WRHSAC
Western Region Homeland
Security Advisory Council

REGION 1 SHELTER

Standard Operating Guideline (SOG)

Region 1 Shelter Standard Operating Guidelines (SOG)

OBJECTIVE

To ensure effective, efficient and safe Mass Care in emergencies.

This Standard Operating Guideline provides guidance and procedures to the Emergency Operations Center for establishing and managing Mass Care during an emergency. It outlines the concept of operations, organizational arrangements, and responsibilities for coordinating the efforts of responders and volunteer groups to plan for, establish, manage and close an Emergency Mass Care Shelter

SPECIAL CONSIDERATIONS

- In addition to resources provided by government, large scale emergencies require resources from community organizations and affiliated and unaffiliated volunteers.
- All Mass Care Shelters must provide equal opportunity of access to all individuals including those with functional or access needs

CONCEPT OF OPERATIONS

This guide is based on the Region 1 Shelter Plan Concept of Operations which should be reviewed. This SOG assumes:

- Pre-event planning and is NOT a substitute for any Plan, Laws, Regulations or Official Forms.
- Adherence to the National Incident Management System (NIMS)/Incident Command System (ICS).
- Each community has a responsibility to address the needs of all residents in an emergency
- Access to emergency response plans such as the Regional Shelter Toolkit (RST), Comprehensive Emergency Management Plans (CEMP); Continuity of Operations Plans (COOP), Region 1 MRC Spontaneous Volunteer Management Plan (SVMP), Animal Shelter Plan, Emergency Rest Center (ERC) Plan and other Region 1 SOGs such as the PIO SOG, Food and Water SOG, etc.

Instructions

Page one is a Table of Contents (TOC) and quick checklist. Items points to a section with a checklist of Regional Shelter Operation considerations, including:

Initial Response Actions: procedures common to all incidents and addresses incident response procedures such as assessing the situation, establishing command and control, maintaining communications and connecting with response partners.

Operations: Includes many public health and safety issues around safe food, water, air, housing, disease prevention, public information, etc. Consider consulting multiple SOGs.

Recovery: may be the longest phase of the Incident, requiring the most resources. Community partner organizations are essential to ensure recovery and return to normal. Connect with the local COAD (Community Organizations Active in Disasters) to help with resource needs.

☐ **Check Boxes:** Use the check boxes to track action items considered or acted upon. In the Resource Column find and add resources: items, notes, plans, and people.

✪ **Starred Items** are critical tasks that should always be considered in any large scale Emergency/Incident

Gray shaded areas indicate/suggest risk communication/public information activities

Regional Shelter Operations
Standard Operating Guidelines (SOG)

Objective: **To determine and meet public health and public safety jurisdictional roles and responsibilities and ensure jurisdictions and partner agencies are able to address the public health, medical, behavioral health, safety and mass care needs of individuals at a congregate location.**

1.	Initial Response Actions	Begin Within
☐	**1.1 Initial Assessment of the Event:** need and level of mass care/sheltering required	0 - 3 hours
☐	**1.2 Contact relevant Response Partners:** LHD, EMD, CEO, MRC, Interpreter Strike Team	.25 – 1 hour
☐	**1.3 Establish Command and Control:** clarify who is in charge/responsible for Mass Care	.50 – 2 hours
☐	**1.4 Initiate Risk Communications and Emergency Public Information and Warning**	1 – 3 hours
☐	**1.5 Review Emergency Plans, Policies and Procedures**, including financial protocols	2 – 4 hours

2.	Mass Care Operations	Begin Within
☐	**2.1 Confirm Incident Command Roles:** who is doing what	1 - ongoing
☐	**2.2 Establish Communications with IC/EOC/MACC**	1 - ongoing
☐	**2.3 Complete Shelter Facility Walk-through/Assessment**: is the shelter safe/adequate	2 - ongoing
☐	**2.4 Determine/Request Shelter Logistical Needs and Resources**, including Volunteers	3 - ongoing
☐	**2.5 Establish Volunteer Management Systems/Policies**	3 - ongoing
☐	**2.6 Complete Shelter Set-up and Open**	4 - ongoing
☐	**2.7 Meet Transportation Needs**	4- ongoing
☐	**2.8 Monitor Operations, including Health, Safety; Individual FNSS Needs**	5 - ongoing
☐	**2.9 Plan for Next Operational Period and Shelter Closing**	6 - ongoing

3.	Recovery	Begin Within
☐	**3.1 Case Management:** new normal transition: home, temp. housing, long term care	ongoing
☐	**3.2 Lift Orders and assist with shelter cleaning and closing**	As appropriate
☐	**3.3 Support recovery and return to normal operations**	ongoing
☐	**3.4 Submit Forms and complete After Action Report and Improvement Plan**	30 days

Quick Overview: Shelters are like mini villages, often populated by individuals with varying functional needs, especially cultural, health and animal needs. Shelter Managers skip to **Operations** for:

✪	**Communications** with the Incident Commander/EMD/ Emergency Operations Center (EOC)/MACC
✪	**Shelter Site/Facility Assessment**/Personnel Safety: facility owner, building inspector., fire, police, CERT
✪	**Functional Needs/Accessibility** -work with MRC, CERT,EMS, community agencies/COAD/Public Health
✪	**Determine/Request Shelter Logistical Needs and Resources –** work with MACC/COAD/MEMA
✪	**Shelter Volunteer Management System/Policies –** minimum 4 staff/shift for overnight shelter
✪	**Logistics/Supplies/Donation Management Area** - MACC/COAD - don't let donations become the emergency

★	**Safe Food, Water**, **Housing Provided:** work with public health, MRC, Red Cross, Salvation Army, COAD/Faith
★	**Service Animals/Pets**: work with MRC/DART, veterinarians, kennels, farmers, ACO, etc.
★	**Ensure Medical/Behavioral Health –** work with MRC, EMS, COAD, hospitals/clinics and Long-Term Care
★	**Case Management** assists disaster impacted individuals in creating/managing their own Recovery Plan

1. Initial Response Actions

1.1	Initial Assessment of the Event	Resources
☐	*Assess and verify the scope of the emergency/threat: does it need immediate emergency response/action.*	ICS Form 201 Incident Briefing Form
☐	*Connect with the local Emergency Management Director (EMD)*	MEMA 24/7 call line 413.821.1500
☐	*Summarize the event; estimate how long the situation will last. Determine what type of shelter is needed:*	DPH 24/7 Epidemiologist (Epi) on duty *617-983-6800*
	☐ Shelter-in-place (first choice if safe)	CEMP
	☐ Point of Distribution(POD) for food/water and other bulk supplies	
	☐ Warming/Cooling/Shower/Food/Comfort Centers (20 sf/pers.)	Emergency Rest Center (ERC) Plan
	☐ Local short-term overnight general population shelter	
	☐ Long-term overnight general population shelter (40 sf./person)	Facility Opening/Closing Assessment FORM
	☐ Medical/functional needs shelter (60 sf./ person)	
	☐ Mega/regional shelters (requires Regional Shelter Team)	State Initiated Regional Shelter (SIRS)
	☐ Pet Shelter will most likely be needed in all prolonged events	DART Pet Shelter Plan/SOG
☐	*Where/when/source/scope*: how many individuals/communities	Note: 10-15% of affected population are likely to seek shelter
☐	*Risk Factors/Exposure/Protective Actions*	Disease fact sheets – BOH/DPH
☐	*Assess impacted population and population health needs*	CEMP, HVA, Emergency Plans, IRAA
☐	*Language needs and Interpreter resources and other access and functional needs assessment*	IRAA CEMP Annex/FNSS Plans
	Risk Communication Activities	**Media Resources**
☐	*Work with IC/Incident PIO to Develop/Send Initial Public Messages*	Media Release FORM
	This is an evolving emergency…	Media Call Intake FORM
	We have activated our emergency plan…	Templates, prewritten message
	Local officials are investigating the situation…	and press release forms found in:
	This is what we know right now…	☐ PIO Toolkit/SOG
	Stay informed and follow official instructions…	☐ CEMP
	We will get back to you in 2 hours…	☐ Emergency Plans
	Emergency Shelter locations will be announced….	
☐	*Work with IC/PIO to activate emerg. joint information system (JIS)*	
☐	*Work with PIO/Liaison to establish situational awareness with neighboring jurisdictions through the EOC/REOC/MACC/HMCC*	

1.2	Contact relevant Response Partners	Resources
☐	*Begin Notification: Ensure all response partners maintain accurate Situational Awareness and understand the emergency.*	
☐	*Work with IC/EOC to ensure contact with Internal Response Partners*	Internal Emergency Contact List
	Board of Health staff and members	Public Health Pocket Cards
	Emergency Management Director (EMD)	

	Mayor/Selectboard/Town Manager	HHAN, email, reverse 911
	Public Information Officer (PIO); Spokesperson(s)	
	Police, fire, roads (DPW), water/sewer, building, nursing, etc.	
	Regional Shelter Team Points of Contact/Leaders	
☐	***Work with IC/Liaison to ensure External Partners are contacted***	Partner Contact List FORM
	Mutual Aid Partners/REPC/MACC	Phone, satellite phone, email
	Neighboring jurisdictions	Radio, HAM radios
	Hospital(s)	GETS cards (must pre-enroll)
	Department of Public Health (DPH)/HMCC	(617) 983-6800 EPI on call
	Department of Environmental Protection (DEP)	(888) 304-1133 Spill HotLine
	District Health Officer	(617) 839-3237 Charlie Kaniecki
	DPH Emergency Preparedness Bureau	(617) 647-0343 (pager)
	DPH Regional Hospital Coordinator	(617)438-1466
	Massachusetts Emergency Management Agency (MEMA)	(413) 821-1500 (Western office)
	WebEOC (EMD is the POC)	
	Public Health Emergency Preparedness Coalition(s)	
	Interpreter Strike Team Leader	Massachusetts Registry of Interpreters for the Deaf
	Regional (Local) Emergency Planning Committee (REPC/LEPC)	www.WesternMassReady.org
	Medical Reserve Corps (MRC)	(413) 454-5163 – MRC region 1; county or unit coordinator www.wmmrc.org
	Community Emergency Response Team (CERT)	
	American Red Cross (ARC)	24 hour phone Pioneer Valley: 413-737-4306 Greater Westfield: 413-562-9684 Berkshire County: 800-332-2030
	Salvation Army: Disaster Services	(617) 542-5420 www.salvationarmy-usaeast.org
	Schools	
	Sheriff's Department	Some HSC equipment stored here
	Public Safety Answering Points (PSAP) 9-1-1 services	

Risk Communication Messages	Media Resources
☐ ***Work with Incident PIO and IC to develop and Send Workforce/Responder and Public Protection Messages***	ICS 206 Responder Medical Plan FORM
Responders/Public should take the following protective actions…	
☐ ***Situational Awareness Update:*** • Who is in charge • Current Status of Emergency • Sympathy for victims • What is being done to address the emergency • Sources of more information	ICS 201 Incident Briefing FORM

☐	**_Risk Communications Messages:_** • Evacuate/Don't evacuate • Disease and injury prevention • Hospitals are at capacity/available. Seek medical advice only if you have a life threatening emergency or these symptoms…….. • Sources of safe food and water & Points of Mass Distribution for bulk water and food • Boil, Do Not Use or Do Not Drink orders • Filtering and Disinfection procedures • Risk of using perishable, contaminated, compromised food and water	
☐	**_Continue to Inform the Public_**	
	Continue to monitor … for official information….	
	Shelter will open at…. (when/where)	
	▪ Who should go/not go to shelter (only individuals who can care for themselves or bring a caregiver)	
	▪ Bring/<u>DON'T</u> bring bedding, toys, clothing, food, pets, personal care items, comfort items, prescriptions, medications,	
	▪ Don't bring weapons, alcohol, illegal drugs, farm animals, valuables	
	▪ Pets accepted/not accepted. What to bring: o Immunization records, leash, cage, food, medications	
	Safe routes; and/or provided transportation	
	How to secure your home before leaving:	
	o Lock/Don't lock houses; post notices on house for responders regarding pets, hazards, occupancy	
	o Turn off utilities (gas, water, electric main, etc.)	
	o Secure and drain house water pipes if appropriate	
	o Pets, farm animals care options…	
	Seek medical attention only if you have these symptoms…	
	Do not come to the shelter if you have the following…..	
	Sources of safe food and water. Points of Mass Distribution…	
	Boil Orders; Do Not Use; Do Not Drink	
	Filtering and disinfection procedures	
	Risks of using perishable, contaminated, compromised water/food	
	Functional and Access Needs individuals should contact…. for additional assistance resources.	
	Positive messages such as:	
	▪ Check on your neighbors…	
	▪ Shelter in place safely…	
	▪ Shelter will open soon…	
	▪ Take these protective precautions/actions…	

1.3 Establish Command and Control	Resources
☐ *Clarify Incident Command Structure and Chain of Command with IC*	
Incident Commander (IC) identified	CEMP
Consider Unified Command (especially for regional operations)	
Incident Command Post (ICP) set up	Local Public Health Emergency Plan
Emergency Operations Center (EOC) activated if needed	Emergency Dispensing Site plan
Area Command/MACC for multiple shelter operations	Regional MACC Concept of Operations
Consider adding Functional Needs Officer to Command Staff	IRAA (Access/Functional Needs) Plan
Joint Information System (JIS) or Center (JIC) might be needed	PIO SOG: Risk Communication Plan
☐ *Work with IC/EOC to clarify and assign Incident Command roles*	ICS 203: Organization Assignments
Incident Public Information Officer (PIO); Spokesperson(s)	PIO Tool Kit; PIO JAS
Safety Officer (may be combined with Security)	ICS 206: Responder Medical Plan
Security Section (May be combined with Safety Officer)	Security JAS
Functional Needs Officer – coordinates IRAA needs	FNSS JAS
Liaison Officer – maintain coordination with other agencies/areas	Liaison JAS
Facility Unit/Staging Manager – set up Site	Facilities JAS
Communications Unit– assure Shelter communications	Communications JAS
Operations Section Chief – Shelter Manager (Regional Supervisor)	Manager JAS
Planning Section Chief - Situational Awareness/next Operational Period	Planning JAS
Finance Section Chief – track expenses; track data	Finance JAS -
Logistics Section Chief – supplies, equipment, volunteers	Logistics JAS
☐ *Respond to designated command location: Emergency Operation Center (EOC) or Incident Command Post (ICP)*	EOC Location and Phone
☐ *Receive situation awareness report from the Emergency Management Director (EMD) or Incident Commander (IC)*	ICS 201: Incident Briefing Form ICS 202: Incident Objectives/Update
☐ *Work with IC/EOC to continue Ongoing Activities*	
Continue local and external notification attempts until successful	
Verify actions taken to ensure their completion	
Help EMD/IC with development of Incident Action Plan (IAP)	Incident Action Plan - FORMS
Document all response activities and financial expenditures	Action Log; Finance Tracking FORM

1.4 Initiate Risk Communications /Public Information Warning	Resources
☐ *Work with IC to clarify Risk Communication Roles, Positions, Locations*	Hampshire PIO Tool Kit
Connect with Incident Public Information Officer (PIO)	CEMP and Risk Communication Plan
Incident Commander approves all communications/messages	EDS communication plans
Joint information Center or System (JIC/JIS) (virtual or physical) established as needed for a regional or multi-agency event	Region 1 PIO SOG
Spokesperson(s) chosen	Trusted Source; PIO Check list
Subject matter experts identified	PIO Job Action Sheet JAS

	Location for press briefing established	Media Intake Form FORM
	Public Information Officer Job Action Sheets (JAS)	Media Contact Lists; IRAA, Mass211
	Public Information Officer Checklists	
	Media Contact Lists, Including Functional/Access Needs Media	
☐	**Establish a separate Media Information Center for press briefings** ○ Food, water, HVAC, lighting, sanitation, tables, chairs ○ Telephones, internet, cell service ○ Security to check press credentials and maintain order	
☐	**Review/Revise the Risk Communication Plan/Media Policies with the EMD, PIO, CEO, JIS/JIC, based on the Incident Action Plan**	Risk Communication Plan ICS205b:Personnel/Communications FORM
	REMINDERS: MAKE SURE SHELTER OPENING IS REPORTED TO WEB EMERGENCY OPERATIONS CENTER, ONLINE/ CALLING (413) 750-1400. EMD SHOULD REPORT SHELTER OPENING TO MASS 2-1-1, AS WELL.	
☐	**Work with PIO to determine essential messages/ public information**	Interpreter Strike Team
	Situational Awareness	Disease and injury fact sheets
	Disease/injury prevention	
	When/where to seek medical advice/ treatment	Functional and Access Needs Communication Plan.
	Universal accommodations for access/ functional needs	
	Shelter locations; opening times	
	What to bring/not bring to a shelter (weapons, illegal drugs, farm animals, alcohol, valuables,	
	Pets/farm animals Information	
☐	**Sources of more information**	
	☐ Websites ☐ Local media	
	☐ Hotlines ☐ Twitter	
	☐ Mass 211 ☐ Facebook	
☐	**Determine how you will notify the public**	
	☐ TV ☐ Printed handouts	
	☐ Radio ☐ Hotlines	
	☐ Newspapers ☐ Mass 211	
	☐ Websites ☐ Simultaneous interpretation	(live & internet/video relay)
	☐ Other language media ☐ Reverse 911 Systems	
	☐ Social media ☐ Other	
☐	**Draft messages appropriate to media used and public reached**	
	Multiple languages and formats	
	Updated frequently	
	Volunteer opportunities	
☐	**Brief Incident Spokesperson(s)**	
	3 key messages	
☐	**Monitor public reaction and establish methods for public interaction/information exchange**	Media Contacts: General and Functional and Access Needs
	☐ Hotlines ☐ Email ☐ Mass 211 ☐ Shelter Ombudsperson ☐ Social Media ☐ Other	

☐	*Issue Public Information, Warnings, Notifications*	
	Coordinate messages with:	Joint Information System (JIS)
	☐ Other jurisdictions ☐ DPH/MEMA/DEP/DMH ☐ ARC ☐ Interpreter Strike Team ☐ Functional and Access Needs Agencies	C-MIST strategies and plans
	Respond to media enquiries	Media Call Intake FORM
	Hold press alerts and conferences as needed	Press Releases FORM
	Brief spokespersons on key messages	ICS 223 – Health & Safety Message
	Ensure Incident Commander approval of all information releases	

Risk Communication Logistical Needs		Resources
Computer and cables	Paper, Pens, Clipboards	Region 1 PIO SOG
Fax, Printer, Scanner, Copier	Wireless Router; internet	
In and out only phone lines	Power, extension cords	
Microphone, cameras, video	Internet: Website, Email, Social Media; contacts for live Interpretation (video for ASL, audio)	

1.5 Review Emergency Plans, Policies and Procedures		Resources
☐	*Review Shelter Plans, including the Annexes*	Regional and Local Shelter Plans
☐	*Review Legal Authority*	Legal Counsel should be consulted
	Isolation and Quarantine; Boil and do-not-use orders	Standing orders (local/ State)
	Authority to close buildings/businesses/schools	
	Liability and cost issues	
☐	*Review Financial Protocols, Plans, Policies and Procedures* o Who has the authority to commit financial resources? o Has this authority authorized financial resources for the shelter? o Has the municipality formally declared a state of emergency? o Is this authorization in writing?	Shelter Plan & MOUs Finance Tracking FORM ICS 210:Resource Status Tracking FORM Emergency Declarations
☐	*For a Regional Shelter confirm signed Shared Cost Agreements/MOU/MAA?*	Regional Shelter Plan
☐	*Review Food Establishment Emergency Plans*	Food Establishment Emerg. Plans
☐	*Review IT/Data Management Systems and Protocols*	ICS 214 Activity Log FORM
☐	*Assist IC with development of the Incident Action Plan (IAP)*	Incident Action Plan FORM
☐	*Establish Financial tracking systems as appropriate*	Finance Tracking FORM
☐	*Use Incident Command System (ICS) forms*	Incident Objectives (ICS 202) Division/Group Assignments (ICS 204) Organizational Assignment List (ICS 203) Incident Map (ICS 225) Communications Plan (ICS 205), Medical Plan (ICS 206)

2. Mass Care Operations

2.1 Confirm Incident Command Roles

☐	*See Regional Shelter ICS Shelter Hierarchy Chart. These are the suggested minimum staffing/personnel levels:*	Staffing Level Guide (LIST) Regional Shelter Roster (FORM)
☐	Incident Commander (IC)	JAS, FORMs, LISTs
☐	Incident Public Information Officer (PIO)	JAS, FORMs, LISTs
☐	Public Health Officer – should be a BOH Agent/Inspector	JAS, FORMs, LISTs

☐	Operations Areas (Shelter Branch Manager)
	  o Registration /Case Management Area
	  o Dormitory/Child Care Assistance Area
	  o Feeding Area
	  o Medical/Behavioral Health Area
		JAS, FORMs, LISTs

☐	Safety and Security Officer (Shelter)	JAS, FORMs, LISTs
☐	Animal Shelter Branch Manager	JAS, FORMs, LISTs

	Finance Manager
	  o Data Management
	  o Financial Management
	    • Time Unit
	    • Cost Unit
		JAS, FORMs, LISTs

	Planning/Demobilization Manager	JAS, FORMs, LISTs
	Shelter Logistics:	JAS, FORMs, LISTs
	o Service Branch	JAS, FORMs, LISTs
	• Food Unit	JAS, FORMs, LISTs
	• Staffing Unit	JAS, FORMs, LISTs
	• Volunteer Management Unit	JAS, FORMs, LISTs
	• Communications (Internal / External) Unit	JAS, FORMs, LISTs
	o Support Branch	JAS, FORMs, LISTs
	• Supply Unit	JAS, FORMs, LISTs
	• Transportation Unit	JAS, FORMs, LISTs
	• Donations Management Unit	JAS, FORMs, LISTs
	• Facilities Management Unit	JAS, FORMs, LISTs

2.2 Establish Communications with the IC/EOC/MACC

✪	*Establish and Maintain communications with all Response Partners:*	
	☐ IC/EOC/EMD	
	☐ MEMA/MACC/HMCC	
	☐ COAD/MRC/ARC	

2.3 Complete Shelter Facility Walk-through/Assessment

✪	*Shelter Site/Facility Assessment*		
	☐ *Red Cross Assess/Designation*	☐ *Life Safety Issues*	**Shelter Assessment Team:**
	☐ Population Centers nearby	☐ Parking adequate/safe/lighting	• Shelter Supervisor/Manager
	☐ Consider Functional/Access Needs	☐ Controlled Access	• Facility Representative
	☐ Potable Water: 1.5 gal/day/per.	☐ Controlled Entrances/Exits	• Logistics Section
	☐ Bathrooms, showers, hot water	☐ No floodplain/bridges	• Inspector of Buildings
	☐ Toilets: M & F; 1/20 people; serviced daily	☐ Weather Ready: flooding, wind, heat, cold, earthquake	• Health Officer/Inspector • Fire Inspector

☐ M & F Showers: 1 /25 people (15 min shower) serviced daily	☐ Air Quality: dust, mold, hazardous materials, CO, VOC	• Universal Design (FNSS) Specialist	
☐ Handsinks: 1/20, serviced daily	☐ Structural: Railings, ramps	Facility Opening/Closing Assessment FORM	
☐ FNSS space (ADA accessible)	☐ Service Animal Area		
☐ Size: min. 20-40 s.f./person	☐ Alternate power supply	Environmental Health Shelter Assessment FORM	
☐ Kitchens: Refrigeration, cooking, snacks, drinks	☐ Potable water	[http://www.cdc.gov/nceh/ehs /Docs/Guide_for_Local_Jurisdictions_Care_and_Shelter_Planning.pdf](http://www.cdc.gov/nceh/ehs/Docs/Guide_for_Local_Jurisdictions_Care_and_Shelter_Planning.pdf)	
☐ Dormitory Area: 20-40 sf/person	☐ Adequate sewerage		
☐ Dining Area: tables, chairs	☐ Security Station		
☐ Child Care/Recreation Areas	☐ Isolation Area		
☐ Medical/Mental Health Areas	☐ Staff Area		
☐ Laundry or access to	☐ Pet Shelter nearby		
☐ HVAC: heating, cooling	☐ Exit Signs, Extinguishers, AED		
☐ Lighting with dimmable areas	☐ Medical Waste Containers		
☐ Solid Waste: 30 gallon container per 10 people; 5 lb/person/day	☐ Public phones/internet		
	☐ Communications: phones, internet, interpretation		
☐ Vector/pest management	☐ Availability for length of operat.		

☐ **Water Supplies**	**Food Supplies**	
- Tested/known drinking water	- Commercial, known sources	
- Bathing water; showers	- Meets dietary restrictions	
- 4 – 5 gallons per person/day	- Meets ethnic preferences	
- Alternate supply sources	- 2000 calories per day	

✪ **Functional Needs/Universal Design/Accessibility**	Ensure equal opportunity/access
Remove barriers to disabled; ramps, smooth floors	C-MIST Functional Needs Worksheet FORM: maintaining Communication, Medical, (Medical/Functional) Independence, Supervision, and Transportation
Aisles min 32-36" wide, marked with tape	
Signs (Universal Design/Access)	
Handicapped toilet, shower, sink	
Minimum 40 sf/person	
Handicapped cots (higher, heavier, sit-up,)	
Adequate lighting (especially in bathrooms)	
Chairs with arms	
Additional space for walkers/wheelchairs	
Special diets accommodated	Special Needs Menu LIST

✪ **2.4 Determine/Request Shelter Logistical Needs & Resources**	
☐ **Medical Supplies**	Durable Medical Equipment LIST
☐ First Aid Kit or Jump Kit	Consumable Med. Equip. LIST
☐ Spill Kits for bodily fluids	
☐ Red Medical Waste Bags (marked, heavy duty plastic bags)	
☐ Sharps Containers (sturdy, secure plastic containers)	
☐ Access to pharmacy for prescriptions	
☐ Access to oxygen generator/concentrator	
☐ Locking/Secure medical supplies refrigerator	
☐ Automated External Defibrillators (AED)	

☐ **General Sheltering Supplies and Equipment**		Shelter Supply LIST
☐ Flashlights and batteries	☐ Portable radio with batteries	
☐ Cots, mats, blankets, pillows	☐ Chairs, tables	
☐ Cribs, playpens, baby bathtubs	☐ Hand sanitizer	

	☐ Trash bags, trash cans	☐ Paper, pens, markers, signs	
	☐ Task lighting	☐ Masking Tape/Duct Tape	
	☐ Pump soaps, if possible ☐ Handsanitizer: 60% alcohol	☐ Towels, washcloths, soap, shampoo, shower-mats,	
	☐ Personal Toiletries: sanitary napkins, toothbrushes, toothpaste	☐ Cleaning and sanitizing supplies and equipment	
	☐ Diapers (infant and adult)	☐ Baby supplies (formula, etc)	
	☐ Paper towels, toilet paper,	☐ Fans (electric and hand)	
	☐ Games, toys	☐ Staff Walkie-Talkies, whistle	
☐	*Environmental Health Inspection Kits*		
	☐ Secure, locked container/ bag	☐ Measuring Tape	
	☐ Thermometers: digital/manual	☐ Clipboard, pens, paper	
	☐ Flash lights	☐ Masking Tape and Markers	
	☐ Batteries: thermometer; flashlights	☐ Inspection Forms	
	☐ Alcohol Wipes, hand sanitizer	☐ Sanitizer Test Strips	
	☐ Disposable Gloves	☐ Electrical Outlet tester	
☐	*Other Supplies*		
	☐ Forms and information sheets	☐ Flash lights and other lights	Shelter Supply LIST
	☐ Tape measures	☐ Blue/orange painters tape	
	☐ Markers and sign boards	☐ Paper, pens, clipboards, clips	
	☐ Computers/printers	☐ Crowd Control tape/devises	
☐	*Functional and Access Needs*		
	Ombudsperson/FNSS Advisor		
	Translator/Interpreter Strike Team; Simultaneous Interpreters		
	Behavior Health Staff		
	Universal Design for access to daily living activities		
	Translation software programs		
	Signs/forms in multiple languages – large font		
	Supply of eyeglasses/magnifying sheets		
	Medical sized cots		
	Walkers/Wheelchairs		
	Computers with access to applications for adaptive communication		
☐	*Staffing Needs – Initial Staff to open shelter should be affiliated/trained*		ICS 203 Organizational Assign.
	Shelter Staff per shift (min. 4-6; maximum 12 hour/7 day shifts) Large Shelter staff/Clients = **34**/200; **55**/500; **97**/1000		Division/Group Assignment (ICS 204)
	▪ Shelter Manager	▪ Medical/Mental Health	
	▪ Security/Registration	▪ Food/Dormitory/Sanitation	
	▪ Child Care Assistance	▪ Service Animals/Pets	
	Shelter Safety and Security		Shelter Support Team List: Subject Matter Experts in public health, mental health, nursing, child care, child trauma, food services, pharmacist, doctor, Universal Design, Building and Fire Inspectors, etc.
	"Buddy" system for Spont. Unafil. Vol.	Law Enforcement available	
	Control Entrances/Exits	9-1-1 phone	
	Verbal and Written Warnings	Document Incidents	
	Health and Safety Inspection Team: (1-2 inspections per day)		
	☐ Environmental Health	☐ Building Safety	
	☐ Food Safety	☐ ADA/Universal Access	
	☐ Medical	☐ Fire Safety	
	☐ Mental Health/Child Trauma	☐ Wastes, pests, sanitation	

☐	**Credentialing requirements: Government Photo ID**	
	Affiliation with Health Department, Police, Fire,	
	Affiliation with MRC, ARC, CERT,	
	Unaffiliated volunteers should be CORI/SORI by local police or other	Region 1 MRC SVMP
	Staff Support:	
	Break area with food / water; communications	
	Person Protective Equipment such as masks and gloves	
	Risk Communication (See Communication Below)	
	Tactical Communications	
☐	***Develop type and content of needed educational materials/methods***	MRC101; ARC Shelter Volunteer SVMP JITT
☐	***Develop resource management/inventory/accountability***	ICS 210 Resource Status Tracking FORM
☐	***Required forms, documentation, paperwork***	Shelter Plan and FORMS

2.5	**Establish Volunteer Management System/Policies**	
✪	***Shelter Volunteer Management System and Policies***	Region 1 SVMP/SOG; SUV JITT
	Minimum Staff on each shift – 4 for overnight shelters	Record on ICS 214 Activity Log
	Each staff/volunteer must be registered & credentialed/CORI/SORI	
	Must Sign in/Out at _____	ICS 211Personnel Sign In FORM
	Know your ICS role/supervisor	Job Action Sheet
	Safety First: use the Buddy or Mentor system	
	Document any issues or problems	Action Log; Incident Report FORM
	Staff Rest/Food Breaks: schedule every 3 – 4 hours	
	Monitor for burnout and health issues	
	Act only within the scope of your training or experience. If you are not comfortable with your assignment, ask.	
	Use Just-in-Time training and Job Action Sheets	
	Volunteers should be affiliated with an approved organization or be partnered with an affiliated organization volunteer	MRC, CERT, schools, VIPS, ARC, DART, Fire, EMS,
	All staff and volunteers must have a current CORI/SORI	Local police may run checks
	Maximum 12 hour shifts (6 - 9 hour shifts easier on staff)	
	Maximum 7 days in a row (1 day break minimum)	
	Protect Client Safety and Privacy	Shelter Staff/Volunteer Confidentiality Agreement FORM
	Encourage Shelter Clients to be Shelter Volunteers	
	Use Client Ombudsman/Shelter Representatives if needed	
	Remember Media Care; refer all Media to the Shelter Manager	
	Performance Reviews after 3-7 days may be available	

2.6	**Complete Shelter Set-up and Open**	
☐	***Incident Command Post*** (ICP)/Manager's Station/ Security Station	
☐	***Register Shelter with the National Shelter System (NSS)***	https://nss.communityos.org/cms/
☐	***Regional Shelter Established***	
☐	***Shelter Areas:*** o Manager/Security/Communications o Registration/Case Management o Logistics and Supplies/Donations Management	

	o Food Prep/Service o Dormitory o Child Care Assistance/Recreational o Medical Care/Quiet Area o Staff/Break o Service Animal Care (Pets should be in a nearby Pet Shelter) o Isolation and Quarantine (maybe combined with security area)	
☐	*ICS Shelter Staffing Chart posted*	Regional Shelter Roster (FORM)
☐	*Shelter Operating Policies and Procedures posted*	Shelter Rules/Regulations FORM
☐	*Shelter Emergency Evacuation Plan posted*	Facility Evacuation Plan
☐	*Shelter Action Log and Check-in/Check-out Form maintained*	Action Log FORM Shelter Check-in/Check-out FORM
☐	*Shelter Staff: post staff shifts and staff meeting schedules*	<mark>EMS Patient Tracking System may be available for Client Registration and Tracking</mark>
	Shelter Staff (minimum 4 per shift; 6 – 12 hr. shifts)	Shelter Support Team JAS
	Staff Registration, Training and Break Area	
	Security Team (a must for large shelters)	
	Interpreter Strike Team (highly advantageous at most shelters)	
	Medical Team (highly advantageous at all shelters)	
	Case Management/FNSS/Ombudsman (highly advantageous)	
	Animal Care Team (a must for large shelters)	Animal Shelter Plan/SOG
	Shelter Client Registration	Shelter Intake Assessment FORM
	Accessible Table, forms and signs near entrance must be accessible	Childcare Unit Registration Form
	Optional wristband/stamp/ID for Shelter Clients	<mark>ARC Safe & Well Registration Form</mark>
	Forms: Registration, Assessment, Shelter Guide/Rules	Shelter Rules/Regulations FORM
	Red Cross Safe and Well Website – let others know you are safe	www.safeandwell.communityos.org
	Case Management Forms	
✪	*Logistics/Supplies and Donation Management Area Established*	Work with EMC/EOC, MACC/COAD donations don't become a disaster
	Scheduling: post staff schedule in changeable format	
	Management/Tracking: maintain records and receipts	
	Ordering/requesting supplies	
	Spontaneous (in-kind) donations management	
	☐ Accept food ONLY from known sources (commercial)	
	☐ Accept donations with a known use/need only	
	☐ Don't let the donations become the emergency	(Goodwill may be a resource)
✪	*Safe Food, Water and Housing Provided*	Work with COAD/Public Health
	Food and Water Service Area	Massachusetts Guidance for Emergency Action Planning for Retail Food Establ.
	Person in Charge (PIC) must be knowledgeable/have food safety certification	
	Good lighting and ventilation a must, especially when cooking	
	Control access to Food preparation/storage areas	
	Food Prep Area: clean and sanitize often (10% bleach)	
	Refrigeration (generators, dry ice)	
	Monitor Staff for illness	
	Post Meal times; allow for snacks and beverages at most hours	Shelter Rules/Regulations FORM
	Dining area: no food outside this area	
	Hand-wash station a MUST + use of disposable gloves (non latex)	
	Food holding: log time/temperatures	Food /Water Emergency Planning

✪	☐ Hot/cold food holding: above 140 F./ below 40 F.	
	☐ Re-heat ONCE in 2 hours to 165 F.	
	☐ Discard after 4 hours if between 40 – 140 F.	
	Food Storage: secure and off the floor if possible	
	Safe Ice/Drinks (treat drink tubs with 1 tsp. bleach/5-8 gallons)	(Slight "bleach" smell)
	Reduced menus; fewer potentially hazardous foods	
	Meal plans that meet dietary/cultural needs within 36 hrs.	
	Hand and ware washing protocols posted	Region 1 Food and Water SOG
	Sanitation and cleanliness (sanitizer – 10% bleach solution)	
	Disposables/gloves (non-latex)	
	Solid Waste management (trash, garbage, medical waste)	
	Food Embargoes/Fitness of Food	
	☐ Discard Potentially Hazardous Food(PHF) after 4 hours @40 F	
	☐ Sorting, condemnation, disposal	
	☐ Donations of Food: must meet Safe Food Standards	
	Potable Water Supplies	
	☐ Monitor for contamination: chemical, bacterial, radiation, viral, particulate matter	
	Boil and other water use orders	Food & Water Emergency Plan
	Bulk water must be from an approved source	
	Dormitory Area:	Cot Cleaning Guide
	Bed spacing: 3 ft. between cots	
	Family Areas with extra space for personal items	
	Dormitory Area restricted to Clients; quiet zone	
	Child Care/Recreation Areas (safe and separate): Managed by parents	Childcare Unit Registration FORM
	Adult: cards, games, TV, Radio	
	Youth: Games (outside if possible); activities	
	Child: volunteers should be SORI; supervised; extra	
	Non-allergenic cleaning supplies for toys/tables	
	Health, Medical and Mental Health Services Area	Medical Incident FORM
	Accessible, some privacy, clean, secure storage	
	First Aid Kit and supplies	
	Standing Orders/Medical Advisor	Medication Log FORM
	Mental/behavioral Health staff	
	Secure (locked) medicine storage and refrigeration	Coordinate with Security
	Sanitation & Personal Protective Equipment (PPE)	
	Privacy/HIPPA/Confidentiality reminders to staff/volunteers	Shelter Staff/Volunteer Confidentiality Agreement FORM
	Medical Wastes (Red Bag)	<mark>Medical Waste hauler MOU</mark>
	Elec. outlets for durable medical equipment	
	Infection Control Plan: air, droplet, direct/indirect contact	
	12-Step Programs access : drugs, alcohol, tobacco	
	Special Needs Areas	
	Isolation/Quarantine Area for mildly ill Clients	
	Quiet area for functional needs Clients	
✪	**Service Animal/Pet Care Area Established (in nearby location)** (Note Service Animals must be cared for by owner in Human Shelter)	Animal Shelter Plan, FORMs, JAS. SOG

Shelter Communications		

Tactical Communications with EOC/IC; Response Partners
    ○ External: Phones, cell, internet, fax, radios, runners, HAM
    ○ Internal: Signs, radios, cell, PA system, runners, bullhorn,		

Shelter signs, flyers, newsletters		
TV and Radio		
Public telephone/internet		
US Mail Service		
General Shelter Rules and Routines Posted:	Shelter Rules/Regulations LIST	
You must register and obtain a Shelter ID		
Respect People, Personal Property, and Privacy		
No Weapons, Alcohol, Tobacco use, Matches		
Media must be accompanied by the Shelter Manager or PIO		
Prescription Drugs only (ask about secure storage)		
Trained Service Animals only, no pets		
No food in dormitory areas		
Respect Quiet Areas and Times		
Respect Restricted Areas		
Respected Phone-Free Areas		
Children must be supervised at all times		
Safety First: Keep all items off the floor		
Valuables should be kept in a safe place		
Not liable for damage to vehicles/personal property		
Must be dressed appropriately at all times		
Please remember that we are Volunteers		
Please volunteer to help us, help everyone		

2.7 Meet Transportation Needs

Parking – lighting, safety, adequate spaces, ADA		
Buses, vans and other transportation options to and from shelter		
Functional/Access Needs Transportation Options		
To Shelter (Private, buses, taxis, cabulance, etc.)	DPH policy on EMS transport	
To medical care (emergency and non-emergency)	Long Term Care Vans	
From Shelter to appointments/home		
Wheelchair accessible options	Elder Service/Long Term Care van	

2.8 Monitor Operations, including Health, Safety; Individual FNSS Needs

☐ *Ensure Health and Safety Inspections*	Environmental Health and Safety Inspection Team	
Begin within 24 - 48 hours of setup	BOH Agent/Inspector	
2 or more times per day	Envir. Health Shelter Assess. FORM	
Reports go to Shelter Manager/EOC	Food Establishm. Inspection FORM	
✪ *Coordinate/ensure Medical/Behavioral Health with safety, public health, medical, mass care services*		
Fire and Building Safety Inspections		
Triage (children, pregnant women, elderly, compromised immune systems, high risk, disabled/handicapped, mentally distressed):	Pre-Registration Triage FORM C-MIST Functional Needs Worksheet FORM	
☐ Immediate decontamination (chemical, biological, radiological)	D-Con trailers at hospitals	
☐ Immediate low level medical care	Medical/Medication Plan	

	☐ Medical transport to hospitals, clinics, long term care	See Pet Sheltering SOG
	Medical Services: outpatient/low risk medical care	Medical Incident FORM
	Medications: document medication storage/dispensing	Medication Log FORM
	Pharmaceuticals: connect Clients with resources	Pharmacy/Medical Services LIST
	Behavioral Health Services: connect Clients with resources	
	Faith Community: connect Clients with resources	
	Maintain Adequate Medical Consumables: batteries, diapers, oxygen,	See Shelter Plan
	Provide access to Durable Medical Equipment: wheel chairs, walkers, canes, oxygen machines, etc.	Durable Medical Equipment LIST
	Institute data system to track care, medications, equipment	
	Provide Isolation and Quarantine Area, if required	
	Assist Client to return to pre-incident medical setting	
	Establish registries for long-term monitoring of exposed individuals	
	Organize Service Animal care and supplies	See Pet Shelter SOG for detail
	Coordinate care with owners	
	Coordinate with Pet Shelters and DART (Disaster Animal Response Team)	See Pet Shelter SOG for detail
	o Animal Quarantine locations	
	o Animal Decontamination locations	
☐	*Monitor and ensure mass care population health*	
☐	*Environmental Health and Safety Monitoring*	
	Facility Safety: o Exits/Entrances secure o Parking and access o Evacuation Plans and Alarms o Security	[MDPH - Guide to Surveillance, Reporting and Control](#), sections 3 and 4 of related disease chapter
	Monitor First Responder, staff/volunteer & Client health for: o Illness o Injury o Exposure o Sanitary Survey/Assessment to identify potential risks o Environmental Health Inspections to correct problems	
	Disease Surveillance to identify outbreaks: o **Waterborne**: Typhoid, cholera, dysentery, infectious hepatitis, giardia, cryptosporidium, etc. o **Foodborne:** hepatitis A, salmonella, listeria, campylobacter, o **Airborne**/Droplets: measles, flu, etc. o **Screening**/sampling for contamination /communicable diseases to prevent outbreaks	Use Massachusetts Disaster Shelter Surveillance Roster FORM to report medical issues to DPH
✪	**Begin Case Management Tracking for all shelter Clients** o Assist Clients in creating and implementing their own Recovery Plan o Document all Client interactions and services o Number /types of health needs – refer to Medical Team o Shelter Clients Case Management FORM o Refer individuals with needs to appropriate agencies	-Case Management FORM -Client Participation Agreement -Client Authorization Release Info. -Shelter Client Media Release FORM -Transportation Request FORM -ICS 214 Activity Log FORM
	Begin Demobilization Planning as soon as Shelter Opens: o Create DRAFT Demobilization Plan and update daily o Assess resources every 24 hours o Identify excess resources o Re-assign or deactivate	ICS 221: Demobilization FORM

	o Obtain written sign-off before deactivation/returns	
2.9 Plan for Next Operational Period and Shelter Closing		
	Continue to monitor the situation	
	Work with Planning Section and IC to develop Incident Action Plans (IAP) for next operational periods	ICS 202 Incident Objectives and Update FORM
	Continue to document all response activities	ICS 214 Activity Log FORM
	Continue to monitor personnel/staffing	
	Continue to monitor and document all expenses	
	Follow Up and report on Actions Taken: close all loops	
	Plan for extended operations	

	Prepare for Demobilization and Recovery
	  o Update Demobilization Plan
	  o Notify partners of closing plans/dates -24 hour notice of closure
	  o Plans for cleaning and restoring facility & equipment
		ICS 221: Demobilization FORM

Risk Communications		**Resources**
☐	***Continue to work with Incident PIO/IC to develop Media Messages:***	
	<u>Ensure</u> SHELTER OPENING IS REPORTED TO WEB EMERGENCY OPERATIONS CENTER, ONLINE (413) 750-1400. EMD SHOULD REPORT SHELTER OPENING TO MASS 2-1-1	
	Update and inform the public	
	Shelter status	
	At-risk and functional needs individuals resources	
	Disease risks and prevention information	
	Water filtering and disinfection procedures	
	Closings and embargoes	
	Perishables: contaminated, suspect, temperatures	
	Translations into identified languages	
☐	***Work with PIO to monitor Social Media to keep ahead of rumors***	
☐	***Work with PIO & Liaison to maintain communication with other jurisdictions to ensure that messages are consistent, timely and accurate***	

3. Recovery

3.1 Case Management	Resources

☐ *Transition Clients* to New Normal: Home, Temporary Housing, LTC
    ☐ Red Cross Client Care Team
    ☐ Case Management Unit
    ☐ Public Health Nurse
    ☐ Social Service Agencies
	Agreements with Long Term Care facilities – MassMAP

3.2 Lift Order and Assist with Cleaning and Closing	
☐ *Lift orders* that are no longer needed	

☐ *Inspect and clean all facilities*; return them to normal operations
    ☐ Restore: Clean, replace and repair facility,
    ☐ Replace: all consumables used
    ☐ Clean cots, mats, blankets and return
    ☐ Replace pillows, and other supplies that can't be cleaned
    ☐ Walk-through facility with owner	

☐ *Disposal of solid/medical* wastes coordinated with DPH/DEP/LPH	

3.3 Support Recovery and Return to New Normal	
☐ *Assist with Ongoing Recovery*	

3.4 Submit Forms and complete After Action Report/Improvement Plan	
☐ *Submit forms* for emergency expenditures	Summary Contact List ISC 221: Demobilization FORM
☐ *After Action Report* with Improvement Plan and revise plans	HSEEP After Action Report

Risk Communications	Resources
☐ *Continue to work with Incident PIO/IC to develop Media Messages:*	
Update and inform the public on closing and recovery efforts	
Interpret into identified languages	
Sources of additional information and help	Mass211
Volunteer and donation opportunities	CERT, MRC, ARC, VOAD, MAResponds
☐ *Monitor Social Media to keep ahead of rumors*	
☐ *Maintain communication with other jurisdictions to ensure that messages are consistent, timely and accurate*	