**Guidelines for Emergency Preparedness Planning**

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**Guidelines for Emergency Preparedness Planning**

**Background and Purpose of Guidelines**

In 2015, Governor Baker signed **Executive Order 569:** **Establishing an Integrated Climate Change Strategy for the Commonwealth**. It directs public agencies to provide leadership and protect public safety by reducing emissions from operations, planning and preparing for impending climate change, and enhancing the resilience of government facilities and other assets.

Since then, state agencies and authorities, as well as cities and towns, have begun taking steps to prepare for the impacts of climate change by assessing vulnerability and adopting strategies to increase the adaptive capacity and resiliency of building facilities and other infrastructure.

In 2018, DHCD initiated the **Climate Hazard Adaptation and Resilience Masterplan (CHARM)** project to:

* assess the state-funded public housing portfolio’s risk and vulnerability to climate change impacts,
* provide a detailed climate change resilience opportunity assessment of selected vulnerable pilot housing developments, and
* develop design guidelines for DHCD facilities to implement capital projects that incorporate climate adaptation and resilience best practices.

As the CHARM project progressed during 2019, it became clear that resilience planning best practices nationally for multifamily housing involve both smarter capital project investment and as well as operational preparedness for severe weather events associated with climate change.

This document provides Local Housing Authorities (LHAs) with an easy-to-use format for developing Emergency Preparedness Plans focused on extreme weather events (floods, hurricanes, blizzards, and extreme heat, e.g.) as well as associated impacts such as power outages and loss of heating and cooling. The plans address three priorities:

* Resident Safety – Support the preparedness, safety, and recovery of residents
* Building Protection – Minimize damage to structure and systems and quickly restore normal building operations, and
* Continuity of Services – Sustain key business operations and resident services during climate-related emergencies or restore services quickly if temporarily discontinued.

## These guidelines drew from a varied set of publicly-available resources to create a set of tools suited to multifamily housing, including US Dept of Housing & Urban Development (HUD) tools on the hudexchange.info website and the Federal Emergency Management Agency’s (FEMA) *Ready.gov* website. Some of the forms were adapted from the extensive *Ready to Respond: Disaster Staffing Toolkit* prepared by Enterprise Community Partners and adaptable under a creative commons license.

Even if your housing authority already has an emergency response plan in another form or format, please take some time to review these materials to make sure the content and protocols you use are comparable.

**Getting Started – Assemble the Team**

LHAs can use this toolkit to prepare an Emergency Preparedness Plan in a phased process, as part of staff meetings, or during an intensive workshop (half or full day). Most LHAs will find that they already have parts of a plan in place.

The LHA should take these steps to get started with assembling an Emergency Preparedness Plan:

* meet and inventory what elements of a plan already exist at the LHA in paper or electronic format (estimated 2 hours),
* decide on staff leads for teams focused on buildings, resident engagement, continuity of business operations and external communications with municipality, DHCD, service providers, etc. (estimated 2 hours).
* draft elements of the plan, and schedule meetings to review progress and compile a draft plan (estimated 16 hours),
* review draft plan with LHA Board, DHCD, and representative sample of residents (estimated 8 hours for meetings), and
* finalize the plan and present to all staff and residents (estimated 8 hours for updates and meetings).

**Recommended Components for Emergency Preparedness Plan in Three Steps**

## The tools and checklist below draw from multiple sources and focus on these topics:

1. Identify Staff Contact Info and Roles
2. Team Matrix
3. LHA Staff Contact Info
4. Staff Telephone Call/Text Tree
5. Organize Critical Information (securely stored and backed up)
6. Resident Contact Info
7. First Responder Contact Information
8. Locations of First Aid Kits and Automated External Defibrillator(s)
9. Building /Equipment Vendors
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15. Resident/Apartment Preparedness Protocol
16. Evacuation Protocol
17. Sheltering Protocol - Severe Weather/Tornado /Hurricane/Pandemic

Appendix

1. Acronyms
2. Resilience Hub – Creating a Space to Shelter in Place

**STEP 1: Identify Staff Contact Info and Roles**

The people with these roles should be part of the team creating the plan and have a role leading or assisting in an emergency. The attached staff contact sheet should be completed for staff in these lead roles:

* + - * Leadership
      * Facilities /Maintenance
      * Resident Services
      * Finance/Administration/IT Operations
      * Communications (including Resident Board Member/Liaison as applicable)

1. **TEAM MATRIX**

Identify lead and support staff for each team and outline team responsibilities.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Role | Responsibilities (examples) | Protocol development and activation | Staff Name | Call Phone | Email |
| *Leadership* | * Provide strategic leadership to teams * Identify roles and fill out the phone tree * Activate the relevant protocols * Determine the LHA’s status. * Communicate with team leaders, DHCD, Board, municipal leaders, and other outside resources indicated in your plan |  | 1.LEAD |  |  |
|  | 2. |  |  |
| *Facilities/Maintenance* | * Prepare buildings & equipment per protocols for hazard type * Shut down building systems if needed * Activate emergency power if needed * Maintain facility staff coverage * Coordinate with local public safety officials * Restore operations after event * Document damage for insurance |  | 1.LEAD |  |  |
|  | 2 |  |  |
|  | 3 |  |  |
| *Resident Services* | * Conduct outreach to clients in advance * Assist in shelter-in-place or evacuation process * Deliver counseling & referrals for services * Update resident needs inventory after event |  | 1.LEAD |  |  |
|  | 2. |  |  |
| *Finance/Admin/IT Operations* | * Ensure that funds are secure and available during event * Protect office equipment, data and paper files * Procure additional equipment and staff * Address insurance claims and documentation |  | 1. LEAD |  |  |
|  | 2. |  |  |
| *Communications* | * Notify the Agency’s team leads and staff of updates * Contact local public emergency services * Update automated calling systems |  | 1. LEAD |  |  |
|  | 2 |  |  |
|  | 3 |  |  |

1. **LHA STAFF CONTACT INFORMATION**

Since some emergencies may require full staff mobilization, every staff person should prepare the contact sheet below as soon as possible and be briefed on the emergency preparedness plan and the services they may be asked to provide, in addition to the key functions above.

**Prepared by Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
|  | CONTACT INFORMATION |
| Name |  |
| Job title |  |
| Emergency Response Team and Role (if any) |  |
| Work site |  |
| Work phone |  |
| Cell phone |  |
| Work email |  |
| Personal email |  |
| Primary Language |  |
| Languages spoken |  |
| EMT/ medical training |  |
| Other skills: First Aid, CPR, use Automated External Defibrillator (AED) and certification expiration date |  |
| Emergency contact name |  |
| Phone |  |
| Email |  |

1. **STAFF TELEPHONE CALL/TEXT TREE**

The staff contact info sheets should be used to create a communication chain or tree for phone or text notifications to staff serving on various functional teams. This can be done in an org chart, as shown below, or table format. At quarterly intervals throughout the year, paper copies of this communications chain should be printed and stored in a secure, flood and fire proof location that can be accessed in advance of or during an emergency, in the event of a power outage or damage to IT systems.

**STEP 2: Organize Critical Information**

1. **RESIDENT CONTACT INFO**

LHAs may already have consolidated resident contact information in a database or spreadsheet, and may choose to reformat or augment a current list rather than use this template. At quarterly intervals throughout the year, paper copies of this database or spreadsheet should be printed and stored in a secure, flood and fire proof location that can be accessed in advance of or during an emergency, in the event of a power outage or damage to IT systems. Information should be collected and stored by the LHA Resident Services Coordinator or other staff person performing that function. Resident name, development, apartment number, contact information, and emergency contact are most critical, and residents should not be required to provide additional medical or language information against their will.

|  |  |
| --- | --- |
|  | RESIDENT CONTACT INFORMATION |
| Name |  |
| Development Name |  |
| Apartment # |  |
| Cell phone |  |
| Home phone |  |
| Email |  |
| Primary Language |  |
| Languages spoken |  |
| Medical Issues |  |
| Medications |  |
| Medical device dependent on power |  |
| Primary Care Physician |  |
| Preferred Hospital (if known) |  |
| Emergency contact name |  |
| Phone |  |
| Email |  |
| Date Prepared |  |

1. **FIRST RESPONDER CONTACT INFORMATION**

Some LHAs may choose to add contacts for more than one municipality if the director serves 2 smaller housing authorities in adjoining towns. At quarterly intervals throughout the year, this first responder list should be updated and paper copies of this information should be printed and stored in a secure, flood and fire proof location that can be accessed in advance of or during an emergency, in the event of a power outage or damage to IT systems. This information should be collected and stored by the LHA Facilities Director or staff person performing that function.

**Prepared by Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| ORGANIZATION | *CONTACT (Name & Function)* | *PHONE* |
| Fire Department  Name of Municipality:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Police Department  Name of Municipality:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| City or Town Hall Emergency Contact |  |  |
| Poison Control |  |  |
| Gas Company |  |  |
| Electric Company |  |  |
| Telephone Company |  |  |
| Public Health Department |  |  |
| Public Works Department |  |  |
| Massachusetts Emergency Management Agency (2-1-1) |  |  |

1. **LOCATIONS OF FIRST AID KITS AND AUTOMATED EXTERNAL DEFIBRILLATOR(S)**

**Prepared by Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Locations | Names of Staff Trained to Use Equipment | Expiration Date |
| First Aid Kits and “Universal Precautions“ kit  (used to prevent exposure to body fluids) |  |  |  |
| Locations of Automated External Defibrillator(s) (AEDs) |  |  |  |

1. **BUILDING /EQUIPMENT VENDORS**

This list provides building staff with contact information for emergency contractors and agencies to aid a building’s recovery. It should be updated at least yearly and when contracts change. This information should be collected and stored by the LHA Facilities Director or staff person performing that function.

**Prepared by Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Heating/HVAC | | | |
| Vendor |  | Contact person |  |
| Phone |  | Email |  |
| Notes  Service contract in place |  | | |
| Electrician | | | |
| Vendor |  | Contact person |  |
| Phone |  | Email |  |
| Notes  Service contract in place |  | | |
| Plumber | | | |
| Vendor |  | Contact person |  |
| Phone |  | Email |  |
| Notes  Service contract in place |  | | |
| Generator Maintenance | | | |
| Vendor |  | Contact person |  |
| Phone |  | Email |  |
| Notes  Service contract in place |  | | |
| Fuel | | | |
| Vendor |  | Contact person |  |
| Phone |  | Email |  |
| Notes  Service contract in place |  | | |
| Elevator Technician | | | |
| Vendor |  | Contact person |  |
| Phone |  | Email |  |
| Notes  Service contract in place |  | | |
| Security Alarm Company | | | |
| Vendor |  | Contact person |  |
| Phone |  | Email |  |
| Notes  Service contract in place | Contract in place for services | | |
| Fire Alarm Technician | | | |
| Vendor |  | Contact person |  |
| Phone # |  | Email |  |
| Notes  Service contract in place |  | | |
| Water/ Well Service | | | |
| Vendor |  | Contact person |  |
| Phone |  | Email |  |
| Notes  Service contract in place |  | | |
| Sanitation/Septic Service | | | |
| Vendor |  | Contact person |  |
| Phone |  | Email |  |
| Notes  Service contract in place |  | | |

1. **RESIDENT SERVICES RESOURCES**

This list should be adapted to include contact information for service providers and agencies that may be needed during an emergency event and as residents recover. The list should be customized to the needs of your residents and resources in your community. Update the list once a year and post it in a location accessible to all building staff, and on your LHA website. Information should be collected and stored by the LHA Resident Services Coordinator or other staff person performing that function, and distributed to residents annually. All staff should call 911 for immediate emergency assistance.

**Prepared by Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pharmacy | | | | |
| Service provider |  | Website |  | |
| Phone |  | Address |  | |
| Contact name |  | Last contact date |  | |
| Notes |  | | | |
| Local Hospital / Local Health Clinic | | | | |
| Service provider |  | Website | |  |
| Phone |  | Address | |  |
| Contact name |  | Last contact date | |  |
| Notes |  | | | |
| Medical Equipment (replacement or repair) | | | | |
| Service provider |  | Website | |  |
| Phone |  | Address | |  |
| Contact name |  | Last contact date | |  |
| Notes |  | | | |
| Mental Health Services | | | | |
| Service provider |  | Website | |  |
| Phone |  | Address | |  |
| Contact name |  | Last contact date | |  |
| Notes |  | | | |
| Emergency Food / Local Food Pantry | | | | |
| Service provider |  | Website | |  |
| Phone |  | Address | |  |
| Contact name |  | Last contact date | |  |
| Notes |  | | | |
| Transportation | | | | |
| Service provider |  | Website | |  |
| Phone |  | Address | |  |
| Contact name |  | Last contact date | |  |
| Notes |  | | | |
| Pet Care | | | | |
| Service provider |  | Website | |  |
| Phone # |  | Address | |  |
| Contact name |  | Last contact date | |  |
| Notes |  | | | |

1. **EQUIPMENT INVENTORIES**

This equipment inventory can be used for any type of equipment used in LHA offices or for maintenance. This information should be collected and stored by the LHA Facilities Director or staff person performing that function. LHA staff should decide the minimum value for equipment to be documented.

**Prepared by Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Equipment item | |  | | | | |
| Location of equipment | |  | | | | |
| Manufacturer | |  | | | | |
| Manufacturer website | |  | | Manufacturer phone | |  |
| Serial No. |  | Pre-event condition |  | | Unit age |  |
| Under warranty | | Warranty exp. date |  | | Backup units |  |
| Photo before emergency | |  | | | | |
| Photo after emergency | |  | | | | |

1. **INSURANCE INFORMATION**

This worksheet gathers important information about your insurance policies to track your existing coverage and identify gaps. Customize this template below for the types of insurance for each building in your organization’s portfolio. Make copies of your policies and attach them to this worksheet. This information should be collected and stored by the LHA Finance Director or other staff person performing that function. This information should be available to senior LHA staff.

**Prepared by Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| TYPE OF INSURANCE: | | | |
| Building name |  | Address |  |
| Coverage  in place | Coverage for: | | |
| Policy No. |  | Expiration date |  |
| Coverage maximum |  | Deductible |  |
| Notes |  | | |
| TYPE OF INSURANCE: | | | |
| Building name |  | Address |  |
| Coverage  in place | Coverage for: | | |
| Policy No. |  | Expiration date |  |
| Coverage maximum |  | Deductible |  |
| Notes |  | | |

**STEP 3: DEVELOP PREPAREDNESS PROTOCOLS**

Protocols can help organize what can be a chaotic situation before, during, or after an extreme weather event or emergency, and associated conditions such as a power outage, or loss of heating/cooling in a building. LHAs with a long-tenured team may have long-standing protocols that have been applied successfully over time. However, these protocols can’t be considered best practice until written down, so that new employees can prepare for emergencies, rather than learn in real-time. .

These protocols/checklists are focused on the preparations for situations when staff and residents shelter in place. There also can be protocols for organizing temporary housing, following up with insurance claims, etc. after events. These protocols do not focus on emergencies associated with violent human behavior or terrorism.

1. **Building & Systems Preparedness Protocols**

This protocol should be followed by the LHA Facilities Director or staff person performing that function.

**Prepared by Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Electrical | Initial When Complete | Time Shutdown | Time Re-Open |
| Electrical service entry points protected. |  |  |  |
| If utility power outage expected, ensure arrangement for a backup generator with at least 72 hours runtime. |  |  |  |
| Protect all circuitry and connections for switch gear. |  |  |  |
| Check building emergency lighting in common areas, such as hallways, utility rooms, flood lighting and office. |  |  |  |
| Review proper shutdown procedures on equipment per manufacturer’s specification to prevent surging. |  |  |  |
| Emergency backup power engaged, with at least a three day supply of fuel in place and safely stored. |  |  |  |
| Mechanical Systems | Initial When Complete | Time Shutdown | Time Re-Open |
| Engage automatic controls and monitoring systems. |  |  |  |
| Roof-mounted equipment secured. |  |  |  |
| Battery-powered backup smoke alarm system engaged and batteries checked. |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Site Security | Initial When Complete | Time Shutdown | Time Re-Open |
| All freestanding equipment and materials including patio furniture and loose tools tied down or anchored. |  |  |  |
| Protect perimeter with sandbags, perimeter flood protection, flood gates. |  |  |  |
| Windows fastened and secured. |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Elevators | Initial When Complete | Time Shutdown | Time Re-Open |
| Elevators shutdown and recalled above flood level. |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Fuel /Chemicals | Initial When Complete | Time Shutdown | Time Re-Open |
| Place fuel storage tanks in a safe area and tighten valve caps. |  |  |  |
| Remove chemicals from low benches and shelves and store in a secure area. |  |  |  |
| Secure fuel storage tanks to ground or floor and tighten valve caps. |  |  |  |
|  |  |  |  |

1. **Resident/Apartment Preparedness Protocol**

This protocol should be followed by the LHA Resident Services Coordinator or staff person performing that function.

**Prepared by Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Resident Engagement Tasks  for Building Team (BT) and/or Resident Engagement (RE) Teams | Team Lead  BT/RE | Initial When Complete | Time Shutdown | Time Re-Open |
| Designate Team to keep backup copies of all keys during emergency. |  |  |  |  |
| Alert residents not to deposit trash in compactors during power outage |  |  |  |  |
| Communicate to residents not to flush toilets if a building backwater valve is engaged. Install ball valves in place of standard gate valves and turn off water to toilets when backwater valves are engaged. |  |  |  |  |
| Assist residents in securing outdoor furniture, trash storage, and any items on balconies if high winds expected |  |  |  |  |
| Help residents remove or unplug window air conditioners |  |  |  |  |
| If intercom unavailable, ensure other communications systems are in place to contact residents. |  |  |  |  |
| Distribute “Go Bag Checklist” to residents if evacuation is possible |  |  |  |  |
| Note: Prepare standard email and text messages to send to residents for the notifications above, in order to save time during an emergency event. | | | | |

****

# Evacuation Protocol

Evacuation may be required if there is a fire, flooding or other hazard in a building. A decision to evacuate by the housing authority would generally involve consultation with municipal officials and DHCD. The designated evacuation team, assigned by the LHA Executive Director, will direct the evacuation of the building and account for all employees outside at a safe location.

|  |  |
| --- | --- |
| Employees will be warned to evacuate the building using the following system: | 1.  2.  3.  4. |
| Person who will bring the employee roster and resident and visitor log to the evacuation assembly area to account for all evacuees. The evacuation team leader will be informed if anyone is missing or injured. | *Add Name* |
| Employees should assemble at the following location for accounting by the evacuation team: | *Add Location* |

(Post a map showing the location(s) in a conspicuous location for all employees to see.)

|  |  |
| --- | --- |
| **Evacuation Team** | **Name / Cell Phone** |
| Evacuation Team Leader |  |
| Floor Wardens (one for each floor) |  |
| Searchers (one per floor) |  |
| Stairwell and Elevator Monitors |  |
| Aides for Persons with Disabilities |  |
| Assembly Area Monitors (account for evacuees at the  assembly area and inform incident commander if anyone is missing or injured) |  |

1. **Severe Weather/Tornado/Hurricane/Extreme Heat Sheltering Protocol**

If a tornado warning is issued, broadcast a warning throughout all buildings instructing everyone to move to designated tornado shelter immediately.

Other severe weather may only require sheltering if it involves loss of power or heat to apartments.

See Appendix for information on using community rooms as “Resilience Hubs” during severe weather that causes loss of power or extreme heat events in summer.

|  |  |
| --- | --- |
| **Shelter-In-Place Team Assignments** | **Name / Location** |
| Team Leader |  |
| Person to monitor weather sources for updated emergency instructions and broadcast warning if issued by weather services |  |
| Persons to direct personnel outside to enter the building |  |
| Persons to direct employees to designated tornado shelter(s) |  |
| Location of tornado warning system controls |  |
| Location of tornado shelters |  |

**APPENDIX**

1. **Acronyms**

|  |  |
| --- | --- |
| ARC | American Red Cross |
| BFE | Base Flood Elevation |
| BH-FRM | Boston Harbor Flood Risk Model |
| CDBG | Community Development Block Grant |
| CDO | Community Development Organization |
| CMHS | Center for Mental Health Services |
| DFE | Design Flood Elevation |
| DHCD | MA Department of Housing & Community Development |
| DHS | Department of Homeland Security |
| DPS | Department of Public Safety |
| EMS | Emergency Medical Services |
| FEMA | Federal Emergency Management Agency |
| FIRM | Flood Insurance Rate Map |
| HUD | US Department of Housing and Urban Development |
| MC-FRM | Massachusetts Coast Flood Risk Model |
| MEMA | Massachusetts Emergency Management Agency |
| RCAT | Regional Capital Assistance Team |
| SBA | Small Business Administration |
| USACE | US Army Corps of Engineers |

1. **“Resilience Hub” – a designated space to shelter-in-place**

For an LHA development, DHCD recommends that a resilience hub be created in a community room, community building, or contained common area space designated to support residents and coordinate resource distribution and services before, during, or after a natural hazard event.

The resilience hub is a designated indoor space that should meet these minimum standards:

1. Building and Access Elevation – 2ft. above Design Flood Elevation (DFE) if in FEMA flood zone
2. Maximum occupancy at least 50% of resident count is recommended, if possible
3. Potable Water Storage – 6 gal. per resident (1 gal./person/day for 6 days)
4. Backup Power Serving:
5. Heating
6. Cooling
7. Lighting
8. Power outlets for device charging
9. Refrigerator (small, for medications)
10. Toilet(s)

Additional recommended facilities and equipment include:

1. Backup Power
2. Refrigerator (regular sized, for medications and food)
3. Well pump or water pump, as applicable
4. Cooking Range
5. Cots, Blankets
6. Shower(s)
7. Food storage

DHCD and the RCATs will help LHAs determine the best sites to establish resilience hubs. DHCD will also develop design guidance and sample specifications for the procurement of electric generators, and the range of electrical, HVAC and plumbing system modifications that may be needed to create a resilience hub.