ARLINGTON
VIRGINIA

# Arlington County Unified Shelter

## Standard Operating Procedures

**Rev. September 2025**

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## MISSION STATEMENT

The central mission of the individual emergency shelters is to provide safe, secure temporary housing and supports to address an immediate crisis for homeless adults who would otherwise be living in places not meant for human habitation.

## CORE PURPOSE

A core purpose of each emergency shelter is to work with the guests to secure a safe alternative housing placement or permanent housing, as rapidly as possible, and to link the guests with necessary follow up supports to help stabilize them in their housing.

## HISTORY

Arlington County has a core network of interconnected programs and services through its Department of Human Services (DHS) and non-profit organizations called the Continuum of Care (CoC) that assist Arlington residents who are experiencing or at risk of becoming homeless. Arlington County's DHS has spent well over a decade strengthening its crisis response system to prevent and resolve homelessness by connecting people swiftly to permanent housing opportunities. Its emergency shelters for single adults are a critical component of the local crisis response system and its mission is to ensure that homelessness is rare, brief and nonrecurring. DHS serves as the CoC lead and coordinates the efforts of the CoC. In this role, DHS provides guidance and technical assistance to CoC members as stipulated by federal and state mandates. The CoC provides the foundation for a broader community partnership that is working toward the shared goals of preventing homelessness before it occurs and returning homeless individuals and families to stable housing as quickly as possible.

The Centralized Access System (CAS) was launched in 2014 to improve access to critical services across the entire continuum. DHS is the primary access point for individuals and families at-risk for or experiencing homelessness. The CAS approach focuses on matching people, as quickly as possible, with the intervention that will most effectively and efficiently prevent or end their homelessness and lead to stability. These interventions include Diversion, Targeted Prevention, Rapid Re-Housing, Permanent Supportive Housing, and Emergency Shelter. The cooperative elements include shelter providers maintaining real-time bed availability to ensure prompt placements, and non-profit service providers staffing the 24/7 emergency housing hotline for the CAS on a rotating basis.

In 2015, Arlington County created the Unified Shelter System for the Homeless Services Center and the Residential Program Center emergency shelters for single adult male and female homeless residents. DHS also has oversight of the Unified Shelter System and is the coordinator of policy development and implementation of services for each shelter. The two emergency shelters have a total of 99 beds year-round and 25 additional beds in the HSC during

hypothermia season which begins November 1 through March 31. The Unified Shelter System operates on the following principles:

- **Centralized Intake:** Both emergency shelters only accept guests through the Centralized Access System (CAS) (See Appendix for CAS Flow Shelter Referral)
- **Best Practices:** Implementation of best practice solutions that include Voluntary Services, Housing First, Housing Location Services, Motivational Interviewing, Housing-Focused Case Management, Trauma Informed Care, and Progressive Engagement.

## EMERGENCY SHELTER OPERATIONS

Arlington County owns the buildings and land where both the Homeless Services Center (HSC) and Residential Program Center (RPC) emergency shelters are located. The maintenance of the shelter buildings and their major structural systems are performed by Arlington County's Department of Environmental Services (DES) and other Arlington County staff. Both emergency shelters are operated as low-barrier shelters meaning there are no pre-condition requirements, such as sobriety, breathalyzing or urinalysis testing, prior to entry. Shelter guests voluntarily participate in services and may be reluctant to engage in mental health, substance abuse or other types of treatment. Shelter staff are encouraged to offer services or treatment through creative approaches such as motivational interviewing and positive reinforcement. Shelter operations and services are aligned to work with the shelter guests in an effort to secure a safe alternative housing placement or permanent housing solution as quickly as possible. These efforts link Arlington County residents with needed follow-up support to help stabilize their housing situation.

**The Homeless Services Center** (**HSC) shelter** is a 55-bed emergency shelter located at 2020-A 14th Street North, Arlington, Virginia 22201. The shelter provides services to single male and female adults. Of the 55 beds 5 beds are used for a Medical Respite Program which is managed by a nurse practitioner. The HSC also operates a 25 bed (maximum) Hypothermia Program during November 1 through March 31 each year. Any hypothermia guests over the 25-maximum number are sent to the Residential Program Center. The HSC shelter operates a "Drop-in" Day Program that focuses on providing homeless guests with mail services, telephone access, shower and laundry facilities, case management services by connecting the guests with Arlington County services and assisting them in locating permanent housing. Shelter operators are expected to engage shelter guests in Day Program activities and offer case management services. HSC shelter operators also provide Street Outreach based on identified community need. Outreach workers engage individuals who live in encampments under bridges, in parks and in other places not meant for human habitation. The details of these operations are explained herein. The HSC shelter facility offers a full commercial kitchen where three daily meals (breakfast, lunch, and a hot dinner) are prepared by shelter staff.

**The Residential Program Center (RPC) shelter** is a 44-bed facility located at 1554 Columbia Pike, Arlington, Virginia 22204. The shelter provides services to single male and female adults.

Located within the RPC Shelter are two programs, a Jail Diversion and Detoxification/Early Recovery Program, operated independently and not part of this Shelter SOP. The Jail Diversion Program is designed to meet the needs of persons experiencing homelessness with behavioral health challenges who cycle through the Arlington County jail system for minor offenses. The Detoxification and Early Recovery Program serves persons who have recently engaged in recovery services for substance use. There may be occasions when individuals from the RPC shelter are referred to the Detoxification and/or the Early Recovery program. On those occasions client services between the programs are then closely coordinated. The RPC shelter does not include a commercial kitchen. RPC meals are ordered from an outside vendor and delivered to the shelter. The shelter serves breakfast, a bag lunch to-go, and a hot dinner. Shelter operators are expected to engage shelter guests in Day Program activities and offer case management services. During hypothermia season beginning November 1 through March 31, the RPC shall take in any overflow of homeless individuals from HSC shelter.

## CRITERIA FOR SHELTER ADMISSION

The emergency shelter is intended to be a resource of last resort, for Arlingtonians experiencing homelessness who have no other option to resolve their homelessness. During the intake process, all efforts to divert the households to safe, alternative housing will be made. If the safe, alternative housing is not permanent, efforts will be made to sustain the alternative housing until permanent housing can be achieved.

**Residency – Year-Round Shelter**

Arlington County understands the difficulty and complexity of challenges faced by households experiencing homelessness; challenges that are compounded by living on the streets. Since Arlington County is geographically situated next to several nearby Virginia counties, across the bridge from Washington, DC and two Counties in Maryland, households may have difficulty documenting that they are current residents of Arlington County, VA. However, the Arlington CoC will only serve Arlington County residents. The CoC recognizes that funding received from state and federal sources may allow for services to be provided to residents of another jurisdiction. While meeting funding requirements, the Arlington CoC strives to provide services to all Arlington residents in need.

**Residency – Hypothermia Shelter**

The HSC shall operate a 25-bed hypothermia program from November 1 through March 31st. During this period when the temperatures are below or “feels like” below 32 degrees Fahrenheit, the HSC will accept all homeless individuals into the shelter regardless of whether they are Arlington residents**. Once the immediate hypothermia need has resolved, that is the weather is no longer below or “feels like” below 32-degrees Fahrenheit, all non-Arlington County residents must be connected to their jurisdiction of origin**. During continuous periods of weather that is or “feels like” below 32 degrees Fahrenheit, all non-Arlington County residents will be permitted to remain in hypothermia for no more than 96-hours. During their

stay in hypothermia, the non-resident individuals will be offered similar services as those provided in the Day Program to Arlington residents. As the need arises, the RPC shelter shall be responsible for accepting the overflow of up to 15 hypothermia guests from the HSC shelter. These hypothermia overflow guests will remain in the RPC shelter from 10pm to 6am, as needed. The HSC shall be responsible for round-trip transportation to and from the HSC to the RPC shelter.

**Sex Offenders**

Due to the close proximity of a licensed child care facility to the Homeless Services Center (HSC), sex offenders are not permitted at the HSC at all. Both the HSC and Residential Program Center (RPC) are responsible for conducting real-time intake screenings for sex offenders across all project types. Any offenders seeking services at the HSC must be immediately directed to the County's Clinical Coordination Unit (CCP) for additional screening, assessment and possible placement. RPC is only permitted to accommodate a maximum of 4 sex offenders at a time.

As part of the Commonwealth of Virginia's sex offense registry requirements, Virginia Department of State Police must be able to verify where people with sex offense convictions (P-SO) live. If a P-SO's whereabouts cannot be confirmed, the P-SO will be in violation of their registry requirements, and the Virginia State Police will automatically issue a warrant for their arrest.

In order to support persons with sex offense convictions (P-SO) in meeting their reporting and registration obligations to the Virginia State Police, Arlington County Department of Human Services, Centralized Access System will notify all P-SO referrals of the coordination and communication that occurs with the Virginia State Police at the time in which they complete a Consent to Share Information and review the Notice of Privacy Practices. P-SO will be informed of the associated State Police practices and will be encouraged to sign consent to share information in order to prevent unnecessary warrants or arrests.

When State Police come on site to verify shelter placement/residence (in accordance with State Sex Offense Registry requirements), Residential Program Staff will review signed Consent and Privacy Notices for the client and follow confidentiality protocols accordingly.

## ASSESSMENT OF POTENTIAL SHELTER GUESTS

"Closing the Front Door" to homelessness is key to reducing new incidents of homelessness. The Centralized Access System (CAS) system provides a clear method in which persons at risk of becoming homeless can be assessed and determined eligible for housing programs within the Continuum of Care.

The CAS **WILL**:

- Assess households for their strengths and work with the clients in identifying needs
- Assess and screen households for **prevention services** (rental assistance and intensive case management services) and various housing options
- Assess and screen households for **diversion services, brief hotel placement, or shelter as resources are available**
- Match households to programs based on their needs and information from assessment documents

In addition to preventing homelessness, the CAS system also serves as the access portal for households currently deemed as homeless and provide a path to housing options that include:

- Affordable Housing subsidy programs (*i.e*., Housing Grants, and Housing Choice Voucher-when open);
- Alternative Living Arrangements (joint living arrangements, renting a room);
- Rapid Re-Housing programs; and
- Permanent Supportive Housing programs.

**Non-Discrimination Requirements**

Arlington County requires that all programs participating in CAS, including but not limited to recipients and sub-recipients of CoC Program and Emergency Solutions Grant (ESG) Program funds, comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a), including, but not limited to the following:

- **Fair Housing Act:** prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;
- **Section 504 of the Rehabilitation Act:** prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;
- **Title VI of the Civil Rights Act:** prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance; and
- **Title II of the Americans with Disabilities Act:** prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance.
- **Title III of the Americans with Disabilities Act:** prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

In addition, Arlington County requires that all programs participating in CAS, including but not limited to recipients and sub-recipients of CoC Program and ESG Program funds, comply with the nondiscrimination and equal opportunity provisions established by Arlington County ordinance, which make it unlawful to:

- Discriminate because of race, national origin, color, marital status, sex, religion, age, disability, sexual orientation, or familial status (*i.e*., being pregnant or having children under age 18);
- Retaliate against any person who opposes discriminatory practices;
- Discriminate in the sale, rental or financing of housing or commercial real estate; the provision of public accommodations; applications for or offers of credit; enrollment in private educational institutions; and employment.

The Arlington County Human Rights Commission receives, investigates and conciliates complaints — free of charge — from those who believe they have been victims of unlawful discrimination. All applicants to and participants in CAS programs are informed of the ability to file a nondiscrimination complaint with the Human Rights Commission through the Applicant/Client Bill of Rights that CCP and all participating programs are required to provide to each applicant/participant. The Commission's investigative and hearing processes usually result in complaints resolution. If necessary, the Commission can, with County Board approval, seek enforcement of its decisions in court. Individuals who believe they have been subject to unlawful discrimination or retaliation can file a complaint with the Human Rights Commission at: https://commissions.arlingtonva.us/human-rights-commission-hrc/file-discrimination-complaint/

**Equal Access and Accessibility**

In compliance with the "Equal Access" Final Rule, both the HSC and RPC shall ensure equal access to individuals in accordance with their gender identity, regardless of sexual orientation and/or marital status. In addition, The County conducts an annual assessment of services needed in other languages and projects serving people experiencing and/or at-risk of homelessness hire bi-lingual staff. The County provides interpretation services for those with limited English proficiency and hearing impairments. The County also provides translation of written materials to other languages and makes large print and Braille materials available.

the CCP site is fully compliant with the requirements of the Americans with Disabilities Act. In addition, all people in the County, have access to the same services through the CCP. This includes single adults, families with minor children, families without children, emancipated youth under 18, young adults, people experiencing chronic homelessness, veterans, people living with substance use disorders, serious mental illness, HIV/AIDS and other disabilities and survivors of domestic violence. CAS offers the same assessment approach to all people who may be experiencing homelessness or at- risk of homelessness, regardless of population or subpopulation.

## SHELTER INTAKE OF GUESTS

Upon arrival to a shelter, all the guests' belongings will be placed into a Bedbug treatment bag for 2 hours and the following intake documents will be presented:

- Intake Checklist
- Tour and Information sheet
- Welcome letter
- Communicable disease prescreening (e.g., TB)
- Emergency Contact sheet
- Linen Agreement
- Smoking Policy/Drug
- Participant agreement
- Guest Resident Handbook
- ***Please see Hypothermia Standard Operating Procedures/Operations Manual**

**Guests will not be admitted with weapons, alcohol or illegal drugs, or other prohibited items. When turned away from the shelter for weapon possession, the police will be notified at the non-emergency number, 703-228-4422.**

After a shelter stay of 8 consecutive days, trained shelter staff will conduct the Service Prioritization Decision Assistance Tool (SPDAT) to assess next-step housing needs. A person who leaves before eight days will have the SPDAT completed upon returning to the shelter.

***All aforementioned intake documents - See Appendix***

**After-hours Admission**

The CAS recognizes that households' emergencies may not take place during regular business hours. Emergency needs can arise after-hours, during holidays, and on weekends. To meet the needs of Arlington residents, the CAS system has established an emergency number that can connect households to a live person to discuss the nature of their emergency A household experiencing a housing emergency after business hours, on weekends, or on County holidays can call 703-228-101024/7. This line is also staffed during regular business hours by DHS staff. The Emergency Line is staffed outside of DHS business hours each month by one of three non-profit partners (A-SPAN, Bridges to Independence, Volunteers of America Chesapeake, Inc.). Participating partners conduct an interview, complete triage documentation, assess the household's emergency needs and make appropriate referrals. The household may be asked to come to an alternate location when determined necessary by the staff conducting the assessment. If on-call staff requires assistance, they should consult/notify their on-call supervisor. At the conclusion of an intake, the trained intake staff will:

- Complete intake paperwork via the Homeless Management Information System (HMIS);
- Make a referral to emergency shelter if the household has no other immediate option;
- Make a referral to or call Mental Health Emergency Services at (703) 228-5160 for any psychiatric crisis or to 911 directly only as necessary if someone in the household is experiencing a medical or other crisis; and/or

- Make a referral to the CCP if the household has a housing crisis and is in need of services from the County. All households referred to emergency shelter will also be referred to CCP for service the next business day.

**Detox to Shelter**

Homeless Arlington residents receiving services for chemical dependency through RPC's Detox Program will be assessed for diversion and shelter through CAS. Within 7 days of a planned Detox exit, case management will work with the individual to contact the CCP to request an intake appointment through CAS.

If upon intake, the Human Services Clinician from CCP identifies a possible need for shelter diversion or shelter, the clinician will begin working with the individual to identify alternative housing options. If no alternative to shelter can be identified, and if there are not shelter beds available, the Human Services Clinician will refer the individual to shelter via HMIS. If necessary, CCP will provide individual with transportation assistance.

## TURBERCULOSIS SCREENING PROCEDURE

Upon entry into an emergency shelter, all guests will be screened for signs and symptoms of tuberculosis (TB). Pursuant to the guidelines from the Center for Disease Control, a more detailed TB history and a baseline TB skin test will be administered by the nurse or nurse practitioner within 3 days of admission. Test results must be read within 48-72 hours. TB symptoms include:

- Prolonged productive cough (over 3 weeks)
- Coughing up blood
- Chest pain
- Loss of appetite
- Unexplained weight loss
- Fever/Chills
- Night sweats
- Fatigue

Any shelter guest who has had a cough lasting three weeks or two or more of the symptoms listed above will be referred to the Arlington County Public Health Division (ACPHD) Chest Clinic during business hours or to a private medical provider immediately for further evaluation. The shelter guest will be considered ineligible for admission until they are determined to be non-communicable.

The shelter nurse or nurse practitioner will use the following standards for TB testing:

- Guests who report no previous skin test for TB or who report past negative skin tests will be administered the PPD skin test by the nurse or nurse practitioner.

- Note: If a prospective guest refuses to accept the PPD skin test, the prospective guest will be monitored at least weekly for symptoms for as long as they remain a guest. This shall be noted in their case file. During this time, the guest will be encouraged to receive the test. The guest will be referred to for evaluation as noted above if s/he appears symptomatic.

- Guests reporting a history of a positive TB skin test will be referred to the ACPHD Chest Clinic for evaluation. These guests may remain in the facility if they have no symptoms of active disease.
- Guests who have a questionable or newly positive reaction will be referred to the ACPHD Chest Clinic for additional evaluation. They may remain in the facility if they have no symptoms of active disease.
- Guests who report a diagnosis of active tuberculosis must be evaluated and cleared by a private medical provider or ACPHD Chest Clinic to be eligible for admission.
- Guests who have extra-pulmonary tuberculosis or atypical mycobacterium disease must present documentation for verification by a private medical provider or ACPHD Chest Clinic before admission. In general, they do not present the same risk for transmission of infection to others as does pulmonary TB and there is usually no need for exclusion.
- TB screening/evaluation will be conducted upon admission and thereafter annually. If a guest has been exposed to an active case of tuberculosis or becomes symptomatic, a repeat evaluation will be done by ACPHD Chest Clinic or a private provider regardless of the time interval since the last screening.
- All medical information received will be placed in the guest's medical file and is considered protected health information.
  An individual shall be discharged from the shelter if he/she is required to take medicine for TB but refuses to do so.

## GUEST MONEY AND VALUABLES

During intake, staff must ask each guest if they have any valuables on his/her person (*e.g.*, cash, money order, jewelry, watches, or other expensive items) and/or any property (cigarettes, matches and items containing fluid alcohol, prescription medication, over-the-counter medications) which Program Policy indicates the guest may not keep in their possession while in the facility.

If the guest has any prohibited property (i.e. weapons, drugs, paraphernalia, pornography, etc.) they will be asked to have it secured in the program safe, storage cabinet, medication drawer or to send it elsewhere as appropriate (depending on the resources available to the individual guest). If the guest requests that the program safeguards the money, valuable and/or other expensive property the following procedures will be followed:

- Guests who choose to not have the shelter secure their items must be informed during intake that they do so at their own risk. This includes any items that are delivered throughout the guest's stay at the shelter.
- Only the Program Manager and Program Coordinator are authorized to accept and process money order(s) or valuables from guests for safekeeping and must provide the guest with a receipt. Guests must be provided with a custodial account statement every month.
- Place any money orders or valuables in a NEW envelope. Complete a receipt of the items. Provide the guest with the original receipt, place a copy in the envelope, and provide a copy to the Program Director mark the envelope with the guest's name, the date, the amount of money inside, and the staff and guest will initial the envelope and seal it.
- Secure the guest's valuables as soon as possible.

A safe is maintained in each of the program areas. Only Program Managers are responsible for the safe. Emergency access is limited to availability of those persons. Guests who leave on short notice and are unable to obtain these items will be advised to call the program on the next business day and make arrangements for return of their items.

**** All valuables must be retrieved by guests when they are discharged from the program.*

**Each time valuables are deposited or returned to a guest:**

- A statement from the custodial account will be sign by guest and staff and a copy filed with the guest's account.
- A receipt will be issued for submitting and removal of valuables. A signature is required from both the guest and case manager for this transaction, and a copy will be placed in guest's file.
- The guest only signs for money orders and other items upon their return. The guest *does not* sign for anticipated receipt of goods.

***Note to staff:*** Failure to follow these procedures may result in disciplinary action and reimbursement by staff to the guest for valuables that are lost or stolen.

## STORING A GUEST'S MEDICATION

Both prescribed and over-the-counter (OTC) medications for guests are stored in in a secure, pre-designated area at each facility. Guests are required to turn in all medications upon intake. Staff will complete medication forms for each medication and store it appropriately. When a guest needs his/her medication, the following procedures will be used:

- Any medication requiring refrigeration will be stored at the Control Desk.

- Case managers and the nurse will review, and monitor guest medication needs and services at intake and throughout residence. All discrepancies or problems should be reported to the Case Manager**,** Nurse, and management immediately.
- If a guest is prescribed medication to treat a communicable disease and refuses to follow the prescribe procedures, the guest may be asked to leave the shelter.
- All medication must be labeled. Prescription medication must indicate the guest's name, name of medication; strength, dosage and frequency; date of order; refills; quantity and physician's name.
- All guests are encouraged to take their medication as prescribed by their physician.
- The guest will ask staff for his/her medication.
- Guest will have water to take medication or during a meal, as prescribed.
- Guest will sign for each dosage taken in a medication log in their medication form.
- Staff will promptly retrieve the medication container and hand the entire container to the guest.
- Under no circumstances will staff take the medication from the container.
- Guest will take the appropriate dose of prescribed medication from the container and return the container to staff.
- Guest will take medication in full view of staff.
- Staff will return it to the cabinet.
- Staff will initial the medication log to verify that the medication was given to the guest and the guest consumed it.
- All narcotics or controlled substances will be counted in the presence of two staff members at all times and be maintained in a double locked box.
- Guests are permitted to take their daily dose of medications with them if they leave the facility for the entire day.

**Disposal of Medication:**
After release of a guest from the shelter, staff will place any medication left at the shelter by a guest into a plastic bag marked with the guest's name and date of release. This bag is to be given to the shelter nursing staff, who will manage the medication, until it is deemed appropriate to dispose of it.

A former guest may contact the shelter and request their medications to be return to them. To secure their medication, arrangements should be made with the shelter nurse. A guest would need to present personal identification when picking up medication.

After thirty days of storing medications for a guest who has staying at the shelter, the shelter nurse will follow the protocol established by Stericycle to dispose of all medications including over-the-counter medicines. The shelter may not undertake any changes to the storage and/or disposal of medication until those changes have been approved in writing by Arlington County DHS.

## SEARCHINGS GUESTS AND THEIR PROPERTY

Upon entering the program, all guests are subject to a search of all their personal belongings including but not limited to luggage, bags, purses, satchels, fanny packs, briefcases, etc. Additionally, searches may be conducted if there is reason to suspect contraband in a guest's room, person, or personal belongings including any vehicle. Searches may not be conducted without permission from the Program Director or On-Call Supervisor. The following protocol should be followed for searches:

- At least two staff must be present for all searches.
- All pockets should be emptied and turned inside out upon entry into shelter. Socks/ankles and waistband should be shown to monitor.
- All consideration for the guest's dignity will be made.
- If the contraband is of an illegal nature, the Police will be notified, and the contraband will be turned over to them.
- If a guest has contraband, the guest may be asked to leave the shelter or otherwise be subject to disciplinary action.

## MAIL PROCEDURES

**Processing mail**:

- Mail for current guests should be placed in the designated secure area.
- Mail for staff members should be placed in their individual boxes.
- Mail for Detox/ER Program guests within the RPC should be put in their box, for Detox staff to pick-up daily.

**Processing mail for former guests:**

- If a former guest has not established a new address, shelter staff will hold their mail for no more than 30-days.
- If the 30-day hold has expired, shelter staff should cross off the facility's address on the former guests' mail and write "Return to Sender". Cross off the bar code at the bottom of the envelope (if there is one) and place in outgoing mail.
- Forward the former guest's mail if a forwarding address is available. Cross off the bar code at the bottom of the envelope (if there is one) and place in outgoing mail.
- If mail states "Do not Forward or Return to Sender" it will be returned, as stated above, and not held by the shelter.

## OVERNIGHT PASSES TO SHELTER GUESTS

The Program Director or designee are the only staff to authorize overnight passes to shelter guests. Guests who do not have overnight approval may be considered Absent Without Leave (AWOL). Other than verifiable emergencies, guests wishing to continuously leave the program overnight for non-emergency purposes may be considered not in need of emergency shelter

and may be asked to leave the shelter. Guests who have failed to return to the shelter by curfew have 24 hours to return, or risk forfeiting their bed space.

In the event a guest is hospitalized or incarcerated, the Program Director will use his/her discretion on a case-by-case basis to decide how long the bed will be held after 72 hours. In an emergency, the Program Director will determine the length of overnight pass. If the guest has not been admitted to the hospital, the guest may return to the facility with verification of his/her absence.

## REASONABLE SUSPICION OF ALCOHOL OR ILLICIT DRUG USE

Being under the influence of alcohol and/or any mind or mood-altering chemicals will not exclude a guest from entry into the shelter. However, if there may be a safety risk to the client further action is taken. Any suspected medical emergencies related to alcohol or substance use warrant an immediate call to 9-1-1.

If a guest is assessed **using the reasonable suspicion checklist (see Appendix)** to pose a safety risk to him/herself the guest may be offered the option to go to detox. Staff can contact non-emergency number (703-558-2222) to request a crisis intervention trained officer, if available, to come on-site. If the guest's behavior is unacceptable, see section on Guest Disturbances.

## SHELTER GUESTS PARTICIPATING IN AA/NA MEETINGS

Guests are encouraged to attend Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) meetings that are held at the program and within the community. Twelve Step programs provide a supportive network to individuals who are interested in pursuing sobriety or recovery.

- Exact times of meetings will be posted at the program.
- Listings of all Northern Virginia meetings are available at the program.
- A supply of “When & Where” (AA) or “Basic List” (NA) will be maintained for staff and guest use by the Case Managers.

## RESPONDING TO DIFFICULT BEHAVIORS BY SHELTER GUESTS

Arlington County DHS will provide annual Therapeutic Options of Virginia (TOVA) training to all emergency shelter personnel to effectively deal with difficult behaviors. TOVA advances the use of positive practices, building violence-free environments, and reducing the reliance on physical intervention by preventing and managing aggression. Crisis intervention and emergency procedures are firmly rooted in global positive supports, trauma-informed practice, and multi-tiered preventive strategies.

In dealing with difficult behaviors, guests will be treated with kindness, consistency and respect. Inappropriate behavior will be dealt with promptly and in accordance with the TOVA training techniques. Physical contact or enclosures will not be used to restrain a guest at any time. Safety is paramount to the operation of low-barrier shelter model. If a guest is a safety risk to themselves or others, Emergency Services (703-228-5160) and/or 911 should be contacted immediately.

**Staff should not sign off on the NOTICE TO FORBID TRESPASSING ORDER issued by police. This is a 3-year ban for the client who cannot obtain services for 3 years. Staff should ask for the guest to be removed from the facility for the night. The length of the suspension will be determined by the Program Director.**

## DISCHARGE PROCEDURES

**Guests may be discharged for the following:**

- Posing a threat to the safety of self or others. Violating safety protocols.
- Guests who fail to return to the shelter **before** curfew risk forfeiture of their bed space. Bed release will be determined internally by management within 24 hours. In the event that an individual is hospitalized or incarcerated, the Program Director will use his/her discretion as to determine how long to hold the bed.
- RPC and HSC staff will encourage their guests to attend community meetings.
- Guests with no prior approval from shelter staff that they can be away from shelter temporarily, will come back through CCP.

In the event that an individual is discharged from the shelter and loses his/her bed, a review for readmission to the shelter must go through CAS after a minimum 30-day period of separation from both shelters. Eligibility for readmission to be determined by the Human Services Clinician and respective Program Manager at the shelter re-entry case conference. The Program Director may waive the ineligibility period if it is determined to be in the best interest of the guest to return in cases of vulnerability or continuation of services. Guests may be placed on an Agreement for Success.

**Involuntary Discharges**

Behaviors that present significant health and safety risks will not be tolerated inside the Homeless Services Center and RPC. At time of orientation, new guests will be briefed that illegal behavior will not be tolerated and that guests are required to interact with one another in a civil and positive manner and aggressive behavior intended to bring harm to self or others is not acceptable. Persons who have been using alcohol and/or drugs will be admitted to shelter only if they agree to follow established shelter expectations. All guests coming into shelter will be notified of the items banned from the shelter (*i.e*. any liquor, controlled

substances, illegal drugs, and weapons). Approved medications will be stored by the shelter and will be made available to individuals as prescribed.

There are other behaviors that may not warrant immediate dismissal but cannot be tolerated over the long term. They include smoking inside the building, certain threatening behavior and possession of pornography. The Program Director must use sound judgment when applying a corrective action for such infractions and consider the primacy of protecting the health and safety of shelter staff and guests. The corrective action will typically be a progressive disciplinary action (*i.e*. verbal warning, written warning, dismissal, *etc*.) as well as implementation of strategies to curb the behavior such as case conferences.

Below is a grid of unacceptable behaviors and the actions that will be taken if a shelter resident exhibits the behavior.

| **Violation** | **Action** | **Readmission Policy** |
|---|---|---|
| Possession of a weapon A weapon is defined as anything that can be used to cause physical harm an individual. Weapons will not be permitted in the dorm. All items that may be used as a weapon but are working tools (i.e., box cutters, scissors, hatchet, etc.) will be checked in with shelter staff. Failure to comply will result in immediate dismissal. | Immediate dismissal-notify police | 60-day stay-away/agreement for success |
| Illegal controlled substances and/or illegal drugs/paraphernalia | Immediate dismissal and follow destruction protocol if staff are in possession of the illegal substance. | Up to 60-day stay-away/agreement for success |
| Legal mind/mood altering substances (i.e. alcohol, K2, bath salts etc.) and/or paraphernalia | For legal substances such as alcohol, initiate progressive disciplinary action with eventual dismissal. | Up to 60-day stay-away/agreement for success |

| | | |
|---|---|---|
| Assault | Immediate dismissal-call police if warranted | 90-day stay-away/agreement for success |
| Pornography | Progressive disciplinary action with eventual dismissal | Up to 60-day stay-away/agreement for success |
| **Threats**<br>Direct-Verbal (threat posing an immediate danger to self or others)<br><br>In-direct Verbal | Immediate dismissal<br><br>Progressive disciplinary action with eventual dismissal | Up to 60-day stay-away/agreement for success<br><br>Up to 60-day stay-away/agreement for success |
| Smoking inside the shelter or within the prohibited area around the shelter | Progressive disciplinary action depending on safety threat of incident | Up to 60-day stay-away/agreement for success |
| Other criminal behavior | Immediate dismissal call police if warranted | Up to 60-day stay-away/agreement for success |
| Failure to engage in individual housing plan after 90 days | Progressive disciplinary action with eventual dismissal | Up to 30-day stay-away |

**Please note:** During hypothermia season, the Program Director in consultation with the DHS Clinical Coordination Program Manager may decide contrary to the guidelines listed below if the infraction does not outweigh the guest's safety during extreme hypothermia weather.

**Guest Check-Out of the Shelter**

<u>The following steps are necessary when a guest checks out of a shelter:</u>

- When a guest leaves the shelter, they must take all clothing and possessions, unless other arrangements have been approved.
- Case Manager will ensure that an exit assessment is completed in HMIS.
- Staff will collect all items loaned to the guest including bed linen and inspect it for damage.
- Staff will check the bed area for cleanliness and any damage to the facility which the guest is accountable for.
- Staff will note any damaged or missing items on the linen agreement.
- Staff and the guest will sign the bottom portion of the linen agreement.
- Guest will complete guest survey form, when possible.

- Involuntarily discharged guests are notified upon discharge that "shelter hopping" is not permitted and guest will have a minimum 30-day stay-away time from both the Homeless Services Center and Residential Program Center.

**Disposition of a Guest's Personal Belongings after Discharge**

The following steps will be taken after the guest has vacated without his/her possessions for a short period of time. If a guest is present during discharge, they must take all their belongings with them.

- The staff will bag, label, date, and store all the guest's personal possessions for as long as reasonably possible.
- When possible, important documents that are difficult to obtain (*i.e*. identification, birth certificate, Social Security card, *etc*.) will be saved and secured for up to five years.

**Re-entry Contract/Agreement for Success**

In the event that a guest is asked to leave the shelter, a Re-entry Contract/Agreement for Success may be developed in order for the person to be re-admitted. The purpose of the agreement for success is to reduce/eliminate the repetition of the behavior that caused the discharge. The Agreement will focus on ways to keep the guest safe and engaged in addition to compliance with treatment/rules.

## TRANSPORTATION

Transportation is generally the guest's responsibility. However, there are several different means of transportation which can be accessed by a guest when necessary

**SmarTrip Cards**

Case Managers are responsible for determining when a guest should have access to subsidized SmarTrip cards.

**Taxi Vouchers**

Taxi vouchers are only used to transport guests and/or staff in instances where it is determined to be prudent by the Residential Coordinator or Program Director. The following guidelines should be used to determine need for the use of taxi vouchers:

- In the case of a disabled person who cannot navigate the metro system.
- In the case of a guest who is ill and in need non-emergent care and no public transportation is available.

- In the case of a staff person who needs to travel for assisting a guest and the metro has quit running for the day.

Other staff must have prior authorization to use taxi vouchers from the Program Director or persons so designated by the Program Director. Taxi vouchers will be locked in a safe and secure place designated by the Program Director.

**Facility Van**

Guests requiring transportation to verified authorized outings (*e.g*. Human Services, Probation/Parole, *etc*.) may request transportation from his/her Case Manager. Facility transportation will only be granted when it is not practical or possible to use public transportation.

Staff must reserve the van at least 24 hours in advance. Regularly scheduled transportation such as to Arlington County Employment Services should be pre-approved by the Program Directors. A vehicle log will be maintained. The sign-out log and keys are kept in designated program office.

**Staff Personal Vehicle Use**

Transporting guests in staff's personal vehicles is **prohibited**.

## DAILY LOG PROCEDURES

Each staff person is responsible for reading each log entry written. From the last shift worked, to the beginning of the current shift. Staff should initial at the top of each page indicating they have read the page. Additional information will be placed in the Resident Handbook. All staff is responsible for reading and initialing the announcements as appropriate. All staff is responsible for completing a "Shift Report" during each shift, and reviewing it with arriving staff during change of shift.

**Log entries should include:**

- When writing in the daily log please use a black ball point pen only. NO FELT TIP PENS or blue ink pens (if log is called to court only black ink is permissible).
- Ensure your entry is legible**.** Printing, not cursive, is the only acceptable form on logging entries**.** White-out is not permitted. Strikethrough any errors.
- A record of the shift events.
- Time and initials of person writing entry.
- Times that rounds are made and pertinent information regarding rounds.
- Mention of all major guest incidents including the time of the incident and brief description.
- Mention of supervision given for guest chores.

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**The log contains confidential information. To ensure guest confidentiality:**

- Always keeps the log closed when you are not directly writing in it or reading it.
- When writing in the log, be sure no one is standing around you who may be reading as you write.

## GUEST DISTURBANCES AND INCIDENT REPORTING

A guest disturbance is defined as any conduct or behavior that disturbs the security, safety, or orderly running of the shelter. When a disturbance occurs, staff should first determine whether the disturbance was a Critical or Unusual Incident, as defined:

Shelter staff must submit an Incident Report Form for all critical incidents.




Acrobat Document

(Double Click to Open Document)

All incident reports **must be** typed.

The following protocol should be followed in the event of a guest disturbance:

- Follow discharge procedures if a disturbance rises to the level of a threat or any behavior discussed in section" Involuntary Discharge" of this SOP
- If only one or two guests are involved, staff should attempt to separate the individuals through verbal communication in which guests are asked to stop their actions and separate. This should be done in an assertive and clear manner that is controlled.
- Staff should follow proper engagement protocol based on TOVA training.
- Staff must immediately contact police emergency at 9-1-1 if an altercation includes physical contact. Staff should observe these altercations at a safe distance.
- To maintain guest and staff safety, clear the area of all non-involved persons and not step in between two fighting guests
- Speak to the guest with full respect.
- As soon as possible, notify the On-Call Supervisor or Program Director who will in turn notify Senior or Executive Management and appropriate County staff.
- At no time shall any guest be permitted to control another guest, or be placed in a position of authority or responsibility in such a way that he/she would have to control another guest.
- Any injuries to a guest and/or staff resulting from the disturbance must be responded to immediately. If necessary, 9-1-1 should be called.

- Incident reports including witness statements must be immediately written on all participants involved in the disturbance. A written incident report on the disturbance must be submitted to the Program Director immediately and a notation must be placed in the log. Additional evidence can be gathered and submitted within 24 hours (i.e. video footage, witness statements, etc.).
- If the police are called, the time of the call and the names of the officers responding must be documented.
- If situation is not resolved, notify CAS/CCP and other shelters by e-mail and through an alert in HMIS to ensure that it is known that the guest has created a disturbance

An incident is any event that occurs outside of normal operations that can precipitate a crisis. It is important that at all times the staff of both emergency shelters maintain a close relationship with law enforcement. An incident can be categorized as "unusual" or "critical" and should follow proper reporting/notification processes. Each category has a different process and type of incident that fits most appropriately into a respective category.

**Unusual incident:** Incident that disrupts routine provider operations and deviates from regular operations procedures.

**Critical incident:** Any actual or alleged event that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a guest or staff.

| **Unusual Incidents** | **Critical Incidents** |
|---|---|
| Consensual sex between adults | Death |
| Emergency services contact | Direct Threat |
| Indirect threat | Fire |
| Physical abuse | Gas Leak |
| Self-injuring behavior | Homicide |
| Other (please specify) | Incidents involving registered sex offenders |
| | Infectious diseases (e.g., highly contagious conditions such as scabies but not the common cold) |
| | Injury/Illness requiring medical attention or hospitalization |
| | Law enforcement contact |
| | Loss of any utilities |
| | Medication discrepancy |
| | Natural Disaster Event |
| | Pest Infestation |
| | Sexual Abuse |

Ensure that in the event of an *unusual* incident, the reporting staff member should immediately notify their direct supervisor and Director. The Director has the responsibility to make any

additional appropriate notifications according the resident organization's internal policy and Arlington County staff notifications, if necessary.

Ensure that in the event of a *critical* incident, the reporting staff member should immediately notify their direct supervisor and Director. A designated emergency shelter staff member is required to provide a written summary within 24 hours of the critical incident to the Arlington County Housing Assistance Bureau Chief, the DHS Liaison to Arlington County Manager, the CoC Services Coordinator, and the Contract Manager. The designated staff member is also required to provide a detailed written report of the incident to the same County staff within ten business days from the date of the incident.

Record incidents in HMIS for tracking and reporting purposes along with any pre-established internal protocol per your agency.

## EARLY WAKE-UP CALL PROCEDURES

Guests may request an early wake-up call for employment or special appointments., The following procedures will be used for early wake-up calls:

- The guest is responsible for informing staff of the time they desire to be awakened.
- Staff will make a note of the desired wake up time in the daily log.
- Monitors will check the log and wake people up as they requested.
- The guest may be awakened only on the hour.

## MEAL TIME PROTOCOL

In both the HSC and RPC shelters, any anticipated new arrivals are to be included in the meal count, even if the guest has not yet arrived. Staff will encourage guests, if they have any concerns related to the food service, to relay them to staff directly.

## ORDERING MEALS FOR THE RPC SHELTER

Meals will be provided under the RPC'S individual contract with Arlington County. Staff is expected to make timely and appropriate notifications for meal counts with the program's respective caterer.

**The following procedures will be followed when ordering meals:**

- In the event there are guest vacancies in the shelter, up to two extra meals will be added to the count to accommodate possible emergency placements.
- Staff may not include themselves, volunteers, or visitors in the meal count. Any non-guest person will be responsible for their own meals.
- Guests will be assigned the chore of accepting and cleaning up meals by the staff. The assignment will be noted on the guest chore list.
- Assigned guests will be instructed how to prepare the trays for meal time by staff or trained volunteers, if necessary.
- All guests will be given a bagged lunch in the morning during breakfast if they are exiting for the day.
- Shelter staff will inspect the food and check the temperature at each hot meal.
- Food should be maintained over 140 degrees in the trays that are delivered. All food entering the facility should be dated and labeled.
- All food to be discarded after one day of refrigeration.
- Once food is delivered to the shelter, it should be brought directly into the building, and not left outside.
- Guests from Detox, Early Recovery and Homeless units may not mingle during meal times (**RPC only**). HSC guests will eat their meals at the tables in the common area near the front desk.
- All food handling should comply with Arlington County Code 9.2, Food Handling, regardless of whether the food was prepared on-site or catered.
- Each facility is to have a ServSafe certified staff on-site during all meal times.

**Meals times and distributions follow a standardized schedule to be set forth by each shelter program.**

**Late Meals**

**All guests must sign up daily for breakfast, lunch and dinner.** Some guests may be working or have an appointment which will not allow them to be on site for the evening meal. Under these conditions the following procedures will be used:

- The staff working during the evening meal will check the list and insure that enough meals are stored to accommodate the guests who will arrive later.
- All guests who requested a late meal will be given a meal when they arrive.
- The staff will initial the list indicating that the late guest has been served a meal.
- Bag lunches may be stored in the refrigerator if a guest must leave before the bag lunches arrive.

## ANSWERING THE PHONES

At the Facility, the main line comes into the front desk. The main number for the respective shelter given to the public is agency specific When answering the phone, say, **"**Thank you for calling [program name]. This is *your name*. How May I help you?"

If a caller is not requesting shelter, but is inquiring about the shelter, how it operates, what our policies are, etc., turn the call over to the On-Site Supervisor. If the Supervisor is not available take information for the call to be returned. If critical, refer to CCP staff. NEVER answer questions from the press. Refer all press inquiries respective internal program policy.

For confidentiality purposes, the presence of a guest is never acknowledged, either through confirming or denying the presence to the outside public including the police department. Messages will be entered in the message book, with the pink copy folded and the guest's name written on the outside. The message will be put in the box behind the desk.

If a caller is asking for shelter, refer the caller to CAS procedures and protocol. During business hours please send individuals to CCP. After hours, refer guest to Arlington County's 24-hour Information and Referral Hotline (703) 228-1010. Every reasonable effort should be made to coordinate bed space/availability with partner organizations through a warm handoff.

## TELEVISION/VIDEOS

Television is available for program guests. The following schedule must be followed:

**Television:**

- On weekdays, TV may be viewed at 6:30 a.m. to view daily weather conditions only and starting at 4:00 p.m. The TV is to remain turned off between the hours of 10 a.m. and 4:00 p.m. On weekends TV may be viewed at any time.
- Starting time at 6:30 a.m. for the weather or news.
- Programs will be selected by guest sign-up sheet.
- If a program is upsetting or offensive to a guest, e.g. a program with violence or sexual assault, program staff will change channel at their discretion.
- Turned off 15 minutes prior to Life Skills or other program functions.
- Turned off at 15 minutes before lights out at (10 p.m.).
- All other rules apply.

**Recreational Videos:**

- Program management must approve of video prior to viewing to ensure that content is not offensive or inappropriate.
- Video must not interfere with daily activity schedule.
- Guests of the program who wish to have videos brought to the facility are responsible for any expense and/or return of the video.

## FOOD DONATIONS

Occasionally, calls are received regarding food donations. If the caller is interested in helping by serving meals, or a large donation of ready-made or immediately usable food, the call must be forwarded to the shelter's Program Manager.

### Food Donations to the RPC

RPC is under contract with a caterer for daily meals and it generally cannot accept food donations. At times arrangements may be made to forgo a lunch or dinner from the caterer and provide guests with a cook-out or some other special meal event (i.e.: take guests to churches for Thanksgiving dinner, etc.). Shelter staff may not make arrangements for food donations unless they have the approval from the shelter's Program Manager or Program Director.

## IN-KIND DONATIONS

The following procedures will be used for donations of clothing, equipment, toiletries, or any item(s) for the program or guests:

- Toiletry donations can only be accepted in new condition and any mouthwash must be alcohol-free. Clothing donations will be accepted only if they have been laundered and have been gently used or in new condition.
- The donator will be given a "Receipt for Donated Goods" to fill out by staff and ask the donator to estimate the value of the donation to be written on the receipt.
- Staff will sign on the line labeled "Accepted by:" and fill out the date.
- The receipt will be copied and the original will be given to the donor.
- Staff will secure donations.
- The copy will be placed in the Community Development Coordinator's box for a thank you letter to be written.
- The Development Team will write all thank you letters to donors.

## VOLUNTEER OPPORTUNITIES

Each program should follow their respective shelter's internal policy regarding volunteers and volunteer management.

## SHIFT COVERAGE

### Staffing Pattern

Each Program must be staffed 24 hours each day, 365 days per year. Three 8-hour shifts are covered:

**RPC**
Day Shift (7AM-3PM)

Evening Shift (3PM-11PM)
Night Shift (11PM-7AM)

**HSC**
Day Shift (8AM-4PM)
Evening Shift (4PM-12AM)
Night Shift (12AM-8AM)

At all times, two staff will be on duty. The Residential Coordinator or Program Director is responsible for scheduling shift assignments for all Staff. The schedule will be maintained at the front desk.

**Shift coverage is scheduled in accordance with the needs of the shelter**

- All staff must provide coverage of all day**,** evening, night and weekend shifts.
- The Program Director will, to the extent possible, coordinate requests for shifts worked.
- Staff must submit any requests for annual leave with **no** less than 2 weeks' notice.
- Staff are responsible for working all assigned shifts regardless of preference.
- No schedule change is permitted without the approval of the Program Director and/or Supervisor.
- All staff are responsible to find replacement for their shift if unable to work and contact supervisor or on-call supervisor and speak directly to them. For emergency assistance call the On-Call Supervisor.

**Support Staff**

Support Staff can be called upon to be available to help support the activities of the program. The Residential Coordinator and/or Program Director are responsible for supporting staff during times which are identified as the most needed to meet the needs of program guests. Schedules for these staff members are subject to change as needed by the Program Manager to meet any change in the needs of guests.

## UNIFIED SHELTER MEETINGS

Unified Shelter (by-names list) meetings will be held monthly on the last Wednesday of each month at the Department of Human Services. Each shelter should staff cases with an emphasis on housing. Participation should include: Program Managers, Case Managers and other Arlington County Service Providers that are working with guests.

## HOUSE MONITOR/RESIDENTIAL SUPPORT WORKER DUTIES

**11PM to 7AM**

- Hourly rounds
- Ensure cleanliness of kitchen after late dinners are issued.
- Start new bed list and sign in/out sheets.
- Wake up guests that have requested early wake-ups.
- General wake-up is 6:30 AM.
- Close kitchen after breakfast.
- Make copies of all forms and compile intake packets as necessary.
- Complete all log requirements.
- Take facility phone calls and completes screenings as needed.

**7AM to 3PM**

- Hourly Rounds
- **Ensure completion of chores using check-off list**:
    - Living area after breakfast
    - Kitchen after breakfast
    - Dorm area/All resident's personal areas
    - All bathrooms
    - Outside parking lot and walkways
    - Stairwell and surrounding area
    - Intake area
- For the HSC staff must open and close the kitchen for lunch and ensure that the kitchen is cleaned after lunch subject to Arlington Code 9.2 Food Handling, the ServSafe certified staff member and the chef.
- For RPC a sit-down lunch is not offered but guest will be provided with a bag lunch during breakfast.
- Complete all log requirements, including any information pertaining to guests or staff.
- Take facility phone calls, complete screenings, check resident voice mail hourly and intakes as needed.
- Prepare laundry for pick-up as scheduled and beds for intakes.
- Any individual who remains on-site during business hours are expected to be attending a day program, working on an IHP-related goal, or attending a life skills group.

**3PM to 11PM**

- Hourly rounds
- Ensure completion of chores using check-off list:
    - 1st floor bathrooms

    - Linen room
    - Laundry room
    - Intake area
    - Kitchen after dinner
    - Living area
    - Office area
- Open & Close kitchen for dinner.
- TV on at 4:00 PM and off an hour prior to lights out.
- Lights out at 11:00 PM on week nights/1:00 AM weekends.
- Complete all log requirements.
- Take facility phone calls and complete screenings and intakes as needed.

All staff should interact with guests in a professional manner. Respect and modeling positive behavior will enhance the atmosphere in the shelter. Being compassionate and patient with our guests is of the utmost importance.

## SECURITY SYSTEM

The facilities have multiple alarm systems that provide for the safety and well-being of its guests which include:

### Fire Safety System

The Fire Safety System provides immediate notification to the Arlington County Fire Department. The system is maintained through Protection One and Arlington County. Details for the operation of this system are found in the Emergency Procedures section of this SOP.

### Annunciator System

The "Annunciator System" is maintained by Protection One and Arlington County and sounds an alarm and a visual light at the Control Center when a secure area is violated. The Protection One Control Center number is 1-866-633-8630.

### Visual Monitor System Specifications of Use

Adapted from the Department of Human Services (DHS) Video Systems Policy (rev. 09/29/2015) Specifications of Use section: "Residential Program Center (RPC) is a County facility operated by a third-party. It includes a residential component (clients living on the premises). Video systems are employed to assist the operator in observing the premises for safety issues. Cameras are deployed in hallways, reception or intake areas, and the exterior of the building. There is no video sharing, the cameras displays are used to improve awareness of the operating staff of potential safety issues. Continuous digital recordings are maintained for short-term

operational purposes only to aid in the review of incident reports and staff performance of their duties in these areas. Recordings may only be accessed by the program leadership team using password protected access.

The Homeless Services Center (HSC) is a County facility operated by a third-party. It includes a residential component (clients living on the premises). Video systems are employed to assist the operator in observing the premises for safety issues. Cameras are deployed in hallways, reception or intake areas, and the exterior of the building. There is no video sharing, the cameras displays are used to improve awareness of the operating staff of potential safety issues. Continuous digital recordings are maintained for short-term operational purposes only to aid in the review of incident reports and staff performance of their duties in these areas. Recordings may only be accessed by the program leadership team using password protected access."

**Visual Monitor System**

The "Visual Monitor". This system provides for visual monitoring of key points throughout the facility. The monitor is located at the front desk of each facility. There are eleven cameras located as follows:

1. Detox Dorm Area
2. Early Recovery Central Hallway
3. Homeless Men's Dorm East Hallway
4. Homeless Women's/Men's Dorm Rear Hallway
5. Early Recovery Short Hallway
6. Homeless Men's Dorm South (rear) Hallway
7. Back Patio Area
8. Homeless Office Area
9. Facility Kitchen Rear Door
10. Detox Dorm Area (Rear)
11. Homeless Central Stairs

**Visual Monitor Procedure**

1. During the course of duty, the monitor should be frequently looking at the monitored areas. If anything unusual is seen, the monitor is to immediately go to check on it, using the cell phone to maintain contact with other staff.
2. Put all switches to the pause position except the area in question so that constant surveillance can be made.
3. If there is a breach in security, the Program Director of the is to be notified immediately.

4. The Program Director and/or the Program Manager will make determination as to notification of the authorities.

**Annunciator System Monitoring**

1. From 8:00 am until 9:00 pm the annunciator panel may have several alarms bypassed.
2. As staff determines the need to open a secured area (i.e.: windows, doors) staff will notify the Front Desk to bypass the individual alarm.
3. Doors between male and female dorms will remain secured at all times in the HSC and RPC and Detox Program located at RPC, by way of audible alarm.
4. At 9:00 pm all RPC staff will insure that all areas are secured.
5. The Front Desk will notify other staff that areas are to be secured.
6. No doors may be bypassed at any time after midnight. If a door is being used, staff must notify the Front Desk. If the Control Center is not notified, it will be assumed that security is not notified and will assume that security has been breached.
7. Upon sounding of the alarm:
    a. Push the silence switch.
    b. Check to determine the number on the panel that is lit red.
    c. Check the red lit number against the master list on the door of the panel box to determine the location of area no longer secure.
    d. If it is known in advance that is secure area will be opening, the Control Center should be notified just prior to opening it.
    e. If no one notifies the Control Center opening a secure area, staff will immediately go to the area to investigate the reason for the alarm.
    f. If the alarm sounds in the RPC Substance Abuse areas, notify the staff in Detox that the alarm has gone off.
    g. Substance Abuse staff will check their area to determine the reason for the alarm.
    h. If Substance Abuse staff does not notify the control Center within 5 minutes, the monitor is to assume help is needed and must immediately get help and assist in the alarm area.
    i. If the alarm sounds in the Homeless Services area, staff will check the area to determine the reason for the alarm.
    j. All common areas (i.e. kitchen, staff lounge, and administrative offices) will be the responsibility of Homeless Services.
    k. If there is found to be a breach in security (i.e.; someone sneaking in/out of the facility or dorm area), the Program Director of the unit is to be notified immediately. The Program Director will notify the Program Manager, following Policies and Procedures.
    l. The Program Director and/or the Program Manager will make the determination as to notification of the authorities in accordance with existing Policies and procedures.
    m. Once the area is again secure, the monitor will hit the rest button to reactivate the alarm.

## BUILDING SECURITY

All swing doors are to remain unlocked to the appropriate side and alarmed. The TV monitor is to be closely watched for any illegal entry or exit of persons. Depending on program assignment, elevator access may be limited to those guests that are disabled and cannot maneuver the stairs. All communal living areas will remain unlocked at all times, including guest rooms. The only doors that will remain locked are the outside exit doors and the three doors at the entrance hall:

- The entrance to the Homeless Shelter
- The entrance to the elevator hall
- The entrance to the Detoxification Unit (applicable to RPC only)

## FACILITY MAINTENANCE

Each facility is required to adhere to the County's cleaning requirements that outline service frequencies and Arlington's Green Cleaning Program. Each program has a designated individual who is responsible for the safety of all guests and the facilities, maintenance, repair, fire safety and sanitation. The on-site supervisor shall schedule all requests for inspections by fire and health authorities when required.

- County DHS staff including, but not limited to, the Continuum of Care Coordinator and the Contract Officer may inspect either shelter at any time the shelter is open for operations without a prior appointment.
- The facility maintenance designee shall request an inspection of the program facility by the local fire authority (Arlington Fire Department) annually, with the date of the review within 3 months PRIOR TO the month license issue/renewal occurs and with no more than 12 months between each inspection.
- The facility maintenance designee will request an inspection of the program office by the local health department (Arlington Health Department) annually, with the date of the review within 3 months prior to the month license issue/renewal occurs and with no more than 12 months between each inspection.
- Furnishings within the facility are to be maintained by staff. Any problems with furnishings (beds, linens, TVs, etc.) must be reported to the Program Director and Program Manager, who are responsible for ensuring appropriate action is taken to correct the problem.
- The facility maintenance designee will check the facility weekly and correct/report any deviations to ensure these requirements are met at all times. These requirements include, but are not limited to:
- The facility will have a working telephone.
- Lighting in the facility will be sufficient for the activities being performed. Outside lights will be operable.

- At least 1 working flashlight will be at the Front Desk at all times in the event of an emergency at night. Wall mounted emergency lights will be checked to ensure proper functioning.
- All windows used for ventilation shall be screened.
- Temperature of the facility will be at least 65 degrees in winter and no more than 85 degrees in summer.
- Heating systems are inspected, cleaned and have filters changed annually, prior to the start of the heating season. The use of portable space heaters is prohibited without the written approval of the local fire authority.
- Each guest shall have assigned space, accessible to the sleeping area for storage of clothing and personal belongings.
- Each guest shall have a separate, clean, comfortable bed equipped with one mattress, one pillow, one pillow case, two blankets, two sheets (two flat, or, one fitted and one flat).
- Bed linens are changed every seven days or more often if needed.
- Only the number of guests identified on the Occupancy Permit will occupy the Facility at one time.
- Guests requiring special equipment to assist with mobility must have clear egress from the facility maintained.
- Smoking is strictly prohibited in all areas inside the facility.
- Plumbing shall be maintained in good working order and an adequate supply of hot and cold water available at all times. Water temperature will be checked to ensure scalding will not occur. The temperature of the water should be maintained at no greater than 120-130 degrees Fahrenheit.
- The facility maintenance designee is responsible for obtaining a thermometer and testing the temperature of the water at least once every twelve months (each January) and more often if there is concern that the temperature is too high. If the temperature is above 120-130 degrees, the facility maintenance designee shall notify Arlington County Maintenance to reduce the temperature setting of the hot water heater and retest the temperature after 3-4 hours. This procedure is to be continued until the water temperature is reduced to no greater than 120-130 degrees.
- All doors and windows in the facility will be in good condition and open readily, without a key, to permit degrees in the event of fire or other emergency.
- All equipment, furnishings, linens and indoor/outdoor equipment will be safe and in good repair.
- Facility grounds, including driveway, steps, railings and other potentially hazardous areas will be safe and properly maintained.
- The interior and exterior of the facility will be kept clean and free of rubbish, flies, roaches, rats and other vermin. All staff is responsible for ensuring that trash is placed outside in the County trash pickup containers as often as needed so that trash does not accumulate inside the facility.
- An evacuation plan and professionally done floor plan/map is framed posted on the wall of each floor facility at points designated by code enforcement as appropriate sites.

- Smoke detectors are installed in each dorm room and the House Manager is responsible for monthly checks of smoke detector to ensure they are in proper working order.
- The facility maintenance designee is responsible for developing, maintaining and updating operational instructions for washers and dryers used by guests in the facility. These instructions will be provided to the Program Director and posted in appropriate locations for guest use. The designated individual will review and revise these instructions as necessary (i.e., replacement of a unit) and at least once annually in June or each year. The instruction will be dated with the date originally drafted or last revised, the date of the latest review done and will clearly identify the make and model each piece of equipment.

## FACILITY KEYS

At no time are guests or volunteers permitted to have facility keys, nor are guests or volunteers allowed in the Program offices without staff present. To maintain facility security, staff are to keep their assigned facility keys separate from their personal keys (e.g., car keys, house keys, etc.)

## EMERGENCY PROCEDURES

The primary responsibility of staff is to ensure the safety and security of all guests, visitors and staff at the facility. Emergencies at the shelter will include such as fire, utility (gas/electrical/water), hazardous waste, national disasters, bomb threats and other life threatening situations. Staff, visitors and guests may be required to evacuate or seek safer shelter in a secure area of the program or other designated facility.

This plan details the procedure and action that needs to be taken in response to an emergency situation at the program.

| Problem Situation | Contact |
|---|---|
| **Bomb Threat** | Call 911 *Notify Senior Program Director, Program Director, On-Call Supervisor |
| **No Electricity** | Duty Engineer – Hotline (703) 228-4422; Pager: (703) 214-1902, Call: (703) 887-9207, *Notify Senior Program Director, On-Call Supervisor, Program Directors |
| **Gas Leak** | Call OSS Duty Engineer (703) 228-4422, Pager: (703) 217-1902. *Notify Facilities |

| | |
|---|---|
| | Manager, Senior Program Director, ON-Call Supervisor, Program Directors |
| **Injury – Medical Emergency** | Call 911, *Notify Program Directors, On-Call Supervisor |
| **Guest Disturbances – Uncontrolled** | Call 911, *Notify Program Directors, On-Call Supervisor |
| **Elevator Jammed** | Call 911, Elevator Service (301) 568-9300, OSS Duty Engineer (703) 228-4422, Pager: (703) 217-1902; Cell (703) 887-9207 * Notify Senior Management and On-Call Supervisor |
| **Death** | Call 911, * Notify Senior Management and On-Call Supervisor |
| **Theft** | Call 911, Make Report, *Notify Senior Management and On-Call Supervisor |
| **Poison** | Call 911, * Notify Senior Management and On-Call Supervisor |
| **Phones Out of Service** | DTS (703) 228-4357, Phone Comp. (800) 837-4966, * Notify Senior Management and On-Call Supervisor |
| **Fire Alarm Emergency** | Protection One Fire Alarm Monitoring<br>If alarm sounds on its own, call:1-888-868-7125; Pass Code 287 0214; Abort Code: #852<br>If problem continue, call (703) 228-4422 M-F 7:30am – 4:30pm. All other times, call Duty Engineer (703) 887-9207; * Notify Senior Management and On-Call Supervisor |
| **Fire (Any Size)** | Call 911 First, * Notify Senior Management and On-Call Supervisor |

If in your best judgment the existing procedures do not adequately cover the emergency situation and if you feel that the assistance of the Fire Department and/or Police is necessary in order to protect the safety and security of everyone in the shelter, you should immediately contact 9-1-1 and request assistance.

Once the emergency is under control, staff must contact the Director or On-Call Supervisor. Staff should then return to the established procedures.

## EMERGENCY EVACUATION PLAN

When an emergency situation arises at the shelter, the Program Director in consultation with management and staff may activate the Emergency Evacuation Procedures to ensure everyone's safety. Shelter management will notify Arlington County Department of Human

Services through its CoC Services Coordinator. Shelter staff should dial 9-1-1 in the event they are unable to contact shelter management. If the telephone service at the HSC is nonfunctional, staff can Use Company provided cell phone to make and receive phone calls.

**If the facility has to be evacuated, staff is responsible for the following:**

- Directing everyone in the shelter to leave the shelter promptly and calmly through a designated fire exit and meet in the designated assembly area.
- Staff is responsible for collecting all program logs, operations manual, all the keys, and evacuation plans. Occupants should not be in the way of emergency equipment or personnel.
- Staff to ensure that all guests has evacuated the building through a final inspection of the building if possible.
- **Any disabled person in the shelter who is unable to exit the shelter through the primary exit can use the elevator to exit with staff assistance. If the elevator is out of service, staff and emergency personnel will assist guest to exit the facility using the nearest stairwell.**
- In case of fire everyone must use the stairs and no one is permitted to use the elevator
- When everyone has been assembled at the designated assembly area, staff will conduct a roll call to determine if everyone is accounted for. Emergency personnel will be notified of anyone who has not been accounted for.
- Staff must be notified if anyone intends to leave the assembly area.
- In the event that an alternative site is needed to continue operating the program, the on-call supervisor will notify A-SPAN management/Arlington Department of Human Services who will coordinate finding an alternative site.
- No one will be allowed to re-enter the facility until emergency personnel authorize reentry.
- If possible, HSC staff will remain on site.

## FIRE DRILLS

Fire drills are done monthly, and the time of the drill rotated so that, for any three-month period, a fire drill is conducted during the morning, evening and night (false alarms DO NOT count as fire drills). The individual responsible for ensuring fire drills are completed as required and that each fire drill is documented on a fire drill record available from the Program Director.

The designated individual is responsible for review of each completed fire drill report to identify and correct any problems encountered. The designated individual will maintain these reports on file for a period of 2 years from the date it was conducted.

**Fire drills shall, at a minimum, include:**

1. Sounding of fire alarm.
2. Practice in building evacuation procedures.
3. Practice in alerting firefighting authorities.
4. Simulated use of firefighting equipment.
5. Practice in fire containment procedures.
6. Practice of other simulated fire safety procedures as may be included in the Fire Plan.

**The designated individual is responsible for:**

- Reviewing fire drill reports monthly to identify problems in the conduct of fire drills and the implementation of the fire plan.
- Consulting with local fire authorities as needed, to plan, implement and document training or other actions to remedy any problems found in the implementation of the procedures required by the written fire plan.
- Consulting and cooperating with the local fire authority to plan and implement and educational program for facility staff and guests on topics of fire prevention and fire safety.

## FIRE DRILL PROCEDURES

- Contact monitoring company approximately 5 minutes prior to the drill and inform them about the impending fire drill.
- Contact Emergency Call Center (ECC) at the non-emergency number (703-558-2222) to inform them we are about to conduct a fire drill.
- Activate a pull station to sound alarm.
- Evacuate according to procedures.
- Observe that all persons immediately leave the facility by the nearest exit. All persons exiting the facility will meet at the pre-designated meeting location.
- Review procedures for notifying the fire department (e.g. calling 911) with staff on duty at the time of the drill.
- Ensure that all doors and windows were closed upon evacuation and review purpose and procedure for fire containment.
- Reset pull station with a star wrench. Reset fire annunciator panel.
- Notify monitoring company and ECC of all-clear.

**At the completion of the fire drill, fill out a fire drill report. This report will include:**

- The facility name.
- The date and time of the drill.

- Amount of time the evacuation took.
- Specific problems encountered.
- Specific tasks completed:
- Doors and windows closed
- Head count done.
- Practice in notifying fire department
- Summary of what happened during the drill.
- The signature of the staff person conducting the drill.

If the responsible individual for conducting a fire drill designates a staff member to conduct a fire drill in his/her absence, the staff member will be oriented to these procedures and will observe at least 1 fire drill conducted prior to being permitted to conduct such a drill unsupervised.

According to Fire Marshal Protocol and Procedures, even if a guest deliberately pulls the alarm, we are **FORBIDDEN** to reset. We must have the fire company come to reset. The only time we are permitted to touch the box to reset is when we have first notified all parties of the pending fire drill.

## BOMB THREATS

**Note: If there is a bomb threat and the facility has to be evacuated, <u>do not use the fire alarm to signal an evacuation.</u>** Supervisory staff on shift will be required to write an incident report detailing the incident within 24 hours.

In the event a bomb threat is received at the facility, the following procedures should be followed:

- Call 9-1-1 and inform them of the bomb threat.
- Evacuate the building according to approved procedures. Make sure that building occupants assemble in the appropriate area (see evacuation plan).
- Once occupants are assembled, staff will notify the Program Manager, if he/she is not present, or the On-Call Supervisor, who shall inform the Program Manager. The Program Manager will notify Executive Management.
- All inquiries from the media to be directed to Executive Management.
- Occupants will not return to the facility until advised by authorities to do so. In the event of the need to evacuate the facility for a longer period of time, emergency-housing procedures will be followed. **Arlington County to advise of the plan.*
- A complete written report will be submitted on the fire drill form and given to the Program Manager / Executive Management within 24 hours.

**BOMB THREAT CHECKLIST & TELEPHONE PROCEDURE**

**INSTRUCTIONS: BE CALM. BE COURTEOUS. LISTEN. DO NOT INTERRUPT THE CALLER. NOTIFY SUPERVISOR OR OTHER STAFF WHILE CALLER IS ON THE LINE.**

Individual Receiving Call:

Time: Date: Location:

Number at which call was received:

| | | | | | |
|---|---|---|---|---|---|
| Caller's identity: | Male | Female | Adult | Juvenile | Age |
| Origin of call: | Local | Long Distance | Booth | Internal | |

| **VOICE CHARACTERISTICS:** | | **LANGUAGE:** | **MANNER**: | |
|---|---|---|---|---|
| Loud | Soft | Excellent | Calm | Angry |
| High Pitch | Deep | Good | Rational | Irrational |
| Raspy | Pleasant | Fair | Coherent | Incoherent |
| Intoxicated | Other | Poor | Deliberate | Emotional |
| | | Foul | Righteous | Laughing |
| | | Other | | |

| **SPEECH:** | | **ACCENT:** | **BACKGROUND NOISES:** | |
|---|---|---|---|---|
| Fast | Slow | Local | Trains | Bedlam |
| Distinct | Distorted | Not Local | Animals | Music |
| Stutter | Nasal | Foreign | Quiet | Voices |
| Slurred | Lisp | Race | Mixed | Airplanes |
| | | Religion | Party | |
| | | | Factory Machines | |
| | | | Office Machines | |
| | | | Street Traffic | |

PRETEND DIFFICULTY WITH HEARING – KEEP CALLER TALKING

**QUESTIONS TO ASK:** WHEN WILLIT GO OFF?

WHERE IS IT LOCATED?

WHAT KIND OF BOMB?

WHERE ARE YOU CALLING FROM?

WHAT IS YOUR NAME/ADDRESS?

## GAS LEAK

- If the leak is located at the facility, the equipment causing the leak is to be turned off immediately and unplugged if applicable. Smoking and the lighting of any material, including candles, are strictly prohibited.

- Staff is to call 9-1-1 and evacuate the building according to approved procedures. The only exception to these procedures is that windows and doors should be left open.
- The gas company is to be notified immediately.
- Occupants of the building are not to return to the facility until advised by the authorities that it is safe to do so.
- If the gas leak is not facility based, all guests and staff are to remain indoors. Guests are to remain in their sleeping areas. Visitors are to remain in the common living area on the first floor. All smoking and the ignition of any material is strictly prohibited. Cars are not to be started.
- All program activities are to cease. Windows and doors are to be kept shut and cracks in the door and window frames are to be covered with wet towels.
- The facility will remain closed until the area has been declared safe.
- Whether the gas leak is facility or community based, staff is to notify On-Call Supervisor. The Program Director or On-Call Supervisor will notify Executive Management.
- Any person exposed to gas fumes is to be immediately taken to a ventilated area. If necessary, paramedics should be called by dialing 911.
- An incident report shall be submitted per agency protocols.

## HAZARDOUS WASTE/CHEMICAL EMERGENCY

- In the event of hazardous waste or chemical emergency: Upon notification by local authorities or the media that there is a chemical emergency, staff will advise all guests to return to their sleeping areas immediately. Any non-English speaking guest will be accompanied to their sleeping area in the event that translation services are not available.
- All facility activities are to be terminated. All windows must be closed, all window fans, vents, air conditioners, etc. must be turned off and any cracks to the outside (e.g. around doors and windows) must be covered with wet towels. Only bottled water is to be used for drinking or cooking until the emergency is over.
- Once the building is secure, staff and shelter guests will remain inside the building until the emergency is over or until alternative instructions are received. Non-essential staff may leave the facility if it is safe to do at that time.
- Staff and guests are to turn to 1530 AM on available radios and/or CHANNELS 4, 5, 6, 7, 8, or 9 on television sets.
- If the Program Manager/Director is not on site at the time of the emergency, staff is to contact them or the On-Call Supervisor as soon as guests are secure in the living area. Further notifications should be made to Executive Management by the On-Call Supervisor.
- The facility will remain closed until the environment is declared safe.
- In the event that evacuation of the facility is necessary, staff will coordinate efforts with the local authorities.
- Staff will distribute face masks to all persons at the facility. Masks are stored on each unit and in the nurse's office. If face masks are not available for each occupant, wet face cloths must be used.

- All building occupants will assemble at the designated evacuation area.
- A roll call will be conducted and a list of all persons present prepared.
- A relocation site will be announced and transportation will be coordinated.
- Staff evacuating the building must take with them the Program Logs, all keys, the Operations Manual, the guest sign in/out books, emergency phone, and all guest medications. The facility must be totally secure before the last employee leaves.

Guests not at the facility during the emergency are to call the facility for instructions. If unable to reach the facility, guests are to call the Arlington County Department of Human Services (703) 228-1300. A written report must be prepared on all emergency actions taken within 24 hours by the Program Manager and sent to the Executive Management and appropriate County staff.

## NATIONAL DISASTER/SEVERE WEATHER EMERGENCIES

- In the event of a national disaster or severe weather emergency, staff will tune in to Emergency Broadcasting Stations on television and radio for current information.
- All guests of the facility will be instructed to stay in the shelter.
- Shelter guests will remain in their assigned areas until otherwise instructed. Meals will be prepared at their regularly scheduled times.
- If the Program Directors are not on site, staff must contact him/her or the On-Call Supervisor. The Program Director or On-Call Supervisor will notify the Program Manager, who will notify the Executive Management.
- In the event of an earthquake or tornado, everyone in the shelter must seek protection away from windows and preferably under large strong objects (beds, desks, etc.)
- If time permits, everyone in the shelter should move to the basement area and remain there until all clear.
- Guests not at the facility at the time of the disruption must contact the facility, if possible, for further instructions. If this is not possible, guests should take precautions to insure their safety.
- If it becomes necessary to relocate guests, the emergency housing procedures must be followed.
- Staff must prepare a written report on all actions taken and submit it to the Program Manager and Program Directors within 24 hours. Program Manager will notify Executive Management and appropriate County staff.

## PLUMBING EMERGENCY

- Staff is to ascertain the cause and condition of the problem. Staff is to notify the Arlington County Maintenance Hotline immediately (703-228-4422)

- An Out-of-Order sign is to be posted in the area. Alternative facilities are to be identified is necessary.
- Guests and staff should clean the area and keep it dry. Plastic gloves must be used in the event of a toilet back up.
- The On-Site Supervisor is to be advised of the problem. Supervisors/Managers will make any further notifications as deemed necessary.
- If the plumbing problem develops as a result of community facilities, the Water Departments should be notified and advised of the problem.
- If the plumbing emergency forces the evacuation of the building, the emergency housing procedures should be followed.
- A written incident report is to be completed and given to the Program Director and Program Manager within 24 hours of the incident. Documentation of the problem must also be made in the program log.

## ELECTRICAL OUTAGES

<u>The event of a power failure, the following procedures should be allowed:</u>

- If the power failure occurs after dusk, guests are to return to their sleeping area and remain there until further notice.
- Staff is to utilize available flashlights to review guest safety.
- All facility activities are to cease. If visitors are at the facility, they are to leave immediately.
- Guests scheduled to leave the facility for approved community activities or work may do so. All guests will be expected to return to the facility as scheduled.
- If it is determined that the power failure is not limited to the facility, contact the Virginia Power Company at 1-888-667-3000 and report the problem. Contact only after the circuit breakers has been checked.
- If the power failure lasts beyond one hour, staff is to move refrigerated items to the freezer as space is available.
- If the power failure is restricted to the facility and is not fixed by switching the circuit breakers, advise the House Manager first. If needed, contact the Program Directors or On-Call Supervisor, who will advise the Program Manager. Arrangement will be made to contact the Arlington County Emergency Maintenance Hotline 703-228-4422.
- If the power failure occurs during daylight hours, staff is to attempt to resolve the problem and guests may continue their normal activities until dusk. Daylight meals will be served as usual in the common living area on the first floor.
- If it is determined that the power outage will be for a prolonged period of time, Arlington County ECC should be notified by calling them at their non-emergency number, 703-228-4422.

## BUILDING /UTILITY EMERGENCIES

In the event that there is a loss of utility service or building problem/emergency during business hours, Staff will:

- Determine the extent and impact of loss of the utility or services and the expected duration of the interruption.
- Notify the designated individual responsible for facility maintenance, Program Director or On-Call Supervisor. If these individuals are not available, notify Office of Special Services/Office of Special Programs (OSS/OSP) as soon as possible (1-703-228-4422).
- If utility services which are vital to the facility's operation or guest services are interrupted for more than one hour, or problems with the building itself are severe enough, management will decide whether to close the shelter IN CONSULTATION WITH COUNTY DHS REPRESENTATIVES.
- If phone services are interrupted or lost, Staff must notify management immediately of the situation using the EMERGENCY CONTACT ROSTER posted and maintained at the Control Center.
- Write an incident report.

For any instances where the building or utility emergency occurs in the evening, night or weekend staff will:

- Determine if any threat or danger to guests and staff exists, if so evacuate all persons immediately and notify emergency services (refer to the EVACUATION PLAN).
- Notify the Program Director and/or On-Call Supervisor as soon as possible.
- Before placing a service call, staff should answer the question: "If I had to pay for this service call would I call now, or is there some way it could be managed until business hours?" If in your judgment calling is appropriate, do so.
- Write an Incident Report.

## EMERGENCY HOUSING

1. In the event that it is necessary to evacuate the building and seek alternate housing, the following procedures will be followed.
    a. Management will decide whether to close the shelter in consultation with County DHS Representatives
    b. The Program Manager and Program Directors will attempt to find housing for guests requiring relocation. Options include Bailey's Shelter and/or churches and hotels identified through existing agreements.
    c. Guests leaving the facility on their own should notify the Program Directors or Case Managers of their destination and how they can be contacted. Guests will be given a telephone number and will be expected to contact the program daily to be updated on the expected occupancy date of the facility.
    d. If possible, a staff member will remain on site.
    e. Before the relocation commences:
        i. Staff will ensure that all necessary individuals have been notified.

ii. Prepare a list of everyone who was present in the shelter at the time of the event.
iii. All guests leaving the facility will sign out and be given medications if appropriate.
iv. The program log, medication log, guest sign in/out log, keys, emergency phone, and computer disks will be removed.

f. Staff will be available 24 hours a day to monitor and update guests. All staff, unless already notified of their assignment, should contact the Program Manager for temporary assignment.

2. In order to anticipate the need for evacuation management will decide whether to close the shelter in consultation with County DHS designees.

## WORK REQUESTS

The following procedure will be followed when repairs, corrections, modifications, or others actions concerning the physical plant of the program are required:

- All requests for repairs will be given to the Program Director who will notify the appropriate person.
- In cases where work must be performed by Arlington County under the terms of their contract, the Arlington County Office of Support Services will be notified and requested to take necessary action to correct the facility problem by the designated individual.
- Any work performed by Arlington County will be monitored by the designated individual to completion.
- All original work orders will be retained in the files of the designated individual.

## INJURY OR MEDICAL EMERGENCY

It is policy that 911 will be called for any person, staff or guest, who needs transportation to a medical facility, regardless of severity of medical malady.

**If a guest is injured or requires emergency medical care:**

- Staff shall first determine if emergency first aid is needed. If appropriate, staff shall administer emergency first aid using gloves and following infection procedure devices.
- If available, staff shall call for back up assistance from other staff.
- If it is felt that the medical situation is life threatening, staff shall call an ambulance, dialing 9-1-1 to arrange for transportation. If possible, staff are to make copies of any medical information and/or any medical report from the guest's file and provide it to the guest or the emergency medical personnel.
- If the guest suffered an injury, after insuring the safety of the individual, staff will collect written statements from all guests, staff and visitors who were witness to the accident.
- All management will be notified of the emergency.

- After receiving authorization from management, staff shall arrange for transportation to the hospital for the guest.
- Once the guest has received the appropriate medical attentions at the facility, staff shall immediately prepare a report on the incident, using the form entitled Personal Injury Report.
- The incident will be documented in the guest's file and program log.
- The injured person should never be left alone.
- If a staff member is injured or requires emergency medical care:
- Staff shall first determine the need for emergency first aid and so administer, if necessary, following appropriate procedures.
- Transportation will be provided for minor injuries requiring prompt medical attention.
- If the incident occurs after hours, or if it is a severe emergency, call 9-1-1.
- If the staff member was injured, the area where the injury took place should be secured. Statements should be obtained from any witnesses and, if appropriate, pictures should be taken of the area. The Personal Injury Form should be completed as soon as possible.
- Appropriate management will be immediately notified.
- The Program Director or On-Call Supervisor shall call in additional staff if necessary.
- The injured staff person must submit a report, as soon as possible, to management.
- Anyone witnessing the incident must submit a report to the Program Director ASAP.

All management shall be immediately notified.

## DEATH OF A GUEST

- Staff will immediately notify the police (9-1-1).
- Staff are then to immediately notify all appropriate management and County DHS staff.
- Staff will secure the location of the guest until the authorities arrive. The personal effects of the guest will be collected and secured immediately. Any witnesses must be questioned and statements prepared.
- The Program Manager shall contact the guest's next of kin or emergency contact person.
- Staff shall inventory the personal property of the deceased. This inventory is to be signed and witnessed by staff and a copy will then be forwarded to the individual's next of kin. Arrangements for the release of all property shall be made within 7 days unless it is taken by authorities.
- The Program Manager shall prepare a written report on the death within 24 hours and give it to the Senior Program Manager. A copy will be sent to the Executive Management.
- Staff will not speak to the media to confirm, deny or comment on the guest death.
- Program specific protocols to reflect respective agency's internal policy.

## LOCATION OF GUEST RECORDS

Active guest records are maintained in the file cabinet in the Case Manager's office. The office will be locked at any time staff is not physically inside this area. Guests are not permitted in the office unless a staff member is present. Access to guest records is, in general, restricted to those staff members with a need to know. This access includes treating staff, case manager, immediate supervisors, Residential Coordinator and Program Manager/Director.

Access to records by other staff is related to function and generally consists of administrative staff archiving records or for licensure or contractual quality assurance/utilization reviews. The Program Director is responsible for ensuring proper storage and security of guest records. Inactive guest records will be locked in the filing cabinets provided for this purpose. Records of guests released from the program will be maintained per requirements of Arlington County. The administrative assistant assigned to the program is responsible for preparing the files for storage.

**If the program should cease operation, records will be transferred to administrative offices, its survivor, or to another designated program.**

## GUEST FILE REVIEW PROCEDURES

The Program Director and/or designee will review all active files on a monthly basis for the following:

- All documents signed by guest and staff
- All updates done weekly
- All areas of Program Plan referred to on update
- Intake done within 72 hours
- Guest's photo ID
- Complete case notes done weekly
- Neat and legible
- Ensure files are organized in a consistent manner
- Verifications from guest well documented
- Exit form and summary of exit conditions

**Guest files are to be maintained in the order of the case file table of contents.**

**Case File Review**

Guest Name: _____

Case Manager: _____

Date: _____

Reviewer: _____

Section 1:

| | | |
|---|---|---|
| Photo ID or Picture present | Y | N |
| Screening present | Y | N |

Comments:

---

Section 2:

| | | |
|---|---|---|
| Releases signed | Y | N |
| Face Sheet completed and signed | Y | N |
| Linen Agreement completed and signed | Y | N |
| Some Reminders completed and signed | Y | N |
| Tour and Information Sheet completed and signed | Y | N |
| Breathalyzer results present | Y | N |
| Guest Information completed | Y | N |

Comments: _____

_____

Section 3:

| | | |
|---|---|---|
| First guest contact within 72 hours of admission | Y | N |
| Individual Program Plan completed and signed | Y | N |
| Resident Contract completed and signed | Y | N |
| Mandatory Meeting Checklist completed | Y | N |
| Program Plan: | | |
| Basic needs addressed | Y | N |
| Address cause of homelessness | Y | N |
| Address income issues | Y | N |
| Referred to needed services | Y | N |
| Cover all services available | Y | N |
| Goals are general | Y | N |
| Objectives concrete | Y | N |
| Objectives refer to goals | Y | N |
| Realistic objectives | Y | N |

Comments:

---

Section 4:

| | | |
|---|---|---|
| CM Interview and/or Assessment completed | Y | N |
| Mental Health Assessment, if needed | Y | N |
| Service providers noted, including phone numbers | Y | N |
| Weekly notes present | Y | N |
| Notes address status of Program Plan objectives, If needed | Y | N |
| Other release of information | Y | N |

Comments: _____

_____

Section 5:

Program verification requirements included

| | | |
|---|---|---|
| Pay/income verification | Y | N |
| Expense/Budget forms | Y | N |
| Job contacts | Y | N |
| Savings verification | Y | N |
| Drug screenings | Y | N |
| Budget | Y | N |
| Attendance to meetings | Y | N |
| Applications for housing | Y | N |
| Warnings/rule violations | Y | N |

Comments:

_____

_____

Section 6:

Statistical and Discharge Information

| | | |
|---|---|---|
| Services noted | Y | N |

Comments:

---

Overall appearance:

| | | |
|---|---|---|
| Legible | Y | N |
| Forms in chronological order | Y | N |
| All forms present | Y | N |
| MH assessment completed | Y | N |

Other Comments:

## TELECOMMUNICATIONS DEVICE FOR THE DEAF

1. The is equipped with a Telecommunication Device for the Deaf (TDD) to communicate with hearing impaired persons. It is located in the Shelter conference room. Program Directors are responsible for ensuring personnel are trained in the operation the TDD and maintaining a copy of the complete manual for the TDD at the TDD station. In order to ensure it is functioning properly, the following must be checked:
    a. The TDD remains plugged into the power outlet.
    b. The TDD is adjacent to the dedicated phone provided for this purpose.
    c. The phone is operational and the ringer is turned on at all times.
    d. The built-in printer is turned on. There is a small slide switch to the left of the paper roll. Make sure the switch is set to the ON position so the printer will operate when the device is turned on.
    e. The TDD has adequate paper in the built-in printer.
    f. Test the TDD machine.
    g. Turn the TDD on (power switch is to the right of the TDD). The printer head should move and print a line across the paper.
    h. Observe the display line above the keyboard to see the status. The device will display READY and/or flash ANNOUNCER ON if working properly.
    i. The Program Director, or his/her designee, will be notified when paper is low or the TDD does not appear to be functioning properly. The Program Director is responsible for replacement of paper and obtaining any service to ensure operation.
    j. All personnel are responsible for the proper operation of the device, responding to any incoming call and assisting as needed to use the device to make an outgoing call.
    k. During a conversation on a TDD only one device can send signals over the line. This means you need to take turns to avoid mixing the typed signals and getting "garbage" on the display.
    l. There are a number of important abbreviations used in
2. TDD communication. In general, these will be used by persons practiced in the use of TDD. Use of these abbreviations is acceptable given that the other party responds appropriately. If the use of abbreviations confuses the caller, discontinue the abbreviation and respond in complete words.
    a. GA – Go Ahead: Enter this when you want the other person to begin typing. When generated from the other party it is a request for you to enter your next communication.
    b. Q – Question: The same as a question mark.
    c. SK – Stop Keying: Used to indicate the end of the conversation. When used by the other party the proper response to indicate the end of the conversation is SKSK. If both parties have entered SK, the conversation is over and the phone should be hung up and the TDD turned off.
    d. CUZ – Because.
    e. HD - Hold, please.

f. OIC - Oh, I see.
g. U - You.
h. UR - You.
i. CD - Could.
j. MTG- Meeting.
k. R - Are.
l. NBR - Number (also NU).
m. OPR - Operator.
n. SHD - Should.
o. TMW – Tomorrow

3. To answer a call on the TDD phone line:
    a. When the phone rings, pick up the phone receiver and say "Volunteers of America Chesapeake, Residential Program Center. May I help you?" The TDD phone number is published in many places and not all persons understand what the TDD is for. Most calls coming into the line are actually persons without a hearing problem who use the number after seeing it on an appointment card or elsewhere.
    b. If there is no immediate voice response, electronic beeps are heard, or a digitized voice message state "Hearing impaired caller, use TDD":
    c. Place the receiver in the acoustic cups with receiver cord to the LEFT (opposite of the power switch) on the TDD.
    d. Turn the TDD on (power switch is on the RIGHT side).
    e. Enter VOLUNTEERS OF AMERICA CHESAPEAKE. THIS IS (type your name) MAY I HELP YOU? GA (Go Ahead). Wait for a response and, if a response is received, handle the call as you would normally over the voice phone with the exception of using the keyboard to "talk." If there is no response over the line after 10 -15 seconds enter the line again. At the end of the conversation, or if no response comes over the line after the second entry, remove the receive rand hang it up and turn off the TDD.
4. To make a call on the TDD phone line:
    a. Turn the TDD on.
    b. Pick up the telephone receiver and place it in the acoustic cups, making sure the cord is to the left of the device.
    c. Hold down the telephone receiver button for 2 – 3 seconds and then release.
    d. Observe the TDD signal indicator to the left of the LED print display. It will glow a steady red if there is a dial tone.
    e. Dial 9, pause for 1 – 2 seconds and dial the number you wish to call on the phone.
    f. When the person called answers, start the conversation. If the person called is hearing person with a TDD, press the space bar several times to indicate the call is coming from a TDD.
    g. When the conversation is complete turn off the TDD and hang up the phone receiver.
5. When the TDD is not available:

a. In order to communicate with a hearing impaired person who has access to a TDD, but the Facility TDD is not available:
b. Call the VA Relay Center at 1-800-828-1140 and give the relay operator the number you wish to reach.
c. The operator will put caller (staff person) on hold, while attempting to make contact with the hearing impaired person. Once contact is made, the conversation will begin.
d. The relay operator will type ALL words, (including all background noises) to the hearing impaired person. There will be a short pause in between communication.
e. REMEMBER: The relay operator has to type everything that is being said, so speak slowly and clearly. The abbreviations discussed earlier (2.2) are also commonly used in this communication.

# APPENDICES

## Appendix I – Complete Intake Packet

### Arlington County Unified Shelter Welcome Letter

Dear _____,

**Welcome to the Arlington County's Unified Shelter.** You have been assigned to Room_____, Bed_____.

We are here to provide you with services and resources that will aid in your transition providing linkages to service providers for housing, employment, finances, and obtaining public benefits.

You will be assigned to a case manager to assist you in working towards housing.
Your Case Manager is _____. Please schedule your first appointment with your case manager within 72 hours.

Emergency shelter is a temporary resource to assist you in stabilizing your housing crisis. It is expected that you will maintain your appointment to begin working towards your individualized housing plan so that you can transition into permanent housing as quickly as possible.

**Please make every effort to keep your appointment**. If you cannot, contact your case manager by phone or leave a note at the front desk.

We hope your stay with us is productive and safe.

Sincerely,

Program Director

## Unified Shelter
## Intake Checklist

Guest Name: _____

The guest has completed the following paperwork:

| FORM COMPLETED | STAFF Initials |
|---|---|
| Guest Information Face Sheet | |
| Homeless Certification | |
| Job Search Guidelines (Copy given to guest) | |
| ETO Agreement | |
| Multiparty Consent for Release/Exchange of Information | |
| Emergency Contact Sheet (Copy placed in Emergency Contact Notebook) | |
| Health Assessment Questionnaire | |
| TB Screening Form | |
| Participant Agreement | |
| Smoking Policy | |
| Linen Agreement | |
| Tour & Information Sheet | |
| HIPPA Agreement (Copy given to guest) | |
| Guest Receipt of Acknowledgement Form | |

Revised (11/2018)

## Arlington County Unified Shelter
## Guest Information Sheet

Do you have a car? Yes____ No ____

Vehicle on site:

____Auto ____Truck/Van ____Bicycle ____Moped/Motorcycle

Color: _____ License Plate No. _____

**Demographic Information**

Last Name: _____ First Name: _____

Marital Status: Single ____ Married ____ Divorced ____ Separated ____

Age ____ Sex ____

Race/Ethnicity (circle one):

African American Caucasian/Non-Hispanic

Hispanic Asian Other:_____

**Geographic Origin**

DC ____ Arlington ____Maryland ____ Alexandria ____

Fairfax ____ Other Virginia ____ Other State _____

**Employment Status**

Full Time ____Part Time ____ Unemployed ____

Do you receive any of the following? (please circle any that apply)

SSI/SSDI SNAP benefits General Relief Child Support TANF

Medicaid Medicare Private Insurance (please list provider):
_____

**Reason for Shelter/Guest Characteristics**

Eviction____ Mental Illness____ Domestic Violence____ Unemployment ____

Transience____ Other Shelter____ De-Institutionalized ____

Veteran ____ Relocation____

Have you ever experienced homelessness before? Yes_____ No _____
Have you ever stayed in emergency shelter before? Yes_____ No_____

If yes, please list the name of the shelter(s) and approximate dates:
_____
_____

Have you ever received treatment for the following?

Substance Abuse Yes_____ No _____

Mental Health Symptoms Yes_____ No_____

Physical Illness Yes_____ No_____

Are you currently under the care of a counselor, therapist, mental health professional or doctor?

Yes_____ No_____

If yes, please provide brief information on the condition:
_____
_____

Name of Professional(s):
_____

**Housing Barriers**

Please list any felony and misdemeanor convictions or pending charges, as well as prior evictions, regardless of when they occurred. This information will help your case manager identify anything that could potentially cause a delay in assisting you with reaching your Individual Housing Plan goals.

| Charge | Approximate Date | Court Fees Paid |
|---|---|---|
| _____ | _____ | _____ |

_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

Are you currently on probation or parole?

Yes_____ No_____

If yes, please provide your Probation or Parole Officer's name and number:
_____

## Arlington County Unified Shelter
## Guest Agreement

**Some Reminders**

1. All guests must adhere to the Bed Bug Prevention Protocol upon program entry.
2. Please do not leave the patio doors open. It is wasteful and costly when the air condition/heating is operating.
3. Please do not touch the thermostats. They are pre-programmed at a set temperature.
4. Do not feed birds on the patio (RPC only).
5. Please do not litter. There are trash cans throughout the building.
6. Please observe the kitchen hours. The kitchen is not accessible outside of the posted hours (HSC only).
7. Please use the ash cans when smoking. Do not discard cigarette butts on the ground.
8. Do not prop doors open with anything. This includes the laundry room and the restrooms.
9. Clean up after yourself. (**Refer to Guest Handbook**)
10. Your chores should be completed daily and maintaining proper hygiene standards during your stay here.
11. **ABSOLUTELY NO SMOKING IN THE BUILDING**. It will set off the sprinkler system. This is a fire hazard. **(Refer to smoking Policy)**
12. You are expected to be working on your Individualized Housing Plan at all times, including employment and housing search. Time spent during the day in the program should be used constructive such as working to achieve goals in your Housing Plan, Job Search, Life Skills and attending other appointment necessary to improve your quality of life. **Examples**, medical appointments, meeting with your care team and other service providers. The following are the expectations while you are guest in the program begin working on identifying your housing options
    - **While in the program, the expectation is that you remain committed to and accountable for your housing plan**
    - **While there is no limit on an individual's stay in the program, the expectation is continued progress towards your housing to remain a part of the program**
    - **The expectation is to discharge you from shelter as quickly as possible because shelter is not a housing option and is intended as a last resort when faced with a housing crisis**
    - **The expectation is that all housing options are explored when working towards your housing plan**

Part of your participation in this program is to follow through on the above reminders and others as listed in the Guest handbook.

_____ _____

Guest Signature Date

_____ _____

Staff Signature Date

# Arlington County Unified Shelter
# Release for Emergency Treatment/Emergency Contact Sheet
# Guest Information Sheet

Name: _____ Date of Birth: _____

Guest's Contact Phone: _____

**Instructions**:

1. Authorization must be signed by the Guest or by the legal guardian or person responsible in cases when the Guest is physically or mentally incompetent.
2. Nearest relative or other reasonable person will be contacted, whenever possible, before seeking emergency treatment.

**Emergency Contact (Family Member)**

Name: _____ Relationship _____ Phone _____
Address: _____

**Emergency Contact (Friend)**

Name: _____ Relationship _____ Phone _____
Address: _____

In the event of an emergency and/or when legal guardian or person responsible cannot be reached, I, the above-named Guest or
(_____)
**Legal Guardian or Person Responsible for Guest** do hereby authorize the Residential Program Center or Homeless Services Center to seek such emergency treatment as is deemed necessary. Such treatment may include obtaining physician services and/or transportation to a source of emergency treatment.

Hospital Preference: _____

Physician Name: _____ Phone No._____

**I also hereby release _____ and its authorized representatives and employees from all legal liability and financial responsibility that may arise as a result of such emergency treatment.**

THIS AUTHORIZATION WILL BE VALID FOR 12 MONTHS AFTER DATE OF SIGNATURE.

_____ _____
Guest Signature Date

_____ _____
Staff Signature Date

## Arlington County Unified Shelter
## Linen Agreement

I, _____, a guest of _____Shelter Program, upon my arrival on _____, do hereby acknowledge receipt of the following items:

| **ITEMS** | **RECEIVED** |
|---|---|
| 1 Pillow | _____ |
| 1 Pillow Case | _____ |
| 2 Bed Sheets | _____ |
| 1 Blanket | _____ |
| 1 Bath Towel | _____ |
| 1 Face Cloth | _____ |

I have received the above linens in good faith and do promise to return all items upon my discharge from the Program.

_____

Guest Signature Date

_____

_____

Staff Signature Date

## Arlington County Unified Shelter
## Smoking Policy

This Notice is to inform you of the smoking policy of the Unified Shelter Program.

Smoking is not allowed within the facility at any time.

Smoking is allowed outside in the Unified Shelter Program's designated area only.

There is to be no smoking on the patio, and all cigarettes should be extinguished in the cigarette butt bins that are located in the smoking area.

Hookah, K2, cigar and pipe smoking are not allowed on the premises.

E-Cigarette use must follow the smoking rules and regulations set forth.

If you are found in violation of the smoking policy, you will be given a program warning.

**Please Note: Smoking in the building can be grounds for immediate discharge from the shelter.**

By signing below, you agree to the policy as indicated. If you have any questions, please do not hesitate to ask staff.

_____ _____

Guest Signature Date

_____ _____

Staff Signature Date

## Arlington County Unified Shelter
## TB Screening Form

Last Name _____ First Name_____ DOB ___/____/_____
Address_____City_____ZIP_____

**TB –LIKE SYMPTOMS**

**Each guest and employee in your program should be asked the following questions:**

(1) Have you had a persistent cough for over 3 weeks ( ) yes ( ) no

**Anyone answering "yes" to the question (1) should be referred for further evaluation and asked the follow up questions:**

(2) ( ) Have you been coughing up blood?
(3) ( ) Have you lost weight recently without trying to?
(4) ( ) Do you find it hard to breathe?
(5) ( ) Do you sweat at night even when the room is cool?
(6) ( ) Do you have chills even when it's warm?
(7) ( ) Do you have a fever now?
(8) ( ) Do you tire easily?
(9) ( ) Have you tested positive for TB before?
(10) ( ) Have you ever received treatment for TB before?
(11) ( ) Have you lived in country that gives TB vaccinations?

**Check here if to be referred for symptoms only: _____**
**Date of appointment for further evaluation _____/_____/_____**

**Mantoux TB**

**Skin testing done by: _____Date skin test given: _____/____/____**
**Results in millimeters: _____ Date skin test read: _____/____/____**
**Skin test read by:**
**_____**

If skin test is negative, enter "0". If skin test not read, then why_____

(1) Testing refused? (2) Previous positive test? (3) X-ray only?
(4)
Other_____
_____

**Evaluation**

Date treatment recommendation was made: _____/_____/_____
Result _____ (**1) No TB infection (2) TB infection (3) TB care (4) Old TB (5) Too suspect (6) Other**

**THERAPY RECOMMENDD: (1) one ant-TB drug (2) multiple anti-TB drugs (3) no therapy**
If no therapy was started, then, why:

_____

(1) Refund (2) prior adequate therapy (3) medically contraindicated (4) act recommended
(5) Other:

_____

## Arlington County Unified Shelter
## Tour and Information Sheet

I _____, have been given a tour of the _____
and fully understand the location of the following areas of importance:

_____ Emergency Exits
_____ Kitchen
_____ TV Lounge
_____ Designated Smoking Area
_____ Laundry Room
_____ Dorm Room/Locker
_____ Curfew & Meetings Boards
_____ Clothing Closet
_____ Emergency Evacuation Procedures
_____ Chore List
_____ Sign In/Out Log
_____ Alco-Monitor
_____ Meal Sign-up Sheet
_____ Case Manager/Staff Offices
_____ Case Managers Schedules
_____ Accessing Personal Items (medication, laundry detergent, soap)

_____ is not responsible for any personal items of guest.
_____ disclaims any liability for the loss or damage of any such property and retain the right to dispose of any personal property left by a guest for more than three days.

I have read, understand and agree to abide by the rules, guidelines and schedule in the Guest Handbook. I understand that failure to abide by rules, guidelines and schedules may result in my dismissal from the Program.

_____ _____
Guest Signature Date

_____ _____
Staff Signature Date

# Appendix II – Reasonable Suspicion Checklist

**Reasonable Suspicion Checklist Documenting the need for AOD Testing**

INSTRUCTIONS: Read one section (I, II, III, IV) at a time. If the category applies to the person, check the box to the left of the category and total the score of all checked boxes for Sections I, II, III, and IV. See the back of the form for clarification on the categories.

**1. Interpersonal Skills**

| √ | Category | Score |
|---|---|---|
| ☐ | A. Poor interpersonal relationships/estrangement from family | 1 |
| ☐ | B. Untidy area/poor personal hygiene | 1 |
| ☐ | C. Inability to save money/manage finances | 2 |
| ☐ | D. Inability to maintain employment | 2 |
| ☐ | E. Homeless recidivism | 2 |
| ☐ | F. A pattern of missed work/appointments | 2 |
| ☐ | G. Consistently in violation of program rules/policy | 3 |

*TOTAL I. SCORE:* ☐

**2. AOD Related Issues**

| √ | Category | Score |
|---|---|---|
| ☐ | A. Red Eyes/Flushed face/Dilated pupils | 2 |
| ☐ | B. Needle marks (old) | 3 |
| ☐ | C. Self report; current or past significate use | 3 |
| ☐ | D. Past involvement in Substance Abuse Treatment | 4 |
| ☐ | E. Current involvement in Substance Abuse Treatment | 10 |
| ☐ | F. Recent needle marks or abscesses | 10 |
| ☐ | G. Legal history; DWI/DIP/assault/domestic violence, possession, distribution, prostitution | 10 |
| ☐ | H. Detectable odor of alcohol or THC (marijuana) | 10 |
| ☐ | I. Previous positive results in program | 10 |
| ☐ | J. Multiple detoxifications | 10 |
| ☐ | K. Possession of alcohol, drugs, or drug paraphenalia | 10 |
| ☐ | L. Misues of prescription medications | 10 |

*TOTAL II. SCORE:* ☐

**3. Health Related Issues**

| √ | Category | Score |
|---|---|---|
| ☐ | A. Unusual pallor (unnatural lack of color in the skin) | 1 |
| ☐ | B. Unexplained bruising and/or sores | 1 |
| ☐ | C. Short term memory loss | 1 |
| ☐ | D. Excessive thirst | 1 |
| ☐ | E. Frequent accidents/head injury; seizures or weight loss not related to health issues | 2 |
| ☐ | F. Unsteady gait/slurred speech | 3 |
| ☐ | G. Unexplained sweating, feve, chills; difficulty sleeping; irritability & restlessness | 4 |
| ☐ | H. Possible Alcohol & Drug related health problems; TB, cirrhosis, HIV/Aids, pancreatitis, esophageal, Bleeding/ulcers, Hep B/C, etc. | 4 |
| ☐ | I. Suspicious use of over the counter products containing alcohol and/or other drugs of abuse | 6 |

*TOTAL III. SCORE:* ☐

**4. Behaviors**

| √ | Category | Score |
|---|---|---|
| ☐ | A. Long sleeved shirts in the summer | 1 |
| ☐ | B. Uncharateristic "munchies" | 1 |
| ☐ | C. Craving for sweets | 1 |
| ☐ | D. Unusual agitations, lethargy/drowsines | 1 |
| ☐ | E. Blank stare | 1 |
| ☐ | F. Acting depressed or isolating | 3 |
| ☐ | G. Significant legal history "other;" shoplifting, trespassing, breaking & entering, fraud | 5 |
| ☐ | H. Side-to-side eye movement (Nystagmas) [Test for PCP] | 10 |
| ☐ | I. Unauthorized absence from program | 10 |

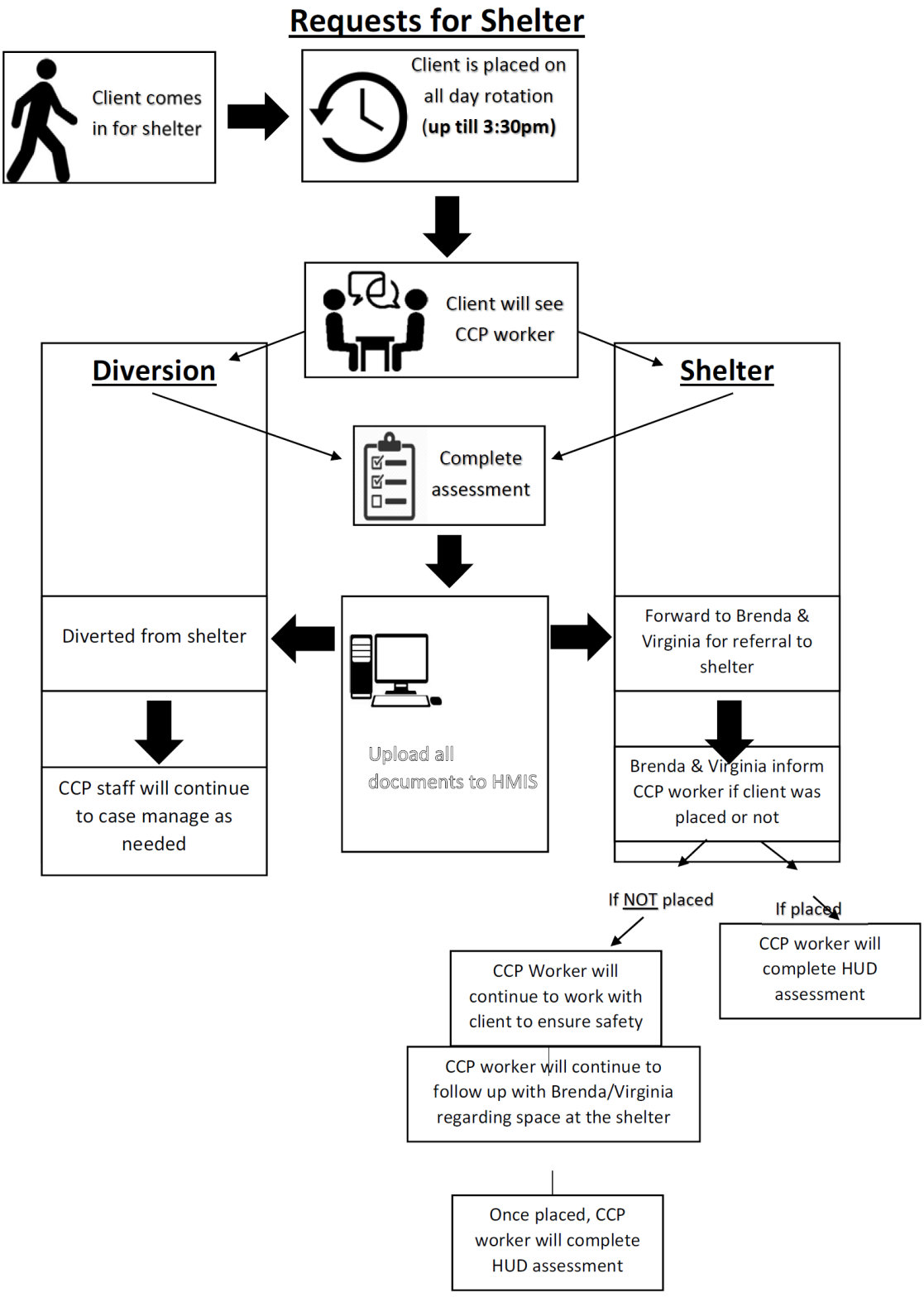
*TOTAL IV. SCORE:* ☐

**Add all *TOTAL SCORES* together and write the amount:** _____

If all four categories add up to ***10 or more***, reasonable suspicion exists for conducting a drug test.

Client Name _____ Staff Signature _____ Date _____

## Appendix III – CAS Shelter Request/Referral Process



**ARLINGTON COUNTY COC COVID-19 (CORONAVIRUS) QUICK GUIDE FOR HOMELESS SERVICES PROVIDERS**

The Arlington County CoC is providing this quick guide to its homeless providers based on the best available information as of October 2024.

## RESOURCES

***Local:*** Updates from Arlington County regarding COVID-19 can be found here. All staff and shelter guests should register for Arlington Alert here to receive free emergency alerts and information. Staff or guests with questions about COVID-19 can reach out to the COVID-19 Hotline at 703-228-7999.
***State:*** Guidance from the Virginia Department of Health for homeless shelters can be found here.
***Federal:*** Guidance from the U.S. Department of Housing and Urban Development can be found here and the CDC can be found here.

## SHELTER & DROP-IN SHOWER/LAUNDRY PROGRAMS

**All emergency shelters in Arlington County are implementing enhanced and preventive cleaning protocols outlined in the Infectious Disease Toolkit for CoCs Preventing and Managing the Spread of Infectious Disease Within Shelters. As a preventive safety precaution, all program participants and staff shall follow the guidance below, emphasizing preventive measures (screening, mask wearing, social distancing, and hand washing); health education; and vaccination.**

**Emphasis on Prevention in Shelters:**
Efforts to maintain social distancing, educate clients on the prevention and transmission of COVID-19, and provide access to vaccines and boosters in shelter should continue. Shelter staff are advised to:

- Complete COVID-19 screenings (see page 6) at intake.
- Conduct daily temperatures and general health check ins of all staff and clients for symptoms and elevated temperatures. Notify CoC nurses for any clients who report or are observed not feeling well or are symptomatic.
- Limit visitors to essential personnel and service providers during periods of high rates of community transition.
- Work with PathForward nursing staff/CoC Nursing Staff to conduct site visits for consultation and advisement on methods to maintain a focus on prevention in congregate or shared spaces.
- Encourage mask wearing and limit congregating among program participants in shared spaces.
- Provide PPE, cleaning supplies and hand sanitizer to program participants, staff and volunteers.
- Assertively engage program participants to remain diligent in communicable disease prevention efforts and work with clients to explore concerns or barriers to vaccination.
- Guidance on assisting persons who refuse preventive strategies listed above is offered on page 8.
- Refer to page 10 for additional suggestions & guidance on precautions for family shelter or other congregate spaces.

**Vaccines in Shelter:**
Shelters continue to remain the last resort option for vulnerable community members who do not have housing. To remain low barrier and Housing First, shelters cannot mandate vaccinations as a condition of their stay in shelter. And while shelter staff cannot directly ask about client's vaccine status, staff can proactively offer assistance in getting clients vaccinated. As program participants express interest in getting vaccinated, staff can

assist by capitalizing on client's motivation by providing transportation assistance to vaccine sites (found here: https://www.arlingtonva.us/Government/Programs/Health/COVID-19/COVID-19-Vaccine).

PathForward nursing staff may also reach out to providers directly to coordinate vaccine clinics should sufficient need be presented (at least 10 persons). Program staff are strongly encouraged to help clients remember and get to scheduled clinics to prevent waste of vaccine.

**Shelter Configuration to Maximize Prevention and Reduce Transmission:**
Definitions:
*Isolation:* separates sick people with a contagious disease from people who are not sick.

*Quarantine:* separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms.

**1. Maintain Routine Infection Control Practices**

- Wash hands often for 20 seconds or use hand sanitizer.
- Cover coughs and sneezes with a tissue and dispose of tissues immediately after use.
- Use appropriate personal protective equipment.
- Clean equipment.

**2.** Add additional layers of COVID-19 transmission prevention strategies

- Separate individuals by more than 3-6 feet when possible.
- Arrange beds so that individuals lie head to toe relative to each other.
- Where needed, temporary physical barriers can be created between beds, using sheets or curtains.

**3.** Isolation at shelter site: Should an outbreak occur, it may be necessary to isolate persons who are COVID positive or presumed positive at shelter locations. Determinations will be made in partnership with Arlington County staff and Public Health staff, with consultation from CoC Nursing staff.

- Designate staff member(s) to be caregivers to persons in isolation.
- Conduct wellness checks, at least daily, particularly for persons isolating/quarantining in separate rooms or units.
- Wear a surgical mask when providing direct care within 3 feet.
- Have hand sanitizer, Kleenex and waste can or bag at each bedside of the sick.
- Ensure 6 ft distance between isolating clients and non-isolating clients with a physical barrier between groups
- Increase ventilation in the facility to the extent possible.
- Call 9-1-1 for persons who exhibit serious symptoms: Trouble breathing; persistent pain or pressure in the chest; new confusion; inability to wake or stay awake; pale**,** gray, blue-colored skin, lips, or nail beds, depending on skin tone.

**Hotels may be available on a case-by-case basis and will depend on available funding and hotel vacancies.** DHS staff will work with Public Health and CoC Nursing staff to review numbers of confirmed COVID positive cases and shelter capacity at time of outbreak to explore off-site isolation/quarantine strategies as needed.

## COVID TESTING AND QUARANTINE/ISOLATION PROTOCOLS

### TESTING & ISOLATION:

- **Please note that we will not be conducting COVID testing as clients come into Hypothermia.** However, if a client comes in and reports that they are feeling sick or appear sick (coughing, sneezing, runny nose), staff should offer them a COVID test kit so that they can test themselves. Please ask to see the result and/or assist with instructions on how to do the self test.
- If the client declines to do the test or the test is negative but they have symptoms/feeling sick, please ask them respectfully to put on a mask and have them sleep at a greater distance from other clients.
- Please write their name on the Nursing Services Sign up log in the Hypothermia Medical Binder and PathForward's Nurse Practitioner will follow up with the HSC client the next business day.
- If the client does test COVID positive, staff should isolate them on the 7th floor of HSC. The three rooms directly in the back will be designated as COVID isolation rooms for Hypothermia clients.
- At HSC, any COVID positive clients on the 3rd floor will isolate on the second floor in the client rooms/classroom.
- At RPC, any COVID positive clients should be isolated using one of the conference rooms.
- **If we have more than 2 cases of COVID positive clients (shelter and hypothermia, staff should conduct shelter wide COVID testing)**

### DOCUMENTATION:

- Documentation of positive cases should be kept in the medical binder with the following information:
  - Full Name
  - DOB
  - Symptoms
  - Date Symptoms Started
  - Test Date
  - Client Contact Information
- Information should be sent to PathForward's Nurse Practitioner so that they can be reported to Arlington County Public Health.
- Used COVID self test kits should be disposed of in a regular trash receptacles.

| | COVID-19 PROTOCOLS | | |
|---|---|---|---|
| **Point of Contact** | **Prevention: Screening & Testing** | **Response for Positive Test Cases** | **Prevention: Education and Vaccination** |
| **CAS intake/ assessment** | | CCP staff will coordinate with Isolation/Quarantine hotel, CoC partner as applicable, and CoC Nursing staff. | All clients will be notified and encouraged to connect with shelter staff for information on how to schedule a COVID-19 vaccine. |
| **Intake/Initial Program Entry** | All clients will be screened for COVID-19 symptoms or contacts (see attached screening tool). | Follow Isolation at Shelter Site guidance if confirmed positive test result. | Offer information regarding scheduling a COVID-19 vaccine. If the client is not interested or say they have been vaccinated but don't show their card voluntary, |

| | | | |
|---|---|---|---|
| | Shelters will maintain an isolation/ quarantine space for clients who aren't interested in or do not voluntarily show their vaccination cards until a rapid antigen test can be completed. | | please place them in a isolation/quarantine space until a screening test can occur. |
| **Ongoing** | Monthly testing will occur for all clients, unless there has been a positive test or someone presents with symptoms at which point testing will occur weekly.<br><br>Intake screening questionnaire (see attached) should also be utilized for any extended leave guests from shelter (overnight/passes) and when clients present with symptoms. | Follow Isolation at Shelter Site guidance (above) if confirmed positive test result. | Ongoing case management should include discussions about health, prevention (vaccination, mask wearing, social distancing, and hand washing), and COVID-19 resources.<br><br>Staff and clients should have up-to-date information regarding COVID and relevant variants. |

**STAFF & VOLUNTEER SAFETY**

- All staff should wear masks at work. (Contractors in Arlington County buildings must follow County mandates).
- Practice social distancing (people should be 6 feet apart). Adjust physical work spaces and tables to ensure this can occur.
- Staff or volunteers who are exhibiting symptoms should stay home.
- Staff or volunteers who become sick at work should go home.
- Staff that can work remotely should do so according to the organizations HR policy.
- Working in shifts or working different hours may help to reduce the amount of staff in the same place at the same time.
- Educate and inform all staff and volunteers on current COVID-19 impacts and relevant variant information.

**Graphics / Posters / Signage from the National Institute of Health**

**Please post prominently in each emergency shelters for staff and guests.**

Website: https://ors.od.nih.gov/mab/Pages/COVID-19-Resources.aspx

## NEW CLIENT COVID-19 SCREENING PROTOCOLS QUESTIONNAIRE

**Name: _____ Intake Date:_____**

**Do you have any of the following:**

| | YES | NO |
|---|---|---|
| **Fever or chills** | | |
| **Fatigue** | | |
| **Sore throat** | | |
| **Nausea or vomiting** | | |
| **Congestion or runny nose** | | |
| **Muscle or body aches** | | |
| **New loss of taste or smell** | | |
| **Shortness of breath or difficulty breathing** | | |
| **Cough** | | |
| **Headache** | | |
| **Diarrhea** | | |
| | | |

**Have you had any close contact in the last 14 days with anyone with COVID-19? YES_____ NO____**

**We highly encourage everyone to get a COVID-19 vaccine. We can assist in getting you to and from the vaccination site. Are you interested? YES ____ NO____**

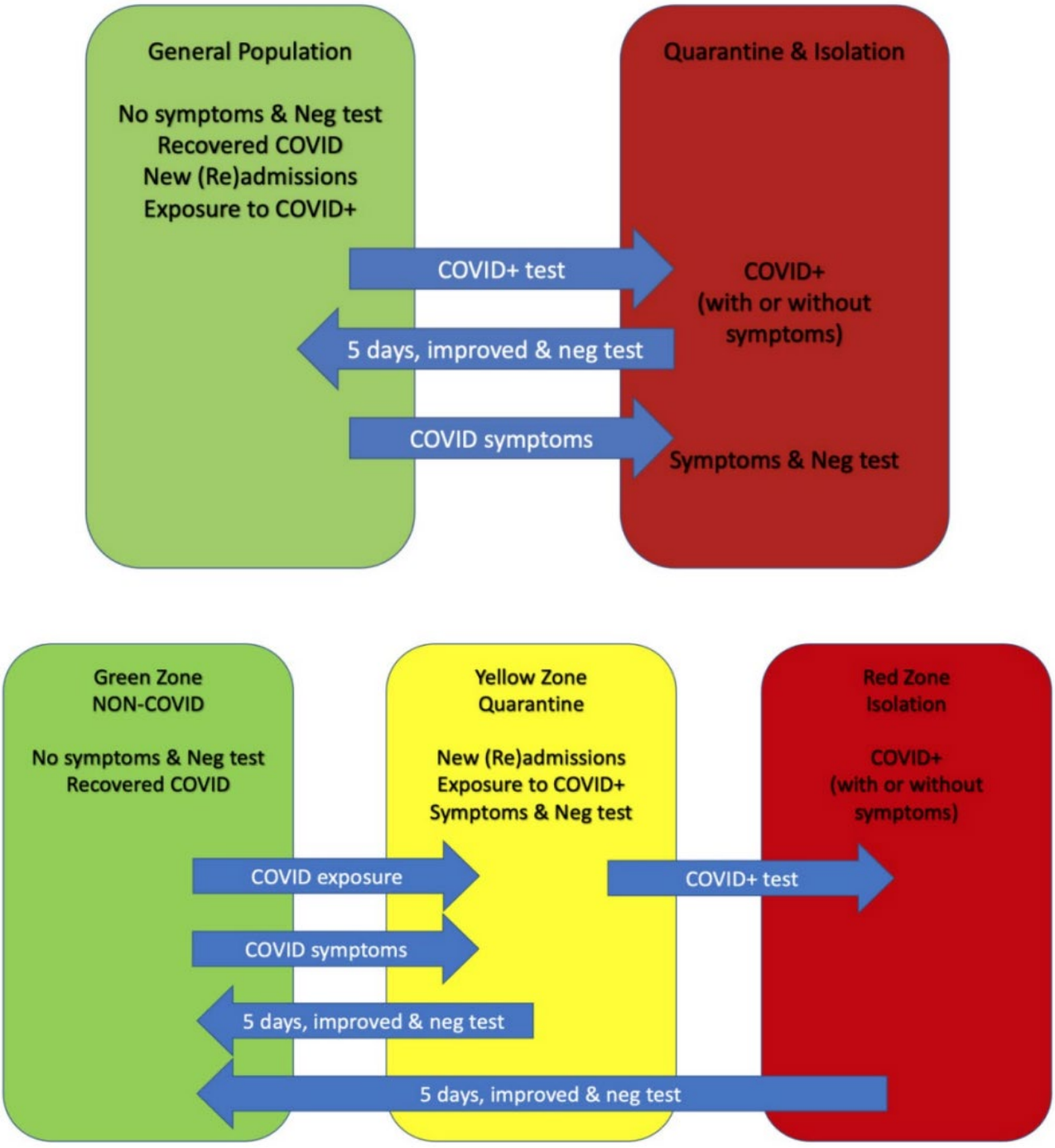
**If the client is not interested or say that they have been vaccinated BUT do not show their vaccination card voluntarily, please place them in a quarantine space.**

**If the client VOLUNTARILY shows their vaccine card, they can be placed directly in the shelter bed.**

Staff Name (completing the intake)

_____

**Examples of Isolation Strategies (Two Zone vs Three Zone)**




Source and additional information about this approach to on-site isolation can be found here: [COVID-19 Planning & Response for Homeless Assistance Providers Office Hours - January 7, 2022 - HUD Exchange]

**Additional suggestions or considerations for family shelter or congregate spaces:**

- Consider limiting number of people/households in laundry spaces. Time in the laundry area should be brief and limited to loading clothes in the washer and dryer or unloading clothing form the dryer. Folding should be done in a person's room or unit.

- Consider limiting number of people/households accessing enclosed, pantry spaces at any given time.

- Limit occupants of shared sleeping spaces (1-bedroom units or individual rooms) to one family or 2 single, un-related individuals. Bedrooms should allow for a head to toe sleeping arrangement.

- For 2-bedroom apartments, limit occupants to one family or 4 single, un-related individuals. Each bedroom should still be limited to 2 single individuals with a head to toe sleeping arrangement. Try to limit the number of un-related individuals in each apartment as much as possible.

- For shared or common bathrooms, ask people to wipe down the sink, surfaces, and spray down the shower after use. Provide Lysol spray (or equivalent) and Lysol wipes (or equivalent) to clients.

- In shared or common kitchens, consider limiting number of people using the space at any given time. Consider scheduling or asking people/families to sign up for kitchen/meal times. Individuals should wipe down kitchen surface after use and place dishes in dishwasher or hand wash as soon as possible after use.

- For child enrichment spaces, limit interactions as much as possible. Consider limitations to the number of children or families who can use the space at the same time or utilize social distancing to the extent possible by moving tables and chairs to designated spaces. Children over the age of 2 should be encouraged to wear masks at all times in these enclosed spaces.

Consult with CoC Nursing staff to review any specific recommendations for isolation/quarantine needed as questions arise.