

EMERGENCY HOMELESS SHELTER

(Funded by the Province of Manitoba)

MANUAL

AS OF AUGUST – 2009

Emergency Homeless Shelter

Manual

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The *Emergency Homeless Shelter Standards*, and the accompanying *Emergency Homeless Shelter Manual*, are to be used as a guide for operation of emergency homeless shelters in Manitoba. Both documents contain information on items such as governance, financial and program accountability, admission and discharge, shelter networking and resident rights and responsibilities as well as accommodation, health and safety standards.

The standards itemize and define the roles and responsibilities of the Province of Manitoba and its partners in the management and delivery shelter programs and services. They are intended to set a minimum level of service delivery and outline the responsibilities of each shelter provider in terms of accountability to clients, the funding agency and the public. It is expected that emergency homeless shelters receiving provincial funding will, to the best of their ability, adhere to the standards and consider implementing the information contained in the manual. The Manitoba *Emergency Homeless Shelter Standards*, and *Emergency Homeless Shelter Manual* documents are based on recommendations from similar residential regulations and on emergency shelter standard documents from other jurisdictions. For issues that are not fully covered by the *Emergency Homeless Shelter Standards* and *Emergency Homeless Shelter Manual* shelters are expected to use their judgment and consult Province of Manitoba staff where necessary.

The *Emergency Homeless Shelter Manual* is intended to supplement the standards by providing more information to assist with the implementation of the standards.

The development of provincial standards arose from an acknowledgment that individuals with the greatest housing need and fewest options are entitled to a safe and healthy living environment, even though emergency homeless shelters are intended for temporary and/or emergency use. Emergency homeless shelter service providers were requesting direction regarding service expectations and consistency in service delivery across shelters.

Disclaimer: The manual is not to be considered a binding document but is recommendations on how to meet, follow and expand on the standards set forth by the Province of Manitoba

Manual

A) DEFINITIONS

Accident is defined as an undesirable or unfortunate occurrence where by a resident or employee is injured, and/or damage, loss, or casualty occurs through unintentional means, this includes but is not limited to slipping on a wet floor, walking into/bumping into another person injuring them, mishandling of cleaning supplies.

Contrabands in this document are defined as any and all items deemed illegal and/or banned by the emergency homeless shelter in regards to policies created there in.

Emergency Shelter is defined in this document as the provision of mat or bed, in a safe and secure site, to homeless individuals on a short-term or infrequent basis.

Homeless is defined in this document as having no physical shelter and/or without access to safe and accessible accommodations. This includes those living outside, in hospitals, staying with friends and in emergency homeless shelters.

Incident in this document is defined as an act that is not ordinary (in regards to personality or character) or of a criminal, endangering, or aggressive nature. This would include but is not limited to theft, uttering threats, arguments between residents and/or employees, and unusual activities or deteriorating health.

Substances in this document are defined as illegal drugs and alcohol or gasoline, cleaning solvents, aerosol disinfectants or other inhalants used for the purpose of intoxication.

Service Purchase Agreement (SPA) – is defined as a contractual agreement between the Province of Manitoba and a service provider which sets out the terms, conditions and service expectations by which Manitoba agrees to purchase, within funding guidelines, specified services from the service provider and the service provider agrees to provide the specified services.

The Standards are defined as the *Emergency Homeless Shelter Standards* as set forth by The Province of Manitoba.

The Manual is defined as the accompanying *Emergency Homeless Shelter Manual* document to the *Emergency Homeless Shelter Standards*.

B) GUIDING PRINCIPLES

The *Emergency Homeless Shelter Standards* are grounded in the following principles that promote a philosophy for service provision. These principles are not *Emergency Homeless Shelter Standards*, but rather help guide the delivery of emergency homeless shelter services.

1. Persons experiencing homelessness are entitled to emergency homeless shelter service regardless of political or religious beliefs, ethno-cultural background, (dis)ability, gender identity, communicable disease (e.g., HIV/AIDS, tuberculosis) and/or sexual orientation. All emergency homeless shelter staff and volunteers must respect and be sensitive to the diversity of residents. All emergency homeless shelter staff and volunteers will promote a culture of tolerance and respect within the emergency homeless shelter. Discriminatory and racist incidents or behaviors will not be tolerated.
2. A person's gender identity may not correspond with their physical appearance. Emergency homeless shelter providers must accept gender identity as defined by the individual rather than by the perception of staff and/or other residents.
3. The emergency homeless shelter will promote an atmosphere of dignity and respect for all residents, as such services will be provided in a non-judgmental manner and should be in compliance with existing human rights legislation.
4. People accessing emergency homeless shelters often have few resources. Emergency homeless shelters are often the final option to access safe accommodations. Issuing service restrictions in the emergency homeless shelter system must only be done as a last resort and in the most serious cases. All emergency homeless shelter boards will develop and implement a barring and restriction policy which allows residents access to a fair appeal process.
5. Emergency homeless shelters are part of a larger network of homeless services and agencies. Collaboration within this network is important to ensure effective and co-coordinated services. Emergency homeless shelter providers will strive to work in partnership.
6. People experiencing homelessness, like many members of society, may use substances to varying degrees. Emergency homeless shelter services must be accessible to all citizens regardless of substance use. In order to ensure an accessible emergency homeless shelter system a range of service models must be available which ranges from abstinence to harm reduction. Policies governing admission discharge and service restriction must not be based on substance use alone, except for those emergency homeless shelters operating on an abstinence model.
7. Emergency homeless shelters have a mandate and responsibility to assist and encourage residents toward increasing levels of self-reliance and self-determination. Emergency homeless shelter boards must take an active role in developing policies that support residents to achieve their goals.
8. Emergency homeless shelters will be sensitive to the ethno-specific and linguistic needs of residents. Staff will work with community resources to ensure residents have access to culturally appropriate services (including interpretive services).
9. Persons of Aboriginal descent comprise a disproportionate percentage of the homeless population in Manitoba. As such emergency homeless shelter providers will collaborate with Aboriginal service providers to develop and implement culturally appropriate programs, services and referral networks for Aboriginal residents.

10. It is recognized that emergency homeless shelter residents have expertise to offer in the development and evaluation of Emergency homeless shelter programs and services. Emergency homeless shelter providers will make an effort to include residents in the planning and provision of programs and services.
11. Where children and youth are residing in emergency homeless shelters, school-related, recreation, nutritional and treatment needs must be met on-site or through referral to community-based services.

C) ORGANIZATIONAL STANDARDS

1. Program Accountability

Manitoba staff may visit the emergency homeless shelter throughout the year on an as-needed basis. The purpose of the visits will be to observe the program in action and to verify that the program is functioning in accordance with the conditions of funding. During visits, Manitoba staff may wish to meet with agency staff, board/ committee members, volunteers and emergency homeless shelter residents.

2. Governance

- The board of directors may be responsible for:
 - Ensuring the mandate, mission, values and strategies of the organization are followed;
 - Setting emergency homeless shelter priorities;
 - Evaluating services;
 - Ensuring that the organization meets funder expectations and contract conditions including compliance with the Emergency homeless shelter Standards;
 - Reviewing budgets and expenditures;
 - Reviewing and approving accounting and reporting procedures;
 - Selecting and conducting an annual performance review of the Executive Director;
 - Convening regular board meetings and maintaining written records of these meetings;
 - Convening an annual general meeting maintaining written records of these meetings; and
 - Ensuring health and safety standards and regulations are met and kept up to date

3. Conflict of Interest

- The emergency homeless shelter must have a clear definition of and guidelines for conflict of interest which must be adhered to as per the Service Purchase Agreement (SPA).
- The following are examples of activities that may place agency and/or volunteers in positions of conflict of interest:
 - A member of the board of directors filling a regular salaried staff position or contracting a position without first resigning their position on the board;
 - A member of the board of directors receiving an honorarium from the agency for providing service to the agency;

- A staff, director, or volunteer interviewing a relative for employment with the same agency;
- A staff or board member renting property they own to residents; and
- A staff or board member employing a resident in another context outside the agency.

D) ACCESS TO SHELTER

1. Admission and Discharge

- Partnerships between emergency homeless shelter providers will help to ensure that those in need of shelter are able to access appropriate services. Where possible, efforts should be made to make inter-agency referrals in instances when a shelter is unable to provide shelter and/or services to a potential resident.
- Emergency homeless shelters should contact other emergency homeless shelters for referral, before sending over a resident.
- In cases where it is necessary to transfer a resident to another emergency homeless shelter or emergency room, services should work cooperatively.

2. Substance Use

- Emergency homeless shelter operators should be open about their admission and discharge policies, to ensure residents and other service providers understand the basis on which people may be allowed or denied access to an emergency homeless shelter if they are under the influence of a substance.
- Emergency homeless shelters operating on an abstinence model may want to provide their definition of abstinence to other emergency homeless shelters in order for them to be able to make appropriate referrals.

3. Service Restrictions

- Policies might clearly outline the reasons for service restrictions and the internal emergency homeless shelter process to appeal, review and lift restrictions regularly.
- Should an appropriate referral not be available, emergency homeless shelter staff could contact the After Hours Emergency phone number with Family Services and Housing to speak with on call staff.
- Records of service restrictions might include:
 - Name of resident;
 - Date the service restriction is issued;
 - Reason for service restriction;
 - Date the service restriction is to be reviewed with the resident;

- Date the service restriction will be lifted;
 - Emergency homeless shelter or other destination to which the resident was referred;
 - Signature of staff who issued the service restriction; and
 - Signature of senior staff who approved the service restriction.
- Emergency homeless shelters should consider lifting restrictions for example in cases of extreme weather, where no other safe shelter service is available or other reasons deemed necessary by the emergency homeless shelter.

4. Resident Rights and Responsibilities

- At a minimum, the rights and responsibilities of residents should include the following:
 - Residents have the right to:
 - Expect that the standards outlined in this document will be followed.
 - Be treated in a non-judgmental and respectful way.
 - Be free from discrimination and harassment.
 - Have a fair and clear complaint and appeal process without fear of punishment.
 - Provide input and feedback into emergency homeless shelter programs and policies.
 - Be involved in decisions that affect them.
 - Identify reasonable goals and receive support from staff to achieve them.
 - Be given information about services and resources in order to make informed decisions
 - Have forms and requests for information explained.
 - Have personal information treated confidentially.
 - Residents are responsible to:
 - Follow the rules of the emergency homeless shelter.
 - Treat emergency homeless shelter staff and other emergency homeless shelter residents with respect.
 - Respect the private property and belongings of the emergency homeless shelter and other residents.
 - Work with staff to improve their housing situation within their capacity.

E) SERVICE COORDINATION

Helping individuals exit the emergency homeless shelters system requires the coordination of housing, health and social services. A first step in this coordination effort is to ensure that emergency homeless shelter providers are communicating and sharing information about service provision, resident needs and where possible referrals to off-site support services. The Province of Manitoba recognizes that an emergency homeless shelter's ability to make appropriate referrals depends on the availability and the type of services in the area.

Emergency Homeless Shelters will work cooperatively and in collaboration with all relevant program partners, including Homeless Outreach Team mentors. Shelters will allow mentors access to residents in order for them to carry out their roles within the emergency homeless shelter system.

- Case management may involve:
 - Developing a personal service plan to assist the residents reintegration into the community;
 - An assessment of the residents current situation;
 - Exploration of available options;
 - How the emergency homeless shelter provider can support the resident to achieve desired goals;
 - Make appropriate resident referrals to services such as employment training;
 - Assistance in accessing income assistance, pension benefits, disability benefits, obtaining proper identification documents, and a bank account;
 - Advocacy and legal service support.

- Where there are no on-site services emergency homeless shelters may:
 - Coordinate services links and referrals that are resident focused, and tailored to meet the residents needs;
 - Establish an integrated network of support services to shelter residents, other emergency homeless shelter providers, and affordable housing providers;
 - Link residents to income assistance and employment training;
 - Transitional and supportive housing referrals;
 - Mental health and addictions services referrals;
 - Referrals to primary health care facilities.

F) CONFIDENTIALITY

SEE ALSO section 20.00 and appendix 3 of SPA

- Emergency homeless shelters should create their own waiver forms with all pertinent information (for an example see appendix F in this Manual).

- Exceptions to this practice include:
 - When refusing or neglecting to provide information could endanger the safety of another individual or group of individuals.
 - Disclosure of resident information by staff is required under *The Child and Family Services Act*, *The Vulnerable Persons Living with a Mental Disability Act*; and *The Protection of Persons in Care Act*.
 - Disclosure is required as per a court order or subpoena.

- Emergency Homeless Shelters shall comply with any lawful requirements made by an organization which is carrying out duties as defined by law (i.e. child and family services, police service).

1. Sharing of Residents Information:

- Emergency homeless shelter staff, in cases where a resident has a low level of literacy should explain the confidentiality waiver and why the resident is signing it, as well as answer any questions relating to the residents confidential information.
- Consent to release personal information may include but is not limited to the following information.
 - Date of disclosure;
 - Resident name;
 - Name of the emergency homeless shelter and the contact person that is disclosing the information;
 - The type of information being disclosed; and
 - The name of the agency or service facility and the contact person the information is being disclosed to;
 - Length of time it is effective for (e.g. no more than 3 months).

2. Resident Information and Resident Files:

- Removal of case files from the Emergency homeless shelter premises for business-related purposes has the potential to breach the privacy and security of resident information. There will be exceptional cases, when Emergency homeless shelters are required to take case files off-site, written policies and guidelines should be in place and adhered to in order to ensure security, privacy, and confidentiality based on all pertinent documents.
- Agencies may consider having policies regarding resident access to personal information and records:
 - A process for residents to request access to and/or copies of their case files;
 - A process for residents who have been denied informational access to their case files to appeal.

G) STAFF CODE OF CONDUCT

At a minimum, a staff code of conduct should include the following:

Staff will:

- Guarantee the best interest of the resident is always at the forefront;
- Recognize the power inherent in their position and work to minimize the impact of the power differential;

- Maintain respect for all residents, fellow employees, and any other person with whom they come in contact during the course of their duties;
- Ensure residents have the necessary information to make informed decisions;
- Be mindful that their place of employment is another person's temporary home; as such they should be respectful of resident's privacy and personal needs in communal and sleeping areas;
- Seek assistance from colleagues and supervisors when in a situation they are not skilled or comfortable to handle.

Staff will not:

- Discriminate against any person on the basis of political or religious beliefs, socio-economic status, race, ethno-cultural background, age, (dis)ability, gender identity, HIV/AIDS status and/or sexual orientation;
- Use abusive, discriminatory language;
- Impose their own personal belief/standards on residents;
- Exploit their relationship with a resident for personal benefit, gain, or gratification;
- Become involved in a resident's personal life beyond their professional function;
- Have personal relations with current or previous residents as outlined in the Emergency homeless shelter's policies of conduct; and
- Accept gifts or services from current or previous residents.

G) ACCOMMODATIONS HEALTH AND SAFETY

1. Accommodation Standards

Residents of emergency homeless shelters may or may not include participants of Employment and Income Assistance (EIA) seeking temporary housing and supports, pending resolution of the issues that give rise to homelessness.

- Emergency homeless shelters must provide, but are not limited to:
 - A mat or bed including bedding for sleeping;
 - 24 hour security, including but not limited to video cameras in sleeping area and walking rounds;
 - Sign log-in sheet; and
 - Staff to make referrals to appropriate resources, such as transitional housing.

As well as meeting the standards set forth by the Province of Manitoba, emergency homeless shelters may make appropriate accommodations for persons with disabilities, and have a modified area and expectable access to that area in accordance with all building codes.

- This may include:
 - Lower shelving and storage;
 - More room for movement of a wheelchair;

- a method of assisting the resident into bed who are unable to do so themselves whether through use of a slide board, a lift or, assistance from two or more employees; and
- Proper means of moving between floors if necessary.

2. Health Standards

- Garbage should be stored in impervious containers with tight-fitting lids that discourage insect or rodent infestation.
- Garbage should be removed often enough to prevent noxious odorous or unsanitary conditions.
- Garbage receptacles must be cleaned regularly.
- Emergency homeless shelter staff should encourage a resident to seek medical treatment if it appears that the resident is ill. Although staff cannot require residents to seek medical attention, they may consider referring residents to community medical resources and health professionals. Except where emergency medical attention is required.
- Emergency homeless shelters that provide access to bathing (and where possible, laundry) facilities may consider in emergency situations, providing soap, shampoo, razors and feminine hygiene products to promote and assist with resident hygiene.
- Given the often unknown health status of the population residing in emergency homeless shelters, employees are encouraged to update their adult immunizations (for example: vaccinations against Hepatitis B virus, TB skin testing and history of Chickenpox).

3. Safety Standards

- All staff, volunteers and residents are entitled to a safe workplace and safe accommodation, as per the Workplace Safety and Health Regulation.
- Agencies should have a plan for continuity or restoration of business functions identified as critical at the time of an emergency.
- Staff should be educated on evacuation plans and explain the evacuation plan to each resident upon admission or as soon after as possible in accordance with the Workplace Safety and Health Regulation.
- Diagrams of the evacuation plans may be posted in plain sight on the walls and/or doors of all sleeping and communal areas, in accordance with the Workplace Safety and Health Regulation.
- People using the hazardous materials in accordance with the Workplace Safety and Health Regulation and with the training programs developed by the Emergency homeless shelter

may be educated on the hazards associated with the products used, and the safe handling, storage and disposal protocol for the products.

- All employees may receive training based on Emergency homeless shelter developed programs, on WHMIS (Workplace Hazardous Materials Information Systems) and MSDS (Material Safety Data Sheet). This is to be done in accordance with The Workplace Safety and Health Regulations part 35.
- When on duty, all staff may be required to be alert and attentive to the activities at the Emergency homeless shelter, based on emergency homeless shelter policy.
- Sleeping when on duty may be prohibited during business hours.
- Emergency homeless shelters must ensure that residents are safe and secure within the facility in accordance with emergency homeless shelter developed regulations.
- Emergency homeless shelters may decide to outline specifically the manner in which cleaning, preventive maintenance; emergency repairs and long-term replacements are to be done.
- Window coverings, upholstered furniture and any carpeting deemed necessary, may be composed of materials that are flame-resistant and retardant.

4. Resident Prescription Medication

- Policies may include but are not limited to the following:

Storage:

- For the protection of all residents, prescription medication could be kept in a secure location such as a cabinet in an office, or locker or drawer in a resident's room, and might be locked at all times.
- Staff might consider consulting with a nurse, physician or pharmacist in any situations where they are concerned about the safety of a resident taking prescription medication.

Documentation (for examples see appendices B, D, and E in this Manual):

- The amount of prescription medication received from the resident when they are admitted as well as the amount being returned to storage after each time it is administered (by a nurse or the resident) to prevent loss of prescription medication.
- Prescription medication information may be recorded in a prescription medication logbook detailing the date, name of the resident, the time the prescription medication was taken, the amount taken and the staff person assisting the resident with the prescription medication.

Support:

- Residents are to self-administer unless there is an on staff nurse. Where there is no nurse on staff residents may require some support from emergency homeless shelter staff, such as prompts, reminders, help to open containers and access to storage.
- In any case where insulin or other prescription medications need to be refrigerated the prescription medication should, for safety and sanitary reasons, be kept separate from any and all food or beverages.

Self-Administration:

- If the emergency homeless shelter's policy is for clients to self-manage their medications, the shelter must advise clients of their responsibilities regarding the safe storage and administration of their medication. Residents must ensure medication is kept in their person at all times unless secure storage facilities are available. Residents must not share prescriptions nor request assistance in administering medication from other residents.

5. Resident Records and Medical Information

All records regarding residents should include their name, date of birth, and date of admittance and discharge.

- When provided by the resident medical information may be recorded. This includes but is not limited to a resident stating that they have diabetes and need to comply with a meal plan and treatment plan, or a resident stating the nature and degree of a disability as well as a treatment plan where applicable.
- When a resident requires prescription medication to be stored and/or administered the amount that is obtained by the employee may be recorded on a medical information sheet (see appendix B), as well as the time(s) taken, and dosage amounts

6. Weapons

- The securing and/or disposal of prohibited weapons, illegal substances and/or contraband should be done in consultation or with assistance from the local police service.
- Objects deemed potentially dangerous to residents or staff (e.g. a penknife) should be turned over to staff for safekeeping and will be returned upon discharge, based on Emergency homeless shelter policy.
- Residents may be made to show staff what they are bringing into the Emergency homeless shelter upon request of Emergency homeless shelter staff. Failure to do so may result in refusal of admission.

- If staff have reason to suspect that a resident has a prohibited weapon, illegal substances, contraband, and/ or potentially dangerous object(s) in their possession, staff may contact the police service for assistance and/or advice.
- If a resident is asked to turn over a potentially dangerous object and or contraband and refuses they may be asked to leave and refused service
- If at any point there may be danger to other residents or employees when confronting a resident with a weapon or contraband, police and/or emergency services may be contacted

7. Records of Incidents and Accidents

- The recording of the unusual incidents may include identifying any residents who were involved in, or witnessed the incident in the event of a criminal investigation, or board investigation.
- Copies of the report might be kept in the files of all residents and/or employees involved.
- Guidelines for recording and reporting all incidents and accidents:
 - They should be recorded in detail and retained for 7 years in order to assess safety
 - All incidents and accidents and their resolution should be reported to the board of directors as soon as is reasonably possible for review;
 - The Emergency homeless shelter boards may so choose to investigate any incident or accident upon it being reported;
 - Accident reports may include witness accounts, and a detailed description of what occurred; and
 - If police or ambulance were called the report number might be recorded in the information.

H) STAFFING

1. Training

- Full-time and part-time staff members should receive training based on Emergency homeless shelters internally developed and Province developed procedures, policies and training programs, and training may be updated yearly or as new procedures and policies are developed. (should this say internally developed instead)
- Documentation might be maintained on-site regarding employees' training.
- Emergency homeless shelter operators are encouraged to hire part-time, casual and relief staff who have completed some of the mandatory training courses.

- Full-time and part-time staff members based on Emergency homeless shelter policy may receive training in the areas described below. Timelines for training should follow those set forth in the *The Workplace Safety and Health Acts* and Regulation and in accordance with Emergency homeless shelter policies.
 - Information and Orientation, outlined in Accommodation, Health and Safety Standards (see section G) within 10 days of employment;
 - Emergency homeless shelter Standards, within the month of employment;
 - Crisis Prevention, and/or Verbal De-escalation training within the first six months of employment;
 - Valid Standard First Aid and CPR, within the first year of employment;
 - Workplace Hazardous Materials Information Systems (WHMIS) and Material Safety Data Sheet (MSDS) training within the first year of employment;
 - Cultural awareness and anti-oppression training within the first year of employment;
 - Aboriginal Cultural Awareness training within first year of employment;
 - Mental Health First Aid; and
 - Suicide intervention training.

2. Staffing Standards

- All Emergency homeless shelters will have written policies and procedures regarding employment practices that comply with *The Manitoba Employment Standards Act*.
- The policies and procedures may include recruitment practices, employment reference checks, criminal reference checks for staff and volunteers, staff orientation and training.
- The Emergency homeless shelter must have adequate staff for the number of residents accommodated, to ensure the safety of residents and staff at all times. A ratio of 1 staff for every 35 residents, 24 hours a day with a minimum of 2 staff on overnight shifts, has been observed to be adequate.

List of Appendices

The following are **examples of information and log sheets.

**Each emergency homeless shelter is to create their own.

FORM	APPENDIX
Confidentiality Waiver	Appendix A
Resident Admission Form	Appendix B
Prescription Medication Log Sheets	Appendix C
Prescription Medication Information and Resident Information	Appendix D
Medical Information Sheet For Stored Prescription Medication	Appendix E
Accident and Incident Report	Appendix F
Contact list	Appendix G
Important Information Links	Appendix H

APPENDIX A

CONFIDENTIALITY WAIVER

FOR OFFICE PERSONEL TO COMPLETE

I _____ give permission to _____
(Resident Name) (Shelter Name)

To release and disclose personal information and/or personal health information as follows:

To _____ (the organization),

For the purpose of: _____

Name of contact person at the emergency homeless shelter disclosing the above referenced information: _____

Signature: _____

Resident Name: _____

Date of Disclosure: _____ Expiry Date: _____

FOR RESIDENT TO COMPLETE

I have read, and understand the purpose for releasing my personal information and/or my personal health information.

I understand that I may revoke this Waiver at any time, in writing, prior to the expiry date, addressed to the emergency homeless shelter.

A photocopy of this signed Confidentiality Waiver is sufficient to authorize the release and disclosure of the above referenced information.

Resident Signature: _____

Date: _____

Witness Signature: _____

Date: _____

APPENDIX B

RESIDENT ADMISSION FORM

First Name: _____ Last Name: _____

DD / MM / YYYY

Birth Date: ____ / ____ / ____ Gender: _____

Resident Signature: _____ Date: _____

Reason for Admittance:

Bed#: _____

DD / MM / YYYY

Date of Admittance: ____ / ____ / ____

DD / MM / YYYY

Expected Date of Discharge: ____ / ____ / ____

DD / MM / YYYY

Actual Date of Discharge: ____ / ____ / ____

Signature of Admitting Staff: _____

APPENDIX D

MEDICAL INFORMATION AND RESIDENT INFORMATION:
Please Print CLEARLY!

First Name: _____ Last Name: _____
DD/MM/YYYY

Birth Date: ___/___/_____ Gender: _____

Date of Admittance: _____ Date of Discharge: _____

Resident Signature: _____ Date: ___/___/___

Emergency Contact if Applicable:

Name _____ Phone# _____

Physician or Hospital to be called in case of emergency:

Phone # _____

Allergies:

Chronic Illnesses:

Regular Medications and Dosage Information (times and amount required):

Medical Problems:

Learning Difficulties:

Recent Injuries (within last year):

Past Injuries, Illnesses:

SAMPLE

APPENDIX E

**PRESCRIPTION MEDICATION INFORMATION SHEET FOR
STORED RESIDENT PRESCRIPTION MEDICATIONS**

Upon receiving medication for storage fill out this form, recording EVERY prescription medication for storage.

****Any thing involving narcotic prescriptions has to be initialed and observed by two staff members****

DD / MM / YYYY

Date of Birth ____ / ____ / ____

Resident Name: _____

Medication	Treatment Times:	Dosage Amount	Amount Received for Storage	Initials of Staff Receiving	Number of Prescription Refills:	Amount Returned Upon Discharge	Initials of Staff Returning

Treatment Plan: _____

Date of Admittance: _____

Date of Discharge: _____

ADVERTISEMENTS

APPENDIX F

ACCIDENT AND INCIDENT REPORT

A copy of this report should go in the files of all those involved.

Name(s) of Persons Involved: _____
(Indicate if employees or residents)

Names of Witnesses: _____
(Indicate if employees or residents)

Description of Incident and the Resolution:

Were Police or Emergency Services Involved? Y / N

If Yes... Incident Report Number: _____

If residents were involved please fill out the following for each resident:

Name: _____ Birth Date _____

Admission Date: _____ Discharge Date: _____

Name: _____ Birth Date _____

Admission Date: _____ Discharge Date: _____

Name: _____ Birth Date _____

Admission Date: _____ Discharge Date: _____

Name: _____ Birth Date _____

Admission Date: _____ Discharge Date: _____

Staff Signature: _____ Date: _____

APPENDIX G

CONTACT INFORMATION

NAME	DESCRIPTION OF SERVICE	PHONE NUMBER	FAX NUMBER
Emergency Services	Fire, Ambulance, and Police Departments, Poison Control	911	N/A
Non-emergency Police	Non emergent police services		
Child Welfare Emergency Line			
Manitoba Hydro Emergency Line			
Poison Help Line			

APPENDIX H

Important Information Links

Workplace Safety and Health Information

For the index page see:

<http://www.gov.mb.ca/labour/safety/index.html>

For guidelines on safe work see:

<http://www.gov.mb.ca/labour/safety/guidelines.html>

For *The Workplace Safety and Health Act* and Regulations see:

<http://www.gov.mb.ca/labour/safety/actregnew.html>

For sample forms and other information on committee minutes see:

<http://www.gov.mb.ca/labour/safety/committees.html>

Fire Safety Information

For Fire Commissioners Office see:

<http://www.firecomm.gov.mb.ca/home.html>

For a copy of a fire and safety inspection form see:

http://www.firecomm.gov.mb.ca/docs/fire_safety_inspection_report_2007.pdf

For acts and regulations see:

http://www.firecomm.gov.mb.ca/acts_and_regulations_main.html

Confidentiality Information

For FIPPA home page see:

<http://www.gov.mb.ca/chc/fippa/>

For PHIA home page see:

<http://www.gov.mb.ca/health/phia/>

Criminal Code of Canada

For search engine to find the code or section of the code see:

<http://laws.justice.gc.ca/en/>

Public Health Offices of Manitoba

For phone numbers of all public health offices in Manitoba see:

<http://www.gov.mb.ca/health/publichealth/offices.html>