Commonwealth of Massachusetts Statewide Mass Care and Shelter Coordination Plan

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Table of Contents

EXECUTIVE SUMMARY 2-i
SECTION 1: PURPOSE AND SCOPE 2-1
1.1 Purpose 2-1
1.2 Policy 2-1
1.3 Methodology 2-2
1.4 Scope and Applicability 2-3
1.4.1 Mass Care and Shelter Partners 2-3
SECTION 2: SITUATION AND ASSUMPTIONS 2-4
2.1 Situation 2-4
2.2 Assumptions 2-7
SECTION 3: CONCEPT OF COORDINATION 2-9
3.1 Mass Care and Shelter Options 2-9
3.2 Statewide Shelter Strategy 2-12
3.3 Communication and Situation Awareness 2-16
3.4 Collaborative Decision Making 2-17
3.5 Resource Prioritization 2-17
3.6 State-Supported Shelters and Essential Services 2-18
3.6.1 Household Pet Services 2-18
3.6.2 Mass Care Services 2-19
3.6.3 Health and Medical Services 2-21
3.6.3.1 Individualized Discussion-Based Triage and Evaluation 2-22
3.6.4 Recovery Transition Services 2-24
3.7 Shelter Transportation 2-25
3.7.1 Re-Entry into the Community 2-26
SECTION 4: ROLES AND RESPONSIBILITIES 2-27
4.1 Local Roles and Responsibilities 2-27
4.2 State Roles and Responsibilities 2-29
4.3 Federal Roles and Responsibilities 2-32
SECTION 5: PLAN MAINTENANCE 2-33

SECTION 6: TRAINING AND EXERCISES 2-34
SECTION 7: AUTHORITIES AND REFERENCES 2-35
SECTION 8: ABBREVIATIONS AND GLOSSARY 2-38
8.1 Abbreviations 2-38
8.2 Glossary 2-40
SECTION 9: PLAN ANNEXES 2-46
Annex A: State Initiated Regional Shelter Intake Form
Annex B: American Red Cross Shelter Management Models
Annex C: Local Shelter Toolkit
Annex D: Behavioral Health Helpline

EXECUTIVE SUMMARY

The *Massachusetts Statewide Mass Care and Shelter Coordination Plan* (Plan) establishes a framework for the Commonwealth and other supporting agencies and organizations to successfully implement the *Statewide Shelter Strategy*.

The purpose of this Plan is to facilitate a shared vision for the mass care and shelter process in the Commonwealth, and to implement the state's shelter strategy which is intended to increase overall mass care and shelter capabilities, improve mass care and shelter related information sharing between local and state government, identify a process to assist communities when they require state support, and better coordinate and allocate mass care and shelter resources throughout the Commonwealth.

The Plan is a scalable framework that can be implemented during all types of incidents, regardless of size and scope. It describes state policies, roles, and responsibilities of all levels of government, and a general concept of coordination for shelter operations in the Commonwealth. In addition, this plan describes how local, state, and nongovernmental organizations will work together to provide mass care and sheltering services for displaced disaster survivors.

The Plan will be implemented in the event local jurisdiction needs exceed capabilities and they 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 Plan is supported by other more detailed documents, briefly described as follows:

- *Local Shelter Toolkit and Local Shelter Management Planning and Response Checklist (in development)*
- *Massachusetts Statewide Evacuation Coordination Plan*
- *Massachusetts Critical Transportation Needs (CTN) Evacuation Coordination Plan*
- *Massachusetts Regional Reception Center Operational Plan*

Successful implementation of this plan will require coordination and collaboration between local and state government agencies, as well as non-government agencies who are stakeholders in sheltering.

SECTION 1: PURPOSE AND SCOPE

1.1 Purpose

The purpose of the *Statewide Mass Care and Shelter Coordination Plan* is to implement the *Statewide Shelter Strategy* and is intended to increase overall mass care and shelter capabilities, improve mass care and shelter related information sharing between local and state government, identify a process to assist communities when local needs are expected to exceed capabilities, and better coordinate and allocate mass care and shelter resources throughout the Commonwealth when state-level support is needed.

The plan is a scalable framework that can be implemented during all types of incidents, regardless of size and scope. The plan describes state policies, the roles and responsibilities of all levels of government, and describes a general concept of coordination for shelter operations in the Commonwealth. In addition, this plan describes how local, state, and nongovernmental organizations will work together to provide mass care and sheltering services for displaced disaster local survivors.

1.2 Policy

This plan outlines the general operational concepts, responsibilities, procedures, and organizational arrangements necessary to support emergency mass care and sheltering throughout the Commonwealth of Massachusetts (hereinafter referred to as the "Commonwealth"). It is designed to supplement the overarching procedures and responsibilities outlined in the *State Comprehensive Emergency Management Plan* (CEMP) and the Mass Care-specific guidance outlined in the Emergency Support Function 6 (ESF-6)- Mass Care, Emergency Assistance, Housing and Human Services Annex. This plan has been developed in coordination with the *Massachusetts Mass Care and Shelter Strategy*.

It is the policy of the Commonwealth to ensure non-discrimination, diversity, and equal opportunity in all aspects of state programs, services, policies, activities, and decisions. MEMA is committed to ensuring equally accessible and equitable programs and services before, during, and after a disaster so that the most vulnerable and those historically marginalized and underserved receive appropriate and comprehensive services. This plan and its procedures are designed to address the needs of all citizens and visitors of Massachusetts, including people with disabilities and others with access and functional needs, to achieve this commitment.

In accordance with Title II of the Americans with Disabilities Act of 1990 (ADA) and in keeping with the whole community approach to understanding and meeting the needs of all members of the community, the following policies shall pertain to mass care and shelter operations across the Commonwealth:

- The access and functional needs of all citizens are addressed in the most inclusive manner throughout the Commonwealth.
- Everyone seeking mass care and shelter services is welcomed and accepted at shelter facilities.
- Shelter facilities will comply with the ADA.
- Shelter programs, activities, and services will comply with the ADA.
- The state is responsible for planning and preparation to meet the needs of people with disabilities and others with access and functional needs during state-run disaster mass care operations and will make every effort to ensure all their needs are met.

1.3 Methodology

The Massachusetts Emergency Management Agency (MEMA) initiated the development of a statewide mass care and shelter plan in response to lessons learned from real-world incidents and with the goal of improving the overall emergency preparedness of the Commonwealth of Massachusetts. Local, regional, and state mass care and shelter plan materials were reviewed to identify current existing capabilities and to ensure consistency with established operational procedures.

The *Massachusetts Statewide Mass Care and Shelter Coordination Plan* was initially developed in 2018 and subsequently revised in 2024 with extensive participation from stakeholders across the Commonwealth.

The plan is based on the guidelines described in the Comprehensive Preparedness Guide 101 Version 2 (CPG 101): Developing and Maintaining Emergency Operations Plans, Americans with Disabilities Act (ADA), Department of Justice (DOJ), 1990, and ADA Amendments Act (ADAAA), DOJ, 2008.

The plan has several annexes, including a *Local Mass Care and Shelter Tool Kit* composed of templates and checklists to help local communities identify, plan for, and establish local shelter facilities.

Finally, this plan is based on the concept of emergency management planning for the whole community.

1.4 Scope and Applicability

Local shelter planning is the foundation of all mass care and shelter efforts and capabilities in the Commonwealth of Massachusetts. As such, this plan does not supersede existing local or regional shelter plans, but rather is designed to supplement them. This plan builds upon established mass care and shelter capabilities at the local, regional, and state level and applies to state agencies and other partners with a role in mass care and shelter coordination and operations in the Commonwealth.

This plan is intended to be used by MEMA, state agencies with a role in mass care and shelter coordination and operations, and mass care and shelter partners (such as the American Red Cross (ARC)) to coordinate mass care and shelter operations with local communities.

Statewide mass care and shelter coordination in the response phase is facilitated by MEMA, with the support of several Emergency Support Functions (ESFs) including but not limited to ESF-6, ESF-7 (Volunteers and Donations), ESF-8 (Public Health and Medical Services), and ESF-11 (Agriculture, Animals and Natural Resources) during a State Emergency Operation Center (SEOC) activation. For larger responses, or during the recovery phase, these ESFs may be activated to comprise the Health and Human Services Branch (HHSB). This plan will guide mass care and shelter partners in directing and implementing coordinated mass care and shelter operations in coordination with MEMA and local communities.

Local emergency management directors (EMDs) and shelter managers should use this plan to determine how their local shelter planning and operational efforts will integrate with the statewide mass care and shelter operations and coordination. Local EMDs will gain a stronger understanding of the actions that the Commonwealth of Massachusetts will take during incidents that result in sheltering, which will in turn improve local shelter planning and decision-making.

1.4.1 Mass Care and Shelter Partners

Successful coordination of mass care and shelter operations requires the support of multiple entities working together, integrating the abilities of elements in the whole community.

The whole community approach has the following benefits:

- Shared understanding of community needs and capabilities
- Greater empowerment and integration of resources from across the community
- Stronger social infrastructure
- Establishment of relationships that facilitate more effective protection, mitigation, response, and recovery activities

- Increased individual and collective preparedness
- Greater resiliency at both the community and state levels.

Mass care and sheltering partners may include the following:

- ***Faith-based and nonprofit organizations***, including churches, community food banks, meals-on-wheels programs, and national organizations such as the American Red Cross (ARC), Salvation Army, Southern Baptists Disaster Relief Services, and the United Way. The ARC plays an important role in the statewide shelter strategy, serving as a primary support entity in terms of mass care operations and as the primary agency of ESF-6 activities.
- ***Private-sector companies*** may provide mass care and shelter services to their employees and their families or the community as well as donate mass care and shelter resources. Hospitals and other members of the medical community are critical partners.
- ***Local, state, and federal agencies***, including first responders, emergency management, public health, transportation and transit agencies, human and social services agencies, and school districts.

During the implementation of the *Mass Care and Shelter Coordination Plan,* MEMA will coordinate with mass care and shelter partners to identify shelter needs and obtain mass care and shelter resources.

The *Statewide Mass Care and Shelter Coordination Plan* does not supersede existing plans, policies, procedures, or authorities of any community, agency, or organization in the Commonwealth.

SECTION 2: SITUATION AND ASSUMPTIONS

2.1 Situation

The Commonwealth of Massachusetts is subject to a variety of natural, technological, and human-caused disasters that may cause the public to seek mass care and shelter. Disasters are inclusive of diversity, affecting people regardless of race, religious beliefs, ethnicity, age, gender, physical abilities, political beliefs, or socio-economic status. Additional social or physical barriers may exist for people that are considered members of historically marginalized or at-risk populations. At the state level, coordinating the delivery of mass care services is a vital role in the Commonwealth's response, and through the integration of the whole community approach, provides for the support of all affected Massachusetts citizens.

The objective of mass care services is to provide life-sustaining and human services to the affected population, to include hydration, feeding, sheltering, temporary housing, evacuee support, reunification, and distribution of emergency supplies.

Sheltering in Massachusetts starts at, and is the responsibility of, the local community and is driven by local needs. Disasters have the potential to exhaust resources at the local level and warrant support from the State, or possibly the Federal Government, to effectively respond to the event. Based on the severity of the emergency or event, delays may occur in obtaining resources and supplies to support local sheltering and mass care operations. Ongoing communication, monitoring, and reporting between the local community and the SEOC during event response and recovery operations is essential to anticipating, evaluating, and meeting mass care needs in a timely manner.

The Commonwealth of Massachusetts coordinates resources to support mass care and shelter efforts in situations where local needs exceed capabilities, and local resources 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.

In general, shelters should provide, and planning should include for the provision of, the following essential services for the entire affected population:

- Feeding
- Dormitory/ temporary housing
- Basic medical/ behavioral health services
- Distribution of emergency supplies
- Safety and security
- Universally accessible programs and services (including provision of durable medical equipment, policy accommodations, and structural adaptations) for those with access and functional needs
- Accommodation for service animals and pets (pet shelters ideally co-located near shelters).

Ideally, a successful shelter plan:

- Is designed first on the needs and expectations of clients, and then builds on existing local relationships, capabilities, and commitments
- Has the ability to provide and communicate the location of a safe environment for the impacted community
- Is provided consistently across the Commonwealth and is consistently improved to meet the evolving needs of clients.

The following five scenarios are examples of typical mass care and shelter situations where the *Statewide Mass Care and Shelter Coordination Plan* may be implemented:

- **Shelter Scenario 1: Multiple Local Shelters, Low Use:** Several communities in the Commonwealth are impacted by an incident. Local communities assess the number of individuals seeking overnight shelter accommodations. Many communities have individuals seeking overnight shelter services, but the number of individuals in each community is very small. To shelter these small populations in multiple shelter facilities, a great number of resources would be required.

- **Shelter Scenario 2: Multiple Local Shelters, High Use:** Several communities in the Commonwealth are impacted by an incident. Local communities assess the number of individuals seeking overnight shelter accommodations. Many communities identify a large number of individuals seeking overnight shelter services. These projected populations exceed the local communities' capabilities.

- **Shelter Scenario 3: Local / Regional Shelter Inaccessible/ Unusable:** Many communities in the Commonwealth are affected by an incident, and many residents from the disaster area are displaced. The incident is so devastating that localized shelter operations are unfeasible in the immediate area.

- **Shelter Scenario 4: Multiple Local Shelters, Declining Use:** Following a disaster, local communities still have multiple shelters open for a small number of residents. Local communities are finding it difficult and expensive to continue providing services. Coordinating these activities is consuming resources that might otherwise be dedicated to recovery operations.

- **Shelter Scenario 5: Multiple Local and Regional Shelters Nearing Capacity and Capability Limits:** The number of individuals requiring emergency housing assistance in Massachusetts begins to exceed the capability of local communities and agencies normally involved with housing assistance to manage through their normal day-to-day operations, and the SEOC / ESFs are coordinating short-term sheltering support.

These shelter scenarios demonstrate the need for an effective plan that provides the following:

- A process that supports affected local communities and provides a mechanism for these communities to communicate and coordinate with each other, MEMA, and various mass care and shelter partners.
- A process that anticipates and communicates sheltering needs before local capabilities are exceeded.
- A system for requesting, allocating, and sharing scarce resources.
- A concrete solution for increasing overall mass care and shelter capacity in a sustainable manner.

2.2 Assumptions

The following assumptions support this plan:

Disaster

- A disaster can produce high casualties and displaced persons, possibly at a magnitude of tens of thousands, and may cause individuals to seek mass care and shelter services.
- Extreme weather events such as extreme heat, floods, and wildfires are occurring more often or during different times of the year and may be more intense.
- A disaster will affect significant portions of the Commonwealth, but other areas of the Commonwealth will remain viable to support mass care and shelter operations.
- Shelters in local communities not affected by the disaster may become operational to serve those impacted by the incident.
- The duration and scope of local and state government involvement will be responsive and proportionate to the severity and duration of the event.
- Federal assistance may be required to augment local and state efforts in providing mass care services and relief when needs exceed both local and state resources.

Evacuees

- When authorities recommend evacuation, most individuals in the affected area will evacuate.
- A large number of individuals seeking shelter may not know where to obtain shelter services because the shelter location in their community will have been affected by the incident and will not be operational.
- The percentage of the impacted population seeking shelter during an emergency depends on the incident. Based on the experience of the American Red Cross, approximately 10-15% of the impacted population will seek shelter or sheltering assistance. Numbers of residents seeking shelter are generally lower in rural areas where residents are more likely to have resources that enable them to shelter in place.
- Some impacted residents may not be willing, or able, to seek shelter at a facility further from home.
- Depending on the incident, a percentage of the population seeking shelter will have an access and functional need. Individuals in need of additional assistance may include, but is not limited to, people who are/have:
    - older adults
    - medical conditions that require specialized care
    - limited English proficiency or with other language capability
    - mobility considerations

- sensory disabilities, and
- unaccompanied minors.

Planning

- Local communities have a process for determining their mass care and shelter needs before and after an incident.
- Local communities and state agencies should plan for the needs of all populations. Technical assistance and support may be needed to effect plan development and to provide services during an event.
- Local communities and MEMA will discuss anticipated sheltering needs before local capacity is exceeded.
- While no plan can anticipate all situations and contingencies, this plan will improve and coordinate mass care and shelter operations in the Commonwealth.
- To ensure efficient placement of evacuees in shelters, shelter planning will be conducted before an evacuation is ordered.
- There are a sufficient number of trained staff, or provision to identify, train, and credential staff, to operate shelters. While the ARC is commonly involved with partnered mass care efforts across the Commonwealth during incidents, events affecting multiple communities across the state may exceed initial ARC capabilities.

Facilities

- All shelter facilities will comply with Title II of the ADA and Department of Justice (DOJ) guidance on emergency shelters. Some shelter facilities may need temporary modifications to be compliant with the ADA.
- Household pets may be co-located in close proximity to shelters when this capability exists. Where pet accommodations are not co-located with the shelter, procedures to provide access for pet owners will be developed when practical.
- Service animals remain with their owners and under their owner's care throughout every stage of emergency assistance and are permitted in all areas of the human shelter.
- Communities will use their designated facilities for mass care and shelter operations.
- Existing memoranda of understanding or agreement will be honored.
- MEMA will coordinate with the ARC and local communities to facilitate the exchange of information, determine shelter resource needs, and provide mass care and shelter resource support. MEMA will monitor and coordinate resource support to locally-initiated community shelter activations as needed.
- When the state is notified of a need to activate shelters, facilities can and will be made available in accordance with existing MOUs.

SECTION 3: CONCEPT OF COORDINATION

3.1 Mass Care and Shelter Options

Sheltering in Massachusetts starts at, and is the responsibility of, the local government and is driven by local needs. Communities provide a range of mass care and shelter services to residents depending on the needs of the community and the type of hazard or threat. The mass care and shelter options that local communities can provide include the following:

- **Personal Care Sites (PCS)** provide limited services such as warming/cooling assistance, food and water (including special dietary needs), functional needs support services (FNSS), electricity or charging stations, etc. PCS operations do not include overnight accommodations or dormitory services. The number of individuals using a PCS, and the information gathered from these individuals, helps local decision makers determine whether a local overnight shelter is needed.

- **Locally-Initiated Overnight Shelters** provide full dietary, dormitory, and/or other services (including FNSS) for a single community.

- **Locally-Initiated, Regional Shelters** provide full dietary, dormitory, and/or other services (including FNSS) for multiple communities. This occurs when several communities come together and provide shelter services for multiple communities. While regional sheltering agreements can provide their communities with more efficient service delivery, in some cases (Barnstable County and Martha's Vineyard), geographical considerations make regional sheltering the preferred method. This can be through the use of memorandum of understanding (MOU) / memorandum of agreement (MOA) to form shelters that support multiple local communities and share costs/resources but are run independently of state support.

- **Non-congregate sheltering (NCS)** is the use of private units or rooms as temporary shelter for individuals and families. This may involve the acquisition and/or rehabilitation of existing structures (such as hotels/motels, nursing homes, or other facilities). The use of NCS may require additional wraparound services such as security, sanitation, laundry, medical and behavioral services, and feeding.

While locally-initiated shelters form the backbone of the statewide shelter strategy, recent disasters have demonstrated that during severe or prolonged emergencies, local

communities may require mass care and shelter support from the Commonwealth of Massachusetts. State-level mass care and shelter options include the following:

- **Locally- Operated, State-Supported Regional Shelters** are a component of the state's mass care evacuation and sheltering continuum. Dependent on the situation, requirements, and severity of the event, MEMA will identify communities who have strong existing regional sheltering plans and the capacity to open facilities, and then coordinate with them to implement their plans and stand up regional mass care shelters if they are able to do so. These facilities would be supported by MEMA under this plan and serve as primary sites for sheltering during a catastrophic scenario.

- **Regional Reception Centers (RRC)** are a component of the state's mass evacuation and sheltering continuum. The RRC is designed to execute shelter identification and assignment activities to affected individuals, address immediate needs of the displaced and their service animals/ pets, and to provide displaced populations with short-term mass care services (not intended to shelter individuals for more than 24 hours) when local capacities are exceeded. An RRC also provides a central location to leverage government and nongovernment resources and is the key point in the state-supported evacuation and mass care and sheltering concept of operations where more comprehensive support can be expected.

Exhibit 3-1 describes the types of mass care and shelter operations, the services provided during each type of shelter operation, and the likely triggering events requiring activation of each type of shelter operation.

Exhibit 3-1: Shelter Operation Types

Shelter Type	Required Capabilities	Typical Functions or Services	Activation Conditions
Personal Care Site (PCS)	▪ ADA Accessibility ▪ Functional needs support services (FNSS) ▪ Other goods & services as needed ▪ Parking	▪ Temporary comfort ▪ Cooling or heating ▪ Water ▪ Basic food/snacks ▪ Charging stations	▪ Extreme heat ▪ Extreme cold ▪ Temporary loss of utilities to public ▪ Independent of state resources

Shelter Type	Required Capabilities	Typical Functions or Services	Activation Conditions
Locally-Initiated Overnight Shelter	▪ ADA accessibility ▪ FNSS ▪ Other goods & services as needed ▪ Backup power ▪ Parking ▪ Dormitory ▪ Kitchen	▪ Water, full meals ▪ Charging stations ▪ Dormitory ▪ Showers ▪ Triage ▪ Pet sheltering services	▪ Short - to moderate-term residential displacement ▪ Moderate to major residential destruction ▪ Extended loss of utilities to public ▪ Independent of state resources
Locally-Initiated Regional Shelters	▪ ADA accessibility ▪ FNSS ▪ Other goods & services as needed ▪ Backup power ▪ Parking ▪ Dormitory ▪ Kitchen	▪ Water, full meals ▪ Charging stations ▪ Dormitory ▪ Showers ▪ Triage ▪ Pet sheltering services	▪ Activated through existing local-to-local agreements to support sheltering or through local agreements to consolidate or expand shelter capacities ▪ Independent of state resources
Regional Reception Center (RRC)	▪ ADA accessibility ▪ FNSS ▪ Other goods & services as needed ▪ Backup power ▪ Parking ▪ Rest/waiting Area ▪ Transportation to shelters ▪ Kitchen	▪ Initial intake and assessment to identify available/ appropriate shelter ▪ Water, snacks ▪ Basic medical services ▪ Charging stations ▪ Rest/ waiting Area ▪ Immediate pet needs	▪ Local communities' needs exceed capabilities or are at capacity, cannot provide mass care and sheltering services, and/or consolidation of resources will allow more individuals to be served and/or allow for greater efficiencies

Shelter Type	Required Capabilities	Typical Functions or Services	Activation Conditions
Locally-Operated, State Supported Regional Shelters	▪ ADA accessibility ▪ FNSS ▪ Other goods & services as needed ▪ Backup power ▪ Parking ▪ Dormitory ▪ Kitchen ▪ Transportation ▪ Existing strong regional sheltering plans	▪ Water, full meals ▪ Charging stations ▪ Dormitory ▪ Showers ▪ Triage ▪ Pet sheltering services	▪ Local communities' needs exceed capabilities or are at capacity, cannot provide mass care and sheltering services, and/or consolidation of resources will allow more individuals to be served and/or allow for greater efficiencies. ▪ Communities already have strong regional sheltering plans in place, which could be implemented to support mass care services.

3.2 Statewide Shelter Strategy

In response to lessons learned from recent disasters, MEMA initiated the development of a statewide mass care and shelter strategy to establish a coordinated approach to the provision of mass care and shelter services in the Commonwealth. The *Massachusetts Mass Care and Shelter Strategy's* goals are to develop a scalable statewide mass care and sheltering support framework, support local and regional mass care and shelter capacity building, and engage the whole community. The *Massachusetts Statewide Mass Care and Shelter Coordination Plan* serves to implement this strategy.

State coordination and resource support are based on four potential scenarios:

1. Consolidation of mass care and shelter resources will increase operational efficiencies and cost effectiveness.
2. Mass care and shelter needs exceed local community resources.
3. Affected communities are unable to provide mass care and shelter services because of the impact of the incident on the community.
4. Consolidation of resources would allow communities to focus resources on ongoing response and recovery operations rather than sheltering operations.

Under one or more of these circumstances, MEMA will collaborate with impacted communities and its state partners to determine if state support of a locally-operated, regional shelter is needed to supplement local mass care and shelter efforts.

Locally-operated state-supported regional shelters will be opened in coordination with communities who not only have strong preexisting shelter plans in place, but also have the capacity to open these facilities to support the Commonwealth's *Mass Care and Shelter Strategy*. Assistance from MEMA Regional and Planning staff is available to help local EMDs update and improve their existing shelter plans.

The decision to open a shelter and provide state support is made in a collaborative and inclusive manner with state and local stakeholders, and the Health and Human Services Branch (HHSB), activated under the State Emergency Operations Center's Incident Command structure. Such decisions will include assessing the needs of the affected communities and the capabilities of local and regional service providers.

The SEOC, in collaboration with local and state stakeholders and the HHSB, will identify facilities that can be operated as a regional shelter. Where possible, facilities will be pre-identified by partners, and a list of facilities that could serve this purpose will be maintained by MEMA.

The State Emergency Operations Center (SEOC) and MEMA Regional Emergency Operations Center(s) (REOC) will continue to coordinate and notify communities regarding the opening and closing of shelters across the Commonwealth.

Communities always retain the right to operate a local shelter regardless of whether state support is needed or a Locally-operated, State-supported regional shelter is opened.

Exhibit 3-2 describes the statewide shelter strategy coordination roles and responsibilities of mass care and shelter partners.

Exhibit 3-2: Statewide Mass Care and Shelter Coordination Roles and Responsibilities

Organization	Coordination Role
MEMA	▪ Monitor and evaluate local/regional incidents/events that may trigger the need for state support for mass care. ▪ After receiving feedback from local communities, coordinate with the Health and Human Services Branch and other mass care and shelter partners as needed regarding local needs and capabilities to formulate a decision on utilizing state support. ▪ Ensure activation of the supported regional shelter. ▪ Support shelter management and operations. ▪ Provide regular status updates to local communities on the mass care and shelter status within the Commonwealth. ▪ Coordinate resource support as needed.
ESF-6 – Mass Care, Emergency Housing, Human Services ***Health and Human Services Branch (HHSB)***	▪ Gather information and maintain a common operating picture on the status of locally-initiated shelters. ▪ Submit status information on mass care and shelter capabilities and needs to the appropriate entities. ▪ Analyze and fulfill requests for mass care and shelter services and support from local emergency operations centers (EOCs) and locally-initiated shelters. ▪ Consult and coordinate with MEMA on decisions to support a regional shelter. ▪ Once the decision to support a shelter has been made, identify a suitable location and resources to open the shelter.
ARC (Shelter Operations)	▪ Support shelter management and operation.
ESF-8 – Public Health and Medical ***Health and Human Services Branch (HHSB)***	▪ Submit status information on public health and medical-related mass care and shelter capabilities and needs to the appropriate entities. ▪ Assess and fulfill requests for public health, mental health, and human services-related mass care and shelter services in support of locally initiated shelters. ▪ Consult and coordinate with MEMA on the decision to support a regional shelter. ▪ Coordinate resources to support mass care and shelter services and operational activities as requested.

Organization	Coordination Role
ESF-11 – Agriculture, Animals and Natural Resources ***Health and Human Services Branch (HHSB)***	▪ Submit status information on pet- and other animal-related mass care and shelter capabilities and needs to the appropriate entities. ▪ Assess and fulfill requests for pet- and animal-related mass care and shelter services as requested from local initiated shelters through the REOCs. ▪ Consult and coordinate with MEMA on the decision to support a regional shelter. ▪ Coordinate pet- and animal-related resources to support mass care and shelter services as requested.
ESF-7 – Volunteers and Donations ***Health and Human Services Branch (HHSB)***	▪ Submit status information on volunteers and donations mass care and shelter support capabilities and needs to the appropriate entities. ▪ Assess and fulfill requests for volunteers needed for mass care and shelter services as requested from locally-initiated shelters through the REOCs. ▪ Coordinate volunteers and donations services for mass care and shelter support at as requested.
Local Communities	▪ Gather information and report on the status of locally-initiated shelters within jurisdictional boundaries. Submit status information to REOCs. ▪ Submit resource requests to MEMA for resources needed to support locally-initiated regional shelters for mass care and shelter services. ▪ Coordinate with MEMA to determine whether Locally-Operated, State-Supported regional shelters are needed. ▪ Decide which locally-initiated shelters should remain open. ▪ Coordinate the transfer of shelter residents from locally-initiated shelters to the regional shelter, if applicable. ▪ Continue to provide status updates on shelters to the REOCs.

Successful implementation of the statewide shelter strategy depends on the following:

- ***Maintaining a high degree of situational awareness and communication.*** Mass care and shelter partners at all levels should understand the mass care and shelter needs of local communities. Maintaining a high degree of situational awareness comes from open and frequent communication between mass care and shelter partners at all levels (local, state, federal, nonprofit) prior to and during an incident. Section 3.3 describes the process MEMA will use to facilitate

open and frequent communication between mass care and shelter partners and to maintain situational awareness.

- ***Establishing and following a collaborative decision-making process.*** Providing a mechanism for organizations to communicate mass care and shelter needs, capabilities, and abilities prior to and during an incident will allow the Commonwealth to make more informed decisions about mass care and shelter services. Section 3.4 describes MEMA's collaborative decision-making process that will be followed to determine if a state-supported regional shelter is needed and the communication infrastructure and tools that will assist with communication and coordination.

- ***Implementing a process for requesting, allocating, and prioritizing resources.*** Local communities and MEMA have limited mass care and shelter resources. Scarce resources must be allocated transparently and in support of life preservation, public safety, and the well-being of the community. Section 3.5 describes the criteria and process that MEMA will use to allocate and prioritize its mass care and shelter resources.

- ***Clarifying roles and responsibilities and expectations.*** A key goal of this plan is to ensure that mass care and shelter partners at all levels understand their roles and responsibilities and prepare as necessary to ensure that they can successfully provide mass care and shelter services. Section 4 describes roles and responsibilities of local, state, federal, and nonprofit organizations that provide mass care and shelter services.

3.3 Communication and Situational Awareness

The successful implementation of the *Statewide Mass Care and Shelter Coordination Plan* depends on having a solid understanding of local mass care and shelter needs. Maintaining situational awareness and establishing a common operating picture is critical for MEMA, local communities, and mass care and shelter partners with roles and responsibilities under this plan. Access to timely and accurate situational awareness helps inform decisions regarding the activation of shelter operations and the deployment of mass care and shelter resources.

In accordance with the *Massachusetts Comprehensive Emergency Management Plan*, situational awareness statements/reports, status updates, and resource requests flow from communities to the MEMA Regional Emergency Operations Center (REOC) to the State Emergency Operations Center (SEOC). Each operational period, locally-initiated shelters submit a status report to the local emergency operation centers (EOCs) (ARC-managed shelters provide the information to the ARC operations manager and to local EOCs). The ARC manager provides a status report to the ESF-6 desk at the SEOC.

The shelter operations status report is intended to provide information on the number of shelter residents, number of residents with functional needs, types of services being provided, resources needed, and the estimated number of shelter residents for the next operational period. Local EOCs collect this data from the locally-initiated shelters in their community and submit this information to the MEMA REOCs. WebEOC is also used as MEMA's primary electronic situational awareness tool, where opened shelters are recorded and updated.

The SEOC utilizes this data to obtain a common operating picture on the status of mass care and shelter operations and the planning and allocation of resources in advance of local needs being exceeded. Using this data, MEMA, in coordination with the HHSB and the local communities, will determine if a state-supported shelter is needed.

The REOC will track the status of mass care and shelter resource request information and will communicate regularly with the SEOC to maintain situational awareness and to address resource requests, missions, and deployments.

3.4 Collaborative Decision Making

Successful implementation of the *Statewide Shelter Strategy* and the *Mass Care and Shelter Coordination Plan* requires ongoing coordination and collaboration between local communities, MEMA, and state and non-governmental organizational partners.

If situation reports (received through status reports, conference calls, or direct communication with communities and mass care and shelter providers) reflect conditions that might trigger the activation of a state-supported regional shelter, MEMA will facilitate a discussion with the affected communities, the Health and Human Services Branch, and shelter host communities. These discussions will also include other mass care and shelter partners as necessary. This coordination process may take place via conference call or at an on-site meeting in the SEOC.

Based on recommendations from mass care and shelter partners, MEMA will decide whether to support a regional shelter, and will lead the coordination activities.

To implement the necessary coordination and operational activities referenced in this plan, MEMA may use various methods/platforms of communication such as teleconferencing, WebEOC, face-to-face conversations, and/or radios to facilitate communication between response and support partners.

3.5 Resource Prioritization and Requests

The Statewide Mass Care and Shelter Coordination Plan is based on the premise that a state-supported regional shelter will alleviate some of the mass care and shelter burden

on communities. If a shelter is activated to supplement local needs, the SEOC will prioritize state shelter resources based on need. Local communities should assume that state-supported regional shelters will receive priority for resource support, followed by locally-initiated regional shelters, and then local shelters.

WebEOC is the system of record and primary platform for entering and processing resource requests and is used by the SEOC and REOC(s) when they are activated. These EOCs have established SOPs to ensure processes and systems, including the resource request process, are utilized in a consistent manner. Communities and state agencies will make requests for resources (i.e., personnel, equipment etc.) to the state via WebEOC. Resource requests are typically generated from a local EOC or by agencies and organizations serving as response partners for the incident.

The objective of resource ordering and management is to ensure that the Commonwealth has access to the necessary assets to support local jurisdictions in implementing timely and effective response to all emergency situations. The Resource Unit (under the Operations Section) is responsible for assigning and fulfilling resource requests to ensure the priorities of the operational period are met by utilizing a bottom-up approach. For more information on the resource request process refer to the *Commonwealth of Massachusetts Comprehensive Emergency Management Plan*.

3.6 Shelters and Essential Services

The essential services required to support shelter residents and their household pets are described below.

Note: Many of the essential services listed below are also included and detailed in the Regional Reception Center (RRC) Plan. However, these services may slightly differ or be modified at an RRC due to the function and purpose of this type of facility (evacuee throughput is intended to be no more than 24 hrs.).

3.6.1 Household Pet Services

If a shelter is a co-located facility with Pet Care Services, the following pet services operations may include:

- Triage (to determine the pet's needs and best course of care)
- Veterinary Treatment
- Quarantine
- Isolation.

The pet services provided at a shelter will depend on available staff and other resources. As additional resources and staff are obtained, the level and types of services may expand.

Overall, the well-being of pets will be monitored by the shelter's Pet Care Staff. All pets will be crated and provided basic care (provided with food, water, and a relief area as needed).

3.6.2 Mass Care Services

a. Reunification

Reunification support provides mechanisms to help displaced disaster survivors reestablish contact with family and friends. This is critical for the personal reconnection of disaster survivors and their support systems who may have limited means to communicate and reunify.

Reunification services may be provided in a variety of ways, depending on the needs of the shelter residents, the operations, and the types of inquiries received.

i. Unaccompanied Minors and Adults Requiring Supervision

During an emergency, there may be instances where minors are separated from their parents/guardians or adults requiring supervision are separated from their caregivers. In these instances, respective protocols will be followed by shelter staff, which includes, but is not limited to; notifying the appropriate local and/or state agency (e.g. the Department of Children and Families) to assist, and supervising/caring for the individual until the appropriate authority can intervene, or the individual's parent/guardian or caregiver is identified and reunited with the individual.

ii. Reunification Services

A reunification strategy, and the resources needed to implement the strategy in the shelter, is determined and coordinated through the appropriate staff and the Operations Section within the State Emergency Operations Center (e.g., this mission may be tasked to ESF-6). The reunification strategy will consider:

- What system(s) to use to capture information related to identifying and reporting the evacuees who are safe (e.g., ARC Reunification program, National Center for Missing and Exploited Children, and Unaccompanied Minors Registry).
- How evacuee status information will be shared between appropriate government jurisdictions and non-governmental organizations.
- How to best provide public messaging to those impacted by the incident and for those seeking status information on those impacted by the incident.

Reunification services, as well as access to tools and devices (e.g., computers, charging stations, and phones), will be made available to shelter residents to facilitate their reunification process. Physical reunification, especially for missing children, adults, pets, and service animals should be considered and included in the reunification plan.

b. Mass Feeding

Feeding services will be established at the shelter to provide snacks, beverages, and meals to shelter residents and staff. Considerations will be made for food and food preparation restrictions, guidelines, and needs of:

- People with disabilities and others with access and functional needs
- People with medically necessary dietary requirements
- People with allergies and food sensitivities
- Cultural and religious affiliations
- Children and infants (e.g., formulas and foods).

Feeding services may be provided via pre-positioned resources, an on-site kitchen, mobile kitchens brought to the shelter, food transported from other locations to the shelter, or a combination of these options.

c. Dormitory

Designated dormitory spaces will be provided for all shelter residents. Dormitory services will be inclusive and account for any disability or access and functional need; cultural need; and family, child, or gender-based services, as needed (e.g., a bariatric cot). Service animals are permitted in the dormitory area with their owners.

d. General Information

Shelter residents will need to be kept updated with information about the emergency or disaster and how to obtain the critical support and services they need. General information will be disseminated to shelter residents via a General Information area/desk centrally located within the shelter.

Shelter residents with disabilities will be given the same general information provided to the general population using methods that are understandable and timely. In the event a shelter resident requests communication assistance or service to better understand or obtain the information being provided, the shelter's staff will take into consideration the type of device, technology, or service preferred by the shelter resident, and will defer to that choice unless another equally effective method of communication is available.

e. Distribution of Emergency Supplies

Distribution of emergency supplies (DES) involves the acquisition and delivery of life-sustaining resources, hygiene items, and other essential supplies (including

cleanup kits, household pet and service animal needs, etc.) to meet the urgent needs of the affected population. Additional support includes transportation, warehousing, equipment, technical services, and other mission-critical services.

3.6.3 Health and Medical Services

A range of health and medical services will be provided to displaced populations seeking mass care and shelter services at a shelter as resources are available. In addition, all health and medical services will take into consideration the needs of people (both children and adults) with disabilities and others with access and functional needs.

The types of health and medical services that may be provided at a shelter are listed below:

a. Functional Needs Support Services (FNSS)

Functional Needs Support Services (FNSS) are those that enable individuals to maintain their independence in a general population shelter. FNSS include the following:

- Reasonable modification to policies, practices, and procedures
- Provisions for durable medical equipment (DME)
- Provisions for consumable medical supplies (CMS)
- Provisions for personal assistance services (PAS)
- Other goods and services as needed.

Children and adults with and without disabilities who have access and functional needs may require additional support services. Populations most in need of support services include people with physical, sensory, mental health, cognitive, and/or intellectual disabilities; women in the late stages of pregnancy; older adults; and people requiring bariatric equipment.

To the maximum extent possible, shelter staff will assess, coordinate, and provide the resources and services needed to accommodate all populations. In addition, service animals, as defined by Title II of the Americans with Disabilities Act (ADA) 1990, will not be separated from their owner and will be able to reside with their owner in the shelter.

b. Medical

Due to the potential high volume of shelter residents received, on-site medical services may range from basic to more expanded services, to provide shelter residents (including infants and children) with medical needs or existing medical conditions, with the appropriate type and level of care to allow them to stay at the shelter.

Medical Staff will be activated and assigned to a shelter as determined by the size of the population and their medical needs. The medical services provided will depend on available medical staff and material resources. As additional resources and staff are obtained, the level and types of medical services may expand.

The range of medical services provided at a shelter will stay within the parameters of non-acute medical care. The following types of medical services may be provided, contingent on available resources, qualified medical staff, and site locations.

- Basic medical services (e.g. basic first aid)
- Respite care
- Pharmaceutical services
- Substance addiction support (e.g. coordinate transportation for a shelter resident to attend addiction support services located offsite)
- Implement measures for infection control and prevention (e.g. separate accommodations for individuals with a compromised immune system or other health risks).

c. Crisis Counseling

Crisis counseling will be provided to meet the mental health needs of the displaced population and the staff/volunteers serving at the shelter. As needed, crisis counseling staff will provide support and services to meet the emotional and mental health needs of both children and adults.

3.6.3.1 Individualized Discussion-Based Triage and Evaluation

MEMA and the mass care and shelter partners anticipate that regardless of the level of planning and support undertaken, there will be individuals with needs that exceed the capability of a shelter setting. To the extent possible, shelter coordinators will assist these individuals with finding a suitable location with the capability to provide the necessary support to them during a disaster.

It is the intent of the Commonwealth that all individuals seeking shelter will either be safely accommodated in the shelter or assistance will be provided to find an alternate suitable shelter location. All individuals seeking shelter will be registered and go through the evaluation process to identify the types of support they may need while in the shelter. Shelter intake coordinators will use the Shelter Intake Form shown in Annex A.

If there is uncertainty regarding whether an individual can safely stay in a shelter, the shelter intake/registration personnel will coordinate a discussion with the shelter resident (and/or their caregiver) and shelter medical personnel to review the unique

circumstances of the individual and the level of care needed in relation to the capabilities and services available at that specific location.

Shelter coordinators will also consider whether the presence of a caregiver/personal care assistant allows individuals who require a higher level of care to stay safely in a shelter (note: in most cases, the presence of a caregiver/personal care assistant *will* allow the individual to be able to stay safely in a shelter). The final disposition of the shelter resident will be decided on an individual basis based upon information provided during the shelter evaluation discussion.

The following examples are provided to demonstrate conditions that are likely to be accommodated in a shelter:

- Individuals who have reliable access to a caregiver/personal care assistant
- Individuals with conditions controlled by self-administered medicine
- Individuals with vision, hearing impairments, or prosthesis
- Individuals who are oxygen-dependent with their own supplies
- Individuals requiring dialysis (self-administered treatment or does not need transportation to a dialysis treatment center within 24 hours of arriving at the shelter)
- Individuals requiring intermittent assistance with activities of daily living
- Individuals who are wheelchair or other mobility-related device users who are able to conduct activities of daily living with minimal assistance
- Individuals with service animals.

If a shelter is unable to safely accommodate an individual, the shelter coordinators will attempt to place individuals in a non-acute care facility (such as an assisted living facility) or a hospital as appropriate.

Non-acute care facilities may be appropriate for individuals without acute medical conditions but who still require some medical surveillance and/or require significant assistance with activities of daily living. This decision should be made in consultation with the individual and/or caregiver and shelter medical staff. The following examples are provided to demonstrate conditions that may be accommodated in a non-acute care facility:

- Individuals requiring assistance with tube feeding
- Individuals with various ostomies (for example, colostomy or ileostomy)
- Individuals with draining wounds that require frequent sterile dressing changes
- Individuals with dementia (unaccompanied) who cannot be supported in a shelter
- Hospice patients with IV medications (for example, morphine drip) who require an environment with special medical capabilities.

Shelter coordinators will consider the severity of the conditions before making a determination regarding whether an individual can safely stay in a shelter. For example, individuals with the conditions above may be accommodated in the shelter if a caregiver is able to stay with them and if they have access to necessary medical supplies.

Individuals who require acute medical care, such as individuals experiencing trauma or injury, may be best accommodated in a hospital setting during a disaster.

The following examples are provided to demonstrate conditions that may be better accommodated in a hospital:

- Individuals who are ventilator dependent
- Pregnant women who are having contractions or are in labor
- Individuals reporting chest pain any time in the last 24 hours or experiencing a heart attack
- Individuals who are unconscious
- Individuals with contagious conditions that require special precautions such as quarantine, isolation, and social distancing
- Individuals with uncontrolled infected wounds
- Individuals who engage in behavior that is concerning to shelter guests or staff (see Annex D, Behavioral Health Helpline).

Shelter coordinators will work with local hospitals to ensure that individuals sent to the hospital will be treated and admitted, or treated and then provided with shelter, at the shelter or other suitable location. The shelter records for those individuals should be updated with the admission location to facilitate potential reunification.

3.6.4 Recovery Transition Services

After the disaster, homeless and other vulnerable people may be the last to leave the shelter because they do not have a safe place to which they can return or the services in place to return to their community. These factors may be complicated and need extensive support to resolve.

To ensure critical unmet needs of shelter residents are identified, addressed, and coordinated prior to the shelter closing, recovery transition services will be provided as early as possible in the shelter stay. As needed, staff will assist shelter residents in identifying the type(s) of service(s) needed and will provide referrals/connect shelter residents with the appropriate and available non-governmental organizations and/or local, state, and federal agencies that can provide the service(s) needed.

Recovery transition services include but are not limited to those listed below:

- *Social and Support Services*: A broad range of community services that may assist with housing, healthcare, substance abuse/addiction, mental health, and other supportive services
- *Short Term Housing*: Non-disaster related housing including homeless shelters, single room
- *Transportation Services*: Includes fixed route transportation; para transit services; bus tokens; and subsidized programs
- *Children's Services*: Includes counseling, advocacy, and getting shelter residents back to the pre-disaster routine of school
- *Financial Assistance*: Financial help for disaster caused needs, including but not limited to moving deposits, utilities, replacement fees (license, deeds, insurance), DME (Durable Medical Equipment), childcare (limited to supporting a family's need while attending to health-related appointments or recovery-related activities), transportation, food, clothing, and household items
- *Aging Services Access Points (ASAPs) and local Councils on Aging (COAs)*: Provides access to programs and services for older persons at the local level
- *Disability Services*: Includes para transit information and referral; assistance with replacement of durable medical equipment and other assistive and adaptive technologies; restarting home and community-based services; case management support; integration into all programs currently available to disaster survivors; and technical assistance
- *Feeding Assistance*: Includes Federal Disaster Shelter Nutrition Assistance Program (DSNAP), Local Food & Nutrition Service (FNS) disaster feeding assistance, Food Banks, and bulk distribution of food supplies
- *Unmet Needs*: Includes food, clothing, shelter, first aid, and long-term needs such as financial, physical, emotional, or spiritual well-being
- *Document Retrieval*: Includes retrieval of Drivers Licenses, Social Security Cards/Award Letters; Deeds, leases, and other lost documents that prevent shelter residents from transitioning out of the shelter.

3.7 Shelter Transportation

Once a shelter is activated, the Health and Human Services Branch, in coordination with Emergency Support Function 1 (ESF-1)- Transportation, will coordinate with local EOCs to arrange transportation for individuals in need of government-provided transportation assistance from a local transportation hub and/or Regional Reception Center (RRC) (if activated) to a shelter.

- It is anticipated that transportation resources will be scarce and thus transportation may be limited to providing support to those who need immediate mass care services such as access to medical services.
- In some situations, and depending on the availability of resources, local jurisdictions may be responsible for coordinating and providing transportation for

their evacuating population directly to the shelter. Local EOCs may be best suited to perform this task based on their understanding of the local population's transportation needs and challenges, and access to local transportation resources such as school buses, and local transportation routes.

3.7.1 Re-Entry into the Community

As shelter residents are able to return to their community or once the shelter is demobilized, the Human Service Branch, in coordination with ESF-1 will work with their local EOC counterparts and the Shelter Managers in respective communities to develop a schedule for returning individuals back to their community. Local communities will be responsible for identifying a suitable drop-off site and arranging for transportation for individuals from the drop-off site to a location close to the individual's home or final destination.

SECTION 4: ROLES AND RESPONSIBILITIES

Providing mass care and shelter services involves numerous agencies from the local, state, and federal levels of government as well as nonprofit and private-sector partners. This section describes the roles and responsibilities of agencies at each level of government as well as expected support from nonprofit and private sector partners.

4.1 Local Roles and Responsibilities

Sheltering in Massachusetts starts at the community level and is determined by local needs. Local decision makers and mass care and shelter partners must understand their community demographics, values, norms, structures, networks, and relationships to make good decisions regarding the type and amount of mass care and shelter services to provide in response to an incident. The *Local Shelter Toolkit* has been developed to assist local communities in the development of their local shelter plans and related documents and is a complement to this plan.

As described in Section 3.1, the types of mass care and shelter services that a community may provide can be generally categorized into three categories: personal care sites (PCS), locally-initiated overnight shelters, and locally-initiated regional shelters. These services can also be combined; for example, a local community can decide to open a PCS in conjunction with locally-initiated overnight shelters. Local communities may also, through inter-local agreements, support locally-initiated regional shelters. These shelters are physically located in one community but may serve several communities that have agreed to share resources and costs associated with shelter activities.

Exhibit 4-1 describes the mass care and shelter roles and responsibilities of local communities. Individual communities assign specific functions, capabilities, or activities to specific organizations (government, nonprofit, faith-based, or private) based upon the capacity and needs of the community. These assignments should be documented in an appropriate local comprehensive emergency management plan or mass care and shelter plan.

Exhibit 4-1: Local Community Mass Care and Shelter Responsibilities

Responsibilities
During the planning phase, identify the planning assumptions and mass care and shelter needs of the community, including the access and functional needs of residents. This will assist the community in establishing the capabilities for mass care and shelter in the community.
Develop plans and procedures to provide mass care and shelter services to the community.
Coordinate, collaborate, train, and exercise with mass care and shelter partners.
Identify facilities that can be used as mass care and shelter locations.
Ensure all mass care and shelter locations meet Americans with Disabilities Act (ADA) accessibility guidance.
Establish agreements with facility owners and operators.
When an incident occurs or is expected to impact the community, assess the numbers of individuals who may require mass care and shelter services.
Activate mass care and shelter services when needed in accordance with approved plans and procedures.
Provide situational updates to the Regional Emergency Operations Center (REOC) about the number of mass care and shelter facilities open, location of facilities, number of shelter residents, types of services being offered, and types of services needed. Provide projections on numbers and needs as requested.
Request mass care and shelter resources via the REOC in accordance with local emergency response plans and the Massachusetts Comprehensive Emergency Management Plan.

A community hosting a state-supported regional shelter may be asked to sign a memorandum of understanding (MOU). The MOU will describe the responsibilities of the host community in addition to issues of liability and reimbursement. Exhibit 4-2 shows the responsibilities of a host community. Please note that host community responsibilities are in addition to general local community mass care and sheltering responsibilities.

Exhibit 4-2 Host Community Mass Care and Shelter Responsibilities

Responsibilities
Maintain the facility to be prepared to receive shelter residents from within and external to the community.

Work with MEMA and the ARC to ensure the potential site meets ADA requirements and address FNSS needs.
Coordinate with MEMA to activate the facility.
Provide staff and facilities as outlined in a completed MOU. This may include, but is not limited to, security, feeding staff, maintenance staff, medical staff, and/or facility support and access.
Conduct a health inspection in accordance with local and state regulations.

4.2 State Roles and Responsibilities

MEMA is the lead agency for the implementation of the *Statewide Mass Care and Shelter Coordination Plan*, and coordinates with other state agencies and mass care and shelter partners to ensure capabilities to activate and operate state-supported shelters are in place.

Exhibit 4-3 outlines the mass care and shelter responsibilities of the MEMA State Emergency Operations Center (SEOC), Regional Emergency Operations Center (REOC), and supporting ESFs. The ARC is working as part of the ESF-6; therefore, their responsibilities as a nonprofit are detailed under ESF-6.

Exhibit 4-3: State Mass Care and Shelter Responsibilities

State Agency	Responsibilities
MEMA SEOC	Notify and activate ESF-6 (including ARC), ESF-8, and/or ESF-11 to support communities in providing mass care and shelter services.
	Identify, obtain, or provide resources to support mass care and shelter services to communities as requested.
	Analyze situation reports to obtain information on the status of mass care and shelter operations and resource needs. Communicate with mass care and shelter partners regarding status and resource needs.
	Coordinate with mass care and shelter partners to determine whether a state-supported regional shelter should be opened.
	Coordinate logistical and resource support.

State Agency	Responsibilities
	Activate the Health and Human Services Branch to ensure appropriate subject matter experts are coordinating on the Mass Care effort.
MEMA REOC	Coordinate and communicate with affected communities through local emergency management directors (EMDs) to ascertain shelter facilities that are being opened, the types of services available, and the number of shelter residents at each facility.
	Coordinate with host and affected communities to determine mass care and shelter resource needs.
	Validate resource needs and share the information with the SEOC to achieve situational awareness concerning ongoing activities at the local level.
ESF-6 - Mass Care, Emergency Housing, Human Services **-or-** **Health and Human Services Branch (HHSB)**	Coordinate the tasking of shelter activities during a disaster to include the sheltering of people disabilities and others with access and functional needs.
	Coordinate the establishment and operation of mass feeding facilities in areas affected by disasters.
	Coordinate with ESF-11 if needed to provide emergency supplies that enable people with disabilities to care for their service animals.
	Coordinate with ESF-7 for volunteer resources to support of mass care operations, as needed.
	Coordinate the provision of shelter registration data to appropriate authorities.
	Continuously monitor shelter occupancy status and provide SEOC Operations and Planning Section with a list of open and closed shelters.
	Coordinate the provision of emergency first aid in shelters.
	Coordinate with ESF-8 regarding the provision of resources to support non-acute medical needs exceeding basic first aid.
	Coordinate with ESF-8 regarding the prevention of communicable diseases, to include epidemiological and environmental health activities, as related to shelter operations.
	Provide quantitative mass care services data to the SEOC Operations Section, and other ESFs that require accurate data for response logistics.
	Coordinate with ESF-13 - Public Safety and Security for additional security resources.

State Agency	Responsibilities
	Coordinate with ESF-8 to determine the need for mental health resources for shelter residents and staff.
	Coordinate with ESF-2 - Communications to address communications needs for shelters.
	Coordinate with SEOC Operations Section to ensure each shelter has power generation capabilities as needed.
	Support the activation, management, and operations of the state-supported shelter during the incident and until the incident has stabilized and facility demobilization and deactivation occurs.
	The Shelter Managers and local shelter managers will keep ESF-6 informed about conditions at the shelters and unmet needs.
	Utilize the ARC four-model approach to sheltering as needed.
	Maintain a list of available facilities that can serve as shelters.
	Maintain situational awareness of mass care and sheltering needs by gathering data from locally-initiated shelters and from the ARC operations center.
	Monitor and report occupancy levels and ongoing shelter resident needs.
	Coordinate the provision of first aid in shelters and fixed feeding sites.
	Coordinate the provision of added and relief staff, and the replenishment of shelter supplies.
	Coordinate with ESF-2, to ensure that each shelter has a working system of communications with the local EOCs, REOCs, and ARC units, pursuant to ARC protocol. This may include radio, telephone, or cellular telephone communication devices.
	Coordinate the consolidation of shelters, staff, resources (for example, communications and law enforcement), and supplies as sheltering needs diminish.
ESF-7 - Volunteers and Donations	Coordinate with ESF-6 for resources to support of mass care operations, as needed.
	Coordinate the tasking of shelter volunteers requested during a disaster to include the sheltering of people with access and functional needs.
	Coordinate with ESF-6 to determine the need for mental health volunteers needed to support victims and responders.

State Agency	Responsibilities
	Coordinate volunteer resources needed to support pet- and animal-related shelter services at local and regional shelters.
ESF-8 - Public Health and Medical	As requested, coordinate with ESF-6 to determine sanitation and medical resource needs at shelters.
	As requested, support connections with Department of Mental Health (DMH) to coordinate with ESF-6 to determine the need for mental health resources for those directly impacted by the event as well as, and responders.
	Coordinate with other ESFs related to mass care and shelter support as needed.
ESF-11 - Agriculture, Animals, and Natural Resources	Coordinate resources to support pet- and animal-related shelter services at local and regional shelters.
	Provide supplies and support to people requiring assistance with their service animals in shelters.
	Coordinate resources to provide emergency care to injured animals while being cared for in the shelters.
	Issue and enforce animal disease quarantines in shelters.
	Coordinate resources to support the removal and proper disposal of animal carcasses.

4.3 Federal Roles and Responsibilities

In accordance with the National Response Framework (NRF), the U.S. Department of Homeland Security (DHS)/Federal Emergency Management Agency (FEMA) is responsible for leading and coordinating federal resources, as required, to support local, tribal, and state governments and voluntary agencies (VOLAGs) in the performance of mass care, emergency assistance, housing, and human services missions. When directed by the President of the United States, Federal ESF-6 is implemented to assist individuals and households affected by potential or actual disasters.

SECTION 5: PLAN MAINTENANCE

The Massachusetts Emergency Management Agency (MEMA) is dedicated to the continued preparedness and maintenance required to ensure this plan remains current and up to date with recent shelter response/recovery trends. The plan will be reviewed in coordination with appropriate stakeholders and according to the review and maintenance guidelines contained in the State CEMP Base Plan and the Emergency Management Program Administrative Policy.

Meetings will include statewide shelter response partner stakeholders to elicit feedback regarding the plan's effectiveness. Material and comments contained in after action reports from various drills, exercises, or actual incidents addressing shelter-related issues will be included in plan updates.

Upon review and approval, the updated plan will be posted to MEMA's website and distributed to internal MEMA departments, state agency partners (emergency support functions [ESFs]), and local emergency management directors (EMDs) so they remain informed.

Continued plan maintenance will help ensure that the plan reflects current capabilities, shelter trends, and operational strategies that are to be implemented during incidents requiring shelter protective action implementation.

SECTION 6: TRAINING AND EXERCISES

For the coordinating benefits referenced in this plan to be realized, regular training and exercising is highly encouraged. The Massachusetts Emergency Management Agency (MEMA) will continue to ensure that training courses and/or seminars supporting the existence and implementation of this plan occur regularly and/or as needed for Emergency Support Function (ESF)-6 - Mass Care, Emergency Housing, Human Services response partner agencies, other assisting ESFs and state agencies, and local emergency management directors (EMDs) across the Commonwealth.

MEMA will also meet with shelter response partner stakeholders to address plan training and exercise needs. Needs voiced by shelter response partner stakeholders will be applied to the development and delivery of the plan training and exercise program. Validation of training using exercises will further allow for increased preparedness and readiness in relation to shelter emergencies. Exercises involving shelter protective actions, shelter activation, and/or other related shelter target capabilities will use the plan.

After action reports and corrective action plans reports, including shelter capabilities and response, will help to inform the continued maintenance of both the plan and resulting training and exercise components sought to further train and educate staff of shelter response partner agencies.

SECTION 7: AUTHORITIES AND REFERENCES

The *Massachusetts Statewide Mass Care and Shelter Coordination Plan* is supported by the following laws, guidance and executive orders.

Federal Laws, Executive Orders, and Homeland Security Presidential Directives

- Americans with Disabilities Act (ADA), 1990
- ADA Amendments Act (ADAAA), 2008
- ADA Standards for Accessible Design, September 2010
- Executive Order 13347 – Individuals with Disabilities in Emergency Preparedness (Federal Register Volume 69, Number 142), United States Office of the President, July 2004
- Homeland Security Presidential Directive (HSPD) 5, Management of Domestic Incidents, February 28, 2003
- Presidential Directive 8, March 2011
- Public Law 104-321, granting the consent of Congress to the Emergency Management Assistance Compact (EMAC)
- Public Law 109-308, Pets Evacuation and Transportation Standards (PETS) Act of 2006, which amends the Stafford Act to require states seeking Federal Emergency Management Agency (FEMA) assistance to include provision for pets and service animals in evacuation planning.
- 44 Code of Federal Regulations (CFR) Part 206, Federal Disaster Assistance for Disasters Declared after November 23, 1988
- ADA Best Practices Tool Kit for State and Local Governments, Chapter 7, Emergency Management under Title II of the ADA (2007)
- 28 CFR Part 35: Nondiscrimination on the Basis of Disability in State and Local Government Services
- 28 CFR Part 36: Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities
- Section 504 of the Rehabilitation Act of 1973, 29 USC § 794, as amended
- Enforcement of Nondiscrimination on the Basis of Handicap in Programs or Activities Conducted by FEMA, 44 CFR Part 16

- 28 CFR Part 39: Enforcement of Nondiscrimination on the Basis of Handicap in Programs or Activities Conducted by the DOJ
- 45 CFR Part 84: Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance (Department of Health and Human Services [HHS])
- 34 CFR Part 104: Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance (Department of Education)
- 24 CFR Part 8: Nondiscrimination Based on Handicap in Federally Assisted Programs and Activities of the Department of Housing and Urban Development (HUD
- 42 USC §§ 3601-3631: Title VIII of the Civil Rights Act of 1968 ("Fair Housing Act"), as amended
- 24 CFR Part 100: Discriminatory Conduct Under the Fair Housing Act
- 42 USC §§ 4151-4157: The Architectural Barriers Act of 1968, as amended,
- 41 CFR Part 101-19: Construction and Alteration of Public Buildings
- 6 USC §§ 101-557, The Homeland Security Act of 2002, as amended
- 42 USC §§ 5121-5206, The Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended
- 6 USC § 761(d), The Post-Katrina Emergency Management Reform Act, as amended.

State Laws and Executive Orders

- Executive Order No. 592, Advancing Workforce Diversity, Inclusion, Equal Opportunity, Non-Discrimination, and Affirmative Action (10/22/20)
- Article CXIV of the Massachusetts Constitution (1980 Amendment)
- Bill S.1172, Act to Ensure the Safety of People with Pets in Disasters
- M.G.L. Chapters 151B
- M.G.L. Chapter 272 §§ 92A & 98
- M.G.L. c. 22 § 13A and C.M.R. 521, Regulations of the Massachusetts Architectural Access Board
- Massachusetts Civil Defense Act, Chapter 639 of the Acts of 1950
- Management Assistance Compact, Chapter 339 of the Acts of 2000

Supporting Federal Documents

- FEMA's Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters, November 2010
- National Incident Management System (NIMS), October 2017
- National Response Framework (NRF), Third Edition, June 2016
- National Infrastructure Protection Plan (NIPP), 2013
- National Mass Care Strategy: A Roadmap for Mass Care Reform, September 2012
- Homeland Security Exercise and Evaluation Program (HSEEP), April 2013

Supporting State Documents

- Massachusetts Comprehensive Emergency Management Plan (CEMP)
- Massachusetts Radiological Emergency Response Plan
- Massachusetts CEMP: Volume 3, Long-term Recovery
- Massachusetts Emergency Support Function 6 (ESF-6) Mass Care, Emergency Housing, Human Services Annex
- ResilientMass: 2023 Massachusetts State Hazard Mitigation and Climate Adaptation Plan
- Massachusetts Disaster Housing Plan
- MEMA Continuity of Operations Plan
- Massachusetts Evacuation Coordination Annex
- Massachusetts Regional Reception Center Operational Plan
- EMAC Operations Manual
- Massachusetts State Homeland Security Strategy
- Massachusetts Statewide Emergency Repatriation Plan
- Massachusetts Statewide Shelter Strategy
- Massachusetts SEOC Standard Operating Procedures

SECTION 8: ABBREVIATIONS AND GLOSSARY

The following terms and definitions are associated with mass care and sheltering.

8.1 Abbreviations

Exhibit 8-1: Abbreviations

Abbreviation	Term
ADA	Americans with Disabilities Act
ADAAA	Americans with Disabilities Act Amendments Act
ARC	American Red Cross
ASAP	Aging Services Access Points
CEMP	Comprehensive Emergency Management Plan
CFR	Code of Federal Regulations
CMS	Consumable Medical Supplies
COA	Council on Aging
CPG 101	Comprehensive Preparedness Guide 101
CTN	Critical Transportation Needs
DES	Distribution of Emergency Supplies
DHS	U.S. Department of Homeland Security
DME	Durable Medical Equipment
DOJ	Department of Justice
DPH	Department of Public Health
DSNAP	Disaster Shelter Nutrition Assistance Program
EMAC	Emergency Management Assistance Compact
EMD	Emergency Management Director
EOC	Emergency Operations Center
EOHLC	Executive Office of Housing and Livable Communities

Abbreviation	Term
ESF	Emergency Support Function
ESF-1	Transportation
ESF-6	Mass Care, Emergency Housing and Human Services
ESF-7	Volunteers and Donations
ESF-8	Public Health and Medical Services
ESF-11	Agriculture, Animals and Natural Resources
FEMA	Federal Emergency Management Agency
FNS	Food and Nutrition Services
FNSS	Functional Needs Support Services
HHS	Department of Health and Human Services
HHSB	Health and Human Services Branch
HSEEP	Homeland Security Exercise and Evaluation Program
HSPD	Homeland Security Presidential Directive
HUD	Department of Housing and Urban Development
MEMA	Massachusetts Emergency Management Agency
MOA	Memorandum of Agreement
MOD	Massachusetts Office on Disability
MOU	Memorandum of Understanding
NCS	Non-congregate Shelter
NGO	Nongovernmental Organization
NIMS	National Incident Management System
NIPP	National Infrastructure Protection Plan
NRF	National Response Framework
PAS	Personal Assistance Services
NMCS	National Mass Care Strategy
PCS	Personal Care Site

Abbreviation	Term
PETS Act	Pets Evacuation and Transportation Standards Act
REOC	Regional Emergency Operations Center
RRC	Regional Reception Center
SEOC	State Emergency Operations Center
USC	United States Code
VOLAG	Voluntary Agency

8.2 Glossary

Access and Functional Needs Accommodation

- Synonym: Access and Functional Needs
- Definition: circumstances that are met for providing physical, programmatic, and effective communication access to the whole community by accommodating individual requirements through universal accessibility and/or specific actions or modifications.
- Extended Definition: includes assistance, accommodation or modification for mobility, communication, transportation, safety, health maintenance, etc.; need for assistance, accommodation, or modification due to any situation (temporary or permanent) that limits an individual's ability to take action in an emergency.
- Annotation: When physical, programmatic, and effective communication access is not universally available, individuals may require additional assistance in order to take protective measures to escape to and/or from, access either refuge and/or safety in an emergency or disaster, and/or may need other assistance, accommodations or modifications in an emergency or disaster through pre-planning by emergency management, first response agencies and other stakeholders or in sheltering or other situations from notification and evacuation, to sheltering, to return to pre-disaster level of independence.

Individuals having access and functional needs may include, but are not limited to, people with disabilities, elders, and populations having limited English proficiency, limited access to transportation, and/or limited access to financial resources to prepare for, respond to, and recover from the emergency.

Federal civil rights law and policy require nondiscrimination for certain populations, including on the basis of race, color, national origin, religion, sex, age, disability, English

proficiency, and economic status. Many individuals with access and functional needs are protected by these provisions.

Activation Trigger
A predetermined level, condition, or situation that decision makers use to identify the appropriate time at which to initiate shelter services to an affected population.

Americans with Disabilities Act (ADA)
A law enacted by the U.S. Congress in 1990 and later amended in 2008. It is a wide-ranging civil rights law that prohibits discrimination based on disability. A shelter facility is ADA compliant will have met strict standards identified in the ADA regarding reasonable accommodations for individuals with disabilities.

American Red Cross (ARC)
The ARC is a nongovernmental organization (NGO) that provides mass care and shelter support during emergencies.

Concept of Coordination
A system of coordination from the perspective of the stakeholder or stakeholders that will use that system; a means to communicate system characteristics.

Consumable Medical Supplies (CMS)
Medical supplies (medications diapers, bandages, etc.) that are ingested, injected, or applied and/or are one time use only.

Disability
The Americans with Disabilities Act (ADA) defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity. This includes people who have a record of such an impairment, even if they do not currently have a disability. It also includes individuals who do not have a disability but are regarded as having a disability. The ADA also makes it unlawful to discriminate against a person based on that person's association with a person with a disability.

Distribution of Emergency Supplies (DES)
Bulk Distribution workers provide items essential to basic survival, health, and sanitation as quickly and equitably as possible to individuals affected by a disaster. The items provided meet the specific urgent needs of the affected community.

Durable Medical Equipment (DME)
Medical equipment (e.g., walkers, canes, wheelchairs, etc.) used by persons with a disability to maintain their usual level of independence.

Evacuee
An individual evacuated due to an emergency.

Feeding
The feeding function provides meals, snacks, and beverages to individuals and families in communities impacted by man-made and natural disasters.

Functional Needs Support Services (FNSS)
The Federal Emergency Management Agency (FEMA) defines FNSS as services that enable individuals to maintain their independence in a general population shelter. Service animals will not be separated from their owners and will be able to reside with their owner in the shelter; this is applicable in shelters that provide a different area to accommodate pets. FNSS include the following:

- Reasonable modification to policies, practices, and procedures
- Provisions for durable medical equipment (DME)
- Provisions for consumable medical supplies (CMS)
- Provisions for personal assistance services (PAS)
- Other goods and services as needed.

Children and adults requiring FNSS may have physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Others that may benefit from FNSS include pregnant women, elders, and people with bariatric equipment needs. In addition to those services listed above, the Commonwealth also recognizes that some individuals may require non-acute medical assistance and or communication assistive technologies and services to maintain their independence in a shelter setting.

Health and Human Services Branch- a combination of ESF-6, ESF-7. ESF-8, and ESF-11 brought together under MEMA as the primary agency that consolidates emergency functions to meet public needs during a larger or more complex response.

Host Community
A community where a state-supported regional shelter is located.

Household Pet
As defined by the Pets Evacuation and Transportation Standards (PETS) Act, a household pet is a domesticated animal (such as a dog, cat, bird, rodent, or turtle) that is traditionally kept in the home for pleasure rather than for commercial purposes and

can travel in commercial carriers and be housed in temporary facilities. Household pets do not include reptiles, amphibians, fish, insects/arachnids, farm animals (including horses), and animals kept for racing purposes.

Locally Initiated Overnight Shelter
A facility that will provide full dietary, dormitory, and/or other functional needs support services to victims of a disaster. These locally initiated shelters are not activated by MEMA.

Locally Initiated, Multi-Community Regional Shelter
A facility that will provide full dietary, dormitory, and/or other FNSS for multiple communities. This occurs when several communities come together and provide shelter services for multiple communities and are not supported by MEMA.

Locally Operated, State-Supported Regional Shelter
Dependent on the situation, requirements, and severity of the event, MEMA may identify communities who have strong existing local or regional sheltering plans, and coordinate with them to implement their plans and stand up regional mass care shelters if they are able to do so. These facilities, while operated on a regional basis, would be supported by MEMA, and be supported as a primary site for sheltering during a catastrophic scenario. These facilities would complement shelters which may be in operation, but would allow existing shelter plans to be executed, while being supported by MEMA.

Memorandum of Understanding (MOU)
A document that describes the general principles of an agreement between parties but does not amount to a substantive contract.

National Mass Care Strategy (MNCS)
The National Mass Care Strategy provides a unified approach to the delivery of mass care services by establishing common goals, fostering collaborative planning, and identifying resource needs to build the national mass care capacity engaging the whole community including under-served and vulnerable populations. The NMCS website provides useful information on all aspects of mass care.
(https://nationalmasscarestrategy.org/)

Personal Assistance Services (PAS)
Services that assist children and adults with activities of daily living (e.g. bathing, toileting, eating, etc.). These formal or informal services may be provided by paid personnel, personal attendants, friends, family members, and volunteers that enable children and adults to maintain their usual level of independence in a general population shelter.

Personal Care Site (PCS)
A type of shelter that will provide temporary comfort services for people who are staying in their homes but who may need a small degree of assistance during emergencies for minor needs (provision of clean water, usage of electricity, food/snacks, warming or cooling, etc.).

Planning Assumption
An influencing statement related to a particular issue that will help drive operational decision making to provide a set of guidance to alleviate the issue.

Regional Reception Centers (RCC)
A RRC is a component of the state's mass evacuation and sheltering continuum. The RRC is designed to execute shelter identification and assignment activities to provide displaced populations with short-term mass care services (not intended to shelter individuals for more than 24 hours) when local capacities are exceeded. An RRC also provides a central location to leverage government and nongovernment resources and is the key point in a state-supported evacuation and mass care and sheltering concept of operations where more comprehensive support can be expected.

Service Animal
A dog, or in some cases a miniature horse, that has been individually trained to do work or perform tasks for the benefit of an individual with a disability, including physical, sensory, psychiatric, intellectual, or other mental disability. The work or tasks performed by a service animal must be directly related to the handler's disability including, but not limited to: assisting individuals who are blind or have low vision, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, pulling a wheelchair, or fetching dropped items, assisting an individual during a seizure, alerting individuals to the presence of allergens, retrieving items such as medications or a telephone, providing physical support and assistance with balance and stability, and helping people with neurological or psychiatric disabilities by preventing or interrupting impulsive or destructive behaviors.

- Service animals are required to be leashed or harnessed except when performing work or tasks where such tethering would interfere with the dog's ability to perform. In cases where the individual is not able to hold a leash, the animal must be under control and respond to verbal commands.
- Service animals are exempt from breed bans as well as size and weight limitations.
- Service animals may or may not be certified.

Shelter
An accessible facility that is activated locally or regionally to provide comfort, food, water, information, and sleeping accommodations to meet the disaster-caused needs of individuals, families, and communities. Programmatically and physically accessible core services are provided in every shelter, and situational services are provided based on the needs of the affected population. Refer to Appendix B for American Red Cross shelter models and definitions.

Shelter Operations
The activities required for the shelter to successfully provide services and attend to the needs of evacuees. Shelter operations are conducted by shelter staff and are managed by the local shelter manager and/or EMD.

Situational Awareness
The understanding of objects, events, people, system states, interactions, environmental conditions, and other situation-specific factors affecting human performance in complex and dynamic tasks.

Triage
A process for sorting injured people into groups based on their need for or likely benefit from immediate medical treatment. Triage is used in hospital emergency rooms, on battlefields, and at disaster sites when limited medical resources must be allocated.

WebEOC
A web-based information management system that provides a single access point for the collection and dissemination of emergency or event-related information.

Whole Community Approach
Emergency management practitioners, organizational and community leaders, and government officials can collectively understand and assess the needs of their respective communities and determine the best ways to organize and strengthen their assets, capacities, and interests. By doing so, a more effective path to societal security and resilience is built. In a sense, Whole Community is a philosophical approach on how to think about conducting emergency management**.**

SECTION 9: PLAN ANNEXES

Annex A: State Initiated Shelter Intake Form

Annex B: American Red Cross Shelter Management Models

Annex C: Local Mass Care and Sheltering Toolkit

Annex D: Behavioral Health Helpline

Annex A: Shelter Intake Form

Shelter Command Operations Intake and Evaluation Form			
Shelter Name/Community/State			
Is there anything you or a member of your family need right now to stay healthy while in the shelter? **Yes or No (circle one) If No, is there anything you will need in the next 6-8 hours? Yes or No (circle one)**			
Do you or a family member have a health, mental health, or other condition about which you are concerned? **Yes or No (circle one)**			
Family Last Name:			
Primary language spoken in home:	Intake Interviewer may need assistance with language/interpreter YES / NO		
Names/ages/genders of all family members present: Continue on over-side	1.	Age:	ϒ Male ϒ Female
	2.	Age:	ϒ Male ϒ Female
	3.	Age:	ϒ Male ϒ Female
If alone and under 18, location of next of kin/parent/guardian:	If unknown, notify shelter manager & interviewer initial here:		
Home Address:			
Client Contact Number:	Interviewer Name (print name):	Signature:	
DO YOU HAVE An URGENT MEDICAL OR SAFETY CONCERN OR ISSUE RIGHT NOW? If yes, STOP and call for assistance NOW! Or Call 911.			

COMMUNICATIONS	**Circle**	**Actions to be taken**	**Name of Individual/Comments**
Will you need assistance with understanding or answering these questions?	YES / NO	If YES, notify shelter manager; refer to Additional Assistance.	
HEARING	**Circle**	**Actions to be taken**	**Name of Individual/Comments**
Do you have a hearing impairment?	YES / NO	If YES to either, ask the next two questions. If no skip the next two questions.	
Do you use a device/aid to assist you? If so what device/aid do you use?	YES / NO	If NO, identify replacements.	
Do you have your device/aid with you and does it work?	YES / NO	If YES, identify replacements.	
Do you require a sign language interpreter?	YES / NO	If YES, identify replacements.	
LANGUAGES	**Circle**	**Actions to be taken**	**Name of Individual/Comments**
Do you require translation services?	YES / NO	If YES, what type of service?	
How do you best communicate with others?	YES / NO	Languages? Sign language? Smartphone? Computer? Other?	
What languages can you communicate in?		Speak:	
		Read:	
		Write:	
VISION/SIGHT	**Circle**	**Actions to be taken**	**Comments**
Do you have a vision impairment?	YES / NO	If YES, what type of impairment?	
Do you use a device/aid to assist you?	YES / NO	If YES, what device/aid do you use?	

Shelter Command Operations Intake and Evaluation Form			
Do you have your device/aid with you?	YES / NO	If YES, what type of device do you have with you?	
Do you need help getting around, even with your device/aid?	YES / NO	If YES, what type of help do you need?	
Would you like to be provided with a shelter orientation (initial walk through)?	YES / NO	If YES, provide shelter walk through.	
MEDICAL	**Circle**	**Actions to be taken**	**Comments**
Do you have any severe allergies? Environmental, chemical, food, medication?	YES / NO	If YES, refer to Health Services/Food Services. List:	
Do you use special medical equipment or supplies? (Epi-pen, diabetes supplies, respirator, oxygen, dialysis, ostomy, etc.)?	YES / NO	List special medical equipment or supplies. If dialysis obtain name and location of company where the person receives dialysis services.	
Do you have it with you?	YES / NO	If NO, list potential sources	
Have you been in the hospital or under the care of a doctor in the past month?	YES / NO	If YES, list reason.	
Do you take any medicine(s) regularly?	YES / NO		
Do you need assistance in taking your medication?	YES / NO		
When did you last take your medicine?		Date/Time.	
When should you take your next dose?		Date/Time.	
Do you have the medicine with you?	YES / NO	If NO, identify medications and process for replacement.	
Do you have your prescription with you?	YES / NO		
Do you have any other medical needs:	YES / NO	List:	
INDEPENDENCE FOR DAILY LIVING	**Circle**	**Actions to be taken**	**Comments**
Do you use medicine, devices/aids/equipment and/or medical supplies for daily living?	YES / NO	If YES, refer to Heath Services.	
Do you require assistance from a caregiver (including a family member or friend), personal assistant or service animal for activities of daily living?	YES / NO	If YES, ask next question. If NO, skip next question.	
Is your caregiver, personal assistant, or service animal here or can they come? If NO, circle which one.	YES / NO	If NO refer to Health Services/ DART. If yes, obtain their name and contact information.	
Do you know name of the organization that provides your support?	YES / NO	If YES, obtain the name and contact information	
What activity/activities do you require assistance with?	YES / NO	If YES, specify and explain.	
Do you have an adequate supply of your medications?	YES / NO	If NO, where is medications refilled?	

Shelter Command Operations Intake and Evaluation Form			
Are you on any special diet?	YES/NO	If YES, list special diet and notify feeding staff.	
Do you have food allergies?	YES / NO	If YES, list food allergies and notify feeding staff.	
SUPERVISION AND SUPPORT	**CIRCLE**	**ACTIONS**	**Comments**
Do you or any of your family members require additional support or supervision?	YES / NO	If YES, list type and frequency.	
Are you presently receiving any benefits (e.g., Medicare, Medicaid) or do you have other health insurance?	YES / NO	If YES, list type and benefit number(s) if available. Photocopy card.	
Do you need access to a 12-step program? Which one?	YES / NO	List program type.	
Would you like to register on the Red Cross SAFE and WELL website to let loved ones know you are OK?	YES / NO	If yes, provide registration form.	
Would you be able or willing to help others in the shelter?	YES / NO	How? Serve food, organize service teams etc.	
TRANSPORTATION	**Circle**	**Actions to be taken**	**Comments**
Do you need assistance with transportation?	YES / NO	If YES, list destination and date/time	
Do you have any other transportation needs?	YES/NO	If YES, please define.	
ADDITIONAL QUESTIONS TO INTERVIEWER			
Would this person benefit from a more detailed health or mental health assessment?	YES / NO	▪ If YES, refer to Health Services or DMH. ▪ If client is uncertain or unsure of answer to any question, refer to HS or DMH for in-depth evaluation.	
Does the client appear to be overwhelmed, disoriented, agitated or a threat to self or others?	REFER to HS: DMH:	If life threatening, call 911. If yes, or unsure, refer immediately to Health Services.	Interviewer Initial
Can this shelter provide the assistance and support needed?	YES / NO	If NO, work with Health Services and shelter manager.	
Has the person been able to express his/her needs and make choices?	YES / NO	If NO or uncertain, consult with HS, DMH and shelter manager.	
HS/ DMH signature:			Date:

Summary of Actions			
Support Required	**Circle**	**Actions to be taken**	**Name of Individual/Comments**
Is any medical support needed or additional follow-up required?	**YES** **NO**	Please summarize what actions need to be taken.	
Are there any assistive technologies needed?	**YES** **NO**	If YES, please summarize what is needed based on the evaluation above	

Shelter Command Operations Intake and Evaluation Form			
Does the individual need assistance with transportation?	**YES** **NO**	If YES, please describe the location destination and timeframe needed.	

Multi-Community Shelter Follow-up Actions
Identify Individual and Contact Information:
Date of Request:
Identify the Request and Contact Information:
Date of Action Taken:
Describe the Action Taken:

Annex B: American Red Cross Shelter Management Models

Shelter Management Models

Multiple agencies manage shelters during a disaster, including the American Red Cross (ARC). Other agencies may be managing a shelter in cooperation with ARC, with or without receiving ARC support, or they may be managing a shelter completely independently. The following three shelter management models are used in ARC documentation.

1. Independently Managed Shelters:
   Independently managed shelters are managed by an independent organization without operational support from the ARC. Independent shelters include those sometimes referred to as pop-up, ad hoc, or spontaneous shelters.
2. Partner-Managed Shelters:
   Partner-managed shelters are managed by partners, following ARC principles, in cooperation with the ARC. Partner shelters are often supported by the ARC through human and material resources and subject matter expertise; therefore, “ARC Supported” shelters are now included as partner-managed shelters.
3. ARC Managed Shelters:
   ARC managed shelters are managed by the ARC in cooperation with a variety of partners. Partners include facility owners and other agencies that provide niche services, supplies and equipment, or staff who are willing to participate as ARC workers to help the population within the shelter.

ARC Shelter Terms

Center - A “Center” is a place that provides comfort, food, water, and information without sleeping services. Centers are typically open only during the day, but are sometimes opened at night while situations are assessed to determine sheltering needs. Centers are entered into the National Sheltering System (NSS) while they are open, but population is not recorded. Below are three types of centers:

- Cooling Center - A cooling center is a center that is set up in response to a warm weather event that rises to the level of a disaster. If sleeping accommodations are provided for clients, the cooling center is transitioned to a shelter.
- Evacuation Center - An evacuation center is a center that is set up to provide a safe haven during an evacuation, large storm, or “pre-notice” incident. If sleeping accommodations are provided for clients, the evacuation center is transitioned to an evacuation shelter.
- Warming Center - A warming center is a center that is set up in response to a cold weather event that rises to the level of a disaster. If sleeping accommodations are provided for clients, the warming center is transitioned to a shelter.

Mass Care - The term “mass care” refers to a wide range of humanitarian activities that provide life-sustaining support to individuals and families who are temporarily displaced or otherwise impacted by a disaster or emergency that disrupts their ability to provide for their basic needs. Mass care services begin as soon as a disaster is imminent or occur and continue through the recovery phase. In general, mass care services include sheltering,

feeding, distribution of emergency supplies, reunification, health and mental health services, and spiritual care.

Shelter - A shelter is an accessible facility set up to provide comfort, food, water, information, and sleeping accommodations to meet the immediate disaster-caused needs of individuals, families, and communities. Core services are provided in every shelter, and situational services are provided based upon the needs of the clients. All services are programmatically and physically accessible to all clients.

- *Congregate Shelter* - Congregate shelters are the most common shelter type set up by the Red Cross. They are generally established in large open settings that provide little to no individual privacy in facilities that normally serve other purposes, such as schools, churches, community centers, and armories.
- *Emergency Evacuation Shelter* - An emergency evacuation shelter is an accessible facility set up in the event of a rapid evacuation or to provide a safe place to congregate while a major storm passes. Emergency evacuation shelters typically allow less space per person in order to maximize the number of clients that can be accommodated.
- *General Population Shelter* - A general population shelter is an accessible facility set up to provide shelter for everyone in the community, including individuals with access and functional needs, including those with disabilities requiring supportive services to maintain independence and utilize the shelter and its programs and services.
    - *Standard/Short-term Shelter* - A general population shelter typically lasting two weeks or less.
    - *Long-term Shelter* - A general population shelter typically lasting more than two weeks.
- *Non-traditional Shelter* - A non-traditional shelter is a location, generally in a large structure or open space, where a significantly large number of evacuees can take refuge and be sheltered for short or longer periods of time. These locations require an expanded amount and diversity of internal infrastructure and support services, which may include infrastructure operations such as logistics, utilities, security, and traffic control, as well as services such as laundry, medical care, and recovery support.
- *Non-congregate Shelter*- Non-congregate shelters provide alternatives for incidents when conventional congregate sheltering methods are unavailable or overwhelmed, or longer-term temporary sheltering is required. Typically, facilities that are used provide a higher level of privacy than conventional congregate shelters. Non-congregate shelters may include hotels, cruise ships, dormitories, converted buildings, staying with friends or family, or other facilities with private sleeping spaces but possibly shared bathroom and/or cooking facilities.

Massachusetts Statewide Mass Care and Shelter Coordination Plan

Local Shelter Toolkit

August 2024

1.1.1.1 Massachusetts Statewide Mass Care and Shelter Coordination Plan: Local Shelter Toolkit

Table of Contents

OVERVIEW AND INTRODUCTION……1-1

TOOL A SAMPLE LOCAL SHELTER OPERATIONS PLAN……A-1

TOOL B LOCAL SHELTER ASSESSMENT……B-1

TOOL C SAMPLE LOCAL SHELTER MEMORANDUM OF UNDERSTANDING/ MEMORANDUM OF AGREEMENT……..……...C-1

TOOL D LOCAL SHELTER SETUP……..D-1

TOOL E SHELTER INTAKE FORM……E-1

TOOL F SHELTER STAFF AND VISITOR SIGN-IN FORMS……..…F-1

TOOL G SHELTER SITUATION REPORT……...G-1

TOOL H SHELTER RULES……H-1

TOOL I SHELTER RESOURCES……I-1

TOOL J SAMPLE AFTER ACTION REPORT TEMPLATE……...J-1

MCSC Plan LOCAL TOOLKIT OVERVIEW

This document is intended to help local emergency managers plan and implement mass care and shelter operations. The document is structured as follows:

- **Introduction** describes the key concepts of the *Massachusetts Statewide Mass Care and Shelter Coordination Plan*, developed in coordination with the *Massachusetts Statewide Shelter Strategy.* More detailed information is available in those documents.
- **Tool A Sample Shelter Operations Plan** describes the roles, responsibilities, organizational structure, and standard shelter functions. Local communities can customize this plan to reflect the specific organizations and agencies that will be responsible for shelter operations.
- **Tool B Local Shelter Assessment** provides a tool to help local mass care and shelter partners to assess potential facilities to determine if the facility could be used as a shelter.
- **Tool C Sample Shelter Facility Memorandum of Understanding/ Memorandum of Agreement** provides a tool to establish a memoranda of understanding (MOU)/ memoranda of agreement (MOA) with facility owners and operators.
- **Tool D Shelter Setup** demonstrates the key areas within a shelter and the flow of shelter residents upon arrival within a shelter.
- **Tool E Shelter Intake Form** provides a sample shelter registration and triage form that helps shelter coordinators understand the access and functional needs of shelter residents.
- **Tool F Shelter Staff and Visitor Sign-In Forms** allow shelter manager to identify staff and visitors that are in the shelter.
- **Tool G Shelter Situation Report** is designed to be completed by shelter managers to provide local emergency operations centers (EOC) with shelter census data.
- **Tool H Shelter Rules** provides recommended mass care and shelter rules and regulations.
- **Tool I Shelter Resources** provides equipment and supplies that are typically needed in a shelter.
- **Tool J Sample After Action Report** provides a template that can be used to identify lessons learned following an exercise or an actual event.

The guidance information contained within this toolkit is not intended to establish new standards or requirements for local shelter resources or staffing levels. All information contained within should be customized to meet the specific needs and operational structure of the local community.

1.1.2 MCSC Plan LOCAL TOOLKIT

1.1.3 Introduction

The Commonwealth of Massachusetts is vulnerable to numerous threats and hazards that may require residents to seek mass care and shelter services. Impacts from snowstorms, tornadoes, heat waves, flooding, power outages, and fires have resulted in mass care and shelter operations in the Commonwealth in recent years.

Sheltering in Massachusetts starts, and is the responsibility of, the local community and is driven by local needs. Local emergency responders provide a range of mass care and shelter services to residents depending on the needs of the community and the type of hazard or threat. However, as the number of people affected increases or as circumstances require operations be sustained over multiple operational periods, local communities may be unable to meet the needs of the affected population and will request support from the Commonwealth for shelter operations.

To enhance the overall mass care and sheltering capabilities of the Commonwealth, the Massachusetts Emergency Management Agency (MEMA) with the aid of other mass care and shelter partners has developed a *Statewide Mass Care and Shelter Coordination Plan (*based on the *Statewide Shelter Strategy)* and created this toolkit to assist local emergency managers with mass care and shelter planning.

The *Statewide Mass Care and Shelter Strategy* is intended to coordinate and support mass care resource needs based on four potential scenarios:

1. Consolidation of mass care and shelter resources will increase operational efficiencies and cost effectiveness.
2. Mass care and shelter needs exceed local community resources.
3. Affected communities are unable to provide mass care and shelter services because of the impact of the incident on the community.
4. Consolidation of resources would allow communities to focus on ongoing response and recovery efforts rather than sheltering operations.

The *Statewide Mass Care and Shelter Coordination Plan* establishes a flexible and scalable framework for the Commonwealth and other supporting agencies and organizations to successfully implement the state's shelter strategy during all types of incidents, regardless of size and scope.

This *MCSC Plan Local Toolkit* is available for local emergency managers to develop, implement and improve their community's mass care planning. MEMA's Regional staff, as well as other partner agencies can be of great assistance in the development and improvement of local plans.

1.2 TOOL A SAMPLE LOCAL SHELTER OPERATIONS PLAN

This sample shelter operations plan describes the functions and activities associated with running a locally managed shelter.

INTRODUCTION

Purpose and Authority

This plan identifies and assigns mass care and shelter functions and activities.

Applicability and Scope

This plan encompasses mass care and shelter activities for *(insert jurisdiction).* The plan is applicable to all departments and agencies that may be requested to provide assistance or conduct operations in the context of actual or potential emergencies or disasters.

Situations and Assumptions

(Insert jurisdiction) is subject to a variety of natural, technological, and human-caused incidents that may result in the need for the public to evacuate their place of residence and seek shelter. *(Insert jurisdiction)* has recognized the need for a plan to facilitate a single and effective shelter concept of operations (CONOPS) to facilitate the coordinated implementation of mass care and shelter for members of the public. A uniform and baseline CONOPS will allow *(Insert jurisdiction)* to establish a standardized approach within shelter planning and operation efforts that will enable the usage of the most capable shelter facilities, reduce duplication of efforts or the over-use of limited resources, and increase operational efficiency among shelter missions across the Commonwealth.

- Disasters and emergencies may occur at any time, with little or no warning, resulting in casualties, fatalities, property loss, disruption of essential services, and damage to basic infrastructure and the environment.
- City/township departments and agencies assume responsibility for emergency management operations and will commit available resources to save lives and to minimize personal injury and property damage.
- Incidents are managed at the lowest possible organizational and jurisdictional level.
- Events may have significant impact and/or require information sharing, resource coordination and/or assistance.
- Incident management activities will be initiated and conducted using National Incident Management System (NIMS) principles.
- Extremely short notice asset coordination will be required to support potentially prolonged and sustained operations.
- The *(insert responsible jurisdiction name)* is responsible for coordination of operations and resources during a disaster.
- All shelter operations (including personal comfort sites) will involve the American Red Cross (ARC).

Terms and Abbreviations

This section identifies terms and abbreviations in the mass care and shelter annex.

Activation Trigger – A predetermined decision point that officials will use in shelter planning and operations efforts to identify when to initiate shelter services for an affected population.

American Red Cross (ARC) – A nongovernmental organization (NGO) that provides mass care support during minor to major emergencies.

Americans with Disabilities Act (ADA) – A law enacted by the U.S. Congress in 1990 and later amended in 2008. It is a wide-ranging civil rights law that prohibits discrimination based on disability. A shelter facility that complies with the ADA has met standards that allow reasonable access for individuals with disabilities.

Community Emergency Response Team (CERT) – A CERT is managed by the local emergency management director and is a collection of volunteers within the community that desire to assist during emergencies. CERT members are sometimes used as shelter operations staff.

Concept of Operations (CONOPS) – A document describing a proposed system from the perspective of the stakeholder or stakeholders that will use that system. A CONOPS evolves from a general concept and describes how a set of capabilities may be employed to achieve predetermined objectives.

Functional Needs Support Services (FNSS) – The Federal Emergency Management Agency (FEMA) defines FNSS as services that enable individuals to maintain their independence in a general population shelter. Service animals will not be separated from their owners and will be able to reside with their owner in the shelter; this is applicable in shelters that provide a different area to accommodate pets. FNSS include the following:

- Reasonable modification to policies, practices, and procedures
- Provisions for durable medical equipment (DME)
- Provisions for consumable medical supplies (CMS)
- Provisions for personal assistance services (PAS)
- Other goods and services as needed

Children and adults requiring FNSS may have physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Others that may benefit from FNSS include pregnant women, elders, and people with bariatric equipment needs. In addition to those services listed above, the Commonwealth also recognizes that some individuals may require non-acute medical assistance and or communication assistive technologies and services to maintain their independence in a shelter setting.

Hospice Care – End-of-life care provided by health professionals and volunteers. Medical, psychological, and spiritual support is often provided.

Household Pet - As defined by the Pets Evacuation and Transportation Standards (PETS) Act, a household pet is a domesticated animal (such as a dog, cat, bird, rodent, or turtle) that is traditionally kept in the home for pleasure rather than for commercial purposes and can travel in commercial carriers and be housed in temporary facilities. Household pets do not include reptiles, amphibians, fish, insects/arachnids, farm animals (including horses), and animals kept for racing purposes.

Incident Command System (ICS) – An incident management tool for the command, control, and coordination of emergency response. ICS is widely used within agencies responsible for providing public safety and public health during emergencies.

Local Sheltering – A method of sheltering that entails activating shelter facilities within the community during emergencies.

Medical Reserve Corps (MRC) – A community-based volunteer group generally comprising medical and public health practitioners (for example, public health officials, doctors, nurses, interpreters). MRC volunteers can help support medical functions or general shelter operations during shelter activations.

Medical Surge – The ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure of an affected community.

Memorandum of Understanding (MOU) – A document that describes the general principles of an agreement between parties but does not amount to a substantive contract.

Nongovernmental Organization (NGO) – A nonprofit or voluntary group that is organized on a local, national, or international level driven by people with common interests. In relation to sheltering, NGOs assist by providing service and humanitarian functions in mass care missions.

Operational Guidance – Strategies based on analysis of identified planning assumptions. Operational guidance is the guidelines based on best practices for emergency managers to keep in mind when devising operational plans and objectives.

Overnight Shelter – A type of shelter facility that will provide the most comprehensive shelter assistance and services to shelter residents. This type of facility is used when an affected population has lost their homes for a temporary to long-term period and cannot return home until it has been deemed safe and/or transitional assistance is required.

Palliative Care – A specialized form of care focused on the pain, symptoms, and stress of serious illness. Relieving and preventing the suffering of patients is the focus

Personal Assistance Services (PAS) – Services that assist children and adults with activities of daily living (e.g., bathing, toileting, eating, etc.). These formal or informal services may be provided by paid personnel, personal attendants, friends, family members, and volunteers that enable children and adults to maintain their usual level of independence in a general population shelter.

Personal Care Site – A type of shelter facility that will provide temporary comfort services for shelter residents who are staying in their homes but may need assistance during emergencies for minor needs (for example, clean water, electricity, food/snacks, warming or cooling).

Planning Assumption – An influencing statement related to a particular issue that will help drive operational decision making to provide a set of guidance to alleviate the issue.

Portable Vehicle Message Signs – A gas, oil, or solar powered message tool that is generally used by transportation agencies to notify drivers of transportation-specific information (for example, road closures, construction). These signs can be used during emergencies to display information to the public (for example, shelter location and hours, directional signage).

Quarantine – A method of isolation, typically to contain the spread of something considered dangerous (often a disease or infection).

Shelter – A facility that is activated to provide basic needs to an affected population as the result of an emergency.

Shelter Activation – The commencement of shelter authorization for operation in anticipation of or in response to an emergency. The decision to activate a shelter is made by (insert local jurisdiction) emergency management (depending on the type of shelter solution being used).

Shelter Demobilization – The deactivation of shelter staff and assets once the emergency has been stabilized and shelter residents are able to return to their homes.

Shelter Operations – All of the activities required for the shelter to successfully provide services and attend to the needs of an evacuating population. Shelter operations are conducted by shelter staff and are managed by the shelter manager and emergency management director.

Shelter Resident - A term given to an individual or individuals evacuated from a dangerous area due to some type of emergency impact and housed at a shelter facility.

Shelter Resident Reunification – A term given to the process of reunifying family or friends that have temporarily been separated due to incidents experienced upon impact of an emergency. Evacuee reunification services are generally required when large-scale emergencies or evacuations have occurred.

Shelter Restoration – The process of returning a facility to its original state prior to shelter activation.

Social Media – Web- and mobile-based technology used to communicate or contribute to the exchange of ideas or information. Examples include Face book, Twitter, and LinkedIn.

Voluntary Organizations Active in Disaster (VOAD) – A collection of voluntary organizations that coordinate with each other to help provide various operational needs during emergencies.

ROLES AND RESPONSIBILITIES

This section outlines shelter roles and their associated responsibilities within the scope of this plan.

Primary and Supporting Entities

The following entities have been identified as having a primary role in the mass care and shelter plan and will coordinate throughout the jurisdiction:

Role	Name of Entity	Point of Contact
Primary Lead Entity		

The following entities have been identified as having a supporting role in the mass care and shelter plan and will coordinate throughout the jurisdiction:

Supporting Entities	Name of Entity	Point of Contact
Local Jurisdiction		
Nonprofit		
Medical		

Responsibilities

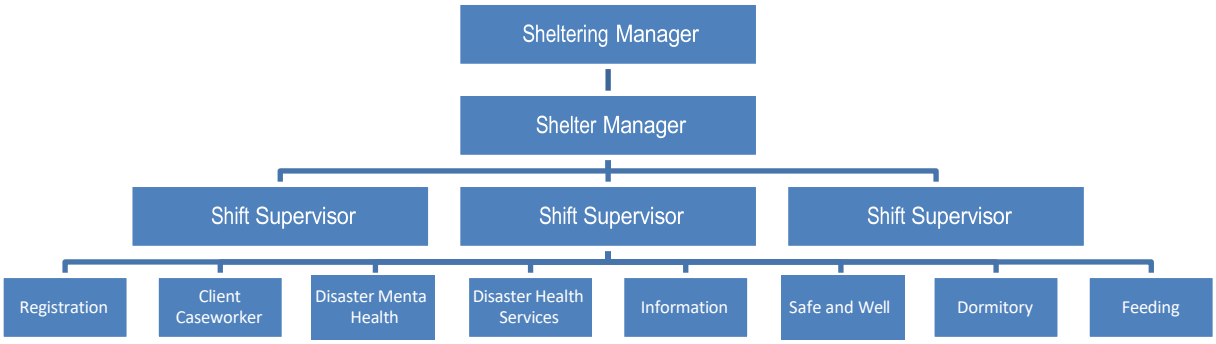
This section describes the responsibilities of each entity listed above during shelter operations.

Shelter Organizational Structure

[The following are sample organizational structures. Select one that is most appropriate to the capabilities within your community.]

Locally Managed Shelter Organization Chart

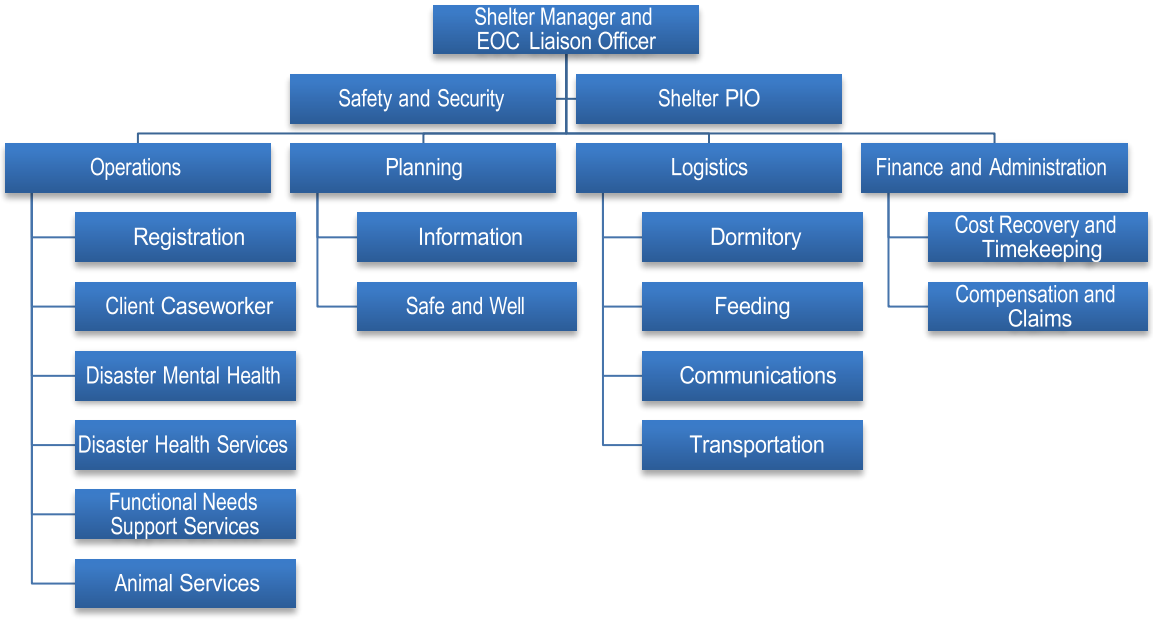
[This structure follows the ARC model.]



The following positions are not part of the standard ARC model but should be added

Shelter Organization Chart Option 2

[This structure more closely aligns with the NIMS and ICS model.]



Support Entities within the Local Jurisdiction

The following table outlines the roles and responsibilities of each entity that has a supporting role in the coordination and execution of the shelter plan.

All entities listed below are expected to develop supporting policies and procedures to help them meet the roles and responsibilities outlined below.

Entity	Roles and Responsibilities
ARC	Shelter management and staffing; coordination of functional needs support services (FNSS)
(Insert agency with the roles and responsibilities outlined in the adjacent column)	Shelter staffing; provides first response assistance with overall health and safety for all families in an emergency shelter environment; provides staffing and supportive services to all agencies involved, including emergency federal financial assistance for all eligible families (for example, food stamps, Temporary Assistance for Needy Families [TANF], childcare assistance)
(Insert agency with the roles and responsibilities outlined in the adjacent column)	Coordination of FNSS
(Insert agency with the roles and responsibilities outlined in the adjacent column)	Coordination of pet shelter
(Insert agency with the roles and responsibilities outlined in the adjacent column)	Coordination of FNSS and transportation
(Insert agency with the roles and responsibilities outlined in the adjacent column)	Conduct of shelter facility inspections, infection control, coordination of FNSS
Insert agency with the roles and responsibilities outlined in the adjacent column)	Multi-agency coordination through the EOC
(Insert agency with the roles and responsibilities outlined in the adjacent column)	Provision of transportation services

Shelter Functions

The following table outlines the standard shelter roles and responsibilities that support shelter operations in the mass care and shelter plan.

All roles listed below are expected to develop supporting standard operating guidelines and checklists to help them meet the roles and responsibilities outlined below.

Role	Responsibilities
Shelter Manager	▪ Provide leadership in all areas of the shelter; reports to the shelter manager through the shift supervisors. ▪ Determine appropriate level of staffing. If need be, cover all positions within the shelter. ▪ Initially and Ongoing - Determine which positions need to be activated. ▪ Initially and Ongoing - Determine shift hours. For instance, a 24/hr. shelter will have two shifts, perhaps 0800 – 2000 hrs. and 2000 hrs. to 0800 hrs. (8am to 8pm and 8pm to 8am). ▪ Oversee shelter operations. Work with each Shift Supervisor/Section Chief to ensure that shelter needs are met: ✓ Registration process and medical evaluations are working efficiently. ✓ Ensure that residents with contagious diseases or sicknesses are separated from regular shelter residents. ✓ Ensure that medications are appropriately stored and secured. ✓ Food is provided at regular intervals each day and those with special dietary needs are accommodated. ✓ Snacks are provided throughout the day. ✓ Security needs are met. ✓ Safety issues are identified and corrected. ✓ Public information is provided regularly and residents have access to reunification services, as well as other resources. ✓ Ensure individuals with functional needs are identified and accommodated. ✓ Ensure that mental healthcare issues are addressed. ✓ Ensure that shelter needs are met and appropriate supplies are on hand. ▪ Conduct regular Shelter Staff Briefings at least 30 minutes prior to conducting Shelter Resident Briefings. Suggested times for Shelter Staff Briefings are 9:30 a.m., 2:30 p.m., and 6:30 p.m. Do not combine Shelter Staff Briefings with Shelter Resident Briefings. Suggested topics for staff briefings include: ✓ Provide a situation status to update staff of the disaster. Give staff all the facts known at the time. Liaise with the local emergency operations center (EOC) to obtain this information. ✓ Request each shift supervisor/section chief to provide an overview of current issues and status. ✓ Discuss issues, resolutions, and policies. ✓ Remind staff to take regular breaks and report any signs of stress to the Safety and Security Officer. ▪ Conduct regular Shelter Resident Briefings to update residents on the situation, as well as to dispel rumors and make announcements.

Role	Responsibilities
	Suggested times for Shelter Resident Briefings are 10:00 a.m., 3:00 p.m. and 7:00 p.m. Suggested topics for shelter resident briefings include: ✓ Provide shelter residents with an updated status of the disaster, careful not to provide information that could cause panic or severe stress. ✓ Provide information about the weather and any hazardous areas to avoid. ✓ Provide shelter residents with important announcements. ✓ Provide shelter residents with information on where to locate information for essential services and Safe and Well Registry. ✓ Remind shelter residents of shelter rules and discuss any issues. ✓ Remind shelter residents to sign in and out of the shelter as they come and go. ▪ Resolve conflicts as needed. ▪ Liaise with the local EOC staff on a regular basis. Provide shelter information as needed for EOC reports and status boards. ▪ Work with the local EOC to determine criteria for closing the shelter.
Security Staff	▪ Work with the Shelter Manager to determine safety and security needs. ▪ As requested, provide security for any critical facilities, supplies, and materials. ▪ Assist in identifying any danger areas and work with Logistics to seal off those areas. ▪ Provide shelter access control as required. ▪ Coordinate with the Shelter Public Information Officer (PIO) to establish a system to credential all media representatives before allowing them into the shelter. ▪ Refer all media and VIPs to the Shelter PIO. ▪ Provide security input and recommendations as appropriate to the Shelter Manager. ▪ Ensure that all shelter staff takes regular breaks to prevent medical and/or stress related injuries.
Public Information Officer	▪ Establish a media area for interviews or direct media to the local EOC or Joint Information Center (JIC). ▪ Obtain Shelter Manager approval to conduct media interviews and/or VIP tour (one at a time) as long as such action will not hinder shelter operations. ▪ If the media requests to interview shelter residents, be sure to get their approval prior to allowing press to interview them. DO NOT allow the media to interview residents without permission.

Role	Responsibilities
	▪ Ensure that shelter residents have access to news reports and information on the television, Internet, and status boards. Coordinate with Logistics for needed equipment and supplies. ▪ Create bulletin boards and computer access to disseminate information to shelter residents. Be prepared to provide the following: ✓ Daily news articles on the response to the disaster ✓ News regarding shelter activities for the day ✓ Computer access to disaster welfare information and the Safe and Well system ✓ Information about closed, hazardous, contaminated or congested areas to avoid ✓ Information about essential services available, such as hospitals, medical centers, grocery stores, banks, pharmacies, etc. ✓ Information about weather hazards (if appropriate) ✓ Information about recovery services available ▪ Coordinate with the Safety and Security Officer to establish a system to credential all media representatives before allowing them into the shelter. ▪ Develop appropriate material for shelter residents in alternate formats (for visual or hearing impaired and non-English speaking residents). ▪ Provide information to include in the local jurisdiction PIO press releases. ▪ Monitor commercial television and radio for information and rumor control. ▪ Provide timely and accurate up-to-date information to the Shelter Manager. ▪ Coordinate with the local EOC to develop procedures for release of information concerning the status of relatives/friends in the disaster area.
Registration	▪ Maintain responsibility for registration, which also includes the discharge of shelter residents. ▪ Utilizing appropriate forms, register each individual and/or family entering the shelter. Be sure to ask for emergency contact information. ▪ Refer persons with illness or injury or any medication needs to Medical Health Unit Leader. ▪ Identify shelter residents with special diets or those who need appropriate accommodations and coordinate with appropriate shelter staff person. ▪ Ensure that all shelter residents sign-in and out of the shelter. Identify whether the shelter resident is planning on returning to the shelter or is permanently checking out of the shelter. ▪ Track shelter residents and provide shelter counts as needed for reports.
Client Caseworkers	▪ Work with shelter residents post-disaster to assist them in connecting to resources that will enable them to return home.

Role	Responsibilities
Disaster Mental Health	▪ Work with the Registration Unit Leader to identify shelter residents who need mental health services. ▪ Designate a secluded area within the shelter to provide individuals with mental health services. ▪ Assess mental health needs and provide crisis support as needed. ▪ Work with the Local EOC to provide additional mental health support as needed. ▪ Consider coordinating activities for children that will help them express their feelings about the disaster. ▪ Provide counseling to shelter personnel as needed.
Disaster Health Services	▪ Work with shelter manager and registration to ensure that medical health services and triage are provided in a well-lit room and an area that is away from public view. ▪ Support triage of shelter residents to identify if residents may safely stay within the shelter. During the shelter registration process, you will conduct confidential medical assessments. ▪ Separate patients with communicable disease. ▪ Provide basic health-related services to shelter residents and staff. ▪ Provide emergency first aid as needed. Be aware that those who have pre-existing medical conditions may have onset of physical symptoms due to the stress of the situation. ▪ Secure replacement medications, provide information, give first aid care, refer to medical services, and obtain medical supplies. ▪ Keep medications and medical equipment in a lockable storage compartment or room. You may need to provide refrigeration for medications. ▪ Contact local paramedics to transport medical emergencies to the hospital. If they are not available, coordinate with the local EOC to arrange for transportation to a local hospital. ▪ Ensure proper disposal of medical waste.
Functional Needs Supervisor	▪ Conduct a walkthrough of the shelter to identify accessibility issues, which include providing access to all areas and services within the shelter, and appropriate signage, parking and communications. ▪ Work with the Registration Unit Leader to identify shelter residents who need FNSS. ▪ Coordinate with the Transportation to ensure appropriate transportation is available to those with functional needs. ▪ Provide individualized shelter orientation to those with functional needs.
Animal Services	▪ Assist with obtaining animal supplies for service animals. ▪ Assist with obtaining supplies for pets.

Role	Responsibilities
	▪ Clearly state the policy regarding pets to avoid misunderstanding when people arrive at shelter. ▪ Request supplies, if necessary, to create a holding area (e.g., cages or fencing) until a pet shelter or other accommodation is available. ▪ Coordinate with the FNSS to identify shelter residents who require service animals and provide special accommodations as needed. Ensure that all shelter personnel are aware that service animals should not be separated from their owners. ▪ Identify a relief area for service animals and pets and provide disposal containers.
Information	▪ Gather and disseminate information for shelter residents. Information dissemination can be done in many ways including communications boards, flyers, posters, etc. ▪ Coordinate necessary disaster information, including demographics, weather reports, maps, damage assessment information, etc. In the shelter environment, the information management staff will provide caseworkers with damage assessment information specific to shelter residents' homes and provide shelter staff and shelter residents with weather information. ▪ Collect and analyze shelter census data and provide information to shelter manager.
Reunification Services	▪ Support shelter resident with reunification services.
Dormitory Management Staff	▪ Maintain overall responsibility for the setup and maintenance of the sleeping areas and responsibility for management of the dormitory staff.
Feeding	▪ Ensure that there is appropriate handling, disposal, and storage of food. Be sure to utilize gloves when preparing and serving food. ▪ Identify and set up an area within the shelter to serve snacks, meals, and beverages. ▪ Work with the Shelter Manager to set an appropriate feeding schedule and post the times. ▪ Organize a central kitchen and determine what your needs are for equipment and supplies. ▪ Determine the number of shelter residents and staff that will require food, snacks, and beverages. ▪ Work with local vendors to provide food as required. Plan meals in advance to provide food in a timely manner.
Communications	▪ Set up and provide support for communications equipment being used in the shelter. ▪ Set up an area where shelter residents can access computers and/or landline phones for relief and recovery resource information.

Role	Responsibilities
	▪ Ensure a television is provided for viewing to shelter residents as soon as possible. ▪ Work with the FNSS Unit Leader to ensure that communications equipment is accessible. ▪ Monitor operational effectiveness of shelter communications systems. Obtain additional communications capabilities as needed.
Transportation	▪ As the need for transportation is identified, coordinate the acquisition of transportation services through local agencies such as ambulance companies, school bus providers, public transportation agencies, local government, or private entities. ▪ As information develops, analyze the situation, and anticipate transportation requirements. ▪ Work with the FNSS to ensure that transportation is available that will accommodate wheelchair access if needed. ▪ Arrange for animal transportation to designated animal shelter as needed. ▪ Be prepared to provide transportation for food and/or supplies if needed.
Cost Recovery and Timekeeping	▪ Maintain records of all shelter personnel time worked at the shelter. ▪ Maintain records associated with the shelter for cost recovery. ▪ Document and track all compensation claims for damaged property and/or injuries from the shelter operation. ▪ Establish a procedure for tracking costs associated with shelter operations and ensure that shelter staff is aware of the procedures. ▪ Gather the completed Shelter Staff Sign-in/Out Forms for each operational period (every 12 hours). Ensure that shelter staff are appropriately signing in and out for each shift worked. ▪ Provide cost summary and timekeeping reports as needed.
Compensation and Claims	▪ Prepare to document injuries or damage to property or equipment arising out the shelter operation. ▪ Contact the local EOC and advise them of any injuries or claims. ▪ For injuries to shelter staff, have the shelter Medical Health Unit Leader assess and treat the injuries and arrange for immediate care for life threatening injuries if needed. Obtain direction from the local EOC as to where they should be sent for follow-up treatment.

CONCEPT OF OPERATIONS

(Insert jurisdiction) is subject to a variety of natural, technological, and human-caused incidents that may result in the need for the public to evacuate their place of residence and seek shelter. *(Insert jurisdiction)* has recognized the need for a plan to facilitate a single and effective shelter concept of operations (CONOPS) to facilitate the coordinated implementation of mass care and shelter for members of the public. A uniform and baseline CONOPS will allow *(Insert jurisdiction)* to establish a standardized approach within shelter planning and operations efforts that will enable the usage of the most capable shelter facilities, reduce duplication of efforts or the over-use of limited resources, and increase operational efficiency among shelter missions across the local jurisdiction.

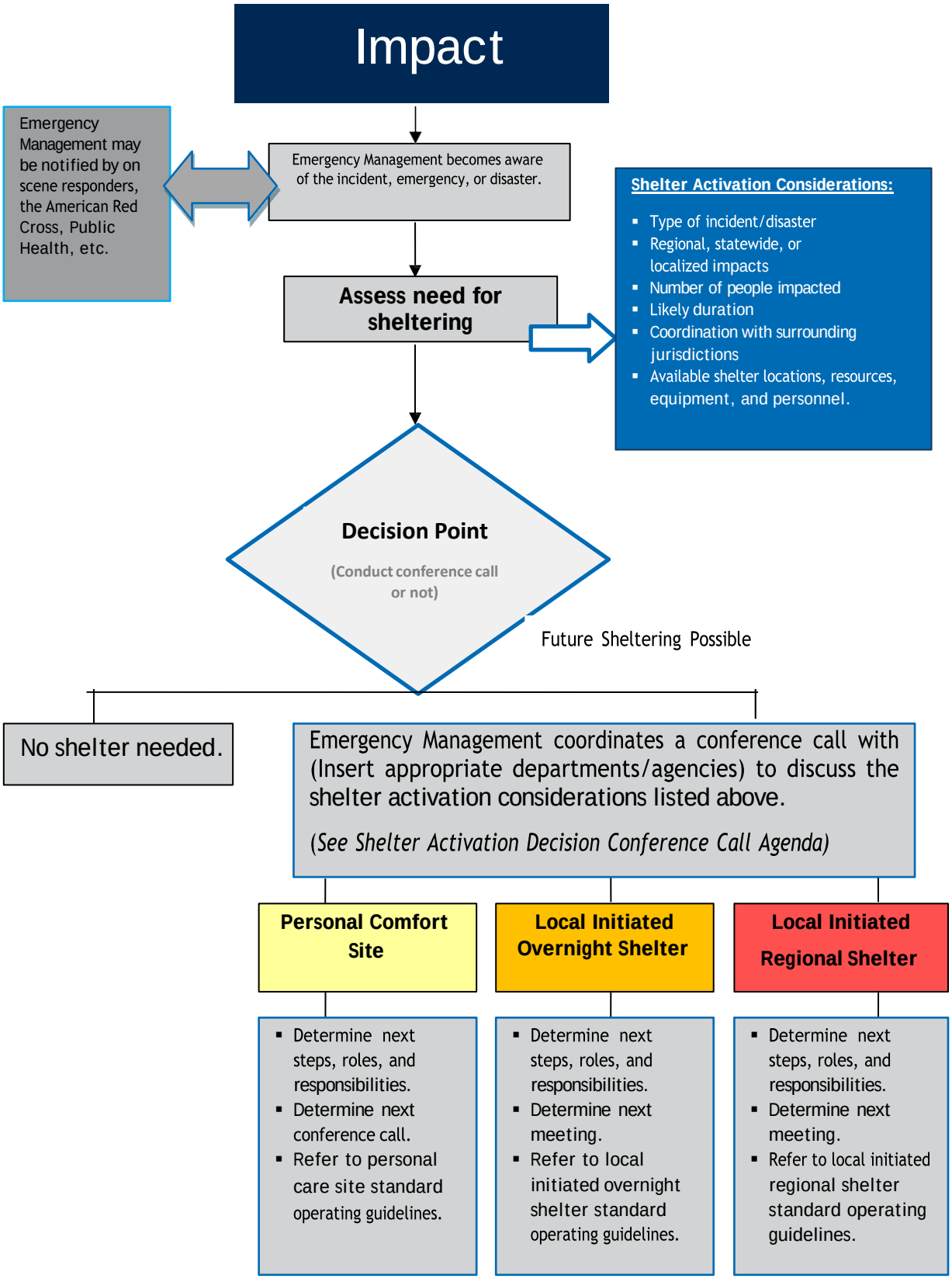
Local sheltering will entail a systematic approach that seeks the best and most effective shelter solution to meet the shelter need. That is to say, a shelter solution will be implemented that requires the least personnel and equipment resources to provide the most appropriate aid and comfort to the greatest number of shelter residents. To that end, *(Insert jurisdiction)* may find useful guidance using the following sequence of activities associated with this CONOPS:

- Determine local shelter need.
- Determine type of facility to activate to meet shelter need.
- Determine specific facility to activate based on impact of incident.
- Notify shelter agencies to activate local shelter.
- Staff and open local shelter.
- Notify the public of local shelter activation.
- Operate local shelter.

Triggering Conditions

(Insert local jurisdiction) has established a Shelter Coordination Team to assess the situation in anticipation of or in response to an emergency and determine the appropriate course of action as it pertains to shelter and mass care needs. The Shelter Coordination Team is composed of the (insert the departments/agencies constitute this team). Upon recognition of the type of event, and the expected or actual impact, the Shelter Coordination Team will determine the type of shelter needs required to adequately respond to anticipated or actual shelter needs and services. By appropriately anticipating the shelter needs, the Shelter Coordination Team will position themselves to select the best and most capable facilities that will operationally meet the shelter demands placed upon (*insert local jurisdiction*). To help determine need, the *(insert local jurisdiction)* agencies will use predetermined triggers that have been established and based on general understandings of types of emergencies and their expected impacts on the community.

The diagram below describes the factors that local jurisdictions should consider as part of their decision-making process for activating local shelters.


Impact
Emergency Management may be notified by on scene responders, the American Red Cross, Public Health, etc.
Emergency Management becomes aware of the incident, emergency, or disaster.
Assess need for sheltering
Shelter Activation Considerations:
Type of incident/disaster
Regional, statewide, or localized impacts
Number of people impacted
Likely duration
Coordination with surrounding jurisdictions
Available shelter locations, resources, equipment, and personnel.
Decision Point
(Conduct conference call or not)
Future Sheltering Possible
No shelter needed.
Emergency Management coordinates a conference call with (Insert appropriate departments/agencies) to discuss the shelter activation considerations listed above.
(See Shelter Activation Decision Conference Call Agenda)
Personal Comfort Site
Local Initiated Overnight Shelter
Local Initiated Regional Shelter
Determine next steps, roles, and responsibilities.
Determine next conference call.
Refer to personal care site standard operating guidelines.
Determine next steps, roles, and responsibilities.
Determine next meeting.
Refer to local initiated overnight shelter standard operating guidelines.
Determine next steps, roles, and responsibilities.
Determine next meeting.
Refer to local initiated regional shelter standard operating guidelines.

Determine Local Shelter Need

The Shelter Coordination Team will assess the emergency in anticipation of or in response to an emergency. Upon recognition of the type of event and the expected or actual impact, the Shelter Coordination Team will determine the type of shelter need that is required to adequately respond to anticipated or actual shelter needs and services. By appropriately anticipating the shelter need, the Shelter Coordination Team will position themselves to select the best and most capable facilities that will operationally meet the shelter demands placed upon (insert local jurisdiction). To help determine need, the Shelter Coordination Team will use predetermined triggers that have been established and based on general understandings of types of emergencies and their expected impacts on the community. Once the need has been established and *(insert local jurisdiction)* Emergency Management has made the determination to activate a specific shelter(s) the shelter(s) must be evaluated by the (insert appropriate agency responsible for inspection of shelter(s)) for the final approval on the site before the shelter(s) doors can be opened.

The following is a recap of the most important activities of this task:

- *Who is responsible for this action?* The Shelter Coordination Team will implement/coordinate the local shelter.
- *When should this action be performed?* Immediately after recognition of a potential incident (natural, technological, or human-caused) and its impact on (insert local jurisdiction).
- *What does this action entail?* Determine the need for shelter. In addition, continue to monitor the emergency and reassess shelter needs throughout the incident.

Determine Type of Facility to Activate to Meet Shelter Need

Upon firm establishment of the need to pursue sheltering as a form of protective action for an at- risk or affected population, the Shelter Coordination Team will collaborate with other *(insert local jurisdiction)* departments/agencies to determine the type of shelter facility within *(insert local jurisdiction)* that will operationally serve as a best-fit solution to address identified shelter needs.

The following is a recap of the most important activities of this task:

- *Who is responsible for this action?* The Shelter Coordination Team will implement/ coordinate local shelter.
- *When should this action be performed?* Immediately after recognition of potential incident (natural, technological, or human-caused) and its impact on (insert local jurisdiction).
- *What does this action entail?* Using the prioritized shelter list, determine which pre-identified facility best meets the current shelter need (personal comfort site, locally-initiated overnight shelter, or a locally-initiated regional shelter).

Using their shelter plan or list of shelter facilities, the Shelter Coordination Team will determine the actual and operational shelter capability with regard to activating and staffing the following types of facilities:

Type of Facility:	Functions Provided:
Personal Care Site	Provides limited services (warming/cooling assistance, food and water [including special dietary needs], access and functional needs services, electricity or charging stations, etc.). Personal care site operations do not include overnight accommodation or dormitory services. The number of individuals using a personal care site and the information gathered from these individuals help local decision makers determine whether a local overnight shelter is needed.
Locally-initiated Overnight Shelter	Provides access and functional needs services, full dietary, and dormitory services, for a single community.
Locally-initiated Regional Shelter	Provides access and functional needs services, full dietary, and dormitory services for multiple communities. This occurs when several communities come together and provide shelter services for multiple communities. This can be through the use of memoranda of understanding (MOU)/memoranda of agreement (MOA) to form shelters that support multiple local communities and share costs/resources but are run independent of state support.

Shelters expected to deliver a wider range of shelter services will follow ARC and ADA guidelines and standards.

Select a Shelter Facility Based on Impact of the Incident

- With the determination of the type of facility that will be required to meet identified sheltering needs, the Shelter Coordination Team, in conjunction with other *(insert local jurisdiction)* departments/agencies, will work with their prioritized list of shelter facilities to identify where the specific shelter facility (personal comfort site, locally-initiated overnight shelter, local- initiated regional shelter) will be located. The specific location of the shelter facility that is to be activated will depend upon the type of emergency and the anticipated or actual impact of the emergency. Additionally, depending on the affected area or affected population, multiple shelter facilities within *(Insert jurisdiction)* may require activation (for example, two personal comfort sites with east and west side operations). It is possible that the circumstances of an incident may require a personal comfort site to progress to immediate shelter operations or overnight shelter operations in the same facility. Specific locations for shelters should be situated outside of the affected area away from evacuation zones but accessible for shelter residents and will not conflict with a facility's non-shelter purpose (for example, schools). A guide for selecting a shelter facility based on the impact of the incident will be used by the Shelter Coordination Team to assist in this particular task, which will provide enhanced decision making and the ability to avoid loss scenarios associated with selecting facility locations that do not appropriately address shelter needs and operational capability in relation to incident impact.

The following is a recap of the most important activities of this task:

- *Who is responsible for this action?* The Shelter Coordination Team will implement/coordinate local sheltering.

- *When should this action should be performed?* Immediately after determination of the type of shelter facility to be activated.
- *What does this action entail?* Using the local shelter plan or prioritized shelter list, select one of the pre-identified facilities which will be least affected by the consequences of the incident.
  - ✓ Select a shelter facility that is least affected by the incident (outside of evacuation area, accessible by shelter residents, etc.).
  - ✓ Select shelter facilities that will least conflict with the facility's non-shelter purpose (school) after the incident has passed.
    Shelter(s) will be evaluated by the (insert appropriate entity responsible for inspection of shelters) for the final approval on the site before the shelter(s) doors can be opened.

Notify Shelter Agencies to Activate Local Shelter

To meet the needs of shelter residents within affected communities, staff will be required to support any shelter activation upon its occurrence. Local jurisdiction departments and agencies tasked with shelter operations and providing support staff will be notified by *(insert local jurisdiction)* Emergency Management immediately after a decision has been made to activate a shelter(s). Once notification from the *(insert local jurisdiction)* Emergency Management is received, the departments and agencies tasked with support will initiate notification of the need to mobilize to their own staff. The mobilization of shelter operations support staff will vary depending upon the type of shelter facility that is to be activated. The Shelter Coordination Team will use a standardized organizational staffing and resource plan to accomplish this task. Through pre-event planning efforts, the Shelter Coordination Team will have identified which staff will operate at shelter locations depending on the type of facility and will have a list of persons to notify. Staff notification will include the type, time, and location of the shelter facility activation and any particular needs or special requirements as shelter operations commence. Guides that will include best practices for shelter organization staffing and resources and notification of shelter activation will be used by the Shelter Coordination Team.

The following is a recap of the most important activities of this task:

- *Who is responsible for this action?* The Shelter Coordination Team will implement/ coordinate local sheltering.
- *When should this action be performed?* Immediately after selecting the shelter facility to be activated.
- *What does this action entail?* Using a shelter activation trigger guide and the shelter-specific shelter organization staffing and resource plan, notify the appropriate agencies (shelter staff, shelter support personnel, local dispatch centers, public safety partners, etc.) with pre- identified roles and responsibilities. In addition, notify *(insert local jurisdiction)* leadership that the shelter is being activated.

Staff/Open Local Shelter

Once the appropriate shelter operations support staff and equipment assets have been fully activated and mobilized, and the shelter has been inspected and approved by (insert appropriate agency), the shelter will formally open to the public. All shelter staff will be trained on and knowledgeable of the specific functions they are responsible for and the organizational and command structure that will be used to manage the overall shelter operation. Pre-event planning efforts, including training and exercising, will focus on preparing shelter operations staff for the events that will occur during an actual shelter activation. Gaps in shelter staff, services, or equipment should be addressed as soon as possible prior to the shelter activation. After staff are in place, the Shelter Coordination Team and/or the shelter manager will conduct a briefing to the staff that will include information pertaining to the emergency, expected or actual impact on the community, and anticipated shelter resident shelter needs/services.

The following is a recap of the most important activities of this task:

- *Who is responsible for this action?* The Shelter Coordination Team will implement/ coordinate local sheltering.
- *When should this action be performed?* Immediately after selecting the shelter facility to be activated.
- *What does this action entail?* Using the shelter-specific shelter organization staffing and resource plan, implement predetermined organizational ICS structure to staff the shelter organization and brief shelter support personnel on their roles and responsibilities. Identify any shortfalls in personnel or equipment and request the additional resources needed to operate the shelter effectively using the shelter resources request guide. The shelter staff, shelter support personnel, and public safety partners may be used in support of the following functions:
  - ✓ Shelter registration and intake processing
  - ✓ Assessment and provision of functional needs support services (FNSS)
  - ✓ Facilitation of shelter resident reunification
  - ✓ Provision of dormitory and housing services
  - ✓ Provision of food and beverage services
  - ✓ Social and community program services
  - ✓ Health/medical support services, including behavioral health services
  - ✓ Animal/pet shelter support services
  - ✓ Law enforcement support services
  - ✓ Transportation support services
  - ✓ Management, request, and acquisition of shelter resources

Notify Public of Local Shelter Activation

As operations begin to ramp up upon notification to shelter operations and support staff, the Shelter Coordination Team will implement formal notification concerning the activation of the shelter. Notification to the public will include the status of the emergency, the community's actions, the location and time in which the shelter facility will be available to the public for the provision of shelter services, and the services provided at the selected shelters. Notification will include the types of services that will be made available at the shelter location and reminders to bring key items individuals with specific needs normally depend upon. To reach the general population, the Shelter Coordination Team will use

various media outlets for notification through a diverse set of existing public communication capabilities and tools. Crisis communications will flow through the (insert local jurisdiction).

The following is a recap of the most important activities of this function:

- *Who is responsible for this action?* The Shelter Coordination Team will implement/coordinate local sheltering.
- *When should this action be performed?* Once the shelter facility has been staffed and activated.
- *What does this action entail?* Using the public notification of shelter activation guide, use the following mechanisms to provide the information to the public:
  - ✓ Media outlets such as radio and television
  - ✓ City and town websites and social media
  - ✓ Using the above mechanisms, provide the appropriate information to the public:
    - Location of shelter
    - Time when shelter will be available to the public
    - Transportation services available to assist public to the shelter
    - Services available at the shelter

Operate Local Shelter

Actual shelter activation will occur at the established time set forth by the Shelter Coordination Team. Upon the completion of staff and equipment mobilization at the shelter facility, a designated shelter manager will manage all facets of the shelter operation. Shelter residents seeking shelter will either self-present or arrive via transportation assistance to the shelter facility. As shelter residents arrive, they will be processed via a shelter registration and intake area where their additional and/or specific needs will be further noted. Information concerning the emergency status, services located at the shelter, and/or other relevant information will be passed along to shelter residents as they are processed. During shelter operations, activity will continue to be monitored by all shelter staff on an ongoing basis. Any gaps in services or equipment will be monitored, noted, and addressed through appropriate mutual aid channels. Shelter staff will continue to update shelter residents of the status of the emergency and when shelter residents will be able to transition back to their homes.

The following is a recap of the most important activities of this function:

- *Who is responsible for this action?* Designated shelter manager or ARC.
- *When should this action be performed?* Immediately after staffing and resourcing the shelter facility.
- *What does this action entail?* Using the shelter operations guide and the shelter-specific shelter organization staffing and resource plan, manage and operate the shelter in conjunction with the pre-designated agencies and organizations that are fulfilling the shelter staff, shelter support personnel, public safety partners with roles and responsibilities, which have been previously identified. Based on the type of facility selected to be activated, functions may include:

Shelter Registration and Intake Processing

- Set up and implement the shelter registration and intake area equipment and support using predetermined staffing models.
- Receive and process shelter residents as they self-present at the shelter location.
- Triage any medical, functional needs, law enforcement-specific language, animal/pet, and/or other identified needs and assess for any communicable diseases.
- Provide media and public information to shelter residents so they remain informed of the current emergency and the types of services that are available at the shelter location.
- Integrate law enforcement services into the registration and intake area as needed/required.
- Conduct a resource gap analysis and request additional mass care/emergency resources or support as needed and identified via the registration and intake processing.

Assessment and Provision of Functional Needs Support Services

- Provide replacement or loaned durable medical equipment if needed.
- Provide additional assistance due to limited English proficiency or functional needs.
- Provide care to individuals unable to care for themselves until reunification or other options become available.
- Support service animal areas and feeding.
- Arrange and provide resources/supplies for special dietary needs, as needed.
- Provide wheelchair accessible transportation resources, as needed.
- Provide information in multiple formats (for example, print, Braille, and multiple languages) on functional needs support available and on impact area conditions and status to those in shelters, medical facilities, and in the community.
- Track shelter residents who are transferred from or to a medical institution to an overnight shelter or interim housing to ensure they are in the system to receive assistance.

Facilitation of Shelter Resident Reunification

- Upon registration, assist shelter residents with missing family members or friends. Record information pertaining to missing persons.
- Coordinate within shelter to determine if missing parties are already present within the existing shelter.
- Coordinate with other shelters to determine if missing parties self-presented at other shelters.
- Coordinate with law enforcement personnel to broadcast information regarding missing parties.
- Use ARC Shelter Resident Reunification process and coordinate with the ARC for support and information sharing concerning missing persons.

Provision of Dormitory and Housing Services

- Deploy dormitory/housing equipment to dormitory/housing space within an immediate or overnight shelter (cots, blankets, pillows, other comfort items, etc.) upon activation of the immediate or overnight shelter.
- Identify and support shelter residents with dormitory/housing needs and assist as needed.
- Provide public information, including situational updates to affected populations. Include a timeline for returning to their homes, if available.
- Coordinate and integrate outside mass care/emergency assistance resources in local operations as determined by need or identified resource gaps.

Provision of Food and Beverage Services

- Use kitchen area to provide food and beverage services for shelter residents.
- Public Health guidelines must be adhered to at all times during shelter operations for food and beverage services.
- If kitchen area is not available, contact a feeding provider (NGO, feeding/catering vendor).
- Deploy kitchen or catering services, including staff required to support this operation during the emergency.
- Coordinate with feeding providers for kitchen sites and support resources if any gaps are identified.
- Provide public information on the location, hours, and process followed for the feeding schedule.

Social and Community Program Services

- Provide crisis counseling and referral services to long-term behavioral health resources during and after an emergency.
- Provide community information such as laundry facilities, pharmacies, employment, schools, transportation, social services, faith-based organizations, banking, financial assistance, and support groups. This will be important for shelter residents who are unfamiliar with the area in which they are currently seeking shelter and/or if their previous homes have become uninhabitable due to damage caused by the emergency.
- Direct shelter residents to social/human service agencies for replacement of identification and transfer of pre-existing benefits and services (Social Security, food stamps, driver's licenses, etc.).
- Contact local law firms and legal services organizations to seek support in donated time and services to legal clinics prior to an emergency and offer these services to shelter residents upon initiating case management at the shelter.

Health/Medical Support Services

- Activate health and medical services as needed to support shelter residents upon shelter activation.
- Ensure regular health department inspections of shelter and feeding sites are conducted.

- Provide information on local healthcare resources to shelter residents upon completing registration.
- Activate and use a transportation plan for moving shelter residents to hospitals or other healthcare facilities.
- Request and coordinate the need for additional health/medical support services as needed.
- Coordinate and transfer medical records.
- Review medical and mortuary support system for surge capacity/needs.
- Provide expanded behavioral health support.
- Communicate regarding health issues at shelter facilities.
- Coordinate medical transport resources (for example, quantity, type, location, capacity).
- Coordinate care of service animals in shelters and/or facilities.
- Activate pharmacy support and requests.

Animal/Pet Shelter Support Services

- Provide technical assistance, resource coordination, and management of a variety of response activities targeted to handle animal issues prior to and during emergencies.
- Provide pet evacuation, shelter, and unification with owners.
- Provide pet care, which may include support of owner-based pet care.
- Manage aggressive household pets.
- Track and reunify household pets with their owners.
- Provide veterinary care throughout response and recovery operations to animals.
- Coordinate resources to support the removal and proper disposal of animal carcasses.
- Care for abandoned and/or unclaimed animals.
- Transfer household pet records upon the return of pets to their owners.
- Quarantine animals identified as having infectious diseases or that have bitten people.
- Request for animal/pet support as needed.
- Provide basic household pet supplies and tracking equipment.
- Initiate setup of household pet shelters and deploy necessary resources.
- Coordinate transportation of household pets to appropriate shelter facilities as needed.
- Coordinate transportation of household pets from shelter facilities to owners during reunification.
- Disseminate household pet reunification information and requirements to the public.
- Provide fostering and adoption information to the public for unclaimed or abandoned animals after a predetermined waiting period and efforts to reunite owners and household pets.

Law Enforcement Support Services

- Determine if local law enforcement services will be required at the shelter prior to shelter activation. Coordinate law enforcement operations at sites sheltering or processing shelter residents.
- Conduct facility screening, secure the perimeter, control access, and evaluate the need for a roving patrol and monitor community influence in and around shelter.
- Screen shelter residents for security issues, possession of illegal drugs, etc.
- Use a badging/credentialing system if needed.
- Manage the collection/securing of weapons and illegal drugs, if applicable.
- Implement procedures for managing shelter residents subject to judicial and/or administrative orders restricting their freedom of movement (for example, parolees, sex offenders, individuals with outstanding warrants). Conduct criminal history records search as needed.
- Request and coordinate with *(insert local jurisdiction)* Emergency Management regarding the need for additional security support.

Transportation Support Services

- Notify and activate transportation resources required for support upon activation of the shelter.
- Arrange for transportation for shelter residents. This may be from an emergency impact or non-emergency impact area of operations.
- Coordinate with law enforcement function concerning any road closures and traffic patterns.
- Provide return/reentry upon emergency stabilization and/or shelter demobilization.

Management, Request, and Acquisition of Shelter Resources

- Deploy resources based on need, type of shelter facility being activated, and functional resources present at the shelter.
- Use best practices resource checklists that were developed in shelter pre-planning efforts.
- Monitor equipment usage, restock as needed.
- Identify resource shortfalls and gaps.
- Notify *(insert local jurisdiction)* Emergency Management.
- Request mutual aid support through established mutual aid partners and/or MEMA.

Demobilization and Restoration of Local Shelter

Once an emergency has stabilized and shelter operations are no longer necessary, the shelter facility will be deactivated, and staff will be demobilized. The Shelter Coordination Team, in conjunction with other local officials and the shelter manager, will meet prior to the de-escalation of the emergency to determine the appropriate trigger point in which to initiate formal demobilization of the shelter. Once the need to demobilize the shelter has been established, the shelter manager will announce the plan to demobilize to all staff. Staff will then inform shelter residents still present at the shelter of the plan to deactivate, which will include the time when deactivation will begin/conclude and continuation of

certain services that will be required for shelter residents who will need transitional assistance. When demobilization commences, staff will begin to restore the shelter facility to normal operations by breaking down functional service areas and cleaning the facility.

The following is a recap of the most important activities of this task:

- *Who is responsible for this action?* The Shelter Coordination Team will implement/
  coordinate local sheltering in conjunction with the designated shelter manager or the entity with legal responsibility to manage and operate the local shelter.
- *When should this action be performed?* Immediately after it is determined that shelter services are no longer required for the incident.
- *What does this action entail?* Using the shelter-specific shelter organization staffing and resource plan demobilize the shelter staff and resources and restore the shelter facility to its pre-shelter condition.

Local Shelter Activation and Notification

This section describes the process of activating local shelter operations and notifying the appropriate staff to report to the shelter.

- Local jurisdiction shelter location(s)
  - ✓ Detailed information regarding each local shelter location (that is, list of shelter sizes, accommodations, and facility assessments) is provided in (insert location of information) of this plan.
- Activation procedures
  - ✓ To meet the needs of shelter residents within affected communities, staff will be required to support any shelter activation upon its occurrence. Shelter operations and support staff will be notified by the *(insert local jurisdiction)* Emergency Management immediately after a decision has been made to activate a shelter.
  - ✓ The mobilization of shelter operations support staff will vary depending upon the type of shelter facility that is to be activated. The *(insert local jurisdiction)* Emergency Management will use a standardized organizational staffing and resource plan to accomplish this task. Through pre-event planning efforts, the Shelter Coordination Team will have identified which staff will operate at shelter locations depending on the type of facility and will have a list of individuals to notify.
- Notification methods
  - ✓ Staff notification will include the type, time, and location of the shelter facility activation and any particular needs or special requirements as shelter operations commence. The *(insert local jurisdiction)* Emergency Management will use guides that include best practices for shelter organization staffing and resources and notification of shelter activation.
  - ✓ Using the shelter activation trigger guide and the shelter-specific shelter organization staffing and resource plan, notify the appropriate agencies (for example, shelter staff, shelter support personnel, local dispatch centers,

public safety partners) with pre- designated roles and responsibilities that have been previously identified through memoranda of understanding (MOU) to assist in operating the shelter. In addition, notify *(insert local jurisdiction)* leadership that the shelter is being activated.

- ✓ Using the public notification of shelter activation guide, provide information to the public through the following mechanisms:
  - Media outlets such as radio and television
  - City and town websites and social media
- ✓ Using the above mechanisms, provide the appropriate information to the public:
  - Location of shelter
  - Time when shelter will be available to the public
  - Transportation services available to assist public to the shelter
  - Services available at the shelter

Local Jurisdiction Shelter Organization

This section establishes the organizational structure for the mass care and shelter plan. All local shelters should incorporate NIMS and ICS guidance for implementing a local shelter. This is especially important as the concept of local sheltering expands so teams across the Commonwealth can work with common terminology and structures.

Once the appropriate shelter operations support staff and equipment assets have been fully activated and mobilized, the shelter will formally open to the public. All shelter staff will be trained on and knowledgeable of the specific functions they are responsible for as well as the organizational and command structure that will be used to manage the overall shelter operation. Pre-event planning efforts through training and exercising will have adequately prepared shelter operations staff for the events that will occur during an actual shelter activation. Gaps in shelter staff, services, or equipment should be addressed as much as possible prior to the shelter activation.

After staff is in place, the shelter manager will conduct a briefing to the staff that will include information pertaining to the emergency, expected or actual impact on the community, and anticipated evacuee shelter needs/services.

Using the shelter-specific shelter organization staffing and resource plan, implement predetermined organizational ICS structure to staff the shelter organization and brief shelter support personnel on their roles and responsibilities. Identify any shortfalls in personnel or equipment and request the additional resources needed to operate the shelter effectively using the shelter resources request guide. The shelter staff, shelter support personnel, and public safety partners may be used in support of the following functions:

- Shelter registration and intake processing
- Assessment and provision of FNSS
- Facilitation of shelter resident reunification

- Provision of dormitory and housing services
- Provision of food and beverage services
- Social and community program services
- Health/medical support services
- Animal/pet shelter support services
- Law enforcement support services
- Transportation support services
- Management, request, and acquisition of shelter resources

Local Shelter Operational Priorities

Actual shelter activation will occur at the established time set forth by the Shelter Coordination Team. Upon the completion of staff and equipment mobilization at the shelter facility, a designated shelter manager will manage all facets of the shelter operation. Shelter residents seeking shelter will either self-present or arrive via transportation assistance to the shelter facility. As shelter residents arrive, they will be processed via a shelter registration and intake area, where their additional and/or specific needs will be further noted. Information concerning the emergency status, services located at the shelter, and/or other relevant information will be passed along to shelter residents as they are processed. During shelter operations, activity will continue to be monitored by all shelter staff on an ongoing basis. Any gaps in services or equipment will be monitored, noted, and addressed through appropriate mutual aid channels. Shelter staff will continue to update shelter residents of the status of the emergency and when shelter residents will be able to transition back to their homes.

- Preparedness/prior to the incident
  - ✓ Develop training aids.
  - ✓ Establish MOU/memoranda of agreement (MOA).
  - ✓ Develop shelter operations policies and procedures.
- Immediate/short-term response
  - ✓ Transportation to local shelter
    - Identify pickup points.
    - Provide local transport.
    - Establish restrictions on transport.
    - Establish medical transport policies.
    - Notify and activate transportation resources required for support upon activation of the shelter.
    - Arrange for transportation for transportation-assisted shelter residents. This may be from an emergency impact or non-emergency impact area of operations.
    - Coordinate with law enforcement function concerning any road closures and traffic patterns.
    - Provide return/reentry upon emergency stabilization and/or shelter demobilization.
  - ✓ Shelter policies
  - ✓ Shelter registration

- Set up and implement the shelter registration and intake area equipment and support using predetermined staffing models.
- Receive and process shelter residents as they self-present at the shelter location.
- Triage any medical, functional support, animal/pet, and/or other identified needs.
- Identify any law enforcement service needs.
- Provide media and public information to shelter residents so that they remain informed of the current emergency and the types of services that are available at the shelter location.
- Conduct a resource gap analysis and request additional mass care/emergency resources or support as needed and identified via the registration and intake processing.

✓ Daily shelter operations (for example, Occupational Safety and Health Administration and Food and Drug Administration requirements for cooking and feeding spaces, pets)

- Deploy dormitory/housing equipment to dormitory/housing space within shelter (cots, blankets, pillows, other comfort items, etc.) upon activation of the immediate or overnight shelter.
- Identify and support shelter residents with dormitory/housing needs and assist as needed.
- Provide public information, including situational updates to affected populations. Include a time line for returning to their homes, if available.
- Coordinate and integrate outside mass care/emergency assistance resources in local operations as determined by need or identified resource gaps.
- Use kitchen area to provide food and beverage services for shelter residents.
- If kitchen area is not available, contact a feeding provider (NGO, feeding/catering vendor).
- Deploy kitchen or catering services, including staff required to support this operation during the emergency.
- Coordinate with feeding providers for kitchen sites and support resources if any gaps are identified.
- Provide public information on the location, hours, and process followed for the feeding schedule.

✓ Shelter resident reunification

- Upon registration, assist shelter residents with locating missing family members or friends. Record information pertaining to missing persons.
- Coordinate within shelter to determine if missing parties are already present within the existing shelter.
- Coordinate with other shelters to determine if missing parties self-presented at other shelters.
- Coordinate with law enforcement personnel to broadcast information regarding missing parties.
- Use ARC Evacuee Reunification services and coordinate with the

ARC for support and information sharing concerning missing persons.
    - Encourage the use of the ~~services~~ operated by the ARC where shelter residents can register to notify their loved ones that they are safe and well.

- Sustained shelter operations (up to 30 days)
  - ✓ Delayed shelter surge
  - ✓ Local shelter capacity
  - ✓ Interim shelter/housing
- Transition to recovery
  - ✓ Long-term shelter facilities
  - ✓ After action report (AAR)
  - ✓ Demobilization of the shelter
  - ✓ Reimbursement

Local Shelter Functional Needs Support Services Considerations

(Insert local jurisdiction) has incorporated recent FNSS guidance into their mass care and shelter planning efforts. To comply with this guidance, the *(insert local jurisdiction)* will shelter those with access and functional needs together with the general population, with no separation.

Shelters will be managed by the ARC and staffed by the (insert local agency) ARC. The (insert appropriate local agency) will assist as necessary to coordinate external medical resources to meet client needs and assist in the coordination of access and functional needs services. The (insert local jurisdiction agency/department) and ARC have developed relationships with service providers that can provide appropriate levels of care for shelter residents whose needs may exceed the capabilities of a local shelter. Relationships are also in place with durable medical equipment providers for shelter supplies.

It is possible that staffing resources may be quickly overwhelmed in a large-scale disaster event. Supplemental staffing resources may be available through home health care, independent living centers, acute medical care centers, and similar medical service providers. Staffing resources will be requested via established processes through the *(insert local jurisdiction)* Emergency Management to MEMA.

No individuals seeking shelter will be denied access. Individuals arriving at the shelter without a caregiver will be accepted and supporting agencies will work to locate a caregiver through available staff and resources. Service animals will also be permitted to enter the shelter with their owner.

Minor modifications may be made to the dormitory area of the shelter as needed to meet the needs of shelter residents and limit the potential for separation from the general population (for example, low lighting at night to allow easy access to restrooms, allocating an area for service animals to limit the impacts on those with allergies).

Local Pet Shelter Considerations

(Insert local jurisdiction agency) is responsible for local pet shelter operations. The Federal Emergency Management Agency (FEMA) defines household pets as a domesticated pet (such as a dog, cat, bird, rabbit, rodent, or turtle) that is traditionally kept in the home for pleasure rather than for commercial purposes and can travel in commercial carriers and be housed in temporary facilities. Household pets do not include reptiles (with the exception of turtles), amphibians, fish, insects/arachnids, farm animals (including horses), and animals kept for racing purposes. Animal Welfare plans to accept all pets that can be accommodated or make arrangements as needed for larger animals (for example, cattle, horses).

Service animals will be permitted to remain with their owner in the shelter. The following is the definition of service animals within the Commonwealth:

Any guide dog, or other animal that has been individually trained to do work or perform tasks for the benefit of an individual with a disability, including physical, sensory, psychiatric, intellectual, or other mental disability. The work or tasks performed by a service animal must be directly related to the handler's disability including, but not limited to: assisting individuals who are blind or have low vision, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, pulling a wheelchair, or fetching dropped items, assisting an individual during a seizure, alerting individuals to the presence of allergens, retrieving items such as medications or a telephone, providing physical support and assistance with balance and stability, and helping people with neurological or psychiatric disabilities by preventing or interrupting impulsive or destructive behaviors.

Service animals are required to be leashed or harnessed except when performing work or tasks where such tethering would interfere with the dog's ability to perform. In cases where the individual is not able to hold a leash, the animal must be under control and respond to verbal commands.

Service animals are exempt from breed bans as well as size and weight limitations.

Although as of March 15, 2011, the Department of Justice narrowed the protections of service animals to only dogs, and in some cases miniature horses. The Massachusetts Commission Against Discrimination (MCAD) has not done so and has left the door open for any animal that meets the above definition.

Service animals may or may not be certified.

In an ideal situation, pet sheltering will be able to collocate with human sheltering. This would allow owners to remain with their animals and provide necessary feeding and waste disposal, easing the strain on (insert local jurisdiction agency) staffing resources. At this time, it is undetermined as to whether shelter facility owners will permit the collocation of pet sheltering. In the event that collocation is not possible, (insert local jurisdiction agency) can transport pets to their permanent animal shelter for care and may have access to the (insert identified local facility, if known) for overflow pet sheltering.

(Inset local jurisdiction) maintains a small cache of equipment and supplies including animal control vehicles for transport, pet food, and cleaning supplies. It is likely that these

resources may be overwhelmed in a significant event. (Insert local jurisdiction agency) can access external staffing and other resources to support pet sheltering by requesting them via established processes through the *(insert local jurisdiction)* Emergency Management to the regional emergency operations center (REOC) within MEMA. (Inset local jurisdiction agency) has established relationships with the (insert appropriate state agency), local and nonprofit organizations, and private sector entities that may be able to provide supplemental supplies and staffing.

Tasks assigned to (insert local jurisdiction agency) as part of the pet sheltering mission may include the following depending on the scope of the incident:

- Provide technical assistance, resource coordination, and management of a variety of response activities targeted to handle animal issues prior to and during emergencies.
- Provide pet evacuation, sheltering, and unification with owners.
- Provide pet care, which may include support of owner-based pet care.
- Manage aggressive household pets.
- Track and reunify household pets with their owners.
- Provide veterinary care throughout response and recovery operations to animals.
- Dispose of deceased animals.
- Dispose of abandoned and/or unclaimed animals.
- Transfer household pet records upon the return of pets to their owners.
- Quarantine animals identified as having infectious diseases or that have bitten people.
- Request for animal/pet support as needed.
- Provide basic household pet supplies and tracking equipment.
- Initiate setup of household pet shelters and deploy necessary resources.
- Coordinate transportation of household pets to appropriate shelter facilities as needed.
- Coordinate transportation of household pets from shelter facilities owners during reunification.
- Disseminate household pet reunification information and requirements to the public.
- Provide fostering and adoption information to the public for unclaimed or abandoned animals after a predetermined waiting period and efforts to reunite owners and household pets.

CRITICAL RESOURCES

Resource Identification

The following resources have been identified as being needed during a local shelter operation:

- Scalable resources
- Resource caches
- Local resources
- State resources that will be requested
- Federal resources that will be requested
- Resource gaps for local shelter

Resource Management

The following systems are needed for ordering, tracking, mobilizing, and demobilizing local shelter resources:

- Resource coordination (for example, local, state, nonprofit, private sector, federal)
- Resource request process
- Resource tracking process/method
- Existing MOU/MOA (see section 4.3 for further information)
- Logistics support (for example, equipment, personnel)
- Resource documentation (for example, costs, tracking)
- Vendors/contracts management
- Deployment of resources based on need, type of shelter facility being activated, and access and functional resources that will be present at the shelter
- Use of best practices resource checklists that were developed in shelter planning efforts
- Monitoring of equipment usage and restock as needed
- Identification of resource shortfalls and gaps
- Notification of the *(insert local jurisdiction)* Emergency Management
- Request for mutual aid support through established mutual air partners and/or MEMA REOCs

Local Shelter Legal Policies

The following policies related to local sheltering should be implemented:

- MOU/MOA verbiage, terms, legal authority in each agreement, etc.
- Legal authorities for local shelter
- Funding/cost estimates, allocations, and reimbursement policies
- Human capital policies/local shelter personnel policies

COMMUNICATION AND COORDINATION

Local Shelter Coordination

Local shelters will coordinate with other entities. The following areas of coordination have been identified for local shelter coordination:

- Coordination of resource requests
- Coordination with field-level response
- Coordination with local shelters, warming/cooling centers, and reception centers
- Coordination with state entities
- Coordination with the state emergency operations center (SEOC) or emergency management structure
- Coordination with nonprofit and volunteer entities
- Coordination with incoming shelter teams
- Process flowchart illustrating coordination during local shelter operations
- Information collection and dissemination coordination

- Coordination with local and other shelter policies and appendices

Communication

The following communication policies, procedures, and systems have been identified that will be used for local shelter operations:

- Crisis Communication Plan
- Rules for local shelter communications (internal shelter communication)
- Communication with other shelters
- Communication of resource requests
- Communication systems and procedures
- Public information
  - ✓ Systems and resources
  - ✓ Policies on notification for local shelter
  - ✓ Notification on local shelter operations, status, and interim housing
- Templates/examples of messaging and other public information tools

Maintaining Situational Awareness

It is critically important to maintain accurate information about the status, type, capacity, and availability of shelters. Shelter managers will be asked to provide a situation report to the ARC and the *(insert local jurisdiction)* EOC at least once daily, but possibly more frequently depending on the severity of the event and the operational periods that are implemented. The *(insert local jurisdiction)* EOC will disseminate the pertinent information from these situation reports to the appropriate parties as it becomes available.

LOCAL SHELTER PLAN MAINTENANCE

This *(insert local jurisdiction)* Mass Care and Shelter Plan is developed under the authority of the *(insert local jurisdiction)* Emergency Management. Maintaining a viable plan includes constant revisions, trainings, and exercises as well as after action reporting. The information presented below identifies plan distribution and plan updates.

Plan Distribution

Printed copies of the *(insert local jurisdiction)* Mass Care and Shelter Plan will be delivered to the entities, agencies, and departments identified in the Emergency Operations Plan (EOP).

Plan Updates

The *(insert local jurisdiction)* Mass Care and Shelter Plan should be reviewed and revised on an annual basis as well as after an exercise, training, or an actual disaster/incident requiring plan activation. The *(insert local jurisdiction)* Emergency Management is the lead department in plan review and revision. It is recommended the plan be reviewed and revised in coordination with review and revision to the EOP.

EXERCISING AND TRAINING

Plan Testing, Training, and Exercises

The plan should be exercised on an annual basis according to policies and principles identified by the Homeland Security Exercise and Evaluation Program (HSEEP). It is

recommended that the local jurisdiction use the building block approach identified by HSEEP to train, test, and exercise the plan.

After Action Review and Reporting

Following a training, test, exercise, or plan activation, the local jurisdiction should develop an AAR identifying strengths as well as area for improvements. During the next plan review, findings identified in the AAR should be considered and addressed during plan revision.

AUTHORITIES AND REFERENCES

Authorities and References

During development of this plan, the following authorities and references were considered.

Local

(Insert appropriate local authorities/reference/policies/protocols)

Regional/State

(Insert appropriate regional/state authorities/references/policies/protocols)

Federal

- National Response Framework (NRF)
- National Incident Management System (NIMS)
- Americans with Disabilities Act (ADA)
- Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters
- Comprehensive Preparedness Guide (CPG) 101 Version 2.0, November 2010

1.3 TOOL B
LOCAL SHELTER ASSESSMENT

SHELTER FACILITY ADA ACCESSIBILITY FOR MASS CARE AND SHELTER FUNCTIONS

This section allows for the recording of information on the shelter facility's accessibility. Guidance is based on the Americans with Disabilities Act (ADA) standards for emergency shelters.

ADA Accessibility

Function	Recorded Information
1. Restroom Facilities	
Guidance: *Restroom facilities should meet the following criteria:* ■ *Area where person in a wheelchair can turn around (60-inch diameter circle or T-shape turn area)* ■ *Doorways at least 32 inches wide when door is open* ■ *Doors with leavers/handles hardware* ■ *One toilet for every 20 people (adults and children) projected to need assistance (however only one toilet per bathroom needs to meet the following requirements):* ✓ *Toilet seat is 17-19 inches high. Flush control is automatic or manual control on the wide side of the toilet and no higher than 44 inches.* ✓ *Toilet's centerline is 16-18 inches from the wall on the narrow side.* ✓ *Toilet's centerline is 42 inches from an obstruction on the wide side.* ✓ *There is 42 inches provided in front of the toilet to the wall or obstruction.* ✓ *Stall is at least 60 inches wide and 56 inches deep (wall-mounted toilet) or 59 inches deep (floor mounted toilet).* ✓ *Space at least 9 inches high is provided beneath the front and one side of the stall.* ✓ *Stall has grab bars 33 to 36 inches wide.* ✓ *Toilet paper dispenser is within 36 inches of the rear wall.* ■ *One sink for every two toilets (however, only one per bathroom needs to meet the following requirements):* ✓ *27 inches clear space height to the bottom of the sink* ✓ *Maximum 34 inches in height to the top of the sink* ✓ *Sink controls are automatic or lever in design* ✓ *Soap and paper towel dispensers are within the zone of reach of the accessible sink* ■ *Towel dispensers should be no more than 44 inches high* ■ *One shower stall for every 25 people (adults and children) projected to need assistance (however, only one per shower room needs to meet the following requirements):* ✓ *Is there at least one roll-in shower provided?* ✓ *Roll-in shower should measure 36 inches by 36 inches or 36 inches in depth by 60 inches in width.*	

	Function	Recorded Information
	✓ *Shower seat is 17 to 19 inches high. If in the 36"x36" stall, seat is on the wall opposite the shower controls. If in the 36"x60" shower, seat is on the wall adjacent to the shower controls.* ✓ *Handheld shower spray attached to a flexible metal hose at least 60 inches in length and adjustable from 42" to 72" in height (Only in unmonitored facilities where vandalism is a consideration, a fixed shower head may be mounted at a height of 48").* ✓ *Controls do not require tight grasping, pinching, or twisting and are mounted 34-46 inches high and no than 18 inches from the interior corner on the center wall adjacent to the hinged seat.* ✓ *Grab bars.* ✓ *In a 36"x36" roll-in shower, they need to be 30" in length, one on the back wall and one on the wall opposite the seat, at a height of 33 to 36 inches high.* ✓ *In a 36"x60" roll-in shower, one needs to be 42" in length, located on the long wall at a height of 33"-36" in height. One needs to be 24" in length, located on the short wall opposite the seat of a height of 33"-36" in height (an "L" shaped grab bar can be used as an alternative).* ✓ *The clear space between the wall and grab bar is 1 ½ inches.* ✓ Standard toilet questions are on page 4-4.	
	■ Number of accessible toilets for males (only 1 accessible toilet needed per bathroom)	
	■ Number of accessible toilets for females (only 1 accessible toilet needed per bathroom)	
	■ Number of accessible sinks (male restrooms) (only 1 accessible sink needed per bathroom)	
	■ Number of accessible sinks (female restrooms) (only 1 accessible sink needed per bathroom)	
	■ Number of accessible towel dispensers (male restrooms) (only 1 accessible towel dispenser needed per bathroom) ■ Number of accessible towel dispensers (female restrooms) (only 1 accessible towel dispenser needed per bathroom)	
	■ Number of accessible showers for males (only 1 accessible shower needed per bathroom) ■ Number of accessible showers for females (only 1 accessible shower needed per bathroom)	
	■ Number of accessible drinking fountains	
2.	**Dining Area**	
	Guidance: ■ *5% of the tables should provide:* ■ *27 inches of knee clearance under the table.* ■ *Top of the table should be between 28 to 34 inches high.* ■ *5% of the tables should have moveable chairs, or be designed to allow wheelchairs to get underneath them (do not count the end of the table as a seating location for a wheelchair).*	

	Function	Recorded Information
■ *Serving counters tray sides should be no higher than 34 inches above the floor.* ■ *Aisles should be at least 36 inches wide.*		
	■ Number of accessible tables (need 5% total)	
	■ Are accessible serving counters available?	
	■ Are aisles in dining area accessible?	
3.	**Dormitory Area**	
Guidance: ■ *People who use wheelchairs, lift equipment, a service animal, and personal assistance services can require up to 100 square feet.*		
	■ How much square footage can be designated for accessible dormitory space?	
	■ Are there windows in the dormitory area(s)? If yes, are the windows shatter-protected or protected with a shutter?	☐ Yes ☐ No
	■ How much square footage can be designated for accessible cot space?	
	■ How many outlets are located in the designated dormitory space?	
4.	**Parking Spaces**	
Guidance: ■ *Based on the number of parking spaces provided in the lot, there needs to be a certain amount of accessible parking spaces provided. 1-25 parking spaces = 2 accessible parking spaces (1 van accessible space/1 Standard); 51-75 = 3 accessible parking spaces (1 van accessible/2 standard); 76-100 = 4 accessible parking spaces (1 van/3 Standard) and so on using the formula.* ■ *Van accessible access aisles are 8 feet wide* ■ *Standard accessible access aisles are 5 feet wide* ■ *The accessible parking spaces are 8 feet wide* ■ *The accessible parking spaces and access aisles are level* ■ *The designated accessible parking spaces are closest to the entrance* ■ *If an access aisle abuts a sidewalk, is there a curb cut at the access aisle to allow someone to get into the sidewalk?* ■ *Accessible route from the accessible parking to the shelter entrance* ■ *Are there curb cuts provided where appropriate?* ■ *Are there changes in level exceeding ¼ inch?* ■ *Is the route hard packed or paved?*		

Function	Recorded Information
■ How many parking spaces are there in the parking lot?	
■ How many designated accessible parking spaces are provided (including van accessible)?	
■ How many van accessible parking spaces?	
■ Is there an accessible pathway from parking spaces to entrance?	☐ Yes ☐ No
■ Is there a permanent drop-off area/loading zone with a marked 8-foot wide access aisle **or** space available to designate as temporary drop-off area/loading zone?	☐ Yes ☐ No
5. Entrances and Exits	
Guidance: ■ *All doorways need to provide 32 inches of clear opening when opened at 90 degrees.* ■ *Stairs are not considered to be an accessible route. If a ramp is provided (either internally or externally, they need the following elements:* ✓ *Ramps should be 48 inches wide, measured between the handrails.* ✓ *Ramps should have 2 sets of handrails on both sides, the lower measuring 18"-20" above the ramp surface and the top measuring 34"-38" above the ramp surface.* ✓ *Ramps should be graded no more than 1:12.* ✓ *Ramps should have level landings at least 60" long, every 30 feet of run, where the ramp changes direction, and at the top and bottom of the ramp.*	
■ Does a sidewalk connect the parking area and any drop-off area to at the main shelter entrance?	☐ Yes ☐ No
■ Does the route from accessible parking spaces and any drop-off area/loading zone to the main shelter entrance have no steps or curbs without curb cuts?	☐ Yes ☐ No
■ Where the route crosses the curb, are curb cuts at least 36 inches wide?	☐ Yes ☐ No
■ Where a curb cut is provided, does it provide a 1:12 slope?	☐ Yes ☐ No
■ Are doors along the route automatic or without knob hardware?	☐ Yes ☐ No
■ Are doorways at least 32 inches wide?	☐ Yes ☐ No

Function	Recorded Information
■ Are there level landings on interior and exterior sides of the entrance?	☐ Yes ☐ No
■ If ramps are provided, do they meet the above requirements?	☐ Yes ☐ No
■ Are there any protruding objects that protrude into the path of travel measuring more than 4 inches and are located higher than 27 inches off the ground and lower than 80 inches in height?	☐ Yes ☐ No
■ If the main shelter facility entrance does not appear to be accessible, is another entry accessible?	☐ Yes ☐ No
■ Does a sign identify the location of the accessible entrance?	☐ Yes ☐ No
6. Routes to Service Delivery Areas	
Guidance: ■ *At least one route without steps should be available to access each service delivery area, as well as restrooms and showers, **or** service can be provided in an area that can be accessed by a route with no steps.* ■ *Other than doorways (which must only be 32 inches wide), no part of a route should be less than 36 inches wide.* ■ *Route should have vertical clearance of at least 80 inches.* ■ *No object should protrude from the side more than 4 inches into the route.* ■ *Doorways should be 32 inches wide.*	
■ At least one route without steps is available to access each service delivery area, as well as restrooms and showers, **or** service can be provided in an area that can be accessed by a route with no steps.	☐ Yes ☐ No Notes:
■ Other than doorways, no part of a route is less than 36 inches wide.	☐ Yes ☐ No
■ Route has vertical clearance of at least 80 inches.	☐ Yes ☐ No
■ No objects protrude from the side more than 4 inches into the route to service areas.	☐ Yes ☐ No

Function	Recorded Information
■ Are doors along the route automatic or without knob hardware?	☐ Yes ☐ No Notes:
■ Are doorways at least 32 inches wide?	☐ Yes ☐ No

7. Elevators

Guidance:

- *Elevators should be provided to every floor where state-initiated regional shelters functions take place.*
- *Elevator call should be mounted no higher than 42 inches.*
- *Elevator doors should be at least 32 inches wide.*
- *Elevator cabs should be 54 inches from door to wall and 68 inches from wall to wall. (There is a 48"x48" exception when it comes to an existing shaft).*

■ Can elevators be accessed from all floors where state-initiated regional shelter functions will occur?	☐ Yes ☐ No
■ Are call buttons in elevators mounted no higher than 42 inches for a front approach or no higher than 54 inches for a side approach?	☐ Yes ☐ No
■ Do call buttons have Braille?	☐ Yes ☐ No
■ Do the call buttons illuminate once pushed?	☐ Yes ☐ No
■ Are elevator doors at least 32 inches wide?	☐ Yes ☐ No
■ Are there audible tones in the elevator that indicate a floor has been passed?	☐ Yes ☐ No
■ Are there audible tones indicating the direction an elevator is traveling (1 ding for up and 2 dings for down)?	☐ Yes ☐ No
■ Are there visual indicators that would allow someone to see that the call button has been activated and one that indicates elevator direction once arrived?	☐ Yes ☐ No

Function	Recorded Information
■ Do elevators run on backup power source?	☐ Yes ☐ No
8. Access to Backup Power	
■ Number of generator-wired high-yield outlets that can be utilized for durable medical equipment (for example, wheelchair batteries, nebulizers, oxygen, other respiratory therapy)	
■ Is there generator-powered refrigeration for medications?	☐ Yes ☐ No
9. Communications	
■ Is there adequate space to physically post information in multiple languages?	☐ Yes ☐ No
■ Are documents and signs printed in large print?	☐ Yes ☐ No
■ Are there visual supplements to audio address system?	☐ Yes ☐ No
■ Number of accessible pay phones and/or public telephones (maximum of 48 inches high to the topmost control)	
■ Is at least 1 TTY available?	☐ Yes ☐ No
■ Is closed captioning for televisions available?	☐ Yes ☐ No

SHELTER FACILITY CAPACITY FOR ESSENTIAL MASS CARE AND SHELTER SERVICES

This section records the capacity of the shelter facility to accommodate essential mass care and shelter services. The primary purpose of this section is to determine space allocation for each mass care and shelter function. The requested information is intended to be very broad, and it is acknowledged that some categories of information may not be obtainable.

Essential Mass Care and Sheltering Services Functions

Function	Recorded Information
1. Registration	
Guidance: ■ *Registration services are often set up in a lobby or entrance hall.* ■ *This area must have room for several tables (which can be placed end-to-end) and chairs on both sides of the table (one side for staff, one side for residents).* ■ *This area must have a 36-inch-wide clear path for pedestrian traffic.*	
■ How much square footage can be designated to registration services?	
2. First Aid Services	
Guidance: ■ *First aid rooms and/or space should be large enough to contain:* ✓ *One examination table* ✓ *One table and chair to be used as a desk* ✓ *Supplies needed for one shift* ✓ *Containers for standard waste material and medical waste material* ■ *First aid rooms and/or space should:* ✓ *Contain adequate lighting* ✓ *Contain phone* ✓ *Be close to transportation services in case transfer for medical reason is required* ✓ *Be close to hot and cold running water* ✓ *Be close to an area where people can wait for first aid services*	
■ How much square footage can be designated for first aid services?	
■ How much square footage can be designated for first aid waiting area?	
■ Is there an Automated External Defibrillator (AED) on-site?	☐ Yes. Location: _____ ☐ No

Function	Recorded Information
3. Psychological First Aid and Emotional/Spiritual Care Services	
Guidance: ■ *The space must provide private areas for each behavioral health provider or emotional/ spiritual care provider.* ■ *The space must be able to accommodate two chairs and a small table.* ■ *Privacy may be provided by moveable partitions.*	
■ How much square footage can be designated for psychological first aid services?	
4. Dormitory Area	
Guidance: ■ *The space must provide 20-40 square feet per person.* ■ *The space must account for structural limitations such as support poles.*	
How much square footage can be designated for dormitory area(s)?	
■ Are there windows in the dormitory area(s)? If yes, are the windows shatter-protected or protected with a shutter?	☐ Yes ☐ No
5. Food Preparation	
Guidance: *One of the following options must be available and in place:* ■ *Adequate kitchen space to prepare meals/snacks and beverages for all individuals in the shelter* ■ *Memorandum of understanding (MOU) with provider who can supply ready-made meals and/or snacks and beverages* ■ *Adequate space for vendor stage appropriate meal dispensing functions*	
■ Can meals be cooked on-site? (warming oven, full service, central kitchen/delivery only)	☐ Yes ☐ No
■ How many meals can be cooked per hour?	
■ Is food stored on-site?	☐ Yes ☐ No
■ Are there refrigeration units on-site? If yes, how many?	☐ Yes ☐ No

Function	Recorded Information
■ Is there an MOU with a food service provider that can be used for feeding at the shelter?	☐ Yes ☐ No
■ Is there space on the grounds to locate trucks or tents that can house temporary kitchens?	☐ Yes ☐ No
6. Dining Area	
■ How many individuals can be served a meal at the shelter facility? ■ Type of seating capacity (cafeteria, snack bar, other indoor seating) ■ How long will it take to serve a meal to the projected population?	
7. Recreation Services	
Guidance: *Space for the following recreation activities should be provided:* ■ *Watching TV* ■ *Playing cards and board games* ■ *Children's games (preferred to have separate play area for children)*	
■ How much square footage can be designated for recreation? ■ How much square footage can be designated for a separate children's recreation area?	
8. Information Services	
Guidance: ■ *There must be an area where information on disaster relief services, maps, and directions to shelters can be obtained.* ■ *The space should be to accommodate tables for both materials and staff work area, chairs for staff, computer and printer (for printing out directions).*	
■ How much square footage can be designated for information services area?	
■ Is there Internet and electrical access in this area?	☐ Yes ☐ No

Function	Recorded Information
9. Staff Dormitory Area	
Guidance: *The space for the staff dormitory area should meet the following criteria:* ■ *Separate from general population* ■ *20-40 square feet per person* ■ *Account for structural limitations such as support poles*	
■ How much square footage can be designated for staff dormitory area?	
■ Are there windows in the dormitory area(s)? If yes, are the windows shatter-protected or protected with a shutter?	☐ Yes ☐ No
10. Administrative Office for Staff	
Guidance: *The space for the administrative office for staff should meet the following criteria:* ■ *Area large enough to set up an office containing:* ✓ *Table and chairs for staff meetings* ✓ *Office equipment (computers, printers, fax, copiers, TTY)* ■ *Preferably enclosed room with locking door*	
■ How much square footage can be designated for shelter staff administrative office?	
11. Storage for Supplies	
Guidance: ■ *The space should be large enough to store 2-3 days of total regional shelter supplies.*	
How much square footage can be designated for warehousing space?	
Is there adequate space for food storage?	☐ Yes ☐ No
Is there adequate space for supply storage?	☐ Yes ☐ No
Is there adequate space for donated goods?	☐ Yes ☐ No

Function	Recorded Information
Is there a separate entrance for supply trucks away from the shelter facility's parking lot and entrance?	☐ Yes ☐ No
Can resources be moved easily from loading bays to storage areas?	☐ Yes ☐ No
Type and quantity of material handling equipment (for example, pallet jack, forklift, etc.)	
12. Waste Storage and Removal	
■ What is the standard waste removal process?	
■ What is the medical waste removal process?	
■ Can medical waste storage/removal services accommodate the projected population?	
■ Can standard waste storage handle the amount of waste that may be generated by the projected population?	☐ Yes ☐ No
■ Can standard waste removal services accommodate the amount of waste that may be generated by the projected population?	☐ Yes ☐ No
■ Can waste removal services be sustained 24 hours per day for up to 7 days?	☐ Yes ☐ No
■ Does the shelter facility have the resources to conduct hyper-cleaning?[2]	☐ Yes ☐ No
13. Other Considerations	
■ Is there space available for isolated care areas?	☐ Yes ☐ No Notes:

[2] Hyper-cleaning is not the normal and customary industry process. It is an intensive program of sanitation implemented to prevent contagion. (International Association of Assembly Managers Mega-Shelter Best Practices Guide, 2006)

Function	Recorded Information
■ Is there space available for quiet areas?	☐ Yes ☐ No Notes:
■ Are there laundry facilities on-site? If yes, how many washers and dryers are there?	☐ Yes ☐ No
■ Who can access the laundry facilities? Are there any special conditions or restrictions for laundry?	☐ Shelter workers ☐ Shelter residents Notes:
14. Availability of Shelter Facility Staff	
■ Would any shelter facility staff be available to support the following shelter functions? (Please answer yes or no for each)	☐ Yes ☐ No
✓ Shelter facility Management	☐ Yes ☐ No
✓ Security	☐ Yes ☐ No
✓ Traffic Control	☐ Yes ☐ No
✓ Food services	☐ Yes ☐ No
✓ Communications and IT support	☐ Yes ☐ No
✓ Janitorial	☐ Yes ☐ No
✓ General Shelter Statt	☐ Yes ☐ No

✓ Medical	☐ Yes ☐ No
Function	**Recorded Information**
✓ Behavioral Health	☐ Yes ☐ No
✓ Functional Needs Support Services	☐ Yes ☐ No
✓ Pet Shelter	☐ Yes ☐ No

SHELTER FACILITY IDENTIFYING INFORMATION

This section records basic shelter facility information and points of contact. The requested information is intended to be very broad, and it is acknowledged that some categories of information may not be obtainable.

Shelter Facility Identification Information

	Shelter Facility Identification	Recorded Information
1.	Name of shelter facility	
2.	Address of shelter facility	
3.	Unique or remarkable shelter facility characteristics	
4.	Phone number of shelter facility	
5.	Fax number of shelter facility	
6.	After hours contact information	
7.	Nearest transportation hub (interstate, rail line, etc.)	
8.	GPS coordinates of shelter facility (latitude and longitude)	
9.	Elevation *First floor elevation should be on an equal or higher elevation than the base flood elevation level for the Flood Insurance Rate Map (FIRM) area for hurricane evacuation shelters.*	
10.	Nearest hospital	
11.	Appropriate points of contact	
	■ Authorization to use shelter facility	
	■ General shelter facility	
	■ Shelter facility maintenance ■ Shelter facility maintenance alternate, if available	
	■ Shelter facility grounds and parking lot	
	■ Shelter facility security	
	■ Local emergency management coordinator	
	■ Structural Integrity (wind load)	

Shelter Facility Identification		Recorded Information
12.	Agency operating the shelter and contact information	
13.	Recommended or likely shelter type (check all that apply)	☐ Regional Shelter ☐ Personal Care Site ☐ Overnight Shelter ☐ Pet Shelter ☐ Other
14.	Anticipated population the shelter facility is projected to be able to accommodate (i.e., feeding and medical)	
15.	Demographic profile snapshot information ■ Estimated number of children and adults in the jurisdiction with disabilities ■ Estimated number of pets that may require sheltering ■ Other important demographic information	
16.	Anticipated pet population that the shelter facility is projected to be able to accommodate[3]	
17.	Are there any existing memoranda of understanding related to the shelter facility's shelter and/or mass care operations? If yes, with whom?	Date signed: _____
18.	Is the shelter facility in a floodplain? *Consult FIRMs. Locate hurricane evacuation shelters outside the 100-year floodplain and, if possible, the 500-year floodplain and areas likely to be isolated by roadway inundation. Consider the proximity to dams and reservoirs for potential containment failure.*	☐ Yes ☐ No Year flood impact: _____ Notes:
19.	Does the shelter facility store certain reportable types or quantities of hazardous materials?	☐ Yes ☐ No

[3] The following formula may be used to project pet populations: Total number of households x 0.574

Shelter Facility Identification	Recorded Information
20. Limitations of shelter facility use	☐ Available at any time ☐ Only available during certain time periods. Describe: _____ ☐ Not available during certain time periods. Describe: _____
21. Directions to the shelter facility	

SHELTER FACILITY STRUCTURAL INFORMATION AND OPERATING SYSTEMS

Shelter Facility Structural Information

This section records basic structural information for the shelter facility. The requested information is intended to be very broad and it is acknowledged that some categories of information may not be obtainable.

Shelter Facility Structural Information

	Structural Information	Recorded Information
1.	Year shelter facility was built	
2.	Year built to building code	
3.	Total square feet	
4.	Current floor plans available? Location of copies?	
5.	Known hazards affecting the shelter facility (frequent urban flooding, near waterways, in flood zones, etc.)	
6.	Number of floors	
7.	Frame construction (for example, wood, steel, concrete, prefabricated, masonry)	
8.	Number of pedestrian entrances and exits (into the shelter facility)	
9.	Number of loading docks	
10.	Areas restricted from use	

Shelter Facility Operating Systems

This section records basic information on the operating systems of the shelter facility.

Shelter Facility Operating Systems

	Shelter Facility's Operational Systems	Recorded Information
1.	**Emergency Power**	
	Is shelter facility pre-wired for generator support?	☐ Yes ☐ No

Shelter Facility's Operational Systems	Recorded Information
Does the shelter facility have a generator? Is the generator on-site or off-site?	☐ Yes ☐ No
Type and size of generator	
Location of generator	
Amount and type of fuel generator requires	
Amount of fuel typically maintained in generator (during non-emergency times)	
Length of time generator can operate before requiring refueling	
Existing emergency contracts for fueling	
Frequency of generator testing (daily, weekly, monthly)	
List of resources that can be powered with generator (for example, lighting, water pumps, HVAC, refrigeration, kitchen facilities)	
List of rooms or areas of the building supported by generator power	
Are emergency power outlets easily identifiable?	☐ Yes ☐ No
2. Water Supply	
What is the water supply source? (municipal, well, trapped, etc.)	
What is the backup water supply source?	
Is water supply supported by backup power resource?	☐ Yes ☐ No
3. Security Systems	

Shelter Facility's Operational Systems	Recorded Information
Are there interior security cameras?	☐ Yes ☐ No
■ If yes, are interior cameras fixed or PZT?	
■ If yes, are interior cameras supported by backup power?	
Are there exterior security cameras?	☐ Yes ☐ No
■ If yes, are exterior cameras fixed or PZT?	
■ If yes, are exterior cameras supported by backup power?	
Are there security alarms?	☐ Yes ☐ No
■ If yes, are alarms supported by backup power?	
4. Fire Detection Systems	
Location of fire alarms	
Is sprinkler system installed?	☐ Yes ☐ No
Do fire alarms automatically alert the fire department?	☐ Yes ☐ No
Are there fire extinguishers throughout the shelter facility?	☐ Yes ☐ No
Is the fire alarm system supported by backup power source?	☐ Yes ☐ No
5. Signage	
Are exit signs posted?	☐ Yes ☐ No
■ If yes, are exit signs supported by backup power source?	
Is there signage denoting various areas of the shelter facility?	☐ Yes ☐ No

6. Communications

Shelter Facility's Operational Systems	Recorded Information
Is there an internal audio public address system?	☐ Yes ☐ No
■ If yes, is the internal system supported by backup power source? ■ Does it reach all rooms in the facility? If not, what rooms does it reach?	
Is there an external audio public address system?	☐ Yes ☐ No
■ If yes, is the external system supported by backup power source?	
What is the telephone capacity?	
■ Number of rooms with telephone access	
■ Number of lines	
■ Types of phone (landline, digital)	
■ Number of public phones	
■ Is electrical power required to operate the telephone system?	☐ Yes ☐ No
✓ If yes, is a backup power source available for the telephone system?	
What is the ham radio capacity?	
Is there Internet capacity?	☐ Yes ☐ No
■ Wired or wireless?	
■ Throughout the building or only in certain rooms?	
■ Is a login required to access the Internet?	☐ Yes ☐ No
■ Does the Internet restrict access to certain websites?	☐ Yes ☐ No
■ If yes, can a login be provided to shelter staff to provide unrestricted Internet access?	

	Shelter Facility's Operational Systems	Recorded Information
	Is there cable television capacity?	☐ Yes ☐ No
	Are there any known cell phone coverage issues with this facility?	☐ Yes ☐ No
	What cell phone carriers provide the best coverage for this facility location?	☐ Yes ☐ No
7.	**Heating System**	
	Heating system type (electric, natural gas, propane, fuel oil)	
	Is the heating system zoned?	☐ Yes ☐ No
	If yes, how many heating zones are there and which areas of the shelter facility belong to which zone?	
	Which heating zones are operational with backup power source?	
8.	**Air Conditioning/Cooling System**	
	Does the shelter facility have a cooling system?	☐ Yes ☐ No
	If yes, what type? (electric, natural gas, propane)	
	If yes, is the cooling system zoned?	☐ Yes ☐ No
	If yes, how many cooling zones are there and which areas of the shelter facility belong to which zone?	
	Which cooling zones are operational with backup power source?	
9.	**Elevators**	
	How many elevators does the shelter facility have? Please list the location, type, and capacity of each elevator.	

Shelter Facility's Operational Systems	Recorded Information
Do the elevators have a backup power source?	☐ Yes ☐ No
Do the elevators require a key for operation? • If yes, who has the key?	
10. Restroom and Showering Facilities	
Guidance: ■ One toilet for every 20 people (adult and children) ■ One sink for every two toilets ■ One shower for every 20 people (adult and children)	
Number of standard toilets for males	
Number of standard toilets for females	
Number of standard sinks in male restroom	
Number of standard sinks in female restroom	
Number of baby changing areas in the shelter facility	
Number of showers for males	
Number of showers for females	
11. Sewage Handling	
What is the source of sewage handling (septic tank, local/county sewer)?	
Is sewage treated?	☐ Yes ☐ No
What is the shelter facility's peak capacity for sewage handling?	
How long can the shelter facility sustain peak capacity?	
Can the system handle highest projected population use of toilets, showers, and sinks?	☐ Yes ☐ No

Shelter Facility Vehicular Access Capacity

This section records information about the shelter facility's access to vehicles (entrances, exits, and roadways) and known traffic patterns.

	Shelter Facility's Vehicular Access Capacity	Recorded Information
	Number of parking spaces	
	Number of accessible parking spaces	
	Number of van accessible parking spaces	
	Number of parking spaces that can be designated for staffing Number of parking spaces that can be designated for vendors	
	Number of vehicular entrances and exits What are the normal traffic patterns in the parking lot? Are there available diagrams of them?	
	Is there an area dedicated to bus traffic? Is there an area dedicated for a drop-off or loading zone?	

SHELTER FACILITY CONSIDERATIONS FOR ACCOMMODATION OF PETS

This section records information regarding a shelter facility's capacity for accommodating pets. Please note: It is preferred that all areas have non-carpeted flooring.

Recommended Criteria for Pet Shelter Functions

Function	Recorded Information
1. Ability to Accommodate Pets	
■ Does the shelter facility have the capacity to accommodate a designated area for animals?	☐ Yes ☐ No
■ If yes, what types of animals can be accommodated?	
■ If yes, how much space can be dedicated?	
■ If yes, does the space have ready access to washing facilities?	
■ If yes, does the space have easy access to outdoor areas?	
■ If yes, does the space have a separate ventilation system?	
■ If yes, does the space have cement or tile floors with drains? Please specify.	
■ Agency that will operate the pet shelter and contact information	
2. Access to Pet Area	
■ Can the entrance to the pet portion of the shelter facility be limited to one main egress/ingress?	☐ Yes ☐ No
■ If no, how many entrances/exits are there to the pet section of the state-initiated regional shelter?	
3. Registration Services	
Guidance: ■ *The registration services area must be large enough for tables, crates, and chairs.*	
■ How much square footage can be designated to pet registration?	
4. Area for Dogs	
Guidance: ■ *The area for dogs must allow 6-8 square feet per dog to accommodate crates and storage.*	
■ How much square footage can be designated for dogs?	
■ Can the area be temperature controlled?	☐ Yes ☐ No

Function	Recorded Information
5. Area for Cats	
Guidance: *The area for cats must allow 4-6 square feet per cat to accommodate crates and storage.*	
■ How much square footage can be designated for cats?	
■ Can the area be temperature controlled?	☐ Yes ☐ No
6. Area for Other Animals	
Guidance: ■ *The area for other animals must allow 4-6 square feet per animal to accommodate crates, cages, storage, etc.*	
■ How much square footage can be designated for other animals?	
■ Is there adequate electrical power available for heating if reptiles are accepted?	☐ Yes ☐ No
■ Can area be temperature controlled?	☐ Yes ☐ No
7. Isolation Area for Sick Animals	
Guidance: ■ *The area for sick animals must allow 6-8 square feet per animal to accommodate crates and storage.*	
■ How much square footage can be designated to isolate sick animals?	
■ Can area be temperature controlled?	☐ Yes ☐ No
8. Area for Aggressive Animals	
Guidance: ■ *The area for aggressive animals must allow 6-8 square feet per animal to accommodate crates and storage.*	
■ How much square footage can be designated for aggressive animals?	
■ Can area be temperature controlled?	☐ Yes ☐ No
9. Pet Medical Area	

Function	Recorded Information
Guidance: *The space for the pet medical area must meet the following criteria:* ■ *Minimum of 100 square feet* ■ *Separate area from kennel area*	
■ How much square footage can be designated for medical care for pets?	
■ Can area be temperature controlled?	☐ Yes ☐ No
■ Does the area have access to hand washing sinks?	☐ Yes ☐ No
■ How many tables for examination can the area include?	
10. Pet Exercise/Relief Area	
Guidance: ■ *The space for the pet exercise/relief area must meet the following criteria:* ✓ *Area with fenced enclosure* ✓ *Adequate space for animals to exercise and relieve themselves*	
■ Is there a fenced in area on the grounds that can be used to exercise and as a bathroom area for the animals?	☐ Yes ☐ No
■ If yes, what is the square footage?	
■ Is there adequate area to store pet waste?	☐ Yes ☐ No
11. Storage Area	
Guidance: ■ *The area for storage must be a minimum of 100 square feet to accommodate pet food, crates, and other supplies.*	
■ How much square footage can be designated for storage area?	
12. Staff Administrative Office	
Guidance: ■ *The area for the staff administrative office should be large enough to set up an office containing:* ✓ *Table and chairs for staff* ✓ *Office equipment (computers, printers, fax copiers)*	
■ How much square footage can be designated for administrative office?	
13. Shelter Staff Area	
Guidance: ■ *The area for shelter staff must have a separate area or room for breaks.*	

Function	Recorded Information
■ How much square footage can be designated for staff area?	
14. Waste Storage and Removal	
■ What is the standard waste removal process?	
■ Can standard waste removal services accommodate the amount of waste that may be generated by the projected population?	☐ Yes ☐ No
■ Can waste removal services be sustained 24 hours per day for up to 7 days?	☐ Yes ☐ No

1.4 TOOL C
SAMPLE LOCAL SHELTER MEMORANDUM OF UNDERSTANDING/ **MEMORANDUM OF AGREEMENT**

The local community should have memoranda of understanding (MOUs)/memoranda of agreements (MOAs) with school districts and other public and private facilities. The MOU/MOA establishes understanding on the following points of operation:

- Addresses authorization for use of the facility and procedures for notification
- Describes terms of use for equipment at the facility (radios, fax machines, televisions, computers, etc.) and any reimbursement or arrangements for use of utilities (gas, water, electricity, and telephones)
- Discusses the length of use (use for as short a period as possible; continued use of the facility will be based on the mutual decision of both parties)
- Emphasizes return of the facility to its original condition, including the replacement or reimbursement for any damage or materials/supplies consumed during the sheltering operation
- Defends, hold harmless, and indemnifies the facility against any legal liability for actions that occur during the sheltering operation

Below is a generic template that provides local communities with guidance on what should be included in MOU.

Following the template, we have included the American Red Cross (ARC) Shelter Agreement. This agreement includes additional clauses such as food service, custodial services, and security that the local community may want to consider requesting the facility owner/operator to provide as part of its MOU/MOA.

[INSERT] Local Community Mass Care and Shelter

Memorandum of Understanding

This agreement is made and entered into between the **[Insert local community]** and [**Name of the facility**] to establish shelter site locations and terms of use in the event of an evacuation residents of **[Insert local community].**

The **[Insert local community]** will make every effort to notify [**Name of the facility**] of evacuation possibilities with as much notice as possible. Contact information between the two parties shall be maintained in a separate tool and is considered confidential information and is not subject to public disclosure.

[**Name of the facility**] agrees to open their building located at **[Physical address of the facility]** to provide shelter and assistance to residents evacuated during emergency situations when residents have a need to be sheltered. [**Name of the facility**] has a capacity to accommodate approximately [**Number]** people.

[**Name of the facility**] understands that their organization will be responsible for opening the building and developing procedures for making the building accessible, including rest rooms and an area with phone and Internet connection (if available) for **[Insert personnel names]** personnel.

The **[Insert local community]** agrees that it shall exercise reasonable care in the conduct of its activities in said facilities and further agrees to replace or reimburse [**Name of the facility**] for any items, materials, equipment or supplies that may be used by the district in the conduct of its sheltering activities in said facilities.

The [**Insert local community**] will be responsible for replacing, restoring, or repairing damage occasioned by the use of any building, facilities or equipment belonging to [**Name of the facility**]

The **[Insert local community]** will reimburse [**Name of the facility**] for any bona fide expenditure of personnel required to maintain the facility, including overtime costs, upon production of receipts or time sheets. **[Insert local community]** will not pay any operational or administrative fees to [**Name of the facility**]

The **[Insert local community]** shall provide any and all releases of information to the press and media. Requests for interviews or information submitted to [**Name of the facility**] shall be directed to the **[Insert local community]** Public Information Officer.

The **[Insert local community]** will make every effort to recognize the hospitality of [**Name of the facility**] in any press or media releases pertaining to the re-location and mass care and sheltering of residents.

Nothing in this MOU is intended to conflict with current laws or regulations of the United States of America, Commonwealth of Massachusetts, or local government. If a term of

this agreement is inconsistent with such authority, then that term shall be invalid, but the remaining terms and conditions of this MOU shall remain in full force and effect.

This agreement shall become effective on **[Insert effective date]** and may be modified upon the mutual written consent of the parties.

The terms of this agreement, as modified with the consent of both parties, shall be self-renewable for a period of five (5) years from the end date of the agreement unless written termination is given by either party. Either party, upon sixty (60) days written notice to the other party, may terminate this agreement.

The terms of this agreement, as modified with the consent of both parties,

AND NOW, this _____day of _____20_, the parties hereby acknowledge the foregoing as the terms and conditions of their understanding.

Authorized Signature, **[Insert] Title]**	Authorized Signature, **[Insert Title]**
Date	Date

[INSERT] Local Community Memorandum of Understanding

Mass Care and Shelter Contact Information

Confidential – Not for Public Disclosure

[INSERT] Building:

Address:

Phone:	Fax:		
[INSERT]:	E-mail:	Phone:	Cell:
[INSERT]:	E-mail:	Phone:	Cell:
[INSERT]:	E-mail:	Phone:	Cell:

Approximate Number of residents:

Evacuation route from school to shelter site:

Estimation of residents who will need functional needs support services:

Please attach additional planning or operational procedures to this form.

****

Host Facility:

Address:

Phone: Fax:

Occupancy Capacity:

Contact Person(s) 1st Address:

Name:

E-mail: Phone: Cell:

2nd Name: Address:

E-mail:	Phone:	Cell:
3rd Name:	Address:	
E-mail:	Phone:	Cell:

American Red Cross Shelter

Agreement

The American National Red Cross ("Red Cross"), a not-for-profit corporation chartered by the United States Congress, provides services to individuals, families, and communities when disaster strikes. The disaster relief activities of the Red Cross are made possible by the American public, as the organization is supported by private donations and facility owners who permit their buildings to be used as a temporary refuge for disaster victims. This agreement is between the Red Cross and a facility owner ("Owner") so the Red Cross can use the facility as an emergency shelter during a disaster.

DR#: _____ Facility: _____

Parties and Facility

Owner:

Legal name: _____

Chapter: _____

24-Hour Point of Contact:

Name and title: _____

Work phone: _____ Cell phone/pager: _____

Address for Legal Notices:

_____

_____

_____

_____

Red Cross:

Legal name: The American National Red Cross

Chapter:

24-Hour Point of Contact:

Name and title:

Work phone: Cell phone/pager:

Address for Legal Notices:

Copies of legal notices must also be sent to:

The American National Red Cross, Office of the General Counsel, 2025 E Street, NW, Washington DC 20006

and

The American National Red Cross, Disaster Operations, 2025 E Street NW, Washington, DC 20006.

Shelter Facility:

(Insert name and complete street address of building or, if multiple buildings, write "See attached Facility List" and attach Facility List including complete street address of each building that is part of this Agreement).

_____

_____

_____

_____

Terms and Conditions

1. Use of Facility: Upon request and if feasible, the Owner will permit the Red Cross to use the Facility on a temporary basis as an emergency public shelter.
2. Shelter Management: The Red Cross will have primary responsibility for the operation of the shelter and will designate a Red Cross official, the Shelter Manager, to manage the sheltering activities. The Owner will designate a Facility Coordinator to coordinate with the Shelter Manager regarding the use of the Facility by the Red Cross.
3. Condition of Facility: The Facility Coordinator and Shelter Manager (or designee) will jointly conduct a pre-occupancy survey of the Facility before it is turned over to the Red Cross. They will use the first page of the *Facility/Shelter Opening/Closing Form*, available on CrossNet, to record any existing damage or conditions. The Facility Coordinator will identify and secure all equipment that the Red Cross should not use while sheltering in the Facility. The Red Cross will exercise reasonable care while using the Facility as a shelter and will make no modifications to the Facility without the express written approval of the Owner.
4. Food Services: Upon request by the Red Cross, and if such resources exist and are available, the Owner will make the food service resources of the Facility, including food, supplies, equipment and food service workers, available to feed the shelter occupants. The Facility Coordinator will designate a Food Service Manager to coordinate the provision of meals at the direction of and in cooperation with the Shelter Manager. The Food Service Manager will establish a feeding schedule, determine food service inventory and needs, and supervise meal planning and preparation. The Food Service Manager and Shelter Manager will jointly conduct a pre-occupancy inventory of the food and food service supplies in the Facility before it is turned over to the Red Cross.
5. Custodial Services: Upon request by the Red Cross and if such resources exist and are available, the Owner will make its custodial resources, including supplies and custodial workers, available to provide cleaning and sanitation services at the shelter. The Facility Coordinator will designate a Facility Custodian to coordinate the provision of cleaning and sanitation services at the direction of and in cooperation with the Shelter Manager.
6. Security: In coordination with the Facility Coordinator; the Shelter Manager, as he or she

deems necessary and appropriate, will coordinate with law enforcement regarding any public safety issues at the Shelter.

7. Signage and Publicity: The Red Cross may post signs identifying the shelter as a Red Cross shelter in locations approved by the Facility Coordinator and will remove such signs when the shelter is closed. The Owner will not issue press releases or other publicity concerning the shelter without the express written consent of the Shelter Manager. The Owner will refer all media questions about the shelter to the Shelter Manager.

8. Closing the Shelter: The Red Cross will notify the Owner or Facility Coordinator of the closing date for the shelter. Before the Red Cross vacates the Facility, the Shelter Manager and Facility Coordinator will jointly conduct a post-occupancy survey, using the second page of the Shelter/Facility Opening/Closing Form to record any damage or conditions. The Shelter Manager and Facility Coordinator or Food Service Manager will conduct a post-occupancy inventory of the food and supplies used during the shelter operation.

9. Reimbursement: The Red Cross will reimburse the Owner for the following:

   a. *Damage to the Facility or other property of Owner*, reasonable wear and tear excepted, resulting from the operations of the Red Cross. Reimbursement for facility damage will be based on replacement at actual cash value. The Red Cross will select from among bids from at least three reputable contractors. The Red Cross is not responsible for storm damage or other damage caused by the disaster.

   b. *Reasonable costs associated with custodial and food service personnel* which would not have been incurred but for the Red Cross's use of the Facility for sheltering. The Red Cross will reimburse at per hour, straight-time rate for wages actually incurred but will not reimburse for (i) overtime or (ii) costs of salaried staff.

   c. *Reasonable, actual, out-of-pocket operational costs*, including the costs of the utilities indicated below, to the extent that such costs would not have been incurred but for the Red Cross's use of the Premises (both parties must initial all utilities to be reimbursed by the Red Cross):

	Owner initials	Red Cross initials
Water	_____	_____
Gas	_____	_____
Electricity	_____	_____
Waste Disposal	_____	_____

   The Owner will submit any request for reimbursement to the Red Cross within 60 days after the shelter closes. Any request for reimbursement for food, supplies or operational costs must be accompanied by supporting invoices. Any request for reimbursement for personnel costs must be accompanied by a list of the personnel with the dates and hours worked at the shelter.

10. Insurance: The Red Cross shall carry insurance coverage in the amounts of at least $1,000,000 per occurrence for Commercial General Liability and Automobile Liability. The Red Cross shall also carry Workers' Compensation coverage with statutory limits for the jurisdiction within which the facility is located and $1,000,000 in Employers' Liability.

11. Indemnification: The Red Cross shall defend, hold harmless, and indemnify Owner against any legal liability, including reasonable attorney fees, in respect to bodily injury, death and property damage arising from the negligence of the Red Cross during the use of the Premises.
12. Term: The term of this agreement begins on the date of the last signature below and ends 30 days after written notice by either party.

	THE AMERICAN NATIONAL RED CROSS
Owner (legal name)	(legal name)
By (signature)	By (signature)
Name (printed)	Name (printed)
Title	Title
Date	Date

1.5 TOOL D
LOCAL SHELTER SETUP

1.5.1 Red Cross Shelter Layout Recommendations

In allocating space, give consideration to the following needs:

- Reception and registration
- Emergency medical care
- Sleeping
- Counseling/interviewing space
- Feeding
- Manager's office
- Storage for food and supplies
- Child care
- Storage for personal belongings
- Rest room for staff (in larger shelters)
- Recreation

1.5.2 Additional Shelter Layout Tips (from the American Red Cross):

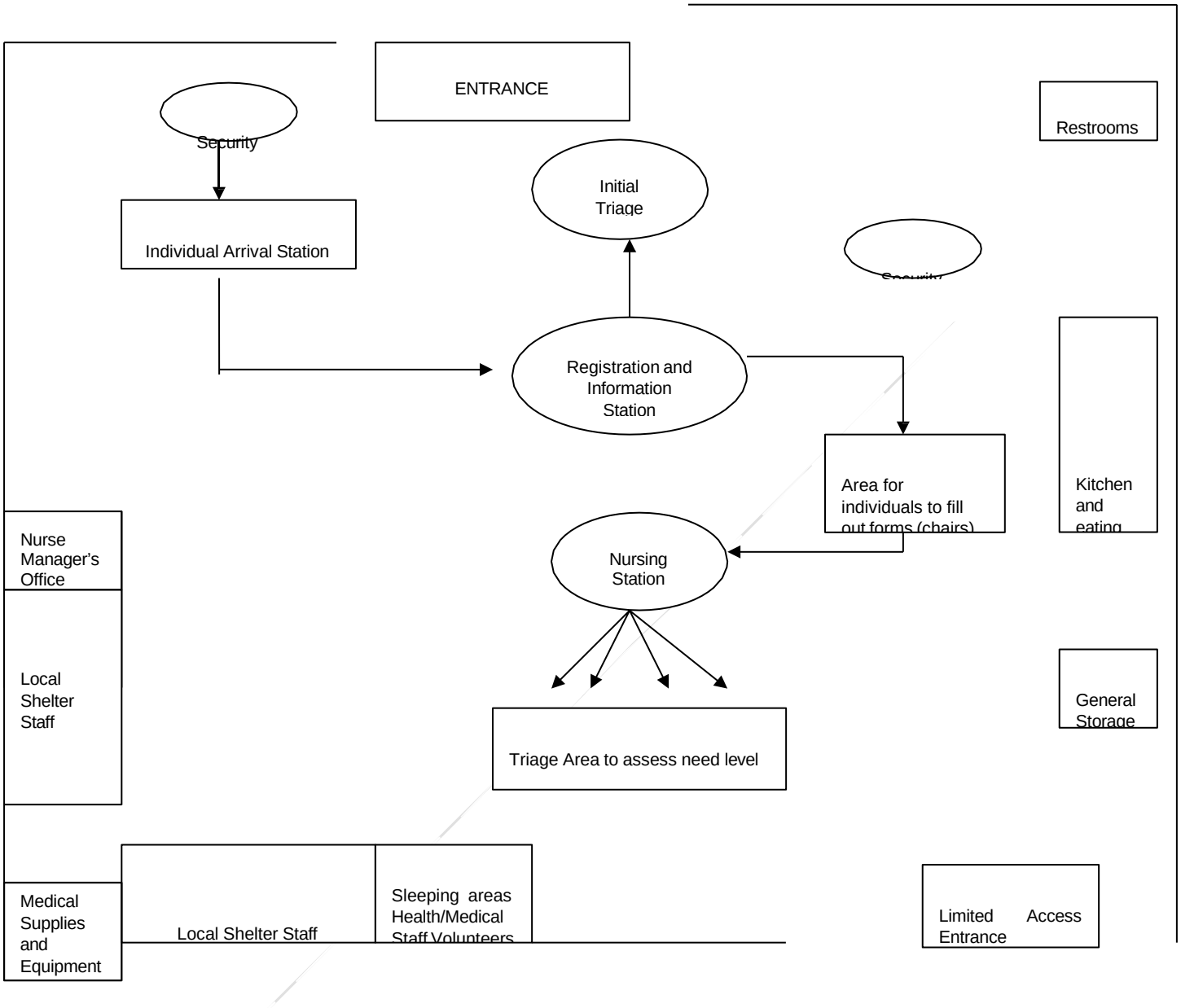
- Shelter residents should first proceed to the registration desk before going to their lodging area.
- Set up a bulletin board near the registration table. Post messages received for shelter residents and shelter rules and relief information.
- Set up the sleeping area, so each person (cot) has 40 square feet of space (5'x8'). Space cots or bedding to allow access for people with mobility disabilities and ensure clear paths to all fire exits. If space permits, set up separate sleeping areas for the elderly, people who are ill, and families with small children.
- Provide adequate space for a shelter manager and associated staff to function 24 hours per day. This includes space for staff meetings, administrative functions, communications, and volunteer coordination.
- Organize the space so that it is accessible for people with visual or mobility disabilities; make space for disabled parking in the parking lot.
- Organize space to provide for adequate ventilation.
- Locate medical and health services in a well-lighted room or area that is away from public view. If possible, keep medications and medical equipment in a lockable storage compartment.
- Create an additional quiet area for counseling or interviewing persons.
- The food storage area should be secure and accessible by truck.
- Ensure that garbage is stored away from food storage and occupied shelter

areas. A major earthquake disaster may disrupt garbage removal service for some time.

- Designate an outdoor smoking area away from air intake vents and flammable materials. If using a public school site, state law stipulates that there be no smoking on school grounds.
- Create an area outside for the handling of pets.
- Ensure that the shelter address is clearly visible from the nearby street; post a sign that clearly marks the building as a disaster shelter.

1.5.3 Sample Shelter Registration and Triage Area

The sample shelter diagram provides an overview of how to set up the shelter registration and triage areas.


ENTRANCE
Restrooms
Security
Initial Triage
Individual Arrival Station
Registration and Information Station
Area for individuals to fill out forms (chairs)
Kitchen and eating
Nurse Manager's Office
Nursing Station
Local Shelter Staff
General Storage
Triage Area to assess need level
Medical Supplies and Equipment
Local Shelter Staff
Sleeping areas Health/Medical Staff Volunteers
Limited Access Entrance

1.6 TOOL E
SHELTER INTAKE FORM

Shelter Command Operations Intake and Evaluation Form			
Date/Time:	Shelter Name/Community/State		
Is there anything you or a member of your family need right now to stay healthy while in the shelter? **Yes or No (circle one)** **If No, is there anything you will need in the next 6-8 hours? Yes or No (circle one)**			
Do you or a family member have a health, mental health, or other condition about which you are concerned? **Yes or No (circle one)**			
Family Last Name:			
Primary language spoken in home:	Intake Interviewer may need assistance with language/interpreter YES / NO		
Names/ages/genders of all family members present: Continue on over-side	1.	Age:	☐ Male ☐ Female
	2.	Age:	☐ Male ☐ Female
	3.	Age:	☐ Male ☐ Female
If alone and under 18, location of next of kin/parent/guardian: If unknown, notify shelter manager & interviewer initial here:			
Home Address:			
Client Contact Number:	Interviewer Name (print name):	Signature:	
DO YOU HAVE A URGENT MEDICAL OR SAFETY CONCERN OR ISSUE RIGHT NOW? If yes, STOP and call for assistance NOW! Or Call 911.			

COMMUNICATIONS	**Circle**	**Actions to be taken**	**Name of Individual/Comments**
Will you need assistance with understanding or answering these questions?	YES / NO	If YES, notify shelter manager; refer to Additional Assistance.	
HEARING	**Circle**	**Actions to be taken**	**Name of**
Do you have a hearing impairment?	YES / NO	If YES to either, ask the next two questions. If NO, skip the next two questions.	
Do you use a device/aid to assist you? If so what device/aid do you use?	YES / NO	If NO, identify replacements.	
Do you have your device/aid with you and does it work?	YES / NO	If YES, identify replacements.	
Do you require a sign language interpreter?	YES / NO	If YES, identify replacements.	
LANGUAGES	**Circle**	**Actions to be taken**	**Name of**
Do you require translation services?	YES / NO	If YES, what type of service?	

How do you best communicate with others?	YES / NO	Languages? Sign language? Smartphone? Computer?	

Shelter Command Operations Intake and Evaluation Form			
What languages can you communicate in?		Speak:	
		Read:	
		Write:	
VISION/SIGHT	**Circle**	**Actions to be taken**	**Comments**
Do you have a vision impairment?	YES / NO	If YES, what type of impairment?	
Do you use a device/aid to assist you?	YES / NO	If YES, what device/aid do you use?	
Do you have your device/aid with you?	YES / NO	If YES, what type of device do you have with you?	
Do you need help getting around, even with your device/aid?	YES / NO	If YES, what type of help do you need?	
Would you like to be provided with a shelter orientation (initial walk through)?	YES / NO	If YES, provide shelter walk through.	
MEDICAL	**Circle**	**Actions to be taken**	**Comments**
Do you have any severe allergies? Environmental, chemical, food, medication?	YES / NO	If YES, refer to Health Services/Food Services. List:	
Do you use special medical equipment or supplies? (Epi-pen, diabetes supplies, respirator, oxygen, dialysis, ostomy, etc.)	YES / NO	List special medical equipment or supplies. If dialysis obtain name and location of company where the person receives dialysis services.	
Do you have it with you?	YES / NO	If NO, list potential sources	
Have you been in the hospital or under the care of a doctor in the past month?	YES / NO	If YES, list reason.	
Do you take any medicine(s) regularly?	YES / NO		
When did you last take your medicine?		Date/Time	
When should you take your next dose?		Date/Time	
Do you have the medicine with you?	YES / NO	If NO, identify medications and process for replacement.	
Do you have your prescription with you?	YES / NO		
Do you have any other medical needs:	YES / NO	List:	
INDEPENDENCE FOR DAILY LIVING	**Circle**	**Actions to be taken**	**Comments**
Do you use medicine, devices/aids/equipment and/or medical	YES / NO	If YES, refer to Heath Services.	
Do you require assistance from a caregiver (including a family member or friend), personal assistant, or service animal for activities of daily living?	YES / NO	If YES, ask next question. If NO, skip next question.	
Is your caregiver, personal assistant, or service animal here or can they come? If NO, circle which one.	YES / NO	If NO refer to Health Services. If yes, obtain their name and contact information.	

Shelter Command Operations Intake and Evaluation Form			
What activity/activities do you require assistance with?	YES / NO	If YES, specify and explain.	
Do you have an adequate supply of your medications?	YES/NO	If NO, where is medications refilled?	
Are you on any special diet?	YES / NO	If YES, list special diet and notify feeding staff.	
Do you have food allergies?	YES / NO	If YES, list food allergies and notify feeding staff.	
SUPERVISION AND SUPPORT	**CIRCLE**	**ACTIONS**	**Comments**
Do you or any of your family members require additional support or supervision?	YES / NO	If YES, list type and frequency.	
Are you presently receiving any benefits (e.g., Medicare, Medicaid) or do you have other health insurance?	YES / NO	If YES, list type and benefit number(s) if available. Photocopy card.	
Do you need access to a 12-step program? Which one?	YES / NO	List program type.	
Would you like to register on the Red Cross Safe and Well website to let loved ones know you are OK?	YES / NO	If yes, provide registration form.	
Would you be able or willing to help others in the shelter?	YES / NO	How? Serve food, organize service teams etc.	
TRANSPORTATION	**Circle**	**Actions to be taken**	**Comments**
Do you need assistance with transportation?	YES / NO	If YES, list destination and date/time.	
Do you have any other transportation needs?	YES/NO	If YES, please define.	
ADDITIONAL QUESTIONS TO INTERVIEWER			
Would this person benefit from a more detailed health or mental health assessment?	YES / NO	▪ If yes, refer to Health Services or DMH. ▪ If client is uncertain or unsure of answer to any question, refer to health services or mental health services for in	
Does the client appear to be overwhelmed, disoriented, agitated or a threat to self or others?	REFER TO HEALTH SERVICES OR MENTAL HEALTH SERVICES	If life threatening, call 911. If YES or unsure, refer immediately to Health Services.	Interviewer Initial
Can this shelter provide the assistance and support needed?	YES / NO	If NO, work with Health Services and shelter	
Has the person been able to express his/her needs and make choices?	YES / NO	If NO or uncertain, consult with HS, DMH, and shelter manager.	
HS/DMH signature:			Date:
Summary of Actions			

Shelter Command Operations Intake and Evaluation Form			
Support Required	**Circle**	**Actions to be taken**	**Name of Individual/Comments**
Is any medical support needed or additional follow-up required?	**Yes** **No**	Please summarize what actions need to be taken.	
Are there any assistive technologies needed?	**Yes** **No**	If yes, please summarize what is needed based on the evaluation above.	
Does the individual need assistance with transportation?	**Yes** **No**	If yes, please describe the location destination and timeframe needed.	
Follow-Up Actions			

Shelter Command Operations Intake and Evaluation Form
Name and Contact Information for Individual
Date of Request:
Description of Request and Additional Contact Information
Date of Action Taken:
Describe the Action Taken:

1.7 TOOL F
SHELTER STAFF AND VISITOR SIGN-IN FORMS

1.7.1.1Shelter Residents Sign-In/Out Form

Date:_____ Location of Shelter:_____

Time In	Time Out	Name	Are You Returning? Yes/No	Emergency Contact #

1.7.1.2Shelter Staff Sign-In/Out Form

Date:_____ Location of Shelter:_____

Time In	Time Out	Name	Shelter Position	Emergency Contact #

1.7.1.3Visitor Sign-In/Out Form

Date:_____ Location of Shelter:_____

Time In	Time Out	Name	Name of Shelter Resident	Phone #

1.8 TOOL G
SHELTER SITUATION REPORT

Section 2 Daily Local Shelter Report

Report Date	
Report #	

Staffing			
Shelter Facility Name	City	State	ZIP
Shelter Manage Name	Cell Phone	Email Address	
Facility Coordinator Name	Cell Phone	Email Address	

	Supervisor	Disaster Health Services	Disaster Mental Health	Facility Inspection Time
1st Shift				
2nd Shift				
3rd Shift				

Total # of Staff (Including Manger & Supervisors)	1st Shift	2nd Shift	3rd Shift

Shelter Population			
	Time Reported	Name of Reporter	Shelter Count
Noon Report			
Midnight Report			

Functional Needs Support Services

The Federal Emergency Management Agency (FEMA) defines FNSS as services that enable individuals to maintain their independence in a general population shelter. Service animals will not be separated from their owners and will be able to reside with their owner in the shelter; this is applicable in shelters that provide a different area to accommodate pets. FNSS include the following:

- Reasonable modification to policies, practices, and procedures
- Provisions for durable medical equipment (DME)
- Provisions for consumable medical supplies (CMS)
- Provisions for personal assistance services (PAS)
- Other goods and services as needed

Children and adults requiring FNSS may have physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Others that may benefit from FNSS include pregnant women, elders, and people with bariatric equipment needs. In addition to those services listed above, the Commonwealth also recognizes that some individuals may require non-acute medical assistance and or communication assistive technologies and services to maintain their independence in a shelter setting. Unaccompanied minors as well as adults requiring supervision who may have been separated from their caretakers may also show up at the shelter. Shelter coordinators will have to contact the appropriate authorities and provide care for these individuals until they can be reunited with their caregiver or the appropriate authority takes custody.

FNSS Services Offered (Describe the FNSS services being offered)	
FNSS Services Needed (Describe the FNSS services needed. Emphasize the amounts or number of shelter resident with the various types of needs being offered.)	

Daily Reporting

New Shelter Registration Today	

	Breakfast	Lunch	Dinner	Total # Meals
Meals Served				

	Snacks	Water	Other Drinks	Total # Meals
Snacks & Drinks Served				

# Comfort Kits Distributed	# Clean-Up Kits Distributed	# Other Bulk Items Distributed

Supplies Inventory						
	Cots	Blankets	Comfort Kits	Clean-Up Kits	Other Items	Other Items Comment
# of Supplies						

Unusual Situations & Other Important Information	
Prepared By (*signature*)	**Date**
Prepared By (*print name*)	

2.1 TOOL H
SHELTER RULES

This section includes recommended mass care and shelter rules and regulations for local communities to use during an incident.

Mass Care and Shelter Rules and Regulations
▪ Indicate any restricted areas within the shelter facility.
▪ Encourage shelter residents to keep valuables elsewhere. If this is not possible, encourage residents to keep valuables with them at all times.
▪ Establish quiet hours but provide a place for those who cannot sleep.
▪ Establish shower and bathing schedule and post prominently.
▪ Establish a curfew and stick to it.
▪ Establish policies regarding use of telephones.
▪ Establish outdoor smoking areas (if using a public school site, state law stipulates that there be no smoking on school grounds).
▪ No abusive or belligerent behavior toward staff or other shelter residents.
▪ No stealing or destruction of property.
▪ No food in the dormitory area.
▪ Children must be accompanied at all times.
▪ Shelter residents must be dressed appropriately at all times.
▪ No alcohol or drugs are allowed in the shelter and no admittance into the shelter is allowed while a person is under the influence of alcohol or drugs.
▪ No weapons in the shelter.

2.2 TOOL I
SHELTER RESOURCES

2.2.1 Personal Care Site Resources

The table below provides a list of equipment and supplies needed for personal care site operations. These resource needs may change based on the needs of the shelter residents as well as the type of hazard or threat.

☑	Item	Comment
	Plastic gloves	Latex-free
	First aid supplies	
	Sterile/bottled water	
	Ice	
	Coolers	
	Hand sanitizer	Per H1N1 shelter guidance
	Tissues	Per H1N1 shelter guidance
	Food/snacks	
	Toiletries	Toothpaste, toilet paper, etc.
	Baby formula	
	Diapers	

2.2.2 Shelter Resources

The table below provides a list of equipment and supplies needed to support shelter operations. These resource needs may change based on the needs of the shelter residents as well as the type of hazard or threat.

☑	Item	Comment
Entrance and Registration		
	Portable ramps	
	Tables	Ensure enough tables to allow space for privacy while registering shelter clients. Also, allow for enough tables (usually two) for health care officials to conduct interviews with clients.
	Chairs	Two chairs will be placed on the client side of the table and one chair for the registration staff side of the table.
	Registration forms	Registration and healthcare registration forms can be obtained by the American Red Cross (ARC). If a jurisdiction creates its own form, it should capture the names of all of the members of the household, a pre-disaster address and phone number, and a post-disaster address and phone number. The forms should also include a release that permits shelter personnel to release their information through appropriate resources to family members looking for them. Health registration forms should capture all pertinent medical information.
	Pads of paper	
	Pens	
	Pet shelter forms	Registration, rules for owners, etc.
	Control sticks	
	Office supplies	
	Signage	
	System for tracking animals and matching them with owners	Bands, computer, and printer, etc.
	Storage containers	

☑	Item	Comment
Dormitory[4]		
	Cots/mats	Adequate number of cots/mats for shelter residents and staff. Twenty percent of cots/mats should be the sturdier and/or accessible for those with a specific need for them. Extra cots/mats should be available in case they malfunction or become soiled.
	Cots (Accessible)	Accessible cots are higher, wider, and sturdier than standard cots for general populations.
	Blankets	Two blankets for each shelter resident and overnight staff plus extras
	Egg crate mattress foam	
Service Animals in the Dormitory (Please note that service animals should remain with their owners at all times.)		
	Flea spray	
	Microchip scanner	
	Animal first aid book	
	Animal carriers	Ranging in size and stackable if possible
	Animal bedding	
	Muzzles	
	Leashes and collars	Various sizes
	Harnesses	
	Storage containers	
	Feeding dishes	Disposable for dogs and cats
	Plastic gloves	Latex-free if possible
	Heavy duty gloves	

[4] Evacuation shelters that are operational for three days or less are not required to have cots and/or blankets.

☑	Item	Comment
	Cleaners and disinfectant	
	Plastic sheeting	
Personal Items		
	Diapers	Various sizes for adults and children
	Personal wipes	
	Comfort items	Toothpaste, toothbrushes, soap, mouth wash, razors, and shaving cream (trial size)
	Dark non-prescription sunglasses	
Play Areas		
	Toys	Appropriate for different age groups
	Children's books	Appropriate for different age groups
	Outdoor toys	Basketballs, baseball equipment, jump ropes, etc., for supervised play if space is available
	Coloring books and crayons	
	Television and DVD player	
	Children's DVDs	
Bathrooms		
	Toilet paper	
	Paper towels	Most supplies are usually already initially available in facility; resupply may be necessary.
	Hand soap	
	Raised toilet seat	For bathrooms that are not already equipped with ADA equipment
	Shower chair	

☑	Item	Comment
	Bedside commodes and urinals	
Communications		
	Television	Television should have ability to access news media at a minimum
	Bulletin board	For posting communications to residents
	Public telephone	For shelter residents
	Public computer/Internet	For shelter residents
	Two-way radios	For shelter staff
Kitchen		
	Paper goods	Hot and cold cups, dinner and snack plates, napkins
	Plastic ware	Forks, spoons, knives
	Serving utensils	Serving spoons and forks, knives, spoodles
	Cooking tools	Pots and pans (if food is not being brought in)
	Cambros	Insulated containers for maintaining food temperatures
	Drinking straws	
	Ice	
	Baby formula/food	
Health Area		
	Health registration forms	
	Cots/mats	
	Blankets	
	Ice packs	
	Nursing kit	Filled with first aid supplies, blood pressure supplies, etc.

☑	Item	Comment
	Mask	To be used for clients with unexplained coughs
	Hard candy	
	Medical wraps and bandages	
	Plastic gloves	Latex-free
	Plastic and regular syringes	
	First aid supplies	
	Oxygen	Set-ups for individual use
	Refrigerator	For drug and medical use only
	Expanded medical supplies	Includes insulin, D50, IV/TPN supplies
	Medical waste disposal	Red bags, sharps containers, etc.
	Disposable linens	
Pet Areas		
	Flea spray	
	Microchip scanner	
	Pet first aid book	
	Pet carriers	Ranging in size and stackable if possible
	Animal bedding	
	Muzzles	
	Cat litter trays	Disposable if possible
	Cat litter	
	Dog and cat toys	
	Leashes and collars	Various sizes

☑	Item	Comment
	Pet harnesses	
	Control sticks	
	Storage containers	
	Feeding dishes	Disposable for dogs and cats
	Can openers	
	Plastic gloves	Latex-free if possible
	Heavy duty gloves	
	Cleaners and disinfectant	
	Air deodorant	
	Heavy duty garbage bags	
	Trash cans	
	Plastic sheeting	
	Fans	For keeping pet areas cool
Mobility Equipment		
	Wheelchairs, walkers, canes	
	Tools for basic wheelchair repair	Include duct tape
Other		
	Signage	Signage should be posted outside the shelter to identify the shelter location and to indicate the entrance that should be used to enter. Signage also should be used to designate the different areas (for example, dormitory, play area, etc.), and to communicate shelter rules, etc.
	Office supplies	
	Caution tape	Rope off areas where clients are not permitted

☑	Item	Comment
	Tape	Duct tape, blue painter's tape, and masking tape should be available
	Hand sanitizer	Should be liberally available, especially in the registration area (keep out of the reach of children)
	Staff telephone	
	Staff computer/Internet	
	Janitorial supplies	Mops, buckets, disinfectant, etc.
	Staff vests	To easily identify shelter staff
	Laundry capacity	
	Walkmans or other items with headphones	For people with cognitive or sensory overload
	Coolers	

2.3 TOOL J
SAMPLE AFTER ACTION REPORT TEMPLATE

2.3.1 After Action Report Template

The following template is to provide guidance to local communities with compiling and developing an after action report upon a mass care and shelter incident.

[INSERT Agency/Department Sponsoring Exercise]

[INSERT Exercise Date]

[INSERT Exercise Title]

After Action Report Quick Look Report

Exercise Overview

When writing the overview, keep in mind that this section may be the only part of the after action report (AAR) that some people will read. Introduce this section by stating the full name of the exercise and providing a brief overview of the exercise. This brief overview should discuss why the exercise was conducted; the exercise objectives; and what Target Capabilities List (TCL) capabilities, activities, and scenario(s) were used to achieve those objectives. In addition, overview may be used to summarize any high-level observations that cut across multiple capabilities.

Exercise Objectives

The purpose of this section is to list exercise objectives and align them with associated capabilities from the TCL. For each TCL capability, there is an Exercise Evaluation Guide (EEG) that lists specific activities that must be performed to demonstrate a capability. In addition to TCL capabilities, the EEG activities relevant to each objective should also be included in this section. Begin this section with the following text.

Exercise Scenario

For an operations-based exercise, this section should summarize the scenario or situation initially presented to players, subsequent key events introduced into play, and the time in which these events occurred. For a discussion-based exercise, this section should outline the scenario used and/or modules presented to participants.

Participating Agencies / Communities

Insert a list of the individual participating organizations or agencies, including federal, state, tribal, nongovernmental organizations (NGOs), local and international agencies, and contract support companies as applicable.

Exercise Participants

[Insert a list of the total number of each of the following exercise participants, as applicable:

- Players
- Controllers
- Evaluators
- Facilitators
- Observers
- Victim role players

Recommendations

This section of the report reviews the performance of the exercised capabilities, activities, and tasks. In this section, list the evaluator's top recommendations based on the exercise's objectives and its importance to the agency/department.

Overall Summary

In formulating its analysis, the evaluation team may assemble a timeline of key exercise events. This section should summarize what actually happened during the exercise in a summary or timeline table format. The focus of this section is on what inputs were actually presented to the players and what actions the players took during the exercise. Successful development of this section is aided by the design, development, and planning actions of the exercise design team.

[Insert Title of Agency/Department Being Evaluated]

This section of the report reviews the performance of the exercised capabilities, activities, and tasks. In this section, analysis and recommendations are organized by capability, associated activities, or department/agency. Each analysis is followed by related recommendations, which include references, analysis, and recommendations.

Analysis: Include a description of the behavior or actions at the core of the observation as well as a brief description of what happened and the consequence(s) (positive or negative) of the action or behavior for each area of evaluation. If an action was performed successfully, include any relevant innovative approaches utilized by the exercise participants. If an action was not performed adequately, the root causes contributing to the shortcoming must be identified.

Recommendation: [Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as a strength without corresponding recommendations, insert "None."

Title of Agency/Department Being Evaluated]

Analysis: Include a description of the behavior or actions at the core of the observation as well as a brief description of what happened and the consequence(s) (positive or negative) of the action or behavior for each area of evaluation. If an action was performed successfully, include any relevant innovative approaches utilized by the exercise participants. If an action was not performed adequately, the root causes contributing to the shortcoming must be identified.

Recommendation: [Insert recommendations to address identified areas for improvement based on the judgment and experience of the evaluation team. If the observation was identified as a strength without corresponding recommendations, insert "None."

Title of Agency/Department Being Evaluated]

Analysis: Include a description of the behavior or actions at the core of the observation, as well as a brief description of what happened and the consequence(s) (positive or negative) of the action or behavior for each area of evaluation. If an action was performed successfully, include any relevant innovative approaches utilized by the exercise participants. If an action was not performed adequately, the root causes contributing to the shortcoming must be identified.

Recommendation: [Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as a strength, without corresponding recommendations, insert "None."

Title of Agency/Department Being Evaluated]

Analysis: Include a description of the behavior or actions at the core of the observation, as well as a brief description of what happened and the consequence(s) (positive or negative) of the action or behavior for each area of evaluation. If an action was performed successfully, include any relevant innovative approaches utilized by the exercise participants. If an action was not performed adequately, the root causes contributing to the shortcoming must be identified.

Recommendation: [Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If

the observation was identified as a strength without corresponding recommendations, insert “None.”

Title of Agency/Department Being Evaluated]

Analysis: Include a description of the behavior or actions at the core of the observation as well as a brief description of what happened and the consequence(s) (positive or negative) of the action or behavior for each area of evaluation. If an action was performed successfully, include any relevant innovative approaches utilized by the exercise participants. If an action was not performed adequately, the root causes contributing to the shortcoming must be identified.

Recommendation: [Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as a strength without corresponding recommendations, insert “None.”

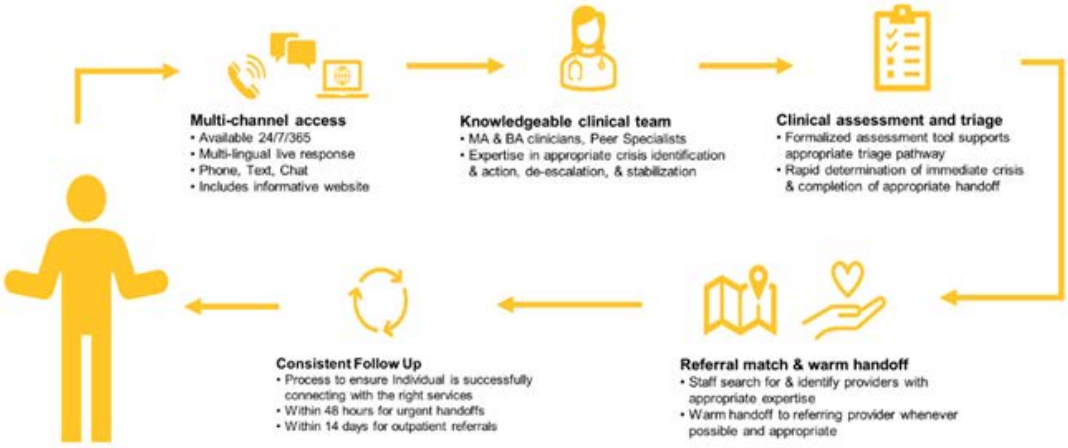
Annex D: Behavioral Health Helpline

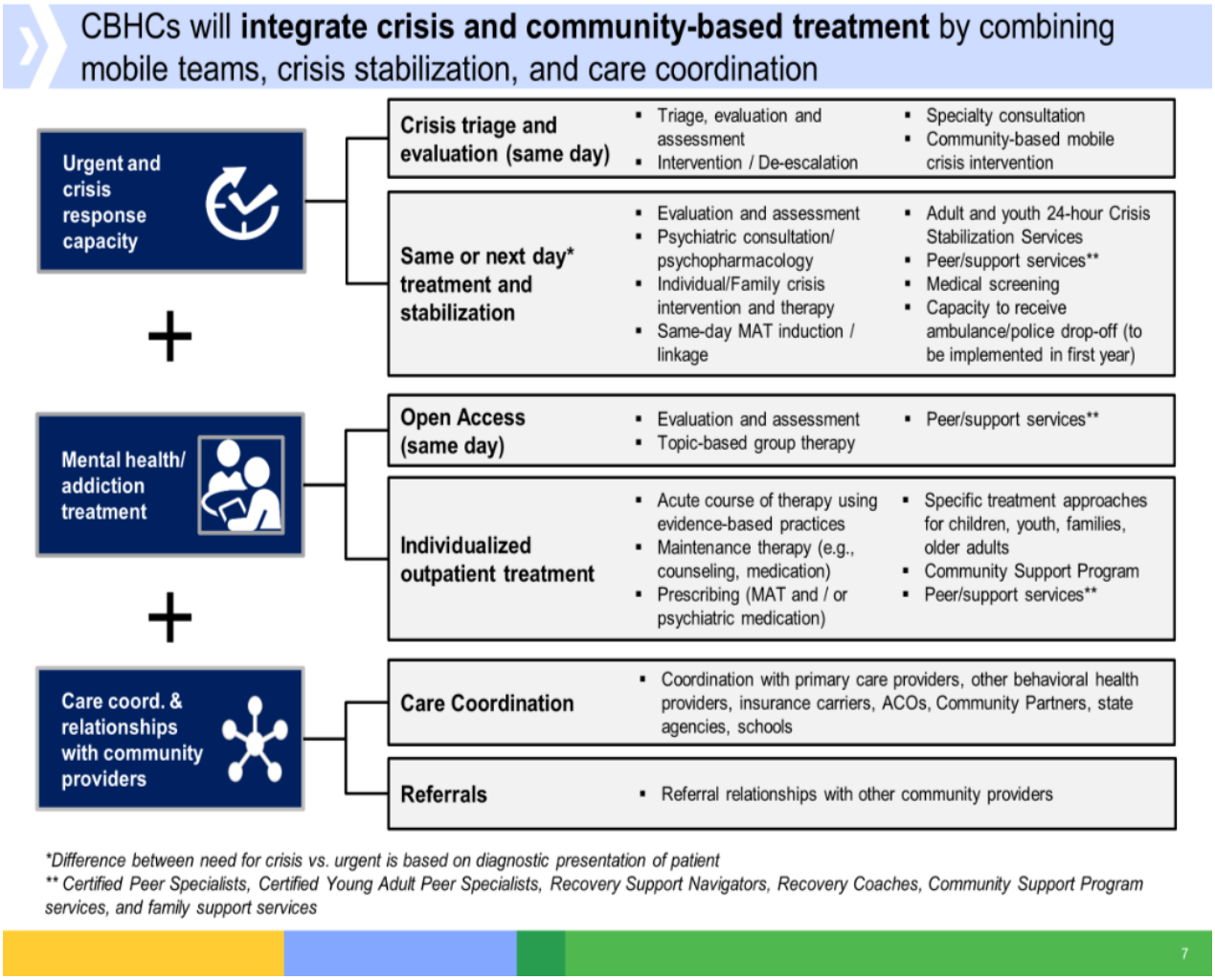
Addressing behavior concerns of guests or staff during sheltering operations

While operating a shelter there is the possibility that a shelter guest or staff person will engage in behavior that is concerning to guests or staff. If staff become concerned about the behavior of an individual, they should consult with the nursing staff (or other medical staff) on site.

If an individual makes explicit threats to harm others, 911 should be called immediately. Otherwise, the following protocol should be followed.

Staff should refer any individual or family member needing emergent, urgent, or routine care to the Behavioral Health Helpline (**833-773-2445)**. The Behavioral Health Helpline connects individuals directly to clinical help. The Helpline collaborates with local Community Behavioral Health Centers (CBHCs).





- All Massachusetts Resident can use the **BHHL** and **MCI** at any time
- No insurance needed
- The Massachusetts Behavioral Health Help Line is available **24/7** by phone call and text **at 833-773-2445 (BHHL), and online chat** at **masshelpline.com.**