

# Commonwealth of Massachusetts Statewide Mass Care and Shelter Coordination Plan

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# **EXECUTIVE SUMMARY**

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

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

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

The Plan will be implemented in the event local communities are overwhelmed and cannot meet the demand for mass care and shelter services, or in situations where consolidation of resources will allow a greater number of individuals to be served or will result in cost efficiencies.

The Plan is supported by other more detailed documents, briefly described as follows:

- Local Shelter Toolkit
- Massachusetts Statewide Evacuation Coordination Plan
- Massachusetts Critical Transportation Needs (CTN) Evacuation Coordination Plan
- Massachusetts State Initiated Regional Shelter Operational Plan
- Massachusetts Regional Reception Center Operational Plan

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

# SECTION 1: PURPOSE AND SCOPE

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## 1.1 Purpose

The purpose of the Statewide Mass Care and Shelter Coordination Plan is to serve as a guide to implement the state's shelter strategy which is intended to help increase overall mass care and shelter capabilities, improve mass care and shelter related information sharing between local and state government, identify a process to assist communities when they are overwhelmed, and better coordinate and allocate mass care and shelter resources throughout the Commonwealth.

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

## 1.2 Policy

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

It is the policy of the Commonwealth to develop plans and procedures to address all citizens and visitors of Massachusetts, including people with disabilities and others with access and functional needs. In accordance with Title II of the Americans with Disabilities Act of 1990 (ADA) and in keeping with the whole community approach to understanding and meeting the needs of all members of the community, the following policies shall pertain to mass care and shelter operations across the Commonwealth:

- The access and functional needs of all citizens are addressed in the most inclusive manner throughout the Commonwealth.
- Everyone seeking mass care and shelter services is welcomed and accepted at shelter facilities.
- Shelter facilities comply with the ADA.

- Shelter programs, activities and services comply with the ADA.
- The state is responsible for the planning and preparation to meet the needs of people with disabilities and others with access and functional needs during disaster operations and will take every effort to ensure all their needs are met.

## 1.3 Methodology

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

The *Massachusetts Statewide Mass Care and Shelter Coordination Plan* has been developed with extensive feedback from stakeholders across the Commonwealth. Plan development was guided by a project management team (PMT) composed of representatives from each Massachusetts homeland security regions, the American Red Cross (ARC), the Executive Office of Elder Affairs (EOEA), MEMA, the Massachusetts Office on Disability (MOD), and the Massachusetts Department of Public Health (DPH). In addition, the planning team met with each of the five homeland security councils and key emergency management officials to review fundamental concepts and obtain their feedback.

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

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

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

## 1.4 Scope and Applicability

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

state agencies and other partners with a role in mass care and shelter coordination and operations in the Commonwealth.

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

Statewide mass care and shelter coordination is facilitated by MEMA, with the support of several Massachusetts Emergency Support Functions (MAESFs) including but not limited to MAESF #6 - Mass Care, Emergency Housing, Human Services, MAESF #7 - Volunteers and Donations, MAESF #8 - Public Health and Medical, and MAESF #11 - Agriculture, Animals and Natural Resources. This plan will guide mass care and shelter partners in directing and implementing coordinated mass care and shelter operations in coordination with MEMA and local communities.

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

## 1.4.1 Mass Care and Shelter Partners

Successful coordination of mass care and shelter operations requires the support of multiple entities working together. Mass care and sheltering partners may include the following:

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

During the implementation of the statewide shelter strategy, MEMA will coordinate with mass care and shelter partners to identify shelter needs and obtain mass care and shelter resources.

## SECTION 2: SITUATION AND ASSUMPTIONS

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### 2.1 Situation

The Commonwealth of Massachusetts is subject to a variety of natural, technological, and human-caused disasters that may cause the public to seek mass care and shelter. Sheltering in Massachusetts starts at the local community level and is driven by local needs. The Commonwealth of Massachusetts coordinates resources to support mass care and shelter efforts in situations where local communities are overwhelmed and cannot meet the demand for mass care and shelter services, or in situations where consolidation of resources will allow a greater number of individuals to be served or will result in cost efficiencies.

The following four scenarios are examples of typical mass care and shelter situations where the statewide mass care and shelter coordination strategy may be implemented:

- **Shelter Scenario 1:** Several communities in the Commonwealth are impacted by an incident. Local communities assess the number of individuals seeking overnight shelter accommodations. Many communities have individuals seeking overnight shelter services, but the number of individuals in each community is very small. To shelter these small populations in multiple shelter facilities, a great number of resources would be required.
- **Shelter Scenario 2:** Several communities in the Commonwealth are impacted by an incident. Local communities assess the number of individuals seeking overnight shelter accommodations. Many communities identify a large number of individuals seeking overnight shelter services. These projected populations exceed the local communities' capabilities.
- **Shelter Scenario 3:** Many communities in the Commonwealth are affected by an incident, and many residents from the disaster area are displaced. The incident is so devastating that localized shelter operations are unfeasible in the immediate area.
- **Shelter Scenario 4:** Following a disaster, local communities still have multiple shelters open for a small number of residents. Local communities are finding it difficult and expensive to continue providing services. Coordinating these activities is consuming resources that might otherwise be dedicated to recovery operations.

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

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

## 2.2 Assumptions

The following assumptions support this plan:

### Disaster

- A disaster can produce high casualties and displaced persons, possibly at a magnitude of tens of thousands, and may cause individuals to seek some form of mass care and shelter.
- A disaster will affect significant portions of the Commonwealth, but areas of the Commonwealth will remain viable to support mass care and shelter operations.
- Shelters in the local communities not affected by the disaster can become operational to serve those impacted by the incident.
- The duration and scope of local and state government involvement will be responsive and proportionate to the severity and duration of the event.

### Evacuees

- When authorities recommend evacuation, most individuals in the affected area will evacuate.
- A large number of individuals seeking shelter may not know where to obtain shelter services because the shelter location in their community will have been affected by the incident and will not be operational.
- Depending on the incident, a percentage of the population seeking shelter will have a disability or other access and functional need. Individuals in need of additional assistance may include the people who are:
  - seniors
  - medically fragile or dependent
  - limited English proficiency or with other language capability
  - limited mobility or hearing or vision impairment
  - unaccompanied minors

### Planning

- Local communities have a process for determining their mass care and shelter needs before and after an incident.
- Local communities and state agencies will plan for the needs of all populations.
- No plan can anticipate all situations and contingencies. Therefore, this plan is designed as a guide to help coordinate mass care and shelter operations in the Commonwealth.
- To ensure efficient placement of evacuees in shelters, shelter planning must be conducted before an evacuation is ordered.

- There is a sufficient number of trained staff to operate state-initiated regional shelters (SIRS).
- The Statewide Mass Care and Shelter Coordination Plan does not supersede existing plans, policies, procedures, or authorities of any community, agency, or organization in the Commonwealth.

## **Facilities**

- A SIRS will comply with Title II of the ADA and Department of Justice (DOJ) guidance on emergency shelters.
- Household pets may be co-located in close proximity to SIRS when this capability exists.
- Service animals remain with the persons to whom they are assigned throughout every stage of emergency assistance and are permitted in the human shelter. Service animal owners are expected to help care for their animal.
- Communities will use their designated facilities while implementing their local shelter strategy for mass care and shelter operations.
- Existing memoranda of understanding will be honored.
- MEMA will coordinate with the American Red Cross (ARC) and local communities to facilitate the exchange of information, determine shelter resource needs, and provide mass care and shelter resource support. MEMA will monitor and coordinate resource support to local-initiated community shelter activations as needed.
- The ARC is commonly involved in local-initiated shelters, local-initiated multi-community shelters, and SIRS efforts across the Commonwealth during incidents.
- When notified of a need to activate SIRS, such facilities can and will be made available in accordance with existing MOUs.

## SECTION 3: CONCEPT OF COORDINATION

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### 3.1 Mass Care and Shelter Options

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

- **Personal care sites (PCS)** provide limited services such as warming/cooling assistance, food and water (including special dietary needs), functional needs support services (FNSS), electricity or charging stations, etc. PCS operations do not include overnight accommodations or dormitory services. The number of individuals using a PCS and the information gathered from these individuals helps local decision makers determine whether a local overnight shelter is needed.
- **Local-initiated overnight shelters** provide full dietary, dormitory, and/or other FNSS for a single community.
- **Local-initiated multi-community shelters** provide full dietary, dormitory, and/or other FNSS for multiple communities. This occurs when several communities come together and provide shelter services for multiple communities. This can be through the use of memorandum of understanding (MOU)/memorandum of agreement (MOA) to form shelters that support multiple local communities and share costs/resources, but are run independent of the state-initiated regional shelters (SIRS).

While local shelters form the backbone of the statewide shelter strategy, recent disasters have demonstrated that during severe or prolonged emergencies, local communities may require mass care and shelter support from the Commonwealth of Massachusetts. Consequently, the Commonwealth has developed this statewide mass care and coordination plan and is establishing the capability to activate SIRS.

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

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

- **State Initiated Regional Shelters (SIRS)** are a major component of the mass evacuation and sheltering continuum. A SIRS is designed to provide displaced populations with short-term (days or weeks) mass care and shelter services when local capacities are overwhelmed or 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.

Exhibit 3-1 describes the types of mass care and shelter operations, the services provided during each type of shelter operation, and the likely conditions associated with activation of each type of shelter operation.

**Exhibit 3-1: Shelter Operation Types**

Shelter Type	Required Capabilities	Typical Functions or Services	Activation Conditions
Personal Care Site (PCS)	<ul style="list-style-type: none"> <li>■ Americans with Disabilities Act (ADA) Accessibility</li> <li>■ Functional needs support services (FNSS)</li> <li>■ Other goods &amp; services as needed</li> <li>■ Parking</li> </ul>	<ul style="list-style-type: none"> <li>■ Temporary comfort</li> <li>■ Cooling or heating</li> <li>■ Water</li> <li>■ Basic food/snacks</li> <li>■ Charging stations</li> </ul>	<ul style="list-style-type: none"> <li>■ Extreme heat</li> <li>■ Extreme cold</li> <li>■ Temporary loss of utilities to public</li> </ul>

<b>Shelter Type</b>	<b>Required Capabilities</b>	<b>Typical Functions or Services</b>	<b>Activation Conditions</b>
Local-Initiated Overnight Shelter	<ul style="list-style-type: none"> <li>▪ ADA accessibility</li> <li>▪ FNSS</li> <li>▪ Other goods &amp; services as needed</li> <li>▪ Backup power</li> <li>▪ Parking</li> <li>▪ Dormitory</li> <li>▪ Kitchen</li> </ul>	<ul style="list-style-type: none"> <li>▪ Water, full meals</li> <li>▪ Charging stations</li> <li>▪ Dormitory</li> <li>▪ Showers</li> <li>▪ Triage</li> <li>▪ Pet sheltering services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Short - to moderate- term residential displacement</li> <li>▪ Moderate to major residential destruction</li> <li>▪ Extended loss of utilities to public</li> </ul>
Local-Initiated Multi-Community Shelters	<ul style="list-style-type: none"> <li>▪ ADA accessibility</li> <li>▪ FNSS</li> <li>▪ Other goods &amp; services as needed</li> <li>▪ Backup power</li> <li>▪ Parking</li> <li>▪ Dormitory</li> <li>▪ Kitchen</li> </ul>	<ul style="list-style-type: none"> <li>▪ Water, full meals</li> <li>▪ Charging stations</li> <li>▪ Dormitory</li> <li>▪ Showers</li> <li>▪ Triage</li> <li>▪ Pet sheltering services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Activated through existing local-to-local agreements to support sheltering or through local agreements to consolidate or expand shelter capacities</li> </ul>
Regional Reception Center (RRC)	<ul style="list-style-type: none"> <li>▪ ADA accessibility</li> <li>▪ FNSS</li> <li>▪ Other goods &amp; services as needed</li> <li>▪ Backup power</li> <li>▪ Parking</li> <li>▪ Rest/waiting Area</li> <li>▪ Transportation to SIRS</li> <li>▪ Kitchen</li> </ul>	<ul style="list-style-type: none"> <li>▪ Water, snacks</li> <li>▪ Charging stations</li> <li>▪ Rest/waiting Area</li> <li>▪ Temporary pet care/sheltering services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Local communities are overwhelmed, cannot provide mass care and sheltering services, and/or consolidation of resources will allow more individuals to be served and/or allow for greater efficiencies</li> </ul>

Shelter Type	Required Capabilities	Typical Functions or Services	Activation Conditions
Locally Operated, State Funded Regional Shelters	<ul style="list-style-type: none"> <li>▪ ADA accessibility</li> <li>▪ FNSS</li> <li>▪ Other goods &amp; services as needed</li> <li>▪ Backup power</li> <li>▪ Parking</li> <li>▪ Dormitory</li> <li>▪ Kitchen</li> <li>▪ Transportation</li> <li>▪ Existing strong local or regional sheltering plans</li> </ul>	<ul style="list-style-type: none"> <li>▪ Water, full meals</li> <li>▪ Charging stations</li> <li>▪ Dormitory</li> <li>▪ Showers</li> <li>▪ Triage</li> <li>▪ Pet sheltering services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Local communities are overwhelmed, cannot provide mass care and sheltering services, and/or consolidation of resources will allow more individuals to be served and/or allow for greater efficiencies</li> <li>▪ Communities already have strong local or regional sheltering plans in place, which could be implemented with state funding to support mass care services</li> </ul>
State-Initiated Regional Shelter (SIRS)	<ul style="list-style-type: none"> <li>▪ ADA accessibility</li> <li>▪ FNSS</li> <li>▪ Other goods &amp; services as needed</li> <li>▪ Backup power</li> <li>▪ Parking</li> <li>▪ Dormitory</li> <li>▪ Kitchen</li> <li>▪ Transportation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Water, full meals</li> <li>▪ Charging stations</li> <li>▪ Dormitory</li> <li>▪ Showers</li> <li>▪ Triage</li> <li>▪ Pet sheltering services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Local communities are overwhelmed, cannot provide mass care and sheltering services, and/or consolidation of resources will allow more individuals to be served and/or allow for greater efficiencies</li> </ul>

## 3.2 Statewide Shelter Strategy

In response to lessons learned from recent disasters, MEMA initiated the development of a statewide shelter strategy to establish a coordinated approach to the provision of mass care and shelter services in the Commonwealth. The statewide shelter strategy is intended to help increase overall mass care and shelter capabilities, identify a process to help communities when they are overwhelmed, and better allocate mass care and shelter resources throughout the Commonwealth. The *Massachusetts Statewide Mass Care and Shelter Coordination Plan* serves as a guide to implement this strategy.

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

1. Consolidation of mass care and shelter resources will increase operational efficiencies and cost effectiveness.
2. Mass care and shelter needs exceed local community resources.

3. Affected communities are unable to provide mass care and shelter services because of the impact of the incident on the community.
4. Consolidation of resources would allow communities to focus resources on ongoing response and recovery operations rather than sheltering operations.

Under these circumstances, MEMA will collaborate with local impacted communities and its state partners to determine if a Locally Operated, State Funded Regional Shelter and/or a SIRS is needed to supplement local mass care and shelter efforts.

Locally Operated, State Funded Regional Shelters will be opened in coordination with local communities who not only have strong preexisting shelter plans in place, but also have the capacity to open these facilities to support the Commonwealth's Shelter Strategy.

The decision to open a SIRS is made in a collaborative and inclusive manner with state and local stakeholders, and the Mass Care Specialized Mission Group (SMG), if activated under the State Emergency Operations Center's Incident Command Organizational Structure. Such decisions will include assessing the needs of the affected communities and the capabilities of local and regional service providers.

MEMA, in collaboration with local and state stakeholders, and the Mass Care SMG will identify facilities that can be operated as SIRS. Where possible, facilities will be pre-identified and a list of facilities that could serve as a SIRS will be maintained by MEMA.

SIRS will be managed and operated by MEMA, with support from local and state partners and non-governmental organizations, hosted by a community within or near the affected communities, and operated until the disaster has stabilized and the shelter is no longer needed.

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

***Communities always retain the right to operate a local shelter regardless of whether a SIRS is activated.***

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

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

Organization	Coordination Role
MEMA	<ul style="list-style-type: none"> <li>▪ Monitor and evaluate local/regional incidents/events that may trigger the activation of a SIRS.</li> <li>▪ After receiving feedback from local communities, coordinate with MAESF #6 (including the ARC), MAESF #8 (including the Department of Public Health [DPH]), and other mass care and shelter partners as needed regarding local needs and capabilities to formulate a decision on activating SIRS.</li> <li>▪ Ensure activation of SIRS.</li> <li>▪ Support the management and operations of SIRS.</li> <li>▪ Provide status updates on an ongoing basis to local communities on the mass care and shelter status within the Commonwealth, including SIRS.</li> <li>▪ Coordinate resource support for SIRS, as needed.</li> </ul>
ARC/MAESF #6 – Mass Care, Emergency Housing, Human Services	<ul style="list-style-type: none"> <li>▪ Gather information and maintain a common operating picture, on the status of local-initiated shelters.</li> <li>▪ Submit status information on mass care and shelter capabilities and needs to the appropriate entities.</li> <li>▪ Analyze and fulfill requests for mass care and shelter services and support from local emergency operations centers (EOCs) and local-initiated shelters.</li> <li>▪ Consult and coordinate with MEMA on decisions to activate SIRS.</li> <li>▪ Once the decision to activate a SIRS has been made, identify a suitable shelter location and assign resources to open the shelter.</li> </ul>
ARC (Shelter Operations)	<ul style="list-style-type: none"> <li>▪ Support the management and operation of SIRS.</li> </ul>
MAESF #8 – Public Health and Medical	<ul style="list-style-type: none"> <li>▪ Submit status information on public health and medical-related mass care and shelter capabilities and needs to the appropriate entities.</li> <li>▪ Assess and fulfill requests for public health, mental health, and human services-related mass care and shelter services in support of locally initiated shelters.</li> <li>▪ Consult and coordinate with MEMA on the decision to activate SIRS.</li> <li>▪ Coordinate resources to support mass care and shelter services and operational activities at SIRS as requested.</li> </ul>
MAESF #11 – Agriculture, Animals and Natural Resources	<ul style="list-style-type: none"> <li>▪ Submit status information on pet- and other animal-related mass care and shelter capabilities and needs to the appropriate entities.</li> <li>▪ Assess and fulfill requests for pet- and animal-related mass care and shelter services as requested from local initiated shelters through the REOCs.</li> </ul>

Organization	Coordination Role
	<ul style="list-style-type: none"> <li>▪ Consult and coordinate with MEMA on the decision to activate SIRS.</li> <li>▪ Coordinate pet- and animal-related resources to support mass care and shelter services at SIRS as requested.</li> </ul>
MAESF #7 – Volunteers and Donations	<ul style="list-style-type: none"> <li>▪ Submit status information on volunteers and donations mass care and shelter support capabilities and needs to the appropriate entities.</li> <li>▪ Assess and fulfill requests for volunteers needed for mass care and shelter services as requested from local-initiated shelters through the REOCs.</li> <li>▪ Coordinate volunteers and donations services for mass care and shelter support at SIRS as requested.</li> </ul>
Local Communities	<ul style="list-style-type: none"> <li>▪ Gather information and report on the status of local-initiated shelters within jurisdictional boundaries. Submit status information to REOCs.</li> <li>▪ Assess and provide resources to fill requests from local-initiated shelters for mass care and shelter services.</li> <li>▪ Coordinate with MEMA to determine whether Locally Operated, State Funded regional Shelters and/or SIRS are needed.</li> <li>▪ Decide which local-initiated shelters should remain open.</li> <li>▪ Coordinate the transfer of shelter residents from local-initiated shelters to the SIRS if applicable.</li> <li>▪ Continue to provide status updates on local-initiated shelters to the REOCs.</li> </ul>

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

- **Maintaining a high degree of situational awareness.** Mass care and shelter partners at all levels should understand the mass care and shelter needs of local communities. Maintaining a high degree of situational awareness comes from open and frequent communication between mass care and shelter partners at all levels (local, state, federal, nonprofit) prior to and during an incident. Section 3.3 describes the process MEMA will use to facilitate open and frequent communication between mass care and shelter partners and to maintain situational awareness.
- **Establishing and following a collaborative decision-making process.** Providing a mechanism for organizations to communicate mass care and shelter needs, capabilities, and abilities prior to and during an incident will allow the Commonwealth to make more informed decisions about mass care and shelter services. Section 3.4 describes MEMA's collaborative decision-making process that will be followed to determine if a SIRS is needed and the communication infrastructure and tools that will assist with communication and coordination.

- **Implementing a process for requesting, allocating, and prioritizing resources.** Local communities and MEMA have limited mass care and shelter resources. Scarce resources must be allocated transparently and in support of life preservation, public safety, and the well-being of the community. Section 3.5 describes the criteria and process that MEMA will use to allocate and prioritize its mass care and shelter resources.
- **Clarifying roles and responsibilities and expectations.** A key goal of this plan is to ensure that mass care and shelter partners at all levels understand their roles and responsibilities and prepare as necessary to ensure that they can successfully provide mass care and shelter services. Section 4 describes roles and responsibilities of local, state, federal, and nonprofit organizations that provide mass care and shelter services.

## 3.3 Communication and Situation Awareness

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

In accordance with the Massachusetts Comprehensive Emergency Management Plan, situational awareness statements/reports, status updates, and resource requests flow from communities to the MEMA Regional Emergency Operations Center (REOC) to the State Emergency Operations Center (SEOC). Each operational period, local-initiated shelters submit a status report to the local emergency operation centers (EOCs) (ARC-managed shelters provide the information to the ARC operations manager and to local EOCs). The ARC manager provides a status report to the MAESF #6 desk at the SEOC. The shelter operations status report is intended to provide information on the number of shelter residents, number of residents with functional needs, types of services being provided, resources needed, and the estimated number of shelter residents for the next operational period. Local EOCs collect this data from the local-initiated shelters in their community and submit this information to the MEMA REOCs. WebEOC is also used as MEMA's primary electronic situational awareness tool, where opened shelters are recorded and updated.

The SEOC utilizes this data to obtain a common operating picture on the status of mass care and shelter operations and the potential future mass care and sheltering needs. Using this data, MEMA, in coordination with MAESF #6, MAESF #8, MAESF #11, and MAESF #7, the Mass Care Specialized Mission Group (SMG)(if stood up), and the local communities, will determine if a SIRS is needed.

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

## 3.4 Collaborative Decision Making

Successful implementation of the statewide shelter strategy requires coordination and collaboration between local communities, MEMA, and state and non-governmental organizational partners.

If situation reports (received through status reports, conference calls, or direct communication with communities and mass care and shelter providers) reflect conditions that might trigger the activation of a SIRS, MEMA will facilitate a discussion with the affected communities, ARC, MAESF #6, MAESF #7, MAESF #8, MAESF #11, and shelter host communities. These discussions will also include other mass care and shelter partners as necessary. This coordination process may take place via conference call or at an on-site meeting in the SEOC.

Based on recommendations from mass care and shelter partners, MEMA will decide whether to activate a SIRS, and will lead the coordination activities, including standing up the Mass Care SMG.

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

## 3.5 Resource Prioritization

The Statewide Mass Care and Shelter Coordination Plan is based on the premise that SIRS will alleviate some of the mass care and shelter burden on communities. If a SIRS is activated to supplement local sheltering needs, the SEOC will prioritize shelter resources based on need. Local communities should assume that SIRS will receive priority for resource support, followed by local-initiated multi-community shelters, and then local shelters.

SIRS will be managed and operated by MEMA, with support from the ARC and other agencies. A detailed *SIRS Operational Plan* and *SIRS Operators Guide* have been developed to guide the operation of SIRS facilities. Included in these plans are detailed procedures for submitting resource requests and ensuring that resource gaps are met.

## **3.6 SIRS and Essential Services**

The essential services required to support shelter residents and their household pets are described below. The Concept of Operations section in the State Initiated Regional Shelter (SIRS) Operational Plan detail each of these essential services (and additional services that can be activated as needed) and establishes procedures for providing these services.

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

### **3.6.1 Household Pet Services**

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

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

The pet services provided at a SIRS will depend on available staff and other resources. As additional resources and staff are obtained, the level and types of services may expand. Overall, the well-being of pets will be monitored by the SIRS Pet Care Staff. All pets will be crated and provided basic care (provided with food, water, and a relief area as needed).

### **3.6.2 Mass Care Services**

#### **a. Reunification**

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

##### **i. Unaccompanied Minors and Adults Requiring Supervision**

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

ii. **Reunification Services**

A reunification strategy, and the resources needed to implement the strategy in a SIRS is determined and coordinated through the appropriate SIRS staff and the Operations Section within the State Emergency Operations Center (e.g. this mission may be tasked to MA Emergency Support Function #6- Mass Care, Emergency Assistance, Housing, and Human Services). The reunification strategy will consider:

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

Reunification services, as well as tools and devices (e.g. computers and phones), will be made available to shelter residents to facilitate the reunification process.

**b. Mass Feeding**

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

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

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

**c. Dormitory**

Designated dormitory spaces will be provided for all shelter residents at a 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.

**d. General Information**

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

Shelter residents with disabilities will be given the same general information provided to the general population using methods that are understandable and timely. In the event a shelter resident requests communication assistance or service, to better understand or obtain the information being provided, the shelter's SIRS 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.

### **3.6.3 Health and Medical Services**

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

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

**a. Functional Needs Support Services**

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

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

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

To the maximum extent possible, a SIRS will coordinate and provide the resources and services needed to accommodate all populations. In addition, service animals, as defined

by Title II of the Americans with Disabilities Act (ADA) 1990, will not be separated from their owner and will be able to reside with their owner in the SIRS.

**b. Medical**

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

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

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

- Basic medical services (e.g. basic first aid)
- Respite care
- Pharmaceutical services
- Substance abuse support (e.g. coordinate transportation for a shelter resident to attend addiction support services located offsite)
- Infection prevention and control (e.g. coordinate separate space in the shelter for an individual who has a seriously weakened immune system).

**c. Crisis Counseling**

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

### **3.6.3.1 Individualized Discussion-Based Triage and Evaluation**

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

It is the intent of the Commonwealth that all individuals seeking shelter at a SIRS will either be safely accommodated in the SIRS or assistance will be provided to find an alternate suitable shelter location. All individuals seeking shelter will be registered and go through the evaluation

process to identify the types of support they may need while in the shelter. Shelter coordinators will use the SIRS Intake Form shown in Annex A.

If there is uncertainty regarding whether an individual is able to safely stay in a SIRS, the shelter intake/registration personnel will engage in a discussion with the shelter resident and/or caregiver of the shelter resident and shelter medical personnel to review the unique circumstances of the individual and the level of care needed in relation to the capabilities and services available at that specific SIRS. Shelter coordinators will also consider whether the presence of a caregiver/personal care assistant allows individuals who require a higher level of care to stay safely in a shelter (in most cases, the presence of a caregiver/personal care assistant will allow the individual to be able to stay safely in a SIRS). The final disposition of the shelter resident will be decided on an individual basis based upon information provided during the shelter evaluation discussion between the interviewer and the shelter resident and/or caregiver of the shelter resident, and shelter medical personnel. The following examples are provided to demonstrate conditions that are likely to be accommodated in a SIRS:

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

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

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

- Individuals requiring assistance with tube feedings.
- Individuals with various ostomies (for example, colostomy or ileostomy).
- Individuals with draining wounds that require frequent sterile dressing changes.
- Individuals with dementia (unaccompanied) who cannot be supported in an SIRS shelter.

- Hospice patients with IV medications (for example, morphine drip) who require an environment with special medical capabilities after consultation with the medical staff.

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

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

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

- Individuals who are ventilator dependent.
- Pregnant women who are having contractions or are in labor.
- Individuals reporting chest pain any time in the last 24 hours or experiencing a heart attack.
- Individuals who are unconscious.
- Individuals with contagious conditions that require special precautions such as quarantine, isolation, and social distancing.
- Individuals with uncontrolled infected wounds.
- Individuals who are likely to decompensate in a shelter situation, including individuals whose mental health symptoms are likely to increase significantly because of the shelter environment.

SIRS shelter coordinators will work with local hospitals to ensure that individuals sent to the hospital from a SIRS will be treated and admitted or treated and then provided with shelter at the SIRS or other suitable locations.

### **3.6.4 Recovery Transition Services**

After the disaster, homeless and other vulnerable people may be the last to leave the shelter because they do not have a safe place to which they can return or the services in place to return to their community. To ensure critical unmet needs of shelter residents are identified, addressed and coordinated prior to the shelter closing, recovery transition services will be provided at a SIRS. As needed, SIRS staff will assist shelter residents in identifying the type(s) of service(s) needed, and will provide referrals/connect shelter residents with the appropriate and available non-governmental organizations and/or local, state, and federal agencies that can provide the service(s) needed.

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

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

## 3.7 Shelter Transportation

Once a SIRS is activated, the SIRS Mass Care SMG at the SEOC, in coordination with MAESF #1 and MAESF #6, will coordinate with local EOCs to arrange transportation for individuals in need of government provided transportation assistance from a local transportation hub and/or Regional Reception Center (RRC) (if activated) to a SIRS.

- It is anticipated that transportation resources will be scarce and thus transportation may be limited to providing support to those who need immediate mass care services such as access to medical services.
- In some situations, and depending on the availability of resources, local jurisdictions may be responsible for coordinating and providing transportation for their evacuating population directly to a SIRS. Local EOCs may be best suited to perform this task based

on their understanding of the local population's transportation needs and challenges, access to local transportation resources such as school buses, and local transportation routes.

### **3.7.1 Re-Entry into the Community**

As SIRS shelter residents are able to return to their community or once the SIRS is demobilized, the SIRS Mass Care SMG at the SEOC, in coordination with MAESF #1 and MAESF #6 will work with their local EOC counterparts and the SIRS Manager in respective communities to develop a schedule for returning individuals back to the community. Local communities will be responsible for identifying a suitable drop-off site and arranging for transportation for individuals from the drop-off site to a location close to the individuals home or final destination.

## SECTION 4: ROLES AND RESPONSIBILITIES

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

### 4.1 Local Roles and Responsibilities

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

As described in Section 3.1, the types of mass care and shelter services that a community may provide can be generally categorized into three categories: personal care sites (PCS), local-initiated overnight shelters, and local-initiated multi-community shelters. These services can also be combined; for example, a local community can decide to open a PCS in conjunction with local-initiated overnight shelters. Local communities may also, through inter-local agreements, support local-initiated multi-community shelters. These shelters are physically located in one community but may serve several communities that have agreed to share resources and costs associated with shelter activities. Exhibit 4-1 describes the mass care and shelter roles and responsibilities of local communities. Individual communities assign specific functions, capabilities, or activities to specific organizations (government, nonprofit, faith-based, or private) based upon the capacity and needs of the community. These assignments should be documented in an appropriate local comprehensive emergency management plan or mass care and shelter plan.

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

Responsibilities
During the planning phase, identify the planning assumptions and mass care and shelter needs of the community, including the access and functional needs of residents. This will assist the community in establishing the capabilities for mass care and shelter in the community.
Develop plans and procedures to provide mass care and shelter services to the community.
Coordinate, collaborate, train, and exercise with mass care and shelter partners.

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

The Massachusetts Emergency Management Agency (MEMA) has identified a list of suitable locations for state-initiated shelters. A community hosting a state-initiated regional shelter (SIRS) may be asked to sign a memorandum of understanding (MOU). The MOU will describe the responsibilities of the host community in addition to issues of liability and reimbursement. Exhibit 4-2 shows the responsibilities of a host community. Please note that host community responsibilities are in addition to general local community mass care and sheltering responsibilities.

#### **Exhibit 4-2 Host Community Mass Care and Shelter Responsibilities**

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

## 4.2 State Roles and Responsibilities

MEMA is the lead for the implementation of the statewide mass care and shelter coordination plan. MEMA coordinates with other state agencies and mass care and shelter partners responsible for Massachusetts Emergency Support Function (MAESF) #6 - Mass Care, Emergency Housing, Human Services, MAESF #8 - Public Health and Medical Services, and MAESF #11 - Agriculture, Animals and Natural Resources to ensure capabilities to activate and operate SIRS.

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

**Exhibit 4-3: State Mass Care and Shelter Responsibilities**

State Agency	Responsibilities
MEMA SEOC	Notify and activate the MAESF #6 (including ARC), MAESF #8, and MAESF #11 to support communities in providing mass care and shelter services.
	Identify, obtain, or provide resources to support mass care and shelter services to communities as requested.
	Analyze situation reports to obtain information on the status of mass care and shelter operations and resource needs. Communicate with mass care and shelter partners regarding status and resource needs.
	Coordinate with mass care and shelter partners to determine whether a SIRS should be opened.
	Coordinate logistical and resource support for SIRS.
	Establish a Mass Care Specialized Mission Group, to ensure appropriate subject matter experts are coordinating on the Mass Care effort. This process is outlined in detail in the SIRS Concept of Operations.
MEMA REOC	Coordinate and communicate with affected communities through local emergency management directors (EMDs) to ascertain shelter facilities that are being opened, the types of services available, and the number of shelter residents at each facility.
	Coordinate with host and affected communities to determine mass care and shelter resource needs.
	Validate resource needs and share the information with the SEOC to achieve situational awareness concerning ongoing activities at the local level.

State Agency	Responsibilities
<b>MAESF #6 - Mass Care, Emergency Housing, Human Services</b>	<p>Coordinate the tasking of shelter activities during a disaster to include the sheltering of people with disabilities and others with access and functional needs.</p> <p>Coordinate the establishment and operation of mass feeding facilities in areas affected by disasters.</p> <p>Coordinate with MAESF #11 if needed to provide emergency supplies that enable people with disabilities to care for their service animals.</p> <p>Coordinate with MAESF #7 for volunteer resources to support of mass care operations, as needed.</p> <p>Coordinate the provision of shelter registration data to appropriate authorities.</p> <p>Continuously monitor shelter occupancy status and provide SEOC Operations and Planning Section with a list of open and closed shelters.</p> <p>Coordinate the provision of emergency first aid in shelters.</p> <p>Coordinate with MAESF #8 regarding the provision of resources to support non-acute medical needs exceeding basic first aid.</p> <p>Coordinate with MAESF #8 regarding the prevention of communicable diseases, to include epidemiological and environmental health activities, as related to shelter operations.</p> <p>Provide quantitative mass care services data to the SEOC Operations Section, and other MAESFs that require accurate data for response logistics.</p> <p>Coordinate with MAESF #13 - Public Safety and Security for additional security resources.</p> <p>Coordinate with MAESF #8 to determine the need for mental health resources for shelter residents and staff.</p> <p>Coordinate with MAESF #2 - Communications to address communications needs for shelters.</p> <p>Coordinate with SEOC Operations Section to ensure each shelter has power generation capabilities as needed.</p> <p>Support the activation, management and operations of the SIRS during the incident and until the incident has stabilized and facility demobilization and deactivation occurs.</p> <p>The SIRS Shelter Managers and local shelter managers will keep MAESF #6 informed about conditions at the shelters and unmet needs.</p> <p>Utilize the ARC four-model approach to sheltering as needed.</p> <p>Maintain a list of available facilities that can serve as shelters.</p> <p>Maintain situational awareness of mass care and sheltering needs by gathering data from local-initiated shelters and from the ARC operations center.</p>

State Agency	Responsibilities
	<p>Monitor and report occupancy levels and ongoing shelter resident needs.</p> <p>Coordinate the provision of first aid in shelters and fixed feeding sites.</p> <p>Coordinate the provision of added and relief staff, and the replenishment of shelter supplies.</p> <p>Coordinate with MAESF #2, to ensure that each shelter has a working system of communications with the local EOCs, REOCs, and ARC units, pursuant to ARC protocol. This may include radio, telephone, or cellular telephone communication devices.</p> <p>Coordinate the consolidation of shelters, staff, resources (for example, communications and law enforcement), and supplies as sheltering needs diminish.</p>
<b>MAESF #7 - Volunteers and Donations</b>	<p>Coordinate with MAESF #6 for resources to support of mass care operations, as needed.</p> <p>Coordinate the tasking of shelter volunteers requested during a disaster to include the sheltering of people with access and functional needs.</p> <p>Coordinate with MAESF #6 to determine the need for mental health volunteers needed to support victims and responders.</p> <p>Coordinate volunteer resources needed to support pet- and animal-related shelter services at local and SIRS.</p>
<b>MAESF #8 - Public Health and Medical</b>	<p>Coordinate with MAESF #6 to determine sanitation and medical resource needs at shelters.</p> <p>Coordinate with MAESF #6 to determine the need for mental health resources for victims and responders.</p> <p>Coordinate with other MAESFs related to mass care and shelter support as needed.</p>
<b>MAESF #11 - Agriculture, Animals, and Natural Resources</b>	<p>Coordinate resources to support pet- and animal-related shelter services at local and SIRS.</p> <p>Provide supplies and support to people requiring assistance with their service animals in SIRS.</p> <p>Coordinate resources to provide emergency care to injured animals while being cared for in the shelters.</p> <p>Issue and enforce animal disease quarantines in shelters.</p> <p>Coordinate resources to support the removal and proper disposal of animal carcasses.</p>

## **4.3 Federal Roles and Responsibilities**

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

## **SECTION 5: PLAN MAINTENANCE**

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The Massachusetts Emergency Management Agency (MEMA) is dedicated to the continued preparedness and maintenance required to ensure this plan remains current and up-to-date with recent shelter response/recovery trends. The plan will be reviewed every two years at a minimum, in coordination with appropriate stakeholders and conforming to the review and maintenance guidelines contained in the State CEMP Base Plan and the Emergency Management Program Administrative Policy. Meetings will include statewide shelter response partner stakeholders to elicit feedback regarding the plan's effectiveness. Material and comments contained in after action reports from various drills, exercises, or actual incidents addressing shelter-related issues will be included in plan updates. Upon review and approval, the updated plan will be distributed to internal MEMA departments, state agency partners (emergency support functions [ESFs]), and local emergency management directors (EMDs) so they remain informed. Continued plan maintenance will help ensure that the plan reflects current capabilities, shelter trends, and operational strategies that are to be implemented during incidents requiring shelter protective action implementation.

## **SECTION 6: TRAINING AND EXERCISES**

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For the coordinating benefits referenced in this plan to be realized, regular training and exercising is highly encouraged. The Massachusetts Emergency Management Agency (MEMA) will continue to ensure that training courses and/or seminars supporting the existence and implementation of this plan occur regularly and/or as needed for Massachusetts Emergency Support Function (MAESF) #6 - Mass Care, Emergency Housing, Human Services response partner agencies, other assisting MAESFs and state agencies, and local emergency management directors (EMDs) across the Commonwealth. MEMA will also meet with shelter response partner stakeholders annually to address plan training and exercise needs. Needs voiced by shelter response partner stakeholders will be applied to the development and delivery of the plan training and exercise program. Validation of training using exercises will further allow for increased preparedness and readiness in relation to shelter emergencies. Exercises involving shelter protective actions, shelter activation, and/or other related shelter target capabilities will use the plan. After action reports and corrective action plans reports, including shelter capabilities and response, will help to inform the continued maintenance of both the plan and resulting training and exercise components sought to further train and educate staff of shelter response partner agencies.

## **SECTION 7: AUTHORITIES AND REFERENCES**

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

### **Federal Laws, Executive Orders, and Homeland Security Presidential Directives**

- Americans with Disabilities Act (ADA), Department of Justice (DOJ), 1990
- ADA Amendments Act (ADAAA), DOJ, 2008
- Executive Order 13347 – Individuals with Disabilities in Emergency Preparedness (Federal Register Doc. 04-17150), United States Office of the President, July 2004
- Homeland Security Presidential Directive (HSPD) 3, “Homeland Security Advisory System,” March 11, 2002
- HSPD 5, “Management of Domestic Incidents,” February 28, 2003
- HSPD 8, “National Preparedness,” December 17, 2003
- Massachusetts Comprehensive Emergency Management Plan – Basic Plan 35 Rev. 7, January 2011
- Public Law 104-321, granting the consent of Congress to the Emergency Management Assistance Compact (EMAC)
- Public Law 109-308, Pets Evacuation and Transportation Standards (PETS) Act of 2006, which amends the Stafford Act to require states seeking Federal Emergency Management Agency (FEMA) assistance to include provision for pets and service animals in evacuation planning
- 44 Code of Federal Regulations (CFR) Part 206, Federal Disaster Assistance for Disasters Declared after November 23, 1988
- 44 CFR Part 14, Audits of State and Local Governments
- ADA Best Practices Tool Kit for State and Local Governments, Chapter 7, Emergency Management under Title II of the ADA (2007), Addenda 1-3, and the Introduction to Appendices 1 and 2 (Attached as Exhibit 1); Titles II, III, and V of the ADA of 1990, 42 United States Code (USC) §§ 12101-12103, 12131-12134, 12181-12188, and 12201-12213, as amended by the ADA Amendments Act of 2008
- Nondiscrimination on the Basis of Disability in State and Local Government Services, 28 CFR Part 35
- Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities, 28 CFR Part 36; the ADA Title II Technical Assistance Manual (1993) and

Supplement (1994); the ADA Title III Technical Assistance Manual (1993) and Supplement (1994)

- Section 504 of the Rehabilitation Act of 1973, 29 USC §§ 794, as amended
- Enforcement of Nondiscrimination on the Basis of Handicap in Programs or Activities Conducted by FEMA, 44 CFR Part 16
- Enforcement of Nondiscrimination on the Basis of Handicap in Programs or Activities Conducted by the DOJ, 28 CFR Part 39
- Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance, 45 CFR Part 84 (Department of Health and Human Services [HHS])
- Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance, 34 CFR Part 104 (Department of Education)
- Nondiscrimination Based on Handicap in Federally Assisted Programs and Activities of the Department of Housing and Urban Development (HUD), 24 CFR Part 8
- Title VIII of the Civil Rights Act of 1968 (“Fair Housing Act”), as amended, 42 USC §§ 3601-3631. Discriminatory Conduct Under the Fair Housing Act, 24 CFR Part 100
- The Architectural Barriers Act of 1968, as amended, 42 USC §§ 4151-4157
- Construction and Alteration of Public Buildings, 41 CFR Part 101-19
- The Homeland Security Act of 2002, 6 USC §§ 101-557, as amended
- The Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 USC §§ 5121-5206, as amended
- Federal Disaster Assistance, 44 CFR Part 206
- The Post-Katrina Emergency Management Reform Act, 6 USC § 761(d), as amended.

## State Laws and Executive Orders

- Executive Order No. 526, Nondiscrimination, Diversity, Equal Opportunity and Affirmative Actions
- Article CXIV of the Massachusetts Constitution
- Bill S.1172, Act to Ensure the Safety of People with Pets in Disasters
- 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

## Supporting Federal Documents

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

## Supporting State Documents

- Massachusetts Comprehensive Emergency Management Plan (CEMP)
- Massachusetts Radiological Emergency Response Plan
- Massachusetts Recovery Annex
- Massachusetts Emergency Support Function 6 (MAESF-6) Mass Care, Emergency Housing, Human Services Annex
- Massachusetts State Hazard Mitigation Plan
- Massachusetts State Staging and Logistics Annex
- Massachusetts Disaster Housing Plan
- MEMA Continuity of Operations Plan
- Massachusetts Evacuation Coordination Annex
- Massachusetts State Initiated Regional Shelter Operational Plan
- Massachusetts Regional Reception Center Operational Plan
- EMAC Operations Manual
- Massachusetts State Homeland Security Strategy
- Massachusetts Statewide Emergency Repatriation Plan
- Massachusetts SEOC Standard Operating Procedures
- Massachusetts Hurricane Preparation Checklist
- Massachusetts Survivor and Family Assistance Plan

## SECTION 8: ABBREVIATIONS AND GLOSSARY

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

### 8.1 Abbreviations

**Exhibit 8-1: Abbreviations**

Abbreviation	Term
ADA	Americans with Disabilities Act
ADAAA	Americans with Disabilities Act Amendments Act
ARC	American Red Cross
CEMP	Comprehensive Emergency Management Plan
CFR	Code of Federal Regulations
CMS	Consumable Medical Supplies
CPG 101	Comprehensive Preparedness Guide 101
DCF	Department of Children and Families
DHS	U.S. Department of Homeland Security
DME	Durable Medical Equipment
DOJ	Department of Justice
DPH	Department of Public Health
EMAC	Emergency Management Assistance Compact
EMD	Emergency Management Director
EOC	Emergency Operations Center
FEMA	Federal Emergency Management Agency
FNSS	Functional Needs Support Services
HHS	Department of Health and Human Services
HSEEP	Homeland Security Exercise and Evaluation Program
HSPD	Homeland Security Presidential Directive

Abbreviation	Term
<b>HUD</b>	Department of Housing and Urban Development
<b>MAESF</b>	Massachusetts Emergency Support Function
<b>MCDHH</b>	Massachusetts Commission for the Deaf and Hard of Hearing
<b>MCS</b>	Mass Care and Shelter
<b>MEMA</b>	Massachusetts Emergency Management Agency
<b>MOA</b>	Memorandum of Agreement
<b>MOD</b>	Massachusetts Office on Disability
<b>MOU</b>	Memorandum of Understanding
<b>NGO</b>	Nongovernmental Organization
<b>NIMS</b>	National Incident Management System
<b>NIPP</b>	National Infrastructure Protection Plan
<b>NRF</b>	National Response Framework
<b>ONA</b>	Other Needs Assistance
<b>PAS</b>	Personal Assistance Services
<b>PCS</b>	Personal Care Site
<b>PETS Act</b>	Pets Evacuation And Transportation Standards Act
<b>PMT</b>	Project Management Team
<b>REOC</b>	Regional Emergency Operations Center
<b>RRC</b>	Regional Reception Center
<b>SEOC</b>	State Emergency Operations Center
<b>SIRS</b>	State-Initiated Regional Shelter(s)
<b>SMG</b>	Specialized Mission Group
<b>USC</b>	United States Code
<b>VOLAG</b>	Voluntary Agency

## **8.2 Glossary**

### **Access and Functional Needs Accommodation**

Synonym: Access and Functional Needs

Definition: circumstances that are met for providing physical, programmatic, and effective communication access to the whole community by accommodating individual requirements through universal accessibility and/or specific actions or modifications

Extended Definition: includes assistance, accommodation or modification for mobility, communication, transportation, safety, health maintenance, etc.; need for assistance, accommodation or modification due to any situation (temporary or permanent) that limits an individual's ability to take action in an emergency

Annotation: When physical, programmatic, and effective communication access is not universally available, individuals may require additional assistance in order to take protective measures to escape to and/or from, access either refuge and/or safety in an emergency or disaster, and/or may need other assistance, accommodations or modifications in an emergency or disaster through pre-planning by emergency management, first response agencies and other stakeholders or in sheltering or other situations from notification and evacuation, to sheltering, to return to pre-disaster level of independence.

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

Federal civil rights law and policy require nondiscrimination for certain populations, including on the bases of race, color, national origin, religion, sex, age, disability, English proficiency, and economic status. Many individuals with access and functional needs are protected by these provisions.

### **Activation Trigger**

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

### **Americans with Disabilities Act (ADA)**

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

### **American Red Cross (ARC)**

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

### **Concept of Coordination**

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

### **Consumable Medical Supplies (CMS)**

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

### **Disability**

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

### **Durable Medical Equipment (DME)**

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

### **Evacuee**

An individual evacuated due to an emergency.

### **Functional Needs Support Services (FNSS)**

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

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

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

### **Host Community**

A community where a state-initiated regional shelter is located.

### **Local- Initiated Overnight Shelter**

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

### **Locally Operated, State Funded Regional Shelter**

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

### **Mass Care Specialized Mission Group (SMG)**

Once the decision to activate one or more SIRS is made, the Mass Care Specialized Mission Group (SMG) is established at the SEOC, and is overseen by a SMG Supervisor. The SMG is responsible to oversee and coordinate all SIRS related activities. Specifically, their core functions 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. This is a multi-disciplinary group which is stood up separately from MAESF-6, and focuses on SIRS operations as it relates to this plan. This group also ensures coordination with other mass care planning initiatives, such as evacuation and regional reception center (RRC) operations.

### **Memorandum of Understanding (MOU)**

A document that describes the general principles of an agreement between parties, but does not amount to a substantive contract.

### **Personal Assistance Services (PAS)**

Services that assist children and adults with activities of daily living (e.g. bathing, toileting, eating, etc.).

### **Personal Care Site (PCS)**

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

### **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.

### **Planning Assumption**

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

### **Project Management Team (PMT)**

A group of representatives providing oversight and guidance to the overall project.

### **Regional Reception Centers (RCC)**

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

### **Service Animal**

A dog 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.
- Service animals may or may not be certified.

### **Shelter**

A facility that is activated locally or regionally to provide basic services to an affected population as a result of an emergency.

### **Shelter Operations**

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

### **Situational Awareness**

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

### **State-Initiated Regional Shelter (SIRS)**

A shelter that is activated by MEMA in response to local-initiated overnight shelters are overwhelmed (based on situational awareness) and/or there is a need for a more streamlined use of resources to support mass care and shelter needs.

### **SIRS Strategy**

A method of sheltering implemented to most efficiently allocate scarce resources to communities or to help local communities meet the mass care and sheltering needs of its residents.

### **Triage**

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

### **WebEOC**

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

### **Whole Community Approach**

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

## **SECTION 9: PLAN ANNEXES**

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Annex A: State Initiated Shelter Intake Form

Annex B: American Red Cross Shelter Management Models

# Annex A: State Initiated Regional Shelter Intake Form

State-Initiated Regional Shelter Command Operations Intake and Evaluation Form			
Shelter Name/Community/State			
Is there anything you or a member of your family need right now to stay healthy while in the shelter? <b>Yes or No (circle one)</b> If No, is there anything you will need in the next 6-8 hours? <b>Yes or No (circle one)</b>			
Do you or a family member have a health, mental health, or other condition about which you are concerned? <b>Yes or No (circle one)</b>			
Family Last Name:			
Primary language spoken in home:		Intake Interviewer may need assistance with language/interpreter YES / NO	
Names/ages/genders of all family members present: Continue on over-side	1.	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	2.	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	3.	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
If alone and under 18, location of next of kin/parent/guardian:		If unknown, notify shelter manager & interviewer initial here:	
Home Address:			
Client Contact Number:		Interviewer Name (print name):	Signature:
DO YOU HAVE A URGENT MEDICAL OR SAFETY CONCERN OR ISSUE RIGHT NOW? If yes, STOP and call for assistance <u>NOW!</u> Or Call 911.			
<b>COMMUNICATIONS</b>			
Will you need assistance with understanding or answering these questions?		Circle YES / NO	Actions to be taken If YES, notify shelter manager; refer to Additional Assistance.
<b>HEARING</b>			
Do you have a hearing impairment?		Circle YES / NO	Actions to be taken If YES to either, ask the next two questions. If no skip the next two questions.
Do you use a device/aid to assist you? If so what device/aid do you use?		Circle YES / NO	Actions to be taken If NO, identify replacements.
Do you have your device/aid with you and does it work?		Circle YES / NO	Actions to be taken If YES, identify replacements.
Do you require a sign language interpreter?		Circle YES / NO	Actions to be taken If YES, identify replacements.
<b>LANGUAGES</b>			
Do you require translation services?		Circle YES / NO	Actions to be taken If YES, what type of service?
How do you best communicate with others?		Circle YES / NO	Actions to be taken Languages? Sign language? Smartphone? Computer? Other?
What languages can you communicate in?			Actions to be taken Speak:
			Actions to be taken Read:
			Actions to be taken Write:
<b>VISION/SIGHT</b>			
Do you have a vision impairment?		Circle YES / NO	Actions to be taken If YES, what type of impairment?
Do you use a device/aid to assist you?		Circle YES / NO	Actions to be taken If YES, what device/aid do you use?

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

State-Initiated Regional Shelter Command Operations Intake and Evaluation Form			
<b>SUPERVISION AND SUPPORT</b>	<b>CIRCLE</b>	<b>ACTIONS</b>	<b>Comments</b>
Do you or any of your family members require additional support or supervision?	YES / NO	If YES, list type and frequency.	
Are you presently receiving any benefits (e.g., Medicare, Medicaid) or do you have other health insurance?	YES / NO	If YES, list type and benefit number(s) if available. Photocopy card.	
Do you need access to a 12-step program? Which one?	YES / NO	List program type.	
Would you like to register on the Red Cross SAFE and WELL website to let loved ones know you are OK?	YES / NO	If yes, provide registration form.	
Would you be able or willing to help others in the shelter?	YES / NO	How? Serve food, organize service teams etc.	
<b>TRANSPORTATION</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Comments</b>
Do you need assistance with transportation?	YES / NO	If YES, list destination and date/time	
Do you have any other transportation needs?	YES/NO	If YES, please define.	
<b>ADDITIONAL QUESTIONS TO INTERVIEWER</b>			
Would this person benefit from a more detailed health or mental health assessment?	YES / NO	<ul style="list-style-type: none"> <li>▪ If YES, refer to Health Services or DMH.</li> <li>▪ If client is uncertain or unsure of answer to any question, refer to HS or DMH for in-depth evaluation.</li> </ul>	
Does the client appear to be overwhelmed, disoriented, agitated or a threat to self or others?	REFER to HS: DMH:	If life threatening, call 911. If yes, or unsure, refer immediately to Health Services.	Interviewer Initial
Can this shelter provide the assistance and support needed?	YES / NO	If NO, work with Health Services and shelter manager.	
Has the person been able to express his/her needs and make choices?	YES / NO	If NO or uncertain, consult with HS, DMH and shelter manager.	
HS/ DMH signature:	Date:		
<b>Summary of Actions</b>			
<b>Support Required</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Name of Individual/Comments</b>
<b>Is any medical support needed or additional follow-up required?</b>	YES NO	Please summarize what actions need to be taken.	
<b>Are there any assistive technologies needed?</b>	YES NO	If YES, please summarize what is needed based on the evaluation above	
<b>Does the individual need assistance with transportation?</b>	YES NO	If YES, please describe the location destination and timeframe needed.	

**State-Initiated Multi-Community Shelter  
Follow-up Actions**

Identify Individual and Contact Information:

Date of Request:

Identify the Request and Contact Information:

Date of Action Taken:

Describe the Action Taken:

# Annex B: American Red Cross Shelter Management Models

## Shelter Management Models

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

### 1. Independently Managed Shelters:

Independently managed shelters are managed by an independent organization without operational support from the ARC. Independent shelters include those sometimes referred to as pop-up, adhoc, or spontaneous shelters.

### 2. Partner-Managed Shelters:

Partner-managed shelters are managed by partners, following ARC principles, in cooperation with the ARC. Partner shelters are often supported by the ARC through human and material resources and subject matter expertise; therefore, “ARC Supported” shelters are now included as partner-managed shelters.

### 3. ARC Managed Shelters:

ARC managed shelters are managed by the ARC in cooperation with a variety of partners. Partners include facility owners and other agencies that provide niche services, supplies and equipment, or staff who are willing to participate as ARC workers to help the population within the shelter.

## ARC Shelter Terms

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

- Cooling Center - A cooling center is a center that is set up in response to a warm weather event that rises to the level of a disaster. If sleeping accommodations are provided for clients, the cooling center is transitioned to a shelter.

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

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