

Mountain Rose Women's Shelter Association

PROGRAM POLICY/PROCEDURE MANUAL

Amended September 2005
Amended October 2006
Amended May 2007
Revised December 2008
Revised September 2012
Revised May 2016

Mountain Rose Women's Emergency Shelter Program/Procedure Policy Manual

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Introduction

The policies included in this manual are approved for use by the Board of Directors of the Mountain Rose Women's Emergency Shelter, known as MRWS within the said Program Policy Manual. Every effort has been made to update, revise and add policies in order for the organization to have a document which is functional in format and which is fair in content and intent. Each board member, employee or volunteer shares in the responsibility of ensuring these policies are in fact "*just*", "*reasonable*" and "*comprehensive*." Each procedure should provide sufficient structure to be clear as to what guidance is intended as well as sufficient flexibility to encourage improvements to our systems as required. Suggestions for changes are therefore welcomed and should be directed to the Executive Director who will pass the information on to the Board of Directors for discussion, potential changes and ratification.

Article I. General Provisions

MRWSA, as the *Service Provider*, will maintain compliance with Alberta Women's Shelter Standards and Human Ministry Standards as related to client care and treatment, use of restrictive procedures as emergency intervention, disciplinary and treatment techniques, informed consent, release of client's information, client complaints, grievances and appeals.

MRWSA, as the "*Service Provider*" will also maintain compliance with the Alberta Women's Shelter Standards relating to protection of human rights, client's safety, service planning, service delivery and capacity to provide service.

Philosophy

- * We believe in a non-violent society in which women have both the freedom and the responsibility to direct all the important aspects of their lives: emotional, intellectual, spiritual, economic and sexual.
- * We believe that meaningful action toward a non-violent society necessitates changing community awareness of, and challenging the acceptability of victimization of women and children.
- * We believe women are able to evaluate their fears, attitudes, alternatives and options in a manner that will enhance the empowerment of all women.

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Belief Statement

- * Every individual has the right to a life free of abuse.
- * Society has a responsibility to provide safety from abuse.
- * Education and treatment has an effect on reducing abuse.

MRWSA Belief Statement – EMPOWERMENT, RESPECT, SAFETY AND SECURITY, COMPASSION AND CARING

We believe in empowering victims of domestic violence through making them aware of choices, options and resources. We believe in respecting the choices of all persons through support and acceptance. We believe in the right of all persons to be safe and secure. We accord individual respect and caring to all persons.

Mandate

To provide services, which are designed and delivered in a manner which will promote the self-esteem, independence, and the individual decision making of battered women and their children and other women in crisis.

Note: Children under the age of 18 must be accompanied by an adult or Child Welfare must be notified.

Mission of Mountain Rose Women's Emergency Shelter

THE MOUNTAIN ROSE WOMEN'S SHELTER ASSOCIATION IS A NON PROFIT, CHARITABLE ORGANIZATION THAT PROVIDES RESOURCES AND SUPPORT TO INDIVIDUALS AND FAMILIES IMPACTED BY DOMESTIC VIOLENCE IN THE TOWN OF ROCKY MOUNTAIN HOUSE AND CLEARWATER COUNTY.

MRWSA Society Objectives

1. To provide the tools for the victim to make informed choices through:
 - Crisis intervention
 - Decision making
 - Empowerment
 - Appropriate referrals [e.g. Child Welfare, Community services]
2. To provide an education program in non-violent, positive healthy behavior for children through:
 - Assessment
 - Intervention
 - Age appropriate activities
 - Role modeling
3. To educate the Public through:
 - School education
 - displays and posters in public places
 - 24 hour crisis lines
 - Volunteer training
4. To educate professionals through:
 - Seminars on family violence
 - Field experience
 - Newsletter
5. To provide safe refuge for abused women and their children through:
 - Trained staff
 - Maintaining facility and security system
 - Liaison with RCMP
6. To secure ongoing resources through:
 - Accessing grants
 - Lobbying government for funding
 - Contracts
 - Providing Community services
7. To periodically assess needs for shelter services in Rocky Mountain House, Alberta

Program Description

Purpose

- To provide a short-term, safe and supportive environment for women who are battered and their children
- To provide emergency accommodation to women in crisis or other women needing safe and secure accommodation
- To provide these women with an opportunity to learn of services and alternatives for themselves and their families
- To facilitate decisions about their futures
- To provide information and support that enhances the empowerment of all women

Program Philosophy

Central Alberta, Region 4 Child and Family Services Authority, Prevention of Family Violence and Bullying office, Alberta Council of Women's Shelters and Mountain Rose Women's Shelter Association adheres to the fundamental principle of respect for the dignity and worth of the individual person:

- All individuals have the right to security and protection under the law.
- All individuals have the right to live free of assaults, abuse and violence.
- No person should be forced to remain in a violent or abusive home because of a lack of alternatives
- The right to integrity of the person includes the right to make informed choices among alternatives in one's own life decisions.
- Families should be protected from the invasion of their privacy except when the interests of the individual, family members and/or the best interests of society are jeopardized

Program Definitions

- "Women's Emergency Shelter" refers to a residential service, which offers specific core services to abused women and children, and other women in crisis, 24 hours a day, 7 days a week. Maximum stay at a shelter is up to 21 days per admission.
- "Abused woman" refers to any woman who is identified or identifies herself as being physically and/or psychologically abused by her husband or intimate partner, or family member.
- "Women in crisis" refers to any woman who is undergoing severe psychological/emotional stress for which there is no readily available sources of shelter.
- "Other women" refers to women with other crisis accommodation needs. ie. awaiting hospital admission
- Client refers to any woman who, at any time, is staying at the Shelter or accessing any MRWSA Community Services.

Program Objectives

The objectives of Mountain Rose Women's Shelter Association are to ensure that:

- Short-term safe and supportive accommodation will be provided for women who are abused, their children and other women in crisis.
- Services and programs are designed to ensure that the crisis needs of in-house clients are met. These core services include:
- Confidentiality and protection - all information given to MRWSA staff will remain confidential unless MRWSA staff feels the client is a danger to herself or others. A "Release of Information" must be signed by the client prior to the sharing of any information with other agencies. Women who remain within the confines of MRWSA shall be secure and safe.
- Crisis intervention and support - clients will receive crisis intervention and emotional support by MRWSA staff. This includes a structured intake assessment, a third day interview and follow-up counseling each day or as required. This will also include providing the clients and teens with the information required to develop a "Safety Plan" based on their individual circumstances and needs.
- Practical information and assistance - Information will be provided on the dynamics of family violence, the cycle of victimization and/or other information relating to the individual's life experience. Crisis Worker staff will provide assistance involving basic life skills such as cooking, personal hygiene and other routine living skills.

- Individual case referral - information regarding various community agencies and their services will be provided including referral to and liaison with community resources such as: Legal Aid, Child Welfare, MRWS Community Services, Rocky Native Friendship Centre, RCMP, VSU
- Food - MRWSA provides three meals each day as well as snacks in the afternoon and evening. The menu meets all dietary requirements of the Canada Food Guide.
- Shelter - MRWSA premises include 3 bedrooms on the main floor with laundry room on main floor of shelter area. The main floor consists of 3 bedrooms, living/common area, kitchen and eating area, laundry and a wheelchair accessible bathroom, additional sink outside main bathroom area. There is also a large main reception area in the foyer, staff bathroom, and a waiting area. The basement consists of two storage areas, and maintenance room. Attached is the business office of MRWSA, and Community Services.
- Clothing - MRWSA does provide very limited emergency clothing and will provide referrals to other community agencies for additional clothing, and provides household items and furniture when available
- Personal incidentals - supplies such as toothpaste, toothbrushes, combs, shampoos, sanitary napkins, diapers, towels and soap are available to residents and non-residents (emergency situation) and children as required.
- Prescription drugs - drugs prescribed to clients and children who are unable to pay for them can be filled and paid for by MRWSA on an emergency basis only.
- Emergency transportation - women can receive emergency transportation from MRWSA to another approved shelter or for medical attention by taxi. (emergency basis only)

Human Services Ministry Policy Statement

The Mountain Rose Women's Emergency Shelter has adopted as policy the document "Alberta Women's Shelter Standards" dated 2003 with any subsequent amendments.

This document was prepared by the Alberta Council of Women's Shelters in conjunction with the Prevention of Family Violence and Bullying office.

2013 to 2017: MRWSA made amendments as per MRWSA in-house procedures

Policy Section: Program Policy/Procedure	Date approved: September 2006 Last reviewed: March 2007
Policy 1: Informed Consent	Last Date revised: December 2008 Last Date revised: May 2015

Policy Statement: MRWSA will provide all clients with documents to establish informed consent

Procedure:

Any person voluntarily telephoning MRWSA or attending in person is deemed to have consented to accepting services. Whenever MRWSA staff is required to obtain a client's consent, the consent must be obtained voluntarily, without coercion or undue influence, and only after the client has been fully informed of the following:

- A) All aspects of the specific service, program, procedure, treatment, training, or other action proposed; and
- B) Her right to withhold give or revoke such consent.

Parents may offer consent on behalf of their children who are under the age of majority.

MRWSA will fully inform each client on intake of all aspects of the service provided including behaviours that will have an impact on the conditions of services received at MRWSA. Terms and conditions of service provision will be fully explained within 24 hours of intake.

Policy Section: Program Policy/Procedure	Date approved: September 2006 Last reviewed: March 2007
Policy 2: Respect Clients	Last Date revised: December 2008 Last Date revised: May 2016

Policy Statement:

MRWSA will treat clients in a respectful manner.

Procedure:

MRWSA will inhibit its employees from using corporal punishment or engaging in any kind of conduct which is intended to ridicule, humiliate, degrade, insult or otherwise undermine the dignity and self-worth of a client.

MRWSA staff shall respect the strengths/needs of each client and her children. Above all, the right to choose what services are utilized belongs to the client. Therefore, as professionals we may offer a full range of services, but we will provide only those services desired by our client.

MRWSA will provide clients with services in their first language through on-line translation services or through agency partnerships.

Women shall retain the right to refuse completion of all documentation with the exception of the MRWSA Intake and supporting documents, which must be explained, understood and signed before services are provided.

- **Staff will review services offered on an ongoing basis with client during their stay**
- **Staff will strongly encourage client's participation in groups offered by MRWSA & other agencies (ex) AADAC, ALANON, etc. (see appendix for guidelines of group expectations)**

Policy Section: Program Policy/Procedure	Date approved: September 2006 Last reviewed: March 2007
Policy 3: Client Admission & Departure for Shelter and Community Services	Last Date revised: December 2008 Last Date revised: May 2015

Policy Statement: MRWSA will have admission guidelines for Shelter and Community Services

Procedure:

SHELTER: Shelter clients are admitted based on priority:

1st priority is: Abused women with children

2nd priority is: Abused women without children

3rd priority is: Women in crisis with/without children

4th priority is: Other women in need

No third or fourth priority women will be admitted if shelter occupancy is over 13. Third and fourth priority women will be required to vacate their beds with 24 hours' notice (to be notified upon intake) in the event of space being required by a person in the first or second priority category. In the event of this happening, referrals will be made that meet the needs of the client.

Admissions shall be on a first-come-first served basis except where distance is a factor or other shelter referrals are requested.

COMMUNITY/ NON – RESIDENTIAL SERVICES - the goal of Community services is to:

1. identify persons in need and link them to available community resources
2. build capacity in women and children to live in the community free from family violence
3. Community education/resources
4. Safety planning
5. Basic Needs
6. Personal growth
7. Awareness/knowledge

Admission & Departure Procedures can be found in the appendix

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Holding Beds

Staff will only hold a bed for a potential client that has met the entrance criteria for 24 hrs. Staff will enter client information on the 'Wait List' in order to contact the client when a bed becomes available. IF a client on the 'Wait List' is not available when a bed becomes available, the next person on the list will be contacted. Priority will be given to Level 1 and 2 potential clients that are within Clearwater Country and area.

Departure

On departure from shelter, the following information forms and procedures are to be completed.

- Client File/Caution card
- Departure Forms and Summary – (Client feedback survey, any interview questions and discharge summary) Departure forms with dates, forwarding address, departure status, number of days,
- Follow-up form/Community referral form
- Items of belongings
- Medication
- And any other pertinent belongings

Community Services will also complete Outcome tracker documentation:

In-take

First Calls

Client Case notes

Evaluations

To complete Discharge Summary refer to appendix
See Client Exit Survey Form

Policy Section: Program Policy/Procedure	Date approved: September 2006 Last reviewed: March 2007
Policy 4: Admission Policy	Last Date revised: December 2008 Last Date revised: May 2016

It is the Policy of MRWSA to provide all admitted clients with a concise, safe, and thorough admission process that is respectful to all clients regardless of race, religion, cultural background, and-or sexual orientation.

Procedures

Prior to admitting a women into the shelter always check the reference cards located in the crisis area. This will provide specific information as to reasons for being cautious, or conditions for re-admission. Remember: if a women is a turn away please complete the First Call Contact form, if she has been abused, fearful of being abused, is requesting accommodation or is refused accommodation. **See Admission Procedures in Appendix.**

Policy Section: Program Policy/Procedure	Date approved: September 2006 Last reviewed: March 2007
Policy 5: Refusal or Exit/Expulsion/Removal of Client	Last Date revised: December 2008 Last Date revised: May 2016

It is the policy of MRWSA to follow guidelines in the event a client is refused, expelled, removed or exits from services.

Procedures

Refusal to Admit

1. In any case where the woman does not meet admission priorities.
2. In any case where admission would exceed authorized licensed capacity – which is up to **16 persons (10 beds)**
3. In any case where the woman's behaviours appear to be a danger to the safety of those already in the Shelter, those working at the Shelter, herself or her family.
4. In any case where the woman has a history of disruptive behaviour during a previous residency at the Shelter, which necessitated discharge.
5. In any case where the woman appears impaired under the influence of drugs and/or alcohol and displays violent, abusive behaviour.
6. In any case where the Case Conferencing Team has determined that the woman's needs would be best served by other agencies.
7. **MRWSA** shall ensure that women not accepted for admission are referred to the appropriate service where available.
8. When a woman requests re-admittance after not returning to shelter from an Overnight

Pass (See Policy 6), there will be a 30 day exclusion period (from date of Overnight Pass). A client will also receive a 30 day exclusion period for reasons of “Exit/Expulsion/Removal of Client (#3, 4, 5, and 6) unless there is extenuating circumstance (immediate danger, police involvement, etc.).

9. Male children under the age of 17 years and 10 months will be admitted with the mother.

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Exit/Expulsion/Removal of Client

Exit/Expulsion/Removal from the MRWSA may occur.

1. A client decides to leave the MRWSA.
2. A client exceeds the 21-day stay and has not applied for an extension of services
3. A client has committed a serious breach of MRWSA policy resulting in immediate expulsion (as determined by Executive Director or Shelter Supervisor) including:
 - Possession of weapons, use of alcohol or drugs in shelter, or acts of violence within the MRWSA.
 - Failure to comply with request to turn in all medication for lock up.
 - Abuse or abandonment of children and or staff while on the premises. (e.g; intimidation, bullying)
 - In the case of third and fourth priority women when higher priority women require space, twenty four hour notice **MUST** have been provided to client upon intake
4. The Case Conferencing Team has determined that the client would be better served by another agency or hospital providing specialized services. E.g. mental health, etc.
5. A client leaves MRWSA premises and does NOT contact or return to MRWSA within 24 hours.
6. A client that has minor offenses regarding MRWSA Shelter Policy will be given a “Contract for Service” indicating the minor breaches with requirements for continued service. If client breaches the contract, she will be given a 24 hour notice to vacate the premise. MRWSA will provide referrals to other services that may better serve the client.
7. All medication and valuables will be returned to the client and recorded in her file
8. If resistance is expected, two staff members, when possible, should be present when

the client is advised of the decision that she leave MRWSA

9. RCMP will assist ONLY if a physical eviction is necessary.

10. Client Reference Card will be implemented

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Client REFERENCE CARD:

*** Women discharged for reasons 1,2,4,5 & 6 will receive a yellow caution flag.

Women discharged for reasons Policy 5 #3 will receive a Red flag on their reference card. A reference card is kept on all clients whom consistently display inappropriate or abusive behaviour during their stay at MRWSA will then receive a red flag indicating a serious incident has occurred. The reference card and the coded flags must indicate the behaviour, the effect on other clients and staff and the dates when confronted with the inappropriate behaviour.

Re-admission will be dependent upon the information on the card and how the issues will be resolved so that behaviour does not re-occur. The Executive Director or her designate must authorize a reference card being set up on any client after consultation with the Case Conferencing Team and a review of documentation. A yellow flag indicates a caution for re-admitting therefore an admittance contract must be negotiated including past behaviour and expectations.

Reference cards will be re-assessed every 3 months by the Executive Director and Shelter Supervisor.

Exclusion

Expulsion from MRWSA on a permanent basis will be the result of the Case Conferencing Team making recommendations to the Executive Director. A decision will be made through this consultation, accompanied by all incident reports concerning the individual's behaviour and attitude while residing at the shelter. If a permanent expulsion is found to be necessary by Executive Director, the individual will be denied entrance to MRWSA on any occasion. The Executive Director or designate of MRWSA will place the actual expulsion form on the client file.

Policy Section: Program Policy/Procedure	Date approved: September 2006 Last reviewed: March 2007
Policy 6: Client Overnight Pass	Last Date revised: December 2008 Last Date revised: May 2016

It is the Policy of MRWSA to allow Overnight Passes for legal, medical or extenuating circumstances only.

Procedure:

1. While staying at the shelter clients may wish to stay out overnight. When someone request an overnight pass crisis workers must make sure that:
 - a. The client understands that MRWSA is a shelter for those who need safety and it is not common practice to give permission for either adults or children to be out of shelter overnight. Therefore, the only reasons that overnight passes are granted is for confirmed medical and/or legal appointments out of town.
 - b. All intake and government forms have been completed
 - c. The client has applied for an overnight pass prior to the date and approval has been granted by the Executive Director or Designate. The client has agreed upon the expected day and time of her return to MRWSA (e.g.) leaves at 3:00 p.m. must return to shelter before 24 hrs with a call during that time, if client does not call and does not return to shelter she will be considered discharged, should client call to inform staff that she will not be back at the specific time but later they will not be considered discharged.
 - d. The client must be informed and understand she may lose her bed space if she doesn't return by the agreed upon time and there has been no phone call indicating why she won't be returning
 - e. It should be noted that the client is allowed ONE NIGHT ONLY out with permission under the government mandate for shelters. Additional nights out will be allowed for EXTENUATING circumstances ONLY. (such as family emergency, death in the immediate family, sickness/illness)

Policy Section: Program Policy/Procedure	Date approved: September 2006 Last reviewed: March 2007
Policy 7: Maintenance of Client Records	Last Date revised: December 2008 Last Date revised: May 2016

It shall be the policy of MRWSA that all clients shall have confidential files.

Procedure:

Confidential files will include the following information:

1. Assignment of coded case number (ex.) 04-001
2. Completed MRWSA Intake with client's signature (mandatory)
3. Release of information
4. Oath of Confidentiality
5. Medical consent
6. Progress Notes
7. Women's Shelter Client Information
8. Verification of On/Off Reserve Status Form where applicable
9. Expulsion Form

NOTE: All staff will input all client data (both shelter & community services programs) into the Outcome Tracker data system. All files will be documented in the Outcome Tracker database. All documentation will be checked/reviewed and corrected by the SHELTER SUPERVISOR or designated staff.

Files shall be retained in the SHELTER SUPERVISOR office to secure against unauthorized removal or access. Only authorized personnel shall have unsupervised access to the any office

area. All staff is responsible for the necessary precautions to ensure that files are protected against destruction, loss and unauthorized removal or access.

All client files will be retained at MRWSA for a minimum of six years. Disposal will be by shredding to be carried out by staff. Inactive client files shall be kept in a locked room in a designated location within the MRWSA.

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Policy Section: Program Policy/Procedure	Date approved: September 2006 Last reviewed: March 2007
Policy 8: Protection/Confidentiality of Client Information/identity	Last Date revised: December 2008 Approved: Sept 13, 2012 Last Date revised: May 2016

It shall be the policy of MRWSA to protect the identity of women accessing any MRWSA Services from those outside the shelter seeking information.

Procedures:

1. Confidentiality of client identification will be maintained at all times, inclusive of names, addresses or any identifying information of any person presently or previously residing in MRWSA. In all instances, the safety of the client and her children **MUST** take precedence.
2. All employees, Board Members, volunteers and any other person who may have access to client information will sign an "*Oath of Confidentiality*" upon commencement and be aware that breach of confidentiality is grounds for dismissal/expulsion.
3. A "Release of Information" form will be explained and signed by the client when information is required or requested by outside agencies or individuals. The client may refuse signature of "Release" and may revoke an existing Release at any time.
4. Following the receipt of written consent from the client a shelter worker shall be authorized to divulge information regarding clients to applicable agencies or persons in the course of referral or advocacy.
5. Information received from any second party source will be considered the property of that source and will **NOT** be released from MRWSA.
6. No name of any MRWSA client will appear in the file of another MRWSA client.
7. For clients that require translation, all resources will be exhausted for clarification.

8. Should the inquiring party identify him/herself as a professional (doctor, lawyer, Police officer, child welfare worker) the staff person will confirm identity by requesting a phone number to call the inquirer so that confirmation can be made. A "Release of Information" must be signed by the client before providing any of her information to outside requests. In case of a Police officer requesting information ask for Badge number & call the RCMP detachment.
9. Cell Phones – Clients may keep cell phones but must sign a confidentiality agreement ensuring they will not to take photos or breach confidentiality. MRWSA will provide information on how to disengage GPS and provide information on cyber bullying. (See Policy 9)

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Policy Section: Program Policy/Procedure	Date approved:
Policy 9: Client Cell phone policy	Last reviewed: Last Date revised: May 2016

It is the policy of MRWSA to recognize CONFIDENTIALITY CONCERNS regarding cell phones. Cell phones have cameras and pictures can be taken and sent out of the shelter, along with text messaging information that the shelter deems as confidential. MRWSA also recognizes the need for clients to remain in contact with family and friends, employers, landlords, etc. which highlights the need for clients to have access to their personal cell phones. Therefore MRWSA will provide clients with a confidentiality agreement and training regarding cell phone safety, GPS training, cell phone use, and other clients' rights to confidentiality.

See form: Cell phone safety: have clients sign the cell phone safety form.

Policy Section: Program Policy/Procedure	Date approved: September 2006 Last reviewed: March 2007
Policy 10: Clients Access to Own File	Last Date revised: December 2008 Last Date revised: May 2016

It is the policy that MRWSA will have processes for client`s access to personal files that follows Freedom of Information & Protection Act (FIOP), Personal Information Protection Act (PIPA), and other government regulations.

Procedure

All clients may, by verbal or written request, have access to their file. The request shall be conveyed to the Executive Director or her/his designate who will make this information available within 72 hours and will be available to interpret any aspect of the documentation at the client`s request. Should the client require her file for the purpose of Court, a written request must be provided to MRWSA Executive Director by her lawyer. All client files will be presented as per FIOP. Access to the client`s personal file will be granted to the client in the office for the client to review. Files may not be copied in any manner and must not be removed from MRWSA`s office by the client.

If a former client becomes a staff, volunteer, or Board member, their file is sealed in a brown envelope. (See Volunteer Policy and Procedures). The envelope shall be marked "Confidential" indicating the file number. The file will be stored in a locked cabinet in the Executive Director`s office and only the Director may open this sealed envelope. NOTE: Legally MRWSA can not delete a client`s file from Outcome Tracker, therefore the above procedure only relates to paper copies of the client`s files.

Policy Section: Program Policy/Procedure	Date approved: September 2006 Last reviewed: March 2007
Policy 11: Conditional breach of confidentiality of Client Information	Last Date revised: December 2008 Last Date revised: Dec 2017

It is the Policy that MRWSA has procedures in place for conditional breach of confidentiality of client information

Parameters

If a client refuses to sign or revokes a Release of Information, no information will be given except if the client is deemed to have a mental health /issue concern, or the following conditions apply:

1. A client is suicidal or they disclose their intent to harm another person. A report must be made to appropriate agencies. (RCMP, Hospital, etc.)
2. The abuse of a child is suspected or observed. A report must be made to Child Services so that appropriate protection and intervention can be established for the safety and well-being of the child.
3. A child is deemed to be abandoned, that is - left at the Shelter alone overnight, or for longer than eight hours after the mother's anticipated return. A report must be made to Children Services
4. When an inquiry is made by police regarding a missing person. Staff must advise police if they know a person is deemed missing and is safe. No other information is provided.
5. If Court of Queen's Bench or Provincial Court supports a subpoena for a client file through appropriate channels.
6. When an inquiry is made by police regarding a certain client & RCMP divulge that a warrant is in place, staff is obligated to release the known information of that person.

All conditional breaches of confidentiality will be documented in the client case notes and be approved by the Executive Director or designate. The Executive Director or designate may contact the chair of the Policy Committee. Legal advice may be requested by the Executive Director or Board Policy Committee

Policy Section: Program Policy/Procedure	Date approved: September 2006 Last reviewed: March 2007, May 15, 2014 Last Date revised: December 2008, May 15, 2014 Last Date revised: May 2016
Policy 12: Custody of Client Medication	

Policy Statement: MRWSA will maintain the secure storage and careful handling of prescription and non-prescription drugs. This ensures the appropriate and safe usage of medications.

Parameters:

1. All drugs, whether controlled by prescription or purchased without prescription, will be clearly labeled and kept in a locked cabinet in the shelter office. Upon admission, client will be informed that all medication (prescription and non-prescription) in the client's possession must be handed in to staff and stored in the secure area.
2. The Shelter will have on hand a limited supply of non-prescription drugs for those clients who may require relief from common ailments. A client will be requested to obtain her own supply at her earliest opportunity. (See Appendix for list of nonprescription medication provided by MRWSA.).
3. A client requesting access to her medication will be given her container and is responsible for following her own prescription instructions or determine the quantity of medication she takes. A parent is responsible for administering medication to her child(ren).
4. Staff members will not take responsibility for administering medication to an adult Client, and will only administer prescribed or non-prescribed medication to a child with the written consent of the mother and then only in her absence.
5. A medication log, located in the client file, will be kept. Each time a staff member allows access to the contents of the cabinet, or accesses it herself, she will accurately record the name of the client accessing medication, the name of the drug, the dosage and the time access to the medication was

provided. Each log entry will be initialed by the staff member and by the client requesting the medication.

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6. Any client observed administering medication outside of the prescribed or recommended dosage will be referred to addictions, mental health, and/or medical supports.
7. Personal medication that is not taken when a client leaves the Shelter will be held for 48 hours. If the former client does not arrange to pick up her medication it will be taken to a pharmacy for disposal.
8. A list of the non-prescription medication supplied by the Shelter will be kept up to date and posted on the cabinet door. A client who requests other than these medications will be advised that these will not be purchased unless recommended by a physician or qualified nurse.
9. A client can purchase and use her own supply of non-prescription medication. These drugs must be clearly labeled and stored in the medicine cabinet.

Policy Section: Program Policy/Procedure	Date approved: September 2006 Last reviewed: March 2007
Policy 13: Fire/Disaster Emergency Policy	Last Date revised: December 2008 Last Date revised: May 2016

Policy Statement

MRWSA will have and follow the safety & disaster plan (Black folder in Shelter). This will include fire drills, emergency procedures, and staff training.

Procedure:

- MRWSA will conduct monthly fire drills
- MRWSA will complete annual inspections of fire safety tools such as alarms and fire extinguishers.
- MRWSA will provide staff training on Fire/Disaster Emergencies during New Staff Orientation and ongoing through staff meetings.
- See Appendix for **Fire/disaster emergency procedures**

Policy Section: Program Policy/Procedure	Date approved: September 2006 Last reviewed: March 2007
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Policy 14: Medical Emergencies	Last Date revised: December 2008 Last Date revised: May 2016
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It is the policy of MRWSA to provide diligent, compassionate, and professional care for all clients in the case of medical emergencies and the possible death of a client while in service.

Procedure:

Medical Emergency

- Apply first aid
- Dial 911 and indicate what service you require – should you be unable to call 911 immediately ask another client for assistance and have them call
- Call the Director or designate if advice is needed
- Update client file and the Communication book/incident form once the situation has been resolved

Death Occurrence Emergency

If a death occurs in the shelter, the following steps shall be taken:

1. Call 911 immediately
2. Do not disrupt the body or the death scene. Document any disruption of evidence in a very detailed manner. Example: pill bottles touched, moved or pills spilled, clothing or bedding in disarray
3. Secure the death scene until police or emergency medical personnel arrive. A staff must remain posted outside the closed door to ensure the death scene is NOT compromised. If the death occurred in a more public area of the shelter other clients shall be cleared but instructed NOT to leave the building.
4. If a staff member considers that the death scene constitutes a danger to herself or other clients she will advise the RCMP and take action to protect herself and the other shelter clients
5. Full cooperation will be given to the attending RCMP officers, emergency personnel and/or the Medical Examiner
6. The Executive Director shall be notified as soon as possible
7. Staff will take immediate action to provide counsel to clients. MRWSA will act to provide immediate critical incident de-briefing to all clients and staff members as quickly as possible and in cooperation with any investigation conducted by RCMP.

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8. All staff members present at the time of death will document their involvement. This

shall include: first awareness of concern; any attendance to the death scene; what actions were taken; any awareness of the movements of the deceased prior to death and/or the presence of a non-client in or around MRWSA; any verbal information volunteered by witnesses or others related to the events immediately prior to death and any circumstances or information that might be considered suspicious.

9. Staff shall NOT speak to the media. Refer reporters to the Executive Director
10. **Executive Director will consult with Board of Directors as a whole and seek legal advice for MRWSA if deemed necessary by the Board of Directors**

Policy Section: Program Policy/Procedure	Date approved: September 2006 Last reviewed: March 2007
Policy 15: Security Safety Procedures/Working Alone	Last Date revised: December 2008, Sept 2014 Last Date revised: May 2016

Policy Statement: Clients' and staff safety and well-being are primary considerations in providing services. MRWSA will comply with all applicable health, safety, building and fire codes, bylaws, regulations and legislation

Procedures:

Security Systems

A security system is in place with electronic surveillance (cameras at front and back of entrance door of shelter) plus camera in the common area of the shelter area, a 24 hour taping system of all activities at ALL camera locations. Front and all shelter door entrance/exits have magnetic locks installed.

A security system pad is installed in reception area beside the left side of the shelter area door. Each authorized staff person has their own key tag and is informed of the 4-digit code for security. Each staff person must have this memorized, as they are required in order to re-set the Security System pad.

Client safety

In House security

- Never divulge to a caller whether a woman has had contact with, or is staying at the Shelter, unless express permission has been given to staff by the client indicating whom she will or won't take calls from (located on day sheet)
- Advise the caller that MRWSA Policies on Confidentiality does not allow personal information to given on any clients (current or past), volunteer or staff
- Advise caller to leave their name and phone number and should MRWSA staff hear from the person the caller is inquiring after a message will be given to the individual
- Should a client divulge that she is wanted/warrant out for her arrest we are obligated to contact RCMP, encourage clients to contact RCMP themselves
- Should RCMP contact asking if a certain client is staying here, retrieve the RCMP member's name and badge number and call them back at the detachment. If there is a warrant or a subpoena for a client, ask the RCMP member that in respect and privacy to other clients, not too make the arrest/delivery of documents in shelter
- If it is for an arrest warrant, ask that if we can call the detachment when she has just left the building so they can deal with the warrant

RED ALERT

A “Red Alert” is activated when there is a perceived risk to MRWSA and its clients. As a rule, it is Executive Director who activate a Red Alert based on an assessment of information provided by a client or staff as a result of threatening words or actions, or a warning of risk from R.C.M.P or other outside agency (ex. Child welfare)

Several procedures need to be followed when a Red Alert has been activated:

- All windows in the shelter are closed and blinds are drawn
- All clients shall be informed (without severely frightening them) and the total security system shall be turned on immediately
- Inform all staff on duty and all other staff coming on duty
- Children must remain indoors – there is no playing outside allowed.
- If possible, acquire a full description of the possible assailant and vehicle(s) description
- Call RCMP immediately and inform them of the situation. Give the officer the name, birth date, a physical description of the perpetrator and the make and colour of any vehicle he may be driving.
- If the situation is URGENT call 911 and talk to the dispatcher

It is the Judgment call of the Director in consultation with the Shelter Supervisor and/or Crisis Worker whether volunteer services will be cancelled and/or staff reduced to a minimum. See Appendix for **Potential/Existing Hazards**

Playground Security:

- Clients safety and well-being are primary considerations in providing this outdoor space
- The parent must always be present in the playground while her child/children are accessing this play area (Note: Siblings over the age of 14 may supervise younger siblings in the playground with the parent’s permission)
- The playground is a NON-smoking area. Smoking is permitted in the areas outside of the playground fence.
- The playground is monitored by the external video camera 24 hours per day as a safety protocol
- Staff are to encourage families to utilize the playground at any time. It is appreciated if the parent informs staff when the family is accessing the playground area as a safety protocol
- Any injuries incurred in the playground area must be immediately reported to the Crisis Worker on staff. Follow emergency medical policy and/or First Aid procedures. Documentation is required for all injuries.
- The playground area will be closed during all “Red Alert” incidents

Policy Section: Program Policy/Procedure	Date approved: September 2006 Last reviewed: March 2007
Policy 16: Abuse Protocol (children)	Last Date revised: December 2008 Last Date revised: May 2016

Treatment of Children (Abused On Premises or Suspected To Have Been Abused Off Premises)

Policy Statement: It is the responsibility of MRWSA by law to report suspected, or reported, cases of physical, sexual, psychological abuse or neglect to Child Protection Services

Procedure:

1. Immediately report the incident to the Executive Director or designate
2. Document all details observed in the file of client involved: documentation to be reviewed by staff involved and Executive Director &/or designate prior to a report being filed
3. Child Protection Services maintains a high order of jurisdiction over confidentiality; therefore, it is necessary to cooperate with a Child Intake Worker in releasing information without parental consent.
4. Assist in documentation for Child Protection Services Report
5. Upon intake interview, shelter staff shall record any indicators of child abuse observed or reported by the mother. MRWSA Staff will follow the direction of the Child Protection Worker. RCMP may be involved on a case by case basis
6. **All protocols in place with Region Four Child Protection Services will be observed.**

Status of Children: Child Welfare

- A female under the age of 18 who is admitted to MRWSA as a result of Abuse whether alone or with her children is considered “a child in need of protection” within the meaning of the Child Youth Enhancement ACT
- MRWSA is obligated under this act to report the matter to Children services, notwithstanding that the information on which the belief is founded is confidential
- A child (person under 18) who is admitted to MRWSA together with her/his mother is not a “child in need of protection” within the meaning of the Act unless the development of the child is endangered because the child has been abused by the mother herself.

However, MRWSA is obliged under the Child & Youth Enhancement ACT to report instances of abuse or suspected abuse to a child by either the mother, father or care giver to Children Services, notwithstanding that the information on which the belief is founded is confidential.

MRWSA staff members will promote a philosophy of teaching as opposed to imposing values and expectations. **The Child's mother is responsible for disciplinary actions, if a mother disciplinary actions are inappropriate, staff will meet with her privately to discuss positive alternatives. Staff will be willing to discuss problems and possible solution openly with both mother and child/ren.**

Policy Section: Program Policy/Procedure	Date approved: September 2006 Last reviewed: March 2007
Policy 17: Child Care	Last Date revised: December 2008 Last Date Revised: November 2015 Last Date revised: May 2016

Policy Statement

It is the policy of MRWSA to encourage family responsibility through recognition that women are primarily responsible for the care and safety of their own children while residing at the shelter.

Procedures:

- 1. When child-care is required, staff will suggest the following options:**
 - The client may ask another client in the house to care for the children. Staff must approve this option. It is encouraged not more than 2 children under the age of six will be cared for by another in house client.
 - Family Support Worker will be available to look after children ONLY when there are specific appointments the client must attend, dependent on the age(s) of children and staff availability
 - All child care must be pre-booked with the Family Support Worker or Crisis Staff 24 hours in advance unless extenuating emergency.
 - Mothers are advised prior to leaving that if they are going to be later than the anticipated time of return, they must call staff
 - The consequences for leaving children for extended periods of time without contacting staff will be a report to Children Protection Services as children will be considered abandoned.
 - If children are left in care of the Family Support Worker/ crisis worker/other client a consent form must be filled out and signed by the parent
 - If children are going on a field trip or being transported to a particular destination a consent form that includes a release and waiver must be signed by the parent along with emergency contact information
 - Should the mother at any time need to be admitted to the hospital due to medical emergency/illness Crisis Worker staff will contact the emergency contact person on client file for alternative care of children
 - Should there not be any emergency contact information/person and mother cannot provide alternative (speak, unconscious, death occurred) Children Protection Services must be contacted

- Under special circumstances, staff may be utilized by a client for childcare for a specific length of time. This needs to be approved by Executive Director or designate.

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Policy Section: Program Policy/Procedure	Date approved: September 2006 Last reviewed: March 2007
Policy 18: Extension-Client (beyond 21 day limit)/Extensions	Last Date revised: December 2008 Last Date revised: May 2016

Policy

It shall be the policy of MRWSA to limit the period of residency to a maximum of 21 days unless emergent circumstances deem that to be unreasonable.

Procedures:

Additional time may be granted if:

1. Re-location is not advised by police or Alberta Children's Services due to extreme threat of physical injury or death of the client or her children or by the women herself.
2. Circumstances such as incapacitating non- hospitalized illness of a non-communicable nature
3. The client has been unable to secure alternate, affordable and appropriate accommodation, yet has demonstrated a concentrated effort to do so.
4. The client is repatriating to her place of origin and alternate interim accommodation is not available.
5. The client has arranged for outside accommodations, but the accommodation will not be ready for occupancy by the 21st day of residency in MRWSA.

A request for an extension of stay must be filled out by the client and submitted to the Executive Director or designate for signature. Extensions are granted at the discretion of the Executive Director or Designate and in conjunction with front line staff.

Policy Section: Program Policy/Procedure Policy 19: Visitation to Clients (on & off Premises)	Date approved: September 2006 Last reviewed: March 2007 Last Date revised: December 2008 Last Date revised: May 2016
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Policy Statement: MRWSA will provide clients with processes for family contact for both on and off premises.

Procedure:

1. MRWSA will not allow spouses whether legal or otherwise on the premises at any time in order to maintain facility security.
2. Should a spousal visitation be requested, shelter staff will advise the client it may not take place in the shelter. Clients will be advised that leaving the property may jeopardize safety.
3. Staff must be informed of any expected visitors
4. Clients will be encouraged to meet with family and trusted friends in a public place,
5. Should a request of visitation be granted to a client at the shelter the visit may take place in a meeting room during office hours 8:30- 4:30. Visitors are not allowed in the bedrooms at any time.
6. Meetings with professionals (social workers, lawyers or police) will take place in a meeting room
7. All visitor's MUST sign an OATH OF CONFIDENTIALITY and be aware of guidelines around this policy
8. Visitor's at any time can/may be asked to leave immediately if cannot follow guidelines or display of any type of abuse to clients and/or staff

Policy Section: Program Policy/Procedure Policy 20: Client Transportation Policy	Date approved: Last reviewed: Last Date revised: May 2016
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Policy Statement: MRWSA provides safe transportation to clients that need a safe transfer to MRWSA Shelter or to another shelter or to appointments out of the community

Procedure:

1. Executive Director will approve/arrange for staff to provide the safe transportation of clients and approve any financial expenses incurred.
2. Any staff having access (driving) to MRWSA Vehicle must be pre-approved by the MRWSA Insurance Provider.
3. It is expected clients will provide their own transportation. MRWSA will only provide transportation if all other avenues are not successful or in an emergency situation.
4. MRWSA provides taxi transportation (emergency, appointment) for clients, as follows:
 - Crisis staff will contact a taxi service for in town appointments, work (cold weather), etc.
 - Clients are not to contact a taxi for pickups as this is the responsibility of the Crisis worker
 - A taxi may also be utilized for a client whose safety is at risk during her stay
 - Staff must give first name ONLY of a women and address of pick up and destination
 - Staff will inform the driver that the destination to where the woman is going too is the ONLY stop they are to make unless authorized by staff of MRWSA and that any other stops requested by the client and not authorized by staff of MRWSA will not be paid for by MRWSA

Policy Section: Program Policy/Procedure	Date approved: September 2006 Last reviewed: March 2007
Policy 21: Drug/Alcohol Abuse Protocol	Last Date revised: December 2008 Last Date revised: May 2016

Policy Statement: It is the Policy of MRWSA to maintain a drug and alcohol free shelter to ensure the safety and security of all clients.

Use of Intoxicating Substances on Shelter Property

1. Use of any substance on shelter property for the purpose of becoming intoxicated is strictly prohibited.
2. Notwithstanding the foregoing, a client may use a potentially intoxicating medication if it is properly prescribed by a physician, stored the locked file cabinet and taken according to the directions
3. Where there is reason to believe that a client may be using a substance on shelter property for the purpose of becoming intoxicated, staff are authorized to give that client the following options:
 - a. To allow staff to do an immediate search of her room and belongings. Such a search must be done before the client has a chance to remove things.
 - b. OR to depart from the shelter immediately.
4. Staff are authorized at all times to check common areas of the shelter and the outdoor area of shelter property for potentially intoxicating substances.
5. If a substance is found that a client may be using for the purpose of becoming intoxicated, staff are authorized to remove that substance from where ever it is found and put it under lock and key.
6. If staff can verify that the substance is potentially intoxicating and that a particular client was in possession of it, the Executive Director will be contacted. Results may

be that the client is given 24 hours to vacate the shelter.

7. If a client who is intoxicated has been given 24 hours to leave the shelter, that client shall be isolated as much as possible from other residents until all signs of intoxication are gone.

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8. If a client who has been given 24 hours to leave the shelter for one of the above reasons becomes abusive or belligerent, staff shall call the RCMP to have her removed immediately.

Use of Intoxicating Substances off Shelter Property

1. It is against shelter policy to allow clients to abuse prescription drugs or to use alcohol, inhalants or street drugs while they are clients of the shelter.
2. Notwithstanding the foregoing, a woman may be admitted to the shelter after having used alcohol or another intoxicating substance providing she is not disruptive or abusive. Anyone admitted in these circumstances shall be isolated from other clients as much as possible until any signs of such use are gone.
3. If staff can verify that the substance is potentially intoxicating and that a particular client was in possession of it, the Executive Director will be contacted. Results may be that the client is given 24 hours to vacate the shelter. If a client who has been asked to leave the shelter within 24 hours for one of the above reasons shows signs of impairment, she shall be isolated from other clients as much as possible until all such signs are gone.
4. If a client who has been asked to leave the shelter within 24 hours for one of the above reasons becomes abusive or belligerent, staff shall call the RCMP to have her removed immediately.

Safety Considerations

If a woman would be put at extreme risk from her ex-partner by being refused admission or by being asked to leave the shelter within 24 hours, an exception may be made to the above policy. However, any client showing signs of being under the influence of an intoxicating substance shall be isolated from other clients as much as possible while all such signs are apparent. No woman whom staff has reason to believe poses a danger to other clients shall be allowed to stay

in the shelter and must call the RCMP.

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Policy Section: Program Policy/Procedure	Date approved: September 2006 Last reviewed: March 2007
Policy 22: Client Complaints, Grievances and Appeals	Last Date revised: December 2008 Last Date revised: May 2016

Policy Statement: MRWSA will provide clients and/or external individuals with a method of appeal or grievance.

Definitions

External Grievance: is a complaint made by any person, client or any agency other than paid staff, volunteers, or Board members of the Mountain Rose Women's Emergency Shelter Association.

Client Grievance: Service quality is enhanced when clients' concerns are addressed in an open and structured manner. It is the intent of MRWSA to make itself accountable to its clients by ensuring complaints and grievances are received, registered and investigated. Clients shall be informed of the process on intake and at the time of complaint.

Procedures for Complaints, Grievances and Appeals

Service quality is enhanced when resident concerns are addressed in an open and structured manner. It is the intent of MRWSA to make itself accountable to its clientele by ensuring client's complaints and grievances are received, registered and investigated. It shall be the policy of MRWSA to provide clients with a method of appeal or grievance. Clients shall be informed of the process on intake and at the time of complaint. **Appeals will be accepted under any one of the following circumstances:**

1. The appellant believes that a decision or act of any shelter employee or volunteer violated or infringed on her rights.
2. The appellant believes that a decision relating to her admission or discharge from the program was not justifiable.

All appeals will comply with the following procedures:

1. All efforts to resolve the situation in an informal manner between the client, staff members and MRWSA Executive Director have been unsuccessful.
2. An appeal may then be made in writing to the Executive Director and will include:
 - a) A description of the events, background, etc. pertaining to the situation.
 - b) An assessment of the undesirable state of affairs, which may or may not exist as a result of the decision.
 - c) A request for resolution stating what options the appellant determines as most desirable.

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The Executive Director must receive the appeal no later than 14 days from the date of documented resident initiated appeal. Appeals after 14 days may be allowed at the discretion of the Executive Director. The Executive Director will acknowledge receipt of written appeal within seven days and provide written notification of decision within 14 days.

If the resident is NOT accepting of the decision made by the Executive Director she may appeal to the Chairperson of the Board of Directors. The Chairperson, the Vice-Chair and one other member of the Board of Directors will initiate an investigation. This decision will be final and will be provided in writing to the resident. A record of the documentation of the grievance/appeal and the decision shall be kept on the clients file and in a separate agency grievance file/binder.

Client Appeal

A woman has the right to appeal the decision of permanent exclusion. If a woman identifies a concern:

- ensure that she is made aware of the appeal process
- staff should attempt to resolve any conflict using a conflict resolution model
- provide her with a copy of the appeal procedures

External Grievance (Appeal Process)

An external grievance is a complaint made by any person, client or any agency other than paid staff, volunteers, or Board members of the Mountain Rose Women's Emergency Shelter Association.

An external grievance must be in writing and signed legibly and must specify the allegation, including the date, person(s) involved, and details of the incident.

Only the Executive Director or his/her delegate will accept this written external complaint.

The Executive Director will provide a formal written response to the complainant within seven working days.

Should the complainant be dissatisfied with the Executive Director's response, a copy of the complaint and the Executive Director's response will be submitted to the Board of Directors.

The Board of Directors shall make a ruling on the matter within fifteen days. The decision of the Board of Directors is final.

Policy Section: Program Policy/Procedure	Date approved: September 2006 Last reviewed: March 2007
Policy 23: Communicable Disease/Infection Control	Last Date revised: December 2008 Last Date revised: May 2016

Policy Statement: MRWSA will have written procedures on infection control measures and routines to be followed by staff and clients. These written requirements are to be readily available to all staff and clients in a form easy to understand and follow.

Communicable Disease/Infection Control

All employees shall adopt routine procedures for handling all blood and all body fluids. [Staff Training Manual] **These procedures shall be followed without exception.**

Protocols for Exposure to Blood and Body Fluids

- The facility is required to immediately implement protocols for staff with regard to any significant exposure to blood or body fluid of a client. Such exposures include: splashing of a body fluid into the eye, mouth or an open lesion and puncture by an item contaminated with body fluid
- Staff and/or clients who have had direct contamination with suspect blood and/or body fluids (see above) must notify the Executive Director IMMEDIATELY. Contact with the David Thompson Public Health unit is critical as is the filing of a WCB report. An appointment with the individual's family physician is a necessity and must be made immediately.
- Our agency does not discriminate or accept any discrimination or harassment of a client and her children infected with HIV or who has been diagnosed with AIDS or Hepatitis C who meets the agency mandate.
- If the HIV/AIDS/Hepatitis C status of an infected client becomes known to staff, the client will continue to receive respectful, timely and compassionate service
- The client's HIV/AIDS/Hepatitis C status will be treated with confidentiality
- If an HIV/AIDS/Hepatitis C infected client agrees to allow the agency to disclose her HIV/AIDS/Hepatitis C status, it is advised that a client sign a consent form in order to have evidence that consent has been given. This documentation should detail what information may be disclosed, under what the circumstances and to whom. It should be signed by the client and witnessed.
- If general infection control procedures are followed when dealing with all clients, special procedures are not required for clients with HIV/AIDS/Hepatitis C infection
- Clients under medical evaluation for suspected HIV/Hepatitis C infection or having been diagnosed with HIV infection are to be managed the same as other clients unless otherwise indicated for medical or behavioural reasons.

Policy Section: Program Policy/Procedure	Date approved: September 2006 Last reviewed: March 2007
Policy 24: Smoking/Smudging Policy	Last Date revised: December 2008 Last Date revised: May 2016

Policy Statement: MRWSA does not allow smoking on MRWSA premises for anyone for any reason. Furthermore, MRWSA employees and/or volunteers are not to provide tobacco products to clients

Failure to comply by client, staff, and volunteers of the Board of Directors or any MRWSA member may result in the immediate termination of any further contact with the MRWSA.

Procedure for Smudging

Aboriginal clients will be allowed to use sweet grass to smudge with permission of the worker on duty; those clients whom wish to practice the cultural activity can do so in the designated ventilated room and the activity must be recorded in the client's file. Should a client request that the smudging take place in her assigned room staff must get permission from the Executive Director & also make sure that all other shelter clients are in agreement (if going to cause medical problems for clients, it MUST be practiced in the designated ventilated room).

Policy Section: Program Policy/Procedure	Date approved: Last reviewed: Last Date revised: Last Date revised: May 2016
Policy 25: Purchasing Policy	

MRWSA will purchase products and items that are necessary to conduct business and provide for clients' needs while in service.

Purchasing

All purchases must be pre-approved by the Executive Director

- Each department will have a designated person for purchasing or if not available, then other authorized staff may make the purchase. Vendors were provided with a list of staff names to confirm authorization
- Every effort should be made to purchase goods at vendors with which MRWSA has an account established. Only those with approved signing privilege may sign for purchases on the account.
- A grocery list will be completed daily or as needed and purchased weekly,
- On the rare occasions where staff or board are required to purchase items for the shelter that cannot be charged to an account, it must be done the following way:
 1. An employee or board member purchases the item, the employee or board member is required to submit an expense claim itemizing purchases and attaching receipts.

Policy Section: Program Policy/Procedure	Date approved: Last reviewed: Last Date revised: May 2016
Policy 26: File Retention & Destruction	

Policy Statement: MRWSA will maintain processes for file retention and destruction to ensure the confidentiality of all clients and the operations of MRWSA.

Procedure:

File records shall be sent for destruction (shredded) once they have been closed for a period of not less than six years. (This constitutes six from the last date of contact with the client.)

File records shall be deemed as **INACTIVE** (ARCHIVE) files once there has been a period of no less than three (3) years since the last date of contact with the client. Should a client contact or receive services from the Centre within three (3) years after closure, the previous file will be reopened. Should a client contact or receive services from the Centre more than three (3) years after closure, the previous file will remain inactive, and a new file opened. (This means that once a file passes into the state of 'inactive' it will only be transferred to become part of a volume file)

Files that constitute part of a **VOLUME** file set for a particular client will fall under the same criteria as the above mentioned files and cannot be deemed closed files or inactive files until the appropriate lengths of time have passed since last date of contact by the client. Volume files are a continuation of the entire client file. All volumes are to be clearly marked, retained in their entirety, and stored/disposed of as one complete client record.

ALBERTA GOVERNMENT FORMS will be kept for a period of six (6) years as required by contract, after which period of time they will be sent for destruction.

DAILY ON-LINE CALL/CONTACT PHONE LOGS will be kept for a period of two (2) calendar years and then sent for destruction.