



**DISCOVER. GROW. BELONG.**

<b>Title: Healthcare Residence Booking Policy</b>	<b>Date Approved: September 9, 2025</b>
<b>Policy #: HW 01-2025</b>	<b>Council Resolution #: 222-25</b>
<b>Department: Public Health &amp; Welfare Services</b>	<b>Revision:</b>
<b>Rescinds:</b>	<b>Review Date:</b>

### **1. Purpose/Statement**

To ensure proper use, scheduling, and maintenance of the Town of Carberry's healthcare residence, this policy outlines the rules and responsibilities for agencies booking accommodations for agency nurses or other medical personnel.

### **2. Scope**

This policy applies to all agencies and individuals booking the healthcare residence for temporary accommodation of agency nurses and/or other medical personnel, herein known as the "Guest".

### **3. Booking Requirements**

All bookings must be made in advance through the Town of Carberry's booking agent, Jamie Gamble. If the booking agent is not available, contact the Town Office.

Must provide:

- The guest's name, arrival date, and departure date must be provided at the time of booking.
- The caretaker's contact information, posted within the residence, must be shared with the guest prior to arrival.
- The guest must notify the cleaner upon arrival and departure to ensure proper cleaning and turnover.

### **4. Unauthorized Use**

- Individuals arriving without a confirmed booking will be considered unauthorized occupants.
- The Town reserves the right to deny access or remove unauthorized users from the residence.

Penalties:

- Unauthorized occupancy will result in a fine of \$250 per incident.

- Repeated violations may lead to permanent suspension of booking privileges for the responsible agency or guest.

## **5. Cancellation Policy**

- Bookings must be cancelled at least 48 hours prior to scheduled arrival.
- Failure to cancel within this timeframe will result in a non-refundable cancellation fee of \$60 per night, billed to the agency or guest.

## **6. Enforcement**

- Repeated violations of this policy may result in suspension of booking privileges.
- The Town may inspect the residence and review booking records to ensure compliance.
- In addition, any damage to the healthcare residence caused by the guest will result in financial compensation to the Town of Carberry. This includes the full cost of repairs, replacement of damaged property, and any associated service disruptions. The Town reserves the right to invoice the responsible agency for all costs incurred and may suspend future booking privileges until compensation is received.

## **7. Review**

This policy shall be reviewed every three years or earlier if deemed necessary by the CAO or Council.

**Adopted by Resolution of Council # 222-25 at Carberry, Manitoba, this 9 day of September, 2025.**

## Healthcare Residence Booking Policy Acknowledgement Form

This form must be completed by any agency nurse or medical personnel prior to staying at the Town of Carberry's healthcare residence located at 337 Toronto Street, Carberry. By signing below, you acknowledge that you have read, understood, and agree to comply with the Healthcare Residence Booking Policy (HW 01-2025).

### *Summary of Key Responsibilities:*

- Bookings must be made in advance.
- Your name, arrival date, and departure date must be provided at the time of booking.
- You must notify the caretaker upon arrival and departure. Her contact information is posted within the residence.
- Unauthorized use of the residence is prohibited.
- Bookings must be cancelled at least 48 hours prior to arrival to avoid penalties.

### *Penalties for Unauthorized Use and Late Cancellation:*

Failure to cancel a booking at least 48 hours in advance will result in a non-refundable cancellation fee of \$60 billed to the agency or individual.

Unauthorized use of the residence (i.e., staying without a confirmed booking) may result in fines, removal from the premises, and suspension of future booking privileges.

### *Acknowledgement and Signature:*

I acknowledge that I have read and understood the Healthcare Residence Booking Policy and agree to comply with its terms.

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_