

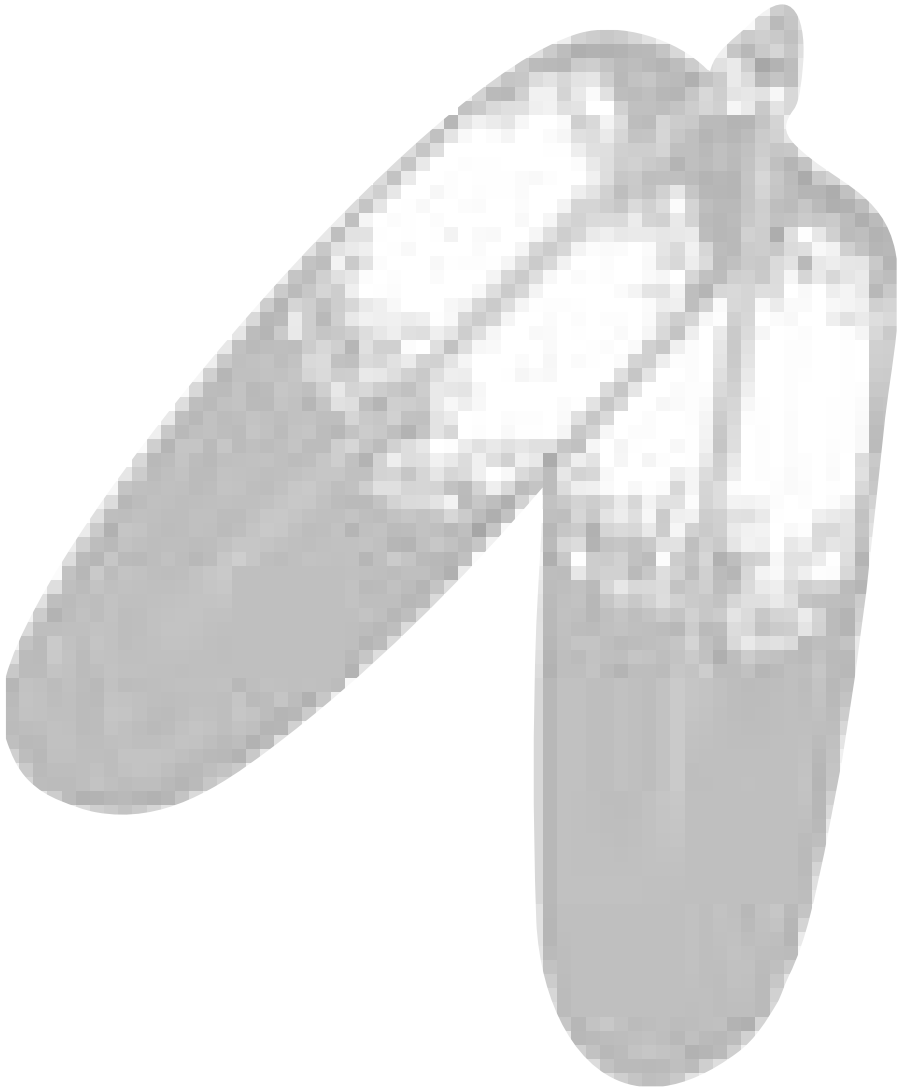


**NATIONAL ABORIGINAL CIRCLE  
AGAINST FAMILY VIOLENCE (NACAFV)**

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**POLICIES AND PROCEDURES  
GUIDELINES FOR SHELTERS**

[WWW.NACAFV.CA](http://WWW.NACAFV.CA)



# ACKNOWLEDGEMENTS

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- ☀ EAGLES NEST STONEY FAMILY CRISIS SHELTER  
Morely, Alberta
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Sault Ste. Marie, Ontario
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Southworld, Ontario
- ☀ WE'KOQMA'Q FAMILY HEALING CENTRE  
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The opinions expressed in this document do not necessarily represent the official policy of Status of Women Canada and the Department of Indian and Northern Affairs Canada.

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# REFERENCE GUIDE

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This reference guide was developed by the **National Aboriginal Circle Against Family Violence** to provide guidelines for developing a policies and procedures manual. The standards contained in this guide come from many different sources and are there to provide a better understanding of a concept. At no point should any of these standards be imposed on a shelter, they are solely suggestions.

This **NACAFV** reference guide has been developed to assist in the development of a policies and procedures manual to facilitate the development, design, planning and delivery of the shelter's services to women and their families.

All representatives involved in the preparation of this guide understand that **NACAFV** and the shelters promote the health, safety, security and well-being of all First Nations families.

The readers of this guide are asked to keep in mind its intent as they proceed through its contents. Readers are also asked to keep in mind that the examples provided in this guide are just that – examples only.

These examples are not intended to be a complete listing of what is needed in the policies and procedures manual for the individual shelters, but rather suggestions of statements that could be included.

It is hoped that the shelter authorities find this resource tool useful and informative when developing their respective shelter's policies and procedures manual. It is strongly recommended that any regulations surrounding the standards to be maintained within the shelter be researched and addressed when developing the manual.

***NACAFV** recommends that centers developing policy and procedures manuals consult national and provincial labor codes and highly recommends that a labour lawyer be consulted.*

# INTRODUCTION

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## Shelter Policy Formulation and Review

The National Aboriginal Circle Against Family Violence is developing guidelines to assist shelters that provide and deliver services for women and children who are in crisis situations. Policies and procedures are useful in ensuring that shelters are moving in the same direction in conducting the similar type of work and activities that shelters do to assist women. Policies and procedures clarify and address the functions of the shelter in relation to the clients that are served, the employees and staff that of the operations and other volunteers and agencies that work to ensure health and a safe environment for all members of the community.

It is important that the policies and procedures be developed in accordance with any legal regulations that may be applicable. The policies and procedures that are examined in this guide are specific to the **operations, human resources development** and financial aspects of the organization.

Policy and procedure development is an on-going function in the shelter because new ways of doing things are learned, new situations arise and new solutions are found in the course of operations.

It is important to establish a mechanism to review policies and procedures annually and to accept and implement changes identified by the shelter.

### What is a policy?

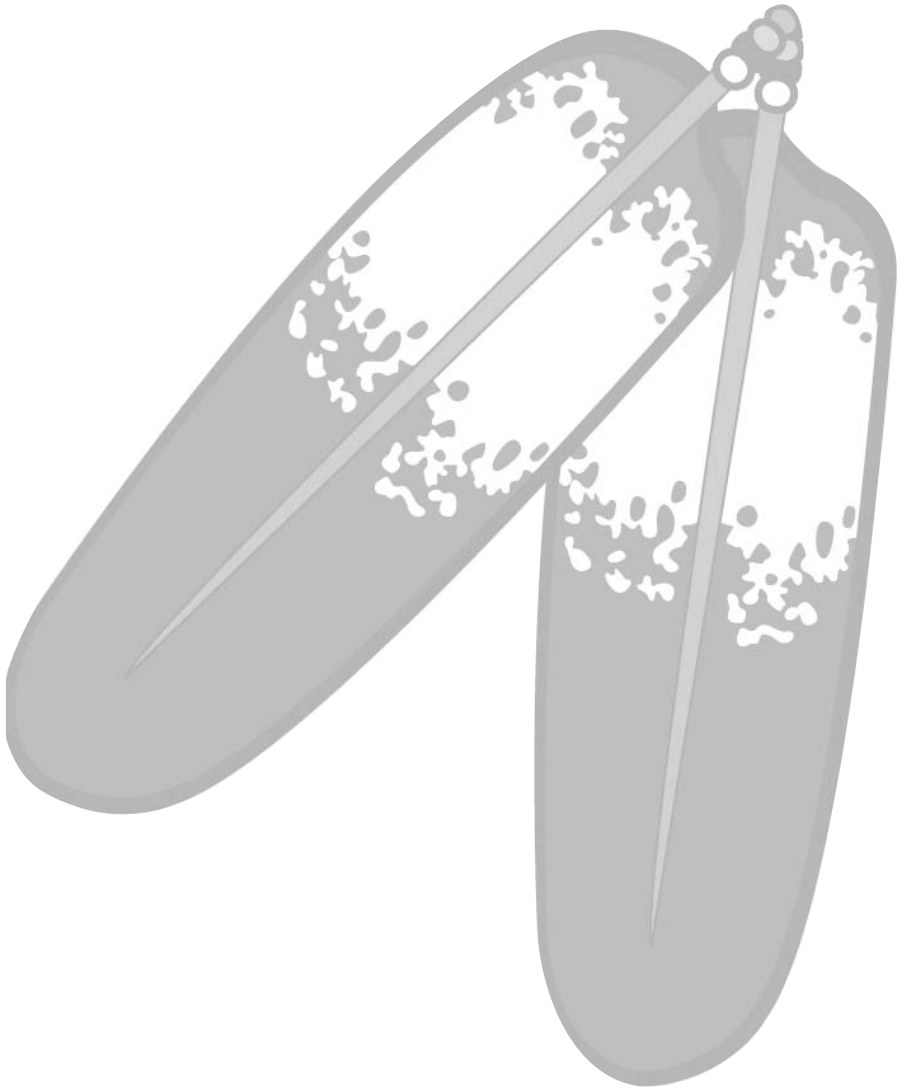
A policy is a statement (usually written) that provides descriptions to guide activity in the organization and may include a purpose, outline a series of steps or tell someone how a process should be handled to ensure that there is a common understanding of the expectations and rules that help an organization to function efficiently, to achieve a specific result.

### What is a procedure?

A procedure is a series of steps that describe how to do a certain activity in an organization

### What is a protocol?

A protocol is an agreement among parties or agencies that describes the steps to be undertaken when certain types of situations occur.



# PART I – OPERATIONS POLICY

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## 1. DEVELOPING A PROGRAM DESCRIPTION

Developing a program description is important in order to have a clear idea of the purpose of the shelter and an understanding of the direction it is headed.

There are three key components that need to be taken into account when developing a program description: mission statement, goals, statement of values.

### **Component 1 : Mission Statement**

A mission statement describes what the shelter hopes to achieve and helps to set a direction for how a shelter will operate. At its most basic, a mission statement describes the overall purpose of a shelter, and communicates the essence of the organization to stakeholders and the public. A mission statement is more general than specific and helps in setting the direction in which a shelter is heading.

A mission statement typically includes a **Purpose** and a **Business Statement** and **reflects the founding values**.

An example of a mission statement taken from the Gignoo Transition House Inc.'s Policies and Procedures Manual, located in Fredericton, NB is provided below.

**Gignoo Transition House Inc. is a home for abused Aboriginal women and their children.**

- \* To provide safety and shelter to women and their children.
- \* To offer support and alternatives to these women and children.
- \* To educate women on abuse and the forms of control which are included in abuse.
- \* To used traditional ways in finding solutions to the problems women face.
- \* To offer a caring attitude towards self, family and community.



## Component 2 : Goals of the Shelter

It is important to establish goals for the shelter and to have these goals stated so that all who are involved with the shelters understand what they are trying to achieve in doing their work and activities. One of the principles that many organizations use to develop goals is to state what the shelter is trying to achieve based on the **SMART** principle.

### GOALS AND OBJECTIVES SHOULD BE SMART

**SMART**: is an acronym, that is, a word composed by joining letters from different words in a phrase or set of words. In this case, a **SMART** goal stands for:

**SPECIFIC**: The statement of what a shelter is trying to achieve should be broad yet specify clearly the outcome that is trying to be achieved.

For example, it's difficult to know what someone should be doing if they are to pursue the goal to "help". It's easier to recognize "provide services to women and their children".

**MEASURABLE**: There should be a way to measure the goals that are being stated by the shelter.

**ACHIEVABLE**: In setting the goals for the shelter it is important to ask if it can be achieved.

**REALISTIC**: Are the expectations around the goal "realistic"?

**TIME FRAME**: When will the goal be reached?

## Component 3 : Values

Values are the beliefs which an organization holds in common and endeavors to put into practice. Shelters may want to name the values that guide their work.

- \* As an example, many shelters refer to the traditional teachings of generosity, humility, love, wisdom, courage and respect...and ??
- \* Or another could be: self-reliance is part of women's healthy path.

## **2. LOCATION OF SHELTER**

General guidelines outlining appropriate locations for a shelter should be established. This should include, but is not limited to two components.

### **Component 1 : General Provisions**

It is important to establish guidelines regarding the maximum distance allowable between a shelter and certain resources that may be needed by residents staying at the shelter.

### **Component 2 : Target Area**

Establishing a target area is done in order to give a detailed description of the geographical region covered by any one shelter and the border of the geographical region. A policy merely has to state what boundaries are within their service area.

## **3. OPERATIONS AND CLIENT PROCEDURES**

Common practice is to organize operations and procedures in one section, and often this is based on the flow of activity that occurs in the shelter. A good way to think about it is to consider all the activity that can happen on the day that a woman in crisis arrives at the shelter. This policy section is established in order to describe how the organization will operate in doing its day-to-day activities. Policies around the operation contain several statements to describe specific procedures and actions relating to the day-to-day activities of the shelter. There are 16 components presented here, but each shelter may have others to add.

### **Component 1 : Hours of Operation**

Shelters are considered to be continuous operations; open and available to women 24 hours a day. A statement outlining the expectations and responsibilities of continuous operation of operation for the shelter is suggested.

## Component 2: Admissions and Discharges

Guidelines should be established concerning the admission and discharge of a client. Descriptions of processes and of the qualifications for admission should include, but are not limited to, the following:

- A **Client Admission Procedures:** outline the process as well as who should perform it, when it should be performed and a description of any necessary paperwork.
- B **Medical Requirement Procedures:** highlight policies regarding handling prescription medications in the shelter, emergencies, pregnancy, communicable diseases, hospital visits, clients who may be alcoholic, epileptic or diabetic, documentation of medical procedures.
- C **Intake and Orientation:** describe the activities and information related to the arrival of a client.
- D **Length of Stay for Client:** defines the maximum length of stay permitted to one client and the circumstances surrounding that stay. Also, it is suggested that the procedure for handling a serious breach of the shelter's rules be outlined as well.
- E **Weekend/Overnight Policy:** define any activities and procedures that apply.
- F **Multiple Intakes During Shift:** Specify how to handle an occurrence where more than one woman has been admitted to the shelter.
- G **Discharge Procedures:** Outline the procedures and documentation necessary when a client is being discharged.
- H **Departure Planning:** Establishes a list of descriptions of the responsibilities regarding the departure of a client from a shelter.  
Responsibilities of:
  - 1) the shelter
  - 2) the employees
  - 3) the clients.
- I **Women from out of the region:** May have other different needs or procedures to follow.
- J **Waiting List:** On occasion, a shelter may be full; it is therefore suggested that a section in the policy:
  - a) describe which cases take priority;
  - b) provide procedures surrounding the necessity to deny a client admission for various reasons:
  - c) provide other options available.
- K **Refusals:** It is suggested that a list of valid reasons for refusing a client be established. It should be accompanied by an outline of the procedures involved when refusing a client.

- L **Emergency Accommodations:** Identify other potential emergency accommodations that may be suggested for a woman, and the procedure, if any, that the shelter will use in assisting women to obtain accommodation.
- M **Pets:** Each shelter must establish rules for allowing pets in the shelter. The decision must be consistently applied. If a shelter implements a no-pets policy, it should develop a list of suggestions that will be useful to women who may have to deal with pets.
- N **No Smoking Policy:** it is suggested that a no smoking policy be established for all staff, volunteers, and clients, and it should be posted at the shelter.



## **The Nimkii-Naabkawagan Family Crisis Shelter provided the following example:**

Summary description of the process and qualifications

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### **Admission**

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Any women in crisis, sixteen years of age and over, with or without children, are admitted to the shelter. Victims of family violence are given first priority for admission. All women admitted to the shelter must complete the necessary documents and be made familiar with the shelter's rules. Staff will complete and document all events relating to a woman's stay at the shelter and make her and her family as comfortable as possible. A woman may stay at the shelter as long as needed, unless she seriously breaches the shelter's rules. Staff will liaise with the high school and the resident in the case of high school student clients.

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### **Transportation**

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Transportation is provided for victims of family violence to access services of the shelter or other services in the community related to family violence. Police assistance will be requested if needed.

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### **Shelter Security**

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The shelter's security policy ensures all doors are kept locked and exit doors and telephones are answered by staff only. Clients are asked to state where they are going and when they will return, for safety reasons, when leaving the shelter. Clients are allowed to stay away overnight or the weekend for up to forty-eight hours, but take the chance of losing their beds if an emergency arises in their absence. Also, for security reasons, children are asked to play in the fenced-in area of the compound. If a mother allows her children to play in the community she will be held responsible for any possible damages.

An intercom at the front door and eight cameras surrounding the shelter are used to screen potentially dangerous visitors.

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### **Staff Preparedness**

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All staff must be aware of all issues of past or current family violence situations.

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### **Addictions**

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Active addictions, particularly those substances that seriously impair the counseling process will be referred to services dealing with addictions before engaging the services at the Family Crisis Shelter. Women with psychiatric and other mental conditions will be referred to the appropriate, accessible services in the community.

## **Component 3: Controls During Stay at the Shelter**

This section of the policy deals with helping women in crisis to begin taking charge of their path of healing and self reliance by focusing on their needs. The shelters may want to provide an introductory section that describes what this means for the women and staff at the shelter. For example, a statement that “*woman will make arrangements for their own needs when they can*” by setting their own appointments, looking up information, etc. may be an appropriate way to start this section.

There are 15 sub-components that need to be addressed within the controls of the shelter. However, the controls are not limited to the components listed below.

### **Component 3.1 : Alcohol and Illegal Drugs**

It is important to establish the policies surrounding the use of alcohol and illegal drugs, making it very clear that the shelter will not tolerate any use or possession in its facility. The consequences of not adhering to the policy should be stated and the procedure to for dealing with incidents of alcohol or drug use in the shelter should also be established.

#### **An example from the Gignoo Transition House Inc. located in Fredericton, NB**

##### **Policy:**

1. Alcohol and non-prescription drugs are not to be used in the House.
2. Prescription drugs are to be given to the Crisis Counselor upon admission and locked in the cabinet in the main office.
3. Residents will be allowed access to their prescription drugs upon request.

### **Component 3.2 : Residential In and Out Procedure**

A description of the procedure for entering/leaving the residence should be established, as well as an outline of the paperwork involved, if any. This is done in order to ensure the safety of all residents and workers by knowing who is in the residence at all times. An example would be a sign in and out sheet.

### **Component 3.3 : Storage of Valuables and Money**

It is suggested that a policy for storing anything valuable, be established along with a statement outlining the owner’s responsibility for their own possessions.



### **Component 3.4: Accompaniment to Retrieve Belongings**

There may be cases during a client stay at the shelter when they may require to be accompanied to retrieve certain belongings from their former residence. A procedure surrounding these situations should be established outlining what should be done including any paperwork that may be necessary.

### **Component 3.5: Client Needs Allowance Disbursements**

Due to the situation, for which many clients may come to the shelter, there are likely to be cases of clients without any money. It is good practice to have a procedure established to assist these clients.

### **Component 3.6: Hygiene and Care**

It is necessary to establish procedures for hygiene outlining standards for the shelter as well as use of the facilities. When establishing this procedure, it is important that staff be reminded of the needs of women, and their children, and that their dignity has often been wounded, and self-esteem is low at this point. The policy should explain the purpose of the particular policy and shelters may want to highlight the fact that good hygiene can serve to provide a healing element that can be therapeutic. Additionally, the need to approach these delicate topics with respect could be restated.

Two areas are listed in this guide but each shelter may want to add on its own policies and procedures.

**A) Bathing:** State the policy, along with the procedure within the shelter and any regulations relevant to the bathing procedures

**Example from Nimkii-Naabkawagan Family Crisis Shelter's Operations Manual:**

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### **Purpose**

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- \* To clean skin
- \* To stimulate circulation
- \* To condition skin
- \* To relax the resident and relieve fatigue

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### **Procedure**

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1. Each resident is to bathe or shower every day. Past puberty females should have a bath or a thorough cleansing shower with particular attention to the perireal area, twice a week and before a doctor's examination. Adolescent males should have a tub bath or a thorough cleaning shower at least once a week to remove oils from their backs and buttocks in order to reduce acne in these areas.
2. Staff and clients will determine, according to the residents' condition, the type (bath or shower) and the degree of supervision and instruction required for good hygiene and safety. This should be documented in the plan of care to ensure a consistent approach.
3. Instruct the resident to thoroughly clean and rinse the groin, buttocks, underarms, feet and scalp areas.
4. A resident's self image will usually improve with increasing independence in person hygiene. This is to be encouraged.
5. In preparing a resident for discharge, discuss the types of hygiene facilities available at home. Assist in planning how to maintain their personal hygiene.

**NOTE:** No electrical appliances (e.g. radio, razor, hair dryer, curling iron) are to be taken to the bathroom while the resident is bathing or taking a shower.

6. After each use, the bath tub/shower is to be cleaned with cleanser and rinsed.
7. When a resident has a skin infection, this resident should bathe/shower last. The unit should then be cleansed and disinfected.

**B) Lice:** State the procedure for handling lice within the shelter, along with how to inform staff, volunteers and clients. Also an outline of the documentation required (if any) should be established.



### **Component 3.7: Living at the Shelter**

It is important to establish policies surrounding the living conditions within the shelter. These policies should include, but are not limited to, the following:

- A** Residents' responsibilities to the residence
- B** Chores such as cooking, cleaning, etc
- C** Laundry
- D** Resident rooms

### **Component 3.8: Borrowing / Lending Protocol**

A guideline regarding the borrowing and/or lending of money between the staff, clients, students and/or volunteers should be established by the shelter. Also, a policy on handling situations involving borrowing and/or lending of money should accompany the guideline.

### **Component 3.9: Selling Items / Products in the Shelter**

State the policy regarding the selling of items/products and, if it is permitted, it is suggested that the procedures that clients must follow in order to do so should be outlined.

### **Component 3.10: Parking**

There may be situations where clients or their visitors bring their vehicles, thus it may be useful to set policies regarding the parking lot, etc.

### **Component 3.11: Curfew**

It is common practice that a statement of a curfew policy be established, as well as the procedures surrounding curfew, and the consequences of failing to respect the curfew. This is done in order to better ensure the safety of all residents and staff at the shelter.

### **Component 3.12 : Referral Calls**

A policy surrounding referral calls should be in place. Ensure that this policy is known by all clients within the shelter.

### **Component 3.13: Policy on High School Students**

There may be situations where high school students are at the shelter. Policies surrounding these situations should be created to ensure that staff members are prepared to deal with them.

### **Component 3.14: Crisis Line**

The crisis line is another component that should have established policies and procedures surrounding it.

### **Component 3.15: Counseling and Crisis Workers**

It is necessary to have a detailed description of regulations and standards surrounding counseling and crisis workers in regards to the following:

- A Role of counselors and crisis workers:** Within these roles, it is important to define tasks to be performed by counselors, the procedures to be followed when completing tasks, as well as the authority given to the counselors.
- B Key area of responsibility of the crisis counselor.**
- C Qualifications:** Include a description of all the minimum requirements decided upon in order to serve as a counselor in each individual shelter.
- D Hours of work:** When defining hours of work, it is important to establish policies regarding the number of hours of work per week, and policies relative to time off and consecutive shifts.

**Provided below is an example taken from the Policies and Procedures manual of the Gignoo Transition House Inc. :**

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**General description :**

Under the direction of the Executive Director, the Child Guidance Coordinator is responsible for working with children who come from abusive situations. This involves preparing programs and coordinating the necessary arrangements.

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**Role :**

The Child Guidance Coordinator is to act as:

1. A planner to select and organize activities for the resident children ;
2. A communicator in terms of integrating and directing volunteers to help with children's programs and to relate information to the mothers and counselors ;
3. A counselor in terms of identifying problems children may experience, and working with the children in crisis on a one-to-one basis ; and
4. A leader in carrying out the established activities for the House children.

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**Qualifications :**

1. High school graduation ;
2. Post secondary education in a related area, or an equivalent combination of training and experience ; and
3. Experience working with children

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**Power of Decision :**

The Child Guidance Coordinator, in consultation with the Executive Director, has authority to implement and be responsible for the daily management of the children's activities and programs.

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**Key Responsibility Areas :**

Planning and Organization

As a planner and an organizer, the Child Guidance Counselor:

1. Selects and organizes programs and activities for the House children, including activities both inside and out ;
2. Maintains an awareness of appropriate activities in the community for children, and arranges access to them.

## **Administration**

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The Child Guidance Counselor:

1. Establishes playroom rules and ensures they are followed ;
2. Maintains a clean playroom and ensures proper care of the playroom equipment ;
3. Answers the telephone if staff person is busy elsewhere in the House ;
4. Answers the door if staff person is busy ;
5. Answers residents' telephone if residents are not available ;
6. Discuss with CI every morning to maintain awareness of what is happening in the House with both mothers and children ; and
7. Performs other duties as assigned by the Executive Director.

## **Communication**

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The Child Guidance Counselor:

1. Teaches children life skills, such as cooking, caring for toys and clothes, the need for exercise, and good nutrition ;
2. Looks for indicators of problems and assesses problems ;
3. Organizes and conducts weekly children's meetings ;
4. Models appropriate parenting skills, including methods of discipline ;
5. Shares information about the children with their mothers, the Executive Director and other staff members ; and
6. Keeps weekly log to provide relevant information about residents' children to the CI (crisis interveners).

## 4. TRANSPORTATION OF CLIENTS

There are four main components that should be addressed by stating the procedures within the policies of client transportation. These policies and procedures should include, but are not limited to, the following:

### **Component 1: Local Transportation**

1. Procedures should be established for what to do in situations if a staff member receives a crisis call requesting admission to the shelter, and the woman has no available transportation.
2. Shelters should establish a protocol to indicate approved conditions when providing the client with transportation to the shelter as well as the appropriate forms to be completed.
3. It is suggested that the shelter establish protocols surrounding the general transportation of clients for purposes other than the above mentioned such as purchasing clothing, etc.

There will also be a specific activity that a client may have to follow up. Some common ones include policies that deal with these components listed below.

### **Component 2: Battered Women with Police Accompaniment**

When a battered woman or any woman wishes to return home for her belongings and she fears she will not be allowed in or will encounter difficulties, she can request a police escort. Therefore, protocol surrounding this should be established. Some of the procedures are:

1. Who should be contacted (Police, other intervention specialist).
2. Work with the client and police or other intervention person to determine a time that is safe (e.g. while the husband is at work and out of the home).
3. Establish limitations of the staff in this activity.
4. Establish what staff can and cannot do if accompanying the client.
5. Identify how the staff and client will be transported to the home.

### **Component 3: Medical**

When a client and/or children require transportation for medical appointments, it is suggested that the shelter have established procedures for transportation to and from these appointments.

1. Who should be contacted.
2. Detailed explanation of the assistance that will be given by the crisis worker (this can range from helping them to find a phone number, or to identify resources to contact.
3. Procedures for going to a medical appointment (if medical taxi will be used), or other forms of assistance.
4. Follow-up requirements.

### **Component 4: Legal**

Clients may need to get to legal appointments or court dates; therefore it is recommended that the shelter establish procedures surrounding this transportation.

### **Component 5: Housing**

Established protocol surrounding transportation for housing purposes, such as viewing an apartment, is suggested.

## 5. CONFIDENTIALITY

Due to the nature of shelters, confidentiality is an issue that has a big impact on operations. Policies should be established for handling different types of information (handling employee information is dealt with in Section 2 - Human Resources). It is suggested that a protocol surrounding confidentiality be established in order to protect staff and clients. This should include, but is not limited to, the following components:

### **Component 5.1: Consent to Disclosure**

It is suggested that the shelter establish protocol on the privacy and access of client records. Privacy laws applying to shelters may require more research. A policy should be established to develop consent procedures and forms for sharing information. Some of the considerations include:

1. Procedures to explain to client the need for consent.
2. Procedure and forms to be signed by the client to release information.
3. Shelter's commitment to respect privacy rights by limiting the collection, use and disclosure of personal information.
4. Ownership of information.
5. Access to information (staff and others).
6. Maintaining, storing and disposal of client consent.

### **Component 5.2: Client Record Sharing**

On occasion, it may be necessary to release information to a third party. It is suggested that, for these situations, a standard protocol should be established for all parties involved. The protocol should state how confidential information will be shared.

- A Client records and information to be shared (specify limitations if any).
- B Transmission of personal information.
- C Procedure for staff to deal with information sharing requests.
- D Statement on privacy regarding the intended use of the information; the categories of persons who will have access to the information; whether the request is mandatory or optional; the consequences of refusal to reply; the rights of access and correction provided by law.

## 6. SAFETY AND SECURITY OF ALL

Due to the nature of the shelters, it is strongly suggested that procedures and protocol surrounding the safety and security of all staff, clients and other personnel be established. This should include, but is not limited to, the following 12 components:

### **Component 6.1: Stating the Objective of a Security Policy**

A statement of the safety and security objectives of the shelter should be made and posted in order to inform all staff and clients of expectations. This statement should include policies and procedures surrounding the items listed below:

- A** Precautions for the Safety of Clients: This should also include: smoking, child abuse; verbal or physical discipline, areas restricted to children, children's play area protocol, staff in resident's rooms, room maintenance, food preparation.
- B** Aggressive clients or non-residents: It is recommended that the shelter establish a protocol to be followed by staff and clients surrounding a situation involving an aggressive person.
- C** Oversight that should be provided by the Executive Director: It is recommended that the procedures and protocols that should be overseen by the executive director be established.

### **Component 6.2: Disclosure of Location**

A statement discussing the privileges of disclosing the location of the shelter should be established.

### **Component 6.3: Men at the Shelter**

It is recommended that regulations involving men at the shelter, be it staff or other, be established.

### **Component 6.4: Female Visitors at the Shelter**

Regulations surrounding the visitation of a female at the shelter should be established.



## **Component 6.5: Parental Visitation for Children**

Often, there will be children staying at the shelter ; therefore it is common practice to establish procedures for parental visitation. This is important to ensure the safety of clients and staff alike.

## **Component 6.6: Abusive Partners at the Front Door**

To ensure the safety of all the persons in the shelter, it is necessary to have an established protocol surrounding a person at the front door who would be considered dangerous.

## **Component 6.7: Missing Persons**

It is also common practice to establish protocol on the situation of a missing person.

## **Component 6.8: Business or Professional Visits**

While a client is staying at the shelter, it is likely that there will be instances of visitors. If these are business or professional visits, and the shelter is allowing such visits, then it is good practice to have established procedures and policies surrounding these visits.

## **Component 6.9: Building Safety Issues**

It is important to have established a policy pertaining to the safety of the building. It is also important to establish mechanism to facilitate the review and amendment of these policies.

## **Component 6.10: Key Control**

Regulations regarding keys to the shelter should be established and should include both of the following:

- 1.** Resident Keys
- 2.** Staff Keys
- 3.** Vehicle keys

## **Component 6.11: Safety and Security**

A common protocol should be established when dealing with the safety and security of persons at the shelter, be it staff or clients. This should include, but is not limited to, the following:

- A** Weapons
- B** Threats by telephone
- C** Threats at the door
- D** Emergency backup protocol
- E** First aid
- F** Abusive partner in the area
- G** Abusers who are considered dangerous

## **Component 6.12: Alarms and Security**

It is recommended that a statement outlining procedures involving alarms and other security measures be established. This should include, but is not limited to, the following:

- A** Monitoring the front entrance
- B** Panic button alarms
- C** Safety house checks
- D** Electrical failure or power outage

## 7. FIRE SAFETY POLICY

It is recommended that the shelter establish procedures to be followed in the case of a fire in the building. This should include, but is not limited to, the following:

- A Location of evacuation plans
- B Review of evacuation plans
- C Fire drills
- D Hazardous materials
- E Inspection of fire-safety equipment
- F Staff roles during an evacuation or drill
- G Fire alarms
- H Emergency power supply
- I Damages to shelter

## 8. INCIDENTS AND SERIOUS OCCURENCES

It is suggested that the shelter establish protocols and procedures surrounding any situation that may be deemed serious. This should include, but is not limited to, the following nine components:

### **Component 8.1: Serious Occurrences**

Specific procedures should be established for any occurrence that is considered to be serious, such as:

- A Death
- B Serious injury
- C Injury caused by the service provider
- D Abuse or mistreatment of a resident
- E Complaints made by clients
- F Complaints made concerning operations
- G Missing clients

These procedures should include all information regarding necessary reports.

**The Nimkii-Naabkawagan Family Crisis Shelter provided the following example from their Operations Manual:**

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**Policy**

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Serious occurrences are to be reported to the administrative centre and the Department of Indian and Northern Affairs Canada and the Executive Director on the appropriate form:

1. Any death of a resident which occurs while participating in a service that also includes nonresidential services.
2. Any serious injury to a resident which occurs while participating in a service, which also includes nonresidential services.
3. Any injury to a resident caused by a service provider. This will also include service providers from the administration centre. Specifically, a resident may have opted to receive service from a program offered through their office, but is a resident of our shelter.
4. Any abuse or mistreatment of a resident which occurs while participating in a service or while residing at the shelter.
5. Any complaint made by or about a client that is considered by the service provider to be of a serious nature.
6. Any complaint concerning operations, physical or safety standards of the service that is considered by the service provider to be of a serious nature.
7. Any disaster, such as a fire on the premises where a service is provided.
8. Any situation where a client is missing and the service provider considers the matter to be serious.

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**Procedure**

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1. Ensure that any injured person is provided with immediate medical attention if needed.
2. Take appropriate steps to address any continuing risk to the person's health and safety.
3. In cases involving death, ensure the Coroner is notified. **DO NOT CONDUCT A "PRELIMINARY INQUIRY"**.
4. Ensure that staff or anyone else with information about the serious occurrence, reports the matter to the Executive Director or designates who will conduct preliminary inquiries.

## Component 8.2: Suicide and Suicide Attempts

It is suggested that the shelter establish procedures for situations involving suicides or suicide attempts. This should include, but is not limited to, the following:

**A) High Risk Behavior:** An outlined procedure to be followed by staff as well as clients when dealing with a person who is considered to be high-risk should be established.

**The following example was taken from the Nimkii-Naabkawagan Family Crisis Shelter:**

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### **Policy**

1. The Executive Director will ensure that all staff is trained in the observation and recognition of the suicidal tendencies of children and adults, as well as with strategies and procedures for managing situations involving suicidal risk.
2. Staff members have a fundamental obligation to take all practical and reasonable precautions to preserve the life of suicidal clients. Any act of self-harm is to be viewed as serious and potentially life-threatening. It is imperative that staff members are familiar with behavioral and verbal indications of suicidal risk, as well as with clinical interventions for management of such situations.
3. In addition to appropriate clinical management of suicidal incidents, staff members are required to report such situations in the appropriate manner. In the event of a completed suicide by a child within an agency program, all efforts will be made to support clients, children, staff and families touched by the tragedy.

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### **Practice Guidelines**

1. The importance of prevention of self-harm cannot be overstated. The Executive Director will make sure to incorporate prevention practices designed to minimize risk and opportunity of harmful behaviors directed at self or others.
2. Example: Given the high-risk characteristics of our clientele, however, staff must be clear on how to respond when suicidal behavior is presented.

## **Suicidal attempts/high risk behavior:**

When concerns about suicidal behavior arise, the following steps are to be taken:

1. Immediate medical attention will be sought if required. If a hospital visit is needed, the woman or child will be taken in the fastest and safest manner available, ideally, if it is a child, with the parent present to support the child.
2. The Executive Director will be informed and any necessary arrangements will be made to ensure the safety of all the women and children at the shelter. Common sense and understanding of the incident will be exercised at this stage.
3. The woman or child will be kept under constant observation to prevent further attempts.
4. The Executive Director will be notified within 24 hours. If the threat is serious, or if the injury has occurred, the Executive Director will be notified immediately.
5. The woman or child should be seen for assessment as soon as possible by a mental health practitioner, preferably by a psychiatrist, either at the local hospital or in the community. The following clinical information should be provided to the consultant :
  - \* Information concerning the emotional state of the woman or child, including descriptions of behaviors and/or verbalizations suggestive of self-harm acts or ideation.
  - \* History of depression/suicide concerns.
  - \* Any medication prescribed for the woman or child.
  - \* In the case of possible overdose, identification and sample (if possible) of the drug(s).
  - \* The limits of protective steps that the shelter can realistically take to ensure the woman or child's safety.
6. If the woman or child is assessed for being at risk of self-harm but not in imminent need of hospitalization, the woman or child will be placed on a suicide watch within the agency. Steps to be taken should include :
  - \* Safe-proofing of the woman and child's environment.
  - \* Notification of all shelter staff involved in the treatment of the woman or child, including on-call staff, when coming on the shift.
  - \* Constant supervision of the woman or child.
  - \* Daily reassessment of the woman or child.

7. All incidents and care provided will be clearly documented prior to staff leaving the shift.
8. Before removing the woman or child from the suicide watch, there will be consultation with an appropriate mental health professional.
9. Within 24 hours, the Executive Director will determine whether to advise the Band Manager and Chief and Council and INAC regarding the incident(s) and whether to complete a serious occurrence report for submission to INAC.

### **Component 8.3: HIV / AIDS**

It is suggested that the shelter establish policies and procedures surrounding the issue of HIV and/or AIDS within the shelter. This should include, but is not limited to, the following:

- A Implementation and Policy Review: A statement of the shelter's policy concerning HIV/AIDS within the residence should be established along with regulation regarding the review of the policy.
- B First Aid, Infectious Control and Universal Precautions: A statement outlining the protocols and procedures surrounding a person with HIV/AIDS in the residence should be established. This should include control protocols to be followed by staff and residents.
- C Infected Infants/Young Children and HIV/AIDS Children: Protocols surrounding infants and/or children who are infected should be established.
- D Teen Pregnancy: Procedures and protocols surrounding a pregnant teenager with the disease should be established. This should include procedures for their physical and mental care alike.

### **Component 8.4: Serious Accident**

It is suggested that the shelter establish procedures to be followed in the case of a serious accident, including a detailed outline of all paperwork involved.

### **Component 8.5: Bleeding**

A statement of procedures and standards for administering first aid to a client when blood is present should be established.

### **Component 8.6: CPR**

An established statement of precautions and procedures surrounding CPR is recommended.

### **Component 8.7: Sharp Objects**

Regulations regarding any sharp objects located within the vicinity should be established.

### **Component 8.8: Waste Containers**

Regulations regarding any waste containers within the vicinity should be established.

### **Component 8.9: Clean-Up Kit**

A statement giving a detailed outline of use standards, precautions and locations of a clean-up kit should be established.

## **9. MEDICAL AND HEALTH**

It is suggested that the shelter establish protocols and procedures surrounding the administration of medications within the shelter. This should include, but is not limited to, the following components:

### **Component 1: Prescription Procedures**

A statement of the principles surrounding the use of prescription drugs within the shelter is suggested.

### **Component 2: Medications**

A detailed outline describing the protocols and procedures regarding the administration of medication should be established. This should include but is not limited to, the following:

- A** Parental authorization to administer the medication when dealing with a child.
- B** Ensuring the prescription is current.
- C** Proper records of each medication administered.
- D** Storage of medications.
- E** Personnel authorized to administer medications.



## 10. CHILDREN

Due to the nature of the shelters and clients, policies and procedures surrounding children within the shelter are important. These policies and procedures should include, but are not limited to, the following components:

Component 10.1: Diapering Procedures

Component 10.2: School Protocol

Component 10.3: Safety Planning for Children

Component 10.4: Emergency Illness or Accidents

Component 10.5: Medical Emergencies during Childcare

Component 10.6: Access to Violent Toys

Component 10.7: Furniture and Equipment

Component 10.8: Restricted Areas

Component 10.9: Children with signs of trauma

### EXAMPLE:

Noticeable Behavior of Children Living in Shelters (abused, neglected, violent homes)

1. Eating disorders – eats very little – mostly infants.
2. Trouble sleeping.
3. Problems in responsiveness. This was noticed mostly in infants who have been abused in their own homes.

Noticeable Problems in Children over 18 Months of Age

1. Anxiousness
2. Crying a lot
3. Sadness (this was noticed in at least 70 % of the children)
4. Problems interacting with other children or adults
5. Health problems
6. Sleep disturbances

## Social and Emotional Problems in Children Staying at Shelters

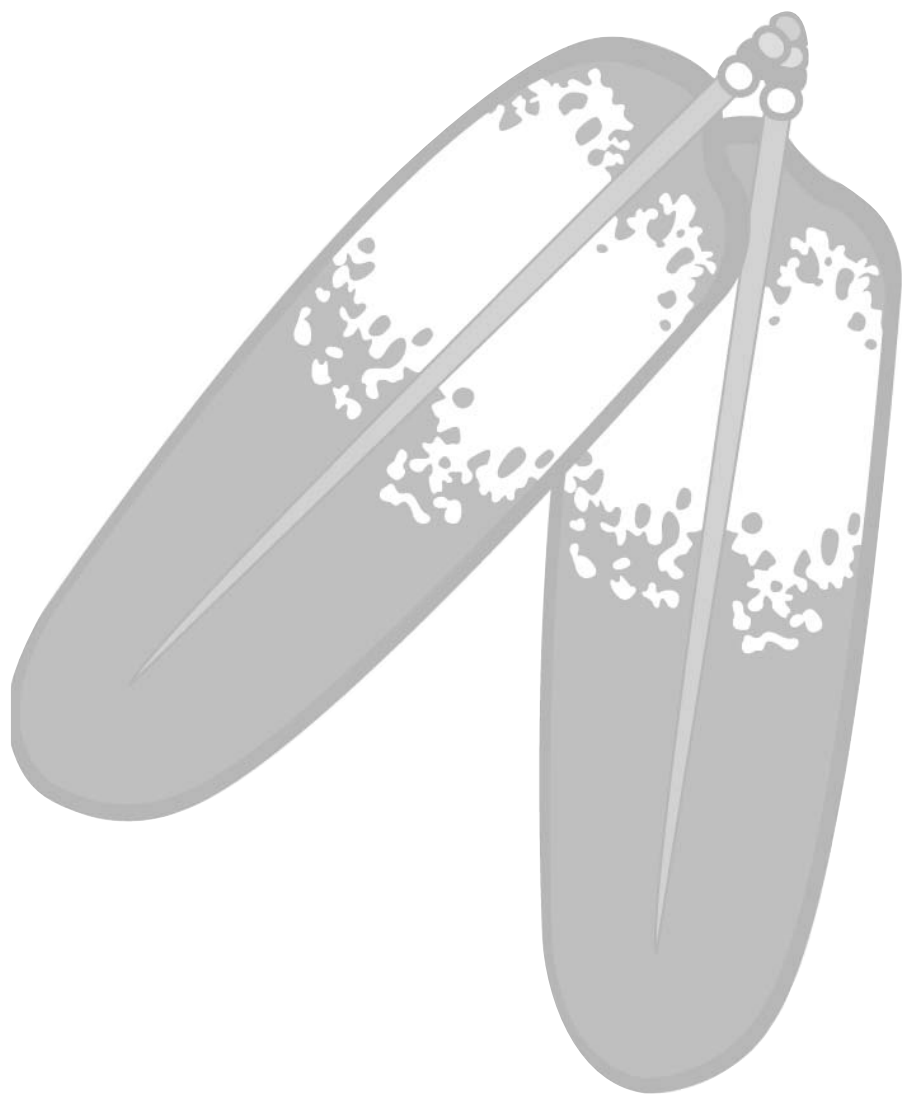
1. Nightmares and bed-wetting
2. Kicking and biting
3. Tantrums and excessive anger and fear
4. Headaches and stomach aches

### These Symptoms are More Visual in Comparison to those Listed Below

1. Show lack of self-esteem
2. Lack of impulse control
3. Short attention span
4. An inability to control anger
5. Confusion because of differences between home and school environment

### SUGGESTIONS

Try not to subject children to changes from their normal routines. Children will have a hard enough time adapting to the change from living at home to living at the shelter. Any changes in routine should be carefully planned. All activities should be kept short. Keep in mind that, just like their moms, these children need a cooling off period.



# PART II – HUMAN RESOURCES

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## 1. HUMAN RESOURCES – GENERAL CONDITIONS

Policies and procedures for human resources development relate to the roles, responsibilities, authorities, expectations, and qualifications of individuals in carrying out the functions to meet the goals of the shelter, and in upholding the values of shelter.

The intent of a human resources development policy is to ensure that all the people involved in doing the work of the shelter understand what is expected of them. It is therefore important that policies are communicated and accessible to everyone concerned.

Some shelters may have a huge manual that describes the policies that guide their employees while some manuals may be only a few pages in length, and other shelters follow the guidelines that are used by the First Nation government, or provincial guidelines. Human resources policies are generally based on the Canada Labour Code which governs all labour in Canada. It is recommended that this guide be a reference in developing a shelter policy. A copy of the guide is available at <http://laws.justice.gc.ca/>

Shelters are considered continuous operations and the policies that are developed to guide employees must take into consideration the hours of work, and other relevant items that pertain to 24 hour continuous operations in planning for human resources administration and development.

Policies tend to be refined over time, and new items can be added as the organization makes changes or encounters new situations, or when new ways to deal with situations are identified. There are at least 16 components that are commonly found in the general section of a policy and procedures manual. These policies and procedures should include but are not limited to the following components.

## **Component 1: Human Resources Policy Reference**

The beginning of the policy should include a statement that indicates what Human Resources Policy is followed by the center.

### **EXAMPLE 1**

Shelter XYZ has developed its policy according to the Canadian Labour Code.

Shelter ABC has adopted the human resources policy generally used in the province of\_\_\_\_\_.

Shelter D adopts the policies and procedures that are in place in the First Nation community of\_\_\_\_\_.

## **Component 2: Employment Status Definitions**

- 1. Full Time:** The employee works between thirty-five and forty hours per week.
- 2. Part time:** The employee works fewer than thirty-five hours per week.
- 3. Contract:** The employee works full-time or part-time for a defined period of time. At the end of the defined period of time, employment is terminated.
- 4. Project:** The employee may work full-time or part-time for defined periods of time under an agreement with a funding sponsor, usually a government or specified program.
- 5. Relief On-Call:** The Relief on-call employee provides backup (ON CALL) on an as needed basis and is required to cover all shifts at the Crisis Shelter.

Additional on-call duties should be specified that define the “on call” employees work including the conditions that have to met for being considered “on call”.

## **Component 3 : Statutory Benefits and Eligibility for Statutory Benefits**

If benefits are paid in any of the above employment categories, a statement of what these are should be provided.

### **EXAMPLE 2**

The employee is eligible for statutory benefits and vacation pay.

The funding body/sponsor determines benefit eligibility under their agreement.

## **Component 4: Personnel file**

The policy relating to the personnel file should state:

- 1** What is contained in personnel files
- 2** Who deals with personnel files
- 3** Practices to ensure confidentiality of personnel files
- 4** Where information containing personnel information is to be kept
- 5** Non-disclosure of information outside the normal process of employer-employee relations
- 6** Information relating to individual employees is accessible to them during regular office hours

## **Component 5: Job descriptions**

A position description will be maintained at the administration office. Such descriptions describe the following:

- A** Position Title
- B** The employee's direct supervisor
- C** Employee's responsibilities (description of the duties and tasks to be performed)
- D** Internal and external contracts
- E** Working conditions
- F** Qualifications required for the position
- G** Number of people/positions supervised by this position
- H** Job level and classification
- I** Standards that describe the job (description and specific goals will be used to formally evaluate employee performance)

Each staff person will be given a copy of their position description and a copy of this position description will be placed in their personnel file.

## **Component 6: Performance standards**

Standards that all employees are expected to meet should be stated, including a staff code of conduct which states acceptable and unacceptable behavior from employees. Often these standards are developed with the input of the employees and different people involved in the shelter. A Failure to Comply Statement should also be provided in this section which outlines the steps and disciplinary action that will be taken if the policy is violated, up to and including termination of employment.

## **Component 7: Attendance, Lateness and Absenteeism**

This policy should begin by defining the goal relating to ensuring high attendance and productivity as well as employee participation. The shelter expectations with respect to when workers are expected to arrive, and leave at the end of their shift should be made to establish the policy statement. There should also be a section that acknowledges that sometimes things happen and people will be late, and outline the procedures that should be followed when a person is going to be late including sufficient notification of an employee's inability to arrive at work on time. These statements are important because they help employees understand that they are part of a team whose participation is required in order to minimize disruption of work schedules and to maintain a high level of service to the clients we serve.

A statement of how attendance problems will be handled should be part of this policy including using non-punitive, or problem-solving approaches. The shelter should assist all employees that require and are willing to accept assistance to make the necessary arrangements to improve their attendance to a level that is acceptable to the shelter.

Policies and procedures that specify the expectations concerning attendance for schedule shifts should be explicit in the policy.

## **Component 8: Staff Meetings**

This policy should state how meetings are going to be productive. Often such a policy outlines:

- A** How often meetings will be held
- B** The reasons for scheduling a meeting
- C** Procedure for handling the meeting including the setting of the agenda;
- D** Transmission of personal information
- E** Length; the recording of minutes and decisions
- F** The consequences of not attending a meeting when one is scheduled and conditions when there may be an exception

## **Component 9: Confidentiality of Information**

Confidentiality is an issue that has a big impact on the operations of a shelter given the nature of the work and situations that a shelter deals with. Policies should be established for these situations:

- A** Employee records and information
- B** Client records and information
- C** Transmission of personal information
- D** Shelter's commitment to respect privacy rights by limiting the collection, use and disclosure of personal information
- E** Statement on privacy regarding the intended use of the information; the categories of persons who will have access to the information; whether the request is mandatory or optional; the consequences of refusal to reply; the rights of access and correction provided by law



## **The following example was taken from the Nimki-Naabkawagan Family Crisis Shelter**

The Family Crisis shelter as a government-funded organization is responsible to the public for the manner in which its business is conducted and must, therefore, carry out its business as openly as possible. Conversely, case services must be provided in a manner based on a respect for the privacy of our clients and a sense of responsibility for protecting that privacy.

At the same time, the increasing demands of the court for full disclosure of record information is in conflict with the work commitment to confidentiality.

Accordingly, it is necessary to achieve a balance in policy between the demands of the courts and community for information and the right to privacy of the clients we serve.

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### **Policy relating to client information**

The staff at the family crisis shelter will respect the right to privacy of all clients by maintaining in confidence all information given by the client and will share information only with those who require it in the course of their work. Client consent or court order is required if there is a need to share or obtain information outside the shelter, except where a child is at risk.

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### **Policy relating to shelter business**

The shelter's business will be conducted in as open a manner as is feasible through open staff meetings, access to financial statements, and distribution of minutes of staff meetings.

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### **Policy relating to employees and personnel records**

Employee personnel records are not available to members of the public or other employees.

All staff members, volunteers, students etc. will sign an "oath of confidentiality."

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### **Guidelines for access to and disclosure of case information**

1. Access by subject and parents: in certain circumstances, good social work practice would indicate that a client (child or parent) may be given a verbal or written summary of the shelter's involvement with them, upon their request. It is necessary to ensure that confidential information about another person named in the record of information obtained from a third party not be shared with the client. To release information regarding third consent of third parties is required.

2. Disclosure to third parties with consent: in general, disclosure of a client's record will only be made to outside professionals and service providers and then only after obtaining the written consent from the client (sixteen years of age and over) or at least the parent in the case of a child.
3. The shelter will only release information (to outside professionals or service providers) which the shelter considers to be relevant to the work or services being carried out by that outside professional or service provider. Information disclosed will be in the form of a written or verbal summary. When the record concerns more than one person, care must be taken to ensure that confidential information about the other is not released without consent.
4. The consent must identify, in writing, what information is to be disclosed, the purpose of the disclosure, to whom the record is to be disclosed, and the period of time for which the consent remains effective, unless revoked.

## 2. HIRING PROCESS

It is common practice to have a set of procedures in place for the hiring process. Hiring policies should include, but not be limited to, these practices:

### **Component 1: Job Posting and Advertising**

It is suggested that the method for defining how job availability will be announced should be established, including the procedure that will be used to communicate the information that is posted for the announcement process including:

1. Statement of the job requirements
2. Suitable qualifications
3. Salary range
4. Closing date
5. Contact information
6. The designated person (position within the shelter,) identified to handle all information and inquiries received and schedule interviews/meetings with applicants.

## Component 2: Selection

The hiring policy should also describe the selection process when hiring a new employee. If this task is to be done by shelter personnel then a statement of all the methods that will be used should be part of the policy including the procedure for each method. Some of these methods can include:

1. Interview guides containing key questions related to knowledge requirements
2. Evaluation criteria grids for rating candidates
3. Reference checks
4. Criminal record check (or security clearance check), and whether individual's fingerprints are required.

## Component 3: Written Offer of Employment

The policy for a *Written Offer of Employment* should include:

1. Position and starting salary: Describe what the position is called, an overall statement of duties and responsibilities; and salary.
2. Starting date: The date employment will start
3. Reviews and evaluation: State if any periodic reviews will be made.

**Probationary periods:** New employees may be placed on probation for a certain period of time. If a shelter chooses to follow this practice, the conditions that are part of the probationary period and the termination date should be stated, as well as the procedures describing the steps that are taken to evaluate the employee's work during this time and documentation that should form part of the personnel record to acknowledge the completion of the probationary period.

## Component 4: Compensatory time

It is common practice for the shelter to establish how it will deal with compensatory time, when a salary equivalent is not paid for hours worked overtime. It is important that this policy be reviewed at the time of the employment offer to ensure understanding by all. Compensatory time includes items such as:

- A When overtime is considered earned
- B Overtime for On-Call Relief Workers
- C Approval for overtime hours
- D Maximum allowable overtime hours that can be worked
- E Overtime compensations (e.g. pay at time and a half or hours off)

## **Component 5: Salary and Rates of Pay**

Ranges for rates of pay can be stated in the policies and procedures manual, particularly in large organizations where there are several employees with different levels of pay based on years of experience and qualification. In smaller shelters, these descriptions can be general in nature and part of the policy development process must balance the need for transparency and respect for an individual's privacy.

## **Component 6: Establishing Work Schedules**

It is a good idea to have an established work schedule for all staff including relief workers. Policy statements should highlight how the schedule will be made, who is responsible for making it and where it is posted.

## **Component 7: Exchange of Shifts**

It is important to establish policies and procedures that surround the practice of exchanging shifts in order to define employer expectations and highlight the situations such as emergencies or special circumstances when employees may exchange shifts. The shelter may want to list valid reasons when this can occur. A set of procedures that relate to documenting the occurrence, for monthly schedules and payroll activity should also form part of this policy statement.

## **Component 8: Lay-off**

Lay-off policies and procedures should be stated and include:

1. Reason for lay-off
2. Notice period given for Layoff
3. Appropriate forms to be completed
4. Assistance provided to employees wh are laidoff

## **Component 9: Termination of employment**

The procedures for terminating an employee should be established and aligned with all other human resources sections previously developed in the policy (or covered in this section)

### **3. VACATION, LEAVE, AND ANNUAL LEAVE**

It is common practice to have an established set of policies and procedures surrounding vacation time and leave. The policies and procedures should include, but are not limited to, the following component:

#### **Component 1: Vacation**

There should be a set of rules that establish the allowable vacation time based on the time (usually in number of weeks worked) that an employee has worked with the shelter. A schedule may be drawn up and included in the manual outlining: rules for carrying over vacation time into another period; rules for scheduling vacation.

#### **Component 2: Statutory Holidays**

Shelter employees are entitled to observe statutory holidays but are affected by the fact that most shelters operate on a continuous basis, seven days a week, twenty-four (24) hours a day.

A compensatory measure must be stated for this reason as to what the shelter will pay employees who are required to work on statutory holidays.

Procedures and the processes for scheduling work that relates to statutory holidays should be clearly defined in this section.

The expectations with respect to On-call Relief workers should also be stated in this section.

The expectations with respect to management employees and their obligation to work on on statutory holidays should be also stated.

#### **Component 3: Leave**

The circumstances in which paid leave is allowable should be listed. These circumstances can include time off for:

- A** Maternity/Adoption leave
- B** Funerals
- C** Bereavement
- D** Court
- E** Sick leave
- F** Sick leave without pay
- G** Voting
- H** Special leave

## 4. STAFF EVALUATION

A policy relating to employee evaluation should be developed and address these areas:

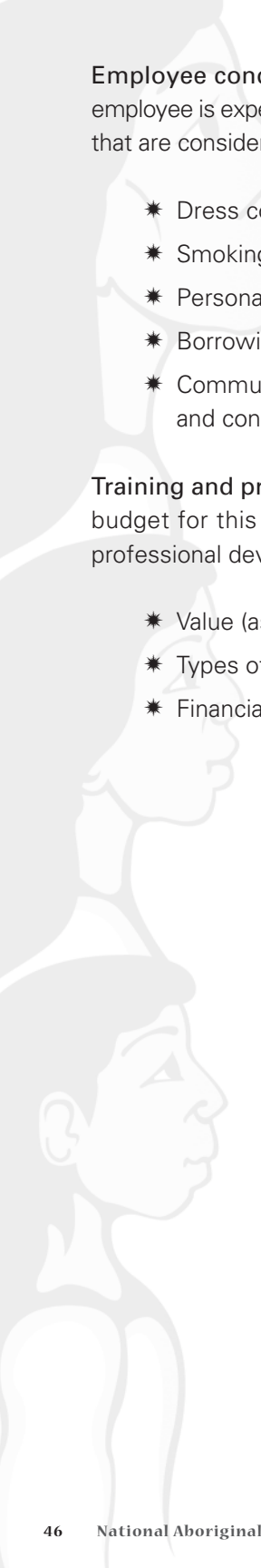
1. When evaluations will be made
2. Evaluation after the probationary period
3. Criteria used to evaluate an employee's performance
4. Who is responsible for staff evaluation
5. The role of the immediate supervisor in the evaluation process
6. Method for employee feedback to the evaluation process

## 5. WORK ENVIRONMENT

**Harassment and discrimination:** The Canadian Labour Code has established a long list of what constitutes harassment and discrimination, and all employers are bound by these requirements. In establishing a policy, some work should be done to develop an understanding of what this means, what to do when it occurs, and the remedies that are available for employees who feel that their rights have been violated. The policy should summarize these areas in very specific terms. The Human Rights Commission provides excellent references and tools to assist in understanding this area better. Shelters should refer to this site when developing their policies.

<http://www.chrc-ccdp.ca/discrimination/harassment-en.asp>.

**Employment of immediate family:** The matter of employment of immediate family is one that should be covered by a policy stating whether this is allowable or not and, in the case where it is allowable, the shelter needs to have a procedure that ensures transparency in this process as well as some "arms-length" statements. Arms-length means that a person hiring immediate family should do so with the knowledge and involvement of others in the decision-making process.



**Employee conduct:** It is desirable to outline a description of how a shelter employee is expected to conduct his/herself, and to further outline any behaviors that are considered unacceptable. This section can include guidelines for :

- \* Dress code
- \* Smoking
- \* Personal telephone calls
- \* Borrowing and lending money
- \* Communication protocols for issuing memos, contacting On-call staff, and contacting the executive director

**Training and professional development:** To the extent that it can and has a budget for this item, the shelter should encourage additional training and professional development. A policy statement should be made regarding :

- \* Value (as in desire) of professional development in the shelter.
- \* Types of professional development encouraged at the shelter.
- \* Financial assistance (if possible).

# PART III – FINANCIAL POLICIES

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## PURPOSE

The SHELTER uses a system of best practices to protect SHELTER assets, ensure the integrity and reliability of its information, secure compliance with ; laws, polices, procedures, and ensure the performance of its programs, and business objectives.

Best practices are a process that is established, reviewed, and continually monitored by the Shelter’s Board of Directors, Executive Director and senior managers. It is the responsibility of the Executive Director to ensure that an adequate best practice system is actually implemented and used. It is management's responsibility to establish and maintain adequate best practices for operations and financial reporting. It is the responsibility of all employees to understand the best practices and ensure they are effective.

Best practices are the policies, procedures, forms, methods, rules, and systems necessary to meet SHELTER objectives.

**The goal of our best practices is :**

- 1.** Effective and efficient program delivery and shelter operations.
- 2.** Reliable management and financial reporting.
- 3.** The quality of financial control measures and mechanisms in place to manage risks effectively.
- 4.** To ensure the shelter has complied with the existing rules and regulations related to the provision of funding.

Best practices define the way we conduct business and are applicable to all staff of the shelter staff.

There are a host of financial policies and procedures that should be followed in any accounting activity. A limited overview of some of the policies and procedures is provided. There generally are five components that describe financial policies and procedures including (although there can be more) :

- 1.** Internal Control
- 2.** Record Keeping
- 3.** Disbursements
- 4.** Accounts Payable
- 5.** Receiving and Warehousing



# **COMPONENT 1:**

## **INTERNAL CONTROL POLICY STATEMENTS**

The shelter should use both best practice management and accounting control measures. The internal control measures should be designed to be detective, preventative, physical, technological, and corrective. The controls should consist of hard controls, such as testing, validating, reconciling, and measuring.

### **Accounting Controls**

Accounting controls relate to protecting shelter assets and ensuring the accuracy of financial reports. The shelter uses policies and procedures associated with the activities concerned with authorizing, processing, recording, and reporting financial transactions. The accounting controls shall ensure that information resulting from these activities is accurate, reliable, and useful.

### **Policies and Procedures**

The shelter maintains sophisticated policies, procedures, internal controls and best practices.

### **Communication**

The SHELTER communicates its policies, procedures, internal controls and best practices through various handbooks, programs, training, and computer network. Management shall also communicate by example.

### **Shelter Mail**

When practicable, someone opens SHELTER mail other than the bookkeeper or accounting department. The person who opens the mail maintains a list of all checks received each day and stamps the back of each check "For Deposit Only." At the end of each month, the list of checks received is totaled and reconciled with the bank statement.

### **Cash**

The SHELTER maintains strict control over cash. There are detailed documented cash management practices which are dutifully adhered to.

### **Check Stock**

The blank check stock shall be managed and safeguarded according to the Internal Control – Checks policy and procedures.

### **Blank Checks**

The SHELTER does not sign blank checks.

## **Bank Signatories**

The bookkeeper or accountants are not bank signatories.

## **Spoiled Checks**

Spoiled checks are stamped VOID and if the check is signed the signature should be removed (torn off).

## **Monthly Bank Statements**

The monthly bank statement shall be transmitted unopened to someone other than the bookkeeper or accounting department for an initial review. The initial review should confirm that all signatures were proper, no checks were altered, no unauthorized transfers occurred, and that the deposits reconcile with the running total kept by the person opening the mail.

## **Fidelity Bonds**

The SHELTER considers obtaining fidelity bonds on the bookkeeper, accountant and persons controlling vulnerable assets.

## **Shelter Transactions**

All transactions of the SHELTER must be authorized, approved, executed and recorded

## **Asset Accounting and Custody**

Any employee that has custody of an asset should not perform the accounting for the asset. For example, an employee in charge of cash receipts should not reconcile the bank account.

## **Related Transactions**

No one person or department handles any transaction from start to finish.

## **Documentary Evidence**

All transactions require documentary evidence to verify the transaction.

## **Serially Numbered Documents**

All documents such as checks, purchase orders, and invoices will be numbered serially.

## **Employee, Vendor, Customer Setup**

Someone other than the person who does the data entry should set up new employees, vendors, and customers in your accounting system. For example, the person who enters payroll time should not set up new employees in your system to minimize the opportunity of keying time to a fictitious employee. All new setups should have a physical master file paper signed by an Executive Director to authorize the setup in the computer system.

## **Control Modification**

Policies, procedures, division of duties, forms, best practices, and other internal controls shall only be modified as authorized by the shelter's executive director.

## **Annual Review**

The shelter's public accounting firm is required to annually attest to, and report on, management's assessment of the effectiveness of the shelter's internal control over financial reporting. The shelter's public accounting firm is also required to develop and maintain evidential matter to support management's assessment. Under no circumstances shall the shelter's management delegate its responsibility to assess its internal controls over financial reporting to the auditor.

In the Annual Report, management's internal control report shall be placed in close proximity to the corresponding attestation report issued by the shelter's registered chartered accounting firm.

## **COMPONENT 2: RECORD KEEPING**

The shelter should establish procedures for the storing and filing records. In addition to the filing procedures outlined below you should also review the Records Management Procedure and Archive Policy.

### **FILING**

All filing done at the shelter is based on a system. Each set of files has keepers and users. Keepers are responsible for the proper maintenance of the files. Users require information contained in the files. Users borrow files from keepers. File keepers establish the rules file users must follow. Keepers may require a sign-out sheet. File keepers may permit direct access or require indirect access. Record Owners should conduct a periodic inventory of records to ensure accuracy of record information and the proper handling of records. Regardless of whether the files are accessed directly or indirectly, only file keepers will re-file borrowed files.

### **Records Keeping and Filing Procedures**

1. Identify what information is record material.
2. Develop and maintain a records index.
3. Review and update the record index as necessary.
4. Complete a Record Inventory Form for each record series.
5. Enter the inventory information into the record database.
6. Determine whether records can be cutoff and either stored or destroyed.
7. Destroy records when the retention period is reached.
8. Pack records to be stored in designated storage boxes
9. Complete transmittal form and transfer records to Record Archive Area.
10. Update the record database, if applicable
11. Complete training for file users.
12. Identify the vital records and document on Record Inventory Forms.
13. Maintain and protect vital records as indicated.
14. Identify and document each electronic record on a Record Inventory Form and an Electronic Inventory Form.
15. Maintain and protect electronic records as indicated.

## **CENTRALIZED VERSUS DECENTRALIZED FILES**

### **Centralized Files**

In centralized files, the files of a unit are maintained in one location. Consider locating files in a centralized file when : more than one work unit has need for the same files ; units are sufficiently near the central file for prompt service.

### **Decentralized Files**

Consider locating files in a decentralized file when : files are of interest to only one work unit ; centralized filing is too distant for efficient service ; information must be immediately available to the creator ; constant reference is made to the files by a particular organizational unit.

## **FILING SYSTEMS**

Customize this section to the filing systems used at your shelter

### **Alphabetic Filing**

Alphabetic filing is sometimes referred to as the “dictionary” method of filing when files are organized strictly in alphabetical order. Sometimes alphabetic filing will be referred to as “encyclopedic” when classifications are organized by major sub-heading or geographic distinctions are organized alphabetically.

Alphabetic files include :

- \* Accounts receivable customer files
- \* Accounts payable vendor files
- \* Employee files

### **Numeric or Sequential Filing**

Numeric files are organized from the lowest number to the highest number. Numeric files generally require the use of an index. Numeric filing may be by Case #, Client #, Social Security #, Chronological, etc.

Numeric files include :

- \* Case Files
- \* Client Files
- \* Purchase Order Files
- \* Sales Order Files

## **Alphanumeric Filing**

Alphanumeric filing uses both letters and numbers for filing. For example INV-01 might be used for all Inventory transfers included in the first accounting period.

**Alphanumeric files include:**

- \* Transaction files

## **Subject Filing**

Subject filing is encyclopedic or organized by subject. Generally all subject filing is organized alphabetically.

**Subject Files include:**

- \* Legal
- \* Management
- \* Safety

## **Security of records**

The following files and records shall be kept locked:

- \* Payroll files
- \* Accounts receivable files

## **MAINTAINING FILES**

Neatness and orderliness are essential to filing efficiency. The following instructions will assist in maintaining this efficiency.

### **Identify File Drawers**

Label file drawers to indicate what files, subjects, or names are filed in them. Indicate the year, if appropriate. The disposal schedule number may also be placed on the drawer label.

### **Prevent Overcrowding the Files**

Allow at least four inches of space in each active file drawer to permit sufficient working space.

### **Keep Papers Straight**

When placing material in file folders, do not let the papers extend beyond the edges of the folders. Crease or fold papers when necessary.

## **Avoid Overloading File Folders**

If the contents of the folder increase to the point that papers begin to obscure folder labels, then crease the bottom of the folder leaves at the second expansion line to increase the capacity of the folder. When the folder content reaches 3/4 inches, either:

- (1) Add a new folder bearing the same file designation in front of the full folder and show inclusive dates on the folders; or
- (2) Subdivide the contents of the folder, if practical, by adding new file designations.

## **Avoid Cluttering the Files**

Bulky material should be filed in equipment suitable to its size and not mixed with standard size documents. This material can be cross referenced so that it can be readily identified with the related papers in the regular files.

# **COMPONENT 3: DISBURSEMENTS**

## **A. GENERAL PRACTICE**

1. Invoices are sent directly to the shelter from the suppliers.
2. Invoices are coded and approved for payment by the individual with signing authority in the shelter.
3. Invoice is sent to Finance for payment.
4. The Accounts Payable clerk (A/P clerk) verifies each invoice in detail for:
  - \* Proper approval
  - \* Proper coding
  - \* Correct amounts
  - \* Compliance with contract P.O.
  - \* PST, GST, QST, discounts
5. Invoice is entered in the system and a voucher is created.
6. The A/P clerk performs an on-screen review of their work and makes the required adjustments.
7. A print screen of the Batch is printed (voucher journal review) and attached to the vouchers and sent for review by the Executive Director.
8. Executive Director performs an on-screen review, on a sample basis, of the vouchers entered by the A/P clerk. When everything is correct, the Batch is approved and posting to the general ledger (G/L) is done.
9. Executive Director then performs a selection of vouchers due for payment based on the age listing by A/P control account and due date. This selection report is signed by the Executive Director.
10. Cheques require two signatures.
11. Cheque numbers are recorded in the cheque control log.
12. The numerical sequence of the printed cheques is compared to the cheque register.
13. The cheques are then signed.
14. A verification of cheques with the cheque register is performed by the Executive Director.
15. The cheques are then forwarded to the mailroom or distributed according to any special instructions received. All special handling of cheques is recorded in a log book and the person taking the cheque must sign the log book.



16. Only the Executive Director and Head of Accounting Services can perform a cheque selection.
17. Only the Executive Director can void cheques, cancel vouchers or do manual cash payments.
18. The numerical sequence of all cheques used is verified periodically by Accounting Services which maintains the cheque register.
19. Bank reconciliation is the responsibility of different people who are not responsible for day-to-day operations related to the bank accounts:
  - \* Payroll: responsibility of the Executive Director;
  - \* Operating: responsibility of the Executive Director (Canadian account);
  - \* Restricted cash A/C: responsibility of Accounting Services;
  - \* Unrestricted cash account: responsibility of Accounting Services.
20. Executive Director periodically ensures that access to all A/P sections of the system is given only to authorized personnel. It is always reviewed when changes in personnel or responsibilities occur.
21. Preparation of payroll cheques and notice of deposits resides with the Assistant (Name).
22. Payroll cheques and notice of deposits are prepared through the same procedures and controls as supplier cheques. Only the primary person responsible and one back-up person have access to the Human Resources system.

## **B) TRAVEL CLAIMS**

1. Every travel claim is audited.
2. Each trip on shelter business shall be pre-authorized in writing on a Travel Authority and Advance Form.
3. A/P clerk looks for the following on a Travel Authority Form:
  - \* Name, surname, work address of traveler
  - \* Purpose of travel
  - \* Departure and arrival dates, locations to be visited
  - \* Actual amount of prepaid expenses
  - \* Estimated amount of the expenses
  - \* Signed and dated by traveler
  - \* Travel properly authorized
  - \* Complete financial coding

4. Travel advances are to be issued only to shelter employees and the Board of Directors. They are not issued to contractors unless specified in their contract, or justified in writing.
5. Travel claims shall be accounted for within 30 days of completion of travel for which the advance was requested.
6. All shelter employees should be aware of Shelter Policy, the Travel Authority and Advance Forms, Travel Expense Forms, meal rates, kilometer rates, and incidental rates.
7. Reservations are made exclusively through travel agents unless it is significantly more cost efficient to do otherwise, on the basis of a travel number controlled and issued by Finance. To obtain a travel number, the division should contact Finance and give the required information about the trip.
8. For practical reasons, travel numbers required for reservations with a travel company will be issued by Finance over the phone.
9. Upon returning, the travelers must complete the travel expense form in order to be reimbursed, whether expenses out of pocket, or charged to the shelter.
10. All receipts or vouchers to cover expenses shall be attached to claim.
11. When a receipt or voucher is lost, the traveler must sign a declaration to that effect, confirming details and amounts claimed.
12. Unused portions of air tickets must be returned to Finance with claim.
13. When an employee uses their personal vehicle, this must be accompanied by a declaration of mileage and rates per kilometer.
14. If hospitality occurs on travel, the employee must attach a hospitality form approved by the Executive Director.
15. Latest rates for meals while traveling outside Canada can be obtained from Finance.
16. If a claim has not been converted to Canadian funds, or no receipts indicating exchange rate are attached, Finance will calculate the exchange using the Bank of Canada rate at:  
[www.bankofcanada.ca/en/rates/exchange.html](http://www.bankofcanada.ca/en/rates/exchange.html) (and/or exchange rate can be obtained from your local bank branch) applicable during the period of travel.
17. When reimbursing the corporation for unused parts of travel advances, cheques should be made payable to the shelter.

## **C) PAYROLL REMITTANCES**

1. A request for payment is received from Pay and Benefits Specialist for each remittance
2. Because of very tight deadlines for payment of payroll remittances, the Executive Director also keeps a log on all remittances paid or outstanding. The Executive Director informs the Pay and Benefits Specialists when some remittances are missing or late (especially for Revenue Canada, Revenue Ontario, and Ministère du Revenu du Québec).

## **D) OTHER**

1. All payroll information such as cheque registers, payroll registers and returned or cancelled cheques are kept in a locked cabinet.
2. All cancelled and returned cheques are filed in numerical order in Finance.
3. Journal entries other than VISA allocation to proper account cannot be made by Finance clerks, only the Executive Directors and Finance Heads.
4. All Corporate Visa accounts are paid upon receipt and charged to general ledger account # XXXXX "pre-payment of credit card" in a corporate budget code. Then each purchase is audited and matched against receipts submitted. Expense is then charged to the proper G/L and project expenditure account. All missing receipts are requested and followed-up.

## **E) ACCOUNTING SERVICES – REVENUE**

### **A. INVOICING**

1. A request for an Invoice form is required to create an invoice. The request has to be signed by the individual with signing authority in the shelter.
2. Invoices are entered in the financial system in order of date received.
3. The A/R clerk performs an on-screen review of their work and makes the required adjustments. A print screen of the Batch is printed (Invoice journal review) and attached to the invoices and sent for review by the Executive Director.
4. The Executive Director performs an on-screen review, on a sample basis, of the invoices entered by the A/R clerk. When everything is correct, the Batch is approved and posting to the general ledger is done.

5. All posted invoices are typed on pre-formatted invoice template. The invoice form is a two-part form to be distributed as follows:
  - \* Mail copy 1 to the funder ;
  - \* Keep copy 2 in Finance and match it with funder payment ;
  - \* The term specified on the invoice is payable on receipt of invoice.
6. The A/R clerk is responsible for collection of all accounts receivable including overdue funding/accounts. A/R clerk can use the support of the Executive Director in collections when necessary
7. Collection actions include:
  - \* Prompt phone call to the funder reminding them of the outstanding invoice and getting commitment for payment ;
  - \* Send statement of account detailing all o/s invoices and request payment ;
  - \* Send a letter of collection ;
  - \* Follow by another phone call ;

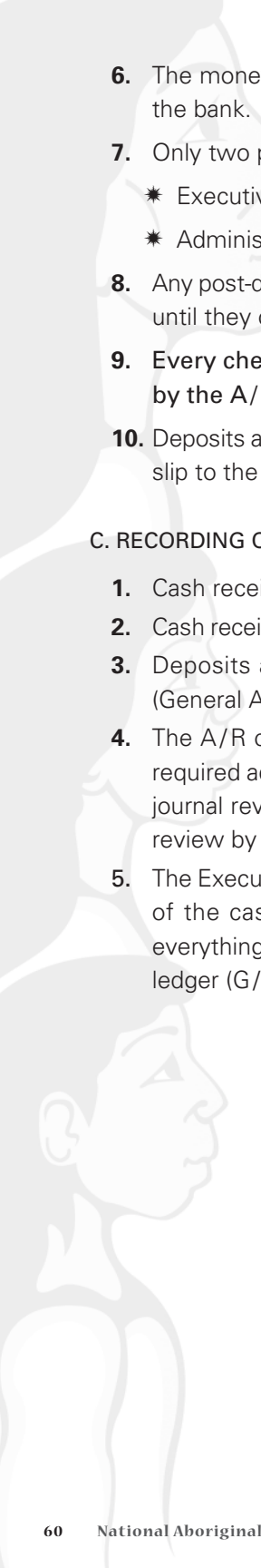
## **F) CASH RECEIPTS**

### **A. DEPOSITS FROM FUNDERS, MEMBERSHIP FEES, RESISTRATION FEES, POSTER SALES, ETC.**

1. A/R clerk reconciles deposits with the user reports.
2. A/R clerk prepares deposits.
3. Deposits are made at the bank.

### **B. CHEQUES RECEIVED THROUGH MAIL**

1. With the new auditing requirements it is important to make one person responsible for the opening of mail.
2. The mail clerk separates the mail that does not contain any cheques and sends it to its destination.
3. The envelopes containing cheques are opened and are sent to the Executive Director. Donations received through the mail are also given to the Executive Director.
4. The A/R clerk writes down on a "list of funds" (LF) amounts and information about all cheques received.
5. A copy of the list along with the cheques is reviewed by the A/P clerk or the Executive Director. The original is filed by date and a copy of the LF is filed numerically.

- 
6. The money is kept in a large safe/locked cabinet until it is deposited at the bank.
  7. Only two persons have access to that safe/locked cabinet:
    - \* Executive Director (Name of ED)
    - \* Administrative Assistant (Name of AMA)
  8. Any post-dated cheques received are also kept in the safe/locked cabinet until they can be deposited at the bank.
  9. **Every cheque received is stamped “For deposit only to the shelter” by the A/R clerk.**
  10. Deposits are brought to the bank which then returns the stamped deposit slip to the A/R clerk.

### C. RECORDING OF CASH RECEIPTS AND DEPOSITS

1. Cash receipts and deposits are reconciled on a daily basis.
2. Cash receipts are recorded through the cash receipt option (A/R module).
3. Deposits are recorded through a journal entry (JZ – only for deposit) (General Accounting Module).
4. The A/R clerk performs an on-screen review of their work and makes required adjustment. A print screen of the Batch is printed (Cash receipt journal review) and attached to the supporting documents and sent for review by the Executive Director.
5. The Executive Director performs an on-screen review, on a sample basis, of the cash receipts and deposits entered by the A/R clerk. When everything is correct, the Batch is approved and posting to the general ledger (G/L) is done.

## **G) PAYROLL DISTRIBUTION**

- 1.** It is the A/R clerk's responsibility to receive, safeguard and distribute all shelter payroll cheques and notice of deposits.
- 2.** Payroll cheques and notice of deposits that have to be mailed are separated from the others.
- 3.** Payroll cheques and notice of deposits are given for mailing two days prior to pay day and to be distributed through the internal or external mail.

**NOTE:** It is also understood that a large majority of shelter's/transition houses may lack the resources required to employ a full time Accounts Receivable/Accounts Payable clerk. The shelter would have the option, at a reasonable cost, to hire the services of an outside part-time bookkeeper to perform these functions with clearly defined duties and responsibilities reporting to the Executive Director.

## **H) TAXI CHITS**

- 1.** It is also the A/R clerk's responsibility to receive, safeguard, control and issue taxi chits to shelter clients.
- 2.** A control log (can be set up using a program such as Excel etc.) is kept by the A/R clerk indicating the serial number of the taxi chit's booklet with the name of the employee and the date issued.
- 3.** The taxi chit booklets are kept in the large safe in the Accounting area.

# **COMPONENT 4: ACCOUNTS PAYABLE**

## **Purpose**

This document provides a checklist to review the best practice of your Accounts Payable, purchasing and receiving functions.

## **Division of Duties**

- \* The recording of cash is separate from the recording of the debt.
- \* Reviewing and reconciling accounts payable control accounts is done by someone other than the person who records the information.
- \* Separate people do card purchases and account reconciliation.

## **Purchasing**

- \* All expenditures are approved in accordance with the SHELTER's written Accounts Payable and Purchasing Policies and Procedures.
- \* Sole source purchasing is justified by notation on Purchase Orders, Contracts, and Requisitions.
- \* Purchases are tested for reasonableness of derived benefit.
- \* A policy and procedure for competitive bidding is in place for purchases over a specified amount.

## **Receiving**

- \* If required, a receiver document is prepared upon receiving merchandise.
- \* Merchandise is inspected for quantity and condition when received.
- \* Vendor mathematics is checked for accuracy.

All necessary data such as vendor name, invoice number, account numbers, project numbers are on the documents.

## **Payments to Individuals**

- \* A Full name, GST # number if applicable, home address, and mailing address (if different) are on the invoice voucher.

## **Credit / Purchasing Cards**

- \* Card users are required to sign for the card.
- \* Card limits are verified and periodically checked.
- \* Signatures for card holders are verified.
- \* Cards are not used for capital expenditures.
- \* Original documentation or printed documentation from web sites is maintained supporting all card expenditures.
- \* Employee termination procedures ensure cards are returned.

## **Accounts Payable**

- \* Duplicate copies of invoices are clearly marked and destroyed to avoid duplicate payment.
- \* Invoices are reviewed for accuracy.
- \* A Scheduled Payment List is used to authorize automatic or recurring payments to vendors.
- \* Returned purchases are controlled to ensure that the refund or credit will be received.
- \* Vendor credit memos are resolved promptly by cash refund or proper credit to the account.
- \* The Accounts Payable records are periodically reconciled with open purchase orders, and commitments.
- \* Adequate records are maintained for unmatched purchase orders, receiving documents and unpaid vendor invoices.
- \* Monthly statements from vendors are reconciled with open invoices.
- \* Past due balances are reviewed and followed up on.
- \* Original invoices are required to issue payment.
- \* All partial deliveries are followed up on.
- \* Procedures exist for ensuring the accurate coding and account distribution for entries from invoices.
- \* Procedures exist for submission and approval of reimbursement to employees for travel or other expenses.
- \* Cash discounts are taken and any exemptions from sales, federal, and other taxes are claimed. A discrepancy form is used to track differences in invoice and purchase order prices, quantities, or shipping arrangements.
- \* Discrepancy forms are referred to the appropriate manager for review, follow-up, and reconciliation.



## **COMPONENT 5:** **RECEIVING AND WAREHOUSING BEST PRACTICES**

### **Purpose**

This document provides a checklist for receiving and warehousing best practices.

### **Checklist**

#### **Asset Protection and Division of Duties**

- \* The SHELTER has written Inventory Management and Control Procedures.
- \* Receiving of materials and supplies is assigned to individuals.
- \* One person is not responsible for receiving, disbursement and preparation of transaction documentation.
- \* There are adequate controls to ensure that an individual cannot initiate a purchase and authorize payment without detection.
- \* Someone monitors the receiving and warehousing functions.
- \* The staff assigned to monitor the receiving and warehousing functions has the requisite knowledge to adequately monitor the functions.
- \* Receiving documentation is prepared for all deliveries.
- \* There are inventory records that accurately account for items received and disbursed.
- \* Deliveries of materials and supplies are accepted only at secure locations.
- \* There are separate areas for receiving, storing, staging, and shipping of inventories.
- \* Delivery areas do not create traffic or safety hazards.
- \* After hour access to storerooms is limited.
- \* The SHELTER does not receive personal materials for employees.

#### **Receiving of Goods**

- \* The receiving area is properly equipped to receive material.
- \* Carrier information is logged, quantities of packages noted, and bill of lading signed.

## **Damaged Goods**

- \* Exterior: Packages are checked visually for damage.
- \* Interior: The warehouse personnel are responsible for the immediate inspection of the material.
- \* A damage claims procedure exists to notify accounting, the vendor, shipping carrier and the insurance carrier if necessary.

## **Items not Conforming to Specifications**

- \* Material received is checked for quality and conformance with any specifications.

## **Special Receipts**

- \* Procedures exist for the receipt of any hazardous, live, and perishable materials.

## **Back Orders and Partial Deliveries**

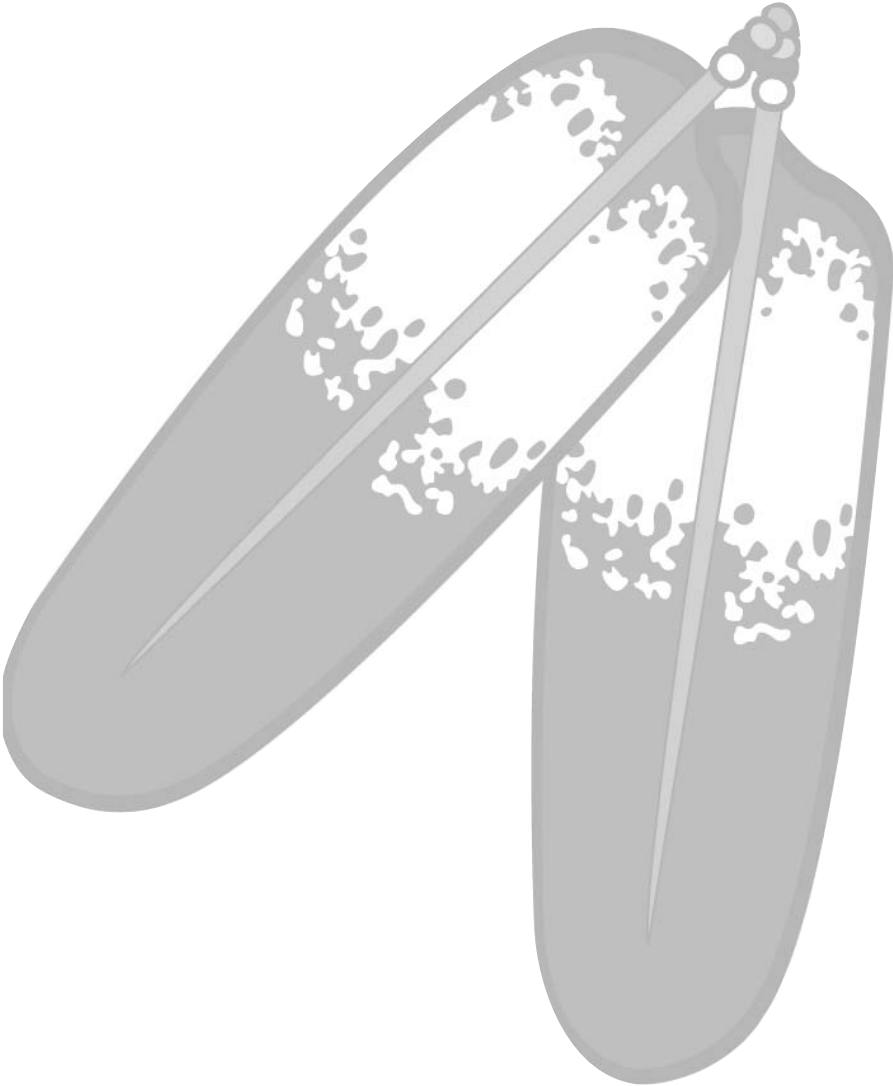
- \* There are follow-up procedures for back orders and partial shipments to assure receipt of proper quantities.
- \* Acceptance of items delivered is required by noting what and how many items were received on the copy of the receiving report. The receiving report copy is sent to Accounts Payable.

## **Returns**

- \* A procedure exists to notify Accounting of returned items to ensure proper credit or prevent inaccurate payment.
- \* Previously transferred/shipped and unused materials and supplies are returned to the warehouse inventory.
- \* Items that are inactive for twelve months are considered for disposal.

## **Systems and Processing**

- \* Inventory receipts are entered into a computerized system.
- \* Inventory items are actually being ordered in the right quantities and at the right times/intervals to control the amount of inventory on hand without stock shortages.
- \* Inventory transfers are properly coded and recorded.
- \* Purchase orders and receiving documentation is verified for received material to ensure proper payment of invoices ?
- \* Physical Inventories are actually taken.
- \* Physical inventory adjustments are reviewed and approved by persons who do not maintain custody of inventories.



# PART IV – SUPPLEMENTARY INFORMATION

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## JOB DESCRIPTION OF WORKERS

### The Crisis Counselor

#### Key Responsibility Areas

- A** Maintains files, i.e. resident records, etc. These documents are kept on file for six years plus the operating year;
- B** Maintains daily logbook;
- C** Completes and sends monthly form detailing occupancy information to the Department of Health and Community Services regional office;
- D** Receives deliveries and maintains record;
- E** Allow residents access to their medication at prescribed times;
- F** Ensures supply of necessary forms is replenished;
- G** Maintains record (knowledge) of food supplies as to quantity and location, and notes in logbook any requirements for restocking or purchasing;
- H** Shares the responsibility for ordering and purchasing groceries with other Crisis Counselors;
- I** Monitors alarm systems for fire and emergency exits;
- J** Signs out residents, staff and visitors;
- K** Check rooms when residents check out, to ensure that rooms are in order, bedding and room have been cleaned out and that nothing is missing;
- L** Attends Staff meetings;
- M** Performs duties as assigned by the executive director;
- N** Collects data related to the crisis call sheets and tabulates monthly on a statistical form, including the number of residents and children, and the number of days they were housed during the month.

### Personal Management

#### The Crisis Counselor:

- A** Ensures that residents complete their assigned chores;
- B** Assists residents to locate supplies and materials for meal preparation;
- C** Assists with childcare as time permits;

- D Advises children and mothers about house rules regarding children's behavior;
- E Maintains a cooperative environment between residents;
- F Assists the Executive Director with training new staff when necessary.

## **Communications**

### **The Crisis Counselor:**

- A Answers crisis line; quietly and efficiently determines the nature of the call, assesses the urgency, and, determines if caller meets criteria for admission to the house;
- B Consults with other staff members and the Executive Director, if there is a question of meeting criteria for admission to the house;
- C Answer business calls;
- D Answers intercom when someone buzzes form outside and determines whether or not to allow access;
- E Acts as liaison with other agencies in the community;
- F Answers client's phone, if resident is unavailable.

## **OTHER ASSISTANCE FOR WOMEN WHERE BEDS ARE REQUIRED**

**When there is a lack of beds, the order of priorities will be as follows.**

1. Battered or abused woman and their children.
2. Women with or without children in a marriage breakdown crisis.
3. Women with or without children in an emotional crisis who do not require hospitalization.
4. Women with or without children requiring emergency accommodation while making more permanent arrangements.
5. Young Aboriginal and non-Aboriginal women 16 years of age to 18 years of age who are temporarily alienated from their families, or require consent from both involved parents regarding parental relief.
6. Women with or without children, who may be court-ordered, rather than going to jail because of unsatisfactory accommodations, until their court appearance. Only those women who are not violent will be allowed into the shelter under these conditions.

# FIRE PREVENTION PLAN

## Upon Discovery of a Fire

**REMAIN CALM:** Leave fire area immediately and leave the building via the nearest exit. Close every door you pass.

- \* Notify the fire department 9-1-1 and give the building address.
- \* Give location of fire (house number and street)
- \* Indicate the type of fire : grass, house, domestic or bushfire.
- \* Sound the fire alarm if you encounter one on your way out of the building.

## DO NOT RE-ENTER THE BUILDING

### Evacuation

**In the case of fire** – The clients or non-clients will immediately evacuate the building by the closest exit. Once you have evacuated the building, meet in the front of the house, walking around to the shelter gate and opening the gate, for a head count.

The clients or non-clients are responsible for the safe evacuation of their own children. Under **NO** circumstances is a resident or non-resident to return to the burning building.

Once the house has been evacuated, the staff on duty will do a check of the rooms for stranded clients or non-clients before leaving the house. Staff will also close any doors that are open if possible.

### The clients will follow these procedures:

1. Retrieve your children.
2. Close your bedroom door behind you.
3. Exit via fire escape door behind the closest door near you.

The procedures and routes will be posted in all rooms at the shelter, and every resident must understand them. Once the house has been evacuated, the staff must take a head count. In order to help prevent fire, safety and security precautions must be adhered to. Matches and lighters will be locked in the medicine cabinet. Fire extinguishers are to be inspected annually.

Staff must explain these procedures to new clients and show how fire extinguishers work.

There are fire extinguishers throughout the house. Please make yourself familiar with their location and how to operate them in case there is a fire.

### **Informing Clients about the Fire Safety Plan:**

Staff will inform clients about the fire safety plan upon arrival at the shelter. The resident will be given a copy of the FIRE SAFETY PROCEDURES. The resident will be notified about the exits located throughout the shelter. A copy of the layout of the shelter will be provided upon admission.

A designated staff person will be in charge during fire drills and during fire alarms. The staff person designated to be in charge will be the senior crisis worker on duty. All others, including the Executive Director, will take orders from the designated staff person during a fire drill or fire alarm.

**The designated staff person will ensure that the following steps are taken in the event of a fire drill or fire alarm :**

1. Sound the alarm by pulling the fire alarm box.
2. Contain the fire and smoke by closing the doors.
3. Notify the fire department by calling 9-1-1.
4. Help clients leave the building safely.
5. Extinguish fire, only if it is safe to do so.
6. Have a master key and list of clients (Resident In Log) ready for the fire department upon their arrival.
7. Take a roll call of clients and staff, to be completed outside the shelter.
8. If safe to do so, check room and areas for total evacuation.
9. If fire is discovered, and you have followed the steps of the fire procedure, try to extinguish the fire, if it is safe to do so. Use the nearest portable fire extinguisher, only if you have been trained to use it, and if you feel confident enough to safely extinguish the fire.

**CAUTION : DO NOT ATTEMPT TO FIGHT FIRE ALONE; NEVER LET THE FIRE GET BETWEEN YOU AND THE WAY OUT AND NEVER TURN YOUR BACK ON A FIRE. IF YOU CANNOT EXTINGUISH THE FIRE SAFELY, CLOSE ALL DOORS IN THE IMMEDIATE AREA AND LEAVE VIA THE NEAREST EXIT.**

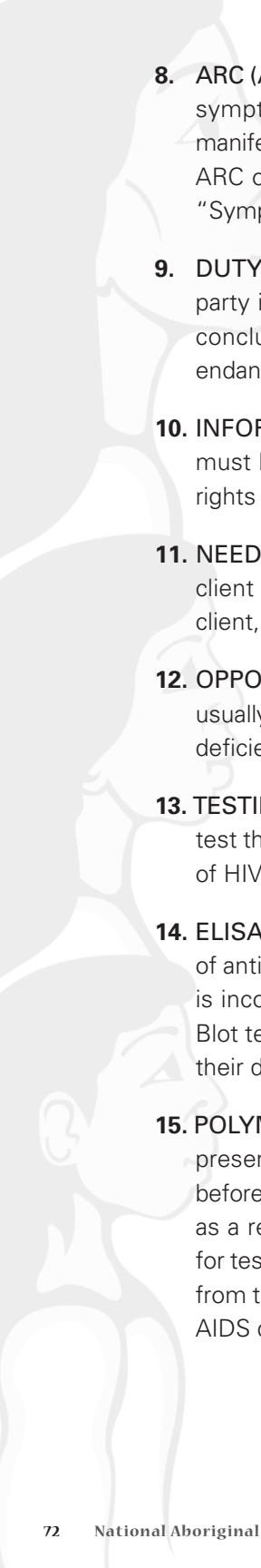
# HIV / AIDS

## Glossary, Transmission Routes, Treatment

### Primary Medical Terms:

- 1. AIDS (Acquired Immune Deficiency Syndrome):** A syndrome caused by the retrovirus known as Human Immune Deficiency Virus (HIV), which primarily attacks the immune system and ultimately destroys the ability to ward off disease. This leaves the body vulnerable to infections. It is these opportunistic infections which can cause death.
- 2. HIV ANTIBODY:** An antibody is a substance formed by the body in reaction to a foreign substance such as a virus. Some antibodies function to fight off or prevent future infection. The antibody reported in current HIV testing indicates only that the body has responded and, except in infants and infected mothers, a confirmed HIV antibody test means the person is infected with HIV.
- 3. HIV-POSITIVE:** (or Seropositive for HIV): Having tested positive for the presence of antibodies that may indicate infection with HIV, particularly in individuals over 15 months of age. It is crucial that a single test be “confirmed” by another test using the most current accepted standards.
- 4. HIV INFECTION:** Before AIDS in its complete form is diagnosed, there are usually stages of HIV infection (as defined below).
- 5. INTERMINATE INFECTION:** A baby born to an HIV-positive mother may test positive for the antibodies because it is carrying the antibodies of the mother. It is not until the baby is 15 months of age that it can be determined whether or not the antibodies are being produced by the baby itself because it has been infected with HIV; hence an intermediate infection.
- 6. ASYMPTOMATIC INFECTION:** A person who has tested positive for HIV antibodies, but who displays no symptoms of AIDS. This person is a carrier who can transmit the HIV virus to another person.
- 7. SYMPTOMATIC INFECTION:** Cases of HIV infection where symptoms of the disease are evident, either clinically or in laboratory findings. This may range from nonspecific findings such as weight loss, impaired development or diarrhea through a spectrum of nervous system and lung problems and frequent common infections to unusual infections.



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- 8. ARC (AIDS Related Complex):** People with HIV infection showing clinical symptoms may have a multi-system disease which has not fully manifested as AIDS in its complete form. This condition used to be called ARC or PLS. These terms however are being superseded by the term “Symptomatic Infection”.
  - 9. DUTY TO WARN:** A decision in which an agency concludes that a third party is in imminent danger of contracting HIV infection and uses that conclusion to override client confidentiality issues in “warning” the endangered party.
  - 10. INFORMED CONSENT:** Prior to testing for the HIV antibody, persons must be informed and understand the physical, emotional and human rights aspects of a possible positive test.
  - 11. NEED TO KNOW:** The need for a person to know the HIV status of a client is based on direct responsibility or accountability for care of the client, or on involvement in an activity directly related to the client.
  - 12. OPPORTUNISTIC INFECTIONS:** Infections of the body by germs that usually are benign, but become serious when they take advantage of the deficiencies of the immune system.
  - 13. TESTING PROCEDURES:** To determine if there has been an HIV infection test that can be done either for the antibodies to HIV or for the presence of HIV itself.
  - 14. ELISA OR WESTERN BLOT TESTS:** Methods to detect the presence of antibodies to HIV. Usually the ELISA test is done first and if the result is inconclusive or positive, the more accurate and expensive Western Blot test is done to confirm a positive test before a patient is notified by their doctor.
  - 15. POLYMERASE CHAIN REACTION (PCR) TESTS:** Method to detect the presence of the HIV virus itself – as opposed to the antibodies – even before it damages the immune system. The PCR test is particularly useful as a reference test (for false positive or indeterminate antibody tests), for testing newborns to determine whether they have picked up the virus from their mothers and for measuring the effectiveness of experimental AIDS drugs.

## Known Transmission Routes

There are three primary high-risk events for the transmission of HIV. They are:

- A** Unprotected anal or vaginal sex with an infected partner.
- B** Transferring blood from an infected person to the blood stream of another person via some sharp object (which would include blood transfusions and receiving blood products before November 1985, date after which all blood donations have since been screened, and sharing contaminated needles and syringes for injecting drugs).
- C** A baby born of a mother with AIDS/HIV.

**THERE HAS NEVER BEEN A DOCUMENTED CASE OF HIV TRANSMISSION BECAUSE OF AN INCIDENT OF AN INFECTED PERSON BITING AN UNINFECTED PERSON.**



# ASSESSING THE DEGREE OF RISK FOR SUICIDE

Once you suspect that someone is potentially suicidal, the best procedure is to quickly approach the person in a warm, accepting, and nonjudgmental manner and ask a question: "HAVE YOUR PROBLEMS BEEN GETTING YOU DOWN SO MUCH THAT YOU'VE BEEN THINKING OF HARMING YOURSELF?"

The expression "Harming yourself" seems to be a good euphemism for "killing yourself". Also, it will help you find out if the person will do something to harm himself or herself that wouldn't kill them.

When questioned about their suicidality, most people will answer the question honestly. The problem is that MANY PEOPLE, INCLUDING PROFESSIONALS, SEEM HESITANT TO BRING UP THE SUBJECT OF SUICIDE FOR FEAR OF PLANTING THE IDEA IN THE MIND OF SOMEONE WHO HASN'T THOUGHT OF IT THEMSELVES. Suicide is not a spontaneous behavior and the mere mention of the word will not cause a non-suicidal person to immediately transform into a highly suicidal person. If the person is suicidal, inquiring about their suicidality might very well lead to a conversation that would provide them with such a strong catharsis that you could essentially prevent suicide-at least for the present. IF THE PERSON ADMITS TO BEING AT RISK, IT IS IMPERATIVE THAT YOU ASSESS THE DEGREE OF RISK AS SOON AS POSSIBLE. Is this an emergency? Do you need to drop everything and attend to this person immediately? Do you at least need to take some special steps very quickly? The quickest and most efficient way to find out the answers to these questions is to ask the right questions in the right order.

Don't make the common mistake of initiating the assessment procedure by asking the wrong question first. AN EXTREMELY POOR QUESTION TO BEGIN WITH WOULD BE: "WHY WOULD YOU WANT TO DO SOMETHING LIKE THAT?" That is an inherently unfair question because they probably don't understand the answer. The most that they could give you is the perception of the answer. Also, it is an irrelevant question until you have first determined if the situation is an emergency or not.

ALWAYS BEGIN YOUR ASSESSMENT BY ASKING:  
"HOW WOULD YOU HARM YOURSELF?"

The answer to that question will let you know quickly if the person has "A PLAN OF ATTACK". Without one, they are less likely to act out immediately. If the person does have a plan of attack in mind use the acronym SLAP to help you remember the four factors used to determine the seriousness of the risk."

### **S=HOW (S) PECIFIC ARE THE DETAILS OF THE “PLAN OF ATTACK?”**

Does this person have a plan? If so, are the details of the plan rather “fuzzy” or can they tell you specifically when they are going to act? THE GREATER THE SPECIFICITY OF DETAILS IN THE PLAN, THE HIGHER THE DEGREE OF RISK.

### **L=WHAT IS THE LEVEL OF (L) ETHALITY OF THE PROPOSED METHOD OF SELF-ATTACK?**

In this context “lethality” is a measure of how quickly death could be accomplished. How quickly could the person die if they do what they say they plan to do? Do they say that they are going to slit their wrist or their throat? Are they planning to shoot themselves through the temple or stab themselves in the stomach? THE HIGHER THE LEVEL OF LETHALITY IN THE PLAN, THE GREATER DEGREE OF RISK.

### **A=WHAT IS THE (A) VAILABILITY OF THE PROPOSED METHOD?**

Do they have a loaded gun in front of them or would they have to go somewhere to purchase or borrow one? Are there pills in their medicine cabinet or would they have to get a prescription filled before they could ingest them? THE MORE READILY AVAILABLE THE IMPLEMENT TO BE USED, THE HIGHER DEGREE OF RISK.

### **P=WHAT IS THE (P) ROXIMITY OF HELPING RESOURCES?**

How physically and geographically close is the person to others who could rescue them if necessary? Are there other people nearby who care about this person? THE GREATER THE DISTANCE THEY ARE FROM THOSE WHO COULD RECUE THEM IN AN EMERGENCY, THE GREATER THE DEGREE OF RISK.

## **ADDITIONAL SOURCES OF INFORMATION:**

*Ending Violence in Aboriginal Communities: Best Practices in Aboriginal Shelters and Communities.* National Aboriginal Circle Against Family Violence (NACAFV). January 2006. Available from NACAFV

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