



## Operational Guideline

TITLE: Community Housing Environments Operational Guidelines

### APPROVED BY:

	Date		Date	TARGET REVIEW DATE	PAGE
Community Health Services Leadership Team	September 28, 2016	<input type="checkbox"/> Home Care			
		<input type="checkbox"/> Population and Public Health			
		<input type="checkbox"/> Primary Health Care			
		<input type="checkbox"/> Palliative Care			
		<input type="checkbox"/> Mental Health			

### PURPOSE

The Winnipeg Regional Health Authority's (WRHA) Position Statement on Housing recognizes "the importance and impact that quality, affordable housing with related support services, has on the health of individuals and communities" ([WRHA Position Statement on Supports in Community Housing Environments, June 2012](#)). The purpose of this operational guideline is to provide guiding principles for Community Health Services (CHS) providers regarding the role and recommended approach to support clients to address housing issues. Although WRHA employees provide support to clients regarding housing generally, the particular focus of this operational guideline is to provide guidance to WRHA employees in situations where clients are living in poor/critical housing situations that present a health or safety risk to the client or the public.

### DEFINITION

- Community Health Service Provider includes all employees providing health services in the WRHA community health services programs.
- Community Health Services Staff includes all staff employed by the WRHA community health services programs including community health services providers.

### SCOPE

The role of CHS providers is to be health service providers. The intent of this guideline is not to encourage CHS providers to inspect clients' homes, but instead to provide direction if a property issue becomes apparent to them or if a client raises an issue during a visit. Should this occur, then the CHS provider can provide information to the client to help the client address the issue.



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**GOAL:**

- CHS providers will be able to recognize critical housing concerns that would require reporting.
- CHS providers will support clients who want or need to address housing issues.

**BACKGROUND**

Currently, there is legislation to protect clients' privacy as well as legislation to ensure that properties meet standards for safe and healthy living environments. CHS providers entering homes must be aware of their role in protecting clients' privacy while supporting clients to advocate for safe environments, and they also need to be aware of the responsibilities of the client (including tenant and landlord roles). The response of the CHS provider must comply with existing legislation. Housing situations can be complex and may cause potential risk to the client and to public health and safety. Client housing situations also may create risk to the safety and health of the CHS provider working in the home.

Legislation relevant to housing and the role of CHS providers includes:

Relevant Legislation:

- [The Personal Health Information Act](#)
- [City of Winnipeg Neighborhood Liveability By-Law](#)
- [The Public Health Act](#)
- [Residential Tenancies Act](#)
- [The Child and Family Services Act](#)
- [Workplace Safety and Health Act](#)
- [The Vulnerable Persons Act](#)



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### PROCEDURE

The CHS provider will provide information to the client on how to report a liveability by-law breach, or provide the client with the phone number for Residential Tenancies' Branch or provide the client with contact information of other organizations who take an active role in supporting the public to access safe housing.

The scope of this guideline includes all CHS providers who provide health services in homes or who may receive complaints or tips from clients or the public by phone regarding housing issues.

This Operational Guideline is intended to augment the work of CHS providers who provide housing services within the scope of their role and/or whose role is outlined through the Public Health Act (e.g. Community Mental Health Worker, Medical Officers of Health).

#### *Guiding principles*

This guideline is intended to provide guiding principles and suggested approaches, but as situations of clients are unique and at times complex is not intended to be prescriptive. The primary approach that is recommended for any housing situation is that the CHS providers would encourage the client to address housing issues directly and for the CHS providers to provide clients with the information and resources to do that independently. CHS providers must respect the client's choices related to housing.

### Steps for different levels of response

Liveability By-Law Breach: Where the CHS provider identifies a potential Liveability By-Law Breach or where the client raises a housing-related concern with the CHS provider. The CHS provider is not permitted to phone 311 to report the breach, without the consent of the client, as doing so would be a breach of PHIA. While there is no



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obligation to report breaches under the Liveability By-Law, CHS providers are to support clients if they wish to report a concern.

- CHS provider should discuss the issue with the client to raise the client’s awareness.
- If the client owns the home, but does not have the resources to address the issue on their own, the CHS provider can provide the client information on relevant resources and information.
- If the client does not own the home or does not have the resources to address the issue on their own, the CHS provider can provide the client relevant resources and information, including information on how to report a liveability by-law breach by dialing 311.
- If the client does not want to or is unable to report the issue through dialing 311, then the CHS provider can offer to dial 311 and make the report on the client’s behalf. If the client provides their express and informed consent to permit the CHS provider to report the breach, the CHS provider must note the client’s informed consent in the file and must consult with their relevant supervisor, prior to dialing 311.
- If the CHS provider feels that the Liveability By-Law Breach creates an unsafe work environment then the CHS provider should complete the SAFT and develop a Safe Visit Plan.
- If the CHS provider feels that the Liveability By-Law Breach is creating a danger such that the children in the home are likely to suffer harm or injury due to the domestic environment, then the CHS provider should report their concerns through the CFS Act.

Public Health Hazard: Where the CHS provider believes there may be a public health hazard.

- CHS provider should discuss the issue with the client to raise the client’s awareness.
- The CHS provider should report the public health hazard to the relevant person (such as a regional Public Health Inspector) under the *Public Health Act*. The *Public Health Act* permits disclosure of personal health information without consent where



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there is a public health hazard. However, the CHS provider should ensure that he/she reveals as little personal health information as possible to make the report.

- Safe visit plan should be developed.
- If the public health hazard makes the CHS provider's workplace unsafe the CHS provider should follow the WRHA's SAFT processes to make the home safe for the provision of health care services.

Risks to Children: Every person has an obligation to report any situation that is causing or creating a situation where a child:

is likely to suffer harm or injury due to the behavior, condition, domestic environment or associations of the child or of a person having care, custody, control or charge of the child.

Every person has an obligation to report if the person views something which that person believes to be child pornography

- CHS provider should, if possible, discuss the issue with the client to raise the client's awareness.
- CHS provider should immediately consult with their relevant supervisor.
- CHS provider should follow the reporting guidelines outlined in the CFS Act.
- The CFS Act expressly states that no person should seek out child pornography. If a CHS provider suspects there is child pornography, they should not do their own investigation, but should report.
- Child pornography can be reported at [www.protectchildren.ca](http://www.protectchildren.ca) and [www.cybertip.ca](http://www.cybertip.ca)



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**Vulnerable Persons:** The Vulnerable Persons Living with a Mental Disability Act (the “Vulnerable Persons Act”) creates a mandatory reporting obligation for the CHS provider to report any situation where it is believed on reasonable grounds that a vulnerable person is likely to be abused or neglected.

- The CHS provider will immediately report the belief and the information on which it is based to their supervisor.
- The CHS provider will raise the client’s awareness as much as possible.
- The CHS provider will follow the reporting guidelines outlined in the Vulnerable Persons Act if there is a concern regarding abuse and neglect.

**Workplace Safety:** Where the CHS provider believes any situation creates an unsafe working environment.

- The CHS provider should complete the SAFT and Safe Visit Plan to facilitate a safe environment for the provision of health care services.

**Advocacy:** Where the CHS staff responds to client need (an individual, family or community level client) for improved housing circumstances:

- CHS staff such as receptionists who are interacting with the public in person, receiving correspondence or answering telephones will facilitate connections to a CHS provider.
- At the individual or family level, the WRHA service provider may advocate for the client such as to assist in the completion of a rental application including documenting their support on Manitoba Housing applications
- At the community level this may include WRHA service providers participating in community development regarding housing issues.



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### Staff Education:

#### **Home Environments: Promoting safety for clients and health care providers:**

The following CHS providers are required to participate in the Home Environments course which promotes safety for clients and care providers in homes; Public Health Nurses; Home Care Nurses, Case Coordinators and Resource Coordinators; Community Mental Health Workers; Team Managers; and Clinical Nurse Specialists.

This course is designed to help CHS providers understand their role in assisting clients to address health hazards in their home environments. This course can be accessed at [Manitoba e-Health Learning Management Systems](#)

### Staff Orientation:

**Community Housing Environments Operational Guideline:** All CHS staff are required to be oriented to this operational guideline.

### VALIDATION

[WRHA Position Statement on Supports in Community Housing Environments](#), June 2012

Direction from Catherine Cook, Vice President, Population and Aboriginal Health



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**AUTHORS GROUP** Lynda Tjaden, Director of Population and Public Health; Horst Backe, Public Health Initiatives Leader, April 2016  
Carolyn Hill-Carroll, Clinical Nurse Specialist, Population and Public Health; Cynthia Menzies, Injury Prevention Specialist, and Dr. Lynne Warda, Medical Consultant, Injury Prevention and Child Health, July 19, 2016

### APPENDIX

#### Home Environments LMS Course Resources

The following resources are embedded with the course and available below. The resources are necessary to complete the course:

- [Your Role in Identifying and Reporting Housing Health Hazards](#)
- [Quick Reference Guide to Legislation and By-Laws](#)
- [What is a public health hazard](#)
- [City of Winnipeg Neighbourhood Liveability By-Law QRG](#)
- [Home Health Hazards for Tenants, Children and Health Care Workers](#)
- [Home Safety Services and Programs in Winnipeg](#)
- [Case Studies – Summary of Actions](#)
- [Keeping Safe, In and Around Your Home](#)
- Give Your Child a Safe Start ([English](#)) ([French](#))

#### Other Helpful Resources

- [Residential Tenancies Branch](#)
- [Legal Aid Manitoba](#)
- [Canada Mortgage and Housing](#)
- [Manitoba Public Health Inspector](#)