating agencies by telephone, email or facsimile that an Alert is being called. Sufficient time should be available upon notification for each participating agency to implement their own component of Extreme Temperature Protocol for hot or cold responses.

Current telephone numbers and contacts for each participating agency are necessary for notification purposes. A Notification List will be formally updated twice yearly by the Middlesex-London Health Unit. It will be the responsibility of all managers and directors within the agencies in the Network to maintain their own lists. As well, it will be the responsibility of each participating agency to notify the Middlesex-London Health Unit – Emergency Planning Office of any changes to contact names and telephone and fax numbers.

Once the decision has been made that the hot weather or cold weather is no longer a threat, the Medical Officer of Health (or delegate) will communicate that the Alert is terminated. The Notification List (see **Appendix A**) will be used to contact participating agencies by phone, email or facsimile of the termination as noted.

## **Communications**

Communication is the single most critical component of an effective emergency response. Emergency management experiences have revealed that in most cases communication or lack of communication is the area of greatest weakness in any response.

Timely and effective communication of information between participating agencies is critical in a Heat Alert or in a Cold Alert.

Communication staff with the Middlesex-London Health Unit will provide media releases during a Heat Alert or a Cold Alert and will e-mail the relevant material to the Corporate Communications Offices at both the Middlesex County and the City of London. Educational materials will also be provided for distribution to participating partnering agencies.

Since the media typically will seek individual agencies for information, it is important that consistent messages are provided. Appropriate staff with the Middlesex-London Health Unit, Police and Fire Services, The Canadian Red Cross Society, the Thames Valley Emergency Medical Services and the hospitals in the region, will be notified to be on stand-by for potential media contact when a Heat Alert or Cold Alert is called.

## Other Key Aspects

### Worker Protection

Staff safety during extreme temperatures is a priority of every level of management at all agencies. It is possible that city employees and partnering agency employees and volunteers may be affected by heat stress or the severe cold, hence a situation that may preclude an employee's and/or volunteer's continued presence at work should be discussed with their immediate supervisor. The requirements of the Occupational Health and Safety Act must be adhered to during a Heat Alert or a Cold Alert.

Corporate Communications, Occupational Health and Safety Committees, the Workplace Safety and Insurance Board, and the Ontario Ministry of Labour may provide employees with appropriate measures to be followed during these event days.

### Cooling Centres

During a Heat Alert, the Middlesex-London Health Unit will open Cooling Centres with the supportive efforts of Community Services staff.

These Centres are provided as a place for people to rest and allow the body to cool down. Water may also be provided.

## Agency Roles and Responsibilities

While adhering to all of the legislation in the Privacy Act:

**Canada Post** staff will consider:

- Encouraging staff to increase their awareness of and report on persons or animals who may be vulnerable to extreme temperatures.

**Canadian Red Cross Society** staff will consider:

- Providing shelter management in times of declared disaster.
- Including training on recognition of heat and cold related illness, first aid and personal disaster assistance training for staff and volunteers of community agencies who serve vulnerable clients.
- Coordinating the delivery of bottled water where vulnerable people are likely to gather, if required.
- Distributing blankets as required
- Making home deliveries as requested.

**Community Care Access Centre of London & Middlesex** staff will consider:

- Identifying vulnerable clients and developing contingency plans for them on Heat and Cold Alert days.

- Sharing information and Heat and Cold Alert notices with their respective contracted service provider organizations.

**Community Health Centre** staff will consider:

- Providing extreme temperature information to vulnerable clients.

**Emergency Medical Services** staff will consider:

- Vehicles are equipped with emergency medical and other equipment to provide in-home medical care to persons at risk of developing heat or cold related illness. The Paramedics will also provide education and instruction during the visit, which may assist at-risk persons in reducing the temperature-related risks in their home environment.

**Hospitals – London Health Sciences Centre (University Campus & Victoria Campus) & St. Joseph’s Health Care London (Parkwood)** staff will consider:

- Alerting all emergency room staff about the Heat or Cold Alert in an effort to increase awareness of patient vulnerability to extreme temperatures.

**London Hydro and Hydro One** staff will consider:

- Encouraging their workers to increase their awareness and report on persons who may be vulnerable to extreme temperatures.
- Based on recommendations from the provincial government, disconnections do not typically occur between October and

April, however installation of load restrictions may occur.

**London and Middlesex Housing Corporation** staff will consider:

- Circulating education materials and communicate with tenants to ensure that they are well informed about precautions to take for extreme temperatures, including access to air-conditioned common rooms where they exist and cooling centres.
- Encouraging the “check on your neighbour” campaigns developed by Middlesex-London Health Unit.

**London (City of) Animal Control/London Humane Society** staff will consider:

- Attending to sick or injured stray dogs or cats if confined or immobile and critically sick, injured or distressed wildlife if confined or immobile and attended by someone.
- Contacting shelters and rescue groups.

**London (City of), Middlesex (County of) Fire Services** staff will consider:

- Increasing their awareness of and report on persons who may be vulnerable to extreme temperatures.
- Increase vigilance of how these extreme temperatures affect the firefighters’ performing duties.

**Community Services** staff will consider:

- Requesting that hostels make adjustments to permit clients to occupy air-conditioned space and space cooled by other mechanical means in common areas.
- Ensuring ongoing coordination of street outreach services to people who are homeless.
- Opening Emergency cooling centres at various locations, during an Excessive Heat Alert.
- Encouraging people to go to city pools, wading pools or spray pads to cool off, or stay in the shade in parks during Heat Alert.

**London Intercommunity Health Centre** staff will consider:

- Providing extreme temperature information to vulnerable clients.

**London Police Service, Ontario Provincial Police, /Strathroy-Caradoc Police** staff will consider:

- Paying special attention to areas where vulnerable citizens at risk of extreme temperature illness are found and encourage them to go to a safe, suitable place when notified of a Heat or Cold Alert
- Informing their staff that people are being advised to go to city pools or stay in the shade in parks to cool off during a Heat Alert and that the public is encouraged to be as equally vigilant in severe cold weather.

**London Transit Commission** staff will consider:

- Increasing their awareness of and report on persons who may be vulnerable to extreme temperatures.

**Middlesex County, City of London Public Libraries** staff will consider:

- Continuing to liaise with the Middlesex-London Health Unit to operate cooling centres as needed.

**Middlesex-London Health Unit:**

The Medical Officer of Health (or delegate) will:

- Call the Heat or Cold Alert.
- Request the activation of the Emergency Operations Centre(s) in the event of an emergency resulting from a severe and protracted heat event.
- Establish contracts with agencies participating in the Extreme Temperature Network to provide specific services.
- Act as Chair of the Extreme Temperature Network and bi-annually review the Hot Weather Response and make necessary refinements.
- Activate the Middlesex –London Health Unit’s own Emergency Operations Centre to help coordinate the County and City’s Hot Weather Response during a prolonged heat emergency.
- Contact known schools and day care facilities who may be at high risk of severe health impacts due to hot weather.
- Monitor humidex, smog and wind chill.

- Print and distribute education materials on the health effects of extreme temperatures.
- Provide educational materials on health impacts due to temperature variations
- Operate an information line to answer questions regarding temperature related issues and refer concerned citizens’ calls, as appropriate.
- Forward media releases to news media (print and broadcast).
- Make necessary logistical arrangements for news conferences, as required.
- Provide Corporate Communications at both the County and City with an electronic copy of all press releases and information factsheets issued.

**St. John Ambulance** staff will consider:

- Increasing awareness of and report on persons who may be vulnerable to extreme temperatures.
- Increase the volunteers’ knowledge of the effects of extreme temperatures and incorporate this information into all relevant training packages.
- Continue to provide support to the London Fire Service and community when called on.

**Seniors Network** staff will consider:

- Providing extreme temperature information to vulnerable clients.

**Women's Community House** staff will consider:

- Providing extreme temperature information to vulnerable clients.

**Youth Action Centre** staff will consider:

- Providing extreme temperature information to vulnerable clients.

**Daycare Centres, School Boards, Private Schools** staff will consider:

- Ensuring that the appropriate persons are notified about the Heat Alert or Cold Alert, allowing decisions to be made regarding the health and safety of the staff and students.

**Offices of Members of Parliament** will:

- Receive declarations of a Heat Alert or Cold Alert and will distribute where it may be deemed appropriate.

## Review, Update and Approval of the Plan

It is the responsibility of the Extreme Temperature Network to ensure that the Plan is reviewed and updated on bi-annual basis. The review and update will consist of:

- Reviewing the Plan.
- Keep all contact information and details current.
- Making necessary refinements to the Protocol based on available resources.
- Evaluating responses and developing recommendations for improvement in subsequent years.
- Once the revisions are made by Middlesex-London Health Unit, the member organizations will be forwarded an electronic copy of the Protocol for that calendar. It is the responsibility of the cooperating organizations to ensure that their employees and volunteer members are familiar with their organizations' role and appropriate orientation and awareness has been provided.

## Key Terms

- Air Quality Index –** The Ministry of the Environment – Ontario uses this measure as an indicator of air quality, based on hourly pollutants and measurements of some or all of the six common air pollutants: sulphur dioxide, ozone, nitrogen dioxide, total reduced sulphur compounds, carbon monoxide and fine particulate matter.
- A 50% chance of an increase in these pollutants means that:
- A smog watch is given based on a 3 day forecast; or
  - A smog advisory is given based on a 24 hour forecast; or
  - A smog alert is issued when the experience is current.
- Humidex –** A calculation combining air temperature and relative humidity, given in degrees Celsius. It represents the heating effect felt due to the lack of body moisture evaporation, and gives the average person a “feeling” for how hot and stuffy the air is. Humidex is reported only during the summer months and is used in Canada only.
- Heat Advisory -** A Heat Advisory is automatically in effect when Environment Canada forecasts 36°C or more for at least two consecutive days.
- Heat Alert –** will be issued to the media and directly to shelters and other service providers when the humidex forecast is to be 40°C (or more for at least two consecutive days).
- Routine Monitoring –** weather conditions are not forecast to be extreme.
- Wind Chill Factor -** Wind chill is the cooling our body feels when the impact of temperature and wind are combined

**Note:**

Temperature Conversion:

Celsius to Fahrenheit:  $F = C \times 1.8 + 32$

Fahrenheit to Celsius:  $C = (F - 32) / 1.8$