RESIDENTIAL COMPLIANCE POLICIES

for

ONTARIO MINISTRY OF CHILDREN AND YOUTH
RESIDENTIAL LICENSING

and

CITY OF OTTAWA SHELTER COMPLIANCE

659 rue de l'Église Street
Ottawa, Ontario K1K 3K1

REVISED and UPDATED April 2018
MISSION STATEMENT

"Building on the Strengths of Pregnant and Parenting Youth and their Children"

Grounded in a strengths-based philosophy which builds on the inherent resilience of each individual, St. Mary’s Home is committed to providing comprehensive services, advocacy and programs for pregnant youth and young parent families; offered in a milieu of respect, care and safety, in partnership with the community.

ST. MARY’S HOME VALUES

- **RESPECT**: Each individual has innate worth and dignity. This is reflected in our attitude and in the practice of equality, fairness and teamwork.
- **TRUST**: Relationships built on integrity and compassion lay the foundation of trust. We are committed to providing an atmosphere where trust can develop and grow.
- **ACCEPTANCE**: A non-judgemental approach is essential to supporting youth with their life experiences and choices.
- **STRENGTH-BASED**: Our role is to build on the resilience, strength and abilities of youth, children and families.
- **INCLUSION**: We promote an anti-discriminatory approach to service delivery. We are committed to continuously grow in knowledge, sensitivity, and skills so that we can best respond to a wide range of backgrounds and a diverse population.
- **PARTNERSHIP**: Strong community partnerships are integral to our programs and services. We promote and invest in collaboration and partnership.
- **EFFECTIVENESS**: Working with innovative and best practices, we actively strive towards measurable positive outcomes.

PROGRAMS AND SERVICES OBJECTIVES

- Support optimal perinatal outcomes
- Motivate choices for healthy lifestyles
- Provide opportunities for education and learning
- Promote positive parenting skills
- Build self-esteem
- Champion healthy child development
- Promote secure attachment in infants and children
- Provide social, educational and health supports
- Mitigate the impacts of mental illness and addiction issues
**THE RESIDENTIAL PROGRAM OF ST. MARY’S HOME**

Homeless pregnant and newly-parenting teens and young women (to age 24 years) who do not have a suitable place to live, typically have unique and complex needs. Many struggle as well with a history of abuse, trauma, mental health challenges and/or addiction issues. These at-risk young people and their infants need intensive, customized services that cannot be readily provided through conventional shelters or other residential treatment programs.

The St. Mary’s Home Residential Program is the only Young Parent Resource Centre with a Residential Program in Eastern Ontario. The Residence’s target population includes two vulnerable generations: high-risk young mothers-to-be and new mothers with their newborn infants (to 8 months of age). The Residence Program includes counselling, support and a range of evidence-based and evidence-informed programs and services designed especially to produce positive outcomes and to foster the health and well-being of both mother and child.

The Residence is a safe shelter and nurturing environment for young women and their babies, in a home-like setting that includes 24/7 supervision and support. St. Mary’s Home Residence is a specialized Supportive Housing Facility within the City of Ottawa Homeless Shelter System.

Clearly a key priority is to create optimal conditions for a healthy pregnancy and a healthy birth for each of our clients. This kind of support has been shown to produce healthier babies, for example resulting in fewer pre-term births and low-weight births. As many homeless pregnant and newly-parenting young women are challenged with mental health and addictions issues, St. Mary’s Home provides direct programs and services and engages with community partners to mitigate the impact of these risk factors on the young women and on their infants. St. Mary’s Home works in partnership with the various Children’s Aid Societies in Eastern Ontario.

Paramount is the safety and health of the infants who reside in the Home. We help our young mothers learn how to care for their children, enhance their coping and life skills, and acquire education, training and other skills and knowledge that will increase their chances of living independently. We aim to give our young women the tools to be responsible and successful individuals, as well as nurturing and effective mothers.

**YOUNG PARENT OUTREACH CENTRE**

All Residents of St. Mary’s Home have direct access to the many programs and services offered at St. Mary’s Home’s Young Parent Outreach Centre, located 450 metres/0.28 miles from the Residence. This dynamic resource centre, provides bilingual, multicultural, youth-friendly services to young pregnant women, young moms and dads (aged 12 to 24), and their children. More than 450 young parents and 300 children under the age of 7 use the Centre annually.

These services, provided by St. Mary’s Home and more than 25 community, health, education, and service partner agencies in a ‘one-stop’ multi-service centre, are specifically designed to give young pregnant women and young moms and dads the help they need to have healthy babies and to be effective, successful parents.

*The following Residential Policies are specific to the SMH Residential Program.*

*To view all of SMH policies refer to SMH Policy Manual.*
SECTION 1 - POLICIES AND PROCEDURES

1.1 - RESIDENTIAL CLIENT SERVICE

1.1.1 ADMISSIONS
Admission to St. Mary's Home Residential Program is available to homeless youth and young women up to and including age 24 who are either pregnant or have recently delivered an infant, who are in need of shelter and specialized parenting and support services. When it is deemed appropriate, an exception to the client's age may be considered and a client older than 24 may be accepted into the Residence, providing she is not taking a bed from a youth in need.

Admission to the Residence is not based on a first-come-first-serve basis; rather priority for admission is based on the following factors: Children’s Aid Society referral; Youth Justice Referral; due date; client’s age; client’s access to temporary accommodations; client's interest in using and benefiting from SMH programs and services. These priorities are reviewed on an annual basis as part of discussions at the time of our license compliance review with the MCYS and with the City.

1.1.2 PLANNED ADMISSIONS
An intake process is carried out with each applicant. The intake is tailored around the clients’ ability to provide information and emotionally and/or intellectually process the discussions that are needed to ascertain a comprehensive scope of their needs and to assess St. Mary’s Home is indeed the best fit for them. Given this tailored approach to intake, the intake process varies between one-to-six meetings; typical two meetings being the norm.

The intake process consists of the following four steps:

1) INTAKE INTERVIEW
An Intake Interview to discern the appropriateness of the client being admitted into the specialized Parenting Residential Program, with a focus on identification of the client’s needs and strengths. Contacts with professionals involved with the young women and, as appropriate, with families are subsequently made.

2) ELIGIBILITY
Determination of the client’s eligibility re: meeting the City of Ottawa criteria for homelessness or that the client is a ward of CAS and will be placed at SMH under the terms of SMH-CAS contract.

3) RESIDENTIAL GUIDELINES
Clinical staff provides the prospective client with a general review of the Guidelines and Program Expectations; ensures that the client is making an informed consent to reside at St. Mary’s Home; and that the client is prepared to commit to participating in our specialized programs and services.

4) INTAKE
Each client is assigned a Case Manager to support them in the duration of their Residential stay. The Case Manager minimally has a BA in Social Work and/or related field of studies. The assigned Case Manager conducts a comprehensive psycho-social Intake at the pace and comprehension level best suited for the client. Ideally the intake is done within five business days but must be completed within ten business days of the client’s admission, unless the client is in such a crisis, medical or intellectual ability dictates the need for the intake to be paced over many mini-meetings; in this case, the reason for the delay of completion for the intake must be noted in the clients file.

5) CLIENT ORIENTATION
Client’s orientation to SMH Residential Service is a 4-step process over 10 days. Refer to Client Orientation Check list for details.
1.1.3 **EMERGENCY ADMISSIONS**

While ideally, admissions are planned in advance, as a specialized Shelter with the City of Ottawa, SMH admits young pregnant women on an Emergency basis 24 hours-a-day/7-days-a-week. When a bed is available, a young homeless pregnant youth/young woman will be given an emergency admission at any hour of any day, whether referred by the Shelter System or presenting herself to St. Mary’s Home. A full intake is not required for an emergency admission; rather the only information that must be gathered before a client can spend the night is having their full legal name; an emergency contact; information about any dietary and/or health needs, including any allergies; if they are presently taking medication, asked to release their meds to staff; and are asked some Safety Screen questions.

Within five business days of the client’s emergency admission, the client will be given an opportunity to follow the General Intake process as outlined above. If the client then wishes to be admitted to the Home, and a bed is available, the client’s admission will be deemed official. If, on the other hand, the client has no interest in residing at St. Mary’s Home’s Specialized Parenting Shelter, she will be offered a lateral Shelter transfer to an appropriate regular shelter in the city. Providing it is safe to house the client and a bed remains available for her, the client may remain at St. Mary’s Home until another bed within the shelter system becomes vacant.

If a call comes in for an Emergency Referral to SMH, yet there is no bed available, SMH will refer the woman to another shelter or overflow facility, and will take responsibility for the young woman until an alternative shelter arrangement has been made. This call must be recorded in the Potential Admissions / Wait List. As appropriate, the client may also be referred to a Public Health Nurse; SMH Obstetrics/Gynecology clinics; St. Mary’s Home and/or Bethany Hope Centre for programs and services or alternatively to language and culturally appropriate services.

1.1.4 **DENIAL OF ACCESS – INVOLUNTARY DISCHARGE**

Clients may be denied access, given an involuntarily discharge or banned from our services based on the client’s overall behaviour/actions that may place babies, other clients, and/or staff at potential or actual risk e.g. active substance use, assault, explosive anger. However, no client will be denied access to our services solely due to mental health issues; a disability; or on the basis of sexual orientation, culture or religion. Clients who are denied access or discharged from SMH can have their case reviewed for reconsideration by the Residential Director.

1.1.5 **HOMELESS INDIVIDUAL AND FAMILY INFORMATION SYSTEM (HIFIS)**

As a Shelter within the City of Ottawa, St. Mary’s Home ensures that each client is entered into the Canada-wide HIFIS system. A HIFIS Intake Form will be completed for all clients admitted under the Shelter System. Client consents will be obtained to share information within the HIFIS Data system. Staff entering client data into HIFIS are specifically trained and must sign a confidentiality agreement related to the information within this system.

1.1.6 **PER DIEM FUNDING**

Unless the client is coming in as an emergency admission, prior to a client's admission the client's homeless status and a funding source for the client's bed must be determined. In the case of an Emergency Admission, the funding Source is to be determined within the following business day.
Per Diem Funding sources and financial Personal Needs Allowance come from a variety of sources. Standard sources of funding include the City Shelter System, Ontario Works, Children's Aid Societies and the Youth Justice System of Ontario. A written Per Diem Protocol is in place between St. Mary’s Home and each source for Per Diem funding. Contracts based on these protocols are renewed annually and are kept at the central administration offices of St. Mary’s Home, located at 780 rue de l'Église, Ottawa.

1.1.7 CLIENT CONTRIBUTION
Clients aged 18 and older who have a source of income, will be asked to complete a Client Contribution Form. In keeping with the St. Mary’s Home-City Shelter Agreement, adult residents with an income are expected to contribute toward the cost of their stay. Client's financial contribution is based on their net income, their debt load and their commitment to budget either towards their baby's layette and/or towards apartment set-up needs. The formula to work out the client's contribution is not a set formula but based on the principal that the client does not have more disposal income than other shelter clients, that they pay off the debt to best set themselves up for successful living in the community, and that they take on the responsibility for their baby's layette and apartment set-up needs instead of relying on Ontario Works for this financial support.

1.1.8 BED ASSIGNMENT
The bedroom number assigned to the client is recorded in her file and on the Population Card (used for emergency procedures to have readily at hand as to who the clients are). The first name of each client is posted on the outside of the bedroom at the time of admission.

1.1.9 RESIDENTIAL GUIDELINES
To ensure clients understand the Residential Guidelines and are able to make an informed consent in committing to the expectations of the Residential Program, a staff member sits one-on-one with the client and reviews the guidelines in detail within five days of each client's admission. If it was not possible to do the Guideline Review within the 5-day timeframe, reason for the delay is noted in the client's Progress Notes, the date of which is recorded on the Residential Guidelines Commitment Form.

As staff go through the Guidelines with clients, each category of guideline is to be signed off by the client as an indicator that the guideline has been reviewed with them, they understand the expectation of them and commit to respecting this guideline. Clients not wanting to sign this Commitment Form are supported in finding alternative shelter arrangements.

Guidelines contain a full explanation of each of the guidelines. A copy of the Guidelines is hung up on the Clients' Bulletin Board for easy reference. A copy is also kept on the coffee tables of the porch and the Living Room. Any client who requests a personal copy of the full Guideline Handbook will be given one.

1.1.10 AVAILABILITY AND ACCESS TO SERVICES
All clients meet monthly with their Case Manager to develop a Plan of Care. As an integral part of this process, staff informs clients of available programs and services, and works with clients to identify their needs and goals, along with the programs and services that would best meet their needs. Services are explored for both the SMH Young Parent Outreach Centre and in the Community at large. Clients receive supports as to how to access these programs and services.
1.1.11 AUTHORIZED LATE AND OVERNIGHT PASSES
When clients are out on a late Curfew Pass or out on an approved Overnight Pass their bed is held for them. (See Section 1.6 Service Restrictions for further details re: approved rationale for Passes.)

1.1.12 REFERRAL TO ANOTHER SHELTER
When a client requests admission and there are no beds available at St. Mary’s Home, she will be referred to another City of Ottawa Shelter or to an overflow facility. If necessary, an effort is made to assist her with transportation. As appropriate to her needs, planning may continue toward bringing this client back for Admission to the St. Mary’s Home Residence.

1.1.13 ASSIGNED SLEEPING ARRANGEMENTS
There are 14 fully-equipped bedrooms. At no time will any client be assigned a sleeping mat on the floor. Rather, all client bedrooms have a twin-sized bed and, as needed, a crib for the client’s baby. All clients' bedrooms are marked with a sign of the client’s first name on the door.

The Visitor’s Room can be used to accommodate a client who has health needs which necessitates that they do not use stairs or for those who require direct staff support. Additionally, the Visitor's Room can be used to place an Emergency Admission in which it appears the client will not be staying in the Home longer than a night or so. Note that the futon in this room can be pulled out to make a double bed and a crib or bassinette can be placed in the room for a baby.

1.1.14 RECORD OF REFERRALS TO ALTERNATE SHELTERS
Clients who are referred to an alternate shelter are to have this fact recorded in their own file.

1.1.15 DISCHARGE PROCESS
St. Mary’s Home works closely with all residential clients to develop a Discharge Plan once they have demonstrated their readiness for Independent Parenting. Independent Parenting is defined as having all of the three following factors:

- Parent is able to manage the direct care of their baby without requiring any prompts or hands-on support;
- Parent has demonstrated the ability to safely parent even while they and/or their infant are sick, hurt and/or emotionally upset/stressed; and
- Parent does not have an open file as a high-risk parent with CAS; or Parent has an open CAS file as a high-risk parent and their Discharge Plan has been pre-approved by CAS.

Note: CAS will immediately be contacted whenever a parent that does not meet all three of the above criteria for Independent Parenting suddenly decides to discharge, in order to ensure that there is planning for care for the youth and/or baby, if needed.

1) DISCHARGE READY
Once a parent has or has almost met the criteria for Independent Parenting (see Section 1.1.15) the Case Manager works with the parent to develop a Discharge Plan. In addition, the client is offered supports as to how to access Ontario Works special funds to support their move into the community, identify their apartment set-up needs and how to go about signing a lease, setting up hydro, etc.
2) **DISCHARGE FORMS**
Upon discharge, staff completes a **Medication Release Form** to indicate if a client has meds or not, and if so, to identify what medications and the quantity of medications are released to the client (see Sections 1.8.21 and 1.8.22). Staff also completes the **Client** and the **Infant Discharge Forms**. The purpose of these forms is to gather the following information:
- Contact information;
- Record of infant discharged into parent's or CAS care;
- Client's status at discharge (Youth in Care, Independent Youth or Adult);
- Type of housing; and
- Type of discharge (planned/unplanned; pre/post-natal; voluntary/non-voluntary).

3) **DISCHARGE SUMMARY**
Once a client has been discharged, the Case Manager provides an overview of the client's residential stay. This Discharge Summary is to be written as soon as possible and no later than within 30 days of the client's discharge date. (If it is delayed, there must be a written explanation provided.) The Discharge Summary is to include the three following components: A summary of the Plan of Care goals; a summary of the client's progress; and an assessment of client's present needs and recommendations. If a client is a Youth in Care and/or has an open file with CAS, these recommendations are shared with CAS prior to the client's discharge.

4) **POST-DISCHARGE SUPPORT**
Prior to discharge, clients are encouraged to meet the Primary Support Staff assigned to them at the SMH Young Parent Outreach Centre that will be available from the discharge point onwards to offer them supports and services as needed. A copy of the client's Discharge Summary is provided to SMH Centre whereby the Outreach Centre staff can have updated information to best continue to serve and meet the needs of the client. In addition, clients can continue to access their Residential Case worker and/or phone in for supports 24/7 as needed for six weeks following their discharge and with the Residential Director's approval, even longer.

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**1.2 - SHELTER PROCEDURES**

1.2.1 **OVERFLOW BED**
With pre-approval from the MCYS, a temporary license for a specific client with set dates of her stay in an overflow bed can be sought for over-capacity, i.e. for 15 clients instead of 14. This client is assigned the Visitor's Room which has a double-sized futon for the client to sleep on. If required, a cradle is available to be put in the Care Room for the client's baby. At no time are clients assigned to a sleeping mat.

1.2.2 **PROVISION OF CLEAN LINENS AND TOWELS**
At the time of admission, the client's bed is already made up with clean sheets. Upon coming into the Home the client is given the option to choose a duvet cover. The staff then helps the client to put the cover on the duvet and place it on her bed. During the client's residential stay, as needed, the client is expected to wash the duvet cover.

Clients have weekly access to clean sheets and towels. Once a week, the client is expected to hand in her dirty linens and towels in exchange for clean ones. Clients choosing to use their own linens may do so, providing they agree to launder their personal linens once each week.
1.2.3 **ACCESS TO BATH, SHOWER AND WASH FACILITIES**
- One basin in the kitchen for hand washing only;
- One large basin off of the living room for hand washing and/or bathing infants;
- Two washrooms are available for clients on the main floor (toilet and sink);
- Each bedroom has a sink for the Resident’s personal use;
- On the dormitory floor ten clients share a large bathroom with two bathtubs/showers and one separate shower stall and three toilets; and
- Two sets of two clients share a semi-private bathroom between their bedrooms. If a minimal hygiene standard is not kept by a client sharing a bathroom, she may lose the privilege to access the bathroom off of her room for a couple of days or altogether after first having tried to work with the client to keep the expected public hygiene standard.

1.2.4 **ACCESS TO LAUNDRY FACILITIES**
A washer and a dryer are available at cost to residents for personal use only. Each client is assigned a laundry day and time. Weekend laundry access is on a first-come-first-serve basis. St. Mary’s Home provides laundry detergent for the clients' clothes. Clients, however, must provide their own laundry detergent particular to their newborn baby’s needs.

1.2.5 **ACCESS TO HYGIENE PRODUCTS**
Prior to a new admission, the bedroom is set up with a basket of basic hygiene products that have been donated to the Home. Subsequently clients are encouraged to budget and purchase their own personal items. However, clients can access leftover donated supplies as available.

1.2.6 **ACCESS TO COMMON AREAS**
The Parenting Room, Dining Room, Living Room, Arts and Crafts Room AKA the Porch, Telephone Room, Laundry Room, the Patio and the Outside Smoking Area are common areas accessible to all clients. In addition, a Visitor's Room is available for clients to entertain their guests or for clients whose health needs require that they be on the main floor during the night.

1.2.7 **ACCESS TO SLEEPING QUARTERS**
- St. Mary’s Home has 14 bedrooms on the second floor. Any one of these 14 bedrooms can become a semi-private bedroom, i.e. can be shared with the mother’s infant. Of the 14 bedrooms, there are two sets of bedrooms with a semi-private bathroom between two of the bedrooms. These semi-private bathrooms can be locked from each of the bedroom sides of the bathroom. All 14 bedrooms have a lock. At the time of admission, clients are given a key to their bedroom, and this key is returned to SMH at discharge; and
- To encourage clients to develop a routine of being up and about during the day, and to attend programs and services as outlined in their Plans of Care, access to the dormitory floor is off limits on weekdays between 9:30 am - 2:30 pm. Clients who are sick and/or have been up during the night tending to their babies can, however, be given access to their bedrooms to rest.

1.2.8 **ACCESS TO SECURE STORAGE**
- SMH Residence does not provide storage space to clients; however, in each of the 14 bedrooms there is storeroom space available above the client's bedroom closet;
• Clients are provided with a small Safe in their bedroom and a half-size locker on the main floor to lock up money and valuables; and

• Clients coming in on an Emergency basis/temporary admission, who are assigned the Visitor's Room, have a larger size room than the 14 bedrooms; however, other than a closet, there is no specific storage space. Clients given the Visitor's Room for a temporary stay are assigned a semi-sized locker but not a safe. If necessary, a client can lock up money in the staff safe.

1.3 - FOOD SERVICE

1.3.1. PLANNED MENU
The Weekly Menu is posted and available for clients to view. On a day-to-day basis, food substitutions are recorded directly on the menu; once a week the adaptations are electronically recorded. The updated Weekly Menu is filed and kept for a minimum of two years.

1.3.2 CULTURALLY DIVERSIFIED MENUS
To support clients of diverse cultural backgrounds and to encourage cultural awareness, clients are asked to make suggestions for the type of cultural foods they would be most interested in trying. In addition to client's input for a varied and culturally diversified menu plan, at least once a month a meal is planned with particular attention paid to the culture of the clients residing in the Home and/or of cultural events e.g. Eid al-adha; Eid al-sitr; Chinese New Year, etc.

Clients are encouraged to bring in their own traditional cultural recipes and to prepare food for themselves on the weekend to have over the week. Clients are provided with spices and typical cooking ingredients of their culture to cook with on the weekends.

1.3.3 MENU ADAPTATIONS
Menu adaptations for client's religious, ethnic-cultural needs (e.g. fasts, no meat or pork, etc.), lifestyle choice (e.g. vegetarian), medical or unique requirements (e.g. lactose intolerance, gluten-free) are to be identified in the client's Plans of Care, posted on the pantry fridge and brought to the Kitchen Facilitator’s attention. All menus must offer alternatives to accommodate these identified needs. Menu Modifications to meet client's specific needs are to be recorded on the weekly Menu Modification Memo Notes. The Menu Modification Memo Notes Document is filed and kept for a minimum of two years.

1.3.4 ACCESS TO FOOD
SMH provides three meals a day: breakfast, lunch and supper. Once all clients have been served, clients are welcome to help themselves to an additional serving. SMH also provides three formal snacks each day: a mid-day snack, an early evening snack and a bedtime snack. Although a formal time exists for each of the meals and snacks, nevertheless, clients can reheat a meal or warm up a leftover as an alternative choice to the designated meal or snack.

A selection of dairy, protein, fresh fruit and fibre products are available in the clients' kitchenette. There is also a supply of milk, coffee, tea and hot chocolate available for self-serve. Clients are provided with a shared fridge for leftover food from SMH meals, as well as for yogurt, eggs, cheese, and salad dressings, etc. The client fridge is also for their personal foods.
Clients attending school, an appointment or a program where lunch is not provided, can make a bagged lunch. Staff will support the client to make this with them or simply to help them identify options to put together their own bagged lunch.

Clients spending a day or multiple days at a hospital with their sick baby can request to have meals packed for them to have at the hospital.

1.3.5 PROPER NUTRITION
The Weekday Menu Plans are based on The Canada Food Guide. Clients are served the Canada Food Guide recommended proportion sizes for pregnant, post-natal and breastfeeding mothers. All clients are assigned a Public Health Nurse (PHN). It is the assigned PHN who provides clients' teaching and educational material on proper nutrition and optimal pre- and post-natal health.

Whenever a client appears malnourished or to have an eating disorder, it is strongly suggested to the client that she sees a dietician. This issue is raised both with the client's Case Manager and with her assigned Public Health Nurse. If a client accepts to see a dietician, SMH staff makes every effort to support her in obtaining and attending an appointment.

1.3.6 ALLERGY ALERT
A sign in the dining room warns clients that there is no guarantee that foods may not have come in contact with allergenic products. Both known and suspected client allergies are recorded in each client's file. In addition, the names and pictures of clients with a known or a suspected food allergy are posted in the pantry for staff to readily consult on a daily basis.

1.3.7 STAFF AND SAFE FOOD PREPARATION
- At least one staff on duty must have the Safe Food Handler Certification and follow Safe Food Handling protocols. To meet this policy all staff who prepares food is trained on a rotational basis with the Food Handlers course;
- The primary cook’s up-to-date Safe Food Handler Certification must be posted in the kitchen; and
- All staff who prepare food in the kitchen must be oriented to the safe use of the kitchen equipment before using the equipment.

1.3.8 CLIENTS AND SAFE FOOD PREPARATION
- Whenever a client requires the use of kitchen equipment e.g. stove, knives, blender, etc. staff must first ensure the client is able to handle the equipment according to safe kitchen equipment practices. Staff are to use their judgment as to whether a client meets this safety standard before leaving them unsupervised in the kitchen. If supervision is required, clients can only access the Residential kitchen when staff is available to provide teaching, support and/or supervision;
- To provide clients an opportunity to acquire cooking skills, on the weekends clients prepare their own meals. Staff supports clients as needed in making a menu selection, following a recipe, etc. Clients who wish to cook for other clients as well as themselves must first have staff approval or direct support to ensure Safe Food Handling; and
- For safety reasons, clients are not permitted to use the outside Barbecue.
1.3.9  **FOOD STORAGE**  
Food is stored in a locked pantry (when not in active use) and is stored in accordance with Ontario Food, Health and Safety Guidelines.

1.3.10  **PROHIBITED TO WITHHOLD FOOD**  
In keeping with SMH philosophy, the St. Mary’s Home Prohibited Client Practice, and the *Child and Family Services Act of Ontario*, at no time can food ever be denied/withheld from a client as a punishment. As stated in *Policy # 1.3.4 - Access to Food*: clients have access to three meals and three snacks each day in addition to a selection of dairy, protein, fruit and fibre products between 7:00 am and 11:00 pm.

1.3.11  **FOOD COSTS**  
Food costs are recorded separately on the agency’s monthly operating financial statements.

1.4  **PERSONAL SUPPORT**

1.4.1  **IDENTIFYING AND ASSESSING CLIENTS’ NEEDS**  
Clients’ needs are identified by their assigned Case Manager. This assessment of clients needs are based on in-depth intake interviews with the client and as applicable contact with professionals involved with the client, viewing CAS clients’ Social History and reading any assessments that may exists and to which clients give authorization to access. The Case Manager that conducts the psycho-social intake interviews; liaises with other professionals involved with the clients; previews previous assessments and works closely with the client to make an assessment of their needs, must minimally have a BA of Social Work or other equivalent education and a minimum of three years of direct client service experience.

The release of information that clients sign to authorize their Case Manager to obtain their Social History Reports and/or Assessments and/or to speak with professionals involved with them, is explained to the clients by the Case manager, in a language and level of understanding appropriate to the clients’ ability to comprehend what is being explained to them. A consent document is signed by the client for each request for information made.

The information gathered by the Case Manager from the intake process is synthesized and put into a Psycho-Social Intake Report written by the clients’ Case Manager. The Intake Report is put in the clients file. The identified clients’ needs which emerge from the psycho-social assessment are shared in discussion with the client and as applicable also with professionals and family members. This discussion forms the bases from which the clients first comprehensive Plan of Care is developed for the purpose of establishing monthly goals. Hereafter, in monthly Plan of Care Meetings in which relevant professionals and family members are encouraged to attend, the clients’ ongoing needs are informally assessed and incorporated into the upcoming monthly Plan of Care. Noteworthy, the Plans of Care specify concrete means of action to support the client in meeting their month-to-month identified goals.

Case Managers formally meet with clients once a week in addition to at least one other weekly check in. In these one-on-one meetings, the Case Manager meets with the client to see how she is doing; supports clients with any concerns / struggles they may have with Residential Living; with their concrete day-to-day Plan of Care Commitments; with their ongoing day-to-day needs.
Advocacy, support, motivational, insight, crisis ... counseling and/or referrals are provided as needed. The Case Manager records in Clinical Notes what is going on for the client and provides direction to staff how best to support the client. Additionally, the Case Manager brings forward clients ongoing needs to weekly Residential Client Meetings and as needed to weekly Clinical Meetings for supervision.

1.4.2 PLAN OF CARE (POC)

On a monthly basis all clients are supported in developing an individualized Plan of Care. Independent Youth and adult clients have complete freedom of choice to include or not to include their family and/or professionals involved in their lives in their Plan of Care; whereas for the Youth in Care, it is mandatory that their CAS worker, acting as their legal guardian, attends and participates in the development of the client's Plan of Care; and that in the case of a youth with a parent/guardian, that the parent be involved in the development of the POC. In addition to the legal guardian/CAS worker participation, it is strongly encouraged that other professionals involved in the client’s life partake in the development of the Plan of Care. Whenever a CAS worker and/or other professionals cannot directly attend a Youth in Care’s Plan of Care meeting, clear documentation as to why not must be recorded in the client’s Plan of Care, along with notation as to their indirect participation.

The individualized Plan of Care is designed in such a manner to ensure the following 12 components are met:

1) Statements of both the client's strengths and needs.
2) Identification, if applicable, of any specialized consultation, specialized treatment and supports or any combination of them, to promote the desired outcomes for the client.
3) A specified timeframe for securing specialized supports. Whenever this defined timeframe has not been met, an explanation as to the reasons for the time lapse must be recorded along with an identification of an anticipated timeframe and the plan for obtaining them.
4) A statement of the client's educational program developed in consultation with the local school board; if the client is unable to attend school there must be clear reasons as to why not and the plan for when the youth/young adult will return to school.
5) For clients who are Youth in Care of a Children’s Aid Society or under their parents’ guardianship there must be a statement as to the frequency of contact with their legal guardian/CAS. In addition, there must be a statement as to arrangements between contact between the youth and the family; if contact with the family is not recommended by the guardian/CAS then there must be a statement to this effect.
6) For Independent Youth/Young Adults, if family and/or professionals are not involved in the Plan of Care, there must be a statement that, as an Independent Youth or adult, they have the freedom to choose family and/or professional involvement in their Plan of Care and that they have chosen to not exercise this right.
7) Goals based on identified needs and the desired outcomes from each goal.
8) A clear action plan for each identified goal, specifying who is responsible for which actions, in a specified timeframe.
9) Clear notation of either the goal being achieved and/or the progress made towards the goal and/or notes as to how the goal has been revised, to take into account the ongoing realities of the client.
10) Recognition of the client's identification, participation and/or belonging to a group, religious, spiritual or ethnic-cultural community. Whenever client identifies themselves as being part of a particular
community or group, the Plan of Care must include goals to support the client with their participation and related needs with their community/group.

11) A clear date set within 30 days of one Plan of Care to the next.

12) All parties involved in the Plan of Care sign the POC and are offered a printed copy of the signed POC.

1.4.3 MONITORING FOR CLIENT CARE

An integral part of SMH Plans of Care is not only to develop monthly and discharge goals, but to also closely monitor the client's progress and day-to-day emotional well-being. To this end, each client is assigned a Case Manager who carries a very small case load. The Case Manager is responsible for reading the client's Progress Notes on a daily basis; to oversee the client's Residential Care in its totality; to provide at least one meaningful weekly support meeting with the client as well as an additional weekly check-in.

Whereas, the Case Manager is responsible for closely monitoring the client's progress and day-to-day emotional well-being, the Primary Care Counselors (PCC) are responsible for recording on a daily basis in the clients Progress Notes. Categories and sub-categories of what the PCC staff are to observe and record is an integral part of the client’s electronic file. PCCs are responsible for being up-to-date with what has been recorded in the clients Progress Notes on a weekly basis; unless otherwise either specified in the Communication Log to read client’s file ASAP or have been informed during Shift Change to read a particular client entry ASAP.

The Residential Director reads Progress and Clinical Notes entries as needed and/or requested by the PCC and/or Case Managers. This preview is to attain greater understanding of the client for the purpose of giving staff clinical direction and support. The Residential Director also reads Progress and Clinical Notes to monitor for quality, fidelity to format and professional consistency.

The Residential Director is ultimately responsible for clients’ records. To assist her in this task, she assigns various parts of clients’ files to specific staff to review on a monthly basis that all required documentation has been entered.

1.4.3.3 CLIENT FILE

A client file is created at the time of their admission. An Admission Tracking Record ensures all required documents are put into the file and are done so within required timelines or a written explanation is provided as to why not.

Daily entries are recorded in the clients Progress Notes. Weekly Clinical Notes are entered.

Monthly Plans of Care are filed as are client’s monthly Agendas which outline their day-to-day Program commitments; service participations; school attendance; health / medical-related appointments; professional appointments; and any other Care Plan commitment tasks.

1.4.4 EVALUATION OF CARE

Case Managers are responsible for evaluating their assigned clients' quality and progress of care. Case Managers participate in weekly Clinical Meetings and weekly Client Service Meetings to discuss how things are going for the clients. On a weekly basis, Case Managers record Clinical Notes to provide updates and clinical direction to the frontline staff working with the clients.
Case Managers work under the clinical supervision of the Residential Director. It is the responsibility of the Case Manager to bring to their supervisor’s attention whenever there is the possibility of a youth returning to CAS care; when there are concerns of a youth safety including AWOLs; when there are concerns of an infant’s physical and/or emotional well-being; of an infant going into CAS care; of an integration plan being developed of the infant returning to the mother’s care at SMH; if there is discussion of a written CAS-Client Agreement / Supervised Order to be put in place; and/or police have been contacted in regards to the client’s safety or in terms of them being charged. In turn, the Supervisor is responsible for providing clinical oversight and directions as how best to manage the client case.

Weekly Clinical Team meetings are made up of the two Residential Case Managers, the Infant Mental Health Parent Educator and the Residential Director. The agenda is built together comprising of four types of points:

1) Community Liaison: How best to work with community partners re client advocacy;
2) On-Call: Debrief calls;
3) Sharing of tools and approaches in working with clients; and
4) Residential dynamics and the routines and expectations of the Home as a whole.

The weekly Client Service Meeting is made up of all the same staff on the Clinical Team, the Day and Evening Primary Care Counselors (PCC) and one PCC from the Overnight staff. The agenda is collectively built together, based on identifying client’s and infant’s needs in relation to the following:

1) To identify Parenting strengths and concerns;
2) To identify clients Discharge Readiness;
3) To identify clients Parent Readiness;
4) Challenges in supporting a client with their Plan of Care; and
5) Challenges in how best to work with a client.

1.4.5 SERVICE PLANS

In addition to each client developing an individualized Plan of Care, clients also have a standardized Service Plan. The Service Plan outlines a comprehensive set of programs and services as well as the knowledge, achievements and skills deemed necessary for clients to best set themselves up for Independent Living and Independent Parenting.

As an integral part of the Plan of Care, on a monthly basis clients meet with their Case Manager to develop program and service goals. A Program Calendar detailing the client’s schedule is written and maintained in the Staff Office for the purpose of staff supporting and reminding the client as needed re: their plan for a given day.

As part of the Program and Service Plan, clients are strongly encouraged to maintain an agenda for themselves and are supported in developing time management skills. Staff tracks clients’ program and service attendance. Attendance is regularly reviewed by the Case Manager. Whenever a client has missed two-to-three commitments within a week or missed two appointments or programs in the same domain, the Case Manager meets with the client to problem-solve the issues that may be hindering them from following through on their commitments.
1.4.6 ACCESS TO HOUSING SEARCH PROVIDER
As an integral part of the client’s Plan of Care, a staff explores with each client the various aspects of her discharge plan and supports her in her search to secure affordable housing.

Clients who have their bed paid for as a Shelter bed (Independent Youth and adults) have the right to apply to the Ottawa Housing Registry to have their name placed on the Emergency Housing Waiting List. The determination of Homeless Status (using City of Ottawa guidelines) is completed with young women who are at least 16 years of age at the time of intake to St. Mary’s Home.

1.4.7 HOUSING REGISTRY PROCEDURES
As soon as the client has settled into the Home, and has in hand what they need to be able to complete an Application for the Ottawa Housing Registry, a staff will support the client in completing a Housing Registry application. This form will identify St. Mary’s Home as her current place of residence and give the name of ‘St. Mary’s Home staff’ as the ‘other person to be contacted’ about the application.

In helping the client to complete the application, the importance she selects liberally from areas of the city to ensure consideration of many housing options is stressed (i.e.: selecting only two-bedroom townhouses will not be productive, for example, as there is little availability of these units).

Along with the Application for Housing, the following documents are to be sent to the Housing Registry in the same envelope:

1) Release of Information, signed by the client, giving permission for the Housing Registry to speak with staff at St. Mary’s Home. This is not negotiable.

2) All clients must sign a Request to Suspend Housing Application to give permission for the Housing Registry to put their application on hold until they are ready to move out of SMH. Suspending the housing application means the application is processed from the date of acceptance, priority for housing is not lost but a housing offer is not made until a the suspension is lifted.

3) For some clients, suspended applications may be lifted within a couple of weeks of giving birth; for others, it may be when her infant is 6, 7 or even 8 months of age. The deciding factor of when an Ottawa Housing Application can be lifted off hold is when a parent is able to parent without any prompts or support from staff, and if CAS is involved, they have approved the client living on her own with her child.

4) Clients are informed once their housing application if off hold, if their SMH bed is required by someone in the community they may be given a 48-hour notice of a lateral transfer to an alternate shelter in Ottawa. It is explained to clients that the very fact that their housing is off hold is indicative, although they could continue to benefit from living at SMH, they no longer need to live at SMH; hence priority for their bed is for someone who does need to reside at SMH.

5) Documentation of Canadian Residency: St. Mary’s Home staff is to ensure that they see the original client document, photocopy that document and send the copy with the application. Staff of St. Mary’s Home writes on the photocopy: “I have seen the original document” and sign their own name and date. (Note: if this documentation is not included, the Housing Registry returns the application as incomplete.)
1.4.8 ACCESS TO HEALTH CARE
All Residential Clients of St. Mary’s Home are actively supported in receiving access to appropriate health care. See Section 1.8: Health and Medication Management policies for full details.

1.4.9 HOME CARE SERVICES
If required for health reasons, Home Care Services will be contacted to provide health services to a client residing at St. Mary’s Home.

1.5 - SERVICES TO CHILDREN & YOUTH

1.5.1 MANDATORY PRENATAL PROGRAMS & SERVICES
For prenatal admission, Residential Clients must attend basic health services in relation to having a healthy pregnancy:
1) Followed by a doctor / OB/GYN / Midwife for their pregnancy;
2) Followed by a PHN at the Residence;
3) Prenatal Classes / Pregnancy Circle (or equivalent); and
4) To be agreeable to work with staff in regards to their health and dietary needs.

1.5.2 MANDATORY PARENTING PROGRAMS & SERVICES
For postnatal admission, i.e. once having given birth, for a client to be permitted to bring her baby to the Residence, the following expectations must be met:
1) Regularly attended doctors’ appointments for their pregnancy;
2) Regularly attended PHN appointments for their pregnancy;
3) Has completed the prenatal part of the Parenting Readiness Program and Baby layette is complete;
4) Bedroom is ready to welcome baby;
5) Worked respectfully with the Residential Staff, i.e. has demonstrated an openness to staff providing Direction-Observation-Teaching-Support (DOTS); and
6) If CAS is involved with them, has signed consent for CAS-SMH to share information back and forth and CAS is supportive of client’s baby being in mothers care at SMH.

Noteworthy, a client is eligible to live at SMH Residence regardless of how little or even no knowledge and/or direct baby care skills. The deciding factor for an infant’s admission is the mother’s willingness to engage with staff teaching and supporting and, if/and as necessary, open to staff providing them with direction and observation. If staff are concerned a client has not demonstrated an openness to respectfully and co-operatively work with staff, a Case Conference with CAS and any other relevant professionals and/or family members will be welcomed to this conference to discuss concerns and to establish clear expectations of what is needed from the client if she would be permitted to return from the hospital with her baby, once having given birth.

Clients are provided with the intense one-on-one Residential-Based Parenting Readiness and Parenting Program to support the clients as young parents in acquiring direct baby care skills; encourage infant play and development; advance early literacy; encourage healthy parenting
and family lifestyles; and to promote infant secure attachment. Clients can choose to have their partner do this intense one-on-one program with them.

Above and beyond this formalized program, all Residential staff engages with clients in such a manner to help clients integrate direct baby care knowledge and skills, to encourage infant play with their baby; to develop a parenting lifestyle and to foster parents’ interactions with their infants to developing a Secure Attachment to them as the primary care-giver.

The Parenting Readiness Program specific learning objectives are listed and signed off in the client’s Parent Readiness Service Plan. The expectation is that this program is completed within three weeks of the clients due date. Six weeks before the client’s due date, a plan is put in place to help her complete the program within the following three weeks.

1.5.3 RECOMMENDED PARENTING PROGRAMS & SERVICES
In addition to the mandatory parenting programs above, it is recommended that clients also do the following programs:

1) Parenting for Success – Teaches knowledge & skills for independent parenting;
2) Transition to Parenting – Teaches knowledge & skills to parent newborn up to 4 months old;
3) Building Blocks - Teaches knowledge & skills to respond to infants emotional cues;
4) Infant Massage - Teaches knowledge & skills to recognize cues and soothe / comfort babies;
5) Baby & Me Parent-Child Drop-In;
6) Well Baby Clinic; and
7) Little Milk Miracles – Breastfeeding Support.

The Parenting for Success; Baby & Me Parent-Child Drop-In; and Little Milk Miracles are evidence-informed programs. Whereas, Building Blocks; infant Massage and the Well Baby Clinic are considered evidence-based programs.

1.5.4 INFORMATION AND REFERRAL
Staff support clients in developing a monthly Plan of Care. This plan includes referrals to appropriate resources both at SMH Young Parent Outreach Centre and in the Community-at-large, including services specific to the cultural identity, ethnic and personal interests and needs.

1.5.5 SAFETY AND SECURITY OF CHILDREN AND YOUTH

1.5.4 PARENTAL / GUARDIAN CONSENT
St. Mary’s Home Residence is a specialized facility for young mothers with babies up to the age of 8 months less a day. All infants are in the direct care of their mothers. At no time can an infant be on-site without their mother or at no time can a staff take a baby off-site without the presence of the mother. As such, parental consent as per this standard is not required. Young women who are under the age of 16 in the Home are admitted as a Youth in Care by a Children’s Aid Society (CAS). Under the contractual agreement with the various CAS agencies that place youth at SMH, there is an agreement that provides consent for SMH to look after the youth as
needed, including bringing the client out into the Community. Given that minors are not admitted into a City Shelter bed, parental consent as per this standard does not apply.

1.5.5. **SCHOOL ATTENDANCE**
An assessment of educational needs is an integral part of the Plans of Care, in which staff support clients in obtaining their school transcripts and make a referral for the client to meet with an Education Support Counselor at our Young Parent Outreach Centre to explore educational options. As appropriate, on an individual basis, staff will work with the youth to support re-engagement in school and school attendance during pregnancy. When schooling is not an immediate option (due to timing of the baby’s due date, health, etc.) effort is made to encourage the client to develop an educational plan for the near future (i.e. six months postpartum). This plan is recorded in the Plan of Care under the category of Education.

1.5.6. **CHILD MINDING**
At no time can a parent be off-site whilst leaving their baby on-site. However, respite, i.e. watching a baby while the mother is on-site, is permitted. See below for the type of respite permitted:

1) **OVERNIGHT STAFF RESPITE**
In the first three weeks that a new mother is home with her newborn baby, staff will offer Overnight Respite to a mother in between feedings, i.e. mother feeds her baby and, time permitting with mother’s consent, staff will change the baby’s diaper, settle the baby to sleep and bring the baby back to the mother for the next feeding. Staff will also provide support with laundry and sterilizing in the first three weeks.

2) **DAY / EVENING STAFF AND VOLUNTEERS RESPITE**
Time permitting, a staff/volunteer may provide mothers with an occasional respite as long as the baby is already settled and has no direct baby care needs. This Day/Evening Respite is either to provide an opportunity for the mother to accomplish tasks, such as sterilizing bottles, doing their laundry or for the mother to take some time for self-care.

3) **CLIENT-TO-CLIENT RESPITE**
A client is permitted to arrange to have a prenatal client care for her baby for brief periods of time providing her baby does not require direct baby care and the mother remains on SMH property. If ever staff assess a mother as over-using respite to the detriment of their Plan of Care goals to independently parent and/or of the baby identifying who the mother is as their primary care-giver, the client may be informed that all client-to-client respite has to be pre-approved by staff and will henceforth only be authorized as per set guidelines established by their Case Manger with them and their CAS worker.

4) **CLIENTS DESIGNATED SUPPORT PERSONS RESPITE**
With staff authorization, the Putative Father (PF) and/or the client’s designated support persons can care for a baby in the Visitor’s Room while the mother is not part of the visit, i.e. mother is resting or elsewhere on-site in the Home. Staff approval is based on how well SMH knows the person who will be providing care for the baby and how cooperative the relationship is between the carer and the mother and the carer and SMH staff.

5) **PUTATIVE FATHER’S VISIT WITHOUT THE CLIENT’S PARTICIPATION IN THE VISIT**
On a case-by-case basis, the father of a baby may be permitted to visit with their baby without the Residential mother taking part in the visit. All such arrangements are to be pre-arranged with the Case Manager and, if CAS is involved with the family, then CAS input and pre-approval will also be required for these visits.
1.5.7 CHILD AND FAMILY SERVICES ACT AND THE DUTY TO REPORT
Whereas Case Managers either report to CAS a collective picture, or report under client's signed consent for Release of Information to CAS, the Duty to Report Child Abuse is an obligation of the specific staff who observed protection concerns or was a recipient of a client's disclosure of abuse.

Staff who report under the Duty to Report Act are expected on the same day to inform the Residential Director (or her designate on her behalf in her absence) that they have reported their concerns to CAS. If a staff wishes to first consult with the Residential Director prior to making a call to CAS, they may do so, but this consultation is not about authorization.

Staff are oriented to the Duty to Report policy at the time of hire and annually thereafter.

The full policy and procedure is available in the organizational policy manual.

1.5.8 ALLEGATION OF ABUSE
The Duty to Report child abuse and suspected child abuse includes an obligation of staff to report suspected abuse from a staff member towards a client. A complaint about alleged abuse by staff is extremely serious and will be investigated in full. See Section 4.3 on Human Resources for more information on this policy.

The Duty to Report child abuse and suspected child abuse includes an obligation of staff to report suspected abuse between clients. This matter must also be brought to the Residential Director's attention for a Serious Occurrence to be made to MCYS.

1.6 - SERVICE RESTRICTIONS

1.6.1 OVERNIGHT PASSES
Clients are permitted two Overnight Passes on the Weekends and additional Overnight Passes for stats and seasonal holidays or as an integral part of the client's Plan of Care. However, the following restrictions do apply:

1) Although SMH permits weekly Overnight Passes, clients who are wards of CAS, involved with CAS as a parent, involved with a Drug or Mental Health Court and/or on Probation must have approval to be on an Overnight Pass and have the location of their Passes approved by the legal authorities involved with them. Case Managers are responsible for recording in client's file the authorized locations for a Pass.

2) SMH staff sign Overnight Passes to authorize a client to be away from their Shelter bed for a set time and in recognition of approval for the location of their Pass.

3) When a client without a baby in her care chooses to go on a Pass which would have been approved other than for the location, staff may choose to "Acknowledge" the client's right to be away; yet does not sign the Pass since the location is not deemed safe or appropriate for the client given their safety needs and Plan of Care.

4) SMH authorization of an Overnight Pass is about the client being away from SMH; the authorization does not represent SMH as being responsible for a client when they are off of SMH grounds

5) Prior to a client leaving on an Overnight Pass, their bedroom must meet Fire, Health, Safety and Housework standards. Exceptions to Housework standards may be made in situations where a client must urgently be absent from the Home e.g. for a death; goes into labor, etc.
6) Clients who are AWOL (Away With Out authorized Leave) will likely be given an involuntary discharge from the Home when five days have passed without contact from the client or the client exhibits a pattern of AWOLs and has been notified that they will be discharged at the next AWOL.

7) Clients are asked to maintain contact with staff even if they are AWOL so staff can ascertain their safety, not need to make a Missing Person Report and can continue to assist them in making healthy choices for themselves and their baby.

1.6.2 RESERVING BEDS
St. Mary’s Home does not reserve beds (i.e. hold a bed for any period of time while awaiting an admission). However, SMH does try to co-ordinate a discharge with an admission and, from this perspective, will plan a client's admission to happen on the same day as the discharge of another client.

1.6.3 INVOLUNTARY DISCHARGE
Involuntary discharges are only at the discretion of the Residential Director. Every attempt will be made by staff to support residential clients in such a way as to avoid escalating behaviour to the point that an involuntary discharge is required.

Any client who has been given an involuntary discharge can be considered for readmission following one month of discharge. Re-admittance will be based on the client demonstrating a willingness to resolve whatever concerns led to their involuntary discharge. St. Mary’s Home distinguishes between two types of involuntary discharges:

1) INVOLUNTARY NON-COMPLIANT DISCHARGE
If, after multiple warnings and opportunities, a young woman remains non-compliant with the Residential Guidelines, she will be given a Non-Compliant Discharge. CAS will be notified of a Non-Compliant Discharge if the nature of the non-compliance is considered as potentially impacting on the care and safety of the client's baby. Residential clients who are given a Non-Compliant Discharge from the Residence are, nonetheless, eligible to receive Residential Post-Discharge Support and to continue with their programs and services at SMH Young Parent Outreach Centre.

2) INVOLUNTARY SAFETY DISCHARGE
Clients who are given a Safety Discharge from the Home are eligible to receive Residential Post-Discharge Support and may also be eligible to continue their programs, education and services from our Young Parent Outreach Centre. This will be conditional upon the successful resolution of the safety risk issues in a one-on-one meeting with the Director of Client Services at the Young Parent Outreach Centre. Clients discharged on the grounds of safety, will be offered referrals to specialized services that may best meet their clinical needs. For the safety and protection of babies and children, any client who is not considered safe to be in the Home is referred to the Ottawa Children’s Aid Society for further support. Referrals to services including to CAS are recorded in the client's file.

1.6.4 DISCIPLINE
St. Mary’s Home uses a Collaborative Problem Solving (CPS) perspective in responding to a client's non-compliant or problematic behavioural issues. In this approach, the emphasis is on helping clients identify the barriers to them doing as well as they can and to help the client develop the lagging skill(s) that may be getting in the way of doing well.

SMH does not endorse punishment; however, when client's behaviour significantly undermines the well-being of the Residential group as a whole and/or on the safety of babies, other clients and/or staff, in these times, consequences may be required to help contain the situation and/or to help the client to maintain the ability to remain living at SMH.
SMH has a Progressive Consequence Protocol. This protocol has been designed with three purposes in mind:

1) To provide tools to help the client gain insight into their behaviour on themselves and/or on the impact of their behaviour on others;
2) To re-enforce SMH expectation that the clients respect the Residential Guidelines; and
3) To ensure the care, welfare, safety and security of all.

Whenever a CPS framework has been used with a client and/or a staff has brought the non-compliance to the client's attention and had a discussion with her about this, and/or a Progressive Consequence Protocol has been put in place, this is recorded in the client's Progress Notes under the category of Guideline Compliance.

1.6.5 PROGRESSIVE CONSEQUENCES

The nine types and ever-increasing intensity of Progressive Consequences are not linear. For example, if a client came into the Home with a weapon, was considered an imminent danger to others in the Home... she may be given an immediate discharge. The spirit, however, of the Progressive Consequences is to apply the least intrusive measure as possible to gain insight and cooperation from the client. If insight and cooperation is gained without having to apply consequence, then none may be given. The Progressive Consequences are as follows:

1) LOSS OF PRIVILEGES
   If a client misuses equipment or creates negative dynamics within the common areas of the Home, following warning and discussion, they could lose the privilege to use a certain piece of equipment or to have access to certain common areas of the Home either temporarily or permanently e.g. lose access to computer, television, living room, porch, semi-private bathroom off of their bedroom, etc

2) COOL-OFF TIME
   If a client is explosive, threatening, swearing or escalating, they may be asked to take a Cool-Off Time out of the Residence. This Cool-Off Time is generally for a 2-hour time period. However, depending on weather conditions, the client's health, their baby's need, the time of the day, and the seriousness of the issue that necessitates the client to take a Cool-Off Time, the client may be asked to only take 20 minutes out of the Home – time enough to walk around the block to cool off.

3) SOCIAL SKILLS TRAINING
   If a client bullies, is directly undermining another client and/or creates negative dynamics, etc., she could be asked to read related material and/or participate in a Social Skills Training with her Case Manager. The Social Skills training is tailored to client's literacy level and individual need.

4) REFLECTION
   If a client is consistently non-compliant with one or more of the guidelines and staff believes the client could benefit from some introspection on the given issue, she may be asked to write a reflection about that particular issue. The client's Case Manager would give direction and support to the client in their reflection process. Any client lacking literacy skills may verbally share their reflections.

5) CONFLICT RESOLUTION
   If a client bullies, is directly undermining the welfare of another client, and/or is contributing to negative Residential Dynamics, the client may be asked to participate in Conflict Resolution as a condition of her continued Residential stay or as a condition of their return from a time out from the Home.

6) DAY OUT
   If a client is beginning to lose control of herself to such an extent that a simple Cool-Off Time is not considered enough to successfully de-escalate a situation, the client may be asked to leave the Home for the balance of the day and to return by curfew.
7) **REFLECTIVE TIME-OUT**

If a client finds the specialized Prenatal Residential/Parenting Program and/or the Guidelines and Program expectations too intense or feels ambiguous about her commitment to them, a client can take or be given a 48-to-72-hour Reflective Time-Out to think about whether St. Mary’s Home is where she really wants to be. This is considered a reflection time and not a suspension. During Reflective Time-Out the client’s assigned bed is maintained for them.

8) **SUSPENSION**

A client may be suspended for two-to-five days, either because she has come Home under the influence of alcohol or drugs, exhibited unacceptable behaviours or because she is consistently non-compliant with the Residential Guidelines. Acceptance back into the Home will depend on the client’s willingness to satisfactorily resolve the concerns at hand. During a suspension, the client’s assigned bed is maintained for her.

9) **DISCHARGE**

When a client is unwilling or unable to follow the Residential Guidelines; cooperate with other clients and/or staff; and all means of giving the client an opportunity to do so have been exhausted; has been given multiple warnings ... at the direction of the Residential Director she may be given an involuntary Non-Compliance Discharge. (See Section 1.6.3 Involuntary Non-Compliant Discharge.)

When a client is unwilling or unable to manage themselves in such a way that other clients’ rights to emotional and physical safety are significantly undermined and/or it has been assessed that the client poses a real, an imminent or potential danger to others, at the direction of the Residential Director she will be given an involuntary safety discharge.

### 1.6.6 PROHIBITED METHODS OF BEHAVIOUR MANAGEMENT

The following discipline methods are prohibited:

1) Secure Isolation in a locked room;
2) Withholding food;
3) Withholding mail;
4) Withholding cheque or money;
5) Degrading verbal comments;
6) Bullying / Threatening / Intimidating; and
7) Corporal punishment.

Any such actions by staff constitute a serious contravention of the Mission and Policy of St. Mary’s Home and will result in disciplinary action of the employee. Protocol for the Disciplinary Action of staff is described in full in the Personnel Policy.

### 1.6.7 NON-VIOLENT CRISIS PREVENTION AND INTERVENTION POLICY

St. Mary’s Home is a safe haven for young women during pregnancy and in the postpartum period. As such, physical safety is paramount.

In the event of a crisis involving the physical attack by one client against another or against staff, 911 is to be called.

As part of their professional responsibilities, staff are to use **Non-Violent Crisis Prevention and Intervention** techniques to prevent situations from escalating to physical violence. The focus is on Early Intervention and De-Escalation. **Physical restraints are not used at St. Mary’s Home**, due to health factors related to pregnancy and the perinatal period. There are no exceptions to this policy.

As per our Provincial Licence requirement, St. Mary’s Home ensures all Primary Care Residential Staff, Clinical and Program Staff and Supervisory Staff who provide direct service at the
Residents are trained in the use of Crisis Prevention Intervention, including Physical Restraints Training at orientation and that they have a refresher training in these methodologies annually. During the training, staff are taught that if a child or youth were to be restrained, the following observations must be made by staff of the child or youth being restrained, to ensure that they are not experiencing severe distress, including:

- **Signs of cardio-pulmonary distress, evidenced by:**
  Shallow, rapid breathing, grunting, bluish tinge to fingernails or around mouth, flushed or pale complexion, cold extremities, nasal flaring, absence of breathing; and

- **Signs of possible Neurological distress, evidenced by:**
  Confusion/disorientation/flashbacks, seizures, vomiting, diarrhoea, difficulty breathing / hyperventilation, unconsciousness, headache.

Notwithstanding this intensive, important and specific training, all employees must observe the NO-RESTRAINTS policy of St. Mary's Home. Not following the NO-RESTRAINT policy will result in disciplinary action of the employee, with expected loss of employment at St. Mary's Home.

More information on this policy is provided in the Human Resources Section 4.3.

### 1.7 - CLIENTS’ RIGHTS AND RESPONSIBILITIES

#### 1.7.1 CLIENTS’ RIGHTS AND RESPONSIBILITIES

At the time of admission to the Residence, staff meets with the new resident to explain the "Rights of Persons in Residential Care" in a language appropriate to client's age and cognitive abilities. Residents sign that these rights have been explained to them and that they understand their rights. These rights include a client’s right to participate in their Plan of Care, i.e. set personal goals and their right to be transferred and/or discharged.

The "Rights of Persons in Residential Care" is reviewed with the client every six months. The CAS workers of Youth in Care sign alongside a client that they have reviewed the client's rights. A personal copy of client "rights" is available upon request and a copy is posted on the Clients' Bulletin Board for easy reference for clients, legal guardians and visitors.

#### 1.7.2 ACCESS TO A COPY OF CLIENTS’ RIGHTS AND RESPONSIBILITIES

To provide ready written access of ‘Clients' Rights and Responsibilities’ to clients, visitors and to staff, a copy of the ‘Rights of Persons in Residential Care’ is posted on the Clients' Bulletin Board, as is a copy of the Residential Guidelines, Parenting Guidelines, the Complaints Procedure and the Cultural / Ethnic / Religious Rights of Residents.

#### 1.7.3 RESIDENTIAL GUIDELINES

A Guideline Handbook that contains a full explanation of each of the guidelines is hung up on the Clients' Bulletin Board for easy reference for clients, legal guardians and visitors. Any client who requests a personal copy of the full Guideline Handbook will be given one. For full details of the Residential Guidelines/Rules please refer to 1.1.9.

#### 1.7.4 CLIENTS’ CONCERNS AND COMPLAINTS

Clients have the right to make complaints in regard to how another client or staff member are treating them. Clients can express concerns and complaints directly to staff on duty, to their Case Manager, to the Residential Director, to the Executive Director or to the Board of Directors.
The Concerns and Complaint Procedure must be reviewed by the Case Manager with the client at the time of her First Plan of Care and every six months thereafter. In the first review of the Clients' Concerns and Complaints Procedure, once the Case Manager has reviewed the Procedure with a client, in a language appropriate to their age and cognitive abilities, both the staff and the client sign the Procedure to indicate that this has been reviewed together. Additional reviews of the Procedure will be indicated in the clients' Plan of Care.

Clients are explained how to make an internal and external complaint:

1) **INTERNAL COMPLAINTS**

   Clients who wish to make a complaint about another client can talk to their Case Worker or to any staff of their choice. If the issue is still not resolved, the complaint can be taken up with the Residential Director. Clients wishing to make a complaint about a staff member can request a confidential meeting with the Residential Director. If the concern is not resolved, they can ask to speak to the Executive Director.

2) **EXTERNAL COMPLAINTS**

   At the time of client's First Plan of Care and every six months thereafter, the client is explained the role of the Office of the Provincial Advocate for Children and Youth. The phone number for this office is to be located on the Clients' Bulletin Board in the front entry where clients sign in/out of the Home. (1-800-263-2841 or by email: advocacy@idirect.com)

**1.7.5 CULTURAL / ETHNIC / RELIGIOUS RIGHTS OF RESIDENTS**

St. Mary's Home fully endorses the Declaration of Multicultural Policy as implemented in the Child and Family Services Act of Ontario, in the Canadian Charter of Rights and Freedom and in the Ontario Human Rights Code. The following adopted policies are in place to ensure that our residential setting is an inclusive and a culturally competent environment for the youth in our care.

St. Mary's Home prohibits discrimination and harassment in respect to the following:

- Ancestry, religion, colour, and ethnic origin;
- Gender orientation and sexual identity;
- Age, education, family and marital status;
- Record of offences (although safety issues will prevail);
- Political and membership affiliations;
- Receipt of public assistance; and
- Personal characteristics.

St. Mary's Home strives to be an actively inclusive environment. Cultural Celebrations, Cultural Awareness Events and/or Cultural Diversity Suppers will be hosted at least once a month.

1) Clients will be assisted in preserving their unique cultural identity or heritage and in maintaining their positive contact, involvement and participation with their own religious, ethnic or cultural community. Identifying clients' unique needs and developing tailored support will be an integral part of the monthly Plan of Care and a specific issue addressed within their discharge planning.

2) The needs of pregnant clients who may be Lesbian, Bisexual, Transgendered and Questioning will be accommodated with the same degree of care and professionalism as is provided to heterosexual young women. All residents have individual bedrooms (that they share with their infant following birth). While most clients share a common bathroom facility, St. Mary's Home will explore with lesbian, bisexual or transgendered youth about the necessity of having one of the bedrooms that has access to a more private washroom available. Confidential counselling, support and appropriate
referrals will be provided to help mitigate any increased distress which may be experienced by these clients related to their sexual identity.

3) Clients are free to attend worship services of their choice, should they wish to do so. Clients will also have voluntary access to their personal religious affiliation, community and spiritual care. St. Mary’s Home will support them in doing so by providing bus tickets if they have no other means of attending.

4) Information regarding a client’s present and future needs in respect to their personal religious affiliation, community and spiritual care will be collected at the time of Intake and Clients will be assisted in further determining their needs and making plans to have these met during their monthly Care Plan reviews with their assigned Case Workers.

5) Client participation in any religious program that may be available at St. Mary’s Home is completely voluntary.

6) Any direction by staff to the effect that seeks religious conversion, proselytizing or criticizing of a faith group by staff, students or volunteers is strictly prohibited. Any such actions by staff constitute a serious contravention of the Mission and Policy of St. Mary’s Home and will result in disciplinary action of the employee.

1.7.6 CLIENT RIGHTS TO PARTICIPATE IN SOCIAL AND COMMUNITY ACTIVITIES
Not only do have clients have rights to participate in social and community activities this will be actively supported and encouraged. SMH Residence is to offer weekly Arts and Crafts and two or more Monthly Cultural Events. Clients will be encouraged to take Overnight Passes to family and friends' homes, to use the local library and to access the local recreation centre.

1.7.7 ACCESS TO MAIL
- Clients have the right to send and to receive uncensored mail.
- Staff are not permitted to open clients' mail unless the client directly requests in writing for staff to do so.
- If staff were to suspect that a content of a client's package contained drugs, weapon or other banned substances/material in the Home, they can request the client open the package in front of staff. If staff are concerned that asking a client to open their package in front of staff may elicit undue safety/hostility, then staff are to first consult with On-Call as how best to handle this situation to ensure that adequate staff support is available on-site.

1.8 - HEALTH AND MEDICATION MANAGEMENT

1.8.1 STAFF ORIENTATION TO CLIENT MEDICATION POLICIES AND PROCEDURES
New Primary Care and other staff must meet one-on-one with the designated staff responsible for the oversight of client health for an individualized orientation to the Medication Management Policies and Health Protocols. Staff may not dispense medications until they have completed this orientation and have confidence in their knowledge and skills to carry out the duties of dispensing medication as per St. Mary’s Home policies and protocols. On an annual basis the Medication Management Policies must be reviewed by Staff.
1.8.2 **CLIENT MEDICAL ADMISSION**

1) At the time of admission the following basic health information must be gathered on the client:
   - Health Card number;
   - Date of birth;
   - Notation of Health or Medical concerns;
   - List of known and suspected allergies;
   - Approximate height and weight at time of admission; and
   - Names and contact information of Family Doctor, Obstetrician, and other Health Practitioners.

2) Upon Admission, all clients are required to have a Medical Admission Exam either within 30 days prior to Admission or to be arranged within 72 hours of Admission. When a client is unable to see a doctor within this prescribed 72 hours, the efforts to see a doctor and the date of the upcoming medical appointment must be noted in client's file.

3) At the time of Admission, if a client does not have an ONTARIO HEALTH CARD (OHIP), staff will take immediately action to advocate for the client to be granted a temporary OHIP number and to be seen by a doctor ASAP. These efforts and the outcome will be noted in the client's Health Progress Notes.

4) At the time of Admission, if a client does not have a doctor or obstetrician, St. Mary’s Home staff will help them find a Health Practitioner.

5) All residential clients are encouraged and supported to seek dental care; whereas it is mandatory that Youth in Care have a dental assessment either within six months prior to admission or within 30 days of Admission. If, for whatever reason, a client does not receive a dental assessment within this prescribed timeframe, clear notation must be made in the client's Health Progress Notes as to the reason(s) why not and the plan to ensure the client does receive a dental assessment and follow-up as needed.

6) All residential clients are assigned to a Public Health Nurse (PHN) from Healthy Babies / Healthy Children for support during pregnancy and in the post-natal period. Staff confers on a regular basis with the PHN and brings all health-related concerns to their attention. The assigned PHN and/or the Family Support Visitor provides teaching and educational material to the client about proper nutrition during their pregnancy and for optimal pre- and post-natal health.

7) The health of both mother and child are tracked and supported during each client's stay at St. Mary’s Home in the client's Health Progress Notes.

8) A Medication Record is prepared for each client. The dosage and other instructions of any prescribed medications is recorded and tracked on the Medication Record.

1.8.3 **STORAGE OF MEDICATION**

For safety reasons, and in keeping with the Child and Family Services Act, all medication is kept behind double locks: i.e. kept in a locked medicine cabinet within a locked office. Medications must be clearly labelled in the original labelled containers or, if original container is damaged, the replacement container is labelled with the same information as the original label. Medication that needs to be refrigerated will be kept in the refrigerator of the locked pantry.
1.8.4 **INFECTION PREVENTION / HAND HYGIENE PRACTICES**
Staff must use alcohol-based antiseptic gel or wash their hands **thoroughly** using soap and warm water prior to **and after** handling / dispensing client's medications.

1.8.5 **MEDICATION PREPARATION**
Medications must be prepared in a private space with adequate lighting and space required to effectively dispense medication. This lighted private space is provided in the **Main Staff Office**.

1.8.6 **ADMINISTRATION OF PRESCRIPTION MEDICATION**
All prescribed medications are recorded in the client's **Medication Record**. Prescribed medication is only given to the client for whom the medication is prescribed.

1.8.7 **OBTAINING MEDICATION INFORMATION**
Whenever a client has a new prescription, the staff on duty is to ensure that the prescription is filled and is to request from the pharmacist Medication Information to ensure the client has a basic understanding of the medication(s) that have been prescribed.

The **Vanier Pharmacy** provides Medication Information Sheets on all prescriptions filled for Residents of St. Mary's Home and is the organization's Pharmacy of choice. The Vanier Pharmacy is available at: Phone number: **613-746-8102**. Their Fax number is: **613-744-3917**. Other important sources of Medication Information: **Pharmacopoeia** and **Tele-Health Ontario**.

1.8.8 **COMMUNICATING MEDICATION INFORMATION WITH YOUTH**
The Pharmacy Medication Information Sheet is to be reviewed with a client ASAP. The staff reviewing the medication information is responsible for ensuring the client understands -- in terms appropriate to her age and cognitive skills -- what the medication is used for and what the possible side effects are. If the medication is a psychotropic medication, in addition to discussing the standard information as outlined above, staff are also to discuss with the client the dangers of skipping medications, mixing medications with other medications, substances, or non-prescription medications including herbal remedies. Staff reviewing a psychotropic medication must record in the client's Health Notes the conversation of the risks that they had with the client. See Section 1.8.14 for more details.

Once the Medication Information Sheet has been reviewed, both client and staff date and sign the Medication Information Sheet as an indicator that this has been viewed. Once the client is no longer taking the medication, the Pharmacy Medication Information is to be placed in the client's Health Records.

In circumstances where the client is not in a state to take in the information, e.g. just back from surgery, in crisis, etc., staff can decide to give the client the medication as prescribed but to postpone reviewing the Pharmacy Medication Information to the next day. Notation of this delay of medication review must be recorded in the Medication Record and recorded in the Staff Communication Log Book to ensure that staff is aware to review the Pharmacy Medication Information the following day with the client.

1.8.9 **CLIENT ACCESS TO PRESCRIPTION MEDICATION**
Prescription medications are kept locked under staff control. Clients are encouraged to request their medication at the appropriate dispensing times to demonstrate that they have good Health Management Skills. We have a Medication Dispensing Schedule that corresponds to the general prescribed times of medications. Medication Dispensing Times are both listed on the Client
Information Board posted outside the Staff Office and are announced over the intercom each time Medications are to be dispensed. Staff is responsible for seeking out any clients who do not come for their medication. Staff must record their efforts to engage a client to take their medication and leave a voice message with the client's Case Manager. If a client has been prescribed a medication at a time that does not fit into the regular Medication Dispensing Schedule, the client will be given her medication on an individualized basis as per the prescribed times.

1.8.10 RELEASE OF MEDICATION DURING STAY
When a client will be out of the Home during her regular medication dispensing time, she will be given the number of dosages needed for the period of time that she is to be away. All medication given to a client must be placed in a labelled container or a labelled sealed envelope with the name of the client, the name of the medication, and the precise dosage and time that the medication is to be taken. The staff dispensing the medication signs the container / envelope and signs off in the Medication Record that the medication that has been released to the client. Whenever a client has been requested by a physician to bring in all their medications so that the doctor can be sure to have all active medications on record, rather than staff releasing the meds to the client, staff will provide the client with a typed list of all of their active medications. This list will include the name of medication, the dosage, quantity, prescription information and the reason the medication is taken.

1.8.11 MEDICATION RECORD
Each client has a Medication Record to document all medications coming in and the date and time that medication was administered. Medication Sign-Off Protocol requires that staff initial and indicate on the client's Medication Record when a client has been given medications or has failed to take them. There are three Medication Sign-Off Categories:

1) "T": Client has TAKEN their medication.
2) "G": Client was GIVEN meds to take with them while they are away from SMH.
3) "A": ALERT - Client did not take their medication.
4) "*" Asterisk indicates staff has recorded in information in medication notes.

1.8.12 MEDICATION RECORD REVIEW
Prior to the end of the Shift, the Shift Coordinator is responsible for reviewing that Medication Records have been completed as per protocol, and for signing the Medication Shift Review indicating that this protocol review has been done. During Shift Change, the Shift Coordinator is to pass on any relevant medication information e.g. highlighting Alerts of medications not taken during their shift and of medications that may need to be dispensed ASAP upon a client's return to the Home, etc.

1.8.13 MONITORING MEDICATIONS POTENTIAL SIDE EFFECTS
Staff records in client's Health Progress Notes their observations of changes in weight, behaviour, emotions and physical state that may be due to a side effect of the medication. The Case Worker is responsible for identifying any pertinent patterns or health concerns to the client's Public Health Nurse and/or other Health Practitioner.
1.8.14 **PSYCHOTROPIC MEDICATIONS**
The Case Manager must ensure that for a client who is a Youth in Care, that CAS, as their guardian, is fully aware and in agreement with the psychotropic prescription and that the client understands the nature of the medication she has been prescribed. The Residential Primary Care Counselors are responsible for following closely any client who has been prescribed psychotropic medications for the following High-Risk Flags:

1) Psychotropic Medications that are prescribed as PRN (as the situation demands) and/or that are used "as needed" more than twice a day or for more than three-or-more consecutive days.
2) A youth prescribed two-or-more different psychotropic meds.
3) A client on a psychotropic medication that has not been reviewed by the prescribing practitioner in six months.
4) A psychotropic medication that is suddenly stopped by the youth without discussion with a health practitioner.
5) Any situation that causes concern.

1.8.15 **INDIVIDUALIZED RESPONSE PLAN**
The staff on duty leaves a message for the client's Case Managers whenever they have recorded a **A – Alert: Medication has not been taken**. The Case Manager follows up with a one-on-one discussion with the client about the potential health risks of intermittent use of her medication or of not taking the medication at all. The client's assigned Public Health Nurse is also made aware of the staff-client discussion and a plan to rectify the health concern is made. As needed, the prescribing doctor is notified. If a client is a ward of CAS, her worker is also notified.

1.8.16 **MEDICATION INCIDENT / ERROR**
A ‘Medication Incident’ is when a client is given a wrong medication or a wrong dosage of a correct medication. In the case of a Medication Incident, appropriate support and action is taken to ensure the health of the client. Poison Control, Tele-Health Ontario, client's physician, and/or the dispensing pharmacy are to be contacted as needed. The Shift Coordinator on duty is also to report and consult the On-Call staff.

A full report is recorded in the client's Health Record. Notation is made on the Medication Record. The Shift Coordinator on duty leaves a message for the client's Case Manager AND the Residential Director to inform them of a medication dispensing error. The Executive Director is informed. The Residential Director investigates the matter and reviews all procedures.

1.8.17 **STAFF SUPPORTED MEDICAL VISITS**
All Clients (wards of CAS or with alternative guardians) are accompanied by a staff or a designated support person to scheduled medical appointments. These medical appointments must be recorded in client's Health Record as to who accompanied the youth.

The youth must be accompanied by a staff or Guardian to all medical appointments, as per MCYS guidelines. The youth in care does not have the option of staff attending the appointment with them or sitting in the waiting room. Staff and/or Guardians must meet directly with the health practitioner. On occasion, Staff Supported Medical Visit is also provided to Independent Youth and Young Adults when the one-on-one support is deemed a necessity for effective client service.
1.8.18 MEDICAL TEST MONITORING
The Case Manager is responsible for following up on all medical lab results prescribed by a doctor for youth in CAS care and/or for a youth admitted by a guardian.

1.8.19 EMERGENCY ADMISSION TO HOSPITAL
As the legal guardian, CAS must be immediately contacted whenever a client who is a Youth in Care has been brought to a hospital. The hospital is to be provided with any relevant medical information and the client will be offered support. As the legal guardian, it is CAS and not St. Mary’s Home, that must consent to medical tests and procedures.

1.8.20 ADMISSION TO A HOSPITAL
Whenever a client has been admitted to a hospital, the anticipated date of discharge is to be noted in the client’s SMH Health Record.

1.8.21 TRANSFER OF MEDICATION RE: YOUTH IN CARE
At the time of Discharge from the Residential program, the medication of a client who is a Youth in Care can only be returned directly to a Children’s Aid Society worker, unless SMH has received a written statement from the appropriate CAS granting permission for the medication to be given directly to the Youth in Care. Whenever a Youth in Care has authorization to directly receive her medication, the letter containing such authorization must be stapled to the Medication Release Form.

Along with the medication transfer to the guardian, any pertinent health information will be provided. The legal guardian is to sign the Medication Release Form at the time of the young woman’s discharge from St. Mary’s Home to indicate that the legal guardian has received the client’s medication, the quantity of medication received and a copy of the Pharmacy Medication Information for all medications that the youth is actively taking. In the case that the Youth in Care has been given authorization to directly receive her medication, it is the youth and not the CAS worker that signs the Medication Release Form.

If there is not a minimum supply of one week of medication being released to the CAS as the guardian, indication on the Medication Release Form must be noted to explain why not.

1.8.22 RELEASE OF MEDICATION TO INDEPENDENT YOUTH AND YOUNG ADULTS
Upon discharge, Independent Youth or adult clients will be given their medication to take with them. In addition, the client will be provided with any relevant health information on file including a photocopy of the Pharmacy Medication Information for medications that the client is taking at the time of her discharge.

The client is to sign the Medication Release Form at time of Discharge to indicate she has received her medication(s), the quantity of medication received and a copy of the Pharmacy Information Sheet about her medication. If there is not a minimum supply of one week of medication being released to the client, indication on the Medication Release Form must be noted to explain why not.

1.8.23 DISPOSAL OF UNCLAIMED MEDICATION
Medication left behind at discharge will be kept for a period of ten days. Within ten to fourteen days following a client’s discharge, if the medication is still not claimed, it will be disposed of by being returned to the local pharmacy. A note of the date of the medication disposal and the name of the pharmacy retrieving the medication will be made on the Medication Release Form.
in the client's file and a message left for the Case Manager and the Residential Director that this has been done.

1.8.24 **DISPOSAL OF SYRINGES**
A City of Ottawa Public Health Syringe Disposal Container is in the Staff Office for safe disposal of syringes. When the Syringe Container is full it will be brought to a Pharmacy for safe disposal and a new disposal container will be provided. The Residential Director is to be notified whenever the Syringe Container needs to be brought to a pharmacy and signed off in the Communication Log once this has been done.

1.8.25 **POISONOUS PRODUCTS**
To avoid clients from deliberately or accidentally inhaling or consuming poisonous products, cleaning products e.g. bleach, is locked up at all times, except when a client has access under group supervision, i.e. a designated staff hands the cleaning product to clients, remains around the location that the clients are using the products (e.g. to clean their bedrooms) and ensures the product is returned once the clients’ cleaning tasks are complete.

1.8.26 **HEALTH PROGRAM**
Each client has a Health Service Plan that lists and tracks healthcare needs of a youth, of a pregnant young woman, of a breastfeeding young woman and of infant care. To support the client in her Health, each client is assigned a visiting Public Health Nurse who follows the client in their pre- and post-natal care and works closely with staff to ensure the client receives quality oversight in her health needs.

**SECTION 2 – FACILITY**

2.1 - BUILDING PREMISES

2.1.1 **FREE FROM HAZARDS**
The Residence of St. Mary’s Home is kept free from all hazards to the safety of clients, staff and visitors.

2.1.2 **CLEAN AND SANITARY**
The Shelter is clean and kept in a sanitary condition at all times.

2.1.3 **SUPPLY OF WATER**
An adequate supply of potable and hot water, which adheres to all provincial and municipal legislation, is available at the shelter to meet clients' needs. St. Mary’s Home is supplied with water by the City of Ottawa.

2.1.4 **SEWAGE AND WASTE DISPOSAL**
An adequate sewage and waste disposal system, which adheres to all provincial and municipal legislation, is in place at the shelter to ensure safety and cleanliness.
2.1.5 **SIZE OF SLEEPING AREAS**
Ten bedrooms measure 9.7 feet by 9.9 feet; Four bedrooms measure 13.5 feet by 10 feet. For safety reasons, clients must keep a clear path of 2.5 feet from their bed to the door; in particular there must not be any furniture or other objects hindering a free evacuation path.

2.1.6 **SHARED BEDROOM ACCOMMODATIONS**
All bedrooms meet shelter standard of square footage to be a semi-private bedroom, i.e. shared by an adult and their baby. Each bedroom has a twin bed and a crib or cradle, as needed.

2.1.7 **DINING AREA**
The dining room hosts three dining tables; each table sits eight people. Generally during a typical meal there are up to 14 clients and three staff. On the rare occasions where there may be more than 24 individuals eating at one time, the overflow clients are permitted to eat on one of the two tables in the Arts and Crafts room located immediately adjacent to the dining room.

2.1.8 **BATHROOM PRIVACY**
All washrooms and bathrooms have a lock on the door to permit client privacy.

2.1.9 **LOCATION OF BATHROOMS**
All washrooms and bathrooms are located in private area. None of the bathrooms are in direct view of the kitchen and are not located near food preparation or storage areas.

2.1.10 **BATHING FACILITIES**
SMH has a large bathroom for prenatal clients that is designed with two private bathtub and shower rooms and one private shower stall. In addition, there are two sets of bedrooms that share a bathroom between the two bedrooms.

2.1.11 **WASHBASINS**
In total there are 22 sinks for the personal hygiene use of the 14 clients and their babies: the sink in kitchenette; the sinks in the two main floor washrooms; the sink in the large bathroom; the sinks in each of the two sets of shared bathrooms between bedrooms; the sink the Nursing Care Room; and each of the 15 bedrooms is outfitted with a sink for personal use.

2.1.12 **EMERGENCY ACCESS TO WASHROOMS**
All washrooms and bathrooms have a lock release on the door handle permitting staff access if the client required urgent assistance.

2.1.13 **BATHROOM NON-SKID MATS**
Bathtubs and shower stalls have a non-skid mat. Clients are encouraged to use these mats. These mats are inspected once a month by the Maintenance Staff. Extra sets of non-skid mats are kept in the Linen Storage Closet as a back-up. Whenever these extra sets in storage are put to use they are replaced by the Maintenance Staff ASAP so that at all time an extra one is on hand as needed.

2.1.14 **TEMPERATURE OF THE HOME**
The Home has centralized heating and cooling systems. As needed, the Maintenance Staff sets the temperature for the Home. The temperature is always set at a comfort level in which clients, babies and staff never have to wear more than a light sweater over their clothing. In the winter
months the building is generally maintained around 24° Celsius; and in the summer the air conditioners are set to maintain the Home around 23° Celsius.

2.1.15 MAINTENANCE PLAN
SMH has a three-part maintenance plan as follows:

1) PREVENTION MAINTENANCE
The Maintenance Checklist is completed on each shift. On business days, Maintenance Staff reviews this checklist for information on repairs/replacements that are needed. A comprehensive plan for Preventative Maintenance of the building and its major systems is prepared and reviewed annually by the Maintenance Staff and Executive Director. Inspections of all major systems of the Home are carried out in accordance with City and Provincial requirements.

2) EMERGENCY REPAIRS
The On-Call staff person and/or the Executive Director are to be contacted whenever it is determined that an emergency repair is required. Together, the staff and On-Call/Executive Director will determine the best course of action. Contact information is available in the main Staff Office on who to contact for emergency repairs.

3) LONG-TERM REPLACEMENTS
Based on the Preventative Maintenance Plan, determination is made of significant replacements and repairs that may require capital investment. St. Mary’s Home submits requests for Facilities Management and Minor Capital funds to the Ontario Ministry of Children and Youth Services and the City of Ottawa as required for these replacements.

2.2 - HEALTH AND SAFETY

2.2.1 SAFETY OF CLIENTS
On a daily basis, staff is responsible for recording in the shelter Communication (Operations) Log incidents and observations necessary to ensure the safety of clients and the security of the facility. Each business day this log is reviewed by our Maintenance Staff to respond as necessary and is responsible for informing both the Executive Director and the Residential Director as needed.

2.2.2 SAFETY OF CLIENTS RE: EPILEPSY
A client who is known to have Grand Mal Seizures must have a staff member physically present just outside the bathroom when she takes a bath or shower.

2.2.3 SAFETY OF CLIENTS: NO-RESTRAINTS POLICIES
See Section 1.6.7 for full details of SMH No Restraint Policy.

2.2.4 MANDATORY TRAINING ON USE OF PHYSICAL RERAINTS
In keeping with the requirement of our Provincial licence, St. Mary’s Home shall ensure that all Primary Care Residential Staff, Clinical and Program Staff of the Residence and Supervisory Staff who provide direct service at the Residence are trained in the use of Non-Violent Crisis Intervention, including Physical Restraints Training (CPI), within 30 days of the start of their employment at St. Mary’s Home and that they have refresher training in these methodologies annually. Until new employees are trained in CPI, they must work alongside a staff member who has been trained in CPI. The training noted above is to be in accordance with a training program approved by the Ontario Ministry of Children and Youth Services.
2.2.5 INFANT/ CHILD SAFETY
For the safety and protection of infants and children, the following rules must be adhered to:

1) SAFETY RE: CARE OF BABY
Mothers are responsible for the direct care of their own baby and they, or the person with whom they have left their baby in respite, must have a visual view of their baby at all times.

2) SAFETY RE: CHILD SEATS
At all times babies must be securely buckled when placed in age-appropriate child seats, bouncy chairs, high chairs, strollers, car seats, etc.

3) SAFETY RE: SAFE SLEEP
St. Mary’s Home follows Health and Safety guidelines for Safe Sleep practices for infants, in keeping with those established by the Ottawa Public Health Department. Clients are trained with this information in anticipation of their infant’s arrival.

4) SAFETY RE: KITCHEN
Infants and children under the age of 12 are not permitted in the kitchen at any time.

5) SAFETY RE: LAUNDRY AREA
Infants and children under the age of 12 are only permitted in the laundry room when accompanied by parent.

2.2.6 SANITARY MATTRESSES
Mattresses are to be disinfected after each client discharge and prior to the bed being assigned to a new client. The staff disinfecting the room and mattress is responsible for inspecting the mattress for rips, cracks, and/or tears and for leaving a message for the staff designated for oversight of maintenance if there is any apparent wear on the mattress. Any mattress showing signs of wear is to be replaced.

2.2.7 PEST CONTROL
Monthly Pest Control Inspection is carried out at St. Mary’s Home by a professional extermination company. In addition, in the event that ants, cockroaches, mice, non-wood borings and other insects/pests are found on the premises the extermination company is called to treat or spray as needed.

2.2.8 GARBAGE STORAGE AND DISPOSAL
On each shift, staff is responsible for emptying all garbage bins in the common areas and in the Staff Offices and to take the garbage outside and place it in the appropriate garbage containers. Staff personnel who have their own offices are responsible for emptying their garbage bins. Clients are responsible for emptying the garbage in their bedrooms at least once a week. Every Friday this is verified. In addition, post-natal clients are to empty their diaper pails on a daily basis.

2.2.9 INFECTIOUS DISEASES
St. Mary’s Home follows the recommendations of Infectious Disease prevention as prescribed by Ottawa Public Health. A routine of sanitizing the Residence is followed in the Home as per an established protocol.

2.2.10 NOTIFICATION OF INFECTIOUS OUTBREAK
In the event of an outbreak of infectious disease, the following will be notified:
2.2.11 WORKPLACE HAZARDOUS INDUSTRIAL MATERIALS INFORMATION SHEET (WHMIS)
All staff will be educated on WHMIS (Workplace Health and Safety) through instruction and training. Staff will be instructed on the potential dangers involved with hazardous products and on the necessary steps they should take to protect themselves, as well as on Universal Precautions. Environmental hazards such as chemicals and cleaning compounds are safely secured and stored in accordance with WHMIS. All staff will adhere to WHMIS standards.

All supplies and cleaning materials have a Workplace Hazardous Industrial Materials Information Sheet or label, which advises staff of the First Aid measures necessary should the substances be spilled, ingested or released into the air for others to breathe. Maintenance and Housekeeping maintain up-to-date information on all products used at St. Mary’s Home. WHMIS labels are available in order to label spray-bottles or containers brought into program.

See SMH Policy Manual for full details.

2.2.12 CANADIAN SAFETY ASSOCIATION STANDARDS
SMH strictly adheres to the Canadian Safety Association (CSA) standards. The following three protocols are strictly enforced:

1) CSA STANDARD
   All cribs, high chairs, bassinets, playpens, car seats, etc. used at St. Mary’s Home must meet or exceed the CSA standards. A designated staff person is in ongoing contact with a PHN to receive up-to-date CSA information and to be oriented to any new Health Canada and Ontario Health recommendations in regards to children’s safety vis-à-vis toys and equipment. SMH follows all posted Health recommendations; in addition, SMH makes every effort to conform to non-official recommendations from the Health departments.

2) DONATED EQUIPMENT
   Donated used equipment will not be used within the Residence nor distributed to clients and must not be used or stored in the Home, as compliance with CSA safety standards cannot be ensured.

3) DRAPES and BLINDS
   For safety reasons SMH does not have drapes and blinds with hanging cords. The cords on our drapes and blinds meet safety standards; yet, nonetheless, these high-placed and looped-over cords are checked regularly by the designated Maintenance personnel to ensure that there are no hazards to children.

2.2.13 DONATED FOOD
   Donated foods and goods are to be inspected by the Primary Cook and not by the general staff of the Home. Therefore, donated foods and goods coming in to the Home outside of the cook’s scheduled hours are to be put aside for the cook to inspect. The cook is to do a thorough inspection of the food (appearance, smell, packaging, temperature, etc.) and discard any products that do not appear to meet the Safe Food Handling Protocols. Should the donated food pass inspection it is to be marked with a First-In-First-Out (FIFO) sticker and is to be used ASAP.

2.2.14 SAFE FOOD HANDLING
   All persons preparing food must wash their hands thoroughly prior to and after handling food in the Residential kitchen.
The Kitchen Facilitator and the primary staff involved in kitchen duties are to have an up-to-date Food Handling Certificate and Best Practice knowledge on the safe use of kitchen equipment, food storage safety and food preparation safety. A copy of the Food Handling Certificate for the Kitchen Facilitator is to be posted in the kitchen. A copy of the Food Handling Certificate for any staff member is to be provided to the Executive Director for filing in the staff personnel file.

For more details on Safe Food Handling refer to the following sections: 1.3.7 - Staff and Safe Food Preparation; 1.3.8 - Clients and Safe Food Preparation; and 1.3.9 - Food Storage.

2.2.15 FOOD HANDLERS TRAINING
Food preparation and handling is to be in accordance with Ontario legislation and with the Food Handlers Certification. All staff involved in food preparation are required to receive Certification in a Safe Food Handlers Course. A new employee waiting to attend training cannot prepare food without the guidance of the staff on duty that has her certificate in Safe Food Handling.

2.2.16 HEALTH INSPECTIONS
The Health Inspector may inspect St. Mary’s Home at any time. Compliance with all Health Inspection recommendations is expected, with planning for items that may have budgetary impact.

2.2.17 PROHIBITED ITEMS IN THE RESIDENCE
The following items are not permitted on the premises of St. Mary’s Home:
- Weapons of any kind;
- Firearms of any kind;
- Illicit substances;
- Alcoholic beverages; and
- Marijuana.

2.2.18 WEAPONS AND ILLEGAL SUBSTANCES
Whenever there is suspicion that there are weapon(s) and/or illegal substances on the premises, the Residential Director, the Executive Director or the Professional On-Call Staff and the Ottawa Police are to be notified immediately. For safety reasons the client or guest under suspicion will not be informed that the police have been called. If the Police confirm the presence of weapon(s) and/or illegal substances, the client will be immediately discharged and/or the guest will be banned from being on the premises for a minimum of one month. (See Section 1.6.3 on Safety Discharge for more details.)

2.2.19 SERIOUS OCCURRENCES
A Serious Occurrence (SO) must be reported within 24 hours of SMH clinical staff, Leadership members, Residential Director and/or Executive Director and/or a member of the Board become aware of a Serious Occurrence as defined as an incident that falls within the following eight categories:

1. DEATH OF A RESIDENT:
   - Any Residential client.
   - Any active or previous SMH client who is, or has been, a CAS ward within the last 12 months.
   - Any active or previous SMH client who died at the hands of/result of her abuser while in receipt of SMH service.
2. SERIOUS INJURY OF A CLIENT:
   - Medication error that resulted in an injury/illness.
   - Injuries (accidental, from an assault or self-inflicted) that require professional medical treatment, such as a doctor or dentist.

3. ALLEGED, WITNESSED OR SUSPECTED ABUSE:
   - Alleged abuse or mistreatment of a client while living in SMH e.g. allegations of abuse against staff, volunteers, members of its Board of Directors, police/court staff while young persons are in custody and drivers providing client transportation. (NB: This category does not include reports of historical abuse divulged by the client that did not occur while the client was participating in a service.)
   - Alleged, suspected or witnessed abuse of a client that may constitute a criminal offence must be immediately reported to the police and an Enhanced Serious Occurrence Report must be made.

4. CLIENT IS MISSING (i.e. WHEREABOUTS ARE NOT KNOWN):
   - Any youth, young adult or adult missing from SMH Residence for a period of 24-hours. (This does not apply to clients in which we know their whereabouts but are nevertheless AWOL; for this purpose, missing will be defined from the point we do not know their whereabouts.)
   - If the client poses a serious risk to themselves or others, the client’s age or mental capacity makes them especially vulnerable (e.g. a baby is missing); a crime is suspected to have occurred in conjunction with the client going missing (i.e. assault on staff); SMH has contacted police and/or an Amber Alert and/or other public awareness communication (media) has been made this constitutes an Enhanced Serious Occurrence and must be reported to the MCYS within three hours.

5. DISASTER ON THE PREMISES:
   - When the nature of the disaster interferes with day-to-day operation (e.g. fire, flood, power outage, gas leak, carbon monoxide, infectious disease) and to such an extent public health officials are involved.
   - Lockdown.

6. COMPLAINT ABOUT THE OPERATIONAL, PHYSICAL OR SAFETY STANDARDS:
   - Examples illustrative, but not limited to, of complaints about the operation, physical and/or safety standards that must be reported as a Serious Occurrence are Medication error (not resulting in an injury/illness); missing or stolen files; neighbour complaint about noise or physical appearance of the property in which municipal authorities are involved; adverse water quality; reports of excess lead; improper storage of hazardous/dangerous substances.

7. COMPLAINT MADE BY/ABOUT A CLIENT/ANY OTHER SERIOUS/ENHANCED SERIOUS OCCURRENCE:
   - Examples illustrative, but not limited to, of complaints about a client that an SO report must be made:
     - Clients charged by police.
     - Assault by a client against staff, peers or community member; assault by non-caregiver against client (e.g. friend, another client, stranger).
     - Hospitalization, which is when the person was admitted as an in-patient in a hospital. (Hospitalization does not include Admission to a hospital for labour, planned surgery or tests; Affliction with ailments naturally occurring; Being assessed / treated in an emergency room).
     - Inappropriate disciplinary techniques e.g. excessive, non-sanctioned disciplinary actions.
     - Complaints arising from sexual contact between clients.

8. RESTRAINT OF A CLIENT:
   - Any use of a physical restraint of a client in a Residence licensed as a children’s residence under the Child and Family Services Act (CFSA) that results in (a) no injury, (b) injury or (c) an allegation of abuse.
2.2.20 **ENHANCED SERIOUS OCCURRENCES**
An Enhanced Serious Occurrence must be reported within three hours of SMH clinical staff, leadership members, Residential Director and/or Executive Director and/or a member of the Board becoming aware of the Enhanced Serious Occurrence as defined as either an incident which requires an emergency service (i.e. police, fire and/or ambulance) in response to a significant incident involving a client and/or an incident is to be reported as an Enhanced Serious Occurrence whenever it could be likely to result in significant public or media attention.

2.2.21 **SERIOUS AND ENHANCED SERIOUS OCCURRENCES**
For full details refer to the MCYS website

2.3 - **FIRST AID**

2.3.1 **FIRST AID AND CPR**
First Aid and CPR are core trainings for all Residential Staff.

2.3.2 **FIRST AID KIT**
The First Aid Kit is kept in the Staff Office above the Medication Cupboard. This kit contains two documents:

1) List of Supplies
2) Supplies Record

Whenever staff uses the First Aid Kit they are responsible for writing down what they used in the Supplies Record. If, however, in using an item from the First Aid Kit there is no longer any more of this particular supply, they are to record this in the Communication Log so that this is identified ASAP. There is a designated staff that verifies the First Aid Kit Supplies Record every other week and takes note if a recording has been made in the Communication Log about the need for a particular supply ASAP. To ensure supplies are kept sufficiently on hand, there are backup First Aid Kit supplies kept in the Staff Office.

A small travel First Aid Kit is kept in the Medication Cupboard. Staff takes this travel First Aid Kit with them whenever they are in the community accompanying clients under the age of 18. Staff are responsible for recording any use of the travel kits supplies in the Supplies Record of the official First Aid Kit.

2.3.3 **FIRST AID REQUIREMENTS**
First Aid Kits and their use are in keeping with the Ontario and City requirements.

2.4 - **FIRE SAFETY**

2.4.1 **ONTARIO FIRE CODE**
St. Mary’s Home ensures that it meets the requirements of the Ontario Fire Code.

2.4.2 **ANNUAL FIRE INSPECTION**
Annually, the Fire Department conducts a Fire Safety Inspection of St. Mary’s Home.
2.4.3 FIRE SAFETY PLAN
The Fire Safety Plan of St. Mary’s Home is developed in partnership with the Ottawa Fire Department. Training is provided to all staff annually on the Fire Safety Plan. The Fire Safety Plan at the Residence hangs by the Staff Office Door and is to be taken outside of the building during all fire drills and in the event of a fire.

2.4.4 FIRE EVACUATION PLAN
Each room has a posted Fire Evacuation Plan and Diagram indicating where the room is located vis-à-vis the closest exit. The staff responsible for general maintenance does a monthly check to ensure that these Fire Evacuation Plans and Diagrams have not been tampered with and are in good legible condition. Any plans found to be less than optimal will be replaced.

2.4.5 FIRE EXTINGUISHER USE TRAINING
All Residential Staff are trained in the use of Fire Extinguishers during orientation. This training is reviewed annually.

2.5 - EMERGENCY PREPAREDNESS

2.5.1 EMERGENCY PREPAREDNESS
Our Emergency Preparedness Plan means that St. Mary’s Home is able to:

1) Minimize interruptions to service and business operations;
2) Reduce the number and magnitude of decisions needing to be made during a crisis;
3) Ensure safety for all;
4) Limit the severity of the disruption;
5) Minimize legal liability; and
6) Maintain a positive public image.

2.5.2 EMERGENCY PLANS
SMH has seven specific Emergency Plans related to the various types of emergencies that can occur. These are as follows:

1) MEDICAL EMERGENCIES
When a medical emergency occurs, 911 is to be called immediately and as soon as staff are able to, they are to notify the Professional On-Call Staff to inform them of the situation. The staff on duty at the time of the medical emergency is responsible for writing a detailed report in the client’s Health Progress Notes. A Serious Occurrence Report must be filed either by the designated member of the clinical team or by the Professional On-Call Staff to the Ontario Ministry of Children and Youth Services within 24 hours of the medical emergency.

3) LOSS OF ESSENTIAL SERVICES
An interruption in St. Mary’s Home’s operations could occur at any time, with little warning. Severe weather, storms, power failure, illness, fire or floods can have significant impact on the capacity of our agency to maintain service. The primary concern in all circumstances is the safety of residents and staff. In the event of a fire or a flood, all residents will be taken to the Young Parent Outreach Centre at 780 de l’Eglise Street for safety purposes. From there a plan will be made for each client, depending upon her unique situation. Contact with Municipal and Provincial funders will be made at this time to request assistance as needed.
4) PANDEMIC PLAN
SMH Pandemic Plan can be found in SMH policies for the agency as a whole.

5) THREATS
All clients, their babies and staff have the right to safety in the Home. A client physically assaulting another client, a baby or a staff member will be given an immediate Safety Discharge. Whenever there is a risk of a threat from a person in the community, e.g. client’s ex-partner, a pimp, a drug dealer, etc. the following Safety Plan comes into play:

- All three exterior doors are locked including the porch door;
- Clients must come and go from the front entrance only, including going out to smoke;
- Staff are to verify from the kitchen window who is at the front door prior to opening the door;
- Unknown persons must identify themselves through the kitchen window;
- Two staff are to be on the main floor; this means unless absolutely required, staff are not to be upstairs or downstairs in the basement;
- Staff are to scan the physical surrounding of the premises every hour or so and report suspicious activity to the police.

6) ASSAULTS
All threats uttered towards other clients or to staff will be taken seriously. If the threat appears real and imminent, the staff is to call 911. If the threat is not considered imminent, the staff is to report all threats to the Professional On-Call Staff for direction on how to proceed.

Whenever a client is exhibiting anxious behaviour, staff must respond with a supportive stance and when the client appears defensive and is escalating, staff are to be directive with the client as per the Non-Violent Crisis Prevention Intervention protocols. Again, as per CPI advice, when a client has made threats, staff must not engage with the client so as not to escalate the client’s behaviour. Rather the staff is to walk away from the client who is threatening and is to focus on the safety of the other clients and babies in the Home.

7) SERVICE DISRUPTION
In the event that the Residence is not habitable, under the direction of the Executive Director and/or Residential Director all residents will be taken to the Young Parent Outreach Centre at 780 de l’Église Street for safety purposes. From there a plan will be made for each client, depending upon her unique situation. Contact with Municipal and Provincial funders will be made at this time to request assistance as needed.

8) EXTREME WEATHER
St. Mary’s Home is a haven for safety against extreme weather. As needed, the Home will provide emergency shelter for any woman not referred during times of extreme cold or heat on a short term basis, providing they are not deemed to be a safety threat to other clients in the Home. Priority will be given to pregnant women and those with newborn infants.

2.5.3 SECURITY POLICY FOR RESIDENCE AND OUTREACH CENTRE
It is the intention of St. Mary’s Home to maintain and, as necessary, improve the health and safety of all its employees while at work. To this end, it applies and enforces all current legal requirements and other appropriate safety measures where reasonably applicable. While recognizing its own responsibilities in the matter of safety at work, St. Mary’s Home expects the cooperation of all employees while they are engaged in the Centre/Residence’s activities, and to visitors and contractors while on St. Mary’s Home premises.

All possible preventive measures are taken to eliminate accidental injuries, occupational diseases and risks to personal security. The aim of this Security Policy statement is to articulate St. Mary’s Home’s objective of providing a safe, healthy and secure work environment for all staff and clients and to delineate responsibility for achieving it.
2.5.4 **STAFF’S RESPONSIBILITY FOR SECURITY**
Each employee of St. Mary’s Home Young Parent Outreach Centre and the Residence has a responsibility to care for their own safety and for the safety of others. All persons working should direct their minds to the importance of safety. It is the responsibility of individual staff members to carry out the following safety precautions:

- Observe safety rules and procedures established by the administration.
- Be safety-conscious in all activities, be these work, programs, or recreation.
- Report as soon as possible any accident, injury, unsafe condition, insecure condition or threats to personal security to the Executive Director, Residential Director or the Work and Safety Officer.
- Use the personal protective equipment provided by the Centre/Residence properly.
- Participate in building safety committees.

2.5.5 **ST. MARY’S HOME RESPONSIBILITY FOR SECURITY**
It is the responsibility of SMH for the following safety precautions:

- Provide a safe, healthy and secure working environment.
- Issue safety guidelines (to establish and maintain minimum satisfactory standards) covering appropriate areas of concern, as well as fire prevention and workplace security policies.
- Provide all employees working in the areas of coverage with all these policies.
- Ensure regular inspections are made and take action as required to improve unsafe conditions.
- Ensure that health, safety, and personal security considerations form an integral part of the design, construction, purchase and maintenance of all buildings, equipment and work processes.
- Communicate with the management team about events or situations when potentially harmful conditions arise or are discovered.
- Ensure adequate resources are available to implement appropriate procedures.

2.5.6 **SECURITY ALARM MONITORING**
The Residence of St. Mary’s Home has a Fire and Security Alarm System that is monitored electronically by an external company called Security 24. All Residential Staff are taught about this system and about how to contact the alarm company during their Orientation to employment and annually thereafter. **SECURITY 24** is reached by calling 613-228-2400.

2.5.7 **VIDEO SURVEILLANCE AT THE RESIDENCE**
Video surveillance of the three exit door of the Residence is provided. This is not recorded information.

Video surveillance of the upstairs hallway is activated during the overnight shift, to provide security on the bedroom level. Residential clients are aware of this surveillance.
SECTION 3 – GOVERNANCE

3.1 - GOVERNANCE

3.1.1 BOARD OF DIRECTORS
- As a Not-for-Profit Organization, St. Mary’s Home has a Voluntary Board of Directors that is responsible for oversight of the agency.
- The Board of Directors may delegate some of its duties to the Executive Director.
- The Bylaws and Constitution of St. Mary’s Home are in SMH Policy Manual for review.
- The Board of Directors holds monthly meetings, except for the months of December, July and August.
- Minutes of meetings of the Board of Directors are kept at the Head Office of St. Mary’s Home, which is located at: 780 rue de l'Église, Ottawa, Ontario K1K 3K7.

3.1.2 ANNUAL REPORTS
At the Annual General Meeting, SMH releases its Annual Report, which includes the Audited Financial Statement and a review of program and service information from the previous year. These public documents are also available on the St. Mary’s Home website and upon request. The Annual Report is sent to the City of Ottawa and to the Ministry of Child and Youth Services.

3.1.3 LEADERSHIP TEAM
Day-to-day operations of St. Mary’s Home are managed by a Leadership Team, comprised of the four directors of the agency: Executive Director; Residential Director; Program Director; and Director of Client Services.

3.1.4 STAFF ACCESS TO MANAGEMENT
Staff has weekday access to a member of the Leadership Team. Additionally, if urgent or matter is of a timely nature, the Residential staff has after-hours access of the Residential and/or Executive Director.

3.1.5 ON-CALL POLICY
Professional On-Call Staff is available to provide back-up clinical support to the Residential Staff as needed and are responsible for overseeing the safe and smooth operation of the Home. They will consult or inform the Residential Director as required. (See On-Call Guidelines for full details.)

3.1.6 CONFLICT OF INTEREST POLICY
All Board Members, Employees, Students on Placement and Volunteers have an obligation to act in a manner that instills public confidence and trust in the integrity, objectivity and values of St. Mary’s Home. When a Board Member, Employee, Student on Placement and/or a Volunteer have a real, perceived or potential conflict of interest between themselves and the interest of clients and St. Mary’s Home values, they are expected to disclose the conflict of interest and take action to avoid it.
SECTION 4 - ADMINISTRATION

4.1 – RESIDENTIAL POLICIES AND PROCEDURES

4.1.1 ANNUAL POLICY REVIEW
The Residential Director ensures the Residential Compliance Policies are reviewed and revised on an annual basis to ensure operational policies remain up-to-date.

The Executive Director ensures the Policy Manual is reviewed at least every four years and revised as necessary. Governance, Financial and Personnel Policies must be approved by the Board of Directors.

4.1.2 CHANGES TO POLICIES
At the time of renewing the Residential License, SMH must submit any and all policy and procedure changes that have occurred since last License review date.

4.1.3 FOUR-YEAR POLICY REVIEW
Every four years SMH Residence is to undergo a comprehensive Residential Policy Review to be sure all Policies are up-to-date with Provincial requirements, best practice and reflect current protocols and procedures.

4.1.4 STATEMENT OF PURPOSE
Residence must have a written statement of purpose including a description of the Residence.

4.2 – ST. MARY’S HOME POLICIES FOR THE AGENCY AS A WHOLE

4.2.1 COMPUTER NETWORK USAGE POLICY
St. Mary’s Home is responsible for securing its networks and computing systems in a reasonable and economically feasible degree against unauthorized access and/or abuse, while at the same time making them accessible for authorized and legitimate users. This responsibility includes informing users of expected standards of conduct and the measures which may be taken for not adhering to them. Any attempt to violate the provisions of this policy will result in disciplinary action, regardless of the success or failure of the attempt.

The users of our computers and networks are responsible for respecting and adhering to local, provincial, federal and international laws. Any attempt to break these laws through the use of the computers or networks may result in litigation against the offender by the proper authorities. If such an event should occur, St. Mary’s Home will fully comply with the authorities to provide any information necessary for the litigation process.

All users of the St. Mary’s Home computer system will sign a document indicating that they understand and will comply with the Computer and Network Usage Policy.

Those employees who use the St. Mary’s Home computer system to interface with the HIFIS system with the City of Ottawa will comply with all provisions of the City of Ottawa Responsible Computing Policy provided elsewhere in this Policy Manual. Users of HIFIS will be required to sign a separate agreement with the City of Ottawa for this purpose.
4.2.2 GENERAL COMPUTING POLICY

Staff are solely responsible for all actions taken while using our computer systems and network facilities:

1) Use of our computer systems and network facilities/services for commercial purposes is prohibited.
2) The installation of non-approved software is prohibited.
3) Un-installing or disabling any approved anti-virus software is prohibited.
4) Sexually explicit material may not be displayed, printed, archived, stored, distributed, edited or recorded using our computer or network resources.
5) Deletion, examination, copying, or modifying files belonging to other users without their prior consent is prohibited.
6) Any deliberate action which damages or disrupts a computer system or network, alters its normal performance, or causes it to malfunction is prohibited.
7) Use of our computer systems and/or networks in attempts to gain unauthorized access to remote systems is prohibited.
8) Decryption of system or user passwords is prohibited.
9) The copying of system files is prohibited.
10) The copying of copyrighted materials, such as third-party software, without the permission of the owner or the proper license, is prohibited.
11) The wilful introduction of viruses, worms, Trojan horses or other disruptive/destructive programs into our computer systems or networks or into external networks is prohibited.
12) Any file that is downloaded from the Internet or read from any external electronic media (such as floppy disk, CD, DVD, CD-ROM, USB key, etc.) must be scanned for viruses before it is run or accessed.

4.2.3 ELECTRONIC MAIL POLICY

St. Mary’s Home provides its employees and associates with electronic mail (e-mail) for company-related business purposes. Only authorized individuals may access and use St. Mary’s Home’s e-mail. We reserve the right to access, monitor, read, disclose, and use any e-mail that was created, sent, received, or stored on our e-mail systems without prior notice or consent of the creators or recipients of the e-mail.

Staff are responsible for all electronic mail originating from their user account:

1) Users must log in with a password, and those without one may not access nor use e-mail.
2) All e-mail messages created, sent, received, or stored on company e-mail facilities and the information contained therein are the sole property of St. Mary’s Home and are considered to be business records.
3) St. Mary’s Home cannot guarantee the security of its e-mail system. E-mail messages may not contain any company confidential information, even if the e-mail is meant for another employee of St. Mary’s Home. Remember that deleted e-mail messages may exist in hard copy, be forwarded to third parties, or be retrieved from a back-up system.
4) E-mail messages may not include content that is offensive, libellous, illegal, derogatory, harassing, threatening, or discriminatory. Sexually explicit language, cartoons, jokes, and images are prohibited, as are racial and religious slurs and foul or inappropriate language.
5) Forgery (or attempted forgery) of electronic mail messages is prohibited.
6) Attempts to read, delete, copy, or modify the electronic mail of other users are prohibited.
7) Sending unsolicited junk mail, “for-profit” messages or chain letters is prohibited.
DISCIPLINARY ACTION: Users found violating SMH e-mail policy are subject to disciplinary action, including but not limited to: verbal warning, revocation of email privileges, suspension, and termination.

4.2.4 INTERNET POLICY
St. Mary’s Home provides its users and associates with Internet access for company-related business purposes only. Users may not use the Internet during business hours for non-business purposes. Employees may use their Internet facilities for non-business research or browsing during meal time or other breaks, or outside of work hours, provided that all other usage policies are adhered to. We reserve the right to monitor employee use of the Internet at any time without prior notice or consent of the users. Users waive their rights to privacy regarding any website they may access. We also reserve the right to use the information we may learn of in any administrative, judicial, or other proceeding.

Each user of the Internet facilities shall identify themselves honestly, accurately and completely when participating in chats or newsgroups, or when setting up accounts on outside computer systems. If you find yourself accidentally connected to a site that contains sexually explicit or offensive material, you must disconnect from that site immediately, and inform the network administrator and your supervisor, regardless of whether that site had been previously deemed acceptable by any screening or rating program.

4.2.5 PROHIBITED COMPUTER-RELATED ACTIVITIES
Users may not participate in the following Internet activities:
1) Viewing, downloading, sending, or receiving pornographic materials;
2) Intentionally damaging or interfering with others (hacking, distributing viruses, etc.);
3) Distributing or posting confidential company information;
4) Playing games;
5) Gambling;
6) Posting any material that is discriminatory, offensive, libellous, illegal, harassing, or derogatory; and
7) Engaging in other personal activities.

4.3 - HUMAN RESOURCES

4.3.1 QUALIFIED STAFF
St. Mary’s Home hires staff with professional qualifications in keeping with the job requirements.

4.3.2 CRIMINAL REFERENCE CHECK
In order to ensure all Employees, Volunteer Board Members and Volunteers working in St. Mary’s Home who have direct contact with Clients have completed a Vulnerable Persons Criminal Reference Check prior to starting work or within 30 days of starting work, the following procedures are adhered to:

Prior to hiring, a Criminal Reference Check is required:
1) Final Candidates for employment and any Volunteers, including field placement students from colleges or universities, will be required to provide a completed Vulnerable Persons Criminal
The reference check (VCC) that was completed in the six months prior to hiring date. Copies will not be accepted, but once the Executive Director or an appropriate member of the Leadership Team views the original VCC, a copy may be taken for filing in the Personnel file, with a note stating that the original has been viewed.

2) In the event the Candidate has made an application to the Police but does not have a current *Vulnerable Persons Criminal Reference Check* and is required to start work or Volunteering immediately, an employee may begin orientation to the workplace and position, provided that the following precautions are taken until which time their VCC is in place:

- New employee must work alongside individuals that have their VCC;
- The new employee shall not be alone behind closed doors with a client; and
- The new employee shall not handle any financial transaction on behalf of the agency.

3) All other Candidates will consent to have a Vulnerable Person Criminal Reference Check from their local police department and will wait to start work or Volunteering until the results are received. Arrangements are made to ensure that the results of the criminal reference check are kept confidential. Only the Executive Director or the designated member of the Leadership Team and the Executive Assistant, who is the confidential secretary for the agency, shall have access to the information. The records of the results of criminal reference checks are filed in the individual personnel records. No other staff member or Board Member will have access to the information.

Confirming or Denying Employment:

1) In the event of a charge or conviction on the criminal reference check, the Executive Director will interview the Employee Candidate or Volunteer to determine the nature and circumstances of the charge or criminal conviction.

2) The Executive Director will confirm in writing if there is a reason to deny confirmation of final hiring of the Employee or Volunteer. The confirmation will be kept on file for seven years.

In making this decision, the Executive Director and/or designated Leadership Team member will also consider:

1) Whether the specific charge or conviction has any bearing on the duties or responsibilities.
2) The results of reference checks.
3) Whether or not the Candidate engaged in any rehabilitative program or activity.
4) The length of time that has lapsed between the charge/conviction and the position applied for.

If the charge or conviction proves to be unrelated to any of the duties or responsibilities of the Candidate and if the Executive Director’s review shows the Candidate to be otherwise desirable, the final hiring of the Candidate may proceed.

Because of the particular vulnerabilities of the young women involved with St. Mary’s Home and the nature of work done by the agency, types of charges which would render a Candidate unsuitable for hiring may include, but would not be limited to, the following: child molestation; any form of abuse or assault; criminal negligence; reckless/dangerous driving; drug use or trafficking; breach of trust and theft.

If a successful Candidate refuses to provide a criminal reference check, the Candidate will be deemed to have withdrawn their application for a Staff or a Volunteer position and no further action will be taken by the agency in respect to this Candidate.
4.3.3 **STAFF CODE OF CONDUCT**
As role models for client behaviour, staff are expected to conduct themselves ethically and respectfully at all times. Alcohol and use of illicit substances is forbidden on the property.

4.3.4 **STAFFING ON DUTY**  
*This policy is under revision*
At least two (2) staff must be awake and on duty at all times. Exception to this rule is permitted during the overnight hours once all clients are asleep, staff may each take a rest period of up to two hours; however, they must be available to be actively on duty if needed. Audio surveillance of the hallway on the dormitory level between the hours of 11 p.m. and 6 a.m. assists night staff in awareness that a client is up and active.

4.3.5 **STAFF SUPERVISION**
Staff receives ongoing supervision and an Annual Performance Evaluation. These objectives are via the following means:

1) Weekly Client Service Meetings and Clinical Team Meetings, chaired by the Residential Director, provide opportunities for staff to discuss client needs and for staff to receive clinical coaching and direction on an ongoing basis.

2) The Residential Director has regular direct and telephone contact with each staff member.

3) Irregularities or any reported or observed concerns are followed up by the Residential Director as soon as possible and the Executive Director is kept informed.

4) Annual Job Performance Evaluations are completed with specific staff goals identified. Annual Review includes use and understanding of CPI, Non-Restraints Policy and other key specific policies.

4.3.6 **NEW STAFF / VOLUNTEER / STUDENT ORIENTATION**
All new staff, volunteers and students in college and university field placements that have client contact, must be oriented to St. Mary’s Home policies and procedures within 30 days of commencement of employment. Personnel in this category shall sign a Completion of Orientation form indicating that they have received orientation to, and that they understand and will adhere to the policies of St. Mary’s Home. The completed Orientation form is retained in the personnel file.

4.3.7 **SMH POLICIES**
Residential Staff are to re-familiarize themselves on an annual basis with the SMH Policy Manual. Whereas each year staff must sign off that they have reviewed SMH Policy Manual, additionally the Residential staff must sign off the following specific policies as an indicator that they have a full understanding of that particular policy:

1) Duty to Report Child in Need of Protection Policy and Protocols;

2) Confidentiality Agreement;

3) Non-Violent Crisis Prevention Intervention, including the use of Physical Restraints;

4) SMH No-Restraint Policy;

5) Cultural Competency;

6) Accessibility Customer Service Policies;

7) WHMIS;

8) Workplace Violence and Harassment Policies and Prevention;

9) Computer and Network Usage Security; and

10) Consequences of non-compliance with policies.
4.3.8 **RESIDENTIAL COMPLIANCE POLICIES**
Residential Compliance Policies must be read on an annual basis with a comprehensive understanding of the policies as they relate to day-to-day operations in the Home. Whereas on an annual basis the Residential Compliance Policies must be signed off by each staff, in addition, the following policies must be individually signed off as an indicator that staff have a full understanding of the required procedures:

1) Emergency Procedures;
2) Medication and Health Management;
3) Rights of Children and Youth in Residential Care; and
4) Food and Nutrition.

Staff can question any policies they may not understand in a one-on-one meeting with the Residential Director or if there are a number of staff with similar questions, a discussion and review may take place in a monthly Residential Staff Meeting.

4.3.9 **CORE RESIDENTIAL STAFF TRAINING**
Residential staff are to have an up-to-date certification in the following:

1) CPI;
2) Fire Safety, including the use of Fire Extinguishers;
3) CPR and First Aid;
4) Suicide Prevention and Intervention; and
5) Safe Food Handlers Training.

Staff are to complete an Annual Review checklist in the New Year to track that staff have met the requirements as outlined in 4.2.7 SMH Policies; 4.2.8 Residential Compliance Policies; 4.2.9 Core Staff Training.

4.3.10 **STAFF TRAINING**
Staff training needs and interests are identified annually at the time of the formal Job Performance Evaluations. All staff are strongly encouraged to keep up with the knowledge and skills of best practice and, as much as possible, are supported in attending seminars and workshops. Permanent staff are encouraged to attend training workshops annually that best relate to the area of their primary function. In-Service Trainings are provided by St. Mary’s Home on topics related to client service and professional practice. Resource books and videos are available to staff on-site.

4.3.11 **FOOD HANDLER’S CERTIFICATION**
Food preparation and handling is to be in accordance with Ontario legislation and with the Safe Food Handlers Certification. All staff involved in food preparation are required to receive Certification in a Safe Food Handlers Course. A new employee waiting to attend training or an employee who is waiting re-certification cannot prepare food without the guidance of the staff on duty that has her up-to-date certificate in Safe Food Handling.

The Primary Cook cannot work in the kitchen without an up-to-date Food Handler’s Certificate; this Certificate must be displayed in the Residence Kitchen. Refer to Food Service 1.3 and to Health and Safety 2.2 for more details.
4.3.12 NON-VIOLENT CRISIS PREVENTION / INTERVENTION POLICY
St. Mary’s Home shall ensure that all current Primary Care Residential Staff, Clinical and Program Staff and Supervisory Staff who provide direct service at the Residence, are trained in the use of Crisis Prevention Intervention, including Physical Restraints Training within 30 days of the start of their employment at St. Mary’s Home and that they have refresher training in these methodologies annually.

Until new employees are trained in CPI, they must work alongside a staff member who has been trained in CPI.

The training noted above is to be in accordance with a training program approved by the Ontario Ministry of Children and Youth Services. (See Section 1.6.7 for full details.)

4.3.13 ACCESSIBLE CUSTOMER SERVICE
St. Mary’s Home is committed to excellence in serving all customers including people with disabilities. SMH plan includes the following:

1) ASSISTIVE DEVICES:
SMH will ensure that our staff are trained and familiar with various assistive devices that may be used by clients with disabilities while accessing our services.

2) COMMUNICATION:
SMH will communicate with people with disabilities in ways that take into account their disability.

3) SERVICE ANIMALS:
SMH welcomes people with disabilities and their service animals. Service animals are allowed on the parts of our premises that are open to the public.

4) SUPPORT PERSONS:
A person with a disability who is accompanied by a support person will be allowed to have that person accompany them to program and services. Fees will not be charged for support persons to be on our premises.

5) TRAINING FOR STAFF:
SMH will provide Accessibility training to all employees, volunteers and others who deal with the public or other third parties on their behalf. This training will be provided to staff and volunteers within 30 days of being hired and reviewed annually for all staff within a staff meeting. Training will include an overview of the Accessibility for Ontarians with Disabilities Act, 2005 and the requirements of the customer service standard.

6) FEEDBACK PROCESS:
Clients who wish to provide feedback on the way St. Mary’s Home provides services to people with disabilities can provide feedback to the Executive Director via email, telephone, verbally or direct contact. All feedback will be directed to the Executive Director. Clients can expect to hear back within 30 days. Complaints will be addressed according to our organization’s regular complaint management procedures.

4.3.14 POLICY ON WORKPLACE VIOLENCE AND HARASSMENT
St. Mary’s Home is committed to providing a work environment that is free from harassment and is supportive of the self-esteem and dignity of every person within the Agency. St. Mary’s Home does not tolerate or condone any degree of harassment by anyone associated with this workplace. The intent of this policy is to ensure there is a climate of understanding, cooperation and mutual respect among all agency employees and volunteers. To be successful in meeting the objective of this policy, it is incumbent upon all staff, and in particular management, to promote harassment-free environments in the workplace. St. Mary’s Home will
provide for a fair and prompt investigation of any complaint or concern about harassment without fear of reprisal, as long as the complaint is not found to be frivolous or vexatious. This policy applies to complaints of harassment that involve all employees or volunteers of St. Mary’s Home.

4.3.15 HARASSMENT IS TAKEN SERIOUSLY
SMH takes harassment seriously. For the purpose of this policy, harassment is defined as the following:

- Can be visual, verbal, physical or sexual;
- May involve threats, intimidation, unwelcome remarks, offensive or derogatory jokes, posters, crude comments, leering, etc;
- Is something a reasonable person would find unwelcome;
- May be one incident or a series of incidents; and
- Adversely affects an employee’s productivity and can create an uncomfortable work environment.

4.3.16 REPORTING AND INVESTIGATING HARRASSMENT
St. Mary’s Home believes in the prevention of harassment and promotes a harassment-free environment in which all people respect one another and work together to achieve common goals. Harassment is defined as any unsolicited or unwelcome interaction, which directly or indirectly affects or threatens to affect a person’s job security, prospects of promotions or earnings, working conditions or opportunity to secure a position. Harassment can include such things as verbal or physical abuse, threats, derogatory remarks, jokes, innuendo or taunts about any of the prohibited grounds.

Sexual harassment can include pinching, patting, rubbing or leering, dirty jokes, pictures or pornographic materials, comments, suggestions, innuendos, requests or demands of a sexual nature. The behavior need not be intentional in order to be considered harassment, but may be offensive and/or intimidating. Such action may also engender fear or mistrust, and thereby compromise an individual’s dignity or sense of self-worth. Any act of harassment committed by or against any employee, volunteer, client, child, or any other individual is unacceptable conduct and will not be tolerated.

St. Mary’s Home is committed to investigating reported incidents of harassment in a prompt, objective, and sensitive manner taking necessary corrective action and providing appropriate support for victims. No individual shall be penalized in any way for making a valid complaint or giving honest and accurate evidence in a harassment investigation.

The test to determine whether harassment has occurred is two-fold:

- Whether a person knew or ought to have known that the behaviour would be considered unwelcome or offensive by the recipient; and
- The recipient found the behaviour offensive.

If an individual(s) believes they are being harassed, they should take the following steps:

1) Immediately make the individual(s) aware that the behaviour is unwelcome and ask them to stop.
2) Report the incident to their supervisor, manager or Executive Director.
3) The recipient should keep a record of the incidents in question, which may include:
   - Name(s) of the individual(s) in question;
   - The date, place, and time the incident(s) occurred;
   - Name(s) of any witnesses;
   - The event(s) that led up to the incident(s) in question;
4.3.17 ALLEGATION OF ABUSE AGAINST A CHILD BY A STAFF

The duty to report child abuse and suspected child abuse includes an obligation of staff, volunteers, students and clients to report suspected abuse between/among clients or of suspected abuse from a staff member, volunteer or student towards a client. A complaint about alleged abuse by staff, volunteer or student is extremely serious and will be investigated in full. Any act of abuse committed by or against any employee, volunteer, student, client, child, or any other individual will be taken seriously. The Ottawa Children’s Aid Society will be contacted and a report made.

St. Mary’s Home is committed to investigating reported incidents of abuse in a prompt, objective, and sensitive manner taking necessary corrective action and providing appropriate support for victims. No individual shall be penalized in any way for making a valid complaint or giving honest and accurate evidence in an abuse investigation.

If a staff observes, or has a concern about a staff behaving in an abusive way towards a child, the following steps should be taken:

1) Make the staff aware the behaviour is not professional and does not live up to SMH policies.
2) Report the incident to their supervisor, manager or Executive Director.
3) The recipient should keep a record of the incidents in question, which may include:
   • Name(s) of the individual(s) in question;
   • The date, place, and time the incident(s) occurred;
   • Name(s) of any witness(es);
   • The event(s) that led up to the incident(s) in question;


- Any particular reason why the event(s) occurred;
- The actual incident(s) that led to a complaint; and
- If the employee requires support or advice, they should contact their supervisor or the Executive Director.

The confidentiality of the individuals concerned will be maintained. An investigation into the incident(s) will be undertaken immediately along with any additional steps necessary to resolve the problem. The employee may be placed on leave with pay during the investigation, as determined by the Executive Director.

The complainant will be advised of the results of the investigation and no reference to the incident will appear in their work record. Should the investigation fail to find fault, all documents will be destroyed and both parties will be notified of the results of the investigation.

4.3.18 DISCIPLINARY ACTION WITH STAFF
Circumstances shall dictate the type of corrective action to be taken with staff. Depending on circumstances, any of the following can be administered:
- Verbal warning;
- Written warning; and/or
- Dismissal

Generally, the following criteria shall apply when determining the corrective action taken:
- Seriousness of actions;
- Actual or potential risk to the Resident (physical or emotional);
- Past performance;
- Frequency of occurrence;
- Previous corrective action taken; and
- Other criteria, if relevant, may be considered.

4.3.19 CORRECTIVE ACTION WITH STAFF
The following are examples of actions that would warrant corrective action. These are provided to assist staff in appreciating the scope of situations warranting corrective action. They do not, however, constitute an exhaustive list.
- Behaviour that is in contravention of the Child and Family Services Act of Ontario;
- Corporal punishment of a client by staff or other residents when condoned by staff;
- Restraining of a client;
- Deprivation of basic needs to residents including food, shelter, clothing or bedding;
- Refusal to comply with expectations of job description in a manner that affects immediate physical or emotional well-being of a resident;
- Theft from the Agency or from a client;
- Acquiring clients from work in the Residence for private practice;
- Providing refuge in the staff’s home to a past or present client of SMH;
- Bringing weapons or firearms into the building;
- Using abusive or profane language in front of or towards residents or staff;
- Angry outburst(s) at work in front of client(s) or in a such a manner as to create a toxic work environment;
- Falsifying any report or record;
- Opening mail addressed to residents without their permission to do so; interfering with postage of letters from residents;
- Letting any client know your personal feelings about a plan for their infant (i.e.: keeping or relinquishing a baby) or letting her or others outside SMH know how you feel about a particular residents plan for her child; and
- Use of alcohol or illicit drugs at work.
In all cases of breach of policies and of the staff Code of Conduct, the immediate supervisor will first review the circumstances and, if action is to be taken, recommend a course of action to the Executive Director. The Executive Director shall then decide on a course of action, following consultation with other resources as needed.

An employee may be dismissed for cause; however, dismissal will be a last measure once all other avenues have been explored.

In cases of serious disciplinary offenses or acts, termination of employment is effective immediately and without notice.

Prior notice shall not be required in the case of an employee who is still on their initial period of probationary employment.

The Executive Director shall inform the President of the Board of any impending staff dismissals.

4.3.20 BOARD GOVERNANCE OF PERSONNEL POLICIES
The Board of Directors has oversight of the Personnel Policies of St. Mary’s Home. The Executive Director makes recommendations to the Board of Directors for required updates and adjustments that may be needed to Personnel Policies. These changes are recorded in the appropriate Board minutes where changes to Personnel Policy are approved.

4.4 - RECORD-KEEPING

4.4.1 COMMUNICATION LOG
On a daily basis, Residential staff record incidents and observations necessary to ensure the safety of clients and the orderly day-to-day operation of the shelter.

4.4.2 SERVICE RESTRICTIONS RECORD
Whenever a client is restricted from our Residential Services (denied access or involuntarily discharged) this is recorded in the client’s file in the sections of Progress Notes and on the Client’s Discharge Record.

4.4.3 CLIENT SERVICE DATA
St. Mary’s Home keeps a Register - Movement Sheet of all Residential Clients, as per the requirements of the Child and Family Services Act of Ontario. The current month is posted in the Residential Staff Office. The full client register is available as appropriate during the annual license review.

Data on Residential clients of St. Mary’s Home is recorded in the St. Mary’s Home Client Database for the City of Ottawa. (See Section 4.4.4 HIFIS Data)

4.4.4 HIFIS DATA
St. Mary’s Home is a partner with the Homeless Individual and Family Information System and submits HIFIS standard data as per the Service Agreement and the City of Ottawa HIFIS Data Sharing Protocol. A copy of this protocol is available for review elsewhere within the full Policy Manual.
4.4.5 SERIOUS INCIDENT REPORTING

Serious Occurrence Reporting requirements of the Ontario Ministry of Children and Youth Services, as updated for March 2013, are followed by St. Mary’s Home. These protocols are provided elsewhere in the Policy Manual and are available in the Residential Staff Office. Serious Occurrences are reported within 24 hours of the occurrence. Enhanced Serious Occurrences are reported within three hours of the occurrence.

Serious Incidents are also recorded and reported as per City protocol to the City of Ottawa within 48 hours of the occurrence. City Serious Incident Protocol information and forms are available in the Residential Staff Office.

4.5 – CONFIDENTIALITY

4.5.1 CONFIDENTIALITY PRIVACY ACT (MFIPPA)

St. Mary’s Home ensures that the collection, use, disclosure and disposal of personal information meet the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). All staff are required to sign that they have received and understand the clients' rights to confidentiality under the MFIPPA.

SMH staff provides personal client information only when the client has signed consent to do so, to official guardians and upon verbal consent to family members. Details are as follows:

1) RELEASE OF INFORMATION:
   Upon admission, it is mandatory for clients to sign a Release of Information giving their authorization to share personal and confidential information with professional Service Partners that are involved with the client e.g. CAS, PHN, Probation Officer, etc. Consent to speak with involved workers is in view of developing a holistic approach with the clients and the need for this is discussed with the client prior to their consent.

   In the event that a client is unwilling to sign the Release of Information, the client will be supported in finding alternative shelter arrangements. With authorization provided by the Residential Director or On-Call Staff, the client may be permitted to remain at the Residence up to five overnights while alternative housing is being secured.

2) SHELTER / YOUTH CLIENT CONSENT FORMS:
   Upon admission, clients must sign the Shelter / Youth Client Consent form to determine funding and Personal Needs Allowance (PNA) eligibility and to input information into the HIFIS Data System. This consent form is explained to the client prior to them signing.

3) GUARDIAN’S ACCESS TO INFORMATION AND RELEASE OF INFORMATION
   CAS, as the guardians of the Youth in Care, do not require a signed Release of Information from the client for information to be shared with them; rather, as the guardian, CAS is automatically provided with regular updates of how the client is doing and is immediately notified if she is AWOL, has a medical emergency or for any other serious situation. At the time of admission, the Youth in Care is explained that CAS, as their guardian, has legal access to their personal information. During the weekly meetings that the client has with their Case Worker, the client is informed of the contact that has taken place between their CAS worker and SMH. Note, both the Youth in Care and her CAS worker must sign the Release of Information so that contact between SMH and other professionals in the client's life can occur.

4) FAMILY MEMBERS ACCESS TO INFORMATION:
   For the Youth in Care, it is the role of CAS and not SMH to communicate information with their families. Clients with an Independent Youth or Adult status must provide explicit verbal permission
for SMH to communicate personal information with their family. Generally effort is to be made to have the client in the room while staff is speaking directly to or over the phone with the family member; however, when this is not feasible and the client is asking that we take a particular phone call, for example, and speak freely, even if they are not around to listen in, the staff may do so. The fact that the client has given verbal consent to speak with a family member must be recorded in the client’s file.

4.5.2 STAFF, VOLUNTEERS AND PLACEMENT STUDENTS CONFIDENTIALITY STATEMENT
All employees, volunteers and placement students of St. Mary’s Home are obligated to ensure client confidentiality, and sign a Confidentiality Agreement prior to active employment. This confidentiality statement includes a statement that staff is not to disclose client information without explicit consent from the client. Further information on this topic is covered in the Personnel Policy Section of the St. Mary’s Home policy manual.

4.5.3 SHELTER CLIENT CONSENT FORMS
Upon admission, each client must sign either the City of Ottawa Shelter Client Consent Form or the City of Ottawa Youth Shelter Consent Form. These forms are for the purpose of determining eligibility for Per Diem Funding and for a Personal Needs Allowance and to share data through the HIFIS Homeless Information Data System.

SECTION 5 – FINANCIAL

5.1 – FINANCIAL ACCOUNTABILITY

5.1.1 BOOKS OF ACCOUNT AND RECORDS
Proper books of account and records are in place, in accordance with accepted business and accounting practices, and of the financial management of funding provided under the service and agreements between the City of Ottawa, the Ministry of Child and Youth Services and St. Mary’s Home.

5.1.2 AUDITED FINANCIAL STATEMENTS
The financial records of St. Mary’s Home are audited annually by an auditor appointed at the Annual General Meeting at St. Mary’s Home.

Audited financial statements are provided to the City of Ottawa, to the Ontario Ministry of Children and Youth Services annually, and to others upon request. These public documents are made available at the Annual General Meeting at St. Mary’s Home and found on our website in the Annual Report.

5.1.3 BUDGET INFORMATION
St. Mary’s Home submits annual program and financial budget information as per the budget forms provided by the City of Ottawa and the Ontario Ministry of Children and Youth Services.

5.1.4 PER DIEM INVOICES TO THE CITY OF OTTAWA
Invoices and the backup information are sent on a monthly basis as per the Per Diem Protocols between the City of Ottawa and St. Mary’s Home, and are to be paid in full within a month of billing.
5.1.5 **BOARD GOVERNANCE OF FINANCIAL POLICIES**
The Board of Directors oversees the Financial Policies of St. Mary’s Home and carries signing authority for the organization. The Board determines the signing authority limits of employees, including the Executive Director. These are specified in the Bylaws of St. Mary’s Home.

**RESIDENTIAL COMPLIANCE POLICIES UPDATED:**
- April 2018
- April 2017
- January 2017; 2nd Revision February 2017
- March 2013; April 2013
- December 2011
- March 2010; August 2010
- April 2009; June 2009
- January 2007 Compiled, Developed and Approved

The above written Policies are specific to the SMH Residential Program.
To view all of SMH policies refer to SMH Policy Manual.