

Guidance for Mass Care Operations in a Pandemic Environment

Commonwealth of Massachusetts

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SECTION 1. INTRODUCTION

The Commonwealth of Massachusetts has developed this guidance to address changes to, and additional requirements for, the provision of mass care in a pandemic environment. Although this guidance was developed during the Spring 2020 COVID-19 response and incorporates lessons learned, guidance specific to COVID-19, and best practices from that response, it was intentionally developed to provide guidance for use in *any* pandemic. COVID-19 lessons learned are scattered throughout this document. These notes from the Spring 2020 COVID-19 mass care operations may be helpful in planning for future operations.

This document identifies **Decision Points** throughout the guidance to highlight decisions that the jurisdiction, organization, or agency will need to make when developing their pandemic mass care plans. This document also provides highlighted **Recommendations** in text boxes to call attention to specific recommendations being made. **AFN Notes** are recommendations for ensuring accessibility of mass care program components discussed. AFN is the acronym for access and functional needs.

1.1 SCOPE

The information contained within this guide is not intended to establish a new or separate mass care plan, standards, or requirements for mass care and shelter operations. This guidance addresses only the policies, procedures, and protocols that may need to be adjusted, added, or reviewed for implementing mass care operations in a pandemic environment.

This guidance addresses mass care for healthy, quarantining, and isolating individuals who were displaced from their residence. While this includes individuals with disabilities and others with access and functional needs, it is not intended to address or provide guidance for alternate care sites, med surge, or other medical sheltering. Mass feeding operations are not addressed in this guidance because pandemic feeding guidance already exists. See App E. Resources for links.

All information contained within should be customized to meet the specific needs and operational structure of the local community or the region.

1.2 KEY TERMS

The terms below will be used in this guidance as they are defined here.

Accommodation is a reasonable modification that must be made unless to do so would result in a fundamental alteration in the nature of the service, program, or activity or if it would impose an undue financial or administrative burden.

Pandemic¹ refers to an epidemic that has spread over several countries or continents, usually affecting a large number of people.

Isolation separates sick people with a contagious disease from people who are not sick.²

Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.³

Social distancing, also called “physical distancing,” means keeping space between yourself and other people outside of your home.⁴

Non-congregate sheltering: Locations where each individual or household has living space that offers some level of privacy (like hotels, motels, casinos, dormitories, or retreat camps).⁵

Congregate sheltering: Locations where individuals and households are provided space in a common area with limited or no privacy such as gymnasium or auditorium.

Guest/client/resident/individual/household are all terms that will be used interchangeably to refer to individuals displaced and seeking housing at a congregate or non-congregate sheltering site.

Operating agency: The jurisdiction(s), agency(ies), or organization(s) responsible for the operation and management of the shelter.

1.3 PANDEMIC DISASTER MASS CARE WORKING GROUP

This guidance was developed by the Pandemic Disaster Mass Care Working Group led by MEMA and DPH. The working group consisted of representatives from state agencies, local emergency management, boards of health, and voluntary agencies.

Working Group Members:

LOCALITIES

¹ CDC Introduction to Epidemiology course.

² CDC.gov, “Quarantine and Isolation”, <https://www.cdc.gov/quarantine/index.html>

³ CDC.gov, “Quarantine and Isolation”, <https://www.cdc.gov/quarantine/index.html>

⁴ CDC.gov, “Social Distancing,” <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

⁵ American Red Cross, “COVID-19 Non-Congregate Sheltering Framework”.

- Chelmsford, Massachusetts
- Franklin Regional Council of Governments
- Northampton, Massachusetts
- Barnstable County, Massachusetts
- Boston, Massachusetts
- Springfield, Massachusetts
- West Springfield, Massachusetts

STATE AGENCIES

- Massachusetts Emergency Management Agency
- Massachusetts Department of Health
- Massachusetts Office on Disability
- Massachusetts Department of Mental Health

VOLUNTARY ORGANIZATION, FEDERAL, AND IHE PARTNERS

- American Red Cross, Massachusetts
- FEMA Region 1
- Salvation Army
- University of Massachusetts
- International Fund for Animal Welfare

1.4 PLANNING ASSUMPTIONS

The following assumptions will likely apply to any pandemic and were considered in development of this guidance. Many were adapted or are provided verbatim from FEMA's COVID-19 guidance documents.

- Natural, technological, or human-caused disasters will occur concurrently within a pandemic event.
- The safety and security of all mass care responders is priority.
- A pandemic event has different and more complex planning elements that must be considered to ensure a safe and successful delivery of mass care resources and services.
- When a disaster occurs concurrent with a pandemic, congregate sheltering will not always be advisable, due to social distancing or isolation/quarantine requirements.
- Many personnel responsible for operating critical infrastructure, including utilities, supply and distribution channels, and transportation will be stricken with pandemic illness, taking care of sick family members, exercising social distancing and/or unable to perform their duties.
- Households with pets may not evacuate to a shelter that does not include placement for their pet onsite with them, whether in a co-located or stand-alone facility.
- Supply chains and municipal services will be significantly disrupted due to restrictions and/or quarantines.

- Many jurisdictions do not have adequate plans for responding to a natural, technological, or human-caused disaster in a pandemic environment.
- Transportation restrictions and disruptions substantially slow the movement of essential supplies.
- Emergency managers and mass care operating agencies will work closely with public health officials to identify, monitor, prevent and control outbreaks of pandemic illness or other diseases in shelter settings.
- Homeless populations residing in congregate shelters will be at risk due to lack of space for social distancing and increased risk of cross contamination.
- Non-governmental organizations including voluntary agencies typically relied upon during disasters will not be able to or may choose not to maintain an adequate level of service delivery with or without appropriate quantities of PPE and volunteer staff.
- Insufficient quantities of PPE for both workers and survivors may stop or impede response activities.
- Staff from additional service providers, including food servers and security, should be monitored for signs of pandemic illness when working in or making deliveries to a mass care and emergency assistance facility.
- Jurisdictions will provide NGOs and community groups with pandemic-related guidance and include these organizations in planning to help facilitate their support of survivors in need of mass care and emergency assistance.
- Some survivors and households who require sheltering will arrive at the shelter without medical equipment, medical prescriptions and/or supplies, personal assistance services (caregivers) and personal protective equipment (PPE).
- Most jurisdictions do not have adequate plans for ensuring equal access to emergency programs, services, and communications and will need guidance and assistance from the Commonwealth and FEMA.
- Traditional shelter space will be reduced drastically as a result of social distancing requirements.
- Planning will include alternate options, such as sheltering-in-place or non-congregate shelters such as hotel/motels, dormitories, renovated facilities, or campgrounds.
- More individuals will seek shelter at a non-congregate sheltering site than a congregate sheltering site.
- Planning will include alternate feeding strategies for those located in non-congregate shelters.
- Due to the impact of a pandemic, augmentation of a jurisdiction's mass care and emergency assistance capabilities may take longer to arrive or may be entirely unavailable.

SECTION 2. PANDEMIC SHELTERING IN MASSACHUSETTS

2.1 COMMONWEALTH PANDEMIC MASS CARE POLICY

During a pandemic, life-safety remains the top priority during disaster events. It will be the policy of the Commonwealth for state mass care operations that when life-saving mass care operations are necessary, individuals will immediately be moved to safety and pandemic considerations will be secondary until the event has stabilized. Every effort will be made to implement public health guidance related to the current pandemic, but operational decisions will be made based upon immediate threats to life and safety.

In the event local communities are overwhelmed and cannot meet the demand for mass care and shelter services, or in situations where consolidation of resources will allow a greater number of individuals to be served or will result in cost efficiencies, the Commonwealth will implement congregate and/or non-congregate sheltering (NCS) options.

NCS options will help reduce exposure and transmission and ensure that individuals requiring quarantine or isolation can be effectively separated from others. As soon as safe and possible, the Commonwealth will implement non-congregate sheltering (NCS) options when feasible to reduce exposure and transmission and ensure that individuals requiring quarantine or isolation can be effectively separated from others.

When it is not possible to provide non-congregate sheltering sites or it is necessary to begin with congregate sheltering and move to NCS later in the response, the guidance and protocols established in this document and those established by the Department of Public Health (DPH) and Centers for Disease Control (CDC) for the current pandemic will be implemented. The policy of the Commonwealth is to shift to NCS as quickly as possible, keeping the duration of congregate sheltering brief to reduce the opportunity for exposure and transmission. When NCS options are limited, high-risk individuals and those requiring quarantine or isolation will be prioritized for placement at these sites.

DECISION POINT

Each locality will need to decide if it will operate congregate shelters, a blend of both congregate and non-congregate shelters, or only non-congregate shelters.

2.2 FEMA COVID-19 PANDEMIC OPERATIONAL GUIDANCE

In late May 2020, FEMA published *COVID-19 Pandemic Operational Guidance for the 2020 Hurricane Season* to “help [state, local, tribal, and territorial] emergency managers and public health officials respond to incidents during the 2020 hurricane season amid the COVID-19 pandemic.” In that guidance document, FEMA committed to and recommended the following regarding mass care operations for the 2020 hurricane season only:

- FEMA will support state, local, tribal, and territorial (SLTT) partners and NGOs to mitigate risks and support efforts consistent with public health guidance.
- FEMA will work with SLTT partners to provide greater flexibility for the eligibility of both congregate and non-congregate options for reimbursement under the PA program.
- In an emergency or major disaster declaration that authorizes Public Assistance, Category B, emergency protective measures, FEMA will adjust policies to allow SLTTs to execute NCS in the initial days of an incident.
- SLTTs should work with FEMA regions to:
 - Plan for appropriate scope and duration for sheltering resources based upon anticipated needs
 - Ensure that data, documentation, and tracking mechanisms are in place
 - Plan appropriate accessibility considerations for people with disabilities and those with AFN and ensure adequate availability of such resources.
- As part of the sheltering plan, SLTTs should outline a transition from NCS to alternate options, including Temporary Sheltering Assistance (TSA), of for a timely termination when NCG is no longer needed.

DECISION POINT

Considering FEMA's guidance above:

- If the locality, agency, or organization is planning to provide NCS, how will the plan address appropriate scalability, duration, and scope of the NCS operation?
- How will data such as occupancy, client information, and costs be tracked for an NCS operation?
- Would working regionally for NCS operations be more cost effective and operationally feasible?

2.3 PANDEMIC MASS CARE MODELS IN ORDER OF PUBLIC HEALTH (PH) PREFERENCE

In developing this guidance, the PDMCWG recognized that not all localities or regions have the same resources, capabilities, or preferences. A mass care approach that works well for one locality might be infeasible in another or a mass care approach may need to differ significantly based upon the season and levels of tourism. This document provides guidance for the various types of sheltering (congregate and non-congregate) and housing sites (hotels, dorms, etc.) so that any locality, agency, or organization can use this document to inform its planning and operations. Table 1 provides examples of various model approaches to providing sheltering in a pandemic environment.

Table 1. Pandemic Sheltering Models.

Sheltering Option/Public Health (PH) Preference	Description, Benefits, and Challenges
<p>Exclusively non-congregate sheltering</p> <p>PH Preference: Preferred model</p>	<p>Non-congregate sheltering may be operated in hotels, dormitories, campgrounds or any other facility that allows each household to have a private, separate space for housing.</p> <p><u>Benefits:</u></p> <ul style="list-style-type: none"> • Reduced risk of transmission and exposure to disease. • Reduced staffing requirement. <p><u>Challenges:</u></p> <ul style="list-style-type: none"> • Availability of sites • Upfront costs • Costs without federal declaration and reimbursement • Tracking of individuals/households exiting shelter site • Ability to provide NCS site at onset of short- or no-notice incidents
<p>Initial congregate sheltering / Rapid move to all non-congregate sheltering</p> <p>PH Preference: If immediate NCS not feasible, this is preferred PH model.</p>	<p>Individuals and households are initially placed in a congregate setting but are screened and transferred to an NCS site as soon as feasible. This transfer may occur quickly or may take several days depending upon the situation, needs, and feasibility.</p> <p><u>Benefits:</u></p> <ul style="list-style-type: none"> • Reduced risk of transmission and exposure to disease. • Reduced staffing requirement once congregate shelter is demobilized • Can be implemented for short- and no-notice incidents • Reduces costs of individuals not showing up to NCS sites <p><u>Challenges:</u></p> <ul style="list-style-type: none"> • Initial congregate site may increase risk of exposure and transmission • Availability of sites • Upfront costs • Tracking of individuals/households exiting shelter site

Sheltering Option/Public Health (PH) Preference	Description, Benefits, and Challenges
<p>Congregate sheltering for general population / Non-congregate sheltering for quarantine, isolation, and high-risk populations</p> <p>PH Preference: For events/locations with limited NCS capacities, PH preference is to prioritize ill and high-risk for NCS.</p>	<p>Provides traditional, congregate sheltering for those not at high-risk for the current pandemic but allows for separating ill and high-risk individuals to reduce exposure and transmission and to protect those most vulnerable.</p> <p><u>Benefits:</u></p> <ul style="list-style-type: none"> • Reduces the need for NCS space • Reduces need for additional congregate spacing given current social distancing requirements • Reduces upfront costs of NCS • Reduces transmission and exposure risk for most vulnerable • Still allows for separation of healthy and ill populations <p><u>Challenges:</u></p> <ul style="list-style-type: none"> • Potential for individuals to inaccurately claim high-risk status to be transferred to NCS site • Availability of NCS sites • Tracking of individuals/households exiting shelter site
<p>Small-scale all congregate sheltering (<25 people)</p> <p>PH Preference: Avoid if possible, transmission and exposure risk significantly higher than NCS options</p>	<p>Traditional congregate sheltering with an occupancy cap of 25 individuals.</p> <p><u>Benefits:</u></p> <ul style="list-style-type: none"> • Operating agencies can use existing congregate sites • Availability of most congregate facilities under the control of local or state government • Existing mass care plans can be utilized with adjustments for the pandemic • Keeps transmission and exposure rates as low as possible <p><u>Challenges:</u></p> <ul style="list-style-type: none"> • Still increases risk of transmission and exposure • If significant numbers require sheltering, additional sites will need to be identified, assessed, staffed and resourced

Sheltering Option/Public Health (PH) Preference	Description, Benefits, and Challenges
	<ul style="list-style-type: none"> Operating agencies will want to ensure sites can support separating healthy and ill populations
<p>Medium scale all congregate sheltering (25-50 people)</p> <p>PH Preference: Avoid if possible, transmission and exposure risk significantly higher than NCS options</p>	<p>Traditional congregate sheltering with an occupancy cap of 50 individuals.</p> <p><u>Benefits:</u></p> <ul style="list-style-type: none"> Operating agencies can use existing congregate sites Availability of most congregate facilities under the control of local or state government Existing mass care plans can be utilized with adjustments for the pandemic Keeps transmission and exposure rates lower than large-scale or mega shelters <p><u>Challenges:</u></p> <ul style="list-style-type: none"> Increased risk of transmission and exposure If significant numbers require sheltering, additional sites will need to be identified, assessed, staffed and resourced Operating agencies will want to ensure sites can support separating healthy and ill populations
<p>Large scale (>50 people)/Mega shelter</p> <p>PH Preference: <u>Avoid if possible</u>, very serious transmission and exposure risk</p>	<p>Traditional congregate sheltering with no occupancy cap.</p> <p><u>Benefits:</u></p> <ul style="list-style-type: none"> Operating agencies can use existing congregate sites Availability of most congregate facilities under the control of local or state government Existing mass care plans can be utilized with adjustments for the pandemic Does not require additional sheltering facilities <p><u>Challenges:</u></p> <ul style="list-style-type: none"> Does not substantially reduce risk of transmission and exposure outside social distancing and PPE measures taken

DECISION POINT

Will the locality place individuals who require quarantine or isolation in the same housing facilities or in separate facilities?

Sheltering Option/Public Health (PH) Preference	Description, Benefits, and Challenges
	<ul style="list-style-type: none"> Operating agencies will want to ensure sites can support separating healthy and ill populations

SECTION 3. NON-CONGREGATE SHELTERING

Non-congregate sheltering (NCS) is defined above in Sect. 1.2. NCS can be provided in several facility types including hotels, dormitories, vacant nursing homes or office buildings, or campgrounds. Each type of NCS facility has unique benefits and challenges but generally, these facilities ensure that:

- Individuals/households are not sharing typical common areas such as bathrooms, shower facilities, and kitchens;
- Individuals/households have their own sleeping space and can reduce to contact with others, thereby reducing exposure to the infectious disease; and
- Meals and other supplies can easily be dropped at doors minimizing contact between clients and staff or volunteers.

Non-congregate sheltering is not an eligible expense for reimbursement through FEMA public assistance *unless* the state, local, or tribal government receives approval from FEMA in advance of the operation. This approval is only available for federally declared disasters so any time that NCS is provided in a local or state-declared event, the SLTT government should be prepared to bear the costs.

3.1 CONSIDERATIONS FOR ALL NON-CONGREGATE SHELTERING OPTIONS

Each NCS housing option (hotel, dorm, campground, etc.) will have its own, unique considerations and needs; however, some issues pertain to all NCS housing options. These issues are described in the following sections.

3.1.1 SEPARATING POPULATIONS

There are many reasons housing healthy, quarantine, and isolation populations at the same NCS site might be more appropriate or feasible such as inadequate capacity at NCS sites or cost-effectiveness of operating multiple locations. NCS facilities may be used to safely house general populations (including individuals with disabilities, others with access and functional needs and non-acute medical shelterees), and those who require quarantine and isolation (“mixed-use”) if they can be separated onto different floors, separate wings of same floor, or into separate buildings of the same facility to reduce exposure and limit transmission. If this level of separation is impossible, healthy and ill populations should be housed in separate facilities.

The following subsections address common concerns around housing populations in mixed-use facilities to aid in this planning.

AIR FLOW CONSIDERATIONS

Negative airflow or separate ventilation/AC is not necessary for the COVID-19 pandemic. This may not be the case in other pandemics so consultation with the Department of Public Health or local Board of Health regarding the need for negative air flow will be necessary to determine the need for negative air flow or isolated ventilation and air conditioning systems.

If negative air flow is required and a shelter facility is unable to provide this or is not able to quickly and cost-effectively be retrofitted to facilitate negative air flow, health and ill populations should be housed in separate building or facilities.

USE OF ZONES

If ill populations are housed in the same facility as healthy populations, staff and volunteers working on the floors housing ill or exposed individuals (commonly called a hot zone) will need an area (commonly called a warm zone) where they can remove personal protective equipment (PPE) and conduct hand hygiene so that they do not carry infectious materials with them into uncontaminated areas (cold zones). Zones should be clearly defined and posted. If there is not a bathroom that can be used for hand hygiene in the warm zone, consider installing a temporary sink for this purpose.

USE OF PPE

For COVID-19 or other respiratory illnesses, shelter clients should wear a face mask or face covering outside of their rooms when traversing through the facility. Staff and volunteers at a minimum should also wear a face mask while working in the facility. Staff, especially medical staff, working in close contact with shelter clients should wear appropriate PPE per DPH guidance (i.e. gloves, face mask, etc.).

3.1.2 STAFFING

NCS sites used only for healthy populations can be operated with reduced staffing compared to congregate shelters. Mixed-use NCS facilities will require *significantly* more staff than those housing only healthy populations and will require on site medical staffing. However, individuals requiring quarantine and isolation will need to be housed whether it is in the same facility or separate so staffing needs across the operation might be fairly equivalent.

Staff working in a mixed-use facility housing healthy and ill individuals will require just in time training on providing services in a pandemic environment. NCS site management will need to be detail-oriented and pay close attention to the requirements of maintaining separation between zones. For example, shelter managers will need to ensure that staff and volunteers are not assigned duties that would require them to work both in the hot zones and cold zones. Additionally, staffing assignments should ensure that the individuals assigned to work in the hot zone should remain as consistent as possible to reduce the number of individuals exposed to the disease. When PPE is used in accordance with official guidelines, this continued work in the hot zone does not

increase the risk of infection.

If the NCS site will be mixed use, staff and volunteers working at the site may need to plan to quarantine and undergo testing following completion of their deployment/assignment. It might also be advisable to have local staff and volunteers stay onsite when working at mixed use NCS sites to avoid exposing family and household members.

3.1.3 SCREENING

This section addresses two types of screening: initial screening and on-going screening. An initial screening conducted prior to boarding an evacuation transportation vehicle is preferred when feasible because it enables separating populations during transport or at the mass care site. Once at a mass care site, ongoing screening should be conducted to monitor new or existing symptoms in staff, clients, and volunteers.

RECOMMENDATIONS:

- DPH recommends use of symptom screening where individuals are asked about their symptoms and the combination of their responses is used to determine whether the individual should be separated from healthy individuals. DPH considers this a more effective approach to screening than temperature screening alone.
- All staff, volunteers, and clients should be screened at the onset of mass care operations.
- Screen staff, volunteers, and clients a minimum of once per day and upon re-entry to the shelter.

For COVID-19, DPH recommends use of symptom screening where individuals are asked about their symptoms and the combination of their responses is used to determine whether the individual should be separated from healthy individuals. DPH considers this a more effective approach to screening than temperature screening alone.

Self-Screening Kits Best Practice

During the COVID-19 outbreak in spring 2020, the American Red Cross (ARC) provided self-screening kits to households placed in hotels for disaster mass care. Individuals were screened before being provided a hotel room and then conducted self-screenings daily. ARC Health Services called every household daily to check on the screening results and conduct a wellness check.

DECISION POINT

- Will screening be done at the point of evacuation or upon arrival at a mass care site?
- If done at the evacuation point, will separate transportation be provided for each group?

INITIAL SCREENING

All staff, volunteers, and clients should be screened at the onset of a mass care operation regardless of whether the jurisdiction has decided to house healthy and ill populations at different sites or to house mixed population at the same site. The following considerations should be incorporated into planning for initial screening:

- Ensuring social distancing while this screening is conducted is critical to reducing exposure and transmission until individuals can get to their assigned housing location or assigned rooms within an NCS.
- Screening for the pandemic illness does not require healthcare professionals but any additional medical screening and supervision should be conducted by a healthcare professional such as the local Department of Health or Red Cross Health Services staff.
- The screening process should follow the Department of Health's guidance on appropriate screening.
- Registration programs used for mass care should be updated to include screening results. This may require increased security and privacy policies and procedures if the registration system did not previously house medical data.
- If individuals are not screened until they arrive at a mass care site and individuals requiring quarantine and isolation are not being housed at that site, transportation will be needed to the appropriate housing site.

ONGOING SCREENING

Individuals who arrive healthy may develop symptoms during their stay and individuals with symptoms may experience an increase/worsening of symptoms. To help ensure these changes are identified and addressed, all shelter clients, staff, and volunteers should be screened a minimum of once daily and upon reentry to the NCS facility. Daily screening will help ensure that individuals are provided the services and supports they need in the most appropriate environment given their current health and safety needs. Individuals who are in quarantine or isolation may require screening more than once per day to identify whether additional medical assistance or supervision is required.

Screening should follow DPH's screening guidance for the current pandemic.

AFN NOTE INDIVIDUALS MAY NEED ASSISTANCE WITH SELF-SCREENING

Many individuals will be able to self-screen via video or phone with healthcare professionals; however, some individuals may not be able to because of disability or mental health issues and some populations should not be relied upon to self-screen. As such, some on site medical staffing may be necessary to conduct or assist with screenings in person. It is also important to ensure equally effective communications with individuals who do not speak English well, individuals who are blind or low vision, individuals with hearing loss, and those with other speech or communication disabilities. This can be done using language and ASL interpreters, communications assistive technology, or other methods appropriate for the particular individual's needs.

FAILED SCREENING

The agency or organization managing the NCS facility will need to clearly define the protocol for how individuals who fail the screening are addressed. Considerations should include, at a minimum:

- Whether the individual or entire household should be moved to another floor or other mass care site;
- Disinfection and cleaning of any rooms and linens used by someone who fails screenings;
- Arrangements for testing;
- Notification to staff and volunteers who have worked with the individual or household;
- Notification to site management for reporting to appropriate public health officials; and
- If the household has a pet or service animal, that animal may need to be decontaminated depending upon the current pandemic illness.

RECOMMENDATIONS:

- *Develop clear protocols for addressing individuals in NCS settings who fail screenings.*
 - *If an individual screens for positive for the pandemic disease, educate the individual on the actions being taken and the reasons behind them to help the individual understand, cope with and comply with the requests.*
-

3.1.4 MEDICAL STAFFING AND SUPERVISION

NCS sites housing only healthy populations should not need additional medical staffing in excess of typical ratios provided in congregate sheltering. In fact, fewer medical staff may be required similar to the reductions in general staffing. Operating agencies should ensure that any medical staff working directly with clients, particularly those who require quarantine or isolation, are provided appropriate PPE. When developing staffing plans for these sites, consider providing shorter shifts or ensure that medical staff are provided regular breaks for respite for staff required to work for prolonged periods in PPE.

AFN NOTE ACTIVITIES OF DAILY LIVING AND PERSONAL CARE ASSISTANTS

Activities of Daily Living (ADLs) are “everyday functions and activities individuals usually do without help. ADL functions include bathing, continence, dressing, eating, toileting and transferring.”⁶ Assistance with activities of daily living is not considered a medical need and should not be used as eligibility criteria to prevent access to NCS sites.⁷ An individual’s ability to provide their own personal care assistant (PCA) should also not be used to prevent access to NCS sites.⁸ Segregating individuals or diverting individuals to an institutional setting such as a

⁶ Commonwealth of Massachusetts Division of Insurance, *Glossary of Long Term Care Expressions*, <https://www.mass.gov/service-details/glossary-of-common-long-term-care-expressions>

⁷ The Americans with Disabilities Act, *Title II Technical Assistance Manual*, U.S. Dept. of Justice, <https://www.ada.gov/taman2.html#II-3.5000> (TEXT OF REGULATION: “II-3.5100 General. A public entity may not impose eligibility criteria for participation in its programs, services, or activities that either screen out or tend to screen out persons with disabilities, unless it can show that such requirements are necessary for the provision of the service, program, or activity... II-3.5200 Safety. A public entity may impose legitimate safety requirements necessary for the safe operation of its services, programs, or activities. However, the public entity must ensure that its safety requirements are based on real risks, not on speculation, stereotypes, or generalizations about individuals with disabilities.”); *Brooklyn Center for Independent Living, et al., v. Michael Bloomberg and the City of New York*, 980 F. Supp. 2d 588, 684-685, (S.D.N.Y. 2013); U.S. Department of Justice Statement of Interest, 12-13 (*Brooklyn Center for Independent Living, et al., v. Michael Bloomberg and the City of New York*, 980 F. Supp. 2d 588, 684-685, (S.D.N.Y. 2013)).

⁸ 28 C.F.R. Part 35 App. B (“Paragraph (b)(8) also prohibits policies that unnecessarily impose requirements or burdens on individuals with disabilities that are not placed on others. For example, public entities may not require that a qualified individual with a disability be accompanied by an attendant.”)

skilled nursing facility or hospital based solely upon their disability is prohibited by several non-discrimination laws.⁹

Operating agencies should plan for and be prepared to provide personal care services to individuals with disabilities in order to ensure equal access to emergency sheltering and housing programs. If an individual needs clinical-level care or care that requires a licensed medical professional, he or she should be transferred to an appropriate medical facility.

3.1.5 WELLNESS, ENVIRONMENTAL, & SAFETY CHECKS

In congregate sheltering operations, interaction between staff and clients occurs frequently providing ample opportunities for staff and volunteers to check in with shelter clients, provide support, and communicate important information. In an NCS setting, particularly during a pandemic, that interpersonal interaction is limited but the same welfare, wellness, and safety needs will exist.

RECOMMENDATION:
Conduct in-person or virtual wellness, environmental, and safety checks regularly.

Some issues that arose at hotels being operated during Spring 2020 COVID-19 response include individuals covering smoke detectors with plastic to smoke in their rooms, excess trash accumulation due to eating meals in rooms, and use of windows to exit an isolation hotel without security or medical staff awareness.

To prevent these issues and ensure a safe and healthy environment within NCS sites, operating agencies should consider conducting virtual and telephonic check-ins with individuals to ensure they are safe, the environment is healthy and sanitary and to determine if there are any health or wellness needs.

⁹ Americans with Disabilities Act Title II; Sect. 504 of the Rehabilitation Act of 1973 as amended; *Olmstead v. L.C.*, 1999 (stated that that unjustified segregation of persons with disabilities constitutes discrimination in violation of title II of the Americans with Disabilities Act.)

REDUCING EXPOSURE DURING CHECKS

Best Practice – Chelmsford, MA

Chelmsford operated a hotel for individuals requiring quarantine and isolation during the Spring 2020 COVID-19 response. At the beginning of the operation, safety and wellness checks were not conducted regularly because of the health risk to staff. When safety concerns were identified, the Town decided to implement safety checks. Guests were asked to exit their room so that staff could enter and ensure safety equipment was intact. Guests were able to monitor their rooms and belongings during the check from the hallway and staff were able to maintain social distancing.

Best Practice – Department of Public Health

Due to the COVID-19 pandemic, use of telehealth increased rapidly and significantly. At the state-operated Isolation & Recovery Sites, iPads were provided to ensure guest access to health care providers. The DPH recommends using technology already being used for telehealth visits to maintain physical separation while conducting virtual safety and health checks.

3.1.6 PHARMACY AND ADDICTION SERVICES

Pharmacy and addiction/recovery services are critical to the health and safety of individuals. In a non-pandemic environment, individuals staying in shelters are able to pick up medications, including methadone, without issue; however, individuals who are under quarantine or isolation are not able to do this without potentially spreading the disease. To ensure individuals are able to receive medications, operating agencies should plan and prepare to provide them onsite when possible. *It is important to note that administration of methadone must be done by a licensed medical professional.*

3.1.7 REGISTRATION, TRACKING, AND ACCESS CONTROL

Most of the processes for registration, tracking, and access control that are used in congregate sheltering operations will remain unchanged for NCS. The considerations for these areas during a pandemic are provided as decision points below.

An operating agency may also consider whether to use a virtual registration system rather than having face-to-face registration. Registration systems can be quickly set up through online software such as Form Stack, Smartsheets, or Survey Monkey.

AFN NOTE The process for requesting disability accommodations may not be as simple or as easy to communicate to clients at NCS sites. When adapting the registration system, forms, and processes for non-congregate sheltering, ensure that a clear process for requesting and providing accommodations is developed and determine how this information will be communicated to individuals using the NCS site.

DECISION POINT

- What additional information should be tracked? Do any previously inapplicable privacy laws apply to that data?
- How will guests be required to check-out from/leave the NCS site and program?
 - Both FEMA and the American Red Cross report that being charged for unoccupied rooms is a persistent, common issue with NCS operations.
- Will the operating agency attempt to control access to a NCS site similar to what is commonly done in congregate settings?

3.1.8 WRAP-AROUND SERVICES

The various types of NCS settings (hotels, dorms, etc.) will have differing services and resources available but the types of wrap around services needed will generally mirror the services provided in congregate settings. The services that operating agencies might need to contract for or may have difficulty with are discussed below.

JANITORIAL SERVICES

Janitorial services include typical cleaning of common areas and rooms. This is usually done by site staffing but may be a challenge during a pandemic.

During Spring 2020 COVID-19 response, the Commonwealth found that some hotels were willing to provide janitorial services even when being used for isolation, but other hotels were not. Consequently, the Commonwealth needed to locate a vendor to provide janitorial services at several hotels and this proved to be a significant challenge. Finding a contractor willing to provide janitorial services in the common areas took several weeks and only one company responded to the bid solicitation.

It is important to know and to communicate to displaced residents whether in-room janitorial service will be provided while a room is occupied. Individuals may be expecting their rooms to be cleaned and daily linen service, but this service

RECOMMENDATIONS:

- *When selecting a NCS site, ask whether janitorial services will be provided including in-room cleaning.*
- *Provide soap and paper towel throughout facility to encourage and assist with cleanliness.*
- *Ensure adequate supply of hand sanitizer.*
- *Post hygiene and cleaning instructions throughout the hotel.*

may not be available when the site is used for sheltering, particularly if housing individuals in quarantine or isolation.

Common areas and high-touch points will need to be cleaned at least daily during a pandemic and possibly more often if the facility or building is housing individuals in quarantine or isolation. If the NCS site is mixed-use (housing healthy, quarantine, and isolation populations), it will be important to minimize use of common areas to reduce exposure and transmission of the disease and to keep the amount of the virus or bacteria present in an area as low as possible.

ROOM DISINFECTION

If an NCS site is mixed use, rooms used by individuals under quarantine or isolation will require disinfection rather than the typical janitorial service. After an individual vacates a room, the recommendation is that the cleaning service wait 24 hours to allow things to settle from the air onto surfaces to maximize effectiveness of the cleaning and disinfection.

RECOMMENDATION: Wait 24 hours after an individual vacates a quarantine or isolation room to clean the room. This allows time for things to settle onto surfaces for more effective disinfection of the room.

There may be situations when registration and tracking systems used by operating agencies need to track when rooms were vacated, cleaned, and available to be reassigned to a new household.

LINEN AND GUEST LAUNDRY

According to the CDC, the only special handling of laundry, both linens and guest laundry, required for COVID-19 is use of PPE and limitations on shaking dirty laundry.¹⁰ This might be different in other pandemic responses. Even with this guidance, operating agencies may find some NCS sites unwilling to process linens for sheltering operations, particularly if the site is mixed-use. Consequently, the operating agency might need to secure a vendor to process linens or identify a site willing to process their linens in-house. Also, if linens will not be changed during a resident's stay at the NCS site, adequate amounts of linens will need to be provided for the duration of the stay.

Guests will need to have access to an onsite guest laundry. The operating agency might want to consider requiring individuals to bag laundry before taking it to the laundry room to help prevent the spread of disease. High touch surfaces in the laundry room should be cleaned daily.

FOOD SERVICES

¹⁰ CDC, *Cleaning and Disinfecting Your Facility*, <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

In congregate settings, meals and snacks are provided to clients in a cafeteria-style setting. This will not be possible in an NCS setting. Regardless of the type of facility used, food services will need to be contracted and meals provided door-to-door or take-out style. Some localities may have existing agreements with, or typical vendors for, food services but additional vendors may be necessary if regular vendors are impacted by the disaster or pandemic, or if the vendor is unable to operate due to operational restrictions imposed during a pandemic.

RECOMMENDATION: If an outside food vendor is necessary, try to identify a vendor that can provide 3 meals per day.

Some hotels will have food and beverage service that can be contracted to provide meals to guests. Some things to keep in mind when considering whether to contract with the hotel for food and beverage:

- Some restaurants provide certain types of food such as Asian, Mexican, or pub fare. This may not be appropriate for all guests.
- Some restaurants are only open for certain meals. In this situation, the operating agency will need to contract for the other meal(s) (usually breakfast).
- On site restaurants typically will not be able to provide snacks.
- On site food and beverage vendors are much simpler than off-site for purposes of logistics, billing, and payment.

Colleges and universities generally all have food and beverage services, but operating agencies will want to ask if the school will require contracting with their food and beverage service when using their dormitories. These services are generally open for all meals and may be able to provide snacks.

AFN NOTE FOOD ALLERGIES AND SPECIAL DIETARY NEEDS

When food is provided as part of a mass care operation, the operating agency will need to ensure it is able to identify, track, and provide food for food allergies, special dietary needs, and other accessibility accommodations that may be necessary related to disabilities, medical needs, and religion.¹¹ Food allergies can be life-threatening so it is critical to work closely with the individuals with the food allergy and the food vendors to ensure the proper foods are provided and prepared safely. For example, during Spring 2020 COVID-19 response, an individual staying at a state-operated isolation hotel was allergic to onions. Although onions

¹¹ Under *Section 504 of the Rehabilitation Act of 1973* and the *Americans with Disabilities Act Amendments Act (ADAAA) of 2008*, “a person with a disability” means any person who has a physical or mental impairment which substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment including eating.

were never included in his meals, the food vendor was an Italian restaurant and cross-contamination occurred triggering an allergic reaction.

When tracking these food needs, it is important to ensure the registration, room placement, and food ordering system properly identify the individual, the special dietary need, and the hotel or dorm room. The system or process will need to notify the food vendor when the individual or household leaves so that the special dietary meals can be removed from the order.

Another disability-related special dietary need to consider is individuals on methadone or other substance withdrawal medications.¹² These individuals consume substantial quantities of liquids during their recovery so if the population being housed is expected to have a large number of individuals requiring methadone or similar, additional liquids or extra cups in rooms should be provided. To illustrate, during the Spring 2020 COVID-19 response, around 30 individuals at one state-operated isolation site (>80% were homeless individuals) consumed more than 240 bottles of juice in 24 hours.

OTHER FOOD REQUESTS

Individuals will make requests for food based upon religious, cultural, and purely personal preferences. Localities and regions should consider establishing clear, consistent policies on how these requests will be handled.

During Spring 2020 COVID-19 response, the Commonwealth provided food to 6 hotels through various food vendors. During these operations, the SEOC Mass Care Group received regular and numerous requests for personal preferences including:

- Blue Gatorade
- Roast beef sandwiches for lunch daily
- Hard-boiled eggs for breakfast
- No lettuce or tomatoes anywhere in the food package (no allergy)
- An adolescent who only wanted to eat cheese pizza
- Only cheeseburgers for all meals

When determining the policy, consider the following:

- Contracts with food vendors will likely have an agreed-upon menu;
- Vendors may not be able to provide individual meals for delivery on short notice under a food service contract; and

¹² Drug addiction, including an addiction to opioids, is a disability under Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and Section 1557 of the Affordable Care Act, when the drug addiction substantially limits a major life activity.

- If one person is provided a meal based upon a personal preference rather than a special dietary need, that number will rapidly increase and soon the operation will look more like a short-order restaurant than a mass care food operation.

DECISION POINT

- Will the locality or region allow individuals to make food requests based upon personal preference?
- Will culturally-based food preferences be accommodated?

INFANTS AND YOUNG CHILDREN

Infants have very specific food and fluid requirements, an immature immune system, are vulnerable to dehydration, and are dependent on others for their care needs. The caregivers of both breastfed and formula-fed infants may require support in an NCS environment. The mothers of breastfed infants may need assistance to continue breastfeeding due to the stress of and other challenges associated with the emergency and being sheltered. These mothers and caregivers may also require assistance with accessing the resources needed to formula feed including, but not limited to:

- Bottles;
- A means to properly sanitize or sterilize feeding equipment;
- A means of heating and refrigerating infant formula; and
- A clean space for preparing baby food.

In addition, it is also important to consider the dietary needs of babies and young children who may require specially prepared foods such as pureed or soft foods. Because these types of foods are unlikely to be available from the food vendor, operating agencies should consider both how to provide assistance to caregivers and their children, and how to secure infant formula and appropriate foods for young children. Operating agencies may want to include in their public messaging the need for families of young children to come prepared.

STORAGE AND ACCESS

When planning for food services at a NCS site, it is important to know what type of kitchen equipment and supplies are available because it will impact when food should be delivered, whether food boxes or meal bags can be provided, and what types of snacks can be provided. If a hotel or dormitory has a full kitchen available, it might be most cost-effective to provide a shelf-stable food box to the individual or family. If a room does not have even a small refrigerator or microwave, meals may need to be delivered 3 times per day or stored in the hotel kitchen, if available.

If rooms provide the ability to refrigerate and reheat meals, food vendors would be able to deliver all 3 meals once per day. This option, however, could result in individuals consuming all their meals prior to mealtimes. Operating agencies might decide this is not a concern because it is a personal choice but should be prepared for complaints from these individuals about not receiving adequate supplies of food.

If meals and snacks will be stored onsite, operating agencies may want to institute storage and access controls. During Spring COVID operations, some state and locally operated hotels experienced vanishing food supplies that then had to be replaced. For example, one hotel with 14 guests and 19 staff consumed 150 breakfasts in 2 days. Another hotel had issues with staff and security guards using up stores of snacks intended for guests. A system that limits access, ensures accountability, and secures food until time to distribute will reduce replacement costs and ensure guests have food when it is needed.

PARTNERING WITH VOADS

Some VOAD partners have considerable food service capabilities. During Spring 2020 COVID-19 response, the Salvation Army supported hotel operations with boxes of MREs, breakfast bags, snacks, and meals. The organization also supported local food operations with shelf-stable food boxes, and meal bags and worked with the Commonwealth to support food banks. Both the Salvation Army and American Red Cross have the ability to provide hot meals from kitchens or mobile units. When developing an NCS plan, it might be beneficial to work with VOAD organizations to support food operations.

3.1.9 PUBLIC INFORMATION

As with health and wellness checks, public information distribution will be different in NCS operations. Congregate sites typically have a public address system available and it is common to provide a public information board for shelter clients. Neither of these is possible in a pandemic NCS setting. There are numerous alternatives to these traditional distribution methods ranging from providing information during wellness checks to sliding flyers under doors to simply referring to an existing information line such as 2-1-1.

AFN NOTE Whatever method is chosen, the information should be provided in the language or format that is accessible to the individual(s) in the room (ie., non-English languages, Braille, or large type font).¹³ Additionally, to help ensure that everyone is able to understand the

¹³ 28 CFR § 35.160 (a)(1) “A public entity shall take appropriate steps to ensure that communications with applicants, participants, members of the public, and companions with disabilities are as effective as communications with others.”, <https://www.law.cornell.edu/cfr/text/28/35.160>; The ADA requires that . . . State and local governments . . . communicate effectively with people who have communication disabilities.” U.S. Department of Justice, Disability Rights Section. <https://www.ada.gov/effective->

information, information should be written at a 5th grade level. Microsoft Office Word has a built-in readability check or there are multiple free services to check readability. A few are listed below:

- <https://readabilityformulas.com/freetests/six-readability-formulas.php>
- <http://www.analyzemywriting.com/>
- <https://datayze.com/readability-analyzer>

3.1.10 BACKUP POWER

Because NCS sites will likely be privately-owned or college and university buildings not typically used for sheltering, it is important to identify and select facilities that have backup power or have the connections to install a generator, establish what the generator will power, and determine whether it will be adequate to support continued NCS operations should there be an outage.

RECOMMENDATION:
Identify and select NCS sites that have existing generator quick connects or onsite generators to ensure backup power is available.

Localities or regions are encouraged to consider conducting a vulnerability assessment of potential NCS sites to develop a prioritized list of sites. The assessment should evaluate presence of connection or generator on site, whether the facility has maintained the equipment, what the generator will power, and adequate fuel supply. Local fire departments may already have information on maintenance and testing of on-site generators.

3.2 HOTELS

During Spring 2020 COVID-19 response, the state and many localities operated NCS at hotels for a variety of populations ranging from at-risk first responders to isolation sites. Hotels were available and willing to provide housing due in large part to the statewide closure of hotels except for their use in COVID response. Essentially, COVID response was the only business available. Once allowed to reopen or during pandemics where hotel closures are not mandated, hotels may not be a possible housing option for NCS because capacity and motivation to house ill individuals are limited.

[comm.htm](#); *Presidential Executive Order 13116 (2000)* requires Federal agencies and recipients of federal financial assistance to examine the services they provide, identify any need for services to those with limited English proficiency (LEP), and develop and implement a system to provide those services so LEP persons can have meaningful access to them.

Some regions or localities may not have the ability to house individuals in hotels because of seasonal variations in capacity and availability of hotels or the high, upfront cost of room rentals for larger incidents. The upfront cost is of particular concern when an incident will not or is unlikely to receive a federal declaration for public assistance reimbursement.

DECISION POINT

NCS operations are significantly safer during a pandemic because they reduce exposure and transmission, but many disasters will not result in a federal declaration. Is the locality or region willing to bear the cost of hotels as the primary sheltering strategy or will the strategy vary depending upon availability of federal reimbursement or incident scale? If the answer is the latter, then NCS may not be eligible. FEMA assumes that all Emergency Protective Measures are taken as those that are/were needed to protect life and property. If the NCS program is contingent upon external funding, then FEMA may determine it not to be necessary.

The sections below discuss considerations specific to using hotels as NCS sites.

3.2.1 GUEST LAUNDRY

In addition to the considerations discussed in *Sect. 3.1.7 Wrap-around Services*, guest laundry in hotels will pose a few extra challenges. First, individuals will need to process their laundry in guest laundry rooms because there will probably not be a large enough number of shelter clients to warrant a laundry trailer. Machines in guest laundry rooms are controlled by either credit card machines or are coin-operated but these can be disabled. The vending company will bill the operating agency for the costs of using the machines and laundry soap must be provided to guests.

Second, laundry belonging to individuals under quarantine or isolation should not be shaken so policies should be in place to reduce 'jostling' of laundry en route to the guest laundry room. The operating agency could institute a rule that requires clients to bag laundry before carrying it through hallways and common areas.

RECOMMENDATIONS:

- *Onsite guest laundry is critical when housing a large number of households.*
- *As soon as a hotel is contracted, request coin or credit card machines on washers and dryers be disabled.*

AFN NOTE If access to guest laundry is made available as part of the mass care service, this part of the mass care service must be equally accessible to individuals with disabilities. PCAs may be able to assist individuals with disabilities but if the operating agency is not planning to

provide PCAs, it will need to find an alternate method of assisting these individuals with their laundry.

3.2.2 AMENITIES AND ENTERTAINMENT

In longer-term congregate shelters, efforts are made to provide recreational and entertainment opportunities to shelter clients for morale and welfare. In a pandemic NCS setting, group activities in common areas may not be appropriate or feasible. Additionally, being in a resource-constrained environment will create some inherent limitations on what can be provided.

RECOMMENDATION: Work with local volunteer and faith-based groups and VOAD organizations to provide games and activities for individuals to use in their rooms when they are not able to participate in group morale and welfare activities.

Morale and welfare issues will likely be increased during a pandemic disaster response so finding alternative ways of providing this support, when feasible, will benefit the guests and potentially reduce negative behaviors within the NCS site. Healthy individuals could be allowed to use common areas for interaction, board games, etc. if public health protocols such as PPE and social distancing are maintained. An operating agency might be able to coordinate with a VOAD organization to provide age-appropriate games and activities to households and

individuals in quarantine and isolation so that their morale and welfare needs are met while maintaining the necessary separation. These products can then go home with the individuals and families.

IN-ROOM PHONES

During the Spring 2020 COVID-19 response, the SEOC Mass Care Group (MCG) discovered that in-room phones were a critical need for the state-operated isolation sites. A majority of the guests were homeless and all other guests were low income, so many individuals did not have cell phones. In-room phones were necessary to ensure healthcare providers could reach their patients for follow up and check-ins.

RECOMMENDATION: Ensure that NCS sites have in-room phones for individuals without cell phones. Some hotels and all dormitories might not be able to support this need.

The SEOC MCG found that some hotels had to install landline phones and reconnect service, many rooms had non-working phones, and one hotel had neither phones nor the ability to provide landline service.

3.3 DORMITORIES

Colleges and universities are frequently used for congregate sheltering but most also have dormitories that may be available for non-congregate sheltering use. Dormitories were available during the Spring 2020 COVID-19 pandemic because all institutes of higher education (IHE) closed during the height of the COVID-19 pandemic, but this might not occur in future pandemics. If IHEs are not closed and students are still residing in these facilities, IHEs will probably not be able to support NCS operations. Other types of facilities will also have dormitories such as military installations and campgrounds so a search for this type of housing should extend beyond IHEs.

The subsection below address topics that will assist operating agencies in planning to use dormitories and partnering with IHEs to support mass care operations.

3.3.1 ADDITIONAL RESOURCES NEEDED

Any dormitories used for mass care will require additional resources not needed when hotels are used, regardless of whether they are at IHEs or other locations. Dormitories do not have linens, toiletries, or kitchen utensils. Dorms typically include basic furniture and nothing else so the costs may be similar to hotels and the logistics will be more complex.

RECOMMENDATIONS:

- *When working with a dormitory site, ask about the layout(s) early on to determine the best use of these spaces and to plan for assigning households to apartment style dorms.*
 - *If unable to avoid healthy and ill populations sharing a bathroom, develop a schedule that moves from healthiest to most ill then allows for cleaning.*
 - *Provide cleaning supplies in shared and common spaces to enable individuals to clean areas they use before and after use.*
-

3.3.2 DORMITORY LAYOUTS MAY BE MOST IDEAL FOR FAMILIES

Many dormitories are laid out as multi-bedroom apartments ranging in size from 2-8 bedrooms with common areas (kitchen, bathroom, living room). This type of layout is best for family groups. It is not recommended that individuals from different households be placed together in a shared apartment-style dormitory. Apartment style layouts across multiple buildings may require additional security and additional shelter management staffing.

Examples of Massachusetts IHE dormitory layouts are provided in App. G.

3.3.3 LARGE, SHARED BATHROOMS

DPH recommends avoiding use of dormitories with large shared bathroom spaces whenever possible to reduce exposure and transmission. If there are limited

numbers of apartments with their own bathroom facilities, those should be provided to individuals in isolation first, quarantine second, and then the general population.

If it is not possible to avoid quarantine and isolation populations using shared bathrooms, DPH recommends developing a schedule for their use that allows healthy populations to use them

first, quarantine second, isolation last and then deep cleaning before the schedule begins again. If cleaning supplies can be provided in the bathrooms, this will also enable individuals to clean the areas they will be using before and after to reduce the spread of infection.

3.3.4 COMMON AREAS

Many dormitories have common areas designed to encourage groups to congregate and interact. During a pandemic, this may increase the transmission of disease within a mass care site. To discourage use of common areas where social distancing is not possible or if there is concern about transmission, consider posting signs or even removing furniture if large groups continue to use the area. Operating agencies should also consider removing furniture with soft surfaces (such as couches) that cannot easily be cleaned.

3.3.5 FOOD SERVICES

Some IHEs and other sites have food and beverage services and may prefer or require that operating agencies contract with these services for feeding during mass care operations. If an operating agency will be contracting with the site for meals, delivery of the meals will also need to be planned and coordinated.

DECISION POINT

Operating agencies will need to work with the IHE to determine if meals be delivered to building doors or to apartments, who will deliver the meals, and at what times?

3.4 SCHOOLS AS BOTH NON-CONGREGATE AND CONGREGATE SITES

When using a school building for mass care during a disaster, operating agencies typically use the buildings only for congregate sheltering in large spaces such as gymnasiums and auditoriums. During a pandemic, an operating agency might want to work with the school district to use non-traditional spaces such as offices and classrooms to provide non-congregate housing space for quarantine and isolation in addition to the congregate areas.

Historically, many operating agencies including the Commonwealth, have experienced resistance to use of these smaller areas for various reasons. School staff and school boards may be concerned about how effectively the air ducts and classrooms can be cleaned and disinfected before returning them to normal use. Additional considerations for using classrooms and offices for mass care include limited space available due to furniture and fixtures, whether classrooms are on generator power, and security concerns related to individuals being able to close and lock doors. Given these concerns, operating agencies should discuss use of these facilities for NCS with local school districts to determine their comfort-

level, overall feasibility, and any additional resource, logistical, or security requirements such use would involve.

SECTION 4. CONGREGATE SHELTERING

Although non-congregate sheltering is the ideal in a pandemic because it reduces exposure to and transmission of disease, it may not be feasible for many localities or in all incidents. It might also be necessary to begin a mass care operation with congregate sheltering and then move to NCS if possible. The priority is **always** life safety and that may mean operating agencies must move people out of harm's way first and worry about exposure and transmission second.

RECOMMENDATION: If congregate sheltering is necessary, prioritize getting the high-risk individuals out of the congregate shelter as quickly as possible.

The sections below address recommendations and considerations for implementing congregate sheltering in a pandemic as safely as possible given the situation. Public health strategies provided here should be implemented in a manner that does not impede response operations but allows for modified or full implementation of the strategies whenever possible. Many of the recommendations and strategies below will require advanced planning and preparation.

4.1 PUBLIC HEALTH STRATEGIES

Public health strategies help reduce exposure to and transmission of disease in mass care environments. As stated above, these strategies should be implemented to the fullest extent possible given the situation and the urgency of incident. Once individuals are safe and out of harm's way, additional steps can be taken to implement additional strategies.

4.1.1 MAXIMUM CAPACITIES IN CONGREGATE SHELTERS

When congregate shelters are operated in a pandemic environment, keeping the total population as low as possible is ideal but life safety is the priority. When maximum population cannot be safely capped, maintaining social distancing (in pandemics where social distancing is recommended by DPH and/or the CDC) should be maintained whenever possible. If capping shelter capacity is possible without impacting life-safety operations, the distance of 6 feet can be used to identify this maximum number in most pandemics.

4.1.2 SEPARATING POPULATIONS

Separating populations ideally means a separate space but this may not always be achievable. If it is possible to provide separate rooms for quarantine and isolation populations, this is the best method of reducing the spread of disease within a shelter. When that is not possible, social distancing and PPE are the guidelines. If social distancing is not possible, separation of high-risk

populations is recommended because it might be impossible to know who is ill, exposed, or healthy.

4.1.3 SOCIAL DISTANCING

Social distancing may not be a recommended strategy in every pandemic; it is primarily recommended for respiratory diseases. If social distancing measures are recommended for a pandemic, as they are for COVID-19, this means minimizing contact in all areas of shelter operations from dorm set up to registration to distributing supplies.

For dormitory area set up, a distance of 6 feet per person equates to 110 square feet per cot/bed area. Dividers can be used as a visual reminder of distancing, but most dividers do not serve an infection control purpose other than demarking the social distance area for the cots. An alternative to dividers that operating agencies could consider is family-sized tents. These provide more privacy, may be less expensive than dividers, and could be set up in some indoor spaces.

RECOMMENDATION: Consider providing the following supplies and equipment to decrease the spread of disease:

- *Hand sanitizer and hand washing stations throughout the shelter,*
 - *Temporary sinks can be installed at shelters in entryways without damaging walls and floors to encourage and facilitate hand sanitation upon re-entry to the shelter.*
 - *Cloth cots or cots with mattresses may require specialized disinfecting equipment such as foggers.*
-

4.1.4 PPE AND SANITATION EQUIPMENT

The primary additional resources required in a congregate shelter during a pandemic are PPE and cleaning equipment and supplies. Although cleaning supplies, equipment, and PPE will be scarce resources during any pandemic, they are a critical need for ensuring the health and safety of clients, staff, and volunteers.

RECOMMENDED PPE

For most situations where a mask is recommended as a public health strategy, surgical masks are typically effective for protecting staff and guests. If transmission rates are high for COVID-19 or another pandemic, DPH recommends providing staff masks, gowns, and

gloves. If the transmission rate is low, masks and gloves are sufficient.

The American Red Cross updated their Shelter Supply List in May 2020 to include the following COVID-related supplies:

COVID items per 50-person shelter per 3 days, 4-6 staff ¹⁴	
Face Masks (All Responders and Clients)	180 Each
N-95 Masks (Health Services Workers & Health Screeners)	18 Each
Non-Latex Gloves Pairs (DHS Workers & Health Screeners)	546 Pairs
Impervious Gowns or Coveralls (DHS Workers & Health Screeners)	78 Each
Goggles or Face Shields (DHS Workers & Health Screeners)	6 Each
Thermometers (All Responders & Clients)	60 Each
Brown Paper Bags (All Responders & Clients)	120 Each

Additional supplies to consider adding to equipment lists include duct tape for donning and doffing PPE; temporal scanners and other equipment needed for screening; and various sizes of bags for PPE reuse and storage, snacks, and meal distribution; and increased amounts of paper towels for cleaning.

NIOSH PPE TRACKER APP

The National Institute for Occupational Safety & Health (NIOSH) developed and has provided at no cost a PPE Tracker mobile app and spreadsheet that can help healthcare and non-healthcare systems track their personal protective equipment (PPE) inventory. Facilities can use the app to calculate their average PPE consumption rate or “burn rate.” The app estimates how many days a PPE supply will last given current inventory levels and PPE burn rate. Based on the [PPE Burn Rate Calculator Excel spreadsheet](#), the app features several improvements, including an easy-to-use interface and the ability to add restock. The app is available for both iOS and Android devices.

Link: <https://www.cdc.gov/niosh/ppe/ppeapp.html>

KEY FEATURES

With the NIOSH PPE Tracker app, an operating agency can:

- Track different types of PPE, such as gowns, gloves, surgical masks, respirators, face shields, and more
- Track inventory by number of boxes or number of individual units
- Add restock when calculating inventory totals
- Calculate burn rate by type of PPE (such as gloves) and for specific units (such as small gloves)

¹⁴ COVID-19 Congregate Shelter Supply List: 50-Client Shelter Operating for 3 Days, RES COVID-19 Congregate Shelter Supply List V.1.0 2020.05.01

- Calculate PPE burn rate by the number of patients being treated and track changes in PPE usage as the number of patients fluctuates
- Download inventory and burn rate data and share reports via email

AFN NOTE INDIVIDUALS WITH DISABILITIES AND REQUIREMENT TO WEAR MASKS

Recognizing that some community members may be unable to wear a mask, operating agencies should have masks on hand that provide for multiple different accommodations such as clear masks for people who need to read lips and face shields that do not directly go against the mouth. Individuals who are unable to use any version of a mask should still be admitted into a shelter and continue to practice safe social distancing.

The Executive Order requiring wearing face coverings issued for the Spring 2020 COVID-19 response exempted individuals with medical issues or disabilities – including psychiatric disabilities – that precluded them from wearing masks. The Executive Order also exempted children under 2 years old and left children ages 2-5 to the discretion of parents.

DECISION POINT

How will the operating agency address individuals who refuse to follow rules regarding social distancing and use of PPE?

CONTROL AND ACCOUNTABILITY

PPE and other safety supplies will likely be in high demand so operating agencies will want to ensure that access to supplies, especially PPE, is controlled and that a process is in place for distributing and accounting for PPE and other supplies. These processes and protocols should consider the current guidance on PPE reuse because it may vary with the pandemic or may change over time in the same pandemic response.

4.1.5 SCREENING

Similar to the guidance provided in Sect. 3.1.3, DPH recommends ongoing screening in congregate shelters a minimum of once daily and upon re-entry to the shelter. For COVID-19, DPH recommends symptom screening which can be conducted by non-medical staff. If a household has an individual requiring isolation and the household has a pet or service animal, that animal may need to be decontaminated depending upon the current pandemic illness. See Sect. 7 Pet Sheltering.

Also, like NCS, the operating agency will need to determine how and when it will conduct initial screening at congregate shelters but conducting initial screenings prior to registration or entry may be both more difficult and more important in a congregate setting.

SCREENING WHEN TIME IS OF THE ESSENCE

If the shelter is open because of imminent or actively occurring severe weather, operating agencies may need to prioritize life safety and just move people indoors as quickly as possible. If time is of the essence in screening, an operating agency could consider asking individuals to self-screen and move to different areas to separate healthy and ill individuals until further screening can be done.

To conduct this sort of rapid self-screening, shelter management could post signs and make announcements directing individuals who were isolating or quarantining to separate locations, those who have particular symptoms to another, and healthy individuals elsewhere. Once individuals are safely indoors and out of harm's way, more systematic screening can be done while teams are registering shelter clients. It is important to note that the ARC expects that the local BOH will support ARC Health Services with screening.¹⁵

AFN NOTE Keep in mind that the announcements and signs directing the self-screening must be accessible and equally effective to individuals with disabilities and those who have limited English proficiency. To help ensure effective communications, operating agencies should plan to provide some or all the following, as appropriate for the jurisdiction's population:

- ASL interpreters,
- Non-English language interpreters;
- Printed signs in the most common foreign languages for the area; and
- Provide individuals to speak directly with clients to answer questions and provide instructions.

As with NCS sites, operating agencies will need to plan how to address individuals who do not pass screening and much of this will likely be based upon where and if individuals requiring isolation are housed. If the individual or the entire household must be moved to another area of the shelter or another shelter altogether, their area and cot(s) will need to be cleaned and disinfected. If the local Board of Health (BOH) is conducting contact tracing for the pandemic, shelter management should notify the BOH of the need to conduct tracing within the shelter. There might also be a need to follow up with individuals for a period after the shelter demobilizes to identify individuals who develop symptoms or test positive after they leave the shelter.

AFN NOTE SEPARATING INDIVIDUALS FROM CARE PROVIDERS

Some individuals who require assistance with ADLs may have a family-member serving as their personal care assistant (PCA). When developing the procedure for moving individuals within a shelter or to another site after identifying the need for the individual to isolate, operating

¹⁵ *Sheltering in COVID-19 Affected Areas*, V.2.0 2020.04.16, American Red Cross; *COVID-19 Operational Decision-Making / Shelter Facility Opening Checklist*, JT V.1.0 2020.04.01, American Red Cross

agencies need to ensure that individuals with disabilities are either kept with the PCAs or provided PCAs when that is not possible. See Sect. 3.1.4 above for information on the need to provide PCAs to individuals with disabilities.

The operating agency will need to plan for whether it will announce when a shelter client tests positive and, if so, how. Information and rumors spread rapidly within congregate shelter environments so operating agencies will need to find a way to balance the need to provide accurate information with the desire to avoid creating panic within the population. DPH strongly recommends working closely with the local BOH to develop messaging regarding the specific steps being taken within the shelter, who will be contacted by the BOH for contact tracing, and what steps individuals who are concerned can take. **It is important that no names be provided when announcing or discussing positive test results.**

DECISION POINT

Will an announcement be made within the shelter if or when a shelter client tests positive for COVID-19 or the current pandemic disease? If yes, how will the announcement be handled and what information will be provided?

4.1.6 CLEANING AND DISINFECTION

Operating agencies should already have cleaning contracts in place for shelter operations but in a pandemic environment, agencies will need to contact vendors to ensure they are willing to provide services in the current pandemic environment. In the Spring 2020 COVID-19 response, the Commonwealth found it difficult to locate vendors willing to provide these services because the companies that provide service in infectious disease environments regularly were too busy to provide services to the state-operated hotels and those who were available were frequently unwilling to risk the safety of their staff.

The operating agency will also want to revisit cleaning and janitorial scopes of work (SOW) to make changes such as providing cleaning several times a day, cleaning touch points frequently throughout the day, or requiring use of specific cleaning products.

4.2 FACILITY REQUIREMENTS

Operating a mass care facility in a pandemic environment may change many things about what is needed in a facility selected for use, how the facility is used, and the number and sizes of sites needed. Localities, regions, and other operating agencies will need to determine if these changes impact decision-making timelines, operational timelines for set up, and staffing requirements.

4.2.1 DETERMINING NEED FOR ADDITIONAL SHELTER FACILITIES

When social distancing is a recommended public health strategy, as it is for COVID-19, capacities for existing shelter facilities will need to be calculated based upon the social distancing recommendation. For example, for COVID-19 social distancing requirements change the typical 40 or 80 sf per person to 110 sf. Due to social distancing requirements of COVID-19 and future pandemics, additional space at shelter facilities or additional facilities may be required. This change may also require additional time to set up and staff multiple sites and to procure resources.

AFN NOTE Regardless of changes to facility sites and setup to implement public health strategies, facilities must always follow accessibility and access guidelines.

DECISION POINT

- Will or can the operating agency change the capacities of existing shelter sites to ensure social distancing?
- If yes, will decision or operating timelines need to be adjusted?

4.2.2 ADDITIONAL AREAS NEEDED

When re-evaluating existing shelter facilities or identifying additional ones, consider the need for areas to conduct symptom and medical screening, quarantine, and isolation. These are not a part of typical congregate site layouts but will be needed during a pandemic mass care response.

If additional areas are not available for quarantine and isolation, refer to Sect. 4.1.2 and 4.1.3 above.

4.2.3 COMMON AREAS AND SHARED SPACES

Congregate sheltering facilities usually have large shared bathroom spaces or portable toilets and showers used by numerous people throughout the day. As with dormitories, DPH recommends developing a schedule for their use that allows healthy populations to use them first, quarantine second, isolation last and then deep cleaning before the schedule begins again. If cleaning supplies can be provided in the bathrooms, this will also enable individuals to clean the areas they will be using before and after to reduce the spread of infection.

There are also common areas in most shelter facilities that will encourage people to congregate and interact. As discussed in Sect. 3.3 above, depending upon the transmission methods and rates of the disease, operating agencies may want to discourage or prohibit groups from using common areas. If social distancing will adequately reduce spread, common areas, including cafeterias, can be safely used but DPH advises using a schedule similar to that mentioned above where healthy use the area first, then quarantined individuals, followed by cleaning. Individuals in isolation should be required to remain in their area whenever possible to reduce interactions between healthy and sick individuals.

RECOMMENDATION: If common areas or shared bathroom spaces will be used, develop a schedule that allows healthy individuals to use the areas first, followed by quarantined individuals, and then cleaning. Unless infeasible, individuals in isolation should remain separated from others.

4.3 STAFFING

Staffing is a challenge for non-pandemic mass care operations but is an even greater concern because volunteer organizations are less able and willing to provide volunteers and stay-at-home orders and pandemic impacts may prevent government employees from being available to staff. Additionally, similar to limited availability of vendor resources, vendor staffing solutions may also be depleted.

When planning for mass care operations in a pandemic environment, redundant staffing plans and a clear understanding of what staffing is available will be essential.

4.3.1 RED CROSS & OTHER VOLUNTEER ORGANIZATIONS

Given that many localities depend upon the ARC for shelter staffing and support and other volunteer organizations for additional mass care support, it is important to understand how COVID-19 impacted their operations. During Spring 2020 COVID-19 response operations, the American Red Cross was not available to provide staffing and shelter management within COVID shelters because ARC volunteers tend to be within the population most at risk for COVID. Other VOAD organizations had similar responses to support during COVID-19, but this may not be true during other pandemics or for all voluntary organizations. For example, during Spring COVID-19 response, the Salvation Army provided and delivered hundreds of thousands

of meals and snacks to hotels and points of distribution and provided hygiene kits to state-operated isolation hotels.

As an example of how operations for the ARC may change during a pandemic, see the excerpted operational guidance the ARC developed for disaster shelters during COVID-19:¹⁶

- Red Cross will NOT operate shelters that do not have dedicated resources for the isolation area;
- Red Cross will only operate isolation areas as a last resort; and
- Red Cross has required each region to develop and maintain 3 ready-to-deploy COVID Sheltering Teams that will manage the dormitory and site operations with community partners.

Keep in mind that the guidance excerpts apply only to disaster sheltering during COVID-19 and additional information can be found in ARC's guidance documents. See footnote below.

VOLUNTEER COORDINATION MEETINGS

If an operating agency typically conducts pre-operational meetings, those meetings may need to be conducted virtually rather than in person. Pre-recorded just-in-time-training programs will also reduce time spent in groups pre-operations and can be reused for future operations.

4.3.2 DPH/BOH STAFFING

During pandemic mass care operations, operating agencies should consider whether an on-site presence of BOH or DPH epidemiologists or other public health staff is desired. If BOH and DPH are not available to provide site staffing during a pandemic, the operating agency and the Commonwealth could consider providing subject matter experts as a reach-back support for shelter management and operating agencies.

4.3.3 SAFETY OFFICER

The ARC has developed and implemented a Safety Officer position for shelters that other agencies may want to replicate. The Safety Officer is responsible for interacting with BOH staff, monitoring safety measures and compliance, liaising with the local police department, among other things. The Red Cross has found that this position removes a significant burden from the shelter manager, allowing the shelter manager to focus on other shelter operations.

4.3.4 TRAINING

¹⁶ *Sheltering in COVID-19 Affected Areas*, V.2.0 2020.04.16, American Red Cross; *COVID-19 Operational Decision-Making / Shelter Facility Opening Checklist*, JT V.1.0 2020.04.01, American Red Cross

In addition to regular shelter and mass care operations training, individuals staffing or volunteering at shelter sites or other mass care operations will need training on providing services in a COVID-19 or other pandemic environment. This training can be provided virtually

Best Practice: Clear Processes for Reducing Exposure

During Spring COVID-19 response, the Commonwealth contracted with numerous vendors as described above. To alleviate concern about exposing their employees to COVID-19 during the delivery of services, the SEOC Mass Care Group provided clear information on the PPE available, expectations for interactions with guests, and on the processes in place to reduce exposure. The process for food delivery (provided below) serves as an excellent example of how a process can reduce exposure risk.

or on site as just in time training. The American Red Cross has developed virtual trainings for partners and has provided information on the trainings to MEMA. Once received, MEMA's Planning Unit will ensure it is sent to the localities for use.

4.4 WRAPAROUND SERVICES

Mass care operations during a pandemic will require the same types of wraparound services such as laundry, security, and janitorial services. During a pandemic, however, the vendors of these services may be unavailable due to the scope of the disaster or unwilling to provide services in the pandemic environment. Pandemic operations may also require changing how these services are provided (providing them more frequently, changing processes, etc).

During the Spring 2020 COVID-19 response, the Commonwealth secured various wraparound services for the state-operated hotels including:

***RECOMMENDATION:** When a pandemic is on the horizon, operating agencies should contact existing mass care vendors and staffing organizations to ensure they are willing and available to provide services.*

- Medical staff;
- Non-medical staff;
- Security;
- Food vendors;
- Janitorial service;
- Decontamination service;
- Transportation;
- Intake and Placement service; and
- Laundry service.

Many of these services were challenging to secure because vendors were supporting other operations or companies and employees feared working directly with individuals in isolation. These challenges are likely to come up in future operations during a pandemic.

FOOD DELIVERY STANDARD PROTOCOLS FOR ISOLATION & RECOVERY SITES

The following procedures should be strictly adhered to for every delivery of food. These delivery people are working with the public and encounter many customers, co-workers, and family in the course of their day so we MUST limit their exposure and deter any transmission. Delivery drivers for food vendors do not receive the same training and PPE supplies that hotel staff and security receive to keep them safe and protected. It is imperative that you that these food vendors are provided safety and some peace of mind in doing this job.

Delivery process:

1. The delivery person will call the site manager a few minutes before arrival to let them know that they are almost there. They arrive at relatively the same time each day, so site managers should be prepared to receive these meals.
2. There should be a table or cart outside the front door they can drop all of the food on and then return to their vehicle prior to interacting with other personnel.
3. Staff can then proceed to the area and bring the food into the hotel.
4. UNDER NO CIRCUMSTANCES SHOULD THE DELIVERY PERSON HAVE TO:
 - Touch the hotel entrance door handle;
 - Be asked to bring food into lobby;
 - Be allowed to go inside the hotel for any reason; or
 - Be touched by staff working at the hotel.

SECTION 5. OTHER MASS CARE OPERATIONS

The guidance provided throughout this document can be applied to any mass care operation including family assistance, cooling centers, and power and shower stations. Pandemics will each have their own, unique recommendations and protocols but these can be applied across the spectrum of mass care operations.

In some cases, however, the CDC or other health agencies may release guidance specific to certain types of operations. For example, the CDC provided guidance specific to cooling center operations during the COVID-19 pandemic.¹⁷ The information provided is consistent with but does not expand upon guidance provided for the pandemic response generally. Another example is the guidance provided specific to animals in COVID-19 that can be utilized in pet shelter planning.¹⁸ Although not necessarily intended for pet shelters, it does provide specific information that will assist operating agencies in developing messaging, adapting pet sheltering plans, and understanding the risks.

¹⁷ <https://www.cdc.gov/coronavirus/2019-ncov/php/cooling-center.html>

¹⁸ <https://www.cdc.gov/coronavirus/2019-ncov/animals/pets-other-animals.html>

SECTION 6. EVACUATION

Pandemics may impact evacuation operations that support mass care operations in several ways. Additional transportation vehicles may be required for social distancing, gas stations and rest areas may be closed, and operating agencies may need additional time to set up more shelter sites. Individuals may be more reluctant to board public transportation and other evacuation vehicles or to leave their homes to stay in a congregate shelter during a pandemic. These concerns and recommendations are discussed in the sections below but keep in mind that each pandemic will vary in impacts, requirements, and public response so evacuation and mass care plans may need modification for each incident.

6.1 EVACUATION DECISIONS AND COMMUNICATIONS

Pandemic environments do not change local responsibilities for evacuation decision-making and communications. The decision to order or authorize an evacuation, timing, and messaging will remain a local responsibility and will continue to be supported by the Commonwealth as appropriate and when requested.

In preparation for the 2020 hurricane season, the Commonwealth will be applying this guidance to its own mass care and evacuation plans and standard operating procedures. These changes will be summarized in a new document, *2020 Hurricane Season Plan*, and at least one new appendix to the State Mass Care Plan will be developed to address pandemic mass care. These documents will be made available to mass care stakeholders to ensure awareness of state plans and for use in adapting or developing local and regional plans.

6.2 EVACUATION PLANNING

6.2.1 TIMELINES

Pandemics may require operating agencies to re-evaluate and adjust both decision-making and operational timelines. This will be particularly difficult given the inherent uncertainty of storm modeling and prediction.

Operational timelines may need to be adjusted if more time is needed to:

- Secure additional transportation vehicles;
- Make additional trips due to reduces vehicle capacity;
- Clean vehicles between trips;
- Set-up additional shelter sites;
- Secure non-congregate sheltering sites; and
- Account for vendor travel and delivery delays.

6.2.2 TRANSPORTATION VEHICLES

Pandemics may require implementing new procedures and protocols for evacuations and use of transportation vehicles in order to protect evacuees, staff, and drivers. However, as stated in Sect 2, getting evacuees out of harm's way is always the priority and the recommendations provided below should be secondary to immediate life safety.

SCREENING AND SEPARATION OF POPULATIONS

When time and the situation allow, symptom screening should be conducted to ensure that evacuees who were quarantining or isolating prior to evacuation are provided separate transportation vehicles. If time does not allow for symptom screening, operating agencies may need to rely on self-disclosure to separate. Some individuals will not self-disclose for various reasons but enforcing current public health strategies such as maintaining social distancing on vehicles and requiring masks will reduce exposure and transmission during evacuation.

If an operating agency is able to provide separate buses, it is best to ensure that each bus is used for the same population throughout the evacuation to reduce exposure and transmission of the disease.

RECOMMENDATIONS:

- *DPH and MEMA recommend having adequate numbers of vehicles on site to allow for this separation of healthy and ill populations without slowing the evacuation.*
 - *Cloth seats will be more difficult to clean and generally cannot be cleaned by evacuees so operating agencies might want to prioritize vendors without cloth seats.*
-

VEHICLE CLEANING

Cleaning a vehicle in between groups being transported is ideal in a pandemic but that may not be realistic. At a minimum, vehicles should be cleaned according to CDC or DPH guidance at the end of each day. Cleaning supplies could also be provided to allow individuals to clean their areas before and after use.

COMPANY/AGENCY WILLINGNESS AND DRIVER AVAILABILITY

During Spring 2020 COVID-19 response, the Commonwealth found it difficult to secure transportation providers for the state-operated isolation hotels. The SEOC Mass Care Group contacted the regional transit authorities but none were willing to provide transportation for individuals with COVID-19. Numerous offers of transportation services came in through the SEOC and the Mass Care Group contacted each one, but initially no private vendors were willing to provide services. Ultimately, the Hampden County Sheriff's Office agreed to provide transportation statewide for the duration of the program. The Sheriff's Office operated 12 hours a day for 3 months, providing service from Boston to Pittsfield at no charge to the Commonwealth. In May, when placements to the hotels spiked, MEMA posted a Request for Proposal for transportation services and received a proposal from 1 private vendor willing to provide transportation services. All transportation for the program was handled by these two

organizations for the duration of the operation because no other vendors or agencies were willing or able to assist.

Operating agencies should be aware that in future evacuations during pandemics, this will likely be a significant challenge and represents a single point of failure for mass care operations. Drivers may be unwilling to risk their health, companies or transit agencies may be concerned about liability for exposing employees or other riders, and some may not be able to support operations due to impacts of the pandemic or disaster on its own operations.

Operating agencies will want to contact transit authorities or transportation vendors when a pandemic occurs or is expected to determine:

- Whether the organization will continue to provide transportation for evacuees,
- If it will require PPE be provided to its drivers,
- To ensure the organization is aware of the cleaning requirements and public health protocols necessary for safe operation in the pandemic; and
- If it has a continuity plan in place.

INCREASING VEHICLES NEEDED

During a pandemic that requires social distancing, an operating agency should anticipate needing additional transportation vehicles because each vehicle's maximum capacity will be reduced and because additional vehicles may be desired for separating healthy and ill populations. See *Diagram 1* below from Louisiana's Governor's Office of Homeland Security and Emergency Preparedness.

If an operating agency will require additional transportation vehicles, it should determine if these vehicles are owned, can be secured through existing contracts, or supplementary contracts will need to be secured. Increased numbers of vehicles may also impact operational and evacuation timelines as discussed in Sect. 6.2.1 above.

AFN NOTE ACCESSIBILITY CONCERNS WITH ADAPTING VEHICLES TO PANDEMIC

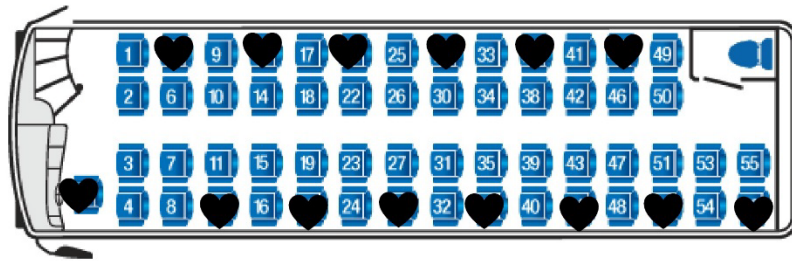
When determining how to implement procedures and rules that protect riders and drivers during a pandemic, agencies must ensure that these rules and procedures do not make a vehicle (and therefore the evacuation service) inaccessible to individuals with disabilities. During Spring 2020 COVID-19 response, public transportation authorities implemented requirements that all riders must wear masks and must enter buses using the rear entrance only. These policies inadvertently created barriers to accessing buses because not all individuals can wear masks, as discussed above, and because rear entrances do not always have the same accessibility features as the front entrances (ramps, railings, etc). MassDOT internally communicated to drivers that individuals with disabilities could still request to enter using the

front entrance and should not be denied service if unable to wear a mask; however, conspicuously posting this information on bus doors and entries and widely publicizing this information would increase awareness of these accessibility options for individuals with disabilities.

When creating these types of rules and procedures for evacuations during a pandemic, work with the Massachusetts Office on Disability, the local Commission on Disability, or another disability service organization to ensure continued equal access to emergency evacuations.

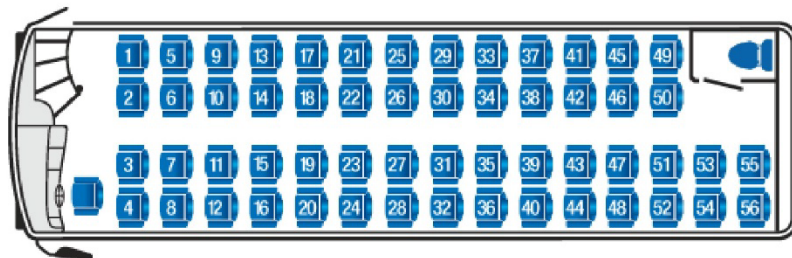
Diagram 1. Motor Coach Seat Diagram Using CDC 6-foot Social Distancing v2. Image developed and provided by Louisiana's GOHSEP.

The top motor diagram with the “hearts on occupied seats” is showing the CDC guidance for Social Distancing. The 6 feet in this diagram pushes the limit between every other row to meet the measurements from chest to chest in the occupied seats.



Keeping with the 6-foot social distancing safe zone, this is pushing the envelope by a couple of inches.

13 passengers per bus



6.4 PUBLIC INFORMATION AND INTERAGENCY COMMUNICATIONS

The goal of public messaging is always to keep individuals safe and to empower them to make good decisions during a disaster. That goal remains the same during a pandemic but may require some additional information because the public may be reluctant to evacuate or seek shelter due to concerns of exposure and transmission. Operating agencies and local jurisdictions should recognize this concern and adapt pre-scripted messaging to include information on:

- Changes to evacuation and shelter procedures to reduce spread of the disease;
- Protective actions being implemented to protect the public during these operations;
- Any changes to established evacuation or post-incident preparedness timelines (ie., do individuals still need to be prepared to support themselves for 3-5 days or is the recommendation 5-7 days or longer?);

- Specific measures that will be in place in congregate shelters to prevent the spread of disease;
- Availability of and eligibility for non-congregate sheltering;
- Considerations for long-distance evacuation such as business closures, quarantine requirements of other states; and
- Messaging specific to transmission of the disease between animals and humans.

SECTION 7. PET SHELTERING

Different diseases have varying effects on animals and so the guidance on how to handle household pets and service animals during a pandemic will differ. When adjusting pet shelter plans for a pandemic, operating agencies should check with the CDC and DPH for the current data and guidance on handling animals and the possibility of infection and transfer to humans. For reference, a household pet is defined as a domesticated animal, such as a dog, bird, rabbit, rodent, or turtle that is traditionally kept in the home for pleasure rather than for commercial purposes, can travel in commercial carriers and be housed in temporary facilities. Household pets do not include reptiles (except turtles), amphibians, fish, insects/arachnids, farm animals (including horses), and animals kept for racing purposes.

The National Animal Rescue and Sheltering Coalition (NARSC) is developing operational guidance for pet sheltering in the COVID-19 pandemic and a series of training webinars. This guidance and information about the webinars will be distributed through MEMA's Regional Managers when it becomes available. NARSC is also willing to provide technical assistance to states, VOADs, and localities on pet shelter planning. Interested agencies should contact NARSC directly for this assistance.¹⁹

7.1 PETS ACT

The Pets Evacuation and Transportation Standards Act of 2006 (PETS Act) still applies to emergency response operations during a pandemic. The PETS Act requires that state, locality, tribal or territorial governments "take into account the needs of individuals with household pets and service animals prior to, during, and following a major disaster or emergency."²⁰ This language does not mandate evacuation or sheltering of pets but it does require that states and localities specify how the operating agency will handle household pets and service animals in evacuation and mass care operations.

¹⁹ NARSC [Contact Us](https://narsc.net/contact-us/) webpage: <https://narsc.net/contact-us/>

²⁰ Pets Evacuation and Transportation Standards Act of 2006. 42 USC 5121.

7.2 MASSACHUSETTS LAW - ENSURING THE SAFETY OF PEOPLE WITH PETS IN DISASTERS

On March 24, 2014, Chapter 54 of the Acts of 2014 was signed into law. This law protects both humans and animals from severe storms and natural disasters by requiring cities and towns to have a plan in place to support the needs of household pets and service animals. While this does not specifically require evacuation or sheltering of pets, it does require planning specific to how a locality or the state will support these households.

The language of the statute is as follows:

“Any emergency plan of operations shall include strategies to support the needs of people with household pets and the needs of household pets under their care, including service animals. The local organization for civil defense shall take appropriate steps to educate the public regarding the resources available in the event of an emergency and the importance of emergency preparedness planning.”²¹

7.3 CO-LOCATION, CO-HABITATION, AND NCS OPTIONS

As of June 2020, DPH stated that COVID and some flus can infect pets but there is limited data on transmission to humans. Accordingly, if pets are being brought to a shelter from a quarantine or isolation home, those animals should be separated from other people and animals to the extent possible. Pet owners should be made aware that the social distancing requirements that apply to them as individuals under quarantine or isolation apply to their pets, as well. This will mean that pet owners will need to be aware of these requirements when walking their dogs, cleaning crates, or taking animals outdoors for potty breaks.

If non-congregate sheltering is an option, households with pets can be housed away from the general population in a hotel room of a pet-friendly hotel, in a separate classroom or a dormitory. This would ensure that the pet does not become infected and does not transmit the infection to others.

If non-congregate settings are not an option for household with pets, having pets in congregate settings, whether in a co-located or co-habitational setup, does not raise infection control issues if there is no evidence of animals being the source of infection.

²¹ Link to statute:

<https://malegislature.gov/Laws/SessionLaws/Acts/2014/Chapter54#:~:text=AN%20ACT%20ENSURING%20THE%20SAFETY%20OF%20PEOPLE%20WITH%20PETS%20IN%20DISASTERS&text=SECTION%201.&text=Any%20emergency%20plan%20of%20operations,their%20care%2C%20including%20service%20animals.>

7.4 SERVICE ANIMALS

AFN NOTE The Americans with Disabilities Act (ADA) requirements continue to apply to service animals in evacuations and sheltering operations during a pandemic. Service animals are allowed anywhere that the individual is allowed unless it creates a health or safety risk for the owner or others.²² The U.S. Department of Justice has provided numerous tools for understanding what animals are service animals, what questions may be asked, and when service animals may be prohibited or removed from a facility. Those documents and links are provided in the footnote below.

SECTION 8. REIMBURSEMENT FOR NON-CONGREGATE SHELTERING OPERATIONS

Reimbursement of costs for non-congregate shelters is likely to be a primary concern for any operating agency because (1) federal reimbursement is only available for federally-declared disasters, (2) upfront costs are considerable, and (3) federal reimbursement requires extra steps in the process to make the operation eligible for reimbursement.

It is important to note that FEMA will not reimburse expenses for retrofitting or altering facilities to make them usable for NCS operations.

8.1 FEDERAL REIMBURSEMENT FOR NCS

Congregate sheltering operations are always eligible for reimbursement when a federal public assistance declaration is received. Non-congregate sheltering operations, however, require a state, tribe, or locality to do the following, in order:

²² *Service Animals*, U.S. Department of Justice Disability Rights Section (“Generally, title II and title III entities must permit service animals to accompany people with disabilities in all areas where members of the public are allowed to go”), https://www.ada.gov/service_animals_2010.htm; *Frequently Asked Questions about Service Animals and the ADA*, U.S. Department of Justice Disability Rights Section, [https://www.ada.gov/regs2010/service_animal_qa.html#:~:text=The%20ADA%20requires%20that%20service,the%20handler%20at%20all%20times.&text=The%20service%20animal%20must%20be,prevents%20use%20of%20these%20devices](https://www.ada.gov/regs2010/service_animal_qa.html#:~:text=The%20ADA%20requires%20that%20service,the%20handler%20at%20all%20times.&text=The%20service%20animal%20must%20be,prevents%20use%20of%20these%20devices;); *About service and assistance animals*, Massachusetts Office on Disability, <https://www.mass.gov/service-details/about-service-and-assistance-animals>

RECOMMENDATION:
Operating agencies should consider developing a template order and request letter for NCS operations to reduce the time it takes to receive approval from FEMA.

1. During a pandemic, prior to beginning NCS operations, the state, tribal, or local (STL) lead public health official must issue an order directing the implementation of non-congregate sheltering. The order should include the reason it is necessary, the population(s) that will be housed, and how the operation will be scalable dependent upon need.
2. A locality will submit an official request to FEMA through the state for approval of their NCS operation. For state operations, the state will submit a request to FEMA for approval of their NCS operation. The state may submit a request that covers localities for the same type(s) of NCS operations so that localities are able to skip this step.
3. Once approval is received, NCS operations may begin and must be carefully tracked and documented.
4. Approval is generally for a 30-day period and the approval must be renewed every 30 days.

The letters and orders used for Spring 2020 COVID-19 response are provided in App. C as an example.

8.2 FEMA COVID-19 REIMBURSEMENT POLICIES

For COVID-19, FEMA implemented a new policy²³ specific only to disasters declared between June 1, 2020 and December 31, 2020. This policy removes the requirement for pre-approval for non-congregate sheltering operations and includes additional items as eligible expenses. The 30-day approval period remains but government entities may incur expenses 6 days before the incident period begins.

AFN NOTE As always, recipients of federal financial assistance must proactively ensure that shelters, both NCS and congregate, programs, and services are equally accessible to individuals with disabilities. This may include ensuring effective communications and complying with applicable physical accessibility requirements, such as those identified under the Americans with Disabilities Act and Architectural Barriers Act. Shelters must also provide meaningful communication and program access to individuals with limited English proficiency.

FEMA's policy document *FEMA Emergency Non-Congregate Sheltering during the COVID-19 Public Health Emergency (Interim)* is included as App. F.

8.3 NON-FEDERALLY DECLARED DISASTERS

²³ FEMA Policy 104-009-18

Localities will need to decide if they will use NCS during disasters that will not or are not likely to result in a federal declaration. Residents will need to be housed regardless of the potential for a federal declaration, but the concern about the high up-front costs of an NCS operation may deter use of hotels or other NCS sites. Localities may also want to conduct a cost-comparison of various types of sheltering operations to determine if NCS operations would actually be more expensive than congregate sheltering. NCS may require less staffing and resources than congregate sheltering given the amount of overtime and backfill costs and resources required for those operations.

8.4 INFORMATION COLLECTION AND DOCUMENTATION

Non-congregate sheltering should not require significantly different types of information to be collected at registration, but it may necessitate virtual registration processes. FEMA will require documentation for each individual housed such as:

- Why the individual needed housing or how the individual met the eligibility criteria
- The number of nights of housing provided
- The cost of the housing
- Services provided that are or may be eligible for reimbursement

The prohibition on duplication of funds applies to NCS operations as it does to all others.

During a pandemic, there may be an increased need to collect medical information on individuals related to their diagnosis and treatment. Operating agencies should work with their counsel to ensure the data collection, security, and privacy measures implemented comply with applicable laws and regulations.

APPENDIX A. EXAMPLE MEMORANDUM OF AGREEMENT WITH STATE-OWNED INSTITUTES OF HIGHER EDUCATION

The Revocable License Agreement below was developed with the attorney for State colleges and universities, with the exception of University of Massachusetts campuses, and MEMA's legal counsel. This is provided as an example only that could be used and amended for future mass care operations. This Agreement was not signed by any college or university. Each school may require an additional document spelling out the specifics of using their individual facilities.

REVOCABLE LICENSE AGREEMENT

This Revocable License Agreement ("Agreement" or "License") is made by and between _____ State University (**hereinafter "the University" or "Licensor"**) and **the Massachusetts Emergency Management Agency (MEMA)** (herein after "Licensee"). Together they are referred to as "the Parties."

WHEREAS, the Licensee is a state agency coordinating the emergency response of the Commonwealth during the COVID-19 ("the virus") pandemic; it is preparing for the temporary use of University dormitory rooms premises; and

WHEREAS, the University wishes to create the possibility of allowing Licensee temporary use of a portion of the premises, for the purposes described herein, subject to the terms and conditions of this Agreement.

NOW THEREFORE, in consideration of the forgoing, and for other good and valuable consideration described herein, the parties agree as follows:

1. License to Use Space: The University grants MEMA a revocable license to use the space described in Appendix A (hereinafter "the Licensed Space"), subject to the conditions of this Agreement. The Parties expressly acknowledge and agree that this Agreement is not a lease, and that it does not create or convey to the Licensee any interest in the Licensed Space. Licensee shall be entitled to occupy the Licensed Space solely for the purposes herein provided and for the term stated herein unless this license is revoked or the proposed use is not possible for the University.

2. Term: Any license granted by the University shall be for a term commencing on _____, 2020 and expiring on _____, 2020.

3. Revocation: In the event the Licensee breaches any material term of this Agreement, the University shall be entitled to revoke and terminate this License by providing to the Licensee notice of five (5) calendar days. The Licensee shall not be entitled to any of the rights of a tenant under the law.

4. Purpose of Use: The Licensed Space shall be used by MEMA to house individuals to be quarantined or isolated following an exposure to others who have been exposed to those

afflicted with or those who are known to be carriers of the COVID-19 virus. The Space also may be utilized by caregivers and first responders for whom isolation at their homes is not reasonable or possible. Licensee shall use the Licensed Space only to conduct activities in accordance with the stated purposes herein and shall not permit the use of Licensed Space for any other purpose. The Licensee shall not remove from the Licensed Space any personal property of the University without the permission of the University.

5. Request to Use, Notice: The Licensee shall request in writing that the University make space available at least forty-eight (48) hours in advance of its desired utilization of the Space, if possible. The notice shall identify that number of dormitory rooms sought, the number of people to be housed, the reasons these people require isolation or quarantine and whether these people are first responders, health care providers or area residents. Within twenty-four (24) hours of the request, the University shall inform MEMA the extent to which it can satisfy the request, if at all.

Licensee acknowledges students and employees of the University are present and residing on University's property, and MEMA shall use and occupy the Licensed Space and property in a careful, safe and lawful manner, which does not interfere with the use of the campus by its present residents. Licensee agrees that the use of the Licensed Space shall at all times be in full compliance with all applicable laws and regulations.

6. Condition of Licensed Space: Within one day prior to utilizing the Space, representatives of MEMA and the University shall walk through the space, ascertain its condition and document any faults in the condition. The University makes no warranties whatsoever regarding the condition of the Licensed Space. By entering into this Agreement, Licensee acknowledges that it has inspected the Licensed Space and found it suitable for Licensee's purposes. In no circumstance is the University under any obligation to make any repairs, renovations or alterations to the Licensed Space. Licensee further acknowledges that it will make no repairs, renovations or alterations to the Licensed Space without the written consent of the University.

7. Food Services on Licensed Space: If the Licensee requires food services of any kind, it is solely responsible for contracting with the University's vendor and managing such services, including delivering the food services to the individuals being housed. The Licensee is responsible for all costs associated with such services.

8. Custodial Services to the Licensed Space: Licensee agrees to regularly clean the Licensed Space and remove and dispose of all garbage and debris from the Licensed Space. Licensee shall return the Licensed Space to the University in its prior condition, after it has been properly cleaned in accordance with standards established by the United States Centers for Disease Control and Prevention (CDC).

9. Supplies and Equipment: The University will permit Licensee to use its equipment within the Licensed Space, including, but not limited to: beds, mattresses, tables, lights, desks, dressers,

and such other resources and materials the Parties may designate. The University shall allow MEMA and those it is housing to gain access to the University's "guest" internet connection.

10. Staffing designees: At all times during the term of this Agreement, Licensee shall designate a Facility Manager to be on site of the Licensed Space during standard business hours, and will provide the contact information for another MEMA administrator who may be reached outside standard business hours.

The University shall designate a University Manager who will act as the point of contract for administrative issues when MEMA prepares for and utilizes the Licensed Space. The Director of Public Safety shall be the University designee for all matters concerning the security of the Licensed Space and visitors to the space.

9. Security: MEMA shall ensure that a security plan and appropriate security measures are in place at the Licensed Space. The Director of the University Public Safety/ University Police Department has sole discretion to determine the measures that constitute an appropriate level of security. The Licensee agrees that it shall share with the University all security plans in advance of Licensee's use of the Licensed Space and as later requested by the University.

8. Fees and Reimbursement: MEMA shall assist the University in identifying State accounts, if any, designated for such reimbursement or in receiving reimbursement from the Federal Emergency Management Agency for related costs incurred for the following:

- a. Cost of repairs to or replacement of damaged or destroyed property with the exception of reasonable wear and tear, resulting from the occupancy of University dormitories or other Licensed Space.
- b. Cost of custodial, maintenance and security personnel, including goods and personnel costs, including overtime, which would not otherwise have been incurred but for the utilization of the Licensed Space.
- c. Operational costs of the University, including utilities and waste disposal that would not otherwise have been incurred but for the utilization of the Licensed Space.

9. Authority and Control: The Licensee agrees that it shall conduct all activities in the Licensed Space in accordance with applicable federal, state and local laws. The Licensee acknowledges that neither it, nor its officers, employees and agents shall be regarded as employees of the University under the meaning or application of any federal, state or local laws, including but not limited to unemployment insurance or workers' compensation laws, and shall not be entitled to any of the benefits of a University employee. Licensee assumes all liabilities and obligations imposed by any such laws. Neither Licensee nor its officers, employees or agents shall have authority to act as an agent of the University and shall not hold themselves out as such.

10. Points of Contact:

- A. The University will designate two points of contact:

- i. An administrator (University Manager) who will serve as the primary point of contact, and who has the authority to authorize the opening and access of the Licensed Space.
 - ii. A security point of contact (Chief of Public Safety/Police) who will interact with the Licensee and other local and/or state law enforcement to ascertain and require the necessary level of security personnel, participate in creating appropriate security plans and/or responding to security demands.
 - B. Licensee will designate three points of contact:
 - i. An Administrator (Facility Manager) who will serve as the primary point of contact during standard business hours.
 - ii. An Administrator who will serve as the point of contact outside standard business hours.
 - iii. A head of security who will interact with the University's security point of contact with MEMA-provided security and other local and/or state law enforcement, as necessary.
12. Insurance: MEMA shall request its contractors providing services at the University to maintain (1) general liability insurance, with the limits of at least \$1,000,000/\$3,000,000 and (2) excess liability insurance of at least \$5,000,000 naming MEMA and the University as additional insureds on these policies and covering incidents that may occur on the University's premises and in the Licensed Space. Licensee shall provide a copy of such policies to the University within two days of executing this Agreement and later at its request.
13. Equal Opportunity: The Parties agree that all actions in performance of this Agreement shall be undertaken without regard to any individual's race, color, religion, ancestry, national origin, creed, age, sex, sexual orientation, handicap, or other protected class, as identified by law.
14. Compliance with Laws: Licensee shall use the Licensed Space in accordance with all applicable laws, statutes, ordinances, regulations, permits, licenses and requirements of its own insurance policies.
15. Non-Assignability: Licensee shall not assign, transfer or sub-license this Agreement.
16. Other Considerations: Licensee shall permit visits to the Licensed Space by members of the University, local and/or state health departments, and local and/or state law enforcement. Licensee acknowledges that such visits may take place at any time while Licensee occupies and uses the identified Licensed Space herein.
17. Governing Law: This Agreement shall be governed by, interpreted under, construed, and enforced exclusively in accordance with its own provisions and the laws of the Commonwealth of Massachusetts.

18. Media and Press: MEMA will coordinate all releases of information to the press, media and general public regarding the use of the Licensed Space and will collaborate with the University's Communications Officer when the University receives requests for information or interviews. MEMA will make every effort to recognize the role of the University and the safety of MEMA's operations in any press or media releases.

19. Entire Agreement, Amendment: This Agreement and its Appendix contain the entire agreement by the Parties, and no covenants, representatives, inducements or promises, oral or otherwise, not embodied herein, shall be given any force or effect. This Agreement may not be modified, except in writing signed by the Parties. If any portion hereof shall be deemed invalid, all remaining portions shall survive and remain in full force and effect.

Licensor, _____ State University

By: _____

Title

Date

Licensee, MEMA

By: _____

Title

Date

APPENDIX B. SAMPLE SCOPES OF SERVICE

All of the example documents provided below were developed as emergency contracts during Spring 2020 COVID-19 response operations. In addition to what is included in the scope of services, clear policies for cancellation, changes, and descriptions of services should be documents.

MEMA's Planning and Fiscal Units are able to provide technical assistance to localities developing scopes of service for congregate and non-congregate sheltering.

Scope of Services for Non-Congregate Sheltering at Hotel

Scope of Services

Sheltering Accommodation Contractor

The Massachusetts Emergency Management Agency has contracted with XXXX for all the following services as outlined in the scope of work.

MEMA has agreed to an initial payment for 7 days of rental of their hotel rooms. All future payments issued on a weekly basis for the following services:

Room rate [ADD ROOM RATE]

Number of Rooms Has 65 suites with full size kitchen

Has 39 rooms with microwave and fridge (if not yet, they will purchase)

Availability

Check in April 15, 2020

Check out May 30, 2020 or when state of emergency and program services end

Details

- There will be no housekeeping in the room.
- The hotel will provide general hotel (lobby and touch points)
- The hotel will provide linen cleaning
- The hotel will provide towels, bed sheets, toiletries delivered outside the door every 5 days.
- Guest will put the trash out in the hallway every three days for hotel staff to remove.
- There will be food services provided by MEMA, 3 meals per day

- Upon departure, MEMA will provide a cleaning crew to sanitize the rooms.
- Has guest laundry onsite and will disable coin/cc machine
- Has wheelchair on site
- 24-hour front desk coverage
- Maintenance available upon request
- Has Wi-Fi, TV, and phones in all rooms
- Has the following: Coffee maker, shampoo, soap, conditioner, coffee supplies, toilet paper in rooms
- 2 sets of linens and towels in rooms along with large and small trash bags

Payment Terms

MEMA will issue a seven-day payment for 104 room per night for 7 nights, via the Commonwealth credit card to the hotel upon an invoice. Then, starting on April 25, 2020 the hotel will submit a weekly invoice, which MEMA will process.

SCOPE OF SERVICES FOR SECURITY

The security scope of service below was used for the state-operated isolation hotels but names of companies and dollar amounts have been removed.

The Massachusetts Emergency Management Agency has engaged the services of XXX to provide security services as outlined below. These services will be provided to multiple locations throughout the Commonwealth.

This purchase order is issued under OSD Contract FAC83 and will cover all the items noted below and as agreed throughout purchase order. Any additional needs for services and/or equipment must first be approved through MEMA's fiscal office and executed as an amendment to this purchase order.

All rates will be as approved under FAC83.

SCOPE OF SERVICE

[SECURITY COMPANY] will provide an unarmed security guard for every floor (4) at the [HOTEL], in [CITY/TOWN], MA.

The [OPERATING AGENCY] will provide proper PPE for these guards while on duty at the hotel.

The duties of these guards are as follows:

- Remind the clients to stay in their rooms
- Remind guest of the 6-foot social distancing from all persons
- In the event of any issues that present a health and safety situation the guard will call 911

Whenever possible MEMA will provide an individually wrapped meal.

Hotel location: [Enter location]

[SECURITY COMPANY] agrees to extend the period of engagement both in length of time and in locations throughout the Commonwealth. [SECURITY COMPANY] will notify [OPERATING AGENCY] if they cannot perform these duties in advance so that [OPERATING AGENCY] can seek additional services from other vendors. [OPERATING AGENCY] agrees to increase the obligation of this contract in the event of unforeseen or necessary changes. All changes must be made in writing and executed through the Fiscal office before additional services or expenses can be incurred.

SCOPE OF SERVICES FOR NON-CONGREGATE SHELTERING AT HOTEL**Scope of Services
Sheltering Accommodation Contractor (Hotel)**

The [OPERATING AGENCY] is herein contracting for services at hotels across the Commonwealth to be utilized for shelters for individuals that have tested positive for COVID-19. These individuals are well enough to be discharged from acute care hospitals but must be quarantined or isolated outside a large group shelter setting.

Through this contract [HOTEL/HOTEL COMPANY] agrees to provide the following services to [OPERATING AGENCY] under the terms and conditions of [____]. [OPERATING AGENCY] reserves the right to cancel this contract due to insufficient funding, emergency needs, alleviation of the need for services, or for convenience with [due/reasonable/required] notification to [HOTEL/HOTEL COMPANY]. Payments will be made as described below after invoiced services have been verified by [OPERATING AGENCY]. At no time shall [HOTEL/HOTEL COMPANY] undertake services outside this Scope of Services without express direction from [OPERATING AGENCY] documented in writing/email. Any such service increase or change must be executed through an amendment to this contract.

[HOTEL/HOTEL COMPANY] shall provide [SPECIFY NUMBER OF ROOMS] rooms at a rate of \$[RATE] per night for the purpose of housing evacuees/patients/first responders displaced as a result of [NAME OF DISASTER]. Charged rate shall be the minimum rate charged for each room and does not include "room charges" made by the occupants unless explicitly approved by [OPERATING AGENCY]. [HOTEL/HOTEL COMPANY] shall provide all regular room services except where noted below. [OPERATING AGENCY] reserves the right to increase or decrease the number of rooms booked based on need and on the availability of rooms.

The first night shall be [FIRST NIGHT] and the last night shall be [LAST NIGHT]. [HOTEL/HOTEL COMPANY] may invoice [OPERATING AGENCY] at the end of each week for the number of rooms agreed to for that week. [OPERATING AGENCY] shall make payment via credit card or other method agreed to. [OPERATING AGENCY] shall not pay for rooms beyond final checkout of the occupants unless damages or other reason causes the room to be unavailable. [OPERATING AGENCY] shall compensate [HOTEL/HOTEL COMPANY] for all reasonable costs necessary to returning rooms to occupancy standards.

Details [Sample below of hotel providing some regular services but not others; negotiate with each hotel. Each disaster and pandemic may require adjusting this list to meet the needs of the current pandemic or disaster.]

- There will be no housekeeping in the room.
- The hotel will provide general hotel (lobby and touch points)
- The hotel will provide linen cleaning
- The hotel will provide towels, bed sheets, toiletries delivered outside the door every 5 days.
- Guest will put the trash out in the hallway every three days for hotel staff to remove.

- There will be food services provided by MEMA, 3 meals per day
- Upon departure, MEMA will provide a cleaning crew to sanitize the rooms.
- Has guest laundry onsite and will disable coin/cc machine
- Has wheelchair on site
- 24-hour front desk coverage
- Maintenance available upon request
- Has Wi-Fi, TV and phones in all rooms
- Has the following: Coffee maker, shampoo, soap, conditioner, coffee supplies, toilet paper in rooms
- 2 sets of linens and towels in rooms along with large and small trash bags

SCOPE OF SERVICE FOR CLIENT INTAKE SERVICES

The scope of work provided below was used to guide the client intake and placement service vendors for Spring 2020 COVID-19 operations.

Vendor will facilitate and document the intake and release of individuals being directed to the temporary housing programs which started on or about March 21, 2020. The American Red Cross will assume responsibility for client intake and release beginning April 30, 2020.

CLIENT INTAKE AND MANAGEMENT

- Receive calls using a single phone number from referring organizations, individuals or their alternate points of contacts.
- Be available to receive calls from 7am – 7pm daily.
- Gather registration information using the tools & forms provided by MEMA according to the process & restrictions provided by MEMA
- Upon receiving an eligible individual, conduct intake, arrange transportation, assign to the appropriate housing site, document information provided during intake, and confirm arrival and room placement at hotel.
- Upon release from isolation or voluntary withdrawal from the program, document the individual's release or exit from the program, notify receiving shelters when applicable, and arrange transportation.
- Communicate housing placement to clients via direct contact or by client designee.
- Provide daily reports as required.

MANAGE SHELTER ACCOMODATIONS

Vendor will:

- a. Vendor shall communicate to the client that they must remain in the hotel or other assigned housing, except for emergencies. Failure to do so may result in removal from the program and the provided housing.
- b. Vendor shall communicate to client that he or she is expected to remain in their assigned rooms, except for emergencies, unless onsite medical staff have given different instructions.
- c. Vendor shall communicate to the client that they may not charge incidentals (phone, movies, food, etc.) to the room and that the Contractor shall not pay for such charges.
- d. Abide by state client privacy and confidentiality laws & guidelines.
- e. Ensure that the MEMA-provided housing intake and tracking tool is completed for each individual requesting housing.
- f. Verify eligibility of individuals to participate in the program based upon the most current eligibility criteria for the initiative.

- g. Be available to receive client calls using a single phone number Sunday through Saturday between the hours of 7am and 7pm to ensure effective management of the temporary housing program & intake management.
- h. Communicate with all housing facilities regarding responsibilities and protocols for communicating incidents or other issues related to housed clients.
- i. Immediately notify MEMA in writing of any serious incident at or in a dormitory or hotel involving, or alleged to involve, a client participating in this program, including date and time, nature of incident, individuals involved, and a thorough description of the incident, including any interventions such as police, fire, or other agency.
- j. Confirm with the housing location the arrival and departure dates and times of each client initial placement and any changes to the placement.
- k. When notified that a client is absent from the housing location, document status and dates housing vacated.

Communicate with onsite staff at the housing location when an individual will be onsite to ensure accommodations are ready and client can enter safely.

ELIGIBILITY

Only individuals who, due to COVID-19, are:

- Are homeless individuals without a location to isolate AND
- Do not require acute medical care AND
- Have either tested positive for COVID-19 OR are symptomatic and have an order from a healthcare provider for isolation.

The Commonwealth may change eligibility for certain housing sites or set additional eligibility criteria or exceptions for this program. Such criteria or exceptions and will be relayed to the VENDOR at the time said criteria becomes effective.

DESCRIPTION OF MEMA PROGRAM MANAGER

MEMA will designate a program manager for the Commonwealth's Temporary Housing Program. The Program Manager shall:

- a. Serve as the primary point of contact with the Contractor on the program.
- b. Update relevant state agencies and volunteer organizations in order to support the deployment of resources.
- c. Serve as the conduit of information, including updated occupancy information, to relevant state agencies and volunteer organizations.
- d. Refer any issue raised by the Contractor, as defined in 1.K and 1.L., to the appropriate state agency or volunteer organization member as needed.
- e. Support the Contractor, if needed, with any inquiries/concerns households may have as requested by hotel/motel vendors or families directly.

- f. Assist the Contractor, if needed, to arrange transfers of individual from one site to another.
- g. Notify the Contractor if an agency intends to be onsite at the hotel/motel to meet with individual.
- h. Verify each Contractor invoice prior to payment by MEMA, based on updated information contained on the spreadsheet.
- i. Provide sites authorized and available for placement.
- j. Provide the process and restrictions for placement.

SCOPE OF SERVICES FOR TRANSPORTATION

Bid for Emergency Transportation Services

1. Description or purpose of the procurement

During times of emergencies, the Massachusetts Emergency Management Agency (MEMA) may require the transportation of individuals and groups, including individuals who are COVID-19 positive, to and from group reception centers, state and local shelters, medical facilities, staging areas or other temporary locations utilized in response to human-made, natural, and health-related emergencies. Through this RFR MEMA is soliciting responses from multiple vendors that will serve as on-call providers. Responding vendors may offer single or multiple modes of transportation (car, van, bus, coach, etc.), must be able to coordinate all aspects of point-to-point transportation, must be able to track all passengers, must maintain safe and clean vehicles, and must be capable of coordinating with MEMA in pre-event planning sessions. Throughout the life of the contract there may be potential for change, based on changing needs of the agency. MEMA reserves the right to add additional services that the vendor offers.

2. Acquisition Method

This procurement will result in a rate-based Master Service Agreement (MSA) that will be referenced in future services requests if/when emergency needs arise.

3. Request for single or multiple contractors.

This is a rolling enrollment RFR that allows any vendor that applies and meets the requirements of this RFR to be added to the contract as long as the RFR is active. Any executed contract from this RFR will expire on the last day of all extensions no matter when the vendor was added. There will be no contract written that will exceed the end date of the last extension.

4. Use of a procurement by a single or multiple departments.

This procurement is for the use of the Massachusetts Emergency Management Agency.

5. Anticipated duration of contract, including renewal options.

The initial term of any contract(s) resulting from this RFR will be for four (4) years, plus four (4) options to renew for up to one year each. The total maximum contract term is eight (8) years.

6. Anticipated expenditures and compensation structures.

Anticipated Expenditures. As future Purchase Orders resulting from this solicitation will only be used in emergency situations, MEMA makes no guarantee that any services will be requested. All Purchase Orders will be on an as-needed basis.

Compensation Structures. The compensation structure will be rate based for hourly or mileage use of vehicles, inclusive of driver pay and maintenance. Rental rates may not exceed typical

rates charged for similar units. Due to the emergency nature of MEMA's needs, mobilization rates may be negotiated to reflect rush orders that may be made on a 24/7 basis. All future orders will be issued via a Purchase Order document referencing rates and services offered under this RFR that will be subject to a maximum obligation ceiling that may not be exceeded without a written amendment.

7. Performance and contract specifications

Immediate Need: In response to the COVID19 state of emergency, MEMA is supporting the housing of COVID Positive homeless individuals who have no way to isolate during their recovery in hotels across the state. Transportation is needed to bring positive individuals from shelters, health care facilities, or other locations to the various hotels and to bring healthy or still COVID positive individuals back from the hotels to their shelter. The following services are required:

The Transportation Provider will

- Provide transport vehicles that are currently roadworthy, insured and inspected in the Commonwealth of Massachusetts, and operate said vehicles within the rules, regulations and laws of the Commonwealth of Massachusetts.
- Provide and manage its own dispatch and transportation routing and scheduling.
- Provide a driver and at least one additional staff person for each transportation run.
- Provide a driver licensed to legally operate the vehicle and who meets all driver requirements in the Commonwealth of Massachusetts.
- Provide adequate vehicles and staff to provide state-wide coverage; the Provider may utilize regional vehicles located or staged in geographically significant areas of the state or in proximity to existing and future hotel sites.
- Provide transportation between the hours of 9AM and 9PM Monday through Sunday for the duration of the contract.
- Enact and perform all procedures and practices necessary and reasonable to inhibit the spread of Covid-19.
- Provide a clean vehicle for transportation of individuals who have been released from isolation. Clean means that it has not been used for transportation of COVID+ individuals.
- Cleaning each vehicle each day per CDC guidelines and document this process including the date, time, and description of the cleaning.
- Maintain sanitation in the transport vehicles per CDC guidelines.
- Provide any supporting documents or records requested by MEMA in pursuance of the contract related to this Scope of Work.
- Call 911 in case of a health or safety incident occurring during transport.

Process: The Transportation Provider will

- Be informed by the Intake Coordinator or Dispatch of the need for client transportation to or from a hotel site.
- Confirm the transportation request and inform the Intake Coordinator of the expected pick up time.
- Provide transportation for COVID-19 clients between shelters, hospitals and other locations to the client's assigned hotel, or
- Provide transportation from the hotel site to shelters or other locations when directed as clients are released from isolation.
- Remind passengers to practice social distancing while in transport.
- Confirm that the client arrived at the hotel site by contacting the Intake Coordinator.
 - Operator should wait for confirmation and guidance from the Intake Coordinator or vendor's dispatch before leaving the drop off site in case there are transports to pick up at the site, or,
 - Confirm to the Intake Coordinator or vendor dispatch that the client arrived at the shelter site upon release from isolation.

Work arising from this solicitation may be subject to the Commonwealth Prevailing Wage Law; M.G.L. c 149 Sections 26 and 27. Contractors and subcontractors of every tier are required to pay the Prevailing Wage Rate indicated on the most recent Periodic Rate Sheets associated with this contract. Periodic Rate Sheets will be updated annually and posted by OSD with this contract. Contractors and subcontractors of every tier are further required to submit weekly Certified Payroll records to the awarding authority for all work performed on the project. For further information on the Prevailing Wage Law, please go to www.mass.gov/dols.

8. Instructions for submission of responses.

Vendors shall respond to this RFR by providing proposals that demonstrate:

- No less than three (3) years of service,
- Capability to provide a Point(s) of Contact available from 7am to 7pm.
- Current product and services descriptions
- Proof of insurance
- Service area

Upon verification of the above information, MEMA shall notify vendors and issue contract documents.

Vendors are required to keep an active profile in COMMBUYS. Bidders are required to submit all forms under the attachment tab in COMMBUYS. Proposal of all products and capabilities with attached pricing list.

SCOPE OF SERVICES FOR JANITORIAL

General Cleaning Scope

COVID-19 Isolation Hotels

The [OPERATING AGENCY] is herein contracting for cleaning services at hotels across the Commonwealth to be utilized for shelters for individuals that have tested positive for COVID-19. These individuals are well enough to be discharged from acute care hospitals but must be quarantined or isolated outside a large group shelter setting.

Through this contract [CLEANING COMPANY] agrees to provide the following services to YYYY under the terms and conditions of [DISASTER NAME]. [OPERATING AGENCY] reserves the right to cancel this contract due to insufficient funding, emergency needs, alleviation of the need for services, or for convenience with [due/reasonable/required] notification to [CLEANING COMPANY]. Payments will be made as described below after invoiced services have been verified by [OPERATING AGENCY]. At no time shall [CLEANING COMPANY] undertake services outside this Scope of Services without express direction from YYYYY documented in writing/email. Any such service increase or change will be executed through an amendment to this contract.

Rate of pay is \$ XX.XX per hour

Hours worked: [# OF HOURS] per day, Sunday-Saturday

Scope of Work:

Cleaning of all high touch points is essential and must be done throughout the day. These areas include, but are not limited to:

- Railings
 - Wall rails
 - Stair rails
- Light switches
- Door handles
- Phones
- Tabletops
- Chair arms
- Water Fountains
- Desktops
- Windowsills
- Any flat surfaces people touch or sit on

- Public Restrooms
- Entrance Way

Additional cleaning:

- Vacuum all common areas and hallways
- Clean up any spills, with appropriate cleaners
- Damp mop all hard surfaces where necessary with appropriate disinfecting spray/cleaner
- Empty all trash cans and replace liners as required, in common areas and hallways
- Elevator Cleaning
 - Clean and disinfect doors, walls, floor buttons, and railings
- Garbage disposal to outside dumpster
- Remove all linen left outside guests' room and put into the linen storage area

SCOPE OF SERVICE FOR ROOM DECONTAMINATION

Attachment "A" Scope of Services and Conditions

Instructions: in order to ensure that the Department and the contractor have a clear understanding of their respective responsibilities and performance expectations, the following Attachment shall contain a specific detailed description of all obligations, responsibilities and additional terms and conditions between the contractor and the department which do not modify the contract boilerplate language. *Attach as many additional pages as necessary.*

Description

The Massachusetts Emergency Management Agency seeks a qualified medical/hazmat cleaning vendor from FAC82 to provide cleaning and disinfecting services at the hotels listed below through at least May 30, 2020. Hotels are being used as quarantine/recovery sites for homeless individuals whose symptoms do not require hospitalization, but who cannot return to group shelter settings. Individuals will be assigned to hotels for an expected two-week stay, after which each room must be cleaned and disinfected for re-occupancy.

Locations

Location	Hotel	Address	# Rooms
Lexington	Aloft	727 Marrett Road	136
Pittsfield	Hilton Gardens	1032 South Street	90
Springfield	Holiday Inn	711 Dwight St	100
Taunton	Holiday Inn	700 Myles Standish Blvd.	155
Brockton	Rodeway Inn	1005 Belmont Street	66
Northampton	Quality Inn	844 North King Road	63

Scope of Services

Twenty-four hours after a room is vacated, vendor shall conduct full cleaning of room as outlined below. Cleaning of rooms should be based on CDC guidance; Staff should be wearing proper PPE

High Touch Areas:

Use household bleach disinfectant or EPA Registered household Disinfectant or other applicable methods (fogger, etc) to wipe and clean and disinfect:

- Tables
- Doorknobs
- Lights
- Switches
- Countertops
- Handles
- Desks
- Phones
- Toilets
- Faucets
- Sinks
- Related areas

Soft Surfaces

Use soap and water, EPA Registered household Disinfectant or other applicable methods (fogger, etc) to clean and disinfect:

- Carpets
- Floors
- Rugs
- Drapes

Sensitivity level - low

APPENDIX C. SPRING 2020 COVID-19 NON-CONGREGATE SHELTERING ORDERS AND REQUEST LETTERS

The following pages contain the original and revised orders from the Secretary of Health & Human Services, the lead public health official for COVID-19 response, for non-congregate sheltering and the request letters submitted to FEMA for approval on non-congregate sheltering. These can be used as examples for localities to develop templates for use in future incidents.



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
One Ashburton Place, 11th Floor
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MARYLOU SUDDERS
Secretary

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ORDER OF THE SECRETARY OF HEALTH AND HUMAN SERVICES

On March 10, 2020, Governor Charles D. Baker declared a state of emergency in the Commonwealth to respond to the spread of COVID-19. On March 14, Governor Baker announced the creation of a new COVID-19 Response Command Center. Governor Baker appointed Health and Human Services Secretary Marylou Sudders to lead the cross-secretariat response to the outbreak of COVID-19.

The Commonwealth is prepared to implement a temporary quarantine and isolation program utilizing non-congregate solutions including hotels and college and university dormitories to house three specific populations: (1) first responders and healthcare workers who need to quarantine safely without exposing their families, (2) homeless families, with at least one member who tested positive for COVID-19, who live in congregate shelters and will require isolation and (3) homeless individuals who require quarantine or isolation.

As of March 25, 2020, there were 1,838 confirmed or presumptive cases of COVID-19. As Secretary of Health and Human Services and Governor Baker's appointed leader for the Commonwealth's response to COVID-19, I have reviewed the data regarding actual COVID-19 cases and reported exposures among vulnerable populations.

Therefore, in order to protect public health and to ensure public safety, as well as to lessen or avert the threat of a healthcare catastrophe, I direct the implementation of non-congregate temporary quarantine and isolation solutions to prevent the spread of COVID-19 among vulnerable populations.


Marylou Sudders

Ordered March 25, 2020



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY**

MASSACHUSETTS EMERGENCY MANAGEMENT AGENCY

400 Worcester Road Framingham, MA 01702-5399

Tel: 508-820-2000 Fax: 508-820-2030

Website: www.mass.gov/mema



Charles D. Baker
Governor

Karyn E. Polito
Lieutenant Governor

Thomas A. Turco, III
Secretary

Samantha C. Phillips
Director

March 26, 2020

Mr. W. Russell Webster, Regional Administrator
Federal Emergency Management Agency
Region I
99 High Street
Boston, MA 02110

RE: Approval Request for Non-Congregate Medical Sheltering

Dear Mr. Webster:

In response to the COVID-19 pandemic, the Commonwealth has activated a COVID-19 Command Center led by the Massachusetts Department of Public Health (DPH) along with the Massachusetts Emergency Management Agency (MEMA) State Emergency Operations Center (SEOC). The mission of this coordinated effort is to slow the spread of COVID-19 and “flatten the curve” of infections through state actions while providing guidance and support to the local jurisdictions on the front lines of this crisis.

As part of this larger group, MEMA deployed a Mass Care Group (MCG) to identify solutions to protect the most vulnerable populations from the outbreak’s effects. These population groups include first responders and healthcare workers who need to quarantine safely without exposing their families, homeless families in congregate shelters, with at least one member who tested positive for COVID and will require isolation, and homeless individuals who require quarantine or isolation. In developing solutions to protect these groups, the MCG has determined that Non-Congregate Medical Sheltering (NCMS) of this population is necessary in this Public Health Emergency to save lives, to protect public health, and to ensure public safety, as well as to lessen or avert the threat of a healthcare catastrophe.

In accordance with section 502 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, eligible emergency protective measures taken to respond to the COVID-19 emergency at the direction of state public health officials may be reimbursed under Category B of FEMA’s Public Assistance (PA) program.

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Region II
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Tel: 508-427-0400 Fax: 508-697-8869

Region III / IV
1002 Suffield Street
Agawam, MA 01001
Tel: 413-750-1400 Fax: 413-821-1599

These include costs for NCMS which must be approved by the FEMA Regional Administrator prior to implementation. Through this letter, I am requesting approval of Non-Congregate Medical Sheltering operations for the state and local jurisdictions to protect these vulnerable populations.

This request is intended for both the State and local jurisdictions to address this need. Through this effort, the Commonwealth has planned for the worst-case scenario, however, only measures that are reasonable and necessary to address the public health needs of the COVID-19 event will be implemented at the state and local level. In addition, non-congregate medical sheltering operations will not extend beyond the duration of the Public Health Emergency and will be implemented in 30 day increments subject to review and reevaluation. Furthermore, as Grantee, MEMA will ensure that applicants follow FEMA's Procurement Under Grants Conducted Under Exigent or Emergency Circumstances guidance and include a termination for convenience clause in their contracts. Also, all applicable environmental and historic preservation laws, regulations, and executive orders that apply will be adhered to as a condition of assistance. Finally, through diligent oversight, MEMA and DPH will work together to ensure funding for this operation is not duplicated by another federal agency.

To analyze NCMS implementation options, the MCG looked at all available possibilities with the intent of finding the most cost effective approach. These included hotels, college dormitories, shuttered healthcare facilities, and other facilities with similar layouts. The issue that was quickly identified, however, was not that any single option was found to be more or less cost effective or feasible, it was that no single option could deliver the services to meet the anticipated need. Therefore, an extensive search was done to find all facilities that were willing, have available staff, are near to the affected areas, and can accommodate the needed ancillary services, such as meal service and cleaning, that will be needed. As a result, the Commonwealth has developed a list of able hotels and dormitories that will only be activated as the need expands, and can be deactivated easily as the need subsides. The estimated cost is \$164 per individual housing unit per day. Our analysis has determined that the most cost effective approach under the circumstances of limited supply is to effectively scale the operation in real-time based on need. In summary, it is our goal to limit this operation to only that which is reasonable and necessary to meet the needs as they arise, and FEMA's approval is critical to minimize the financial impact to the state and local governments.

As stated above, during the initial 30 day operation we estimate that an average of 100 housing units per day will be provided at an estimated cost of \$486,000. MEMA will work closely with FEMA to monitor this operation and will evaluate and report future needs prior to end of the initial 30 days. In addition, MEMA understands that funding for non-congregate sheltering to meet the needs of the Public Health Emergency cannot be duplicated by another federal agency, including the U.S. Department of Health and Human Services or Centers for Disease Control and Prevention. We also understand that new legislation is being considered by the U.S. Congress and other Federal Agencies may be provided authorities that overlap with FEMA as it relates to NCMS. MEMA will work with FEMA to remain vigilant of any duplications.

Attached to this request is the official order, signed by Massachusetts Secretary of Health and Human Services, Marylou Sudders, directing implementation of this NCMS operation at the state and local level.

If you should have any questions regarding this request, please reach out to Thad Leugemors, MEMA Assistant Director for Mitigation and Recovery, at 508-820-1445 or thad.leugemors@mass.gov.

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Sincerely,



Samantha C. Phillips
Director
GAR/SCO

Cc: Thad Leugemors, MEMA Assistant Director for Mitigation and Recovery, Alternate SCO/GAR
Dawn Brantley, MEMA Assistant Director for Planning and Preparedness
Robert Grimley, FEMA R1 Recovery Branch Director
George F. Vanderschmidt, FEMA R1 Deputy Recovery Branch Director

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Samantha C. Phillips
Director

April 24, 2020

Mr. W. Russell Webster, Regional Administrator
Federal Emergency Management Agency
Region I
99 High Street
Boston, MA 02110

RE: Amendment Request to Non-Congregate Medical Sheltering Approval

Dear Mr. Webster:

In response to the COVID-19 pandemic, the Commonwealth requested, and received on March 27, 2020, FEMA funding approval for non-congregate medical sheltering (NCMS) to meet the needs of the Public Health Emergency. As part of that request, MEMA proposed, and FEMA concurred, to operate in thirty-day operational periods with the first operational period continuing through April 30, 2020. With this request, MEMA seeks to amend the initial FEMA approval to extend the operational period through May 31st, 2020, and to also amend the definition of eligible populations to allow for more flexibility for local and state health officials to take appropriate emergency protective measures as critical needs arise.

The Commonwealth continues to conduct NCMS operations and the need continues to rise. Since FEMA's approval, the state stood up five strategically-located NCMS hotels across the state. After the planning, investment, and activation of the NCMS hotels and all the needed wrap-around services, we began accepting homeless individuals and families statewide per the FEMA approval guidelines. Over the first thirty days, we housed individuals and families through 204 total days booked (Individuals) at an estimated cost of \$2.1 million, however, we enter the next 30-day operational period with 125 Individuals currently housed across the state. We expect the total Individuals to rise exponentially as the Commonwealth has not reached the peak in diagnosed cases based on the accepted medical modeling. The total number of cases reported continues to indicate that the peak is likely to occur within the next thirty-day operational period. We expect to the total Individuals to reach 6,000 with little increase in costs as the infrastructure in place can accommodate up to 550 Individuals per day.

Therefore, with this request we are seeking an additional operational period through May 31st, 2020 for reimbursement under Public Assistance category B – Emergency Protective Measures to continue taking measures to protect public health and safety. This request is being made to ensure public health and safety for both the individuals who are in non-congregate sheltering and to stop the spread of COVID-19. During the next thirty-day operational period, we expect to house 4,500 Individuals at an estimated cost of \$2.1 million.

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Through this amendment request, the Commonwealth also seeks to revise the definition of the at-risk populations eligible for the NCMS program. Based on experience gained during the first NCMS operation period, the State has determined that the following group definitions will allow for more flexibility in protecting the overall health and welfare of the Commonwealth and its citizens. Therefore, we are requesting that the revised eligible populations below replace those identified in the initial FEMA approval. The revised all-inclusive population definitions are requested retroactively to the original March 26, 2020 order and include:

- Individuals who test positive for COVID-19, or are symptomatic for COVID-19, as documented by a medical professional, who do not require hospitalization, but need isolation (including those exiting from hospitals) and cannot do so safely in their current living situation without causing undue risk to themselves or others;
- Individuals who have been exposed to COVID-19 (as documented by a state or local public health official, or medical health professional) that do not require hospitalization, but need quarantine and cannot do so safely in their current living situation without causing undue risk to themselves or others;
- Protect families of frontline first-responders, medical workers, nursing facility workers, and 24/7 congregate care workers, and other personnel working with high-risk individuals, who, through their missions, can reasonably expect to be exposed to COVID-19 and may, therefore, be asymptomatic carriers, but who continue to work and cannot safely live at home without posing a risk to their families;
- Protect those served by frontline first-responders, medical workers, nursing facility workers, and 24/7 congregate care workers who work with "high-risk" individuals, including children, youth and adults with disabilities and who can reasonably expect to be exposed to COVID-19 by moving to and from work within the Community or by living at home and therefore cannot safely live at home without posing a significant risk to "high-risk" population that they care for;
- Individuals who are asymptomatic, but are at "high-risk," such as people over 65 or who have certain underlying health conditions (respiratory, compromised immunities, chronic disease), and who require quarantine as a social distancing measure and cannot do so safely in their current living situation without causing undue risk to themselves or others.

Attached to this request is the revised official order, signed retroactively by Massachusetts Secretary of Health and Human Services, Marylou Sudders, directing continued implementation of this NCMS operation at the state and local level with the revised population definitions.

If you should have any questions regarding this request, please reach out to Thad Leugemors, MEMA Assistant Director for Mitigation and Recovery, at 508-820-1445 or thad.leugemors@mass.gov.

Sincerely,



Samantha C. Phillips
Director
GAR/SCO

Cc: Thad Leugemors, MEMA Assistant Director for Mitigation and Recovery, Alternate SCO/GAR
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ORDER OF THE SECRETARY OF HEALTH AND HUMAN SERVICES

On March 10, 2020, Governor Charles D. Baker declared a state of emergency in the Commonwealth to respond to the spread of COVID-19. On March 14, Governor Baker announced the creation of a new COVID-19 Response Command Center. Governor Baker appointed Health and Human Services Secretary Marylou Sudders to lead the cross-secretariat response to the outbreak of COVID-19.

The Commonwealth continues to conduct non-congregate medical sheltering operations and the need continues to rise. As of April 23, 2020: there were a total of 46,023 confirmed COVID-19 positive cases; 8,435 residents/healthcare workers of long-term care facilities confirmed to have COVID-19; and 2,360 COVID-19 related deaths in the Commonwealth. The Commonwealth is in the midst of the surge of COVID-19 cases. The State, municipalities and non-profits must continue to support and expand non-congregate medical sheltering options to protect the public health. The need for non-congregate medical sheltering is critical for the State's vulnerable and at-risk populations and their caretakers. The Commonwealth, its municipalities and non-profit organizations are prepared to continue to support existing and implement new non-congregate medical sheltering to address the emergency and evolving nature of this crisis. To protect the public health, it is critical that the following populations have access to non-congregate medical sheltering sites:

- Individuals who test positive for COVID-19, or are symptomatic for COVID-19, as documented by a medical professional, who do not require hospitalization, but need isolation (including those exiting from hospitals) and cannot do so safely in their current living situation without causing undue risk to themselves or others;
- Individuals who have been exposed to COVID-19 (as documented by a state or local public health official, or medical health professional) that do not require hospitalization, but need quarantine and cannot do so safely in their current living situation without causing undue risk to themselves or others;
- Protect families of frontline first-responders, medical workers, nursing facility workers, and 24/7 congregate care workers, and other personnel working with high-risk individuals, who, through their missions, can reasonably expect to be exposed to COVID-19 and may, therefore, be asymptomatic carriers, but who

continue to work and cannot safely live at home without posing a risk to their families;

- Protect those served by frontline first-responders, medical workers, nursing facility workers, and 24/7 congregate care workers who work with "high-risk" individuals, including children, youth and adults with disabilities and who can reasonably expect to be exposed to COVID-19 by moving to and from work within the Community or by living at home and therefore cannot safely live at home without posing a significant risk to "high-risk" population that they care for;
- Individuals who are asymptomatic, but are at "high-risk," such as people over 65 or who have certain underlying health conditions (respiratory, compromised immunities, chronic disease), and who require quarantine as a social distancing measure and cannot do so safely in their current living situation without causing undue risk to themselves or others.

As Secretary of Health and Human Services and Governor Baker's appointed leader for the Commonwealth's response to COVID-19, I have reviewed the data regarding actual COVID-19 cases and reported exposures among the vulnerable populations outlined above.

Therefore, in order to protect public health and to ensure public safety, as well as to lessen or avert the threat of a healthcare catastrophe, I direct the implementation of non-congregate medical sheltering sites to prevent the spread of COVID-19 among vulnerable populations. In addition, I hereby authorize the actions within this order retroactively to March 26th 2020.


Marylou Sudders

Ordered April 24, 2020

APPENDIX D. SPRING 2020 COVID-19 STATE-OPERATED HOTELS INTAKE AND TRACKING TOOLS

The SEOC Mass Care Group developed and implemented an online registration, placement, and tracking system to use for the state-operated hotels during Spring 2020 COVID-19 response. The form below provides the list of information requested and tracked for these operations. The intake process documents with step-by-step procedures can be provided on request.

COVID-19 Housing Intake Form

Use this form to capture the information about each person requesting housing.

DO NOT RE-ENTER CLIENT DATA ON THIS FORM TO UPDATE THEIR INFORMATION. IT WILL CREATE A DUPLICATE ENTRY. USE THE BASE SPREADSHEET OR THE HOUSING ASSIGNMENT REPORT.

CODE PURPLE

Individuals who are domestic violence survivors may identify themselves using the term "Code Purple" or as a domestic violence survivor.

IF IT ISN'T OFFERED, DO NOT ASK. If the individual identifies as either Code Purple or a DV survivor, please check the box below.

☐

Is there a person whom the individual is concerned about being housed with?

Please request a specific name; otherwise it will be impossible to ensure the individuals are not placed in the same hotel.

ELIGIBILITY DETERMINATION

Individuals must be clinically eligible and either meet one the pre-disaster housing criteria or have Mass Health insurance to be eligible.

If more than 1 person is requesting placement, ALL OF THE INDIVIDUALS MUST MEET ELIGIBILITY CRITERIA.

Individuals who have NOT been tested are NOT eligible.

Locality*

What is this person or family's home community? Please enter only the city or town name.

Correct: Lowell

Incorrect: Lowell, MA or 123 Something St Lowell

This will ensure we are able to use this information for statistics and reporting.

NO ONE FROM BOSTON IS ELIGIBLE. Boston residents should be provided the following phone number: 617-534-5050

CLINICAL ELIGIBILITY

Can this person safely isolate without medical supervision? *

Check box for yes. If no, the person is not eligible.

PLEASE INFORM THE CALLER:

This site only provides nursing staff for basic medical monitoring such as monitoring symptoms and vitals.

This site does not provide:

- + Medication administration except for methadone if the guest comes with a supply of it
- + Level of care provided at a skilled nursing facility
- + Intensive psychiatric care or supervision
- + Acute care for any condition/need

☐

Is this person being referred by a hospital? *

If this is a hospital referral, the person MUST have tested positive. If they are still waiting on test results or have not been tested, they are NOT eligible.

Select

Has this person tested positive for COVID? *

HOSPITAL REFERRALS: Must have received a positive result from test. CANNOT be awaiting results or not have been tested.

Select

If the person has NOT tested positive, does the person meet all 3 of the below: *

- 1) Awaiting test results - if the person has not been tested, they are not eligible
 - 2) Have COVID symptoms
 - 3) Have an order for isolation from a healthcare provider
- If the person is missing any of these 3, they are not eligible.

Select

HOUSING/INCOME ELIGIBILITY

Does the individual have Mass Health insurance? *

Anyone with Mass Health is eligible, regardless of housing status, if they meet the CLINICAL ELIGIBILITY criteria.

Select

Pre-Disaster Housing Status*

At this time, only the following populations are eligible for housing:

- 1) Individuals who are homeless
- 2) Individuals displaced by domestic violence
- 3) Individuals who have been banned from their housing as a result of their COVID+ status
- 4) Individuals with no permanent address

Select

PERSONAL INFORMATION

Guest First Name*

Guest Last Name*

Guest Date of Birth*

Referred from - Full Name

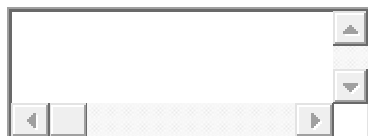
Referred from – Organization

Referred from - Phone #

Referred from – Email

Notes

Short and sweet - there are lots of fields for providing information and putting too much in one field makes it totally unusable.

**Race/Ethnicity****Number needing placement in hotel***

If this is a family placement, please change the number to reflect how many individuals in the household will need placement.

ALL INDIVIDUALS MUST MEET ALL ELIGIBILITY CRITERIA - NO EXCEPTIONS
EXCEPT SINGLE PARENTS WITH CHILDREN (CALL DAWN ABOUT COVID-MINORS BEFORE PLACING)

Alternate POC

If someone does not have a phone, an alternate POC is needed.

Guest/Alternate POC Phone*

Guest/Alternate POC Email

Pick up Location - CANNOT BE BOSTON

Pick up Address - CANNOT BE BOSTON

Pick up City - CANNOT BE BOSTON

What time will the individual be ready for pick up?

Time can be approximate.

Is transportation needed?

Check if yes.

☐

Is accessible transportation needed?

☐

Which transportation provider will be used?

REQUIRED IF TRANSPORTATION IS CHECKED

- If accessible transportation is required because the individual is in a wheelchair, regardless of their hotel assignment, the transportation provider will be Mercedes Transportation.
- If the individual is going to the Aloft Lexington, Quality Inn Northampton, Quality Inn Worcester, or Hilton Garden Inn Pittsfield, the provider will be Hampden County Sheriff's Office.
- If there are only 1 or 2 individuals being picked up for EnVision Hotel in Everett or Holiday Inn Taunton, the provider will be Mercedes Transportation.
- If there are more than 2 individuals being transported to EnVision Hotel in Everett or Holiday Inn Taunton, the transportation provider will be Hampden County Sheriff's Office. Any time there are more than 2 people to be picked up in the same area, please consider this a group transportation.

Select

If not returning to a shelter, enter the anticipated return location if known.

Begin Housing Date*

When is housing needed?

TESTING INFORMATION**Date Tested (if known)**

Testing Provider (if known) - Organization/Provider Name

Testing Provider Phone # (if known)

PLACEMENT INFORMATION**Lock Box**

Does the individual need a lock box for medications?

☐**Gender/Family**

Select

Children

Does the family have children who will be at the hotel with them?

☐

Children's ages

Number of rooms needed

Registered Offender?☐

Registered offender explanation

If you know which site this individual will be assigned to, please select now.

Individuals from Springfield and west: Place at Hilton Garden Inn
Individuals from Northampton: Place at Quality Inn Northampton

- ☐ Aloft Hotel Lexington
- ☐ Hilton Garden Inn
- ☐ Holiday Inn Taunton
- ☐ Quality Inn Northampton
- ☐ Envision Everett

Status

If you have assigned the individual or household to a hotel, please change status to Assigned to Hotel. Otherwise, please leave as Intake in Progress.

WRAP AROUND SERVICES & ACCOMMODATIONS**Service Animal**

Service animals are ONLY dogs or miniature horses. Service animals are not pets and are allowed anywhere the person is allowed.

Questions you may ask:

1. Is the animal required because of a disability?
2. What work or task has the dog/horse been trained to perform?

We are not allowed to request any documentation for the animal, require that the animal demonstrate its task, or inquire about the nature of the person's disability.

The term "emotional support animal" is used to describe animals that provide comfort just by being with a person. Because they have not been trained to perform a specific job or task, they do not qualify as service animals under the ADA.

☐**Individual or Family Member w/ Disability**☐**Disability Accommodation**

If someone has a disability, are they going to need any equipment, medication, or services during their stay?

Interpreter Needed☐**Interpreter Language**

If the individual does not speak English well, what language will they need interpreted?

Special dietary need or food allergy

Does the individual have a food allergy or require a special diet for religious, medical, or disability reasons?

☐**Dietary Need or Food Allergy****DMH Referral Needed**

If the person indicates they have a mental or spiritual health need, please check this box. This will notify the Department of Mental Health to coordinate services.

☐

What is the nature of the mental or behavioral health need?

Other Need

Are there any other needs the individual(s) have?

VOAD Referral

If there is an "Other Need", please check the box to refer to the Voluntary Organizations Active in Disaster (VOAD).

****VOADS do not pick up, deliver, or otherwise manage medications.**

☐

APPENDIX E. RESOURCES

CDC RESOURCES AND DOCUMENTS

- [Shared and congregate housing guidance](#)
- [Cleaning and disinfecting](#)
- [Homeless populations](#)
- [CDC COVID-19 FAQs](#)

AMERICAN RED CROSS DOCUMENTS

- Pre-Landfall Shelter Operations in a COVID-19 Pandemic
- Feeding in COVID-19 Congregate Shelters
- COVID-19 Operational Decision-Making/Shelter Facility Opening Checklist
- COVID-19 Congregate Shelter Supply List

***Above documents may be requested through local Red Cross chapter or from MEMA's Planning Unit.*

FEMA GUIDANCE DOCUMENTS

- [The Mass Care/Emergency Assistance Pandemic Planning Considerations guide](#)
- [Ensuring Civil Rights During the COVID-19 Response](#)
- [Purchase and Distribution of Food Eligible for Public Assistance](#)
- [All COVID-19 Fact Sheets and Guidance](#)

MASS FEEDING GUIDANCE

- [Distribution of Emergency Food During a Pandemic](#)

MEMA RESOURCE DOCUMENTS (REQUEST THROUGH THE PLANNING UNIT)

- State-Operated Hotels Intake & Release Process documents

OTHER RESOURCE DOCUMENTS

- [Hotel-Hospital Covid-19 Response Playbook](#): Document provides guidance for converting a hotel to and from operating as an alternative care site, operating guidance for a hotel acting as an alternate care site, and leveraging industry expertise and the latest existing guidelines.

APPENDIX F. FEMA EMERGENCY NON-CONGREGATE SHELTERING DURING THE COVID-19 PUBLIC HEALTH EMERGENCY (INTERIM)



FEMA Emergency Non-Congregate Sheltering during the COVID-19 Public Health Emergency (Interim)

FEMA Policy 104-009-18

BACKGROUND

FEMA provides Public Assistance (PA) funding to state, local, tribal, and territorial (SLTT) governments for costs related to emergency sheltering for disaster survivors. Typically, sheltering occurs in facilities with large open spaces, such as schools, churches, community centers, or other similar facilities rather than in non-congregate environments, which are locations where each individual or household has living space that offers some level of privacy such as hotels, motels, or dormitories. FEMA recognizes sheltering operations during the COVID-19 Public Health Emergency may require SLTTs to consider additional strategies to ensure that survivors are sheltered in a manner that does not increase the risk of exposure to or further transmission of COVID-19.

PURPOSE

This policy defines the framework, policy details, and requirements for determining eligible work and costs for non-congregate sheltering in response to a Presidentially declared emergency or major disaster, or Fire Management Assistance Grant (FMAG) declaration, hereafter "Stafford Act declarations." Except where specifically stated otherwise, assistance is subject to PA Program requirements as defined in Version 4 of the *Public Assistance Program and Policy Guide* (PAPPG)¹ and the *Fire Management Assistance Grant Program Guide*.²

PRINCIPLES

- A. FEMA will provide flexibility to applicants to take measures to safely conduct non-congregate sheltering activities through December 31, 2020 in the event of a Stafford Act declaration.

¹ The current version of the *Public Assistance Program and Policy Guide* (PAPPG), Version 4, is available on the FEMA website at www.fema.gov/media-library/assets/documents/111781.

² The current version of the *Fire Management Assistance Grant Program* FEMA P-954, is available online at https://www.fema.gov/media-library-data/1581017232216-74156de976d581852e91b9826c2968c2/FMAG_Guide_Feb_2014_508.pdf.



- B. FEMA does not intend for PA- or FMAG-funded non-congregate sheltering to be the single solution for sheltering, but rather one of many forms of non-congregate sheltering assistance.
- C. SLTTs should work with FEMA and other non-governmental partners to determine how non-congregate sheltering options may be incorporated into overall sheltering plans.
- D. FEMA will responsibly implement this policy and any assistance provided in a consistent manner through informed decision-making and accountable documentation.
- E. FEMA expects SLTTs will work with survivors to identify available assistance options for continued sheltering or housing needs that extend beyond the period of assistance identified in this policy.

REQUIREMENTS

A. APPLICABILITY

Outcome: To establish the parameters of this policy and ensure implementation in a manner consistent with program authorities and the needs of non-congregate sheltering operations in a COVID-19 environment.

- 1. This policy applies to all Stafford Act declarations, declared between June 1, 2020 and December 31, 2020.

B. GENERAL ELIGIBILITY CONSIDERATIONS

Outcome: To define the eligibility framework for non-congregate sheltering in Stafford Act declared events between June 1 and December 31, 2020.

- 1. Legal Responsibility.
 - a. To be eligible for PA funding, an item of work must be the legal responsibility of an eligible applicant.³ Measures to protect life, public health, and safety are generally the responsibility of SLTT governments.
 - b. Legally responsible SLTT governments may enter into formal agreements or contracts with private entities, including private nonprofit organizations to conduct sheltering activities when necessary as an emergency protective measure in response to a declared incident. In these cases, PA funding is provided to the legally responsible government entity, which would then reimburse the private organization for the cost of providing those services under the agreement or contract.
- 2. General Considerations.

³ 44 CFR §206.223.



- a. In some circumstances, such as when congregate shelters are not available, sufficient, or could present a threat to public health and safety, FEMA may reimburse costs related to emergency sheltering in non-congregate environments.
 - b. Pre-approval of non-congregate sheltering is not required for the Stafford Act declarations to which this policy applies. The FEMA Regional Administrators, or their designee, may therefore approve work and costs as outlined in Sections B.3 and B.4 of this policy.
 - c. If not otherwise stated in this policy, all other relevant policies and programmatic considerations are required in accordance with the PAPPG and FMAG Guide.
 - d. The Recipient must provide sufficient data and documentation to establish eligibility of the non-congregate sheltering activities, including the need for non-congregate sheltering resulting from the declared event, reasonableness, and costs. For a list of documentation requirements, refer to the PAPPG, Version 4.⁴
 - e. To allow for a smooth transition of assistance from PA- or FMAG-funded non-congregate sheltering to other forms of FEMA assistance, Applicants are encouraged to collect data on the sheltered population. Examples of suggested data collection can be found in Appendix A, Data and Information Management, of this policy. This data is not intended to be collected by PA staff nor is it necessary to determine eligibility or to process the PA grant.
 - f. In the event a declaration authorizing Individual Assistance (IA) programs under Section 408 of the Stafford Act is approved, Applicants should encourage survivors in PA- or FMAG-funded non-congregate sheltering to register with FEMA if they have a continuing need for federal assistance. FEMA will then determine whether the survivors are eligible for additional assistance.
 - g. It is the responsibility of the Applicant to transition survivors out of PA- or FMAG-funded non-congregate sheltering to other forms of assistance, if the survivor still requires such assistance beyond the timeframes described in Section B.6.a of this policy. Additional assistance may be provided through other FEMA or federal programs, or through state, local, or voluntary agency resources.
3. Work Eligibility.
- a. Eligible work related to non-congregate sheltering includes, but is not limited to, the items enumerated in the Chapter 7.II.O(2) of the PAPPG, Version 4. Work must be necessary based on the type of shelter and the specific needs of the survivors.

⁴ See pages 123 and 124 of the PAPPG for data and documentation requirements for non-congregate sheltering.



- b. In recognition of the unique circumstances posed by COVID-19, additional work items may be eligible, such as:
 - i. Cleaning and disinfection of non-congregate shelter facilities to avoid the spread of COVID-19, including necessary disinfection supplies and equipment.
 - ii. Face coverings, as recommended by the Centers for Disease Control and Prevention, to help slow the spread of COVID-19.
 - iii. Other items necessary to protect public health and safety during the COVID-19 pandemic. Refer to applicable public health authorities and/or FEMA guidance specific to the COVID-19 pandemic for guidance on what items may be necessary and appropriate.

4. Cost Eligibility.

- a. FEMA determines eligible costs based on applicable statutes, regulation, and policy and its review of the contractual agreement between an SLTT and private entities.⁵
- b. All claimed costs must be necessary and reasonable in order to respond to the declared event and are subject to program eligibility and other Federal requirements, including the applicable cost-share for the respective Stafford Act declaration.⁶
- c. Applicants must follow applicable cost principles and procurement requirements.⁷
 - i. Applicants must follow FEMA's Procurement Under Grants Conducted Under Exigent or Emergency Circumstances guidance and include a termination for convenience clause in their contracts, including contracts for wrap-around services.
 - ii. Costs claimed by SLTT governments must be reasonable pursuant to Federal regulations and Federal cost principles.⁸ A cost is considered reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.
 - iii. State and territorial governments are required to follow their own procurement procedures, comply with 2 CFR §200.322, and include any clauses required by 2 CFR §200.326 and Appendix II to 2 C.F.R. Part 200.
 - iv. Tribal and local governments must follow their own procedures and comply with 2 C.F.R. §§200.318-200.326.

5. Duplication of Benefits.

⁵ Chapter 7.II.O(2)(e) PAPPG.

⁶ In certain circumstances, the Regional Administrator may require the submission of an internal control plan, pursuant to 2 CFR §200.303.

⁷ See, *COVID-19 Guidance: Procurements Under Grants During Periods of Exigent or Emergency Circumstances*, March 17, 2020. (<https://www.fema.gov/media-library/assets/documents/186350>.)

⁸ 2 CFR §200.404; OMB Circular 87.



- a. Pursuant to Section 312 of the Stafford Act, FEMA is prohibited from providing financial assistance where such assistance would duplicate funding available from another program, insurance, or any other source for the same costs.⁹
 - b. Funding for non-congregate sheltering cannot be duplicated by a non-federal agency, another federal agency or other FEMA program and/or grant. This includes Transitional Sheltering Assistance (TSA) and Lodging Expense Reimbursement.
6. Time Limitations.
 - a. FEMA will fund costs associated with necessary non-congregate sheltering activities which were incurred up to six days before the incident period begins and for up to 30 days after the incident period ends.
 - b. For costs incurred outside this timeframe, the Applicant must request a time extension and receive approval from the appropriate Regional Administrator. The time extension request should be submitted seven days in advance of the need and include a detailed justification for the continued need of non-congregate sheltering and a revised analysis of shelter options, including the costs for each option in accordance with Chapter 7.II.O(2)(e) of the PAPPG, Version 4.
 - c. Work authorized under this policy is eligible until December 31, 2020. All time extensions for non-congregate sheltering activities after December 31, 2020 must be approved by the FEMA Assistant Administrator for Recovery.
7. Other Considerations.
 - a. Activities must comply with all applicable federal, state and local laws, regulations, and executive orders. FEMA will conduct an Environmental and Historic Preservation (EHP) review in coordination with other federal and/or state agencies as appropriate before funding is obligated to ensure that work is in compliance with these laws, regulations and executive orders.
 - b. Under Section 308 of the Stafford Act, 42 U.S.C. § 5151, and other federal civil rights laws, recipients of FEMA financial assistance must ensure relief and assistance activities be accomplished in an equitable and impartial manner, without discrimination on the grounds of race, color, religion, national origin, sex, age, disability, English proficiency, or economic status.
 - i. Shelters must ensure that people with disabilities have equal access to its services, programs, which may include taking appropriate steps to ensure effective communication and complying with applicable physical accessibility

⁹ 42 U.S.C. § 5155.



- requirements, such as those identified under the Americans with Disabilities Act and Architectural Barriers Act.
- ii. Shelters must provide meaningful communication and program access to individuals with limited English proficiency.

Keith Turi
Assistant Administrator, Recovery Directorate

June 17, 2020
Date



ADDITIONAL INFORMATION

REVIEW CYCLE

FEMA Policy #104-009-18, FEMA Emergency Non-Congregate Sheltering during the COVID-19 Public Health Emergency (Interim), will be reviewed, reissued, revised, and/or rescinded by December 31, 2020. The Assistant Administrator of Recovery is responsible for authorizing any changes or updates.

AUTHORITIES and REFERENCES

Policies do not have the force and effect of law, except as authorized by law or as incorporated into a contract.

Authorities

- Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. § 5121, et seq., as amended
- Title 44 of the Code of Federal Regulations, Part 206, Subparts G and H
- Title 2 of the Code of Federal Regulations, Part 200
- Title 44 of the Code of Federal Regulations, Part 204

References

- FEMA Public Assistance Program and Policy Guide, Version 4
- FEMA Fire Management Assistance Grant Program Guide, P-954, February 2014

MONITORING AND EVALUATION

FEMA will closely monitor the implementation of this policy through close coordination with regional and field staff, as appropriate, as well as interagency partners and SLTT stakeholders.

QUESTIONS

Applicants should direct questions to their respective FEMA regional office.



Appendix A: Suggested Information Collection

- A. FEMA strongly encourages Applicants to include a data management component that supports the capture of the following data elements regarding individuals/ households when conducting non-congregate sheltering operations.
1. Head of Household: First Name
 2. Head of Household: Last Name
 3. Head of Household: SSN last four (4) digits
 4. Head of Household: Mobile or other phone number
 5. Number of individuals in the Household
 6. Pre-Disaster Residence Address: Street Number and Name
 7. Pre-Disaster Residence Address: City
 8. Pre-Disaster Residence Address: State
 9. Pre-Disaster Residence Address: Zip Code
- B. In the event the State, Tribal, or Territorial government requests and FEMA activates TSA, the Recipient will be expected to encourage the Applicant to collect and report the above identified data elements to FEMA for every individual/household to which non-congregate sheltering is provided. This data will support data matching and accountability if TSA is activated, and to ensure the transition from PA- or FMAG-funded non-congregate sheltering to TSA is accomplished within established timeframes.
- C. The preferred reporting frequency is weekly beginning at the end of the first week of the Applicant's commencement of non-congregate sheltering operations.
- D. Individuals should be made aware that information collected by the Applicant will be shared with FEMA.

APPENDIX G. SAMPLE DORMITORY LAYOUTS

