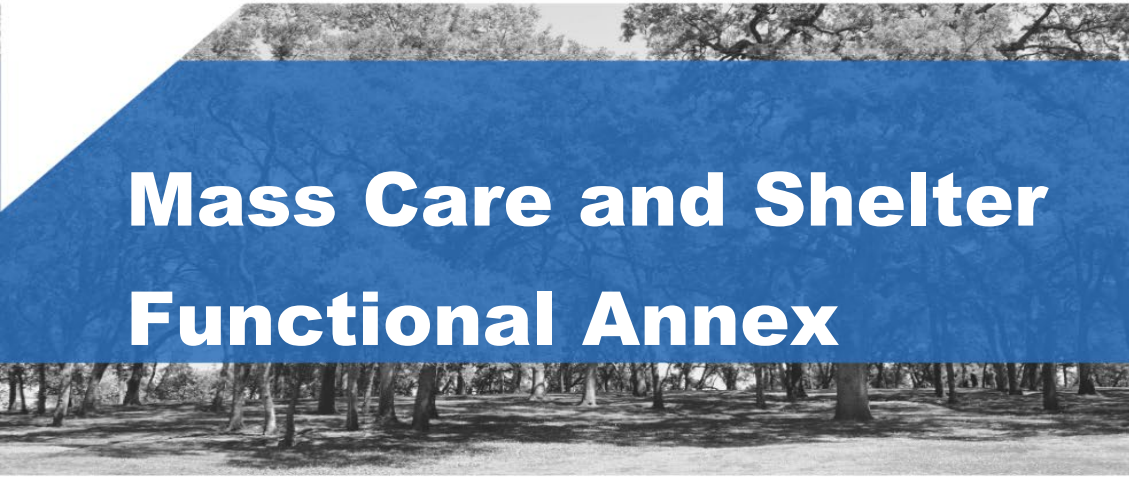


SACRAMENTO
COUNTY
OFFICE OF EMERGENCY SERVICES



**Mass Care and Shelter
Functional Annex**



August 2021

HANDLING INSTRUCTIONS

The title of this document is the Sacramento Operational Area Mass Care and Shelter Functional Annex.

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Point of Contact:

Sacramento County Office of Emergency Services
Jason D'Alessio
OES Assistant Coordinator

Table of Contents

1. PURPOSE, SCOPE, SITUATION, ASSUMPTIONS 4

 1.1 Purpose..... 4

 1.2 Scope 5

 1.3 Situation Overview 6

 1.4 Assumptions 7

2. CONCEPT OF OPERATIONS 9

 2.1 General Concepts for Mass Care10

 2.2 Mass Care Operations.....10

 2.3 Mass Care Strategies10

 2.4. Resource Coordination10

 2.5 Mass Care Operating Cycle12

 2.6. Requirements by Period of Activity15

3. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES.....29

 3.1 Primary, Support, Allied Agency and Organizational Roles and Responsibilities.....29

 3.2 Care and Shelter Branch Service/Activity Coordinators41

4. DIRECTION CONTROL AND COORDINATION.....47

 4.1 Horizontal Integration47

 4.2 Vertical Integration49

5. INFORMATION, COLLECTION, ANALYSIS AND DISSEMINATION50

 5.1 Information Management50

 5.2 Mass Care Essential Elements of Information51

 5.3 Mass Care Critical Information Reports52

 5.4 Information Dissemination54

 5.5 Emergency Public Information, Notification and Communications54

 5.6 Communicating with Diverse Populations, including Populations with Disabilities, Access, and Functional Needs.....55

6. INTER JURISDICTIONAL AND INTER-AGENCY COMMUNICATION56

 6.1 Initial Notification56

 6.2 Inter-Jurisdictional Communication56

7. AUTHORITIES AND REFERENCES57

7.1 Authorities.....57

7.2 References.....57

Appendix A: Responsible Sacramento County Care And Shelter Agencies, Departments And Organizations60

Appendix B: Mass Care Service Strategies.....63

Appendix C: Accessibility Tools For Care And Shelter Sites.....83

 General Accessibility Considerations for Care and Shelter Sites 83

 Accessibility Assessment Tools for shelters..... 85

 Accessible and Integrated Sheltering Management Checklist..... 85

Appendix D: Mass Care GIS And Web-Based References.....93

Appendix E: Mass Care Emergency Assistance Communicable Disease Outbreak or Pandemic Planning Considerations.....96

 Purpose, Scope, Situation, Assumptions 96

 Concept of Operations..... 99

 Decision Support for Sheltering Strategies during an Communicable Disease Outbreak or Pandemic Outbreak..... 103

 CDSS, Decision Tree for Selecting Facilities During a Communicable DiseaseOutbreak or Pandemic ... 111

 Recommended Staffing Patterns for Non-congregate and Congregate Sheltering in an Communicable Disease Outbreak or Pandemic Environment..... 115

 Finance..... 120

 Authorities and References 133

Appendix F: Definitions 134

Appendix G: Acronyms..... 140

Attachment 1: Sacramento Operational Area: Participating Cities with Demographic Information 142

Sacramento Operational Area: Special Districts 145

SACRAMENTO OPERATIONAL AREA CARE AND SHELTER ANNEX

1. PURPOSE, SCOPE, SITUATION, ASSUMPTIONS

1.1 Purpose

The Care and Shelter Annex describes planned coordination, stakeholder communication, and prioritization of resources for mass care and emergency assistance services for diverse populations throughout the Sacramento Operational Area (OA) from pre-disaster through recovery. The purpose of the annex is to identify the roles and responsibilities of the organizations and agencies designated to support or provide mass care and emergency assistance services and activities in the Sacramento OA.

Table 1.1 CARE AND SHELTER BRANCH FUNCTIONS AND AGENCIES	
Care and Shelter Branch Coordinates the actions responsible jurisdictions take to meet the needs of survivors displaced during a disaster, for services and activities including food assistance, clothing, non-medical care and sheltering, reunification and survivor recovery <ul style="list-style-type: none"> • Mass care • Emergency assistance • Transition to Temporary Housing and Immediate Recovery • Human Services 	
AGENCY OR ORGANIZATION	PRIMARY OR SUPPORTING
Department of Human Assistance	Primary Agency Branch Function Coordinator- Care and Shelter
Department of Health Services	Supporting Agency
American Red Cross	Supporting Agency

Safety and health of the diverse populations served is the first consideration for mass care. Priority of effort for initial mass care and emergency assistance activities is to meet the immediate mass care needs of disaster survivors. However, these life-sustaining basic services will not replicate pre-disaster living conditions and standards. Emergency plans related to the *Sacramento Operational Area Care and Shelter Annex* are integrated and inclusive to ensure equity for all members of a community.

Equitably addressing the unique needs and cultural considerations of all individuals displaced by disaster is a mass care and emergency assistance operational priority. Addressing the needs of not only those with disabilities- disability integration needs and access and functional needs (DI and AFN), but also those from all the diverse communities within a jurisdiction will require a whole community collaborative effort. Accessibility of all services complies with federal laws governing the Americans with Disabilities Act (ADA) directives and is considered a top priority in services and communications about the services. Federal ADA laws are further supported by recent California legislative guidance addressing DAFN support during disaster response and recovery CA (CA Assembly Bill 477 Emergency Preparedness: vulnerable populations) (https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB477)- now the amended California Code, 8593.3.

Additionally, equitable care and shelter services are provided for all culturally diverse members of the community, per CA “Senate Bill SB-160 Emergency services: cultural competence.” – now the amended California code 8593.3.5. Meeting these legal mandates requires transparently ensuring there is no discrimination in the provision of assistance for the disaster response. Those working in mass care and shelter will respond to the displaced population by providing all services, aids, and benefits with consideration for the specific functional and access needs of all individuals, making every reasonable effort to assure equitable access for all. Additionally, the county requires engaging and integrating people from the spectrum of representative demographics of local jurisdictions in planning efforts and providing quality assurance that unique individual needs are addressed during response activities. Individual needs that must be considered, may include, but are not limited to, cultural considerations informed by race and ethnicity, including indigenous peoples, communities of color, and immigrant and refugee communities; gender, including women; age, including the elderly and youth; sexual and gender minorities; people with disabilities; occupation and income level including low-income individuals and the unhoused; education level; people with no or limited English language proficiency; as well as geographic location.

1.2 Scope

The Care and Shelter Annex will guide the Sacramento County Office of Emergency Services (OES) and the Department of Human Assistance (DHA) as they coordinate supporting departments and agencies, the American Red Cross, and other nongovernmental entities during any disaster that requires OA level mass care and human services support. This annex aligns with the National Incident Management System (NIMS), the Standardized Emergency Management System (SEMS) and the Incident Command System (ICS). This annex integrates input from stakeholders across a spectrum of the whole community including government departments and agencies, non-governmental organizations, faith-based organizations, non-profit organizations, private enterprise, and individuals. That input includes lessons learned and best practices identified by after-action reviews, reports, and other references from a variety of recent events in California and nationally.

The Care and Shelter Annex addresses mass care and emergency assistance provided by any person or organization in the Sacramento OA during a potential, imminent or declared emergency. In addition to addressing the mass care responsibilities of the lead and support agencies, the guidance in this annex identifies procedures for local entities whose mass care and emergency assistance services capability may require OA support. For a complete list of jurisdictions aligned in the Sacramento OA, see Attachment 1 Sacramento Operational Area: Participating Cities with Demographic Factors and Operational Area: Special Districts. This annex supplements the *Sacramento Area Operations Plan* and the *Sacramento Operational Area Emergency Operations Plan*.

Mass care as addressed in this annex includes the seven services or activities listed here.

- Sheltering
- Feeding
- Distribution of emergency supplies
- Reunification services for adults and children
- Emergency assistance to people with disabilities and others with access and functional needs
- Assistance for household pets and service animals
- mass evacuee support for individuals and impacted communities

These services/activities represent the core capability of mass care as defined in the *National Response Framework, 2019* and aligns with the *California Department of Social Services Care and Shelter Annex Executive Summary 2013* definitions for mass care.

The annex also addresses the support considerations for all mass care activities including, establishing the operational area strategy for public messaging of services, providing basic health services, supporting behavioral health needs, providing security and safety at mass care sites, and supporting resource considerations to sustain mass care activity over a longer time frame.

This annex addresses the full scope of coordination required for larger more complex events. It does not address the scope of coordination for catastrophic events. To preserve safety and health of the displaced population during a disaster in a Communicable Disease Outbreak or Pandemic environment, mass care services are adapted with infection intervention protocols based on local, state, and federal guidance.

This annex is scalable and addresses the integration of local, regional, state, and federal agencies and resources into the response. It addresses the transition from temporary emergency shelter to an intermediate or long-term shelter for longer-term, large-scale impact events. This annex does not address transitional housing or permanent rehousing plans., nor does it address non-disaster sheltering for the unhoused.

1.3 Situation Overview

Sacramento county's hazard identification and analysis highlights several emergencies and disasters resulting in a disruption of services that could require a mass care response. These

hazards include but are not limited to floods, earthquakes, and severe weather. Wildfire is also prevalent threat in wildland urban interface areas, as are climate and weather-related events. Finally, Communicable Disease Outbreak or Pandemic and Communicable Disease Outbreak or Pandemic spread have recently reinforced the need to adapt disaster-related mass care and emergency assistance practices to mitigate the risk of Communicable Disease Outbreak or Pandemic spread.

Events that generate the need for mass care may be predicted or no-notice events. The events may have cascading or compounded impacts which damage infrastructure or cause supply chain disruption that adversely affects the ability to effectively provide mass care services. Many hazards may require evacuations and evacuation sheltering. This Annex addresses sheltering for those events. Please refer to the *Sacramento County Evacuation Annex* of the *Sacramento Operational Area EOP* for information on evacuations.

1.4 Assumptions

Potential disasters and events that may require mass care and shelter support in the Sacramento OA include both predicted and no-notice events. Providing effective service and activities at mass care sites is significantly enhanced by an increase in time between notification and required time of activation. With more notice, the likelihood increases dramatically that sites are initiated quickly, adequately resourced, and well-managed.

Other assumptions include.

- Many local jurisdictions rely on volunteer community partners, including nongovernmental organizations (NGOs), faith-based organizations (FBOs) and others to provide all mass care services in their areas of responsibility.
- Events that displace under 100 people and require only a few shelters (two to three) that will be open for only a few days may not require significant coordination or resource support at the OA level.
- Greater damage to residences and infrastructure, combined with more people evacuated for extended timeframes, correlates to a greater need for mass care services.
- In mild weather, displaced people may converge in open areas, like parks and in open spaces and parking lots near established mass care sites. Examples in California may include tent and recreational vehicle (RV) encampments in parking lots or parks.
- People with the fewest pre-disaster resources are the most likely to require mass care support to meet emergency needs.
- Mass care planning factors based on data from past disasters used to develop operational planning assumptions in plan templates hosted on the National Mass Care Strategy assume between 5 and 20 percent of the population at risk may require sheltering at mass care sites. The high end of that assumption reflects a catastrophic scenario with extensive disruption and destruction of infrastructure and dwellings as well as, supply chain disruption.
- Many evacuees will seek shelter with relatives or friends, or check into motels or other

daily rentals, rather than seeking assistance at mass care facilities or sites.

- In situations with significant impacts to infrastructure, healthy and safe sustainment of population in congregate shelters is dependent on a robust resource support plan for sustainment resources and resupply.
- A major disaster requires consideration of strategies and methods for community feeding and the distribution of emergency supplies to meet the needs of residents who choose to remain on their property rather than seeking temporary shelter or relocating to an unaffected area after the disaster.
- Mitigating the risks of Communicable Disease Outbreak or Pandemic in a Communicable Disease Outbreak or Pandemic environment during a disaster adds significant complexity and requires more resources to safely meet mass care needs.

In addition to the structural and environmental impacts of the disaster, mass care needs are informed by the individual characteristics of the population that is impacted. There is a growing body of evidence-based research that supports the disproportionate impacts of disaster on underserved and vulnerable populations. Identifying the locations and potential mass care needs of the concentrations of diverse, underserved and vulnerable populations in the operational area are essential elements of information in developing accurate planning assumptions for mass care services and activities. The *Sacramento County Evacuation Annex* provides an overview of impacted population groups by geographic zone in the OA. In addition to those resources, Sacramento County OES and other local and county agencies maintain a wealth of situational awareness and preparedness resources through their GIS services that assist in both planning for and providing mass care services to all people living in the Sacramento OA. **Appendix 4 Mass Care GIS and Web Based Resources** provides a summary list of available mapping support tools from Sacramento County agencies and other mass care planning resources.

2. CONCEPT OF OPERATIONS

The Care and Shelter Branch of the Sacramento OA EOC coordinates necessary mass care and emergency assistance resources when those resources in local areas of responsibility are not sufficient to meet disaster caused needs. The inability of impacted survivors to safely shelter in place, access food, or obtain necessary emergency supplies triggers the need for provision of mass care service.

Table 1.2 Care and Shelter Branch Services Summary	
Core Capability	<ul style="list-style-type: none"> • Provide life sustaining and human services to the affected population, to include hydration, feeding, sheltering, evacuee support, reunification, and distribution of emergency supplies. • All mass care activities must include and accommodate the needs of diverse community members, including those with disabilities, access and functional needs, those with other unique cultural inclusivity needs and address the needs of household pets and service animals.
End State	<ul style="list-style-type: none"> • Immediate lifesaving and life-sustaining mass care needs are met. • The needs of people seeking shelter are met and the planning for the transition into temporary housing alternatives is initiated and informed by those needs. • Assistance is provided for evacuees, service animals and pets, including reunification and relocation assistance.
Concept of Operations	<ul style="list-style-type: none"> • Move and deliver resources to meet immediate needs for mass care and emergency assistance. • Provide resources and technical assistance to local governments to establish, staff and equip emergency shelters for the affected population. • Support mass evacuation activities, including coordination of support for people with disabilities and others with access and functional needs and unique cultural considerations. • Coordinate emergency assistance. • Support recovery planning efforts for relocation assistance/interim housing solutions for families unable to return to their pre-disaster homes
Information Requirements	<ul style="list-style-type: none"> • Arrival of mass evacuees. • Demographics of affected population to include, but not limited to, children, seniors, people with disabilities and access and functional needs, English as a second language and non-English speakers, the undocumented, the unhoused or people who are precariously housed, the LBGQTI community, people without private transportation or digital access, people with household pet, and others.

	<ul style="list-style-type: none"> • Requests from local government for mass care assistance. • Number of affected residences. • Population estimates residing or present in impact areas. • Impact severity estimates: number of homes that sustained major damage or were destroyed; status of utility, water, power, and sanitation systems.
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2.1 General Concepts for Mass Care

The Care and Shelter Branch will coordinate resources in support of mass care and emergency assistance activities when a local jurisdiction’s resource capability has been exceeded. The coordination provided by the Care and Shelter Branch should reduce duplication of effort and help conserve limited resources. The unified effort at local and county levels will support efficient integration and provision of mass care and emergency assistance services to residents’ whose homes and/or normal living situation are impacted by disaster. Care and Shelter Branch is responsible for developing planning assumptions based on information provided by local jurisdictions that identifies the mass care needs of impacted populations in their area of operation.

2.2 Mass Care Operations

Coordinating resources for mass care activities includes providing the staffing, equipment and supplies required to support displaced populations. When assessing needs and required resources, consider individuals who require access and functional needs support including language or other communication resources or support resources for those who might require disability integration support, infants and toddlers, children, seniors, families and individuals with household pets and diverse populations with unique cultural or faith based dietary or social norms when assessing mass care and emergency assistance needs and resources.

2.3 Mass Care Strategies

Mass care and emergency assistance services are provided immediately before a potential incident, during the immediate response to an incident, and during the beginning of post-disaster recovery effort. Mass care requirements are determined by assessing the impacted populations’ unmet needs for a safe place to stay and their access to basic immediate life sustaining requirements like food, emergency supplies and contact with their family prior to, during or immediately after the disaster. Once needs are assessed, communities can evaluate their options for the mass care strategies and determine the course of action that will best meet the displaced populations’ needs. **Appendix B Mass Care Services Strategies** provides a decision support framework to help identify and implement a mass care strategy that inclusively and equitably meets the needs of all impacted survivors.

2.4. Resource Coordination

Information about mass care activity and the resources required to support the activity, and emergent mass care needs may be gathered by functional coordinators at the OA level from cities and special districts, functional liaisons (law enforcement, fire, construction and engineering, flood

control, health/medical, care and shelter, energy, utilities, and potable water), or in the case of small jurisdictions, from a designated liaison who reports on all emergency functions.

A request for support should be initiated through the OA EOC as soon as it becomes apparent that a local jurisdiction may exhaust the care and shelter resources available for needs of disaster impacted displaced population. Care and Shelter Branch Coordinator or designee may initiate this request if it has been confirmed by the primary point of contact in the impacted local jurisdiction(s) and has the financial authority to initiate the request. Please see section 4.6 OA Resource Coordination of the Sacramento County OA Plan for additional information on resources requests. Reasonable attempt to resource mass care services within the OA to a reasonable degree before requesting mutual aid assistance. Mutual aid assistance is requested when the mass care needs of the disaster exceed the capability within the OA, including mutual assistance from participating jurisdictions. Because the effectiveness of the OA is dependent upon the cooperation of all affiliated jurisdictions, the Care and Shelter Branch must facilitate cooperation between participating jurisdictions to fully integrate OA capability into the provision of mass care services and emergency assistance.

The OA EOC Logistics section handles requests for resources not available within functional areas. As an example, if the OA Care and Shelter Coordinator had received a request for shelter security from an OA jurisdiction, the coordinator would direct the request to the logistics section rather than to the regional Care & Shelter coordinator because security services are not a typical Care and Shelter resource. The Logistics Chief, who also functions as the Logistics Coordinator for the OA, would coordinate with Sheriff and Police representatives of the requesting jurisdiction to have security personnel assigned to the shelter. If law enforcement personnel were fully committed elsewhere and unable to staff security for the shelter in their jurisdiction, Purchasing would refer the jurisdiction to a vendor who provides security services. Local jurisdictions will make resource requests through the Sacramento OA. **Table 1.3** details required information for requests for Care and Shelter Branch resource support.

Table 1.3 Care and Shelter Branch Required Information for Resource Requests	
Incident type	Time of occurrence
Incident location	How long people will be affected
Shelter/Feeding/Reunification/Other	Additional support resources
Resource to serve how many people?	Site address
Site POC	Requesting jurisdiction point of contact assignment

If mass care and shelter resource needs exceed the mass care capabilities within the Sacramento Operational Area and mutual assistance to meet the need is not available in the SEMS region, the Mass Care Coordinator at the EOC Care and Shelter Branch will use established SEMS/NIMS channels through the Logistics Section at the EOC to formally initiate a request for assistance from the state. If the number of people displaced by the threat of a disaster or disaster impacts is high,

mass care support needs may immediately exceed the resources of local communities. Table 3 shows information required by the Care and Shelter Branch for Mass Care support requests.

Table 1.4 provides examples of commonly requested support resources for Mass Care services. The Care and Shelter Branch or Mass Care Coordinator may work closely with the Regional Emergency Operations Centers (REOC) and/or State Operations Center (SOC) to facilitate the timely identification and fill of resource shortfalls and requests in support of mass care and shelter operations. The Care and Shelter Branch Coordinator does not have authority to commit resources or staffing or to represent the policy positions of Care and Shelter Branch stakeholders. That authority remains with the representatives from stakeholder agencies and departments.

Federal: The State Operations Center (SOC), supports activated REOCs. If the scope of the mass care needs of the disaster(s) exceeds or is likely to exceed the capability of the state, the SEOC is California’s link to ESF 6, and individual assistance support provided within the National Response Framework (NRF). FEMA is the designated coordinating agency for ESF 6 at the federal level. Their mass care and individual assistance program resources support emergency sheltering, feeding, distribution of emergency supplies, reunification, housing, case management and other programs

Table 1.4 Common Mass Care Resource Requests
Sanitation and Hygiene Resources (accessible toilets, hand washing stations and showers)
Public Safety (site security)
Resources that provide mobility or access support
Accessible, understandable messaging detailing the safety status and conditions in impacted areas.
Sufficient transportation for safe transit to mass care sites and operations (bus service, paratransit, etc.)
Culturally appropriate translation and dissemination of public information and outreach messaging about available disaster related services and how to access those services.
Staff to support sheltering or other activities at mass care sites.

2.5 Mass Care Operating Cycle

While the health and safety of the population served is always the first consideration for planning mass care services and activity, resource considerations, and the priority of effort for different services and activities will vary over the life of the mass care operational cycle. The level of activity and the time that it takes to address the needs during each period of activity are dependent on a variety of factors, such as availability of resources, extent of infrastructure damage, number of homes identified as major damaged or destroyed, etc. However, there are recurring cycles of activity. **Table 2.1** provides an overview of the cycle – Initiate, Stabilize, Sustain, Transition to Recovery/Demobilize, and an overview of considerations that inform the activities that characterize each period.

TABLE 2.1 MASS CARE OPERATING CYCLE

	Initiate	Stabilize	Sustain	Transition to Recovery
Point in Time	Event or warning level requiring mass care support occurs.	Event or response moves to containment.	No remaining threat to population from event.	
Activity Drivers	Demand rises as incident starts to scale.	Demand for mass care services and support activity peaks.	Declining mass care support needs.	Individual Recovery solutions identified, and Long-Term Community Recovery Efforts initiated.
Needs (Problem set mass care resolves)	A safe place where basic sustainment needs are met, and information is available about impacts from the hazard or threat.	More robust sustainment of the population impacted by the disaster. (Wrap around services). Transition people from Mass Care to more sustainable options.	Resources to sustain. Whole community strategy to individual recovery needs of the most impacted (often vulnerable or underserved populations).	All mass care needs addressed.
Resource Trends	Rapid scale up of services and associated resources as mass care services activate.	Recurring resource patterns identified, and resupply cycle established. Extent of impacts and complexity of unmet needs drive sustainment plan. Assess need to consolidate Mass Care Sites.	Mass care sustainment footprint contracts. Need for recurring resources declines. End date for Mass Care Identified.	No remaining recurring Mass Care resource needs.
Planning Assumptions (Impacted population and required resources)	Historic data and estimates of potential extent of impacts.	Damage assessments underway. Planning assumptions updated and refined.	Damage assessment is complete.	All Mass care service and activity providers demobilize.
Desired End State	Local jurisdictions provide mass care needs assessments to county. Required mass care resources identified and planning assumptions developed.	Immediate mass care needs of disaster impacted population have been equitably met and additional sustainment resources are provided. (wrap around services)	Need for mass care reduced to displaced survivors without other options. Temporary housing strategy Implemented.	Damage assessment complete. All agency and organizational support return to normal operations.

	<p>Resource requests to fill shortfalls complete.</p> <p>Immediate mass care needs of impacted population met with existing resources.</p>	<p>Aligned strategy for temporary housing initiated.</p> <p>Whole community resources and shortfalls for support of individual recovery (i.e., solutions other than mass care) of impacted population identified and a plan to resolve initiated.</p> <p>Recovery planning process initiated.</p>	<p>Long Term Recovery (LTR) planning complete, LTR committees established, and solutions identified for unmet needs of all impacted diverse populations.</p> <p>Coordinated strategy to transition remaining individuals to situations that meet their unique needs. (MASTT, LAC, DRC) initiated.</p>	<p>Complete reconciliation of material and human resources ongoing.</p>
<p>ALL MASS CARE ACTIVITIES INFORMED BY THE SAFETY, HEALTH AND WELL-BEING OF THE DISPLACED POPULATION SERVED.</p>				

2.6. Requirements by Period of Activity

This section addresses each mass care period of activity and identifies some of the mission requirements, coordinating objectives and operational activity that characterize each period of activity.

Pre-Disaster

The goal of the pre-disaster period of activity is to take all steps necessary to ensure that the mass care system can be activated rapidly, reducing disaster impacts on the population. These steps include, but are not limited to assessing needs, planning, conducting outreach, engagement, training, and exercising.

TABLE 2.2 PRE-DISASTER	
No major disaster activity.	
Smaller scale mass care and emergency assistance provided regularly in local jurisdictions within local capability (multi-family fires, minor flooding, etc....).	
Priority at the OA Level is engagement of existing partnerships, engagement and integration of additional capability, mass care training, exercise and plan development.	
Very little significant need for OA resources or coordination.	
Refinement of plans and assumptions for deliberate mass care plans.	
PRE-DISASTER	
Desired end state	<ul style="list-style-type: none"> • Strong Whole Community mass care partnerships with NGOS, FBOs, Private Enterprise, Nonprofit and Civic Organizations. • A robust well-coordinated network of support that supplies resources and staff whenever mass care activities are needed in the operational area.
Coordinating Objectives Whole Community	<ul style="list-style-type: none"> • Regularly scheduled Care and Shelter trainings for each activity: Sheltering, Feeding, Reunification and Emergency Supplies. • Annual coordination Meeting for Care and Shelter primary and support agencies with DHA, Law Branch, DOE, DCFAS, Health Services and NGOs to review reunification standards and the plan for children separated from parents or caregivers during major disasters and adults separated from their support networks. • Annual capability review with key stakeholders supporting diverse populations.
Operational Activity and Service	<ul style="list-style-type: none"> • Annual Mass Care Community Capability review and tabletop exercise. • Response to small scale house fires, multifamily fires and minor

	flooding incidents and weather events on a regular basis.
Equity and Inclusion Considerations for Diverse Populations	<ul style="list-style-type: none"> • Identify and include vulnerable populations within the operational area in the planning process. • Which diverse population stakeholder groups require engagement to plan equitable service accessibility, physical sites, outreach messaging? • What is the process to quickly activate established contracts and MOUs for DAFN and the unique needs of other diverse populations? • What are the communications approaches and required platforms, accessibility resources, and who are the trusted “go-to” individuals required to assure equitable access to information?
Measurable target	Develop a system for preparing and maintaining mass care capabilities required to respond to and recover from the threats and hazards that pose the greatest risk in the Sacramento Operational Area for 10% of the population for a sustained period of 5 days (120 Hours).

Early and ongoing pre-disaster outreach, engagement, and coordination with a broad spectrum of “whole community” stakeholders supports effective operations once an event occurs. These preparedness efforts drive accurate and inclusive decision-making, expanded and well-targeted resources, and improved intelligence. A list of potential stakeholders to engage is included here.

- Business and industry and other members of the private sector.
- Media.
- Academia.
- Community- and faith-based organizations.
- Diverse populations representatives, particularly DAFN, multi-cultural, and other known socio-culturally high-risk communities.

Establish and exercise coordination structures to integrate stakeholder resources into the response. This advanced planning effort decreases response time, increases operational effectiveness, and eliminates redundancies in sheltering, feeding, and reunification. Establishing a regular cycle for capability reviews, training, exercise and plan development and updates is an added pre-disaster priority.

A preliminary list of considerations for people with disability integration or access and functional needs is included here.

- Wheelchair accessible vehicles and other accessible transportation infrastructure support while in shelters and in preparation for returning shelter residents to original residences

- Auxiliary aids and services such as American Sign Language interpreters and accessible technology to ensure effective communication; equipment to mitigate access barriers such as temporary threshold ramps, safety cones etc.
- Logistical arrangements and financial reimbursement procedures for para-transit resources
- Plans for resource shortfalls

Engaging representatives from diverse populations pre-disaster is essential for success in developing strategies and conducting time sensitive outreach when lives may be at stake. Share these messages with the diverse community stakeholders as informational resources and provide them to outreach *champions* to ensure that both the broadest and the most targeted audiences are reached when a disaster occurs. Use diverse dissemination approaches and distribution resources that reflect the socio-cultural needs and influences of local populations. Develop pre-scripted disaster messaging specifically to support the communication needs for mass care services and activities. Carefully consider communications outreach requirements, align content with relevant cultural considerations and ensure appropriate language translations are available.

Create ADA accessible messages and outreach strategies to inform all of those in the DAFN community about the accessibility of services at mass care sites. Plan strategies for dissemination of ADA accessible messages using a variety of messaging platforms and using different mediums such as Braille, ASL, visualizations, and pictographs. Coordinate in advance with the Public Information Officer (PIO), other members of the Joint Information Center (JIC), Cultural Inclusion and Equity Liaison, and the Disabilities and others with Access and Functional Needs Liaison to identify key champions and social influencers in the diverse populations and enlist their assistance.

Initiate

The Initiate Period of Activity includes the activation of the mass care system and the initial provision of mass care services. Actions are driven by a rising demand in needs, and, often, shortages of resources. Providing adequate shelter, food and other care items quickly and efficiently drives tactical actions, and decision-making and planning at the coordination level during this period.

• TABLE 2.3 INITIATE
Event or evacuations that require mass care support occurs.
Demand rises as incident starts to scale.
Priority is to provide a safe place where basic sustainment needs are met, and information is available about impacts from the hazard or threat.
Rapid scale up of services and associated resources as mass care services activate.

<p>Historic data and estimates of potential extent of impacts based on the situation inform planning assumptions.</p>	
<p>INITIATE</p>	
<p>Desired end state</p>	<ul style="list-style-type: none"> • Local jurisdictional assessments of mass care needs for impacted populations provided to county. • Required mass care resources identified. • Planning, coordination, and resource requests to fill shortfalls complete at the operational area level. • Initial mass care needs of impacted population met with existing resources.
<p>Coordinating Objectives EOC</p>	<p>For any mass care activity or emergency services required to meet the needs of displaced population these objectives will inform Mass Care activity in the EOC:</p> <ul style="list-style-type: none"> • Manage information. • Process requests. • Support and/or implement assessment process. • Develop Assumptions and Identify resource support plan. • Provide mass care support, services and or resources to meet local capability shortfalls.
<p>Operational Activity and Service</p>	<ul style="list-style-type: none"> • Shelter. Local jurisdictions provide life-sustaining services in shelter facilities that provide a safe, sanitary, and secure environment to meet disaster caused needs of any displaced population requiring support. • Reunification. Coordinated effort to provide facilitated assistance for children separated from parent(s), legal guardians, as well as adults from their families due to disaster. • Feeding. Local jurisdictions provide meals or food resources that meet nutritional, cultural, and dietary requirements of displaced populations. • Emergency Supplies. Local jurisdictions plan to distribute life sustaining resources, hygiene items and clean up items to meet the urgent needs of disaster survivors. • Emergency Assistance. Individual recovery planning initiated
<p>Equity and Inclusion Considerations for Diverse Populations</p>	<ul style="list-style-type: none"> • Have the DAFN and pre-identified cultural support contracts, resources, community champions been contacted and activated for support and engagement?

	<ul style="list-style-type: none"> • Has Branch Management met with the Cultural Inclusion and Equity Liaison and the DAFN Liaison to identify potential needs, issues, and concerns of specific populations? What are the specific tasks that will assure an equitable mass care response for all? • Have the Cultural Inclusion and Equity Liaison and the DAFN Liaison met with the JIC to address mass care and shelter service information and communications and messaging? • Which individuals at the shelter sites require specific support to address unique issues of personal physical and emotional safety (E.g., LGBTQI, undocumented, non-English speakers, those with specific faith-based requirements, those with drug issues, those with protection order requirements, and those populations vulnerable to exploitation or victimization)?
<p>Measurable target</p>	<p>% of evac or post event shelters assessed and confirmed as safe, secure, accessible and resourced with what they need.</p>

As mass care services are initiated in local jurisdictions, the priority of effort in the Care and Shelter Branch is identifying and understanding the extent and significance of disaster impacts on people in the places they live and work and quickly providing responsive support to resolve any shortfalls. Assessment begins with identifying where the areas of most significant damage are projected, how many people are displaced, how long they will be displaced and what cascading impacts (power, water, transportation, supply chain, etc.) if any, contributed to displacement. Once the situation is analyzed and understood, close coordination with local jurisdictions is required to refine the assessments and determine what the mass care needs are and those that will be needed in the future. Collaboration will be required to determine what resources and **capabilities** exist in the jurisdiction to address those needs and determining which resources might be deployed elsewhere. That information will support development of planning assumptions, which will inform resource requests that are submitted to fill local jurisdictions' mass care resource shortfalls.

As the Care and Shelter Branch is working with the local jurisdiction to assess impacts, determine mass care needs, identify and deploy available resources, and initiate resource requests for shortfalls, an additional priority is to identify the unique needs of diverse survivors among the displaced population and to resource their sustainment needs.

Some of the first considerations include access and functional needs and disability integration support resources. A list of accessible support equipment in the Sheltering Section of **Appendix C Accessibility Tools for Care and Shelter Sites** includes an inventory of access functional and

disability integration support resources that can be used to help identify shortfalls in shelter and site equipment. The list of activities the Care and Shelter Branch will initiate is included here.:

- Coordinate with local jurisdictions for accessible shelter messaging at all sites and support resolution for any shortfalls for that capability.
- Consolidate and analyze shelter population assessments for all active jurisdictions.
- Identify the number of people requiring either support for access or support for disability integration, a standard reporting requirement.
- Coordinate with pre-established local contacts to resolve resource shortfalls and provide additional subject matter expertise for DAFN and cultural-specific needs.
- The Disabilities and others with Access and Functional Needs Liaison and the Cultural Inclusion and Equity Liaison should work with the JIC to develop an outreach strategy and culturally appropriate message translations of available services in languages of the displaced population, including American Sign Language (ASL) and accessible technologies supporting those with visual and other impairments.
- Confirm accessible messaging about health and safety protocols at mass care sites is also available, as well as well-circulated messaging about site locations and services at those sites.

Conducting pre-disaster coordination to identify the concentrations of vulnerable and underserved populations in hazard-prone areas will ease the challenges of trying to identify and meet mass care needs in the initial stages of a disaster.

Pets. Assess needs and develop assumptions that capture the number of household pets affected by the disaster. Assess pet support resources at shelters and other facilities, compiling a list of those sites that have pet support and their capacities. Make sure total capacity meets the projected number of pets likely to be displaced and in need of mass care support. Confirm there is accessible messaging broadcast through a variety of publicly shared medium that identifies the sites and the support for pets that they offer

Infants, Toddlers and Seniors. Assess the needs and resource shortfalls for these groups as well. Confirm availability of sufficient supplies of formula, diapers, diaper hygiene items for infants and toddlers. For seniors, assess mobility support resources, access to electricity for medication and other care support needs, nutrition supplement drinks, accommodation cots, and other resources that might affect these groups' ability to sustain themselves. The Red Cross and the National Mass Care Strategy website host a wealth of materials to assist with quality assurance and meeting standards of care along with, job tools and checklists to meet the needs of everyone requiring mass care support.

Food. Meal plans and food provided as part of mass care services should be informed by the nutritional, dietary and cultural needs of the displaced population. Assess planning assumptions and needs for vegan, non-allergenic, meat free, religious cultural food such as Kosher or Halal (food

permissible according to Islamic law) and other options that align with unique cultural or other concerns. Local mass care point of contact and Care and Shelter Branch should collaborate to establish who might have needs and identify sites requiring greatest levels of support to address these needs. Establishing reporting for daily assessments to identify what other unique needs are emerging along with the locations that require additional support and resources.

Stabilize

The goal of the Stabilize Period of Activity is to begin moving people out of shelters and back home or into other longer-term housing options. During this period requests for mass care services peak, plateau and then begin to fall.

TABLE 2.4 STABILIZE	
Event or response moves to containment.	
Demand for mass care services and support activity peaks.	
More robust sustainment of the population impacted by the disaster. (Wrap around services).	
People begin moving from mass care to more sustainable options.	
Recurring resource patterns identified, and resupply cycle established.	
Extent of impacts and complexity of unmet needs drive sustainment plan.	
Assess the need to consolidate shelters and determine the likely projected shelter pattern of consolidations and closures.	
Assess the need to consolidate mass care sites	
Damage assessments underway.	
Planning assumptions updated and refined.	
STABILIZE	
Desired end state	<ul style="list-style-type: none"> • Immediate mass care needs of all disaster impacted populations have been met and sustainment resources are provided. • Coordinated strategy to enhance mass care services to meet shortfalls in providing for basic needs initiated. • Aligned strategy for temporary housing established Whole community resources and shortfalls for support of individual recovery (i.e., solutions other than mass care) of impacted population identified. • Recovery planning process initiated.
Coordinating objectives EOC	<p>For any mass care activity or emergency services required to meet the needs of displaced population these tasks will inform Mass Care activity in the EOC Analyze assessments of mass care needs and develop plans.</p> <ul style="list-style-type: none"> • Manage information. • Process requests. • Coordinate and implement resource support plan and resource all required services and activities for sustainment. • Provide mass care services or support resources, including human

	<p>resources to meet local capability shortfalls.</p> <ul style="list-style-type: none"> As needed, convene required mass care activity and service work groups to solution recovery barriers and resource shortfalls.
<p>Operational service and activity objectives</p>	<ul style="list-style-type: none"> Shelter. Integration of additional services (laundry, transportation to service agencies, school buses, para transport, etc.) and initiation of individual needs assessments of impacted and displaced population and individual recovery planning. Reunification. Facilitated assistance for children separated from parent(s), Legal guardians, as well as adults from their families due to disaster tapering to conclusion. Feeding. Local jurisdictions provide healthy, culturally appropriate meals or nutritional resources that meet the sustainment needs of displaced population. Emergency Supplies. Local jurisdictions initiate any needed distribution of life sustaining resources, hygiene items and clean up items to meet the urgent needs of disaster survivors in impacted communities. Emergency Assistance. Individual transition to solutions other than Mass Care initiated through casework and local assistance centers. Connection to services and resources.
<p>Equity and Inclusion Considerations for Diverse Populations</p>	<ul style="list-style-type: none"> How will equitable response to the impacted diverse populations be maximized? Are the same response activities being providing to every population group in the mass care operations? Are the services being provided to DAFN and culturally diverse being done so in a <i>manner</i> that is the same as being provided to all others? How will the level, diversity and quality of response to the diverse populations be assessed and monitored? Are accessible transportation resource contracts adequately prepared to assist in the transfer of populations out of the shelter? Has adequate social service support for undocumented and unhoused persons been provided and prepared to assist with transitions out of the shelter?
<p>Measurable target</p>	<p>% of peak short-term shelter population placed in appropriate housing solutions and no longer in need of mass care or emergency assistance.</p> <p>% of targeted feeding production and logistics capacity in the areas requiring community feeding.</p>

As the incident starts to stabilize either through containment of the threat or by the hazard ending, the population who can return to their homes and places where they lived will begin to do so. As the shelter population starts to decline, the efforts of local jurisdictions and the Care and Shelter Branch shift focus to identify what remaining mass care needs will require ongoing support and developing the plan to sustain those services until they can be met through other means.

A collaborative effort between local jurisdictions and the Care and Shelter Branch should inform the strategy for sheltering the displaced population who no longer have a home or place to live. That planning effort will determine which shelters will close, which will consolidate into another location and which shelters will remain open. Transportation resources to return people to their originating location, facility agreements, and a myriad of logistics issues will become areas of focus for the Care and Shelter Branch. It is very important to consider the effect of shelter closings and the transition from one shelter to another on a population that are potentially experiencing trauma from displacement. Local jurisdictions should ensure that a 48-hour notice minimum is provided for all shelter closings.

Additionally, during this period, the efforts for recovery planning are initiated. The community sheltering strategy should inform local recovery planning for temporary housing and any longer-term plans for housing recovery. This requires the Care and Shelter Branch to assess the clients in shelters and develop a refined understanding of the barriers to transitioning the remaining shelter residents out of shelters and into longer-term housing solutions. More detailed considerations for sheltering and planning the shelter transition and consolidation are contained in the Care and Shelter Branch Lead Desk Guide Desk Guide.

WARNING: Closing shelters or stopping mass care services requires at least 48 hours (about 2 days) notice prior to the actual closing time. 72 hours (about 3 days) is ideal. Notices must be accessible to all people reliant on services and should be provided in multiple languages, large print, Braille, and other accessible media based on the communications needs of people receiving services.

In addition to the planning efforts initiated by the Care and Shelter Branch, this period of activity requires a detailed assessment of the resources that are required by the population who cannot return to their home or place where they lived and will remain sheltered until temporary housing options can be identified. These additional resources are commonly referred to as “wrap-around” services” and include such items as access to laundry, connection with social service resources for support in identifying housing and establishing transportation to support children’s return to school and adults’ transportation needs for work and access to social services. This period is also critical in developing detailed culturally appropriate and inclusive plans that support any impacted community mass care needs for feeding or emergency supply distribution. Refer to the Care and Shelter Branch Lead Desk Guide- for more information about identifying strategies and developing plans for sheltering, community feeding or the distribution of emergency supplies in impacted communities.

Sustain

The Sustain period of activity is characterized by declining shelter populations and people transitioning back to their homes / previous living situation or needing additional support through temporary housing options. The goal of this Period is to close shelters while ensuring all impacted people are transitioned to a viable living situation, or there is a plan in place for the transition.

TABLE 2.5 SUSTAIN	
Population no longer at risk from the disaster.	
Declining mass care support needs as people who can go home do and infrastructure and supply chain are restored.	
Resources to sustain the remaining population with mass care needs identified. Whole community strategy to address individual recovery needs of the most impacted (often vulnerable or underserved populations) identified.	
Mass care sustainment resource footprint contracting. Need for recurring resources declines. End date for Mass Care Identified.	
Damage assessment is complete or almost complete.	
SUSTAIN	
Desired end state	<ul style="list-style-type: none"> • Provision of mass care services and activities reduced to meeting needs of population without any other options. • Temporary housing strategy Implemented. • Long Term Recovery plan complete and long-term recovery committees established and providing solutions for unmet needs. • Coordinated strategy for individuals with unique unmet needs to transition into situations where those needs can be met, and they are no longer reliant on mass care services or activities. (MASTT, LAC, DRC)
Coordinating objectives EOC	<p>For any mass care activity or emergency services required to meet the needs of displaced population these tasks will inform Mass Care activity in the EOC Implement and track effectiveness of transition plans.</p> <ul style="list-style-type: none"> • Manage information. • Process requests. • Resource support plan.

	<ul style="list-style-type: none"> • Provide SME and technical support to LTRCs or other entities • Provide SME, technical support and casework support for MASTT, LAC and DRC.
<p>Equity and Inclusion Considerations for Diverse Populations</p>	<ul style="list-style-type: none"> • Are the DAFN and Cultural Inclusion and Equity Liaisons actively working with branch management and external resources to proactively help transition out individuals who traditionally may face discrimination (E.g., those with criminal backgrounds, at risk women/single mothers, undocumented, unhoused, LGBTQI). • Are clear, understandable communications about transition options being provided to those who have accessibility, and language and other cultural differences? • Have wrap around services that appropriately and equitably address the cultural needs of those transitioning been activated? • How are the unique needs of diverse populations being assessed and met? How will documentation and monitoring of those actions inform hot wash sessions and After-Action Reviews (AAR)?
<p>Operational service and activity objectives</p>	<ul style="list-style-type: none"> • Emergency Assistance- Implement coordinated strategy for shelter transition. • Sheltering- sustain temporary sheltering for those with mass care needs as individual recovery strategies are developed and implemented. • Feeding- transition mass care feeding to individual recovery solutions and initiate planning for demobilization of mass care feeding operations. • Distribution of emergency supplies- complete implementation of community emergency supplies distribution. • Reunification- initiate planning to transition to reunification to longer term recovery efforts.
<p>Measurable targets</p>	<p>Population remaining in shelter, % assessed for barriers to recovery.</p> <p>Daily update of numbers for population reductions due to resolution of temporary housing solution barriers.</p>

One strategic consideration during the sustain period of activity is identifying recovery transition options for the remaining shelter population who have exhausted other avenues of support. The planning for this effort starts as part of the immediate recovery planning initiated as mass care

starts to stabilize. Immediate recovery plans should be implemented early in the sustainment period.

Shelter transition provides an opportunity to address the unique needs of the remaining population through a coordinated effort of all stakeholders and their individual recovery resources. The shelter transition strategy may be implemented to assist with identifying and providing alternatives for disaster survivors who need to transition into a permanent or long-term housing solution. The planning process for shelter transition should begin early in the stabilize period. Effectiveness of the transition is dependent upon the availability of services to meet the specific needs of the shelter residents.

Addressing the unique individual needs of people to support the transition from mass care sheltering to temporary and long-term housing requires identifying solutions and answers to the following questions:

- 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?
- Have issues with residents with disabilities, access and functional needs and others with culturally specific considerations been addressed?
- Have shelter numbers reached a plateau?
- Have Code Inspection and Enforcement Requirements (waivers and other considerations that do not put people at risk) been included in the transition planning process?
- Has a process been developed for Data and information Sharing between cooperating agencies?
- Have release of information forms been drafted that allow for sharing case information with a third party, especially nontraditional partners?
- Has a method for removing personally identifying information from case files been developed to allow the Shelter Transition Team to discuss cases and maintain privacy and protect the identity concerns of shelter residents?

To close mass care shelters, stakeholders engage remaining shelter residents and collaboratively work with them to identify alternate safe, accessible, affordable, and secure housing for themselves and their families. Barriers to the recovery process for the residents are identified. They're then matched with resources and programs that may provide options for individual recovery. These efforts should integrate local, state, Federal, NGO and private sector partners whenever possible. There may be access to some programs from federal partners even in circumstances without a federal disaster declaration.

Because non-congregate sheltering does not afford the same opportunity for daily and consistent face-to-face engagement with the sheltered population, without a coordinated strategy for regular meetings the duration of the sustainment period may slow the transition to recovery.

Even in congregate settings, teams providing mass care services may need to maintain operations

for an extended period particularly when the local housing supply is limited. Identifying and providing resources or recovery options may require engaging and developing new partnerships or revisiting old ones to address the challenges of mass care in an environment with limited options for recovery. Successful transition planning requires engaging, private sector partners including local businesses and civic organizations, jurisdictions along with Community- and Faith Based Organizations (CBOs/FBOs), local continuum of care, local programs for the unhoused, as well as state, federal and other agency partners to collaborate and identify resources that meet the long-term housing needs of evacuees.

Key stakeholders for these efforts in Sacramento Operational Area include:

- The American Red Cross
- Sacramento County Office of Human Assistance
- Sacramento Housing and Redevelopment Agency
- CDSS
- Sacramento County Homeless Initiatives
- Sacramento Steps Forward
- Sacramento Continuum of Care
- Sacramento Loaves and Fishes
- Veterans Services

Transition to recovery/demobilize

During the transition to recovery and demobilization, the efforts for teams providing mass care services transition to supporting individuals as they find alternatives to mass care to meet their day-to-day sustainment needs. Mass care providers will collaborate with emergent local community recovery groups and other organizations focused on rehousing and temporary housing to make this a smooth transition. As mass care activities are no longer needed, equipment and other resources are transitioned back to their responsible organizations. In the event of federally declared events, the period is characterized by the need to provide support documentation of eligible activities for cost share reimbursement.

TABLE 2.6 TRANSITION TO RECOVERY	
Desired End State	No remaining mass care needs.
	Final cost analysis complete.
	Staff resources returned to normal operations.
TRANSITION TO RECOVERY	

<p>Coordinating Objectives EOC</p>	<ul style="list-style-type: none"> • Manage Information. • Compile documentation- costs, materials, burn rates. • Conduct Hot Washes. • Schedule After Action Reviews and compile After Action Reports. • Demobilize all remaining personnel and equipment.
<p>Operational Activity and Service Objectives</p>	<ul style="list-style-type: none"> • Coordinate with the Housing Task Force or other group established to address housing options and brief long term recovery staff on the status of sheltering/housing programs and remaining barriers. • Conduct mass care activity after action reviews with impacted jurisdictions. • Provide support for demobilization of mass care operations. • Support collection and reconciliation of supporting documentation required for public assistance cost-share offsets (volunteer hours, donated goods).
<p>Equity and Inclusion Considerations for Diverse Populations</p>	<ul style="list-style-type: none"> • Have communications and resource coordination barriers and enablers for branch, EOC and community leadership coordination been fully documented for reporting? • Who (internally/externally) might bring a different perspective to the Hot Wash(es) and can inform the AAR on culturally competence from the mass care and shelter operations experience? • Have the DAFN and Cultural Inclusion and Equity Liaisons engaged with EOC and community outreach leadership for adequate tracking of continuity of resources?
<p>Measurable Target</p>	<p>Total number of overnight stays, total number of meals and snacks served, total population transitioned into recovery or temporary housing solutions.</p> <p>Donated hours accounted for and shared with OES if there is a federal declaration.</p>

3. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

3.1 Primary, Support, Allied Agency and Organizational Roles and Responsibilities

This section addresses the organizations and agencies with roles and responsibilities in the Care and Shelter Branch. Within the operational area, local jurisdictions have the primary responsibility for assessing need and initiating and resourcing mass care in their local area. OA functional coordinators will establish and maintain contact with local jurisdictions involved in the emergency response to assess the scope of the emergency situation and the need for additional resources. Functional coordinators will prepare periodic reports on the emergency situation and the status of OA resources with information gathered from impacted jurisdictions. Prior to activation of the OA EOC, the County Emergency Operations Office compiles status reports from all functions for OA situation reports

County and State Employees in the Sacramento OA

“Under California law, all public employees are Disaster Service Workers and may be called upon in the event of a disaster. The roles and responsibilities for Disaster Service Workers are authorized by the California Emergency Services Act and are defined in the California Government Code 3100-3102; Labor Code 3211.92(b). In addition to everyday duties, public servants have an added responsibility to help in a declared disaster. Disaster service workers are encouraged to have a personal/family emergency plan in place before an emergency or disaster strikes.

Public Health Preparedness maintains this link which provides insight into the role of public employees as Disaster Service Workers.

<https://dhs.saccounty.net/PUB/Emergency-Preparedness/Pages/GI-Disaster-Service-Worker-Training-Video.aspx>

PRIMARY AND SUPPORT AGENCIES-CAPABILITY, ROLES, RESPONSIBILITY

Local Jurisdictions in the Sacramento Operational Area

When demand in the local jurisdiction exceeds capability, assistance is requested from the OA. If the OA EOC is activated, OA participant jurisdictions responsibilities include:

- Emergency actions within their scope of responsibility and commit all available resources to save lives, minimize injury to persons, and minimize damage to property.
- Assessing mass care service needs and initiating service based on local plans and protocols.
- Naming a representative who has authority to speak on behalf of the jurisdiction to coordinate with the OA.
- Establishing communication and coordination with the OA.
- Notifying the OA when the local government EOC is activated.
- Providing status reports updating emergency conditions within the jurisdiction.
- Determining the use of jurisdictional resources and rendering mutual aid, if possible, when requested by the OA.

Trigger for OA EOC Activations: at least one local government official implements the local-level SEMS command and coordination that aligns with the scope of the emergency and the local government's role in response to the emergency.

Care and Shelter Branch is responsible for the following actions.

- Rapid assessment of the situation.
- Identifying and prioritizing the initial actions to be taken.
- Acquiring/deploying resources needed to meet the immediate mass care requirements of OA jurisdictions.
- Planning section assumes responsibility for preparing situation reports on activation of the EOC.

When the OA EOC activates to operate for an extended period (usually due to larger scale disasters), the OA Coordinator will ensure that communication links are established with necessary agency representatives for multi-agency coordination. OA authority and responsibility is not affected by the nonparticipation of any local government. Nonparticipation in the Sacramento OA Agreement does not preclude a local government from being bound by the requirements of this plan. Specific responsibilities of OA staff will be found in the checklists in OA EOP.

Sacramento County Agencies

As the first point of contact for the coordination of local mass care assistance within the OA, OA staff must rapidly assess the situation, identify and prioritize the initial actions, and acquire/deploy required resources to meet the immediate needs of OA jurisdictions. OA functional coordinators will establish and maintain contact with local jurisdictions involved in the emergency response to assess the scope of the emergency situation and the need for additional resources. Functional coordinators prepare periodic reports on the emergency situation and the status of OA resources with information gathered from impacted jurisdictions.

Prior to activation of the OA EOC, the County Emergency Operations Office compiles status reports from the jurisdictions. When the OA EOC is activated, the Planning section assumes responsibility for preparing situation reports. The Functional Coordinator compiles a situation report for mass care activity and provides it to the planning section. During situations of a significant magnitude and scope, the OA Coordinator will ensure that communication links are established with necessary agency representatives for activation of the Care and Shelter Branch in alignment with the mass care needs of the disaster.

Primary Agencies are responsible for coordination of activity and resources. Supporting agency representative are responsible for knowing and communicating how their agency capabilities (human, material and equipment resources) support branch activities and mass care services in local jurisdictions.

Sacramento County Department of Human Assistance (DHA)

Primary Agency

Role: Care and Shelter Functional Coordinator

DHA is designated as the Primary Agency with responsibility for Care and Shelter in the Sacramento County Emergency Operations Plan and the Sacramento Operational Area Plan. On activation of the OA EOC for a disaster requiring mass care services, the **Director** of DHA or their designee is the Care and Shelter Branch Director or Mass Care **Coordinator** depending on the scope of the disaster.

The Care and Shelter Branch Director is tasked with coordinating the actions of responsible jurisdictions to meet the mass care and emergency assistance needs of survivors displaced during a disaster including food, non-medical care and sheltering, family reunification and emergency supplies and assistance.

Responsibilities

The Care and Shelter Branch collects and consolidates information about services and activities at mass care sites and facilities in local jurisdictions.

The Care and Shelter Branch will

- Coordinate mass care and emergency needs assessments for each operational period.
- Act as the functional coordinator to process resource requests that do not fall into one of the pre-established mutual aid agreements.
- Support local jurisdictions' efforts to establish and resource shelters (including staff, equipment and supplies).
- Support local jurisdictions' efforts to establish and resource feeding (including staff, equipment and supplies).
- Support local jurisdictions' efforts to establish and resource those emergency supplies essential for sustainment.
- Support local jurisdictions' efforts to establish and resource a means for individuals and families to reconnect with their families (reunification) when separated by threat of or impact from disaster (including staff, equipment, operating platforms to support reunification, and information).
- Provide access to Basic Health, Behavioral Health and Human Service support:
 - On-site assistance to disaster workers and survivors
 - Coordinate and provide resources as needed for the mental health needs of disaster survivors
 - Coordinate and provide resources for Individual and mass feeding
 - As requested, provides coordination and augments staffing shortfalls for nursing and health service support at mass care sites
- Support identification and operation of emergency shelter facilities and sites
- As requested, assist with the registration and identification of survivors.
- As requested, support efforts to recruit and identify workers for mass care sites, services and activities
- Provide administration and supervision of disaster relief operations when local capability is insufficient to meet mass care needs.
- Identify resources and distribution sites to support provision of basic needs supplies such as food, water, clothing, etc. based on local assessments of need and requests for support.
- Support the Sacramento OA use of SEMS, ICS and NIMS in emergency operations.

DHA serves as the lead agency for Mass Care within the Sacramento Operational Area

Sacramento County Department of Health Services (DHS)

Support Agency/Organization

Sacramento County Public Health within the County Department of Health Services has the overall responsibility of protecting the public's health in an emergency. They develop comprehensive emergency response plans in coordination with local, state, and federal agencies, as well as private health care providers and the American Red Cross. DHS as the primary agency for Health and Medical for the Sacramento OA. They coordinate with the Care and Shelter Branch to meet the health and medical support of the needs of survivors displaced by disaster. DHS receives and disseminates disaster related information to the medical/health community and to the public.

Support of mass care and emergency assistance includes:

- Coordinates the emergency medical response in a disaster, including emergency medical dispatch, emergency, and non-emergency ambulance services.
- Coordinates and monitors the CAHAN/EMS Systems.
- Provides timely and coordinated evacuation and medical assistance to ill and injured survivors.
- Facilitates the movement of injured survivors to designated care sites.
- Coordinates the procurement, allocation and distribution of medical personnel, supplies, equipment, and other resources in support of mass care and emergency assistance, as necessary. This includes providing subject matter expertise, quality assurance and oversight to local resources engaged for health and medical support at mass care sites. And as needed coordinates the support of public health nurses and activation of Medical Reserve Corps to meet local needs for health and medical support of mass care services and activities.
- Provides sheltering for the medically fragile.
- Acts to prevent the spread of communicable disease and disaster-related illness.
- Collects and analyzes health related data in a disaster area and establishes response procedures to mitigate health related problems.
- Provides preventative health services.
- Monitors, assesses and reports on the community disaster health status

The American Red Cross
Support Agency/Organization
<p>The American Red Cross’ role as a service provider is separate and distinct from its role in the National Response Framework. The American Red Cross, through charter by congress, is identified as a co-primary agency for mass care in the National Response Framework. In its role as a service provider, the American Red Cross works closely with local, state, tribal, territorial, and insular area governments, NGOs, and private sector entities to provide life-sustaining services to survivors of every disaster – large and small – to include sheltering, feeding, distribution of emergency supplies, and disaster health/mental health, reunification, and casework services. The Red Cross can count on its nationwide capability to scale their operations to meet the scope of mass care needs for disaster impacted communities across the country.</p> <p>Support of mass care and emergency services include:</p> <ul style="list-style-type: none"> • Primary provider of disaster sheltering in most local jurisdictions. • Provides Mass Care SME support in the County EOC on activation of Mass Care or Sheltering within the Care and Shelter Branch. • Feeding within Shelters • Emergency Supply Distribution • Health Services and Disaster Mental Health support • Family Reunification support • Individual disaster casework and other emergency assistance support for individual recovery • And other disaster related capabilities including providing human and material resources in support of relief efforts. <p>The American Red Cross provides liaison support to the County Emergency Operations Center (EOC). Red Cross may establish a separate operations center for coordination of their organization’s services and activities.</p>
Salvation Army
Support Agency/Organization
<p>The Salvation Army has several different disaster capabilities. If the disaster requires significant community and shelter feeding, The Salvation Army may have the capability and resources to</p>

coordinate the disaster feeding efforts. Salvation Emergency Response Services are activated on short notice according to an agreed-upon notification procedure coordinated with federal, state and local governments. Typically, Salvation Army personnel and resources will congregate at predetermined staging areas, entering the impacted area only once government first-responders have indicated that it is safe and constructive to do so. Their immediate response activities may include food and hydration services, shelter, cleanup, and emergency communication assistance to put survivors in touch with their loved ones.

Department of Child Family and Adult Services

Allied Department

Organizational Mission: to serve older adults and people with disabilities in Sacramento County by providing protection from abuse, neglect and exploitation while striving to preserve their independence and self-determination.

- Can provide subject matter expertise and insight on unique needs and concerns after a disaster for the population they serve.
- May have established network and contacts for senior resources (centers, programs, events, etc.) in local jurisdictions
- Can provide coordination support with California State Department of Aging and potentially Independent Living Council.
- Can provide updated resources and programs for information and referral resources for Local Assistance Centers and caseworkers assigned to support individual recovery during the transition to recovery from mass care.
- Provide accurate information regarding availability of temporary housing or rehousing resources for displaced aging adults, their caregivers and population in need of independent living resources.

Division of Behavioral Health Services

Allied Division

Manages the following disaster behavioral/mental health response functions:

- Coordinates all mental health response to the OA and provides oversight and support for mental health services provided to community disaster survivors and disaster emergency responders throughout the duration of the disaster and its recovery period.
- Augments Sacramento Health Services disaster capabilities by providing crisis counseling services, as requested, through the CEOC.
- Provides the following disaster response functions:
 - Mental health liaisons to work at the County EOC in the Operations Branch to support Health and Medical Branch and the coordination of county response.
 - Triage, education, assessment, and intervention of individuals impacted by disaster.
 - Assessment, evaluation, and crisis counseling with consideration for language accessibility and appropriate translation services to populations requiring mass care services and shelter residents as needed.
 - Maintains continuity of care for people with mental disorders who were receiving services prior to the disaster.
 - Mental health outreach and education to schools impacted by disasters as requested.
 - Deploys licensed staff to support mental health services in Red Cross shelters as requested.
 - Support for conducting crisis counseling with shelter and other emergency response personnel as needed.
 - Deploys licensed staff to requesting county and City departments.
 - Deploys trained staff to requesting hospitals.
 - Support for referrals and community resources.
 - Responsible for the coordination of other community counseling resources. If county mental health resources become exhausted, the department will coordinate with its contract providers for additional resources. If further support is still needed, the mutual aid plan will be activated.

Department of Public Health

Allied Department

Department of Child and Family Services

Allied Department

Primarily concerned with the safety and well-being of children in its care, the department's employees, and displaced minors left unaccompanied as a result of a disaster. In a major

disaster Sacramento County Department of Child and Family Services can provide a variety of services and programs including:

- Deploy staff to emergency shelters to process the initial intake and registration of unaccompanied minors, including follow-up action to reunite them with their parents/guardians or other immediate family member in order to provide appropriate temporary or permanent placement when and where necessary.
- Serve as a resource to provide disaster relief related information, resources, services, and support to relative caregivers and their children to enhance the family unit, safety, and reduced reliance on detentions.
- Provides emergency shelter care services through providers that will facilitate temporary homes for children and youth who have suddenly been placed under the care of Children’s Services and urgently need temporary shelter.
- Provides emergency shelter care services that are readily available within a two (2)-hour notice on a 24-hour/7-day a week basis, whereby necessities, such as meals, clothing, medical, dental care, and education support, will be provided.
- Supports DHA, on request, in provision of emergency social services, including staff at emergency shelters or relief programs to assist in interviewing affected population, processing requests for disaster assistance, and other related tasks.
- Continues the commitment to provide services to children under Sacramento County Children’s Services care, including the placement of children affected by a disaster.

Animal Care and Regulation- assigned to the Care and Shelter Branch

Primary Agency

- Develop and maintain a plan for coordinating animal search, rescue, evacuation sheltering.
- Develop and maintain a plan for large animal care and shelter in coordination with the Agricultural Commissioner.
- Coordinate notification of other team members during an emergency.
- Assess the magnitude of the impact of the incident on animals, and assess response activities, and resources status. Regularly report status to the Sacramento County EOC.

Sacramento Office of Emergency Services

Allied Office

- Shares consolidated information on mass care resource requests and critical information reports and EEI that impacts jurisdictions need for mass care services
- Coordinates with support agencies re: mass care sites and specific routes to access them.
- Coordinate and supports resourcing of logistics, transportation and supplies for evacuees and evacuations.
- Provides public information on mass care sites, services provided, accessible routes,

<p>transportation information and safety updates through the joint information center.</p> <ul style="list-style-type: none"> • Maintains and supports communication between all agencies. • Interface with California Office of Emergency Services for the Operational Area.
Sacramento Housing and Redevelopment Office
Allied Office
<p>Supports the long-term housing recovery framework and may coordinate resources and facilitate integration of other agencies, departments and programs working with resources to support individual recovery transitions out of mass care and into temporary housing or other options.</p>
Sacramento VOAD
Primary Organization- Volunteer Coordination
<p>Provides primary support and coordination for integrating local volunteers into disaster relief efforts. Their regional VOAD is a coalition of faith and community-based organizations with a variety of disaster-related capability. Once a disaster occurs, the VOAD can mobilize those organizations and their resources and coordinate their services.</p>
SacRT
Support Organization- Transit and Transport Coordination
<p>The regional transit provider in the capital of California (the 5th largest economy in the world), operating over 80 bus routes (fixed-route, microtransit and dial-a-ride), 43 miles of light rail serving 52 light rail stations and ADA paratransit services all within a 400 square-mile service area throughout Sacramento County, which includes service in the cities of Sacramento, Citrus Heights, Elk Grove, Folsom and Rancho Cordova.</p> <p>SacRT is committed to operating a world-class transit system with state-of-the-art service. Buses and light rail trains operate 365 days a year. Buses operate daily from 5 a.m. to 11 p.m. every 12 to 60 minutes, depending on the route. Light rail trains begin operation at 4 a.m. with service every 15 minutes during the day and every 30 minutes in the evening. Blue Line and Gold Line trains operate until 12:30 a.m. Green Line trains operate every 30 minutes, Monday through Friday, from approximately 6 a.m. to 8:30 p.m.</p> <p>Annual ridership was approximately 21 million passengers in FY 2019. Weekday light rail ridership averages about 40,000 while weekday bus ridership averages approximately 37,000 passengers per day.</p> <p>Mobility solutions include on-demand microtransit services in the nation called "SmaRT Ride." SmaRT Ride offers convenient and affordable on-demand service in nine areas: Arden, Carmichael, Citrus Heights, Downtown-Midtown-East Sacramento, Folsom, Franklin-South Sacramento, Gerber-Calvine, North Sacramento and Rancho Cordova.Â</p>
Paratransit

SacRT began operating paratransit services on Sunday, June 28, 2020. The service is called SacRT GO Paratransit Services.

For all information and services related to SacRT GO call 916 321-BUSS (2877), select option #2, for Reservations select option #2 again. The reservations line is open from 8:00 a.m. to 5:00 p.m.

Passengers can schedule up to two days prior to when they want to take their trip, however they must be scheduled up to 5:00 p.m. the day before.

SacRT GO will operate whenever the Fixed Route Service or Light Rail service operates depending on the routes. Currently, the service can start as early 4:30 a.m. to 1:00 a.m. (Blue Line).

All previous policies for ADA paratransit service and Non-ADA service remain in effect, SacRT GO is providing both services.

Visit SacRTGO.com to learn more.

3.2 Care and Shelter Branch Service/Activity Coordinators

Table 2.7 Care and Shelter Branch Functional Roles and Responsibilities

Roles	Agency Organization	ASSIGNED BY	Responsibilities
Care and Shelter Functional Coordinator	DHA	Agency Director or Designee	<ul style="list-style-type: none"> • Identifies Mass Care Support requirements • Activates county agencies and departments to meet support needs • Interface with county EM • Serves as Agency POC • Supplies analysis and information to the Operations Section Chief and potentially, the Executive group on emerging issues that may escalate and require their intervention.
Mass Care Coordinator	OES/DHA	Assistant Emergency Operations Coordinator, or qualified Designee	<ul style="list-style-type: none"> • Serves as Primary POC for all Mass Care agencies and organizations • Initiates NGO and VOAD engagement • Provide guidance and technical assistance on Mass Care and Emergency Assistance Activities, Department and Agency capabilities to support MC and EA in local jurisdictions • Analyze MC/EA provider activities to identify services and resources shortfalls and to develop support solutions. • In coordination with MC POC/s in local jurisdictions determine need for the deployment of county human and material resources in support of mass care • Determine in coordination with MC POCs in local jurisdiction and possibly with CDSS the need to coordinate for mutual assistance

Table 2.7 Care and Shelter Branch Functional Roles and Responsibilities

Roles	Agency Organization	ASSIGNED BY	Responsibilities
			<p>resources from the SEMS region or the State.</p> <ul style="list-style-type: none"> • In coordination with local jurisdictions and CDSS determine the need for state supported sheltering, feeding, and mass evacuation operations. • Initiate support requests when determined external resources required. • Coordinate reunification services with local jurisdictions. • With CDSS at the state level assess needs to determine if event requires request for implementation of federal family reunification resources including the National Emergency Family Registry and Locator System, the National Center for Missing and Exploited Children, and Team Adam
Sheltering Coordinator	Red Cross Representative and a DHA representative	If feeding is only conducted in two to three short term shelters- there is probably no need for additional feeding capability at the EOC level	<ul style="list-style-type: none"> • As assigned by the Mass Care Coordinator, in coordination with impacted jurisdictions, assess shelter needs and maintain situational awareness of issues and conditions affecting impacted jurisdictions’ ability to meet sheltering need of displaced population in their area. • Provide information analysis and summary of recommendations for actions and resources to mass care coordinator. • Coordinate resource support for impacted jurisdiction. • Serves as point of contact for mutual aid, state and federal resources deployed to support sheltering in impacted areas. Serves as primary SME support of sheltering in local jurisdictions
Feeding Coordinator	Salvation Army Representative		<ul style="list-style-type: none"> • As assigned by the Mass Care Coordinator. In coordination with impacted jurisdictions, assesses shelter and community feeding needs and capabilities in impacted jurisdictions.

Table 2.7 Care and Shelter Branch Functional Roles and Responsibilities

Roles	Agency Organization	ASSIGNED BY	Responsibilities
	or their designee		<ul style="list-style-type: none"> • Coordinates assessments to determine number of people requiring supplies and the types of supplies required. • Initiates requests for needed supplies and acts as the primary POC for coordination with local jurisdictional, mutual aid, State and Federal resources deployed in support of the disaster.
Emergency Supplies Coordinator		Typical only resourced during large scale disaster with significant damage to residences.	<ul style="list-style-type: none"> • As assigned by the Mass Care Coordinator. In coordination with impacted jurisdictions assesses emergency supplies needs and capabilities in jurisdictions with impacts. • Coordinates assessments to determine number of people requiring supplies and the types of supplies required. • Initiates requests for needed supplies and acts as the primary POC for coordination with local jurisdictional, mutual aid, State and Federal resources deployed in support of the disaster.
Reunification Coordinator	Representative from Child, Family and Adult Services	DHA to determine designee	<ul style="list-style-type: none"> • As assigned by the Mass Care Coordinator, in coordination with impacted jurisdictions, assesses reunification support needs and maintains situational awareness of reunification issues and the disaster conditions impacting the ability to meet the reunification needs of the displaced population in the impacted area/areas. • Provide information analysis and summary of recommendations for actions and resources to the mass care coordinator. • Coordinates resource support for impacted jurisdiction. • Serves as point of contact for mutual aid, state and federal resources

Table 2.7 Care and Shelter Branch Functional Roles and Responsibilities

Roles	Agency Organization	ASSIGNED BY	Responsibilities
			deployed to support reunification in impacted areas. <ul style="list-style-type: none"> • Primary SME in support of reunification in local jurisdictions.
Emergency Assistance Coordinator	DHA	Mass Care Coordinator will assign Designee	<ul style="list-style-type: none"> •
Health Services Advisor	Health Services	Public Health designee	<ul style="list-style-type: none"> •
Behavioral Health Advisor	Behavioral Health Services	Behavioral Health Designee	Manages the following disaster behavioral/mental health response functions: <ul style="list-style-type: none"> • Coordinates all mental health response to the OA and provides oversight and support for mental health services provided to community disaster survivors and disaster emergency responders throughout the duration of the disaster and its recovery period. • Augments Sacramento Health Services disaster capabilities by providing crisis counseling services, as requested, through the EOC. • Provides the following disaster response functions: <ul style="list-style-type: none"> • Mental health liaisons to work at the County EOC in the Operations Branch to support Health and. Medical Branch and the coordination of county response. • Triage, education, assessment, and intervention of individuals impacted by disaster. • Assessment, evaluation, and crisis counseling to populations requiring mass care services and shelter residents as needed.

Table 2.7 Care and Shelter Branch Functional Roles and Responsibilities

Roles	Agency Organization	ASSIGNED BY	Responsibilities
			<ul style="list-style-type: none"> • Maintains continuity of care for people with mental disorders who were receiving services prior to the disaster. • Mental health outreach and education to schools impacted by disasters as requested. • Deploys licensed staff to support mental health services in shelters as requested.
<p>Disabilities and others with Access and Functional Needs Liaison</p>			<p>Responsible for assuring that equity considerations are included in policy level decisions, resource allocation, and response priorities of the mass care and sheltering operations.</p> <ul style="list-style-type: none"> • Acts as a policy advisor to the Mass Care and Shelter Coordinators on equal access and functional needs issues. • Provides information, as requested, to all MC&S components on access and functional needs-related issues and available resources. • Facilitates communication between the shelter and mass care operational sites, EOC, JIC, community stakeholder groups or coalitions, and area organizations providing services to people with disabilities and others with access and functional needs. • Ensures people with disabilities and others with access and functional needs are properly considered in all aspects of the mass care and sheltering operations. • Ensures EOC compliance with the Americans with Disabilities Act (ADA) and other legal requirements. • Attends all mass care and shelter executive and management level briefings and meetings during operations.

Table 2.8 Agencies providing Mass Care and Emergency Assistance Support

	Human Assistance	Volunteer Services	CalWORKS	Job Programs	General Assistance	Medi-Cal	County Medically Indigent Services Program	Cal Fresh	Foster Care	Emergency Family Shelter	Child Family & Adult Services	Child Protective Services	Senior and Adult Services	Health Services	Behavioral Health Services	Primary Health	Public Health Services	Department of Education	American Red Cross	VOAD	Animal Control	
Unhoused Precariously Housed							S				P				S							
Cultural Competency Needs	P																		S	S		
Access and Functional Needs including ESL, Digital Equity and Transportation Support	S						S				P			S	S					P	S	
Disability Integration Needs							S				P			S	S					P	S	
Children											P			S						S		
Seniors													P	S						S		
Pets																				S	S	P
Undocumented Individuals	S						S													P		
Unaccompanied Minors									S		S	P		S	S					S		

4. DIRECTION CONTROL AND COORDINATION

4.1 Horizontal Integration

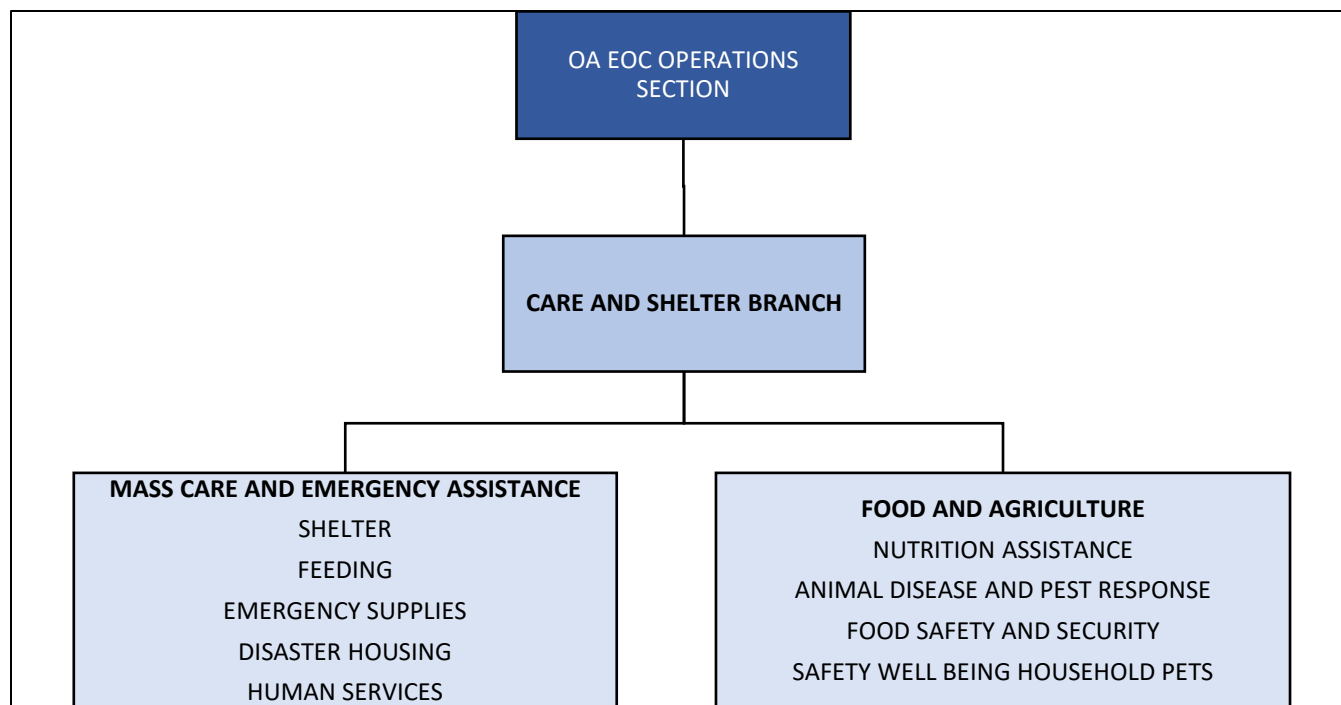


Figure 4.1 Care and Shelter Branch

County Department/Allied Agency EOC Organization Assignments

The Care and Shelter Branch operates under the coordinating oversight of the OA EOC Operations section. Department of Human Assistance is named as the primary agency for Care and Shelter in the Sacramento Operational Area Plan (AOP). The Department of Health Services and the American Red Cross are identified as supporting Agencies/Organizations. Collaboratively, these organizations have responsibility for the capabilities within Emergency Support Function 6 - Mass Care Activities (shelter, feeding, emergency supplies, reunification) and Emergency Assistance (assistance to people with disabilities and others with access and functional needs including those with disabilities, Safety and Well Being of Household Pets, Service and Support animals and mass evacuee support).

County Animal Care and Regulation is the primary agency for coordinating certain capabilities within the Agriculture Unit/ ESF 11 that impact mass care and sheltering. These responsibilities include:

- Nutrition assistance.
- Animal, plant disease and pest response.

- Food safety and security
- Natural and cultural resources and historic properties protection.
- The safety and well-being of household pets.

The County Agricultural Commissioner is the supporting agency. More details can be found in the Animal Care and Shelter Annex, which addresses Animal Control responsibilities.

The Care and Shelter Branch is responsible for facilitating and coordinating mass care resources and support with allied agencies and organizations in the Sacramento Operational Area. The People with Access and Functional Needs Annex to the Mass Care and Shelter Plan identifies the Department of Health Services as the entity responsible for coordinating support for individuals with disability integration or access and functional needs during mass care operations. See **The Care and Shelter Branch Lead Desk Guide** for a full identification of operational area EOC functions and a highlight of those functions which mass care will require extensive coordination and support from during larger disasters.

Each impacted individual's mass care and emergency assistance needs vary widely from disaster to disaster. In complex disasters with significant populations displaced from their homes by high degrees of infrastructure and structural damage, mass care and emergency support needs will require coordination and support across a broad spectrum of department, agency, and organizational capability. Securing resources to meet mass care needs effectively and inclusively will require significant coordination and agency/organizational support from the Transportation Unit, the Health and Medical Branch, the Law Branch, the Public Information Unit, the Volunteer Coordinator, the Donation Coordinator, the Management Section, the Planning Section, the Infrastructure Unit, and the Utilities Branch. A critical function on larger disasters will be coordination and collaboration with the recovery planning team to ensure the unique disaster-caused needs of the diverse populations impacted, and particularly those considered highly vulnerable, will be met.

Local jurisdictions may have existing mass care, sheltering and/or emergency assistance plans. The Care and Shelter Branch should consult those plans on notification that disaster mass care services are being assessed or are deemed necessary by the local jurisdiction. The Care and Shelter Branch Coordinator and staff provide functional support, resource support, oversight, and coordination for mass care and emergency assistance services and activities. In coordination with the Operations Section, they support the mass care and emergency assistance priorities established by officials in the impacted local jurisdiction. The analysis and recommendations for mass care needs assessments will inform the allocation of scarce resources among the potentially competing priorities of multiple jurisdictions.

Depending on scope and scale of the disaster and impacts in local jurisdictions, the Care and Shelter Branch assignments may require direct participation in the OA EOC or indirect support. Agencies with their own EOC may provide coordinating support from their agency operating center at the discretion of the Care and Shelter Branch Agency Director.

4.2 Vertical Integration

The California State Comprehensive Emergency Management Plan includes an ESF 6 Annex. There are federal ESF 6 Annexes that support both the OA and the State plans. Sharing and updating information between the functional coordinators at all levels improves the common operating picture for mass care and emergency assistance activities.

County: Sacramento Operational Area Care and Shelter Branch will share mass care and individual assistance needs situational information with the State (CDSS) and/or the Regional Emergency Operations Center (REOC), in coordination with CDSS. If there are mass care services provided within the county, the Red Cross typically designated a point of contact and/or a liaison to support the Care and Shelter Branch with situational awareness and/or resource coordination.

Region: The Regional Emergency Operations Center (REOC), operated by the Inland Region of the Governor's Office of Emergency Services facilitates the request for State and Federal support. CDSS has the delegated responsibility within the state to coordinate mutual assistance support for mass care and individual assistance services and activities. Their Disaster Services Branch facilitates networking with and between counties. They may provide staff to Regional Emergency Operations Centers at the request of Cal OES.

State Level: If a disaster requires, or is likely to require, mass care resource support from the state level, Cal OES activates ESF 6. The ESF 6 Coordinator (a representative from CDSS Disaster Services Branch) leads collaboration among stakeholders to enhance information sharing processes and assist in coordinating resource allocation by providing information about capabilities and resources of ESF 6 stakeholders.

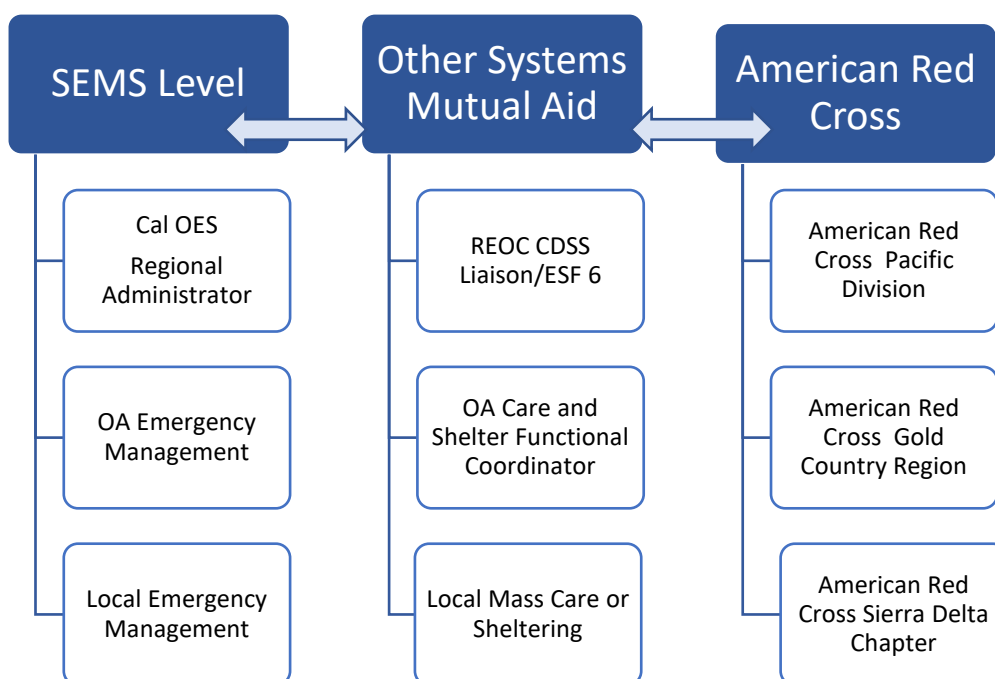


Figure 4.2 Organizational Relationships SEMS, Mutual Aid and Mass Care Organizations

5. INFORMATION, COLLECTION, ANALYSIS AND DISSEMINATION

This section describes the critical or essential information needed, the source of the information, who uses the information, how the information is shared, the format for providing the information, and any specific times the information is needed.

5.1 Information Management

The Sacramento Operations Area Plan addresses coordination communications and prioritization of resources among local governments during emergencies and disasters. Cities and special districts gather status information from their field operations and/or department operations centers and report their status to the OA level. A joint agreement between the county and cities is in place to utilize WebEOC for incident documentation and information sharing. Cities and special districts may use WebEOC to report their status to the OA. Information may also be gathered by functional coordinators at the OA level from cities and special district functional liaisons (law enforcement, fire, construction and engineering, flood control, health/medical, care and shelter, energy, utilities, and potable water), or in the case of small jurisdictions, from a designated liaison who reports on all emergency functions.

Information about a disaster and the tracking of resources used to respond to a disaster are connected elements. At a minimum, disaster information is needed to estimate resource requirements. Resource status information is an element within disaster situation reports and is used to help create an overall picture of what is happening.

The Sacramento Operations Area Plan addresses coordination communications and prioritization of resources among local governments during emergencies and disasters. Cities and special districts gather status information from their field operations and/or department operations centers and report their status to the OA level. A joint agreement between the county and cities is in place to utilize WebEOC for incident documentation and information sharing. Cities and special districts may use WebEOC to report their status to the OA. Information may also be gathered by functional coordinators at the OA level from cities and special district functional liaisons (law enforcement, fire, construction and engineering, flood control, health/medical, care and shelter, energy, utilities, and potable water), or in the case of small jurisdictions, from a designated liaison who reports on all emergency function

At the state level, the ESF 6 Coordinator (a representative from CDSS Disaster Services Branch leads collaboration among stakeholders, enhances information sharing processes and assists in coordinating resource allocation by providing information about capabilities and resources of ESF 6 stakeholders.

5.2 Mass Care Essential Elements of Information

Mass Care Essential Elements of Information	
Required Information	Potential Sources
Power outages, by county, and projected restoration times	Situation Unit or Utilities Section PGE and SMUD Outage Maps
Current and impending weather conditions that will affect shelter operations	SitRep or current Situation Unit Analysis National Weather Service
Long-term evacuee/displaced persons' status tracking data (e.g., employment, temporary housing, preferences for permanent relocation versus return, if applicable).	Situation Unit, GIS Visualizations through Web EOC Mass Care and Shelter Branch
Names, locations and contact information for grocery stores or other food providers (such as mini markets) with backup power available	
Number of potential evacuees, and locations of host communities with concentrations of evacuees.	Mass Care & Shelter Branch Sheriff's Office
Location of recharging stations.	
Location and accessibility of open or planned shelters, fixed and mobile feeding sites, and sites for distribution of emergency supplies (e.g., PODs).	VOAD Mass Care & Shelter Branch American Red Cross The Salvation Army
Private association/nonprofit association requests for assistance.	VOAD

Lists of designated staging sites	Operations Section
Areas without power and duration of outages	
Transportation system disruption- roads, bridges, service. Anticipated duration of disruption.	
Communications Infrastructure	
Public Information and Warning Systems- Alerts, Warnings, Messages	
911 and Dispatch- reports of additional or cascading impacts affecting mass care services. (Fires, injuries etc....)	
Hazardous Materials and HAZMAT incidents impacting residential areas.	

5.3 Mass Care Critical Information Reports

Mass Care Critical Information Requirements	
Required Information	Potential Sources
# of residences Major damage or destroyed And/or Evacuated population by area	Check WebEOC for Cal Fire DA and Fire Mapping (Wildfire), Web EOC for PDA and number of people remaining evacuated for flooding. OA damage assessments and reports are available in WebEOC and in ORION. For damage assessments conducted by Red Cross, coordinate with the Red Cross Liaison
Shelter population, by Jurisdiction/county, and trend	Current population reported by Red Cross
	Shelter trend info available from Red Cross-National Shelter System: coordinate with Red Cross liaison for information
Current and projected sheltering resources available, by type and kind	Shelter resources available and in use, reported daily via Red Cross liaison
	For projected resources available from ARC coordinate with Red Cross Liaison
	For current and projected shelter resources available from Health Services coordinating with Health Services liaison
	For current and projected shelter resources available from the private sector or other voluntary agencies coordinate with SVOAD.

Projected or actual peak evacuation shelter population	Projected peak evacuation shelter population estimated on OA Mass Care or Shelter conference call 48 hours prior to peak for flooding. 24-hour post impact for no notice events.
	Actual peak evacuation shelter population available from ARC National Shelter System: coordinate with Red Cross liaison for information
Target date: all postevent short term shelters assessed safety/security/ accessibility	Estimated on OA mass care conference call 24 hours prior to peak floodwaters, as soon as possible (within 24 hours for no-notice events) and updated as required.
Target dates for opening of schools, by jurisdiction.	Coordinate with DOE and the School Districts.
Estimate date short- term shelters will close	Estimate 30 days from start of event and adjust as required.
Reported shelter issues	County Situation Reports
	Reports from ARC
	Reports from the media
Census population, by county	Census.gov
Meal counts, by county	Meal counts, by county, provided by feeding organizations
Current and projected Feeding resources available, by type and kind	Summary ARC feeding resources available to DRO emailed to Red Cross liaison daily
	Summary Salvation Army feeding resources available
Projected meals/day feeding requirements	Projected meals/day feeding requirements estimated on state mass care conference call
Estimate date/start time of sustained feeding	Discuss on daily mass care conference call and adjust as required.
Estimate date/end time of sustained feeding	Estimate can be derived from the collective judgment of experienced mass care practitioners. Consider restoration of power, opening of restaurants and grocery stores. Extend of residential impacts.
Estimate # of food boxes required for long term feeding.	Estimate 10% of Meals/Day requirement will need to be prepared and distributed over 15 days, beginning on estimated date/time end of sustained feeding.

Reported feeding issues	Reports from voluntary agencies conducting feeding operations.
	Reports from the media

5.4 Information Dissemination

During an area wide emergency or disaster, dissemination of information is essential and timely. In order to provide public information coordination, the OA may open a Joint Information Center (JIC) and manage a Joint Information System (JIS) that provides the mechanism to organize, integrate, and coordinate information to ensure timely, accurate, accessible, culturally inclusive, and consistent messaging across multiple jurisdictions and/or disciplines with nongovernmental organizations and the private sector. The Joint Information System Annex is listed with the Annexes.

5.5 Emergency Public Information, Notification and Communications

Effective initial communication to the public will enhance the efficiency of the overall evacuation and reduce the associated mental and physical strains. The public is often confused by evacuation information and directives and are unable to make informed decisions on their own evacuation. Some people will not know if they are in a hazardous area, will evacuate unnecessarily, or may not know when or how to respond to an order of evacuation. The initial public notification should provide basic information for residents, workers, students, tourists, and others in the area included the considerations detailed in the list below.

- Whether residents should evacuate the area or shelter-in-place. (The areas that need to be evacuated, and references to known geographic features are explained in more detail in the Sacramento Operational Area Alert and Warning Annex.)
- Why and when residents should evacuate
- The time required for evacuation efforts
- The designated transportation and evacuation points and evacuation routes.
- Available transportation options, including accessible transportation options and evacuation routes.
- Belonging's residents should take with them from their homes
- How long the evacuation is expected to last (if known)
- How pets will be accommodated
- Security plans that are in place to protect residential property
- When informational updates will be made available, including where information updates can be found
- Other information deemed appropriate and required before residents evacuate

- What DAFN services are provided at each location

For people relying on transportation points, it is important that information detailing when transportation services will begin and end, transportation point locations, frequency of pick-ups, travel destinations (evacuation points), and what to bring with them is shared and widely available. Information detailing accessible transportation services and pick up locations must be provided in an equitable manner that supports quick evacuation for individuals with DAFN. All communication outreach must be developed and distributed in a variety of formats to ensure accessibility for those with sight and hearing disabilities, and language differences. Means of communication outreach, capability for developing public information and messaging and the strategic approaches to share that information with the public, must integrate cultural inclusivity considerations for both the messaging and methods and means of delivery. This approach should inform all public safety messaging and for mass care should include but is not limited to messages about sheltering sites, mass care and emergency assistance services and locations to receive assistance, evacuation routes and transportation support for evacuation.

5.6 Communicating with Diverse Populations, including Populations with Disabilities, Access, and Functional Needs

Traditional methods of notifications and public information about mass care services may not meet the requirements of people from multiple cultures, limited English speakers, those digitally challenged, and those with disabilities and other access and functional needs, such as those who are blind, have low vision, are deaf or are hard of hearing.

Department of Human Assistance and the Care and Shelter Branch should identify a responsible party within the mass care coordination section as the responsible entity for coordinating with the JIS and sharing a stakeholder informed messaging strategy for information about Mass Care activities. Community stakeholders representing the diverse population groups impacted should be consulted to strategize and identify the most effective and inclusive methods, platforms, and mediums for communicating with high risk/underserved populations, and those with access and functional needs to ensure equitable outreach. As much as possible, notification procedures will accommodate each group, employing a range of methods to ensure that all segments of the diverse population groups are reached with understandable information that motivates and empowers them to act.

As local jurisdictions should establish relationships with public and private agencies that provide home-based care provision services or work with people with disabilities and other access and functional needs regarding evacuation protocols, mass care should align their efforts and coordinate protocols with the same messaging regarding sheltering and other mass care disaster services. Additionally, individuals with access and functional should be engaged by mass care stakeholders support development of relationships with community leaders, neighbors, and friends who may be able to provide support during an emergency.

6. INTER JURISDICTIONAL AND INTER-AGENCY COMMUNICATION

6.1 Initial Notification

For smaller events within the capacity of local jurisdictions, the messaging for shelter activations and open shelters will be initiated through local communication protocols and local public information channels. As detailed in the concept of operations, DHA requests a courtesy notification of any mass care activity through their designated point of contact in Sacramento OES.

6.2 Inter-Jurisdictional Communication

As disasters scale, the need to align messaging is critical. Once the EOC activates, all public messaging about disaster related services should be coordinated through the Joint Information System. Communicating havens of safety to the public in clear, culturally appropriate, accessible and consistent (i.e., non-conflicting) messages is essential for safe evacuations and sheltering operations. All warnings given to the public, whether they receive the message via phones, text messages, traditional or social media, loudspeaker, webpage, or other medium, must be consistent. The County's Joint Information System (JIS) is critical to the coordination of information and a community wide aligned messaging strategy. The Joint Information Center (JIC) will be activated for low-level emergencies so that messages will be effective in supporting orderly evacuations.

7. AUTHORITIES AND REFERENCES

7.1 Authorities

County

Sacramento County Emergency Services Code Chapter 2.46 of the Sacramento County Code
Sacramento OA Agreement, Sacramento County Board of Supervisors Resolution #95-1390

State

California Emergency Services Act, California Code of Regulations, Title 19 Public Safety, Division 2. California Governor's Office of Emergency Services- Chapters 1 through 6,

Chapter 1, Standardized Emergency Management System

Chapter 2, Emergencies and Major Disasters

Chapter 6, Disaster Assistance

California Government Code 3100-3102; Labor Code 3211.92(b).

California, Health and Safety Code, HSC, Division 24 Community Development and Disaster Housing, Part 1.6 Natural Disasters, Chapter 2.

California Government Code, Chapter 7. California emergency services act, Article 6.5. Accessibility to emergency information and services, 8593.3

California Government Code, Chapter 7. California emergency services act, Article 6.5 Accessibility to emergency information and services, 8593.3.5

FEDERAL

Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, 42 U.S.C.5121 et seq,, as amended.

National Incident Management System

California Emergency Services Act, Title 2. Government of California, Division1. General, Chapter 7.

7.2 References

County

Sacramento County Office of Emergency Services, Emergency Operations Plan, Version1.0, April 2017.

Sacramento County Office of Emergency Services, Operational Area Plan, March 2019.

State

California State Emergency Operations Plan, ESF 6 Annex (currently under revision by California Health and Human Services Agency)

California State Emergency Management (SEMS) Regulations.

CDSS, State Mass Care and Shelter Operations during a Communicable or Communicable Disease Outbreak or Pandemic Environment, June 2020.

CDSS, Mass Care and Shelter Guidance for Local Governments during a Communicable Disease Outbreak or Pandemic, August 2021.

California Master Mutual Aid Agreement.

<<https://www.caloes.ca.gov/LegalAffairsSite/Documents/Cal%20OES%20Yellow%20Book.pdf>Emergency>

National

FEMA Individual Assistance Program and Policy Guide, January 2019

FEMA Emergency Non-Congregate Sheltering during the Covid19 Public Health Emergency 104-009-18 March 2021

FEMA, Individual Assistance Program and Policy Guide, January 2019

FEMA, Emergency Non-Congregate Sheltering during the COVID 19 Public Health Emergency, Department of FEMA P-785 *Shelter Field Guide*, a joint product from FEMA, The American Red Cross, Missouri State Emergency Management, the New York City Department of Homeless Services, and San Francisco Department of Emergency Management

FEMA Commonly Used Sheltering Items and Services Listing (*CUSI-SL*) *Catalog*, 2019.

The Use of Cooling Centers to Prevent Heat-Related Illness: Summary of Evidence and Strategies for Implementation, CDC Climate and Health Technical Report Series

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Appendix A: Responsible Sacramento County Care And Shelter Agencies, Departments And Organizations

	Human Assistance	Volunteer Services	CalWORKS	Job Programs	General Assistance	Medi-Cal	County Medically Indigent Services Program	Cal Fresh	Foster Care	Emergency Family Shelter	Child Family & Adult Services	Child Protective Services	Senior and Adult Services	Health Services	Behavioral Health Services	Primary Health	Public Health Services	Department of Education	American Red Cross	VOAD
Operational Coordination/EOC Presence	P													S					S	
Sheltering																				
Transit Support																				
Feeding																				
Distribution of Emergency Supplies																				
Reunification																				
Hydration																				
Recovery Transition																				
Temporary Housing																				

Interdependent EOC Functions with Support Capability		
Mass Care Capability or Support Requirement	SUPPORT RESOURCE	EOC Function
Shelter	Transportation (public transport to and from sites)	Law branch/transportation safety/logistics branch
	Security and traffic management at sites	OES, Logistics Branch, Law Branch
	Facilities leases, additional locations	Facilities
	Public health interventions	Health and medical branch
	Health service support	Health and medical branch
	Behavioral health support	Health and medical branch
	Food safety	Health and medical, Environmental Health
	Feeding	Food safety
	Cal fresh	
	DOE- DSNAP and USDA coordination	Agriculture, DOE
	VOAD	Volunteer coordinator
	United way	Donations Coordinator
Emergency supplies	Site security	Law branch
	Route safety	Transportation, planning section, logistics
	Donations	Donations Coordinator
	VOAD	Volunteer coordinator

Reunification	DOE, Law Enforcement, Health and Medical	Care and Shelter
	School Superintendents	Law Branch
	Health Services Department of educations	
Transition to recovery/temporary housing All mass care and emergency assistance services	Health and Behavioral health	Health and medical branch

Appendix B: Mass Care Service Strategies

Mass Care Service Strategies				
Public Safety Support Sites and Care Sites				
TYPE OF SITE	PURPOSE AND DESCRIPTION	BENEFITS	RISKS/CONSTRAINTS	RESOURCES/SUPPORT CONSIDERATIONS
<p>Evacuation Centers</p> <p>Operating cycle- short duration a few hours to no more than 24 hours.</p>	<p>Haven for evacuees. Public Safety.</p> <p>Usually in a fully intact building with power, water and sanitation..</p> <p>Minimal resourcing- usually limited to snacks, food, and power sources to charge devices for access to information.</p> <p>Intended opening cycle- short duration a few hours to no more than 24 hours.</p>	<p>Provides an opportunity for needs assessment.</p> <p>Can be used as an entry point for sheltering or other mass care services.</p>	<p>Should be located out of any impacted areas or areas vulnerable to impacts.</p> <p>Poorly resourced if no alternatives established and centers must continue to provide support beyond the planned operating cycle.</p>	<p>More effectively resourced and managed for notice disasters and events- weather and flooding</p> <p>Power</p> <p>Water</p> <p>Sanitation Facilities</p> <p>Snacks</p> <p>Information Center</p> <p>Transit to additional services</p>
<p>Temporary Evacuation Points</p>	<p>Typically used for wildfire evacuation.</p> <p>Safe location designated by local EM or Incident Commander.</p> <p>During extreme events- locations may only be controlled gathering points in relatively safe areas.</p>	<p>Can assist with traffic control during extremely hazardous events.</p>	<p>Typically, not managed by NGOs.</p> <p>Requires additional staff.</p>	<p>Safety: ingress and egress.</p> <p>Traffic control and management.</p> <p>Ideally, Hardened Structure.</p> <p>Power</p> <p>Water and Sanitation Facilities</p> <p>Information</p>

Mass Care Service Strategies				
Public Safety Support Sites and Care Sites				
	Evacuees receive instruction or direction for their next steps to safety.			
<p>Warming Centers</p> <p>Designated Sacramento sites activate for credible weather forecasts of extremely cold/freezing weather for more than three-day low daytime temps and night temps under 32 degrees.</p>	<p>Short-term emergency shelter</p> <p>Activated when conditions pose a threat to human life or injury or death from exposure to cold.</p>	<p>Safe haven for people who are unhoused or in substandard housing conditions</p>		<p>Heated indoor space with bathroom facilities.</p> <p>Typically run as a collaborative effort between emergency management, human services, NGOs, non-profit and faith-based organizations.</p>
<p>Cooling Centers</p> <p>Designated Sacramento sites activate for credible weather forecasts of extremely hot weather</p>	<p>CDC defines a cooling center or cooling shelter as a location, typically in an air condition or cool building that has been designated as a site to provide respite and safety during extreme heat.</p>	<p>Can be any building with public access that can be cooled.</p> <p>No single group or agency responsible for implementation.</p>		<p>Some counties establish sites outdoors in spray parks, community pools and public parks.</p> <p>Sometimes temporary cools spaces are set up for large scale outdoor event like marathons or outside concerts.</p>

Mass Care Service Strategies				
Public Safety Support Sites and Care Sites				
<p>Local Assistance Centers (LAC)</p> <p>Typically, part of local recovery efforts</p>	<p>One-stop shop with critical services for population impacted by disaster.</p> <p>Can be staffed and supported by local and state agencies as well as other organizations offering support services to population impacted by disaster.</p>	<p>Replacement of lost or stolen id and vital documents.</p> <p>Offers connection to support services.</p>		<p>Not typically considered a mass care site, services offered may support shelter resident access to services that can remove barriers to their individual recovery.</p> <p>Planning for LACs requires coordination and engagement with mass care stakeholders to identify relevant services and support use by shelter residents.</p>
<p>Reception Processing Site (RPS)/ Public Safety Information Point</p>	<p>Interim site along an evacuation route for evacuees during mass evacuations.</p>	<p>Opportunity for assessments and evacuee processing if reassessment or processing necessary for transition to shelter</p>		<p>Evacuee tracking,</p> <p>Canteening or feeding,</p> <p>Household pets,</p> <p>Medical assessment</p> <p>Evacuee communications</p> <p>Shelter assignment and transfer services</p>
<p>Emergency Evacuation Shelters</p> <p>Minimally resourced</p>	<p>Temporary area to wait out a hazard (Storms, Wildfires, climate events)</p>	<p>Requires Less square footage per person</p>	<p>Accessibility is a concern.</p>	<p>Resource requirements increase as operating duration extends</p> <p>Information support, H2O, snacks</p>

Mass Care Services Strategies and Sites				
SHELTERING- General Population Shelters				
TYPE OF SITE	DESCRIPTION AND PURPOSE	BENEFITS	RISKS/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
<p>Congregate Shelters</p> <p>General Population Shelters Short Term- Less than 2 weeks</p> <p>Long Term- More than 2 weeks</p> <p>Potential sites include Community centers, Community Gyms, Faith Based Organization facility - with classroom, kitchens, showers, toilets</p>	<p>Provides temporary shelter for displaced residents during a disaster</p> <p>Management Options:</p> <p>Government</p> <p>Government managed- partner resourced</p> <p>Government and NGO partner.</p> <p>NGO</p> <p>Independent (Ad Hoc or pop-up not affiliated with emergency management system)</p> <p>Constituent based (i.e., run by an organization for a specified constituency (private company for employees and families, a faith-based organization solely for congregations and family members)</p>	<p>Pre-identified facilities coordinated through whole community stakeholder groups.</p> <p>Can provide residents with a variety of support services during the period they are displaced</p>	<p>Not ideal for extended (over 2 week) stays- privacy, public health</p> <p>The longer sheltering services are sustained the more resource intensive operations become.</p>	<p>Information Hydration</p> <p>Meals</p> <p>Snacks</p> <p>Access to individual recovery services.</p> <p>Sanitation and Hygiene resources.</p> <p>Laundry.</p> <p>Transportation.</p> <p>Access to schools.</p> <p>Health Service Support</p> <p>Behavioral Health Support</p> <p>Solid and Liquid Waste Capacity and disposal plan</p> <p>Medical Waste handling and disposal</p>
<p>Multi-Agency Resources Consideration for Congregate Shelters- State procurement policy compliant contracts for Mass Care support; Direct Federal Assistance; Reimbursement of eligible expenses under Category B Emergency Protective Measures; Local Government (Emergency Management, Law Enforcement, Fire Department, Human Services, Dept. of Health, Dept. of Education) NGO's, faith-based organizations; Transportation contracts (patient transport vans, limo services)</p>				

Mass Care Services Strategies and Sites				
SHELTERING- Non-Traditional Sheltering				
TYPE OF SITE	DESCRIPTION AND PURPOSE	BENEFITS	RISKS/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
<p>Mega Shelters:</p> <p>Require a unified, multi-agency coordination structure.</p> <p>Open Space Sheltering</p> <p>Tent Sheltering</p> <p>Camper and RV Sheltering.</p>	<p>Widespread threat or impacts increases population at risk or impacted by the disaster or threat.</p> <p>Includes sites not conventionally used for congregate care— ships, tent shelters, temporary camps, temporary prefab buildings, Fairgrounds, Arenas, Municipal Theaters, Convention Centers and adjacent parking areas co-located at those facilities. .</p> <p>Temporary Camps- Max pop. 5000 occupants per site.</p>	<p>Can provide accommodation for large segment of the population</p> <p>Centralizes support requirements for wrap arounds services</p> <p>Reduces logistics support footprint</p>	<p>Operating costs typically higher</p> <p>Requires additional staffing for security: crowd control, etc.</p> <p>Increases challenges for in providing accurate population and service information.</p> <p>Requires a broader scope and expanded scale of internal support and infrastructure resources.</p> <p>Requires detailed accessibility assessment- and planning particularly for mobility device access.</p> <p>If not a hardened facility (temporary camps, campgrounds) ground</p>	<p>Information</p> <p>Hydration</p> <p>Meals</p> <p>Snacks</p> <p>Access to individual recovery services.</p> <p>Sanitation and Hygiene resources.</p> <p>Laundry.</p> <p>Transportation.</p> <p>Access to schools.</p> <p>Health Service Support</p> <p>Behavioral Health Support</p> <p>Increased safety and security resources</p> <p>Requires an increased level of staffing and coordination for sustained operations.</p> <p>Scheduling conflicts with corporate centers, convention centers, arenas and fairgrounds for recurring or scheduled events.</p>

			<p>conditions may deteriorate over time.</p> <p>Requires significant resource coordination and support</p>	<p>Pre-established contracts to streamline activation difficult to obtain.</p> <p>Increased resource requirements for support of diverse populations in congregate facilities</p> <p>Solid and Liquid Waste Capacity and disposal plan</p> <p>Medical Waste handling and disposal</p>
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Mass Care Services Strategies and Sites				
SHELTERING- Non-Traditional Sheltering				
TYPE OF SITE	DESCRIPTION AND PURPOSE	BENEFITS	RISKS/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
<p>Non-Congregate Shelters</p> <p>Hotels</p> <p>Dorm Style accommodations for</p>	<p>Can be used to mitigate risk of infection and disease spread in a Communicable Disease Outbreak or Pandemic environment.</p>	<p>Reduces risk of Communicable Disease Outbreak or Pandemic and other public health issues</p>	<p>Cost to contract facility and/or rooms</p> <p>Coordinating support for individual spaces creates addition coordination requirements</p>	<p>Assess and identify accessibility of facilities for support of families with pet, individuals with AFN and DI support needs.</p> <p>For open space sheltering- Tent villages, campgrounds, RV and tent support in parking lots. Establish</p>

<p>individuals and family units Hotels</p>	<p>Can be leveraged to decrease risk for populations at greatest risk from exposure or infection.</p> <p>Can be leveraged to improve safety and quality of life for populations with unique needs.</p>	<p>Higher level of privacy for residents</p>	<p>Requires additional resource and transportation support for evacuee populations.</p> <p>Prescheduled events and competing demands (first responders, other disaster responders) may pose availability constraints.</p> <p>Insufficient space options to meet needs of all impacted population may be an issue</p>	<p>registration and resources support protocols.</p> <p>Consider initiating pre-established contracts for sites and support-detailed statements of work should include required human and material resources.</p> <p>Resources and support to maintain local public health and safety standards.</p> <p>Air intake and output consideration for individual spaces.</p> <p>Health and safety measures for sanitation.</p>
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Mass Care Services Strategies and Sites				
SHELTERING				
TYPE OF SITE	DESCRIPTION AND PURPOSE	BENEFITS	RISKS/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
Shelter-in-place	<p>Extended emergency situations requiring population to remain in their homes</p> <p>Catastrophic scenarios where compromised infrastructure and supply chain disruption require public mediation measures for self-sustainment in structurally sound but damaged residences or locations.</p> <p>Service options:</p> <p>Hub and spoke support service model with or safe public areas and locations. (i.e., businesses, public offices and facilities, open space locations adapted for provision of service).</p> <p>People remain in their location with access to their own resources.</p> <p>Point to point Delivery- service route or delivery to individual residences or other shelter in place locations.</p>	<p>May help mitigate disease transmission for viral infections</p> <p>Supports implementation of social distancing</p> <p>Easiest measure to implement in no-notice events</p> <p>People remain in their location with access to their own resources.</p>	<p>Access to resources</p> <p>May increase safety risks or vulnerability to hazard or event</p> <p>May require evacuation support after immediate threat has passed or is contained.</p> <p>Safe egress routes and support in place if safety conditions change.</p> <p>Requires consideration of public health and public safety risks and appropriate measures and resources to mitigate concerns</p>	<p>Emergency Supplies</p> <p>Commodity Food and Water support</p> <p>Public Health and Medical oversight and messaging</p> <p>Safety and evacuation messaging</p> <p>Consolidated information points for latest information on threat, hazards, public health and public safety concerns.</p> <p>Coordinated strategy for points of distribution or point to point distribution of emergency supplies</p> <p>Access to virtual health service and behavioral health support resources.</p>

			<p>Limited individual access to resources and services</p>	
<p>Shelter in place resources through State and Federal Programs for declared events: FEMA Blue Roof Program; Shelf-stable meals; Potential resources for human resource support at Points of Distribution (POD) and point to point distribution: 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</p>				

Mass Care Services Strategies and Sites				
FEEDING				
TYPE OF SITE	DESCRIPTION AND PURPOSE	BENEFITS	RISK/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
Fixed Feeding	<p>Venues that provide meals at scale to large populations</p> <p>Food service delivered from a stationary location. A fixed feeding site may also be a permanent facility, such as a church or school that may be used as a shelter.</p>	<p>Meals distributed at fixed locations like shelters, community centers or Disaster Assistance Centers efficient method of reaching a large number of people</p>	<p>Challenges in maintaining food safety standards, difficult to coordinate options for diverse population needs</p>	<p>Catering agreements, food service contracts, NGO agreements or other methods of securing service.</p> <p>Deploying field kitchens is resource intensive and set up time can take up to 96 hours.</p> <p>As restaurants reopen decisionmakers must balance economic impacts on local business with needs of affected residents.</p>
Mobile Feeding	<p>Meals delivered by vehicle to impacted areas</p>	<p>Meals distributed in neighborhoods or along designated routes. Provides convenience for residents conducting repairs and clean up if grocery stores</p>	<p>Challenges in maintaining food safety standards, difficult to coordinate options for diverse population needs</p> <p>Providing equitable service on diverse routes can be challenging</p>	<p>See above</p> <p>AND</p> <p>Providing equity of service to all impacted neighborhoods, particularly those from diverse cultures and those socio-economically challenged, and geographically remote areas can be challenging.</p>

		and restaurants are impacted		
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Mass Care Services Strategies and Sites				
DISTRIBUTION OF EMERGENCY SUPPLIES				
TYPE OF SITE	DESCRIPTION AND PURPOSE	BENEFITS	RISK/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
Mobile Distribution: Community Routes	<p>Delivery of emergency supplies using a van, truck, or other vehicle on a designated route to reach neighborhoods affected by the disaster.</p> <p>Utility (power or water) disruption</p> <p>Commercial supply chain disruption of private sector food systems (grocery) and household items.</p> <p>Significant impacts and large concentration of population returning to impacted area conducting clean up and restoration on their property (typically post windstorm and/or flooding events)</p>	Accessible to those without means of transportation	<p>For large-scale disasters, it is difficult to guarantee service to all disaster survivors.</p> <p>This may not be an optimal delivery method in urban areas, given limited access to survivors in high rises. Security and safety of mobile teams.</p>	
Mobile Distribution Household	<p>Delivery of emergency supplies directly to residents' homes, often when sheltering in place for Communicable Disease Outbreak or Pandemic or Chemical, Biological,</p>	Accessible to those without means of transportation	Significant manpower and knowledge of specific household needs required.	

	<p>Radiological, Nuclear, and Explosives (CBRNE) type events. May be necessary in urban areas to reach survivors in high rises with no power.</p>		<p>Health and safety concerns for distribution staff.</p>	
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Mass Care Services Strategies and Sites				
DISTRIBUTION OF EMERGENCY SUPPLIES				
TYPE OF SITE	DESCRIPTION AND PURPOSE	BENEFITS	RISK/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
Fixed Site Distribution: Pedestrian Walk-Up	<p>Delivery of emergency supplies from a fixed location such as a community center, school, or church. Distribution may be provided from inside the building or outside, such as from under a tent or from the back of a vehicle.</p> <p>Walk-up sites allow for personal contact with the survivors.</p>		<p>Limits amount of product that can be transported by disaster survivors.</p> <p>In addition to actual distribution area, requires sufficient parking, with ingress and egress.</p> <p>Sites can become crowded with long lines.</p>	
Fixed Site Distribution: Drive-Through	<p>Delivery of emergency supplies from an open area at a fixed location such as a parking lot.</p> <p>Drive-up sites are best when a large volume of disaster survivors is expected to arrive in vehicles. However, available parking is limited to encourage the quick and continuous distribution of supplies as vehicles move through the site.</p>		<p>Does not allow for personal interaction with disaster survivors.</p> <p>Sites can cause traffic control issues.</p> <p>Disaster survivors must have access to a vehicle.</p>	

POINT DISTRIBUTION TO SHELTERS OR LACs	Delivery of supplies to shelter residents, in coordination with sheltering efforts, as part of long-term sheltering during large scale disasters.		Open access may attract non-shelter residents to shelters, possibly overwhelming the shelter. Limited storage capacity for shelter residents to secure items.	
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Mass Care Services Strategies and Sites			
REUNIFICATION			
Methodology	DESCRIPTION AND PURPOSE	RISK/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
Access to Reunification Systems	<p>Access to communication channels using telecommunications and internet services.</p> <p>Provides opportunities to connect family members and loved ones via email, social media, emergency reunification software applications and formal reunification systems</p>	<p>Electronic systems may not be available.</p> <p>Need to prioritize EMS and first responders may delay access for displaced population and their loved ones and family members.</p>	<p>Establish protocol for manual registration upload once in areas where service is available</p> <p>Prioritize EMS and first responders</p>
Physical Reunification	Reuniting geographically separated family members through:	Privacy and Information sharing concerns.	

	Identifying missing children, reuniting unaccompanied minors with their parents/guardians, assisting displaced families and individuals who are safe and in communication but require assistance to travel to a safe location.	Special consideration for risks and safety of unaccompanied minors, seniors and individuals with unique special needs including cognitive and behavioral support. Resources for support of travel to safe location	
Emergency Welfare Inquiries	Direct service for critical situations including people with serious, pre-existing health, behavioral health, disability integration or access and functional support needs. Resources can be directed to locate the missing family member and to assist with direct communication between the displaced person and their support resources.	Privacy and Information sharing consideration. Degree of Infrastructure damage (e.g., communication, transportation access). Qualified staff to meet service needs- must understand protocols to mitigate personal safety risks and privacy considerations for displaced individuals.	Identification of protocols and resources to provide support for direct welfare inquiries and follow-on actions for reunification. Red Cross may be able to provide resources (material and human) in support of welfare inquiries
Reunification of the Missing, Injured, or Deceased with Families	Support reconciliation of reports of missing, injured, and deceased persons information reported in multiple reunification systems, evacuation tracking systems, registries, social media, and other information sources.	Effectiveness is dependent on level of pre-disaster coordination among participating agencies/organizations Limitations of existing systems for data storage and sharing among agencies.	Consider identification or development of a single shared technological resource, such as a common database or adapted system used for reporting, that is shared among qualifying agencies who can maintain standards to address privacy and safety concerns for displaced individuals.

	<p>Coordination among reunification operations and health/social service systems (e.g., hospitals, nursing homes, assisted living, Departments of Aging/Disabilities) to encourage patients/clients to register in reunification systems.</p> <p>Does not include notifying families of fatalities.</p>	<p>Lack of methodology for reconciliation of information collected in disparate systems.</p> <p>PII and HIPAA considerations for patients and fatalities may restrict information sharing and require additional consideration.</p>	<p>Pre-disaster: Establish aligned understanding of PII storage and information sharing limitations between supporting agencies and organizations.</p>
<p>Reunification or Missing Persons Call Center</p> <p>This method should not include notification to families of disaster related fatalities.</p> <p>Call centers can relieve dispatch center call volume.</p>	<p>Call center – either physical site location in or near the area or a virtual center managed remotely.</p> <p>Call center staff operate via accessible well-publicized single website or app address and/or a toll-free telephone number</p> <p>Staff supporting App, web-based system or call center field inquiries for missing individuals using an established risk and safety protocol compliant system. .</p>	<p>Redundancy of effort if multiple organizations setting up call centers without prior coordination.</p> <p>Providing call center information</p> <p>Lack of a common systems to reconcile and analyze information including missing persons, patient locations, and fatalities.</p>	<p>The NCMEC can establish the National Emergency Child Locator Center at the request of a State to FEMA after a Presidentially-declared disaster.</p> <p>For locally generated systems- Staff with qualified personnel and provide just in time training for call protocols to preserve safety and welfare of individuals displaced by the disaster.</p>

<p>Reunification Multi-Agency Coordination Center (R-MACC) and Reunification Coordination System (RCS)</p>	<p>An R-MACC co-locates supporting agencies and organizations involved in reunification operations.</p> <p>Purpose: facilitate information sharing and to streamline operations.</p> <p>Typically established at the state level. Includes local/State/Federal emergency management (Mass Care), law enforcement, fatality management, health and social services, non- governmental organizations, mental health resources, household pets and services animal reunification, and others</p> <p>May also include a reunification and or missing persons call center.</p> <p>Reunification Coordination System (RCS) is the process used by supporting agencies and organizations for reunification services.</p>	<p>Lack of common definitions and coordination of processes among reunification service providers.</p> <p>Lack of a coherent organizational structure and assignment of responsibilities.</p> <p>Limited resources and staff needed to stand up an R- MACC.</p>	
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	A national R-MACC consists of national organizations with reunification expertise, systems and tools may be implemented at the request of a State and, potentially, in a multi- State catastrophic incident.		
Family Assistance Center (FAC)	Family Assistance Centers (FAC) are established to provide individual assistance services, including reunification. May established and used exclusively for fatality management activities.	News media focus may impact privacy of survivors if family members are supported at a facility or site location and its location becomes public.	Transportation resources for Funding for survivors/family members to FAC.

MASS CARE SERVICE STRATEGIES AND SITES
ADDRESSING COMMUNICABLE DISEASE OUTBREAK OR PANDEMIC RISKS
<p>To reduce the risk of Communicable Disease Outbreak or Pandemic in Communicable Disease Outbreak or Pandemic environments planning assumptions and required resources for risk mitigation resources, nonpharmaceutical intervention measures, health and safety resources and allotted sq. feet per person factors all increase.</p> <p>Resource shortfalls of necessary resources for health and safety measures may require additional coordination and support between emergency management, mass care providers and public health authorities</p> <p>May require additional planning and support for diverse populations in shelters.</p>
<p>Communicable Disease Outbreak or Pandemic Considerations- Resources</p> <p>Masks, Additional sanitation supplies, Health Screening</p> <p>Single-serve box meals.</p> <p>Space requirements per individual</p>

increases from 60 sf per person to 110 sf per individual

Service space requirements for dining and meal service also increase to implement social distancing measures

Additional adaptation and resources for dividing public use space, additional hand washing stations, planning to reduce contact during meal service and dining. (Additional detailed information throughout this annex)

Consider expanding site selection to Department of Education affiliated independent school health, physical education and recreation spaces to meet population with Access Functional Needs and Disability integration support needs.

Implement targeted recruiting and just in time training to increase human resource support to meet unique needs of diverse populations.

Appendix C: Accessibility Tools For Care And Shelter Sites

General Accessibility Considerations for Care and Shelter Sites

Individual Accommodations	
<p><i>Once people are safely registered in a shelter an assessment of need for the services listed in the two boxes immediately below this one should be conducted, and any other needs should be assigned for action by the Health Services leader assigned to the shelter.</i></p>	
<ul style="list-style-type: none"> • Replacing essential prescribed medications • Obtaining essential durable medical equipment (DME) and essential consumable medical supplies (CMS). • Maintaining independence (personal assistance with activities of daily living, older adult non-acute medical and chronic conditions, etc.) • Providing support to individuals with cognitive limitations • Providing interpreters and other communication support t hearing and visual impairments, language/cultural, etc.) 	<ul style="list-style-type: none"> • Providing assistance to individuals who have conditions that affect mobility • Providing assistance to individuals with chronic but stable respiratory conditions (heart disease, asthma, emphysema, allergies, etc.) • Providing assistance to individuals with temporary limitations (post-surgery, accident injuries, pregnancy, etc. • Management and coordination of processes
Integrated Physical Accessibility Layout Considerations	
<ul style="list-style-type: none"> • Entrances • Permanent or temporary ramps • Bathing facilities (showers) • Toilets • Hygiene stations • Drinking fountains • Back-up power supply • Appropriate electrical outlets • Privacy screens 	<ul style="list-style-type: none"> • Sleeping space (not segregated butstrategically placed) • Dining area • Designated area for religious worship • Health care area • Recreation area • Service animal relief and exercise area • Household pet exercise area (optional)
Program Accessibility Considerations	

<ul style="list-style-type: none"> • Childcare • Personal Assistance Services (PAS) • Interpreters • Transportation • First aid • Household pets care 	<ul style="list-style-type: none"> • Computer capability • Wi-Fi • TTY telephone capability • Video Relay Interpreting (VRI) • Large print boards • Print and video information in alternateformats
<p>Accessibility Support Resources (generate logistics requests)</p>	
<ul style="list-style-type: none"> • Consumable Medical Supplies (CMS) • Medications • Catheters • Wound dressing supplies • Incontinence supplies • Oxygen • Feeding tube supplies 	<ul style="list-style-type: none"> • Durable Medical Equipment (DME) • Portable ramp • Shower chair • Raised toilet seats • Crutches • Folding white canes • Regular and quad canes • Oxygen tanks • Power wheelchair/assistive devicebattery chargers • Bariatric equipment
<ul style="list-style-type: none"> • Mobility Aids • Small, average, and extra-largewheelchairs • Scooters • Lifts • Transfer boards • Universal accessibility cots • Walkers 	<ul style="list-style-type: none"> • Infant/Toddler requirements (formula,baby food, cribs, diapers, etc.) • Supplies to meet the needs of people with allergies and chemical sensitivities • Recreational supplies (toys, books, magazines, TV with closed captioningcapability, basketballs, etc.)
<p>Feeding</p>	
<ul style="list-style-type: none"> • Hydration (water, milk, coffee, etc.) • Snacks • Hot meals • Reduced-sodium, low-fat, sugar, dairy, gluten free meals 	<ul style="list-style-type: none"> • Special dietary requests including culturally sensitive meals (diabetic, reduced sodium, etc.) • Household pet and service animal food • Health Dept. certified kitchens • Flexible schedules to accommodate dietary needs

Transportation	
<ul style="list-style-type: none"> • Paratransit buses • Paratransit vans 	<ul style="list-style-type: none"> • Vehicles that are lift-equipped and/or ramped with wheelchair tie-downs • Vehicles with brackets to secure oxygen cylinders

Accessibility Assessment Tools for shelters

CDC Recommended Accessibility Resources for Congregate Shelters

Accessible Cots

Height – 17 – 19” (without mattress)

width – minimum 27”

weight capacity – 350+ pounds.

Flexible head and feet positions.

Rails, if any, must be positioned, or moveable, in such a way to allow for wheelchair access. No IV pole

Toilet chairs	Wheelchairs (multiple sizes)	TTY equipment
Raised toilet seats	Wheelchair battery chargers	Wireless communication devices
Shower chairs	Walkers	Visual translators (picture, symbols & words)
	Walking canes	Magnifiers
	White canes for the blind (46”-60”)	Hearing aids (batteries)
	Crutches	Height adjustable tables

Accessible and Integrated Sheltering Management Checklist

Everyone working in a shelter in the Sacramento OA should be familiar with these considerations. The Checklist can be used as a quick refresher tool for shelter managers working in the OA to use for job inductions for all assigned staff. It can also be used by OA Care and Shelter Branch team members when visiting active sites to determine if shelters need support in maintaining the OA standards for equity and Inclusion. In addition to the checklist items on the next few pages. Table B of this section provides an assessment checklist for site visits. This tool is hosted on the National Mass Care Strategy Website. Additionally, the Care and Shelter Branch Lead EOC Desk Guide contains an American Red Cross Facility Checklist with similar considerations.

Individuals with disabilities or access and functional needs are housed in the general population area of the shelter.

When determining the best arrangement for sheltering individuals with disabilities or access and functional needs have a dialogue with each individual.

Consideration is made on an individual basis – remember no two persons are the same – and that their preference

for assistance is given priority, whenever possible.

Assessing Access and Functional Needs

Below are some considerations to make when assessing the needs, determining an appropriate destination and planning for sheltering individuals with disabilities or access and functional needs:

- A variety of accessible cots should be available including raised cots, bariatric cots and cots with side rails.
- Some non-vocal people are still capable of thinking and making their needs known. Shelter staff must be aware, patient and creative.
- Avoid using outdoor areas that are muddy, sandy, or covered by thick grass.
- Shelter personnel should know how to use the California Relay Service to make and receive phone calls with hearing and speech impaired individuals.
- Permit people with mobility impairments the option of going to the head of long lines.
- Train staff to know how to contact sign language interpreters, independent living centers and mental health providers.
- Train staff about the difference between the medical model and the independence model of disability.
- Train staff not to see individuals with disabilities or access and functional needs as automatically needing medical services.
- Shelters should have information about accessible transportation resources.
- Stock writing tablets and pencils for hearing impaired people to use.

General Population Sheltering

Description: Individuals who are able to meet their own needs, have a reliable caretaker(s) or can, with some assistance from volunteers, have their medical needs met.

Examples:

- Mobility impairments/self-ambulating, with or without durable medical equipment
- Wheelchair user
- Blind/low vision, with or without service animal
- Deaf/hard of hearing
- Developmentally disabled

- Medically stable requiring minimal monitoring (i.e., blood pressure monitoring)
- Oxygen dependent: has own supplies (if facility is capable of supporting)
- Feeding occurs through a tube
- Chronic condition controlled by self-administered medications
- Has own supply of medications/supplies
- Bedridden but stable and able to swallow
- Alzheimers/Dementia, or other cognitive disorders, that are accompanied by a caretaker
- Incontinent; requires regular catheterization or bowel care

Cal OES and CDSS Support Resources for Accessibility Quality Assurance and Support

Assessments/Services

The California Department of Social Services (CDSS), in collaboration with OAFN, Western University of Health Sciences, the American Red Cross and the California Specialized Training Institute (CSTI) developed a program called the Functional Assessment Service Teams (FAST). FAST provides staff trained to conduct a functional assessment of facilities and survivors with disabilities or access and functional needs as they arrive at shelters. The assessment also evaluates the essential functional needs that can be supported within the general population area of a given shelter. FAST may be deployed as shelters are opened and remain in the shelters until it is determined that they are no longer needed. FAST will transfer to other shelters as needed or requested.

Functional Assessment Services Team

FAST consists of trained government employees and community- based organization (CBO) and non- governmental organizations (NGO) personnel ready to respond and deploy to disaster areas to work in shelters. FAST members must have in-depth knowledge of the populations they serve, their needs, services and resources including housing, benefit programs and disaster aid programs. FAST will work side-by-side with shelter personnel and other emergency response workers to assist in meeting essential functional needs so people can maintain their independence during disasters and emergencies. FAST frees other emergency resources to focus on emergency incidents rather than on mitigating complications.

FAST members have experience in the following areas:

- Older adults (services/supports, including dietary needs)
- Chronic health conditions
- Developmental disabilities
- Other cognitive disabilities (i.e., Traumatic Brain Injury (TBI))
- Hearing loss

Mental health disabilities

Physical disabilities

Vision loss

Requests for assistance from the State for FAST occurs through the SEMS/NIMS process and partner agencies will be mission tasked through CDSS and OAFN. It is recommended that local governments establish agreements with organizations in their community to ensure teams can be rapidly deployed to shelters. For further information on general sheltering visit CA Department of Social Services or Emergency Medical Services Authority for information regarding sheltering individuals with medical needs.

TABLE B: Shelter Site Visit: Resource Needs Assessment Checklist							
Visit Information				Shelter Data			
Visit Date:				Shelter Name:			
<input type="checkbox"/> Initial Visit or <input type="checkbox"/> Follow-up Visit				NSS Number:			
Event:				Current Population:			
Shelter Contact Information							
Shelter Manager:		Telephone Number:		Shelter Address (include City, County and Zip)			
Alternate POC: Telephone Number:							
Facility Manager:		Telephone Number:					
24/7 Contact Number:							
Additional Shelter Information							
Is shelter listed in NSS?				Please describe any non-traditional features on site (i.e., pet shelter, tent/RVs, other describe):			
If not, will shelter be listed in NSS?							
Shelter Type: <input type="checkbox"/> ARC Manage <input type="checkbox"/> ARC Supported <input type="checkbox"/> Independent				Facility Type: <input type="checkbox"/> School <input type="checkbox"/> Arena <input type="checkbox"/> Community Center			
<input type="checkbox"/> Other (describe):				<input type="checkbox"/> Other (describe):			
How long is the facility available?							
Please answer all of the following questions by circling the status (Yes, No, Unknown/Not Applicable). Note additional information in the Comments section on page 3. For information on forecasting required resources, use the Forecasting Chart (FC) on page 4 or the Shelter Guidance Aid and Shelter Staffing Matrix (M).							
Human Resources				Facility continued			
Adequate # of staff available? (See M)	Yes	No	Unk/NA	Indoor signage adequate?	Yes	No	Unk/NA

TABLE B: Shelter Site Visit: Resource Needs Assessment Checklist						
Facility's staff onsite?	Yes	No	Unk/NA	Outdoor signage adequate?	Yes	No Unk/NA
Partner agency staff present?	Yes	No	Unk/NA	Shelter rules posted?	Yes	No Unk/NA
				Shelter schedule posted?	Yes	No Unk/NA
Free of structural damage?	Yes	No	Unk/NA	Registration area size/location adequate?	Yes	No Unk/NA
Security available? Who?	Yes	No	Unk/NA			
Potable water available?	Yes	No	Unk/NA			
Hot water available?	Yes	No	Unk/NA	Adequate vehicle parking available?	Yes	No Unk/NA
Ventilation adequate?	Yes	No	Unk/NA	Accessible parking available/adequate?	Yes	No Unk/NA
Space per person adequate? (See FC)	Yes	No	Unk/NA	RV parking permitted on site.	Yes	No Unk/NA
Free of pests and mold?	Yes	No	Unk/NA	Public transportation including accessible transportation available?	Yes	No Unk/NA
Level of cleanliness acceptable?	Yes	No	Unk/NA	Transportation by partner agency available?	Yes	No Unk/NA
Normal electrical supply operational?	Yes	No	Unk/NA			
Is generator in use?	Yes	No	Unk/NA			
Indoor temperature adequate?	Yes	No	Unk/NA			
Heating available if needed?	Yes	No	Unk/NA	Health staff on-site?	Yes	No Unk/NA
Air conditioning available if needed?	Yes	No	Unk/NA	Mental health staff on-site?	Yes	No Unk/NA
# Of toilets adequate? (See FC)	Yes	No	Unk/NA	Registered sex offender(s) on-site?	Yes	No Unk/NA
# Of showers adequate? (See FC)	Yes	No	Unk/NA	Law enforcement notified?	Yes	No Unk/NA
# Of hand washing stations adequate?	Yes	No	Unk/NA	Alcohol/drug/gang/violence weapon issues?	Yes	No Unk/NA

TABLE B: Shelter Site Visit: Resource Needs Assessment Checklist									
(See FC)									
Cleaning supplies available?	Yes	No	Unk/NA	If yes, please describe:					
Sewers/septic available and functioning?	Yes	No	Unk/NA						
Visit Information				Shelter Data					
Refrigerator(s) available?	Yes	No	Unk/NA						
Fire alarm present?	Yes	No	Unk/NA	Facility walkways accessible?	Yes	No	Unk/NA		
Fire sprinkler system present?	Yes	No	Unk/NA	Showers accessible?	Yes	No	Unk/NA		
Waste/garbage disposal adequate?	Yes	No	Unk/NA	Toilets accessible?	Yes	No	Unk/NA		
# Of garbage cans adequate?	Yes	No	Unk/NA	Private screening areas available?	Yes	No	Unk/NA		
Cots meet access and functional needs?	Yes	No	Unk/NA	Food preparation occurring on-site.	Yes	No	Unk/NA		
Universal signage posted?	Yes	No	Unk/NA	Meal delivery consistent?	Yes	No	Unk/NA		
Durable Medical Equipment (DME) available?	Yes	No	Unk/NA	Safe food storage space on-site?	Yes	No	Unk/NA		
Consumable Medical Supplies (CMS) available?	Yes	No	Unk/NA	Snacks/water available on-site?	Yes	No	Unk/NA		
Commonly Used Shelter Items (CUSI List) needed?	Yes	No	Unk/NA	Infant feeding supplies adequate?	Yes	No	Unk/NA		
Personal Assistance Services (PAS) needed?	Yes	No	Unk/NA	Special & cultural diets provided?	Yes	No	Unk/NA		
PAS contract activated?	Yes	No	Unk/NA	Coolers available?	Yes	No	Unk/NA		
Service animals on-site?	Yes	No	Unk/NA	Clean ice available?	Yes	No	Unk/NA		

TABLE B: Shelter Site Visit: Resource Needs Assessment Checklist							
Veterinary care available?	Yes	No	Unk/NA	Dishwashing facilities available?	Yes	No	Unk/NA
Animal food/supplies on-site?	Yes	No	Unk/NA	Kitchen/food prep area is clean?	Yes	No	Unk/NA
Animal relief area identified?	Yes	No	Unk/NA	Partner meal provider:			
Unaccompanied minors on-site?	Yes	No	Unk/NA				
Diaper changing area available?	Yes	No	Unk/NA	Food-safe cleaning supplies available?	Yes	No	Unk/NA
Breastfeeding area identified?	Yes	No	Unk/NA	Serving supplies adequate?	Yes	No	Unk/NA
Childcare staff/partner on-site?	Yes	No	Unk/NA	Other (please note any needs):			
Safe childcare area identified?	Yes	No	Unk/NA				
Safe toys provided?	Yes	No	Unk/NA				
Hygiene plan for toys in place?	Yes	No	Unk/NA	Communication			
				Staff phone/charger available?	Yes	No	Unk/NA
				Facility phone available for use?	Yes	No	Unk/NA
				Client phone/charger available?	Yes	No	Unk/NA
# Of cots adequate? (See FC)	Yes	No	Unk/NA	Internet access available on-site?	Yes	No	Unk/NA
Number:				Computers available on site?	Yes	No	Unk/NA
# Of blankets adequate? (See FC)	Yes	No	Unk/NA	Number:			
Number:				Language translation services available?	Yes	No	Unk/NA
# Of Comfort Kits adequate? (See FC)	Yes	No	Unk/NA	List languages needed:			
Number:							
# Of towels adequate? (See FC)	Yes	No	Unk/NA	On-site Sign language services available?	Yes	No	Unk/NA
				Remote Sign language services available via internet?	Yes	No	UNK? NA
Number:				List sign languages needed:			
Pillows provided?	Yes	No	Unk/NA				
Number:				TV available for use?	Yes	No	Unk/NA
Toilet paper supplies adequate.	Yes	No	Unk/NA	TV has closed captioning capability?	Yes	No	Unk/NA

Appendix D: Mass Care GIS And Web-Based References

SACRAMENTO OA

Mass Care Sheltering Mapping APP, ***OES Evacuation Zones, Sacramento County Open Data site***

<https://data.saccounty.gov/datasets/oes-evacuation-zones/explore?location=38.375600%2C-121.442200%2C10.36>

Mass Care Sheltering Mapping App, ***Locations of opens space areas and county parks facilities***

Regional Parks Viewer, Your Sacramento County Parks, Sacramento County Open Data site

<https://apps.gis.saccounty.gov/sacparks>

Mass Care Feeding Mapping App, ***EMD Food Facility Inspection***, lists all inspected restaurants and food production sites in the OA, potentially useful for Larger Disasters.

<https://apps.gis.saccounty.gov/sacemdford>

Mass Care- all activities Sacramento Municipal Utility District Outage Map & Rotating Outage Map

<https://www.smud.org/en/Customer-Support/Outage-Status>

<https://www.smud.org/en/Customer-Support/Outage-Status/Rotating-outage-map>

STATE

Mass Care – all activities

Cal OES Access and Functional Needs Viewer, A GIS based tool to assist emergency managers in identifying, locating and deploying access and functionals (AFN) related assets and resources during all phases of emergency management. AFN refers to individuals who are/or have: Physical, Developmental or Intellectual Disabilities, Chronic Conditions or Injuries, Limited English Proficiency, Older Adults, Children, Low Income, Unhoused and/or transportation disadvantaged (i.e., Dependent on Public Transit)

<https://www.caloes.ca.gov/cal-oes-divisions/access-functional-needs/oafn-web-map>

Mass Care- all activities ***CDSS Disaster Services Branch Website***. Overview of CDSS's role in disasters and listing of their disaster related programs. Links to FAST, VEST and CDSS Planning Documents

<https://www.cdss.ca.gov/inforesources/disaster-services-branch>

Mass Care Operational Coordination ***CAL FIRE statewide fire map***, requires username and password,

<https://www.fire.ca.gov/imapdata/index.html>

Mass Care Operational Coordination **CalFresh Healthy Living GIS Map Viewer**, a product of Cal Fresh, California Department of Public Health the Map Viewer developed in 2021 by the Nutrition Policy Institute for the Nutrition and Obesity Prevent Branch of CDPH. Provides a variety of human service program facility and data related layers in a single convenient Map Viewer.

<https://www.arcgis.com/apps/webappviewer/index.html?id=ae1c184e6901437099aa457c099f7423>

Mass Care- all activities **The California Healthy Places Index** (HPI) Public Health Alliance of Southern California (Alliance) and Virginia Commonwealth University's Center on Society and Health tool to explore conditions that change life expectancy. 25 community characteristics combined for a single indexed HPI score. HPI scores for each census tract can be compared across the state to paint an overall picture of health and well-being in each neighborhood in California. Indicators for assessment include Economic, Education, Transportation, Social, Neighborhood, Clean Environment, Housing, Healthcare access.

<https://map.healthyplacesindex.org/>

Vulnerable Populations: Licensed Residential Elder Care Facilities.

<https://data.ca.gov/dataset/community-care-licensing-residential-elder-care-facility-locations>

NATIONAL

Mass Care Operational Coordination **FEMA, Resilience Analysis and Planning Tool**, The Resilience Analysis and Planning Tool (RAPT) is a geographic information systems (GIS) tool to help emergency managers and community partners at all GIS skill levels to visualize and assess potential challenges to community resilience. Supplies multiple data layers for mass care plans. Infrastructure information drawn from the Homeland Infrastructure Foundation-Level Data (HIFLD)1 Subcommittee, such as fire station and hospital locations.

Hazards such as real-time weather layers from the National Oceanic and Atmospheric Administration (NOAA), and historic tornado/hurricane tracks.

Risk information from the National Risk Index on the estimated annualized frequency of 15 natural hazards, including coastal flooding, drought, earthquake and wildfire. • The 20 Community Resilience Indicators identified in the Community Resilience Indicator Analysis:

County-Level Analysis of Commonly Used Indicators from Peer-Reviewed Research: 2020 Updates (CRIIA) conducted by FEMA and Argonne National Laboratory. All 20 indicators include county data: 12 also include census tract data. Tribal census data is also included in RAP

<https://fema.maps.arcgis.com/apps/webappviewer/index.html?id=90c0c996a5e242a79345cdbc5f758fc6>

Mass Care Operational Coordination/sheltering- **Homeland Infrastructure Foundation Level Data** (HIFLD) The layer contains shelter facilities for the Homeland Infrastructure Foundation Level Data (HIFLD) database. The National Shelter System feature layer contains facilities that can house individuals in the event of an issued evacuation for the facilities area. This layer's attribution contains physical, demographic, and capacity information for facilities in the continental United States and some of its territories. The purpose of this layer

is to provide accurate locations for a potential shelter in the event of a disaster. The facilities included have been designated as a Shelter by either the Federal Emergency Management Agency (FEMA) or the American Red Cross (ARC). THIS LAYER SHOULD NOT BE USED TO DETERMINE THE OPERATIONAL STATUS OF A FACILITY DURING AN ACTIVE EMERGENCY. Coordinate with your local Red Cross to integrate their National Shelter System mapping application into your Common Operating Platform.

<https://hifld-geoplatform.opendata.arcgis.com/datasets/geoplatform::national-shelter-system-facilities/about>

The **National Mass Care Strategy Website**, the website provides a centralized location for updated planning guidance, doctrinal updates, Red Cross best practices, Red Cross Standard Procedures and Job Aids and series of Mass Care Activity Plan Templates- state level- but easily adapted for county and local jurisdiction use.

<https://nationalmasscarestrategy.org/>

CDC Control and Prevention Website, **Natural Disasters and Severe Weather page**, provides guidance and tools for a variety of hazards. Intervention measures, mitigation protocols and guidance for a variety of response activities.

https://www.cdc.gov/disasters/covid-19/disasters_severe_weather_and_covid-19.html

Appendix E: Mass Care Emergency Assistance Communicable Disease Outbreak or Pandemic Planning Considerations

Purpose, Scope, Situation, Assumptions

Purpose: This Document provides planning considerations for local jurisdictions that are responding to a Communicable Disease Outbreak or Pandemic or responding concurrently to a Communicable Disease Outbreak or Pandemic with a natural, technological, or human caused disaster. In a Communicable Disease Outbreak or Pandemic environment, congregate shelters for mass care are not a preferred course of action. When congregate sheltering cannot be avoided, jurisdictions should work closely with and follow the guidance of the CDC and their local and state public health departments. The guidance of public health officials should inform all aspects of mass care activities conducted in a Communicable Disease Outbreak or Pandemic environment.

Scope: The scope of this document addresses mass care and emergency assistance functions and their planning conditions during a pandemic or Communicable Disease Outbreak or Pandemic environment.

Situation: Provision of Congregate Mass Care services in a Communicable Disease Outbreak or Pandemic or pandemic environment requires adapting or changing traditional service delivery methods to mitigate the risks of transmission and infectious spread disease. Social distancing measures and other non-pharmaceutical measures recommended by the CDC and adopted by public health authorities at multiple levels will require additional space and distancing measures in mass care facilities to mitigate the risk of disease spread. Local Public Health Officials in consult with local emergency managers should assess the risks, constraints, and benefits of congregate or non-congregate shelters to address the sheltering needs of population displaced by disaster or threat of disaster. Congregate shelters may be unavoidable in areas where large populations require mass evacuation to preserve life safety. Non-congregate shelters may be required for evacuations, impacts from disaster and the recovery period following the disaster. In both non-congregate and congregate sheltering settings, close coordination between local public health authorities and emergency managers and the organizations responsible for providing shelter is required before, during and after sheltering operations.

CDSS has endorsed the use of Temporary Evacuation Points as a recommended method to safely direct impacted residents from a centralized meeting point to an assigned sheltering location during disasters.

The most current mass care communicable disease outbreak or pandemic planning resources, including the job aid that informs this appendix, are now available and can be accessed on the National Mass Care Strategy website.

Additional California specific resources are available through CDSS and are highlighted in their Mass Care and Shelter Guidance for Local Governments During a Communicable Disease Outbreak Annex, August 2021 cited in the Authorities and Reference section of this Appendix. While this appendix some of the planning and strategic considerations highlighted in that reference- the document is an invaluable reference for tactical considerations for operations at both congregate and non-congregate sheltering sites. That reference should inform an understanding of tactical requirements at mass care sites for planners with responsibility for developing jurisdictional mass care plans.

Planning Assumptions: Delivery of mass care and emergency assistance should integrate unique health and safety planning requirements provided by Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), California Department of Public Health and local public health authorities.

Communicable Disease Outbreak or Pandemic Planning Assumptions	
Operational Constraints in a Communicable Disease Outbreak or Pandemic Environment	Mass Care during Concurrent Communicable Disease Outbreak or Pandemic and Large-Scale Disaster
CDSS currently recommends plans for universal masking of all workers and impacted survivors in shelters regardless of COVID-19 vaccination status. See their 0821 Mass Care and Shelter Guidance for Local Governments During a Communicable Disease Outbreak or Pandemic.	
Government authorities have established and enforced health and safety measures and guidelines, including screening, quarantining, social distancing and stay at home orders to monitor, mitigate and prevent the further spread of illness.	The need for human and material resources will quickly exceed the capability of any one agency or organization.
Local public authorities determine the public health measures required to mitigate community risk.	This occurrence will require a combination of resources provided by state, local, tribal, territorial governments, the federal government, private sector, and NGOs to deliver mass care and emergency assistance to affected populations.
Local public authorities determine the public health measures required to mitigate community risk.	
Critical infrastructure, including utilities, supply and distribution channels (i.e., food, pharmaceuticals, etc.), and transportation are impacted by Communicable Disease Outbreak or Pandemic illness.	
Work force reduced - taking care of sick family members, exercising social distancing and/or unable to perform their duties.	Geographic scope and severity of the Communicable Disease Outbreak or Pandemic event will inform mass care strategies and planning assumptions.
Supply chains and municipal service disruptions from both adherence to risk mitigation practices and/or quarantines.	Local jurisdictions may not have mass care plans adapted for Communicable Disease Outbreak or Pandemic risk mitigation protocols.
Anticipate shortages of adequate medical supplies, medical personnel, and volunteers.	Delivery of supplies to individuals who may be sheltering in place may be delayed or hindered for reasons that may include- debris blocking roads and access to sites, lack of signage and public health measures such as social distancing guidance.
Transportation restrictions and disruptions substantially slow the movement of essential supplies to their business and end-user customers.	Mass care practitioners must identify ways to provide virtual support for some activities to ensure

Communicable Disease Outbreak or Pandemic Planning Assumptions	
Operational Constraints in a Communicable Disease Outbreak or Pandemic Environment	Mass Care during Concurrent Communicable Disease Outbreak or Pandemic and Large-Scale Disaster
	compliance with health and safety measures and guidelines (i.e., social distancing, isolation).
Mass care practitioners will work closely with public health officials to identify, monitor, prevent and control outbreaks of Communicable Disease Outbreak or Pandemic or other illnesses in shelter settings.	
A viral Communicable Disease Outbreak or Pandemic has spread across the globe, significantly impacting the U.S. and a multitude of other countries and territories.	Natural, technological, or human-caused disasters will occur concurrently within a Communicable Disease Outbreak or Pandemic event.
Government authorities have established and enforced health and safety measures and guidelines, including screening, quarantining, social distancing and stay at home orders in effort to monitor, mitigate and prevent the further spread of illness.	The need for human and material resources will exceed the capability of any one agency or organization. This occurrence will require a combination of resources provided by state, local, tribal, territorial governments, the federal government, private sector, and NGOs to deliver mass care and emergency assistance
Local Public authorities determine the public health measures required to mitigate community risk. Under federal statute, HHS is authorized to take measures to prevent the entry and spread of communicable diseases from foreign countries into the United States and between states.	A Communicable Disease Outbreak or Pandemic event has different and more complex planning elements that must be considered to ensure a safe and successful delivery of mass care resources and services.
Communicable Disease Outbreak or Pandemic may impact critical infrastructure workforce for utilities, supply, and distribution channels (i.e., food, pharmaceuticals, etc.), and transportation have impacted by Communicable Disease Outbreak or Pandemic illness.	The potential for supply shortages in PPE supports the need to have plans in place at the local level to address solutions if supplies like N95 respirators are scarce- because of their use as a protective measure against smoke inhalation and a proactive measure against communicable disease spread.
Work force reduced - taking care of sick family members, exercising social distancing and/or unable to perform their duties.	Geographic scope and severity of the Communicable Disease Outbreak or Pandemic event will inform determination of mass care strategies and planning assumptions.

Communicable Disease Outbreak or Pandemic Planning Assumptions	
Operational Constraints in a Communicable Disease Outbreak or Pandemic Environment	Mass Care during Concurrent Communicable Disease Outbreak or Pandemic and Large-Scale Disaster
Non-congregate sheltering is the preferred sheltering method in a communicable or Communicable Disease Outbreak or Pandemic environment (CDC 2020).	Risk mitigation measures adopted to protect first responders may constrain scarce non congregate sheltering resources
Planning will include alternate options, such as sheltering-in-place or non-congregate shelters such as hotel/motels, renovated facilities, or campgrounds.	Congregate shelters may be unavoidable for areas impacted by no-notice events and areas with few non-congregate shelter resources.
Congregate Sheltering and other Mass Care services and activities must be adapted to meet NPI measures to mitigate the risk of Communicable Disease Outbreak or Pandemic spread.	Risk mitigation measures for prevention of infection spread will reduce the number of people that can be supported in shelter sites identified before the Communicable Disease Outbreak or Pandemic.
There will not be 100% compliance with recommended CDC protocols by all members of the public.	Member of the public may elect to shelter in place rather than risk exposure to risk of infection and compromise their safety with that choice.
Some survivors and households who require sheltering will arrive at the shelter without medical equipment, medical prescriptions and/or supplies, personal assistance services (caregivers) and personal protective equipment (PPE).	Additional Screening and risk mitigation protocols will increase the numbers of health service workers assigned to shelters and other mass care operations.

Concept of Operations

Once the determination is made that non-congregate sheltering is required to mitigate risks (typically dependent on a local public health order/direction to avoid congregate sheltering), site agreements for committed non-congregate facilities should be coordinated.

It should be noted that the county is the lead agency for sheltering with the support of the State of California. A county can submit a resource request for assistance through Cal OES (Mission-Tasked Assistance Request) and CDSS Mass Care Shelter Task Force (MCSTF). They will work with each jurisdiction to identify support operations and support the OA by activating the DGS NCS Program.

Non-Congregate Sheltering Options

Non-congregate housing is preferred. The sheltering options below (listed in order of preferred use) are recommended for the following groups:

1. For isolation of those who test positive for COVID-19 or are symptomatic (regardless of COVID-19 vaccination status).
2. For quarantine of those who are not fully vaccinated and have been exposed to COVID-19.

3. For those who may be deemed as medically fragile (regardless of COVID-19 vaccination status).Pre-Disaster Coordination

Pre-Disaster: 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, particularly those representing the culturally diverse communities, prior to an incident. See the Finance Section for additional information on considerations for non-congregate sheltering and financial practices.

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 shelter sites that meet requirements for Communicable Disease Outbreak or Pandemic risk mitigation measures and protocols?
- 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 with the agency or entity responsible for the facility, who will take responsibility for the site and the relationship with 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?
- Establish coordination structure for emergency management, healthcare organizations, volunteer organizations, coalitions, planned congregate/non-congregate sites and other stakeholders.
- Agreements should clearly describe the strategy and processes for preparing for and responding to an incident. Agreements clearly delineate roles, responsibilities, and liability.
- Do the agreements with agencies, organizations, or private entities for use of Congregate/Non- Congregate shelters meet requirements for Communicable Disease Outbreak or Pandemic planning.
- Have Facility agreements been established by local jurisdictions or DHA (as Primary Agency for mass care) for sites with capacity for large concentrations of people (250+) in buildings with adequate space to meet Communicable Disease Outbreak or Pandemic spread risk mitigation protocols.
- For pre-identified facilities, are the space requirements for individuals and common areas sufficient to mitigate risk by implementing social distancing measures in the spaces?
- Address means of funding non-congregate sheltering. Coordinate with Public Health, CDSS and

nongovernmental organizations to determine what funds might be available to support the course of action if there is a public safety mandate to mitigate the risk of infection and disease spread.

- Establish and socialize a standard set of protocols for nonpharmaceutical intervention measures to reduce the risk of communicable disease spread that jurisdictions and organizations refer to when initiating mass care operations. CDC and CDSS both provide information in the references listed in the authorities and references section of this Appendix.
- Establish protocols and identify resources to support provide screening and testing for the communicable disease at congregate sheltering sites. Mass Care and Shelter Guidance for Local Governments during a Communicable Disease Outbreak or Pandemic establishes recommended screening procedures for mass care workers and individuals in need of mass care support on p. 9 of that reference.
- Consider establishing a set of considerations that helps triage eligibility for scarce non-congregate sheltering resources with prioritization afforded to individuals at higher degrees of risk for serious disease associated with infection by the pandemic agent and those with access and functional needs.
 - Although risk factors for severe disease may vary with the infectious agent, in general, individuals at greatest risk of infection, serious illness, or death due to a communicable disease outbreak or pandemic, the list below provides some general considerations for identifying those at increased risk from communicable disease.
 - Over 65 years of age.
 - With compromised immune systems and certain underlying health conditions, for example, heart, lung, and kidney diseases, obesity, developmental disabilities.
 - Individuals significantly impacted by the conditions in the places where they live, learn, work, and play (i.e., social determinants of health, racial and ethnic factors);
 - Individuals and families who live and/or working in congregate settings.
 - Essential workers who interact with the public.
 - Young infants and children (high risk for influenza).
- If a vaccination or other pharmaceutical measure is available for the outbreak, consider developing guidance and protocols to address verification of vaccination status for residents requiring shelter.
- Shelters should not rely solely on self-reporting of vaccination status.
 - Other means of validating vaccinations status are listed below.
 - Vaccination Card (should include name of person vaccinated, type of vaccine provided, and date last dose administered.)
 - Photo of a vaccination card as a separate document.
 - A photo of the individual’s vaccination card stored on a phone or electronic device.
 - Documentation of the vaccination from a healthcare provider.
 - Documentation of the vaccination in the California Immunization Registry (CAIR.)
 - See CDSS guidance on p. 8 of the Mass Care and Shelter Guidance for Local Governments during a Communicable Disease Outbreak or Pandemic, 2021 for information regarding the CAIR for those shelters providing healthcare services.

Initiating Mass Care in a Communicable Disease Outbreak or Pandemic Environment

Once the determination that sheltering for a disaster during a communicable disease outbreak or pandemic is required, reestablish contact with local public health officials for the latest guidance on mitigating the risk of infection and disease spread. As sheltering strategies are under consideration, re-message the need to adapt protocols to mitigate the risk of disease spread. Highlight the need to understand the likely duration of sheltering operations as well as the number of people that will require sheltering as decision drivers based on both cost and the need to mitigate the risks of Communicable Disease Outbreak or Pandemic spread. .

- Establish agreements including Memorandum of Understanding (MOU), Memorandum of Agreement (MOA) or leases for pre-designated sites, resources, staff, and integration of those resources on activation.
- See the Finance Section for additional information for non-congregate sheltering and financial practices.
- Agreements need to address how cost sharing, documentation and reimbursement processes for multi-agency managed and supported shelters.
- Establish which sites have provisions for transfer of responsibility between agency, organization or private entity and a site’s owner/management for site use agreements.
- For site transfers if no agreement exists between the agency, consider establishing one.
- Identify who takes responsibility for the site and provides inter-face with site’s owner/management.
- Reinitiate contact with local public health officials for the latest guidance on mitigating the risk of infection and disease spread.
- If vaccines for the disease are available, coordinate with the local public health or health care delivery system for provision of vaccinations at mass care sites.

To establish the sheltering strategy- on an event-by-event basis assess against probable duration of the sheltering operation and the number of people sheltered and potential risks of infection.

- Evaluate non-congregate shelter options.
- Assess shelters to determine capabilities and short falls for specific population requiring sheltering.
- Establish support needs and required resources.
- Identify current level of activity of NGO and other ad hoc sheltering missions-and evaluate the following considerations when considering strategies.
 - Identify how long any existing missions have been operational?
 - Identify existing capacity for additional population
 - Establish situation for overflow- including number of populations sleeping in vehicle or tents without mass care or another emergency assistance.
 - Establish constraints in neighboring jurisdictions that limit their normal capacity?
 - Establish support needs and required resources.

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.)

- 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

Non-Congregate Shelters (NCS)

- Assess potential non-congregate shelter sites evaluating location, capacity, accessibility, and interior/exterior features.
- Non-congregate Shelter sites can be surveyed by agencies assigned by the jurisdiction or agency responsible for NCS to determine site suitability.
- Conduct assessments with the site's owner and/or management company present.

NCS operations in sites owned by private enterprise

- To mitigate potential fraud and simplify the process for obtaining reimbursement as Category B expense under a Federal Emergency Management Agency (FEMA) Public Assistance (PA) declaration coordinate with CDSS for a brief with the State PA Grant manager to get latest updates for PA reimbursement eligibility criteria
- Align contracts, inspections, and documentation protocols with reimbursement criteria

The following tables provide additional decision support to determine which sheltering strategy will most effectively meet the needs of the displaced population in the Communicable Disease Outbreak or Pandemic environment.

Decision Support for Sheltering Strategies during an Communicable Disease Outbreak or Pandemic Outbreak

Course Of Action #1– Non-Congregate Shelter Hotels and Motels	
Capability	More than 5000 guestrooms in the greater Sacramento Area
Description	Includes hotels, motels, inns, and other facilities which offer sleeping rooms for short-term stays (generally 30 days or fewer), or any entity which owns, operates, or leases to these places. Preferred option for sheltering during the communicable or Communicable Disease Outbreak or Pandemic environment.
Gaps	Status of pre-existing contracts and identification of other current users in the county. Pre-Disaster Coordinate with homeless service providers and local public health to identify resources committed and in use for the precariously housed and unhoused.
Triggers	<p>Indicator #1 – OA’s Mass Care capability during communicable or Communicable Disease Outbreak or Pandemics environment, Response history, Existing relationships with OA’s Mass Care Coordinator Level of threat to population and population centers, notice to event or event warning, Resource availability, OA Capability and Gaps, Available support for displaced population</p> <p>Indicator #2 – Anticipated number of disaster survivors requiring Mass Care and Shelter assistance during communicable or Communicable Disease Outbreak or Pandemics environment, Socio-economic status of the impacted population, Geography, Availability of resources in non-impacted adjacent areas, Damage to infrastructure and residences in impacted areas.</p> <p>Indicator #3 – Number of current shelters open in OA and number of additional shelters which may require support during communicable or Communicable Disease Outbreak or Pandemics environment.</p> <p>Indicator #4 – Hazard (notice- flood or no-notice- wildfire, earthquake) displacing population in the communicable disease outbreak or pandemic environment</p>
Advantages	Disadvantages
<p>Private rooms reduce risk of transmitting communicable or Communicable Disease Outbreak or Pandemics environment.</p> <p>Client screening for infection conducted during registration.</p> <p>Rooms resourced with bedding, towels, televisions, and phone systems.</p> <p>Contracted housekeeping.</p> <p>Facilities may have large use areas for:</p> <ul style="list-style-type: none"> • Feeding • Recreation • Laundry 	<p>Multiple hotels may be required. Hard to coordinate services and maintain contact with displaced populations</p> <p>Must identify budget source- if there are no state or federal funds available, how will the county generate funds and budget allocations?.</p> <p>Disaster survivors may have to travel longer distances due to a lack of hotels in or near impacted areas.</p> <p>Need to provide support for regulating/maintaining social distancing in common areas</p>

<ul style="list-style-type: none"> • Rooms for meetings with individual clients <p>Common spaces can be used for multiple functions</p> <p>Ground floor and other accessible rooms can be prioritized for individuals with AFN, per the Americans with Disabilities Act (ADA)</p>	<p>Supporting multiple hotel sites with feeding for displaced population.</p> <p>Must coordinate to deconflict scheduled events and existing programs reliant on non-congregate sheltering in hotels. (Unhoused, precariously housed).</p>
<p>Special Considerations for Hotels</p> <ul style="list-style-type: none"> • All Americans with Disabilities Act (ADA) rooms should be prioritized for clients with disabilities. • All ground floor and easily accessible rooms should be prioritized for clients with access or mobility issues. • Unfiltered air should not be re-circulated 	

Course Of Action #2 – Non-Congregate Shelter ACS	
Description	Alternative Care Sites (ACS) are any sites of opportunity that are converted to increase healthcare capacity and bed space for overflow. Examples of typical ACS include arena, vacant hospital, or other large facility. ACSs (Alternate Care Sites) established as overflow space during a communicable or Communicable Disease Outbreak or Pandemics may be used for sheltering operations if the ACS is in ‘warm’ or ‘operational’ status. ACSs (Alternate Care Sites) can be operationalized/converted to support mass care if the safety risk of the disaster risk outweighs the demand for overflow space.
Triggers	Same as for Non-congregate Shelter (Hotels)
Capability	Unknown. Dependent on scope of Communicable Disease Outbreak or Pandemic, resource constraints and need for overflow space
Gaps	Typically establish to accommodate demand for overflow space in areas with higher population densities.
Advantages	
<p>All clients will be screened before entering</p> <p>Already have bedding, towels, televisions, and phone systems</p> <p>Will have cleaning crews/staff on site</p> <p>Distinct space or room for:</p> <ul style="list-style-type: none"> • feeding • recreation • laundry • meetings with individual clients <p>Common spaces can be used for multiple functions</p> <p>Ground floor and other accessible rooms can be prioritized for individuals with AFN, per the Americans with Disabilities Act (ADA)</p>	Disadvantages
	<p>May only be 1 or 2 ACSs (Alternate Care Sites) in the impacted region.</p> <p>Require pre-planning and approval from FEMA for reimbursement</p> <p>Federal Medical Sites require use permission from federal agency with responsibility for them. Coordinate through CDSS and the state.</p> <p>Disaster survivors may have to travel longer distances due to a lack of ACS in high fire risk areas</p> <p>Non-declared/proclaimed disasters would negatively impact funding/reimbursements for this COA</p> <p>Providing feeding operations for multiple ACS.</p>

Course Of Action #3- Noncongregate Shelter (Dorm Type Settings -Colleges, Universities)	
Description	The primary focus of institutes of higher education (IHE) is the well-being of their students. It is a campus-by-campus decision whether or not to make their spaces available for mass care and shelter purposes.
Triggers	Same as for Non-congregate Shelter (Hotels and ACS)
Capability	CSU Sacramento, Epic Bible College, Western Seminary, Sacramento City College, Chaffey College, Sierra College, Folsom Lake College.
Gaps	Difficult to obtain precontracted agreements
Advantages	Disadvantages
<p>OA may already have a MOU in place for the facility</p> <p>Facility has separate isolation care area with physical separation from dormitory.</p> <p>Common spaces can be used for multiple functions</p> <ul style="list-style-type: none"> • feeding • recreation • laundry • meetings with individual clients <p>Private rooms help reduce the risk of contact and disease spread.</p> <p>Dormitories should afford a minimum of 110 sq ft per individual.</p>	<p>Not all OA's have MOUs with local IHE for use</p> <p>The dormitory must allocate a minimum of 110 sq. ft. per client</p> <p>Barriers to accessibility must be addressed/removed</p> <p>Screening and shelter entrance/exit must be controlled and always staffed</p> <p>Non-declared/proclaimed disasters mean county must identify funding</p> <p>Need to deconflict with students' use of dormitories.</p>
<p>Special Considerations:</p> <p>Dormitories should afford a minimum of 110 sq ft per individual.</p> <p>Facility should have separate isolation area with physical separation from dormitory.</p>	

Course Of Action #4- Noncongregate Shelter (Air BnB)	
Description	<p>A marketplace for lodging, primarily homestays, or tourism experiences.</p> <p>Airbnb hosts a program known as “Open Homes” which could potentially provide shelter locations for disaster survivors.</p> <p>Another program, Frontline Stays, supports medical frontline responders with housing options.</p>
Triggers	<p>Significant incident reaches a threshold of <u>15,000 evacuees</u>,</p> <p>Airbnb reaches out to hosts in the area which they consider to be safe and accessible to evacuees and asks volunteers to offer their Airbnb’s for free.</p>
Capability	<p>Dependent on willingness of location managers to support the use of their facilities for non-congregant sheltering.</p>
Gaps	<p>Request through coordination with CDSS if other options in OA exceeded.</p> <p>Establishing block room/location rates may be difficult as opposed to hotel bookings.</p> <p>Significant planning could make Airbnb a viable option for short to long-term sheltering needs.</p>
Advantages	Disadvantages
<p>Reduced risk of transmitting communicable or Communicable Disease Outbreak or Pandemics environment</p> <p>Already have bedding, towels, televisions, and phone systems</p> <p>Private rooms</p>	<p>Coordination intensive based on need to secure multiple Airbnb sites and contracts.</p> <p>Airbnb vendor self-elect commercial capability reflect ability to book</p> <p>Requires precoordinated funding</p> <p>Disaster survivors may have to travel longer distances due to geographical separation of the locations that elect to support.</p> <p>No resources for support screening for infectious or communicable disease</p> <p>ADA Accessibility not guaranteed.</p>

Course Of Action #5- Congregate Shelters (Traditional Sites- Schools, Churches)	
Description	<p>Traditional sites modified with protocols to mitigate risk in a Communicable Disease Outbreak or Pandemic environment. Guidance from CDC, CDPH and local Public Health used to inform risk mitigation and Nonpharmaceutical Intervention measures.</p> <p>Considered a last resort in a Communicable Disease Outbreak or Pandemic environment.</p>
Triggers	No other sites or support resources available.
Capability	<p>Identify current Regional Sheltering Capability for the Red Cross Gold Country for a sustained period of 2 weeks for 3 different scenarios (required capacity for in region resources only, required capacity requires support from division resources, required capacity requires American Red Cross resources for a nationwide response).</p> <p>Identify any other sheltering capability within the operational area.</p> <p>Include public health capability in the OA to provide support at sheltering site- for screening and to facilitate movement of infected residents to off-site quarantine facilities.</p>
Gaps	Personal protective equipment (masks, sanitation supplies, other resources to implement risk mitigation protocols)
Advantages	Disadvantages
<p>Schools and Churches-Typically have bath, shower, toilet facilities, kitchen and dining areas and accessibility accommodations.</p> <p>Multiple rooms and buildings- consider modifying use agreements to access more areas of the campus or school</p> <p>MOUs typically in place</p> <p>Typically, pre-identified.</p>	<p>Schools- not suitable during academic calendar year.</p> <p>Social distancing requirements would cause significant impacts to the operation and lessen the ability house/shelter large numbers</p> <p>Does not have separation of clients as required under communicable or Communicable Disease Outbreak or Pandemics environment guidelines</p>

Special Considerations:

Small shelter populations (generally fewer than 50 people)

- Small shelters should be prioritized over larger shelters.
- Safer to congregate fewer people – can add additional sites as desired.
- Likely available closer to incident/home location than large site.
- Intended for less than 14 days after the emergency phase.
- Smaller facility (gymnasium/classrooms).

Large shelter populations (generally greater than 50 people)

- Large congregate shelters should be used as a last resort.
- Involves significant planning and support from all agencies.
- Officials should demobilize large congregate shelters as soon as possible after the emergency phase and relocate residents to hotels or small shelters for better social distancing.
- Should transfer shelter operations to small shelter(s) within seven (7) days of shelter operations or as directed by public health.

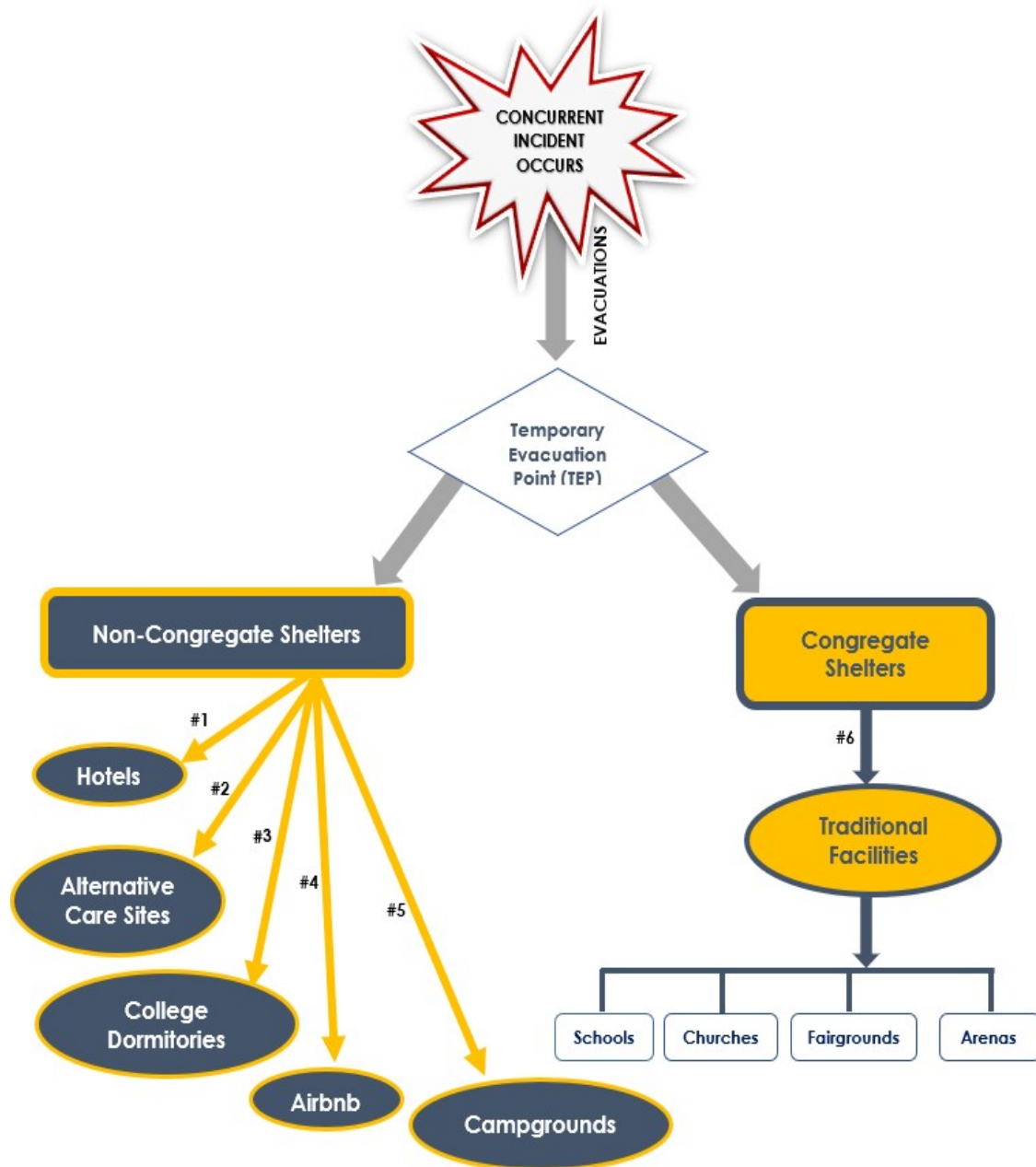
Alternate Course of Action: Campgrounds as Shelters (Outdoor Sheltering)

- Clients stay in separated recreational vehicles (RV), camp cabins, tents, etc., if available.
- Many campsites are in remote areas.
- Office space, supply storage, and necessary equipment lacking at many campsites should be brought in.
- Many campsite locations have rustic or limited toilet and shower access and may involve making enhancements. Provide consideration for the need to address access and functional needs support at these sites, particularly accommodations for those individuals reliant on mobility support devices.
- RVs and camp cabins may not be ADA compliant or physically accessible for AFN clients.
- Many clients will have few belongings with them and may require a tent/setup.
- Recommend consulting with California Air Resources Board prior to use of campgrounds due to possible air quality warnings.

Modified for County use from the: California State Mass Care and Shelter Operations During a Communicable or Communicable Disease Outbreak or Pandemic Environment Guidance issued, June 2, 2020

CDSS has established a decision tree to outline the process for identifying, in priority order, sheltering options during a communicable disease outbreak or pandemic event. Each option will be expanded upon in the CDSS Mass Care and Shelter Guidance for Local Governments August, 2020. .

CDSS, Decision Tree for Selecting Facilities During a Communicable Disease Outbreak or Pandemic



Evacuations and Temporary Evacuation Points

CDSS recommends leveraging a Temporary Evacuation Point (TEP) during evacuations as a means of establishing mass care needs and providing shelter registration and shelter assignments in a safe location during evacuations.

The goal of the TEP is to implement an efficient process that directs evacuees to a safe location. That location should afford people access to information and an opportunity for mass care service providers to assess and determine the best method to meet the mass care needs of displaced individuals. An additional benefit of leveraging TEPs is the additional time it affords sheltering service providers to take the appropriate measures required to mitigate the risk of communicable disease spread at sheltering sites.

Questions that should guide planning for and establishing TEPs are listed here.

- What agency has responsibility for the TEP?
- Who is responsible for operations at the TEP site?
- What activities and support should be located at the TEP?
- What is the operational plan for activity at the TEP?

TEPs are generally large parking lots that act as reception and staging areas for clients. If implemented, evacuation orders should include instructions directing people to a TEP.

If indoor TEPs are used, plan to maximize ventilation by opening windows/doors, using fans, and using outdoor spaces/shelter for higher risk activities. Consider using portable air cleaning/filtration devices.

Plan for universal masking for all workers and all clients, as clients have not yet been screened for symptoms, exposures, and vaccination status. Appropriate PPE should be provided for workers who will more closely interact with clients that report symptoms or exposures or for workers performing clinical services such as testing and/or vaccine administration.

At a TEP, clients should undergo a health screening, participate in the shelter registration process, and have a safe place to stay while a determination can be made on the appropriate shelter environment for clients. This allows for triaging clients, prioritizing placement of the most vulnerable clients in limited hotel space, isolating the sick, quarantining the susceptible exposed, permitting an orderly process of placing clients in shelters, and identifying the need for additional shelters. This can be done while maintaining the recommended physical distancing and masking practices that protect both mass care personnel and clients.

Information/Data Captured at the TEP

- TEP entry date
- Family name
- Address (residence address impacted by the disaster)

- Email address
- Telephone number
- Emergency contact information
- Red Cross registration identifier
- Transportation needs
- Privacy/consent to release & share information with partner agencies and organizations
- Feeding request information (including dietary restrictions)
- AFN considerations
- Vaccination status (COVID-19/other)
- Symptom/exposure clearance
- Assigned shelter location (including hotel room number for non-congregate sheltering)
- Federal Emergency Management Agency (FEMA) application number (if applicable)

Information Given to Clients During the TEP Registration Process

- Welcome advisory letter
- County evacuation information (maps/evacuation warnings and/or orders)
- Hotel room renewal policy and process (including cancellation and early check out)
- Drug/alcohol/weapon policy information (including statement initialed by client)
- Feeding services information flyer (information about providing hotel room location and room number for feeding partners to deliver meals)

Provide telephone number to report symptoms, exposure, or vaccination status (shelter administration) and telephone number for FREE access to clinical triage/care (healthcare delivery system)

Information on how to protect themselves and how to prevent transmission of communicable disease, including vaccination, universal masking, hand hygiene, maximizing physical distance, increasing ventilation, and use of outdoor spaces

Advise clients of Red Cross survey that should be disseminated. The survey results should be reviewed daily so that the county and/or Red Cross can address the needs of clients rapidly and provide the best service possible to clients in their time of need

If TEPs are not utilized, strong consideration should be given to how clients will transition to sheltering sites. Determine how information on shelter sites will be communicated to the public, and what protocols should be established so sites are not overrun. When the California Department of General Services Non-Congregate Shelter (DGS NCS) Program is used, many of the above questions should be asked as part of the registration form.

Strategies for Gathering Information at TEPs

- If clients arrive by vehicle, they should remain in their vehicles until a decision is made to move them to the next level of the TEP registration process, which would be initiating the hotel non-congregate sheltering plan.
 - o A sheltering decision must be made quickly to prevent clients spending the night in their vehicles.
- If clients do not arrive by vehicle, a reception area should be set up in the designated TEP facility.
 - o Chairs should be provided and should be placed six (6) feet apart for physical distancing.
 - o All clients should be provided a face covering that should be worn while in the reception area.
 - o Non-vehicle reception could be either inside or in a controlled area under canopies.
- Restroom facilities should be available and cleaning supplies and schedule should be maintained.
 - o Separate restrooms should be available for those who are symptomatic for possible pandemic infection.
- The preferred method of communication with clients is via cell phone while clients remain in their vehicles.
 - Communications should be spoken in a language that they understand.
- If a face-to-face interview is necessary, only ONE member of the household should exit the vehicle and complete the interview with the Registration Associate.
 - o Six (6) feet physical distancing protocols should be adhered to.
 - o Masks should be worn by the clients and the Registration Associate during the interview process at the vehicle or at the TEP.
- Waterless hand sanitizer or handwashing stations equipped with soap, water, paper towels, and trash receptacles should be readily available. Workers and clients should be reminded to perform hand hygiene frequently. Signage should be placed in these areas.

To provide better service to clients, TEP registrations should be tracked and a template used during the intake process at the TEP. The county should consider surveying clients in a language that they understand so there are no unmet needs. The results of any survey should be reviewed and disseminated daily so that the best service can be provided.

Recommended Staffing Patterns for Non-congregate and Congregate Sheltering in an Communicable Disease Outbreak or Pandemic Environment

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	<p>The team works up to 12 hours per shift</p> <p>Shelter operations include staffing positions such as shelter management, client registration, dormitory management, feeding, reunification, health, mental health, spiritual care, janitorial, and logistical support.</p> <p>Refer to the National Mass Care Strategy (NMCS) Sheltering Guidance Aid and Staffing Matrix for sample staffing ratios</p>				
Component	Description	Non-Congregate	Congregate	Virtual	In-Person
Shelter Site Manager (Congregate)	<p>1 shelter manager per shift</p> <p>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.</p> <p>Pre-landfall Congregate Shelter Operations in COVID-19 Communicable Disease Outbreak or Pandemic</p>		X		X
Shelter Manager (Non-Congregate)	<p>1 shelter manager per shift</p> <p>Refer to: COVID-19 Non-Congregate Sheltering Framework</p> <p>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</p>	X		X	X

Sacramento Operational Area Care and Shelter Annex 2021

Shift Supervisors	4 Supervisors per 300 (average) population of shelter		X		X
Communicable Disease Outbreak or 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: NMCS website .	X	X	X	X
Registration	1 worker: 165 population, min. 1		X		X
Staffing / Admin	1 worker per shift		X		X
Feeding (Congregate)	1 worker: 110 population, min. 1 Feeding in COVID-19 Congregate Shelters		X		X
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.)	X		X	X
Dormitory Management	1 worker: 100 population, min. 1		X		X
Shelter Resident Transition	Supports clients transitioning from congregated or non-congregated shelters to safe, sustainable housing solution	X	X	X	
Mental Health / Crisis Counseling	1 worker: 250 population, min. 1 (Congregate) Provides virtual support to clients who are referred as described in the Disaster Health	X	X	X	X

	<p>Services Procedures in COVID-19 Congregate Shelters job tool. May need to be physically present to support individual clients and workers, as well as de-escalate situations</p>				
Disability Integration Services	<p>Activity, situation, and length dependent</p> <p>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</p>	X	X	X	X
Public Health, Medical Health Services (Congregate)	<p>2 per 50-persons, per shift (congregate shelter)</p> <p>Accredited professional per AHJ</p> <p>Disaster Health Services Procedures in COVID-19 Congregate Shelters</p>		X		X
Disaster Health Services (Non-Congregate)	<p>Min. 1 person. Non-Congregate Shelter,</p> <p>Provides virtual support to clients who are referred as described in the Disaster Health Services Procedures in COVID-19 Congregate Shelters job tool.</p> <p>Conducts daily wellness checks</p> <p>Provide assistance with medication, DME and CMS replacement and health education</p> <p>May need to be physically present to support individuals</p>	X		X	

	with access and function needs				
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Traditional Shelter Space Requirements	Communicable Disease Outbreak or Pandemic Shelter Space Requirements
20 sf (Evac)-40 sf (Post Evac) per person	60 sf (Evac)-110 sf (Post Evac) per person

Potential Shelter Sites	
Congregate Shelter	Non-Congregate Shelter
<ol style="list-style-type: none"> 1. Vacant buildings 2. Commercial space properties 3. Strip malls 4. Community centers 5. National guard armories 6. Mega churches 7. Banquet halls 8. Stadiums 9. Auditoriums 10. Vacant Industrial facilities 11. Soft sided shelter (encampment) 	<ol style="list-style-type: none"> 1. Dormitories 2. Closed nursing facilities, hospitals, long term care facilities 3. Retreat, camp sites, YMCAs 4. Vacant Military bases 5. Hotels/Motels 6. Individual tents 7. Motor homes, campers, and travel trailers

PPE Supplies for Sheltering	<p>Typical PPE</p> <ul style="list-style-type: none"> ▪ N95 respirators (employee users must be fit-tested as applicable) for clients and workers to protect them from smoke effects or for workers to protect them against airborne infectious diseases (note: Cal/OSHA allows voluntary employee use of N95s for wildfire smoke protection without fit-testing or medical clearance, but employees in contact with persons having suspected or confirmed COVID-19 illness should be fit-tested and medically cleared for N95 use) ▪ Procedure masks or surgical masks ▪ Cloth masks ▪ Gloves ▪ Gowns
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	<ul style="list-style-type: none"> ▪ Eye protection (face shields or non-vented/indirectly vented goggles)
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Congregate Shelters

The National Mass Care Strategy website hosts a wealth of resourcing for mass care activity in a Communicable Disease Outbreak or Pandemic influenced environment along with a host of operational resources during disasters. The checklists below provide a high-level overview of some of the considerations for shelter site identification in a Communicable Disease Outbreak or Pandemic environment. The use of congregate shelters is not ideal for Communicable Disease Outbreak or 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 sheltering operations (i.e., public health officials, shelter providers, NGO partners, CERT, engineers, public safety, building inspection team, etc.)
- Determine the number of additional facilities that need to be identified and assessed to meet the need for additional space in shelters based on the population served.
- Determine suitability and evaluate suitability of structures to meet the need to mitigate the risk of Communicable Disease Outbreak or Pandemic spread in the shelter- adequate size, air quality, space for isolation, sanitation and hygiene requirements.
- 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 based on several factors including location, capacity, accessibility, and interior/exterior features. Like congregate/general population sheltering. For more detail, please see the Red Cross Shelter Facility Survey Form in the Sacramento OA EOC Care and Shelter Branch Desk Guide.

- NCS sites can be surveyed by an agency assigned by the jurisdiction or agency responsible for NCS to evaluate the site's suitability for use.
- Members of survey teams should include the site's owner and/or management company.
- NCS operations in privately owned facilities require additional coordination and process steps to assure occupants meet eligibility criteria and to simplify the process for obtaining reimbursement as a Category B expense under a potential Federal Emergency Management Agency (FEMA) Public Assistance (PA) declaration or other assistance

program.

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.)
- 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

Finance

Coordinate with Public Health, CDSS and nongovernmental organizations to identify funding for non-congregate shelters if there is a public safety mandate to use non-congregate sites to mitigate infection risks

State of California Non-Congregate Shelter (NCS) Program

The State of California can assist in providing emergency, non-congregate sheltering assistance for disaster clients to local governments through the DGS NCS Program. The local government may request support from DGS or the Red Cross for the placement of clients in hotels. OAs participating in the DGS NCS Program should incorporate program eligibility that includes that disaster clients legally reside in an evacuation zone and have a domicile that is inaccessible as a direct relation to the disaster incident. The DGS NCS Program is ONLY available to counties that have an active Fire Management Assistance Grant (FMAG) or a Presidentially Declared Disaster.

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. Coordinate through CDSS for an update with the state PA Grant manager.

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	<p>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</p> <p>Temporary hires by individual, hours of work, rates of pay</p> <p>Breakdown of fringe benefits for regular employees and emergency hires, both regular and overtime rates.</p>
Equipment and Contract Cost	<p>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</p> <p>Services contracted for and/or purchased for use on eligible work, location of work purchase orders, costs and invoices to support the costs</p> <p>Listing of equipment damaged and cost to repair or replace.</p>
Other Supporting Records	<p>Labor policies in effect at the time of disaster</p> <p>Insurance adjustments, settlements, and other documents and records related to project worksheets</p> <p>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.</p> <p>Photographs of work sites before and after, labeled with location and date</p> <p>Mutual aid and assistance agreements in effect</p>

	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.

The tables on the next few pages identify questions addressing mass care activities in shelters to assess the conditions for sheltering during an Communicable Disease Outbreak or Pandemic outbreak or pandemic. The information gathered to evaluate situations can be used to identify risks for infection spread and then to develop mitigation measures identified with support from Public Health guidance to reduce those risks..

Job Aid: Communicable Disease Outbreak or Pandemic Environment Considerations for Wrap Around Services				
FEEDING	Non-congregate (NCS)	Hotel/ Motel / Dorm	Congregate	Shelter-in-Place
Protocols for protective and infection risk intervention measures identified and in place for all mass care personnel and survivors?	X	X	X	X
Sufficient material and human resources to meet feeding requirements I in a Communicable Disease Outbreak or Pandemic environment?	X	X	X	X
Agreements with NGO or contracted caterers for point-to-point delivery (room service style)?	X	X	X	
Meal planning meets nutritional and dietary requirements for all populations including infants/toddlers-infant formula, senior nutrition- liquid supplements or alternatives, and culturally appropriate meals to meet unique needs (faith-based limitations, vegan, vegetarian, ethnic communities)?	X	X	X	X
Confirmed coordination with meal providers to identify and adjust orders to meet standards and requirements?	X	X	X	X
Hotels with onsite restaurants/ dorm style locations with industrial kitchens.				
<ul style="list-style-type: none"> • Can the site support point to point meal delivery with their staff and kitchen facility? • If so, has an agreement or modification to the contract been made? • Does hotel restrict use of outside vendors? • Coordinated strategy with site management for delivery arrangements arranged by local jurisdiction? • Support staff assigned to support delivery strategy (distro point/kitchen to room)? 	X	X		X

Job Aid: Communicable Disease Outbreak or Pandemic Environment Considerations for Wrap Around Services				
<p>Feeding (Alternate strategies to meet infrastructure support constraints (power, water, supply chain disruptions),</p> <ul style="list-style-type: none"> Shelf stable Meals NGO Partners (Red Cross, Salvation Army, World Central Kitchens) Local Restaurants and Caterer contracts Local Food Pantries/Soup Kitchens Culinary Schools Faith Based Organization support Meals on Wheels Food Delivery Services: (e.g., Grub Hub, Door Dash, Pea Pod, Uber Eats, Instacart) Food Boxes 	X	X	X	X
SANITATION/HYGIENE SERVICES	Non-congregate (NCS)	Hotel/ Motel / Dorm	Congregate	Shelter-in-Place
<p>Showers/Restroom Facilities:</p> <ul style="list-style-type: none"> Portable shower, portable toilets and hand-washing stations (including accessible units) to meet shortfalls on site? Plans for sanitation in place to ensure sanitation after each use? Adequate capacity per occupancy for solid and liquid waste disposal or plan in place to meet capacity? <p>Facility check</p> <p>Accessible toilets, sinks and showers to meet population needs?</p> <p>Running water, power and cleaning supplies?</p> <p>Daily sanitation plans to meet local public health sanitation guidelines?</p>	X	X	X	X
<p>Laundry: Weekly laundry pickup and delivery?</p> <p>Note: implement medical facility protocols for laundry, to include bedding and separate/individualized laundry for shelter residents.</p> <ul style="list-style-type: none"> Facility check 	X	X	X	

Job Aid: Communicable Disease Outbreak or Pandemic Environment Considerations for Wrap Around Services				
<ul style="list-style-type: none"> On-site laundry services or equipment? Coordinated agreement with site management/ownership for use by population housed at the site? Contracted agreement with NGO or local Laundry Service for laundry, pick-up and delivery? 				
<p>Health Services Support: Basic Health and First Aid support</p> <ul style="list-style-type: none"> Screening process approved by local public health authority. Material and human resources to provide Health Care Screening before entering the shelter? Medical provider or Red Cross Health Services available for residents? on-site or telehealth? weekly health check ins? Initiate shelter support health care agreement with local public health and/Red Cross virtual health services team. Public Health rep or Red Cross Health Services available to refill or call-in needed prescriptions? 	X	X	X	X
<p>Comfort Items- available (Includes soap, toothbrushes, face cloths, and other personal care and hygiene items).</p> <p>Hotels or dorm style space with contracted room service: Contract agreement with site for supply of hygiene items?</p>	X		X	X
CHILDREN AND UNACCOMPANIED MINORS	Non-congregate (NCS)	Hotel/ Motel / Dorm	Congregate	Shelter-in-Place
<p>Unaccompanied Minors-</p> <p>Primary agency confirms: strategy for safety and support measures for unaccompanied minors in place and implemented?</p> <p>Short falls?</p> <p>Resources and solutions identified?</p> <p>Strategy for services to children and young adults in place? Behavioral health measures, school and school transport?</p>	X	X	X	

Job Aid: Communicable Disease Outbreak or Pandemic Environment Considerations for Wrap Around Services				
<p>Partners/Staffing : Law Enforcement/Public Safety, Human Services, Child Welfare, Support from the National, Center for Missing & Exploited Children (NCMEC), National Emergency Family Registry and Locator System (NFERLS) if federal declaration in place,</p> <p>NGOs support capability? Resources for children/youth/families?</p> <p>Formal agreement with a locally contracted childcare- meets public safety standards for child and family welfare?</p> <p>Coordinated reunification strategy in place? Strategy addresses health and safety measures for children? Primary agencies engaged? (Law enforcement, schools, social service agency responsible for children?)</p> <p>Strategy integrates Unaccompanied Minors Registry: UMR Registry?</p>				
<p>Child Care (licensed): The SLTTs can establish licensed childcare within a congregate shelter.</p> <p>Local welfare and safety guidelines identified and implemented?</p> <p>Coordinated resources for Licensed childcare for congregate shelter or stand-alone facility retained?</p> <p>If local, county and mutual assistance capability confirmed, resources through CDSS?</p> <p>For Declared events: Eligibility requirements for reimbursement through FEMA Public Assistance Policy and Program Guidance (PAPPG) identified under Child Care page 124</p>	X		X	
<p>Child friendly space and/or Temporary respite care:</p> <p>Identified safe protected area available to children for play, learning recreational activities?</p> <p>Staffing- meets local childcare safety and liability standards? Agency oversight and support assigned?</p> <p>NGO Options include- Save the Children, Southern Baptists, Church of the Brethren, Children’s Disaster Services)</p> <p>Agency support: Local Dept. of Children Services (?)</p>		X		X

Job Aid: Communicable Disease Outbreak or Pandemic Environment Considerations for Wrap Around Services				
PETS AND SERVICE ANIMAL SUPPORT	Non-congregate (NCS)	Hotel/ Motel / Dorm	Congregate	Shelter-in-Place
<p>Strategies in place for Service Animal Support:</p> <p>Food, water and medical care for service animals?</p> <p>Food and water for companion animals?</p> <p>Co-located facilities coordinated for pet owners?</p> <p>Non-congregate shelters- contracted agreement supporting pets in room? Liability assigned to room occupant for pet related damage. In-room access for pets' food and water?.</p> <p>Sources identified for pet food resources- local donations? Humane Society?</p> <p>Request local provider if formal agreement has been established.</p>	X	X	X	X
TRANSPORTATION	Non-congregate (NCS)	Hotel/ Motel / Dorm	Congregate	Shelter-in-Place

Job Aid: Communicable Disease Outbreak or Pandemic Environment Considerations for Wrap Around Services				
<p>CDC compliant Transportation resources coordinated for movement of population from evac, or registration point to designated shelter site or facility.</p> <p>Return transport to start location?</p> <p>POV parking available for residents with their own transport?</p> <p>Scheduled transport to off-site service locations? LACs, agencies providing support for individual recovery.</p> <p>Scheduled transport to schools and medical facilities?</p> <p>Accessible transportation options for individuals with communicable disease symptoms or who have tested positive for a communicable disease.</p> <p><u>Partners/Staffing Options:</u></p> <p>Contract agreement with local transportation service.</p> <p>Contract for Accessible vehicles</p> <p>Assess capability of any local or county agencies normal providing service, establish routes that support sheltering sites (Access-a-Ride or other accessible transportation providers)</p> <p>Mutual assistance agreement with DOT for transport services survivors</p>				
	X	X	X	
SECURITY	Non-congregat	Hotel/Motel	Dorm Congrega te	Shelter-in-Place
<p>Primary goal is to ensure the safety of staff and survivors.</p> <p>Security retained and scheduled for on-site presence at sites and facilities?</p> <p>Security capability meets occupancy requirements? i.e., can meet the security needs for the number of occupants?</p> <p>Established safety and security protocols in place and addressed in security contracts and agreements? 24 hours? Night Shift only?</p> <p><u>Partners/Staffing Options:</u></p>				
	X	X	X	

Job Aid: Communicable Disease Outbreak or Pandemic Environment Considerations for Wrap Around Services				
Support from Law Enforcement branch to identify local resource. Coordination with local law enforcement to assess need and identify resources? Agreement or contract in place with site/facility for expansion of existing contract?				
BEHAVIORAL HEALTH AND SPIRITUAL CARE	Non-congregate	Hotel/Motel	Dorm	Congregate
Assess sites for access to internet in each room- Provides access for displaced population to virtual disaster mental health support. Protocols and resources in place for virtual support? Coordinated strategy for NGO mental health and spiritual care services and resources? <u>Partner/Staffing Options:</u> Behavioral Health agency consulted for resource recommendations? Local homeless services- any expansion capability with their spiritual care or behavioral health resources? Contracted provider Red Cross Disaster Mental Health and Spiritual Care Services State recommendations from CDSS Federal resource may provide support under individual assistance declarations if crisis counselling grant awarded.	X	X	X	X
HEALTH SERVICES AND PUBLIC HEALTH SUPPORT	Non-congregate (NCS)	Hotel/Motel	Dorm	Congregate
				Shelter-in-Place

Job Aid: Communicable Disease Outbreak or Pandemic Environment Considerations for Wrap Around Services				
COVID-19 Symptom Screening and Testing in Congregate Settings				
<u>When community transmission is substantial or high:</u>				
<ul style="list-style-type: none"> Regardless of vaccination status (because vaccines are not 100% effective and shelters are a high-risk setting for transmission), screen all workers and clients for symptoms and exposure(s) at least once daily. 				
Mass Care and Shelter Guidance for Local Governments During a Communicable Disease Outbreak or Pandemic				
9				
<ul style="list-style-type: none"> Test all persons with COVID-19 symptoms, regardless of COVID-19 vaccination status. If a case is identified, test all potentially exposed workers and clients, regardless of COVID-19 vaccination status, at baseline and every seven (7) days until no new infections are identified among tested persons for 14 days. 				
<u>When community transmission is moderate or low:</u>				
<ul style="list-style-type: none"> Screen all workers and clients for COVID-19 symptoms and exposure(s) at least once daily, regardless of COVID-19 vaccination status. Test all workers and clients with COVID-19 symptoms, regardless of COVID-19 vaccination status. Test all workers and clients, regardless of vaccination status, three to five (3-5) days following a known exposure to someone with suspected or confirmed COVID-19. Test all workers who are not fully vaccinated at baseline and again in seven (7) days, if feasible. 				
Health and Medical				
<ul style="list-style-type: none"> How does the CDPH/Medical Health OA Coordinator/Public Health Officer want to approach sheltering? How does it differ from traditional sheltering? What gaps will exist due to this change? How will the OA implement infection control practices to prevent transmission of communicable disease and pandemic agents? Does the OA have the capacity to conduct testing for the communicable disease outbreak or pandemic or would additional workers be involved? 				
	X	X	X	X

Job Aid: Communicable Disease Outbreak or Pandemic Environment Considerations for Wrap Around Services				
<ul style="list-style-type: none"> • How does CDPH/Medical Health OA Coordinator/Public Health Officer want to approach vaccination verification and vaccine delivery? • How does CDPH/Medical Health OA Coordinator/Public Health Officer want to approach telephone/telemedicine/in-person access to health care for symptomatic clients? • How much PPE is available within the OA region? <ul style="list-style-type: none"> What does the supply chain for procuring more look like? What kind of delays might you encounter? What is the recommended or required PPE for different positions in shelters (i.e., shelters workers, isolation workers)? What is the PPE recommendation for shelter resident? What are the circumstances that afford modifying PPE to meet unique individual needs? 				
Environmental Health Support				
DISABILITY AND ACCESS AND FUNCTIONAL NEEDS SUPPORT	Non-congregate	Hotel/ Motel / Dorm	Congregate	Shelter-in-Place
<ul style="list-style-type: none"> • What role does the Department of Environmental Health/Protection play in helping evaluate and set up shelter operations? • How can workers and clients safely maximize ventilation to help minimize risk communicable disease and other respiratory exposures? 	X	X	X	

Job Aid: Communicable Disease Outbreak or Pandemic Environment Considerations for Wrap Around Services				
How can workers and clients be instructed to use portable air cleaning/filtration devices, when available?				
What resources will the OA provide to supported jurisdictions to establish a prioritization of non-congregate resources for individuals who require disability integration or access and functional needs support?	X		X	

Authorities and References

National Mass Care Strategy Website, Communicable Disease Outbreak or Pandemic Planning Resources:

Screening individuals for respiratory infection symptoms at entry to homeless shelters

Screening Clients at Homeless Shelters | CDC

Public Assistance: non-congregate sheltering delegation of authority, FEMA.gov

Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19) | CDC

Immediate Expansion of Eligible Ordering Activities Under Federal Supply Schedule (FSS), August 17, 2009,
<multimedia.3m.com/mws/media/6011990/grantee-access-to-federal-supply-schedules.pdf>

Checklist for Emergency Shelters, American Disabilities Act (ADA)

ADA Checklist for Emergency Shelters (Department of Justice, Civil Rights Division, Disability Rights Section)

Appendix F: Definitions

Access and Functional Needs

Access and functional needs (AFN) refers to the unique needs of individuals who are or have: Physical, developmental or intellectual disabilities, Chronic conditions or injuries, Limited English proficiency, Older adults, Children, Low income, homeless and/or transportation disadvantaged (i.e., dependent on public transit), Pregnant women

Capability

Anything that could be used to reduce, mitigate, or eliminate a threat or hazard or its associated impacts. Capability - The ability to deliver a service with the kinds of available resources.

Capabilities-based planning:

Planning under uncertainty, to provide capabilities suitable for a wide range of threats and hazards, while working within an economic framework that necessitates prioritization and choice

Capacity

The measure of capability which may be delivered with the available resource quantities and the strategies employed.

Checklist

Written (or computerized) details of actions to be taken by an individual or organization while assigned to a position in the EOC.

Community

A political entity that has the authority to adopt and enforce laws and ordinances for the area under its jurisdiction. In most cases, the community is an incorporated town, city, township, village, or unincorporated area of a county. However, each State defines its own political subdivisions and forms of government.

Contamination

The undesirable deposition of a chemical, biological, or radiological material on the surface of structures, areas, objects, or people.

Contingency Plan

Refers to a subset of an existing emergency focused on addressing the particulars of a specific emergency scenario (i.e., earthquake, flood, etc.).

Cooling Centers

Facilities that are made available by public, private and volunteer organizations as a heat relief station. There is no agreement that these facilities will be exempt from power outages.

Cooling Stations

Typically, facilities such as hospitals, skilled nursing facilities, etc. that are exempt from rotating power outages (mandated by CPUC (California Public Utilities Commission) Decision 02-04-060, 4/25/02).

Core Capability

The National Preparedness Goal describes five mission areas- prevention, protection, mitigation, response, and recovery- and 32 activities called core capabilities that address the greatest risks to the nation. Mass Care is a core capability within the mission area of response. It is the capability of providing life-sustaining human services to the affected population to include hydrations, feeding, sheltering, temporary housing, evacuee support, reunification, and distribution of emergency supplies.

Critical Information Requirements

Particular elements of information specifically requested by incident leaders.

Damage Assessment

The process used to appraise or determine the number of injuries and deaths, damage to public and private property, and the status of key facilities and services such as hospitals and other health care facilities, fire and police stations, communications networks, water and sanitation systems, utilities, and transportation networks resulting from a human caused or natural disaster.

Decontamination

The reduction or removal of a chemical, biological, or radiological material from the surface of a structure, area, object, or person.

Department Operations Center

Location which department executive personnel and staff can coordinate, monitor, and support emergency response activities during an emergency. (Similar to an Emergency Operations Center)

Disability Integration

Providing emergency programs, services, and activities in an integrated setting that meets the needs of any disabled members of the displaced population.

Displaced Person(s)

All persons removed or moving from areas threatened or struck by a disaster.

Diverse Populations

“Culturally diverse communities” includes, but is not limited to, race and ethnicity, including indigenous peoples, communities of color, and immigrant and refugee communities; gender, including women; age, including the elderly and youth; sexual and gender minorities; people with disabilities; occupation and income level including low-income individuals and the

unhoused; education level; people with no or limited English language proficiency; as well as geographic location

Emergency Medical Services

Services, including personnel, facilities, and equipment required to ensure proper medical care for the sick and injured from the time of injury to the time of final disposition, including medical disposition within a hospital, temporary medical facility, or special care facility, release from site, or declared dead. Further, emergency medical services specifically include those services immediately required to ensure proper medical care and specialized treatment for patients in a hospital and coordination of related hospital services.

Emergency Operations Center

The protected site from which State and local civil government official's coordinate, monitor, and direct emergency response activities during an emergency.

Emergency Operations Plan

A document that: describes how people and property will be protected in disaster and disaster threat situations; details who is responsible for carrying out specific actions; identifies the personnel, equipment, facilities, supplies, and other resources available for use in the disaster; and outlines how all actions will be coordinated.

Emergency Support Function

ESFs are the primary, but not exclusive, response coordinating structures at the federal level. Communities, states, regions, and other tribal, territorial, insular area, and federal departments and agencies may use the ESF construct, or they may employ other coordinating structures or partners appropriate to their location, threats, or authorities. Whatever structures are used, they are encouraged to work closely with federal ESFs at the incident, regional, or headquarters levels if they are activated.

Essential Elements of Information

Important and standard information items that incident items that incident managers need to make timely and informed decisions.

Evacuation

Organized, phased, and supervised dispersal of people from dangerous or potentially dangerous areas.

Spontaneous Evacuation

Residents or citizens in the threatened areas observe an emergency event or receive unofficial word of an actual or perceived threat and without receiving instructions to do so, elect to evacuate the area. Their movement means, and direction of travel is unorganized and unsupervised.

Voluntary Evacuation

This is a warning to persons within a designated area that a threat to life and property exists or is likely to exist in the immediate future. Individuals issued this type of warning or order is NOT required to evacuate; however, it would be to their advantage to do so.

Mandatory or Directed Evacuation

This is a warning to persons within the designated area that an imminent threat to life and property exists and individuals MUST evacuate following the instructions of local officials.

Evacuees

All persons removed or moving from areas threatened or struck by a disaster

Joint Information Center

Central point of contact for all news media near the scene of a large-scale disaster. News media representatives are kept informed of activities and events by public information officials who represent all participating Federal, State, and local agencies that are collocated at the JIC (Joint Information Center).

Local Assistance Centers

Provide one-stop, face-to-face assistance and disaster information to individuals and businesses that suffered damage as a result of the federally declared disaster.

Local Emergency (state definition)

The duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the territorial limits of a county, city and county, or city, caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, earthquake or other conditions which are, or are likely to be, beyond the control of the services, personnel, equipment, and facilities of a political subdivision and require the combined forces of other political subdivisions to combat.

Mass Care and Emergency Assistance

According to the National Response Framework, 4th Edition 2019, Emergency Support Function 6 includes mass care- sheltering, feeding, distribution of emergency supplies and reunification. Emergency Assistance includes assistance to people with disabilities and others with access and functional needs, including those with disabilities. The National Response Framework also includes temporary housing and human services under ESF 6.

Resources

Personnel, equipment, teams, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained.

Resource Management

Those actions taken by a government to identify sources and obtain resources needed to support disaster response activities; coordinate the supply, allocation, distribution, and

delivery of resources so that they arrive where and when most needed; and maintain accountability for the resources used.

Robert T. Stafford Disaster Relief and Emergency Assistance Act P.L. 93-288 asamended

Gives the President broad powers to supplement the efforts and available resources of state and local governments in carrying out their responsibilities to alleviate suffering and damage resulting from declared emergencies or disasters.

Standardized Emergency Management System (SEMS)

As defined in California Code of Regulations §2400 as..."based upon the Incident Management System (ICS) adapted from the system originally developed by Firefighting Resources of California Organized for Potential Emergencies (FIRESCOPE) program including those currently in use by state agencies, the Multi-Agency Coordination System (MACs) as developed by FIRESCOPE program, the operational area concept, and the MasterMutual Aid Agreement and related mutual aid systems."

Sheltering:

Sheltering is the overarching term for the facility and all functions performed to assist clients on the path towards recovery from a disaster by providing a safe place to sleep, eat, get information, maintain personal hygiene, and access core services and situational services in shelters. Source: American Red Cross, Sheltering Standards & Procedures, July 2016.

Sheltering: Provides life-sustaining services in congregate facilities that provide a safe, sanitary, and secure environment for individuals and households displaced by disasters. Also includes support to survivors sheltering in place and in ESF #8 medical shelters. Source: ESF #6 –Mass Care, Emergency Assistance, Temporary Housing and Human Services Annex, National Response Framework, June 2016

Standard Operating Procedure (SOP)

A set of instructions constituting a directive, covering those features of operations which lend themselves to a definite, step-by-step process of accomplishment. SOPs supplement EOPs by detailing and specifying how tasks assigned in the EOP are to be carried out.

State Emergency Plan

The State of California Emergency Plan, as approved by the Governor, which serves as the basis for statewide emergency planning and response.

State of Emergency

" Other duly proclaimed existence of conditions of disaster or of extreme peril or the safety of persons and property within the State caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infection or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake, or other conditions, other than conditions resulting from a labor controversy or conditions causing a 'state of war emergency,' which conditions, by reason of their magnitude are or are likely to be beyond the control of the services, personnel, equipment, and facilities of any

single county, city and county, or city, and require the combined forces of a mutual aid region or regions to combat or with respect to regulated energy utilities, a sudden and severe energy shortage requires extraordinary measures beyond the authority vested in the California Public Utilities Commission."

Temporary Evacuation Point

A safe staging area utilized for durations typically of several hours for populations that will be or have been displaced by an incident or an event.

Voluntary Organizations Active in Disaster

National Voluntary Organizations Active in Disaster (National VOAD) is the forum where organizations share knowledge and resources throughout the disaster cycle—preparation, response, and recovery—to help disaster survivors and their communities. Members of National VOAD form a coalition of nonprofit organizations that respond to disasters as part of their overall mission.

Warming Center

Designated Sacramento sites activate for credible weather forecasts of extremely cold/freezing weather for more than three-day low daytime temps and night temps under 32 degrees.

Wrap Around Services

This is a preliminary list of wrap-around support services and activities for sheltering.

- Children/Respite Care
- Household Pet
- Spiritual Care
- Access Control
- Recovery and Messaging/Reunification
- Laundry
- Client Transportation
- Volunteer Management
- Postal Services
- Information Technology
- Logistical Support
- Media support

Appendix G: Acronyms

AAR	After Action Report
ADA	Americans with Disabilities Act
AFN	Access and Functional Needs
ALF	Assisted Living Facility
APS	Adult Protective Services
ARC	American Red Cross
BOS	Board of Supervisors
CAHAN	California Health Alert Network
CBO	Community Based Organizations
CEO	Chief Executive Officer
CERT	Community Emergency Response Team
CPS	Child Protective Services
DHA	Sacramento County Department of Human Assistance
DHHS	Sacramento County Department of Health and Human Services
DWI	Disaster Welfare Inquiry
CSS	Child Support Services
DAC	Disaster Assistance Center
DHS	California Department of Health Services
DMAT	Disaster Medical Assistance Team
DOC	Department Operation Center
DOE	Department of Education
EAS	Emergency Alert System
EM	Emergency Management
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ERC	Emergency Response Coordinator
ERTC	Emergency Response Team Coordinator
FEMA	Federal Emergency Management Agency
ICS	Incident Command System
IHSS	In-Home Support Services

JIC	Joint Information Center
HHS	United States Department of Health and Human ServicesLVN Licensed Vocational Nurse
MRC	Medical Reserve Corps
MCI	Multi Casualty Incident
NIMS	National Incident Management System
NRP	National Response Plan
OA	Operational Area
PAFN	People with Access and Functional Needs
PSA	Public Service Announcements
RACES	Radio Amateur Civil Emergency Services
REOC	Regional Emergency Operations Center (Cal EMA)
RN	Registered Nurse
SEMS	Standardized Emergency Management System
SEP	State Emergency Plan
SNFs	Skilled Nursing Facility
SOC	State Operations Center
SOP	Standard Operating Procedures
SRO	Single Room Occupancy
VOAD	Volunteer Organizations Active in Disaster

Attachment 1: Sacramento Operational Area: Participating Cities with Demographic Information

Sacramento Operational Area Participating Jurisdictions 2015 to 2019 ACS Survey Data	Sacramento County, California	Sacramento city, California	Elk Grove city, California	Citrus Heights city, California	Folsom city, California	Rancho Cordova city, California	Galt city, California
Population estimates, July 1, 2019, (V2019)	1,552,058	513,624	174,775	87,796	81,328	75,087	26,536
Population estimates base, April 1, 2010, (V2019)	1,418,735	466,383	152,995	83,184	72,147	64,804	23,703
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	9.40%	10.10%	14.20%	5.50%	12.70%	15.90%	12.00%
Persons under 5 years, percent	6.30%	6.60%	6.10%	5.80%	5.50%	7.60%	5.80%
Persons under 18 years, percent	23.40%	23.10%	25.90%	20.70%	24.20%	24.70%	26.00%
Persons 65 years and over, percent	14.50%	13.10%	12.60%	16.20%	12.60%	11.70%	12.80%
Persons in poverty, percent	12.60%	16.60%	8.10%	11.50%	5.60%	13.30%	9.10%
With a disability, under age 65 years, percent, 2015-2019	7.80%	7.70%	6.40%	11.00%	4.20%	10.10%	6.50%
Persons without health insurance, under age 65 years, percent	6.80%	6.60%	2.80%	6.90%	2.70%	7.20%	6.40%

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Per capita income in past 12 months (in 2019 dollars), 2015-2019.	\$	32,751	31,956	36,069	30,884	47,874	29,911	28,878
Veterans, 2015-2019		77,463	21,682	8,175	5,690	4,093	4,744	1,602
Population per square mile, 2010		1,470.80	4,764.20	3,626.80	5,854.70	3,290.20	1,933.20	3,987.00
Land area in square miles, 2010		964.64	97.92	42.19	14.23	21.95	33.51	5.93
Owner-occupied housing unit rate, 2015-2019		56.40%	48.50%	74.90%	56.80%	69.50%	55.00%	71.60%
Median value of owner-occupied housing units, 2015-2019	\$	351,900	336,900	406,300	297,700	524,100	299,800	331,100
Median selected monthly owner costs -with a mortgage, 2015-2019.	\$	1,925	1,869	2,188	1,692	2,556	1,828	1,839
Median selected monthly owner costs -without a mortgage, 2015-2019	\$	539	518	650	498	733	523	550
Median gross rent, 2015-2019	\$	1,252	1,263	1,695	1,260	1,710	1,212	1,225
Households, 2015-2019		543,025	185,331	53,182	34,079	27,836	25,508	8,160
Persons per household, 2015-2019		2.76	2.66	3.2	2.54	2.63	2.85	3.16
Median household income (in 2019 dollars), 2015-2019	\$	67,151	62,335	93,780	62,276	114,405	65,307	75,638
Language other than English spoken at home, percent of persons aged 5 years+, 2015-2019		32.70%	37.80%	34.60%	19.40%	22.60%	33.90%	33.50%
Households with a computer, percent, 2015-2019		94.20%	93.50%	96.90%	93.80%	97.00%	94.30%	93.00%
Households with a broadband Internet subscription, percent, 2015-2019		87.90%	86.60%	92.70%	86.20%	94.40%	88.00%	89.00%
Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c)	\$	12,358,663	7,027,206	436,957	145,727	591,834	1,105,815	No Data
In civilian labor force, total, percent of population age 16 years+, 2015-2019		62.70%	63.60%	63.70%	64.30%	61.60%	67.30%	64.10%

Attachment 1: Sacramento Operational Area: Participating Cities with Demographic Information

In civilian labor force, female, percent of population age 16 years+, 2015-2019	58.40%	59.80%	59.00%	59.70%	59.50%	61.40%	56.80%
Mean travel time to work (minutes), workers aged 16 years+, 2015-2019	27.8	26.2	32.7	26.9	26	26.6	33.6
Total accommodation and food services sales, 2012 (\$1,000) (c)	\$ 2,422,674	1,145,662	212,480	113,158	169,317	136,537	19,333
Total manufacturers' shipments, 2012 (\$1,000) (c)	\$ 6,960,679	3,149,760	111,020	3,178	198,940	1,083,353	No Data
Total retail sales, 2012 (\$1,000) (c)	\$ 15,227,280	4,363,259	1,823,782	1,029,670	1,639,528	929,080	192,103
Total retail sales per capita, 2012(c)	\$ 10,501	9,176	11,468	12,132	22,342	13,867	7,893

Sacramento Operational Area: Special Districts

<u>Cemetery Districts</u>	<u>Fire Districts</u>	<u>Recreation and Park Districts</u>
<p><i>Elk Grove-Cosumnes Cemetery District</i></p> <p><i>Fair Oaks Cemetery District</i></p> <p><i>Galt-Arno Cemetery District</i></p> <p><i>Sylvan Cemetery District</i></p> <p><i>Community Services Districts</i></p> <p><i>Cosumnes Community Services District</i></p> <p><i>Rancho Murrieta Community Services District</i></p> <p><i>San Juan Community Services District</i></p>	<p><i>Courtland Fire District</i></p> <p><i>Delta Fire Protection District</i></p> <p><i>Herald Fire District</i></p> <p><i>Natomas Fire Protection District</i></p> <p><i>Pacific Fruitridge Fire Protection District</i></p> <p><i>River Delta Fire District</i></p> <p><i>Sacramento Metropolitan Fire District (Metro Fire)</i></p> <p><i>Walnut Grove Fire District</i></p> <p><i>Wilton Fire Protection District</i></p>	<p><i>Arcade Creek Recreation and Park District</i></p> <p><i>Arden Manor Recreation and Park District</i></p> <p><i>Arden Park Recreation and Park District</i></p> <p><i>Cordova Recreation and Park District</i></p> <p><i>Fair Oaks Recreation and Park District</i></p> <p><i>Fulton-El Camino Recreation and Park District</i></p> <p><i>North Highlands Recreation and Park District</i></p> <p><i>Orangevale Recreation and Park District</i></p> <p><i>Rio Linda-Elverta Recreation and Parks District</i></p> <p><i>Southgate Recreation and Park District</i></p>
<u>Water Districts</u>	<u>Conservation Districts</u>	<u>Reclamation Districts</u>
<p><i>Carmichael Water District</i></p> <p><i>Citrus Heights Water District</i></p> <p><i>Clay Water District</i></p> <p><i>Del Paso Manor County Water District</i></p> <p><i>Fair Oaks Water District</i></p> <p><i>Florin County Water District</i></p> <p><i>Omochumne-Hartwell Water District</i></p> <p><i>Rio Linda/Elverta Community Water District</i></p> <p><i>Sacramento Suburban Water District</i></p>	<p><i>Florin Resource Conservation District</i></p> <p><i>Granite Resource Conservation District</i></p> <p><i>Lower Cosumnes Resource Conservation District</i></p> <p><i>Sloughouse Resource Conservation District</i></p>	<p>3, 317, 341, 349, 369, 407, 551, 554, 556, 563, 744, 755, 800, 813, 1000, 102, 1601, 2067, 2110, 2111</p>

<p><u>Maintenance District</u> <i>Brannan-Andrus Levee Maintenance District</i></p>	<p><u>Mosquito and Vector Control District</u> <i>Sacramento-Yolo Mosquito and Vector Control District</i></p>	<p><u>Sacramento River District</u> Sacramento American River</p>
<p><u>Sanitation District</u> <i>Sacramento Regional County Sanitation District</i></p>	<p><u>Sewer District</u> <i>Sacramento Area Sewer District</i></p>	<p><u>Utility District</u> <i>Sacramento Municipal Utility District (SMUD)</i></p>