



SAFETY & SECURITY PROCEDURES

The Building 26 for Veterans (B26 Vets) shall designate a point of issue for facility keys and security equipment; a point of control for the fire alarm system; staff, and visitor signs; and a place for mail. A security inspection of areas and security devices shall be conducted each week. A report of each inspection shall be submitted to the Program Manager weekly.

The inspections will be reported on forms that contain, but are not limited to:

- A list of all items or areas to be inspected and an indication that each item or area was inspected;
- Any deficiency detected;
- The name of the staff conducting the inspection;
- Whether the inspection is a shift or weekly inspection; and
- The date and time of the inspection.

Areas or items to be inspected shall include, but not be limited to:

- Living and activity areas;
- Outdoor areas of the facility;
- Fences and all perimeter areas;
- Windows and screens;
- Grills;
- Doors and locks; and
- Video systems, if any.

The B26 Vets staff, including the Program House Managers, will:

- Provide on-site security for the facility 24 hours per day and 7 days per week.
- Conduct and document rounds of the facility and perimeter at least every eight hours per day.
- Ensure clients and visitors sign in and out of the facility.
- Conduct daily living area inspections several times during the day.

Unusual incidents shall be reported in accordance with B26 Vets policy. Persons injured in an incident shall be provided with immediate access to medical services by dialing 911. An incident report will be completed by staff member within two (2) hours.

Fire drills will occur once per quarter. The last fire drill occurred _____
The B26 Vets shall maintain identifying information on any vehicles being routinely operated by clients on a regular basis and provide this information to parole, probation or other officers or agents; law enforcement; and Retsil Veterans Home, as requested.

No less than two (2) staff members will be on call at all times.

After Hours Security/Incident Intervention Protocol

- Program House Manager will attempt to address issue at his/her level.
- If unable to resolve issue, Program House Manager notifies assigned on-call staff.
- If issue is unable to be resolved by phone consultation, on-call staff will report to facility within 30 minutes.
- On-call staff will assess situation and attempt to resolve it.
- If needed, on-call staff will consult with other on-call staff by phone.
- If issue is still unresolved, Program Manager will be notified by on-call staff. The Program Manager will then decide the appropriate course of action.
- In all cases, an incident report will be created within two hours of incident by on-call staff or Program Manager.

In cases where staff members have reason to believe a client intends on harming self or other people, staff will call 911 and also notify on-call staff, if applicable. Any police report generated must be added to the associated incident report. The Pierce County Sheriff's Office (KCSO) has jurisdiction over the facility and is _____ miles from the facility.

It is located at:

The PCSO will provide advisement in staff security training and will conduct periodic on-site visits.

BUILDING 26 Western Washington VA TRANSITIONAL HOUSING PROGRAM

INCIDENT REPORT

Name of individual(s) involved: _____

Male: _____ Female: _____

INCIDENT INFORMATION:

Date of Incident: _____ Time of Incident: _____ AM / PM

Location of Incident: _____

Nature of Incident:

(Use additional pages if needed)

Name of the Individual(s) involved: _____

Any other Description: _____

Name of Witnesses: _____

Action(s) Taken to Resolve Issue: _____

Have the Police been contacted? _____ **YES** _____ **NO**

If Yes, which Police Department? Lakewood _____ Tacoma _____ Sheriff _____

OTHER (please specify): _____

Statement by the Reporter of the Incident: I _____ have read and reviewed the statements that are contained on this form and to my knowledge they are complete and accurate.

Signature: _____ **Date:** _____

Name of Interviewer: _____ **Department:** _____

Signature: _____ **Date:** _____