

REGIONAL RECEPTION CENTER OPERATIONAL PLAN

February 2, 2018





EXECUTIVE SUMMARY

The Regional Reception Center (RRC) Operational Plan is a component of the Statewide Mass Care and Shelter Coordination Plan. This plan coincides with the State's Mass Care Strategy and is intended to expand upon and coordinate actions taken under the Massachusetts Comprehensive Emergency Management Plan (CEMP), as well as the existing Emergency Operations Plans of state agencies and non-governmental organizations that have operational responsibilities for supporting and/or delivering mass care services at an RRC facility.

The RRC Operational Plan provides a framework and operational guidance to assist state, non-governmental, and private sector partners with the activation, operation, and demobilization of an RRC facility in the event of a large-scale or catastrophic incident.

While sheltering operations are a local responsibility, the State may be requested to initiate and conduct shelter operations when local resources are overwhelmed, or when impacted communities are unable to support the evacuated or sheltered population, which will be supported by the operation of an RRC facility. The goal of an RRC operation is to remove the burden from impacted communities and streamline the delivery of mass care and shelter services to displaced populations following a large-scale or catastrophic incident.

The RRC Operational Plan was developed, in concert with the State-Initiated Regional Shelter (SIRS) Operational Plan, by a robust Project Management Team led by the Massachusetts Emergency Management Agency (MEMA) and comprised of stakeholders from the following agencies and organizations:

- Massachusetts Department of Public Health
- Massachusetts State Police
- Massachusetts Office on Disability
- Massachusetts Department of Mental Health
- American Red Cross
- Salvation Army
- International Fund for Animal Welfare

The following tools were developed to support the implementation of the RRC Operational Plan:

- **Resource Projection Tool:** The Resource Projection Tool provides an overview of staff, equipment, and commodities required to operate an RRC facility. This tool allows for a rapid assessment to be done, which will give those planning for RRC activation a sound picture of the needed assets to operate a facility. The projections in the Tool are based on the expected population to be registered at a given RRC.
- **Gap Assessment Tool:** The Gap Assessment Tool complements the Resource Projection Tool and outlines identified gaps between the resource needs required to operate an RRC facility and the available capability of state-owned resources located in a particular MEMA Region. The purpose of this tool is to provide the State with a mechanism for calculating



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the overall resources needed to support operations, based on fixed estimates of 500, 1,000, and 1,500 evacuees within a given RRC facility.

- **Operator's Guide:** The Operator's Guide provides a suite of tools for RRC staff to use when an RRC facility is activated. The Operator's Guide provides Job Action Sheets, reference tools, and standardized forms to ensure the provision of services detailed in the Concept of Operations in the RRC Operational Plan can be effectively delivered to evacuees.
- **Facility Assessment Report:** The Facility Assessment Report provides detailed information about the facilities assessed to determine their suitability to host RRC operations, including the capacity of the facility, the placement of RRC operational areas within the facilities, and any needed modifications to the facilities to ensure service provision.



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1.0 INTRODUCTION

1.1 Plan Purpose and Authority

The Regional Reception Center (RRC) Operational Plan provides a framework and operational guidance to assist state, non-governmental, and private sector partners with the activation, operation, and demobilization of an RRC facility in the event a large-scale or catastrophic incident displaces a large population within the Commonwealth of Massachusetts, overwhelming local and regional mass care and shelter capabilities and capacity.

The RRC Operational Plan is intended to accomplish the following objectives:

- Identify how an RRC will be activated;
- Identify lines of authority and coordination for the management of an RRC;
- Detail the concept of operations of an RRC;
- Identify and detail the types of services needed at an RRC to support the displaced population;
- Outline the RRC organization and assignment of responsibilities; and
- Outline plan maintenance.

MEMA is responsible for overall coordination and maintenance of this plan, as well as for coordinating with responsible Massachusetts Emergency Support Functions (MAESFs) to access any additional resources needed to support RRC operations across the Commonwealth. All MAESF agencies and organizations assigned responsibilities within this plan will develop and maintain the necessary plans, standard operating procedures, and mutual aid agreements to successfully accomplish assigned tasks.

This plan is consistent with the National Incident Management System (NIMS), supports the Massachusetts Comprehensive Emergency Management Plan (CEMP), and complements the Statewide Mass Care and Shelter Coordination Plan, State-Initiated Regional Shelter (SIRS) Operational Plan, Critical Transportation Needs Plan, and State Mass Evacuation Coordination Plan. In addition:

- This plan is compliant with Title II of the Americans with Disabilities Act (ADA); persons with disabilities must have access to mass care and shelter programs, services, and facilities.
- This plan does not supersede existing local resource, logistics, and commodity distribution or response plans but rather supplements and supports them.

1.2 Scope and Applicability

The RRC Operational Plan applies to state agencies and personnel, as well as organizations and individuals operating under or in support of RRC operations managed by the Commonwealth. The plan applies to all hazards, including natural disasters, technological hazards, and human-



caused threats (e.g., terrorism). The plan applies only to an emergency or disaster that occurs in or impacts areas within the Commonwealth of Massachusetts.

As a major component of the mass evacuation and sheltering continuum, the RRC is designed to execute shelter identification and assignment¹ activities to provide displaced populations with short-term mass care services 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.

As a general overview, the RRC will:

- Conduct initial intake and assessment to identify an available SIRS for evacuees based on their respective needs, or provide transportation to alternate medical facilities as appropriate;
- Track shelter capacity and mitigate overflow;
- Address the immediate needs (e.g., feeding, basic medical services) of the displaced population, including people with disabilities and others with access and functional needs;
- Address the immediate needs (e.g., feeding) of household pets² and service animals³;
- Coordinate the transport of individuals/families from an RRC to the identified SIRS, ensuring that transport vehicles can accommodate persons with disabilities when necessary, as well as household pets and service animals; and
- Provide family reunification tools and support.

RRC facilities will not provide:

- Post-disaster relief services (e.g., information or services related to recovering or rebuilding after the disaster, services offered at a Disaster Recovery Center);
- In general, sheltering of individuals for more than 24 hours; and

¹ Shelter assignments to SIRS are made based on facility capacity and the number of SIRS facilities that are open. RRC Registration Staff will take into account any relevant considerations when making shelter assignments (e.g., co-locating families, co-locating family members with pets), as described in *Section 4.3.2*. All evacuees will be provided services and reasonable accommodations at an RRC and a SIRS.

² A household pet is a domesticated animal, such as a dog, cat, bird, rabbit, rodent, or turtle that is traditionally kept in the home for pleasure rather than for commercial purposes, can travel in commercial carriers, and can be housed in temporary facilities. Household pets do not include reptiles (except turtles), amphibians, fish, insects/arachnids, farm animals (including horses), and animals kept for racing purposes.

³ As defined by the Americans with Disabilities Act (ADA), service animals are dogs that are individually trained to do work or perform tasks for people with disabilities. Examples of such work or tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, or performing other duties. Service animals are working animals, not pets. The work or task a dog has been trained to provide must be directly related to the person's disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA.



- Ongoing mass care services (e.g., feeding, dormitory services).

Although RRC facilities are not intended to shelter individuals for more than 24 hours, significant incidents may require prolonged stays at RRC facilities. If this occurs, RRC operators should be prepared to launch temporary dormitory operations to accommodate extended stay. In these circumstances, consult the SIRS Operational Plan for additional programs. However, the goal should be to process evacuees as expeditiously as possible and transport them to a shelter for dormitory services.

In general, implementation of the RRC Operational Plan will ensure that the displaced population is placed at a SIRS that can best accommodate their needs and may also prevent shelters from becoming overwhelmed with a large number of evacuees they do not have the capacity to accommodate.



2.0 SITUATION AND ASSUMPTIONS

2.1 Situation

Natural, technological, and human-caused disasters can create a need for immediate emergency sheltering of the impacted population. Local communities may become overwhelmed and unable to meet demand for providing mass care and emergency shelter services. Depending on the location and magnitude of the disaster, and the number of displaced populations, the Commonwealth of Massachusetts may be called upon to assist local communities by activating and operating an RRC.

2.1.1 Population Demographics

Massachusetts has a population of 6.8 million. Among the state's large population there are several diverse populations which include persons with disabilities and others with access and functional needs. These diverse populations may experience a greater impact from a disaster because of disruptions in their support systems and loss of equipment, supplies, transportation, and communication. This impact may require the provision of additional assistance before, during, and after an emergency. The following table depicts the demographic information for some of these diverse populations within Massachusetts. This table should be used as a reference when planning for and operating an RRC.

Table 1: Demographic Information (U.S. Census American Community Survey, 2012 – 2016)

County	Expected Special Populations				
	<i>Elderly (≥65)</i>	<i>Civilian Noninstitutionalized Population with a Disability</i>	<i>Speak English Less than Very Well</i>	<i>Minor (≤17)</i>	<i>Infant and Children (<5)</i>
Barnstable	27.8%	13.8%	2.7%	15.9%	3.8%
Berkshire	20.9%	15.2%	2.6%	18%	4.4%
Bristol	15.7%	14.2%	8%	21.2%	5.3%
Dukes	20.4%	8.4%	3.2%	18.2%	4%
Essex	15.6%	12.1%	10.2%	22%	5.7%
Franklin	18.2%	14%	2.3%	18.3%	4.5%
Hampden	15.3%	15.7%	9.3%	22.5%	5.8%
Hampshire	14.8%	10.9%	2.7%	15.5%	3.6%
Middlesex	14%	9.1%	9.2%	20.6%	5.6%
Nantucket	14%	8.1%	6.1%	19.9%	5.1%
Norfolk	15.7%	9.7%	7.5%	21.7%	5.4%
Plymouth	16.2%	11.3%	4.8%	22.5%	5.3%
Suffolk	11%	12.4%	18.7%	17.2%	5.5%



County	Expected Special Populations				
	<i>Elderly (≥65)</i>	<i>Civilian Noninstitutionalized Population with a Disability</i>	<i>Speak English Less than Very Well</i>	<i>Minor (≤17)</i>	<i>Infant and Children (<5)</i>
Worcester	14.1%	11.9%	7.2%	22%	5.5%
MEMA Region 1	13.7%	10.7%	11.8%	20.1%	5.6%
MEMA Region 2	17.2%	11.8%	6.4%	21.1%	5.16%
MEMA Region 3	16.3%	14.5%	6.4%	20.1%	5.04%
MEMA Region 4	14.1%	11.9%	7.2%	22%	5.5%
Massachusetts Total	15.1%	11.6%	8.9%	20.6%	5.4%

Additionally, in the event of a large-scale disaster or catastrophic incident, evacuated populations will typically take their pets with them to keep them safe during and after the disaster. According to the American Veterinary Medical Association (AVMA), it is estimated that 50.4 percent of households in Massachusetts own pets: 32.9 percent of those households own dogs and 27.4 percent own cats. When possible, an RRC will include pet care services to allow pet owners and pets to stay together.

2.2 Assumptions

2.2.1 Planning Assumptions

The following planning assumptions regarding mass care and sheltering apply to the RRC Operational Plan.

- This plan will not supersede any existing plans, policies, procedures, or authorities of any jurisdiction, agency, or organization.
- This plan may be activated when a large-scale or catastrophic incident displaces, or has the potential to displace, large numbers of individuals from impacted areas.
- The RRC facility will have trained staff and volunteers to manage and operate the facility.
- The duration and scope of state government involvement will be responsive and proportionate to the severity and duration of the event.
- The percentage of the impacted population seeking shelter during an emergency is dependent on the impact of the incident.
- Pet registration and services may be co-located in or in close proximity to the RRC.
 - People with service animals will be sheltered together in the human shelter. It is expected that service animal owners will care for their animal, but they may ask for assistance from the RRC staff. All service animals will be allowed into RRC and SIRS facilities.



- Mutual aid agreements and memorandums of understanding (MOUs) have been established with local, state, non-governmental, and private agencies and organizations across the Commonwealth. These will be used to support RRC operations.
- No plan can anticipate all situations and contingencies; the RRC Operational Plan and associated annexes are designed to be flexible guidance for activating, operating, and demobilizing an RRC.
- To ensure efficient placement of evacuees, RRC identification and planning must precede an evacuation.
- RRC facilities are pre-identified and MOUs outlining the terms of use of the facility as an RRC are in place.
- The incident may affect significant portions of the Commonwealth, but other areas of the Commonwealth may be able to support regional response.
- RRC facilities outside of the impacted jurisdiction(s) or MEMA region(s) may be activated to provide services for all identified evacuees.
- Agencies, organizations, and individuals are aware of the responsibilities assigned to them in the RRC Operational Plan and will respond as directed if the plan is activated.

2.2.2 Evacuee Assumptions

The following assumptions regarding evacuee populations apply to the RRC Operational Plan.

- A percentage of the evacuating population that is seeking shelter will have disabilities and other access and functional needs. Individuals requiring additional assistance may include, but are not limited to:
 - Seniors;
 - Individuals who are medically fragile or dependent;
 - Individuals who have limited English proficiency;
 - Individuals who have mobility, hearing, or vision impairments; and
 - Children.
- All evacuees will be provided mass care services and medical care as appropriate.
 - Children and adults with disabilities have the same rights to RRC services as other evacuees. Reasonable accommodations in RRC rules, policies, practices, or services will be made, when such accommodation is necessary to afford a person with a disability equal access to services, programs, or activities.
 - An individual who presents at the RRC with a medical condition is not a basis for their exclusion from the RRC.
 - Not all evacuees' medical needs can be treated or safely managed at an RRC.
- Some evacuees may arrive at the RRC with a household pets(s) and/or service animal.
- In an incident of catastrophic nature, there will be self-evacuees from non-impacted areas who arrive at the RRC.
- There will be the need to track evacuees' information for reunification purposes.



3.0 COMMAND, CONTROL, AND COORDINATION

MEMA is designated as the lead state agency responsible for managing and coordinating mass care and sheltering missions tasked to the state, including RRC operations. If state support is required, the State Emergency Operations Center (SEOC) will serve as the central hub for command and control, communications, coordination, and resource support to both impacted and support communities. In addition, it will serve as a central clearinghouse for information collection, assessment, and analysis, and will maintain a common operating picture (COP) and provide timely and accurate situational awareness for the duration of the event.

The Command Structure of the SEOC will be based on the scale and complexity of the incident, and will allow for various organizations and agencies to work together in a predictable, coordinated manner to support mass care and sheltering operations. Within the Command Structure of the SEOC, the functions of the assigned MAESFs will essentially remain the same in terms of supporting missions tasked to the state; however, under this plan some of the MAESF missions will expand to support RRC operations (e.g., MAESF #6 – Mass Care, Emergency Housing, and Human Services and MAESF# 8 – Public Health and Medical Service). If an RRC is activated, the following primary coordinating and command entities will be required to support RRC operations.

3.1 Command and Control Entities

a. State Emergency Operations Center Manager (SEOC Manager)

The MEMA Director or designee will assign an SEOC Manager to serve as the lead coordinating and command authority for the SEOC. In addition, the SEOC Manager will provide direction for RRC operations, and will oversee all activities related to state mass care and shelter operations.

b. Mass Care Specialized Mission Group Supervisor

A Mass Care Specialized Mission Group (SMG) Supervisor position will be established in the Operations Section. This position will serve under the direction and guidance of the Deputy Operations Section Chief (MAESFs). Upon the decision to activate an RRC, all RRC-related activities will be overseen and managed by the Mass Care SMG Supervisor. The key roles and responsibilities of this position can be found in ***Section 5.0 Organization and Assignment of Responsibilities***.

Based on the scale and complexity of the incident, two SMGs may be established under the direction of the Mass Care SMG Supervisor: an RRC Team and a SIRS Team. ***Figure 1*** depicts the SEOC Operations Section organizational structure.

i. RRC Team

If an RRC or multiple RRC facilities are activated, an RRC Team will be established. The RRC Team will have a direct report to the Mass Care SMG Supervisor. As needed, or as necessary, the RRC Team will communicate and coordinate with all



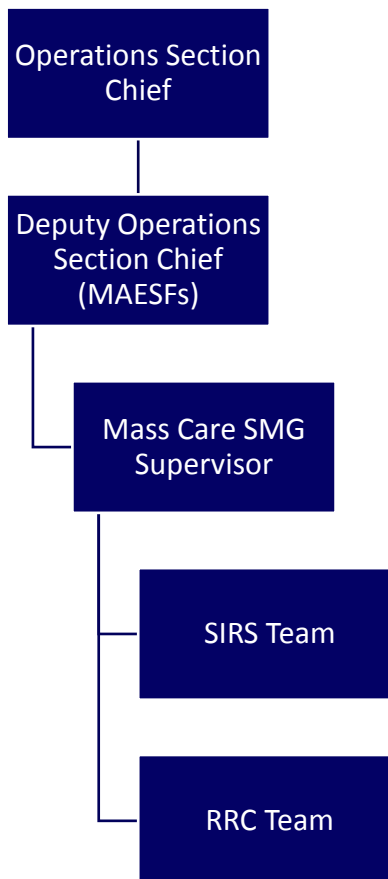
RRC Manager(s), SIRS Manager(s), and appropriate SEOC MAESFs. The key functions of this Team are (1) to serve as a coordination and management entity for RRC operations and activities and (2) to ensure that an RRC has the mass care resources (e.g., equipment, supplies, personnel, services) needed to support facility operations. The roles and responsibilities of this Team, and the agencies or non-governmental organizations of which it is comprised, are defined in **Section 5.0** of this plan.

ii. SIRS Team

If one or more SIRS facilities are activated, a SIRS Team will be established. The SIRS Team will have a direct report to the Mass Care SMG Supervisor. The SIRS Team will communicate and coordinate with all SIRS Manager(s), RRC Manager(s), and appropriate SEOC MAESFs as needed. The key functions of this Team are (1) to serve as a coordination and management entity for SIRS operations and activities and (2) to ensure that a SIRS has the mass care resources (e.g., equipment, supplies, personnel, services) needed to support facility operations. The roles and responsibilities of this Team, and the agencies or non-governmental organizations of which it is comprised, are defined in the ***SIRS Operational Plan***. Specific group tasks are defined in the ***SIRS Operator's Guide***.



Figure 1: SEOC Operations Section Organizational Structure



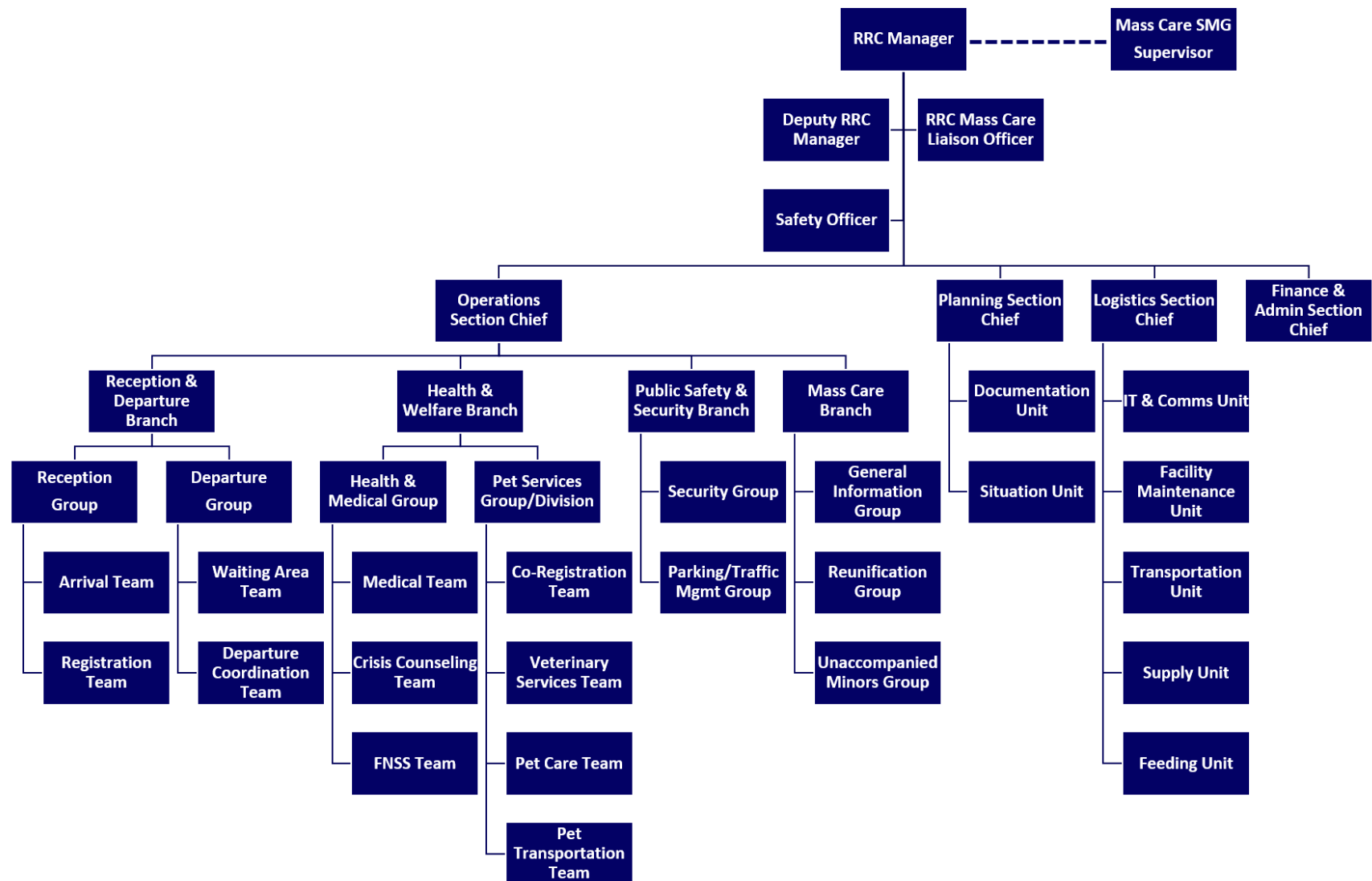
3.2 RRC Operations: Organizational Structure

In the event the RRC Operational Plan is activated, the SEOC Deputy Operations Section Chief (MAESFs) and Mass Care SMG Supervisor will reference the RRC organizational structure depicted in Figure 2 of this plan to draft an organizational structure that can meet the needs of the RRC operation. The organizational structure depicted in Figure 2 includes five major functional areas (command, operations, planning, finance and administration, and logistics), and can be scaled to meet varying operational and service demands. The majority of services required to support the needs of evacuees will reside under direction of the RRC Operations Section Chief.

The sections below outline the RRC organizational structure. In addition, Job Action Sheets, which provide detailed guidance about RRC staff roles and responsibilities are attached in the ***RRC Operator's Guide***.



Figure 2: RRC Organizational Structure





3.2.1 Key Command Positions

a. RRC Manager

The RRC Manager implements the guidance and direction provided by the Mass Care SMG Supervisor at the SEOC, oversees individual RRC operations, provides operational direction to RRC Command and General Staff, and exercises overall direction and control of RRC operations and activities. The RRC Manager will have direct communication with the RRC Team through the established methods of contact (e.g., telephone, WebEOC, and interoperable radio channel). The key roles and responsibilities of this position can be found in **Section 5.0** of this plan. Specific position tasks can be found in the ***RRC Operator's Guide***.

b. Deputy RRC Manager

The Deputy RRC Manager assists the RRC Manager in managing RRC operations and implementing the full scope of activities in the RRC. The key roles and responsibilities of this position can be found in **Section 5.0** of this plan. Specific position tasks can be found in the ***RRC Operator's Guide***.

c. RRC Mass Care Liaison Officer

The RRC Mass Care Liaison Officer assists the RRC Manager with coordinating the flow of information between the RRC, SEOC, and assisting/cooperating agencies. The key roles and responsibilities of this position can be found in **Section 5.0** of this plan. Specific position tasks can be found in the ***RRC Operator's Guide***.

d. Safety Officer

The RRC Safety Officer monitors operations within the RRC facility and advises the RRC Manager on matters relating to the safety and welfare of the RRC personnel. The key roles and responsibilities of this position can be found in **Section 5.0** of this plan. Specific position tasks can be found in the Job Action Sheets in the ***RRC Operator's Guide***.

3.2.2 General Staff

The following information outlines the functional positions within the RRC organizational structure. For additional details see **Section 4.0: Concept of Operations**.

In order to ensure a manageable number of RRC staff to meet the needs of the evacuee population, branches, groups, teams, and units within the RRC organizational structure should only be activated if the scope of the operation, and/or the specific service needs (e.g., medical) of the RRC population expands, requiring the activation of a group/division supervisor or unit/team leader for adequate management. See the ***Resource Projection Tool*** for guidance on the amount of staff recommended in the RRC as determined by the size of the expected evacuee population.



a. Operations Section

Managed by the Operations Section Chief, the Operations Section is responsible for the oversight and coordination of RRC services and the resources to support RRC operations. The Operations Section may be comprised of the following branches, groups/divisions, and teams:

i. Reception and Departure Branch

This Branch is led by the Reception and Departure Branch Director and consists of a Reception Group and a Departure Group.

- The Reception Group is led by the Group Supervisor and consists of the following Teams:
 - Arrival Team
 - Registration Team
- The Departure Group is led by the Group Supervisor and consists of the following Teams:
 - Waiting Area Group
 - Departure Coordination Group

ii. Health and Welfare Branch

This Branch is led by the Health and Welfare Branch Director and consists of the Health and Medical Group and the Pet Services Group/Division.

- The Health and Medical Group is led by the Group Supervisor and consists of the following Teams, each representing a specific health and medical service:
 - Medical Team
 - Functional Needs Support Services (FNSS) Team
 - Crisis Counseling Team
- Pet Services will be established as a Group if services are co-located within the RRC facility or as a Division if services are located in a separate facility. Pet Services is led by the Group/Division Supervisor and consists of Teams, each representing a specific form of pet services:
 - Co-Registration Team
 - Veterinary Services Team
 - Pet Care Team
 - Pet Transportation Team

iii. Public Safety/Security Branch

This Branch is led by the Public Safety/Security Branch Director. The following Groups may be represented under this branch:

- Security Group
- Parking/Traffic Management Group



iv. Mass Care Branch

This Branch is led by the Mass Care Branch Director. The following Groups may be represented under this branch:

- General Information Group
- Reunification Group
- Unaccompanied Minors Group

b. Logistics Section

Managed by the Logistics Section Chief, the Logistics Section is responsible for providing a variety of services and support to operate, service, and maintain an RRC facility. This section is divided into the following Units:

- Information Technology (IT) and Communications Unit
- Facility Maintenance Unit
- Transportation Unit
- Supply Unit
- Feeding Unit

c. Planning Section

Managed by the Planning Section Chief, the Planning Section is responsible for coordinating with the RRC Operations Section Chief and with the RRC Team at the SEOC to develop the RRC Incident Action Plan (IAP). In addition, the Planning Section will coordinate with the RRC Mass Care Liaison Officer to gather and share information with the SEOC regarding RRC operations and activities for situational awareness purposes. Depending on the scale of the operation, the following Units may be represented under the Planning Section:

- Documentation Unit
- Situation Unit

d. Finance and Administration Section

Managed by the Finance and Administration Section Chief, the Finance and Administration Section will coordinate with the SEOC Finance and Administration Section in managing all of the financial aspects of the RRC operation, including record keeping and cost accounting. The specific tasks and responsibilities of this section will be dictated and guided by the SEOC Finance and Administration Section.

The organization and assignment of responsibilities related to the functional positions outlined above are described in **Section 5.0** of this plan. Specific position tasks can be found in the ***RRC Operator's Guide***.



3.2.3 RRC Command Center

RRC operations will be coordinated from the established Command Center within the RRC.

- RRC Command and General Staff will coordinate their activities out of the Command Center.
- The Operations Section Branches and Groups/Divisions and the applicable Logistics Section Units will coordinate their activities from their respective program area within the RRC with direct and regular communications to the Command Center.

3.3 Coordination and Communications with the SEOC

Communication between the RRC and SEOC will be critical, as the RRC will likely have many evacuees who need immediate services and support. In addition, the RRC and the SEOC will maintain regular contact to keep all stakeholders up to date on the current situation.

3.3.1 Coordination

As appropriate, the RRC Manager will coordinate with the RRC Mass Care Liaison Officer and the RRC Team at the SEOC—and the SIRS Team—regarding the following tasks:

- Identify the arrival times and number of evacuees from RRC facilities to the SIRS facilities.
- Identify solutions for any processing and service provision issues that arise.
- Report the status of RRC operations and request identified resources.

3.3.2 Communications

To ensure information is shared in a timely, efficient, and effective manner, the RRC Command Center may use the following methods of communication to stay connected to the SEOC:

- Land-line telephones
- WebEOC
- Satellite telephones
- Hand-held radios
- Cellular/mobile telephones
- Email and text messaging

3.3.3 RRC Reporting

- Individual RRC functions will communicate information through the established RRC chain of command.
- Each Section Chief will gather information on his/her section's operational activities, concerns, and needs and will develop a status report (e.g., identifying Branch, Group, Team, or Unit-specific issues, and reporting anticipated future resource needs).



- Each Section Chief will brief out on his/her respective report during RRC Command and General Staff meetings and/or as requested by the RRC Manager.
- The RRC Manager will report the status of RRC operations to the RRC Team at the SEOC.
 - The status report will be provided to the RRC Team at the SEOC via Web EOC or alternate means (e.g., phone or email) based on a set reporting schedule determined by the Mass Care SMG Supervisor, or as needed. The report will include, at a minimum, the following information:
 - RRC location
 - Number of evacuees and household pets processed during the reporting period
 - Total number of evacuees assigned to a SIRS
 - Summary of critical support needs and concerns, including resource needs for evacuees with disabilities and others with access and functional needs
 - Anticipated resource needs

3.3.4 RRC Resource Request Process

- Some resource requests can be fulfilled on-site via a request made to the RRC Supply Unit. Generally, any resources staged or stored at the RRC (e.g., extra cots, blankets, office supplies) can be coordinated and fulfilled by the RRC Supply Unit.
 - If an RRC Section Chief or designee identifies a resource need they will make the initial resource request to the RRC Supply Unit.
- If a resource request cannot be fulfilled on-site by the RRC Supply Unit, the RRC Supply Unit will send the resource request to the RRC Team at the SEOC.
- The RRC Team will communicate as needed with the RRC Supply Unit to clarify the resource need and coordinate the request for resources through the SEOC Resource Unit in accordance with the resource request process detailed in the *MEMA Concept of Operations for Managing Resource Requests (2012)*. A request for resources may be communicated to the SEOC Resource Unit:
 - As a resource request via WebEOC; or
 - By a telephone call or runner (if proximal location) to the SEOC Resource Unit (the resource request will be entered in WebEOC when received.)
- All resource requests will be logged into and tracked in WebEOC.
 - All SEOC, RRC Team, and RRC Command and General Staff will be able to see the resource request status and fulfilled requests in WebEOC.
- The SEOC Resource Unit will be responsible for fulfilling all resource requests and keeping the RRC Team and RRC Supply Unit informed of the status of all outstanding resource requests.
- If the SEOC Resource Unit requires additional information to fulfill a request, it will coordinate with the RRC Team or the appropriate MAESF representative in the SEOC to obtain this information.



RRC Operational Plan

- Generally, resource requests will be fulfilled through:
 - A MAESF; or
 - The SEOC Procurement Unit (if purchase, lease, or rent is required).
- The RRC Supply Unit is responsible for receiving the resource from and communicating receipt of resource to the SEOC Resource Unit and ensuring delivery of resource to the requesting RRC Section, Division, Branch, Group, Team, or Unit.



4.0 CONCEPT OF OPERATIONS

4.1 General

In the event large-scale disaster circumstances require mass care and sheltering support from the state, MEMA's Director or designee will activate the SEOC. The SEOC Manager or designee will determine the level of state support needed, with input from the SEOC Command and General Staff, the respective MEMA Regional Manager(s), and local stakeholders from impacted communities, and determine if there is a need to activate this plan in support of local evacuations and mass care and shelter operations. The decision to implement this plan will be based on an assessment of the hazard, impact to communities, local and regional evacuation needs and capabilities, local and regional mass care and shelter needs and capabilities, and available state resources.

Per the SEOC's Standard Operating Procedures (SOPs), the SEOC will advise all responsible agencies under this plan to respond in their assigned function within the SEOC.

4.1.1 Operational Strategies

The following operational strategies compose the concept of operations for an RRC:

- **Activation:** Determines need for the RRC and initiates preliminary strategic activities such as selecting RRC facilities and identifying staffing and resource needs. In addition, this strategy details activities that prepare the RRC for operations, including the site readiness, deployment of staff, staging of resources, and configuring the site.
- **RRC Operations:** Outlines the processing of evacuees and pets, the core operational functions and essential services at the RRC, and the departure from the RRC to a SIRS.
- **Transitional Services and Demobilization:** Indicates the point at which evacuees have been effectively placed in a SIRS and the RRC can ramp down in anticipation of facility closure.

4.1.2 RRC Operational Timeline

The RRC operational timeline is the sequencing of operations while an RRC is activated. These strategies will be implemented in response to both notice and no-notice events.

1. **Pre-Event Planning (Notice Event):** If there is notice before the event begins, the SEOC can begin planning for the activation and operation of an RRC facility.
2. **Activation:** Alerting staff and appropriate stakeholders, and beginning to set up RRC operations; deploying staff and resources.
3. **RRC Operations:** Processing evacuees and maintaining situational control.
4. **Transitional Services and Demobilization:** Transitioning evacuees to the assigned SIRS locations or alternate facilities (e.g., hospital) and ramping down operations as the event de-escalates.



Event outcomes, including the amount of warning, incident area, and the impact of the incident, will affect the timeframe for implementing these strategies. In condensed timeframes, namely for no-notice events, multiple strategies may be implemented simultaneously to achieve operational priorities.

4.2 Activation

4.2.1 RRC Activation

4.2.1.1 Activation Protocols

- The decision to activate an RRC will be made by the SEOC Manager in collaboration with the SEOC Command and General Staff, and the Mass Care SMG Supervisor if this position has been activated within the SEOC Incident Command System (ICS). In addition, the RRC Team may be activated during this decision process; if that is the case, the SEOC Operations Sections Chief and Mass Care SMG Supervisor will seek recommendations from the RRC Team as they are being activated, as time allows.
- If opening an RRC is recommended, the SEOC Operations Sections Chief and Mass Care SMG Supervisor, or the RRC Team if activated, will review pre-identified RRC facilities to determine which to activate based on need and facility location, capacity, and suitability.
- An appointed SEOC Command or General Staff member (e.g., Mass Care SMG Supervisor) will contact:
 - The designated facility point of contact (POC):
 - To determine the facility's availability and readiness to host an RRC.
 - To determine the appropriate timeframe for gaining access to the facility.
 - The respective local emergency management authority:
 - To confirm the jurisdiction can host RRC operations.
 - If a jurisdiction can host RRC operations, the following information, at a minimum, will be provided by the SEOC Command or General Staff member to the jurisdiction's emergency manager or authority:
 - Pre-identified RRC location and information regarding its use (e.g., estimated time to opening)
 - Estimated number of evacuees being transported through the jurisdiction to the RRC
 - Location of any additional activated RRC or SIRS in the region
- The SEOC Operations Section Chief in coordination with the Mass Care SMG Supervisor will determine RRC Command and General Staff assignments.
 - The RRC Team, under the direction of the Mass Care SMG Supervisor, will assist by identifying RRC staffing needs, and notifying RRC staff, volunteers, and contractors.



- The RRC Manager, in coordination with the RRC Team, will determine site activation activities related to core operational functions and essential services.
- In consultation with the RRC Manager, the RRC Team will notify all stakeholders that the RRC is open to receive and service evacuees.
- MAESF #1 – Transportation, to begin coordinating transportation of evacuees.
- MAESF #15 – Public Information and External Affairs, to begin coordinating public messaging about the location, opening, and rules of the RRC, as well as transportation information related to traveling to the RRC.

4.2.1.2 Activation Considerations

a. Speed-to-Scale Considerations

A speed-to-scale analysis will be conducted prior to opening an RRC to determine availability of resources (material and human). The following will be determined:

- State resources (human and material) requirements, availability, quantity, and deployment time, immediately and over time (see the **Resource Projection Tool**)
- Availability of resources (quantity and deployment time, immediately and over time) to meet the determined requirements
- The scalable timeframes for opening and supporting an RRC, based on the requirements and availability

b. RRC Inspection—General Considerations

- If an RRC facility assessment has not been completed, the SEOC Manager, in consultation with the SEOC Operations Section Chief and the Mass Care SMG Supervisor, will identify and assemble a team to conduct a preliminary assessment to validate the safety and suitability of the facility to serve as an RRC using the **Facility Assessment Survey**.
 - If the facility has been previously assessed and time allows, a team will conduct a preliminary assessment of the facility to validate the previous assessment findings before opening the RRC.
- The assessment team may be comprised of the site's owner/manager, the local emergency manager, MEMA staff, and personnel from other local and state agencies and non-governmental organizations (e.g., American Red Cross, fire marshal, Department of Public Health, Massachusetts Office on Disability).
- If time allows, the RRC Team will coordinate the resources needed to assess the facility's power, water, and other utility supplies.

c. Volunteer and Donations Management Considerations

- Identify and establish a volunteer and donations management system.
- At the SEOC activate MAESF #7 – Volunteers and Donations to manage this system.
- Ensure a volunteer and donations management system is in place before an RRC location is announced and operations are in progress.



- MAESF #7 will coordinate with MAESF #15 to identify public message requirements around the protocols, and messaging will be disseminated through the identified volunteers and donations management system (e.g., Mass 2-1-1 hotline), the media, and social media.

4.2.1.3 Activation Process

An RRC site will be identified based on a number of factors, including:

- Real-time information about pre-identified facilities availability, assessment findings (e.g., capacity, accessibility), and capabilities;
- Incident location, scope, magnitude, and duration;
- Site location, proximity to public services, and accessibility criteria;
- Co-location with a SIRS; and
- Anticipated evacuee and household pet population, including potential demand to support individuals with disabilities and others with access and functional needs.

The process for activating and opening an RRC includes:

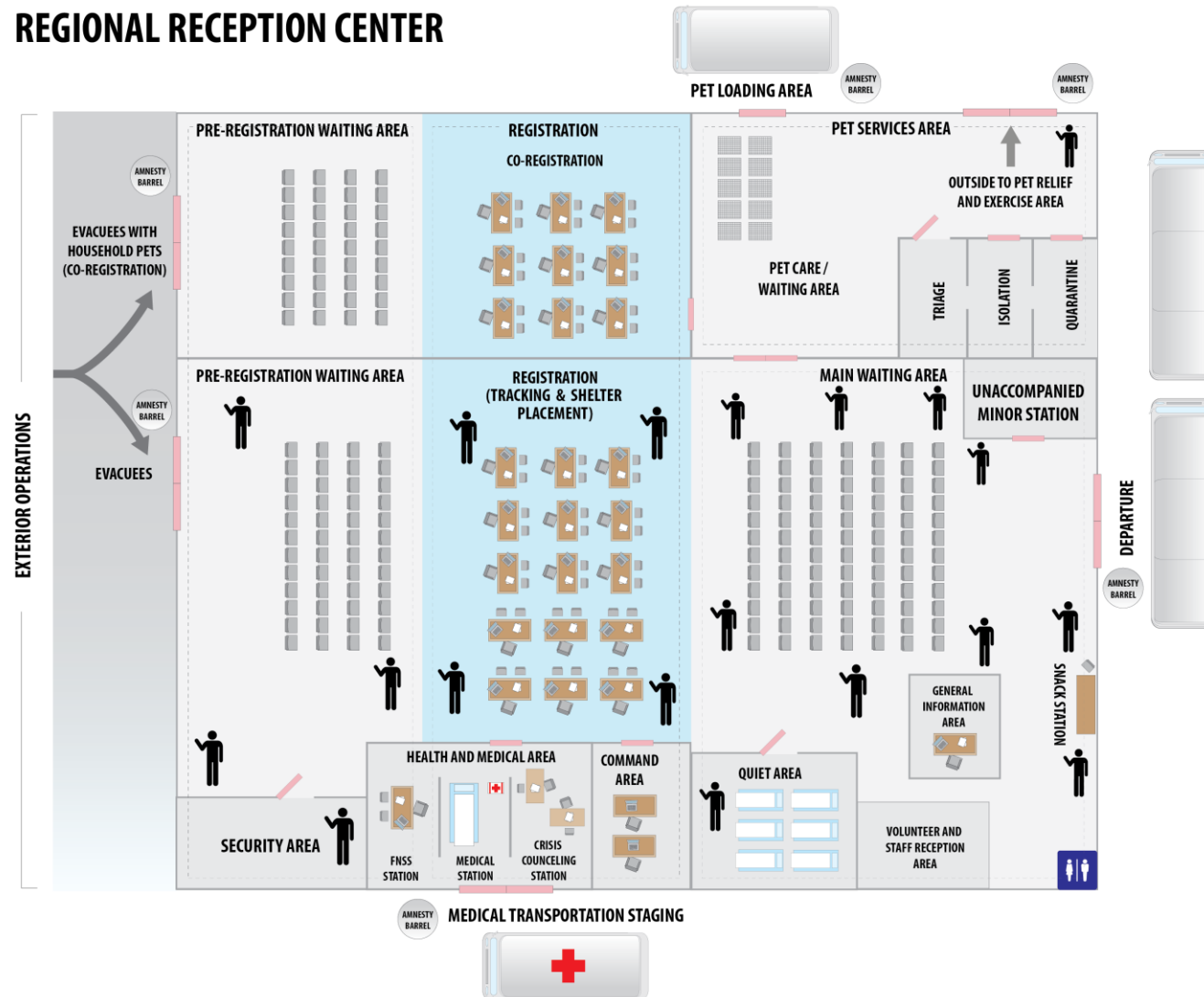
- Monitoring and evaluating incidents that may trigger the need to activate an RRC;
- Assessing the capability of the impacted communities, or communities at risk for hazard impacts, to open a local shelter(s);
- Determining if state resources can support an RRC operation and at what capacity;
- Advising responsible agencies of imminent RRC activation;
- Activating the RRC concept of operations;
- Ensuring necessary agreements, contracts, and other applicable documents for an RRC are fully executed;
- Activating and assembling the RRC command personnel;
- Determining the organizational structure of the RRC;
- Determining the services needed to support evacuees;
- Determining the staffing needs;
- Setting up the RRC prior to opening (e.g., signage, establishing the layout);
- Coordinating with MAESF #1 – Transportation and the activated SIRS, local shelters, and/or transportation hubs to organize evacuee transportation; and
- Opening and operating the RRC.

4.2.1.4 RRC Site and Process Layout

An RRC is designed to provide evacuees with an environment that can support the needs of all populations, including those with disabilities and others with access and functional needs. RRC operations will be scalable to expand and contract as needed based on the circumstances of the incident, needs of the displaced population, and resources available. **Figure 3** shows a sample RRC layout. The layout is conceptual only to identify features and functions that will be included in the RRC. The actual RRC layout will be adapted to the specific structure and needs of each RRC.



Figure 3: RRC Process Layout





4.2.2 RRC Staffing

Staff levels and functions at an RRC will depend on factors such as the RRC size, layout, staff availability, and evacuee needs. Core operational functions and elements (e.g., evacuee services), as well as the staff necessary to operate them, will be required as soon as an RRC opens. Additional expanded functions and staff to support these core functions will be provided as resources become available. For recommended staffing numbers, reference the **RRC Resource Projection Tool**.

The SEOC RRC Team will coordinate with the RRC Manager to identify and fulfill initial staffing needs. Individual response agencies and organizations (e.g., Red Cross, Salvation Army) will process their staffing resources through their own internal SOPs. These procedures will include processes for ensuring background checks are completed and staff have the appropriate credentials for working in an RRC. These agencies and organizations will work with the SEOC RRC Team to fulfill staffing requests as needed. When positions are filled, the agency will notify the RRC Team at the SEOC of staff deployment, schedules, and estimated time of fulfillment. Requests for additional staff resources will also be made to the RRC Team at the SEOC. For additional information on the request process for RRC resources, see **Section 3.3.4** of this plan.

4.2.2.1 Activating Staff

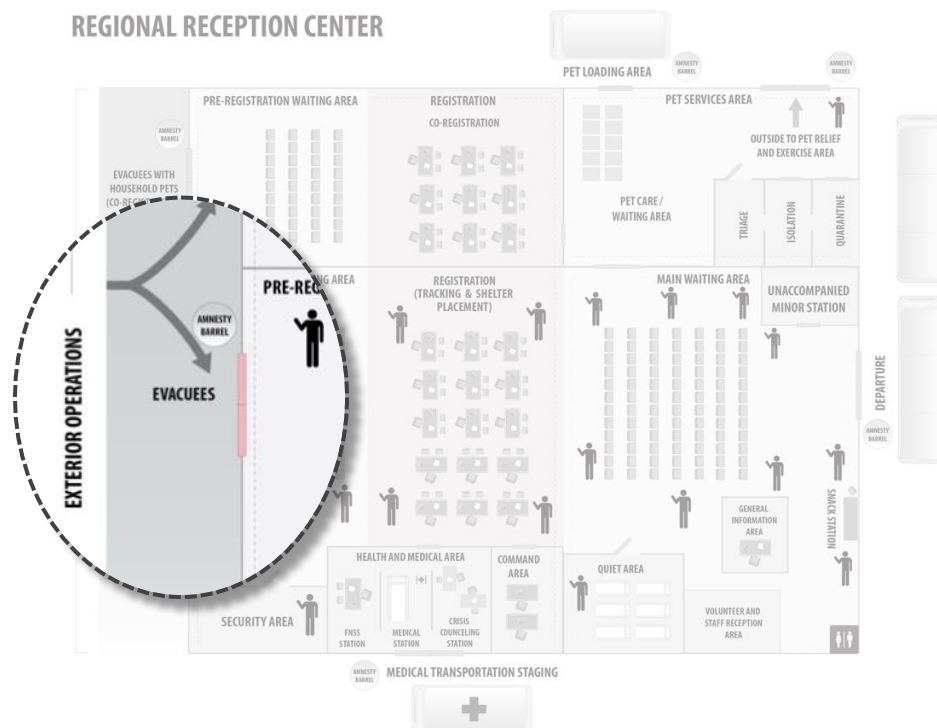
- The RRC Team at the SEOC will advise all RRC operations staff assigned to appropriate core and expanded functions of the activation of an RRC, with site-specific information.
- All activated Section Chiefs or their designee will coordinate staffing requirements and resources with the RRC Team and RRC Manager.
- All activated Branch Directors, Group/Division Supervisors, Unit Leaders, and Team Leaders will coordinate staffing requests through the RRC Team.
- All RRC staff will be briefed via their Section Chief or their designee (e.g. Branch Directors, Group/Division Supervisors, Unit Leaders, and Team Leaders, or their respective agency/organization lead as appropriate), on their roles and responsibilities in assisting evacuees, including assisting people with disabilities and others with access and functional needs. This briefing will cover, but is not limited to:
 - The organizational structure in the RRC.
 - The IAP for the respective operational period.
 - The services they are authorized to provide according to their training and credentials.
 - How to request support from on-site personal assistance providers.



4.3 RRC Operations: Processing Evacuees

4.3.1 Arrival

4.3.1.1 Exterior Operations



- The primary means by which evacuees will arrive at an RRC is via state-provided transportation from a local Transportation Hub (T-Hub). However, evacuees could also arrive via:
 - Locally-provided transportation from numerous debarkation points;
 - Personal vehicles;
 - Foot;
 - Bicycle; and
 - Other transportation methods (e.g., taxi).
- As vehicles enter the grounds of the RRC site, parking and traffic management will be provided by the Parking and Traffic Management Group
 - If available, local or state law enforcement will coordinate with this Group to provide parking and traffic control measures, to include control of ingress and egress points on the property.
- As the facility can accommodate, distinctive and designated drop-off locations will be identified for those arriving by:
 - State-provided transportation;



- Locally-provided transportation; and
- Other transportation methods (e.g., taxi).
- A designated parking area will be established for evacuees arriving via their own personal vehicles.
- Those arriving by state- or locally-provided transportation will be greeted on board by RRC Greeters⁴.
 - RRC Greeters are responsible for verifying that evacuees arriving from the T-Hubs at the RRC are accounted for on the bus manifest.
 - If a paper-based evacuation support system is employed, staff will collect all copies of the T-Hub Evacuation Tracking/Registration Form from the bus drivers, each evacuee will be verified as received at the RRC, and total population numbers will be provided in an update to the RRC Team.
 - If an electronic evacuation support system is employed, staff will collect the bus manifests from the bus drivers and each evacuee will be verified by scanning wristbands as received at the RRC.
 - If there are any discrepancies in the bus manifests, the RRC Greeters will report this information to the RRC Reception Group Supervisor who will contact the appropriate local T-Hub staff. If discrepancies cannot be resolved, the RRC Team will be notified to coordinate between the T-Hub Staff, the transportation provider, and the RRC Reception Group Supervisor to locate the source of the discrepancy.⁵
 - Evacuees will be briefed on the services provided at the RRC; baggage allowance (limited to the amount an evacuee can carry); guidance on prohibited items; where to go if they arrived with household pets; and human and pet reunification information (if applicable, for owners separated from their pet at the local T-Hub).
 - Evacuees will be asked to collect their personal belongings (including household pets) and disembark the bus. They will then be directed to either the main entrance or the household pet co-registration entrance of the RRC.
- Evacuees will be provided assistance as needed (e.g., offloading durable medical equipment, household pets, service animals, and baggage from buses; guiding and

⁴ All RRC Greeters will be coordinated under the Arrival Team. If possible, all RRC Greeters will be Functional Access Support Team (FAST) trained and have knowledge of the contents of the Communication, Maintaining Health, Independence, Supervision, and Transportation (C-MIST) form. See *Section 5.0, Organization of Roles and Responsibilities*, and the *RRC Operator's Guide* for more information about Reception Group and Arrival Team responsibilities.

FAST programs and training are available to address the nationally recognized gaps in providing sheltering services to persons with access and functional needs. Training programs provide guidance on how to identify and provide needed resources for those with access and functional needs.

⁵ There will not be a delay in services for the evacuee while the RRC Reception Group Supervisor resolves the discrepancy.



assisting evacuees with disabilities and other access and functional needs to the RRC main entrance).

- All other evacuees arriving on site via alternate methods will be greeted and assisted as they arrive at the main entrance of the RRC. Exterior signs will be on display to provide additional direction.
- A container provided for safe disposal of contraband without penalty, referred to as an “amnesty barrel,” will be positioned at the entrances of the RRC with explicit guidance on the RRC rules and amnesty barrel use (e.g., list of prohibited items, disclosure that items will not be returned).

As evacuees proceed to the main and co-registration entrances, they will encounter an initial point of determination for assessing individual and family needs through RRC staff observation or by making a request for assistance.

- Individuals or families who do not have a household pet or who do not require immediate medical attention will be directed to the general population main entrance of the RRC where they will undergo the registration process (see **Section 4.3.3**).
 - Service animals are considered an extension of the individual/family and will remain with their owner(s) during the general population registration process and throughout the duration of stay at an RRC.
- Individuals or families arriving with household pets (not including service animals), and not requiring immediate medical attention, will be directed to the household pet co-registration entrance of the RRC where they will undergo a co-registration process with their household pets. See **Section 4.4** of this plan for more information on co-registration with household pets.
- If any apparent household pet or service animal emergency needs are identified or pets pose a safety risk, the animal and its owner(s) will be immediately referred to the Pet Services Area where the pet will be triaged (see **Section 4.5.10** of this plan).
 - While in the Pet Services Area, RRC Co-Registration Staff will complete tracking and registration for the owner(s) and animal (see **Section 4.4.2**).
 - Unless the service animal requires assignment to an alternate facility (e.g., veterinary hospital), the service animal will remain with its owner(s) throughout the duration of stay at an RRC. As needed, the owner may be assisted to the FNSS⁶ Station at the Health and Medical Area to determine the need for Personal

⁶ Functional Needs Support Services (FNSS) are defined as services that enable individuals to maintain their independence in a general population shelter. FNSS includes reasonable modification to policies, practices, and procedures; durable medical equipment (DME); consumable medical supplies (CMS); personal assistance services (PAS); and 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 women in late stages of pregnancy, elders, and people needing bariatric equipment.



Assistance Services (PAS)⁷ while the service animal is in the care of RRC Pet Services.

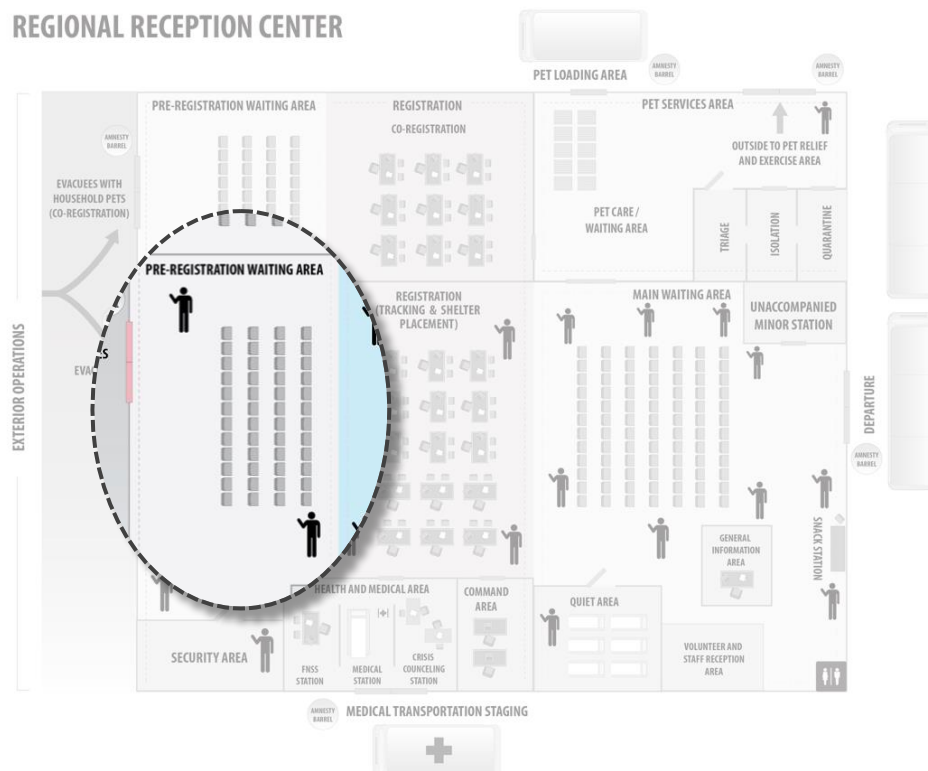
- Individuals or families who arrive and are observed to have an immediate need will be assessed and referred as follows:
 - Evacuees requiring immediate medical or mental health attention upon arrival will be assisted by RRC Greeters to the appropriate station in the Health and Medical Area (see **Section 4.5.6**).
 - Individuals and families arriving together will not be separated.
 - Minors will remain with their parent(s)/guardian(s). Child supervision will be determined by the parent(s)/guardian(s) and RRC staff.
 - While in the Health and Medical Area, evacuees (and any accompanying family member[s]) will be tracked and registered after their needs are determined and addressed.
 - In the event of a medical emergency, RRC staff will call 911 to request emergency medical services.
 - If possible, individuals and families arriving together will not be separated.
 - Transportation services will be coordinated as needed for families requesting to join their individual family member who is taken to an alternate facility.
 - Minors will remain with their parent(s)/guardian(s). If a minor is unable to join his/her parent(s)/guardian(s) for any reason, RRC staff will assist the minor to the Unaccompanied Minor Station and will follow the Unaccompanied Minor Protocol (see **Appendix 4** of this plan).
 - If a service animal is present, the service animal will accompany and remain with the owner.
 - If a pet is present, the RRC Greeter will capture owner contact information. The pet will be brought to the Pet Services Area to be tracked and registered under the individual's name until further information can be provided and the individual has been treated and assessed.
- Unaccompanied minors will be assisted to the Unaccompanied Minor Station (see **Appendix 4** of this plan).

⁷ Personal Assistance Services (PAS) are a range of services, provided by one or more persons, designed to assist an individual with a disability to perform daily living activities that the individual would typically perform if the individual did not have a disability.



- Individuals who self-disclose legal restrictions within a general population⁸ will be directed by RRC staff to the Security Area to discuss any restriction of movement within the RRC and appropriate sheltering options based on their legal circumstances (see **Section 4.5.4** of this plan).
 - Tracking and registration will take place in the Security Area for individuals who are directed there (see **Section 4.5.4** of this plan).
- Spontaneous volunteers and persons seeking to donate items to support the disaster or RRC operation will be referred to the volunteer and donations management system in place at the time of the event (e.g., the Mass 2-1-1 hotline).
 - The SEOC will ensure that a volunteer and donations management system is in place before an RRC location is announced and operations are in progress (see **Section 4.2.1.2** of this plan).

4.3.1.2 Evacuee Pre-Registration Waiting Area



As evacuees enter the main entrance they will communicate with RRC Greeters to be directed to appropriate processing areas.

⁸ Individuals who are under court orders requiring distance from an individual or location or otherwise have restricted freedoms are required to disclose this information to comply with reporting and residency requirements under their sentencing.



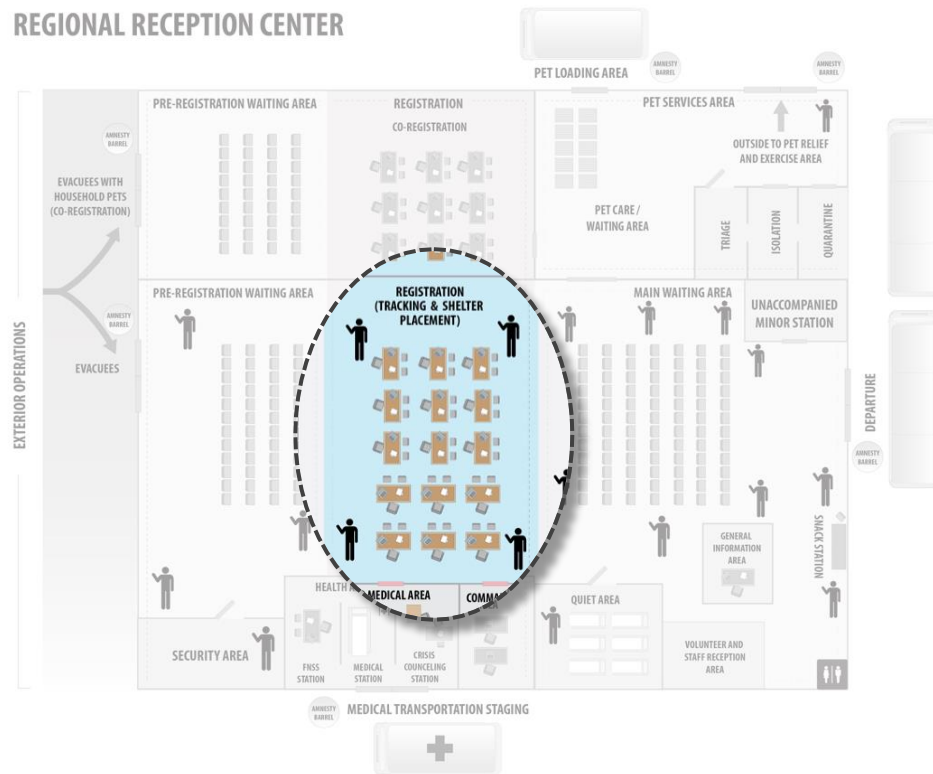
- Pre-Registration RRC Greeters, distinct from the RRC Greeters positioned at Exterior Operations, will distribute tickets to individuals/families.
- Tickets will include numbers and will be distributed based on the individual's/family's RRC processing track:
 - General Population Evacuee
 - Evacuee with Household Pet
- Individuals and family members registering together will receive one ticket and will not be separated. Personal caretakers will be considered a family member and will not be separated from any individual.
- The RRC processing track will be determined by RRC Greeters.
 - "General Population Evacuee" ticket: The individual/family will be directed to wait in the evacuee Pre-Registration Waiting Area until their number is called for registration.
 - "Evacuee with Household Pet" ticket: The individual/family will be given an appropriate ticket and referred to the household pet and evacuee Pre-Registration Waiting Area where they will undergo the co-registration process (see **Section 4.4.1.2** of this plan).
- If an individual/family presents with an immediate need through the RRC Greeter's use of the "Observations" component of the "2+2" tool⁹, or if they self-disclose an immediate need to an RRC Greeter, the individual/family will be referred (with any family members) to a specific station in the Health and Medical Area for medical or crisis counseling support (see **Section 4.5.6** of this plan).
 - While in the Health and Medical Area, the individual/family will be tracked and registered after his/her need is assessed and addressed (see **Section 4.5.6**).
 - If an individual/family expresses the desire to speak to an RRC staff member about additional assistance or accommodations, but does not have an immediate need, they may choose to wait to speak with RRC Registration Staff about accommodating their need.
- Unaccompanied minors and individuals who self-disclose legal restrictions will be processed as described in Exterior Operations (see **Section 4.3.1.1**).

While individuals and families await their number to be called to proceed to registration, general information will be provided through verbal and posted announcements. Once an opening in the Registration Area is available, RRC Greeters will call/display the ticket numbers for evacuees to proceed to registration.

⁹ "2+2; Observations" represents one of the tools or methods used while processing evacuees at the RRC to help identify and address evacuee needs. During this assessment, the RRC Greeter will only observe if an evacuee presents with an immediate need. However, an evacuee may at any time choose to self-disclose their immediate need to an RRC Greeter; any interaction that occurs between an RRC Greeter and an evacuee will also help identify if an evacuee has an immediate need and if he/she is referred accordingly. See the *Operator's Guide* for needs assessment tools and associated forms.



4.3.2 Registration (Tracking and Shelter Placement)



Registration at an RRC is a component of an RRC reception process in which individuals/ families within the evacuating population are identified, further assessed, tracked, and assigned to the most appropriate available shelter that will meet their respective needs. There are three aspects to the registration process: (1) evacuee tracking, (2) registration, and (3) shelter assignment. Within the Registration Area, registration desks will be established and manned by RRC Registration Staff¹⁰ to carry out this component of the evacuee process, including identifying any FNSS needed. Registration runners may be present, as a part of the RRC Registration Staff, to support the registration process (e.g., help with a paper-based system, ensure resources are filled).

All evacuees will complete the tracking, registration, and shelter placement process.

- Tracking, registration, and shelter placement will be completed at one desk and at the same time within the Registration Area.
- If an evacuee was previously housed at a local shelter and transported to the RRC for subsequent placement in another shelter or a SIRS, the RRC Registration Staff will obtain

¹⁰ If possible, all RRC Reception Group Staff will be FAST trained. See *Section 5.0, Organization of Roles and Responsibilities*, and the *RRC Operator's Guide* for more information about Reception Group and Registration Team responsibilities. FAST programs and training are available to address the nationally recognized gaps in providing sheltering services to persons with access and functional needs. Training programs provide guidance on how to identify and provide needed resources for those with access and functional needs.



their registration and tracking information (if available), and update this information rather than creating a new record if possible.

- Individuals will not be required to present identification during this process.
- If it is apparent through the registration process that an individual/family requires immediate health and medical attention, RRC Registration Staff will assist the individual/family to the Health and Medical Area for medical or mental health support (see **Section 4.5.6**).
- If it is apparent through the registration process that a child is unaccompanied, he/she will be assisted to the Unaccompanied Minor Station per the Unaccompanied Minor Protocol (see **Appendix 4** of this plan).
- Individuals who self-disclose legal restrictions within a general population will be directed by RRC staff to the Security Area to discuss any restriction of movement within the RRC and shelter options (see **Section 4.5.4** of this plan).

4.3.2.1 Paper-based Registration Process

- RRC Registration Staff will give each evacuee (including individual family members) a wristband with a unique identification number. This number will be used to populate the paper-based RRC Evacuation Tracking/Registration Form (see the **RRC Operator's Guide** for tracking and registration forms).
 - Families will register as one unit. Each individual in the family will be assigned the same number from the head of households' wristband, and each individual name will be entered onto the RRC Evacuation Tracking/Registration Form.
 - Any baggage (limited to the amount an evacuee can carry through an RRC to a SIRS), medical equipment, or service animal will be tagged with the same barcode or identification number assigned to the individual/family and indicated on the RRC Evacuation Tracking/Registration Form.
 - RRC Registration Staff will inform evacuees that they must wear their wristbands at all times and present them to RRC Public Safety and Security Branch Staff whenever exiting or re-entering the RRC facility.
- RRC Registration Staff will collect information from the individual/family to complete the RRC Evacuation Tracking/Registration Form.
 - The RRC Evacuation Tracking/Registration Form will exist in carbon copy form to allow for a paper trail that helps account for evacuee progression throughout the mass care and evacuation process. As shown at the bottom of the form, each copy will be distributed to the following:
 - RRC
 - State-Provided Transportation Bus Driver
 - Individual/Head of Household
 - SIRS



- Evacuees will carry their form, the form for the bus driver, and the form for the SIRS with them.
- The bus driver will take the copy to serve as the bus manifest, as no printed electronic bus manifest will be available; the driver will deliver these copies to SIRS Transportation Unit Staff upon arrival at the SIRS.
- SIRS Registration Staff will take their copy from the individual/family during the SIRS registration process.
- RRC Registration Staff will conduct a needs assessment with the “Questions” component of the “2+2” tool¹¹.
 - If a need is identified through the “2+2; Questions,” RRC Registration Staff will use the Communication, Maintaining Health, Independence, Supervision, and Transportation (C-MIST)¹² form to conduct a more in-depth assessment.
 - Except for an immediate need, in which case the individual/family will be referred to the Health and Medical Area, RRC Registration Staff will document the evacuee’s needs via the C-MIST form. (See **Appendix 4** for information on Protected Health Information (PHI).)
 - Following the registration process, the evacuee will be referred to the appropriate service area within the RRC, or the SIRS, when assigned.
 - The form will exist in carbon copy form to allow for a paper trail that helps account for evacuee needs and resources. As shown at the bottom of the form, each copy will be distributed to the following:
 - RRC
 - SIRS Health and Medical Group
 - Individual/Head of Household
 - RRC Registration Staff will attach each copy to the corresponding copy of the Evacuee Tracking/Registration Form.
 - Evacuees will carry their forms and the forms for the SIRS with them.
 - SIRS Registration Staff will take their copies from the individual/family during the SIRS registration process.
- RRC Registration Staff will include shelter placement information and associated transportation information (including the specific vehicle number) on the RRC Evacuation Tracking/Registration Form.

¹¹ “2+2; Questions” represents one of the assessment methods used while processing evacuees at the RRC to help identify and address evacuee needs. During this phase of the assessment, the Registration Staff will ask the questions from the 2+2 assessment tool. The observations will be made by the RRC Greeters as outlined in *Section 4.3.1.2*. See the *RRC Operator’s Guide* for more information on needs assessment tools and associated forms.

¹² C-MIST represents one of the assessment methods used while processing evacuees at the RRC to help identify and address evacuee needs. See the *Operator’s Guide* for needs assessment tools and associated forms.



- Shelter assignments will be based on facility capacity and the number of SIRS facilities that are open; shelters are filled to 80 percent capacity and tracked as close to real time as possible.
 - RRC Registration Staff will take into account any relevant considerations when making shelter assignments (e.g., co-locating families, co-locating family members with pets).
 - If shelter capacity information is not electronically available, information on shelter capacity will be coordinated through the RRC Manager and the RRC Team at the SEOC. RRC Registration Staff will be periodically provided with SIRS status reports to help facilitate shelter assignment decisions.
- Transportation vehicle assignments will be based on individual/family shelter assignments. Each shelter assignment will be linked to a corresponding state-provided transportation vehicle.
- Upon completion of the registration process, evacuees will be provided with general information about the RRC and RRC services. This information may include, but is not limited to:
 - A form containing RRC rules, policies, and general information (the RRC Facility Agreement and Policies Form) regarding the RRC facilities, RRC services and service area locations, and the remaining RRC process while awaiting transport to a SIRS (see the ***RRC Operator's Guide*** for RRC site forms).
 - A map of the RRC.

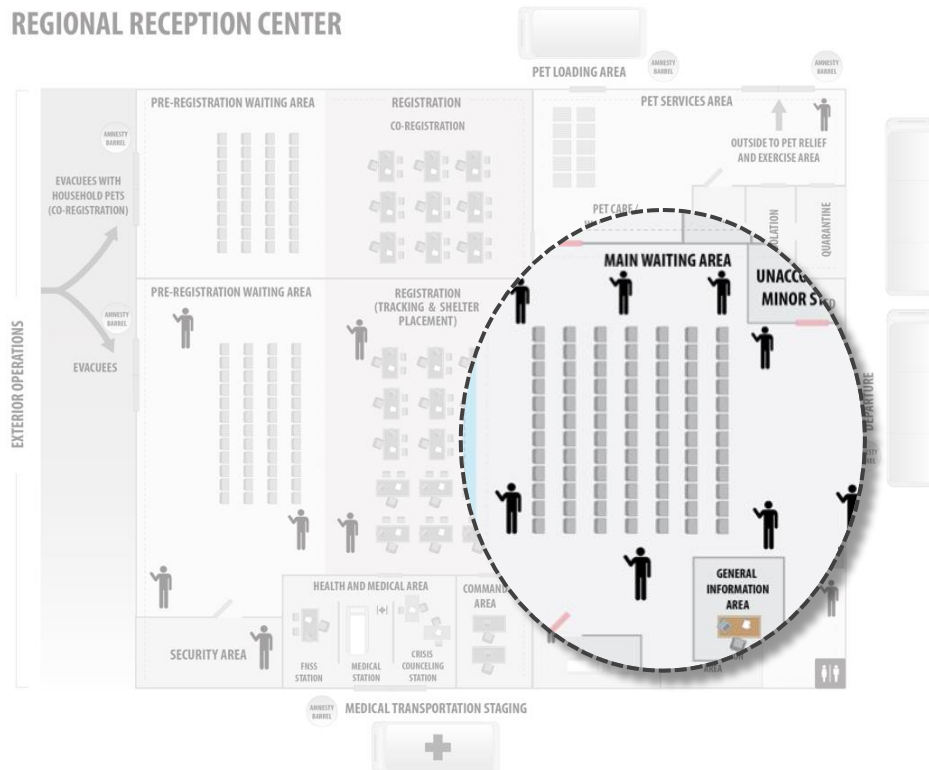
4.3.2.2 *Electronic-based Registration Process*

RRC Registration Staff will give each evacuee (including individual family members) a wristband with a unique identification number. The numbers will be entered in an online database manually or using barcode scanners. The remaining registration process mirrors the paper-based registration process (see **Section 4.3.2.1**). RRC Registration Staff will document all gathered information in an online database instead of using paper forms.

- RRC Registration Staff will print out and hand individuals an evacuee tracking ticket stating their assigned shelter and transportation vehicle assignments.
- Once a transportation vehicle has been filled, RRC Registration Staff will print out the electronic manifest, and will deliver the printed transportation manifest to the General Information Area, where RRC Transportation Unit Staff can access the manifests when needed.
 - Each manifest will include a list of evacuees, baggage, and pets that are scheduled to be on that vehicle.



4.3.3 Main Waiting Area

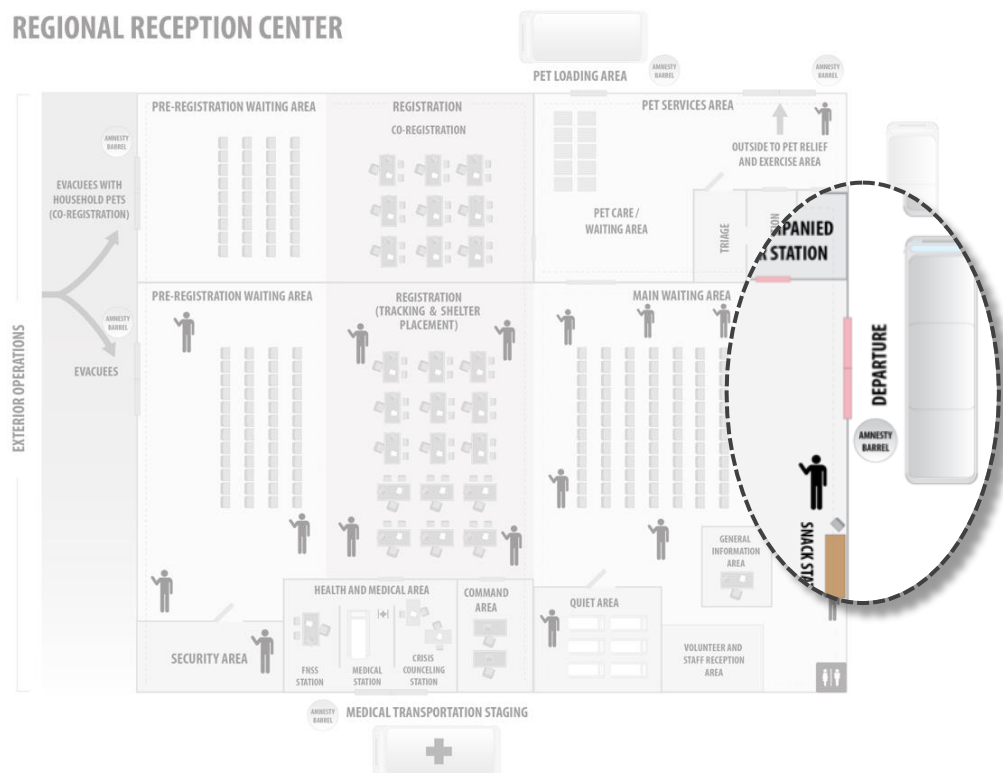


- Once individuals/families complete the reception process and are awaiting transport to a SIRS, they proceed to the Main Waiting Area.
- The Main Waiting Area layout is designed to reflect the vehicle transportation assignment as well as the capacity of the transportation vehicle.
 - Optimally, the number of chairs in each row will be based on the bus capacity.
 - The bus number and shelter destination will be clearly marked at the head of each row.
 - Evacuees will sit in the appropriate row for their assigned bus, based on their shelter assignment.
- An easily identifiable sign in the Main Waiting Area will provide estimated departure times noting specific destination.
- The General Information Area will be available for evacuees after registration and will provide information on the following topics (see **Section 4.5.8** for further details on services provided in this area):
 - Transportation and the SIRS;
 - Registering on reunification systems and technology capabilities to facilitate family reunification; and
 - Referrals to other areas of the RRC as necessary, including the Health and Medical Area for any evacuees who identify a need.



- Respite care will be provided in the following forms:
 - Snacks and water will be available for evacuees in the Snack Station.
 - Snacks will be provided that avoid common allergies (e.g., peanut free).
 - A Quiet Area will be available for individual/family rest.
 - Cots, blankets, pillows, accessible cots, and equipment will be available as needed.
 - In rare circumstances, evacuees may need to stay in the RRC for more than 24 hours. In this circumstance, the RRC Manager will coordinate with the RRC Team and Mass Care SMG Supervisor to identify dormitory resources for the Main Waiting Area.

4.3.4 Departure



- RRC Transportation Unit Staff will make general transportation updates at the General Information Area prior to each bus arrival.
- When specific transportation to the SIRS is en route to the RRC, an announcement will be made directing evacuees to their respective seating to ensure all evacuees are accounted for.
- Once the assigned transportation vehicle has arrived, evacuees will be directed outside to load onto the assigned bus.



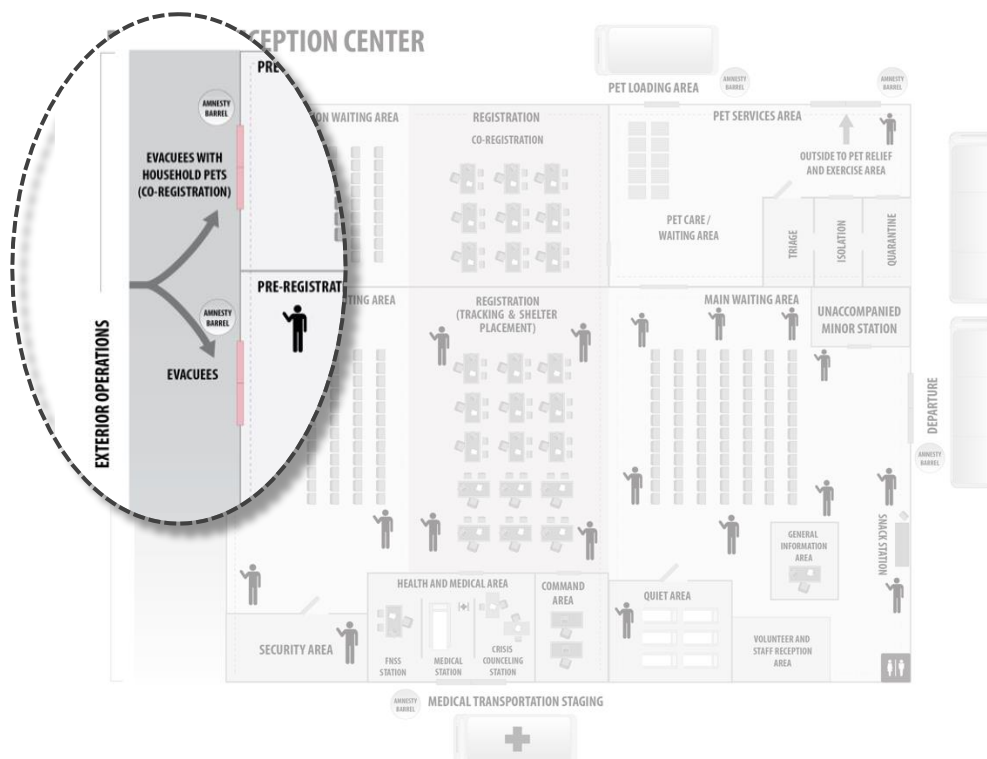
- If a paper-based evacuation support system is employed, evacuees will provide a copy of their RRC Evacuation Tracking/Registration Forms to the bus driver. The bus driver will deliver these copies to SIRS Transportation Unit Staff upon arrival at the SIRS.
- If an electronic evacuation support system is employed, RRC Transportation Unit Staff will obtain the printed bus manifest from the Reception Group and check each passenger against the bus manifest. Once all passengers have been accounted for, the manifest will be handed to the bus driver. The bus driver will deliver this manifest to SIRS Transportation Unit Staff upon arrival at the SIRS.

4.4 RRC Operations: Co-Reception with Household Pets

This section describes the essential functions and activities required to process evacuees and their household pet(s).

4.4.1 Arrival

4.4.1.1 Exterior Operations



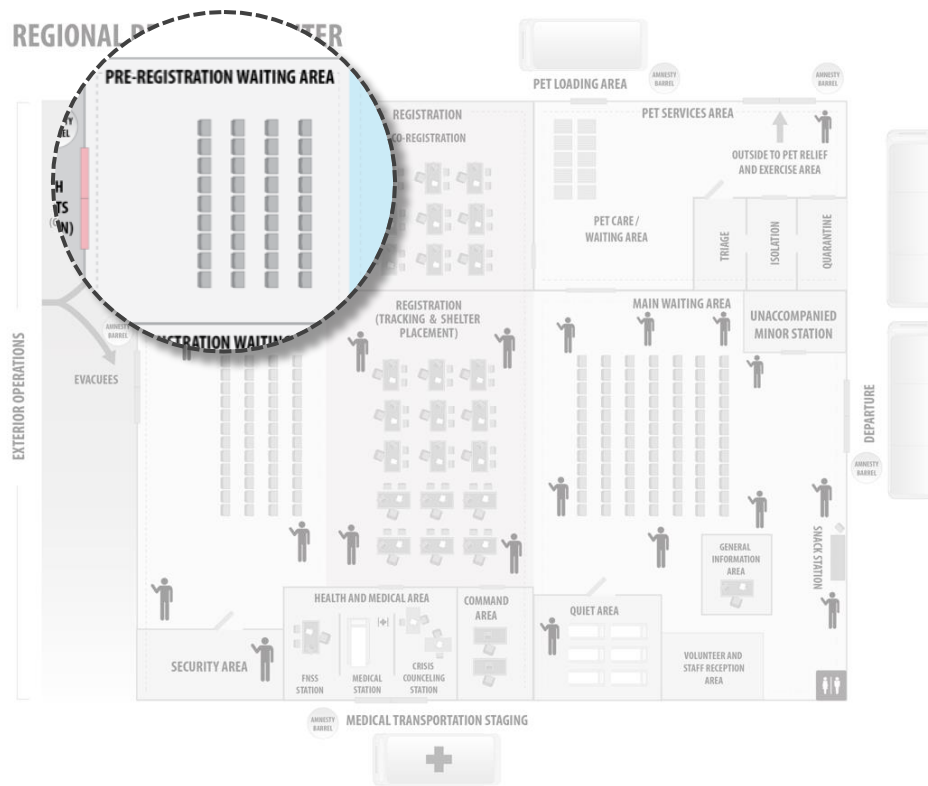
The same process detailed in the Evacuee Exterior Operations (see **Section 4.3.1.1**) will apply for evacuees with pets in this area.



- Household pets may arrive at an RRC from a local T-Hub, via state-provided transportation (for pets under 30 pounds) and animal transport vehicles (for pets over 30 pounds and over). However, household pets could also arrive via:
 - Locally-provided transportation from numerous debarkation points;
 - Personal vehicles; and
 - Other transportation methods.
- The RRC Pet Transportation Team will verify that household pets 30 pounds and over arriving from a local T-Hub via animal transport vehicles are received.
 - If a paper-based evacuation support system is employed, staff will collect copies of the T-Hub Animal Intake Form from the bus drivers and verify that each pet has been received at the RRC.
 - If an electronic support evacuation system is employed, staff will collect the bus manifests from the bus drivers and verify that each pet has been received at the RRC.
 - If there are any discrepancies in the paper-based or printed pet manifests, the Pet Transportation Team Staff will contact appropriate local T-Hub staff. If discrepancies cannot be resolved, the Pet Services Group Supervisor will be notified to assist in resolving the issue.
- All unloaded pet crates will be supervised by the RRC Pet Transportation Team until the owners have come to claim their pets.
 - When owners arrive to claim their pets, staff will have three options depending on the local T-Hub tracking system to ensure that pets are collected by verified owners:
 - If either a paper-based or electronic evacuation support system is being employed, staff will confirm the owner matches the photo attached to the crate;
 - If a paper-based evacuation support system is being employed, the owner(s) will present their copy of the T-Hub Animal Intake Form and staff will match the form and identification number with the form and identification number attached to the crate; or
 - If an electronic evacuation support system is being employed, staff will scan the owner's and pet's unique identification numbers to ensure that they are connected in the database.
 - Once an owner is confirmed to collect the pet, both pet and owner will be directed to the co-registration entrance to undergo the co-registration process.
 - If a pet is left unclaimed, the RRC Pet Transportation Team will bring the pet to RRC Co-Registration Staff to be tracked, registered, and assigned a shelter. The pet will be cared for by RRC Pet Care Staff until it is transported.



4.4.1.2 Household Pet and Evacuee Pre-Registration Waiting Area



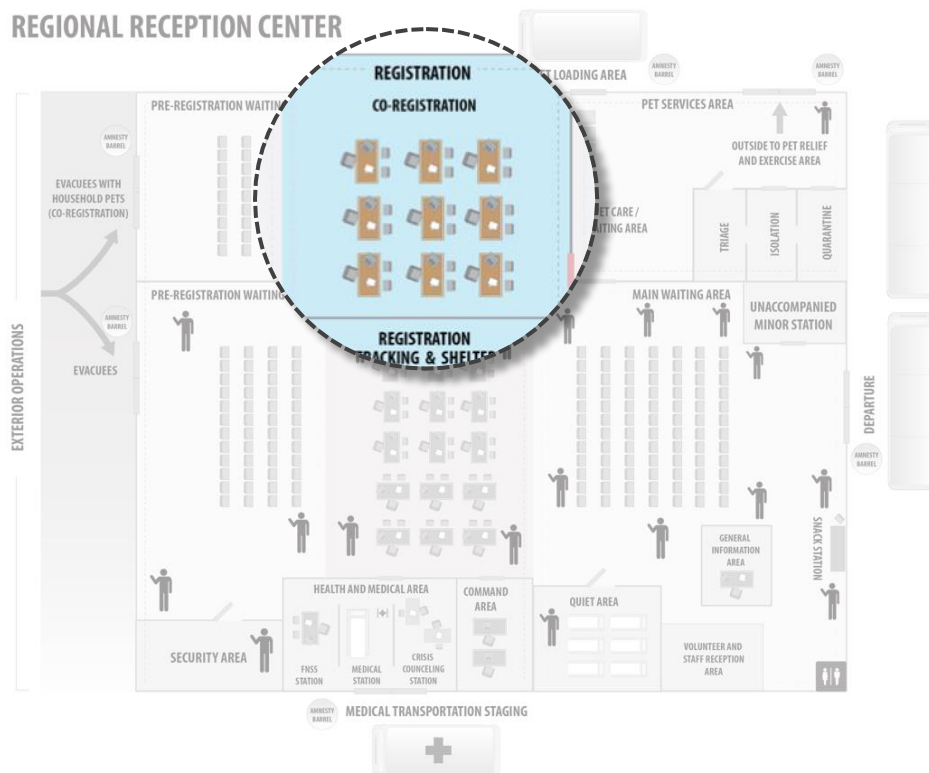
The same process detailed in the Evacuee Pre-Registration Waiting Area operations will apply for evacuees with pets in this area (see **Section 4.3.1.2**).

- If a household pet is observed to have an immediate need, the owner(s) self-disclose an immediate need to an RRC Greeter or RRC Pet Care Team, or the pet poses a safety risk, the owner(s) will be referred to the Pet Services Area, where the pet will be triaged, and as necessary, placed into an appropriate veterinary treatment, quarantine, or isolation area (see **Section 4.5.10** of this plan).
 - While in the Pet Services Area, RRC Co-Registration Staff will complete tracking, registration, and shelter placement for the owner(s) and tracking and registration for the pet. Once the pet's needs have been assessed and addressed, pet shelter placement will be determined.

While individuals and families await their number to be called to proceed to registration, RRC Greeters will provide general information through announcements. Once an opening in the Co-Registration Area is available, RRC Greeters will call the ticket numbers for evacuees to proceed to a co-registration desk.



4.4.2 Co-Registration (Tracking and Shelter Placement)



Evacuees with pets will be registered together at the RRC, in the Co-Registration Area. The co-registration process involves two main steps: (1) registering the evacuee and his/her family first, and (2) registering pet(s). The following sections detail each of these processes.

4.4.2.1 Evacuee Registration

- Owners will be tracked, registered, and assigned a shelter before their pets, with consideration of the availability at pet-friendly SIRS facilities.
 - The tracking, registration, and shelter assignment process for evacuees with pets is the same as the registration process for other evacuees (see **Section 4.3.2** of this plan).
 - Owners will be informed that not all shelters are pet-friendly and that it is not guaranteed that their pet will remain with them.
- If an evacuee and household pet were previously housed at a local shelter and transported to the RRC for subsequent placement in another shelter or a SIRS, the RRC Co-Registration Staff will obtain their registration and tracking information (if available), and update this information rather than creating a new record.

4.4.2.2 Household Pet Registration

- Pets will be registered after their owner(s).



- If it is apparent through the registration process that a pet has an immediate need, the owner(s) self-disclose an immediate need to the RRC Co-Registration Staff, or the pet poses a safety risk, the pet and its owner(s) will be immediately referred to the Pet Services Area where the pet will be triaged, and as necessary, placed into appropriate veterinary treatment, quarantine, or an isolation area (see **Section 4.5.10** of this plan).
 - While in the Pet Services Area, RRC Co-Registration Staff will complete tracking, registration, and shelter placement for the owner(s), and tracking and registration for the pet. Once the pet's needs have been assessed and addressed, pet shelter placement will be determined.
- Owners will be notified that pets under 30 pounds (who are expected to be co-located in a SIRS with their owners) will travel with their owners to their assigned shelter, and pets 30 pounds and over will travel via separate animal transport, to their assigned shelter.
- If a paper-based evacuation support system is employed, RRC Co-Registration Staff will follow the process in **Section 4.4.2.3**. If an electronic evacuation support system is employed, RRC Co-Registration Staff will follow the process in **Section 4.4.2.4**.

4.4.2.3 Household Pet Paper-based Registration Process

- The owner's wristband identification number will be assigned to the pet on the RRC Animal Intake Form (see the **RRC Operator's Guide** for pet services forms).
- The identification number will be entered onto an identification collar (to be worn at all times) supplied by RRC Co-Registration Staff.
- A photo of each pet (with identification collar visible) and owner(s) will be taken. The photo will be handed to the owner(s) to be attached to the pet's crate or carrier.
- Information will be collected from the owner(s) to complete the pet and owner identification portion of the RRC Animal Intake Form.
- The RRC Animal Intake Form will exist in carbon copy form to allow for a paper trail that helps account for the pet progression throughout the mass care and evacuation process.
 - As shown at the bottom of the form, each copy will be distributed to the following:
 - RRC (to be kept with the owner registration form)
 - Owner(s)
 - Crate or Carrier (for the RRC and SIRS Pet Transportation Staff or if the pet is separated from its owner)
 - SIRS or assigned pet shelter
 - For pets under 30 pounds that are co-located with their owners in a SIRS and will travel in the same transport vehicle:
 - Owners will carry their form and the form for the SIRS with them.
 - SIRS Co-Registration Staff will take their copy from the individual/family during the SIRS registration process.
 - For pets 30 pounds and over, or under 30 pounds who are not co-located with their owners in a SIRS:



- Owners will carry their form and the form for the SIRS with them.
 - The animal transport drivers will use their copies to serve as pet manifests if no printed manifests will be available, and check these against the forms from the RRC; the SIRS Pet Transportation Staff will check the forms upon arrival at the SIRS against their copies of the forms on the pet crates.
 - SIRS Co-Registration Staff will take their copy from the individual/family during the SIRS registration process.
- RRC Co-Registration Staff will include shelter placement information and associated animal transport information (including the specific vehicle number) on the RRC Animal Intake Form.
 - Shelter assignments will be based on the following criteria:
 - Pets will be assigned to a pet-friendly shelter, offering pet services based on the owner's destination whenever possible.
 - If an owner is assigned to a shelter that is not pet friendly, the pet will be assigned to an animal shelter boarding facility near the owner's SIRS.
 - Pet owner transportation to and from the shelter will be accommodated via the SIRS transportation services.
 - If pet shelter capacity information is not electronically available with a paper-based system, information on pet shelter capacity will be coordinated through the RRC Manager and the RRC Team at the SEOC. RRC Co-Registration Staff will be periodically provided with pet shelter status reports to help facilitate shelter assignment decisions.
 - Animal transport vehicle assignments will be based on pet shelter assignments. Each shelter assignment will be linked to a corresponding state-provided transportation vehicle.
- RRC Co-Registration Staff will fill out the Animal Daily Care Sheet, to be attached to the crate or carrier, for pets 30 pounds and over, or under 30 pounds who are not co-located with their owners in a SIRS (see the ***RRC Operator's Guide*** for RRC pet services forms).
- Once the co-registration process is completed:
 - Pets under 30 pounds, who are expected to be co-located in a SIRS with their owners, will proceed with their owner to the Main Waiting Area to await transport with their owner to the SIRS.
 - Owners are responsible for the overall care of their pet.
 - Pets will be transported with owners, on their owner's lap or underneath the seat if possible.
 - Pets will be required to remain in their carrier at all times.
 - Pets over 30 pounds, or under 30 pounds who are not co-located with their owner(s) in a SIRS, will proceed with their owner(s) to the Pet Care/Waiting Area to be placed in a crate or carrier and wait for transportation.



- Owners are responsible for the overall care of their pet in the Pet Care/Waiting Area.
- Owners will be given a form containing the RRC Pet Services rules, policies, and general information regarding the RRC Pet Services Area, RRC pet services, and service area locations (the RRC Pet Services Agreement and Policies Form).

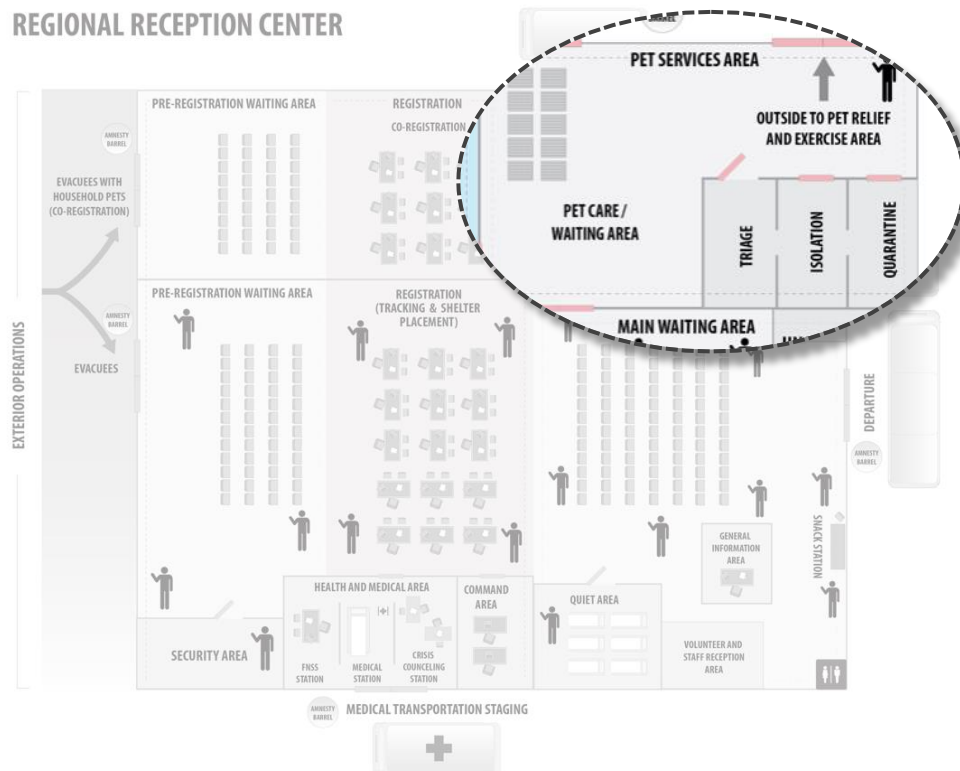
4.4.2.4 Household Pet Electronic-based Registration Process

RRC Co-Registration Staff will provide wristbands with unique identification numbers and to individuals (including individual family members) and enter these into an online database using barcode scanners or by manually entering number to begin the registration process and will follow the same registration processes as are included in the paper-based registration process (see **Section 4.4.2.3**). RRC Co-Registration Staff will document all gathered information in an online database as opposed to using paper forms.

- For pets 30 pounds and over, or pets under 30 pounds who are not co-located with their owner(s) at a SIRS, RRC Co-Registration Staff will print out and hand owner(s) two pet tracking tickets stating their pet's assigned shelter and transportation vehicle assignment, which, depending on the pet shelter assignment and the weight of the pet, may or may not be the same as the owner's (see the **RRC Operator's Guide** for RRC pet services forms).
 - One copy will be for the owner(s) and one will be attached to the pet's crate or carrier in the Pet Care/Waiting Area, to cross reference the pet manifest.
- Once an animal transport vehicle is filled, RRC Co-Registration Staff will print out the electronic manifest, and deliver it to the RRC Pet Transportation Staff.
 - Each transport manifest will include a list of the pets assigned that are scheduled to be on that vehicle and their associated owner(s).



4.4.3 Pet Care and Waiting Area



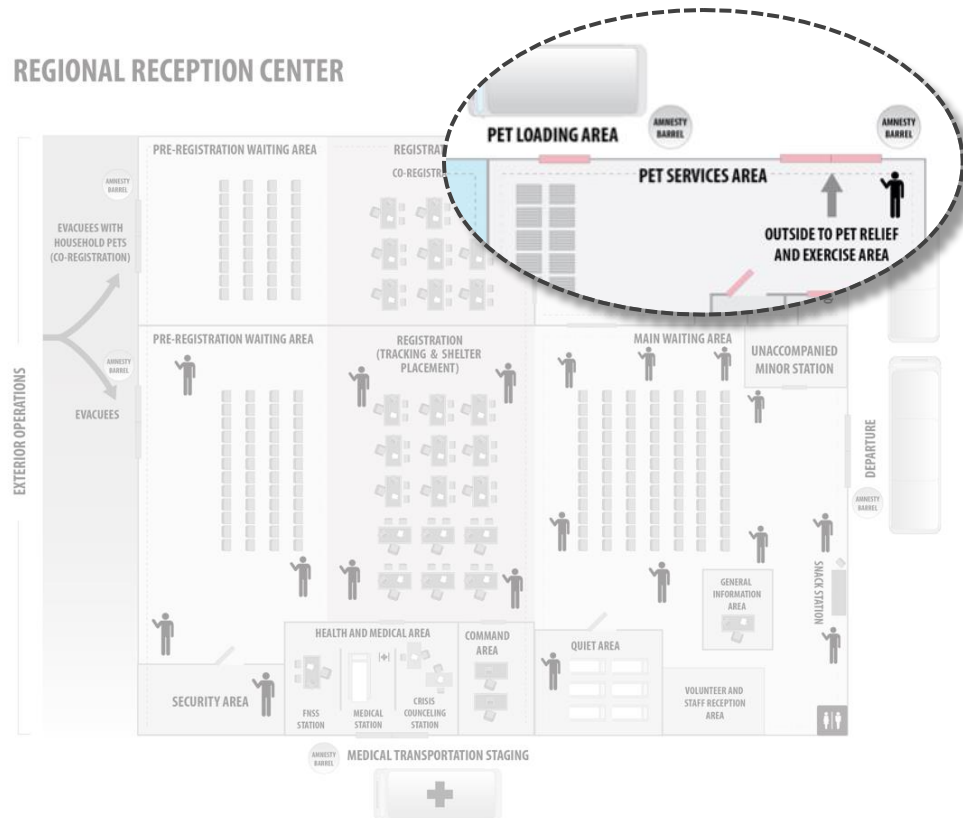
- Owners with pets 30 pounds and over, or under 30 pounds who are not co-located with their owners in a SIRS, will bring their pet to the Pet Care/Waiting Area to be placed in a crate/carrier.
 - Owners, with the assistance of RRC Pet Care Staff, will attach the photo, the Animal Daily Care Sheet, and either the copy of the RRC Animal Intake Form (paper-based system) or electronic tracking ticket (electronic-based system) to their pet's crate or carrier.
 - Owners are responsible for overall care of their pet when in the Pet Care/Waiting Area.
 - Owners will document any pet care activity on their Animal Daily Care Sheet to indicate to RRC Pet Care Staff if and when their pets were fed, exercised, and relieved.
 - While it is understood that owners are responsible for the overall care of their pet, RRC Pet Care Staff will monitor the Animal Daily Care Sheets and perform pet care activities if pets are not being adequately attended to.
 - Owners will be informed that to access the Pet Care/Waiting Area they will need to present their wristband or copy of their RRC Animal Intake Form to Pet Care Staff.



RRC Operational Plan

- Pets over 30 pounds, or under 30 pounds who are not co-located with their owners in a SIRS, will remain in this area until assigned animal transport has arrived.
- The Pet Care/Waiting Area layout will reflect animal transport and shelter assignment.
 - The crates or carriers will be laid out according to the pet tracking tickets.
- The following care will be available for all pets and service animals (over and under 30 pounds):
 - Exercise area
 - Food/water
 - Pet relief area with waste bags
 - Triage area
 - Quarantine area
 - Isolation area
- All pets will remain in their crate or carrier while not under their owner's care.

4.4.4 Pet Departure



- Pet departure for animals 30 pounds and over, or under 30 pounds who are not co-located with their owners, will be coordinated by RRC Pet Transportation Staff.



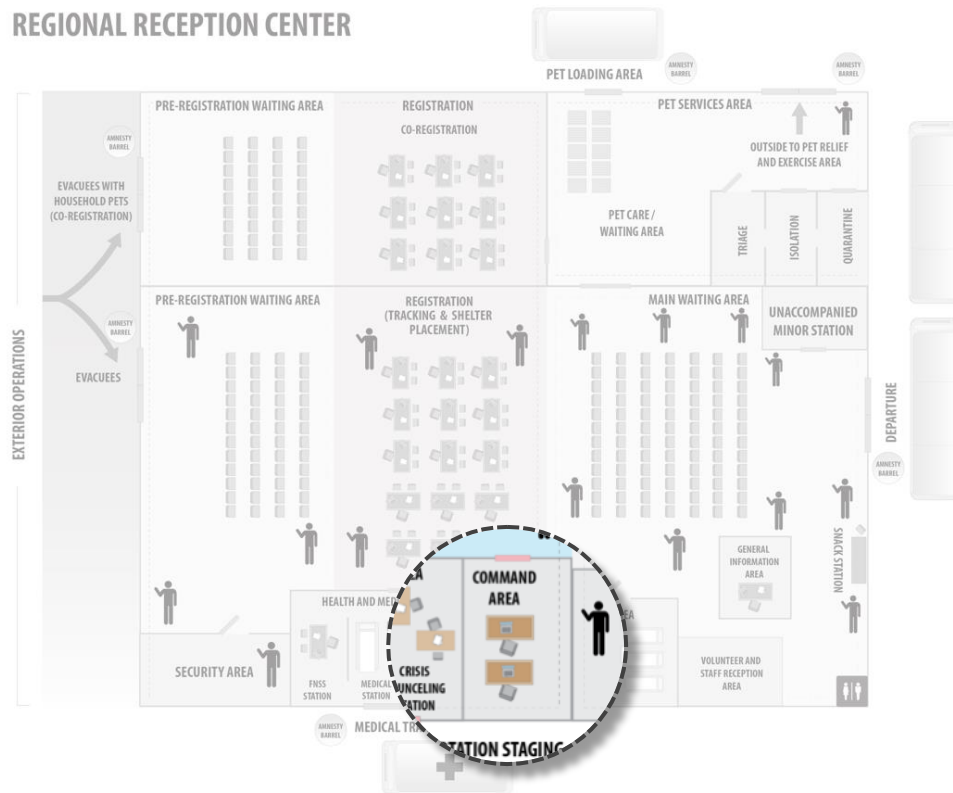
- Animal crates and carriers will be loaded onto the assigned animal transport vehicles by RRC Pet Transportation Staff; special care will be taken to ensure pets are correctly placed in the assigned animal transport vehicle.
 - If a paper-based evacuation support system is employed, RRC Pet Transportation Staff will check all copies of the RRC Animal Intake Form from the animal crates or carriers against the RRC copies, verify that the pets are on the correct transport vehicle, and the truck drivers will take their copies for the truck manifest. The SIRS Pet Transportation Staff will verify the copies from the truck driver of the RRC Animal Intake Form against copies on the crates upon arrival at the SIRS.
 - If an electronic evacuation support system is employed, the RRC Pet Transportation Staff will collect all the pet tracking tickets from the animal crates or carriers, cross-reference the tickets with the printed pet manifest, and deliver the pet manifest to the animal transport driver. The animal transport drivers will provide SIRS Pet Transportation Staff with the pet manifest upon arrival at the SIRS.
- Animal transport departures to co-located SIRS facilities will be coordinated in conjunction with the departure of state-provided transportation travelling to the same facilities.
- Owners will reunify with their pets at the SIRS co-located shelter or transportation will be provided from the SIRS to their pet's location.

4.5 RRC Operations: Core Functions and Essential Services

This section details the other core functions required to operate an RRC, and the essential services required to support evacuees, household pets, and RRC staff.



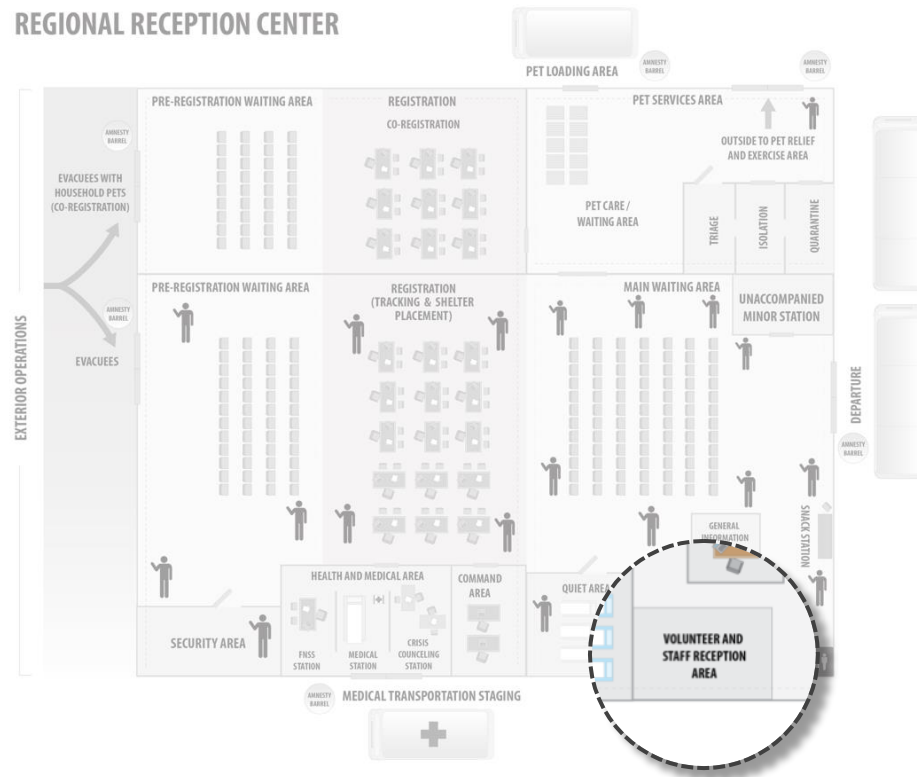
4.5.1 RRC Command Center



An area within the RRC will be designated for the RRC Command and General Staff operations. Only authorized staff will be permitted in this area (see **Section 3.2.3**).



4.5.2 Volunteer and Staff Reception Center



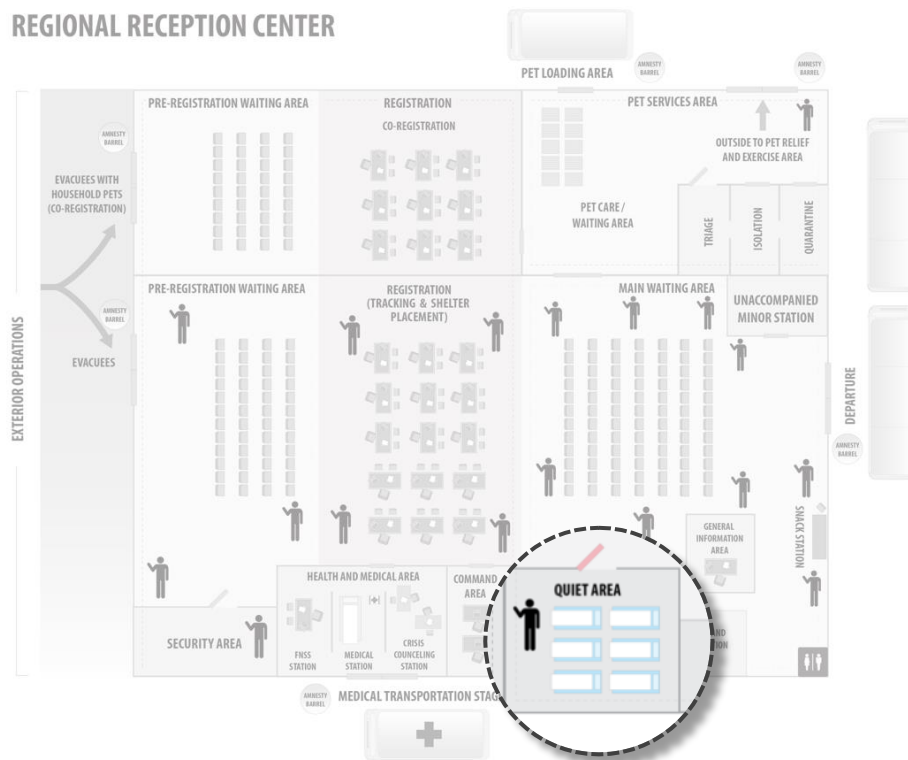
The Volunteer and Staff Reception Center is an area within the RRC where volunteers and staff will report to when they enter the facility to sign-in and receive their staff assignments (see the ***RRC Operator's Guides*** for sign-in sheets and information to provide the RRC Staff).

As needed, the Volunteer and Staff Reception Center can be used to brief staff and volunteers on assignments, operations, and special considerations.



4.5.3 Respite

4.5.3.1 Evacuee Respite



Though the RRC is not intended for overnight stays, cots, blankets, and pillows, including accessible cots and equipment, will be available as needed via a designated Quiet Area for individual/family rest within the Waiting Area. Additionally, charging stations will be available in the Quiet Area and throughout the facility.

4.5.3.2 RRC Staff Respite

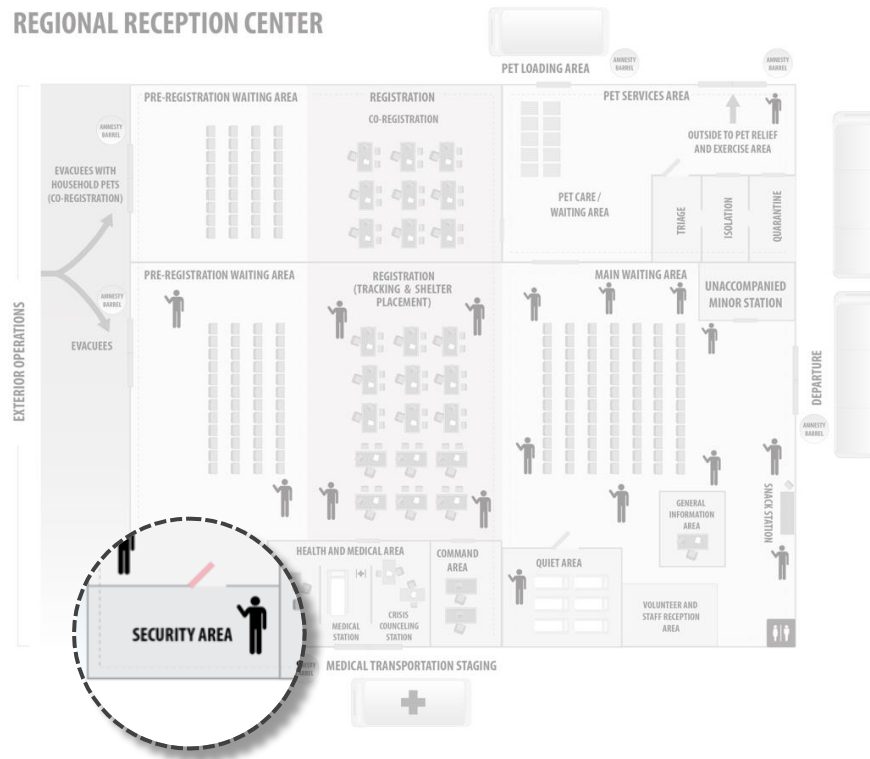
A designated area within the RRC will be designed as a staff respite area. This area serves to provide RRC staff with the following areas and resources:

- Meals
- Snacks
- Hydration
- Quiet/Rest area
- Charging station
- Secure location for personal belongings

As noted in **Section 4.5.7**, food for staff will be provided from the same source as food for evacuees.



4.5.4 Public Safety and Security



The Security Area will be established to coordinate the various services needed to ensure internal and external security of the RRC facility, and a safe environment for staff, evacuees, visitors (e.g., local officials), and household pets (if applicable). The RRC Public Safety and Security Branch Staff may include designated RRC staff, personnel from local and/or state law enforcement, and a contracted private security firm. The RRC Public Safety and Security Branch Director will coordinate with the staff to determine appropriate Group assignments (e.g., parking/traffic management group). The overarching services provided by this Branch include:

- Physical Security
- Parking and Traffic Management

Security-related communications among the RRC Public Safety and Security Branch Staff and, between the RRC Public Safety and Security Branch Director and the RRC Manager may be conducted on handheld radios using a designated radio channel.

4.5.4.1 Physical Security

To ensure a safe and secure shelter environment, various physical security measures will be provided in the exterior and interior of the facility. Physical security measures will include the following:

- a. Securing equipment and supplies stored at the site location.



- b. Providing a physical security presence within the public spaces of the facility (e.g. outside of bathroom areas and in the dormitory).
- c. Prohibited Items Management:
 - Illegal drugs, alcohol, and weapons are prohibited in an RRC facility.
 - With the exception of sworn law enforcement officers, persons entering the facility are prohibited from carrying firearms or other weapons.
 - An amnesty barrel will be provided near the entrance(s) of the RRC for the disposal of prohibited items.
 - Rules of the RRC and a list of prohibited items will be clearly posted at the entrance(s) of the RRC. Such posting will explicitly disclose that prohibited items will not be returned.
 - Local and/or state law enforcement assigned to the RRC Security Group will use an established process and protocol to dispose of any prohibited item(s). Any person who is in unlawful possession of a prohibited item at the RRC will be referred to law enforcement for appropriate action.
 - If the local and/or state law enforcement supporting the RRC operation have procedures in place to receive, track, store, and properly return firearms to Massachusetts residents in possession of a firearm with a License to Carry (LTC), then they will implement this service in consultation with the Public Safety and Security Branch Director, RRC Manager, and the RRC Team.
- d. Security Screening:

Security screening of all evacuees and unauthorized individuals entering and re-entering the RRC will be conducted. The following security screening methods may be used as necessary and if available:

 - Bag screening stations;
 - Metal detectors;
 - Magnetometers; and
 - Other identified and available procedures or devices.
- e. Assisting Individuals with Restricted Freedom:
 - All evacuees who present at an RRC must be accommodated.
 - A percentage of the population will be subject to judicial and/or legislative orders restricting their freedom of movement geographically or in proximity to specific individuals (e.g., people under court orders). All evacuees with a restricted freedom should disclose this information when registering at the RRC.
 - The RRC Public Safety and Security Branch Director and the RRC Manager will be immediately notified by RRC Registration and Co-Registration Staff of any individual who is observed as a potential security risk, or who self-discloses legal restrictions within a general population.



- All evacuees who present at an RRC must be accommodated and be provided shelter accommodations.
- Evacuees who may be a potential safety risk to others will be processed in the Security Area.
- In consultation with the RRC Manager, the RRC Public Safety and Security Branch Director will determine the best course of action to take to ensure the safety of evacuees and staff. Decisions about an individual's stay at an RRC will be made on a case-by-case basis.
 - The RRC Public Safety and Security Branch Director and RRC Manager will follow all applicable laws and request additional guidance from the SEOC RRC Team if needed.
 - Alternative shelter accommodations may include, but are not limited to the following:
 - A separate room or sleeping area within an RRC facility, if proximity to others in the RRC will violate a court order; or
 - An alternate shelter facility (e.g., a hotel)
- f. Access Control:

The RRC Security Group Staff will perform the following access control duties:

 - Prevent an individual(s) from entering the facility (or service areas if already inside the facility) if reported or observed to be a potential security risk.
 - The RRC Public Safety and Security Branch Director and the RRC Manager will be immediately notified by RRC staff of any individual who is observed as a potential security risk.
 - Provide access control into the facility in the event evacuees and/or staff have been contaminated (e.g., chemical, biological, radiological, or nuclear hazardous material or environments). All contaminated persons, and pets, will need to go through a decontamination process prior to being allowed entry into the RRC.
 - Secure entrance and exit points in the RRC where evacuees and non-evacuees (e.g., staff, media, and vendors) will be identified and secured.
 - If resources are available, all entrance and exit points in the RRC that are not declared primary points of entrance/exit will be staffed to ensure re-direction through the authorized security checkpoint.
 - If possible, secured areas will be designated for smoking and household pet relief that allows evacuees to re-enter the RRC without re-screening.
 - Evacuees will be permitted to leave and re-enter the facility without going through registration by showing their wristband or other appropriate form of identification.
 - Spontaneous volunteers will not be permitted in the facility; they will be referred to the established volunteer and donations management system in place for information (e.g., Mass 2-1-1 hotline).



- RRC staff, service providers, and vendors entering the facility will display a credential at the established staff or delivery entrance point.
 - The agency or organization that deploys the staff member to the RRC will provide the appropriate credential.

4.5.4.2 *Parking and Traffic Management*

An RRC Parking and Traffic Management Group will be established to ensure that traffic flow and parking for the RRC facility is managed safely and efficiently. Activities provided by this Group may include, but are not limited to:

- Managing the flow of pedestrian traffic to ensure a safe environment for pedestrians arriving at the RRC;
- Controlling the flow of traffic within the established RRC perimeter, including the surrounding streets leading to the RRC;
- Providing directional signage to manage traffic and pedestrian flow;
- Managing the designated RRC resource arrival and drop-off points;
- Controlling ingress and egress areas;
- Managing evacuee arrival and departure areas;
- Parking control (including designation, lighting, safety, and ensuring there are adequate accessible spaces);
- Establishing and managing vehicle checkpoints;
- Assisting tow truck services responding to obstructing vehicles (pre-staged or on call); and
- Assisting emergency medical transportation vehicles as they enter and exit the site.

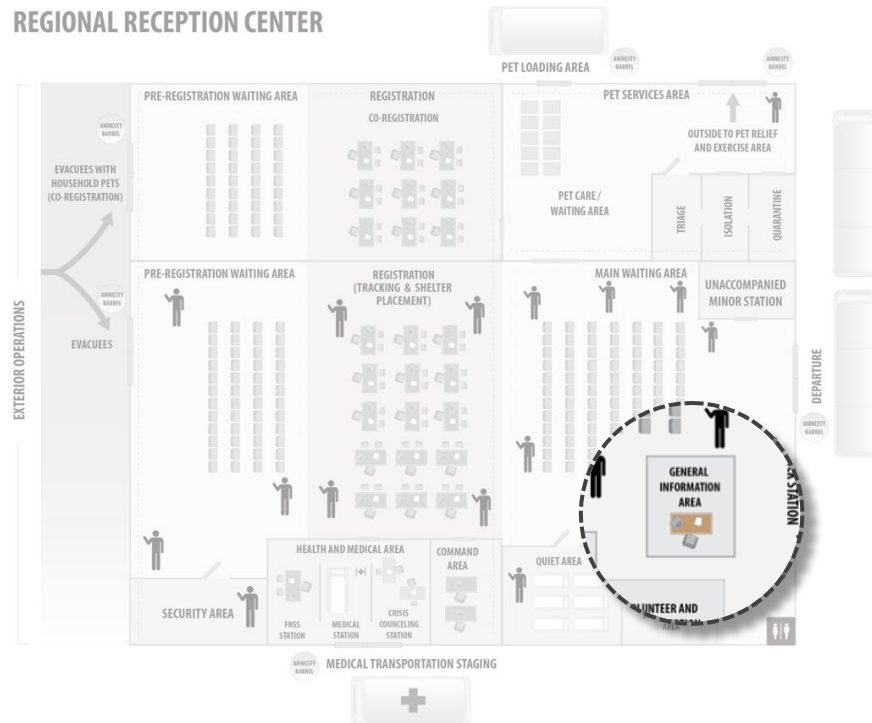
4.5.5 *Reunification*

The RRC Team will coordinate with the SIRS Team and MAESF #6 – Mass Care, Emergency Housing, and Human Services to determine the reunification strategy to implement in each RRC facility. This strategy will be communicated to the RRC Mass Care Branch Director and Reunification Team.

- Determine the system to use to capture information related to identifying and reporting the evacuees who are safe;
- Share status information between appropriate government jurisdictions and non-governmental organizations; and
- Provide public messaging through MAESF #15 for those impacted by the incident and for those seeking status information on those impacted by the incident.



4.5.5.1 Family Reunification

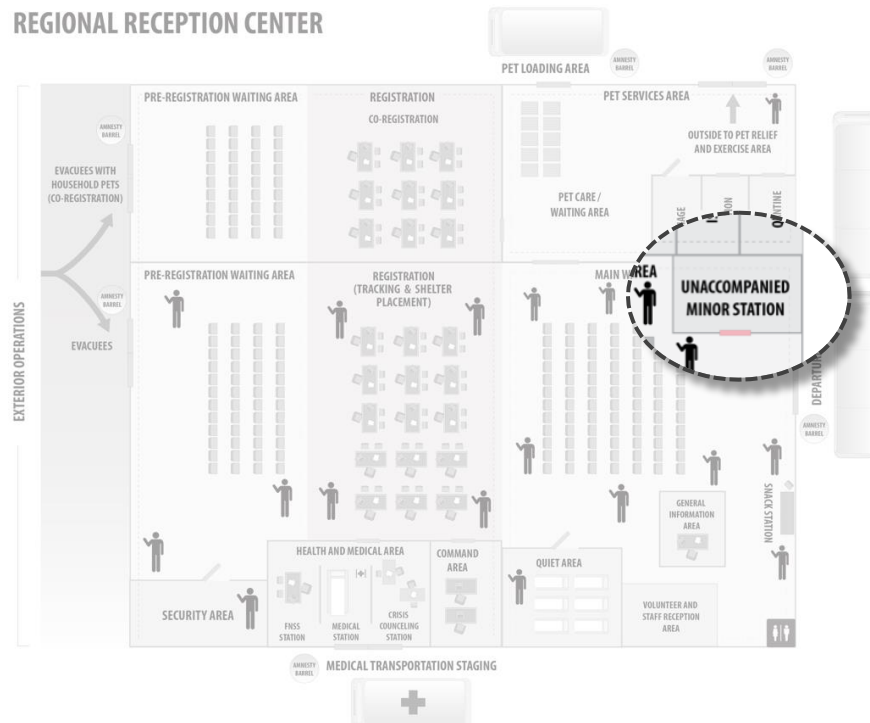


Family reunification services will be established in the General Information Area. This area will have a station for reunification system registration and capabilities to facilitate reunification, such as:

- Laptop computers for evacuees to use to register on reunification online systems or to email family members;
- Cell phone charging capabilities for evacuee use;
- Temporary use of phones, if evacuees have lost or do not own cell phones; and
- Support staff to assist with family reunification needs, computer access/information, and controlling evacuee time and activities on computers.



4.5.5.2 Unaccompanied Minors

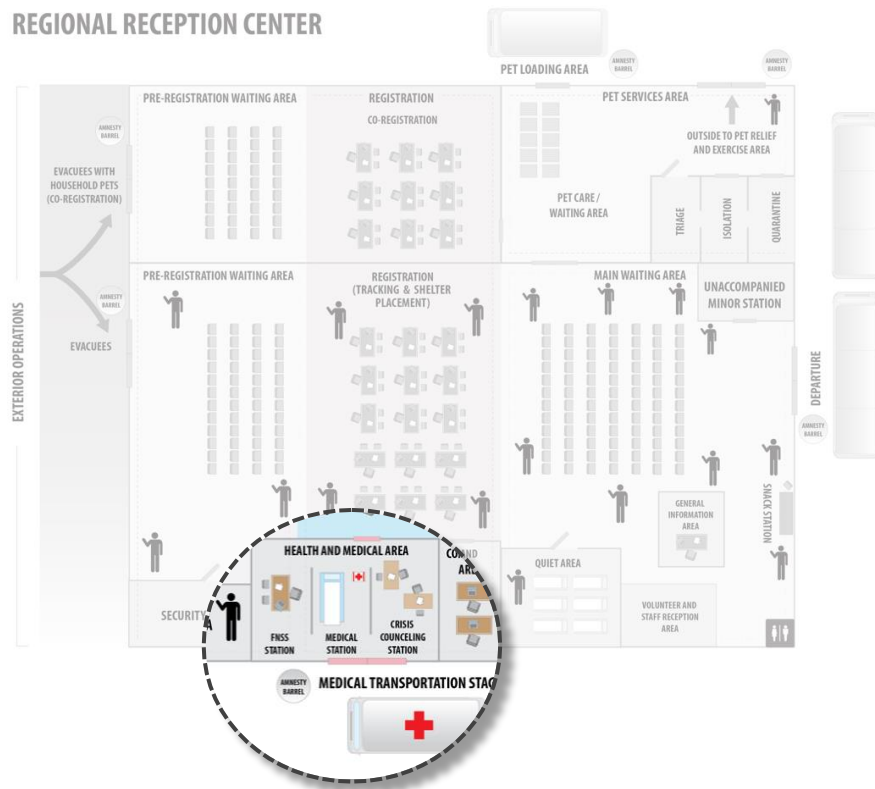


A designated Unaccompanied Minor Station will be established to temporarily care for minors who have been separated from their parents or guardians. Service-related protocols, policies, and procedures are detailed in **Appendix 4** of this plan.

- A request for law enforcement or social services agency support (e.g., Massachusetts Department of Children and Families) will be coordinated through the RRC Mass Care Branch Director and reported accordingly through the RRC Chain of Command.
- Additional support can be obtained from the National Center for Missing and Exploited Children (NCMEC) through its National Emergency Child Locator Center (NECLC).



4.5.6 Health and Medical



A Health and Medical Area will be established in the RRC to meet the immediate or emergent medical, mental health, and FNSS needs of evacuees. Each of these services will be provided through separate service stations. In addition, these services will be available to RRC staff as needed. All RRC Health and Medical Group Staff will coordinate with each other to ensure that all evacuees receive any requested or needed support.

Evacuees will access the Health and Medical Area via referral from a needs assessment and/or RRC staff following a needs assessment (e.g., a need was identified during the registration process through completion of the C-MIST Form), or if they communicated an immediate need to RRC staff (see **Section 4.3.1.2** and **Section 4.3.2**). The following considerations pertain to the Health and Medical Area:

- Evacuees may or may not arrive at the station with accompanying family members, service animals, or personal caretakers.
- Evacuees will be directed to the Medical Station when immediate medical support is needed.
- Evacuees will be directed to the FNSS Station if they have immediate needs related to their ability to maintain their independence while in the RRC.



- Evacuees will be directed to the Crisis Counseling Station if they want to speak with a crisis counselor.
 - If an evacuee is observed by RRC Staff or another evacuee to be a danger to herself/himself or others, RRC Public Safety and Security Branch Staff should be immediately notified.

4.5.6.1 Medical

A Medical Station operated by Medical Staff, will be the central point of service to meet the immediate and ongoing medical needs of the displaced population at the RRC.

Due to the potential high volume of evacuees processed at an RRC, on-site medical services will include basic medical services to provide evacuees (including infants and children) with medical needs or existing medical conditions with the appropriate type and level of care services to allow them to stay at the RRC and be transported to a SIRS, as appropriate. In addition, processes for infection prevention and control may be implemented through this station.

A team of medical professionals will be employed to deliver medical services. At a minimum, team personnel should include:

- One licensed Registered Nurse (RN); and
- Two licensed Emergency Medical Technicians (EMT) or Paramedics.

Additional RRC Medical Staff will be activated and assigned to the Medical Station as determined by the size of the population at the RRC and the medical needs of the population. Agencies and organizations providing medical staff may include, but are not limited to, the agencies listed below. Each support agency/organization will be responsible for staff licensure verification and credential checks, and ensuring providers are working within their scope of training.

- American Red Cross Disaster Health Services
- Medical Reserve Corps (MRC)
- Non-governmental organizations with health-specific missions
- Local partners, such as pharmacies and medical/nursing schools and universities
- Local EMS agencies
- Department of Public Health
- Disaster Medical Assistance Team (DMAT), Disaster Mortuary Operational Response Team (DMORT), and the National Disaster Medical System (NDMS)¹³

¹³ Federal health and medical support may be requested in coordination with the SEOC in a disaster that has received a presidential disaster declaration.



The level and type of medical services offered will depend on available staff and material resources. As additional resources and staff are obtained, the level and types of health and medical services may expand.

- Any requests for additional staffing assistance will be made to the Health and Medical Group Supervisor.
- Any requests for additional resources, including staffing assistance, outside of the Health and Medical Group will be coordinated with the RRC Team at the SEOC; resources will be processed through the established resource request process.

The following sections detail medical support services that may be provided contingent on available resources, qualified staff, and site locations. An RRC is a temporary site for evacuees, so a more basic level of care will be provided, and RRC Medical Staff will assess evacuees with more serious medical needs to determine if they can be transported to and receive adequate care at a SIRS facility.

a. Basic Medical Services

- Providing a refrigerated area to keep prescriptions
- Assistance with administering prescribed medication
- Treating minor wounds
- Monitoring glucose levels
- Oxygen oversight and monitoring
- Assessing individuals with acute onset of signs and symptoms related to injury or disease to determine if Emergency Medical Services (EMS) transportation is necessary
- Providing emergency medical care as needed (e.g., CPR)

b. Substance Abuse Support

If substance abuse, addiction, or addiction recovery support needs are disclosed/observed, the RRC Medical Staff is responsible for identifying this need and documenting it to be addressed at the assigned SIRS.

c. Infection Prevention and Control

As needed, RRC Medical Staff will ensure that standard infection prevention and control strategies are implemented at the RRC to help identify potentially infectious or acutely ill individuals and prevent the spread of disease within the facility. Universal precautions and body substance isolation precautions will be employed. Individuals identified by staff as having an infectious disease that cannot be contained will be transported to an alternate facility for care. To decrease the risk of the spread of disease if the individual(s) cannot be immediately transferred, RRC Medical Staff will implement infection prevention and control intervention measures (e.g., disinfection procedures will be followed to decontaminate any reusable medical equipment or other RRC supplies that have come in contact with the contagious or potentially contagious individual(s). RRC



Medical Staff will refer to local and/or state public health and infection control guidelines when establishing procedures for the RRC.

d. Decontamination Follow-Up

If evacuees or staff have potentially been contaminated in an incident/event (e.g., chemical, biological, radiological, or nuclear hazardous materials or environments), RRC Medical Staff will initially assess for health concerns of any evacuees who have or may have been contaminated following decontamination. RRC Medical Staff will also provide ongoing monitoring and observation for signs of deteriorating health conditions or worsening symptoms and take appropriate action.

e. Emergency Medical Transportation

RRC Medical Staff will request and coordinate emergency medical transportation for evacuees as needed. A staging area at the RRC will be established where emergency medical transportation to a medical facility can be coordinated. Advanced life-support resources may be necessary in the staging area if transportation is delayed.

Regardless of the level of planning and support undertaken, there will be individuals with critical medical needs, or medical needs that surpass the capabilities of the RRC Medical Staff and their resources. In all instances, RRC Medical Staff will defer to their specific training, protocols and procedures when responding to a medical emergency or complex medical case to determine the appropriate course of action. The following steps will apply related to assignment to an alternate facility.

- If possible, the RRC Medical Staff will communicate with the evacuee if there are any considerations or preferences for assignment to an alternate facility.
- The RRC Health and Medical Group Supervisor will coordinate with the RRC Team and MAESF #8 – Health and Medical Services at the SEOC to identify a suitable facility with the capability to provide the necessary medical care (e.g., an assisted living facility, chronic care facility).
- The RRC Medical Staff will coordinate with the RRC Registration Staff to ensure that proper coordination, communication, and documentation activities are carried out to identify the evacuee and transfer him/her from the RRC to an alternate facility.
 - RRC Registration Staff will complete evacuee tracking and registration and send any pertinent medical documentation/information to the receiving facility (in paper form along with the individual and/or electronically).
 - RRC Medical Staff will coordinate with the identified alternate facility to arrange transportation services.
 - If applicable, service animals and PAS providers will accompany and remain with the individual.
 - If possible, a family member(s) will accompany and remain with the individual.



- Minors will remain with their parent(s)/guardian(s). If a minor is unable to join his/her parent(s)/guardian(s) for any reason, staff will assist the minor to the Unaccompanied Minor Area and will follow the Unaccompanied Minor Protocol (see **Appendix 4** of this plan).
- If the individual has a pet at the RRC, and is the sole provider for the pet at the facility, the RRC Pet Transportation Staff will arrange the pet's transport to a pet shelter or boarding facility until the individual returns.
- If necessary, transportation services from the RRC will be coordinated for families and personal caretakers to join their family member if he/she is taken to an alternate facility.
- The RRC Health and Medical Group Supervisor will confirm with the alternate facility that the individual was received.

If a fatality of an evacuee(s) occurs while being processed through an RRC, this will be managed and coordinated by the Health and Medical Group Supervisor, RRC Manager, and local and/or state law enforcement. If a fatality is discovered by or reported to RRC staff, they will contact the RRC Public Safety and Security Branch Staff.

- RRC Medical Staff will assist as needed.
- As needed, on-site crisis counseling will be provided to evacuees and staff.

4.5.6.2 Functional Needs Support Services (FNSS)

FNSS are services that enable individuals (including children) to maintain their independence in a general population shelter. FNSS includes reasonable modification to policies, practices, and procedures; durable medical equipment (DME); consumable medical supplies (CMS); personal assistance services (PAS); and other goods and services as needed.

An FNSS Station will be established and staffed to support the needs of evacuees who are referred to or request assistance from the station.

- As needed, private space will be made available to evacuees to discuss their specific needs, and to complete RRC registration, if not completed in the main RRC Registration Area.
 - The standard RRC registration process will be followed; however, the C-MIST Form will be utilized to determine evacuees' needs and the type of resources or accommodations required to support those needs (see Section 4.3.2 of this plan).
 - Once evacuees' needs have been identified and addressed, they (and any accompanying family members, service animals, or personal caretakers) will be tracked and officially registered at the RRC.
 - Any necessary equipment, supplies, services, or accommodations will be coordinated by the FNSS Team.



- Some types of FNSS may be readily available on-site at the RRC however due to the short duration of stay at an RRC, some FNSS may not be fulfilled and received until the evacuee arrives at the SIRS.
- Some FNSS are specialized, and can only be performed by licensed or certified and/or trained professionals (e.g., PAS).
- Requests for resources or services that cannot be fulfilled onsite by the FNSS Team will be made to the RRC Team at the SEOC.

While most evacuees will be able to care for themselves, PAS may be needed for individuals who require assistance in performing activities of daily living (e.g., toileting) or require supervision to ensure their safety.

- Evacuees may be supported at the RRC by their own PAS provider.
- If the evacuee does not have his/her own PAS provider, the RRC FNSS Team will coordinate with the RRC Health and Medical Group Supervisor to assign a PAS provider (onsite), if available.
 - For a PAS request that cannot be fulfilled on-site, the RRC Health and Medical Group Supervisor will coordinate with the RRC Team at the SEOC to identify a PAS provider agency that can assist.
- The following considerations will be made for the provision of PAS:
 - PAS providers will consist of individuals who are trained and vetted by the contracting PAS agency. Staff will carry any necessary approved credentials at all times.
 - PAS providers will be assigned to the FNSS Station.
 - The contracted PAS agency will be responsible for deploying personal assistance providers at the direction of the RRC Team at the SEOC.

The RRC FNSS Team will be comprised of staff who have specific specialties and training and possess the knowledge, skills, and abilities to work in their area of specialty (e.g., trained health and human services professionals).

- If feasible, staff will have in-depth knowledge of the populations they are serving, their cultures, and service networks.
- If feasible, staff will be Functional Assessment Service Team (FAST)-trained.¹⁴
- The RRC FNSS Team may be assigned to this service area as a FAST team(s).

¹⁴ FAST programs and training are available to address the nationally recognized gaps in providing sheltering services to persons with access and functional needs. Training programs provide guidance on how to identify and provide needed resources for those with access and functional needs.



To ensure the needs of all evacuees are being identified and met, the RRC FNSS Team members will support and be assigned to the following RRC Groups/Teams if the respective staff are not FAST trained:

- Reception Group
 - Arrival Team (e.g., RRC Greeters)
 - Registration Team
- FAST Teams may support several RRC facilities

4.5.6.3 Crisis Counseling

The Crisis Counseling Station will be established within the Health and Medical Area, staffed by the RRC Crisis Counselor Team. This station will function as the central point of service to meet the mental health needs of the displaced population at the RRC.

- As needed, RRC Crisis Counselor Staff will provide support and services to meet the emotional and mental health needs of both children and adults (including RRC staff).
- Crisis counseling services will be provided through the provision of Psychological First Aid (PFA).

In the event an evacuee is referred to the Crisis Counseling station during intake, a crisis counselor will speak with the individual and determine the individual's immediate needs. After the crisis counselor has had the opportunity to introduce him/herself and speak with the evacuee (and any accompanying family member, service animal, or personal caretaker), the evacuee will be tracked and registered by RRC Registration Staff while at the Crisis Counseling Station using the same procedures used to register general population evacuees (see **Section 4.3.2** of this plan for registration procedures). PHI will not be shared with non-medical providers, per HIPAA regulations (see **Appendix 4** for information on PHI).

A description of other potential mental health services required is included in the sections below.

a. Substance Abuse Support

If substance abuse, addiction, or addiction recovery support services are disclosed/observed, the RRC Crisis Counseling staff will refer the individual to the assigned RRC Medical Staff for further evaluation (see **Section 4.5.6.1**).

b. Quiet and Private Areas

If possible, and as needed, RRC Crisis Counseling Staff will identify and provide a quiet, private area or room for persons who need to be separated from the stimuli of the RRC environment, or need some uninterrupted time with a crisis counselor.

c. Emergency Services and Mobile Crisis Intervention

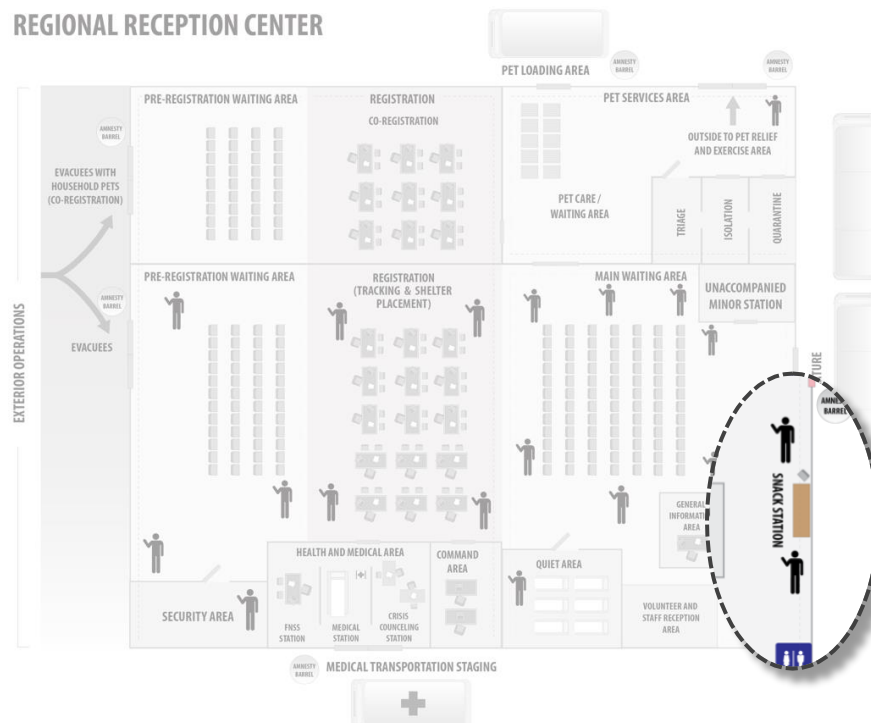
Regardless of the level of planning and support undertaken, there will be individuals with needs that exceed the services provided by the RRC Crisis Counseling Staff within the RRC. If an individual presents with critical needs, or needs that surpass the capabilities of the RRC Crisis Counseling staff, the staff will defer to their specific level of training in



responding to a request/need for additional assistance and determine the appropriate next steps.

- To the extent possible, the RRC Crisis Counseling Staff will assist an individual with finding a suitable location with the capability to provide the necessary support.
- If an individual is experiencing a mental health crisis, the RRC Crisis Counseling Staff will coordinate with RRC Medical Staff, and if needed, local Emergency Services or local Mobile Crisis Intervention, if available, to further evaluate the individual and provide transport to a higher-level care facility if needed. (See **Section 4.5.6.1** for more information on assignment to an alternate facility.)
- RRC Crisis Counseling Staff will communicate and coordinate with RRC Public Safety and Security Branch Staff as needed if an individual poses a danger to themselves or others.

4.5.7 Feeding



A Snack Station will be set up in a designated space in the Main Waiting Area, accessible to everyone in the RRC. It will be sourced to provide snacks, beverages, and potentially meals (depending on throughput time of evacuees through the RRC) to evacuees and RRC staff. Evacuees and RRC staff will be provided food at a 24-hour snack table, as well as a meal feeding area, if evacuees stay overnight.

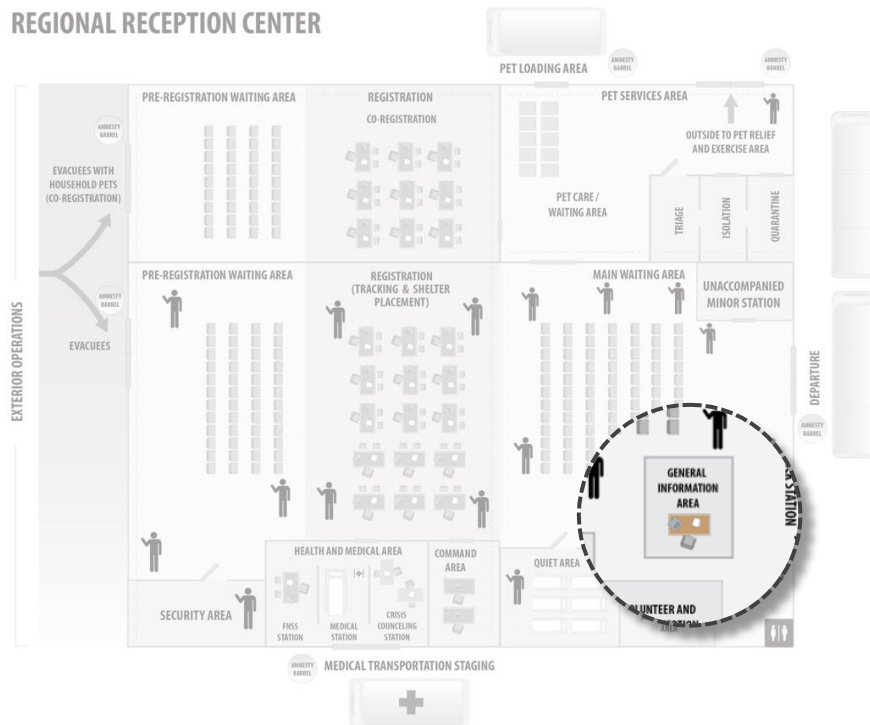


If it is determined that meals are needed at the RRC, the RRC Feeding Unit, in coordination with the RRC Team at the SEOC, will implement an onsite feeding operation.

- The feeding operation will include:
 - Speed-to-scale considerations for providing immediate and short-term feeding;
 - An assessment of available resources from other agencies and organizations (e.g., government agencies, voluntary organizations, and the private sector);
 - Existing infrastructure capabilities to provide feeding at the RRC; and
 - Methods of feeding operations (e.g., mobile delivery vehicles).
- Considerations will be made for food and food preparation restrictions, guidelines, and the 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 groups; and
 - Children and infants (e.g., formulas and foods).
- Feeding services at the RRC may be provided by pre-positioned resources, an on-site kitchen, mobile kitchens brought to the RRC, food transported from other locations to the RRC, or a combination of these options.
 - All feeding operations, whether the food is prepared on site or delivered, will follow standard food safety practices (see **Appendix 4** for more information on food safety guidance and the **RRC Operator's Guide** for food safety guidelines).
 - If the capacity of initially activated feeding resources is exceeded, requests for additional or expanded feeding services will be made to the RRC Team at the SEOC. Additional resources may include:
 - Food supplies and vendor support;
 - Private sector vendors, including caterers and restaurant and hotel associations; and
 - Government or non-governmental organization stockpiles outside the jurisdiction. These resources include Meals Ready-to-Eat (MREs), shelf-stable meals, and/or field kitchens.



4.5.8 General Information



Evacuees at an RRC will need to be kept updated with information about the emergency or disaster and how to get support within the RRC. This is achieved through dissemination of information from a General Information Area located at a designated space in the Main Waiting Area. Information to evacuees may include transportation updates, notice for when buses are en route to the RRC, family reunification information, and referrals to other service areas of the RRC, including the Health and Medical Area for any evacuees who identify a need.

The RRC General Information Area staff will:

- Provide information at regularly scheduled times in the Main Waiting Area;
- Be located at a desk to field any evacuee questions;
- Coordinate with other RRC entities to disseminate information and messages to evacuees regarding:
 - Anticipated transportation departure times; and
 - Transportation accommodations/accessibility.
- Coordinate with other key RRC entities.

In addition, communications assistance services will be provided at the General Information Area. Cell phones, charging stations, and wired and wireless Internet will be made available at the RRC for the evacuee.



General information will be provided to evacuees and for evacuee use through the following means:

- An information desk;
- General information announcements; and
- Message boards to post information to evacuees

The following methods may be used to disseminate information:

- Pre-scripted announcements/Public Service Announcements (PSAs), with interpreters if available;
- Social media outlets (e.g., Twitter, Facebook, Google Plus);
- Megaphones;
- Loudspeakers and public announcement systems; and
- Print format (e.g., leaflets, signage, print outs of all verbal announcements, and handouts)
- Talk/picture boards

Evacuees with disabilities and others with access and functional needs will be given the same general information provided to the general population using methods that are understandable and timely. In the event an evacuee requests communication assistance or service to better understand or obtain the information being provided, the General Information Area staff will consider the type of device, technology, or service preferred by the evacuee, and will defer to that choice unless another equally effective method of communication is available.

Assistive technology, devices, and services may include, but are not limited to:

- Auxiliary aids and services;
- Materials in accessible formats (e.g., foreign language, braille); and
- Access to interpreters or translators, including sign language interpreters.

The RRC General Information Area Staff will coordinate with the RRC FNSS Team to acquire any assistive technology, devices, and services needed or requested. Requests for resources or services that cannot be fulfilled by the RRC FNSS Team will be made to the RRC Team at the SEOC.

4.5.9 Internal and External Site Logistics

a. Transportation Management

The range of transportation needs will cover coordination with both inbound and outbound transportation, local and government supported transportation, urgent medical transportation support, and non-urgent medical transportation support. The RRC Transportation Unit Staff will be responsible for any RRC transportation activities and will



communicate relevant information to the RRC Public Safety and Security Branch, the RRC Group, and RRC Command Staff as needed.

i. Transportation to SIRS

An RRC will require support from government contracted transportation resources, including accessible modes of transportation, to transport evacuees from the RRC to the assigned SIRS. The range of transportation needs will cover coordination with outbound transportation, local transportation, urgent medical transportation support, and non-urgent medical transportation. The RRC Transportation Unit Staff will be responsible for any shelter transportation activities.

ii. Emergency Medical Transportation Support

If emergency medical transportation is needed, RRC staff will request an onsite EMT and ambulance support through the RRC Command Center.

- If there is an acute medical issue that requires immediate transportation to a hospital, RRC staff will call 911 and advise health personnel on site.
- Emergency medical staff assigned by the EMS agency will assist with triage and priority transport assessments as needed.

b. Resource Management

The RRC Supply Unit Staff will maintain all on-site resources (e.g., cots, office supplies, administrative supplies, and blankets) and will maintain an inventory list of all supplies delivered to operate the RRC facility or those that are requested and delivered throughout facility operations. The RRC Supply Unit Staff will process resource requests received from RRC Section Chiefs or their designee for resources maintained on-site, and will help facilitate the resource request process to the SEOC for off-site resources, as appropriate (see **Section 3.3.4**).

c. Information Technology and Communications

The IT and Communications Unit Staff will manage all IT systems in the RRC facility to ensure uninterrupted communication capabilities throughout operations. This includes, but is not limited to, the following:

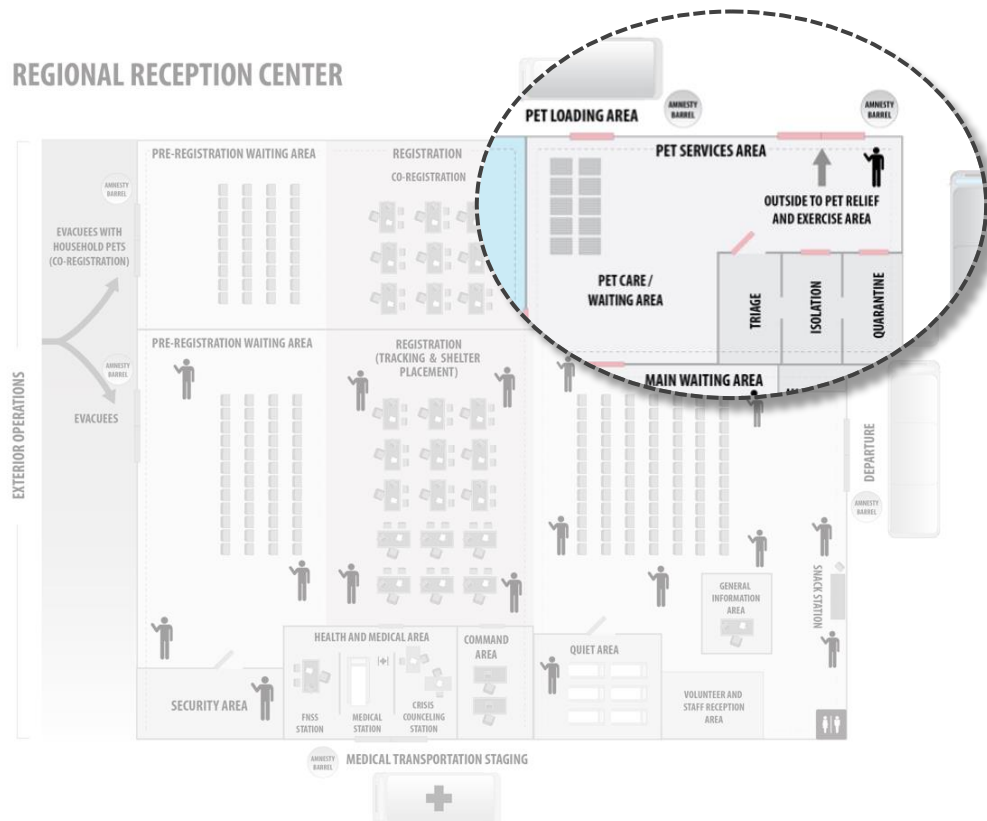
- Set up, test, and maintain communications network systems to include all IT, wireless, telephone access structures, internal and external facility audio systems, and ham radio, as appropriate; and
- Manage software and hardware installation, maintenance, and troubleshooting.

d. Facility Maintenance

The RRC Facility Maintenance Staff will provide basic daily janitorial services at the RRC and will be notified by RRC staff if they are needed for any specific incidents or areas. A Facility Maintenance Area will be designated at the RRC to maintain necessary equipment and supplies for staff. Facility maintenance services may be provided by contracted RRC facility site staff.



4.5.10 Pet Services



If the RRC is a co-located facility with Pet Care Services, the following operations will be included.

The well-being of household pets will be monitored within the Pet Services Area. Pets 30 pounds and over, or under 30 pounds who are not co-located with their owner at an RRC, will be temporarily crated and cared for (provided with food, water, and a relief area as needed) by their owner, or in specific circumstances by RRC Pet Care Staff, while they await transportation to their assigned pet shelter facility.

Pets presenting with safety or medical issues will initially be referred to the Pet Triage Area to determine the pet's needs and best course of care.

- Pets with minor injuries will be examined to determine the extent of injuries and be triaged for treatment.
- If greater care is required, the pet will be assigned to the Veterinary Treatment Area.
- If the pet is found, upon examination, to have a potential infectious disease, it will be immediately taken to the Quarantine Area.
- If the pet poses a safety risk, it will be assigned to the Isolation Area.

For pets with minor injuries that have been treated and determined by staff that they can enter the general population:



- The individual/family and the pet will be tracked, registered (with any information from the RRC Pet Medical Intake Form), and assigned a shelter by RRC Co-Registration Staff located in the Pet Services Area.
- If a paper-based evacuation system is employed:
 - RRC Co-Registration Staff will receive the RRC Pet Medical Intake Form from the RRC Veterinary Services Team (see the ***RRC Operator's Guide*** for pet services forms).
 - This form will exist in carbon copy form. As shown at the bottom of each form, each copy will be distributed as follows:
 - RRC
 - SIRS (for pets who are co-located)
 - The individual
 - Crate or carrier
 - RRC Co-Registration Staff will attach each copy to the corresponding copy of the RRC Animal Intake Form.
 - Evacuees will carry their form, and if co-located, the form for the SIRS, with them.
 - SIRS Co-Registration Staff will take their copy from the individual/family during the SIRS registration process.
- If an electronic evacuation system is employed:
 - RRC Co-Registration Staff will receive a printout of the electronic RRC Pet Medical Intake Form from the RRC Veterinary Services Team and enter this information into the electronic system.
- The RRC Pet Care Staff will provide additional monitoring of any treated pets 30 pounds and over, or under 30 pounds who are not co-located with their owners at a SIRS, while they await transportation in the Pet Care/Waiting Area.

For pets that cannot enter general population, once their needs and course of care are determined, the pet will be referred from Pet Triage to one of the following services within the Pet Services Area. The owner will be referred to RRC Co-Registration Staff to complete tracking, registration, and shelter placement.

a. Veterinary Treatment Area

- Pets presenting signs of illness or distress will be assessed by the RRC Veterinary Services Team as quickly as possible in the Veterinary Treatment Area.
- If a pet needs medical support that goes beyond the scope of the RRC, the pet will remain in the treatment area and be monitored while appropriate transportation to local veterinarian clinics or animal shelters is arranged.
 - If the owner is no longer present, the owner will be notified:
 - If the owner is notified in time, the owner may accompany the pet.



- If the owner is not notified in time, the pet will be transported without the owner and the owner will be updated as to the status of the pet, transfer location, and contact information.
 - Staff will work with the RRC Pet Transportation Team to request and coordinate transport services.
 - RRC Co-Registration Staff will update tracking and registration.
 - If pets have potentially been contaminated in an incident/event (e.g., chemical, biological, radiological, or nuclear hazardous materials or environments), the RRC Veterinary Services Team will initially assess for health concerns of any pet who have or may have been contaminated following decontamination. The RRC Veterinary Services Team will also provide ongoing monitoring and observation for signs of deteriorating health conditions or worsening symptoms and take appropriate action.
- b. Quarantine Area
- Pets that present reasons for being quarantined (e.g., nasal discharge, ringworm), will be isolated and monitored in a specific Quarantine Area.
 - If a pet needs medical support that goes beyond the scope of the RRC, the pet will remain in the Quarantine Area and be monitored while appropriate transportation to local veterinarian clinics or animal shelters is arranged.
 - If the owner is no longer present, the owner will be notified:
 - If the owner is notified in time, the owner may accompany the pet.
 - If the owner is not notified in time, the pet will be transported without the owner and the owner will be updated as to the status of the pet, transfer location, and contact information.
 - Staff will work with the RRC Pet Transportation Team to request and coordinate transport services.
 - RRC Co-Registration Staff will update tracking and registration.
- c. Isolation Area
- Pets that present as a safety risk to humans and/or other pets will be removed from the general pet population and placed in the Isolation Area.
 - Only authorized personnel will handle these pets.
 - If possible, these pets will be transported to an animal shelter or veterinary clinic that has the resources and trained staff to sufficiently care for them. The owner will be notified of the decision prior to removal and will sign a form recognizing reason for removal from the RRC facility (see the **RRC Operator's Guide** for pet service forms).
 - Owners will have previously been informed of and agreed to responsibilities in the RRC Facility Agreement and Policies Form. (See the **RRC Operator's Guide** for RRC site forms.)
 - Owners will be provided contact information for the new location and may accompany the pet.



- Staff will work with the RRC Pet Transportation Team to request and coordinate transport services.
- RRC Co-Registration Staff will update tracking and registration.

4.6 RRC Transitional Services and Demobilization

Transitional services and demobilization operations take place when evacuees have departed to SIRS or other shelter facilities, and RRC operations can ramp down in anticipation of facility closure.

4.6.1 Demobilization Determination

The decision to close an RRC is made by the SEOC Manager and occurs at the SEOC with input from the RRC Manager, the RRC Team, facility owner/manager, community authorities/partners, and the relevant government jurisdictions.

Considerations for closure may include the following:

- All or most impacted individuals have evacuated the incident area.
- All individuals, families, and pets have completed processing within the RRC and no additional state-provided transportation to the RRC is anticipated.
- The facility must be returned to the facility owner for its original intent.

Once a decision has been made to close an RRC, the RRC Manager is responsible for communicating the plan to pertinent groups, including the RRC Command and General Staff. RRC Branch Directors are responsible for communicating the plan with their respective Branch personnel. See the ***RRC Operator's Guide*** for more information.

If the facility is no longer available for RRC operations and the SEOC determine the continuing need for RRC operations the RRC Manager will coordinate with the RRC Team to determine transition of RRC Staff, and evacuees who have not departed the RRC facility, to an alternate RRC facility or a SIRS.

Once a decision has been made to close an RRC, the RRC Team will coordinate with MAESF #15 to provide information about the closure, including:

- Date and time of closure.
- Available RRC and SIRS locations.
- Available reunification services.

4.6.2 Scaling Down Operations and Services

When the decision to close an RRC is underway, as determined by SEOC leadership, the RRC Manager will begin planning for closing the various designated areas and preparing the facility to be returned to the facility owner. The RRC Manager will work with functional leads in the RRC to determine an appropriate plan on how to provide services for the remainder of the operation.



and ensure all evacuees are departing the RRC (see **Section 4.3.4** for evacuee departure operations and **Section 4.4.4** for pet departure operations). If external partners are present in the RRC, the RRC Team at the SEOC will coordinate with the RRC Manager and external partner services to determine how they will scale down their services. The RRC Section Chiefs will collect all outstanding forms and reports for submittal to the RRC Team at the SEOC. See the **RRC Operator's Guide** for more information.

4.6.3 Facility Transitional Services

An RRC facility will need to reconstitute to normal, day-to-day operations after the RRC operations are demobilized. The RRC Team will ensure facilities and services staff are provided during the operations of the facility, to address the needs of the evacuees, as well as after this period, to support demobilization and reconstitution of the facility. Before the facility is closed, the RRC Manager will coordinate with Command and General Staff to ensure the following has been completed:

- A material resource inventory is completed, led by the RRC Supply Unit, to identify all tracked resources as they are removed from the facility.
- The facility will be cleaned and checked for damage.
 - All staff is responsible for the identification of damage or cleaning needs in their areas or stations.
 - The RRC Manager will procure professional cleaning services, above those provided by the RRC Facility Maintenance Unit, as needed to return the facility to pre-disaster conditions.
- The RRC Manager will complete an assessment of the facility with the Facility Manager, or designee, to ensure the condition of the facility is acceptable.
- The RRC Manager will secure the facility, or turn the management of the facility over to the Facility Manager to secure.



5.0 ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

5.1 SEOC Assignment of Responsibilities

5.1.1 Mass Care SMG Supervisor

The Mass Care SMG Supervisor is responsible for overseeing and managing all RRC and SIRS operations across Massachusetts. Depending on the size of the evacuation and the number of facilities opened, there may be both an RRC and a SIRS Mass Care SMG Supervisor who will coordinate with each other to manage all related operations.

The Mass Care SMG Supervisor will report to the Deputy Operations Section Chief for MAESFs in the SEOC, and will coordinate with the RRC Team as well as the RRC Manager(s) and RRC Mass Care Liaison Officer(s) when necessary to ensure efficient and comprehensive provision of care services to all evacuees throughout the operational timeline.

a. Activation

- Coordinate with the Deputy Operations Section Chief, Operations Section Chief, and SEOC Manager when the decision is made to begin activation of the RRC facilities to support the evacuation and mass care needs in Massachusetts.
 - Provide recommendations to the SEOC Manager about whether to open an RRC or multiple RRC facilities based on the size of the evacuation and the local need for state support.
 - Notify the RRC Team to activate in order to support RRC activation and operations.
- Review the identified RRC locations and the assessment information for each facility to determine the suitable facilities to activate depending on the scope of the evacuation and needs (see **Section 4.2.1.1**).
 - Coordinate with local personnel (e.g., the site's owner/manager, the local emergency manager, MEMA staff, the American Red Cross, fire marshal, and public health staff) to determine if there have been any changes to the capacity or capabilities of the potential RRC facilities since the last assessment.
 - If time allows, direct local personnel to complete a brief assessment of the facility to validate the last assessment findings.
 - Provide the RRC Team guidance to begin coordination of all site activation and preparation activities.
 - Ensure RRC Team coordinates with utility providers to determine power, water, and other utility resource availability.



- Coordinate with MAESFs within the SEOC to support the activation and operations of the RRC facilities (see **Section 4.2.1.1**).
 - Ensure a volunteer and donations management operation is in place before the RRC is opened.
- Coordinate with the SEOC Operations Section Chief and RRC Team to determine RRC Command and General Staff assignments.
 - Provide the RRC Team guidance to determine all RRC staffing needs and coordinate with MAESFs within the SEOC to identify additional staffing resources for any outstanding staffing needs.
- Manage and provide guidance on all activation activities to the RRC Team, and through the RRC Team to the RRC Manager(s).

b. RRC Operations

- Coordinate with the RRC Team to receive regular briefings about the status of operations, capacity, and resource needs at each RRC facility.
 - Based on the status of activated RRC and SIRS facilities, coordinate with the RRC Team, Deputy Operations Section Chief, Operations Section Chief, and SEOC Manager to determine if additional RRC facilities should be opened to support additional need.
 - Determine when resources will be available to support the activation of additional RRC facilities.
 - See above “Activation” responsibilities for supporting the activation of additional facilities.
- As outstanding resource or staffing needs are identified, coordinate with MAESFs within the SEOC to fill these needs and provide updates to the RRC Team of the status of these requests.
- Manage and provide guidance on all operations to the RRC Team, and through the RRC Team to the RRC Manager(s).

c. Transitional Services and Demobilization

- Coordinate with the RRC Team, Deputy Operations Section Chief, Operations Section Chief, and SEOC Manager based on the status of the incident and information received from each RRC to determine when to begin demobilizing an RRC facility (see **Section 4.6.2**).
- Manage and provide guidance on all transitional services and demobilization activities to the RRC Team, and through the RRC Team to the RRC Manager(s).
- Coordinate with MAESF #15 to determine public messaging about the closing of the RRC and locations of SIRS facilities, shelters, or other additional mass care services.
- Coordinate with MAESF #7 to ensure volunteers and donations are redirected to other facilities.



5.1.2 Regional Reception Center Team

The RRC Team is activated and managed by the Mass Care SMG Supervisor, and will communicate and coordinate with the RRC Manager(s), SIRS Manager(s), and appropriate MAESFs as directed by the Mass Care SMG Supervisor throughout the operational timeline.

The RRC Team is responsible for coordinating and managing all RRC operations, as well as for ensuring an RRC has the resources (e.g., equipment, supplies, personnel, services) needed to support facility operations. During RRC operations, the RRC Team will serve as a liaison between the RRC Supply Unit and the SEOC Resource Unit for processing resource requests that cannot be fulfilled on-site at the RRC. The RRC Team maintains the records and documents of all RRC facilities after the operation has ceased.

a. Activation

- Coordinate with the Mass Care SMG Supervisor to determine support needed to begin activating RRC facilities.
 - Begin coordination with each facility's owner/manager to determine timing of site activation and preparation activities, including RRC Manager and supporting staff reporting and set-up times.
 - Contact liaisons from all utility providers to determine power, water, and other utility resource availability.
- Determine RRC facility staffing needs using the ***RRC Resource Projection Tool*** and begin identifying and activating staff based on needs (see ***Section 4.2.2***).
 - Provide activated staff with information on activation requirements, including:
 - Location and time to report;
 - Anticipated activation period; and
 - Resources to bring with them (e.g., medication, changes of clothes, and respite items if necessary).
 - Coordinate with the RRC Manager and RRC Section Chiefs to determine staffing needs for activated Branches, Groups/Divisions, Teams, and Units.
 - Coordinate with the Mass Care SMG Supervisor and MAESFs as necessary to identify available staffing resources to meet needs (e.g., local emergency management and government staff, volunteers, mutual aid, contract support).
- Coordinate with the SIRS Team to determine baggage allowance in SIRS facilities and identify any baggage allowance restrictions for RRC facilities accordingly.
- Establish methods of contact and regular reporting schedule with RRC Manager(s) (e.g., calls, WebEOC, and interoperable radio channel).
- Manage and provide guidance on all activation activities to the RRC Manager(s).



b. RRC Operations

- Receive regular briefings from the RRC Manager(s) about the status of operations, capacity, and resource needs at each RRC facility and provide status briefing to Mass Care SMG Supervisor.
 - Based on the status of activated RRC and SIRS facilities, and based on direction from the Mass Care SMG Supervisor, coordinate to determine if additional RRC facilities should be opened to support additional need.
 - See above “Activation” responsibilities for supporting the activation of additional facilities.
- If an outstanding resource or staffing need is identified by the RRC Manager(s), or designee, coordinate with the Mass Care SMG Supervisor and SEOC Resource Unit to fill these needs and provide updates to the RRC Manager(s) of the status of these requests.
- Manage and provide guidance on all operations to the RRC Manager(s).

c. Transitional Services and Demobilization

- Based on status and capacity information received from the RRC Manager(s), recommend to the Mass Care SMG Supervisor a timeline for demobilization of an RRC (see **Section 4.6.2**).
- In consultation with the RRC Manager(s), and the Mass care SMG Supervisor, determine a demobilization plan, and identify any operational support needed.
- In consultation with the RRC Manager(s), identify the needs of each facility to support the transport of evacuees from the RRC and to reconstitute the facility to normal operations.
- Coordinate with SEOC MAESFs to provide each activated RRC with support to transport evacuees from the RRC, ensure care for each evacuee, and to reconstitute the facility to normal operations.
- Gather all incident forms and reports, and any other produced documentation from RRC Manager(s).
- Manage and provide guidance to the RRC Manager(s) on all transitional services and demobilization activities.

5.2 RRC Assignment of Roles

The following table includes the roles of each position within the RRC. The job action sheets within the **RRC Operator’s Guide** include detailed information for each of these positions.



RRC Operational Plan

Position	Mission
RRC Manager	The RRC Manager is responsible for overall RRC operations 24 hours a day, and coordinates the flow of information between the RRC, RRC Team, and assisting/cooperating agencies. The following positions report to the RRC Manager: Deputy RRC Manager, RRC Mass Care Liaison Officer, RRC Safety Officer, Operations Section Chief, Logistics Section Chief, Planning Section Chief, and Finance and Administration Section Chief.
Deputy RRC Manager	The Deputy RRC Manager is responsible for overall RRC operations 24 hours a day—in the absence of or as assigned by the RRC Manager. The following positions report to the Deputy RRC Manager (in the absence of or as assigned by the RRC Manager): Operations Section Chief, Logistics Section Chief, Planning Section Chief, and Finance and Administration Section Chief.
RRC Mass Care Liaison Officer	The RRC Mass Care Liaison Officer supports the RRC Manager with coordinating the flow of information between the RRC, RRC Team, and assisting/cooperating agencies. As sections, branches, groups, and units need to coordinate with the RRC Team to request information, the RRC Mass Care Liaison Officer is responsible for ensuring a steady and organized communication flow between entities.
RRC Safety Officer	The RRC Safety Officer monitors operations within the RRC facility and advises the RRC Manager on matters relating to the safety and welfare of the RRC personnel.
Operations Section Chief	The Operations Section Chief is responsible for the direct management of all RRC operational activities and services. In addition, the Operations Sections Chief assists the RRC Manager in activating the RRC, supporting situational awareness, and coordinating all RRC operations in support of the RRC IAP. The Operations Section Chief oversees the Operations Section, Branch, and Group activities, including staff who may be assigned to support the Section.
Reception and Departure Branch Director	The Reception and Departure Branch Director is responsible for overseeing the arrival, registration, and departure processes within the RRC.
Reception Group Supervisor	The Reception Group Supervisor is responsible for overseeing the arrival and registration processes and ensuring that all evacuees have their needs assessed, addressed, and documented and are assigned to a SIRS while at the RRC.



RRC Operational Plan

Position	Mission
Arrival Team Staff	The Arrival Team Staff (i.e., RRC Greeters) are responsible for providing arriving evacuees with an overview of the function of and rules in the RRC, determining evacuee needs, and assigning evacuees to a reception processing track (based on if they have an immediate need or a pet) as they proceed through the RRC.
Registration Team Staff	Registration Team Staff are responsible for ensuring that evacuees entering the RRC go through the registration process, have their needs identified, and are assigned to a SIRS. They ensure complete, legible, and accurate information about the evacuees registered in the RRC.
Departure Group Supervisor	The Departure Group Supervisor is responsible for overseeing the evacuees as they wait for departure, managing the departure of evacuees from the RRC, and ensuring that evacuees can safely and efficiently board their assigned transportation vehicles.
Waiting Area Team Staff	Waiting Area Team Staff are responsible for assisting evacuees in the Waiting Area and ensuring that evacuees are accounted for, according to the bus manifest system, as state transportation vehicles arrive at the RRC.
Departure Coordination Team Staff	Departure Coordination Team Staff are responsible for assisting evacuees with their belongings and ensuring that they can safely and efficiently board their assigned transportation vehicles.
Health and Welfare Branch Director	The Health and Welfare Branch Director is responsible for overseeing the delivery of medical, mental health, and functional needs services to all evacuees and pet care services for all household pets in the RRC.
Health and Medical Group Supervisor	The Health and Medical Group Supervisor is responsible for overseeing the delivery of medical and mental health care, provision of functional needs support services, and ensuring that all evacuees have their health and medical needs assessed and addressed, as appropriate, while at the RRC.
Medical Team Staff	The Medical Team Staff are responsible for meeting the medical needs of the evacuee population at the RRC. They provide evacuees with immediate needs assessment and registration services, a level of care needed to stay within the RRC and be transported to a SIRS, and coordinating transportation for those whose medical needs cannot be safely managed at an RRC facility.



RRC Operational Plan

Position	Mission
Crisis Counseling Team Staff	The Crisis Counseling Team Staff are responsible for supporting the immediate mental health needs of the displaced population at the RRC. Crisis Counseling services will be available to both children and adults (including RRC staff).
FNSS Team Staff	The FNSS Team Staff are responsible for ensuring provision of FNSS to meet the needs of all evacuees who require additional assistance.
Pet Services Group Supervisor	The Pet Services Group Supervisor's role is to effectively and safely oversee the process of opening, managing, and closing all pet areas, including the Household and Evacuee Pre-Registration, Co-Registration, Pet Services, Pet Care/Waiting, and Pet Loading areas.
Co-Registration Team Staff	Co-Registration Team Staff are responsible for ensuring that evacuees and pets entering the RRC go through the registration process and have their needs assessed and addressed. Ensure collection and maintenance of complete, legible, and accurate information about the evacuee and pets within the RRC.
Veterinary Services Team Staff	The Veterinary Services Team Staff are responsible for providing basic veterinary services for pets in the Pet Services Area.
Pet Care Team Staff	The Pet Care Team Staff provide all care, records, and support for pets processing through the RRC and housed in the Pet Care/Waiting Area and Pet Relief and Exercise Area.
Pet Transportation Team Staff	The Pet Transportation Team Staff coordinate and manage the transportation of household pets from the T-Hubs to their assigned destination (SIRS or alternate pet facility).
Public Safety and Security Branch Director	The Public Safety and Security Branch Director is responsible for overseeing all public safety and security activities at the RRC and working with the RRC Team at the SEOC to coordinate staffing needed to support these activities.
Security Group Staff	Security Group Staff are responsible for providing facility safety and security, prohibited items management, security screening, assistance for individuals with restricted freedoms, and access control.
Parking and Traffic Management Group Staff	Parking/Traffic Management Group Staff are responsible for ensuring traffic flow and parking in the RRC facility is managed safely and efficiently.



RRC Operational Plan

Position	Mission
Mass Care Branch Director	The Mass Care Branch Director is responsible for overseeing the ongoing care of evacuees after they have completed the registration process. Ongoing care includes providing snacks, beverages, a quiet space, reunification services, and a general information desk to assist evacuees with any needs. The Mass Care Branch Director is also in charge of providing respite care for all RRC Staff.
General Information Group Staff	General Information Group Staff are responsible for providing evacuees with updated information about the emergency or disaster and how to get support within the RRC. Staff will coordinate with other RRC entities to disseminate information and messages regarding transportation.
Reunification Group Staff	Reunification Group Staff are responsible for the supervision of minors who have been separated from their parents/guardians until reunification can occur or until the minor is transferred into the temporary care of the Department of Children and Families or local law enforcement.
Unaccompanied Minors Group Staff	Unaccompanied Minors Group Staff are responsible for the temporary supervision of minors who have been separated from their parents/guardians until reunification can occur or until the minor is transferred into the temporary care of the Department of Children and Families or local law enforcement.
Planning Section Chief	The Planning Section Chief is responsible for establishing situational awareness, developing the IAP, performing advanced planning, and providing technical expertise during RRC operations. The Planning Section Chief collaborates with the Operations Section Chief to ensure that the operational objectives and assignments established in the IAP are executed. The Planning Section Chief oversees the Planning Section and unit activities, including staff who may be assigned to support the Planning Section.
Documentation Unit Staff	If activated, the Documentation Unit Staff are responsible for overseeing data-entry and maintenance of records throughout the event.
Situation Unit Staff	If activated, the Situation Unit Staff are responsible for collecting, aggregating, and communicating the contents of the RRC situation reports to the Planning Section Chief.



RRC Operational Plan

Position	Mission
Logistics Section Chief	The Logistics Section Chief manages the services and supports needed to maintain RRC operations. In addition, the Chief coordinates with the various RRC service groups and units to ensure operational needs are identified and addressed, and that all incident resources are demobilized in an orderly, cost-effective manner.
IT and Communications Unit Staff	The IT and Communications Unit Staff coordinate all aspects of communication for the RRC, including information technology, telephone access, wireless access, ham radios, two-way radios (for internal use in the RRC), and any other necessary means of communication.
Facility Maintenance Unit Staff	Facility Maintenance Unit Staff are responsible for maintaining building utilities and sanitation to ensure the provision of all RRC services, as well as managing necessary equipment and supplies for staff to support the day-to-day operations.
Transportation Unit Staff	Transportation Unit Staff are responsible for RRC transportation activities, including coordinating both inbound and outbound transportation, local and government supported transportation, as well as urgent and non-urgent medical and pet transportation. The Transportation Unit Staff also coordinate with other RRC Branches and Groups to ensure the efficient arrival and departure of evacuees and pets.
Supply Unit Staff	The Supply Unit Staff support RRC staff with supplies and equipment to accomplish the RRC objectives. The Supply Unit Staff are responsible for fulfilling resource requests with inventory in the RRC; tracking all resources within the RRC; and tracking, communicating, and fulfilling or addressing all external resource requests in coordination with the RRC Team.
Feeding Unit Staff	The Feeding Unit Staff are responsible for the coordination, preparation, and serving of food for all shelter residents and staff within the RRC.
Finance and Administration Section Chief	The Finance and Administration Section will coordinate with the SEOC Finance and Administration Section in managing all of the financial aspects of the RRC operation, including record keeping and cost accounting.



6.0 PLAN MAINTENANCE

The RRC Operational Plan, and associated tools, will be reviewed to ensure the plan remains current with Massachusetts processes and procedures, as well as with best practices and lessons learned from identified sheltering operations in Massachusetts or another state or jurisdiction. MEMA will lead the review of the RRC Operational Plan, and associated tools, with the Project Management Team after the plan is activated to operate an RRC facility and on a regular timeline as follows in the table below. This update will be in accordance with the Emergency Management Program Administrative Policy.

RRC Operational Plan Document	Review Timeline
RRC Operational Plan	Biennial Review
Resource Projection Tool	Biennial Review <ul style="list-style-type: none">Ensure alignment with Operational Plan Note: The instructions for updating the Microsoft Excel document are included as a tab within the tool.
Gap Assessment Tool	Biennial Review <ul style="list-style-type: none">Ensure alignment with Resource Projection ToolIdentify any changes in available state resources Note: The instructions for updating the Microsoft Excel document are included as a tab within the tool.
Operator's Guides	Biennial Review <ul style="list-style-type: none">Ensure alignment with Operational Plan
Facility Assessment Report	Biennial Review <ul style="list-style-type: none">Validate points-of-contactDetermine if capabilities have changed with facility points-of-contact and local Emergency Management Directors Three Years Comprehensive Re-Assessment Period <ul style="list-style-type: none">Conduct re-assessments of facilities in Report to ensure capabilities have not changedValidate Memorandum of Understanding with facilities in ReportIdentify additional facilities for consideration and conduct full assessment

**APPENDIX 1: ACRONYMS**

Acronym	Definition
ADA	Americans with Disabilities Act
AFN	Access and Functional Needs
AVMA	American Veterinary Medical Association
BSAS	Bureau of Substance Abuse Services
CEMP	Comprehensive Emergency Management Plan
CEMP	Comprehensive Emergency Management Plan
C-MIST	Communication, Maintaining Health, Independence, Supervision, and Transportation
CMS	Consumable Medical Supplies
COP	Common Operating Picture
DMAT	Disaster Medical Assistance Team
DME	Durable Medical Equipment
DMORT	Disaster Mortuary Operational Response Team
DOJ	Department of Justice
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
FAST	Functional Assessment Service Team
FEMA	Federal Emergency Management Agency
FNSS	Functional Needs Support Services
FSIS	Food Safety and Inspection Service
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
IAP	Incident Action Plan
ICS	Incident Command System
IT	Information Technology
LTC	License to Carry
MAESF	Massachusetts Emergency Support Function
MEMA	Massachusetts Emergency Management Agency
MOU	Memorandum of Understanding



RRC Operational Plan

Acronym	Definition
MRC	Medical Reserve Corps
NCMEC	National Center for Missing and Exploited Children
NDMS	National Disaster Medical System
NECLC	National Emergency Child Locator Center
NIMS	National Incident Management System
PAS	Personal Assistance Services
PETS	Pets Evacuation and Transportation Standards Act
PFA	Psychological First Aid
PHI	Protected Health Information
POC	Point of Contact
RN	Registered Nurse
RRC	Regional Reception Center
SEOC	State Emergency Operations Center
SIRS	State-Initiated Regional Shelter
SMG	Specialized Mission Group
SOP	Standard Operating Procedures
USDA	United States Department of Agriculture



APPENDIX 2: REFERENCES

Federal Authorities

- Americans with Disabilities Act (ADA), Department of Justice (DOJ), 1990
- ADA Amendments Act (ADAAA), DOJ, 2008
- ADA Chapter 7 Toolkit
- Executive Order 13347 – Individuals with Disabilities in Emergency Preparedness (Federal Register Doc. 04-17150), United States Office of the President, July 2004
- Pets Evacuation and Transportation Standards Act (PETS) of 2006, September 2006
- Rehabilitation Act of 1973
- Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, and Related Authorities, August 2016

State Authorities

- Executive Order No. 526, Nondiscrimination, Diversity, Equal Opportunity and Affirmative Actions
- Article CXIV of the Massachusetts Constitution
- Massachusetts Non-Discrimination Statutes, M.G.L. Chapters 151B and Chapter 272 §§ 92A & 98
- M.G.L. c. 22 § 13A and C.M.R. 521 Rules and Regulations of the Massachusetts Architectural Access Board
- Executive Order 526
- Chapter 151B
- Massachusetts Civil Defense Act, Chapter 639 of the Acts of 1950 Codified, Appendix 33
- Management Assistance Compact, Chapter 339 of the Acts of 2000

Federal Resources

- DHS Supplemental Resource: Children in Disasters Guidance, 2012
- Emergency Management Assistance Compact 500 Person Shelter Management Guidance
- FEMA Evacuee Support Concept of Operations Template, July 2009
- FEMA Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters, November 2010
- FEMA Guidance on Planning for Personal Assistance Services in General Population Shelters, November 2010



- FEMA Mega-Shelter Planning Guide, October 2010
- Government Accountability Office, FEMA Has Made Progress Implementing Key Programs, but Opportunities for Improvement Exist, February 2016

Regional Resources

- East-West Gateway Council of Governments Regional Alternate Care Site Plan, Parts 1-3 (St. Louis Area Regional Response System)
- Illinois-Indiana-Wisconsin Combined Statistical Area National Mass Evacuation Tracking System (NMETS) Deployment Guide
- Illinois-Indiana-Wisconsin Combined Statistical Area Regional Catastrophic Planning Team Regional Animal Services Plan, July 2013
- Illinois-Indiana-Wisconsin Combined Statistical Area Regional Catastrophic Planning Team Regional Hub Reception Center – Operational Guidance, Parts I – III
- Illinois-Indiana-Wisconsin Combined Statistical Area Regional Mass Care and Sheltering Annex, August 2010
- New England Regional Catastrophic Preparedness Initiative, Best Practices Review: Mass Care and Sheltering, December 2012
- New Madrid Earthquake Mass Care Exercise After-Action Report / Improvement Plan, December 2016
- Regional Healthcare Coordination Center St. Louis Regional Shelter Medical Support Annex, May 2011
- Southwest Florida Evacuation Regional Coordination Guide

State Resources

- California Guidance on Sheltering Persons with Medical Needs, 2012
- Commonwealth of Massachusetts Cape Cod Emergency Traffic Plan, August 2016
- Commonwealth of Massachusetts Comprehensive Emergency Management Plan (CEMP), December 2013
- Commonwealth of Massachusetts Critical Transportation Need Evacuation Operations Plan, September 2016
- Louisiana State Animal Response Team Household Pet Evacuation and Sheltering Manual, December 2016
- Massachusetts Office on Disability, Disability Rights Laws in Massachusetts, June 2015
- Massachusetts State Mass Evacuation Coordination Plan
- Massachusetts Statewide Mass Care and Shelter Coordination Plan, July 2013
- Michigan Mass Care and Sheltering Planning Handbook, March 2013



- Ohio Emergency Management Agency Emergency Support Function 6 Mass Care Plan, June 2015
- State of Florida Multi-Agency Feeding Task Force Standard Operating Guide, March 2014
- State of Massachusetts Animal Response Team Pet Sheltering Manual, May 2014
- State of Texas Mass Care Shelter Plan Presentation, 2010
- State of Texas Functional Needs Support Services Toolkit, April 2015

Local Resources

- Chatham County Recovery Plan, RSF 7: CCOAD Annex, September 2015
- City of Boston Emergency Operations Plan Shelter Feeding Support Annex Feeding Options Decision Making Toolkit, August 2014
- City of Boston Emergency Operations Plan Household Pet Support Annex, August 2014
- Delaware County Mass Care, Housing, and Human Services Annex, July 2017
- Mass Care Best Practices Bucks County, Pennsylvania, April 2017
- NYC City Council Oversight Hearing, Emergency Planning and Management Before and After the Storm: Shelter Management, February 2013
- NYC Emergency Management Coastal Storm: Sheltering Plan, August 2007
- NYC Emergency Management Logistics Shelter Support Program Plan, August 2013
- NYC Emergency Management Unified Operations and Resource Center Manual, August 2013
- NYC Hurricane Sandy After Action, May 2013
- Providence Emergency Management Agency Household Pet Shelter Plan, June 2014

Non-Governmental Organization / Private Sector / Volunteer Organization Resources

- American Red Cross Shelter Operations Participant's Workbook, 2005
- Association of Shelter Veterinarians Guidelines for Standards of Care in Animal Shelters, 2010
- Hagerty Best/Promising Practices Report, March 2017
- National Alliance of State Animal and Agricultural Emergency Programs Emergency Animal Sheltering Best Practices, September 2014
- National Mass Care Strategy Multi-Agency Sheltering/Sheltering Support Plan Template, October 2014



Academic Resources

- Changes Needed in the Care for Sheltered Persons: A Multistate Analysis from Hurricane Katrina, April 2009

**APPENDIX 3: GLOSSARY**

Term	Definition
2+2; Observations and Questions	Assessment methods used while processing evacuees at the RRC to help identify and address evacuee needs.
Access and Functional Needs (AFN) Populations	Access and Functional Needs Populations are defined as those whose members may have additional needs before, during and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities, live in institutionalized settings, are elderly, are children, are from diverse cultures, have limited English proficiency, are non-English speaking, or are transportation disadvantaged.
Activation	Process where the SEOC determines need for the RRC and initiates preliminary strategic activities such as selecting RRC facilities and identifying staffing and resource needs. In addition, this strategy details activities that prepare the RRC for operations, including the site readiness, deployment of staff, staging of resources, and configuring the site.
Common Operating Picture	Shared situational awareness that offers a standard overview of an incident and provides incident information in a manner that enables incident leadership and any supporting agencies and organizations to make effective, consistent, coordinated, and timely decisions.
C-MIST Framework	C-MIST (Communication, Maintaining Health, Independence, Supervision, and Transportation) is a flexible, cross-cutting approach to defining at-risk individuals to address a broad set of common access and functional needs irrespective of specific diagnoses, status, or labels (e.g., pregnant women, children, elderly). The C-MIST form utilized under this plan is used as a tool to cover possible considerations for scenarios of access and functional needs; it is not an all-inclusive checklist, but rather serves as a simple guideline for referral purposes.
Departure	Indicates the point at which evacuees and pets are transported to their assigned shelters or their local community (as appropriate).
Electronic Evacuation Support System	A system in which tracking, registration, and shelter placement are carried out through an electronic format.



Term	Definition
Facility Assessment	An assessment to validate the safety and suitability of the facility to serve as an RRC.
Family Member	A family member is a person related to another person by blood, adoption, or marriage.
Functional Assessment Service Team (FAST)	A team or individual with the ability to conduct functional assessments of people with access and functional needs as they arrive at the RRC. FAST members can also assist an individual/family in determining what resources can best meet their needs.
Functional Needs Support Services (FNSS)	Services that enable individuals to maintain their independence in a general population shelter. FNSS includes: <ul style="list-style-type: none">Reasonable modification to policies, practices, and procedures.Durable medical equipment (DME).Consumable medical supplies (CMS).Personal assistance services (PAS).Other goods and services as needed.
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.
Individuals with Restricted Freedoms	Individuals that are subject to judicial and/or legislative orders restricting their freedom of movement geographically or in proximity to specific individuals (e.g., people under court orders).
Local Transportation Hub (T-Hub)	Local facilities where large numbers of evacuees are collected and wait for transportation to an RRC or a designated shelter.
National Incident Management System	A comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across functional disciplines.
Paper-Based Evacuation Support System	A system in which tracking, registration, and shelter placement are carried out through a paper format.
Personal Assistance Services (PAS)	Services that assist children and adults with activities of daily living (e.g. bathing, toileting, eating, etc.).



RRC Operational Plan

Term	Definition
Regional Reception Center (RRC)	A state-supported, centralized facility where large numbers of evacuees can be registered and assigned to shelters. On average evacuees will remain in an RRC less than 24 hours before being transported by the state to a designated shelter.
RRC Operations	Outlines the processing of evacuees and pets, the core operational functions and essential services at the RRC, and the departure from the RRC to a SIRS.
Service Animal	<p>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.</p> <p>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.</p> <p>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.</p> <p>Service animals may or may not be certified.</p>
SIRS Operations	Outlines the processing of shelter residents and pets and the core operational functions and essential services at the SIRS.



Term	Definition
Situational Awareness	A result of comprehensive information collection, analysis, and dissemination that allows for the understanding of critical information about an incident.
Speed-to-Scale Analysis	An analysis that examines the amount of time it takes to reach a desired goal, taking into account which resources are necessary, the amount of time needed to acquire those resources, and the percentage of the goal attainable at any given time. The analysis would include methods and strategies for accelerating the time in which a goal can be attained.
Spontaneous Volunteer	An individual, volunteering to assist the community, who is unaffiliated with any organization. Often times these individuals lack training and have not completed appropriate background checks.
State Emergency Operations Center (SEOC)	A central location from which all local, state, and federal partners can provide interagency coordination and executive decision-making in support of any incidents or planned events occurring in the Commonwealth.
State-Initiated Regional Shelter (SIRS)	A state-supported regional shelter that provides short-term housing and disaster-related services to evacuees until they can return home or find temporary housing.
Transitional Services and Demobilization	Indicates the point at which evacuees are transitioned to the assigned SIRS locations or alternate facilities (e.g., hospital) and ramping down operations as the event de-escalates.
Unaccompanied Minor	An unaccompanied minor is an un-emancipated child younger than 18 who has been separated from both parents, legal guardians, other relatives, schools, and child care providers and are not being cared for by an adult who, by law or custom, is responsible for doing so.
Unsolicited Donations	Donated goods and/or funds that have not been specifically requested by an organization or entity.
WebEOC	A web-based information management system that provides a single access point for the collection and dissemination of emergency or event-related information.



APPENDIX 4: POLICIES AND PROTOCOLS

Unaccompanied Minor Protocol

[To be developed by MEMA.]

Protected Health Information

Under the Health Insurance Portability and Accountability Act (HIPAA), the U.S. Department of Health and Human Services (HHS) establishes standards to assure that individual's health information is protected, while ensuring a flow of information between entities to promote high quality health care and protect public health.¹⁵ HHS has defined special circumstances to allow for efficient response procedures while implementing Protected Health Information (PHI) procedures. In regards to safeguarding patient information, HHS has provided the following guidance:¹⁶

In an emergency situation, covered entities must continue to implement reasonable safeguards to protect patient information against intentional or unintentional impermissible uses and disclosures. Further, covered entities (and their business associates) must apply the administrative, physical, and technical safeguards of the HIPAA Security Rule to electronic protected health information.

The definition of "covered entities" for RRC Staff are those from a government organization or healthcare facility that is a covered entity on a regular basis. For those disaster relief entities not considered "covered entities," HHS has determined covered entities can communicate with non-covered entities during RRC operations to allow the organizations to fulfill their operational roles and responsibilities.

In the HIPPA regulations, HHS encourages disaster relief organizations to "protect the privacy of individual health information to the extent practicable in a disaster situation." RRC Staff must take all reasonable precautions to protect shelter residents' information, including providing opaque envelopes for shelter residents' forms that contain private information (e.g., C-MIST forms), as well as opaque boxes in secured areas to keep the RRC facility's copies of the forms. The Reception Group Supervisor and the Health and Medical Group Supervisor will coordinate with MAESF #8 to determine additional safeguards as necessary during the activation of the RRC facility.

¹⁵ HHS provides detailed and current information and guidance about HIPPA and the *Standards for Privacy of Individually Identifiable Health Information* (Privacy Rule) on their website: <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>.

¹⁶ HHS provides additional current information about implementing the Privacy Rule during an emergency on their website: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>. If the Secretary of HHS declares a public health emergency, they may also release further guidance on implementing the Privacy Rule for that disaster, and this guidance will be posted on this website.



Food Safety Handling

The United States Department of Agriculture (USDA) Food Safety and Inspection Service (FSIS) provides guidance on food safety for all steps of food preparation, including shopping, storage, preparation, cooking, serving, and leftovers.¹⁷ In every step of food preparation, FSIS provides guidance to ensure the following standards are kept:

- Clean—Wash hands and surfaces often.
- Separate—Don't cross-contaminate.
- Cook—Cook to proper temperatures, checking with a food thermometer.
- Chill—Refrigerate promptly.

The ***RRC Operator's Guide*** includes a tool to provide guidance for RRC Staff handling food to guide proper protocol implementation including:

- Temperature guidance for hot and cold foods.
- Sanitizing work spaces and utensils.
- Hygiene guidance for food service workers.

The RRC Logistics Section Chief will coordinate with MAESF #6 – Mass Care to review current standards and regulations and determine additional safeguards as necessary during the activation of the RRC facility.

¹⁷ USDA FSIS provides detailed and current information and guidance about ensuring food safety on their website: https://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets/safe-food-handling/keep-food-safe-food-safety-basics/ct_index.