

MULTI-AGENCY PANDEMIC SHELTERING JOB AID

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Table of Contents

| Introduction | 1 |
|---|----|
| Purpose | 1 |
| Situation | 1 |
| What We Already Know: Sheltering Best Practices and Existing Background Guidance | 1 |
| Planning Assumptions | 2 |
| Sheltering Strategies, Benefits and Risks | 3 |
| Concept of Operations | 8 |
| Identify Potential Community Hazards and Vulnerabilities Occurring Concurrently with a Pandemic | 8 |
| Determine the Need for a Shelter | 8 |
| Determine Congregate/Non-Congregate Shelter Capacity | 9 |
| Site Assessments | 10 |
| Congregate Shelters | 11 |
| Non-Congregate Shelters (NCS) | 11 |
| Establish Site Agreements (MOUs/Lease Agreements) | 12 |
| Staffing Considerations | 12 |
| General staff | 12 |
| Staffing Matrix | 14 |
| Health Services Staff | 18 |
| Staff Training | 20 |
| Contracting/Procurement of Resources and Services | 20 |
| Shelter Activation | 21 |
| Reassessment of Existing Sites | 21 |
| Staging and Deployment of Supplies | 21 |
| Reporting and Communications | 21 |
| Shelter Transition | 23 |
| Job Aids/Checklists | 25 |
| Evacuee Support | 25 |
| Congregate Shelter | 30 |
| Pandemic Congregate Shelter Supply List | 45 |
| Finance and Reimbursement | 48 |
| Reimbursement | 48 |
| Cost Accounting | 48 |
| Appendix A: Resource Request | 51 |

Multi-Agency Pandemic Shelter Job Aid

| Appendix B: Wraparound Services and Resources | 54 |
|--|----|
| Appendix C: Sample Memorandum of Understanding (MOU) | 58 |
| Appendix D: Additional Resources | 59 |
| References | 63 |

Introduction

This document was developed through the coordinated efforts of planners and practitioners from various agencies that participated in a pandemic shelter working group. This document addresses the unique planning, preparedness and operational considerations and actions associated with conducting congregate, non-congregate sheltering and evacuee support activities in a pandemic environment. The processes discussed can be implemented by jurisdictions without federal assistance or when federal assistance becomes available. In this document, "jurisdiction" refers to state, local, tribe or territory (SLTT), insular area and federal governments.

Purpose

This resource is for State, Local, Tribe, and Territory (SLTT) emergency managers shelter planners and addresses congregate, non-congregate sheltering and evacuee support planning within a pandemic environment. This document also provides best practices, checklists, sample documents and links to the latest pandemic planning guidance and resources that may be useful during development and revision of shelter plans.

The content of this document will be updated as new developments and guidance related to the pandemic are provided by public health and emergency management experts.

Situation

Provision of Mass Care services in a pandemic environment will differ significantly from traditional service delivery methods conducted under normal circumstances. Due to social distancing requirements put in place by multiple jurisdictions and the CDC, the use of congregate or non-congregate shelters should be carefully determined by emergency managers with direct consultation and guidance from public health officials. The use of congregate shelters may be inevitable in cases where large populations have or will be evacuated for the purpose of sustaining and saving lives. Use of non-congregate shelters may be needed in the jurisdiction for both the direct and indirect effects of an emergency or disaster.

What We Already Know: Sheltering Best Practices and Existing Background Guidance

Over the years, many great sheltering products and resources have been created by the Mass Care Community and can be easily accessed and utilized by organizations seeking to develop and further enhance their planning and operational activities. These products can be found on the <u>National Mass Care Strategy</u> website. Examples of these products include the <u>Multi-Agency Shelter Plan Template</u>, <u>Shelter Guidance Aid and Shelter Staffing Matrix</u> and the <u>Shelter Field Guide</u> which provides sheltering best practices for faith-based groups, Non-Governmental Organizations (NGOs), government partners and the private sector.

The most current <u>Mass Care pandemic planning resources</u> are now available and can be accessed on the National Mass Care Strategy website as well.

Understanding the *Mass Care/Emergency Assistance Resource Request Process* (located in Appendix A) will also be essential to ensure that the resources necessary are available in a timely manner.

Planning Assumptions

- A natural disaster is likely to occur during a pandemic and could displace thousands of residents
- Some residents may not come to a shelter or other Mass Care service locations due to fear of exposure to the virus.
- While non-congregate sheltering may support social distancing and other pandemic considerations, Congregate shelters may be required to save lives for notice and no-notice events as many residents do not have other options for shelters.
- Some jurisdictions may not have a sufficient number of congregate and non-congregate sheltering options to accommodate the potentially impacted population
- A pandemic will impact the availability of paid staff and volunteers traditionally used to provide support and services to survivors in shelters.
- Implementation of a social distancing plan for congregate and non-congregate shelter within a pandemic environment will help mitigate the spread of a virus
- Accommodations for persons with disabilities and others with access and functional needs will be provided in both congregate and non-congregate shelters
- The funding for non-congregate sheltering to meet the directives of the Public Health Emergency cannot be duplicated by another federal agency, including the U.S. Department of Health and Human Services (HHS) or Centers for Disease Control and Prevention (CDC).
- State, Local, Tribal and Territorial (SLTT) government are expected to coordinate with Public Health officials before opening congregate and non-congregate shelters

Sheltering Strategies, Benefits and Risks

Sheltering in a pandemic environment offers the same strategy options as during a non-pandemic scenario. The benefits and risks for each strategy are different and require careful consideration during planning.

| Shelter Options | | | | | |
|---|--|---|--|--|--|
| Sheltering Strategies | | | | | |
| Shelter in Place (SIP) | Supports social distancing Help mitigate virus transmission | May not be safe based on current conditions, impending threat of a disaster or impact May require evacuation after SIP due to storm impacts Transportation needs if SIP safety issues arise Health and safety threats due to loss of utilities and sanitation conditions Limited access to resources and services | Type of event Access to resources Clear communication plan for emergency transition to other shelter option as survivors will have less reaction time to changes in the storm path. Requires a plan for distribution of emergency supplies SIP households Crisis Counseling or Mental Health support | | |
| Multiagency SolutionsBlue Roof Program; Shelf-stable meals; Staffing of Point of Distribution (POD) sites and door-to-door distribution by NGO's, Community Emergency Response Team (CERT), National Guard, Civil Air Patrol (CAP), Transportation Security Administration (TSA), AmeriCorps and FEMA Corps, Federal mission assignments; contracts for Crisis counseling and mental health services | | | | | |
| Congregate Shelters (Community Safe Rooms, Evacuation Centers, Refuge of last resort) | • Pre-identified facilities are already known to community members | Social distancing will require use of multiple facilities Need for additional support staff, supplies and equipment Limited access to personal protective equipment (PPE) Health screenings, or lack thereof, may cause a negative reaction from survivors Shortage of volunteers due to pandemic | Is there adequate staff, supplies, equipment and wrap-around services using multiple facilities. Are there accessible shelter locations and resources for access and functions needs and/or disability populations? Identify PPE needs for sheltering operations; establish agreements with PPE suppliers if needed Solicit donations from local vendors Submit resource request for federal support | | |

| Shelter Options | | | | | |
|---|--|--|--|--|--|
| Sheltering Strategies | Benefits | Risk | Considerations | | |
| | | • Some people with disabilities will be places at higher risk in a congregate environment | Establish and implement pandemic required evacuation and sheltering services CDC Standards recommends shelter space be increased to 60/110 SQ. FT. per person for shelters open longer than 72hrs Must identify facilities not typically used for sheltering: alternate care sites; Department of Education Independent Schools health, physical education, recreation (HPR) spaces Implement strategy to target recruit and train volunteers from the community with special skillsets | | |
| Multiagency Solutions | Reimbursement of eligi (Emergency Manageme | ble expenses under Category B Emergency Protect ent, Law Enforcement, Fire Department, Human Se | for Mass Care support following state procurement policies; Direct Federal Assistance; ole expenses under Category B Emergency Protective Measures; Local Government nt, Law Enforcement, Fire Department, Human Services, Dept. of Health, Dept. of Education) unizations; Transportation contracts (patient transport vans, limo services) | | |
| Congregate Sheltering (Mega- Shelter/ Large Venue) | Very large capacity. Centralizes wraparound service Eases need for vacant land and space for other sheltering types. | Operational and support costs are significant. Difficult for crowd control and accountability | Based on corporate office facility/conference centers availability. Cost of operations and wraparound services Many facilities may require physical modifications and additional equipment needed Previous facility use/design might not be suitable for disaster survivors. Corporate Retreat and Conference Centers may have limited availability. | | |

| Shelter Options | | | | | |
|--|--|---|--|--|--|
| Sheltering Strategies | Benefits | Risk | Considerations | | |
| Multiagency Solutions | GSA can survey potent Can be catered to size needed or land | facility operation in conjunction with the requesting ial locations, identify unused buildings. Possible patheres Strength and Condition of Structure for future events. | | | |
| Soft-Sided Shelter Camps | available. Maximum of 5,000 disaster survivors, per site. | Ground conditions over a period of time.Usually unable to stand high wind impacts. | installation techniques. Coordination with EHP before implementation. Site development for this type of operation will require the identification of a location to meet contractor requirements. Lease or agreement required. | | |
| MultiagencyGSA mission assignment to locate potential sites and refer owners to FEMA for evaluation. FEMA must then evaluate sites.Solutions | | | A for evaluation. FEMA must then evaluate sites. | | |
| Non-Congregate Sheltering | Temporary repurposing of facilities such as college dorms, spring training camps, recreation camps, military housing Prioritize at risk population while maintaining social distancing requirements | Lack of transportation for evacuee support Availability of facilities may fluctuate throughout the year due to pre-scheduled events. In some jurisdictions there is not a sufficient number of non-congregate shelter space/options | May be unavailable in some areas Cost and liability considerations for pandemic sanitation and disinfecting Testing/pre-screening considerations Consider health and sanitation procedures (PPE, screening) Pre-identify contracts and create templates for statements of work Determine the availability of accessible and/or pet friendly rooms | | |

| Shelter Options | | | | | |
|---|---|--|--|--|--|
| Sheltering Strategies | Benefits | Risk | Considerations | | |
| Multiagency | Recreational vehicles used on existing properties maintain social distancing Technical assistance from | m FEMA, American Red Cross (ARC); GSA suppo | Establish system for registration and tracking of disaster survivors Consider the use Recreational vehicles | | |
| Solutions | Contract templates Bes | t Practices for program scope consideration; GSA c | can identify supplies and/or facility. | | |
| Individual hotel contracts by FEMA | specific locations | Complexity and timelines required to implement Ability to provide wrap-around services Sufficient number of rooms may not be available in all communities Disaster survivors may be competing with responders and utility companies for limited hotel space | Determine projected need for accessible rooms Include cost of cohabiting sheltering needs for household pets Testing/pre-screening PPE needs Process for requesting reasonable accommodations such as adaptive equipment, communication access | | |
| Multiagency Solutions | FEMA administered non-congregate sheltering program with up to 25% cost share, if eligible and approved. Technical assistance provided by FEMA, American Red Cross; FEMA Public Assistance for reimbursement | | | | |
| FEMA Contract Implementation of the General Services Administration | • Ability to implement quickly, utilizing FEMA's emergency | Cost share Need for feeding and other services If booking rooms, such as Rapid Response, may incur expenses for unused rooms | Varying ability to limit available rooms by geographic location | | |

| | Shelter Options | | | | | |
|--|--|--|---|--|--|--|
| Sheltering Strategies | Considerations | | | | | |
| (GSA) Blanket Purchase Agreement (BPA) for, Rapid Response Program, TSA | lodging assistance contractor SLTT may apply to GSA to become authorized users of BPA | | | | | |
| Multiagency solutions | | FEMA administered pre-determined program parameters, including eligibility determinations; billing; quality assurance; vendor support to research and identify hotels; GSA support to access BPA | | | | |
| STT contracted and implemented non-congregate sheltering, Public Assistance reimbursement | Ability to implement quickly, utilizing STT's emergency procurements STTs designs and manages their own program for their survivors | Cost share Need for feeding and other services If booking rooms, STT may incur expenses for unused rooms | Varying ability to limit available rooms by geographic location | | | |
| MultiagencySTT administered non-congregate sheltering program with up to 25% cost share, if eligible and approved.SolutionsTechnical assistance provided by FEMA, American Red Cross; FEMA Public Assistance for reimbursement | | | | | | |

Concept of Operations

Identify Potential Community Hazards and Vulnerabilities Occurring Concurrently with a Pandemic

Planners should develop a shelter pandemic plan that is inclusive of whole community partners. Planners are also encouraged to review hazard-vulnerability assessments completed by the local jurisdiction and other response stakeholders. Data on past events may help identify the likelihood and need associated with a large-scale evacuation and shelter operation.

Planners should research current pandemic statistics, demographics (elderly and children, cultural and ethnic characteristics) and identify hazards in the community. Planners should identify service providers, look for previously completed plans, and potential stakeholders. The following questions should be asked when identifying community hazards and vulnerabilities:

- \Box What is the jurisdiction's population?
- □ What hazards can occur that would require a shelter activation or large evacuation?
- How would these hazards impact the population and response assets in a pandemic environment?
- □ What is the estimated number of people who have disabilities and/or access and functional needs?
- □ What is the estimated number of vulnerable and high-risk populations (more susceptible to a pandemic) in the jurisdiction?
- \Box What percentage of the population require in-home services?
- □ What are the changes to traditional messaging and service delivery in a pandemic environment (shelter operations, distribution, etc.) due to social distancing, PPE requirements?
- □ What is the estimated number of household pets in the jurisdiction?

Planners should identify the resources needed to accomplish the identified operational approach. The needed resources typically fall into three categories: 1) Staff 2) Supplies and 3) Infrastructure. The following should be asked when identifying resources for these three categories:

- □ What resources are needed to operate congregate or non-congregate shelters, and where can these resources be obtained?
- □ What are the current human and material resource capacities (e.g. assets include people, equipment, supplies, facilities, infrastructure, services, information and activities) within the jurisdiction and what needs to be obtained from outside sources?
- Does the jurisdiction have an emergency resource directory that includes information for locally available vendors and other agreements that may be used to assist in obtaining resources?

Determine the Need for a Shelter

Planners should revise the jurisdiction's plan, as necessary, to address disaster response in a pandemic environment.

- □ Coordinate with public health officials to determine the safest approach to providing emergency shelter in a pandemic environment.
- □ What is the geographical impact of the disaster (e.g. hurricane, flood, wildfires, etc.)? Are disaster survivors able to access or return to their homes?
- \Box What is the estimated number of people requiring shelter?

- □ What non-congregate sheltering options are available? Are the non-congregate options sufficient to accommodate the impacted population?
- □ Are NGO and ad hoc shelters currently operating? For how long? What is their current capacity?
- \Box Are survivors sleeping in vehicles, outdoors etc.?
- Due to shelter space constraints, are agreements in place with neighboring jurisdictions who are willing to host evacuees from the impacted areas?
- \Box Host jurisdictions should reassess their shelter space to identify any shortfalls in their ability to host evacuees from impacted states.

Determine Congregate/Non-Congregate Shelter Capacity

- Determine the estimated number of people requiring shelter. The traditional planning factor based on the size of the impacted population is 10% or more for large scale disasters, and 5% or less for smaller disasters
- \Box Determine shelter space:
 - a. What is the number of facilities identified in the jurisdiction's shelter plan?
 - b. Have you coordinated with the jurisdiction's lead shelter agency and NGO mass care partners to determine capacity of shelter facilities?
 - c. Does the jurisdiction or other sheltering partners have access to the National Shelter System (NSS)?
 - d. Address how hotels will be accounted for (Non-Congregate)
- Determine cumulative capacity based on current pandemic planning requirements

| Traditional Shelter Space Requirements | | Pandemic Shelter Space Requirements | | | | |
|--|---|--|--|--|--|--|
| | 20 sf (Evac)-40 sf (Post Evac) per person | 60 sf (Evac)-110 sf (Post Evac) per person | | | | |

Addressing Shelter Capacity Shortfalls/Deficits

| Facility Considerations | | | |
|-------------------------------------|--|--|--|
| Congregate Shelter | Non-Congregate Shelter | | |
| 1. Vacant buildings | 1. Dormitories | | |
| 2. Commercial space properties | 2. Closed nursing facilities, hospitals, | | |
| 3. Strip malls | Long term care facilities | | |
| 4. Community centers | 3. Retreat, camp sites, YMCAs | | |
| 5. National guard armories | 4. Vacant Military bases | | |
| 6. Mega churches | 5. Hotels/Motels | | |
| 7. Banquet halls | 6. Individual tents | | |
| 8. Stadiums | 7. Motor homes, campers, and travel | | |
| 9. Auditoriums | trailers | | |
| 10. Vacant Industrial facilities | | | |
| 11. Soft sided shelter (encampment) | | | |

- Is the jurisdiction coordinating with GSA, realtors and acquisitions staff to identify and acquire more space?
 Has the jurisdiction coordinated with the Economic Development Agency or Chamber of Commerce to
- Has the jurisdiction coordinated with the Economic Development Agency or Chamber of Commerce to identify Hotel/Motel or vacant commercial properties and determine capacities?

| Sheltering Resources | Description This chart identifies general capabilities of various community resources. These resources may assist a jurisdiction in identifying specific organizations/agencies that can meet the resource requirements. In your jurisdiction, replace these generalities with specific agencies and their specific role. Community Based Organizations (CBOs), such as local churches and civic clubs, disability services and advocacy organizations, Community |
|--|---|
| Local efforts | Emergency Response Team (CERT) and local businesses are often the first responders, respond spontaneously and often do not have the necessary assets to meet sheltering requirements |
| Local Government | May be able to assist with human and material resources |
| Local lending closets and assistive technology reuse Programs | Provide, on a loan basis, or reconditioned durable medical equipment and assistive devices |
| Local public and private services | Home care, transportation, pharmacies, Durable Medical Equipment (DME), respite care, case management, housing, Oxygen (O2) delivery, etc. |
| Private sector | Able to assist with many human and material resources, a lead may be the local chamber of commerce, Pet Smart |
| Voluntary Organizations | State Voluntary Organizations Active in Disaster (VOADs) and Community Organizations Active in Disaster (COAD)s |
| Trade associations | Real Estate, restaurant associations, grocery associations |
| Academia | Universities: Interpreters, compilation of data, schools for the deaf, blind, dorm space, etc. |
| American Society for the Prevention of Cruelty to Animals (ASPCA), National Animal Rescue and Sheltering Coalition (NARSC), Humane Society | Household Pet support |
| Mutual aid/ Emergency Management Assistance Compact (EMAC) | The Emergency Assistance Compact is the most utilized mutual aid agreement in the nation. EMAC acts as a complement to the national disaster response system, providing timely and cost-effective assistance to disaster impacted states, which are the requesting states. |
| Individual Assistance Support Contract (IASC) | FEMA resource to assist with sheltering requirements if needed. There is a state cost share for IASC |

Site Assessments

During a pandemic, it may be necessary to reassess current facilities and/or identify and assess new facilities in an effort to accommodate social distancing requirements. Some jurisdictions are faced with the challenge of not having adequate staff to conduct assessments. Site assessments provide detailed criteria for selection and reviewing a

Multiagency Pandemic Sheltering Job Aid

potential site before an incident occurs. A proper assessment and evaluation of shelter space will significantly enhance planning efforts, reduce response times and alleviate frustrations. A sample Site Assessment and Selection Form can be found in Annex B.

Congregate Shelters

The use of congregate shelters is not ideal for pandemics but may be necessary to save and sustain lives.

- □ Identify additional facilities to be used as shelters
- □ Determine shelter capacity to include social distancing (60 sq. ft for evacuation shelters and 110 sq. ft. for long-term sheltering)
- □ Consider pulling together a site assessment team comprised of individuals with special expertise related to various aspects of the shelter operations (i.e. public health officials, shelter providers, NGO partners, CERT, engineers, public safety, building inspection team, etc.)
- How many facilities will need to be identified and assessed in an effort to meet the space deficit?
- Determine suitability and conditions of structural feasibility
- Are the building systems in working order (electrical, water, sewage, heat, ventilation and air conditioning)?
- □ Consider the timeframe to repair, clean or condition the property

Non-Congregate Shelters (NCS)

A potential non-congregate shelter site should be identified and assessed on several factors such as: location, capacity, accessibility and interior/exterior features. As with traditional congregate sheltering, an NCS can be surveyed by an agency assigned by the jurisdiction or agency responsible for NCS to determine whether the site can be used. Included on the survey team should be the site's owner and/or management company.

NCS operations that require the use of facilities from private entities will require additional procedures to lessen the possibility of fraud and simplify the process for obtaining reimbursement as a Category B expense under a potential Federal Emergency Management Agency (FEMA) Public Assistance (PA) declaration.

Hotels/Motels and other facilities:

- □ Consider pulling together a site assessment team comprised of individuals with special expertise related to various aspects of the shelter operations (i.e. public health officials, shelter providers, NGO partners, CERT, public safety, building inspection team, etc.)
- \Box Work with hotels/motels and private facilities to establish agreements.
- □ Identify and establish a systematic approach for registration, eligibility, notification, and tracking of survivors being sheltered in hotels.
- □ Determine room cleaning frequency
- □ Inter-room or inter-site communications
- □ Additional rooms or space for other services (i.e. nurses, triage room, etc.)
- □ Large vacant properties (i.e. vacant assistance living, campus dorm rooms, etc.)
- □ Jurisdictions may also consider using a checklist, such as the Department of Justice (DOJ) American with Disabilities Act (ADA) Checklist for Emergency Shelters, when assessing the viability of a location to support Non-Congregate shelters.
- □ If significant construction is needed to make an NCS habitable, a safety inspection should be conducted (power, water, and other utilities resources.
- □ Jurisdiction may conduct surveys of potential Non-Congregate Shelters using the Facility Survey form (pg. 35).

Establish Site Agreements (MOUs/Lease Agreements)

Coordinate with the appropriate entities to establish agreements such as Memorandum of Understanding (MOU), Memorandum of Agreement (MOA) or leases for the coordination and integration of sites, resources and staff. Agreements should be established between emergency management, healthcare organizations, volunteer organizations, coalitions, planned congregate/non-congregate sites and other stakeholders prior to an incident.

Agreements should clearly describe the strategy and processes for preparing for and responding to an incident. In addition, agreements should clearly delineate roles, responsibilities and liability.

- □ Are agreements already in place with agencies, organizations, or private entities for use of Congregate/Non-Congregate shelters meet requirements for pandemic planning?
- Does the Lead Mass Care agency have facility use agreements with local entities that have large capacity facilities?
- Do agreements address how cost sharing, documentation and reimbursement processes will work when shelters are multi-agency managed and supported?
- □ Can agreements between an agency, organization or private entity and a site's owner/management for use of the site be transferred to another entity? If no agreement exists between the agency who will take responsibility for the site and the site's owner/management?
- □ Is the site owner/manager willing to include an addendum to the agreement that allows for the use of staff (e.g. cooks, janitorial and other venue staff) in support of the operation?

Staffing Considerations

When operating congregate and non- congregate shelters, it is important to forecast staffing requirements that will be needed to ensure an efficient and successful shelter operation. Failure to address staffing and material resource deficits will negatively impact the jurisdiction's ability to provide adequate care and services for disaster survivors. When determining the need for staff, plan for a minimum of 7 days out from the start of operations to ensure current resources will be sufficient. This can be done based on two 12hour shifts and staffing ratios for each position. Due to the nature of the pandemic, there will be a high demand for health services staff (licensed medical professionals) who are skilled in handling a variety of medical emergencies.

The following factors should be considered when forecasting staffing needs:

General staff

- \Box What is the anticipated number of residents to be sheltered?
- \Box What is the anticipated duration of the shelter operation?
- □ What is the jurisdiction's current capacity for staffing shelters?
 - a. Does the jurisdiction have a local volunteer program (i.e. CERT team)?
 - b. Can Local Agencies / Non-Profits Support?
 - c. Has jurisdiction considered volunteers from local restaurants to assist with feeding efforts?
 - d. Are staff from City/County human services or housing agencies able to provide support?
 - e. Consider community crisis counseling agencies to assist with operations.
 - f. Has jurisdiction reached out to medical supply companies and providers for support?
 - g. Consider clergy and volunteers from local houses of worship for spiritual care.
 - h. Can local, regional, or national HH Pets NGOs (e.g., ASPCA, NARSC, etc.) provide support? Also, local veterinary clinics?
- □ What percentage of paid and volunteer staff fall within the pandemic high-risk category?
 - a. SLTT governments and NGOs may experience a significant decrease in staff availability of staff due to illnesses, fatalities and fear of exposure.

Multiagency Pandemic Sheltering Job Aid

- □ What is the demographic make-up of the shelter population? (e.g. children, people with disability and those requiring access and functional need support) of the shelter
- □ Layout of the facility (congregate/non-congregate shelter

Staffing Matrix

| Description | Estimated staff required to conduct shelter operations providing a safe, accessible, and secure shelter environment for disaster survivors. |
|--------------------------------|--|
| Resource Category | Mass Care Services |
| Resource Kind | Team |
| Overall Function | The Shelter Staffing Package serves as a staff profile to provide core functions for shelter operations, including resident and facility support services. |
| Composition and Specifications | The team works up to 12 hours per shift Shelter operations include staffing positions such as shelter management, client registration, dormitory management, feeding, reunification, health, mental health, spiritual care, janitorial, and logistical support. Refer to the National Mass Care Strategy (NMCS) Sheltering Guidance Aid and Staffing Matrix for sample staffing ratios |

| Component | Description | Non-Congregate | Congregate | Virtual | In-Person |
|--|--|----------------|------------|---------|-----------|
| Shelter Site Manager (Congregate) | 1 shelter manager per shift See ARC Sheltering in COVID-19 Affected Areas for guiding principles and details on all sheltering operations (including congregate and non-congregate) during COVID-19. Pre-landfall Congregate Shelter Operations in COVID-19 Pandemic | | Х | | Х |
| Shelter Manager (Non-Congregate) I shelter manager per shift Refer to: <u>COVID-19 Non-Congregate Sheltering Framework</u> Depends on situation. If not deployed in-person, may need to identify in-person liaison with hotel or camp management to coordinate support to clients | | Х | | X | Х |
| Shift Supervisors | • 4 Supervisors per 300 (average) population of shelter | | Х | | Х |
| Pandemic Health Services (Screening, evaluation and monitoring) | 4-5 per shift, per 50 occupants (Congregate) Non-Congregate. See HHS-FEMA Medical Resource Support. Refer to: <u>NMCS website</u>. | Х | Х | Х | Х |
| Registration | • 1 worker:165 population, min. 1 | | Х | | Х |
| Staffing / Admin | Staffing / Admin • 1 worker per shift | | Х | | Х |
| Feeding (Congregate) | 1 worker: 110 population, min. 1 Feeding in COVID-19 Congregate Shelters | | Х | | Х |

| Component | Description | Non-Congregate | Congregate | Virtual | In-Person |
|--|---|----------------|------------|---------|-----------|
| Feeding (Non- Congregate) | Depends on situation Coordinates with Foodbanks and other NGOs on delivery of pre- packaged meals and food commodities If facility does not have food prep and storage capability, coordinates with supporting agencies to provide resources (mini- fridges, microwaves, hot plates, etc.) | Х | | X | Х |
| Dormitory Management | • 1 worker: 100 population, min. 1 | | Х | | Х |
| Shelter Resident Transition | • Supports clients transitioning from congregate or non- congregate shelters to safe, sustainable housing solution | Х | Х | X | |
| Mental Health / Crisis Counseling | 1 worker: 250 population, min. 1 (Congregate) Provides virtual support to clients who are referred as descried in the <u>Disaster Health Services Procedures in COVID-19 Congregate</u> <u>Shelters</u> job tool. May need to be physically present to support individual clients and workers, as well as de-escalate situations | Х | Х | X | Х |
| Disability Integration Services | Activity, situation, and length dependent Provides virtual support to meet the access and functional needs of all clients, to include: Physical accessibility of hotel rooms, Alternate forms of communication, and Modification to methods of service delivery | Х | Х | X | Х |
| Public Health, Medical Health Services (Congregate) | 2 per 50-persons, per shift (congregate shelter) Accredited professional per AHJ <u>Disaster Health Services Procedures in COVID-19 Congregate Shelters</u> | | Х | | Х |
| Disaster Health Services (Non- Congregate) | Min. 1 person. Non-Congregate Shelter, Provides virtual support to clients who are referred as described in the <u>Disaster Health Services Procedures in COVID-19 Congregate</u> <u>Shelters job tool.</u> Conducts daily wellness checks Provide assistance with medication, DME and CMS replacement and health education May need to be physically present to support individuals with access and function needs | Х | | Х | |
| Child Care | 1 worker: 8 children, min 4 Assume 25% of population are children and 50% of those require care at any one time | | Х | | Х |

| Component | Description | Non-Congregate | Congregate | Virtual | In-Person |
|--|--|----------------|------------|---------|-----------|
| | • The SLTTs can establish licensed childcare within a congregate shelter or stand-alone facility which may be reimbursable under FEMA's PA Program. SLTTs should coordinate with their respective OEM to ensure that applicable guidelines are followed. | | | | |
| Spiritual Care | 1 worker: 1000 population, min. 1 Accredited professional Provides virtual support to clients who are referred as described in non-congregate guidance Collaborates with DMH to provide support to staff and clients Communicates relevant client status to Shelter Site Manager May need to be physically present to support individual clients and workers, especially if there has been a death in the family | X | Х | Х | Х |
| Household Pet Shelter Coordination | • Activity, situation, and length dependent | | Х | | Х |
| Laundry Services | As appropriate, min 1Assumes off site service; assisted by dormitory workers | | Х | | Х |
| Transportation Services | 1 supervisor overall, not per shift Activity, situation, and length dependent Provide transportation for medical appointment, grocery, housing search, etc. in Non-Congregate Shelter | x | Х | Х | х |
| Janitorial Services | • 1 worker: 200 population, min 1 | | Х | | Х |
| Security / Building Control | • 1 worker: 100 population | | Х | | Х |
| Information Technology | • As appropriate, min 1 | X | Х | Х | Х |
| Distribution of Emergency Supplies | • 1 worker per 350 population | Х | Х | Х | Х |
| Non-Congregate shelter Lodging Coordinator | Determines the quantity and cost of available rooms/living spaces at non-congregate site Supports ongoing coordination with Shelter Site Manager, non-congregate shelter facility management and Virtual Lodging Team of room reservations and adjustments based on client population | X | | X | Х |

Multiagency Pandemic Sheltering Job Aid

| Component | Description | Non-Congregate | Congregate | Virtual | In-Person |
|--|--|----------------|------------|---------|-----------|
| | Maintains nightly reservations with front desk staff Tracks and reports number of rooms reserved, occupied and nightly rates | | | | |
| Mass Care Dorm Generalist | Provides support for shelter operations and mass care assistance to clients which may include feeding support, communicating information to clients, organizing inventory, delivering items to clients, and other duties as assigned <u>COVID-19 Non-Congregate Sheltering Framework</u> | Х | | | Х |
| Virtual Lodging Team | • Virtual Lodging Specialists will coordinate with lodging vendor(s) for eligibility determinations, reservations, client tracking, other duties | Х | | Х | |
| Building Maintenance Engineer | • Min 1; Facility size and system dependent | | Х | | Х |
| Parking and Traffic Control | • Law enforcement or staff support through EOC. Facility size and traffic flow dependent | | Х | | Х |
| Facility / Logistics Support | • 1 manager daytime only | | Х | | Х |
| Logistics Support / Dock Management | • 1 worker per 500 population | | Х | | Х |
| Recovery Information and Resident Messaging | • 1 worker per 500 population | Х | Х | Х | Х |
| Entertainment / Recreation | • As appropriate, duty of dormitory workers, dependent on resources available. | Х | Х | | Х |
| Donations and Volunteer Management | • Activity and situation dependent | Х | Х | Х | Х |

Considerations for resources and multi-agency support can be determined using the decision tree model, which can be viewed in the Appendix A

Health Services Staff

Staff shortages may become a primary challenge during the pandemic. For example, healthcare and non-healthcare personnel may themselves become ill, family concerns may decrease ability of staff to work extra hours, and school closures may inhibit staff from performing normal duties. Workforce subject experts from within the U.S. Department of Health and Human Services (HHS) have identified the following strategies that local healthcare workforce decision-makers could adopt to optimize workforce assets, assess ongoing staffing needs, and identify resources to meet these needs. Ongoing and close coordination with local, county, and state public health agencies; and coordination between shelters and health care facilities will be necessary and vital throughout the course of the pandemic emergency.

Step One - Implement Policies and Practices to Maximize Existing Workforce

- □ Review published strategies to maximize the existing workforce:
- □ Consider practices to optimize staff capacity:
 - a. Provide necessary training
 - b. Reassign staff from low volume services to high-need units (using health services personnel to do health screening)
 - c. Use nursing students to support clinical providers in nonclinical roles
- □ Consider policies to increase staff ability and availability:
 - a. Emphasize staff health and safety, including through work process controls to reduce workplace exposure for all staff (clinical, environmental services, transporters, etc.) and access to self-care resources that can sustain provider well-being.
 - b. Address any Personal Protective Equipment (PPE) concerns through training and practice to increase comfort with PPE available
 - c. Provide alternate housing to address concerns of exposing vulnerable family members
 - d. Adjust shift schedules and lengths to maximize staffing and avoid burn out

Step Two - Quantifying Future Shelter Workforce Needs

- □ Project workforce needs by mission ready package type, cadre, type, and skill level. Reassess as the situation evolves by monitoring several factors:
- □ How many additional staff are needed due to current census and acuity?
- □ How many staff members are unavailable due to pandemic specific illness, health concerns, childcare needs, etc.?
- □ How many additional health care providers are available from immediately accessible temporary staffing solutions:
 - a. Reassignment of providers from within your health system or facility
 - b. Staffing from contracted staffing agencies

Step Three - Supplement Shelter Workforce Staff

- □ Local level
 - a. Hire needed staff through staffing agencies with which a relationship already exists
 - b. When limitations exist, identify additional agencies able to provide the necessary cadres
 - c. Consider hiring furloughed or underutilized staff from other local providers who may have reduced/discontinued nonessential medical procedures
- □ State resources
 - a. Reassign staff under Section 319 of the Public Health Service (PHS) Act
 - b. This provision allows a state governor, tribal leader or designee to request the <u>temporary</u> reassignment of state and local public health department or agency personnel funded in whole or

in part through programs authorized under the PHS Act to immediately address a public health emergency Leverage Reservists and National Guard

- c. Identify healthcare providers in non-clinical positions who may be quickly trained to increase staffing
- d. Request assistance through the <u>Emergency Management Assistance Compact (EMAC)</u>
 - EMAC is a national disaster-relief compact allowing states to send personnel to assist with response and recovery efforts in other states
 - EMAC is implemented within the State Emergency Management Agency on behalf of the governor of the state
- □ Engaging healthcare workforce volunteers
 - a. Leverage state-registered healthcare provider volunteers
 - Specific options available vary by state
 - States should encourage interested volunteers to register through Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP). This program will verify volunteer's identity, license(s), credentials, accreditations, and hospital privileges.
 - The Medical Reserve Corps (MRC) is a national network of volunteers, organized locally to improve the health and safety of their communities.
 - Local units have varying capabilities and mixes of volunteer types
 - Identify whether there is a local unit in your area and the contact information for the unit leader athttps://mrc.hhs.gov/FindMRCto determine whether the MRC unit may be able to support the need.
 - Note that MRC units primarily respond in their local area.
 - National Voluntary Organizations Active in Disaster (VOAD) is an association of organizations that mitigate and alleviate the impact of disasters, provides a forum promoting cooperation, communication, coordination and collaboration; and fosters more effective delivery of services to communities affected by disaster. The National VOAD coalition includes more than 100 Member organizations, which represent National members, State VOADs, Local/Regional VOADs and hundreds of other member organizations throughout the country.
- □ Federal Government Resources
 - a. Note that federal resources should be requested only when other options are not available, as they are limited in availability, short-term and may complicate billing and reimbursement for local health systems
 - b. States requesting federal support in healthcare provider staffing should be prepared to provide specific information on the need, such as data describing the status of existing workforce resources:
- \Box Federal response teams
 - a. Local authorities should work through existing emergency management (ESF-8) mechanisms to submit a request for assistance through the state
- Potential Providers of the Resources
 - □ NGO
 - □ Local or state Public Health and Medical (Teams or personnel)
 - □ State resources
 - □ Healthcare workforce Volunteers (ESAR-VHP, MRC, VOAD)
 - □ EMAC
 - □ National Guard in State Active Duty Status
 - □ State managed contract support
 - □ Federally Government resources to include contracted medical providers FEMA EMS/Ambulance contract

| Disaster Health Services | This job tool provides guidance for Disaster Health Services responders |
|--------------------------|---|
| Procedures in COVID-19 | working in a congregate shelter in a COVID-19 environment |
| Congregate Shelters | |

Staff Training

- Does training cover the operations and administration of shelters as well as directions on using equipment, medical supplies and other materials specific to a pandemic?
- □ Can just-in-time training be offered virtually?
- Jurisdictions should consider their just-in-time training needs, coordinate with sheltering agencies such as the Red Cross regarding curriculum and plan to offer courses virtually prior to incident.
- Are staff familiar with safe work practices like hand washing and the <u>proper use of PPE</u> specific to the pandemic, including donning/doffing?
- Are staff familiar with the <u>symptoms of the pandemic</u> and knowledgeable about how to properly report it at the first signs of illness?
- \Box Is there a sufficient amount of staff or translators that can communicate with residents?

Resource: COVID-19 Shelter Training for American Red Cross Partners <u>https://nationalmasscarestrategy.org/wp-content/uploads/2020/07/2020-07-03-COVID-19-Shelter-Training-for-Partners.pdf</u>

Contracting/Procurement of Resources and Services

It is important to develop an emergency resource directory that includes a comprehensive inventory of all supplies needed to activate shelters in order to determine resource gaps and develop strategies to address shortfalls. Obtaining these resources may be done through:

- Vendor managed inventories
- Agreements
- Local stockpiles
- EMAC
- State/Federal government resources

Items/services can be purchased and stored by the local jurisdiction or vendor. Establishing vendor relationships should be a priority, even if resources are being stored so that the ramp up of resources can occur should the stockpile be depleted. It is necessary to verify that vendors provide maintenance during storage to ensure that everything works correctly during an incident. When evaluating contractors, it is important to:

- Has the jurisdiction validated contractor capabilities, capacity and limitations?
- Have you coordinated with other jurisdictions when and agencies in an effort to deconflict multiple demands for the same resources from the same vendor?
- Do you have an understanding of the vendor's process for the rotation of stock and inventory (control management)?
- Is there a clear understanding regarding the "days-on-hand" inventory of the vendors?
- Has an inventory management, reporting or manual process been developed, to identify daily consumption during operations?
- Jurisdictions should clarify the process for the delivery of material to the shelters, identify any "disaster clauses" within the contract and understand the requirements of the vendor
- Has the vendor lead time of critical supplies, pharmaceuticals and equipment been verified?
- Have payment terms been clearly identified?

Additional resources can be requested through the resource requesting process. Resource requests should be as specific as possible to ensure resource needs are met. See Appendix A for more information regarding the resource request process.

- <u>https://www.fema.gov/procurement-disaster-assistance-team</u>
- <u>COVID-19 Memo: Procurement Under Grants Conducted Under Emergency or Exigent Circumstances</u>
- <u>COVID-19 Fact Sheet: Procurements Under Grants During Periods of Exigent or Emergency</u>
 <u>Circumstances</u>
- <u>COVID-19 Fact Sheet: Eligible Emergency Protective Measures</u>
- FEMA COVID-19 Updates

Shelter Activation

- □ All shelter activations during a pandemic should be coordinated and communicated with public health officials and other SLTT government authorities.
- □ Jurisdictions should coordinate the activation of congregate and non-congregate shelters directly with and as stipulated in any agreement it has with an agency, organization or site owner/manager. If no MOU or contract exists, one should be created. An example of an MOU Appendix C.

Reassessment of Existing Sites

- □ Coordinate with property owners to determine the status of preidentified non-congregate sites (e.g. hotels/hotels, dorms and other facilities) that may have been impacted by the disaster.
- □ If pre-designated sites are unavailable (e.g., damaged, in use), additional sites should be assessed, and new agreements created

Staging and Deployment of Supplies

PPE supplies and equipment may be staged and deployed to a mobilization center prior to and during response. Plans to retrieve items from their locations and transport them to the shelter should immediately follow shelter activation. The following points should be taken into consideration:

- Identifying needed supplies such as cots, linens, gowns, facemasks and medical supplies
- Packaging in a cart or trailer "first push" supplies for easy and rapid deployment
- Preparing a detailed inventory of items including available quantities
- Planning how items will be moved and transported to the shelter site, including the path of travel between the storage site and destination
- Establishing instructions and plans for setting up items once resources are deployed (e.g. tents, barriers, tables, and generators).

A "first push" consists of the essential items required to initiate the establishment of a shelter. These supplies may also be maintained by a jurisdiction in the form of a cache or be readily available through some type of vendor agreement. (*A sample list of Pandemic Shelter Supplies can be found on pg. 44*)

Reporting and Communications

Effective internal (within the shelter) and external (to the incident command structure, other agencies and the media) communication is essential during shelter response in a pandemic environment. Jurisdiction should maintain a solid infrastructure to support virtual capability and documented mechanisms for all communications. It is critical that these communication approaches are interoperable and integrate into emergency operations plans for the individual jurisdictions.

The Mass Care (MC) Situational Report (Sitrep) should include, at a minimum, the following:

- \Box Shelter location
- Number of evacuees sheltered during the reporting period. This includes reports on ad-hoc, congregate and non-congregate shelter operations (including hotels/motels and non-traditional facilities).
- \Box Total number of evacuees sheltered to-date
- \Box Number of new evacuees during the last 24 hours
- \Box Meals served in the past 24 hours
- □ Summary of critical support needs and concerns, including resource needs for evacuees with disabilities and/or access and functional needs

When possible, additional statistical information should be included in the MC SitRep such as a breakdown of individuals, families and age ranges.

All applicable data should be entered into the Jurisdiction's system of record for shelter reporting

- □ Have you explored virtual equipment, software and options in effort to minimize face to face interaction in shelters?
- □ The primary means of communication between staff, survivors and other stakeholders within the shelter includes written signage, verbal commands, portable two-way shortrange radios, intercom systems, bullhorns, information technology and other devices
- □ Information technology required at the shelter should comply with applicable laws of the local jurisdiction and federal regulations. Software and hardware selected should be interoperable with existing systems and other response stakeholders. Information technology functions may include:
 - Survivor tracking, information sharing, and data storage
 - Systems for third party reimbursement
 - Inventory management systems
 - Emergency management software systems.
- □ Children and adults who have access or functional needs should be given the same information provided to the other survivors using methods that are understandable and timely. Prior to the incident, auxiliary aids and services necessary to meet the communication needs of all persons in the shelter should be identified and made immediately available. External resources may need to be sought to provide:
 - Interpreters (Spanish and other foreign languages, sign language, etc.);
 - Television with captioning;
 - Information technology/computer services;
 - TTY TDD;
 - Computer Assisted Real Time Translation;

Effective external communication with other agencies is important to share accurate and timely information about the shelter operations and communicate resource needs. The shelter manager should have access to redundant communications capabilities. Depending upon the incident, some communication systems may not be functional, necessitating the need for multiple communication venues.

For communication with external agencies, jurisdictions should utilize established systems to the extent possible. Pre-planning may help identify what physical resources would be needed at the shelter site. In addition, the presence of a qualified operator with technical expertise may be required in some instances.

The activation of external communications should occur immediately upon the establishment of the shelter and remain functional throughout the operation.

Shelter Transition

Shelter Transition is a strategy that may be implemented to assist with bridging the gap for disaster survivors who have been displaced from their residences into a permanent or long-term housing solution. The process of shelter transition should begin immediately and is dependent upon the availability of services to meet the specific needs of the shelter residents.

- Has the jurisdiction developed a plan to immediately transition shelter residents out of congregate shelters?
- □ Has the jurisdiction developed a plan to assist with the transition of shelter residents out of non-congregate shelters?
- \Box Have shelter numbers reached a plateau?
- □ Have Code Inspection and Enforcement Requirements been included into the transition planning process?
- □ Has a process been developed for Data Sharing?
- □ Have release of information forms been drafted in a way that allows for sharing case information with a third party, especially nontraditional partners?
- □ Has a method for removing personally identifying information from a case file been developed to allow the Shelter Transition Team to discuss cases in a way that protect the identity of shelter residents?

Collaborate and coordinate with shelter residents who need assistance in finding alternate safe, accessible, affordable and secure housing for themselves and their families in order that shelters can close

Identify barriers to the recovery process for the shelter resident

Identify resources and programs that can be provided to shelter residents in an effort to assist them with their recovery.

Ensure the shelter transition team is integrated with Federal, local, state, NGO and private sector partners.

Non-congregate shelters may need to maintain operations for an extended period of time in the event the supply of available housing is limited. The Jurisdiction should partner with Community-Based Organizations (CBOs), federal and other agency partners to meet the long-term housing needs of evacuees. Jurisdictions should also seek out resources for disaster housing recovery from local, State, and Federal agencies including:

- Local and State housing agencies and programs.
- NGO and private sector recovery resources.
- Community Development Block Grants (CDBG).
- FEMA and the U.S. Department of Housing and Urban Development (HUD) programs and services.

See <u>Appendix F: Transition to Alternate Sheltering and Housing Solutions Considerations</u> of the Multi-Agency Sheltering/Sheltering Support Plan Template Multiagency Pandemic Sheltering Job Aid

JOB AIDS / CHECK LIST

Job Aids/Checklists

Job Aids/Checklists provide the user with a series of actions to consider when implementing congregate and noncongregate shelter activities.

The templates will serve as planning tools for developing facility-specific shelter operational plans. The job action sheets provided are designed to be customized, although planning teams are encouraged to maintain the prescribed format and terminology as a means of ensuring standardization of each individual position's primary function. The format also allows for the job action sheets to be used to preliminarily document actions taken during the incident and assist in developing a chronology of events, problems encountered, and decisions made.

Evacuee Support

Job Aid Description:

The following table provides a checklist of actions to be consider when activating or planning for evacuations. The table provides various planning considerations and actions to be performed when providing support to evacuees.

Instructions:

This Job Aid can be used for planning purposes pre-incident. Planners will need to focus upon the development of methodologies to support the listed actions, including the provision of evacuee support at multiple mass care sites. Additional action items should be added as necessary throughout the planning process to meet the needs of disaster survivors.

| PHASE | TASKS | |
|----------------------------|--|--|
| Pre-Incident Operations | Questions for Consideration – How does pandemic impact Operations? Do the include safety and health measures for staff and evacuees during response operations for hurricanes and wildfires and other incidents? | |
| Monitor Threat | What are the potential impacts of the event? Has the Emergency Operations Plan (EOP) been reviewed and modified to align with pandemic guidance, to include social distancing limitations, health and safety requirements, fiscal impacts, reduction of government services, and potential impacts to the supply chain? | |
| | Have Continuity of Operations (COOP) plans been reviewed and updated to continue essential functions and tasks with little or no interruption within a pandemic environment? Do the plans include identified alternate sites and capabilities to telework? | |
| | Are there current or expected critical staffing and resource shortages due to the pandemic that is likely to impact the ability to respond to the forecasted incident? Have contingency staffing plans been developed? Have these shortages been communicated to partners? | |
| | Have current mutual aid and EMAC agreements been reviewed and evaluated if available resources and/or personnel may be limited due to pandemic operations? Consider virtual EMAC agreements. | |
| | Is there a plan to determine how personnel deployed to the field will be protected during a pandemic environment? | |
| | Has medical-grade PPE been purchased and stockpiled according to CDC guidelines for those who require it? Has CDC strategies to optimize the supply of PPE been implemented? | |
| | Has cloth face coverings been ordered and stockpiled and a plan in place to distribute face coverings to staff? | |

| PHASE | TASKS | |
|-------|---|--|
| | Are there any, or any potential, shelter-in-place or stay-at-home orders for the pandemic currently in place in any of the potentially impacted jurisdictions? | |
| | Review agreements with NGOs, agencies, volunteers, and private sector vendors that will be needed for evacuee support and ensure partners are prepared to deliver in a pandemic environment. | |
| | Review DOD requirements and timelines for air evacuation transport if required. What are the pandemic implications? | |
| | Are there plans to address high-risk population that have ongoing outbreaks of the pandemic that may need to be evacuated (e.g., nursing home residents, people with disabilities, people requiring evacuation assistance, people experiencing homelessness)? | |
| | Update public communication plans to include public health alerts and precautions for the pandemic within all public messaging. Ensure messaging is clear and concise and accessible and is culturally and linguistically appropriate for the general population and at-risk populations with disabilities and access and functional needs. | |
| | Are there plans in place for the evacuation of correctional facilities? Are there known outbreaks of the pandemic within the facilities? | |

| PHASE | TASKS | |
|---|---|-------|
| Pre-Incident | Checklist tasks pertain to incident response operations within a pandemic oper | ation |
| Operations | and are not inclusive of all response tasks associated within a phased respon | ise |
| | operation. | |
| Elevated Threat | What are the potential impacts of the event? Is sufficient information and | |
| | monitoring for the forecasted threat/hazard available and in place? | |
| | Is the Emergency Operations Center (EOC) activated per an Emergency | |
| | Operations Plan (EOP) or another plan? Are the pandemic implications addressed? | |
| High Risk Population | Is there a system in place that can collect and share data to support decision- | |
| Communities include | making around community lifelines? | |
| hospitals, nursing | Implement Mutual Aid and EMAC agreements to address critical staffing and | |
| homes, assisted-living | resource shortages due to the pandemic. Notify partners. | |
| facilities, correctional | Assess high-risk population plans within an expected impact zone, Is there a | |
| institutions, people | known outbreak of the pandemic within a threatened population? | |
| experiencing | Assess numbers of potential evacuees, their household pets, service, and assistance | |
| homelessness and | animals that may require evacuation support within a potential impact zone | |
| individuals with | (Critical Transportation Needs). | |
| disabilities, access and | Request deployment of a senior public health officer to the EOC to ensure current | |
| functional needs, | and timely public heath advice. | |
| Unaccompanied | Are communication materials accessible to the general public and to people with | |
| Minors | access or functional needs that address hurricane preparedness while under the | |
| Access and functional | threat of the pandemic in communities? | |
| needs include deaf or | Has the pandemic language been inserted into pre-approved messaging that can be | |
| | distributed over media and on temporary road signs along evacuation routes? | |
| hard of hearing, blind or have low vision, | What contracts are being considered for implementation in support of the planned | |
| people with an | response that may be impacted due to the pandemic (e.g. shorter timelines due to | |
| intellectual disability, | health screening, social distancing and decontamination requirements, and | |
| intencetual disability, | resource shortages that affect evacuation operations)? | |

| PHASE | TASKS | |
|---|---|--|
| people with low literacy, limited | Review clearance times and decision timelines, with pandemic planning considerations, for evacuation or shelter-in-place, mass care and sheltering plans. | |
| English proficient persons, older adults, Unaccompanied | Engage with neighboring states and jurisdictions to coordinate cross-border movements in large-scale evacuation. What is the status of the pandemic outbreaks within the communities? | |
| Minors | Review or develop host jurisdiction sheltering agreements that contain the pandemic health and safety guidelines. | |
| | Have any voluntary evacuations been initiated by local jurisdictions? Are there known pandemic outbreaks in jurisdictions? | |
| | Distribute PPE to staff as required. | |
| | What is the plan for staging resources/teams? | |

| PHASE | TASKS | |
|--|--|--|
| Pre-Incident Operations | Checklist tasks pertain to incident response operations within a pandemic oper and are not inclusive of all response tasks associated within a phased respon operation. | |
| Credible Threat | What are the expected impacts to evacuation resources and timelines due to pandemic social distancing and health screening requirements? | |
| | Is the anticipated severity and specificity of the hazard or threat such that shelter- in-place (SIP) is an option? | |
| | What public messaging efforts are underway at the local and state levels to address evacuation and/or shelter-in-place orders? Include information on the pandemic safety/health requirements. | |
| Planning Assumption: Pandemic is present | Are communications in place to clearly inform survivors they may need to move from a SIP posture and evacuate depending on the severity of the anticipated hazard or threat (e.g., hurricane, storm)? | |
| in all jurisdictions | Has PPE been distributed? | |
| | Ensure evacuation shelters are ready to meet CDC spacing, health, safety, and feeding requirements for congregate shelters. | |
| | Has coordination taken place with pass-through, host and sending jurisdictional partners to verify that agreements to support and execute potential evacuations remain in place given impacts of the pandemic? Are any updates or revisions necessary? | |
| | Do the mutual aid partners have adequate personnel to support the evacuation plan? Are there enough personnel to support any additional-impacted jurisdictions? | |
| | Has coordination with mutual aid partners regarding receipt of movement of potential evacuees with pandemic specific symptoms begun? Are additional planning courses of action required? | |
| | Do the constraints and impacts of pandemic within the jurisdiction and neighboring jurisdictions warrant the expansion of mutual agreements with new partners? | |
| | Do the jurisdictions have the capabilities to screen for the pandemic on highways/roadways when needed during an evacuation? | |
| | What is the status of mass transit and paratransit services that provide a transportation option for those individuals unable to use the fixed-route bus or rail system for evacuation? Individuals include people with disabilities and access or functional needs. | |

| PHASE | TASKS | |
|-------|---|--|
| | Is there a mechanism to increase public transportation, if needed, to offset increased time to evacuate a community and screen individuals for the pandemic (e.g., temperature screening)? | |
| | Is there the ability to screen passengers upon arrival to Assembly Areas or Evacuation Centers for pandemic specific symptoms during a hub and spoke evacuation? | |
| | Will conditions require Federal support? What conditions will require DOD air evacuation support? | |
| | Is there a system in place to track evacuees, their pets, service, and assistant animals, DME, and belongings? | |
| | What mass care resources does the jurisdiction have in place to receive evacuees? What are the projected shortages of resource requirements including staff and pandemic health and safety requirements? | |
| | What alternate care sites and federal medical stations are available as potential evacuation resources? What are the staffing requirements? | |
| | What is the status of the tourist population? Are there plans in place to provide additional evacuation services for tourist population if required? Have additional shelter space meeting the pandemic requirements been identified for tourists who may not be able to evacuate? | |
| | Are there resources necessary to establish/re-establish critical mass transportation hubs (e.g., airports, train stations, local mass transit stations) consistent with CDC guidance and social distancing considerations? | |

| PHASE | TASKS | |
|---|---|--|
| Activation and Immediate Response | Checklist tasks pertain to incident response operations within a pandemic oper and are not inclusive of all response tasks associated within a phased respon operation. | |
| Planning Assumption: | Target evacuation orders and communication messages to reduce the number of people voluntarily evacuating from areas outside a declared evacuation area. Are there pandemic outbreaks in those areas? | |
| Pandemic is present in all jurisdictions | What conditions will require zero hour sheltering of response personnel and cessation of field operations? | |
| | Are contingency plans in place to augment evacuation transportation requirements? | |
| | What is the status of the ambulance contract? Are there any projected shortfalls that threaten the health and safety of evacuees? What other in-place medical options/resources can be utilized? | |
| Stabilization of | What is the current status of evacuation and/or shelter-in-place of functional, and medical needs residents, hospitals, nursing and long-term care facilities? | |
| community lifelines | What is the status of public messaging to address evacuation and/or shelter-in- place orders? | |
| | What is the status of evacuation operations at Embarkation and Debarkation sites? | |
| | What protective measures are being taken in the neighboring zones? Is there an active pandemic breakout in the zones? What is the potential impact on jurisdiction and neighboring jurisdiction? | |
| | What actions are underway that will ensure retail fuel is available along evacuation routes? Are stores, pharmacies and businesses along evacuation routes open/closed | |

| PHASE | TASKS | |
|-------|--|--|
| | due to the pandemic? What plans have been considered for food and water, medications, and other critical items that evacuees will need? | |
| | Are any forecasted or actual needs not being met? Have these been communicated to partners? | |
| | What is the status of general population shelters and social distancing requirements? What are the anticipated shelter shortages? Are there known pandemic specific positive shelterees? | |
| | What is the status of traffic along the evacuation routes? Is Contraflow underway? | |
| | Are any life-safety issues unresolved? Consider pandemic implications. | |
| | Have zero-hour conditions been communicated to response staff? To the public? | |
| | Have field operations ceased for zero hour? Have responders sought refuge? | |
| | Has the public been advised to seek a refuge of last resort? | |
| | What is the status of infrastructure that may affect evacuation operations? | |
| | Are any forecasted or actual needs not being met? Have these been communicated to partners? | |

| PHASE | TASKS | |
|---------------|--|--|
| Post-Incident | What is the status of mass care for government-assisted evacuees? For self- evacuees? Any pandemic specific illnesses reported? | |
| | What is the status of community lifelines? | |
| | What conditions must be met for beginning re-entry? | |

Congregate Shelter

Job Aid Description:

The following table provides a checklist of actions to be consider when activating or planning for shelters operations in a pandemic environment. The table provides various planning considerations and actions to be performed when providing support to survivors.

Instructions:

This Job Aid can be used for planning purposes pre-incident. Planners will need to focus upon the development of methodologies to support the listed actions, including the provision of support in congregate and non-congregate shelters. Additional action items should be added as necessary throughout the planning process to meet the needs of disaster survivors.

Key Considerations for Congregate and Non-Congregate Shelter Operations in Response to a Pandemic

As a result of COVID-19, local emergency planners as well as operators of traditional emergency shelters may encounter individuals and scenarios that differ from what is usual when sheltering people. Opening and operating congregate sheltering will require procedural adjustments in order to adequately respond to the needs of staff, residents, and the general public.

During initial activation, the number of survivors who can safely be accommodated in a selected facility should be confirmed. The allocation of space will be determined by the incident. The total size and number of beds and capacity of the shelter will be directly influenced by factors such as site layout, number of survivors, and resource availability. Ample space and outdoor recreation areas should be considered for animals' shelter operations. When determining the specific requirements of the shelter, jurisdictions should carefully consider a number of factors which are discussed in detail below.

| PHASE | TASKS | |
|--------------|---|--|
| Pre-Incident | What are the potential impacts of the event? | |
| Operations | Have sheltering plans been revised in coordination with whole community | |
| | partners and does it address the unique considerations associated with response to a pandemic? | |
| | Does multi-agency response and recovery planning conducted by the jurisdiction include risk reduction and mitigation elements? | |
| | Does coordinate with Public Health officials include points of contact and methods of coordination for shelter operations? | |
| | Do shelter plans include considerations and resources for high risk populations, individuals with disabilities and/or access and functional needs, e.g. children, owners and their pets, and interaction with ESF #8 on medically necessary dietary issues? | |
| | Has the jurisdiction determined existing logistics and resource capabilities? Congregate/ Non-Congregate shelters outside of harm's way for multiple disaster scenarios? | |
| | Have you Identified shortfalls based on known capabilities and shelter requirements? Does your plan address those shortfalls? | |
| | Have you developed a plan to increase congregate and non-congregate sheltering capacity and capability (including a process to rapidly identify and survey spontaneous shelter sites during activations)? | |

| Pre-Incident | Have you increased and/or establish agreements with various facilities and vendors that support sheltering activities? | |
|--|---|--|
| Operations | Has medical-grade PPE been purchased and stockpiled according to CDC guidelines for those who require it? Has CDC strategies to optimize the supply of PPE been implemented? | |
| | Has cloth face coverings been ordered and stockpiled and a plan in place to distribute face coverings to staff? | |
| | Tasks | |
| | Facility Layout Considerations | |
| | Ideally minimum size of 50,000 SQ. FT. based on 350 shelter residents in general dormitory, which allocates 11,500 SQ. FT. available for all non-dormitory services (isolation, registration, storage, feeding, etc.) | |
| | Is there dedicated area for screening of staff and evacuees? | |
| | Is the facility equipped with enough space to temporarily isolate and quarantine residents that exhibit signs or test positive for the disease? | |
| | According to CDC guidance, is the facility equipped with a staff-only respite area that allows staff to store personal belongings, eat, and take breaks when necessary? | |
| | Is the facility equipped with a separate area that allows for staff to safely don and remove PPE? | |
| | Medical support shelters should follow the Interim Guidance for Healthcare Facilities: Preparing for Community Transmission | |
| | Tasks | |
| | Sheltering persons with disability and others with Access and Functional Needs | |
| | Do individuals with access and functional needs, and people with disabilities, have access to sheltering resources and assistance in a pandemic environment? | |
| | Do residents with service animals have lawful access to them whether inside screening, sleeping, and/or isolation care areas? | |
| | Is shelter messaging presented to all residents and staff in a variety of accessible formats (e.g., audio, visual, sign language, braille, multiple languages, culturally appropriate)? | |
| | Tasks | |
| | Principles for Pandemic Shelter Set-Up Details | |
| Maintain Physical Separation for Social Distancing | As per CDC guidance, maintain a 6 ft separation between functional areas in a shelter (spaces other than sleeping areas) Screening Area Registration Common areas Supplies and Food Drop-Off Area Isolation Care Area Survivors/residents are encouraged to spend the majority of their time in their | |
| Set up Isolation Care | individual spaces. When leaving these spaces, maintain 6ft separation between all shelter survivors/residents and workers. Masks should be provided to survivors/residents when available Follow steps in <u>COVID Isolation Care Area Job Tool</u> | |
| Area for Symptomatic/ Diagnosed residents | Requires 2 or more health professionals (public health, community nurse) that are additional to the basic shelter team Clients in Isolation Care Area do not visit other areas of the shelter | |

| | • Feeding supported with individually packaged meals delivered by isolation area care staff Workers in Isolation Care Area need to wear PPE multiple times per day (4x per day) | |
|--|---|--|
| Screen residents Before They Enter the Shelter | Individuals and families must go through the Screening Area and wash their hands-on entry Follow steps in the <u>Disaster Health Services Procedures in COVID-19</u> <u>Congregate Shelters</u> job tool After screening, shelter survivors/residents are directed to their living space in dormitory, the Isolation Care Area, or to other health facilities | |
| Ongoing Screening of Shelter Survivors/Residents | Need to define frequency on ongoing screening procedures. Cot-to-Cot assessment for survivors/residents per public health guidelines Shelter survivors/residents and workers are screened for temperature and symptoms (such as fever and coughing) | |
| Maintain Heightened Disinfecting and Sanitation Procedures | Maintain cleaning and <u>sanitation according to CDC</u> and public health guidelines Follow guidelines for specific type of shelter Disinfection procedures should be followed to decontaminate reusable medical equipment and other shelter supplies. | |
| Limit Shelter Visitors | Shelter Manager, Public Health Official, and Safety Officer set site-specific visitation rules All visitors must approach the site through screening | |
| Engage Shelter Residents to be Shelter Workers | Logistics/Staffing Manager responsible for training and managing shelter resident workforce Shelter survivors/residents can and should assist with feeding, supply management, sanitation, and daily maintenance of the dormitory | |
| Resources: | CDC Guidance for Cleaning and Disinfecting https://www.cdc.gov/coronavirus/2019-ncov/community/cleaning-disinfecting- decision-tool.html | |
| Phase | Tasks | |
| Elevated Threat | Place on standby and/or open, resource and staff evacuation shelters | |
| | Immediately assess, in coordination with shelter operators, the potential shelter capacity requirements and shortfalls | |
| | Identify shelter resource requirements and shortfalls for estimated shelter populations | |
| | Identify shelter resources to support people with disabilities and others with access and functional needs in general population shelters | |
| | Activate the Multi-Agency Shelter Task Force | |
| | Has the jurisdiction established an approach for conducting virtual ESF #6 coordination meetings (e.g. conference calls, webinars, online video chat) with external partners? | |
| Public Messaging | Coordinate with ESF 15 to refine or develop disaster specific pandemic safety and shelter information messages Coordinate with Public Health officials to develop talking points and | |
| 2 2 | disseminate to MASTF members and shelter operators | |

| | • Are communication materials accessible to the general public and to people with access or functional needs | |
|---|---|--|
| Phase | Tasks | |
| Activation and Immediate Response | Based on preliminary situational reports, partners have been alerted and resound have been identified to support congregate and non-congregate sheltering requirements. | |
| Sheltering requirements are analyzed, prioritized | Establish expectations for reporting shelter sites (e.g. congregate/non-congregate, ad-hoc shelters) and populations including service animals and household pet shelters | |
| and deployed to support the affected | Request additional shelter resources to meet actual or projected staff and commodity shortfalls (e.g. EMAC, ESF #6) | |
| area | Identify shelter resource requirements and shortfalls for estimated shelter populations | |
| | Identify shelter resources to support people with disabilities and others with access and functional needs in general population shelters | |
| Phase | Tasks | |
| Sustained Response | Resident and Visitor Screening and Testing Protocols | |
| | Are shelter staff who conduct resident screening able to abide by <u>CDC's social</u> <u>distancing</u> guidelines and remain six feet away from the resident when screening? | |
| | Are staff knowledgeable about <u>health screening procedures</u> and how best to operate a health screening area in a pandemic environment | |
| | Does the facility have adequate space and resources for temperature screening to support the testing of all incoming residents? | |
| | If a resident or staff member tests positive or exhibit symptoms of pandemic specific illness, are the necessary supports, space allotments, and procedures in place to isolate those individuals from the rest? | |
| | Is the number of shelter visitors limited to prevent the risk of the pandemic? Are visitors that do enter the shelter subject to pandemic specific health screening? | |
| | If health services are available, encourage on-going complete shelter health surveillance. | |
| | Preparing a Health Screening Area | |
| | Set up an area where people will be health screened before entering a shelter. Ideally, conduct screening outside to allow for social distancing and maximize airflow. If inside, the screening area should have: A hallway that supports social distancing and markers; A post-screening area that provides separate routes to the isolation care area, congregate sheltering, and an exit. | |
| | Post signs that say: "ALL individuals entering shelter MUST be health screened. Family units or individuals MUST maintain 6ft distance from others." Place signage before entry to the screening line, and it should be available in English and Spanish. | |
| | Shelter Manager decides whether to use security/ law enforcement to maintain order and compliance with screening process. | |
| | Shelter Manager ensures appropriate accommodations are provided for those with access and functional needs. | |

| Reserve a space near the health screening area where screeners to put on, take | | |
|---|--------------|--------|
| store, and dispose of personal protective equipment. Illustrations of sample ir and outside health screening areas can be found at the end of this job tool. | nside 🛛 🗆 | |
| Staff the health screening area. See the Order of Preference for Health Screen | nina | - |
| Staff below. The number of health screeners is dependent on the number of p | | |
| in the health screening line, but at least one person always staffs the health | | |
| screening area. | | |
| Provide basic canteen services, including water and snacks. See the Red Cross | ss: | |
| Feeding in COVID-19 Congregate Shelters for information on how to do this | | |
| safely. | | |
| Health screeners wipe down and disinfect all surfaces, including coolers, chai | | |
| and tables regularly, including before health screening opens, every hour whi | ile 🛛 🗆 | |
| open, and after it closes. | | |
| Health Screening Protocols | | |
| • Throughout the process, observe shelter If symptomat client a dust a | | |
| survivors/residents for coughing or other symptoms. client a dust i equivalent an | | , t |
| to the isolatic | | |
| Ask the following questions: | | - |
| Do you or anyone in your household currently have | | |
| a cough, fever, or any type of respiratory illness? If YES to any | valuestion | |
| • Have you or anyone in your household been in close send client to | | |
| contact with anyone who has been confirmed as care area. | | |
| having pandemic specific illness? | | |
| • Are you or anyone in your household a healthcare If NO, proceed | ed to step 3 | |
| worker caring for a confirmed pandemic specific | | |
| illness patient? | | |
| • Take the shelter survivors/residents temperature using a If temperatur | | |
| digital or other type of appropriate thermometer. or higher, ser | | |
| isolation care | | |
| Life sustaining services have been provided in close coordination | with | |
| Whole Community Partners | , | |
| Develop strategy for transitioning residents out of congregate sand Non-cong | | |
| helters dentify barriers that may impede the closing of shelters such as the hor | neless | - |
| population lack of funds, availability of affordable accessible housing, ade | | |
| temporary housing options for pets, etc. | | |
| Establish reporting procedures (both data collection from MC/EA providers a | and | \neg |
| the operational tempo or reporting required) | | |
| | using | |
| • Support transition of general population shelter residents to alternate hou | <u> </u> | |
| Support transition of general population shelter residents to alternate how options | | |
| | | |
| options | | |
| options Develop strategy for transitioning residents out of congregate shelters Estimate resources required to support transition of residents out of shelt | ters | |
| options Develop strategy for transitioning residents out of congregate shelters Estimate resources required to support transition of residents out of shelt Obtain resources required to support transition of shelter residents | ters | |
| options Develop strategy for transitioning residents out of congregate shelters Estimate resources required to support transition of residents out of shelt | ters | |

| | • Identify local agencies and organizations that can support alternate housing planning efforts | |
|--------------------------|---|----|
| PHASE | TASKS | |
| Short-term Recovery | Coordinate with the Housing Task Force or other group established to address housi options | ng |
| | Consider alternate transportation (including accessible transportation) and other | |
| Plans are developed to | support requirements for alternate housing considerations | |
| transition residents out | Brief long-term recovery staff on the status of sheltering/housing programs | |
| of congregate | Conduct a sheltering after action review | |
| sheltering to non- | | |
| congregate sheltering | Demobilize the sheltering task force | |
| CDC: Interim | These recommendations were developed to assist shelter staff in taking appropriate | |
| Guidance for General | actions for reducing the possibility of transmission among shelter staff, volunteers, | |
| Population Disaster | residents, and visitors. Included information: | |
| Shelters During the | • Screening, monitoring and isolation | |
| COVID-19 Pandemic | • Steps for persons who are ill with COVID-19 symptoms | |
| | • Instructions if a resident is classified as "sick" | |
| | Intake area and waiting room | |

Facility Survey Form

REQUIRED ATTACHMENTS: site map and/or floor plan drawing of facility. **DATE ASSESSED: SITE INSPECTED AND ACCEPTABLE FOR:**

| Shelter: | | Reception Cen ssembly Point | | Population Sl al Shelter | helter | Co-loca | ated Shelter (Gen/Med) lter |
|-------------------|----------------------------|--------------------------------|-----------------|-----------------------------|----------------|-------------|--------------------------------|
| Medical: | Alternate Car | e Site | Mass Y | Vaccination/ | Point of Dist | ribution | |
| Other: | | | | | | | |
| FACILITY AVA | | | 5 | | | | |
| FACILITY CON | TACT(S) – (Inc | lude Facility N | laintenance | and/or Cust | todial Conta | cts): | |
| Point of Contact | (Site Access) | | | _ Title: | | E-ı | mail: |
| Daytime Phone: (|) | Alterna | ate Phone: (|) | A | fter Hours: | () |
| Point of Contact | (Site Security) _ | | | Title: | | I | E-mail: |
| Daytime Phone: (|) | Alterna | te Phone: (|) | A | fter Hours: | () |
| Point of Contact | (Maintenance) _ | | | Title: | | E· | -mail: |
| Daytime Phone: (|) | Alterna | te Phone: (|) | A | fter Hours: | () |
| ADDRESS INFO | RMATION: | | | | | | |
| Site Name: | | | | | | | |
| Street Address: | | | | Cros | s Street: | | |
| City/State/Zip: | | Mailin | g Address (If | different): | | | |
| SITE INFORMA | TION: re than one major | road or highwa | ay from site (- | ⊦2 lanes) | | | |
| Access to pub | lic transit – Dista | nce from neare | st public bus | or train stop | | | _ |
| Multi-level | | | | | | | |
| Parking: List any | y available parkir | ng lots on site (e | e.g. Parking I | ot 1, Parkin | g Lot 2, etc.) | | |
| | | | # of Dis | abled | | | |

| List Parking Lot | # of Spaces | # of Disabled Spaces | Type of Surface | Trucks OK? |
|------------------|-------------|-------------------------|------------------------|------------|
| | | | | |

Exterior Spaces: List any usable space on the site (e.g. athletic field, courtyard, playground, etc.)

| Exterior Space | Size (SQ. FT.) | Fenced? | Equipment (seating, play, etc.) |
|----------------|----------------|---------|---------------------------------|
| | | | |
| | | | |
| | | | |

Whether answer is yes or no, please put actual measurements where indicated

| Pa | rking: If off street parking is available | Yes | No | N/A | Min/Max | Actual |
|----|---|-----|----|-----|--|--------|
| 1. | Are there one or more off-street parking spaces either permanently or temporarily designated for people with disabilities? (If "Yes" then proceed to question 8) | | | | Car 9 ft wide 18 ft long 5 ft aisle | |
| | (1 van accessible space for every 25 regular spaces, e.g., $1-25 = 1$ van accessible space). | | | | | |
| 2. | Is there at least one parking space that is van accessible for every 25 spaces? | | | | Van 9 ft wide 18 ft long 8 ft aisle | |
| 3. | Are parking spaces on level ground? | | | | Max: 2% slope | |
| 4. | Is the parking area surface stable, firm and slip resistant? | | | | Concrete Asphalt No gravel | |
| 5. | Is the disabled parking space in the closest location to the accessible entrance/pathway to the Shelter? | | | | N/A | |
| 6. | Is there signage at the front of the parking stall that identifies the space as reserved, by displaying the international symbol of accessibility so that it is readily visible to passing traffic even if the space is occupied? | | | | 80" at the lowest edge of the sign | |
| 7. | Is there an accessible route from the parking area to an accessible path of travel (continuous common surface)? | | | | 48" min wide 36" min at a single point | |
| | Grates – (If the walking space has grating) (Perpendicular to the path of travel) | | | | No greater than ½" wide | |

Building Exterior

Access ramps? Accessible doorways (min 35" wide)? Auto-doors or appropriate door handles?

| Pa | th of Travel - Parking Area to the Shelter Entrance. | Yes | No | N/A | Min/Max | Actual |
|-----|---|-----|----|-----|--|--------|
| | Is an accessible route provided from accessible parking spaces to the accessible entrance to the building? | | | | 48" wide 36" wide at a single point | |
| (Ye | Is an accessible route provided from public sidewalks and public transportation stops on the emergency shelter to the accessible entrance of the building? (If provided) ou must survey the surrounding block where the shelter is ated.) | | | | 48" wide 36" wide at a single point | |
| | Is the surface of the path of travel stable, firm and slip resistant? | | | | Concrete, asphalt, no gravel | |
| 4. | Is the path of travel to the building an accessible width? | | | | 48" wide 36" wide at a single point | |
| 5. | Is there a continuous common surface not interrupted by un-ramped steps or by abrupt changes in level in the path of travel to the entrance? | | | | ¹ /4 "high or beveled from ¹ /4 "to ¹ /2" high. | |
| 6. | Is the path of travel to the building entrance free of obstructions (fire hydrants, tree trunks etc.)? | | | | Min of 36" wide | |
| 7. | Is the path of travel to the emergency shelter free of any objects (e.g., wall mounted boxes, signs, tree branches, etc.) | | | | Bottom edge lower than 27" high or higher than 80" extending no more than 4 inches into the path of travel. | |
| | 7a. If no, can the object be lowered, removed or modified? | | | | | |
| 8. | If there is an alternative path of travel for accessibility, is there a sign to identify the accessible route? | | | | Bottom edge lower than 27" high or higher than 80" extending no more than 4 | |

| Path of Travel - Parking Area to the Shelter Entrance. | Yes | No | N/A | Min/Max | Actual |
|--|-----|----|-----|---------------------------------------|--------|
| | | | | inches into the path of travel. | |
| 9. Alternate Accessible Entrance Signage: If the main entrance is inaccessible, is the accessible alternate entrance clearly marked? | | | | Same as Item #8 | |

| Ramps | | Yes | No | N/A | Min/Max | Actual |
|--------------|--|-----|----|-----|--|--------|
| 1. If there | are stairs at the main entrance, is there also a ramp or is there an alternative accessible entrance? | | | | N/A | |
| | amps have a slope no greater than 1-inch rise in 12 of horizontal run? | | | | 1:50 or 2% max slope | |
| 3. Ramp V | Vidth? | | | | 48" min. | |
| | e ramp have edge protection in the form of walls on le, or wheel guides, or raised curbs? | | | | N/A | |
| 5. Do ram | ps have a slip-resistant surface? | | | | N/A | |
| | p rises more than 6 inches, or if it is longer than 72 does it have handrails on both sides? | | | | Between 34 – 38" above the surface of the ramp | |
| | a landing at both the top and bottom of the ramp?Requirement also needed at every change of | | | | 5'x5' level landing at the top & bottom & at every 30" of rise | |
| | are stairs at the main entrance, is there also a ramp or is there an alternative accessible entrance? | | | | N/A | |
| | ramps have a slope no greater than 1-inch rise in 12 of horizontal run? | | | | 1:50 or 2% max slope | |
| 10. Ramp V | Vidth? | | | | 48" min. | |
| | e ramp have edge protection in the form of walls on le, or wheel guides, or raised curbs? | | | | N/A | |
| 12. Do ram | ps have a slip-resistant surface? | | | | N/A | |
| | p rises more than 6 inches, or if it is longer than 72 does it have handrails on both sides? | | | | Between 34 – 38" above the surface of the ramp | |
| 14. Is there | a landing at both the top and bottom of the ramp? | | | | 5'x5' level landing at the | |

| Ramps | | Yes | No | N/A | Min/Max | Actual |
|--------------|---|-----------|---------|------------|------------------------------|--------|
| - | | | | | top & bottom | |
| | | | | | & at every | |
| | | | | | 30" of rise & | |
| | | | | | every change of direction | |
| Comments: | | | | | of direction | |
| comments. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ~ | | | | | | |
| Structure: | Wood Frame Metal/Steel Frame Cond Reinforced Masonry (Brick) Unreinforced I | | | | |] Pod |
| | Construction Year: Earthquake Retrofi | t? 🗌 If | checke | d, date of | last retrofit | |
| Loading Do | ck? - Description: Staging | g Area? - | Descrip | otion: | | |
| External ele | ctrical outlets? Sufficient lighting? | | | | | |
| Comments: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Building Interior Spaces

of Stories: _____ Elevator(s)? Devent between floors ADA accessible?

| Elevators | Yes | No | N/A | Min/Max | Actual |
|---|-----|----|-----|--|--------|
| 1. If an elevator is required to reach the SHELTER area, is the elevator doorway wide enough for a wheelchair user? | | | | At least 36 inches clearance | |
| 2. Is the elevator cab size? | | | | 68" wide x 51" deep | |
| 3. Are elevator controls clearly marked with raised lettering for visually impaired persons? | | | | Braille Lettering | |
| 4. Are the elevator controls low enough for a person in a wheelchair to reach them? | | | | No higher than 54" from the elevator floor | |

Features Inside the Shelter Area

<u>Sketch and attach a space diagram</u> for each of the following (if applicable), include pictures:

| Dormitory (sleeping or alternate care area) 🗌 Dining 🗌 Office(s) 🗌 Interviewing 🗌 Disaster Health Station |
|---|
| Recreation/meeting area 🗌 Survivor storage area 🗌 Staff break area 🗌 Bathroom/Shower area 🔲 Isolation |
| Lighting (dimmers, switches, etc.) Electrical (outlets, mains, etc.) |

Building Furniture

| Furniture | Description/Quantity/Size |
|-----------------------------|---------------------------|
| Tables | |
| Chairs | |
| Cafeteria Tables/Benches | |
| Desks | |
| Portable Room Dividers | |

Comments:

| Food | Preparation | Facilities |
|-------|---------------|------------|
| 1 000 | 1 i cparation | 1 actitics |

None on site
 Warming oven kitchen
 Full-service kitchen with a capacity of ______ meals a day
 Facility representative required on site when using kitchen? Contact name/phone ______

| Equipment | Quantity/Size | Equipment | Quantity/Size | Equipment | Quantity/Size |
|--------------|---------------|-----------------|---------------|--------------|---------------|
| Refrigerator | | Walk-in Refrig. | | Ice Machine | |
| Freezer | | Walk-in Freezer | | Braising Pan | |
| Burner | | Griddle | | Warmer | |
| Oven | | Convection Oven | | Microwave | |
| Steamers | | Steam Kettles | | Sinks | |
| Dishwasher | | Deep Fryer | | Coffee Maker | |

Kitchen with valid health permit Kitchen without valid health permit

Multiagency Pandemic Sheltering Job Aid

Sanitation

| Potable water source: | City 🗌 Small Public V | Water System Private Well |
|------------------------|---------------------------|----------------------------|
| Solid waste collection | n service/company: | |
| Sewer: City | Aerobic Onsite Wastewater | Septic Onsite Wastewater |

| | Men | Women | Unisex | Disabled (M/W) | Hot Water? |
|----------------------------------|-----|-------|--------|-------------------|------------|
| # of Toilets | | | | | |
| # of Diaper Changing Stations | | | | | |
| # of Sinks | | | | | |
| # of Showers | | | | | |

| Re | Restrooms | | No | N/A | Min/Max | Actual |
|----|---|--|----|-----|---|--------|
| 1. | Is there sufficient clearance area on the floor in the direction of the door swing for a wheelchair user to maneuver? | | | | 60" diameter turning space or 56" x 63" clear space | |
| 2. | Is there an accessible toilet area? a. Stall door automatic closing device? b. Handle below latch on door? c. Grab bars? d. Toilet seat height? e. Sufficient clearance? | | | | a.loop or U-shaped handle below the latch b. on one side and behind the toilet c. 17" – 19" high d. 60" in width | |
| 3. | Sufficient floor clearance in the room? | | | | 60" diameter or a T-turn clearance | |
| 4. | Where urinals are provided, is there sufficient clear floor space in front of the urinal for a wheelchair user to approach? | | | | 30" x 48" | |
| 5. | Is there a clear floor space in front of and underneath the sink area to accommodate a wheelchair user? a. Counter Height? b. Knee space? c. Faucet Hardware? | | | | a. 30" x 48" b. 34" from the floor max c. 29" reducing to 27" high at 8" back d. Shall be | |
| | | | | | operable with a single effort. | |

| 6. Are the following within reach of a person in a wheelchair? | All: 40" high max |
|--|----------------------|
| a. Towel, b. Mirror, | |
| c. Sanitary napkins d. Waste receptacles | |

| Ot | her building features | Yes | No | N/A | Min/Max | Actual |
|----|---|-----|----|-----|--|--------|
| 1. | Door Widths: Are doorways in the path of travel sufficiently wide enough to accommodate a wheelchair? | | | | 32" with door open at 90 degrees | |
| 2. | Is there adequate space for a person in a wheelchair to turn around at the entrance? | | | | 5' diameter circle | |
| 3. | Are doorway thresholds no more than ¹ / ₂ inch in height? | | | | ¹ /4 "high or beveled from ¹ /4 "to ¹ / ₂ " high. | |
| 4. | Are all doors equipped with either arch or lever- type handles, push plates or automatic openers that can be used with a closed fist and are all handles no higher than 48 inches? | | | | Door handle to be no more than 48" high | |
| | 4a. If no, will the doors remain open? | | | | N/A | |
| 5. | Hallways and corridors in the path of travel? | | | | 44" wide min | |
| 6. | Is there an adequate maneuvering clearance for a wheelchair on each side of the doorway? | | | | 60" on the pull side 48" on the push | |

Laundry facilities available for shelter use? # of Washers _____ # of Dryers _____

Utilities

| Usage | Utility Provider | Energy Source | | | |
|----------|------------------|---------------|-------------|---------|--------|
| Heating | | Electric Oil | Natural Gas | Propane | 🗌 Fuel |
| Cooling | | Electric Oil | Natural Gas | Propane | 🗌 Fuel |
| Cooking | | Electric Oil | Natural Gas | Propane | Fuel |
| Usage | Yes/No | | Descript | ion | |
| Lighting | | | | | |
| Water | | | | | |

Comments:

Communications

| Item | Location | How Many | Phone Number |
|-------------------------|----------|----------|--------------|
| Office Phone | | | |
| Pay Phone | | | |
| TTY Phone | | | |
| Fax | | | |
| Network/Internet Access | | | |
| PA System | | | |
| Audio Visual Equipment | | | |

| Safety/Security |
|--|
| Facility grounds are securable (gates, fences) Full-time emergency vehicle access <i>(police, fire, ambulance)</i> |
| Building areas are securable (gates, fences) Buildings have keycard or other access method |
| Security Alarm System if checked, Automatically alerts Police |
| 🗌 Fire Alarm if checked, 🗌 Manual (pull station) 🗌 Automatic 🗌 Automatically alerts Fire Department |
| Sprinkler system Fire Extinguishers on site |
| Alarm Systems are regularly maintained and tested Alarm systems are easily used by facility staff |
| Comments: |
| |
| |
| |

Pandemic Congregate Shelter Supply List

Source (s):

American Red Cross (ARC)

Tool Description:

The following table provides a checklist of supplies pertaining to facility management and operations within the shelter. The table contains the item name, unit, quantity needed at the onset of shelter operation, and a checkbox for planners and the Dormitory Management Supervisor to check that all necessary supplies are on hand.

Instructions:

This tool can be used for planning purposes as well as inventory management during shelter operations. The unit and quantity columns should be filled in as part of the planning process based on the capacity of the shelter. Additional items should be added as necessary throughout the planning process to meet the needs of the shelter. Certain line items such as heaters, fans, generators, should be expanded as necessary by each jurisdiction based on the number and types of persons they expect to receive at the shelter.

Note: This list may not contain all general items that may be part of the general shelter resource cache.

Pandemic Materials

| Description | Total for 50-person Shelter for 3 days |
|--|---|
| Pandemic Items | |
| Face Masks (All Responders and Clients) | 180 Each |
| N-95 Masks (DHS Workers & Health Screeners) | 18 Each |
| Non-Latex Gloves Pairs (DHS Workers & Health Screeners) | 546 Pairs |
| Impervious Gowns or Coveralls (DHS Workers & Health Screeners) | 78 Each |
| Goggles or Face Shields (DHS Workers & Health Screeners) | 6 Each |
| Thermometers (All Responders & Clients) | 60 Each |
| Brown Paper Bags (All Responders & Clients) | 120 Each |
| Disability Integration Housing Items | |
| Wheelchair - Size XL | 1 Each |
| Video Relay Phone on Dedicated DST Laptop | 1 Each |
| Sensory Kit | 1 Kit |
| Privacy Walls for Isolation Area | 6 Each |
| Shower Chair with Handrails | TBD Each |
| Wheelchair - All Other Sizes | TBD Each |
| Walker - Universal | TBD Each |
| Cane - Adjustable | TBD Each |
| Disaster Health Services (DHS) Items | |
| DHS Nurses Kit | 2 Kits |
| Narcan Dose Pack | 1 Pack |
| Tissues – Pocket-Size Packs | 74 Pack |
| Disposable Stethoscope | 2 Each |
| Disposable Blood Pressure Cuff | 10 Each |
| Glucose Monitor | 2 Each |
| Glucose Strips | 50 Each |
| Pulse Oximeters | 2 Each |

| Description | Total for 50-person Shelter for 3 days |
|---|---|
| Alcohol Wipes | 200 Each |
| Shelter Cleaning Items | |
| Paper Towels | 24 Rolls |
| Disinfectant Spray Cleaner | 8 Bottles |
| Kitty Litter (for spills) | 1 Container |
| Broom - Standard Push | TBD Each |
| Dustpan | TBD Each |
| Bleach | 1-Gallon Bottle |
| Spray Bottle for Bleach Solution | 3 Bottles |
| Trash Cans (2 in Screening, 4 in ICA, 4 in Dormitory) | 10 Each |
| Trash Bags | 112 Bags |
| Medical Waste Containers | 2 Containers |
| Biohazard Waste Disposable Bags | 140 Bags |
| Disinfectant Cleaning Wipes (e.g. Clorox Wipes) | 9 Cannisters |
| Disaster Services Technology Items | |
| Cell Phones with MiFi or Hot Spot | 2 Each |
| Laptop | 2 Each |
| Electric Cord - Heavy Duty | 1 Each |
| Power Strips / Surge Protectors | 3 Each |
| Internet Connectivity | 1 Each |
| Phone Chargers - Assorted Set | 1 Each |
| Printer / Copier / Scanner | 1 Each |

| | | Shelt | er Dorn | nitory Regi | stration | |
|--|---|---|--|---|--|---|
| Date: | _ Incident/ | DR#: | | Shelter N | ame/Locatio | n: |
| overwhelmed o 2. Does the client appears they m Questions: 1. Is there anythin there anything | r agitated to have a servi ay need help ng you or a n you know yo | o complete re ce animal, u p in the shelt nember of yo ou will need | gistration se a whee er? our family in the nex | n, or a threat to lchair/walker, v needs right n tt 6-8 hours? | o themselves , or demonstr ow to stay he | cal attention, appear too or others? rate any other circumstance where it ealthy while in the shelter? If not, is adition about which you are |
| HOUSEHOLD INFO | RMATION | N . | | | | |
| Family Name (Last Na | me): | | | bers registered | | |
| D | | 0-3yr | s: 3-73 | | | s: 19-65yrs: 65+yrs: |
| Pre-disaster Address: | | | | Post-disaste | r Address (if | different): |
| Primary Phone: | Other | Phone: | | Email: | | |
| Primary Language: | | If No | t English | , Family Mem | ber Present V | Vho Speaks English: |
| Method of Transportat | ion: | If Persona | l Vehicle | , Lic. Plate #/S | State (for sec | urity purposes only): |
| INDIVIDUAL FAMI | LY MEMB | ER INFOR | MATION | N (for additio | onal names | , use back of page) |
| Name (Last, First) | | nder Arriv I/F) Date | al Rm./ Cot | Volunteer? (y/n) | Departure Date | Departure Notes: |
| | | | | | | |
| | | | | ļ | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| YesNo Someone in the household is required by law to register with a state or local government agency. YesNo Someone in the household is a veteran or active military. YesNo I agree to have my information shared with other agencies providing disaster relief services. By signing here I acknowledge that the information on this form is accurate. I have initialed the three statements. | | | | | | |

ed the three statements By signing here, I acknowledge that the information on this form is accurate, I have initiale above, and I have read/been read and understand the *Shelter Client Welcome Handout*:

Signature:_____ Date:_____

U .

Shelter Worker Name/Signature:_____

DCS JT RES Shelter Dormitory Registration Form V.1.0 2016.07.18

Finance and Reimbursement

Reimbursement

The tracking and monitoring of potentially eligible expenses are critical, so when and if funding becomes available, the applicant is in a position to maximize reimbursement and other forms of assistance as part of the recovery process. Jurisdictions also need to consider if they will be seeking reimbursement of costs through long term care facilities and if Medicare/Medicaid will be sought for reimbursement for services provided.

Federal funds may not be available until a disaster is federally declared by the president. Though the Federal Emergency Management Agency (FEMA) has traditionally focused on property losses due to a disaster, in the past, temporary but substantial population displacement has resulted in funds being appropriated for the payment of some services.

Cost Accounting

Accounting for the costs associated with the operation of a shelter may occur away from the shelter site and should be coordinated with the local jurisdiction. The cost accounting system utilized must separate all disaster-related costs from other activities and capture the information necessary to justify disaster-related costs. The accounting system should identify and document separate costs in each of the following categories.

| Labor Cost | Force account labor hours by individual, rates of pay, duty assignment and work locations. The FEMA uses the term "force account" to refer to local government personnel and equipment Temporary hires by individual, hours of work, rates of pay Breakdown of fringe benefits for regular employees and emergency hires, both regular and overtime rates. |
|--|---|
| Equipment and Contract Cost | Equipment used for eligible disaster recovery work, hours of use, applicable equipment rates charged (local rates or government cost code), location of work and name of employee operator Services contracted for and/or purchased for use on eligible work, location of work purchase orders, costs and invoices to support the costs Listing of equipment damaged and cost to repair or replace. |
| Other Supporting Records | Labor policies in effect at the time of disaster Insurance adjustments, settlements, and other documents and records related to project worksheets Volunteer labor and equipment records to include, for each volunteer, a record of hours, location, description of work performed, and equivalent information for equipment and materials. It is also recommended that each volunteer's time (in and out) be recorded as a means to capture the total hours worked per day. Photographs of work sites before and after, labeled with location and date Mutual aid and assistance agreements in effect All other documents or costs associated with the disaster. |
| Accounting records must be supported by such source documentation | • Cancelled checks, copies of paid bills, payroll sheets, time and attendance records, etc. |

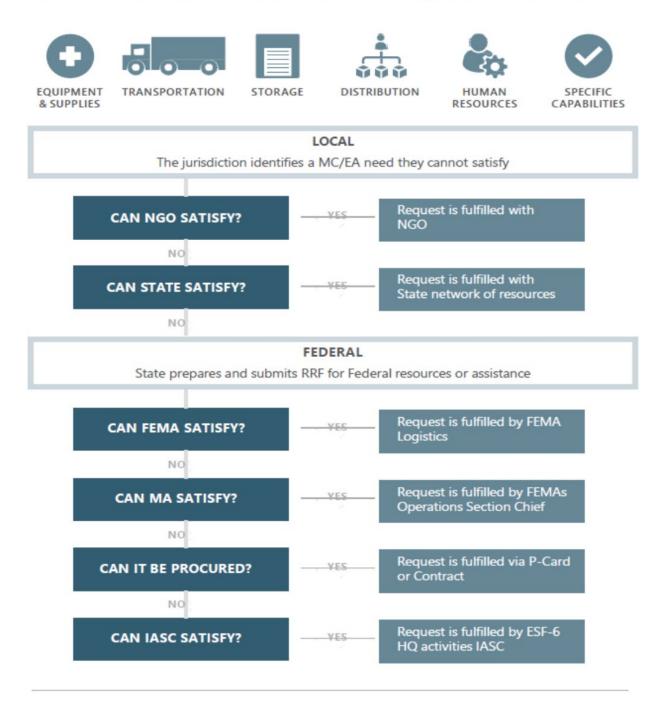
Review FEMA Public Assistance (PA) policy to ensure items that will be submitted for reimbursement are aligned with appropriate terms and application process <u>https://files.nc.gov/ncdps/documents/files/FEMA-Public-Assistance-Non-COVID-19-NCS-Policy-</u>6172020.FINAL_.pdf

Multiagency Pandemic Sheltering Job Aid

Appendices

Appendix A: Resource Request

MASS CARE/EA RESOURCE REQUEST PROCESS



MASS CARE/EA RESOURCE REQUEST PROCESS

The above process can be used by Mass Care/ Emergency Assistance (MC/EA) practitioners at any level to examine options to acquire, store, transport, and distribute supplies. It can also be used as a means to obtain human resources. A request may be satisfied with an individual or a combination of local, State, non-governmental organization (NGO), private sector and Federal resources.

STATE | Once a need is identified by a local or county level jurisdiction, and a determination is made it cannot be met at that level, the staff should ask the following questions:

Can an NGO SATISFY the acquisition request?

Can a local NGO satisfy a storage, transportation or distribution request? If the state determines that the need cannot be met through its own network of resources, including NGOs, the mass care staff works with the State to examine the options with national level NGOs or NGOs that are not apart of the State network to meet the requirement.

» For example, does an NGO have a supply of cots, and can they deliver to the shelter? NGOs may provide distribution support using indigenous vans or other assets.

Can the STATE SATISFY the acquisition request? If not all, part of the request (e.g., storage, transportation, or distribution)?

Before other resources are used, the State evaluates its own resources (e.g., State agencies, logistics, contracts, etc.) and those of local NGOs in the State's coordinated resource network, which may include donated goods. The State coordinator for mass care asks for Federal support for only what is beyond the State's capacity. » For example, shelter residents in a General Population Shelter may lack basic needs, such as cots and blankets, and the mass care staff would support the State in writing the RRF.

IF THE STATE CANNOT MEET THE NEED, THE MC/EA STAFF SHOULD CONSIDER THE FOL-LOWING:

FEDERAL | If NGOs can't satisfy the request, the State prepares and approves a Resource Request Form (RRF) for Federal resources or assistance; the RRF receives Federal concurrence. To continue with the options on the Decision Tree, federal partners the following questions:

CONTINUE

MASS CARE/EA RESOURCE REQUEST PROCESS

Can FEMA LOGISTICS SATISFY the acquisition request with available resources? Can FEMA Logistics satisfy a storage, transportation, or distribution request?

- FEMA Logistics may fulfill the request through a variety of resourcing methods, to include existing or new contracts.
- If FEMA Logistics acquires the needed resource (for example, cots, blankets, linen), staff must have a plan

for the storage and distribution

| for the storage | |
|------------------|--|
| and distribution | |
| of the items. An | |
| NGO may be | |

identified by the State to store and distribute, and the MC/EA staff would coordinate the hand-off between FEMA Logistics and the NGO partner.

IF FEMA LOGISTICS CANNOT FULFILL THE **REQUEST, THEN THE** FOLLOWING QUES-TIONS ARE DETER-MINED BY FEMA:

Can a MISSION ASSIGN-MENT (MA) SATISFY the acquisition request? Can an MA satisfy a storage, transportation, or distribution request?

An MA is the method by

which FEMA can task another Federal agency to fulfill the request. The mass care staff will work with other FEMA elements to identify the Federal agency that may be able to fulfill the MA.

» For an example, to fulfill the State's need for cots and blankets, the U.S. Forest Service could be mission assigned, in which case they may be able to provide for transportation, storage and distribution. If not, another agency or organization could be mission assigned for these purposes.

IF A MA CANNOT SAT-ISFY THE ACQUISITION REQUEST, FEMA THEN DETERMINES:

Can the FEMA Joint Field Office (JFO) or Regional staff procure the requested resource through local funding vehicles?

Can one of these methods satisfy a storage, transportation, or distribution request? This could be through use of a P-card and/or a contract.

> IF NONE OF THE ABOVE RESOURCES CAN SATISFY THE **REQUEST, THEN FEMA** DETERMINES:

Can a FEMA INDIVIDUAL ASSISTANCE SUPPORT CONTRACT (IASC) SATIS-FY the request?

IASC are contracts developed by FEMA to support Mass Care/Emergency Assistance identified shortfalls. If a decision is made

to use the contract, then the contract is activated by FEMA Headquarters.



| Appendix B: | Wraparound | Services and | Resources |
|--------------------|------------|--------------|-----------|
|--------------------|------------|--------------|-----------|

| Wraparound Services and Resources | Non- Congregate (NCS) | Hotel/ Motel (NCS) | Congregate | Shelter-in-Place |
|---|-----------------------------|--------------------------|----------------|---------------------|
| Feeding: Develop feeding strategies for survivors sheltering in place and those located in non- distancing requirement | | ers in accorda | nce with CDC § | guidance and social |
| Has the Jurisdiction's feeding plan been updated to include protective measures for all mass care personnel and survivors? | Х | Х | Х | Х |
| Are there sufficient material and human resources to meet feeding requirements within a pandemic environment? | Х | Х | X | Х |
| Have agreements with NGO or contracted caterers for rooms service type of delivery been put in place? | Х | Х | Х | |
| Have all dietary restrictive measures been applied to feeding operation? | Х | Х | Х | Х |
| Do meals include age appropriate dietary requirements such as infant formula and/or nutritional (protein drinks) for older adults. Culturally appropriate meals to be planned for as well? | Х | Х | X | Х |
| Make necessary menus and adjustments to ensure all dietary needs are met by meal providers | Х | Х | X | Х |
| Arrange with facility to deliver hot meal options door to door Coordinate with hotels that have onsite restaurants. Some hotels may not allow outside food to be delivered due to having restaurants in the facility. Local jurisdiction should work with facilities to make sure feeding is provided by either the facility such as hotel/motel or that delivery is allowed. | Х | Х | | Х |
| Other Resources for feeding: • Depending on the condition of the Mass Care infrastructure (Utilities), some feeding options may/may not be feasible. • Shelf stable Meals • NGO Partners (e.g. Red Cross, Salvation Army) • Neighborhood/Hotel Restaurants and Caterers • Local Food Pantries/Soup Kitchens • Culinary Schools • Houses of Worship • Meals on Wheels • Food Delivery Services: (e.g. Grub Hub, Door Dash, Pea Pod, Uber Eats, Instacart) • Food Boxes | | | | |

| Wraparound Services and Resources | Non- Congregate (NCS) | Hotel/ Motel (NCS) | Congregate | Shelter-in-Place |
|---|-----------------------------|--------------------------|------------|------------------|
| Showers/Restroom Facilities: Portable showers and port-o-poddies (to include ADA compliant) may be needed depending on capacity and capability of facility. Requires sanitizing before and after each individual use. Does the facility have sufficient and accessible toilets, sinks and showers? Do populations sheltering in place have running water and other appropriate sanitation? Do non-congregate facilities have on site - Daily specialized sanitary cleaning? | Х | х | X | Х |
| Laundry: Once per week Laundry service. Note: implement medical facility protocols for laundry, to include bedding and separate/individualized laundry for shelter residents. Does Facility have on sight laundry services or equipment? Is an agreement in place with a contracted NGO or contracted Laundry Service? (Initiate mobile laundry contract or laundry service pickup and delivery) Coordinate with facility owner/managers to confirm if residents have access to laundry facility or services? | Х | Х | X | |
| Health Services Support: Basic Health and First Aid support Health Care Screening before entering the shelter. Is there adequate equipment for screening? Will a local Medical provider or Red Cross Health Services be able to provide on-site or telehealth to residents? Arrange for weekly health check in? Initiate shelter support health care agreement with local public health or Red Cross virtual health services team? Will a local Public Health rep or Red Cross Health Services be available to refill or call in needed prescriptions? | Х | Х | X | Х |
| Comfort Items- (Includes personal care and hygiene items i.e. soap, toothbrushes, face cloths, and other misc. supplies) Does the facility have adequate shelter supplies and hygiene and comfort kits? | Х | | X | Х |

| Wraparound Services and Resources | Non- Congregate (NCS) | Hotel/ Motel (NCS) | Congregate | Shelter-in-Place |
|--|-----------------------------|--------------------------|------------|------------------|
| Support to Unaccompanied Minors- Have All measures been taken to ensure safety and support to unaccompanied minors? Are All services for children and young adults available to age dependent minors? <i>Partners</i>: Law Enforcement/Public Safety, Human Services, Child Welfare, Support from the National, Center for Missing & Exploited Children (NCMEC), Support of NGOs who provide resources for children/youth/families local authorized childcare provider utilizing a formal agreement meeting Red Cross or State childcare standards Refer to SLTT Reunification guidance. Refer to ARC Sheltering and reunification Guidance. Unaccompanied Minors Registry: <u>UMR Registry</u> | X | X | Х | |
| Service Animal Support: Does the service animal have sufficient food and water and medical care if needed? Do the companion pets have adequate food and water? Ensure pet owners have access to food and water in their rooms or in the colocated facility. Solicit a donation or procure needed food. Request local provider if formal agreement has been established. | Х | х | Х | Х |
| Child Care (licensed): The SLTTs can establish licensed childcare within a congregate shelter. Coordinate with respective OEM to ensure that applicable guidelines are followed. The state/territory/tribe can establish licensed childcare within a congregate shelter or stand-alone facility. State/territory/tribe should coordinate with their respective emergency manager to ensure that they are following the applicable guidelines which can be found in * FEMA's Public Assistance Policy and Program Guidance (PAPPG). Child Care page 124 | Х | | X | |

| Wraparound Services and Resources | Non- Congregate (NCS) | Hotel/ Motel (NCS) | Congregate | Shelter-in-Place |
|--|-----------------------------|--------------------------|------------|------------------|
| Temporary respite care or child friendly space: This resource allows children to play, learn and participate in recreational activities in a safe and protected environment. Partners/Options: NGO that specializes in Childcare or Child welfare. (i.e. Save the Children, Southern Baptists, Church of the Brethren, Children's Disaster Services) Local Dept. of Children Services | | х | | Х |
| Transportation: Transportation (in accordance with CDC guidelines) will be required to move residents from current location to shelter or designated facility. Transportation back to original location will also need to be considered. Have Shelter Residents been transported to the facility by transportation means other than their personal vehicle? Do shelter residents have personal vehicle or available transportation means? Sufficient parking available at facility? Partners/Options: Contract with local transportation service. Ensure accessible vehicles are available. SLTT Human Services, Access-a-Ride or other accessible transportation providers. Consider MA to DOT for transport services for displaced survivors | Х | X | X | |
| Security: Security is both the physical presence of personnel and actions taken before and during operations considered on a continuous basis. The primary goal is to ensure the safety of staff and survivors. Facility should have sufficient 24-hour security. Qty based on population size. Does facility have on site security? Continue on- site security for 24 hours per day. Partners/Options: Contract under guidance of ESF13 Planners should engage local law enforcement agencies in planning for shelter security. | Х | Х | X | |
| Mental Health services: Mental Health and Spiritual Care support - include internet access in rooms when seeking properties to participate. Encourage virtual participation Is there a mental health resource available to residents including NGO spiritual care volunteers? Options: Public Health, Contracted provider, Red Cross Health Services, Other NGO Emotional and Spiritual Care, If there is an IA Declaration include SLTT resources from Crisis Counseling Grant recipients | Х | Х | X | Х |

Appendix C: Sample Memorandum of Understanding (MOU)

(Important: Jurisdictions and Agencies are encouraged to seek legal counsel when developing and entering MOUs)

WHEREAS, **[Partner 1]** and **[Partner 2]** have come together to collaborate and to establish an understanding for **[purpose]**; and

WHEREAS, the partners listed below have agreed to enter into a collaborative agreement in which [Applicant X] will be the lead agency and named applicant and the other agencies will be partners in this application; and

WHEREAS, the partners herein desire to enter a Memorandum of Understanding setting forth the services to be provided by both agencies

- **1.)** Description of Partner Agencies For each member of the collaborative, provide some background on the agency, it's mission and activities
- 2.) **Purpose:** This section outlines the intent of the agreement and the ways in which both agencies will collaborate work together to achieve common goals
- 3.) Roles and Responsibilities NOW, THEREFORE, it is hereby agreed by and between the partners as follows:
 - Clearly state the roles and responsibilities each organization or agency will assume to ensure the success of the proposed mission.
 - Describe the resources each partner will contribute to the mission, either through time, in-kind contribution or with the use of funds, facility space, volunteers, staff, training, etc.
 - Identify points of contact from each agency who will be responsible for implementing and coordinating mission activities and describe how they will work together.
- 4.) Points of Contact
- 5.) Effective Date: The terms of this Agreement will become effective upon the signature of both parties

6.) MODIFICATION

This Agreement may be modified upon the mutual, written consent of the parties.

TERMINATION Describes agreed upon conditions of the agreement that allows/or sets cause for termination. (i.e. Either party upon 60 days written notice to the other party may terminate this Agreement)

We, the undersigned have read and agree with this MOU. Further, we have reviewed the proposed project and approve it.

| By | By |
|-----------------------|---------------------|
| Director, Applicant X | Director, Partner 1 |
| Date | Date |
| By | |
| Director, Partner 2 | |
| Date | |

Appendix D: Additional Resources

| | ADDITIONAL RESOURCES |
|--|--|
| American Association of Poison Control Centers Hotline | 1-800-222-1222 www.poison.org |
| American Red Cross (ARC) | www.redcross.org/about-us/news-and- events/news/2020/coronavirus-safety- and- readiness- tips-for-you.html SEVERAL RESOURCES ARE IN BOTH ENGLISH AND SPANISH. People affected by disaster and/or evacuating can register their status as "safe and well." Worried loved ones can then search for these posted messages. This site is available 24/7. Supported registration is also available via the Red Cross disaster services call center at 800-RED-CROSS (800-733- 2767) or (866) 438- 4636 www.redcross.org/safeandwell Available in Spanish at www.sanoysalvo.org. |
| Americans with Disabilities Act (ADA) American Society for the Prevention of Cruelty to Animals (ASPCA) | Chapter 7 Addendum 2: The ADA and Emergency Shelters: Access for All in Emergencies and Disasters<u>www.ada.gov/pcatoolkit/chap7shelterprog.pdf</u> American Society for the Prevention of Cruelty to Animals (ASPCA) 424 E. 92nd St New York, NY 10128-6804 (212) 876-7700, Monday-Friday, 9:00 A.M. to 5:00 P.M. ET <u>www.aspca.org</u> |
| Association For Professionals in Infection Control and Epidemiology (APIC) | <u>www.apic.org/Resource_/TinyMceFileManager/Practice_Guidance/Emergency_</u> <u>Preparedness/Shelters_Disasters.pdf</u> |
| Centers For Disease Control and Prevention (CDC) | <u>www.cdc.gov</u> 1-800-232-4636 CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again <u>https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf#page=53</u> <u>www.cdc.gov/coronavirus/2019-ncov/index.html</u> Hand Hygiene <u>www.cdc.gov/handhygiene/index.html</u> <u>http://emergency.cdc.gov/disasters/evaccenters.asp</u> CDC Webpage regarding Legal Authorities for Isolation and Quarantine <u>www.cdc.gov/quarantine/aboutlawsregulationsquarantineisolation.html</u> CDC Fact Sheet: Quarantine Stations <u>www.hsdl.org/?abstract&did=11748</u> |
| Environment Protection Agency (EPA) | Created for the purpose of protecting human health and the environment by writing and enforcing regulations based on laws passed by Congress <u>www.epa.gov</u> |

| ADDITIONAL RESOURCES | | |
|--|---|--|
| Federal Emergency Management Agency (FEMA) | www.ready.gov/pandemic FEMA Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters. November 2010 www.fema.gov/pdf/about/odic/fnss guidance.pdfCOVID-19 Pandemic Operational Guidance for the 2020 Hurricane Season <u>https://www.fema.gov/media-library/assets/documents/188203</u>The National Response Framework (NRF) Resource Center provides ready access to information and tools needed for all response partners to fulfill their roles under the Framework <u>www.ready.gov/sites/default/files/2019-06/national response framework.pdf</u> | |
| General Services Administration (GSA) | GSA serves a breadth of government needs, assists a range of businesses, and provides citizens and consumers with a wealth of information and services <u>www.gsa.gov</u> State, local, regional and tribal governments, including instrumentalities may access GSA Multiple Award Schedule (MAS) (also known as Federal Supply Schedules) for purchase of need supplies and services under the following programs: Cooperative Purchasing, Disaster Purchasing, Public Health Emergency purchasing and the 1122 program. Information on each of these programs, including resources to support COVID-19 purchasing under MAS, can be found at <u>www.gsa.gov/buying-selling/purchasing-programs/gsa-schedules/schedule-buyers/state-and-local-governments</u> | |
| National Center for Missing and Exploited Children (NCMEC) National Restaurant | National Center for Missing & Exploited Children® 333 John Carlyle Street Suite #125 Alexandria, Virginia 22314-5950 24-hour call center: 1-800-THE-LOST (1-800-843-5678) Phone: 703-224-2150 Fax: 703-224-2122 To report child sexual exploitation, use our CyberTipline®. To report information about a missing child call 1-800-THE-LOST (1-800-843-5678) Guidance documents for survivors, businesses, and communities involved with | |
| Association National Voluntary Organizations Active | Outdance documents for survivors, businesses, and communities involved with the restaurant business <u>www.restaurant.org/Manage-My-Restaurant/Business-</u> <u>Operations/preparedness/Covid19</u> Provides a list of national VOAD members and links to their websites <u>www.nvoad.org</u> | |
| in Disasters (NVOAD) Occupational Health and Safety Office (OSHA) | Provides employers with worker safety and health guidance to reduce the impact of COVID-19 outbreak conditions on its workers, customers, and the public. www.osha.gov/coronavirus | |
| The Humane Society (HSUS) | The Humane Society of the United States 1255 23rd Street NW, Suite 450 Washington, DC 20037 202-452-1100 or 866-720-2676 Monday through Friday 8 a.m. to 11 p.m. <u>www.humanesociety.org</u> | |

| ADDITIONAL RESOURCES | | | |
|--|--|--|--|
| U.S. Department Of Agriculture (USDA) | Guidance for COVID-19 <u>www.usda.gov/coronavirus</u> Customer Service Line 1-202-720-2791 M-F 9am-5:30pm ET Email questions to: <u>askusda@usda.gov</u> | | |
| World Health Organization (WHO) | Guidance documents for survivors, communities, prevention and mitigation in low resources com- munities, ethical considerations in developing a public health response, and management in air transportation www.who.int/emergencies/diseases/novel-coronavirus-2019 | | |
| Emergency Veterinary Clinic | Local Utility Companies (Gas, Water, Power) | | |
| Feeding America | Other Partners / Important Contacts | | |
| Local / Regional Center for Addiction Counseling / Rehab | Southern Baptist Disaster Relief | | |
| Local Ambulance Service | State / Regional High-Water Rescue | | |
| Local American Red Cross | State / Regional Individual Assistance / Mass Care Contact | | |
| Local Charities | State / Regional Public Assistance Contact | | |
| Local Department of Education | State / Regional Search and Rescue | | |
| Local Emergency Management Office | State EMA Area Coordinator | | |
| Local Fire Departments | State Emergency Management Operations Center | | |
| Local Food Bank | State Floodplain Manager | | |
| Local Health Department | State GIS | | |

| ADDITIONAL RESOURCES | | | |
|----------------------|-----------------|--|--|
| Local Hospital | State Health | | |
| | Department | | |
| Local Human Services | State Human | | |
| | Services | | |
| Local Law | State National | | |
| Enforcement | Guard | | |
| | Operations | | |
| | Center | | |
| Local Salvation Army | United | | |
| | Methodist | | |
| | Disaster Relief | | |
| Local Search and | | | |
| Rescue | | | |

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