**Monroe County Isolation Shelter**

**for**

**Hoosiers Experiencing Homelessness and COVID-19**

**Operational and Guest Handbook**

**Address TBD**

**Phone Number 812-391-5527**

**FAX TBD**

**TABLE OF CONTENTS**

|  |  |
| --- | --- |
| 1. Program Establishment and Mission | 3 |
| 1. Guest Intake Guidelines/Instructions | 4-5 |
| 1. Guest Intake Procedure: Security | 6 |
| 1. Guest Intake Procedure: Triage | 7 |
| 1. Guest Discharge | 8 |
| 1. Health and Safety Precautions | 9 |
| 1. Medication Storage and Administration Policy | 10 |
| 1. Substance Use Policy | 11 |
| 1. Guidelines for Maintaining Consistency | 12-13 |
| 1. Staffing and Hours of Operation | 14-15 |
| 1. Phone Check-Ins on Guests | 16 |
| 1. What Guests Can Expect from Us | 17 |
| 1. Expectations of Guests | 17 |
| 1. Incident Reporting | 18 |
| 1. Pet Protocol 2. Transportation Proposal 3. Food Proposal 4. Cleaning Proposal 5. Appendix Guide | 20  20  21  22  23 |
| 1. Appendix A: Phone Referral | 24-25 |
| 1. Appendix B: Triage Assessment | 26-27-28 |
| 1. Appendix C: Inventory Sheet | 29-30 |
| 1. Appendix D: Incident Reporting | 31-32 |
| 1. Appendix E: Guest Handout | 33-34 |
| 1. Appendix F: Telephone and Network Plan | 35 |

**Program Establishment and Mission**

The Monroe County Isolation Shelter for Hoosiers Experiencing Homelessness and COVID-19 (“Isolation Shelter”) is established at the direction of the Indiana State Department of Health (“ISDH”) and the Division of Mental Health and Addiction (“DMHA”) as part of Indiana’s efforts to respond to a public health disaster emergency. The Isolation Shelter is a joint venture between four Partnering Shelter Organizations (Shalom Community Center, Middle Way House, Wheeler Mission, and New Hope for Families), the United Way of Monroe County, the Monroe County Health Department, the South Central Housing Network, and others. The Recovery Site is designed to provide a safe, voluntary isolation option for people experiencing homelessness in Monroe, Morgan, Martin, Lawrence, Owen, and Greene counties and who are in need of a safe space to recover from COVID-19.

The purpose of this program is to promote the health and safety of the guests in its care, the staff and volunteers of the program, and our community as a whole. This program is established in accordance with Executive Order 20-02, which declares that a public health disaster emergency exists in Indiana attributable to COVID-19 and orders all health care providers to “cooperate with the ISDH in its response to the public health disaster emergency and the implementation of this [EO 20-02].” As such, this program and those carrying out the functions of this program are subject to the immunity granted by various state and federal statutes, including, but not limited to, Indiana Code 10-14-3-15and Indiana Code 34-30-13.5 *et seq*.

This program’s primary purpose is to minimize transmission of the virus while monitoring the health of its guests in order to ensure guests are either (1) safely isolated until they are appropriate for discharge, or (2) safely transferred to a hospital if symptoms warrant hospitalization.

During the guest’s stay in the program, Isolation Shelter staff will work with the guest to ensure their basic needs are met and that they have a safe place to go upon discharge.

**Guest Intake Guidelines/Instructions**

**Appropriate Referral Sources**

Hospital and hospital emergency department, outpatient clinics serving target population, Monroe County Health Department, and Directors from one of the four Partnering Shelter Organizations may call the following phone number: 812-391-5527

**Referral Criteria**

* Individuals experiencing homelessness and diagnosed with COVID-19 by health care professional, but not meeting medical criteria for hospital admission.
* Individuals experiencing homelessness and awaiting COVID-19 test results (test must have been ordered by health care professional), but not meeting medical criteria for hospital admission.
* Individuals experiencing homelessness who have been diagnosed with COVID-19 by health care professional and meet medical criteria for hospital discharge but are still required to isolate.
* Individuals over 18 years of age or in the custody and care of a parent or guardian over 18 years of age or legally emancipated.
* All Guests must be referred by hospital, emergency department, outpatient clinic that serves target population, or Monroe County Public Health Department, and one of the four Partnering Shelter Organizations
* At the time of referral, program staff/volunteers must be notified whether any family members will be accompanying the Guest to the intake and for the quarantine duration.
* Guest participation and stay is voluntary.

**If ANY of the following are present, the Guest may not come to the ISOLATION SHELTER**

* Unable to ambulate or complete activities of daily living
* Meeting criteria for grave disability
* Stating unwillingness to comply with isolation in single room for requested duration (partner and children < 18 years of age in guest’s custody and already exposed to guest may stay with guest)

**If ANY of the following are present, the Guest may not stay at the ISOLATION SHELTER** as he/she may require the services of an Emergency Department. If during intake at the ISOLATION SHELTER, anything noted below, 911 ambulance response will transport to closest emergency department:

* Unconscious
* Evidence of Physical Trauma
* Needing hospital level of care
* Blood Pressure
  + Systolic greater than 200 or less than 80
  + Diastolic greater than 120 or less than 50
* Pulse greater than 150 or less than 40
* Respirations greater than 30 or less than 10
* Thoughts of harming self or others
* O2 Sat >93% on room air

**If Guest is deemed appropriate from above, the referring provider MUST call the the ISOLATION SHELTER at 812-391-5527** **and speak with staff to give a brief summary BEFORE referring to the ISOLATION SHELTER. We will reserve a bed at that time.**

* Please note the isolation shelter is not a medical facility. If the individual is experiencing a serious medical complaint, emergency, or any other of the above listed issues, they need to receive medical care and can then be referred to the Isolation Shelter.
* The Isolation Shelter Triage Center will take referrals from 8AM to 6PM Monday through Friday and Saturday and Sunday 10AM to 2PM.

**We are located at ADDRESS TBD. Phone number is 812-391-5527**

**Guest Intake Procedure: Security**

Hired staff will provide security for the Isolation Shelter..

Procedure

When Guests arrive, they will be greeted and asked to place their belongings on the counter. Guests will empty pockets and place valuables in a basket. Security will wand Guests down or perform a pat down if wand is unavailable and ask Guests to open bags and do a visual inspection. Security will ask for the guest to declare any knives, blades, or firearms. These items will be placed in a secure area and Guests can retrieve these items when they exit the Isolation Shelter.

**Guest Intake Procedure: Triage**

Triage Hours

* Monday through Friday, 8AM to 8PM with no admissions after 6PM
* Saturday through Sunday, 10AM to 4PM with no admissions after 2PM

Triage Staff

Triage Staff will operate during the stated hours of Triage operation. Triage Staff allow additional support and assessment of guests in distress, especially as this distress relates to high risk behaviors.

Triage Procedure during Triage Hours of Operation

After security has cleared Guest, Isolation Shelter staff will explain Isolation Shelter guest expectations verbally and guest will indicate verbal acceptance of the expectations. The verbal acceptance of rules will be noted by the Triage Staff. If Guest does not agree to our expectations, they will not be allowed housing at the Isolation Shelter.

Staff will take Guest’s vital signs and inventory Guest’s property using the inventory sheet. If the guest does not have sufficient clothing, housing staff will acquire replacement clothing to be used while at the Isolation Shelter. Guest will then be shown to their room.

Staff will show Guest around their room and help Guest complete their intake remotely.

Guest’s property will be taken to the laundry room dryer and will be heated to a temperature greater than 117 degrees for 15 minutes. Property will then placed in a bag and returned to the guest’s room.

All Guest clothing and property will be treated with respect at all times during Guest’s stay at the Isolation Shelter.

Triage Procedure outside of Triage Hours of Operation

Outside of triage hours of operation, phone screens will continue through (###) ###-####. If meeting program criteria, staff will schedule intake time for the next business day.

**Guest Discharge**

Discharge Criteria:

Current CDC guidelines as interpreted by local public health authorities will be followed to determine discharge criteria.

Exit Procedure:

At the completion of isolation, the staff may provide Guest a letter that they have successfully completed isolation due to COVID-19 to help them enter a shelter or other housing option.

All of the Guest’s property will be brought to Guest by staff. If the Guest has any weapons that were secured, security will escort Guest to the front door of the Isolation Shelter and hand them the weapon when the Guest is outside.

Guest Self-Discharge Before Completing Isolation

If a Guest self-discharges from the Isolation Shelter before completing isolation, staff will return all Guest property in storage. They will be made aware that upon leaving the program the Monroe County Health Department and any other appropriate authorities will be notified of guest self-discharge.

When a guest self-discharges, it will be within the discretion of the Isolation Shelter staff to allow readmission, but that readmission is not guaranteed and individuals leave at their own risk.

Guest Transportation at Discharge

The staff will work with the Guest to obtain transportation from the facility.

**Health and Safety Precautions**

* Isolation Shelter staff will report to triage at beginning of shift to take temperature and self-screen per COVID-19 protocols.
* All program staff will enter and exit only through the “B” exit.
* All program staff will complete safety training for how to handle emergencies (i.e., fire, tornado) before the start of their tenure at the Isolation Shelter.
* All program staff must watch the following video on the appropriate donning and doffing of PPE before start at the Isolation Shelter: <https://youtu.be/oxdaSeq4EVU>
* All staff and volunteers in contact with Guests should wear Personal Protective Equipment during any face-to-face interactions with Guests per current CDC recommendations.
* All shared spaces must be sanitized between Guests, at the beginning of shifts, at the end of shifts, and regularly throughout the day.
* If a staff begins to exhibit symptoms congruent with COVID-19, they should immediately inform the Isolation Shelter supervisor. The supervisor and staff will determine appropriate next steps.

**Medication Storage and Administration Policy**

**Purpose:** To set a standard for how medication is stored and administered at the Isolation Shelter..

**Policy:**

* Medication Storage:
  + All Guest prescribed medications will be kept with Guest in their rooms
    - This includes rescue inhalers, epi pens, etc.
  + No staff will keep any prescription medication on person or at staff desk
  + Prescription/Controlled Medications may only be administered by RN’s. OTC Medications may be given by Staff according to dosing on packaging.

**Substance Use Policy**

Upon arrival. Guests will be asked if they would like to enroll in Harm Reduction services.

Harm Reduction strategies for those suffering from Substance Abuse Disorders will be managed by the Indiana Recovery Alliance (IRA). Volunteers from the Indiana Recovery Alliance will regularly visit the Isolation Shelter to provide syringe access and disposal and Naloxone distribution.

Guest physician will provide prescriptions for Suboxone and Naltrexone as needed.

For those enrolled or wishing to enroll in Medication Assisted Treatment:

Staff will assist Guest in enrolling in medically assisted treatment through Clean Slate or other appropriate providers.

**Guidelines for Maintaining Consistency**

The following staffing guidelines will be in place to ensure safety and continuity of care:

* Guest schedule
  + Smoking:
    - Guests may not smoke in their rooms. Smoking in a Guest room may be grounds for removal from the Isolation Shelter.
    - Smoking will be allowed on the Smoking Patio. Guests may call the front desk to schedule a time to smoke. Guests will be allowed to enter the smoking patio one at a time and social distancing of ten feet will be observed at all times.
    - Guests with children in their care may bring their children with them to the Smoking Patio, but it is the Guest’s sole responsibility to ensure their child(ren) maintain social distancing at all times.
    - Nicotine replacement products will be offered to those who wish it.
  + Food:
    - Guests are encouraged to minimize the amount of outside food purchased for delivery.
    - Delivery meals will be allowed from 8am—8pm Daily.
    - Scheduled meal and snack times are to be closely followed.
    - Guests will receive 3 meals a day provided by Isolation Shelter staff
    - Meals will be placed outside of the rooms between the following times
      * Breakfast: 7AM to 8:30AM
      * Lunch: 11:30PM to 12:30PM
      * Dinner: 5PM to 6PM
    - At each meal time Guests will be provided bottled water, Gatorade, and a healthy snack.
    - Guests with young children may request food to meet their children’s needs. Reasonable accommodations will be made.
* Guest’s Room: **It is the expectation that all rooms will be kept clean and in good repair**
  + Guests should bring only the items necessary for the duration of their stay at the Isolation Shelter.
  + Doors will remain closed to Guest’s rooms at all times
    - Guests will not have a key to the room. The room can only be accessed by staff.
    - No Guests should leave a room without permission of the Isolation Shelter housing staff.
  + Guest will answer telephones calls, as this is the way in which Isolation Shelter staff will check on Guest status
    - Guests will only use the room phone for 20 minutes at a time
    - No long-distance calls can be made
    - Check-ins will be completed by phone or in-person a minimum of every 3 hours on day shifts.
    - Guests can contact staff by calling the front desk.
    - In the event of a life-threatening emergency, guests should notify 911.
* Guest Hygiene
  + Guests will be given hygiene products.
  + If additional hygiene products are needed, Guests will call the front desk
* Laundry and Linen Procedures
  + If laundry service is needed, the guest can call the front desk.

**This list is not exhaustive, and situations not listed will be handled at the discretion of staff.**

**Staffing and Hours of Operations**

* Whenever feasible, the following staffing guidelines will be in place to ensure safety and continuity of care:
  + 2 staff members seven days a week 24 hours a day
  + 1 triage staff Monday through Friday 8AM to 8PM with no admissions after 6PM Saturday through Sunday 10AM to 4PM with no admissions after 2PM
  + 1 “on-call” case manager from the Shalom Community Center and one from New Hope for Families will be available via phone Monday through Friday 8AM to 4:00PM
  + “Runners” will be used each shift to help with supplies.
  + Staff will assist guests in reaching their primary care providers. If the guest does not have one, staff will seek consent to contact HealthNet Monroe County.

**Phone Check-Ins on Guests**

Procedure:

Isolation Shelter staff will complete Guest check-ins at least every three hours during the day to ensure all Guests at the Isolation Shelter are accounted for and not in distress or in need of medical care. The Guest check-in sheet will be completed after each check-in and turned into the Isolation Shelter Director daily.

**What Guests Can Expect from Us**

While here at the Isolation Shelter Guests can expect the following things from staff:

1. To be treated with respect by all
2. To be safe and free from harassment and violence
3. To have food, beverages, and toiletries provided during their time at the Isolation Shelter
4. Checks by staff throughout the day to ensure their safety and well being

**Expectations of Guests**

See Appendix E

**Incident Reporting**

All significant incidents will be documented and reviewed. Significant incidents may include adverse events, serious illnesses, injuries, deaths, alleged cases of abuse, neglect, and/or exploitation.

Incidents will be managed with the purpose of minimizing damage to people’s physical and psychological wellbeing.

*Procedure*

1. All necessary steps are followed to prevent incidents or adverse events. In the event of an incident or adverse event that caused injury, the first procedure will be to seek prompt emergency care or law enforcement response.
2. All incidents are documented by use of the Incident Report form and provided to leadership team.
3. Incidents include but are not limited to:
   1. Death
   2. Fire
   3. Drug/police raid
   4. Suicide/suicide attempt
   5. 911 call (police/fire dept./paramedics/other)
   6. Drug overdose
   7. Severe medical illness/emergency
   8. Severe psychiatric illness/emergency
   9. Sexual assault
   10. Death threat or serious expressed threat of physical harm
   11. Act of violence
   12. Abusive behavior
   13. Accident
   14. Medication problems, medication use errors, adverse drug reaction
   15. Other problematic events
   16. Child abuse or neglect
4. Incident reports and Injury/Illness reports are to be completed as soon as the situation occurs or is discovered.
5. The Family Case Manager should be consulted in instances of suspected child abuse or neglect.
6. Completing an incident report does not relieve staff of their responsibility to take other active steps in resolving or reporting an incident.

**Pet Protocol**

As of the time of proposal submission, pets will not be allowed at the Isolation Shelter.

**Transportation Proposal**

Two Vans or Vehicles will be obtained for the Isolation Shelter.

**“Dirty” Vehicle**

One “dirty” vehicle will be utilized strictly for transporting qualified Guests from the referring Hospital or Clinic to the Isolation Shelter. Staff will drive the vehicle in full PPE to pick up the Guest. Disinfection and Sanitation of the van will be performed after each use.

**“Clean” Vehicle**

A second “clean” vehicle will be designated for pickup of food donations and for transportation of Guests who qualify for discharge. It will not be used for Guests who self-discharge before they have met the recommended symptom guidelines for discharge.

**Food Proposal**

**Option 1: Meals Donated from Community Kitchen**

Community Kitchen will donate two meals a day, six days a week to the Isolation Shelter. Other community organizations are being explored to provide daily breakfast and meals on Sundays for the Recovery Site Guests.

**Option 2: Contracting a Catering Company (OneWorld, IU Catering, Other)**

Using the funds from the FSSA Grant, we will contract a catering company in the Monroe County area to provide three meals a day, seven days a week for the Guests.

**Option 3: Using the Kitchen at the Hotel**

If the location of the Isolation Shelter has a working kitchen and kitchen staff, meals will be prepared in-house.

**Cleaning Proposal**

**Isolation Shelter Staff** will clean Guest rooms after their discharge. Cleaning/Disinfecting of common spaces will be maintained by the House Staff. At the time of closure of the Isolation Shelter, a Professional Cleaning Service will be contracted for remaining decontamination needs.

**APPENDIX**

Appendix A: Phone Referral

Appendix B: Triage Assessment

Appendix C: Inventory Sheet

Appendix D: Incident Reporting

Appendix E: Guest Handout

Appendix F: Phone and Network Plan

**Appendix A: Phone Referral**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_Time call received: \_\_\_\_\_\_\_\_\_\_\_ETA: \_\_\_\_\_\_\_\_\_\_\_\_\_Room # held: \_\_\_\_\_\_\_\_\_\_\_\_

Agency/Hospital Referring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dept. (ex: ED, inpatient)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name and job title of person referring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information of person referring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_ Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_Guest Gender: \_\_\_\_\_\_\_Language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COVID-19 Testing Status and Reason for Referral:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ROI faxed to us at **317-243-1010**?: **Y / N** Telephone # for Lab\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Substance and Mental Illness Needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last substance/alcohol use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Is Guest in active withdrawal? Y / N
* Guest able to ambulate and care for themselves? Y / N
* Has Guest showered in last 24 hours? Y / N / Unsure
* Does the Guest use: walker/wheelchair/cane? Y / N
* Is the Guest having homicidal or suicidal thoughts? Y / N
* Does the Guest report that they are on the sex offender registry? Y / N
* Is the Guest supposed to be on medications? Y / N
  + Does the Guest have access to medications? Y / N
  + Does Guest have minimum of 14-supply of medications will obtained from referring provider? Y / N
  + Is Guest coming with hospital discharge instructions? Y / N
  + Is Guest coming with all needed medical supplies (e.g., bandages for wound care)? Y / N
  + If Guest has diabetes, are they coming with a glucometer? Y / N
  + Can Guest self-administer medications? Y / N
* Will Guest come with a pet? Y / N

**Meets Requirements: Y / N**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix B: Guest Intake Form**

TIME OF ARRIVAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BED ASSIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GUEST NAME**: | |  | |  | | |  | |  |
|  | | FIRST | | MIDDLE | | | LAST | | SUFFIX |
| **SSN** \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | **BIRTH DATE**: \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **SEX OFFENDER REGISTRY Y / N WHO VERIFIED?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| **Assessment Date (program start date):**  \_\_\_\_\_ /\_\_\_\_\_/ \_\_\_\_\_\_\_\_  **Anticipated Discharge Date:** \_\_\_\_\_ /\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Intake Worker:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **SSN** \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **BIRTH DATE**: \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Vital Sign/Allergy Information:** | | | | | | | | | | | |
| Height (Reported) | | | | |  | | | | | | |
| Weight (Reported) | | | | |  | | | | | | |
| Blood Pressure at Intake (Measured) | | | | |  | | | | | | |
| Heart Rate (Measured) | | | | |  | | | | | | |
| Respirations | | | | |  | | | | | | |
| O2 Sat | | | | |  | | | | | | |
| Allergies (food and/or medication) | | | | |  | | | | | | |
| PRIMARY CARE PHYSICIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PSYCHIATRIST/PSYCHOLOGIST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  AGENCY/COMMUNITY MENTAL HEALTH CENTER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **SELF-IDENTIFIED GENDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
| **Primary Race** | | | | | | | | | | |
| American Indian or Alaskan Native | | | | | | | | White | | |
| Native Hawaiian or Other Pacific Islander | | | | | | | | Asian | | |
| Black or African American | | | | | | | |  | | |
| **ETHNICITY:** | Hispanic/Latino | | Not Hispanic/Latino | | | | | | | |
| **Please list any current medications you have/should be taking:**  Medication Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has?(Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medication Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has?(Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medication Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has?(Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medication Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has?(Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medication Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has?(Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medication Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has?(Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medication Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has?(Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medication Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has?(Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Does Guest need help administering any medication?  Yes- Which one(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No | | | | | | | | | | |
| HOUSING SITUATION **(at program entry)** | | | | | | | | | | | |
| **living situtation last night** (night before program entry)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Length of STAY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | |
| **Substance Use**  Have you used any substances in the last 72 hours?  Yes  If Yes, list substances, amount, and frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Are you at risk of withdrawal while you are here?  Yes  If Yes, substances from which withdrawal is expected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Have you ever experienced seizures as a result of withdrawal?  Yes  If Yes, substances causing withdrawal seizures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Are you currently using any nicotine products?  Yes  If Yes, frequency and amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Are you interested in receiving Nicotine Replacement Therapy?  Yes  No | | | | | | | | | | | | |
| **Suicide/Homicide**  Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. In the past week, have you wished you were dead, or wished you could go to sleep and not wake up?  Yes  No  Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent or plan. In the past week. have you had any actual thoughts of killing yourself?  Yes  No  Suicide Behavior Question: Have you ever done anything. started to do anything. or prepared to do anything with any intent to die? Examples: Attempt: Took pills, shot self, cut self, jumped from a tall place; Preparation: Collecting pills, getting a gun, giving valuables away, writing a suicide or goodbye note, etc.) If YES, ask: How long ago did you do any of these?  o More than a year ago? o Between a week and a year ago? o Within the last week?  Yes  No  Has Guest ever tried to kill anyone outside of combat duty:  Yes  If yes, please describe situation and when it occurred:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Any current thoughts of harming another person?  Yes  If yes, does Guest have:  Plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Means (How homicide will occur):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If Guest demonstrates risk behavior based on above behavior, Guest cannot remain at the ISOLATION SHELTER and may need emergent/crisis intervention. | | | | | | | | | | | | |
| **Mental Health**  What mental health symptoms/issues of which we should be aware while you are at the ISOLATION SHELTER? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How does Guest manage these symptoms (Medications/therapy/etc.- Describe management for every symptom endorsed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **Do you have any special needs while you are here?** | | | | | | | | | | | | |

STAFF COMPLETING INTAKE: DATE:

**Appendix C: Inventory Sheet for Items in Storage**

**Instructions:** Staff completes with Guest upon admission. The Staff and Guest Sign. Guest is given a copy. File in the Guest’s record.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GUEST’S NAME:** | | | **DATE OF ADMISSION:** | | |
| **CLOTHING/BASIC ITEM LIST** | | | | | |
| **NUMBER** | **ITEM** | **DESCRIPTION** | | | **D/C** |
|  | **Contact Lenses** |  | | |  |
|  | **Dentures** |  | | |  |
|  | **Eye Glasses** |  | | |  |
|  | **Hearing Aid** |  | | |  |
|  | **Jewelry** | **List All Items:** | | |  |
|  | **Watch** |  | | |  |
|  | **Cash** |  | | |  |
|  | **Checkbook** |  | | |  |
|  | **Credit Card** | **Type, Last 4 Digits:** | | |  |
|  | **Bathrobe** |  | | |  |
|  | **Belt** |  | | |  |
|  | **Brassiere** |  | | |  |
|  | **Coat** |  | | |  |
|  | **Dress** |  | | |  |
|  | **Gloves** |  | | |  |
|  | **Handkerchief** |  | | |  |
|  | **Hat** |  | | |  |
|  | **House Coat** |  | | |  |
|  | **Necktie** |  | | |  |
|  | **Nightgown** |  | | |  |
|  | **Pajamas** |  | | |  |
|  | **Pants** |  | | |  |
|  | **Pantyhose** |  | | |  |
|  | **Shirts** |  | | |  |
|  | **Shoes** |  | | |  |
|  | **Skirts** |  | | |  |
|  | **Slippers** |  | | |  |
|  | **Slips** |  | | |  |
|  | **Socks** |  | | |  |
|  | **Suit** |  | | |  |
|  | **Suspenders** |  | | |  |
|  | **Sweater** |  | | |  |
|  | **Undershirt** |  | | |  |
|  | **Underwear** |  | | |  |
|  | **Vests** |  | | |  |
|  | **Other** |  | | |  |
|  | **Other** |  | | |  |
|  | **Other** |  | | |  |
| **MICELLANEOUS ITEMS** | | | | | |
| **NUMBER** | **ITEM** | **DESCRIPTION** | | **RETAINED BY GUEST?** | |
|  | **Brush** |  | |  | |
|  | **Cane/Crutches** |  | |  | |
|  | **Clock** |  | |  | |
|  | **Computer (model and serial number)** |  | |  | |
|  | **Luggage** |  | |  | |
|  | **Radio** |  | |  | |
|  | **Television (model and serial number)** |  | |  | |
|  | **Walker** |  | |  | |
|  | **Wheelchair (model and serial number)** |  | |  | |
|  | **Other** |  | |  | |
|  | **Other** |  | |  | |
|  | **Other** |  | |  | |
| Notes: | | | | | |

I have participated in the development of this list and agree that this is an accurate list of my belongings:

Guest Name (Printed) Guest Name (Signed) Date

Staff Name (Printed) Staff Name (Signed) Date

**Discharge**

I am agreeing that I received these items at time of discharge:

Guest Name (Printed) Guest Name (Signed) Date

Staff Name (Printed) Staff Name (Signed) Date

**Appendix D: Incident Report**

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

**Section I. OCCURRENCE AND NOTIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE OF INCIDENT**  Accident/Injury/Death  Ambulance/Fire Police Call  Arrest  Assault/Altercation  Child Abuse/Maltreatment\*    Community Protest/Complaint  Emergency Repair Problem(s)  Employee Misconduct  Sexual Harassment  Involuntary Transfer Discharge  Theft  Visits by Media & Other  Other (Specify) | **WHEN**  **INCIDENT**  **OCCURRED**  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time: \_\_\_\_\_\_\_\_\_\_\_\_\_  Area: | **EMERGENCY CONTACT MADE TO SHELTER DIRECTOR**    Yes  No  Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How Notified?  In Person  Via Telephone  Emergency Orders  Received: | **(only when necessary)**  **OTHER CONTACTS MADE**  Yes  No  Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Person spoken  To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section II. INDIVIDUALS INVOLVED**

|  |  |  |
| --- | --- | --- |
| **Last First** | **Room Number** | **Staff** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION III DETAILED DESCRIPTION OF INCIDENT(S)**

Give specific factual account of exactly what happened, who was involved, when and where the incident(s) occurred, name(s) of witness(es), who reported the incident(s), and the cause(s) of the incident(s). Indicate Name(s) of outside agencies contacted and other action(s) taken or referrals made by staff and the results of such action(s)/referrals. Then specify where those involved in the incident(s) are located currently. (Attach additional pages if needed.)

Don't forget to include: Time emergency notification called, arrived and Officers' I.D.#, Time medical assistance arrived and I.D.#

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Resolution:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Name and Signature of Person Completing Reports**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Reviewed:** \_\_\_\_\_\_\_\_\_\_

**Time:** \_\_\_\_\_\_\_\_\_\_

**Director's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Reviewed:** \_\_\_\_\_\_\_\_\_\_

**Time:** \_\_\_\_\_\_\_\_\_\_

**Appendix E: Guest Handout**

**Why are you here?**

**To safely recover from a COVID-19 infection and limit the risk of infecting others. One of the following situations should apply to you:**

* You have been tested for COVID-19, but have not received your test results yet.
* You have been diagnosed with COVID-19 by a doctor, but your symptoms do not require you to stay in the hospital.
* You have been diagnosed with COVID-19, but have not been without symptoms for 72 hours.
* A doctor asked that you remain away from others due to COVID-19.

**What to expect during your stay:**

* You will be given a room to stay in during the time you are at the Isolation Shelter. How long you stay at the Isolation Shelter will be determined by staff. This is a time-limited stay.
  + Children, spouses, or partners who have been around you will be allowed to stay with you in your room. We encourage you to make the best decision for your family.
* You will need to remain in your Isolation Shelter room during your stay unless a staff member tells you otherwise.
* If you have a pet, your pet will be taken care of during your stay by Angela with SOAR.
* Nurses or other staff will check on you daily to make sure that you are okay and that you have what you need during this stay.
* You agree to continue to take your daily medications as you have been instructed by a doctor.
* Meals will be provided three times a day, as well as, snacks and water.

During your stay at the Isolation Shelter as a Guest, you are expected to do the following:

1. Please be respectful towards staff and other Guests
   1. Behaving in a threatening manner toward staff or other guests may be grounds for immediate dismissal
   2. Keep televisions and volume in your room at a respectable volume
   3. Please refrain from taking items without asking. If there is something you require during your stay, we will be happy to help. Guests who fail to respect the personal property of others or the program may be asked to leave.
   4. Exercise patience with staff and other Guests
2. Please answer the phone in your room each time it rings. It is essential for staff to speak with you regularly in order to keep you safe.
3. Please keep your room clean and in good repair
4. Please remain in your room at all times, and do not leave the facility
   1. While at the Isolation Shelter, the expectation is that you stay in your room to promote your recovery from COVID-19
   2. Guests who leave the property may not be allowed to return.
   3. These expectations apply to guests who have tested positive for COVID-19 as well as to any family members who accompany them.
5. Please only smoke on the designated Smoking Patio
   1. Smoking in your room may be grounds for removal from the Isolation Shelter
   2. Only two Guests at a time will be allowed on the patio
   3. If you would like to smoke, please just call the front desk, and someone will be happy to escort you to the Smoking Patio
   4. Children under the age of 12 must accompany their parent or caregiver to the Smoking Patio unless another adult family member is present in the room to supervise them. It is the sole responsibility of parents or caregivers to ensure that children observe appropriate social distancing at all times.
   5. Nicotine Replacement Therapy is available and encouraged
6. Please do not have visitors at the Isolation Shelter.
   1. If you would like to ask a loved one to bring items for your use during your stay, please let the staff know in advance. They can let you know the best way to do that. All items must be approved by Isolation Shelter Staff.
7. If your children accompany you to the Isolation Shelter, you are solely responsible for their care and supervision.
   1. Staff are happy to help you have the things you and your children need, but children may never be left in the care of a staff member or any other guest.
   2. We want you and your children to be safe during your stay. If you find that your medical condition keeps you from adequately caring for your children, please reach out to the family case manager. They will assist you in creating a successful strategy for you and your family.

**Contact Numbers**

**Signature of Guest\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix F: Isolation Shelter Telephone and Network Plan**

**Main Referral line:** 812-391-5527

OTHER PHONE LINES TO BE SET UP AFTER OBTAINING LOCATION