State-initiated Regional Shelter Operational Plan

February 2, 2018

EXECUTIVE SUMMARY

The State-Initiated Regional Shelter (SIRS) 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 and shelter services at a SIRS facility.

The SIRS Operational Plan provides a framework and operational guidance to assist state, non-governmental, and private sector partners with the activation, operation, and demobilization of a SIRS 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 in a SIRS facility when local resources are overwhelmed, or when impacted communities are unable to support the evacuated or sheltered population. Additionally, a SIRS may be utilized to better consolidate resources if multiple local shelters are open, thus allowing for more effective deployment of resources. The goal of a SIRS 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 SIRS Operational Plan was developed, in concert with the Regional Reception Center (RRC) 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 SIRS Operational Plan:

- **Resource Projection Tool:** The Resource Projection Tool provides an overview of staff, equipment, and commodities required to operate a SIRS facility. This tool allows for a rapid assessment to be done, which will give those planning for SIRS 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 sheltered at a given SIRS.

- **Gap Assessment Tool:** The Gap Assessment Tool complements the Resource Projection Tool and outlines identified gaps between the resource needs required to operate a SIRS 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 the overall resources needed to support operations, based on fixed estimates of 500, 1,000, and 1,500 shelter residents within a given SIRS facility.

- **Operator's Guide:** The Operator's Guide provides a suite of tools for SIRS staff to use when a SIRS 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 SIRS Operational Plan can be effectively delivered to a sheltered population.

- **Facility Assessment Report:** The Facility Assessment Report provides detailed information about the facilities assessed to determine their suitability to host SIRS operations, including the capacity of the facility, the placement of SIRS operational areas within the facilities, and any needed modifications to the facilities to ensure service provision.

TABLE OF CONTENTS

1.0 INTRODUCTION

1.1 Plan Purpose and Authority

The State-Initiated Regional Shelter (SIRS) Operational Plan provides a framework and operational guidance to assist state, non-governmental, and private sector partners with the activation, operation, and demobilization of a SIRS 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 SIRS Operational Plan is intended to accomplish the following objectives:

- Identify how a SIRS will be activated;
- Identify lines of authority and coordination for the management of a SIRS;
- Detail the concept of operations of a SIRS;
- Identify and detail the types of services needed at a SIRS to support the displaced population;
- Outline the SIRS 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 SIRS 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), it supports the Massachusetts Comprehensive Emergency Management Plan (CEMP), and complements the Statewide Mass Care and Shelter Coordination Plan, Regional Reception Center (RRC) 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 SIRS Operational Plan applies to state agencies and personnel, as well as organizations and individuals operating under or in support of SIRS 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 SIRS is designed to provide displaced populations with short-term (days or weeks) mass care and shelter services when local capacities are exceeded. The main function of a SIRS is to address the needs of a displaced population until they can safely return home or be transferred to transitional recovery housing. A SIRS 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 (e.g., food, shelter, medical, household pet sheltering, reunification) can be expected.

As a general overview, the SIRS will:

- Serve as the shelter destination for the segment of the affected population that requires mass care and emergency shelter services;
- Conduct initial intake and assessment of displaced individuals/families arriving from an RRC or directly from their local communities;
- Track shelter capacity and mitigate overflow;
- Address the initial and ongoing needs (e.g., feeding, medical support) of the displaced population, including people with disabilities and others with access and functional needs;
- Address the initial and ongoing needs (e.g., feeding, basic veterinary services) of household pets[1] and service animals[2];
- Support family reunification; and
- Support the return of individuals/families to their local communities.

SIRS facilities will not provide hospital level care for shelter residents with life threatening diseases or injuries.

In general, the SIRS model helps prevent local shelters from becoming overwhelmed with a large number of shelter residents they do not have the capacity and/or resources to accommodate, while helping to ensure that the displaced population has access to shelter and mass care services during and after an incident. Should additional sheltering support be required, the SIRS

[1] 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.

[2] 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.

Operational Plan may be activated in coordination with the RRC Operational Plan to facilitate appropriate shelter assignments and efficient shelter management activities.

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 a SIRS.

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 a SIRS.

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

County	Expected Special Populations				
	Elderly (>=65)	*Civilian Noninstitutionalized Population with a Disability*	*Speak English Less than Very Well*	*Minor (<=17))*	*Infant and Children (<5)*
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				
	Elderly (>=65)	Civilian Noninstitutionalized Population with a Disability	Speak English Less than Very Well	Minor (<=17))	Infant and Children (<5)
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, a SIRS 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 SIRS 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.
  - RRC operations will not always be activated when SIRS operations are activated.
- The SIRS 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 shelter services may be co-located in or in close proximity to the SIRS.
  - People with service animals will be sheltered together in the human shelter. It is expected that the service animal owner will care for the animal, but they may ask for assistance from the SIRS 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 SIRS operations.

- No plan can anticipate all situations and contingencies; the SIRS Operational Plan and associated annexes are designed to be flexible guidance for activating, operating, and demobilizing a SIRS.

- To ensure efficient placement of shelter residents, SIRS identification and planning must precede an evacuation.

- SIRS facilities are pre-identified and MOUs outlining the terms of use of the facility as a SIRS 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.

- SIRS facilities outside of the impacted jurisdiction(s) or MEMA region(s) may be activated to provide services for all identified shelter residents.

- Agencies, organizations, and individuals are aware of the responsibilities assigned to them in the SIRS Operational Plan and will respond as directed if the plan is activated.

2.2.2 Shelter Resident Assumptions

The following assumptions regarding shelter resident populations apply to the SIRS Operational Plan.

- A percentage of the evacuating population seeking shelter will have disabilities and other access and functional needs. Individuals who may require 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 shelter residents will be provided mass care services and medical care as appropriate.
  - Children and adults with disabilities have the same rights to SIRS services as other shelter residents. Reasonable accommodations in SIRS 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 SIRS with a medical condition is not a basis for their exclusion from the SIRS.
  - Not all shelter residents' medical needs can be treated or safely managed at a SIRS.
- Some shelter residents may arrive at the SIRS 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 SIRS.
- There will be the need to track shelter residents' 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 SIRS operations. In the event 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 SIRS operations (e.g., MAESF #6 – Mass Care, Emergency Housing, and Human Services and MAESF# 8 – Public Health and Medical Service). If a SIRS is activated, the following primary coordinating and command entities will be required under the SEOC Command Structure to support SIRS operations.

3.1 Command and Control Entities

a. State Emergency Operations Center (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 SIRS 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 under the Operations Section. This position will serve under the direction and guidance of the Deputy Operations Section Chief (MAESFs). Upon the decision to activate the SIRS, all SIRS-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: the SIRS Team and the RRC Team. *Figure 1* depicts the SEOC Operations Section organizational structure.

   i. SIRS Team
   If one or more SIRS facilities are activated, the 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 Group are (1) to serve as a coordination and management entity for SIRS operations and activities and (2) to ensure that the SIRS has the mass care resources (e.g., equipment, supplies, personnel, and services) needed to support facility operations. The roles and responsibilities of this group, and the agencies or non-governmental organizations of which it is comprised, are defined in the ***Section 5.0*** of this plan.

ii. RRC Team

If an RRC or multiple RRC facilities are activated, the 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 Group are (1) to serve as a coordination and management entity for RRC operations and activities and (2) to ensure that the RRC has the mass care resources (e.g., equipment, supplies, personnel, and services) needed to support facility operations. The roles and responsibilities of this group, and the agencies or non-governmental organizations of which it is comprised, are defined in the ***RRC Operational Plan***. Specific group tasks are defined in the ***RRC Operator's Guide***.

Figure 1: SEOC Operations Section Organizational Structure
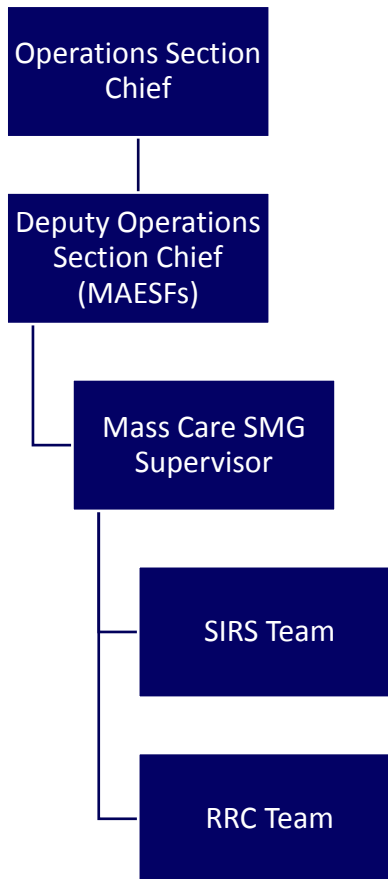
3.2   SIRS Operations: Organizational Structure

In the event the SIRS Operational Plan is activated, the SEOC Deputy Operations Section Chief (MAESFs) and Mass Care SMG Supervisor will reference the SIRS organizational structure depicted in Figure 2 of this plan to draft an organizational structure that can meet the needs of the SIRS 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 shelter residents will reside under direction of the SIRS Operations Section Chief.

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

Figure 2: SIRS Organizational Structure
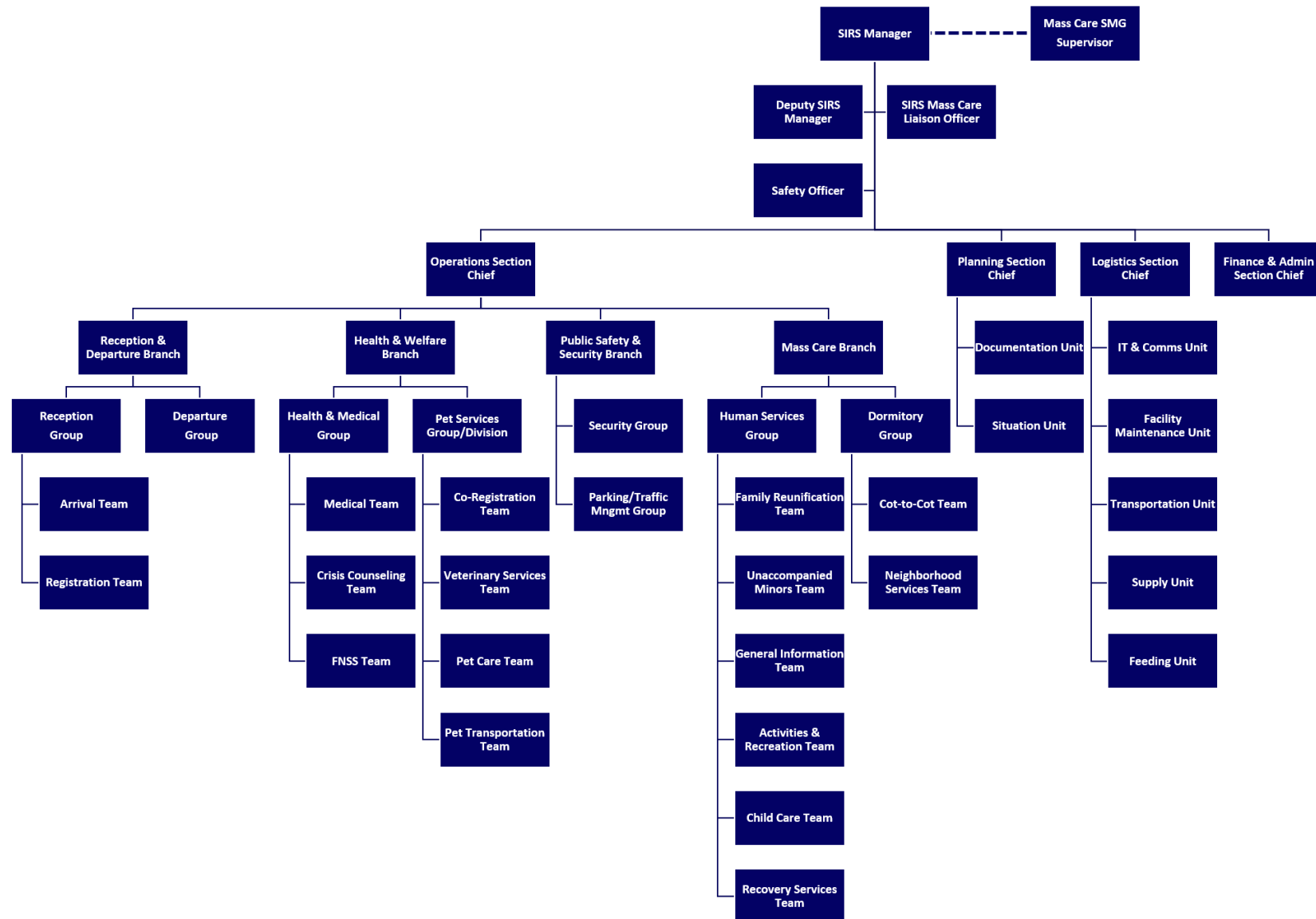
3.2.1   Command Positions

a.   SIRS Manager

The SIRS Manager implements the guidance and direction provided by the Mass Care SMG Supervisor at the SEOC, oversees individual SIRS operations, provides operational direction to SIRS Command and General Staff, and exercises overall direction and control of SIRS operations and activities. The SIRS Manager will have direct communication with the SIRS 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 Job Action Sheets in the *SIRS Operator's Guide*.

b.   Deputy SIRS Manager

The Deputy SIRS Manager assists the SIRS Manager in managing SIRS operations and implementing the full scope of activities in the SIRS. 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 *SIRS Operator's Guide*.

c.   SIRS Mass Care Liaison Officer

The SIRS Mass Care Liaison Officer assists the SIRS Manager with coordinating the flow of information between the SIRS, 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 Job Action Sheets in the *SIRS Operator's Guide*.

d.   Safety Officer

The SIRS Safety Officer monitors operations within the SIRS facility and advises the SIRS Manager on matters relating to the safety and welfare of the SIRS 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 *SIRS Operator's Guide*.

3.2.2   General Staff

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

In order to ensure a manageable number of SIRS staff to meet the needs of the shelter resident population, branches, groups, teams, and units within the SIRS organizational structure should only be activated if the scope of the operation, and/or the specific service needs (e.g. medical) of the SIRS 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 SIRS as determined by the size of the expected shelter resident population.

a. Operations Section

Managed by the Operations Section Chief, the Operations Section is responsible for the oversight and coordination of SIRS services and the resources to support SIRS 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.

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 SIRS 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 and Security Branch

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

- Parking and Traffic Management Group
- Security Group

iv. <u>Mass Care Branch</u>

This Branch is led by the Mass Care Branch Director and consists of the Human Services Group and the Dormitory Group.

- The Human Services Group is led by the Group Supervisor and may be comprised of the following Teams:
  - Family Reunification Team
  - Unaccompanied Minors Team
  - General Information Team
  - Activities and Recreation Team
  - Child Care Team
  - Recovery Services Team
- The Dormitory Group will be led by the Group Supervisor and consists of the following Teams:
  - Cot-to-Cot Team
  - Neighborhood Services Team

b. <u>Logistics Section</u>

Managed by the Logistics Section Chief, the Logistics Section is responsible for providing a variety of services and support to operate, service, and maintain a SIRS 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. <u>Planning Section</u>

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

- Documentation Unit
- Situation Unit

d. <u>Finance and Administration Section</u>

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 SIRS 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 **SIRS Operator's Guide**.

3.2.3   SIRS Command Center

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

- SIRS 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 SIRS with direct and regular communications to the Command Center.

3.3   Coordination and Communications with the SEOC

Communication between the SIRS and SEOC will be critical as the SIRS will likely have many shelter residents who need immediate and ongoing services and support. The SIRS 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 SIRS Manager will coordinate with the SIRS Mass Care Liaison Officer and the SIRS Team at the SEOC—and the RRC Team—regarding the following tasks:

- Determine the arrival times and number of shelter residents from RRC facilities to prepare for and meet sheltering needs.
- Identify solutions for any processing and service provision issue that arises.
- Report the status of SIRS operations and request identified resources.

3.3.2   Communications

To ensure information is shared in a timely, efficient and effective manner, the SIRS 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   SIRS Reporting

- Individual SIRS functions will communicate information through the established SIRS 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 SIRS Command and General Staff meetings and/or as requested by the SIRS Manager.
- The SIRS Manager will report the status of SIRS operations to the SIRS Team at the SEOC.
  - The status report will be provided to the SIRS Team at the SEOC via WebEOC 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:
    - SIRS location
    - Number of new shelter residents and household pets processed during the reporting period
    - Total number of shelter residents and pets received
    - Facility capacity and available space for human and pet shelter residents
    - Summary of critical support needs and concerns, including resource needs for shelter residents with disabilities and others with access and functional needs
    - Anticipated resource needs

3.3.4   SIRS Resource Request Process

- Some resource requests can be fulfilled on-site via a request made to the SIRS Supply Unit. Generally, any resources staged or stored at the SIRS (e.g., extra cots, blankets, office supplies) can be coordinated and fulfilled by the SIRS Supply Unit.
  - If a SIRS Section Chief or designee identifies a resource need they will make the initial resource request to the SIRS Supply Unit.
- If a resource request cannot be fulfilled on-site by the SIRS Supply Unit, the SIRS Supply Unit will send the resource request to the SIRS Team at the SEOC.
- The SIRS Team will communicate as needed with the SIRS 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 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, SIRS Team, and SIRS 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 SIRS Team and SIRS 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 SIRS Team or the appropriate MAESF representative in the SEOC to obtain this information.
- Generally, resource requests will be fulfilled through:
  - A MAESF; or
  - The SEOC Procurement Unit (if purchase, lease, or rent is required).
- The SIRS 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 SIRS Section, Branch, Division, 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 a SIRS:

- **Activation:** Determines need for the SIRS and initiates preliminary strategic activities such as selecting SIRS facilities and identifying staffing and resource needs. In addition, this strategy details activities that prepare the SIRS for operations, including the site readiness, deployment of staff, staging of resources, and configuring the site.
- **SIRS Operations:** Outlines the processing of shelter residents and pets and the core operational functions and essential services at the SIRS.
- **Departure:** Indicates the point at which shelter residents and pets can return to their local communities or are transferred to assigned temporary housing, and outlines the coordination and process of shelter resident and pet departure.
- **Demobilization and Transitional Services:** Indicates the point at which shelter residents have transitioned to their permanent housing or are placed in temporary housing and the SIRS can ramp down in anticipation of facility closure.

4.1.2 SIRS Operational Timeline

The SIRS operational timeline is the sequencing of operations while a SIRS 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 a SIRS facility.
2. **Activation:** Alerting staff and appropriate stakeholders, and beginning to set up SIRS operations; deploying staff and resources.

3. **SIRS Operations:** Processing shelter residents and pets, providing sheltering services, and maintaining situational control.
4. **Departure:** Coordinating departure of shelter residents and pets.
5. **Demobilization and Transitional Services:** Ramping down operations as the event de-escalates or temporary housing is available.

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 SIRS Activation

4.2.1.1 Activation Protocols

- The decision to activate a SIRS 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, if the SIRS Team is activated during this decision process, the SEOC Operations Sections Chief and Mass Care SMG Supervisor will seek recommendations from the SIRS Team as they are being activated, as time allows.
- If opening a SIRS is recommended, the SEOC Operations Sections Chief and Mass Care SMG Supervisor, or the SIRS Team if activated, will review pre-identified SIRS 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 a SIRS.
    - To determine the appropriate timeframe for gaining access to the facility.
  - The respective local emergency management authority:
    - To confirm the jurisdiction is able to host a shelter resident population.
    - If a jurisdiction can host a shelter resident population, 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 SIRS location and information regarding its use (e.g., estimated time to opening)
      - Estimated number of shelter residents being transported through the jurisdiction to the SIRS
      - 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 SIRS Command and General Staff assignments.
  - The SIRS Team, under the direction of the Mass Care SMG Supervisor, will assist by identifying SIRS staffing needs, and notifying SIRS staff, volunteers, and contractors.
- The SIRS Manager, in coordination with the SIRS Team, will determine site activation activities related to core operational functions and essential services.
- In consultation with the SIRS Manager, the SIRS Team will notify all stakeholders that the SIRS is open to receive and service shelter residents and pets.
- MAESF #15 – Public Information and External Affairs, to begin coordinating public messaging about the location, opening, and rules of the SIRS, as well as transportation information related to traveling to the SIRS.

4.2.1.2 Activation Considerations

a. Speed-to-Scale Considerations

A speed-to-scale analysis will be conducted prior to opening a SIRS 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**)
- Resource requirements versus availability to determine the scalable timeframes for opening and supporting a SIRS
- The scalable timeframes for opening and supporting the SIRS based on the requirements and availability

b. SIRS Inspection—General Considerations

- If a SIRS 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 a SIRS 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 SIRS facility.
- 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 SIRS 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 a SIRS 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

A SIRS site will be identified based on several 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 an RRC; and
- Anticipated shelter resident 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 a SIRS includes:

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

4.2.1.4 SIRS Site and Process Layout

A SIRS is designed to provide shelter residents with an environment that can support the needs of all populations, including those with disabilities and others with access and functional needs. SIRS 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. A sample SIRS layout

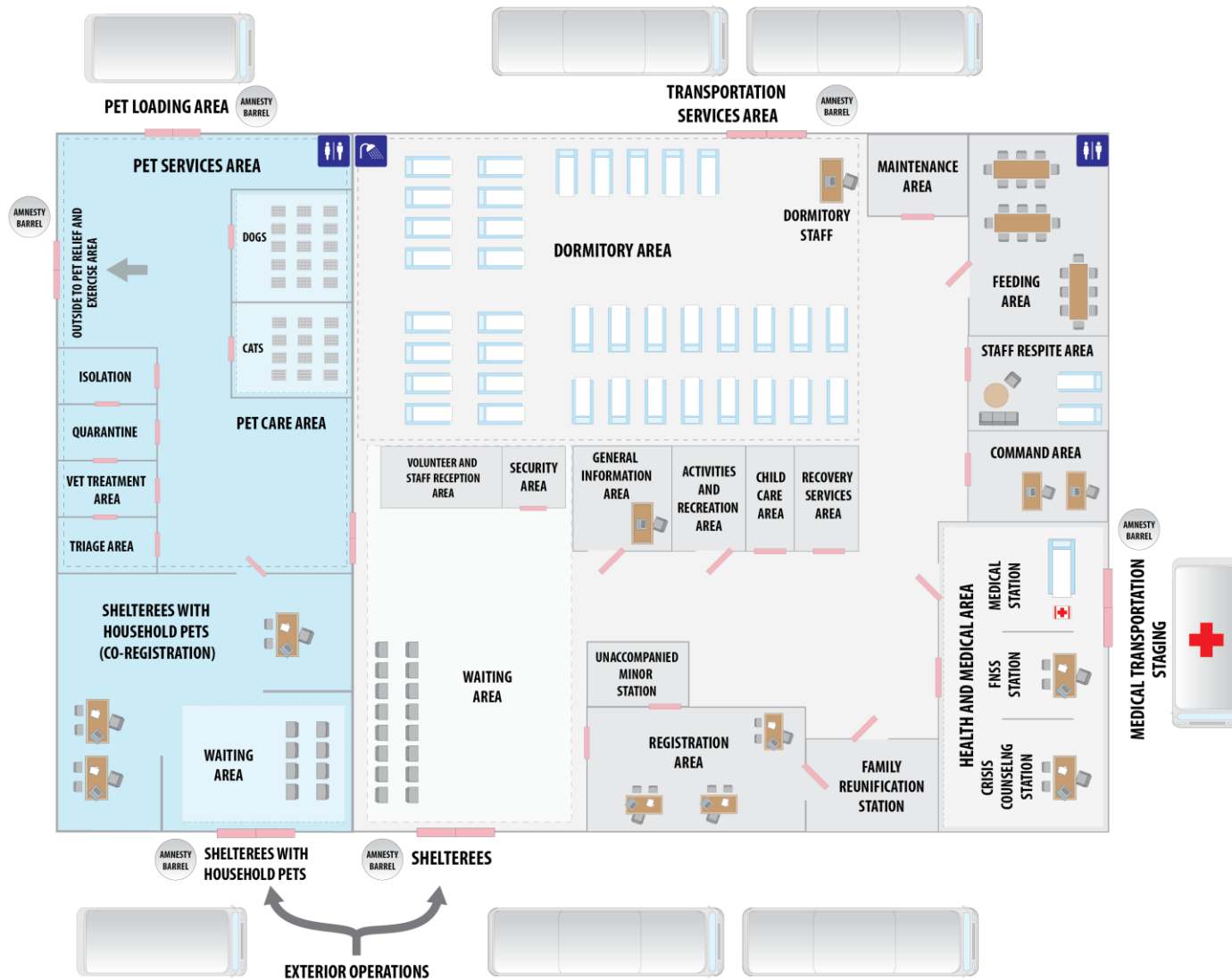can be found in *Figure 3*. The layout is conceptual only to identify what features and functions will be included in the SIRS. The actual SIRS layout will be adapted to the specific structure and needs of each SIRS.

Figure 3: SIRS Site and Process Layout

4.2.2   SIRS Staffing

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

The SEOC SIRS Team will coordinate with the SIRS 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 that staff have the appropriate credentials for working in a SIRS. These agencies and organizations will work with the SIRS Team to fulfill staffing requests as needed. When positions are filled, the agency will notify the SIRS Team at the SEOC of staff deployment, schedules, and estimated time of fulfillment. Requests for additional staff resources will also be made to the SIRS Team at the SEOC. For additional information on the request process for SIRS resources see **Section 3.3.4** of this plan.

4.2.2.1   Activating Staff
- The SIRS Team at the SEOC will advise all SIRS operations staff assigned to appropriate core and expanded functions of the activation of a SIRS, with site-specific information.
- All activated Section Chiefs or their designee will coordinate staffing requests through the SIRS Team.
- All activated Branch Directors, Group/Division Supervisors, Unit Leaders, and Team Leaders will coordinate staffing requirements and resources with the SIRS Team and SIRS Manager.
- All SIRS 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 providing assistance to shelter residents, 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 SIRS.
    - 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   SIRS Operations: Processing Shelter residents

4.3.1   Arrival

4.3.1.1   Exterior Operations
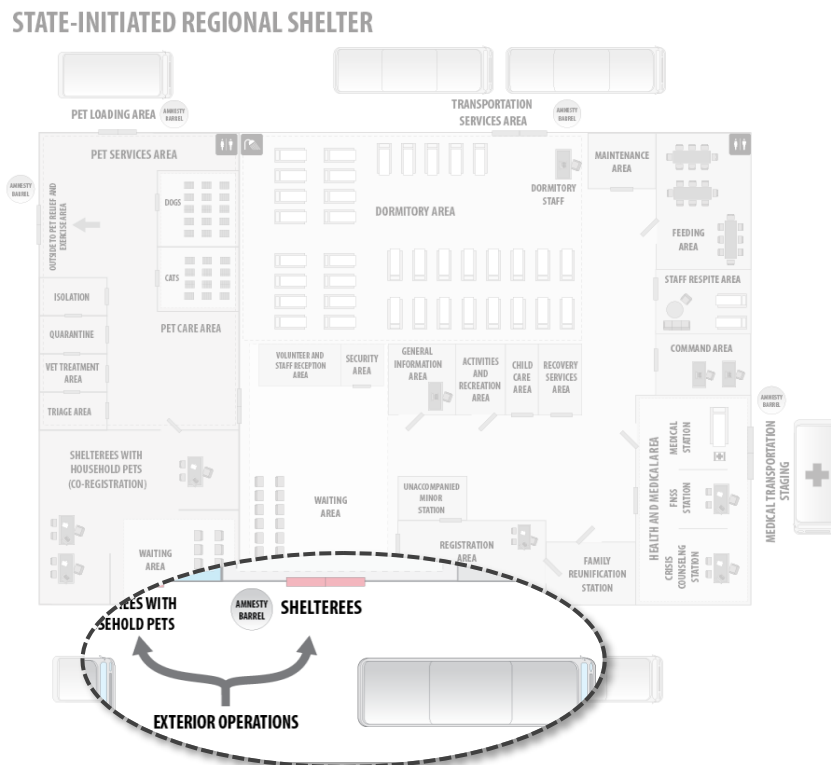
- Shelter residents may arrive at a SIRS in a variety of ways, including:
    - State-provided transportation from an RRC;
    - Locally-provided transportation from numerous debarkation points;
    - Personal vehicles;
    - Foot;
    - Bicycle; and
    - Other transportation methods (e.g., taxi).
- As vehicles enter the grounds of the SIRS 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, including 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.
  - A designated parking area will be established for shelter residents arriving via their own personal vehicles.
  - Those arriving by state- or locally-provided transportation will be met on board by SIRS Greeters[3].
    - SIRS Greeters will verify that shelter residents arriving from RRC facilities to the SIRS are received.
      - If a paper-based evacuation support system is employed, staff will collect all appropriate copies of the RRC Evacuation Tracking/Registration Form from the bus drivers, each shelter resident will be verified as received at the SIRS, and total population numbers will be provided in an update to the SIRS Team.
      - If an electronic evacuation support system is employed, staff will collect the bus manifests from the bus drivers and each shelter resident will be verified by scanning wristbands as received at the SIRS.
      - If there are any discrepancies in the bus manifests, SIRS Greeters will report this information to the SIRS Reception Group Supervisor who will contact the appropriate sending RRC staff. If discrepancies cannot be resolved, the SIRS Team will be notified to coordinate between the RRC Manager, the transportation provider, and the SIRS Reception Group Supervisor to locate the source of the discrepancy.[4]
    - Shelter residents will be briefed on the services provided at the SIRS; the SIRS registration ticketing system; the SIRS prohibited items policy; directions to facility entrance(s); and human and pet reunification information (if applicable, for owners separated from their pet at the RRC or the Local Transportation Hub).
    - Shelter residents 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 co-registration entrance of the SIRS.
  - Shelter residents will be provided assistance as needed (e.g., offloading durable medical equipment, household pets, service animals, and baggage from buses).

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[3] All SIRS Greeters will be coordinated under the Arrival Team. If possible, all SIRS 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 *SIRS 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.

[4] There will not be a delay in services for the shelter resident while the SIRS Reception Group Supervisor resolves the discrepancy.

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

As shelter residents proceed to the main and co-registration entrances, they will encounter an initial point of determination for assessing individual and family needs through SIRS 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 SIRS 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 a SIRS.
- Individuals or families arriving with household pets (not including service animals), and not requiring immediate medical attention, will be directed to the co-registration entrance of the SIRS 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 4.5.14* of this plan).
  - While in the Pet Services Area, SIRS 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 a SIRS. As needed, the owner may be assisted to the FNSS[5] Station at the Health and Medical Area to determine the need for Personal

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[5] 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)[6] while the service animal is in the care of SIRS Pet Services.

- Individuals or families who arrive and are observed to have an immediate need will be assessed and referred as follows:
  - Shelter residents requiring immediate medical or mental health attention upon arrival will be assisted by SIRS Greeters to the appropriate station in the Health and Medical Area (see *Section 4.5.6*).
    - o 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 SIRS staff.
    - o While in the Health and Medical Area, shelter residents (and any accompanying family members) will be tracked and registered after their needs are determined and addressed.
  - In the event of a medical emergency, SIRS staff will call 911 to request emergency medical services.
    - o If possible, individuals and families arriving together will not be separated.
      - ▪ Transportation services will be coordinated as needed for families to join a 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, SIRS 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 SIRS 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).
- Individuals who self-disclose legal restrictions within a general population[7] will be directed by SIRS staff to the Security Area to discuss any restriction of movement within

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[6] 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.

[7] 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.

the SIRS 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 SIRS 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 a SIRS location is announced and operations are in progress (see *Section 4.2.1.2* of this plan).

4.3.1.2   Shelter Resident Pre-Registration Waiting Area
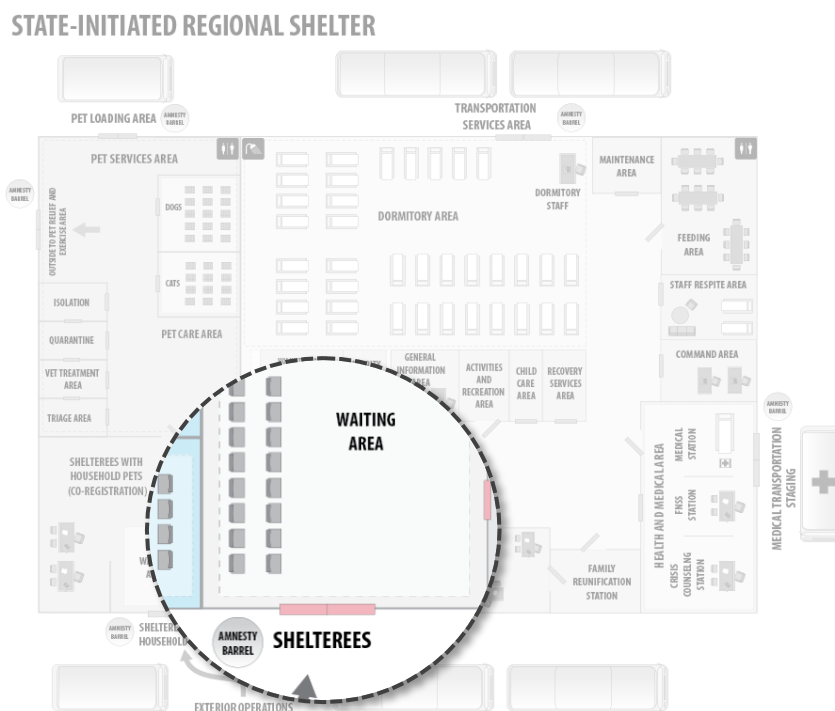
As shelter residents enter the main entrance, they will be met by SIRS Greeters who will direct them to the appropriate processing areas.

▪ The registration process at the SIRS mirrors the process that some shelter residents will have gone through at the RRC. If a shelter resident is registered at the RRC, then the registration process at the SIRS will not be duplicated, but will be built upon; however, the pre-registration process will be the same for all shelter residents.

▪ Pre-Registration SIRS Greeters, distinct from the SIRS 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 SIRS processing track:

- General Population Shelter resident
- Shelter Resident 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 SIRS processing track will be determined by SIRS Greeters.

- "General Population Shelter resident" ticket: The individual/family will be directed to wait in the shelter resident Pre-Registration Waiting Area until their number is called for registration.
- "Shelter Resident with Household Pet" ticket: The individual/family will be given an appropriate ticket and referred to the household pet and shelter resident 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 SIRS Greeter use of the Observations component of the "2+2" tool[8], or if they self-disclose an immediate need to a SIRS 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 a SIRS staff member about additional assistance or accommodations, but does not have an immediate need, they may choose to wait to speak with SIRS 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, SIRS Greeters will call/display the ticket numbers for shelter residents to proceed to registration.

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[8] "2+2; Observations" represents one of the tools or methods used while processing shelter residents at the SIRS to help identify and address shelter resident needs. During this assessment, the SIRS Greeter will only observe if a shelter resident presents with an immediate need. However, a shelter resident may at any time choose to self-disclose their immediate need to a SIRS Greeter; any interaction that occurs between a SIRS Greeter and a shelter resident will also help identify if a shelter resident 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

STATE-INITIATED REGIONAL SHELTER

Registration at a SIRS is a component of a SIRS reception process in which individuals/families within the evacuating population are identified, further assessed, and tracked. There are two aspects to the registration process: (1) shelter resident tracking, and (2) registration. Within the Registration Area, registration desks will be established and manned by SIRS Registration Staff[9] to implement the shelter resident process and support individuals/families with any health, medical, or FNSS need. Registration runner(s) may be present, as a part of the SIRS Registration Staff, to support the registration process (e.g., help with a paper-based system, ensure resources are filled).

All shelter residents will complete tracking and registration.

- Tracking and registration will be completed at one desk and at the same time within the Registration Area.
- If a shelter resident was previously housed at a local shelter or RRC and transported to the SIRS, the SIRS Registration Staff will obtain his/her registration and tracking information—including a Communication, Maintaining Health, Independence, Supervision, and Transportation (C-MIST) form or other applicable documentation—if available, and review the information with the shelter resident. The SIRS Registration Staff

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[9] If possible, all SIRS Reception Group Staff will be FAST trained. See *Section 5.0, Organization of Roles and Responsibilities,* and the *SIRS 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.

will update the information as necessary rather than creating a new record. (See *Appendix 4* for information on Protected Health Information (PHI).)

- SIRS Registration Staff will obtain registration information from the shelter residents who will be carrying the SIRS paper-based copy of the registration and tracking information or through using the electronic tracking system for that incident.

- 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, SIRS Registration Staff will assist the individual/family to the Health and Medical Area (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 SIRS Staff to the Security Area to discuss appropriate sheltering options based on their legal circumstances (see *Section 4.5.4* of this plan).

4.3.2.1   *Paper-Based Registration Process*

If a shelter resident does not have existing evacuation or registration information, the SIRS Registration Staff will complete the following process.

- SIRS Registration Staff will provide wristbands with unique identification numbers to individuals (including individual family members) and use this number to populate the paper-based SIRS Evacuation Tracking/Registration Form (see the ***SIRS 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 SIRS Evacuation Tracking/Registration Form.
  - Any baggage, durable medical equipment, or service animals will be tagged with the same barcode or identification number assigned to the individual/family and indicated on their SIRS Evacuation Tracking/Registration Form.
  - SIRS Registration Staff will inform shelter residents that they must wear their wristbands at all times and present them to SIRS Public Safety and Security Branch Staff whenever exiting or re-entering the SIRS facility.
- SIRS Registration Staff will collect information from the individual/family to complete the SIRS Evacuation Tracking/Registration Form.
  - The SIRS Evacuation Tracking/Registration Form will exist in carbon copy form to allow for a paper trail that helps account for shelter resident progression throughout the mass care and sheltering process. As shown at the bottom of the form, each copy will be distributed to the following:
    - SIRS

- o Individual/Head of Household
- ▪ SIRS Registration Staff will conduct a needs assessment with the Questions component of the "2+2" tool.[10]
    - • If a need is identified through the "2+2; Questions," SIRS Registration Staff will use the C-MIST[11] form to conduct a more in-depth assessment.
        - o Except for an immediate need, in which case the individual/family will be referred to the Health and Medical Area, SIRS Registration Staff will document the shelter resident's needs via the C-MIST form.
        - o Following the registration process, the shelter resident will be referred to the appropriate service area.
        - o The C-MIST form will exist in carbon copy form to allow for a paper trail that helps account for shelter resident needs and resources. As shown at the bottom of the form, each copy will be distributed to the following:
            - ▪ SIRS Health and Medical Group
            - ▪ Individual/Head of Household
        - o SIRS Registration Staff will attach each copy to the corresponding copy of the SIRS Evacuation Tracking/Registration Form.
- ▪ Upon completion of the registration process, shelter residents will receive general information about the SIRS and services provided and be asked to proceed to the Dormitory Area where they will check in with the SIRS Dormitory Staff to receive an open cot. The information provided to shelter residents may include, but is not limited to:
    - • A form containing SIRS rules, policies, and general information (the SIRS Facility Agreement and Policies Form) regarding the SIRS facilities, SIRS services, and service area locations (see the ***SIRS Operator's Guide*** for SIRS site forms).
    - • A map of the SIRS.

4.3.2.2 Electronic-based Registration Process

SIRS Registration Staff will provide wristbands with unique identification numbers to individuals (including individual family members) and enter the numbers in an online database, either manually or using barcode scanners. The remaining registration process mirrors the paper-based registration process (see ***Section 4.3.2.1***). SIRS Registration Staff will document all gathered information in an online database instead of using paper forms.

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[10] "2+2; Questions" represents one of the assessment methods used while processing shelter residents at the SIRS to help identify and address shelter resident 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 SIRS Greeters as outlined in *Section 4.3.1.2*. See the *Operator's Guide* for needs assessment tools and associated forms.

[11] C-MIST represents one of the assessment methods used while processing shelter residents at the SIRS to help identify and address shelter resident needs. See the *Operator's Guide* for needs assessment tools and associated forms.

4.4   SIRS Operations: Co-Registration with Household Pets

This section describes the essential functions and activities required to process shelter residents and their household pet(s) at a SIRS.

4.4.1   Arrival

4.4.1.1   Exterior Operations
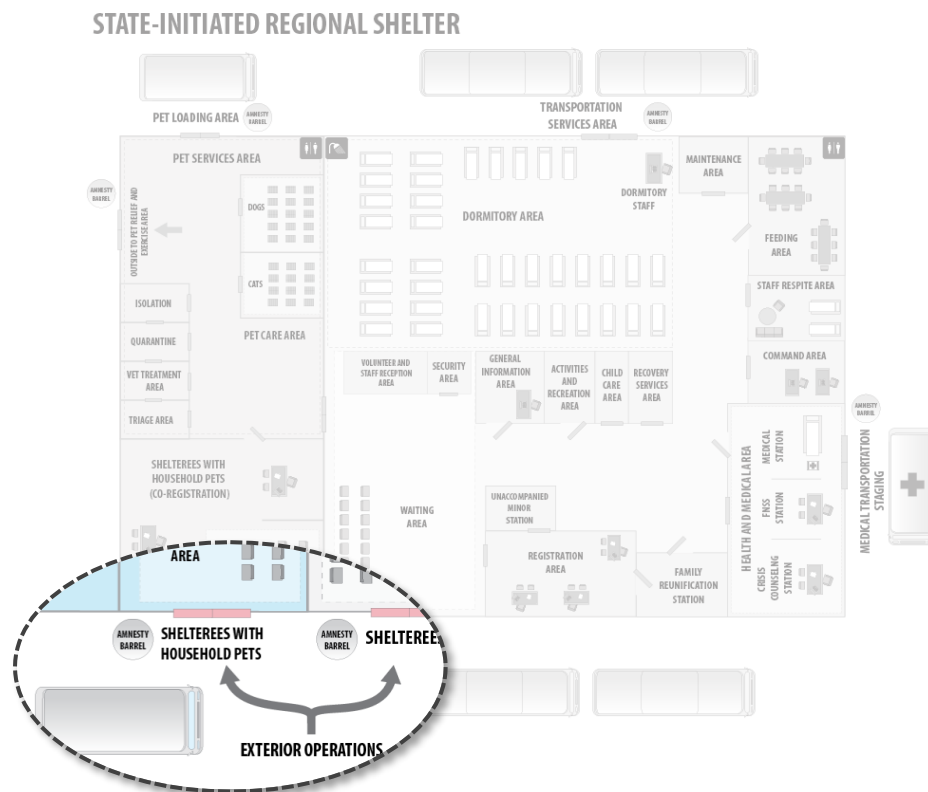
The same process detailed in the Shelter Resident Exterior Operations (see **Section 4.3.1.1**) will apply for shelter residents with pets in this area.

- Household pets may arrive at a SIRS from an RRC via state-provided transportation (for pets under 30 pounds) and animal transport vehicles (for pets 30 pounds and over). However, household pets could also arrive to the SIRS via:
  - Locally-provided transportation from numerous debarkation points;
  - Personal vehicles; and
  - Other transportation methods.
- The SIRS Pet Transportation Team will verify that household pets 30 pounds and over arriving from an RRC via animal transport vehicles are received.
  - If a paper-based evacuation support system is employed, staff will collect all copies of the RRC Animal Intake Form from the bus drivers and verify that each pet has been received at the SIRS.

- 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 SIRS.
- If there are any discrepancies in the paper-based or printed pet manifests, the Pet Transportation Staff will contact appropriate local RRC 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 SIRS Pet Transportation Team until the owners have come to claim their pets.
  - When owner(s) arrive to claim their pet, staff will have three options, depending on the RRC tracking system, to ensure that pets are collected by verified owner(s):
    - 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; or
    - If a paper-based evacuation support system is being employed, the owner(s) will present their copy of the RRC 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 appropriate SIRS entrance where they will begin the process of co-registration at the SIRS.
  - If a pet is left unclaimed, SIRS Pet Transportation Team will bring the pet to SIRS Co-Registration Staff to be tracked and registered. The pet will be cared for by SIRS Pet Care Staff while alternate care options are being identified and pursued.
    - The SIRS Pet Care Team will arrange transportation to an alternate pet shelter facility and the pet will be placed in the care of Animal Control Services, who will follow their internal policies and procedures for the care and management of unclaimed pets.

4.4.1.2   Household Pet and Shelter Resident Pre-Registration Waiting Area

STATE-INITIATED REGIONAL SHELTER

The same process detailed in the Shelter Resident Pre-Registration Waiting Area operations will apply for shelter residents 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 a SIRS Greeter or SIRS 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 4.5.14* of this plan).
  - While in the Pet Services Area, SIRS Co-Registration Staff will complete tracking and registration for the owner(s) and the pet.

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

4.4.2   Co-Registration

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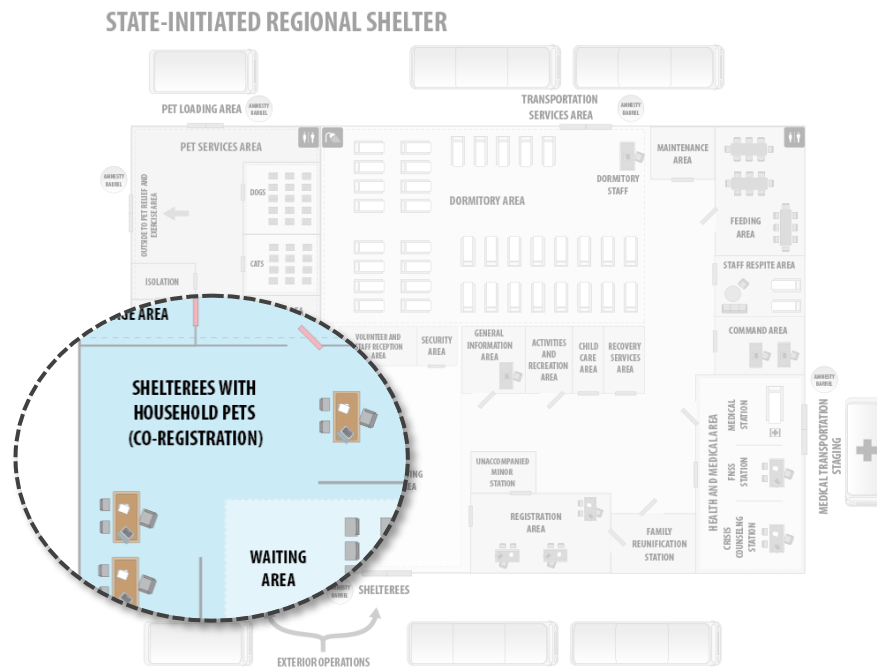
Shelter residents with pets will be registered at the SIRS together at the co-registration area. The co-registration process involves two main steps; (1) registering the shelter resident and family first, and (2) registering pet(s). The following sections detail each of these processes.

4.4.2.1   Shelter Resident Registration

- Owners will be tracked and registered before pets are tracked and registered.
  - The tracking and registration process for shelter residents with household pets is the same as the registration process for shelter residents without household pets (see **Section 4.3.3** of this plan).
- If a shelter resident was previously housed at a local shelter or RRC and transported to the SIRS, the SIRS Co-Registration Staff will obtain his/her registration and tracking information (if available), and review the information with the shelter resident. The SIRS Co-Registration Staff will update the information as necessary rather than creating a new record, if possible.
  - If a paper-based evacuation support system is being employed, SIRS Registration Staff will collect the copy of the RRC Evacuation Tracking/Registration Form from the individual/family.
  - If an electronic evacuation support system is being employed, SIRS Co-Registration Staff will scan the barcode or manually enter the individual's unique identification number, located on his/her wristband, into the system.

4.4.2.2   Household Pet Registration

Pets will be tracked and registered after their owner.

If a pet was previously housed at a local shelter or RRC and transported to the SIRS, the SIRS Co-Registration Staff will obtain its registration and tracking information (if available), and review the information with the owner. The SIRS Co-Registration Staff will update the information as necessary rather than creating a new record, if possible.

- If a paper-based evacuation support system is being employed, SIRS Co-Registration Staff will collect, review, and update as necessary the copy of the RRC Animal Intake Form from the individual/family.
- If an electronic evacuation support system is being employed, SIRS Co-Registration Staff will scan the barcode or manually enter the pet's unique identification number, located on its identification collar, into the system and review and update as necessary.
- 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 SIRS 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 an appropriate veterinary treatment, quarantine, or isolation area (see *Section 4.6.1* of this plan).
  - While in the Pet Services Area, SIRS Co-Registration Staff will complete tracking and registration for the owner(s) and their pet.

If a household pet does not have existing evacuation or registration information, the SIRS Co-Registration Staff will complete the full registration process.

- If a paper-based evacuation support system is employed, Co-Registration Staff will follow the process in *Section 4.4.2.3*. If an electronic evacuation support system is employed, Co-Registration Staff will follow the process in *Section 4.4.2.3*.

4.4.2.3   Household Pet Paper-based Registration Process
- The owner's barcode or other identification number will be assigned to the pet on the SIRS Animal Intake Form (see the *SIRS 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 SIRS 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 when in the Pet Care Area.
- Information will be collected from the owner(s) to complete the pet and owner identification portion of the SIRS Animal Intake Form.
- The SIRS Animal Intake Form will exist in carbon copy form to allow for a paper trail that helps account for the pet while in the SIRS. As shown at the bottom of the form, each copy will be distributed as follows:
  - SIRS
  - The owner
  - Crate or carrier

- A copy of the SIRS Animal Intake Form will be attached to the corresponding copy of the SIRS Evacuation Tracking/Registration Form for the shelter resident. A copy will be handed to the owner(s) to be attached to the pet's crate or carrier.
- The informational portion of the SIRS Animal Daily Care Sheet will be filled out by the SIRS Co-Registration Staff and with the owner, to be attached to the crate or carrier.
- Once the pets have been tracked and registered, shelter residents will be provided with general information pertaining to the Pet Services Area. This information may include, but is not limited to:
  - A form containing SIRS Pet Services rules, policies, and general information regarding the SIRS Pet Services Area, SIRS pet services, and service area locations (the SIRS Pet Services Agreement and Policies Form).
  - A map of the SIRS Pet Services Area.
  - Instructions regarding pet care; pet owners are responsible for routinely visiting and taking care of their pets.
  - Directions to the Pet Care Area to place their pet into a crate or carrier.
- Owners will bring their pet to the Pet Care Area to be placed in a crate/carrier.
  - Owners, with the assistance of SIRS Pet Care Staff, will attach the photo, a copy of the SIRS Animal Intake Form, and the SIRS Animal Daily Care Sheet to their pet's crate or carrier.
  - Owners will be informed that to access the Pet Care Area they will need to present their copy of the Animal Intake Form or identification wristband to staff upon entry (see **Section 4.5.14** for further information on Pet Care).

4.4.2.4   Electronic-based Registration Process

SIRS Co-Registration Staff will provide wristbands with unique identification numbers to individuals (including individual family members) and enter the numbers in an online database, either manually or using barcode scanners. The remaining registration process mirrors the paper-based registration process (see **Section 4.4.2.3**). SIRS Co-Registration Staff will document all gathered information in an online database instead of using paper forms. Owners will attach the registration information, picture, and SIRS Animal Daily Care Sheet to their pet's crate or carrier at the end of the co-registration process.

4.5   SIRS Operations: Core Functions and Essential Services

This section details the core functions required to operate a SIRS, and the essential services required to support shelter residents, household pets, and SIRS staff.

4.5.1 SIRS Command Center
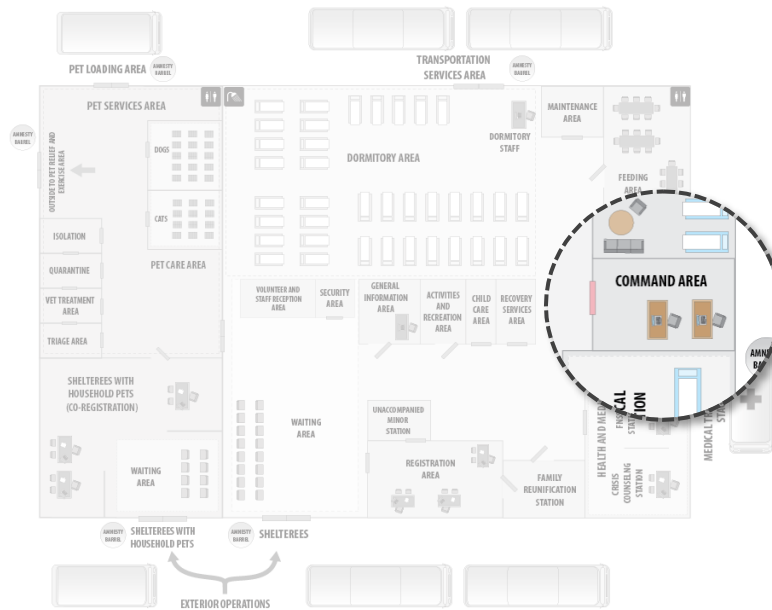
An area within the SIRS will be designated for the SIRS Command and General Staff operations. Only authorized staff will be permitted in this area (see **Section 3.2.2**).

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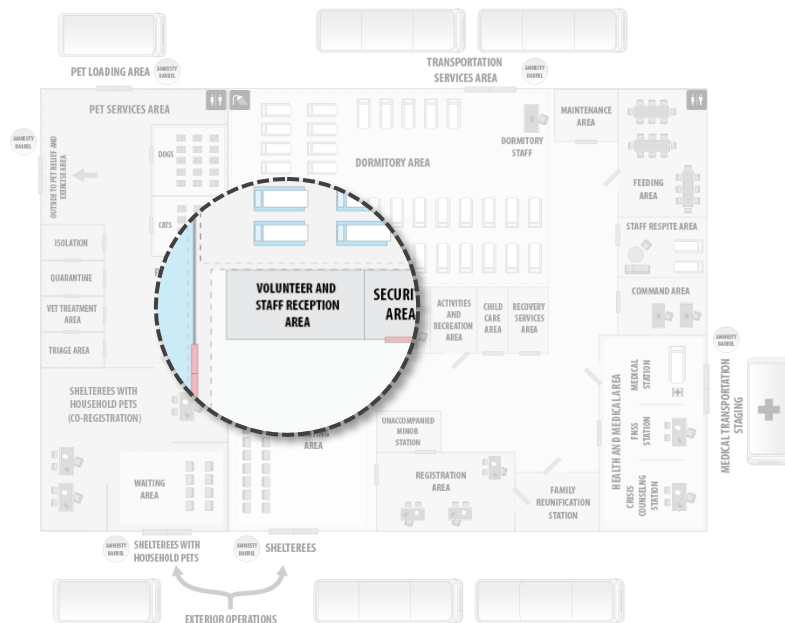
The Volunteer and Staff Reception Center is an area within the SIRS where volunteers and staff will report to when they enter the facility to sign-in and receive their staff assignments (see the **SIRS Operator's Guides** for sign-in sheets and information to provide the SIRS Staff).

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   Staff Respite
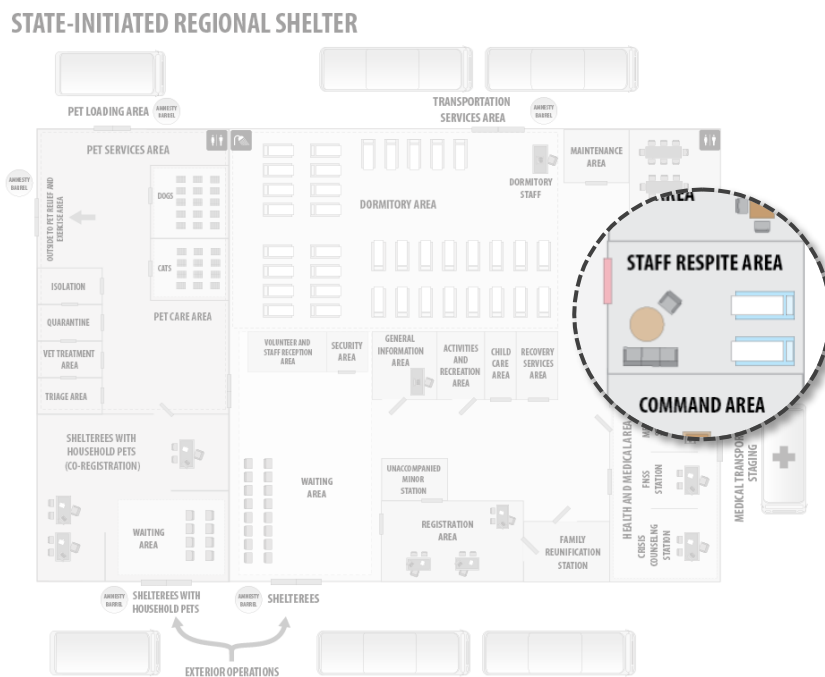
A space within the SIRS will be designated as a Staff Respite Area, providing SIRS staff with the following areas and resources:

- Snacks
- Hydration
- An eating area
- A quiet/rest area (including cots, blankets, and pillows)
- Charging station
- Secure location for personal belongings

As stated in **Section 4.5.8**, food for staff will be provided from the same source as food for shelter residents.

4.5.4 Public Safety and Security

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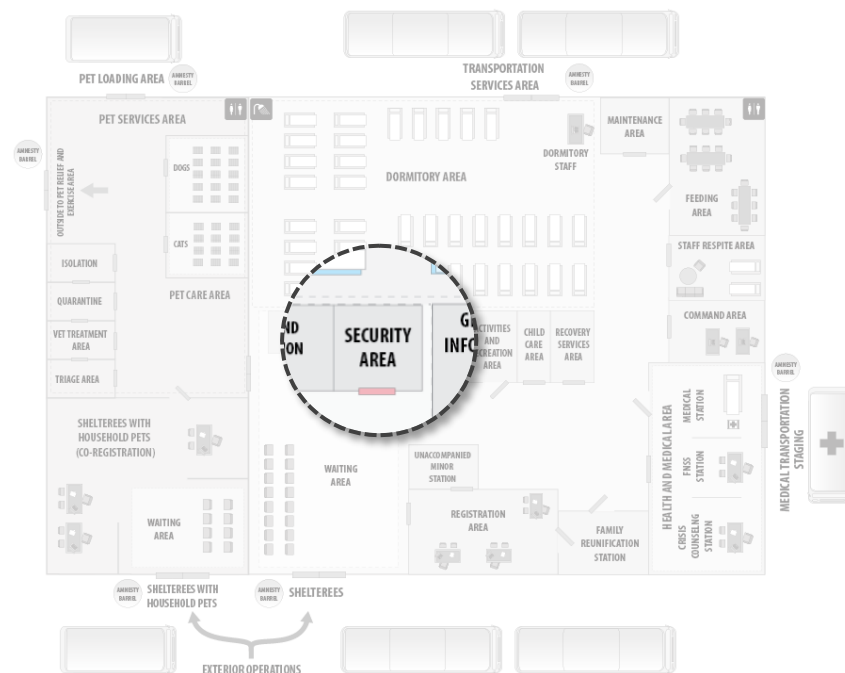
The Public Safety and Security Area will be established to coordinate the various services needed to ensure internal and external security of the SIRS facility, and a safe environment for staff, shelter residents, visitors (e.g., local officials), and household pets (if applicable). The SIRS Public Safety and Security Branch Staff may include designated SIRS staff, personnel from local and/or state law enforcement, and a contracted private security firm. The SIRS 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 SIRS Public Safety and Security Branch Staff and between the SIRS Public Safety and Security Branch Director and the SIRS 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 a SIRS 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 SIRS for the disposal of prohibited items.
- Rules of the SIRS and a list of prohibited items will be clearly posted at the entrance(s) of the SIRS. Such posting will explicitly disclose that prohibited items will not be returned.
  - Local and/or state law enforcement assigned to the SIRS 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 SIRS will be referred to law enforcement for appropriate action.
  - If the local and/or state law enforcement supporting the SIRS operation has 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 SIRS Public Safety and Security Branch Director, SIRS Manager, and the SIRS Team.

d. Security Screening:

Security screening of all shelter residents and unauthorized individuals entering and re-entering the SIRS 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 shelter residents who present at an SIRS 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 shelter residents with a restricted freedom should disclose this information when registering at the SIRS.
- The SIRS Public Safety and Security Branch Director and the SIRS Manager will be immediately notified by SIRS 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 shelter residents who present at a SIRS must be accommodated.

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

f. Access Control:

The Security Team 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 SIRS Public Safety and Security Branch Director and the SIRS Manager will be immediately notified by SIRS staff of any individual who is observed as a potential security risk.
- Provide access control into the facility in the event shelter residents 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 SIRS.
- Secure entrance and exit points in the SIRS where shelter residents and non-shelter residents (e.g., staff, media, and vendors) will be identified and secured.
    - If resources are available, all entrance and exit points in the SIRS 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 shelter residents to re-enter the SIRS without re-screening.
    - Shelter residents 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).

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

4.5.4.2 Parking and Traffic Management

A SIRS Parking and Traffic Management Group will be established to ensure that traffic flow and parking for the SIRS 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 SIRS;
- Controlling the flow of traffic within the established SIRS perimeter, including the surrounding streets leading to the SIRS;
- Providing directional signage to manage traffic and pediatrician flow;
- Managing the designated SIRS 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

4.5.5.1 Family Reunification

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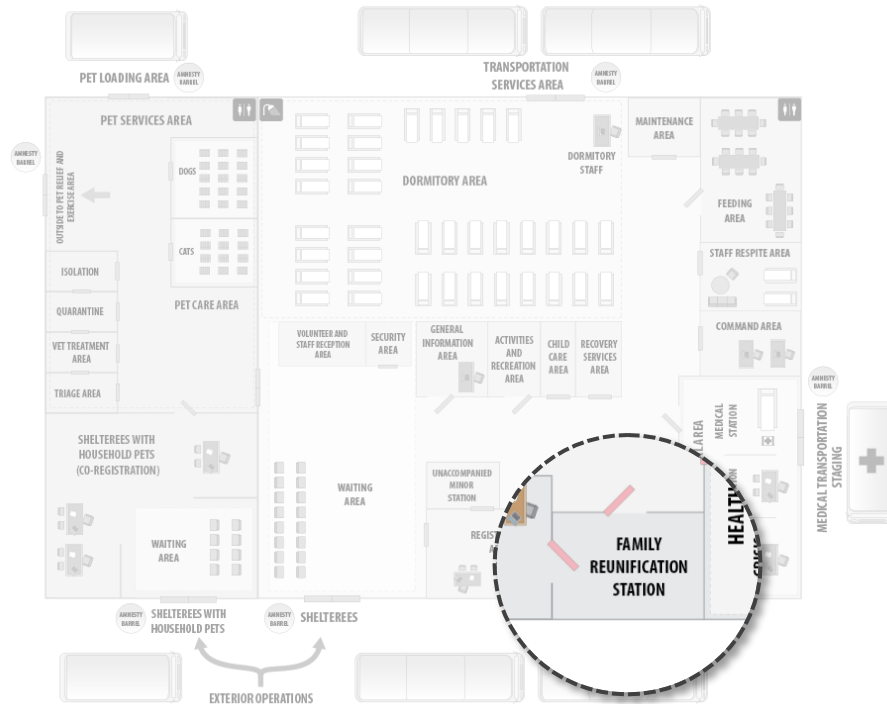
The SIRS Team will coordinate with the RRC Team, as appropriate, and MAESF #6 – Mass Care, Emergency Housing, and Human Services to determine the reunification strategy to implement in each SIRS facility. This strategy will be communicated to the SIRS Human Services Group Supervisor and Family Reunification 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.
- Provide public messaging through MAESF #15 for those impacted by the incident and for those seeking status information on those impacted by the incident.

Family reunification services will be provided in the Reunification Area. Computers and phones will be made available to shelter residents to facilitate the reunification process. In addition, SIRS Family Reunification Staff will be present to provide assistance with looking for missing household members via traditional tools (e.g., American Red Cross Safe and Well, National Center for Missing and Exploited Children, and Unaccompanied Minors Registry). Additionally, SIRS Family Reunification Staff will provide information on where to access reunification services once the SIRS facility has closed.

4.5.5.2   Unaccompanied Minors

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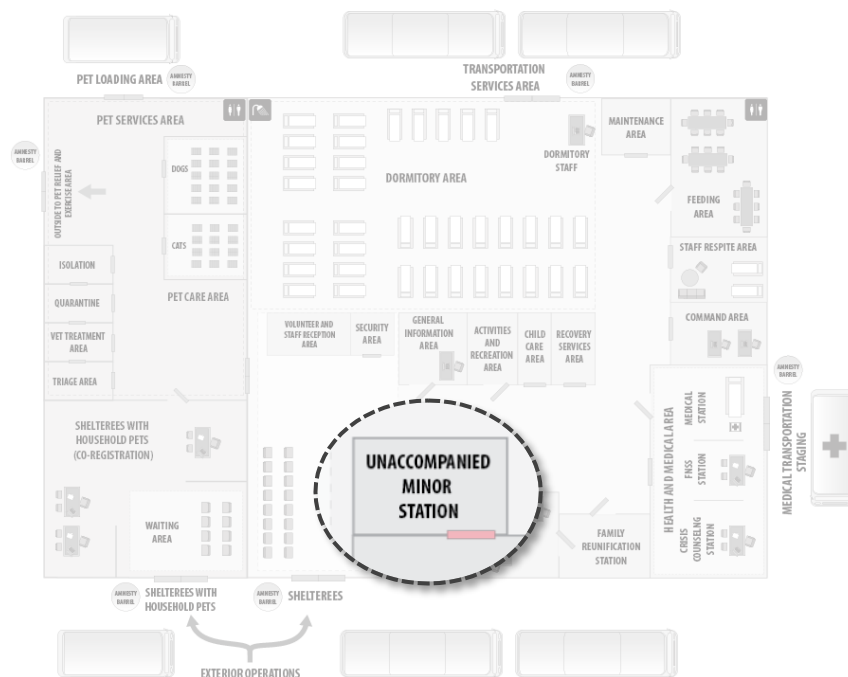
A designated Unaccompanied Minor Station will be established to care for minors who have been separated from their parents or guardians. Service-related protocols, policies, and procedures are detailed in *Appendix 4* of this plan.

- A request for law enforcement or social services agency support (e.g., Massachusetts Department of Children and Families) will be coordinated through the SIRS Human Services Group Supervisor and reported accordingly through the SIRS 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

STATE-INITIATED REGIONAL SHELTER
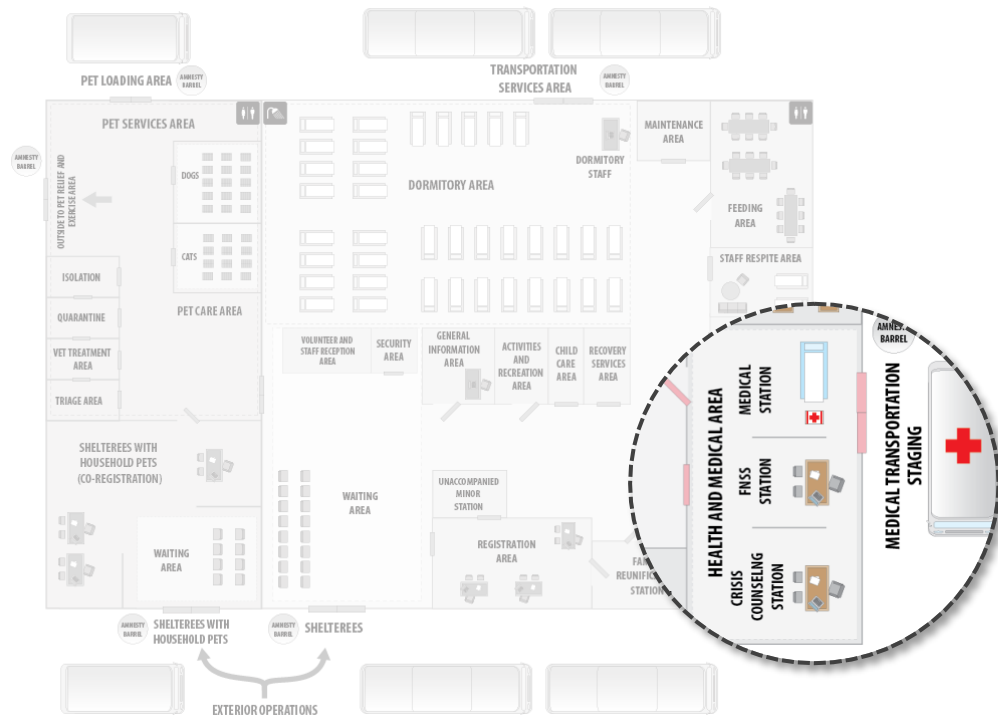
A Health and Medical Area will be established in the SIRS to provide medical, crisis counseling, and FNSS support. Each of these services will be provided through separate service stations. These services will be available to both shelter residents and staff as needed. All SIRS Health and Medical Branch Staff will coordinate with each other to ensure that all shelter residents receive any requested or needed support.

Shelter residents will access the Health and Medical Area via referral from SIRS 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 SIRS staff (see **Section 4.3.1.2** and **Section 4.3.2** for information on SIRS Staff referrals). The following considerations pertain to the Health and Medical Area:

- Shelter residents may or may not arrive at the station with accompanying family members, service animals, or personal caretakers.
- Shelter residents will be directed to the Medical Station when additional health assessments or immediate medical support and treatment are needed.
- Shelter residents will be directed to the FNSS Station if they have immediate needs related to their ability to maintain their independence while in the SIRS (e.g. require language translation services).
- Shelter residents will be directed to the Crisis Counseling Station if they want to speak with a crisis counselor.

- If a shelter resident is observed by SIRS Staff or another shelter resident to be a danger to herself/himself or others, SIRS Public Safety and Security Branch Staff should be immediately notified.

4.5.6.1 Medical Services

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

Due to the potential high volume of shelter residents processed at a SIRS, on-site medical services will range from basic to more expanded services, to provide shelter residents (including infants and children) with medical needs or existing medical conditions, with the appropriate type and level of care to allow them to stay at the SIRS. 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 SIRS Medical Staff will be activated and assigned to the Medical Station as determined by the size of the population at the SIRS 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)[12]

The medical services provided at the SIRS will depend on available staff and material resources. As additional resources and staff are obtained, the level and types of medical services may expand.

- Any requests for additional resources (including staff) will be made to the SIRS Health and Medical Group Supervisor.

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

- Any requests for resources (including staff) that cannot be fulfilled on site will be made to the SIRS Team at the SEOC; resource requests will be processed per the SEOC's established resource request process.

The following sections detail the medical services that will be provided, contingent on available resources, qualified staff, and site locations. The Medical Station will be divided into two sections, with pediatric and adult medical services being provided separately.

a. Basic Medical Services
- Providing a refrigerated area to keep prescriptions
- Assistance with administering prescribed medication, as needed
- 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. Respite Care
When some level of ongoing medical support is required for more chronic needs, but the individual does not reach the admission criteria to enter a hospital, a respite care area will be set up using a mixture of regular, bariatric, and medical cots, if available.

c. Pharmaceutical Services
- Depending on staff licenses, only authorized personnel will be able to access and write prescriptions for shelter residents in immediate need of medication.
- An area will be designated to secure all medications that need to be locked up.
- A refrigerator will be available for any medication that requires refrigeration.

d. Substance Abuse Support
If substance abuse, addiction, or addiction recovery support needs are disclosed/ observed, the SIRS Health and Medical Group Supervisor will request support through the SIRS Team at the SEOC. The SIRS Team will forward the request for support to MAESF #8 – Health and Medical Services at the SEOC (MAESF #8 will coordinate with the Commonwealth's Bureau of Substance Abuse Services (BSAS)). If substance abuse, addiction, or addiction recovery services are located offsite, transportation will be provided by the SIRS Transportation Unit to the location(s) whenever possible.

e. At-Risk Populations Support
As needed, separate spaces will be established for young children and adults who have respiratory illnesses or seriously weakened immune systems and are susceptible to germs in the environment. SIRS Medical Staff will continuously monitor and assess individuals in this area.

f. Infection Prevention and Control

As needed, SIRS Medical Staff will ensure that standard infection prevention and control strategies are implemented at the SIRS 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, SIRS 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 SIRS supplies that have come in contact with the contagious or potentially contagious individual(s). SIRS Medical Staff will refer to local and/or state public health and infection control guidelines when establishing procedures for the SIRS.

g. Decontamination Follow-Up

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

h. Emergency Medical Transportation

SIRS Medical Staff will request and coordinate emergency medical transportation for shelter residents as needed. A staging area at the SIRS 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. For information on additional medical transportation support, see **Section 4.5.13** of this plan.

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 SIRS Medical Staff and their resources. In all instances, SIRS 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.

- SIRS Medical Staff will communicate with the shelter resident to identify if there are any considerations or preferences for assignment to an alternate facility.
- The SIRS Health and Medical Group Supervisor will coordinate with the SIRS Team and MAESF #8 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 SIRS Medical Staff will coordinate with the SIRS Registration Staff to ensure that proper coordination, communication, and documentation activities are carried out to identify the shelter resident and transfer him/her from the SIRS to an alternate facility.
  - SIRS Registration Staff will complete shelter resident tracking and registration and send any pertinent medical documentation/information to the receiving facility (in paper form along with the individual and/or electronically).
  - SIRS 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 Station and will follow the Unaccompanied Minor Protocol (see *Appendix 4* of this plan).
- If the individual has a pet at the SIRS, and is the sole provider for the pet at the facility, the SIRS 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 SIRS will be coordinated for families and personal caretakers to join their family member if he/she is taken to an alternate facility.
- The SIRS Health and Medical Group Supervisor will confirm with the alternate facility that the individual was received.

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

- SIRS Medical Staff will assist as needed.
- As needed, on-site crisis counseling will be provided to shelter residents 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 rules, policies, practices,

and procedures; durable medical equipment (DME); consumable medical supplies (CMS); personal assistance services (PAS); and other goods and services as needed.

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

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

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

- Shelter residents may be supported at the SIRS by their own PAS provider.
- If the shelter resident does not have his/her own PAS provider, the SIRS FNSS Team will coordinate with the SIRS Health and Medical Group Supervisor and the SIRS 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 SIRS FNSS Station.
  - The contracted PAS agency will be responsible for deploying personal assistance providers at the direction of the SIRS Team at the SEOC.

The SIRS 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.[13]
- The SIRS FNSS Team may be assigned to this service area as a FAST team(s).

To ensure the needs of all shelter residents are being identified and met, the SIRS FNSS Team members will support and be assigned to the following SIRS Groups/Teams if the respective staff require assistance:

- Reception Group
  - Arrival Team (e.g., SIRS Greeters)
  - Registration Team
- Dormitory Group
  - Cot-to-Cot Team
  - Neighborhood Services Team

4.5.6.3 Crisis Counseling

The Crisis Counseling Station will be established within the Health and Medical Area, staffed by the SIRS 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 SIRS.

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

If a shelter resident 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 shelter resident (and any accompanying family member, service animal, or personal caretaker), the shelter resident will be tracked and registered by SIRS 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.

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[13] 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.

a. Substance Abuse Support

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

b. Cot-to-Cot

SIRS Crisis Counseling Staff may walk through the Dormitory Area or other areas in the SIRS to determine if shelter residents or SIRS Staff need crisis counseling.

c. Quiet and Private Areas

If possible, and as needed, SIRS 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 shelter environment, or need some uninterrupted time with a crisis counselor.

d. 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 SIRS Crisis Counseling Staff within the SIRS. If an individual presents with critical needs, or needs that surpass the capabilities of the SIRS 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 SIRS 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 SIRS Crisis Counseling Staff will coordinate with SIRS 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.)
  - SIRS Crisis Counseling Staff will communicate and coordinate with SIRS Public Safety and Security Branch Staff as needed if individuals pose a danger to themselves or others.

4.5.7 Dormitory

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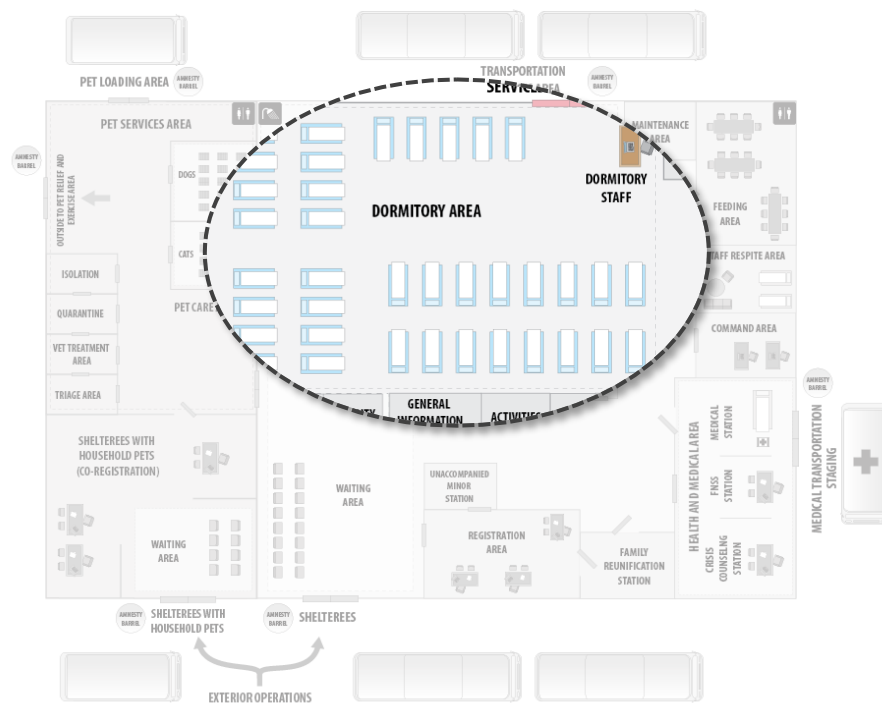
Designated dormitory spaces will be provided for all shelter residents at the SIRS. Dormitory services will be inclusive and account for any disability or access and functional need; cultural need; and family, child, or gender-based services, as needed (e.g., a bariatric cot). Service animals are permitted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

The SIRS Dormitory Group will provide trained staff—or will coordinate with the SIRS FNSS Team to provide trained staff (see *Section 4.5.2.2*)—to ensure the following services are sufficiently operated.

a. Dormitory Staff Desk
A Dormitory Staff Desk will operate 24 hours a day in the Dormitory Area to provide a resource for shelter residents seeking information or assistance.
- General information related to the SIRS and/or the disaster will be disseminated from this service desk in addition to the General Information Area (see *Section 4.5.12* of this plan for additional details).
  - The information provided will be accessible to all individuals.
  - As possible, daily (mealtime) shelter resident announcements will be verbally communicated and posted in the Dormitory Area, as well as in the Feeding Area.

b. Cot-to-Cot Services

Cot-to-Cot services, a survey of the shelter residents in the Dormitory Area at regular intervals (e.g., nightly), will be conducted by the SIRS Cot-to-Cot Team.

- In a 500 person or less SIRS, SIRS Dormitory Staff will visit individuals/families at their location in the Dormitory Area to gauge ongoing and changing needs.
- In a 500 person or more SIRS, "Neighborhood Services" will be established, as described below. The SIRS Cot-to-Cot Team will be assigned to and will provide Cot-to-Cot services in each established dormitory neighborhood.
- Cot-to-Cot timeline:
  - Initial Cot-to-Cot will be carried out within 24 hours of shelter residents' arrival.
  - Cot-to-Cot will continue to be carried out nightly throughout the duration of shelter operations.
- The SIRS Cot-to-Cot Team will generally use "2+2: Observations and Questions" during Cot-to-Cot visits. If necessary, the C-MIST form will be a tool utilized to identify and determine any needs of shelter residents, and the service or support required to address those needs. The completed C-MIST form will be kept with the individual/household file in the respective Health and Medical Group Station that is supporting the need (e.g., FNSS Station).
  - The SIRS Cot-to-Cot Team will have an open discussion with the shelter resident, as self-determination is essential to determining the appropriate support or service needed.
  - Some needs may be fulfilled through the SIRS Dormitory Group (e.g., a request for a bariatric cot).
  - Any health or medical need that arises and/or is requested through the Cot-to-Cot process will be referred to the appropriate Team within the SIRS Health and Medical Group.
    - Shelter residents who have a medical need will be referred to the Medical Station.
    - Shelter residents who have a mental health need will be referred to the Crisis Counseling Station.
    - Shelter residents who have a need related to their ability to maintain their independence in the SIRS setting will be referred to the FNSS Station.
  - Requests for supports or services that cannot be fulfilled onsite at the SIRS will be made to the SIRS Team at the SEOC.

c. Neighborhood Services

In a SIRS with more than 500 persons, the SIRS Neighborhood Services Team will be activated and "neighborhoods" will be created by dividing the dormitory area into manageable sections.

- Individuals/families will be assigned to a specific dormitory neighborhood.

- The SIRS Neighborhood Services Team will be assigned as "advocates" to specific dormitory neighborhoods.
- Neighborhood advocates will gather information from the shelter residents related to their concerns, questions, or needs in their respective neighborhood and will communicate this information to the SIRS Neighborhood Services Team Leader to ensure all needs are identified and addressed in a timely manner.
- Cot-to-Cot services will be implemented as described above.
- The neighborhood advocate serves as a liaison for the individual/family to access any support or service the individual/family needs through coordination with other SIRS Teams or Units that can meet the need.

4.5.8   Feeding

STATE-INITIATED REGIONAL SHELTER
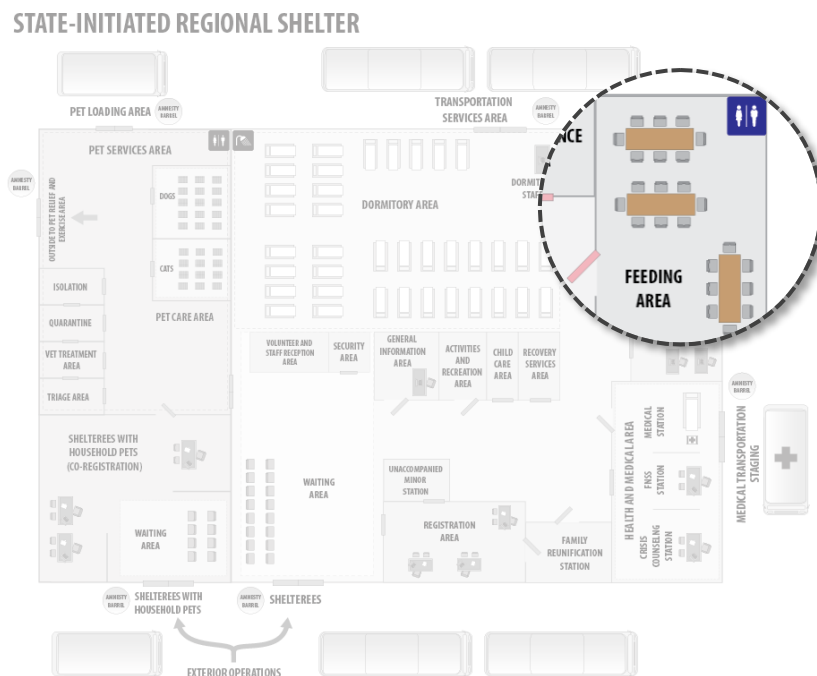
A designated Feeding Services Area will be established at the SIRS to provide snacks, beverages and meals to shelter residents and staff. General announcements will be made and posted daily to indicate when meals will be provided.

The SIRS Feeding Unit, in coordination with the SIRS Team at the SEOC, will implement an onsite feeding operation.

- Each shelter resident will receive three meals per day, at a minimum, and will be provided with snacks and beverages consistently throughout the day and evening.
  - Snacks will be provided that avoid common allergies (e.g., peanut free).
- The feeding operation will include:
  - Speed-to-scale considerations for providing immediate and long-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 SIRS.
- Methods of feeding operations (e.g., mobile delivery vehicles).

- Considerations will be made for food and food preparation restrictions, guidelines, and needs of:
  - People with disabilities and others with access and functional needs.
  - People with medically necessary dietary requirements.
  - People with allergies and food sensitivities.
  - Cultural and religious groups.
  - Children and infants (e.g., formulas and foods).

- If PAS are needed to provide feeding assistance to shelter residents, the SIRS Feeding Unit will coordinate with the SIRS FNSS Team to provide PAS.

- Feeding services at the SIRS may be provided by pre-positioned resources, an on-site kitchen, mobile kitchens brought to the SIRS, food transported from other locations to the SIRS, 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 **SIRS Operator's Guide** for food safety guidelines).
  - The SIRS Feeding Unit will coordinate with SIRS Logistics Section Chief to address any food distribution or safety concerns at food preparation and serving sites.
  - If the capacity of initially activated feeding resources is exceeded, requests for additional or expanded feeding services will be made to the SIRS Team at the SEOC. Additional resources may include:
    - Food supplies and vendor support.
    - Private sector vendors, including caterers and restaurant and hotel associations.
    - Resources from government or non-governmental organization stockpiles outside the jurisdiction. These resources include Meals Ready-to-Eat (MREs), shelf-stable meals, and/or field kitchens.

4.5.9 Family Activities and Recreation

STATE-INITIATED REGIONAL SHELTER

A designated Activities and Recreation Area will be established at the SIRS to provide children and their families a safe recreational environment to engage in family friendly activities together. Activities and materials available in this area may include, but are not limited to, television, games, and coloring books.

Access to this area will be limited to children and their family members only. Parents and guardians will be responsible for the supervision and care of their children at all times while in this area. Depending on staff resources, this area may only have certain designated hours of operation. Any information pertaining to this area will be clearly posted at the General Information Area, and accessible to all individuals.

4.5.10 Child Care Services

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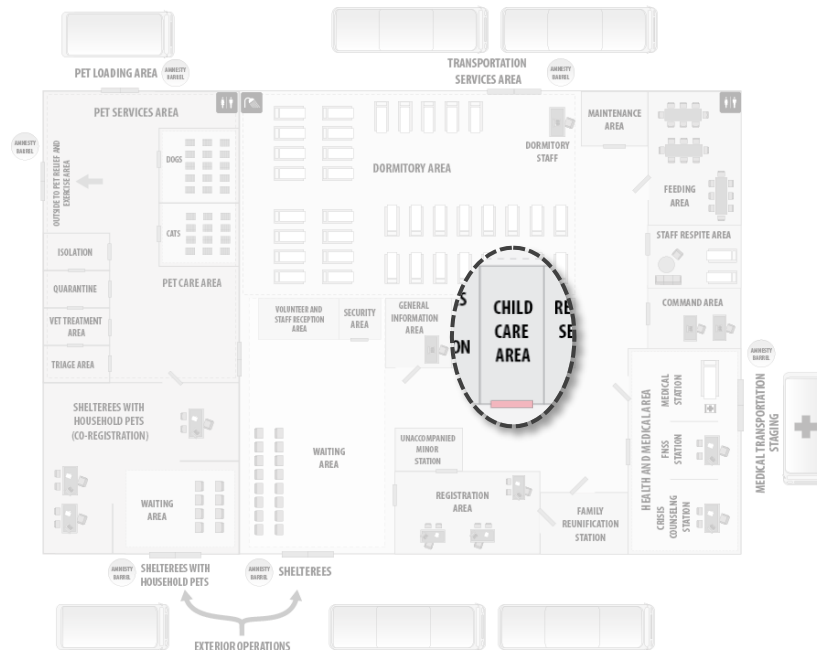
A Child Care Area will be established at the SIRS. Child care services will be provided as needed or requested by parents or guardians who require temporary child care while they attend to a personal, health, or work-related matters while staying at the SIRS.

- The Child Care Team Leader will coordinate with the SIRS Human Services Group Supervisor and the SEOC SIRS Team to identify qualified, trained, and licensed child care providers. The following considerations will be made for the provision of Child Care providers:
  - Child care providers will consist of individuals who are trained and vetted (e.g., have an approved background record check) by the contracting child care agency. They will carry any necessary approved credentials at all times.
  - Child care providers will be assigned to the SIRS Child Care Team under the SIRS Human Services Group.
  - The contracted child care agency will be responsible for deploying child care providers at the direction of the SIRS Team at the SEOC.
  - The contracted child care agency will be responsible for tracking services provided by its child care providers.
  - Child care providers will coordinate their roles and responsibilities under the direction of the SIRS Child Care Team Leader.
- SIRS Child Care Staff will ensure that children are supervised in a secure environment within the Child Care Area. At least two licensed child care providers must be present at all times. The appropriate child-to-staff ratio will be determined by the SIRS Human Services Group Supervisor in coordination with the SIRS Child Care Team Leader.

- Parents or guardians are required to register their children for child care, and provide proof of identification to sign their children in and out of child care.
  - If the parents or guardians do not have a proof of identification due to impact of the disaster the Child Care Team Leader will coordinate with the SIRS Team to identify an alternate solution.
- Child care providers will maintain the following records:
  - Attendance records;
  - Registration forms; and
  - Injury and/or incident forms.
- SIRS Child care Team will ensure that children are supervised in a secure environment within the Child Care Area.

4.5.11 Recovery Services

STATE-INITIATED REGIONAL SHELTER

A designated Recovery Services Area will be established at the SIRS to provide administrative services to address shelter residents' current and anticipated post-disaster recovery needs. SIRS Recovery Services Staff, who will be knowledgeable about disaster assistance programs, will support shelter residents who have questions about where to go for disaster assistance before and after leaving the SIRS.

The SIRS Recovery Services Staff will provide shelter residents with connections to appropriate and available local, state, and federal post-disaster recovery services to meet their needs caused by the impact of the disaster. SIRS Recovery Services Staff will provide case management support as needed, in coordination with the SIRS Team, to ensure that all shelter residents have identified an alternate housing solution if their permanent housing is unavailable at the time that the SIRS

will close. SIRS Recovery Services Staff may be comprised of representatives from the following organizations:

- MEMA
- American Red Cross Client Care Team Case Management Unit
- Department of Public Health
- Relevant social service agencies

SIS Recovery Services Staff will provide shelter residents with connections to recovery resources, including from the potential sources listed below:

- Volunteer organizations
- Long-Term Recovery Committee resources (if a local or state managed committee is established)
- Individual Assistance (Federal Emergency Management Agency [FEMA] grant program; dependent on type of federal disaster declaration)
- Disaster Recovery Centers (local, state, and/or federal resources)
- Temporary or permanent housing solutions (local, state, and/or federal resources)

4.5.12 General Information

STATE-INITIATED REGIONAL SHELTER

Shelter residents at the SIRS will need to be kept updated with information about the emergency or disaster and how to get support within the SIRS. This is achieved through dissemination of information from a General Information Area centrally located at the SIRS.

- Information will be provided daily at regularly scheduled times, typically with meal announcements.
  - Time sensitive information will be provided as required.

- General information can also be obtained at the dormitory staff desk.
- 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 for the shelter residents.

General information will be provided to shelter residents through the following means:

- An information desk;
- General information announcements; and
- Message boards for posted information

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;
- Print format (e.g., leaflets, signage, print outs of all verbal announcements, and handouts); and
- Talk/picture boards

Shelter residents 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 a shelter resident requests communication assistance or service, to better understand or obtain the information being provided, the SIRS General Information Staff will take into consideration the type of device, technology, or service preferred by the shelter resident, and will defer to that choice unless another equally effective method of communication is available.

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

- Auxiliary aids and services;
- Materials in accessible formats; and
- Access to interpreters or translators, including sign language interpreters.

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

4.5.13 Internal and External Site Logistics

4.5.13.1 Transportation Management

The SIRS Transportation Unit manages and coordinates inbound and outbound transportation for shelter residents arriving at and leaving the SIRS via government-supported transportation. In addition, this Unit coordinates and manages transportation services for shelter residents who need to access community programs and services and require transportation support to do so. Community programs and services requiring transportation support may include, but are not limited to:

- Medical facilities for treatment (e.g., dialysis center);
- Offsite pet shelter facilities; and
- Other services (e.g., community laundromat, pharmacy to pick up or drop off a medication prescription).

Transportation services to access community programs and services will be determined by the needs of the shelter residents and the availability of transportation resources. Transportation resources may be scarce and thus transportation may be limited to providing support to those who need to access medical services. Transportation departure times and destinations will be announced at the General Information Area.

The SIRS Transportation Unit Staff will coordinate with the following entities as appropriate:

- SIRS Parking and Traffic Management Group if on-site traffic control support is needed
- SIRS Reception Group for evacuee arrival operations
- SIRS Departure Group for shelter resident departure operations
- SIRS Health and Medical Group

The following factors apply if medical-related transportation support is needed at the SIRS:

- **Emergency:** The SIRS Transportation Unit will support emergency medical services response efforts by coordinating with the SIRS Health and Medical Group to ensure an emergency medical transportation receiving area is identified and established at the SIRS.
- **Non-Emergency:**
  - In the event a shelter resident is transferred to an alternate care facility and their family member(s) and/or caretaker chooses to remain with the individual, separate transportation services may be needed to transport family members and/or caretaker to the alternate care facility (e.g. they do not have their own means of transportation).
  - The SIRS Transportation Unit will coordinate with the SIRS Health and Medical Group to identify the family member(s) or caretaker in need of transportation, and the location of the alternate care facility. Based on this information, the SIRS Transportation Unit will arrange and provide transportation to the family members and/or caretaker from the SIRS to the alternate care facility.

4.5.13.2 Facility Maintenance

STATE-INITIATED REGIONAL SHELTER

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

4.5.13.3 Resource Management

SIRS 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 SIRS facility or those that are requested and delivered throughout facility operations. The SIRS Supply Unit Staff will process resource requests received from Section Chiefs or their designees 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**).

4.5.13.4 Information Technology and Communications

The SIRS IT and Communications Unit Staff will manage all IT systems in the SIRS 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.
- Manage software and hardware installation, maintenance, and troubleshooting.

4.5.14 Pet Services

STATE-INITIATED REGIONAL SHELTER
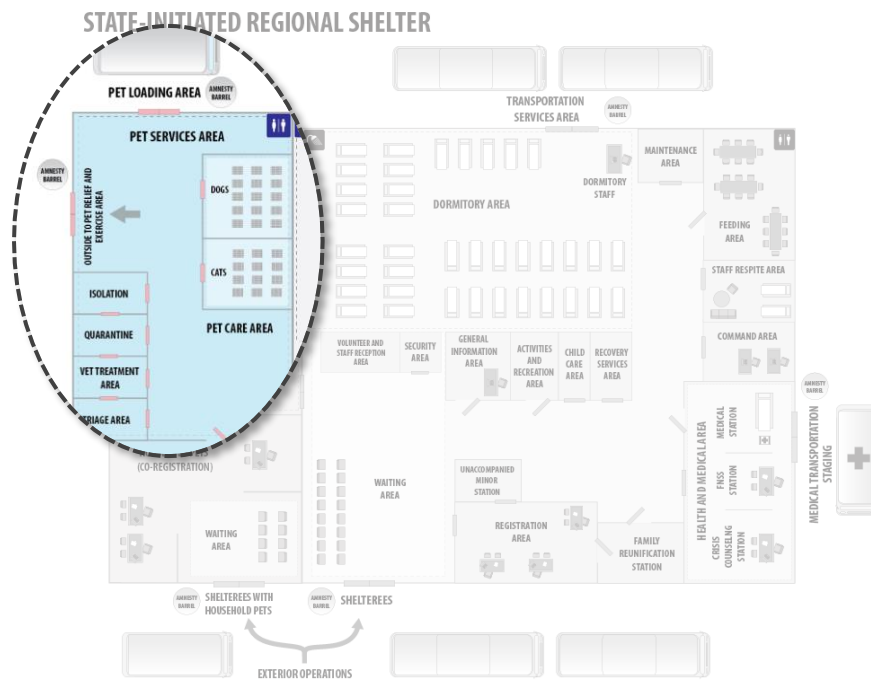
If the SIRS is a co-located facility with Pet Care Services, the following operations will be included.

4.5.14.1 Veterinary Services

a. <u>Triage Area</u>

A pet 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.

- A pet with minor injuries will be examined to determine the extent of injuries and then 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 potentially 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:

- Shelter residents and their pets will be tracked and registered (with any information from their medical intake) by SIRS Co-Registration Staff located in the Pet Services Area (see **Section 4.4.2.2**).
  - If a paper-based evacuation system is employed:
  - SIRS Co-Registration Staff will receive the SIRS Pet Medical Intake Form from the SIRS Veterinary Services Staff (see the **SIRS 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 to the following.
    - SIRS
    - The owner
    - Crate or carrier
- SIRS Co-Registration Staff will attach each copy to the corresponding copy of the SIRS Animal Intake Form.
- If an electronic evacuation system is employed:
    - SIRS Co-Registration Staff will receive a printout of the electronic SIRS Pet Medical Intake Form from the SIRS Veterinary Services Staff and enter this information into the electronic system. This form will be attached to a copy of the SIRS Animal Intake Form.
- Once registration is complete, the pet and owner(s) will proceed to the Pet Care Area to place the pet in a crate or carrier and attach all appropriate forms.
- The SIRS Pet Care Staff will provide additional monitoring of any treated pets in the Pet Care 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 SIRS Co-Registration Staff in the Pet Services Area to complete tracking and registration.

b. Veterinary Treatment Area
- Pets presenting signs of illness or distress will be assessed by SIRS Veterinary Services Staff as quickly as possible in the Veterinary Treatment Area.
- If a pet needs medical support that goes beyond the scope of the SIRS, the pet will remain in the treatment area and be monitored while appropriate transportation to a local veterinarian clinic or animal shelter is arranged.
    - If the owner is not present during the examination, 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 SIRS Pet Transportation Team to request and coordinate transport services.
- SIRS 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), SIRS Veterinary Services Staff will initially assess for health concerns of any pet who have or may have been contaminated following decontamination. SIRS Veterinary

Services Staff will also provide ongoing monitoring and observation for signs of deteriorating health conditions or worsening symptoms and take appropriate action.

c. 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 SIRS, the pet will remain in the Quarantine Area and be monitored while appropriate transportation to a local veterinarian clinic or animal shelter is arranged.
  - If the owner is not present during the examination, 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 SIRS Pet Transportation Team to request and coordinate transport services.
- SIRS Co-Registration Staff will update tracking and registration.

d. 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 handle them. The owner will be notified of the decision prior to removal and will sign a form recognizing reason for removal from the SIRS (see the ***SIRS Operator's Guide*** for pet service forms).
  - Owners will have previously been informed of and agreed to responsibilities in the SIRS Facility Agreement and Policies Form (see the ***SIRS Operator's Guide*** for SIRS site forms).
  - Owners will be provided contact information for the new location and may accompany the pet.
- Staff will work with the SIRS Pet Transportation Team to request and coordinate transport services.
- SIRS Co-Registration Staff will update tracking and registration.

4.5.14.2 Pet Care Services

The well-being of household pets will be monitored by SIRS Pet Care Staff within the Pet Services Area. All pets will be crated and cared for (provided with food, water, and a relief area as needed) by their owner.

- Owners will document any pet care activity on their SIRS Animal Daily Care Sheet to indicate to SIRS Pet Care Staff when their pets were fed, exercised, and relieved.
  - Owners must present their copy of the SIRS Animal Intake Form or their identification wristband to access their pet.
- While it is understood that owners are responsible for the overall care of their pet, SIRS Pet Care Staff will monitor the SIRS Animal Daily Care Sheets and perform pet care activities if pets are not being adequately attended to.
  - SIRS Pet Care Staff will coordinate with the appropriate SIRS staff to identify any pet owners who are not attending to the daily care of their pet. In addition, SIRS Pet Care Staff will coordinate with local Animal Control Services if necessary to determine action if a pet owner consistently neglects to care for their pet or does not claim their pet (see *Section 4.6.2*).
- All pets will remain in their crate or carrier while not under their owner's care or that of a SIRS Pet Care Staff member.
- Owners can ask for pets to be discharged at any time and do not have to wait until shelter closure.

See *Section 5.0* and the *SIRS Operator's Guide* for further information on SIRS Pet Services Group Staff roles and responsibilities and specific position tasks regarding pet services.

4.6 SIRS Demobilization Process

Demobilization occurs when the SEOC determines the need to end operations at a specific SIRS facility. This can occur for a number of reasons (e.g., SIRS services are no longer needed, shelter residents will be able to move to permanent or temporary housing, the facility needs to transition to normal operations).

If the facility is no longer available for SIRS operations, but the SEOC determines that there is a continuing need for SIRS operations, the shelter residents will be transported to a new SIRS facility.

4.6.1 Demobilization Determination

The decision to close the SIRS is made by the SEOC Manager and occurs at the SEOC with input from the SIRS Manager, the SIRS Team, facility owner/manager, community authorities/partners, and the relevant government jurisdictions. See the *SIRS Operator's Guide* for more information on how to close a SIRS.

Considerations for closure may include the following:

- Re-entry has begun in earnest.
- Shelters have started to consolidate and other facilities have the capacity to provide services for remaining shelter residents.
  - Local jurisdictions or another SIRS facility can shelter community members.

- The public must be informed of the SIRS closure and pertinent details of continued operations (e.g. alternate SIRS locations, reunification).
  - The facility must be returned to the facility owner for its original intent.
  - Longer-term housing alternatives are identified for shelter residents.

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

If the SIRS is closing and no alternate SIRS locations are available, the SIRS Recovery Services Team will coordinate with the SIRS Manager and the SIRS Team as appropriate to identify any shelter residents who have open cases and have not identified temporary housing solutions.

- The SIRS Team will work with MAESF #6 to ensure temporary housing options are available for all shelter residents before the SIRS is closed.
- The SIRS Team will coordinate with MAESF #15 to provide information about the closure, including:
  - Date and time of closure;
  - Alternate SIRS locations; and
  - Available recovery and reunification services.

4.6.2 SIRS Departure

Departure operations take place when the determination for demobilization has been made. The SIRS Departure Group organizes the operations to ensure that shelter residents have transportation to their permanent or temporary housing. See the *SIRS Operator's Guide* for more information.

4.6.2.1 Shelter Resident Departure

- The SIRS Departure Group Staff will notify the shelter residents of the following via general announcements:
  - The SIRS facility is closing and date and time of closure.
  - If they will be able to return to their housing, or the options available if they cannot return to their housing (e.g., temporary housing, alternate SIRS or local shelter).
  - The methods of transport available (e.g., state-provided transportation).
- The SIRS Departure Group Staff will track either paper-based registration forms or by electronically scanning the wristbands of departing shelter residents to track the departure of each shelter resident.
- SIRS Departure Group will coordinate the following with the SIRS Parking and Traffic Management Group and the SIRS Transportation Unit:
  - Ensure adequate accessible transportation for individuals with disabilities or access and functional needs.

- Ensure adequate traffic flow in the Departure Area.
- Coordinate departure of individuals/families to their local communities or another shelter (SIRS or local shelter) via state-provided transport.
    - Instruct the waiting population to queue to board bus according to community destination.
    - Announce bus number and drop-off location to waiting population.

4.6.2.2   Pet Departure

- The SIRS Pet Services Group will notify the shelter residents of the following via general announcements:
    - The SIRS facility is closing and date and time of closure.
    - If they will be able to return to their housing, or the options available if they cannot return to their housing (e.g., temporary housing, alternate SIRS or local shelter, pet sheltering availability).
    - The methods of transport available (e.g., state-provided transportation).
- The SIRS Pet Transportation Team, in consultation with SIRS Transportation Unit and SIRS Parking/Traffic Management Group will coordinate pet transport vehicles.
- Owners will enter departure queue(s) at the Co-Registration Area to retrieve their pet.
    - Owners must show their copy of the SIRS Animal Intake Form to discharge their pet and will inform SIRS Co-Registration Staff of their destination.
    - Pets under 30 pounds will accompany their owner on state-provided transportation back to their community.
    - Pets 30 pounds and over will be loaded and transported onto pet transport vehicles back to their community. The staff at local community drop-off points will verify the paper or electronic records on the truck manifest to the owners' SIRS Animal Intake Form or electronic tracking information.
        - If a paper-based evacuation support system is employed, SIRS Pet Transportation Staff will check all copies of the SIRS Animal Intake Form from the animal crates or carriers against the SIRS copies, verify that the pets are on the correct transport vehicle, and the truck drivers will take their copies for the truck manifest.
        - If an electronic evacuation support system is employed, the SIRS Pet Transportation Staff will collect all the pet tracking information from the animal crates or carriers, cross-reference the information with the printed pet manifest, and deliver the pet manifest to the animal transport driver.
- If a pet is separated from the owner or unclaimed, SIRS Pet Transportation Staff will arrange transportation and place the pet in the care of Animal Control Services or a shelter in or near the owner's local jurisdiction until reunification can occur.
    - Animal Control Services will follow their standard policies and protocol for the ongoing care of the pet.

4.6.2.3 Shelter Resident Re-Entry

Shelter residents may need valid identification to re-enter their community or the community in which temporary housing has been established for them. Re-entry information and requirements will be disseminated to shelter residents prior to their departure from the SIRS.[14] In addition, this information will be coordinated and disseminated by MAESF #15 as a public service announcement.

4.6.3 Scaling Down Operations and Services

When the decision to close the SIRS is underway, as determined by SEOC leadership, the SIRS Manager will begin planning for closing the various designated areas and preparing the facility to be returned to the facility owner. The SIRS Manager will work with functional leads in the SIRS to determine an appropriate plan on how to provide services for the remainder of the operation. If external partners are present in the SIRS, the SIRS Team at the SEOC will coordinate with the SIRS Manager and external partner services to determine how they will scale down their services. The Section Chiefs will collect all outstanding forms and reports for submittal to the SIRS Team at the SEOC. See the **SIRS Operator's Guide** for more information.

4.6.4 Facility Transitional Services

A SIRS facility will need to reconstitute to normal, day-to-day operations after the SIRS operations are demobilized. The SIRS Team will ensure facilities and services staff are provided during the operations of the facility to address the needs of the shelter residents, as well as after this period, to support demobilization and reconstitution of the facility. Before the facility is closed, the SIRS Manager will coordinate with the Section Chiefs, Branch Directors, Group/Division Supervisors, Unit Leads, and Team Leads to ensure the following:

- A material resource inventory is completed, led by the SIRS 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 SIRS Manager will procure professional cleaning services, above those provided by the SIRS Facility Maintenance Unit, as needed to return the facility to pre-disaster conditions.
- The SIRS Manager will complete an assessment of the facility with the Facility Manager, or designee, to ensure the condition of the facility is acceptable.
- The SIRS Manager will secure the facility, or turn the management of the facility over to the Facility Manager to secure.

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[14] If a shelter resident does not have a state or federal form of identification, the SIRS Recovery Services Staff will coordinate with the SIRS Team to provide guidance on obtaining a new identification.

5.0 ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

5.1 SEOC Assignment of Responsibilities

5.1.1   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 Director for MAESFs in the SEOC, and will coordinate with the SIRS Team as well as the SIRS Manager(s) and SIRS 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 Director, Operations Section Chief, and SEOC Manager when the decision is made to activate the SIRS facilities to support the evacuation and mass care needs in Massachusetts.
  - Provide recommendations to the SEOC Manager about whether to open a SIRS or multiple SIRS facilities based on the size of the evacuation and the local need for state support.
  - Notify the SIRS Team to activate in order to support SIRS activation and operations.
- Review the identified SIRS 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 SIRS 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 SIRS Team guidance to begin coordination of all site activation and preparation activities.
    - Ensure SIRS 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 SIRS facilities (see ***Section 4.2.1.1***).
  - Ensure a volunteer and donations management operation is in place before the SIRS is opened.
- Coordinate with the SEOC Operations Section Chief and SIRS Team to determine SIRS Command and General Staff assignments.
  - Provide the SIRS Team guidance to determine all SIRS 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 SIRS Team, and through the SIRS Team to the SIRS Manager(s).

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

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

5.1.2 State-Initiated Regional Shelter Team

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

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

a. Activation
  - Coordinate with the Mass Care SMG Supervisor to determine support needed to begin activating SIRS facilities.
    - Begin coordination with each facility's owner/manager to determine timing of site activation and preparation activities, including SIRS 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 SIRS facility staffing needs using the ***SIRS 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 SIRS Manager and SIRS Section Chiefs to determine staffing needs for activated Branches, Groups/Divisions, Teams, and Units.
      - Coordinate with 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).
  - Identify baggage allowance restrictions in SIRS facilities based on amount of space and expected capacity. Communicate baggage restrictions to the RRC Team to begin enforcement of baggage allowance in RRC facilities.
  - Establish methods of contact and regular reporting schedule with SIRS Manager(s) (e.g., calls, WebEOC, and interoperable radio channel).
  - Manage and provide guidance on all activation activities to the SIRS Manager(s).

b. SIRS Operations

- Receive regular briefings from the SIRS Manager(s) about the status of operations, capacity, and resource needs at each SIRS facility and provide status briefings 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 SIRS 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 SIRS Manager(s), or designee, coordinate with the Mass Care SMG Supervisor and SEOC Resource Unit to fill these needs and provide updates to the SIRS Manager(s) of the status of these requests.
- Manage and provide guidance on all operations to the SIRS Manager(s).

c. Transitional Services and Demobilization

- Based on status and capacity information received from the SIRS Manager(s), recommend to the Mass Care SMG Supervisor a timeline for demobilization of a SIRS (see *Section 4.6.2*).
- In consultation with the SIRS Manager(s) and the Mass Care SMG Supervisor, determine a demobilization plan, and identify any operational support needed.
- In consultation with the SIRS Manager(s), identify any resources needed to support shelter resident departure operations, to include transportation support and reconstitution.
- Gather all incident forms and reports, and any other produced documentation from SIRS Manager(s).
- Manage and provide guidance to the SIRS Manager(s) on all transitional services and demobilization activities.

5.2   SIRS Assignment of Roles

The following table includes the roles of each position within the SIRS. The Job Action Sheets within the *SIRS Operator's Guide* include detailed information for each of these positions.

Position	Mission
SIRS Manager	The SIRS Manager is responsible for the overall operation of the SIRS 24 hours a day and coordinates the flow of information between the SIRS, SIRS Team, and assisting/cooperating agencies. The following positions report to the SIRS Manager: Deputy SIRS Manager, SIRS Mass Care Liaison Officer, SIRS Safety Officer, Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance and Administration Section Chief.

Position	Mission
Deputy SIRS Manager	The Deputy SIRS Manager is responsible for overall SIRS operations 24 hours a day—in the absence of or as assigned by the SIRS Manager. The following positions report to the Deputy SIRS Manager (in the absence of or as assigned by the SIRS Manager): Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance and Administration Section Chief.
SIRS Mass Care Liaison Officer	The SIRS Mass Care Liaison Officer supports the SIRS Manager with coordinating the flow of information between the SIRS, SIRS Team, and assisting/cooperating agencies. As sections, branches, groups, and units need to coordinate with the SIRS Team to request information, the SIRS Mass Care Liaison Officer is responsible for ensuring a steady and organized communication flow between entities.
SIRS Safety Officer	The SIRS Safety Officer monitors operations within the SIRS facility and advises the SIRS Manager on matters relating to the safety and welfare of the SIRS personnel.
Operations Section Chief	The Operations Section Chief is responsible for the direct management of all SIRS operational activities and services. In addition, the Operations Sections Chief assists the SIRS Manager in activating the SIRS, supporting situational awareness, and coordinating all SIRS operations in support of the SIRS 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 SIRS.
Reception Group Supervisor	The Reception Group Supervisor is responsible for overseeing the arrival and registration processes and ensuring that all shelter residents have their needs assessed, addressed, and documented while at the SIRS.
Arrival Team Staff	Arrival Team Staff (i.e., SIRS Greeters) are responsible for providing arriving shelter residents with an overview of the function of and rules in the SIRS, determining shelter resident needs, and assigning shelter residents to a reception processing track (based on if they have an immediate need or a pet) as they proceed through the SIRS.

Position	Mission
Registration Team Staff	Registration Team Staff are responsible for ensuring that shelter residents entering the SIRS go through the registration process and have their needs identified. They ensure collection and maintenance of complete, legible, and accurate information about the shelter residents and pets within the SIRS.
Departure Group Supervisor	The Departure Group Supervisor manages departure operations to facilitate shelter residents who require transportation back to their local communities via state-provided transportation. In addition, the Departure Group Supervisor ensures that appropriate transportation services are being coordinated and provided to shelter residents who have specific transportation needs (e.g., paratransit services).
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 shelter residents and pet care services for all household pets in the SIRS.
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 shelter residents have their health and medical needs met while at the SIRS.
Medical Team Staff	The Medical Team Staff are responsible for meeting the medical needs of the shelter resident population at the SIRS. They are responsible for providing an immediate needs assessment and the level of care required for the shelter resident to stay in a SIRS as appropriate and coordinating transportation for those that whose medical needs cannot be safely managed at a SIRS facility.
Crisis Counseling Team Staff	The Crisis Counseling Team Staff are responsible for supporting the immediate mental health needs of the displaced population at the SIRS. Crisis Counseling services will be available to both children and adults (including SIRS staff).
FNSS Team Staff	The FNSS Team Staff are responsible for ensuring provision of FNSS to meet the needs of all shelter residents 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 services, including areas located in reception.

Position	Mission
Co-Registration Team Staff	The Co-Registration Team Staff are responsible for ensuring that shelter residents and pets entering the SIRS go through a co- registration process, and have their needs assessed and addressed. They ensure collection and maintenance of complete, legible, and accurate information about the shelter residents and pets within the SIRS.
Veterinary Services Team Staff	Veterinary Services Team Staff are responsible for providing basic veterinary services for pets in in the Pet Services Area.
Pet Care Team Staff	The Pet Care Team Staff is responsible for monitoring the well-being of pets housed in the Pet Care Area, providing care and support as needed, and assisting other Pet Services Group Staff as needed and directed.
Pet Transportation Team Staff	The Pet Transportation Team Staff coordinate and manage the transportation of household pets from the local Transportation Hub(s) (T-Hubs) or RRCs. For departure operations, staff coordinate the transportation of pets from the SIRS to their community drop-off point (e.g., local T-Hub) or to an alternate facility as needed, and ensure that all pets are accounted for on pet transport vehicles.
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 SIRS and working with the SIRS 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 SIRS facility is managed safely and efficiently.
Mass Care Branch Director	The Mass Care Branch Director oversees the provision of mass care and dormitory services to all shelter residents.
Human Services Group Supervisor	The Human Services Group Supervisor oversees the provision of ongoing care and support services for shelter residents and staff at the SIRS, including family reunification services; unaccompanied minor support; general information; activities and recreation; child care; and recovery services.
Family Reunification Team Staff	Family Reunification Team Staff are responsible for assisting shelter residents with family reunification needs.

Position	Mission
Unaccompanied Minors Team Staff	Unaccompanied Minors Team 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.
General Information Team Staff	General Information Team Staff are responsible for providing shelter residents with updated information about the emergency or disaster and how to get support within the SIRS. Staff will coordinate with other SIRS entities to disseminate pertinent information and messages.
Activities and Recreation Team Staff	The Activities and Recreation Team Staff are responsible for providing and staffing a safe and family-friendly area within the SIRS to provide families with activities such as reading, television, and games.
Child Care Team Staff	The Child Care Team Staff are responsible for providing short-term supervised child care services to shelter residents as needed.
Recovery Services Team Staff	The Recovery Services Team Staff are responsible for providing administrative services to address shelter residents' current and anticipated post-disaster recovery needs.
Dormitory Group Supervisor	The Dormitory Group Supervisor is responsible managing the establishment of the dormitory; coordinating with the SIRS Team at the SEOC to request any additional resources (e.g., extra cots and blankets) that cannot be fulfilled on site; and maintaining a safe and quiet dormitory environment.
Cot-to-Cot Team Staff	The Cot-to-Cot Team Staff are responsible for identifying and monitoring ongoing and changing needs of shelter residents by performing Cot-to-Cot assessments in the Dormitory Area.
Neighborhood Services Team Staff	The Neighborhood Services Team Staff assist individuals/families within their designated area to access resources. This Unit will be activated for large-scale shelters (500+ shelter population) only.
Planning Section Chief	The Planning Section Chief is responsible for establishing situational awareness, developing the IAP, performing advanced planning, and providing technical expertise during SIRS 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.

Position	Mission
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 reporting the contents of the SIRS situation reports to the Planning Section Chief.
Logistics Section Chief	The Logistics Section Chief manages the services and supports needed to maintain SIRS operations. In addition, the Chief coordinates with the various SIRS 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 SIRS, including information technology, telephone access, wireless access, ham radios, two-way radios (for internal use in the SIRS), and any other necessary means of communication.
Facility Maintenance Unit Staff	Facilities Maintenance Unit Staff are responsible for maintaining building utilities and sanitation to ensure the provision of all SIRS 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 all SIRS 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 support. The Transportation Staff also coordinate with other SIRS Branches and Groups to ensure the efficient arrival and departure of shelter residents and pets.
Supply Unit Staff	The Supply Unit Staff supports SIRS staff with supplies and equipment to accomplish the SIRS objectives. The Supply Unit Staff are responsible for fulfilling resource requests with inventory in the SIRS; tracking all resources within the SIRS; and tracking, communicating, and fulfilling or addressing all external resource requests in coordination with the SIRS 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 SIRS.

Position	Mission
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 SIRS operation, including record keeping and cost accounting.

6.0 PLAN MAINTENANCE

The SIRS 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 SIRS Operational Plan, and associated tools, with the Project Management Team after the plan is activated to operate a SIRS facility and on a regular timeline as follows in the table below. This update will be in in accordance with the Emergency Management Program Administrative Policy.

SIRS Operational Plan Document	Review Timeline
SIRS Operational Plan	Biennial Review
Resource Projection Tool	Biennial Review ▪ 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 ▪ Ensure alignment with Resource Projection Tool ▪ Identify 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	Bi Annual Review ▪ Ensure alignment with Operational Plan
Facility Assessment Report	Biennial Review ▪ Validate points-of-contact ▪ Determine if capabilities have changed with facility points-of-contact and local Emergency Management Directors Three Years Comprehensive Re-Assessment Period ▪ Conduct re-assessments of facilities in Report to ensure capabilities have not changed ▪ Validate Memorandum of Understanding with facilities in Report ▪ Identify 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
C-MIST	Communication, Maintaining Health, Independence, Supervision, and Transportation
CEMP	Comprehensive Emergency Management Plan
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
MRC	Medical Reserve Corps

Acronym	Definition
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

- CMIST and Cot-to- Cot: Identifying needs of diverse and disability communities in emergency congregate care shelters, Janice Springer

- Cot-to-Cot: Meeting Access and Functional needs in Mass Care shelters, Janice Springer, 2012

- 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 shelter residents at the SIRS to help identify and address shelter residents' 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 SIRS and initiates preliminary strategic activities such as selecting SIRS facilities and identifying staffing and resource needs. In addition, this strategy details activities that prepare the SIRS 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 shelter residents and pets can return to their local communities or are transferred to assigned temporary housing, and outlines the coordination and process of shelter resident and pet departure.

Term	Definition
Electronic Evacuation Support System	A system in which tracking, registration, and shelter placement are carried out through an electronic format.
Facility Assessment	An assessment to validate the safety and suitability of the facility to serve as a SIRS.
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 SIRS. 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: ▪ 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 a 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.

Term	Definition
Personal Assistance Services (PAS)	Services that assist children and adults with activities of daily living (e.g. bathing, toileting, eating, etc.).
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	Any guide dog, or other animal that has been individually trained to do work or perform tasks for the benefit of an individual with a disability, including physical, sensory, psychiatric, intellectual, or other mental disability. The work or tasks performed by a service animal must be directly related to the handler's disability including, but not limited to: assisting individuals who are blind or have low vision, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, pulling a wheelchair, or fetching dropped items, assisting an individual during a seizure, alerting individuals to the presence of allergens, retrieving items such as medications or a telephone, providing physical support and assistance with balance and stability, and helping people with neurological or psychiatric disabilities by preventing or interrupting impulsive or destructive behaviors. Service animals are required to be leashed or harnessed except when performing work or tasks where such tethering would interfere with the dog's ability to perform. In cases where the individual is not able to hold a leash, the animal must be under control and respond to verbal commands. Service animals are exempt from breed bans as well as size and weight limitations. Although as of March 15, 2011, the Department of Justice narrowed the protections of service animals to only dogs, and in some cases miniature horses. The Massachusetts Commission Against Discrimination (MCAD) has not done so and has left the door open for any animal that meets the above definition. Service animals may or may not be certified.
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 shelter residents have transitioned to their permanent housing or are placed in temporary housing and the SIRS can ramp down in anticipation of facility closure.
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 SIRS 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 SIRS 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." SIRS 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 SIRS 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 SIRS facility.

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[15] HHS provides detailed 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 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 *SIRS Operator's Guide* includes a tool to provide guidance for SIRS 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 SIRS 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 SIRS facility.

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[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.