

Project Roomkey Interim Housing Program Policies and Procedures

As of June 30, 2020

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OVERVIEW

In March 2020, the County and City of Los Angeles declared a public health emergency related to Coronavirus (COVID-19). To combat the spread of COVID-19 and address the needs of the most vulnerable individuals in the community, local leaders created a hotel/motel program, entitled Project Roomkey—a Tier 1 Non-Congregate Interim Housing Program. Project Roomkey provides temporary housing for asymptomatic people experiencing homelessness (PEH), who are highly vulnerable/high risk individuals. High-risk individuals are those 65+ or who have certain underlying health conditions (e.g., respiratory compromised immunities, chronic disease).

The Los Angeles Homeless Services Authority (LAHSA) is working with key partners on this program. The Project Roomkey Interim Housing (PRK-IH) Program seeks to provide qualifying individuals with emergency temporary housing throughout Los Angeles County.

Each PRK-IH site will [provide supportive services, onsite supervision and three \(3\) meals per day to participants in a hotel/motel setting](#). Contracted licensed security, healthcare services and City of Los Angeles and/or County of Los Angeles Disaster Service Workers (DSW) will provide support to the homeless service provider, while ensuring all participants and staff are in an environment that strives to meet the needs of the Safer at Home executive order issued by the City of Los Angeles, the County of Los Angeles and the State of California.

SECTION 1: ELIGIBILITY CRITERIA

Individuals must meet the following criteria to participate in PRK-IH:

1. Determined to be homeless under Categories 1 and 4 according to the U.S. Department of Housing and Urban Development's (HUD) Final Rule on "Defining Homeless" (24 CFR (Code of Federal Regulations) parts 91, 576 and 578) or experiencing homelessness upon exiting from an institution. See Definitions section for a detailed explanation of Categories 1 and 4.
2. Must meet COVID-19 vulnerable criteria listed below:
 - A. Age 65 and older; or
 - B. Individuals who have one or more of the following specific health conditions:
 - i. Blood disorders (e.g., sickle cell disease or on blood thinners);
 - ii. Chronic kidney and/or liver disease as defined by their doctor. This includes patients who have been told to avoid or reduce their medications because of kidney/liver disease, or who are under treatment for kidney/liver disease, including receiving dialysis;
 - iii. Compromised immune system (immunosuppression), e.g., seeing a doctor for cancer and receiving treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, having conditions, such as HIV or AIDS, lupus, or has a significant smoking history;
 - iv. High-risk pregnancy defined as: (1) Pre-gestational condition or; (2) History of complications during previous pregnancies (including stillbirth, fetal loss, preterm labor and/or delivery, small-for-gestational-age baby, large baby, pre-eclampsia or eclampsia) or; (3) Pre-existing chronic illness (e.g., as asthma, autoimmune disease, cancer, sickle cell anemia, tuberculosis, herpes, AIDS, heart disease, kidney disease, Crohn's disease, ulcerative colitis, diabetes);
 - v. Diabetes;

- vi. Heart disease (e.g., hypertension, congenital heart disease, congestive heart failure and coronary artery disease);
 - vii. Lung disease including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen; or
 - viii. Obesity (body mass index [BMI] of 30 or higher);
 - ix. Other health conditions that may significantly increase someone's risk of hospitalization should they contract COVID-19.
3. Must be asymptomatic for COVID-19.
 4. Must be able to complete their ADLs (activities of daily living) independently—these include bathing, dressing, transferring, toileting and eating.

SECTION 2: ACCESS AND REFERRAL LIST MANAGEMENT

ACCESS

Prioritization

Priority for PRK-IH will be determined as follows:

- A. Participants who have a high-risk profile for COVID-19, due to age and/or chronic health conditions, who are asymptomatic, and who are currently staying in congregate facilities.
- B. Participants who are high-risk for COVID-19, who are asymptomatic, and who have been identified by outreach workers as highly vulnerable from the region.
- C. Participants identified by the [LAHSA COVID-19 Call Center](#).

Referring Participants to PRK-IH

Homeless Management Information System (HMIS) Participating Providers

Providers seeking to refer participants to PRK-IH can submit referrals through HMIS. The following programs serving individuals experiencing homelessness are eligible to submit referrals:

- Interim housing programs, particularly those that need to ‘decompress’ in order to create appropriate social distancing in congregate settings.
- Outreach Program
- Access Center Program
- Safe Parking Program
- Housing Navigation Program
- Rapid Re-Housing Program (for persons who are not yet housed)
- Transitional Housing Program

Non-HMIS Participating Providers

Non-HMIS participating providers can refer participants to PRK-IH through 211 and the LAHSA COVID-19 Call Center.

Assignment of Participants to PRK-IH

The Coordinated Entry System (CES) will compile a list of participants referred to the program based on its prioritization policy. The list will be provided to the homeless service provider operating the program via electronic communication. The homeless service provider will review the list and contact the referring agency to request that they upload essential documents such as a driver's license, state issued identification card, birth certificate, verification of disability, verification of income, signed participant agreement and signed homeless service provider grievance policy that they may have on file to expedite the intake process. In communicating with the referring organization, the homeless service provider should confirm the participant's eligibility for the program and ability to complete their ADLs independently.

Following their debriefing with the referring entity, the homeless service provider should assign the participants a room based upon their needs. For example, if a participant needs a wheelchair accessible room, an appropriate room should be assigned. The homeless service provider should then proceed to schedule the participant an appropriate time to arrive at the hotel, conduct intake, and obtain their room. The homeless service provider should also work with the referring agency to arrange for any transportation.

If a participant arrives and appears to be unable to complete their ADLs independently, the homeless service provider should coordinate with the referring entity to identify appropriate housing for the participant.

The homeless service provider should maintain lines of communication with the referring agency to ensure case management services continue upon placement into the PRK-IH. The homeless service provider will provide service coordination services to the participant to facilitate their placement into permanent housing.

Transportation

1. Referred participants will be picked up at designated locations in accordance with the referring entity's transportation policies and procedures.
2. Prior to transportation, participants will be screened for COVID-19 symptoms by the referring entity. Participants who have been screened and determined to have symptoms consistent with COVID-19 will not be allowed to board or be transported to the PRK-IH.
3. Participants who have their own motor vehicle and are admitted to the PRK-IH may park their motor vehicles in the designated parking area, if available. Any damage to a participant's motor vehicle is not the responsibility of the PRK-IH. Participants must be notified at intake that maintenance and liability is the sole responsibility of the motor vehicle's owner.

Walk-Ups

Walk-up participants will not be permitted into PRK-IH and should be redirected to existing resources (e.g., access centers, access sites, drop-in centers, interim housing, and winter shelters).

Families and Unaccompanied Minors

1. A PRK-IH serving individuals cannot accommodate families with minor children. Cross-population placements will not be allowed due to the presence of minors.
2. Unaccompanied Minors who are unsheltered will be referred to one of three Crisis Housing programs serving this population in the county.
3. Walk-in families requesting access to a PRK-IH will be referred to the designated lead homeless service provider on-site. The designated lead homeless service provider will facilitate a warm handoff to the region-specific Family Solution Center and may utilize [LAHSA's list of Coordinated Entry System \(CES\) Access Points for all populations.](#)

SECTION 3: INTAKE AND SCREENING

Every PRK-IH, at a minimum, will be staffed by two healthcare professionals during daytime hours (7 a.m. to 7 p.m. unless indicated otherwise). Healthcare professionals are responsible for screening all participants for COVID-19 symptoms and will refer symptomatic participants to a higher level of care. Additionally, healthcare professionals are responsible for screening all participants, staff and vendors who enter the PRK-IH.

Initial Screening

1. All participants will be screened for COVID-19 symptoms as a condition for accessing the PRK-IH and acceptance into the program.
 - A. It is required that participants coming from existing congregate shelter sites are screened prior to being transported to the PRK-IH.
 - B. Participants coming through referrals from street outreach, access centers, law enforcement or any other referring entity will be transported per their respective transportation procedures. Participants will be screened for COVID-19 symptoms prior to transportation to the PRK-IH.
 - a. Referring entities are highly encouraged to upload required documentation and enter participant information into HMIS to the best of their ability prior to transportation to the PRK-IH. This coordination is essential to minimize congregating during check-ins and to ensure proper social distancing.
 - C. Participants coming to the PRK-IH through the City of Los Angeles' dedicated busing program will be screened for COVID-19 symptoms prior to boarding the bus.
 - D. Upon arrival at the PRK-IH, participants shall be screened for COVID-19 symptoms by the healthcare professional. Even if a participant has already been screened elsewhere, they will be re-screened by the healthcare professional.
 - E. Referrals, transportation drop offs, intakes and access to the PRK-IH must coincide with the healthcare professional's hours of operation.

2. Healthcare professionals will conduct screenings at a designated area. The healthcare professional will conduct a temperature check, administer the COVID-19 symptoms screening, and document the participant's healthcare status.
3. Prior to accessing the PRK-IH, the healthcare professional or homeless service provider staff will provide the participant with oral and [written guidance](#)* on avoiding COVID-19 contraction by explaining the following:
 - A. **Social Distancing:** Remain at least six (6) feet from other individuals at all times, including when sleeping, when walking through PRK-IH, when lining up for meals, and when using PRK-IH's amenities.
 - B. **Frequent Handwashing:** Hands should be washed regularly with soap and water for at least 20 seconds.
 - C. **Sneezing or Coughing:** Sneeze or cough into a tissue, if possible, or the crook of arm. Refrain from sneezing or coughing in hands. Discard tissue in the trash and wash hands immediately.
 - D. **Safer at Home:** Adhere to the County and City of Los Angeles' Safer at Home order and remain inside except when:
 - 1) Grocery shopping
 - 2) Picking up medications and other healthcare necessities
 - 3) Going to medical/veterinarian appointments
 - 4) Picking up take-out or drive-thru food
 - 5) Caring or providing support to a friend or family member
 - 6) Taking time to be in nature for exercise (i.e., walking, hiking, bike riding, jogging, taking out assistance animals, etc.)

*Official guidance may evolve based upon recommendations from the Centers for Disease Control and Prevention (CDC) or the County of Los Angeles Department of Public Health (DPH).

PROTOCOLS FOR SYMPTOMATIC PARTICIPANTS AT SCREENING

1. Any potential PRK-IH participant screened and determined to have COVID-19 consistent symptoms *prior* to boarding transport will be assessed for further action as follows:
 - A. The referring entity will activate an emergency procedure and contact the LA County COVID-19 Persons Experiencing Homelessness Call Center (833-596-1009) to receive triaging guidance for those individuals deemed symptomatic for COVID-19. The call center intake may refer the participant to their primary care provider or clinic by phone for a telehealth medical consultation, and guidance on next steps. The call center intake may also, depending on severity of symptomatology, refer the participant for transport to isolation or quarantine.
2. When a participant arrives at a PRK-IH from public transportation who has been screened and deemed to have COVID-19 consistent symptoms, the following protocols shall occur:
 - A. Participant will not be allowed to access PRK-IH.
 - B. Participant will be provided a face mask and be asked to sit at a socially distanced location outside PRK-IH while their case is being triaged.
 - C. The healthcare professional will immediately alert the designated lead homeless service provider staff of the symptomatic individual.
 - D. If the participant knows how to contact their primary care provider (PCP), the healthcare professional will assist the participant in contacting their PCP for medical guidance on identifying COVID-19 symptoms.
 - E. If the participant is unable to contact their PCP, the healthcare professional will activate emergency protocols and will call the COVID-19 Persons Experiencing Homelessness Call Center (833-596-1009). The healthcare professional will relay the participant's symptoms by phone and will receive guidance from the call center operator on how to triage the case. Should a participant experience a medical emergency after 6 p.m., the healthcare professional will call 911.

- F. The healthcare professional will notify all PRK-IH staff of any other individuals who arrived on the same transport.
- G. The healthcare professional will work to isolate the referred participant outside PRK-IH, while receiving guidance from the COVID-19 Persons Experiencing Homelessness Call Center (833-596-1009).
 - i. The transport carrying the participant will be taken offline and thoroughly disinfected.
 - ii. Individuals that have been medically cleared may enter PRK-IH.

DAILY SCREENING PROTOCOLS

1. The healthcare professional will ensure that each participant in the PRK-IH receives three daily screenings at meal distribution.
2. The healthcare professional will strive to conduct additional and ongoing screenings at the doorway of each participant's assigned room when meals or housekeeping services are provided.
3. The healthcare professional, accompanied by another PRK-IH staff member, will take the participant's temperature and ask screening questions at the doorway or just outside the doorway of the participant's room.
4. The healthcare professional will ensure that all temperature checks and health screenings are logged for each participant prior to the end of respective shifts. This information must be available to the homeless service provider and LAHSA upon request and in accordance with HIPAA (Health Insurance Portability and Accountability Act).

PROTOCOLS FOR SYMPTOMATIC PARTICIPANTS INSIDE PRK-IH

If, during regular re-screenings inside PRK-IH, or if at any time in between screenings, the healthcare professional observes a participant with symptoms compatible with COVID-19, the healthcare professional will immediately activate the following protocols:

1. Provide the participant with a face mask and instruct the participant to cover their mouth and nose with the mask.
2. Instruct the participant to move into their assigned room, which will be each participant's designated isolation area in PRK-IH.
3. Immediately notify the lead homeless service provider staff who will then notify the designated LAHSA site coordinator and document the incident in the designated [LAHSA Incident Reporting Form](#).
4. Equip healthcare professional(s) with enhanced Personal Protective Equipment (PPE), including a Tyvek body suit.
5. Activate emergency protocols and call the COVID-19 Persons Experiencing Homelessness Call Center (833-596-1009).
6. If the call center operator determines that medical transport to isolation, quarantine, or hospitalization is required, the healthcare professional will immediately contact the designated participant site services coordinator and enact the site-specific participant transportation protocol.
7. If the call center operator indicates the individual does not require transport to isolation, quarantine, or hospitalization, the healthcare professional will help ensure the individual is placed in their assigned room (or another on-site designated isolation area).
8. The healthcare professional, as facilitated by the designated lead homeless service provider staff, will contact the assigned LAHSA site coordinator immediately and for pertinent updates.
9. The employer point of contact (for DSWs and/or any other contracted employee on-site) will receive an incident report detailing a positive COVID-19 test within 12 hours upon receipt.

SECTION 4: OPERATIONS

PROGRAM INTAKE

1. **Healthcare Screening:** Referring participants will only be allowed to access the PRK-IH when there is healthcare professional staff available to conduct initial health screenings. Healthcare professionals shall be available for screenings, 12 hours per day (typically 7:00 a.m. to 7:00 p.m.). Intakes will not be allowed when a healthcare professional is not on-site, and the referred participant will be returned to the referring entity.
2. **Security Search:** Once participants have been screened by the healthcare professional, the security provider will search the participant and their belongings using a metal wand to ensure individuals do not bring any weapons or contraband into the facility.
3. **Clothing Heat Treatment:** Participants will place all clothing in an enclosed heat treatment chamber to undergo heat treatment to kill any bed bugs.
4. **Program Intake:** Participants will complete required program entry documents that include but not limited to the following:
 - [Project Roomkey Participant Agreement](#)
 - Homeless Service Provider Grievance Policies and Procedures
 - Emergency Contact
 - [COVID-19 Self Certification](#)
 - Hotel/Motel Registration forms, if applicable
5. **HMIS Program Intake:** Each participant will complete the [HMIS program intake](#) and will have a digital swipe card (CLARITY Card) printed. The homeless service provider will swipe the participant's CLARITY Card daily to track bed services and meal services. All participants and any other person in the household will be entered in HMIS, be issued a CLARITY Card, and have the services they receive (bed, meals, referrals, etc.) tracked.
6. **CES Survey Tool/VI-SPDAT:** The contracted homeless service provider is responsible for ensuring the completion of a CES Survey Tool ([CES Survey Tool for Individuals](#), [CES Survey Tool for Families](#), [Next Step Tool](#)), if a tool has not yet

been completed. CES Survey Tool information must be entered into HMIS. CES Survey Tools do not need to be updated if one already exists in HMIS. If consent is not provided, services are still entitled to the participant.

7. **Room Assignment:** Households consisting of two adults will be assigned one room. Individuals who present with a caregiver will be assigned one room with two beds.
8. **Wrist Bands:** Each participant will receive a colored wrist band once they have completed the program intake. The wrist bands will allow all program operational staff on-site to easily identify PRK-IH participants as they enter/re-enter the PRK-IH.

IDENTIFICATION ON-SITE

Each participant must always wear their issued wrist band. Participants must show the wrist band to program operational staff upon request.

All PRK-IH staff should wear or carry their respective identification badges while on-site. Both PRK-IH participants and fellow PRK-IH staff may request that a staff member clearly show their identification badge to confirm an individual's position or authority.

PROGRAM PARTICIPATION GUIDELINES

Program participants will be provided upon admission with a written copy of program guidelines which outline [participants' rights and responsibilities](#).

The PRK-IH program is designed to provide a safe and secure interim housing option for highly vulnerable or at-risk participants during the COVID-19 pandemic. In order to maintain safety and security, the following guidelines must be followed:

- A. All participants must consent to three medical screenings a day that align with breakfast, lunch and dinner time.
- B. All participants must wear a face mask when outside of their rooms or when contacting staff or other participants.

- C. All participants must adhere to the hotel/motel cleaning schedule (per lease agreement).
- D. All participants must adhere to six feet of social distancing.
- E. No pets. Only assistance animals are allowed in PRK-IH.
- F. All participants are responsible for their personal belongings. Participants may only bring one bag (equivalent to a large garbage bag) or two suitcases. PRK-IH staff are not responsible for any loss or damage to personal belongings.
- G. All bags entering the building are subject to search. Individuals may have bag(s) searched by PRK-IH staff or they may opt to conduct a self-search in the presence of PRK-IH staff.
- H. No weapons (real or replica) of any kind are permitted on site.
- I. Illegal drug use on the property is not permitted.
- J. Acts of physical violence, assaultive behavior and/or verbally threatening to physically harm a staff or participants in the program will result in immediate termination from the program.
- K. Urinating, defecating or dumping waste on the property are not permitted. Always utilize appropriate facilities to dispose of any bodily waste or waste materials.
- L. Rooms must be kept clean and free from trash and debris.
- M. Loud music is not permitted.
- N. Entrance and exit hours are strictly enforced. Participants are not able to leave the PRK-IH property between the hours of 7:00 p.m. and 7:00 a.m.
- O. Assistance animals must not be left unattended or unleashed when outside. Animal waste must be picked up immediately and disposed of properly.
- P. No outside guests are permitted.
- Q. The privacy of all PRK-IH occupants, surrounding neighbors and their property must be respected at all times.
- R. Vandalism will not be tolerated.
- S. Tampering with or disabling of smoke detectors or sprinkler system will not be tolerated.

Failure to comply with these guidelines may result in a [notice of noncompliance](#) and lead to termination from the program.

BELONGINGS POLICY

When a participant exits PRK-IH, they must take their belongings with them.

1. If a participant voluntarily leaves the program, they must take their belongings with them upon leaving or arrange for themselves or their designated representative to remove the belongings within 14 days from the site. Belongings that are not removed within 14 days may be disposed of.
2. If a participant is exited from the program by the contracted LAHSA Service Provider, they will be given the opportunity to collect their belongings before being escorted off the site. If a terminated participant exits without taking their belongings, they or a designated representative must return within 14 days to retrieve the belongings. Belongings that are not retrieved within 14 days may be disposed of.
3. If a participant is hospitalized and did not have time to collect their belongings prior to hospitalization, the participant's belongings will be held for 14 days. If the participant has not returned within 14 days, the contracted LAHSA Service Provider will begin to make attempts to reunite the belongings with the participant and/or have the belongings picked up by a designated representative of the participant. Belongings that are not retrieved within 14 days after a participant's discharge from the hospital may be disposed of.

PERSONAL SAFETY PROTOCOLS AND EQUIPMENT

1. Each PRK-IH is supplied with [Personal Protective Equipment \(PPE\)](#), sanitizing products, other cleaning supplies, and soap for frequent handwashing. Type of PPE provided at each PRK-IH will be dependent upon role. PPE inventory will be tracked with the [PPE Distribution Log](#).

2. Where applicable and feasible, men and women will be separated by floor or will have designated sides of the hotel/motel. Participants will be asked to self-identify and their room designation will be based on [LAHSA's policy affirming gender identity](#).
3. In common areas:
 - A. Participants and staff must adhere to social distancing best practices by keeping approximately 6 feet from each other.
 - B. Staff must enforce social distancing between individuals in lines and waiting areas such as intake.
 - C. Staff must ensure that all common areas within the PRK-IH follow best practices for environmental cleaning. Cleaning should be conducted in accordance with [CDC recommendations](#).
 - D. Pools, business centers, and gyms must be closed and not accessible for use. Nonessential furniture and items from communal areas should be removed, if permissible.
 - E. Social distancing and handwashing guidelines must be posted at the entrance of the site.

ENTERING AND LEAVING PRK-IH

1. Residents may leave and re-enter the PRK-IH between the hours of 7:00 a.m. and 7:00 p.m. to do any of the allowed Safer at Home activities. Residents will be exited from their PRK-IH bed/unit if they miss forty-eight (48) hours with unapproved absence.
2. Nurses are onsite to routinely monitor residents for symptoms; participants will be required to be screened upon re-entry to the PRK-IH.
3. Smoking is only allowed outside the PRK-IH and participants must adhere to existing hotel/motel smoking policies.
 - A. If smoking is allowed, it may only occur in the designated smoking area.
 - B. Participants may not leave the PRK-IH to smoke after 7 p.m. Participants choosing to leave after 7 p.m. should be informed that they will be denied

re-entry until the following morning at 7 a.m. when their temperature can be taken by a healthcare professional.

MEALS

Meals will be provided at no cost to participants. Meals will be distributed three (3) times per day (breakfast, lunch and dinner), and seven days a week, including holidays. Meals may be provided to staff, pending availability. An account of all meals is required.

Each meal will be labeled to include:

1. Type of meal (breakfast, lunch or dinner)
2. Meal description (e.g., breakfast bowl, jerk chicken, carnitas wrap, etc.)
3. Nutritional information
4. Expiration/use by date

Dietary Accommodations

Dietary accommodations will be tracked and reported using the [Dietary Considerations Tracking Form](#). The following dietary accommodations will be available to participants and staff:

1. Major allergens (nuts, dairy, eggs, soy, wheat and fish)
2. Vegan
3. Vegetarian
4. Soft foods

Water

One (1) eight-ounce bottle or can of still water must be provided with each meal.

Storage

Meals will be delivered in bulk dependent on the amount of storage per site. Meals must be refrigerated and stored in a secure location. If the site lacks adequate refrigeration, LAHSA, through its meal vendor, will provide refrigeration.

Meal Delivery

Proof of Delivery

Upon receipt of meal delivery, the homeless service provider, or their designee, must inspect the delivery and document the number of meals delivered, the number of managed meals, and the number of expired meals.

The appropriate designated personnel must sign proof of delivery forms (including details such as location, date, and quantity). The meal vendor and LAHSA site coordinator are both required to retain copies of the proof of delivery forms.

Meal Distribution Schedule

Participant Distribution

1. Breakfast, lunch and dinner will be served at designated times to be determined at individual sites.
2. Participants' meals will be delivered to their rooms. Participants that miss a meal may pick up their meal from the service provider.
3. If a household (consisting of 2 people or more) is enrolled in PRK-IH, all individuals in the household are eligible to receive meals. The CLARITY Card and meal log will be used to track the distribution of meals to all members of a household
4. The CLARITY Card and meal log must be utilized to track all meals distributed to participants and staff.

Staff Distribution

Meals distributed to staff will be tracked on the [Daily Staff Meal Log](#).

AMERICANS WITH DISABILITIES (ADA) COMPLIANCE AND REASONABLE ACCOMMODATIONS

Each PRK-IH will ensure that it is accessible to and usable by persons with disabilities, as required by the Americans with Disabilities Act (ADA) of 1990.

Each PRK-IH will ensure that program participants are made aware of the program's ADA policy as well as how to request a Reasonable Accommodation (e.g., participant is notified at the commencement of services, policy and/or contact information for the responsible party to receive/consider Reasonable Accommodation requests is posted in conspicuous location(s) in the common area and accessible to program participants, etc.).

ASSISTANCE ANIMALS AND PETS

Under [California](#) and [federal law](#), assistance animals (i.e., service animals and emotional support animals) must be allowed in [housing](#) as a [reasonable accommodation](#). PRK-IH sites must make reasonable accommodations to allow individuals with assistance animals. Only assistance animals are allowed in all PRK-IH sites. A certificate is not required to be presented by the assistance animal's handler. A participant may have up to two assistance animals. Assistance animals are not pets. Pets are not allowed in the PRK-IH. Participants with pets should be diverted to an appropriate setting.

A service animal is defined as a dog individually trained to perform a specific task or tasks for the benefit of the person with a disability (handler). A service animal's training needs not be formal nor conducted by professionals as the ADA provides for individuals the opportunity to self-train their service animal. Additionally, this training is not required to result in any special license or certification. To determine whether a dog being presented as a service animal is indeed a service animal, ADA regulations allow for two questions that may be posed to the handler of the dog: (1) Is this dog a service animal necessary due to a disability?; and, (2) What work or task has the dog been trained to perform ? Based on the answers of these two (2) questions, PRK-IH must

make the determination whether the dog is a service animal and will be admitted with a person with a disability.

An emotional support animal (ESA) is a dog or other animal that is not specifically trained to perform tasks directly related to the person's disability. Instead, the animal's handler derives a sense of well-being, safety, or calm from the companionship and presence of the animal. Due to the nature of ESAs, it is not appropriate for PRK-IH service providers to question the handler of the ESA in a similar way as questions can be posed regarding dogs being presented as a service animals.

By law, assistance animals must always be under the full control of their handlers. Therefore, assistance animals must not be left unattended or unleashed when outside. Furthermore, assistance animal waste must be picked up immediately and disposed of properly.

If an assistance animal behaves in an unacceptable way and the handler does not control the animal, the entity does not have to allow the animal onto its premises. Examples of unacceptable behavior for an assistance animal include but are not limited to, the assistance animal not being under full control; the assistance animal menacing other people; the handler not cleaning up after the assistance animal; or the assistance animal running away from the handler. However, before taking the step of expelling the assistance animal, it is strongly advisable to engage in a conversation with the handler to determine if there is some reasonable accommodation that may allow the handler to keep appropriate control over their assistance animal. If this process takes place, and the unacceptable behavior continues unchecked, and all other means of establishing control are exhausted, then the assistance animal may be expelled from the premises. However, it is important to note, the handler must still be allowed to be provided services at the PRK-IH site, even if their assistance animal has been expelled from the site. If an assistance animal has to be expelled from a site, the PRK-IH staff should support the participant in temporarily transferring their assistance animal to their preferred designated representative. If the participant does not have a preferred designated representative who can temporarily care for the assistance animal, then the

PRK-IH staff should reach out to County of Los Angeles Animal shelters and other local shelters to determine if they have capacity to temporarily house the assistance animal.

DISINFECTING AND CLEANING PROTOCOLS

1. Hotel/motel staff are responsible for the regular cleaning and heightened sanitization of all spaces inside the PRK-IH.
2. Janitorial staff will use industrial-grade disinfectant to disinfect high-touch hard surfaces in common-use areas (including doorknobs, handles, tabletops, phones, bannisters, and bathroom surfaces), at least five times per day.
3. The homeless service provider will coordinate with the hotel/motel management to develop an ongoing schedule for sanitation and cleaning that will require participants to vacate their rooms in a staggered manner to maintain social distancing while cleaning is being done, per lease agreement schedule.
4. If, in the course of regular re-screenings inside PRK-IH, or if at any time in between screenings, the healthcare professional observes a participant with symptoms compatible with COVID-19, in addition to the healthcare professional following the protocols listed under the “Protocols for Symptomatic Participants” section, hotel/motel staff will activate the following cleaning protocols:
 - A. Request that the participant remain in their assigned room until further action is taken
 - B. Reduce the frequency of cleaning in the participant’s room as needed (e.g., soiled items and surfaces)
 - C. Provide personal cleaning supplies (e.g., paper towels, tissues, cleaners and [disinfectants](#) registered with the Environmental Protection Agency (EPA).
 - D. Adhere to [CDC Interim Recommendations for U.S. Community Facilities with Suspected/Confirmed Coronavirus Disease 2019 \(COVID-19\)](#).

5. In cases where a participant leaves and/or is exited from the hotel/motel for non COVID- 19 related concerns, hotel/motel staff will follow their regular cleaning procedure after checking out of the hotel/motel.

SITE INSPECTIONS AND TRAINING

1. LAHSA's Facility Review Team will conduct inspection of hotels/motels to ensure they meet habitability standards and document any issues with the property.
2. Prior to placing a participant into room, PRK-IH staff should inspect the room once more for damage or habitability issues that may have occurred since the initial inspection. The hotel/motel management staff and LAHSA site coordinator should be notified immediately if issues are found. Pictures should be taken the issues and an incident report must be submitted in LAHSA at prkincidentreporting@lahsa.org.
3. All PRK-IH staff will receive onboarding/training on homelessness in the County of Los Angeles, basic best practices for operations and trauma-informed care.
4. Upon a participant's exit, and before the room can be reassigned to another participant, the homeless service provider and hotel/motel staff will inspect each room to ensure the room is in the same condition as it was received. In the event damages are noted, the LAHSA site coordinator must be notified and appropriate compensation claims initiated.

DAILY REPORTING AND TRACKING LOGS

PRK-IH staff will conduct the following reports and logs daily:

- **Staff Daily Check-In**: All personnel which includes LAHSA personnel, Los Angeles County Fire Department, homeless service providers, DSWs, security company,

nursing company, and/or any company contracted for single time use are required to sign in and out using manual reporting and [Quick Response \(QR\) Code Reporting](#). Each site will have a designated location where the sign in sheet is located.

- [Room Check-In and Check Out Procedure](#): Used to check in participants into the room. The homeless service provider or designee will conduct a room check in procedure utilizing the QR Code to record the room number being assigned to the participant and record the condition.
- The [Situation Report](#) must be completed by the homeless service provider to record all critical information to ensure the service program and matrix deliverables are being met. Accountability of each site will be monitored throughout the day utilizing the data from the situation report. The report must be completed at 9 a.m., 2 p.m. and 8 p.m.
- **Manual Sign-In Sheets for [DSWs](#) and [Staff](#)**
- [Activity Log](#) (per person, per shift): An Activity Log is to be completed every shift by homeless service providers, healthcare professionals and security personnel to track relevant activities and incidents related to appropriate scope of work. Activity Logs must be maintained on-site in an area accessible to LAHSA and Los Angeles County Fire Department.
- **Meal Delivery and Inventory**
- **Daily Staff Meal Log**
- **Dietary Consideration Log**
- **PPE Distribution Log**
- [HMIS Client Roster Report](#)
- **Medical Screening Logs** (completed by healthcare professional)
- [Incident Report \(as needed\)](#): Incidents (i.e., death, illness, injury, emergency medical incident, assault, biohazard/COVID-19 cleanup, room/pest infestation, damaged or stolen property) must be documented using the [LAHSA Incident Reporting Form](#). LAHSA will submit completed incident reports to appropriate contacts within 12 hours of the incident. Incidents involving emergency medical issues will be submitted within 6 hours of the incident.

FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) REIMBURSEMENT REQUIREMENTS

Federal Emergency Management Agency (FEMA) reimbursement requires that all PRK-IH-related activities are documented appropriately. FEMA's approval will be limited to expenses that are reasonable and necessary to address the public health needs related to the COVID-19 pandemic and will not extend beyond the duration of the emergency response.

All homeless service providers will need to maintain tracking mechanisms (e.g., logging receipts, invoices, general ledgers, etc.) to provide sufficient data and documentation necessary to establish eligibility of expenses in accordance with 2 CFR 200.400. The stockpiling of equipment and supplies are not eligible for reimbursement.

The designated lead homeless service provider staff will ensure that the following procedures are conducted daily:

Healthcare Professionals

All healthcare professionals are required to sign in before beginning a shift and maintain the following daily:

- A HIPAA compliant participant screening log. Utilizing participant HMIS numbers will mitigate HIPAA violations.

Security Vendor

All security staff are required to sign in before beginning a shift.

Records Retention

The homeless service providers and vendors must follow LAHSA's record retention policy for record retention of all records pertaining to the program in accordance with Uniform Administrative Requirements (2 CFR 200). All programmatic and financial

records must be kept for at minimum 5 years starting from when the National Declared Emergency has been lifted by the federal government.

Submitting Requests to LAHSA

If all the conditions as defined in this document have been met, request must be submitted to LAHSA Support Branch for processing. The homeless service provider must submit request to LAHSA's centralized email as follows:

- Monitoring@LAHSA.org
- [FEMA Meals@LAHSA.org](mailto:FEMA_Meals@LAHSA.org)
- [FEMA Security@LAHSA.org](mailto:FEMA_Security@LAHSA.org)
- [FEMA Nursing@LAHSA.org](mailto:FEMA_Nursing@LAHSA.org)

The subject line of the email should reflect the name of the saved document which should include the following: Name of the site, date and type of service (i.e., 4/9/20_ Santa Clarita Quality Inn_ Nursing)

Failure to submit documentation may result in non-payment or delay in processing.

PROTOCOLS FOR SYMPTOMATIC PRK-IH STAFF AND VENDORS

If a PRK-IH staff and vendors (including DSWs, hotel/motel, service provider, nursing, security, meals, etc.) are symptomatic at home, or on-site, the following must occur:

1. They should not report to the PRK-IH site.
2. They will stay home, follow medical directions, and contact their designated supervisor of their circumstance.
3. The supervisor will then contact the LAHSA Site Coordinator and the Service Provider of the incident.
4. The LAHSA Site Coordinator and/or the Service Provider will complete a LAHSA Incident Report and conduct the necessary protocols to ensure safety and health integrity of the PRK-IH site.

SECTION 5: STAFFING

PRK-IH STAFFING PATTERN

Each PRK-IH is required to maintain three (3) rotating 8.5-hour daily shifts consisting of the following staff*:

Day Shift: 7:00 a.m. - 3:30 p.m.

- (1) Participant Site Services Coordinator
- (2) Supportive Services staff (per 50 participants)
- (2) Security Guards (dependent on actual site-specific needs)
- (2) Healthcare Professionals
- (Conditional) Disaster Service Workers (dependent on site-specific needs)

Swing Shift: 3:00 p.m. - 11:30 p.m.

- (1) Participant Site Services Coordinator
- (2) Supportive Services staff (per 50 participants)
- (2) Security Guards (dependent on actual site-specific needs)
- (2) Healthcare Professionals (services end at 7:00 p.m.)
- (Conditional) Disaster Service Workers (dependent on site-specific needs)

Overnight Shift, 11:00 p.m. - 7:30 a.m.

- (1) Participant Site Services Coordinator
- (1) Supportive Services Coordinator (per 50 participants)
- (2) Security Guards (dependent on actual site-specific needs)
- (2) Healthcare Professionals
- (Conditional) Disaster Service Workers (dependent on site-specific needs)

*There may be exceptions for sites designated for special populations.

PRK-IH STAFFING ROLES AND RESPONSIBILITIES

LAHSA Site Coordinator

- Maintain lines of communication between PRK-IH and LAHSA Support Branch.
- Serve as lead supervisor for all staff on-site, assigning duties and overseeing performance.
- Ensure the safety, security and sanitation of the PRK-IH.
- Serve as logistics coordinator for transitioning participants to a higher level of care.
- Coordinate with hotel/motel property owners to ensure that participants receive three meals per day in their assigned rooms.
- Coordinate with the hotel/motel property owners to ensure housekeeping and maintenance duties provided on specified basis.
- Hold regularly scheduled meetings with PRK-IH staff.
- Share PRK-IH policies with staff, partners, and residents.
- Provide orientation for all new PRK-IH staff arriving for shifts
- Survey and design a space plan for the PRK-IH staff in collaboration with the County.
- Liaise with the County to determine procedures for registration, participant oversight, and health care visits.
- Ensure that all PRK-IH staff is registered and properly identified.

Participant Site Services Coordinator

- Direct all activities necessary to meet the needs and support the wellbeing of PRK-IH participants.
- Oversee and direct participant support staff in assisting participants.
- Respond to crises using de-escalation techniques.
- Coordinate service provision with community-based case managers and DPH or Los Angeles County Department of Health Services (DHS).

- Liaise with the County and hotel/motel owner to track participant check-in/check-out and maintain daily participant log.
- Provide participant tracking and other reporting data as needed or requested.
- Answer intake telephone line (not hotel/motel phone number) and help determine if there is vacancy for providers seeking a space for their participant.
- Maintain documentation for every participant and certify eligibility for PRK-IH program.
- Maintain participant emergency contact roster.

Supportive Services Staff

- Provide service coordination with community-based case managers and DPH/DHS as applicable.
- Make referrals to mental health and substance use treatment services as applicable.
- Provide referral and linkage to housing and supportive services including CES.
- Leverage participant relationships with existing community-based case management to maintain continuity of services.

Disaster Service Worker Site Supervisor

- Serves as a DSW staffing liaison, on-site supervisor of DSWs, and primary point of contact to resolve and troubleshoot matters as raised by DSWs performing as generalists/site monitors.
- Assists with coordination of DSW responsibilities such as participant check-in, food distribution, security support, etc.
- Manages emergent DSW staffing gaps and coordinates alternate staffing placement.
- Reports DSW-related incidents that involve the PRK-IH and occur outside of normal operations.
- Collects and reports daily attendance of DSWs, as instructed by the LAHSA Site Coordinator and the Service Provider.

- Travels to multiple sites.
- May be asked to conduct other similar oversight duties, as needed for the PRK-IH program.

Disaster Service Worker or Site Support Worker

- Report to the participant site services coordinator to support residents at site.
- Can assist with participant and site support tasks that require less than 10 minutes within 6 feet proximity of participants, but no physical contact, and staff including: providing support in delivering meals to participants' rooms or setting up meal times; assisting participants to help orient them to PRK-IH; assist in enforcing hotel/motel rules and escalate non-compliance to site management.
- Support shelter manager in carrying out planning and coordination tasks including clerical work, documentation, and answering phones.
- Support facilities operations.
- Other duties as assigned—any new tasks outside of normal DSW duties shall be approved by the DSW deploying agency management prior to implementation.

Healthcare Professionals

- Perform health screenings for PRK-IH participants, staff and vendors upon entry/re-entry.
- In cases of medical emergencies, triage PRK-IH participants, staff and vendors to appropriate healthcare intervention.
- Log and track all participant health related data on a daily basis utilizing the digital swipe card system (CLARITY).
- Specific job duties are listed in the Nursing Staff Scope of Work.

Security Staff

- Provide security services (as listed in the Security Guard Staff Scope of Work) to ensure the safety of all participants and staff at the PRK-IH.

- Conduct hourly perimeter patrol of the building and spaces used by participants.
- Liaise with other PRK-IH staff to monitor security cameras, as applicable.
- Support in de-escalating conflicts involving participants using a trauma-informed care model.
- Escalate safety issues to site leaders or to emergency responders as applicable.
- Support participant site services coordinator in encouraging participants to remain in their rooms and to practice social distancing.

Department of Mental Health Staff

- Support participants in maintaining mental and behavioral health through in-person visits and psychiatric telehealth care.
- Respond to and de-escalate crises.
- Help participants overcome stress and isolation caused by compliance with Safer at Home order.
- Refer participants to community-based systems of care.

DEFINITIONS

Access Point: A site or point of engagement where persons experiencing or at risk of a housing crisis can gain initial access to the Coordinated Entry System.

Asymptomatic: Not producing or showing symptoms of the disease with which, it is usually associated (e.g., COVID-19).

Category 1: Literal Homeless - An individual who lacks a fixed, regular, and adequate nighttime residence, which includes one of the following: (1) Has primary nighttime residence that is a public or private place not meant for human habitation. Examples include street, park, vehicle, abandoned building, bus/train station, airport, camping ground); (2) Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (Emergency shelter, transitional housing) or (3) Identified as experiencing homelessness upon exiting from an institution (e.g., a medical hospital, psychiatric hospital, jail, prison, substance abuse treatment facility, and dependent care facility).

Category 4: Individuals/families fleeing or attempting to flee domestic violence, dating violence, violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member and includes all of the following: (1) Have no identified residence, resources or support networks; and (2) Lack the resources and support networks needed to obtain other permanent housing.

Coordinated Entry System (CES): A countywide system that brings together new and existing programs and resources in order to connect people experiencing homelessness to the most appropriate housing and services to end their homelessness.

COVID-19: A mild to severe respiratory illness caused by a novel (or new) coronavirus that has not previously been seen in humans. It is characterized by fever, cough and shortness of breath which may progress to pneumonia and respiratory failure.

Decompress: The process of exiting existing clients to other services/housing due to a reduction of beds in facility to comply with COVID-19 social distancing measures.

Family Solutions Center: Regional community based non-profit service providers funded to provide coordinated access to housing and supportive services for families experiencing homelessness.

Healthcare Professional: A medically trained Registered Nurse (RN) or Certified Nursing Assistant (CNA) who is able to provide treatment and advice.

Highly Vulnerable or High-Risk: Individuals 65+ or who have certain underlying health conditions (e.g., respiratory compromised immunities, chronic disease).

Homeless Management Information System (HMIS): HMIS is a U.S. Department of Housing and Urban Development (HUD) mandated information technology system that is designed to capture participant-level information over time, on the characteristics and service needs of homeless persons. Participant data is maintained on a central server, which will contain all participant information in an encrypted state. HMIS integrates data from all homeless service providers and organizations in the community and captures basic descriptive information on every person/household served. Participation in the Los Angeles Continuum of Care (LA COC) HMIS allows organizations to share information with other participating organizations to create a more coordinated and effective delivery system.

Non-Congregate: To refrain from collecting or gathering in a group.

Symptomatic: Having the characteristics of a particular disease.

Tier 1: Prioritization of highly vulnerable asymptomatic individuals.

Trauma-Informed Care: Understands and considers trauma and the impact it has on those receiving services.

VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool)/Next Step Tool: A survey administered to determine risk and prioritization when providing assistance to people at-risk of and experiencing homelessness

RESOURCES

Los Angeles Homeless Services Authority COVID-19 Provider Hotline Frequently Asked Questions (FAQ):

<https://www.lahsa.org/documents?id=4337-covid-19-provider-hotline-faqs-march-20-2020>

Los Angeles Homeless Services Authority COVID-19 Microsite:

<https://www.lahsa.org/news?article=671-coronavirus-what-you-can-do-to-prepare>

Los Angeles Homeless Services Authority and Department of Public Health Guidance for People Experiencing Homelessness:

<http://publichealth.lacounty.gov/media/Coronavirus/docs/homelessness/FAQ-PeopleExperiencingHomelessness.pdf>

World Health Organization COVID-19 Myth Busters:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>

State of California Interim Guidance for Homeless System Providers on Novel Coronavirus:

<https://www.lahsa.org/documents?id=4331-interim-guidance-for-homeless-assistance-providers-on-novel-coronavirus-covid-19->

Webinar Recording Infectious Disease Preparedness among Homeless Assistance Providers and Their Partners:

<https://www.lahsa.org/documents?id=4331-interim-guidance-for-homeless-assistance-providers-on-novel-coronavirus-covid-19->

Safer at Work and in The Community: Health Officer Order Frequently Asked Questions:

<http://publichealth.lacounty.gov/media/Coronavirus/docs/HOO/FAQ-SaferatWorkandCommunityOrder.pdf>

Centers for Disease Control and Prevention Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19):

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>