



2025

Alameda County Emergency Operations Plan Annex: Mass Care & Shelter Plan



Alameda County
Social Services Agency

Social Services Agency

Office of Disaster Preparedness and
Emergency Management |
Mass Care & Shelter Branch

January 2025

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Plan Distribution

The Alameda County Social Services Agency's, Office of Disaster Preparedness and Emergency Management (DPEM) is responsible for developing, maintaining, and distributing the Mass Care and Shelter Plan Annex to the Alameda County Emergency Operations Plan.

DPEM will make the Mass Care and Shelter Plan available to all County agencies/departments, Operational Area (OA) jurisdictions, California Office of Emergency Services (Cal OES) and other partner organizations as necessary and upon request in both English, and other languages upon request. An electronic version is available at

<https://www.alamedacountysocialservices.org/about-us/Government-and-Community-Relations/offices/disaster-preparedness-and-emergency-management>. To receive a hard copy, contact SSADPEM@acgov.org.

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I. INTRODUCTION

Purpose

This Plan describes the policies, procedures, roles, and responsibilities of providing mass care and shelter to the whole community in an emergency. This includes people with disabilities, access and/or functional needs, people who speak languages other than English, evacuees, and those who rely on in-place shelter in lieu of evacuation. Mass care and shelter is provided equitably to all residents and visitors of Alameda County, regardless of immigration status.

Mass care and shelter services are intended to address the immediate, disaster or emergency-caused needs of individuals and families, including service animals, through the following essential services:

- Sheltering
- Feeding
- Distribution of emergency supplies
- Family reunification services
- Emergency childcare
- Immediate health, behavioral health, social and spiritual care services
- Access to information
- Access to additional government and community recovery resources

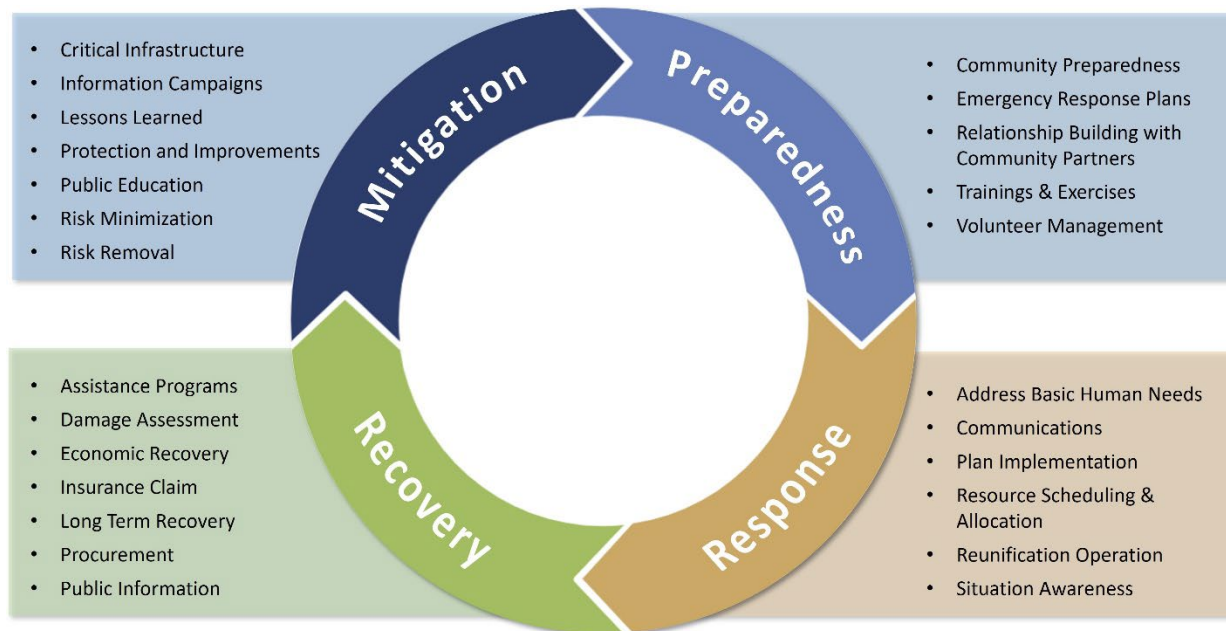
This Plan will:

- Provide a written plan guiding mass care and shelter support to unincorporated areas.
- Outline Operational Area (OA), County, City, Special District, and mutual aid operations focused on the care of community members during emergency situations which are coordinated often through the County Emergency Operations Center (EOC).
- Identify County agencies/departments, allied agencies, and other Operational Area stakeholders with roles in mass care and sheltering operations and define their responsibilities.

Scope

The Mass Care and Shelter Plan applies to the four phases of emergency management: mitigation, preparedness, response, and recovery during local and state emergencies, state-of-war emergencies, and presidentially-declared emergencies or major disasters. (See Table 1.) This Plan incorporates Alameda County OA public, private, and non-governmental organizations (NGOs) with operational responsibilities for mass care and sheltering. This Plan will be applied in emergencies requiring the care and shelter of affected and displaced individuals.

Table 1: Four Phases of Emergency Management:



All response efforts will be made in accordance with the Standardized Emergency Management System (SEMS), which has been integrated with the National Incident Management System (NIMS).

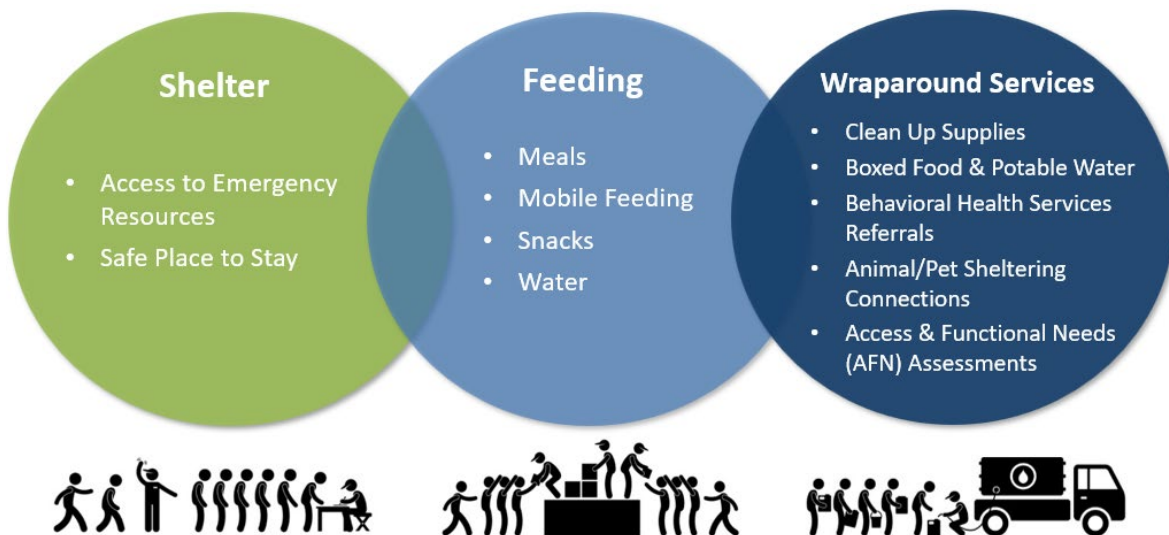
This Plan does not alter existing County or local government emergency response standard operating procedures (SOPs), processes, or resources.

Because of the importance of providing care and shelter equitably to the whole community, this plan was developed with input from county agencies/departments, local jurisdictions, community partners, and stakeholders.

II. OVERVIEW AND PLANNING ASSUMPTIONS

Overview

Mass Care and Shelter encompasses three functions: emergency sheltering, feeding, and wraparound services (WS). Emergency sheltering is a key component of mass care. It provides a safe place to stay and access to resources for those who are displaced. Feeding provides snacks and meals to displaced individuals within shelters and at alternate locations. Wraparound services deliver key survival, recovery items and services – such as personal protective equipment (PPE), behavioral health services, food, and water – to residents within shelters and alternate locations. More details on each function can be found in supplemental materials or as part of relevant County Agency or Department regular operations.



The following elements are foundational to this Plan:

- Various emergency response operations have occurred in Alameda County and in the surrounding Bay Area region. Lessons learned during previous disasters and emergencies have informed this Plan.
- As established in the Alameda County Emergency Operations Plan, the Alameda County Social Services Agency (SSA) is the designated lead agency for coordinating the provision of mass care and shelter services in the unincorporated portions of the County.
- Each city jurisdiction retains the primary responsibility for provision of mass care and shelter for its residents; SEMS identifies local government as the first level of response for meeting the emergency needs of people in their jurisdictions.
- Local governments will be prepared to manage, coordinate, and run shelter operations with or without sheltering partner support.
- The EOC Mass Care and Shelter Branch coordinates provision of relevant services to the community and affected individuals during emergencies and will provide oversight of



sheltering activities to ensure effective and efficient use of sheltering emergency resources through the County.

- SEMS requires the County, through OES, to act as the OA Lead Agency to provide coordination between the OA jurisdictions and the State.

Additionally, agencies, organizations, facilities, and individuals subject to statutory legal care and custody requirements are statutorily obligated to continue to provide care and custody in emergencies and disasters. When evacuation to a shelter is necessary, they retain those obligations and may not delegate them to shelter staff or residents. For example:

- Anyone having care or custody of an elder or dependent adult may not desert or willfully forsake that person.¹
- Anyone having such responsibilities must accompany the elder or dependent adult and continue to provide care if evacuation to a shelter is necessary.
- Children under the age of 18 years are the responsibility of their custodial parents/legal guardians, who must accompany them and continue to provide care and supervision if evacuation to a shelter is necessary.
- Licensed care facilities retain responsibility for the care of their clients and must provide staff to accompany them and continue to provide care if evacuation to a shelter is necessary. The California Department of Health Services requires licensed facilities to adopt and exercise a written emergency plan that addresses possible evacuation of their facility².
- Title 22, California Code of Regulations, also requires community care facilities licensed by the California Department of Social Services to have a written disaster and mass casualty plan.

Preparing and Responding with the Whole Community Strategy

Alameda County strives to incorporate a “Whole Community” perspective in its emergency planning. The Whole Community approach to emergency management calls for the involvement of everyone – not just the government – in preparedness efforts³. A key part of the Whole Community approach is incorporating those with access and functional needs or their advocates into emergency planning and response early and often.

The State of California defines those with Access and/or Functional Needs (AFN)⁴ as:

individuals who have developmental or intellectual disabilities, physical disabilities, chronic conditions, injuries, limited English proficiency or who are non-English speaking, older adults, children, people living in institutionalized settings, or those who are low income, homeless, or transportation disadvantaged, including, but not limited to, those who are dependent on public transit or those who are pregnant.

¹ Welfare and Institutions Code 15610

² Health and Safety Code 1336.3

³ FEMA Glossary <https://www.fema.gov/glossary/whole-community>

⁴ [California Statute § 8593](#).



The County and OA are committed to maximizing compliance with the Americans with Disabilities Act (ADA) and providing the best mass care and shelter service to Alameda County residents and visitors. As such, the County and OA adheres to the guidelines outlined below:

- Disability will not prevent access to services or facilities provided by the County.
- The County will not exclude or deny benefits of any sort based on a disability, access, or functional need.
- The County will work to accommodate people with disabilities and those with access and/or functional needs in the most integrated setting possible.
- During all phases of disaster response, the County will make reasonable modifications to policies, practices, and procedures, if necessary, to ensure programmatic and architectural access to all.

Recognizing the large population and unique needs of people who speak languages other than English in the County, all mass care and shelter services – including shelter staff, forms, and signage – will be translated where necessary and direct translation services will be available.

Every effort will be made to provide information in any language needed, for example by utilizing a telephone translation service at shelters.

Additionally, the County recognizes that there are large migrant communities in Alameda County that could benefit from emergency shelter but may be hesitant to access services. Every effort will be made before and during disasters to ensure these communities feel welcome and have their needs addressed at emergency shelters (See section below in [Shelter Operations on Immigration and Customs Enforcement](#).)

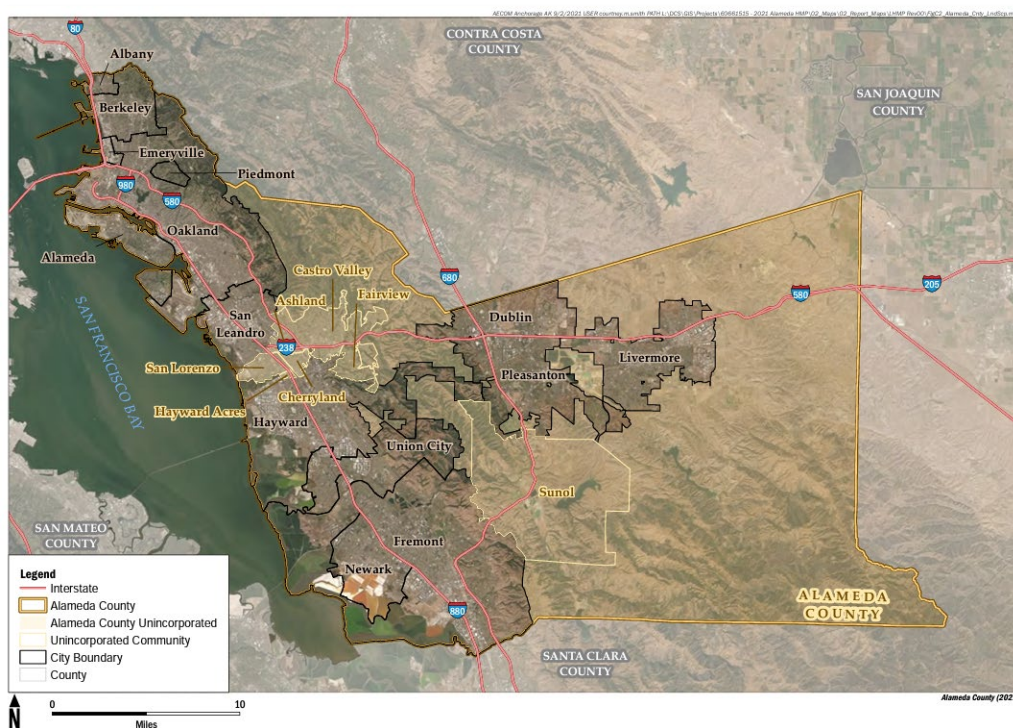
Planning Assumptions

The County aims to maintain sufficient mass care resources in personnel and materials to shelter those seeking shelter. The County utilizes the estimates set forth by the Regional Bay Area Urban Areas Security Initiative⁵ (BA UASI) for high, medium, and low impact incidents which are noted below. The County would strive to establish relief operations (shelter, evacuation center, etc.) within the first 12 hours following an incident and maintain operations for up to 72 hours. This planning assumption is drawn from historical sheltering data combined with scenario modeling and based on a high impact, earthquake event scenario. Should resources be limited, the County would follow SEMS⁶ in requesting any required resources. The County also encourages incorporated cities within the operational area to follow the same planning assumptions and provides support through County Mass Care and Shelter work group or partners.

<i>Size and Scale of Incident</i>	<i>High</i>	<i>Medium</i>	<i>Low</i>
% of the impacted population who will seek shelter	12.5	7.5	2.5
% of impacted with an Access or Functional Need (AFN)	20	20	20
<i>Example: A high impact event displaces 10,000 people, 1,250 people will seek shelter (10,000 x 12.5%). 250 of those will have Access or Functional Needs (AFN) (1,250 x 20%).</i>			

⁵ [The Bay Area Urban Areas Security Initiative \(BA UASI\) Care and Shelter Planning Toolkit](#).

⁶ [California Standardized Emergency Management System](#) (SEMS)



Additional planning assumptions considered during the development of this plan:

- The responsibility for mass care and shelter resides at the local level. In accordance with SEMS, additional resources, and assistance from outside the local jurisdiction shall be available to local government through the OA. However, resources may be extremely limited the first few days following a disaster where there has been widespread damage. Local jurisdictions will fare better in the short term by developing their own local resource base.
- The SSA will continue to provide essential services to its clients, separate from its staffing of mass care operations.
- Resource support, identification, and management activities can be executed at the OA EOC, thereby allowing the County Department Operating Centers (DOCs) and OA partners to concentrate on direction of essential emergency response tasks.
- Community and faith-based organizations (CBOs & FBOs) and private-sector organizations, e.g., local churches, civic clubs, local businesses, may respond spontaneously, outside of any organized response effort. These groups may be incorporated into mass care and shelter operations. However, they may not have the infrastructure, resources and/or capacity to sustain their operations and may require support to serve their communities.
- Emergencies or disasters caused by bioterrorism or Weapons of Mass Destruction (WMD) will generate greater needs for health, mental health and security resources in shelters and other mass care facilities. There may be requests for mass care and shelter services

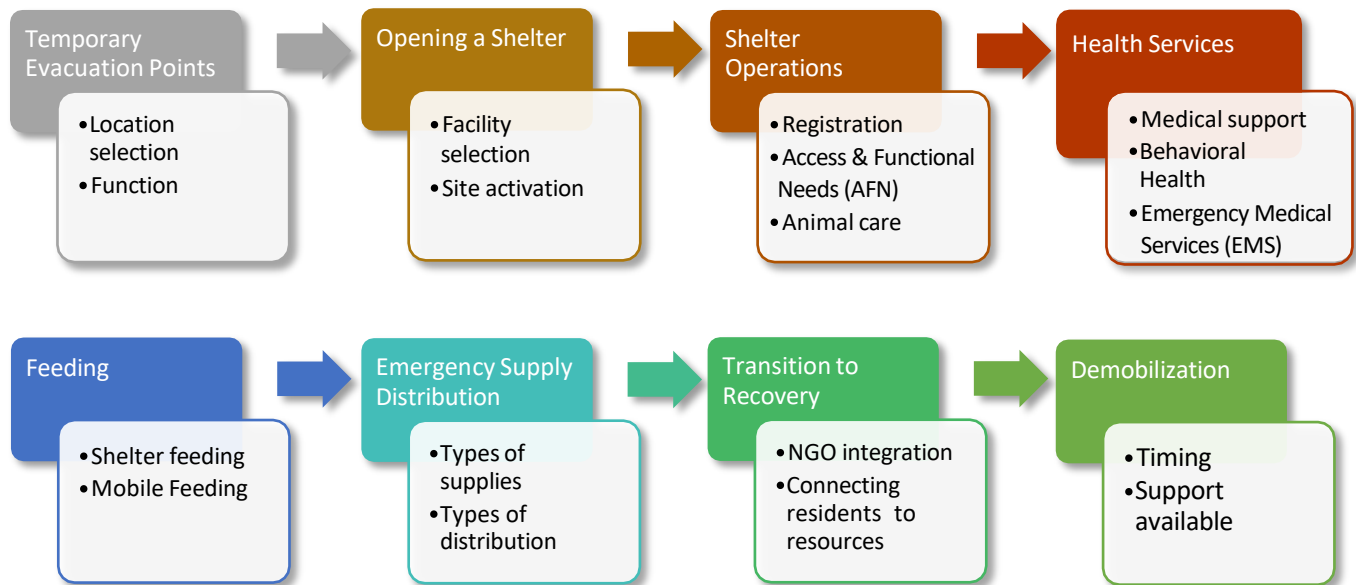


to be delivered in non- traditional settings and creative ways.

- Sheltering during pandemics will require additional space, health protocols, screening, and may require using a non-congregate sheltering strategy.
- Additional shelter and respite centers may be needed to support responders and other workers.
- Major disaster events could produce significant regional competition for resources. Local mass care and shelter resources will be limited if other jurisdictions face similar circumstances.
- The Governor may authorize the use of state agencies and military forces to support mass care and shelter operations if or when requested.
- State, Federal, and Red Cross resources may take up to 72 hours to arrive and become operational following a large-scale incident.
- The demand for emergency public information related to mass care and shelter services will be immediate and sustained. Social and traditional media coverage will be extensive.
- Mass care and shelter services may be urgently requested with little notice in an emergency or disaster situation. In events that are highly visible or extensively covered in the media, people may spontaneously evacuate prior to an official recommendation to do so.
- During recommended or spontaneous evacuations, over 90% of evacuees may opt for friends and relatives or commercial accommodations rather than a mass care shelter. This will vary based on the demographics, suddenness of the event, time of day, and other factors. However, in major events with extended power and water system outages, many could choose to relocate to an existing shelter when their own resources are depleted.
- A percentage of those seeking shelter will require transportation assistance.
- Many shelter residents could in some cases have access and functional needs.
- The County, many local jurisdictions and community partners maintain stockpiles of shelter supplies to increase mass care and shelter capacity county-wide.
- Displaced residents may converge on public parks and open spaces, as an alternative to indoor mass care shelters. These residents may require information and services.
- Displaced residents may converge on schools or faith-based facilities with the assumption that mass care assistance will be provided to them. Some of these facilities may open as independent shelters and request support.
- Some residents may be reluctant to evacuate their homes because of their pets.
- Residents who suffer some structural damage to their home following a major disaster may choose to remain on their property (i.e., camp-out), versus going to a public shelter.

III. CONCEPT OF OPERATIONS

This section outlines the possible response operations the County uses to provide mass care and shelter and other support operations during and following an emergency. The information presented in this section will follow the general flow of a Mass Care and Shelter response:



Temporary Evacuation Points (TEP)

Temporary Evacuation Points (TEPs) are short-term facilities where displaced people may go to receive information and be connected to services such as sheltering. At TEPs, people may remain in their vehicles or park and enter the facility. Typically, these centers are open for a short period of time and accommodate large numbers of people or vehicles. TEP locations may transition into shelter sites as circumstances evolve or may be co-located with shelter locations.

TEP Functions

TEP services will always include accessible restroom facilities and information in multiple languages, and sometimes will offer additional resources such as first aid, food, and water. TEPs may take different forms based on the circumstances of the incident. For a small or short-term event, TEPs are opened to provide a gathering point for displaced populations, sometimes in place of traditional evacuation sheltering. In a large or long-term event that may exhaust local capabilities, TEPs may be used to manage the flow of evacuees into a larger shelter system, identify the need for placement in congregate or non-congregate sheltering facilities, or for family reunification. In this case, services may also include registration, tracking and assessment.



TEP Locations and Site Selection

The location criteria for TEP facilities are similar to those of shelters. TEPs are often located outside the impacted area and are easily reachable by evacuating populations. The best TEP locations are integrated into evacuation routes and accessible public transportation systems.

They have sufficient parking space to accommodate many vehicles, and a layout supporting smooth flows of high-volume traffic. They are established in locations which are readily familiar to the general population. Ideally TEPs will be established in the same places following each event when possible, depending upon the incident. This increases the community's familiarity with site location and function. For more information, see the [Pre- Incident Shelter Site Selection](#) section of Sheltering below.

Many sites already designated as possible shelter locations in Alameda County are also suitable locations for TEPs. These pre-identified, accessible shelter locations are catalogued and updated by the local ARC territory in the National Shelter System (NSS) database and available upon request from the County or local jurisdictions. The County may obtain periodic records to prepare for situations where the information isn't readily available during or following an incident.

Evacuation Centers

Evacuation centers are similar to Temporary Evacuation Points (TEPs) in that displaced residents may travel to them for information and some resources. However, Evacuation Centers are intended to also be able to provide temporary emergency shelter as well. These locations are often established following incidents where a specific geographical area may have been impacted, such as a wildfire or public utility failure and those impacted may have the opportunity to return home following a short period of time. Evacuation Centers are intended to provide short-term services to impacted residents and may also serve residents during the day who are needing services but not necessarily shelter, for example food, water, and supplies.

Shelters

Shelter is a broad term used in emergency management and can describe a variety of response operations. People will instinctively seek shelter and services following emergencies and disasters. Shelter can provide some stability, safety and comfort for people following events that may be unexpected and traumatizing. Shelter combined with the various wraparound services are essential for supporting an impacted community and survivors. Providing shelter for people impacted by an emergency or disaster is a critical component, priority of emergency management professionals and by extension local government. Prioritizing the provision of shelter and the various accompanying services is critical to support the community, as it can greatly impact the ability of disaster survivors to recover from the short and long-term impacts emergencies and disasters have on people and those they care about. There are two main types of shelters, congregate and non-congregate which are briefly outlined below.



Congregate Shelters (CS)

Congregate Shelters are the most common shelter type. They are generally established in large open settings that provide little to no individual privacy in facilities and that normally serve other purposes, such as schools, churches, community centers, and armories. They are often the first option because using one large space enables the consolidation of the various resources required to effectively attend to the needs of those seeking shelter. Common resources required are food, comfort supplies, medicines, and showering facilities.

Other types of congregate shelters include Mega-shelters (large venues, large complex shelter locations, fairgrounds, etc.), open-air shelters (campgrounds, recreational vehicle parks, athletic fields, parking lots, etc.) and spontaneous community shelter locations.

Non-Congregate Shelters (NCS)

Non-congregate shelters provide alternatives for incidents when conventional congregate sheltering methods are unavailable or overwhelmed, or longer-term temporary sheltering is required. Non-congregate shelters may include hotels and motels, single-use facilities, cruise ships, dormitories, campgrounds, converted buildings, or other facilities with private sleeping spaces but possibly shared bathroom and/or cooking facilities.

Non-congregate sheltering facilities are those that provide private, semiprivate, or shared accommodations to support affected populations, including individuals with disabilities, older adults, and others with AFN, pets, and emotional support and/or service animals. Reimbursement of costs incurred may be shared among State and Federal levels dependent upon the incident and related emergency or disaster proclamations and declarations.



Support Centers

There are other types of support a community impacted by emergencies, disasters, or other types of unsafe conditions may require that are separate from shelter. Similar to a shelter response, these additional operations require a high level of coordination and communication with the various response partners and support providers. All operations will continue to follow SEMS and will be addressed at the lowest possible level up and until additional resources are required. Should additional support or resources be needed, the appropriate requests for assistance will be provided through established protocols, as outlined in the [Alameda County Emergency Operations Plan](#).

Cooling and Warming Centers

The changing climate means Alameda County residents can expect more extreme weather events, both heat and cold. Extreme heat puts a toll on health. Extreme heat waves can increase the risk of heat-related illnesses, such as heat stroke, exhaustion, and dehydration. Warmer temperatures create more pollen in the air, stronger airborne allergens, and more allergy symptoms. Certain populations such as the elderly, children, people with disabilities and those living alone are at a higher risk during heat events. Prolonged extreme cold can put at-risk communities in danger as well.

Local jurisdictions can take steps to ensure the health and safety of their community by providing designated spaces for those at risk to remain safe during these events called cooling and warming centers which may or may not include additional services. These facilities are carefully considered for their appropriateness and will vary upon the conditions present. Common facilities used for these purposes may include but are not limited to, community centers, public libraries, gymnasiums, or other facilities equipped with air conditioning and/or heating.

Various sites throughout the County have been pre-identified and are updated by City and County Emergency Managers and other preparedness and response personnel. Facility management should always be consulted prior to activating a facility for this purpose. Specific protocols for communicating extreme weather events to the community and the coordination of the response activities such as activating cooling or warming centers may be established by key County personnel. Additionally, the determination of what additional resources may be needed for the community such as water, blankets, or health services will be coordinated with the participation of the County Mass Care and Shelter Branch.

Specific condition thresholds may be established by local Public Health officials and then shared amongst response personnel. Various County Departments or Agencies coordinate with one another prior to, during, and following extreme weather events. Some include the Social Services Agency (SSA), Alameda County Health (ACH), General Services Agency (GSA), Library, and the Sheriff's Office of Emergency Services (OES).



Reunification Center

Reunification services are designed to meet the short-term reunification needs of those directly impacted by a disaster. Services include providing human and technological resources to reconnect individuals by facilitating communication from inside the emergency or disaster affected area to outside the affected area. Additional assistance may be provided for individuals with an urgent need. Reunification services and efforts may either be supported virtually, by phone, internet or by establishing a physical location called a Reunification Center. The various responding entities may determine which strategy should be employed and if a physical location is needed and quickly determine which site would be the most appropriate to meet the needs of the community or those impacted.

When an emergency or disaster occurs with individuals who are unaccounted for, large numbers of fatalities or injuries, damage to communication infrastructure, evacuations, etc., the local jurisdiction can quickly become overwhelmed with requests from concerned loved ones. Some effective systems are already in place and may be utilized with the support of response partners such as the Red Cross. The County may be supported directly by the Red Cross through their Reunification Program. The overall goal of a Reunification Center is to provide a location where those impacted may let others know they are safe, seek others who are unaccounted for, or reestablish contact when separated from family.

The location is not intended for people to gather, rather to obtain or provide information. Throughout this type of response operation, the safety and wellbeing of those impacted or seeking support will be ensured. The Social Services Agency may utilize systems or procedures already established within their normal operations.

The County, in coordination with other response partners will strive to adhere to a variety of principles which are:

- Emergency welfare inquiries and family reunification requests receive highest priority.
- Follow-up occurs with the emergency welfare inquiries and family reunification requests.
- Unaccompanied Minors and Separated Children are kept safe and provided with swift transfer or reunification through working with relevant partners.
- Client information is protected.
- Accurate information is provided.
- Services are provided fairly and consistently across the organization.



Local Assistance Center (LAC)

A Local Assistance Center is a centralized location where individuals and families can access available disaster assistance programs and services following a disaster. Local, State, and Federal agencies, as well as nonprofit and voluntary organizations, may provide staff and resources at the center. The Federal Government may open separate assistance centers through which only the services of Federal programs are offered. The County will assess the need for a LAC and may consult with the Cal OES Recovery Unit in determining the establishment of the operation or operations. Following a unit in determining the establishment of the operation or operations. Following a catastrophic incident, multiple LACs may be required where the State Cal OES will be instrumental in the determination of how many LACs will open and where to ensure that regional and state resources are utilized effectively.

Examples of available onsite assistance/resources include:

- Public Benefits (CalFresh, CalWORKs, General Assistance, Medi-Cal, In-Home Supportive Services, Adult Protective Services, Adult & Aging Services, and Children & Family Services)
- Emergency Food and Housing, Mental Health Services & Referrals
- Public Works and Community Development Agency Services
- Crisis Counseling Information and Referrals
- Various State resources and assistance (Ex. Department of Motor Vehicles)
- Other identified services dependent on type of disaster or emergency

Family Assistance Center (FAC)

A Family Assistance Center is an operation that provides a variety of resources and information in addition to reunification services following incidents where there are mass fatalities or injuries. The Family Assistance Center will usually require heightened security as well as specific procedures for admitting people in for the safety of the survivors. It is common for a Reunification Center to change to a Family Assistance Center once most reunification services have been provided. Disaster and emergency survivors may visit a Family Assistance Center to get information and services such as information about the incident including the status of reopening an area. The Center may be a source of centralized information for a specific audience or population. The center can provide space for survivors to draw support from one another as well as obtain services from mental and behavioral health professionals and staff. Family Assistance Centers will be situational, scalable, and needs focused.



Disaster Recovery Center (DRC)

Disaster Recovery Centers (DRCs) are established following larger incidents that qualify for support from the Federal Emergency Management Agency. Various Federal, State, and local emergency response and recovery partners may have representatives within the DRC. Most often the DRC will operate in physical space that can accommodate large numbers of impacted residents and ensure efficient flow of traffic as well as safety guidelines. The goal of the DRC is to provide impacted residents with information and resources they may be eligible for resulting from the Federally Declared Disaster or Emergency. FEMA provides staff to receive applications for relevant disaster relief programs and invites response and recovery partners to have a space within the center to also provide information about and to receive applications for other relevant benefits and resources.

Examples of available onsite assistance/resources include:

- Public Benefits (CalFresh, CalWORKs, General Assistance, Medi-Cal, In-Home Supportive Services, Adult Protective Services, Adult & Aging Services, and Children & Family Services)
- Emergency Food and Housing, Mental Health Services & Referrals
- Crisis Counseling Information and Referrals
- FEMA Individual Assistance Program
- SBA Loans, Tax Relief
- Department of Motor Vehicles
- Comfort Dogs

Emergency Childcare

Some incidents such as the COVID-19 pandemic required the rapid organization and implementation of Emergency Child Care services. This component can rapidly become invaluable to any emergency or disaster response. First responders, Disaster Service Workers (DSW's) and other essential workers must have the ability to have any children they are caring for looked after while they respond to an incident. The Social Services Agency has established various partnerships with childcare providers and would rapidly attend to this following any incident that may require these services. The Agency follows the guidelines and recommendations set forth in the [California Child Care Disaster Plan \(2016\)](#)⁷.

⁷ [California Child Care Disaster Plan \(2016\)](#)



Pre-Incident Shelter Site Selection

Sites identified for potential use as shelters or TEPs are most often public facilities, schools, or facilities owned by faith-based organizations. At the local level, jurisdictions may identify shelter sites in collaboration with local representatives of the American Red Cross or on their own. Any entity that intends to open a shelter must have an individual agreement with the site. These can be established just prior to opening, but it is better to have them in place in advance of an event. The OA and the County work with the Red Cross to identify and survey shelter locations, and to work collaboratively in site selection. (See Appendix A for a list of pre-selected facility/shelter sites identified for the unincorporated areas.)

In many areas, public and private school districts may make their facilities available as shelter sites. Section 32282 of the California Education Code directs school districts to develop a safety plan that includes “a procedure to allow a public agency, including the American Red Cross, to use school buildings, grounds, and equipment for mass care and welfare shelters during disasters or other emergencies affecting the public health and welfare.”⁸

However, as a school’s primary responsibility is to its students, faculty, and staff, they are not always available for use as shelters when a disaster occurs. Furthermore, schools have an obligation to restart classes as soon as possible following a disaster and may be unable to support long-term shelter operations.

Facilities offered by faith-based and other private organizations will vary in size, features, and availability, but can play a crucial role in filling gaps caused by a lack of public or school facilities.

Ideal sites for shelter operations will include many of the following characteristics:

- Accessibility for people with disabilities and those with access and/or functional needs.
- Accessible parking and adequate access to mass transit routes.
- Sufficient climate-controlled dormitory space for shelter residents to sleep (the Red Cross uses a standard of 40 square feet per person).
- Sufficient space to implement communicable disease protocols if needed (for example, 110 square feet for COVID-19).
- Space for other shelter operations including:
 - Registration
 - Health services
 - Food service
 - Recreation
 - Behavioral Health Services
 - Kitchen or other cooking facilities
 - ADA Accessible restroom and shower facilities
 - Accessible communications connectivity (telephone, internet, etc.)

⁸ [California Education Code, Sections 32282-32289](#)



- Adjacent facilities suitable for potential use as pet shelters or local assistance centers.
- Areas within the space to isolate shelter residents during a disease outbreak.

The shortcomings of many shelter facilities can be addressed through the deployment of additional staffing, equipment, and other resources.

Pre-Incident Shelter Surveys

Once a potential shelter location has been identified, in partnership with the Red Cross, a shelter survey will be conducted and careful consideration of the overall accessibility of the site will be determined. The goal to complete these tasks is prior to any incident but if completed following an incident it will be completed when it is safe and no less than 2 hours before the shelter opens. Emergency shelter operations must address accessibility and guidance for integrating people with disabilities and those with access and/or functional needs into shelter planning, more information can be found in the FEMA document “Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters” and Chapter 7, Addendum 3 of the ADA Best Practices Tool Kit for State and Local Governments: ADA Checklist for Emergency Shelters.

American Red Cross-National Shelter System (NSS) Database

Once a potential shelter location has been surveyed, the gathered information is entered into the National Shelter System (NSS) database. The NSS is a central tracking system listing potential shelter facilities nationwide. This tool enables emergency managers and disaster workers to identify the location, managing agency, capacity, current population, and other relevant information for all shelters in the system.

Any sheltering jurisdiction may request information from the NSS to assist in identifying available shelter locations.

Facility Use Agreements

Facility Use Agreements (“Shelter Agreements”) may be established with sites prior to or immediately following an emergency or disaster. The Red Cross establishes formal agreements with potential shelter locations in Alameda County. These agreements are approved by both the governing body for the shelter location (e.g., school board, city council, board of directors, etc.) and the local Red Cross Disaster Program Manager or County representative.

The agreement specifically addresses the following items:

- Authorization – For use of the facility and procedures for notification. In the case of public-school locations, authorization for use will come from the District Superintendent or designee.
- Access – For opening of the facility, including identifying a 24-hour key holder.
- Terms of use – For use of facility equipment (e.g., kitchens, chairs/tables, auxiliary rooms, back-up generators) and reimbursement or arrangements for use of utilities (e.g., gas, water, electricity, and telephones).



- Length of use – For as short a period as possible, but continued use must be based on the mutual decision of both parties.
- Return of facility – To the original condition, including reimbursement for any damage or material supplies consumed.
- Hold harmless agreement – Defends, holds harmless, and indemnifies the facility against any legal liability for actions that occur during the sheltering operation.

Training and Staffing

At the County level, the training of shelter workers is accomplished through close collaboration between the Alameda County Social Services Agency, the American Red Cross-Alameda County and other response partners. The SSA ensures most of its staff complete a 4-hour [Online Disaster/Emergency Response: Shelter Fundamental course](#)⁹ which also includes information on psychological first aid, food safety, and access and functional needs awareness. The Social Services Agency is continually enhancing and updating training content for internal use and shares these resources with local response partners. Additionally, various other County departments and agencies may develop and administer Disaster Service Worker (DSW) training and other emergency response training and exercises. Ensuring that staff have received training will improve the overall response capability. Local jurisdictions are encouraged to follow the training standards used at the County level and the Red Cross.

Protocols for Opening Shelters

The decision to open a shelter serving unincorporated area residents will be made by EOC Management and the Mass Care and Shelter Branch, based on the scope and size of an incident, and involve close coordination with any affected jurisdictions' EOC. In fast-breaking events, the decision to open a shelter may be made in the field before the EOC activates. Establishing a TEP can provide the time needed to accurately determine the number of shelters needed by the evacuating population.

Based on intelligence gathered from the field, the jurisdiction initiating a mass care operation develops an estimate of sheltering needs, including the number of people requiring shelter. Generally speaking, 2-12.5% of an evacuated population will seek temporary shelter. The local jurisdiction, County, with support from the Red Cross, may work to jointly determine appropriate shelter locations. If a shelter under consideration is a public-school facility, District officials must be included in the decision-making process.

Selection criteria for shelters will include:

- Location of the incident.
- The scope and size of the hazard, including potential for expansion.
- The scope, size, and demographics of the impacted population, including number of homes and individuals affected.

⁹ <https://acgov.org/emergencysite/response/>



- The anticipated length of time in which shelter operations will remain operational.
- The proximity of the facility to the affected areas and populations.
- The availability of the site and authorization from that site's point of contact.
- Accessibility of the site and any accessibility issues to address.
- Adequate accessible parking.
- The clearance of the facility for use by health and safety personnel, such as a building inspector.

Once a shelter is opened, it may be run under one of several models. The most common formats are as follows:

Local Jurisdiction Shelters

These shelters will be opened and managed by the County or cities therein and staffed by trained government employees and/or volunteers based on jurisdiction. Liability rests with the local jurisdiction that maintains their own agreements with designated shelter facilities. The decision to open a shelter outside of the unincorporated area is at the sole discretion, decision, and jurisdiction of the affected city. Alameda County Mass Care & Shelter is responsible for the unincorporated areas only.

Mass Care and Shelter Partners

In this model, the Red Cross or another partner occupies a facility and plans, organizes, directs, and manages every aspect of the services provided at the shelter. Staff members may be Red Cross employees or volunteers. In these types of shelters the Red Cross maintains shelter agreements with local facilities and covers the cost-of-service delivery.

Independent Shelters

These are shelters that spontaneously appear when community-based organizations including faith-based organizations want to meet an emergency need. Independent shelters are outside of the established governmental response mechanism. In the event that a group of citizens or a community organization opens a shelter independently without the Red Cross, Alameda County or local jurisdiction request, involvement, or coordination, that entity will assume financial and legal responsibility/liability for the shelter operations and those it provides services for. Following a catastrophic event, the County may enter into a temporary agreement to support the operations to alleviate strain on the capabilities of local government to respond.



Sheltering Models by responding entity:

Incorporated City	Unincorporated County	Mass Care and Shelter Partners (American Red Cross)	Independent Shelters
<ul style="list-style-type: none"> •Responsible for sheltering their impacted residents •May seek County and community partner support should the needs surpass their capabilities. Proof of exhausting available resources may be required when requesting support from the County 	<ul style="list-style-type: none"> •Responsible for sheltering of impacted residents of unincorporated areas •Provide support to incorporated cities after they exhaust local resources 	<ul style="list-style-type: none"> •Operational area resource that is deployed in coordination with County EOC •May manage shelters outside County or City chain of command under overall county coordination 	<ul style="list-style-type: none"> •Opened by a non-government organization or agency other than Red Cross, such as churches •May seek material or staffing support from the county; do not qualify for reimbursement without formal request from government body

*Note: These models are not rigid, and there is often agency overlap in shelters. Examples include supplemental staffing, technical expertise, recovery resources, or material assistance. The managing agency maintains administrative control and assumes responsibility for planning, organizing, directing, and controlling the shelter and the relief services provided.

Additional Shelter Types

In addition to the above-described shelter types, are those established to support other circumstances that require immediate shelter support. County departments and agencies provide funding and certain types of support for Cold Weather Relief Services for individuals or families experiencing homelessness as well as Emergency Shelter for other circumstances such as those impacted by domestic violence.¹⁰

Shelter Operations – Prior To Opening the Shelter

Once a governmental shelter location has been identified and confirmed, the local jurisdiction or the Red Cross will prepare the facility for shelter residents.

Pre-Occupancy Walkthrough

Prior to staffing or setting up equipment at a shelter location, the site must be inspected to identify any potential safety hazards and to document the condition of the facility. This inspection determines the facility's ability to accommodate people with disabilities and those with access and/or functional needs. In addition to determining safety and usability, the inspection determines existing damages which would not be the responsibility of the governmental agency or response partner such as the American Red Cross. A severe earthquake or any evidence of structural damage at the facility will trigger inspection by a licensed building official before the shelter can open.

¹⁰ <https://www.alamedacountysocialservices.org/our-services/Shelter-and-Housing/Other-Support/emergency-shelters>



Equipment and Staff

The County and the Red Cross maintain mass care trailers and stationary caches which are strategically placed throughout the County. The County maintains the ability to tow trailers through coordination in the EOC. These trailers have everything needed to deploy and set up a shelter.

Generally, shelter staff will be trained and identified prior to a disaster. For some basic shelter roles just-in-time training will be sufficient and may be necessary to scale up staffing in a large-scale response. Shelter staff will often be placed on standby in advance of a potential emergency (red flag warnings, flood warnings, etc.). Staff may be activated via call downs or similar systems to speed up deployment to shelters.

Communication

The EOC maintains an open communications link with Mass Care and Shelter partners, including the Red Cross and or/jurisdictional shelter managers. Information is regularly shared via VEOCI—a cloud-based platform for Emergency management, email, telephone, and/or social media. In the Operational Area EOC, the Mass Care and Shelter Branch communicates directly with the EOC Joint Information Center (JIC) which includes Public Information Officers for respective County agencies, departments and Offices. Key public information partners such as Eden I&R (2-1-1) also have a position in the JIC. Working directly with the JIC ensures that the public is provided with any critical information such as where shelters are opened or where other types of needed services and support may be attained. The Mass Care and Shelter Branch also will communicate directly with key partners, such as the Red Cross Liaison who will play a key role in sharing information from the Red Cross disaster headquarters.

Regular daily Mass Care and Shelter conference calls are scheduled for all OA partners upon activation of the County EOC to share information and coordinate allocation of resources. Regular reports and information may also be communicated through automated incident management systems. Other coordination calls may also be held by allied agencies, including CalOES in large-scale activations, and by local jurisdictions with shelters within their boundaries. Alameda County Health (ACH) also conducts regular calls to coordinate medical services at shelters. Information gathered from shelters must also be shared with PIO staff and the Plans and Intelligence Section at the EOC to ensure that accurate shelter status information is shared with the public.

It is critical that there be a clear and open channel of communication to exchange information between shelter managers and the EOC. Additionally, shelters must be provided with publicly available information on the emergency (i.e., fire and evacuation zone maps) in English and may be translated to other languages, if needed, so shelter managers can share this information with their residents. If further translation services are needed SSA will coordinate relevant support.



Shelter Operations

Shelter Operations are outlined in tactical detail, for example how to set up and run a dormitory, in various supportive documents and guides (FEMA, Cal OES, and Red Cross resources) placed in Shelter Admin Kits located in the Shelter Supply Trailers. This section provides higher level guidance on how shelter operations will be conducted in Alameda County.

Registration

Registration is the process by which shelter personnel welcome impacted residents regardless of immigration status into the shelter environment, collect basic information about them and their needs, and inform those impacted of what services are available in the shelter environment. Registration will be conducted, and forms will be available in English and may be translated to other languages if needed. If further translation services are needed SSA will coordinate relevant support.

The County, Red Cross and affiliated shelters may use forms to facilitate this process – such as the Shelter Dormitory Registration Form and other supporting intake forms. Alameda County has created a single form for shelter intake which combines registration and assessment. This form is used in all SSA-run shelters and is available in English and may be translated to other languages if needed. If further translation services are needed SSA will coordinate relevant support. Certain Technology platforms may be utilized, such as VEOCI, when available to streamline the registration process.

People registering at a shelter will be encouraged to self-identify any dietary, medical, or other access and functional needs. Shelter staff will identify any accommodation they may require to ensure access upon entry into a shelter. Under no circumstances will a person be refused entry to a general population shelter purely because of a disability, immigration status, language accessibility, access and functional need, or other prohibiting circumstances. The registration process also identifies individuals whose needs may not be best served in a general shelter environment, such as evacuees with acute medical needs, or unaccompanied minors.

Unaccompanied minors are defined as children under the age of 18 who are separated from their legal guardians. When unaccompanied minors arrive at shelter locations, they may need more support than existing shelter staff can provide. Part of the intake process at all county shelters will include a question about whether an individual is required to register per section 290 of the Penal Code¹¹.

If a registered sex offender arrives at the shelter and self-identifies as required by this law, the shelter manager will request the individual remain in a separate area of the shelter, away from the remaining shelter population. The decision on how to safely shelter the individual will be made in consultation with law enforcement.

¹¹ [Penal Code 290 Link](#). (Sex Offenders)



Access and Functional Needs (AFN) Support Services

In accordance with the Americans with Disabilities Act and associated legislation, all sheltering operations in the Alameda County Operational Area are accessible to all residents, including people with disabilities and those with access and/or functional needs.

Alameda County follows a function-based approach to inclusive emergency planning and uses the C- MIST framework (see below for definition) to support this process. Rather than focusing on planning for specific disabilities or diagnoses, attention is instead given to functional areas that will improve planning for the whole community, including:

- Communication
- Maintaining health
- Independence
- Safety, support, and self-determination
- Transportation and evacuation

Most people with disabilities can maintain their independence in the shelter environment with simple modifications to policies and procedures. In all cases, shelter residents will keep and use any assistive technology or devices they enter the shelter with. Jurisdictions must be prepared to provide mobility equipment and other resources to replace items lost during the evacuation process, as resources allow.

Functional Assessment Service Team (FAST)

The Functional Assessment Service Team (FAST) is a State deployed resource available to local shelters to help assess any shelter resident who has a disability, access, or functional need. Currently, ACH has availed one of their staff to act as the County FAST Coordinator. All residents should feel safe, stable, and comfortable in a general population shelter. A team can be deployed at the request of the local jurisdiction. FAST communicates directly with shelter managers and residents and identifies specialized resources to support the needs of the residents. Examples of resources the FAST will coordinate are supplies for service animals, mobility devices, portable oxygen, or a quiet space for an autistic child. This team is activated through the Operational Area EOC and should resources not be available directly from FAST they may be requested through the EOC Mass Care and Shelter Branch.

Communication

SSA will provide all shelter services in English and translated to other languages when needed. Other languages are served by contract telephone translation services. The County also offers printed graphic translation materials to indicate many standard terms and ideas. Existing accessibility systems on any technology used in the shelter, such as open captioning systems on televisions and TTY and/or Video Relay systems, will be activated. Accessible technology must be used whenever available to allow people with disabilities access to all shelter and support services. Critical and regular communication will flow through the EOC JIC as well which will ensure that the public is kept well informed and keep all EOC staff updated on response operations.



Animal Sheltering

Animal sheltering is the primary responsibility of the animal owners. Many owners will be able to care for their animals without the assistance of their local jurisdiction. When owners are unable to provide for the needs of their household pets and service animals, the local jurisdiction will help as established by the Sheriff's Office, Animal Services Division. When local jurisdictions need additional assistance, they will notify the OA EOC and emergency personnel will work within the Operations and Logistics Sections in the EOC to assist with mutual aid and resource coordination and to help plan the mobilization and allocation of personnel, equipment/supplies, and facilities. The determination about the most appropriate animal sheltering strategy will be made by County Animal Services or other Mass Care and Shelter response partners.

Sheltering may be necessary for animals that are lost, stray, and incapable of being cared for by their owners, or are a danger to themselves or the public. All OA partners will work to ensure that animals within their jurisdiction that need sheltering are sheltered, fed, and, if possible, returned to their owners. If the animals cannot be returned to their owners, their disposition will follow State law.

Service Animals

Evacuated individuals who require the use of a service animal are allowed under federal law to stay with their service animal at human shelters. Service animals are not household pets and must remain with the person to whom they are assigned. To determine if an animal is a service animal, two questions may be asked. 1) Is the service animal required because of a disability? 2) What work or task has the animal been trained to perform? Animals will not be allowed in a shelter if they continuously bark, act aggressively, or are not housebroken. Reasonable attempts will be made to provide alternative shelter for the individual relying on any service animal not allowed into a particular shelter due to the previously mentioned reasons.

Note: emotional support animals are not considered service animals in the sheltering context.

Animal Co-location and Co-habitation

Finding ways to allow animals and their owners in shelters helps people who need sheltering but are concerned their pets will not be sheltered.

In existing shelters designated for human impacted residents, a determination will be made by the Shelter Manager and/or the EOC Mass Care and Shelter Branch, in consultation with the County Sheriff's Office, Animal Services Division (Animal Services), whether to allow co-habitation with animals. If co-habitation is an option, County Animal Services and Environmental Health will be dispatched to the shelter sites and arrangements will be made to obtain emergency supplies and any specialized equipment needed to care for the animals.

Co-location is another option for animal sheltering distinct from co-habitation. While Co-habitation allows animals and owners to share dormitory space, co-location is when animals remain on-site at a shelter facility in a separate space from areas used for human sheltering.



If co-location or co-habitation at a shelter site is not an option or if the animal is not a service animal, alternative animal shelter sites will be identified, and animals will be assigned to the most appropriate shelter.

Resources

Shelters may request support from the local EOC for resources such as addition supplies, and child and infant care needs (i.e., formula and diapers.) Funding for the requested resources will be the responsibility of the requesting entity up to and until local, State, or federal assistance is available dependent on declared disaster or emergency.

Shelters must not solicit donations from the community. An overabundance of donated materials often causes a “disaster within a disaster” – i.e., large quantities of items not needed in the shelter that require later disposal at cost to the jurisdiction. Should donations begin to be provided by the community, the County Emergency Operations Center Logistics Sections will communicate how they will be handled.

Disaster Welfare Information

There are a variety of ways loved ones can connect with each other when they are separated due to a disaster. Shelter resident privacy must be balanced with the need to connect with loved ones during a disaster. There are many ways to approach this, including a board that lists inquiries which are accessible to shelter residents. Only under very specific, legally prescribed circumstances will the identities of shelter residents be shared with members of the public.

Resources helpful to connect shelter residents include:

- Social Media Safety Checks (Ex. [Facebook](#)¹², Instagram, X)
- [Life360](#)¹³
- [FEMA app](#)¹⁴
- [National Center for Missing and Exploited Children: Unaccompanied Minors Registry](#)¹⁵
- [Red Cross's Reunification Program](#)¹⁶

Security

Law enforcement/security personnel mobilized at the shelter coordinate and maintain perimeter security. Law enforcement is a critical partner during shelter operations and may be called upon to assist in security, coordinating with the shelter manager. Law enforcement may include other types of authority such as State Highway Patrol, Sheriff Deputies, police officers and in some

¹² <https://www.facebook.com/help/141874516227713>

¹³ <https://www.life360.com/>

¹⁴ <https://www.fema.gov/about/news-multimedia/mobile-products>

¹⁵ <https://umr.missingkids.org/umr/reportUMR?execution=e1s1>

¹⁶ <https://www.redcross.org/about-us/our-work/international-services/reconnecting-families.html>



cases private security. However, the presence of uniformed law enforcement may deter some groups from seeking shelter. While law enforcement personnel are allowed into shelters under specific circumstances, entry runs most smoothly when coordinated in advance with the Shelter Manager – as circumstances allow. Security personnel will be informed of anyone with any access or functional need or medical conditions by the Shelter Manager or other response personnel to avoid potential conflict or misunderstanding by security personnel, should someone not comply with requests made of them.

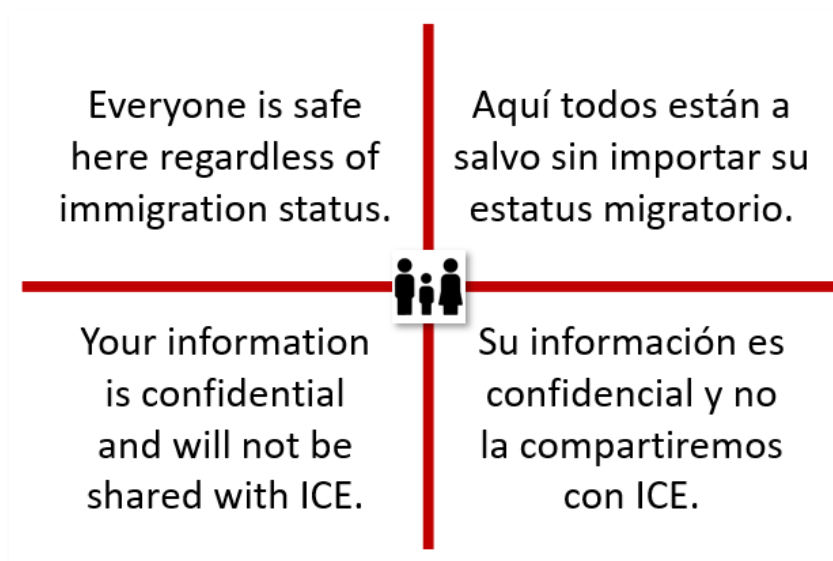
Protections of our Immigrant Community

Per the Immigration and Customs Enforcement Guidelines for Enforcement Actions in or Near Protected Areas Memorandum dated October 27, 2021, shelters are considered protected areas, which are defined as “A place where disaster or emergency response and relief is being provided”.

In accordance with the County of Alameda Board of Supervisors Resolution [2016-274](#)¹⁷ and [2016-303](#)¹⁸ of September 20, 2016, Immigration and Customs Enforcement (ICE) will not enter Alameda County emergency shelters as protected areas. ICE will not apprehend residents based on immigration status. Signage clearly explaining this policy in both English and may be translated to other languages if needed and will be easily visible at Alameda County shelter entrances.

The Mass Care and Shelter Branch of the EOC will immediately consult with Alameda County Counsel if they encounter ICE agents.

Example of shelter signage stating Alameda County’s stance on ICE in shelters:



¹⁷ <https://district3.acgov.org/wp-content/uploads/sites/13/2021/08/Board-Resolution-DACA-FINAL-Approved.pdf>

¹⁸ http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_09_27_16/GENERAL%20ADMINISTRATION/Regular%20Calendar/Supervisor%20Chan_240967.pdf



Transportation

In an extended event, shelter residents may require accessible transportation services from the shelter to recovery assistance sites, neighborhoods, workplaces, or other locations. Local jurisdictions and transportation agencies should ensure accessible options are made available for all transportation services offered at the shelter through the EOC. The Mass Care and Shelter Branch may coordinate transportation needs related to sheltering with the EOC Logistics Branch and costs associated with the services would be covered by the requesting entity up and until any local, State, or federal assistance is available dependent on declared disaster or emergency.

Alameda County Health (ACH) Shelter Support

Addressing Medical Needs in a General Population Shelter

The ACH will ensure basic medical care and health-related services are available in all shelters established through or in coordination with the EOC. More extensive information about the various steps and procedures ACH may use are follow are outlined in the ACH Emergency Operations Plan.

Health services in shelters will:

- Provide health-related services and secure resources to meet the basic health needs of people affected by the disaster. Examples of basic health-related services may include first aid and referrals to more advanced healthcare provision. Examples of disaster-related health needs may include prescription medication, prescription eye wear, durable medical equipment, etc.
- Provide general guidance to the Shelter Manager on safety and public health-related issues in the shelter, particularly related to sanitation, feeding, illness, injury, and access and functional needs concerns.
- Provide assessment and treatment for minor illnesses and injuries within the shelter. Disaster Health Service workers may provide client treatment and care up to but not exceeding their legal scope of practice.
- Monitor client and staff wellness, both mentally and physically.
- Strive to provide any needed service at shelters in a private, separate location within the shelter, staffed relative to the shelter population when available.
- Secure the confidentiality of any client medical information generated in the shelter and report non-sensitive information regarding services to the Shelter Manager for reporting purposes.
- Ensure Disaster Health Service workers have a current license or certificate in their field (i.e. Nurse, Emergency Medical Technician, etc.).



Behavioral Health Care Services (BHCS)

Behavioral Health Care Services (BHCS) in the shelter environment are most often provided by staff from County ACH, Behavioral Health Care Services, and may be augmented by the American Red Cross Disaster Mental Health. This function provides guidance to the Shelter Manager on environmental issues within the shelter that may affect the emotional health of shelter residents and workers. It is also responsible for identifying and monitoring the behavioral health-related needs for the entire shelter population and staff. County resources may also be needed to reconnect individuals with pre-disaster mental health and/or substance use conditions to their regular support systems.

Communicable Disease Protocols

Shelters are an enclosed space where large numbers of people from across the community gather. There are many things shelter managers, working with health services, can put in place to keep residents safe from communicable diseases. Several common protocols are listed below.

Feeding:

- Provide water (warm preferred), liquid soap and disposable paper towels for hand washing prior to donning disposable gloves.
- Use disposable gloves when handling and serving food.
- Provide servers with hairnets.
- No self-serve food.
- No food outside designated eating areas.
- Screen food-handlers for illness symptoms before work.

Janitorial services:

- Regular and thorough.
- Follow necessary protocols for containment of spillage, disinfection of areas or equipment, and disposal.
- Sanitize all spaces (not just restrooms).
- Provide tight-fitting lids for containers for food waste disposal. Separate organics from other trash as much as possible.
- There should be effective cleaning/washing of surfaces before the sanitizing step.
- Provide means to exclude vermin/insects as much as possible.

Additional infections disease & pandemic protocols:

- Promptly identifying any necessary relevant Personal Protective Equipment (PPE), requesting, and then managing its use.
- Pre-shelter health screenings (which may include detailed symptom/illness evaluation).
- Abundantly available hand sanitizer.
- Mask requirements.



- Rapid testing.
- Increased space between cots (110 square feet up from 40 square feet per cot).
- Utilize a separate area of a shelter for isolation or quarantine.
- Utilize non-congregate sheltering alternatives.
 - Separate rooms.
 - Campgrounds and hotels are common examples.

Feeding

Most emergency feeding operations typically occur in shelters. For incidents where the County has been mobilized to respond, the Mass Care and Shelter Branch will coordinate with feeding partners such as the Red Cross, the Salvation Army, World Central Kitchen, and other organizations to provide sufficient feeding services in shelters. Memorandum of Understanding (MOU) agreements may be established in advance such as the MOU between SSA and the American Red Cross Northern California Coastal Region (2023). The County may contract for feeding services to support shelters when requested and appropriate and is paid for by the requesting entity up and until assistance is provided by local, local, State, or federal assistance is available dependent on declared disaster or emergency. This will be coordinated through the Logistics Section. Shelter feeding follows all public and environmental health guidelines. Strategies for executing this function may be found in supplemental materials in the Shelter Kits.

Mobile feeding may also be used at the scene of the disaster or incident; providing refreshment services at hospital waiting rooms, fire lines, or similar response sites; reception centers; places where disaster survivors and emergency workers congregate; and onsite delivery to people in isolated areas.

As an alternative to mobile feeding, a central facility may be used for mass feeding services provided by staff and management of that facility. Whenever possible, the owners or managers of feeding establishments will manage the mass feeding operations. These arrangements may take advantage of any existing procedures or agreements for the procurement of food. Additional staffing may be augmented through the OA EOC with support from members of VOAD. Arrangements may be made with restaurants and other food service providers to augment mass feeding operations.

Meals that satisfy specific dietetic and cultural requirements will always be prioritized when available and practical.

Mass feeding schedules will be provided to the applicable Shelter Managers and announced to the public, as appropriate.

Feeding support for service, comfort, and other household animals will be coordinated with animal-related partners and community agencies.



Distribution of Emergency Supplies

Based on the severity of the event, the distribution of emergency relief supplies (sometimes called “bulk distribution”) may be positioned in key locations or delivered directly to support disaster survivors. Distribution of Emergency Supplies is the responsibility of the Logistics Section in coordination with Operations. Emergency distribution programs or commodity distribution plans are implemented to provide disaster victims with supplies and materials that are life-sustaining (food and water), and/or support their recovery (cleanup supplies). These programs are generally mobile and support the ability of people to continue to shelter-in-place at home, versus evacuating to shelter sites. These distribution programs may be required when normal retail distribution systems have been disrupted.

The type and quantity of items distributed are based on the situation and may include some of the following:

- Shelf stable food
- Water (and containers for water)
- Limited amounts of ice (and ice chests)
- Tarps
- Blankets
- Cleaning supplies
- Safety materials (N-95 masks, gloves)
- Other items such as batteries, first aid items, baby supplies, and pet food

Agencies that may be available to provide mutual aid to local jurisdictions in establishing bulk distribution programs include:

- [American Red Cross Northern California Coastal Region](https://www.redcross.org/local/california/northern-california-coastal.html)¹⁹
- [California Department of Social Services / Volunteer Emergency Services Team \(VEST\)](https://www.cdss.ca.gov/inforesources/disaster-services-branch/disaster-volunteer-programs#VEST)²⁰
- [FEMA](https://www.fema.gov/)²¹
- [California National Guard](https://calguard.ca.gov/)²²
- [Salvation Army](https://www.salvationarmyusa.org/usn/)²³
- [Alameda County Voluntary Organizations Active in Disaster \(VOAD\)](https://alcovoad.wordpress.com/)²⁴

There are other community agencies that have commodity distribution programs which operate on a day-to-day basis. The Alameda County Community Food Bank (ACCFB) for example is an extensive food distribution network in Alameda County and they partner with food banks in neighborhoods throughout the County to serve the needs of community members.

¹⁹ <https://www.redcross.org/local/california/northern-california-coastal.html>

²⁰ <https://www.cdss.ca.gov/inforesources/disaster-services-branch/disaster-volunteer-programs#VEST>

²¹ <https://www.fema.gov/>

²² <https://calguard.ca.gov/>

²³ <https://www.salvationarmyusa.org/usn/>

²⁴ <https://alcovoad.wordpress.com/>



Commodity Points of Distribution (C-POD)

Depending on the scope of damage and the areas of the County most heavily impacted, additional fixed distribution points at strategic locations may be needed. These can be established either near or inside the impact area; commonly they are set up at the entrance to the impact area. The materials distributed are often the same as those provided in mobile distributions of emergency supplies. The Federal Emergency Management Agency (FEMA) defines these sites as temporary, local facilities at which commodities are distributed directly to disaster victims.

The C-PODs differ from Points of Dispensing (POD) for medical prophylaxis which may be established during regional health related emergencies. Staffing of commodity POD sites will be coordinated with local law enforcement to ensure site security. POD sites will have similar characteristics:

- Easy access to major streets.
- Large open paved area to park trucks or semi-trailers and off-load supplies.
- Traffic flow in and out of the site.
- Potential for indoor storage.
- Accessible to pedestrian traffic and people with disabilities.

C-POD plans have been developed for multiple locations across Alameda County. [An example can be found in Attachment D.](#)

Public Information

Once shelter sites are confirmed, the public will be informed of shelter locations, types, and status via public messaging through County, City or Operational Area PIOs through the EOC JIC. All shelter public information will be provided, minimally, in English and translated to threshold languages and other languages as requested. In all circumstances, communications will be made accessible to those with Access and Functional Needs.

Public information messages will identify the location of shelters and encourage persons evacuating to bring personal go-kits (e.g., blankets, clothes, toiletries, necessary prescription medications). In addition, public messaging will advise persons who are dependent on life support or home healthcare equipment to bring the equipment and/or personal support they receive at home to the shelter with them or, if necessary, provide contact information for their caregiver or others who can assist them in a shelter. The PIO message may also include information on which shelters support pet co-habitation or co-location.

Public Information staff may also be stationed in the shelters to provide accurate and timely information on the incident to shelter residents.



Transition to Recovery

Recovery begins as soon as a shelter opens. Community recovery information and services will be available in all shelters, and shelter residents will be encouraged to start planning their next steps to return to more permanent housing. The Alameda County Shelter Registration Form collects voluntary information from clients that can be shared with trusted community NGOs. Recovery operations for impacted County residents may be coordinated through County recovery groups or teams. Shelter resident recovery can be supplemented by non-profit groups such as the Red Cross' Shelter Transition or Recovery Teams, and by integrating Alameda County VOAD into sheltering as early as possible.

Following the initial response and recovery period, community recovery will be prioritized but additional activities will be required. This period also includes cleanup, shelter demobilization, OA EOC demobilization, and evaluating performance. The Mass Care and Shelter Branch staff will participate in the planning for Operational Area demobilization and transition to recovery. Further, they will also participate in the critique of emergency operations and development of an After Action Report (AAR). As the response winds down, housing programs managed by Alameda County Community Development Agency (CDA) will play a key role in the continuing recovery efforts.

Most of the immediate needs of the population will have been provided, and if the disaster surpasses locally available resources, the federal and state governments will help provide services to impacted residents. Local Assistance Centers (LACs) will be set up by the County Emergency Operations Center to coordinate the delivery of these services in partnership with community response and recovery partners. The location of, and services provided by LACs will be made available to shelter residents. For larger incidents, FEMA may establish Disaster Recovery Centers (DRC's).

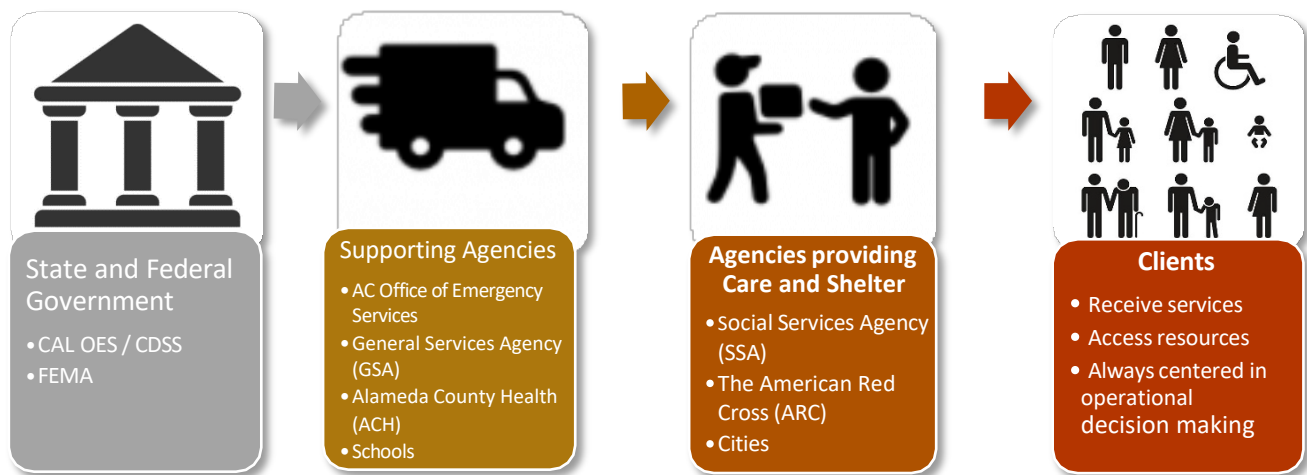
Demobilizing Shelters

Shelters will generally remain open until all residents can return to their homes or make other arrangements. Best practice is to begin to plan for shelter demobilization as soon as a shelter opens. When the decision is made to close shelters, the main priorities for shelter staff are collecting shelter resident contact information for possible follow-up, continuing case management and the return of the shelter site to its original condition. Advance notice will be given in English and all threshold languages prior to the closing of a shelter location – a minimum of 24 hours with a goal of 48 hours whenever possible. Shelter staff will collaborate and coordinate with partner agencies to assist shelter residents in transitioning out of shelters. The Red Cross operates shelter resident transition teams and recovery casework services that can be instrumental in closing shelters sufficiently. The Alameda County VOAD may also have resources which can supplement County resources for residents leaving shelters.

IV. ROLES AND RESPONSIBILITIES

The following sections identify departments and agencies with roles in a Mass Care and Shelter response. The County recognizes that mass care and shelter is a large operation and there will be more groups active in a response; this list is specific to government agencies and key non-governmental partners.

The support structure for shelters is client-centered and begins at the local level.



Roles of Agencies and Organizations Providing Mass Care and Shelter

Jurisdictions are encouraged to follow SEMS as well as develop and follow established shelter plans and guidelines that may include other partner agencies to support mass care and shelter operations. A SEMS illustration (image 4-1) and a resource request diagram (image 4-2) are below.

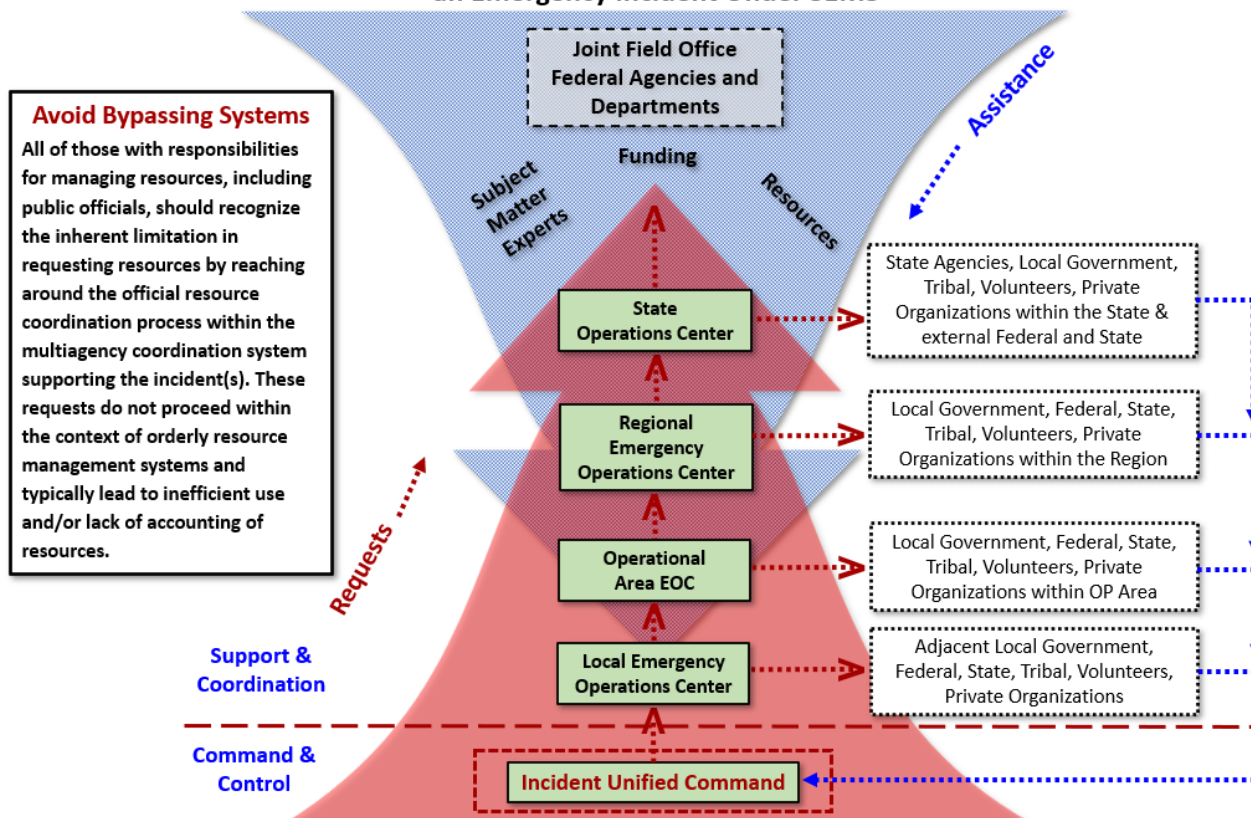
Resources may be limited in the early phases of any disaster response so jurisdictions are encouraged, like the County, to plan for sheltering between 2.5 and 12.5% of those impacted by an incident within the first 6 hours for up to 72 hours. After 72 hours, the County and its response partners will make every effort to support and augment city staffing as resources allow, and after cities have exhausted their own resources. Jurisdictions are encouraged to work with emergency response partners prior to incidents to plan for the response and recovery phases during emergencies and disasters. The County will work closely with local jurisdictions to coordinate efforts. A city EOC must first exhaust their local city resources before requesting additional support from the County. See Table 4-1 at the end of the section for examples of the escalation of response activities. For information about emergency or disaster proclamations and national declarations please see the Alameda County Emergency Operations Plan.

Image 4-1: [SEMS Illustrated](#) (Cal OES)



Image 4-2: Flow of Resource Requests Diagram, Pg. 35 [Foundation for the SEMS](#) (CalEMA)

**Flow of Resource Request from and Assistance to
an Emergency Incident Under SEMS**





Local Government

The Alameda County Emergency Operations Plan (EOP) provides an overview of the jurisdiction's approach to emergency operations. It identifies emergency response policies, describes the response and recovery organization, and assigns specific roles and responsibilities to County departments, agencies, and community partners. The EOP has the flexibility to be used for all emergencies and will facilitate response and recovery activities efficiently and effectively. Responding to incidents large and small involves various essential County personnel. The following Alameda County offices, agencies, departments, and divisions are some of the key entities that support a Mass Care and Shelter response in the County.

Alameda County Sheriff's Office (ACSO)

Office of Emergency Services (OES)

OES activates and manages the Alameda County Operational Area (OA) Emergency Operations Center (EOC) when conditions meet appropriate criteria as defined in the OA EOP. OES will:

- Develop and maintain the Alameda County Operational Area Emergency Operations Plan, in collaboration with County Departments, Section Branch Leads, and key community groups.
- Work with the key Mass Care and Shelter Emergency Management contacts and other relevant parties to review and revise jurisdictions Emergency Plans, including Mass Care and Shelter Plans on a regular basis.
- Provide periodic pre-incident Mass Care and Shelter Branch training to Operational Area EOC responders.

Additionally, the OES duty officer may support SSA in coordinating mass care and shelter operations among the county, community groups such as ARC and VOAD, and city jurisdictions prior to EOC activation. The ACSO Law Enforcement Mutual Aid Coordinator will ensure there are sufficient resources available to provide security and law enforcement to mass care and shelter operations in the Operational Area. Should additional support be needed the Mutual Aid Coordinator will submit any necessary formal Mutual Aid requests to neighboring jurisdictions or the State.

Animal Services Division

The Animal Services Division (Animal Services) serves as the lead organization for animal care responsibilities and will be represented by the Animal Services Supervisor or designee in the Operational Area EOC, Law Branch.

Animal Services is responsible for: 1) providing emergency animal control operations within the unincorporated areas of the County and contract cities, and 2) coordinating emergency operations if one or more jurisdictions are involved. They will:

- Staff the Animal Services Division position at the EOC in the Law Branch.



- Provide for the humane treatment of animals during emergency response and recovery.
- Remove and/or dispose of injured and dead animals.
- Protect public safety, as related to animal concerns.
- Control infectious diseases (e.g., rabies).
- Offer emergency animal housing at its shelters and, depending on the circumstances, set up temporary emergency animal shelters to assist persons who have taken their pets from evacuated areas.
- Offer support to service animals in general population shelters, or pets in co-located and co-habitation shelters.
- Respond to and assist with animal control, rescue, and/or sheltering related issues.

Alameda County Social Services Agency (SSA)

SSA has been designated within the Alameda County Emergency Operations Plan as the lead in the Mass Care and Shelter Branch and related planning and response duties. All Alameda County employees, including SSA employees, are designated Disaster Service Workers (DSW's) by the California State government code section 3103. As part of the Operational Area, SSA follows SEMS and NIMS protocols as dictated by law. SSA can support local jurisdictions with mutual aid including staff and supplies as available to operate disaster shelters when local resources can no longer meet needs.

SSA is divided into the following departments:

- Administration
 - Finance
 - Government and Community Relations (GCR)
 - Human Resources (HR)
- Operations
 - Adult and Aging Services (AAS)
 - Children and Family Services (CFS)
 - Workforce and Benefits Administration (WBA)

SSA will draw from these departments and countywide Disaster Service Workers (DSW's) to provide shelter staff, work within a Local Assistance Center (LAC), Disaster Recovery Center (DRC) or other operations dependent on disaster or emergency. SSA will continue to provide services to current clientele and increase operations as needed post disaster.

Normal operations and mandated services will be resumed as quickly as possible after any incident and in accordance with related state and federal mandates. The Social Services Agency will initiate its Continuity of Operations Plan (COOP) and activate a Department Operation Center (DOC) to execute their essential duties and programs. The SSA DOC is responsible for oversight of all emergency management functions within the Agency.



The DOC will execute the following functions related to sheltering:

- Serve as the Mass Care and Shelter Branch communications team and the Assistant Branch Director at the County EOC.
- Maintain sufficient staffing capacity to shelter those impacted by the emergency or disaster and promptly notify the EOC when staffing is becoming depleted.
- Provide Shelter Worker training to Agency staff to ensure adequate staff are trained and ready to respond to shelters and other response operations.
- Participate in the operational area conference call within the first 12 hours of an incident, recurring each operational period.
- Communicate with the EOC Logistics Section Personnel unit for a call-out list and the ability to place trained workers on standby during periods of heightened risk (i.e., Red Flag warnings) and deploy them if needed.
- Obtain a list of trained SSA or County employees who can fill the Access and Functional Needs (AFN) worker roles at County operated shelters.
- Coordinate with the County FAST Coordinator to maintain the ability to deploy FAST members to shelters when requested to do so.

Alameda County Health (ACH)

ACH, through the Medical Health Operational Area Coordinator (MHOAC) and the Medical Health Branch at the EOC, will support the Mass Care and Shelter operation by processing requests for behavioral health services, medical support, as well as communicable disease surveillance and environmental health-related activities via public health. The Medical Health Branch will gather information and assist in the coordination of the health and medical response to a disaster. The Public Health department will provide information for the health care community and the public on health-related matters and serve as the medical authority for health and medical related activities. If ACH does not have sufficient internal staffing to cover extended shelter needs, it will coordinate with other agencies or contract for these services.

Health-related services at shelters are provided as available through the OA EOC Medical Health Branch or the ACH Department Operations Center (ACH DOC). Each shelter will have medical staffing appropriate to its population.

The HCSA DOC:

- Coordinates deployment of health care professionals to provide basic health services to shelter clients. These are usually contracted staff.
- Deploys Public Health staff to provide guidance on sanitation, food safety, communicable diseases, and infection control; conduct surveillance, investigate illnesses, and provide testing as needed; and assist with assessments, referrals, and case management of at-risk shelter residents and those who have additional health, access, and functional needs.
- Deploys Behavioral Health Care Services staff to provide behavioral health support and



services, including but not limited to psychological first aid, assessments, referral, and linkages. Behavioral Health staff may be assigned to a single shelter in shifts or itinerate between multiple shelters with regular visits and hot shots to acute needs.

- Coordinates Medical Reserve Corps, Red Cross, and other qualified health care volunteers as available to supplement County Disaster Health Service workers in providing triage, treatment and assessment for minor illness and injuries, up to but not to exceed their legal scope of practice within the shelter.
- Provides health-related resources (e.g., supplies and equipment) as available from Agency/County surge caches and coordinates additional resource requests through the MHOAC and Medical Health Branch at the EOC.
- Coordinates transport and placement of clients/patients needing higher level of medical care.
- Provides guidance related to sanitation, food safety, communicable diseases, and infection control; conducts surveillance, testing and illness investigations as needed.

Behavioral Health Care Services (BHCS)

The function of ACH Behavioral Health Care Services (BHCS) is to provide timely and effective behavioral health interventions to community members, partners, shelter residents and first response personnel psychologically impacted by an emergency. ACH BHCS supports the EOC and Health Care Services Agency Department Operations Center functions, and offers staffing capable of providing psychological first aid, other behavioral health disaster responses services and referrals and linkage to a variety of community resources.

ACH BHS will provide the following disaster response functions related to sheltering:

- Assemble and deploy ACH BHCS staff to shelter sites to provide behavioral health support via in person or telehealth services as appropriate.
- Identify and mitigate issues regarding behavioral health needs, provision of behavioral health support and services, including psychological first aid, hotline assistance, defusing, debriefings, and assessment for ongoing care, referral, and linkage, for community members, partners, and first response personnel.

Public Health Department (PHD)

The Public Health Department (PHD) includes Community Health Services, Communicable Disease Control & Prevention, Family Health Services, and Public Health Nursing.

PHD will provide the following disaster response functions related to sheltering:

- Ensure all emergency shelters in the operational area are sufficiently staffed with qualified health personnel for the duration of the response.
- Disseminate disaster health-related information to the medical health providers and community and prevent the spread of communicable disease.



- Act to prevent the spread of communicable diseases within shelters and the community.
- Ensure public health assessments are carried out in shelters to identify health and functional needs of higher risk shelter residents and assist with referrals to needed health services.
- Coordinate staffing to support shelter operations as appropriate, authorized, and to the extent resources allow.

Emergency Medical Services (EMS)

The function of the EMS is to coordinate emergency medical response functions and manage the county-wide Emergency Medical System for medical emergencies. In support of a mass care and shelter response, EMS will:

- Coordinate the immediate emergency medical response in a disaster, including emergency medical dispatch, and emergency and non-emergency ambulance services.
- Coordinate evacuation and medical assistance to ill and injured patients.
- Facilitate the movement of casualties to designated care sites.
- Ensure medical supplies are available to support shelter activities and coordinate the procurement, allocation and distribution of medical personnel, supplies, and equipment.
- Coordinate resource requests and situational status reports from the Operational Area to the region and state through the MHOAC.

Department of Environmental Health

In support of a mass care and shelter response, Department of Environmental Health will:

- Assess environmental conditions in shelters and other congregate locations to promote health and safety.
- Identify and mitigate issues regarding food safety in retail and wholesale food facilities, safe drinking water, hazardous material, hazardous waste, and medical waste.
- Identify and mitigate issues regarding sewage spills, health hazards associated with waste debris.
- Identify and mitigate environmental health issues regarding residential rental units, motels/hotels, and detention facilities.

Office of Homeless Care and Coordination (OHCC)

Emergency shelters are designed to serve the acute disaster-related needs of evacuated populations but will not turn away anyone seeking shelter because of their pre-disaster housing situations. Generally, pre-disaster unhoused populations are better supported in long-term shelter facilities tailored more closely to their needs. The Office of Homeless Care and Coordination serves as the lead organization in caring for pre-disaster unhoused in the OA EOC and will staff the Homeless Liaison Coordinator position.



In a mass care and shelter response, OHCC will:

- Ensure that pre-disaster homeless populations seeking assistance at emergency evacuation shelters are connected with resources and sheltering best suited to their needs.
- Provide information to County and Operational Area EOC sections on homelessness related issues and available resources.
- Facilitate communication between OA EOCs, and area organizations serving homeless populations.
- Ensure homeless populations are properly considered in a Mass Care response.
- Maintain communication with organizations serving homeless populations and continue to monitor their activities and needs for sheltering their residents.
- Provide information to Public Information Officer, PIO Support Staff, 2-1-1, and Rumor Control Supervisor on effectively communicating with homeless populations.

General Services Agency (GSA)

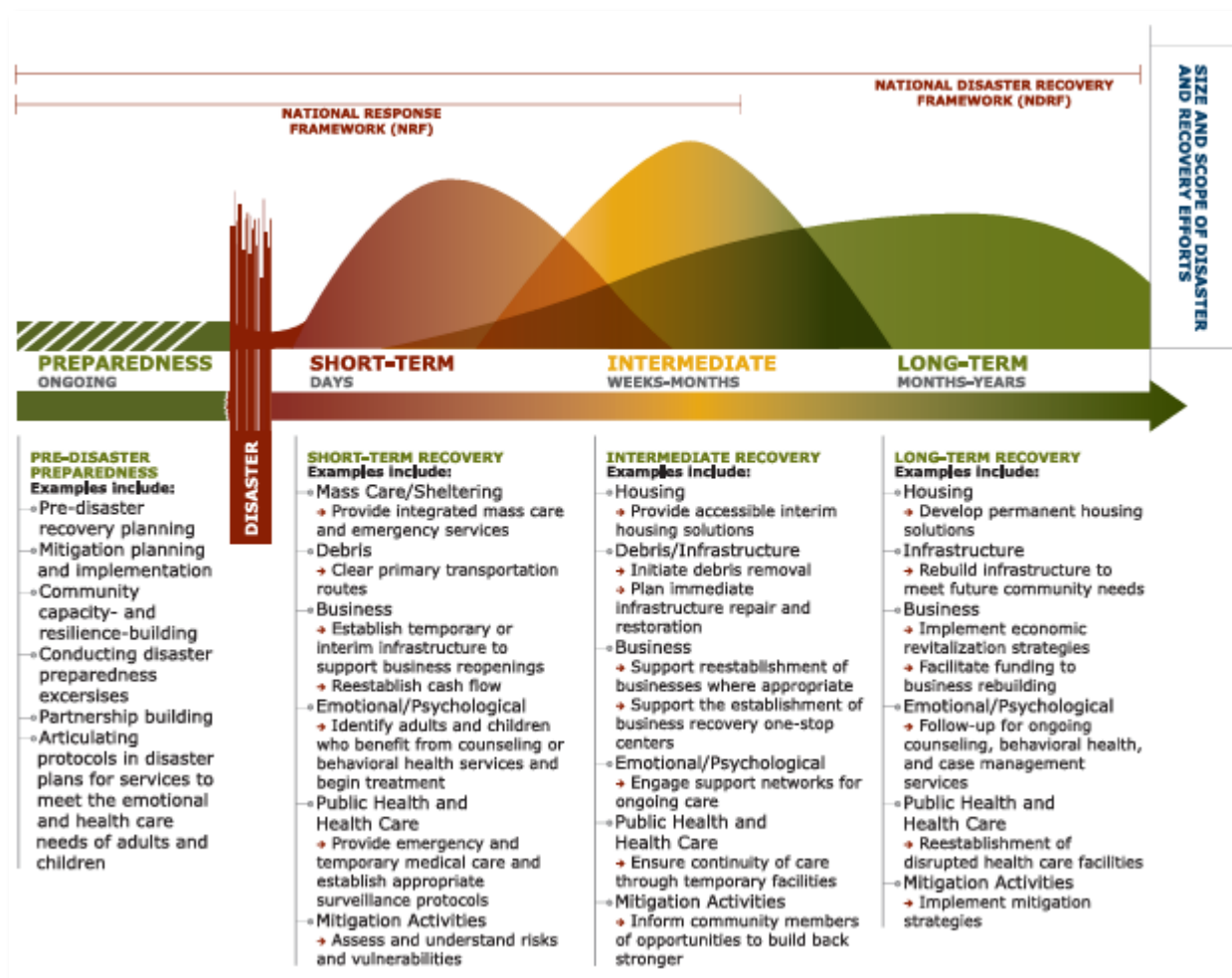
The General Services Agency is the lead for County logistics during an emergency. They will provide the lead for the Logistics Section in the County EOC. To support a mass care and shelter response, the General Services Agency will:

- Make facilities under their jurisdiction available for Care and Shelter.
- Move shelter trailers as needed.
- Maintain any generators pre-positioned at shelters.
- Provide janitorial services during the initial phase of a response as needed.
- Ensure facilities are safe after an event that may affect a facility's structural integrity.
- Orient shelter managers to County facilities when able.
- Assign staff to serve as liaisons to shelter managers.
- Liaise with the Alameda County fairgrounds and maintain the fairgrounds-county contract.

County Administrator's Office (CAO)

The County Administrator's Office (CAO) leads the Recovery Unit in the County Emergency Operations Center (EOC). The CAO determines which areas of the County have been impacted and the residents therein. They support and enable economic recovery of communities in the Operational Area for the long-term consequences of extraordinary emergencies and disasters. The CAO will support the establishment of a Local Assistance Center (LAC) and may have a presence in a FEMA led Disaster Recovery Center (DRC). All programs will be accessible to impacted residents and decisions for inclusions will not be impacted by any access or functional need. The CAO may follow the FEMA Recovery Continuum. (See image 4-3.) The CAO may enlist the support of various County departments/agency and community response partners.

Image 4-3: FEMA Disaster Recovery Continuum. (FEMA [National Disaster Recovery Framework](#))



Community Development Agency (CDA)

The Community Development Agency (CDA) plays an instrumental role following emergencies and disasters by supporting recovery efforts. CDA supports the CAO in recovery operations by ensuring that any available relief programs are presented to impacted community members, either through direct outreach efforts or by maintaining a presence at a Local Assistance Center (LAC) or FEMA led Disaster Recovery Center (DRC). All programs will be accessible to impacted residents and decisions for inclusions will not be impacted by any access or functional need.

Alameda County Office of Education (ACOE)

ACOE may assist in accessing schools for use as shelter facilities. ACOE may become a liaison for communications with public and private school administration. Communications will be essential with evacuation and care of school children, and the re-establishment of educational services.



In support of a mass care and shelter response they may:

- Determine which school facilities and staff are available to support shelter operations.
- Ensure public and private schools are notified of emergency conditions and protective action recommendations.
- Ensure school district(s) under consideration for shelter activation are notified in advance.
- Coordinate with the SSA and PIO team in the OA EOC for public messaging related to children.
- Coordinate with the Mass Care and Shelter Branch in the OA EOC to ensure the needs of children are met in shelters.
- Ensure accessible transportation is available for school evacuations.

Alameda County Transportation Partners

There are various transportation providers in the County. Transportation needs that arise following an emergency or disaster will be coordinated at the County EOC. Key priorities will be providing accessible buses, vans, and other vehicles for mass movement of persons from hazard or evacuation areas to the emergency shelters, from shelters to services provided off site, and relocation from temporary sites to shelters. Transportation resources from schools, private fleets, and/or hidden fleets may be used to augment the movement of displaced individuals during disasters. The County EOC Logistics Branch may maintain a list of transportation providers and relevant contact information. County transportation partners are incorporated into the County EOC which ensures prompt coordination.

- Additional public transportation routes may be established at sheltering locations to facilitate shelter resident commutes to places of work, childcare, etc.

City Jurisdictions and Special Districts

Alameda County incorporated cities and some Special Districts retain primary responsibilities for sheltering their impacted residents or customers within their incorporated boundaries, or at whichever location they are required to go for shelter. Alameda County is likewise directly responsible for sheltering unincorporated area residents within County facilities, or wherever their residents are required to go for shelter. If residents from one jurisdiction or the unincorporated county need to seek shelter in another, unaffected jurisdiction or the unincorporated county, the originating jurisdiction maintains responsibility for providing staff and resources to manage those emergency shelter operations supporting their residents. City Jurisdiction and Special Districts maintain the ability and are encouraged to coordinate with each other in advance of emergencies or disasters.



Community Partners

The American Red Cross (ARC) of the East Bay

The Red Cross supplements County Mass Care and Shelter efforts. The Red Cross is not the primary sheltering agency for Alameda County.

- The Red Cross, as mandated by Federal Law 36-United States Code-3 and reaffirmed in [Public Law 93-288](#) (Federal Disaster Relief Act of 1974), assists with disaster relief in peacetime.
- The Red Cross acts cooperatively with State and local governments and other private relief organizations to provide emergency mass care to persons affected by disasters in peacetime.
- By congressional mandate and in accordance with its corporate policy, the Red Cross has a long-standing disaster relief mission. Red Cross Care and Shelter services include:
 - Emergency sheltering.
 - Fixed and mobile feeding.
 - Disaster Health Services.
 - Disaster Mental Health Services.
 - Disaster Spiritual Care Services.
 - Distribution of Emergency Supplies.
 - Disaster Welfare Inquiry Support.
 - Direct financial assistance for basic needs.
 - Client Casework Services to support long-term recovery planning.
 - Family reunification.
 - Shelter resident transition support during shelter closing.

The Red Cross provides non-cost Shelter Training to members of the local governments, districts, churches, and other community partners.

The Red Cross engages in cooperative Mass Care and Shelter planning with the SSA and other relevant countywide work groups and projects. Further, in November 2023, an MOU was established between the Red Cross and SSA.

Alameda County Community Food Bank (ACCFB)

The Alameda County Community Food Bank's (ACCFB) mission is to passionately pursue a hunger-free community. Their vision is that children, adults, and seniors do not worry about where their next meal will come from. The ACCFB distributes millions of healthy meals every year and is among various feeding partners within the County serving vulnerable community members during regular operations and during and following emergencies and disasters. The ACCFB works directly with SSA and the Mass Care and Shelter Branch during emergencies and disasters to establish C-PODs as needed in a declared disaster or emergency. An example of a cooperative effort was establishing two C-PODs during the COVID-19 global pandemic in March 2020.



Alameda County Volunteer Organizations Active in Disasters (ALCO VOAD)

ALCO VOAD's mission is to foster more effective service delivery to those affected by disasters in Alameda County through the collaboration of community agencies throughout the disaster cycle. The ALCO VOAD covers the entire geographical area of the County and plays a key role in both response and recovery efforts during disasters. ALCO VOAD is a coalition of organizations that encourages, supports, and facilitates the delivery of disaster services by its partner organizations. While ALCO VOAD does not deliver direct response and recovery services itself, its partner organizations do. These community agencies have expertise counseling, sheltering, food service, and other critical services.

Faith-based and community-based organizations within ALCO VOAD may assist with providing and operating mass care facilities. They may assist with food, equipment and supplies to support mass care operations, support a smooth transition from mass care to recovery, and provide the basic necessities of life to persons unable to provide for themselves as a result of a disaster. In addition, they may assist in obtaining temporary housing and other aid for displaced people. During disasters, these resources can be accessed through the Mass Care and Shelter Branch Communications Lead.

The Mass Care and Shelter Branch of the EOC will activate, and coordinate with ALCO VOAD to provide response and recovery services and access to relevant resources to shelter clients during emergencies.

Private Schools and Higher Education

Private schools and Higher Education may provide resources such as facilities, food, equipment, and supplies to support mass care. Private schools and Higher Education may coordinate with the OA EOC and/or EOC Mass Care and Shelter Branch for evacuation, care, and reunification of children with families and re-establishment of educational services.

State

California Governor's Office of Emergency Services (Cal OES)

Cal OES coordinates overall state agency response to disasters in support of local government. The office is responsible for assuring the State's readiness to mitigate, respond to and recover from natural, manmade, and war-caused emergencies, and for assisting local governments in their emergency preparedness, response, and recovery efforts.

The Cal OES Coastal Region Emergency Operations Center (REOC) acts as a coordination point in the event of a major emergency or disaster in Coastal Region counties. The REOC collects, interprets, and distributes information related to the disaster. It is the liaison point for requests, coordination, and prioritization of all resource requests from the Operational Area to the State.

California Department of Social Services (CDSS)

The Director of the California Department of Social Services will serve as the State Director of



Mass Care and Shelter and will have the overall responsibility for coordinating state-wide Mass Care and Shelter operations and support requests. The CDSS will also:

- Serve as the State-level coordination point for Functional Assessment Service Team deployment and operations.
- Provide departmental personnel and other resources to function in Local Assistance Centers (LAC), upon request of the Director of the State Office of Emergency Services.
- Coordinate the capabilities of County Social Services Departments (or similar agencies) to respond to the disaster (for mutual aid).
- Recommend inter-regional transfer of evacuees or resources to equalize distribution of the evacuee caseloads.

The Disaster Services Bureau of the California Department of Social Services supports local emergency agencies in order to provide temporary shelter for those who cannot safely remain in their homes due to a disaster or emergency. Shelters may be opened and operated by the Red Cross, assisted by local or county employees. Should the Red Cross be unable to respond immediately the local jurisdiction would lead the response. Meals are provided at the shelters and are provided for disaster victims who have been able to remain in their homes but are unable to prepare meals. The mass care and shelter disaster response function is delegated to the Disaster Services Bureau of the California Department of Social Services through an Administrative Order by Cal OES.

The Disaster Services Bureau also assists in networking with/between counties. Additionally, the Bureau tracks resources needed for care and sheltering with other state agencies and coordinates with the Red Cross to assist in training for shelter operations. Bureau staff may deploy to one or all the three Regional Emergency Operations Centers throughout the state at the request of Cal OES. Staff is augmented with trained members of the Volunteer Emergency Services Team (VEST).

VEST is comprised of employees from various state departments who have volunteered for membership. Recruited, trained, and deployed by the California Department of Social Services, VEST members may be used in a variety of capacities including assisting at one of the Regional Emergency Operations Centers to help coordinate mass care and shelter functions.

Once activated by Cal OES, Disaster Services Bureau staff assist in the mass care and shelter function by 1) Tracking shelter status; 2) Tracking feeding services; 3) Coordinating state resources; and 4) Supporting local government and the Red Cross in sheltering operations.

The state counterpart to the federal Emergency Support Function #6 is Emergency Function (EF) #6, Care and Shelter: "Coordinates actions to assist responsible jurisdictions to meet the needs of victims displaced during an incident including food assistance, clothing, non-medical care and sheltering, family reunification and victim recovery." The EF#6 function will usually be coordinated at the Cal OES State Operations Center in Sacramento.



Federal Agencies

Federal Emergency Management Agency (FEMA)

The Federal Emergency Management Agency (FEMA) activates Federal Emergency Support Function (ESF) #6 (Mass Care, Housing, and Human Services) in support of the California Mass Care and Shelter response and local efforts to meet the mass care needs of victims of a disaster. FEMA is designated as the primary agency to coordinate ESF #6 and the Red Cross is a co-leading agency.

Table 4-1: Incident Complexity or Expansion of Impacts and Supporting or Responding Resources:

Incident Complexity					
SEMS Level	Local Government	Operational Area	Region	State	Federal
Incident Example	Structure Fire	Chemical Release	Wildfire	Earthquake	Catastrophic Earthquake
Ex. of Impacted Individuals	10	100	1,000	10,000	100,000
Supporting Resources and Operations Staffing					
Government	City/Jurisdiction Staff	City or County Disaster Service Workers (DSW's)	City & County DSW's	City, County and Regional Mutual Aid DSW's	City, County Regional, State, and Federal Mutual Aid DSW's
American Red Cross (ARC)*	ARC Alameda County Disaster Action Team (DAT)		ARC Norther California Coastal Region		National ARC or other International Red Cross.
Non-governmental organizations or non-traditional types	Examples include Private and Non-profit shelter providers, faith-based organizations, pop-up shelters (neighbors/public households/other).				

**American Red Cross systems and groups noted may evolve or adjust dependent upon the incident and conditions and the noted above is shown for illustration purposes only and doesn't prescribe the response of ARC.*



V. DIRECTION, CONTROL AND COORDINATION

Notification and Process to Initiate Shelter Operations

Notification

The Mass Care and Shelter Branch of the EOC will be activated by the EOC Director as needed, determined by the size and scope of the emergency and the needs of the impacted communities.

Initiating Shelter Operations

Following an emergency or incident, impacted jurisdictions will identify the need for care and shelter based on incident specifics and respond in accordance with the SEMS. Once it has been determined that a shelter will be opened:

- The jurisdiction activates its EOC and Mass Care and Shelter Plan.
- The jurisdiction decides whether to open a TEP for short term care and shelter needs or open an overnight shelter for longer term care and shelter needs.
- The jurisdiction notifies the county EOC if Red Cross or county resources are needed in excess of its capacity. (Proof of exhausting existing resources may be requested.)
- Superintendents of School Districts under consideration as shelters are notified by the local jurisdiction or Red Cross. Approval for use of a public school as a shelter resides with the District Office.
- The PIO notifies the public of shelter locations and status.

Operational Area EOC Response

When a local jurisdiction exhausts its resources in sheltering 2.5-15.5% of its impacted population for at least 72 hours or when resources are depleted, it will contact the OA EOC with a request for support. Upon receipt of a request for resources, the OA EOC may activate and begin to mobilize staffing for the Mass Care and Shelter Branch of the Operations Section.

Staffing for the Mass Care and Shelter Branch will be led by SSA and may coordinate with representatives from OES, American Red Cross, AC VOAD, Animal Services, ACH, Community Development Agency (CDA). The activated Mass Care and Shelter Branch positions (established by SSA) will be responsible for coordinating the response both within the Operational Area and at the Regional and State level, if necessary.

EOC Coordination

The Operational Area EOC Mass Care and Shelter Branch, under the Operations Section in the EOC Structure, is responsible for coordinating mass care services provided to the community and affected individuals. The Mass Care and Shelter Branch is a coordinated multi-agency team to ensure the provision of social, psychological, and human services required to respond to persons in crisis and begin the recovery process. Key stakeholders specialized in Disabilities and Access and Functional Needs will work with the Mass Care and Shelter Branch to ensure the needs of



people with disabilities and access or functional needs are being met, including the provision of accessible transportation through a resource request to the Logistics Branch, interpretative services, accessible shelters, and communication needs in a shelter environment.

Operational Area Coordination

Under the authority of the EOC Operations Section Chief, the Mass Care and Shelter Branch Chief has overall responsibility for coordinating Mass Care and Shelter operations within the OA during large-scale incidents and coordinates through local jurisdictions respective EOC's. When an emergency cannot be handled by a local jurisdiction within the OA, the Mass Care and Shelter Branch may provide operational area mass care and shelter coordination among jurisdictions and facilitate requests for Mutual Aid through the EOC Management Section.

Operational Area and Regional Mutual Aid Operations

Mutual aid operations sheltering internal residents within Alameda County from another jurisdiction and receiving impacted residents from outside Alameda County.

Coordination of mutual aid support will be accomplished through established channels following SEMS protocols⁸ from Cities to the Operational Area, to the Cal OES REOC, to the SOC. Requests will include, as applicable:

- Number of personnel needed,
- Type and amount of equipment,
- Reporting time and location,
- Authority to whom they are to report,
- Access routes, and
- Estimated duration of operations.

Mutual Aid requests may be received by a jurisdiction or agency outside the geographical boundary of Alameda County. Requests may come from neighboring counties, Cal OES REOC. Requests coming to Alameda County will include, as applicable, the same information as listed above.

VI. PLAN MAINTENANCE, TRAINING, AND EXERCISE OVERVIEW

This Mass Care and Shelter Plan is a working document that will evolve in response to ever-changing threats. Ongoing exercises, training, evaluation, management, and maintenance of this Plan will ensure that new hazards and changes in community demographics can be addressed. A well-developed training and exercise program is vital to ensuring overall readiness and preparedness. Training ensures personnel are prepared for their roles and responsibilities. Exercises test the capabilities, resources, and working relationships of responding agencies.

⁸ [California Emergency Management Mutual Aid Plan \(EMMA\)](#)



Plan Maintenance

The Mass Care and Shelter Plan will be reviewed and revised every three years or as necessary following an actual incident or exercise to ensure the Plan remains adaptable to changes in conditions as necessary. SSA will be the lead in reviewing, coordinating, and updating of the Plan as required based on identified deficiencies experienced in exercises or actual incidents.

Training and Exercises

At the County level, shelter training is provided by the Red Cross in partnership with SSA. Appropriate County and city staff may receive operational shelter training and awareness training on the policies and procedures in their respective care and shelter responsibilities. Training may include both classroom training and exercises.

The OES may offer Mass Care and Shelter Branch- specific training at the OA EOC to individuals who may staff a position within the Mass Care and Shelter Branch. Training includes an overview of the positions within the Mass Care and Shelter Branch and their responsibilities. The training also includes hands-on practice for position specific roles and responsibilities.

Exercises can be accomplished in several ways. Tabletop exercises provide a convenient and low-cost method of introducing staff to challenging situations for discussion and problem solving. Such exercises serve as a tool to identify if adequate policies and procedures exist. Periodic tabletop exercises specific to short- and long-term sheltering operations within the OA are recommended.

Exercises may also include the AC FAST, ALCO VOAD and other response partners.

To the extent feasible and applicable, Mass Care and Shelter operations will also be included in functional and full-scale exercises that simulate actual emergencies. This can be accomplished by including emergency notification procedures, transportation coordination and post- evacuation tasks such as access control and re-entry. Exercises serve a valuable goal of ensuring accessibility in all aspects of a mass care and shelter response operation. The participation of people with disabilities and the organizations that serve them both heightens the realism of the exercise and strengthens partnerships.



VII. AUTHORITIES AND REFERENCES

Federal

- Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1974 (Public Law 93-288, as amended).
- Pets Evacuation and Transportation Standards Act of 2006, as amended.
- Americans with Disabilities Act of 1990, as amended.
- Rehabilitation Act of 1973, as amended.
- Architectural Barriers Act of 1968, as amended.
- Post-Katrina Emergency Management Reform Act, 2006.
- FEMA Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters, 2010.
- U. S. Department of Justice, An ADA Guide for Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities, 2008.
- U.S Department of Justice, ADA Best Practices Tool Kit for State and Local Government, 2007.
- Chapter 7, Emergency Management under Title II of the ADA.
- American Red Cross Mass Care and Shelter Standards and Procedures.

State

- California Emergency Services Act (CESA), 2015.
- California Disaster Assistance Act (CDAA).
- Standardized Emergency Management System (SEMS) Government Code Section 8607.
- California Education Code, Sections 32282-32289.
- California State Emergency Plan, 2017.
- California Guidance on Planning and Responding to the Needs of People with Access and Functional Needs, 2009.

County

- [County of Alameda Administrative Code, Title 2, Chapter 2.118, "Civil Defense," June 30, 2002](#)
- [County of Alameda and Alameda County Operational Area Emergency Operations Plan \(2012\)](#)
- [Alameda County Operational Area Agreement.](#)



APPENDICES

Appendix A – Potential Unincorporated County of Alameda Shelters

Appendix B – Shelter Staff Training Curriculum

Appendix C – Emergency Shelter Trailers and Shelter Administration Kit Contents

Appendix D – Frequently Used Shelter Forms & Checklists

Appendix E – Bay Area Urban Areas Security Initiative (UASI) Care and Shelter Toolkit Resources

Appendix F – A Guide for Local Jurisdictions in Mass Care and Shelter Planning (2003)



Appendix A — Potential Unincorporated County of Alameda Shelters¹

Unincorporated	Shelter	Tier	Dorm Capacity
Ashland, Cherryland, Fairview, San Lorenzo, Hayward Acres	Arroyo High (SLZUSD)	Secondary	193
	Cherryland Community Center (HARD)	Secondary	116
	Chabot College	Primary	255
	Bohannon Middle (SLZUSD)	Secondary	86
	Edendale Middle (SLZUSD)	Primary*	85
	San Lorenzo High (SLZUSD)	Secondary	169
	REACH Ashland Youth Center	Primary	59
Castro Valley	Canyon Middle	Secondary	145
	Castro Valley High	Secondary	211
	Castro Valley Library	Primary	28
	Creekside Middle	Secondary	86
	Edendale Middle (SLZUSD)	Primary*	85
	Kenneth Aitken Community Center (HARD)	Secondary	48
	REACH Ashland Youth Center	Primary	59
Livermore East	Las Positas College	Primary	104
	Robert Livermore Community Center	Primary	480
Sunol & Castlewood	Foothill High (Pleasanton)	Secondary	220
	Ohlone College (Livermore)	Primary	211
	Muslim Community Center East Bay (Pleasanton)	Secondary	43
	Pleasanton Middle	Secondary	337
	Pleasanton Senior Center	Primary	29
	Valley Community Church (Pleasanton)	Secondary	245
	Washington High (Fremont)	Primary	351
* Edendale Middle is adjacent to REACH and its Gym is available for additional shelter space.			

¹ Identified, evaluated, and produced in partnership with the local American Red Cross Government Relations Liaison.



Appendix B — Shelter Staff Training Curriculum

The County of Alameda Social Services Agency (SSA) is designated as the Lead Agency in the County Emergency Operations Center (EOC) Operations Section, Care and Shelter Branch. The Agency has developed a training curriculum for Agency staff, listed below to help prepare employees to respond to the needs of the community should an incident require any care and shelter related response or recovery operation.

The Online Shelter Fundamentals Course noted below is a Self-Paced Online Shelter Worker Course which introduces the guidelines and procedures for setting up, operating, and demobilizing a shelter during a disaster or emergency. The course provides an overview of the role the Social Services Agency (SSA) and Disaster Services Workers (DSWs) play in responding to locally declared disasters and emergencies.

Modules

- Introduction/Opening
- Risk, Hazards, and Impacts
- Responding to Incidents as a County Employees
- Phases of Emergency Management and the Role as SSA and DSWs
- Support, Resources, and Training
- Important Shelter Response Components
- Non-Congregate and Fundamental Shelter Training

Course Objectives

Upon completion of this course, participants will be able to:

- Understand the role of the Agency and as a DSW during a declared disaster or emergency.
- Describe the necessary actions to successfully respond to a disaster or emergency...
- Describe the various tasks, duties, and responsibilities required to be completed in a sheltering environment during a disaster, emergency, or pandemic.
- Describe the different types of shelters.
- Explain various strategies for providing services to those with access and functional needs at a shelter.
- Learn techniques to support yourself, individuals and families who have experienced incident trauma.

The course is approximately 4 hours.

Additional course content, training opportunities, as well as tabletop and functional exercise are being reviewed for development and administration. Local jurisdictions are encouraged to develop their own training curriculum to increase overall preparedness. Response and recovery partners may contact the Office of Disaster Preparedness and Emergency Management at SSADPEM@acgov.org for more information about training opportunities or strategies.

< Continued >



Trainings:

For FEMA trainings, [click here](#) to obtain a FEMA Student ID Number.

Training	Link
DSW Video	Social Services Agency Staff Online Video Link ¹
Online Shelter Fundamentals Training Course	Public View: Link ² (Social Services Agency Staff: Link ³)
FEMA IS 100	Online Course Link ⁴
FEMA IS 700	Online Course Link ⁵

¹ Web address: https://alamedasocialservices.org/staff/support/training/tact_tv/index.cfm

² Web address: <https://acgov.org/emergencysite/response/#/>

³ Web address: <https://staff.alamedacountysocialservices.org/agency/hr/tact/index.page>

⁴ Web address: <https://training.fema.gov/is/courseoverview.aspx?code=is-100.c&lang=en>

⁵ Web address: <https://training.fema.gov/is/courseoverview.aspx?code=is-700.b>



Appendix C — Emergency Shelter Trailers and Shelter Administration Kit Contents

The County of Alameda, Sheriff's Office of Emergency Services (OES) through Regional Emergency Preparedness Grant funds, has procured Emergency Shelter Trailers which are strategically located throughout the County. The trailers are intended to support the immediate response efforts of the County or local jurisdictions to respond to the needs of the community. Jurisdictions who have received and are storing the trailers on their property have completed an agreement with the County of Alameda and should questions arise or requests for support arise, jurisdiction's may contact the OES at (925)803-7800. The Contents of the Trailers are listed below in Table 1. Each trailer has an Emergency Shelter Administration Kit (continued on page 2-7).

Table 1: Emergency Shelter Trailer Contents

Cart 1	Qty.
1 Pack of Diapers Per Size (Sizes N-6)	7pks
Cots	25
Bedding Kits	25
Cart 1 Small Tote	Qty.
50' Extension Cords	5
Power Strips	3
Roll of Caution Tape	1
Food Thermometers	2
Box of Sharpie Markers	1
USB Wall Chargers	4
iPhone Charging Cables	6
Android Charging Cables	6
Bull Horn	1
Cart 2	Qty.
8oz Cups	1,000
PPE Gloves	400
Cots	25
Bedding Kits	25
Cart 3	Qty.
Paper Plates	1,195
Paper Bowls	1,050
Cots	25
Bedding Kits	25
Cart 4	Qty.
Paper Napkins	4,620
30 Gallon Trash Bags	100
Cots	25
Bedding Kits	25
Cart 5	Qty.
Adjustable Easels	3
Easel Pads	6
30 Pack of Toilet Tissue	1
Paper Towel Roll	2
Cots	25
Bedding Kits	25

Cart 6	Qty.
Spoons/Forks/Knives	2,000 ea.
24 Pack Serving Utensils	1
Ear Plugs	480
Cots	25
Bedding Kits	25
Back Door of Trailer Large Tote 1	Qty.
N95 Masks	200
Fire Extinguisher	1
Hand Sanitizer Bottles	2
Pack of Baby Wipes	2
Gaffers Tape Roll	1
Flashlights	4
First Aid Kit	1
D Batteries	4
Back Door of Trailer Large Tote 2	Qty.
Sanitary Kits (personal hygiene kits)	75
Back Door of Trailer Large Tote 3	Qty.
Sanitary Kits (personal hygiene kits)	75
Stand Alone Items	Qty.
6ft. Folding Tables	2
Folding Chairs	8
3 Panel Room Divider	1
30 Gallon Garbage Cans	6
Walker	1
Wheelchair	1
ADA Cot	10
Load Bars	4
E-track straps	4
E-track hooks	4
Canopy	2
21" Bungee Cords	6
Friction Strap	2
Hand Truck	1
Master Lock	1
Bulk Storage Carts	6
7X16 Carry-On Cargo Trailer	1

The County of Alameda Social Services Agency (SSA) has developed and created Shelter Administration Kits ("Shelter Kits") which may be used with or without the trailers to respond to the immediate care and shelter needs during various incidents. The Shelter Kits are regularly updated when needed to ensure best practices are followed or necessary mandates are adhered to. The contents of the Shelter Kits are listed below in Table 2a & 2b. The Shelter Kits (Picture A) have been created for the County of Alameda to use so the forms and other content was developed with those considerations. There are more than 20 kits throughout the County. Jurisdictions that have questions about the Shelter Kits may contact the SSA Office of Disaster Preparedness and Emergency Management (DPEM) at SSADPEM@acgov.org.

Table 2a: Emergency Shelter Administration Kit Contents:

Title	Description	Location in Kit
Field Guide	FEMA Shelter Field Guide	Loose in kit
Printed Materials	Forms, signs, etc. (see page 2)	Hanging folders
Shelter Field Guide	Quick Reference Guide (FEMA)	In front of kit (with loose supplies)
Clipboard		Underneath folders and loose supplies
Wristbands (green)	For Staff and Visitors (100 ct.)	In front of hanging folders
Wristbands (yellow)	For Residents (500 ct.)	
Note Pad (sticky)	Lined sm., 4" x 6"	In front of kit, loose supplies
Mini Stapler		
Box of staples	Standard size (sm. Box)	
Ball point pens (8)		
Binder Clips (sm.)	2 boxes , 12 ea., 24 total	
LED Flashlights (2)	Unopened 2-pack with batteries	
Note pad	Spiral bound, sm. 6" x 9"	
Yellow Caution Tape	1 large roll	
Sm. Tape Measure	12' length	
Paper clips (small)	1 bx. (100 ct.)	
Highlighters (5-pack)	Assorted Colors	
First Aid Kit	Basic 25 person kit	
Painters Tape	1" blue tape for hanging signs and general use	
Hand Sanitizer	8 oz. bottle	
Dry Erase Kit	Markers, Eraser, and eraser fluid	
Name Badges	Adhesive (100 ct.)	
Sticky Note Pads	3 ct. (3" x 3")	

Picture A:





Table 2b: Document Detailed Information/Qty.

*Each folder has detail information then forms/resource. Many forms/resources are or have been adapted from ARC (American Red Cross) materials. Order in kit (front to back)

Order	Folder Title	Description	Qty
1	A Quick Start Guides & Checklists	1-page Quick Start Guide (2 sided)	1
	B	ICS Forms Protocol	1
	C	Shelter Kit Contents	1
	D	Shelter Field Guide (Checklists Excerpt)	1
	E	Shelter Field Guide (Role Coaching Aides)	3
	F	Shelter Field Guide (Shelter Manager Checklist)	3
	G	Shelter Field Guide (Registration Checklist)	2
	H	Shelter Field Guide (Feeding Checklist)	4
	I	Shelter Field Guide (Dormitory Checklist)	4
	J	Shelter Field Guide (Staffing Checklist)	4
	K	Shelter Field Guide (Logistics Checklist)	4
	L	Shelter Field Guide (Health Services Checklist)	4
	M	Open/Close Inspection Sheet	4
	N	Shift Inspection Form	10
2	A ICS Forms	ICS Forms Protocol	3
	B	ICS 214 (Activity Log)	10
	C	ICS 205A (Communications list)	10
	D	ICS 213 (General Message)	15
	E	ICS 213RR (Resource Request)	20
3	A Shelter Staff Sign-in Form	Description and sample	1
	B	Sign-in Form	20
4	A Shelter Staffing Template	Shelter Field Guide (Excerpt.)	1
	B	ARC Staffing Tool/Resource	1
5	A Shelter Client Sign-in/out Form	Sign-in/Out Log (sample)	1
	B	Form	70
6	A Shelter Visitor Sign-in/out Form	Sign-in/Out Log (sample)	1
	B	Form	20
7	Shelter Welcome Sheet	Rules & Guidelines	200
8	A Shelter Referral Log	Health & Medical Referrals (sample)	1
	B	Form	40
9	A Shelter Multi-lingual Tools	Tool to assist in determining language or general communication. *Includes laminated pictogram for non-verbal clients	1
	B	ARC tool	3
10	A Shelter Dorm Reg. Forms	Forms to use for those who plan on staying the night.	200
	B Shelter Dorm Reg. Forms (Completed)	(Empty folder to place completed forms into.)	
11	A Shelter Unaccompanied Minor & Separated Child Form	To use for any children/person(s) who have been separated from their family or group.	7
	B	Form	25
12	A Shelter Opening Plan	Reference (Optional Use) Sample	4
	B	Form	20
	C	Open/Close Inspection Form	4
	D	Site Accessibility Survey/Inspection (Cal OES)	1
13	A Shelter Log Form	Sample	4
	B	Form	15
14	A Shelter Fundamentals Resources	Training Booklet (35pgs.)	3
15	A Shelter Supply Template		4
16	A Shelter Signs	(See pgs. 4-7)	



Alameda County, Emergency Shelter Signage List

Title	Size	Qty	File Name/notes
Welcome Sheet & Shelter Guidelines ("Rules")	n/a	4	Standard size printed on 11 x 17 for posting
Emergency Shelter (Entrance)	11 x 17	4	B_AC OES SSA Shelter Sign ENTRANCE 11.x.17
Temporary Evacuation Point (TEP)	11 x 17	4	B_AC OES SSA Shelter Sign TEP 11.x.17
Shelter Sign-in/out	11 x 17	4	C_AC OES SSA Shelter Sign SIGN IN.OUT 11.x.17
TEP Sign-in/out	11 x 17	4	C_AC OES SSA Shelter Sign TEP SIGN IN.OUT 11.x.17
Emergency Shelter (Waiting Area)	11 x 17	4	D_AC OES SSA Shelter Sign WAITING AREA 11.x.17
TEP Waiting Area	11 x 17	4	D_AC OES SSA Shelter Sign TEP WAITING AREA 11.x.17
Emergency Shelter (Health Services)	11 x 17	4	E_AC OES SSA Shelter Sign HEALTH SERVICES AREA 11.x.17
Health Services (Waiting Area)	11 x 17	4	F_AC OES SSA Shelter Sign HEALTH SERVICES WAITING AREA 11.x.17
Dormitory Registration	11 x 17	4	G_AC OES SSA Shelter Sign DORM REGISTRATION 11.x.17
Dormitory Area	11 x 17	4	H_AC OES SSA Shelter Sign DORMITORY AREA 11.x.17
Cafeteria Area	11 x 17	4	I_AC OES SSA Shelter Sign CAFETERIA AREA 11.x.17
Emergency Shelter (Restrooms)	11 x 17	4	J_AC OES SSA Shelter Sign RESTROOMS 11.x.17
Emergency Shelter (Staff Only)	11 x 17	10	K_AC OES SSA Shelter Sign STAFF ONLY 11.x.17
TEP (Staff Only)	11 x 17	10	K_AC OES SSA Shelter Sign TEP STAFF ONLY 11.x.17
Emergency Shelter (Accessible Route) (exterior)	11 x 17	10	L_AC OES SSA Shelter Sign ACCESSIBILITY 11.x.17
Accessible Route (interior)	11 x 17	10	M_AC OES SSA Shelter Interior Sign ACCESSIBILITY 11.x.17
Blank Paper	8.5 x 11	n/a	n/a



SAMPLES:

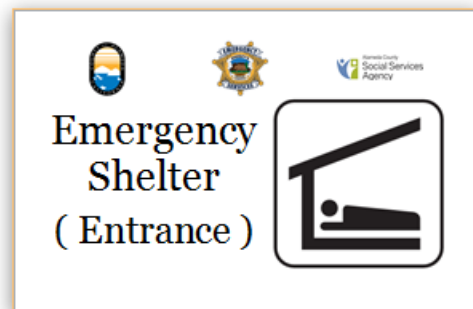
Welcome Sheet & Shelter Guidelines ("Rules")

	<p>Welcome to Your Alameda County Emergency Shelter (Welcome Sheet with Shelter Guidelines)</p>		
<p>Everyone is Welcome</p>	<p>Everyone is welcome at an Alameda County Emergency Shelter. Alameda County does not discriminate based on nationality, race, religious beliefs, class, disability, political opinions, sexual orientation, or gender identity.</p>	Schedules	<p>There will be a schedule posted to make sure you are aware of meal times, shower times, quiet hours, etc. Ask a shelter worker if you are unsure where the schedule is posted.</p>
Service Animals	<p>Service animals are welcome in Alameda County Emergency shelters. Service animals are trained to do work or perform tasks for an individual with access and functional needs, including those with disabilities. Service and assistance animals are not pets. Please speak with a shelter worker if your service animal is in need of food or supplies.</p>	Children	<p>Parents are responsible for supervising their children while in and around the shelter. Children should not be left unattended. In some cases, supervised areas for children may be provided. Ask a shelter worker if this service is available.</p>
Pets	<p>We understand that your pets are very important to you. To maintain a safe and healthy environment for all residents, however, pets are not allowed in this shelter. Please make arrangements for your pet before entering the shelter, and ask a shelter worker if you need assistance finding shelter for your pet.</p>	Check In/Out	<p>We appreciate you checking in and out of the shelter every time you enter or leave the shelter. This helps us maintain a safe and secure shelter environment.</p>
Specific Needs	<p>Please tell a shelter worker as soon as possible if you have any specific needs or requests for equipment, supplies, food, or cultural or religious requirements. Every effort will be made to accommodate your needs.</p>	Dormitory Registration	<p>Please register at the dormitory if you will be sleeping at the shelter. Registration allows us to gather the information we need to help you. All registration information is kept confidential.</p>
Reunification with Family and Friends	<p>Let your family and friends know you are Safe and Well by registering on www.redcross.org/safeandwell. You can also re-register when you leave the shelter to let your family and friends know that you have moved on. Ask a shelter worker if you need assistance.</p>	Photographs	<p>Your privacy and the privacy of all shelter clients are very important to us. Therefore, we do not allow photos to be taken of shelter clients without their written permission—including with cell phones or personal cameras. If you feel that your privacy has been violated, please inform a shelter worker immediately.</p>
Food	<p>Snacks and refreshments may be available in the feeding area throughout the day. Meals will be served in the feeding area at the times posted on the schedule. If you have specific dietary needs, please let a shelter worker know as soon as possible. To avoid spills or attracting bugs, please keep all food and drinks out of the sleeping area. Water and baby bottles are permitted.</p>	Housekeeping	<p>Thank you for helping us to keep the shelter as clean as possible. We appreciate you picking up after yourself and following the bathroom courtesy guidelines that are posted in the restrooms. Please let a shelter worker know immediately if the restroom is in need of cleaning or supplies.</p>
Medical Problems and Injuries	<p>Please notify a shelter worker if you or a family member are taking medication or have a medical condition with which you need assistance or if you are not feeling well. Please notify a shelter worker if you observe anyone needing medical attention.</p>	Quiet Hours	<p>To ensure all residents can get the rest they need, quiet hours will be in effect each night during specified hours (usually 10:00 p.m.-7:00 a.m.). Please see the posted schedule or ask a shelter worker to confirm these times. Please keep the sleeping areas as quiet as possible during the day as well, for residents who may want to sleep or rest.</p>
Emotional Support	<p>Staying in a shelter following a disaster can be stressful. If you, your children, or any other family members are feeling stress, anxiety or the need to talk to someone, trained professional counselors may be available. Please ask a shelter worker to put you in touch with a counselor.</p>	Be Respectful	<p>Be respectful to fellow clients and workers. Negative behavior, including foul language, abusive behavior, stealing, destruction of property, or other behavior that is disruptive to others, will not be tolerated.</p>
		Personal Belongings	<p>Unfortunately, we cannot assume responsibility for your personal belongings. We recommend you lock your personal belongings in your car and out of sight. If that is not possible, keep valuable items with you.</p>
		Smoking	<p>Smoking of any kind, including e-cigarettes and other smoking devices, is permitted outside the building in designated smoking areas only. For safety purposes, matches and lighters may only be used outside the building as well. Please dispose of cigarette butts and matches properly. Note: schools and some public buildings do not allow smoking on their campus. Please ask a shelter worker where smoking is allowed.</p>
		Alcohol, Illegal Drugs, and Weapons	<p>To maintain a safe and welcoming environment for everyone, alcoholic beverages, illegal drugs, and weapons (including concealed weapons) are not allowed in the shelter or on the shelter grounds.</p>
			<p>We appreciate any help you can provide while you are staying in the shelter. If you would like to help, please tell a shelter worker. Thank you for helping us to take care of your temporary home!</p>

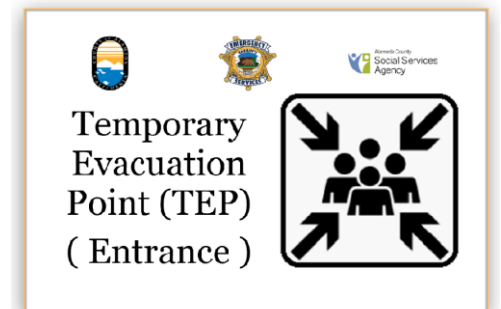
Resource adapted from American Red Cross form: DCS JT RES Shelter Client Welcome Handout V.1.0 2016.07.18.2

Resource adapted from American Red Cross form: DCS JT RES Shelter Client Welcome Handout V.1.0 2016.07.18.2

Emergency Shelter (Entrance)



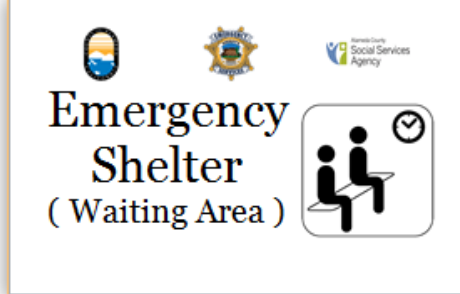
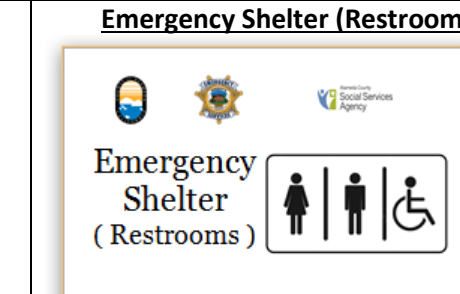
Temporary Evacuation Point (TEP)











Shelter Sign-in/out





<p><u>TEP Sign-in/Out</u></p> 	<p><u>Emergency Shelter (Waiting Area)</u></p> 	<p><u>TEP (Waiting Area)</u></p> 
<p><u>Emergency Shelter (Health Services)</u></p> 	<p><u>Health Services (Waiting Area)</u></p> 	<p><u>Dormitory Registration</u></p> 
<p><u>Dormitory Area</u></p> 	<p><u>Cafeteria Area</u></p> 	<p><u>Emergency Shelter (Restrooms)</u></p> 




<p><u>Emergency Shelter (Staff Only)</u></p> <div data-bbox="260 321 701 607">  <p>Emergency Shelter (Staff Only)</p>  </div>	<p><u>TEP (Staff Only)</u></p> <div data-bbox="846 321 1281 607">  <p>Temporary Evacuation Point (Staff Only)</p>  </div>	<p><u>Emergency Shelter (Accessible Route) (exterior)</u></p> <div data-bbox="1386 321 1822 607">  <p>Emergency Shelter (Accessible Route)</p>  </div>
<p><u>Accessible Route (interior)</u></p> <div data-bbox="260 743 701 1029">  <p>Accessible Route</p>  </div>		




Appendix D — Frequently Used Shelter Forms & Checklist

There are many forms that may be used during a shelter response. Some key forms and checklists are shown below which are from or have been adapted from the American Red Cross as a best practice. For a full list of needed forms or to receive copies of the forms you may contact the Social Services Agency Office of Disaster Preparedness and Emergency Management at SSADPEM@acgov.org. (See Appendix E for additional resources.)

Shelter Registration Form (Page 1):



Shelter Dormitory Registration Form



Date: _____ Incident/DR#: _____ Shelter Name/Location: _____

***Ensure that the appropriate Health Screenings are completed (ex. COVID-19 protocols)**

Observations: 1. Does the client or a family member appear to be in need of immediate medical attention, appear too overwhelmed or agitated to complete registration, or a threat to themselves or others? 2. Does the client have a service animal, use a wheelchair/walker, or demonstrate any other circumstance where it appears they may need help in the shelter?							
Questions: 1. Is there anything you or a member of your family needs right now to stay healthy while in the shelter? If not, is there anything you know you will need in the next 6-8 hours? 2. Do you/family member have a health, mental health, disability, or other condition about which you are concerned?							
HOUSEHOLD INFORMATION							
Family Name (Last Name):				# Family members registered: 0-3yrs: 3-7yrs: 8-12yrs: 13-18yrs: 19-65yrs: 65+yrs:			
Pre-disaster Address:				Post-disaster Address (if different):			
Primary Phone:		Other Phone:		Email:			
Primary Language:				If Not English, Family Member Present Who Speaks English:			
Method of Transportation: If Personal Vehicle, Lic. Plate #/State (for security purposes only):							
INDIVIDUAL FAMILY MEMBER INFORMATION (for additional names, use back of paper)							
Name (Last, First)	Wristband #	Age	Gender	Arrival Date	Rm./Cot #	Departure Date	Departure Notes
___ Yes ___ No Someone in the household is required by law to register with a state or local government agency. (If yes, contact Shelter Manager.) ___ Yes ___ No Someone in the household is a veteran or active military. ___ Yes ___ No I agree to have my information shared with other agencies providing disaster relief services.							

By signing here, I acknowledge that the information on this form is accurate, I have initialed the three statements above, and I have read/been read and understand the *Welcome Sheet with Shelter Guidelines*:

Signature: _____ Date: _____

Shelter Worker Name/Signature: _____

(Please See Reverse Side for Resident Assistance Checklist)

Adapted from American Red Cross form: DCS JT RES Shelter Dormitory Registration Form V.1.0 2016.07.18



Shelter Registration Form (Page 2):

Name (Last, First)	Wristband #	Age	Gender	Arrival Date	Rm./Cot #	Departure Date	Departure Notes

Shelter Resident Assistance Checklist

If it appears the person may need support in the shelter with an access or functional need, or if the person asks for support, please check the appropriate box for assistance below.

If the person has a medical or mental health concern that requires attention or supervision while they are sheltered, please STOP and refer directly to Health Services

A) Mobility or Accessibility Support

- ☐ Durable Medical Equipment Needed (wheelchair, walker, air mattress, eyeglasses, etc.)
Type: _____
- ☐ Person requires a specialized cot / Comment: _____
- ☐ Other Mobility/Accessibility Support: _____

B) Hearing / Communication Support

- ☐ Sign Language Interpreter (ASL)
- ☐ Assistive Listening Device / Comment: _____
- ☐ Bilingual Language Assistance / List Language: _____

C) Visual Support

- ☐ Person requires individualized orientation to adjust to the shelter environment
- ☐ Person requires assistance or a guide to move around the shelter

D) Cognitive Support

- ☐ Needs written and verbal communications presented simply and slowly

E) Dietary Need

- ☐ Dietary Restriction / Comment: _____

F) Medication Refill or Specialized Equipment Needed

- ☐ Comment: _____

G) Other Need for Support (including need for personal care assistance)

- ☐ Comment: _____
- _____
- _____

H) Check Below if the Person Requires Additional HSA Follow-Up

- ☐ HSA follow-up needed for further assessment



Facility/Shelter Opening & Closing Inspection (Page 1):



Facility/Shelter Opening & Closing Inspection

Name of Facility _____ Address _____

Name of Facility Rep and/or Operator _____ Phone # _____

Opening Inspection				
Areas to Inspect When Opening the Facility/Shelter (Check yes, no, not applicable (NA) or unknown (U). Specific areas needing correction and those responsible for making them should be noted under "Comments". Take pictures of pre-existing damages)				
Yes	No	NA	U	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are indoor and outdoor walking surfaces free of trip and fall hazards (e.g. uneven sidewalks, unprotected walkways, loose/missing tiles, wires, etc...)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the routes to exits relatively straight and clear of obstructions (e.g. blocked, chained, obstructed)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all emergency exits properly identified and secured, and there are at least two exits per floor?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are illuminated exit and exit directional signs visible from all aisles?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all kitchen equipment and bathroom fixtures in working order?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there an emergency evacuation plan posted and an identified meeting place?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there guidelines for directing occupants to an identified assembly area away from the building once they reach the ground floor?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any site specific hazards (e.g. hazardous chemicals and machinery)? If so, describe them.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the facility neat, clean and orderly?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the following utility systems in good working order: electricity, water, sewage system, HVAC?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are fire extinguishers and smoke detectors present, inspected and properly serviced with current inspection tags?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If power fails, is automatic emergency lighting available for exit routes, stairs and restrooms?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a back-up power source?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are first aid kits readily available and fully stocked? Where?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will occupants of the building be notified that an emergency evacuation is necessary by a public address system or alarm?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are floors and walls free of damage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the parking area free of damage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHELTER ONLY: Are there accessible parking spaces?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHELTER ONLY: Is there at least one entrance to the building accessible for people with mobility issues with signage identifying the location of the accessible entrance?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHELTER ONLY: Is there at least one accessible restroom?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHELTER ONLY: Are there routes without steps available to access service delivery areas, restrooms and showers? Can service be provided in an area that can be accessed by routes without steps?
Any Damage or Additional Comments				

American Red Cross				
Printed Name & Title _____		Signature _____		Date _____
Facility Rep/Operator				
Printed Name & Title _____		Signature _____		Date _____

Facility/Shelter Opening & Closing Inspection (Page 2):



**American
Red Cross**

Facility/Shelter Opening & Closing Inspection

Name of Facility _____ Address _____

Name of Facility Rep and/or Operator _____ Phone # _____

Closing Inspection

This is to certify that the above listed Facility controlled, owned or operated by the above listed Facility Rep and/or Operator was used temporarily by the American Red Cross DR# _____ as an emergency disaster facility from _____ to _____. This facility is hereby returned by the American Red Cross in satisfactory condition less the following listed deficiencies:

Please attach photos of deficiencies

[illegible]

American Red Cross
Printed Name & Title _____ Signature _____ Date _____

Facility Rep/Operator
Printed Name & Title Signature Date



Shelter Closing Plan:

Shelter Closure Plan

Plan Creation Date: _____ Incident/DR#: _____

Shelter Name:	<input type="checkbox"/> Red Cross Managed <input type="checkbox"/> Partner-managed <input type="checkbox"/> Independently Managed
Closure Date/Time:	
Reason for Closure:	

Shelter Address:
Shelter Manager Name/Phone:
Facility POC Name/Phone:

Step	Planned Date/Time	Person Responsible	Planned Actions
Notify Clients			Verbal Notification Post Signage Stating ____
Client Transportation Plan			
Last Meal			
Pack Material Resources			Trailer – Material resources to be returned to shelter trailer Technology Equipment – Laptop and cell phone will be packed by ____ and located ____ for removal. Paperwork will be packed by ____ and located ____ for removal. MCPC will be packed by ____ and located ____ for return to Sheltering at national headquarters.
Remove Material Resources			Trailer – ____ will pick up trailer ____ on ____ at ____. Technology Equipment – ____ will return laptop and cell phone to DST headquarters. Paperwork – ____ will return all forms to Sheltering at national headquarters. MCPC – ____ will return to Sheltering at national headquarters.
Return Facility to Pre-shelter Condition			
Turn Facility Over to Facility Owner			
Notify Operational Headquarters			Shelter manager notifies sheltering lead. Sheltering lead notifies other functions.
Close the Facility in NSS			
Release Staff			



Appendix E — Bay Area Urban Areas Security Initiative (UASI) Care and Shelter Toolkit Resources

The Bay Area Urban Areas Security Initiative sustains and improves regional capacity to prevent, protect against, mitigate, respond to, and recover from terrorist attacks and catastrophic disasters.¹

The Catastrophic Planning Program² develops plans to manage and mitigate the effects of large-scale disasters throughout the Bay Area. Catastrophic events overwhelm local and regional emergency response capabilities. Support from not only other government agencies but non-profit and private sector organizations is needed to affect the long-term recovery of both communities and their economies. Working collaboratively, jurisdictions must develop comprehensive regional plans to identify gaps, prioritize needs, and leverage resources to foster greater resiliency.

To prepare for a large-scale disaster, the Bay Area Emergency Management workgroup was formed. Since its inception, workgroup has developed a series of plans, toolkits, templates, and trainings and exercises designed to assist local Emergency Managers.

One of the Toolkits is the Care and Shelter Planning Toolkit³ which has various helpful resources such as:

- Bay Area UASI Care and Shelter Gap Identification Tool
- Bay Area UASI Shelter Calculator Version 3
- Various American Red Cross Forms and the Sheltering Handbook
- Shelter Field Guide
- Forms related to infectious disease response and addressing medical needs in shelters
- Various forms and templates for local jurisdictions to use in their Mass Care and Shelter Planning efforts.

For question related to the Toolkit please contact SSADPEM@acgov.org .

¹ <https://www.bayareauasi.org/>

² <https://www.bayareauasi.org/programs/catastrophicplanning>

³ <https://www.dropbox.com/scl/fo/kbkjraifmk9a3e031clzc/h?dl=0&rlkey=nkasxx21p90erktmtdf031hnp>



Appendix F — A Guide for Local Jurisdictions in Care and Shelter Planning (2003)

Note: This Guide is meant to be used as a reference only and does not replace any local jurisdiction's planning, response, and recovery efforts. Contact SSADPEM@acgov.org for any questions about this guide.

A Guide for Local Jurisdictions In Care and Shelter Planning

Alameda County Operational Area Emergency
Management Organization

September 2003



A Guide for Local Jurisdictions in Care and Shelter Planning

September 2003

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Introduction

The following guide is written for city personnel involved in care and shelter operations. It is especially relevant for Care and Shelter Coordinators at the local level. This document is intended for use during the preparedness phase to help guide care and shelter planning. It provides all the planning information and guidelines that are relevant for local government's consideration before opening disaster shelters. Once shelters are put into operation, the best resource is the American Red Cross Shelter Operations Workbook, which provides specifics on managing shelter operations. Again, this guide is to help local jurisdictions plan for shelter operations, while also providing an overview of the complete scope of care and shelter services.

The core planning elements are the first eight sections. Each section introduces a different element of care and shelter planning. Care and shelter personnel can certainly treat the guide as a reference manual and choose from the sections that are applicable to their needs. Half the guide consists of appendices to the first eight sections.

A related document is a six-page Care and Shelter Planning Template designed as an accompaniment to this guide. The Care and Shelter Planning Template lists 20 of the more important action steps for local jurisdictions to take to plan for care and shelter operations. Where appropriate the Care and Shelter Planning Template identifies where to go within this larger planning guide for further information.

Finally, this project was undertaken through the funding and support of the Alameda County Operational Area. Primary participants in the development of this guide include the Alameda County Office of Emergency Service, the Alameda County Social Services Agency, the CARD Project of Alameda County and the American Red Cross. The Care and Shelter project consultant, Rob Stengel, developed the following document.

What Is Care and Shelter and Who Provides It?

The function of care and shelter is to provide temporary emergency relief to disaster victims. Providing temporary emergency relief involves a range of emergency human services (e.g., food, shelter, health care, mental health support, etc.).

Legal Requirements for Local Government

California law sets the responsibility for emergency care and shelter at the local level. As per the Health and Safety Code Section 34070 – 34072, local government is to provide or contract with recognized community organizations to make emergency or temporary shelter available for people made homeless by a natural disaster or other emergency. California's State Emergency Plan and Standardized Emergency Management System puts local government at the first level of response for meeting the disaster needs of people in its jurisdiction. People seeking care and shelter immediately after a disaster will look first to local government for assistance.

The American Red Cross is a partner with local government in helping to fulfill government's legal responsibility of providing care and shelter for its citizens in a disaster. The partnership requires that local government and the American Red Cross work cooperatively during the preparedness phase to clarify roles and responsibilities (as outlined below). The local jurisdiction may also work in cooperation with other volunteer disaster assistance organizations to provide disaster relief. However, in a major disaster where there is widespread damage, the national resources of the Red Cross may not fully mobilize until five days after the event. Until such time that the Red Cross arrives on the scene, local government will manage, coordinate, and run all shelter operations.

A Cooperative Partnership between Local Government & The Red Cross

The City will:

1. Designate a City Care and Shelter Coordinator

This person will coordinate care and shelter planning and operations for the city.

2. Develop a Statement of Understanding with the American Red Cross

The statement of understanding helps to solidify the mutual working partnership between the city and the Red Cross. The Red Cross has a standard agreement for this purpose.

3. Identify and Survey Shelter Facilities

Work with the American Red Cross, school districts and other government agencies to compile an up-to-date list of pre-disaster designated shelters. See Section 2.

4. Ensure that Agreements are in Place

It is helpful to have statements of understanding with designated shelter sites to clarify terms of use. Work with the Red Cross to develop applicable agreements. See Section 2.

5. Train Staff to Operate Disaster Shelters

Work with the Red Cross to provide shelter training to city employees who will staff (and especially manage) disaster shelters. See Section 3.

6. Provide Care and Shelter Services

Responsibility for care and shelter belongs to local government. While the hands-on management of this task is typically delegated to the Red Cross, cities will need to initially open and run shelters following a large or countywide disaster. See Section 4.

Note: Who to contact at the American Red Cross: For Alameda County, contact the Disaster Services Manager, American Red Cross, Bay Area, 3901 Broadway Street, Oakland, 94611, Telephone 510-595-4400, <http://www.bayarea-redcross.org>.

The American Red Cross will:

1. Provide Care and Shelter Services *

By congressional mandate and in accordance with its corporate policy, the Red Cross has a long-standing disaster relief mission. Red Cross care and shelter services include:

- Emergency shelter
- Fixed and mobile feeding
- Emergency First Aid
- Mental Health Support
- Blood Drives
- Disaster Welfare Inquiry Services
- Vouchers for Clothing, Occupational Supplies, Basic Home Furnishings
- Disaster Preparedness Education & Shelter Operations Training

* However, it may be upwards of 5-days before the Red Cross is fully operational to launch these services on a complete countywide basis following a major disaster.

2. Provide No-Cost Shelter Training to Members of the City

The Red Cross provides a 3-hour simulated Care and Shelter Operations Training class.

3. Engage in Cooperative Care and Shelter Planning

The Red Cross will meet regularly with representatives of the city to engage in care and shelter planning and preparedness activities.

Other Care and Shelter Resources

Aside from the American Red Cross, the following are some of the other county or local resources that may be relevant for supporting local government's care and shelter response. Cities may access county resources through the Op Area Emergency Operations Center (EOC).

1. County Health Care Services Agency

The County Health Care Services Agency encompasses a variety of program areas -- Medical Care, Behavioral Care, Public Health and Environmental Health.

Public and Environmental Health provide the following disaster response functions:

- Acts to prevent the spread of communicable disease and disaster-related illness.
- Makes public health nursing services available to disaster shelters.
- Addresses food and water safety and sanitation issues in shelters.
- Monitors, assess and reports on the community disaster health status.

In addition, Public Health's Emergency Medical Services (EMS) coordinates the immediate emergency medical response in a disaster, including emergency medical dispatch, emergency and non-emergency ambulance services.

2. County Behavioral Health Care Services

Manages the following disaster mental health response functions:

- Assesses and activates the response to disaster mental health issues.
- Makes counselors available to shelter facilities to provide mental health services.
- Ensures the continuation of care, treatment and housing for those clients currently residing within the Mental Health System.

3. County Social Services Agency (SSA)

SSA is the lead agency for care and shelter response at the county level. SSA can support local government with additional staff to operate disaster shelters.

The following SSA services support more vulnerable county residents.

(In times of disaster, these programs can supplement the response of local jurisdictions to persons with special needs)

- Area Agency on Aging (AAA) -- services to seniors and people with disabilities.
- Adult Protective Services (APS) -- services to adults with developmental disabilities, including mentally disabled adults and elderly persons.
- Child Abuse & Children's Protective Services -- services for children who are victims of neglect or lack family care (such as without family supervision post disaster).
- In-Home Supportive Services (IHSS) -- in-home care services to low income elderly, blind and disabled persons.
- Public Authority for IHSS -- provides a registry of screened home care providers for IHSS recipients/consumers.

- In addition, SSA has programs for Child Care, General Assistance, Medi-Cal, Housing Assistance, Food Stamps, and SSI, which disaster victims may need as part of their recovery.
4. CARD of Alameda County (Collaborating Agencies Responding to Disaster)
CARD improves the disaster preparedness of community based organizations serving vulnerable populations. In a disaster, CARD becomes the link between requests for emergency help and the community-based organizations available to provide help. CARD will ensure an effective response and recovery for vulnerable and under-served populations in Alameda County. **Note: CARD was decommissioned in 2016.**
 5. Community Based Organizations (CBOs)
CBOs that provide direct and ongoing services to persons with special needs during non-disaster times are in the best position to support the recovery of more vulnerable populations following a disaster. CBOs may support local jurisdictions with sheltering, language and cultural sensitivity needs, and serve as a conduit for getting information to people that local government may have difficulty reaching. See Appendix G – Identifying CBOs and Community Resources.
 6. Salvation Army
Through its various local organizations and with the assistance of Divisional Headquarters, 916-563-3700, or www.salvationarmydeloro.org, the Salvation Army provides the following services to individuals and families.
 - Mass care feeding (including mobile kitchen units)
 - Sheltering
 - Clothing distribution
 - Counseling
 - Assistance in home cleanup (for seniors and people with disabilities)
 7. Local Business and Industry
Businesses often donate goods or services to assist the community in its recovery from a disaster. Cities may establish pre-disaster agreements with local businesses to expedite the purchase or use of equipment and supplies required for shelter operations.

Care and Shelter Planning Assumptions

Care and shelter personnel must keep these assumptions in mind when planning for disasters.

- ☐ That responsibility for care and shelter belongs to local government. However, the American Red Cross and Salvation Army, along with other CBOs and voluntary organizations, may assist local government as partners in delivering these services.
- ☐ In a major disaster, the American Red Cross will require an influx of resources from outside the area to be operational. Therefore, it may be upwards of 5 days before the Red Cross can assume a primary care and shelter role.

- ❑ In accordance with SEMS, additional resources and assistance from outside the local jurisdiction shall be available to local government through the Op Area. However, expect resources to be extremely limited the first few days following a disaster where there has been widespread damage. Local jurisdictions will fare better in the short term by developing their own local resource base.
- ❑ In the immediate days after a major disaster, neighborhood organizations and local congregations will emerge to provide care and shelter support independent of local government. Local government will need to coordinate care and shelter services with those groups that emerge spontaneously.
- ❑ Some displaced residents will converge on public parks and open spaces, as an alternative to using indoor mass care shelters.
- ❑ Many residents who suffer some structural damage to their home, following a major disaster, will choose to remain on their property (i.e., camp-out), versus going to a public disaster shelter. Yet, they will still have needs and expectations for disaster assistance from local government.
- ❑ Given the above, in addition to opening disaster shelters, cities will need to open disaster service centers (as a place for local residents to go for disaster assistance). See Section 7: Setting-up Disaster Service Centers to Meet Other Care and Shelter Needs.
- ❑ CBOs that provide social services and serve vulnerable populations will initially be overwhelmed with demands for service, but will do everything possible to meet new and emerging community needs. Local government can support this effort by using its EOC to obtain the resources that CBOs need to sustain operations post-disaster.
- ❑ A disaster that occurs while school is in session may require the school to become a temporary shelter for its student population. Either alternative shelter is needed for the general population, or the public may have to identify a separate area within the school building so that two separate shelter operations are occurring simultaneously.
- ❑ Essential public and private services will continue during shelter and mass care operations. However, for a major disaster that generates a very large-scale shelter operation, normal activities at schools, community centers, churches and other facilities used as shelter sites will be curtailed.

Developing Shelter Sites

Work with the American Red Cross to identify and survey local facilities that may be used to shelter persons in a disaster. The Red Cross has a list of potential shelter sites throughout Alameda County, including agreements with various facilities. At a minimum, each city needs its own list or inventory of shelter facilities with basic facility data on (1) capacity, (2) bathrooms and showers, (3) ADA accessibility, and (4) floor plans.

Examples of Potential Shelter Sites

1. Public and Private School Buildings
 - School gymnasiums and large multipurpose rooms are ideal for sleeping areas
2. City-Owned Facilities
 - Community centers, senior centers, recreational facilities, or auditoriums
3. Congregations
 - Churches, temples, synagogues or other privately owned facilities

Use of School Buildings: California law, as stated by the "Katz Bill", requires public and private school districts and school authorities to make their facilities available as public shelter sites in a declared disaster. This makes school facilities, especially larger high school buildings, a logical first choice for shelter operations in an event where there has been widespread destruction. However, use schools as public shelters only when other resources are unavailable. First, schools may already be sheltering their own student population. Second, a community needs to resume normal activities as soon as possible after a disaster. Therefore, in short time the shelter population will need to be moved from the school, so that students can ultimately return to classes.

Other Building Options: Because the city has ownership of these facilities, community centers and other public facilities are also a logical choice as shelter sites. However, Recreation and Park sites are smaller than schools and some facilities lack adequate bathrooms and showers. Senior centers are the smallest of all and as disaster shelters, they can accommodate only 50 to 70 persons. Local congregations are another option as many congregations have classrooms and large multipurpose rooms, in addition to kitchen facilities. Start with neighborhoods when identifying potential shelter sites. The ideal plan designates potential shelter sites within each neighborhood of the local jurisdiction.

Criteria for Selecting Shelter Sites

Ideal shelter facilities have the following characteristics.

1. Space for parking
2. Space for Sleeping (40 square feet per person)
In addition, envision space for the following within the facility:
 - Registration Area
 - Shelter Manager's Office
 - Health Services Area
 - Mental Health Services Area
 - Food Preparation or Serving Areas (including space for a snack table)
 - Recreation Area
3. Toilet and Shower Facilities (one toilet per 40 people)
4. Kitchen / Cooking Facilities
5. Emergency Generator on Site
6. Safety Features (e.g., fire extinguisher, fire sprinklers and fire alarm)
7. Building Heating and Cooling Capacity
8. Telephones
9. Accessibility for People with Disabilities
 - See Appendix F - Tips to Maximize Shelter Accessibility, for more information on ADA requirements and reasonable accommodations.
10. Secured Storage Areas
11. Separate Rooms within the Facility (e.g., private space for elderly persons, families with children, or persons that need isolation; also rooms for nursing and office space)

Note: Consider sites that meet all the above standards as "Primary Shelter Facilities"

Survey of Shelter Sites

Complete a Shelter Facility Survey of designated shelter sites in conjunction with the American Red Cross (use Red Cross Form #6564). In addition to capturing the information above, the survey will identify the following.

1. Location and Contact Information
2. Resource Information
 - Total Shelter Sleeping Capacity (Number)
Note: Figure capacity at 40 square feet per person. Therefore, a 10,000 square foot gymnasium has sleeping space for 250 persons.
 - Showers (Yes/No)
 - Number of bathrooms (Number)

- Accessibility for people with disabilities (Yes/No/Partial)
- 3. The survey will also identify what supplies may already be on site (e.g., sleeping mats, blankets, food and water, cleaning supplies, etc.)
- 4. As part of the survey, obtain a floor plan for each facility designating areas for shelter operations.

Open Space Shelter Sites

To accommodate large numbers of displaced persons, some jurisdictions may want to designate areas for camping, or setup tents in parks and other open space areas. Given the work involved to create the necessary infrastructure (i.e., electricity, sanitation, water, cooking, security, etc.) along with the public health implications, think of this option as a last resort for sheltering. Sheltering residents in existing buildings, where a basic infrastructure is already in place, remains the first and best option.

Setting up camping areas will require much logistical work to negate the sanitation, hygiene and environmental health issues. The first question is what are people going to use for bathroom facilities? Portable toilets must be put in place immediately. Secondly, disease is going to be harder to control and will spread more easily. Then there is the challenge of providing meals along with all the other shelter services discussed earlier (e.g., health, mental health, information, and other personal services). Finally, it is also going to be more difficult to meet special needs in an outdoor environment. Ultimately, the Northridge experience was that once established these campsites are hard to disperse.

Alternative Shelter Sites

1. Smaller Neighborhood Sites

What about people whose needs, safety or well being would be better served in smaller settings, with perhaps a higher level of care than we can provide at mass care sites? It makes sense to pre-plan for sites that would supplement primary mass care shelter facilities -- in other words, alternative sites. Local congregations are ideally suited to serve as alternative sites, because they have space and the basic facilities to accommodate public gatherings (bathrooms, accessibility and kitchen areas); plus they are located throughout neighborhoods. Since most congregations lack shower facilities, their use would be more of a short-term or temporary option.

In cases where community residential programs or care facilities need to evacuate, but staff and caregivers want to stay in tact, it makes sense to set them up at alternative sites, versus putting their population into a mass care setting. This is particularly true of programs like group homes or board and care facilities that serve seniors, adults with disabilities, youth and other persons with special needs. In essence, program staff, residents and the necessary resources are all relocated to the alternate site, where staff will continue to support their resident population.

2. Medical Care Sites

The County Health Care Services Agency may designate specific shelter sites to care for persons who are medically fragile and who need a higher level of care and supervision than that which is available at public shelter sites. Shelter staff will include a combination of Public Health Nurses, Red Cross and Social Services staff.

Primary and Secondary Sites

In opening disaster shelters, local jurisdictions need to designate between primary and secondary shelter sites.

Primary Sites. Primary sites meet most of the criteria identified earlier in this section. They can handle larger numbers of shelter residents and are accessible for persons with disabilities (e.g., a person using a wheelchair can enter the facility and access all service areas -- eating, sleeping, bathrooms and showers). Obviously, primary sites receive priority status when there is a need to open disaster shelters, so the larger the pool of primary sites the better.

Secondary Sites. Conversely, secondary sites do not meet all criteria, yet they may be advantageous for neighborhood-based sheltering and with some modifications can fully accommodate persons with disabilities. See Appendix F - Tips to Maximize Shelter Accessibility, for more information on ADA requirements and accommodations.

Shelter Agreements

Although schools are required by law to serve as shelters in a declared emergency, it is still helpful to have statements of understanding with both school districts and other private facilities. The American Red Cross has a Statement of Understanding that can be used for this purpose. It establishes understanding on the following points of operation.

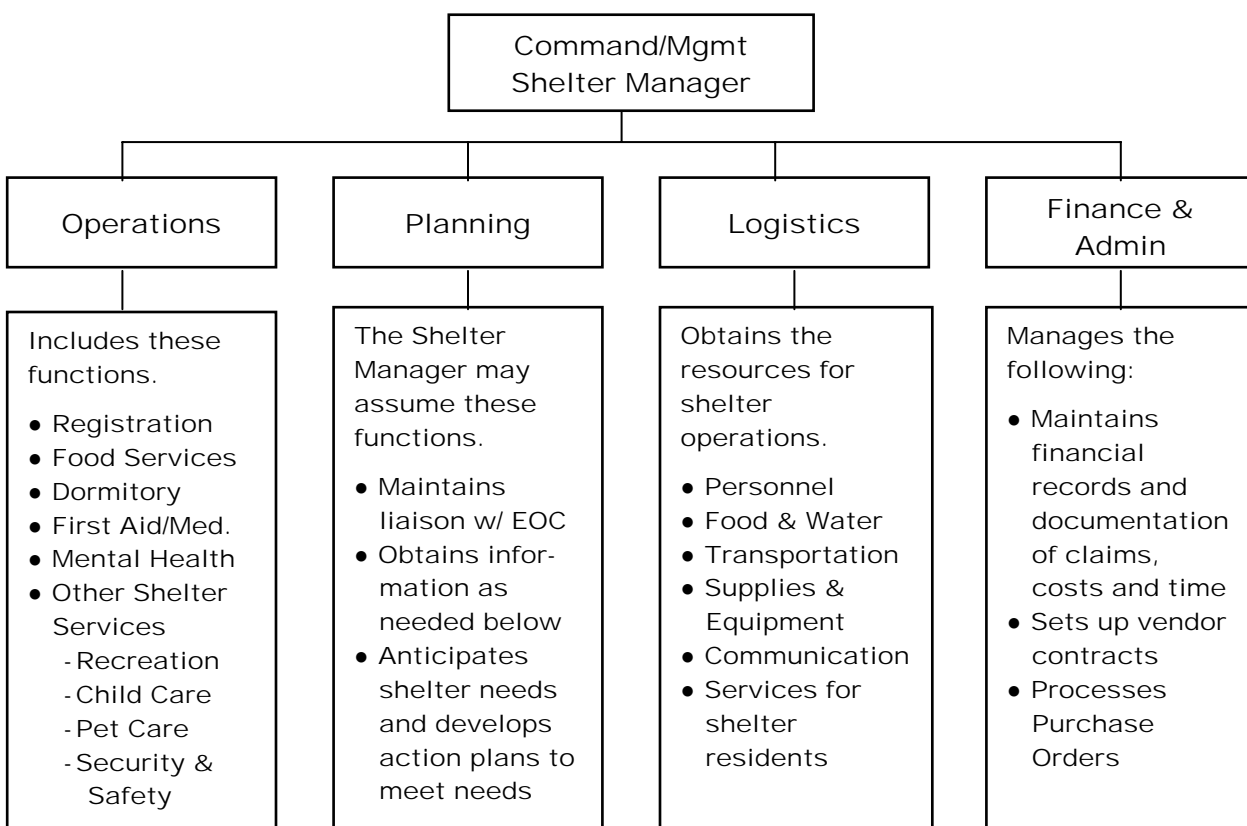
1. Authorization for use of the facility and procedures for notification.
2. Describes terms of use for equipment at the facility -- radios, fax machines, televisions, computers, etc. Also, describes any reimbursement or arrangements for use of utilities (gas, water, electricity and telephones).
3. Discusses the length of use (use for as short a period as possible; continued use of the facility will be based on the mutual decision of both parties).
4. Emphasizes return of the facility to its original condition, including the replacement or reimbursement for any damage or materials/supplies consumed during the sheltering operation.
5. Defends, holds harmless, and indemnifies the facility against any legal liability for actions that occur during the sheltering operation.

Organizing A Shelter Operations Team

Aside from the actual facility, the next most critical component to operating a disaster shelter is the shelter management team. This section will discuss the formation, training and job duties of a shelter operations team.

SEMS Profile of a Shelter Management Team

The most important part of the team is the shelter manager. In opening a disaster shelter, the shelter manager's first responsibility is to assign available staff to fill the following functions.



Planning Notes:

- A. See Appendix J - Shelter Management Team Job Duties for a more detailed checklist of job responsibilities.

- B. Consider designating an Assistant Shelter Manager, in addition to the Shelter Manager, especially for large shelter operations.
- C. The Red Cross recommends a minimum of 6 staff per 100 shelter residents. Depending on the size of the disaster and the number of staff available, some positions may do double-duty, or shelter residents and community volunteers can fill selected roles.
- D. By law, all government workers serve as disaster workers in a declared emergency.

Formation of the Shelter Management Team

The following summarizes the tasks involved with forming the shelter management team. Presumably, the city's care and shelter coordinator will perform these planning tasks.

1. Identify a Corps of Shelter Managers

- ☐ Given that good shelter management is a key to successful shelter operations, begin by selecting (or designating) a corps of city shelter managers and assistant shelter managers.

Consider the following criteria in selecting shelter managers.

- If possible, choose persons who, in a disaster, will be managing the same facility (or facility of a similar type) that they normally manage during non-disaster times. For local jurisdictions, shelter managers will presumably come from Parks and Recreation or Community Services staff.
- Choose persons with good supervisory or management skills who can handle stressful conditions. They also must be persons who can deal sensitively with a diverse shelter population given the demographics of our urban communities.

- ☐ Include shelter managers in training below.

2. Identify Additional Shelter Operations Staff for Training

- ☐ If Parks and Recreation (or similar entity) is the city department tasked with care and shelter response, recruit staff from that department to receive Red Cross Shelter Training.
- ☐ Otherwise, the care and shelter coordinator will want to work with the city's emergency service coordinator to determine which city personnel to recruit for shelter training. If there are city employees who do not already have clearly defined response roles in a disaster, consider training them to serve as city disaster shelter workers.
- ☐ Identify and train city employees with more specialized skills needed to support shelter operations (bilingual employees, employees with First Aid, mental health training, etc.).
- ☐ Involve school district personnel in shelter training. In cases where schools become disaster shelters, school personnel may assist as shelter workers.
- ☐ Invite key CBOs, or local congregations that may operate shelters, to participate in shelter training. Considering inviting community/city volunteers for training as care and shelter workers in a disaster

3. Setup a Shelter Training Class Conducted by the Red Cross

- ☐ Contact the American Red Cross Chapter in Oakland, 510-595-4400, to arrange a shelter training class.
- ☐ The Red Cross Shelter Training and Simulation Class is 3-hours in length and provides information on how to run a successful shelter operation, along with a tabletop exercise to practice operations. Objectives of the training are to enable city employees to:
 - Demonstrate how to open and operate a shelter
 - Identify a variety of resources available to shelter workers
 - Work as a team to provide quality shelter services to shelter residents
 - Effectively address common shelter problems
- ☐ Participants at the training will receive the Red Cross Shelter Operations Participant's Workbook. This workbook provides the tools to open and operate a shelter in times of an emergency when an experienced shelter manager is not available.

4. Maintain an Active Roster of Shelter Workers

- ☐ Once employees complete training as shelter workers, add them to the list of active shelter workers. Keep this list up-to-date.
- ☐ Consider some type of annual disaster training for shelter workers.

Note: See Section 8: Protocols for Opening the Shelter for more information on the deployment procedures of shelter staff in an emergency.

Personal Preparedness

Each person needs to be responsible for his or her own personal disaster preparedness. As disaster service workers, city employees must have a self and family preparedness plan in place. Without being prepared at home, you cannot serve effectively in city shelter operations.

At a minimum, individual preparedness requires the following.

- An Evacuation Plan
- An Out-of-Area Contact Person
- Enough emergency supplies to last 3-days at home and work

Refer to the following Red Cross documents for further information:

- Family Disaster Planning
<http://www.redcross.org/services/disaster/beprepared/familyplan.html>
- Disaster Supplies Kit
<http://www.redcross.org/services/disaster/beprepared/supplies.html>
- Food Supplies in Case of Disaster
<http://www.redcross.org/services/disaster/beprepared/food.html>

- Your Evacuation Plan
<http://www.redcross.org/services/disaster/beprepared/evacuation.html>
- Food and Water in an Emergency
<http://www.redcross.org/services/disaster/beprepared/foodwtr.html>
- Personal Workplace Disaster Supplies Kit
<http://www.redcross.org/services/disaster/beprepared/workkit.html>
- Emergency Preparedness Checklist
<http://www.redcross.org/services/disaster/foreignmat/epceng.pdf>

Planning to Meet Disaster Shelter Needs

This section provides an overview of the services, functions and some of the resources necessary to support people in disaster shelters. While public shelters, at a minimum, must provide occupants with a safe place to sleep along with some provisions for food, large urban disaster shelters have the challenge of also trying to meet a diversity of human needs. Care and shelter personnel are encouraged to use this section as they plan to meet disaster shelter needs.

1. Registration

Care and shelter personnel must plan for a method of registering each person housed in the shelter, including both their dates of arrival and departure. This information is the only documentation for the jurisdiction of who is in the shelter. It also helps the jurisdiction to locate missing family members.

Planning Considerations:

- ☐ Document All Occupants -- Ensure the registration of all shelter occupants upon their arrival to the shelter. Assign volunteers or someone on site to perform this task.
- ☐ Registration Data -- Keep a simple record on plain 3 x 5 inch cards of every person who is housed in the shelter (see Appendix A for a copy of the Red Cross Shelter Registration Form 5972). The following registration information is needed:
 1. Family last name (at the top of the card)
 2. First, and middle names for husband and wife (include wife's maiden name)
 3. Names and ages of all other family members
 4. Pre-disaster address
 5. Note any health concerns or special needs
 6. Date arrived in the shelter; date departed shelter
 7. Post-disaster address
- ☐ Special Needs -- Use registration as an opportunity for people to self-identify any medical, dietary, medication, or accommodation needs (i.e., needs for special assistance).
- ☐ Sign-in/Sign-out Policy -- Establish a sign-in/sign-out policy when shelter residents leave for any period. This helps to keep an accurate shelter population head count.
- ☐ RIMS Reporting Needs -- Shelter personnel will provide the following registration information to the EOC, as per the Regional Information Management System (RIMS).

- Number of shelters open
- Number of persons displaced
- Number of persons in shelters
- Number of persons not sheltered

2. Food Services

Care and shelter personnel must ensure that a food provision and ordering system is in place to feed shelter residents. This will require a close working relationship with the Logistics Section of the EOC to implement any of the following planning strategies.

Planning Considerations:

- A. Option One - Catered or Fast Food. The simplest strategy for feeding the shelter population is to have food catered or brought in from the outside.
 - ☐ Fast Food Outlets -- Given the confusion immediately following the disaster (or until mass feeding operations can be organized), it may be easiest to initially use 24-hour restaurants or fast food outlets in obtaining meals for shelter residents. Later it will become easier to prepare hot meals.
 - ☐ Restaurant Caterers -- Identify local commercial suppliers – restaurants, catering firms, hotels, etc. – and make pre-planned arrangements for suppliers to provide meals to persons in shelters.
 - ☐ Institutional Suppliers -- SYSCO, 1-800-877-7012, <http://www.sysco.com>, is one of the larger suppliers of fully prepared, packaged meals for institutions and in an emergency, SYSCO could be used to supply disaster shelters.
- B. Option Two -- Designate a Central Kitchen. An alternative strategy is to designate one large, central institutional kitchen within the local jurisdiction as the site to prepare and provide meals for each shelter operating within the jurisdiction.
 - ☐ Bulk Food Donations -- Utilize the Logistics Section of the EOC to obtain large bulk food items from local sources and then direct supplies to the central kitchen.
 - ☐ Shelter Delivered Meals -- Once meals are prepared, they can be delivered to local shelters (similar to a meals on wheels operation).
- C. Option Three -- On Site Meal Preparation. A third strategy, assuming the shelter site contains kitchen or cafeteria facilities, is to prepare meals on site.
 - ☐ Cafeteria Staff -- If a school is used for the shelter facility, care and shelter personnel may have the use of food services staff who normally operate the cafeteria.
 - ☐ Food Preparation and Cleanup Volunteers -- Shelter residents can also assist as part of food preparation and cleanup crews.
 - ☐ Basic Menu Planning Tips -- Plan menus in terms of foods available. Use perishable foods first. Prepare sufficient food to provide second servings, if possible.

- D. Meeting Special Diet Needs -- Consider special dietary needs, including ethnic, vegetarian and infant considerations. Strive to meet as many special diet requests as possible, although resources to do so may be limited immediately following a disaster.
 - ☐ Low Salt/Sugar -- If meals are prepared through an on-site or central kitchen, use low salt and low sugar guidelines in consideration of persons with restrictions.
 - ☐ Infant Nutrition -- Determine the need for infant formulas or baby foods.
 - ☐ Hospital Dietary Departments -- For other persons on special diets (such as a person with diabetes, heart, or kidney disease), care and shelter personnel may need to consult with medical staff or have meals catered from local hospitals.
- E. RIMS Reporting Needs -- Care and shelter personnel are responsible for a daily count of people fed within each shelter and must report the following data to the EOC.
 - Number of fixed feeding sites
 - Number of mobile feeding sites
 - Number of persons fed in past 24 hours
 - Number of persons projected to be fed in next 24 hours

3. Health Care Services

Given that health care issues will arise, shelter facilities must provide access to adequate health care services. A well-run shelter must protect the health of residents, prevent disease, and provide first aid as needed.

Planning Considerations:

- A. First Aid -- Shelter personnel must plan to have basic first aid assistance available at the shelter. People will come to the shelter with minor injuries.
 - ☐ Identify Staff with First Aid Training -- Inventory city employees as to disaster skills and have employees with first aid skills assigned to shelter teams.
 - ☐ Use Trained Shelter Residents -- Residents within the shelter may include persons with first aid, nursing, or medical backgrounds.
 - ☐ Medical Emergencies -- Call upon local paramedics or coordinate with the Medical Unit in the Operations Section of the EOC for medical emergencies. Transfer anyone with serious injuries, or anyone who is very sick, to the care of a local hospital.
- B. Role of the County Public Health Department -- Care and shelter personnel should plan to call upon County Public Health when needed to perform the following.
 - ☐ Health & Sanitation Inspections -- To provide periodic health inspections of the shelter, including a sanitary inspection.
 - ☐ Public Health Nurses -- To provide public health nursing services to shelter residents.

- ☐ Prevent Communicable Disease -- To monitor/evaluate the health status of the shelter population and prevent the spread of communicable disease.

Note: In a large disaster, the available pool of Public Health nurses and medical personnel will be extremely limited. Moreover, additional nursing staff may be necessary if there is a significant amount of illness in the shelter population.

- ☐ Other Resources -- Local community clinics and Nursing Homes are also a health care or medical resource for jurisdictions.
- ☐ Contract for Medical Personnel -- Local jurisdictions may need to plan to hire, or contract for additional medical personnel from private sources.

C. Contagious Disease Concerns & Medically Fragile Persons

- ☐ Separation to Reduce Spreading -- Plan to provide for the separation of persons with suspected communicable diseases that can range from common colds to more severe influenza and intestinal infections.

Note: Given the close confines of shelter conditions, illness (especially respiratory infections) spread easily among the shelter population without intervention actions.

- ☐ Temporary Infirmary -- If necessary, set aside a part of the shelter as a section for the privacy and isolation of ill persons. In addition, use this area to provide a higher level of care for persons who are more medically fragile.
- ☐ Alternative Facilities -- Setup an alternate shelter facility and coordinate support through the Op Area given the following. If a large number of persons have a communicable disease in the shelter, or if a large population needs ongoing medical assistance (such as an evacuation of residents from a medical care facility). See Section 5: Assisting Persons with Special Needs in Disasters, for more detail.

D. Prescription Drug Management -- Some persons within the shelter will have very individualized medication regimes that cannot be interrupted without consequences.

- ☐ Storage of Medication -- Plan for the storage of medications; refrigeration is required for some medications (e.g., insulin and some HIV antibiotics).
- ☐ Prescription Refills -- Plan to refill prescriptions; establish vendor agreements with local pharmacies and clarify how to obtain medications post-disaster (e.g., with a current prescription, with a prescription phoned in by a licensed physician, with a prescription validated by another pharmacy, or with a prescription bottle).

E. Other

- ☐ Identifying Concerns -- Plan to use the registration process as an opportunity for shelter residents to identify any medical problems or medication needs.
- ☐ Documentation -- Maintain records on all health incidents and related actions taken.

4. Mental Health Services

The mental health impact of disasters ranges from emotional stress and anger to severe trauma and depression. The potential for drug and alcohol abuse increases. Mental health support for shelter residents is very important in helping people to deal with their losses and begin the recovery process. It will also help people to manage feelings of post-traumatic stress.

Planning Considerations:

- A. Enlist Mental Health Counselors -- Plan to work with the Logistics Section of the EOC to obtain as many qualified personnel as possible to provide counseling and support disaster victims with their emotional needs.

☐ Community Counseling Resources -- In addition to County Mental Health (see below), develop a resource list of community mental health providers or services to call upon if needed. These resources include:

- CBOs that provide crisis counseling
- Ecumenical or Pastoral Counseling Services (congregations and faith-based organizations often provide counseling services)
- Volunteers from the community who are trained as licensed therapists

Note: In a large disaster, the available pool of County Mental Health counselors may be extremely limited (similar to the situation with Public Health Nurses).

- B. Role of County Mental Health Services

- ☐ Assess Mental Health Needs -- To assess and activate responses to mental health issues resulting from the disaster.
- ☐ Provide Crisis Support -- To provide crisis support services for shelter and community residents traumatized by the disaster.

- C. Organizing Additional Support

- ☐ Debriefing Sessions -- Without trained counselors, shelter personnel can organize community group debriefing sessions as an opportunity for shelter residents to share their feelings and to realize that their particular reactions are not abnormal.
- ☐ Children -- Consider activities to help children express their feelings about the disaster.

5. Transportation

During the period in which the shelter is in operation, some persons will require transportation to the shelter, as well as door-to-door transportation from the shelter to medical and other appointments. In addition, people with mobility disabilities will need paratransit assistance.

Planning Considerations:

- A. Coordination with Logistics -- Shelter personnel must plan to work closely with the Logistics Section of the EOC to provide transportation resources for shelter residents.

- ☐ Transportation Resources -- Aside from local government and county resources (e.g., AC Transit), other transportation resources for moving people may include school buses and commercial shuttle vans.
- ☐ Paratransit Resources -- Identify local paratransit resources for the transport of persons using wheelchairs. In addition, identify local taxi service to support the transportation needs of frail elderly persons.
- B. Transportation in an Evacuation -- Consider plans for moving large numbers of people if there is a need for a mass evacuation of community residents to disaster shelters
- C. Transporting Supplies & Resources -- The movement of shelter supplies and resources will also require transportation resources.

6. Information Services

Shelter personnel must plan for the collection, communication and distribution of care and shelter information. This includes information about the disaster, about relief services available to shelter residents, as well as information to help reunite separated family members.

Planning Considerations:

- A. Public Shelter Messages -- As the jurisdiction puts out public messages about shelter locations, stress that residents going to disaster shelters bring a go-kit with blanket or sleeping bag, change of clothes, personal hygiene items and prescription medications.
- B. Bulletin Boards -- Set-up bulletin boards near the shelter registration area as a means for disseminating information to the shelter population.
 - ☐ News Postings -- Post daily updated news on the response to the disaster, along with news and information about shelter activities for the day.
 - ☐ Recovery Services -- Provide information on recovery services available through disaster relief organizations such as the American Red Cross, Salvation Army, and FEMA, along with other government disaster assistance programs.
 - ☐ CBO Relief Assistance -- In addition, include information on any active community-based or faith-based relief and assistance programs.
 - ☐ Special Needs Communications -- Consider the information needs of persons who are deaf, or blind, or non-English speaking [see Section 5: Assisting Persons with Special Needs in Disasters for further information].
- C. Shelter Meetings -- Hold daily shelter meetings as another way to share information and dispel false rumors that may be circulating within the shelter population.
- D. Disaster Welfare Inquiries -- Respond to disaster welfare inquiries (seeking to located persons who are presently unaccounted) by referring to shelter registrations.
 - ☐ Central Shelter Registration Log -- Consider implementing a central shelter registration log to combine registrations from all shelter locations.

- ☐ Coordination with Red Cross -- Coordinate family reunification support with the American Red Cross, which operates a regional Disaster Welfare Inquiry system.
- E. EOC Communication -- Telephones are the primary communication link between shelter facilities and the EOC. If telephones are not functional, use amateur radio operators for ham radio communications. As a last resort, use runners to relay messages.
- F. Additional Telephone Resources -- Plan for additional telephones to facilitate communication between shelter residents and family members outside the area. The telephone company can bring in a phone trailer to supplement shelter telephone capacity.

7. Social and Personal Needs

Given a significant disaster event, residents will begin to work toward recovery while in the shelter. Shelter personnel should plan to coordinate with external agencies and services (via the Logistics Section of the EOC) to help meet the personal recovery needs of shelter residents.

Planning Considerations:

- A. Child Care -- If a shelter remains open for more than a day or two, plan to provide child care services to support parents with child supervision and care needs.
 - ☐ Staff Support -- Arrange for staffing support from qualified city childcare workers, or from community volunteers with child care skills.
- B. Clothing -- Emergency clothing becomes a need when possessions are lost in a disaster.
 - ☐ Community Donations -- Local businesses may provide bulk clothing donations.
 - ☐ Red Cross Clothing Vouchers -- Traditionally, the Red Cross makes vouchers available to disaster victims for the purchase of new clothes at local retail stores.
- C. Comfort Kits -- Shelter residents will need basic hygienic items such as soap, a washcloth, toothbrush, toothpaste, a razor, and a comb.
 - ☐ Local Suppliers -- Plan to obtain these items either through commercial vendors, or through donations from local businesses.
- D. Long Term Housing Assistance
 - ☐ Housing Resource List -- Identify resources (e.g., hotels, motels, apartment complexes, local congregations, trailer parks, etc.) with the potential to provide post disaster temporary housing for shelter residents.
 - ☐ Transitional Support Needs -- Collaborate with family services providers and county social workers to support shelter residents in their transition from the shelter into temporary or longer-term housing.

- E. Language Translation -- Consider the following options for bilingual support.
- ☐ Bilingual Shelter Residents -- Ask bilingual shelter occupants to volunteer and assist non-English speaking shelter occupants.
 - ☐ Bilingual Volunteers -- Seek out city disaster volunteers with bilingual skills.
 - ☐ CBOs with Ethnic Specific Services -- Coordinate with CBOs that specialize in serving specific ethnic communities and have bilingual staff.
- F. Recovery Services -- Shelter residents will need assistance in identifying where to go for services to meet their specific disaster recovery needs. Disaster relief organizations such as the American Red Cross, Salvation Army, and FEMA, along with other government, faith and community-based relief programs, may all initiate recovery services for disaster victims.
- ☐ Distribute Resource Lists -- Develop resource lists with contact information and a description of available relief and recovery services for disaster victims.
 - ☐ Information and Referral Services -- Care and shelter personnel can work in coordination with community-based Information and Referral service programs that are in turn linked with hundreds of human service providers.
- Note: The following are two primary I&R resources for Alameda County.
1. Eden Information and Referral Services, Telephone # 510-537-2710, or <http://www.alamedaco.org>
 2. Alameda County Senior Information and Referral Program, Telephone # 510-567-804, located within the Area Agency on Aging.
- * Local Libraries are an additional Information and Referral resource
- ☐ CBO Collaboration – In general, care and shelter personnel will operate to identify the needs of those in shelters and then coordinate, via the Logistics Sections of the EOC, with support agencies and relevant CBOs to arrange assistance.
- G. Replacement Equipment -- Elderly persons and people with disabilities will need help to replace personal supplies and equipment, if lost or damaged in the disaster (e.g., items like orthopedic braces, wheelchairs, or hearing aids).
- ☐ Local Vendors -- Work through local vendors (e.g., Longs Drugs, Walgreens, Rite Aid Pharmacies, etc.) to replace items.
- H. Recreation -- If large numbers of persons are housed in the shelter, and if the shelter operation is prolonged, provide recreation opportunities for shelter residents.
- ☐ City Recreation Dept. -- Arrange support through the city recreation department.
 - ☐ Recreational Supplies -- Recreational supplies include videos, newspapers, books, games, and TV sets.

8. Animal Services

Care and shelter personnel must have plans in place to shelter pets. Unless given prior notification, pet owners who evacuate to disaster shelters will likely arrive at the shelter with their pet. Other than service animals, which legally must remain with their owner at all times, shelter personnel are advised not to allow animals inside due to health and safety concerns for other shelter occupants.

Planning Considerations:

- A. Option One – Offsite Care -- Work with the local animal shelter, SPCA, local kennels or the humane society to plan for the care of pets during the sheltering operation. Ensure that a shelter facility for animals is identified in the plan and that provisions are made for the temporary care of pets.
 - ☐ Communicate the Pet Policy -- Clearly and publicly state the policy regarding pets to avoid misunderstanding when people arrive at public disaster shelters.
 - ☐ Reassurance -- Pet owners need to be fully reassured that their pet will be safely cared for -- issues are sure to arise of pet owners refusing to evacuate or go to a shelter if it means separating from their animal.
 - ☐ Pet ID Tags -- Plan to identify the pet with an ID tag, to make for easy reunification with its owner later.
- B. Option Two – Onsite Holding Area -- Create a makeshift pet holding area outside the shelter facility. This requires the provision of food, water, and exercise for pets, and if necessary, supplies from Logistics to create a pet holding area (e.g., cages or fencing).

9. Volunteers

Care and shelter personnel must plan for the involvement of volunteers in all aspects of delivering care and shelter services. Volunteers (either from the community, or from the shelter population) may help to staff shelter functions.

Planning Considerations:

- A. Sources for Volunteer Recruitment
 - ☐ Shelter Residents -- Use volunteers from within the shelter population.
 - ☐ Community Residents -- Use volunteers from the community, either through referrals from the city's personnel office, the Red Cross or local Volunteer Center.
 - ☐ Voluntary Organizations -- CBOs, faith-based organizations and local congregations are another source for voluntary support.
 - ☐ Maintain a Volunteer List -- The jurisdiction may want to train a cadre of local volunteers, in advance of a disaster, to provide support at disaster shelters.

B. Areas for Volunteer Involvement. The following are some of the roles for volunteers within the shelter.

- Reception -- Meet and greet arriving shelter residents and provide comfort.
- Registration -- Help newly arrived shelter residents to fill out registration forms.
- Runners -- Help in obtaining goods and services or acting as “runners”.
- Amateur Radio -- Recruit ham radio operators from local amateur radio clubs such as RACES (Radio Amateur Civil Emergency Service), or ARES (Amateur Radio Emergency Services).
- General Operations -- Support with shelter operations such as shelter set up, food services, shelter maintenance, etc.
- Health and Human Services -- Support with more specialized services such as first aid, mental health, child care, recreation and personal assistance services from support to seniors and people with disabilities, to help with language translation.

10. Safety and Security

Care and shelter personnel must plan to operate shelter facilities in a manner that promotes the safety and security of each resident within the shelter. This includes establishing and posting clearly understood rules so all shelter occupants understand what is expected of them.

Planning Considerations:

A. Shelter Rules

- ☐ Provide Rules at Registration -- Shelter residents must understand the rules upon registration. Plan to have rules prominently posted (or passed out as an information sheet) and then reinforced at shelter orientation sessions. See Appendix B -- Shelter Rules and Regulations.
- ☐ Translation of Rules -- For non-English speaking persons have shelter rules and regulations translated into other languages (e.g., Spanish and Chinese).
- ☐ Enforcement of Rules -- Use rules as a cause for dismissal if broken. Depending on the circumstances, employ a shelter committee to oversee disputes and call on local law enforcement to assist with serious disputes or rules violations.

B. Policing Functions

- ☐ Security/Safety Inspections -- Plan to regularly inspect the facility (and the surrounding grounds) to ensure compliance with shelter rules, fire regulations and to spot any potential problems. Coordinate with local Law Enforcement and Fire Services for assistance when needed.
- ☐ Private Security -- Given a large shelter population, plan to contract with a private security company to handle policing functions.

- ☐ Monitoring Occupant Flow -- Establish one entrance and exit to the shelter and secure all other entrances and exits. This is to prevent theft from people outside the facility and to facilitate sign-in/sign-out procedures.

11. Shelter Maintenance and Equipment

Operating a shelter for a sustained period requires plans for the daily upkeep of the facility and for the ongoing acquisition of equipment and supplies. Since it is their “temporary home,” ask shelter residents to assist with housekeeping and cleaning activities. Staff normally responsible for the facility (e.g., school janitorial services) may be available to support operations. County Health Services can address food, water safety and sanitation issues in shelters.

Planning Considerations:

- A. Shelter Supplies -- Work with the Logistics Section of the EOC to obtain additional supplies and equipment such as cots, blankets, first aid supplies, cleaning equipment, and tools. See Appendix C -- Shelter Supplies and Equipment for more information.
 - ☐ Initial Inventory -- Conduct a pre-occupancy inventory of potential shelter sites to determine what operational supplies may already be in place.
 - ☐ On-Site Cache of Supplies -- Consider pre-positioning critical shelter supplies (e.g., water, nonperishable food, cots, blankets, first aid kits, tools and other supplies) in trailers or shipping containers on the grounds of, or near, potential shelter sites.
 - ☐ Vendor Agreements -- Form as many agreements or vendor relationships as necessary with local businesses now, to supply goods later during shelter operations.
 - ☐ Donated Goods/Services -- During operations, work with Logistics to obtain donated goods and services to support shelter operations.
- B. Waste Management – Plan to arrange for daily garbage/waste removal. A major earthquake disaster will most likely disrupt regular service.
- C. Portable Toilets -- As necessary, arrange for the installation of additional toilets and possibly shower facilities. See Appendix C -- Shelter Supplies and Equipment for more information.

Shelter Population Demographics

Studies in Florida estimate that 1 in 4 persons seek public shelter during hurricane emergencies. Following a major earthquake disaster in the Bay Area, we can probably assume a similar response. We can estimate that a large percentage of those displaced persons will seek alternative arrangements to public disaster shelters. This may include lodging with friends or relatives, staying in hotels, camping in their backyard, or even sleeping in the family car. However, while many persons will sleep elsewhere, they may still use local shelter services for meals and for obtaining information. So what about the remaining percentage of the population (possibly as low as 25%) that will show up at public disaster shelters?

Variables or Predictors of the Shelter Population

The Association of Bay Area Governments (ABAG) produced a report, *Shaken Awake*, in April 1996, that estimates the impact of various earthquake scenarios on housing stock and numbers of persons seeking shelter. According to ABAG, two factors strongly influence the likelihood of persons seeking public shelter in a disaster.

1. Income -- Lower income persons are much more likely to seek shelter following a disaster. Past disasters have shown that low-income families are nearly *ten times* more likely to seek public shelter in a disaster if their homes are red-tagged or yellow-tagged, versus more moderate to upper income families.
2. Household Type -- Residents from multifamily homes are more likely to seek shelter. Because of the construction (with part of the ground floor used for parking), many older multifamily homes are "soft story buildings" and are more vulnerable to collapse. Moreover, people with limited resources (persons such as the very poor, the very old and the very young), occupy many of these multifamily units.

Peak Shelter Population

Based on data collected after the Loma Prieta and Northridge earthquakes, the shelter population was at its largest 3 to 7 days after the earthquake. The two reasons for this development are as follows.

1. After shocks, which occur in the days following the initial event, induce additional residents to leave damaged structures
2. Days into the event, the inspection and tagging of structures (particularly multi-family buildings) will displace additional numbers of persons.

After 7 days, or after the shelter population peaks, the issue then becomes one of long-term housing for those remaining shelter residents. Shelter residents who can afford other housing, or have family or friends with whom they can stay, will quickly leave the shelter. Those remaining citizens are frequently persons with scant resources. They may be largely unemployed, they may be elderly persons living on social security, or they may be persons in single parent households.

Demographic Implications for Care and Shelter Planners *

* The following implications are based on a major earthquake disaster.

Past on past experience, persons seeking public shelter have fewer options or alternatives (i.e., lack financial resources and a social network). Within the shelter population there will be a disproportionately large number of low-income persons and persons who are elderly, disabled and pre-disaster homeless.

- ☐ Estimate Demand. The shelter population (i.e., care and shelter demand) can be estimated based on the ABAG data (See Appendix D -- Peak Shelter Population Table). Use these figures to help with logistical planning for care and shelter operations (i.e., to determine the required number of shelter facilities and the amount of supplies).
- ☐ 2000 Census. Look at the recent 2000 Census (See Appendix E -- Elderly Population and Ethnic Demographics). If there is a large percentage of residents who speak a language other than English, then plan to have materials (or forms) and shelter staff fluent in that language.
- ☐ Housing Stock. An awareness of the jurisdiction's housing stock and its related vulnerability will indicate those areas in the community with potential for the greatest damage. For example, the ABAG study pointed out that older wood-frame apartment buildings (particularly soft story units), along with mobile homes and pre-1940's housing, will form the largest percentage of red and yellow-tagged housing units.
- ☐ Commuters and Tourists. Another factor that may contribute to an increase in the shelter population are non-resident populations (commuters and tourists).
- ☐ Long Term Needs. By the seventh day into the disaster, the shelter population will have peaked. Thereafter, what remains of the shelter population are generally persons with fewer resources and more long-term housing and social services needs.

Moreover, a major earthquake disaster will significantly reduce the supply of available housing, especially for persons in multifamily units. Shelters may need to maintain operations for a longer period of time (that is, more than 3 weeks) until long-term sheltering or adequate replacement housing is found for those remaining occupants.

This underscores the need for local government to work in close partnership with CBOs, County Social Services and Red Cross to meet the long-term personal needs of shelter residents.

- ☐ Public Education and Collaboration. Public education -- the distribution of instructional materials and education on personal preparedness -- can reduce the demand for shelter in a disaster. Instruct local residents on the need to collect necessary camping supplies in the event they need to establish shelter on their property. Moreover, as shelter residents are most likely to come from multifamily housing units and have lower incomes, preparedness programs must also target the agencies that provide services to these populations (i.e., seniors, low-income persons and people with disabilities).

Assisting Persons with Special Needs in Disasters

Who are the populations at greatest risk and what are their needs in disasters? For care and shelter personnel to meet special needs requires an identification and understanding of those needs, along with the planning strategies to meet them. This section will guide that planning.

1. Seniors and People with Disabilities

When disasters occur, older and disabled persons are the most likely to suffer its direct impact. Physical or mental disabilities may limit their capacity to respond, or to seek help. Many older and disabled persons require community support services (see below) to live independently. Any emergency that disrupts these lifelines leaves them very vulnerable. Some of the more critical services for seniors and people with disabilities include the following.

Meals on Wheels -- A major disaster may have multiple effects on home delivered meal providers -- (1) inability to receive food supplies from vendors, (2) disaster damage rendering kitchens inoperable, or (3) road obstructions preventing meals from reaching elderly recipients. If a homebound person does not get his or her meal, it is first a physical issue, but quickly becomes an emotional concern by creating isolation and then panic.

Home Care Support -- Many older and disabled persons rely on caregivers or attendants to accomplish activities of daily living (bathing, dressing, feeding, etc.). If this support system is disrupted for a significant period in the immediate aftermath of a major disaster, the health and safety risks for many of these persons can become severe.

Senior Centers -- Neighborhood senior centers will act as a focal point of assistance, information, reassurance and support for many older and disabled persons.

Care and Shelter Planning Tips for Seniors and People with Disabilities:

- ❑ Maintain Critical Services -- Support the continuity of critical community services to the populations identified in this section. For seniors and people with disabilities, critical services are those services that enable them to remain safe and independent at home.
 - Use the Logistics Section of the EOC to help local service providers obtain the resources necessary to maintain their post-disaster operations.
 - See Appendix G -- Identifying CBOs and Community Resources to find the CBOs that provide services to support the populations identified in this section.

- ❑ Cooperative Outreach -- Door-to-door outreach in areas more heavily impacted by the disaster may be necessary to check on older and disabled persons to ensure that they are okay and have adequate food, water and medications on hand. Work with CBOs, neighborhood emergency teams, faith-based organizations, and community volunteers, in coordinating neighborhood outreach to seniors and people with disabilities.

Place special emphasis in outreach to:

- Trailer or Mobile Home Parks
 - Single Room Occupancy Hotels
 - Lower income parts of town (neighborhoods where people have fewer resources)
 - Areas of town where housing stock is older (assumes a greater concentration of elderly homeowners)
 - Senior housing facilities
 - Meals on Wheels recipients and In-Home Care recipients (persons more likely to be isolated and needing assistance to live independently)
- ❑ Place Services at CBOs & Senior Centers -- Where possible, place disaster relief services at the agencies that serve seniors and people with disabilities on an on-going basis (especially senior centers). Older persons, including people with disabilities, may be reluctant to ask for disaster assistance and may have difficulty accessing, or understanding, those available services. They will need assistance dealing with the "disaster-relief system" and CBOs can provide this help.
- ❑ Evacuation & Accessible Transportation -- In mass evacuation scenarios, local jurisdictions must plan for the evacuation of persons using wheelchairs. Even in voluntary evacuations, some persons with mobility impairments may have no means of transport to shelters or Help Centers and will require accessible transportation. Work with Logistics to identify local paratransit resources (including local taxi service).
- ❑ Identify Special Needs at Registration -- Use shelter registration to identify needs that older or disabled persons may have for special assistance. For example:
 - Prescription Medications -- People may arrive at shelters without their medications; identify if there is a need for emergency medication replacement.
 - Personal Care Attendants -- If disabled shelter occupants require personal care assistance, contact Alameda County's In-Home Supportive Services Emergency Registry for Care Attendants, telephone [510-567-8274](tel:510-567-8274).
 - Dietary Needs -- Many older adults with hypertension or diabetes have important dietary restrictions and this can be noted during the registration process.
- ❑ One-to-One Assistance -- Community volunteers, or other shelter residents, may provide one-to-one assistance to older or disabled persons in disaster shelters.
 - People with Visual Disabilities -- Volunteers can help as sighted guides or readers.
 - People with Mobility Disabilities -- Volunteers can help with some support services such as transferring the person from their chair to a cot. Ask the person with a disability for advice on safe methods before lifting or moving them.

- People with Developmental or Cognitive Disabilities -- Establish a buddy system with volunteers providing reassurance, calm explanation and attention to the needs of persons with developmental or cognitive disabilities.
- People Who Are Deaf or Hearing Impaired -- Volunteers can help with basic communication needs – writing or slowly repeating instructions.
- Shelter Orientation -- Volunteers can lead shelter orientations (see below).
- Individualized Shelter Orientations -- Shelter orientations serve to help persons with visual or cognitive disabilities (or older persons who are very disoriented from the disaster) with their adjustment to the shelter environment.
 - Provide a walk-through of areas within the shelter (i.e., bathrooms, sleeping and eating areas) to help with shelter familiarization; explain shelter schedule and rules; introduce to shelter staff.
 - Provide a verbal mapping of the shelter facility and a walk through the facility for people with visual disabilities; verbally explain any signage or written rules.
- Shelter Accessibility -- Pre-identify shelters that meet the following standards for accessibility (see below) and work to direct local residents to proper shelters. Buildings with these basic points of accessibility will enable persons who use wheelchairs or other mobility aids to function with greater independence.
 - Parking that is close to the building entrance with appropriate curb cuts
 - An accessible entrance to the shelter (i.e., has a ramp if there are steps at the front, and has doors that are easy to open, or are automatic)
 - Access to all shelter service areas (eating, sleeping and bathrooms)
 - Restrooms that allow for free access to toilet and washing facilities
 - Navigable aisles -- Once the shelter is in operation, arrange furniture and equipment as needed to keep access aisles clear of obstructions and to ensure the space is navigable for someone with a visual or mobility disability.
- * For further discussion and for tips on serving persons with specific disabilities (e.g., visual, hearing, mobility, cognitive and psychiatric) go to [Appendix F -- Tips to Maximize Shelter Accessibility](#).
- Basic Communication – Ensure that persons who are deaf or hearing impaired or who seem disoriented receive/understand all shelter announcements. Have note pads, pens and pencils available at the shelter for staff or volunteers to use in communicating with deaf or hearing-impaired persons. Keep language simple and draw pictures if necessary.
- Medications, Supplies and Equipment -- Physically disabled persons may have less opportunity to access their personal items and emergency medical supplies before evacuating their home to disaster shelters.
 - Request certain disability specific supplies from Logistics, ranging from colostomy bags, to air mattresses and hearing aides.
 - Where cots and blankets are limited, give first priority to seniors and people with disabilities.

- Establish vendor agreements with local pharmacies to expedite purchase for medication or personal equipment needs. Care and shelter personnel must also work with their local EOC Medical Unit to create a system for medication assessment and disbursement at shelters.
- ❑ Privacy Area -- Create a section of the shelter that is separate from the other shelter residents for use as a “privacy room”. Some persons with disabilities must change catheter bags and attend to other personal hygiene needs. In addition, some elderly persons, persons with psychiatric disabilities, and even parents with very young children may benefit from a quieter space.
- ❑ Alternate Shelter Sites -- In cases where entire group homes or care facilities evacuate to public shelters, consider making smaller, alternative facilities available for their shelter (e.g., such as local congregations). Care facility staff can then evacuate to the alternate facility and continue to maintain care of their residents outside of the mass care environment. Care facilities include homes for:
 - Elderly persons
 - People with Developmental or Cognitive Disabilities
 - People with Psychiatric Disabilities
 - People Who Are Medically Fragile

2. People who are Medically Fragile or Dependent

Includes people who live at home with the help of life support systems such as dialysis or respirators, as well as persons who are severely ill and require home health care. Many persons in this situation cannot be self-sufficient for 3 to 5 days following a major disaster. In extreme cases, if electrical power is out for an extended period, or if care providers are unavailable, medically fragile persons may need to evacuate from their home to an environment with backup, electric power or supervised personal or medical care.

Care and Shelter Planning Tips for Medically Dependent/Fragile People:

- ❑ Caregivers and Equipment -- Persons dependent on life-support equipment or home health care, will need to bring the equipment, and/or the personal support they receive at home, with them to the shelter. If necessary, an area of the shelter may be sectioned-off to provide for more privacy.
- ❑ Backup Generators -- Pre-identify shelter sites with backup generators (persons using life support systems will require electric power).
- ❑ Shelter Isolation Area -- Designate a separate room or space within the facility for people who have asthma, multiple chemical sensitivities or allergies. People with seriously weakened immune systems (e.g., some persons with AIDS or diabetes) who are very susceptible to germs in the environment may also require isolation within shelters.
- ❑ Transportation -- Coordinate with the Logistics Section (Transportation Unit) if there are requests for specialized transport.

Note: People with a medical condition may need ongoing skilled nursing care and personal attention during the length of the shelter operation (see options that follow).

Options for Medical Support:

- ☐ Local EOC Support -- Coordinate with the Operations Section (Medical Unit) for local nursing and medical personnel.
- ☐ Qualified Shelter Residents -- Doctors or nurses within the shelter population can provide interim support if a need for supervised or skilled nursing care is necessary.
- ☐ Op Area Support -- Care and shelter personnel may also request Op Area support from County Public Health (i.e., public health nurses) through their local EOC.
- ☐ Private Nursing Care -- Contract with private, nursing care providers to support medically fragile shelter residents in cases where local and county government resources are at full capacity.
- ☐ Alternate Facilities -- In cases where there are persons with contagious health conditions or medical needs that cannot be handled by shelter staff, transfer to an alternate facility that is more fully equipped and properly staffed. This may include a hospital, nursing home, special needs shelter, or alternate care home. The jurisdiction may also set aside or reserve at least one shelter site for people who need a higher level of medical care, or more controlled care environment.

* Many other medically fragile persons reside in licensed care facilities (such as Skilled Nursing Facilities or Residential Care Facilities for the Elderly). See the sub-section on Licensed Care Residential Facilities at the end of this section.

3. Persons Who are Non-English Speaking

Disaster services need to be responsive to language and cultural differences, otherwise persons who are non-English speaking may not be able to convey needs or obtain services. The five most commonly spoken languages in Alameda County (other than English) are Chinese (Cantonese), Spanish, Farsi, Vietnamese, and Cambodian. Other spoken languages include Russian, Arabic, Bosnian, Lao and Mien.

Care and Shelter Planning Tips for Persons who are Non-English Speaking:

- A. Outreach -- The following are tips for reaching non-English speaking communities.
 - ☐ Work with the Media -- Identify non-English language media (radio, TV and newspapers).
 - ☐ Work with CBOs and Faith-Based Organizations -- Identify CBOs and faith-based organizations, which serve specific ethnic communities, and enlist their help to reach diverse non-English speaking populations with specific disaster information. See Appendix G -- Identifying CBO's and Community Resources.
- B. Bilingual Assistance – Local jurisdictions should identify and prearrange for bilingual assistance or translation services to assist with care and shelter operations. The following are tips for getting bilingual workers/volunteers to help at disaster shelters.

- ☐ Shelter Residents -- Ask bilingual shelter residents to volunteer and assist persons who are non-English speaking.
 - ☐ City Employees -- Recruit and train bilingual city employees to serve as shelter workers, or develop a volunteer skills bank of city employees for disaster work and identify specific language skills.
 - ☐ Contracts with CBOs -- Prearrange contracts or agreements with CBOs with bilingual staff that specialize in serving specific ethnic communities.
 - ☐ Community Resources -- Other sources for locating persons with bilingual skills include universities, the court system, the school district, congregations, or the local volunteer center.
 - ☐ Private Translation Services -- Pre-arrange agreements with private translation services to assist with care and shelter bilingual needs.
 - ☐ Op Area Support -- Request Op Area support from County Social Services through the local EOC.
- C. Signs and Forms -- Shelter staff must determine the need for providing signage and shelter instructions in other non-English languages as appropriate for shelter occupants.
- ☐ Internet Translation Services -- Get shelter forms translated into other languages; <http://www.freetranslation.com> is a free Internet site that translates English text into other languages.

4. Children

The concern is with unaccompanied or unsupervised children as single-parent and two-working parent households may have children left unsupervised at the time of the disaster. All facilities that have some *temporary* responsibility for children -- day care centers, schools and after school programs -- are accountable for the child's safety and welfare following a disaster, until released to a parent or guardian.

Care and Shelter Planning Tips for Unaccompanied / Unsupervised Children:

- A. Reunification of Children with Parents -- Plan to help with the reunification of families who are separated during the disaster (i.e., reconnect children with their parents or an authorized guardian). The following are tips for helping unaccompanied or unsupervised children.
 - ☐ Central Database -- Establish a central collection point for tracking information on missing persons.
 - ☐ Shelter Registration -- Use the registration lists from community shelters as one means for locating displaced family members.
 - ☐ Unaccompanied Children -- If a child arrives at the shelter without a parent, get the parent's name and try to locate the parent. Plan for a qualified staff person to supervise the child, until such a time as a parent or authorized guardian of the child arrives.

- ☐ Children's Protective Services (CPS) – If necessary, children not picked up within 72 hours may be placed in the custody of the County Children's Protective Services. Contact CPS through the County Social Services Agency via the Op Area.
 - ☐ Mental Health Issues --- Consider the recovery needs of children for mental health support post-disaster.
- B. Schools as Shelters -- A disaster during the school day can cause a school to become a de facto shelter for its staff and students. If the public converges on a school, then the school may also become a public disaster shelter for neighborhood residents.
- ☐ Students should be sheltered separately from the general populace in the event that a school is sheltering both students and the public simultaneously. This will result in two shelter operations under the same roof.
 - ☐ The school and its staff maintain responsibility for the care and shelter of students; local government has responsibility for the care and shelter of the public.

5. Pre-Disaster Homeless Persons

A large-scale disaster may disrupt the usual sources of food and shelter for persons who already were homeless before the disaster. Pre-disaster homeless persons will have to be integrated at disaster shelters with people made temporarily homeless by the disaster. Persons who are chronically homeless often are dealing with pre-existing medical, mental health and substance abuse issues. A challenge for local jurisdictions is maintaining the continuity of pre-disaster shelter programs so that they can continue to serve the existing pre-disaster homeless population. Pre-disaster homeless persons make up a significant proportion of the shelter population requiring long-term care assistance.

Care and Shelter Planning Tips for Pre-Disaster Homeless Persons:

- A. Cooperation with Service Providers – Care and shelter personnel will need to work closely with local homeless service providers and social service representatives to accomplish the following:
- ☐ Keep Pre-Disaster Shelters Operational -- Maintain the continued operation of pre-disaster shelter programs to lessen the relocation of pre-disaster homeless persons to public disaster shelters. Check with pre-disaster community shelter programs to see what resources they need to continue services to the persons they serve.
 - ☐ Make Referrals to Pre-Disaster Shelters -- Homeless shelters generally run at full capacity, but will accept more persons after a disaster. Keep a referral list of pre-disaster shelter programs and encourage the transition of pre-disaster homeless persons out of temporary disaster shelters. See Appendix G -- Identifying CBOs and Community Resources.
 - ☐ Support Services -- When pre-disaster homeless persons comprise part of the shelter population, there may be a need for more specific support services. This includes services for substance abuse addiction, mental health services, in addition to

a need for transitional housing assistance. Request Op Area support from County Social Services or County Public Health through the local EOC.

- B. Enforce Shelter Regulations -- Post shelter rules, such as regulations regarding substance abuse, hygiene and other inappropriate behavior. If these issues become problematic within the shelter environment (for any shelter resident, regardless of status), dismissal may be necessary.

6. People in Poverty and People Who Are Isolated

The considerations here are twofold. First, is the challenge of reaching persons (with services or information) who are more difficult to reach because they are socially or geographically isolated from the larger community. This includes persons living in remote areas of the jurisdiction, persons who are very low income, or persons who are undocumented. Second, is the challenge of supporting persons who, because of cultural background or religious beliefs, may respond to the disaster in a manner that is different from the larger community, or may require services delivered in alternative ways. Finally, low-income persons with homes that are no longer habitable are at great risk, as they do not have the economic resources to find alternative housing, nor may they have the social network to provide support.

Care and Shelter Planning Tips for Persons who are Poor or Isolated:

- A. Access to Social Services -- Low income or marginalized populations living on the edge before disaster may go into homelessness and poverty because of the disaster. Their recovery will require the long-term support from community social service organizations. Help persons impacted by the disaster with information and access to social services.
 - ☐ Referral Lists -- Maintain a list of available services for persons that request referrals to meet social, economic, housing, medical and mental health needs related to the disaster. Use Appendix G -- Identifying CBOs and Community Resources to get a list of programs that can support persons with long-term recovery needs.
- B. Alternate Service Methods -- Based on the jurisdiction's demographic and geographic diversity, care and shelter personnel need to examine additional methods for delivering disaster human services (through cooperative work with CBOs above).
 - ☐ CBOs and FBOs -- Work in partnership with specific community or faith-based organizations that have a more direct access to specific communities or populations.
 - ☐ Organize Outreach Teams -- Working with the CBOs above, form outreach teams to serve communities that are more isolated. Examples of isolated communities' range from an ethnic enclave like a "Chinatown", to a mobile home trailer park. Moreover, many low-income persons are more isolated in our ability to reach them with information on services. Consider outreach to Residential or Single Room Occupancy (SRO) Hotels.
 - ☐ Undocumented Persons -- Persons without legal immigration status do not qualify for federal public benefits. Often CBO's and faith-based organizations are the best resource for reaching undocumented persons, as many persons will not avail themselves of government or even Red Cross services given disclosure concerns.

- C. Long Term Housing -- Poor people and low-income families will need the assistance of caseworkers to find temporary housing in order to make the transition out of disaster shelters.
- D. New Immigrants -- Persons from less developed countries may respond to earthquake disasters by refusing to be inside. The tendency will be to camp outside during periods of aftershock. Persons who are unlikely to use indoor shelter space for sleeping, may still utilize the shelter for meals and information.
- E. SRO Residents -- Single Room Occupancy Hotels (SRO's) are older, low-rent hotels, renting rooms on a daily basis without kitchens. Even if these units are undamaged, infrastructure damage (power and water) may incline SRO residents to seek out food and social services available at disaster shelters.

Licensed Care Residential Facilities

Care and shelter personnel must also recognize the many thousands of persons in Alameda County who are residents in various licensed care facilities. The following facilities are under licensing by the California Department of Social Services, Community Care Licensing Division (Telephone 510-286-4201 or 4355).

☐ Facilities for Children include:

- Foster Family Homes (for children that need alternative family placement)
- Group Homes (often for children referred by Probation or CPS)
- Small Family Homes (for children with physical or mental disabilities)

☐ Facilities for Adults with Disabilities include:

- Adult Residential Facilities (mainly serve adults with developmental disabilities; Alameda County has 204 ARF facilities serving more than 1,600 residents)
- Social Rehabilitation Facilities (includes support for mental health needs)
- Residential Care Facilities for the Chronically Ill (adults with AIDS)

☐ Facilities for the Elderly include:

- Residential Care Facilities for the Elderly (Alameda County has 245 RCFE facilities serving more than 6,200 elderly residents)
- Continuing Care Retirement Communities

In addition, the Licensing and Certification Division of the Sate Department of Health Services (Alameda County District Office, Telephone 510-883-6881) oversees the licensing of medical and health facilities that include the following:

- ☐ Nursing, personal and rehabilitative care facilities for the elderly.
 - This includes both Intermediate Care Facilities and Skilled Nursing Facilities

Licensing Emergency Plan Requirements

Both licensing agencies -- California Department of Social Services and State Department of Health, require the various care facilities they license to have a facility emergency plan.

Key components of the emergency plan requirement include the following.

- ☐ Evacuation MOUs with Like Facilities -- Each facility must provide for the evacuation and relocation of that facility's population to a comparable or like facility in an emergency (when an evacuation is required).
- ☐ Evacuation Supplies -- Requires that licensed care facilities bring the following with each patient in an evacuation (to accommodate a 72 hour period).
 - Medical equipment such as oxygen, insulin or infusion pumps
 - Individual records, medical charts and identification for each resident
 - Special supplies such as adult diapers, egg crate mattresses or dietary items
 - Required prescription medication for residents
 - Extra clothing
- ☐ Ongoing Client Care -- The evacuated institution is legally responsible and accountable for the continuous care of its residents and for ensuring that their special needs are met during the course of shelter operations, in whatever facility is utilized.

Care and Shelter Planning Tips Re: Licensed Care Facilities

In a major disaster, it may not be possible for some facilities to reach their pre-designated relocation site. They may lack the transportation or personnel assets to get clients there. Hence, local care and shelter personnel should expect to support the shelter needs of some care facilities within their jurisdiction. The following are some planning tips for local jurisdictions.

- ☐ Distribute Preparedness Materials -- Provide disaster planning information to licensed care homes to support their disaster planning efforts during the preparedness phase. Educate facilities about their need to develop agreements with like facilities to provide care and shelter if an evacuation of their clients is necessary.
- ☐ Set Aside Space within the Shelter -- A portion or area within the general, public disaster shelter can be set aside and designated for the care facility and its clientele. The evacuated institution will continue to care for its residents within this designated space.
- ☐ Use Alternative Shelter Sites -- Designate a system of smaller, neighborhood-based shelters for persons from residential facilities, who will require a higher level of care than what is offered in public disaster shelters. In this case, staff from the evacuating licensed care facility would be expected to continue to fulfill their legal responsibility to provide care for their residents at the alternative shelter. Local congregations can form the basis of alternative shelter facilities.
- ☐ Refer Persons to County Operated Regional Facilities -- County Public Health Services is in the process of developing regional disaster shelter facilities with the capacity of sheltering medically fragile persons on a temporary basis.

Building Relationships with CBOs to Strengthen Care and Shelter Operations

Care and shelter personnel will work through the Logistics Section of their EOC and through other government departments to come up with the services and resources that are necessary to meet the needs of disaster victims. Yet, just working with the resources of government will not be enough to meet the needs of all disaster victims. The human service demands created by the disaster (as identified in previous sections) will necessitate that personnel find additional support within their community to meet needs.

How CBOs May Support Care and Shelter Operations

1. Maintaining Services to Vulnerable Populations

CBOs will continue important services to vulnerable populations post disaster -- meals, home care, transportation, residential care, health and mental health services, etc. More significantly, some CBOs may expand these services. If the CBO community is well-prepared and active post-disaster in supporting the disaster needs of vulnerable populations, it reduces demand on the overall care and shelter system.

2. Extending Government Resources

CBOs can augment or supplement the care and shelter support government provides. Consider CBOs as partners in supporting government with the following care and shelter functions.

- Communicating disaster information in a variety of languages
- Providing alternative shelter for displaced persons/families
- Delivering emergency food, water, health care and counseling
- Doing a status check on elderly and disabled persons living alone who may be at risk
- Ensuring that vulnerable persons have services for an effective recovery
- Addressing the community's long-term recovery issues

3. Community-Based Sheltering

CBOs that serve vulnerable populations may provide shelter to people they serve following a disaster. Clients that CBOs serve may not be able to go home; CBOs may have to shelter their clients in place.

4. Long Term Recovery

CBOs will continue to support impacted neighborhoods and individuals long after the care and shelter function is demobilized.

Finding Relevant CBOs

Aside from the CBOs already linked to local government through service contracts, care and shelter personnel can find CBOs through the following sources.

1. CARD of Alameda County

As identified in Section 1, CARD (Collaborating Agencies Responding to Disaster) helps CBOs to plan for disasters with a special emphasis on the role that CBOs play in meeting the disaster needs of vulnerable populations. Therefore, CARD is a resource to help local jurisdictions to prepare and organize CBOs for disaster work and to ensure a coordinated response to vulnerable populations. ***Note: CARD was decommissioned in 2016***

2. Eden I&R -- <http://211alamedacounty.org>

An excellent online resource maintained by Eden Information and Referral Services is <http://www.alamedaco.info>. This database is ideal for identifying local community services. For further information, see Appendix G - Resources to Support Care and Shelter Operations.

3. VOAD (Volunteer Organizations Active in Disasters)

In addition to CARD and local CBOs, there are established disaster relief organizations, which for the most part are faith-based and national in scope, but play a major role in disaster recovery at the local level. Most of these organizations are part of a national network called VOAD. For more information go to <http://www.nvoad.org>, or <http://www.disastercenter.com/agency.htm>.

Examples of some of these organizations are as follows:

- Adventist Community Services -- Distributes clothing, bedding and food following a major disaster; also provides counseling.
- Mennonite Disaster Services -- Provides home repair and rebuilding services.
- Nazarene Disaster Response & United Methodist Committee on Relief -- Clean-up and rebuilding assistance, especially to older and disabled persons.
- Church World Services -- Establishes and coordinates interfaith organizations.
- Church of the Brethren – Provides child care services

A Checklist for Working with CBOs

For an effective response, it is very helpful to have a working relationship and some link to the CBOs within the local community before a disaster. As step one, local government must first establish a working relationship with the American Red Cross (as discussed in Section 1). As step two, local government can look to establish working relationships with local CBOs to help supplement their care and shelter operations.

Suggested areas for involvement and cooperative planning with local CBOs

- ☐ Begin by identifying and building relationships with the CBOs already linked to local government through service contracts.
- ☐ From these contacts, have a meeting or workshop to discuss potential areas for CBO involvement in care and shelter operations, or any area of post-disaster assistance.
- ☐ Given the resources that CBOs have (food, sheltering, transportation, health/mental health services etc.) find out how you might work cooperatively to ensure that care and shelter services meet the needs of more vulnerable residents within the local community.
- ☐ Find out how you can be supportive of CBO efforts to keep services going to the populations they serve following a disaster.
- ☐ Focus future meetings around specific planning issues (coordinated assistance to vulnerable people, volunteer management, commodities distribution, etc.).
- ☐ Get CBOs involved in disaster planning, training and exercises sponsored by local government. If you have a CERT program encourage CBOs to go through CERT training.
- ☐ Local government may also support CBOs by:
 1. Giving priority status to CBO requests for supplies or resources
 2. Having a CBO representative in the EOC
 3. Forming a memorandum of understanding with selected CBOs

Memorandums of Understanding

If local government is dependent upon a CBO to deliver a specific service as part of the jurisdiction's Emergency Operations Plan, the relationship between government and the CBO should be documented in a memorandum or statement of understanding. It is very important for the CBO to have some up-front authorizing agreement with government for the provision of a specific disaster service, in order to facilitate reimbursement later (for expenses beyond normal operating costs). CBO's can only be assured of reimbursement when government sponsors their involvement. Documentation of this sponsorship protects the CBO and delineates the responsibilities and expectations of both partners.

If in the response or recovery phase, local government spontaneously requests CBO involvement to augment care and shelter operations, local government still needs to document this request. The documentation may simply consist of a few sentences stating the nature of the request and terms of CBO support.

Examples of Memorandum of Understanding are included in the appendices.

1. Appendix H -- Memorandum of Understanding between Salud Para La Gente and The City of Watsonville
2. Appendix I -- Volunteer Center of Sonoma County Emergency Response Plan with the County of Sonoma

Setting-up Disaster Service Centers to Meet Other Care and Shelter Needs

How do you care for populations that don't show up at public disaster shelters, yet still need help to meet basic survival needs? This section will outline some planning steps for local jurisdictions to take to meet needs that exist beyond disaster shelters.

Support for People who Shelter-in-Place

One assumption about human behavior post-disaster is that people will be very reluctant to leave their property, even if they have sustained damage to their home, or are without electricity or gas. If possible, most people will want to remain with their possessions, versus evacuate to a public shelter facility. In many cases, residents may simply end up camping on their property. The following identifies some of the support services that community residents will need to effectively shelter-in-place (either within the confines of their home, or on their property).

Support services for people who shelter-in-place:

1. Distribution of Basic Survival Supplies -- Food and water, blankets, warm clothing and possibly tents.
2. Portable Toilets -- Locating portable or chemical toilets in certain neighborhoods, assuming damage to the water infrastructure.
3. Sanitation Services -- Specifically waste removal, assuming a disruption to regular, trash pickup service.
4. Outreach and Assessment -- An aggressive outreach program to assess neighborhood needs and survey the public health impact of the disaster on local communities.

Support for People who Shelter in Public Parks

In addition to people sheltering-in-place, a second planning scenario assumes that some persons will converge on public parks or open spaces as an alternative to using indoor mass care shelters. Since these “open shelter areas” will generally emerge spontaneously, local government should consider whether to take a role in managing the sites from the start. After the Northridge Earthquake in LA for example, these sites emerged and without local government involvement, they became very difficult to manage and to later shut down. If jurisdictions choose to allow public parks as a sheltering option, they must proactively create a support infrastructure.

Support services for people who shelter in public parks:

1. Food and Water -- An established means for providing food and water on a daily basis.
2. Sleeping and Clothing Supplies -- Blankets, warm clothing, sleeping bags and tents.
3. Health and Sanitation Services -- Portable toilets must be put in place immediately; waste must be removed daily.
4. Disease Abatement Control -- In a damp outdoor environment, disease spreads more easily. The area will require close monitoring for any potential public health problems.
5. Generators -- The installation of generators if electricity is needed for lighting, cooking, heating, etc.
6. Safety and Security -- Ensuring security for the area and establishing rules and order. Also, the provision of other emergency human services to meet the needs of occupants (e.g., health, mental health, housing relocation aid, etc.).

Disaster Service Centers

There are considerable benefits to establishing some type of disaster service center immediately following a disaster, particularly if there has been widespread destruction within the community.

- Coordination -- Disaster Service Centers provide local jurisdictions with a central point from which to coordinate care and shelter services or distribute relief supplies. Centers can operate jointly with other local community organizations that provide social services.
- Location -- Disaster Service Centers provide residents with a central location where they can go to get recovery information and receive assistance with their needs. Centers may be located at a local community or recreation center, library, congregation, or school. The center may also share the same site as a primary shelter facility.

Disaster Service Centers function as a clearinghouse to provide, or refer people to, the following emergency human services:

1. Food and Water

Following the disaster, it may be necessary to setup feeding and water distribution sites. Disaster Service Centers can act as mass feeding or water supply centers. They can also provide information on where other similar food and water sites are operational.

Planning Considerations:

- ☐ Mass Feeding Facilities -- Typically, schools, congregations, or community centers are the best facilities for preparing meals.
- ☐ Mobile Feeding Units -- Once resources are available, the American Red Cross and Salvation Army, along with other disaster relief agencies, may deploy self-contained mobile feeding units to supplement fixed feeding facilities.

Food and Water (continued)

- ☐ Neighborhood Resources -- Determine if neighborhood restaurants can pool resources and are willing/able to provide emergency meals to neighborhood residents.
- ☐ Local Food Banks -- USDA food commodities are available via local food banks for use in preparing meals or for distribution to disaster victims.
- ☐ Water Distribution Programs -- Damage to the public water infrastructure will require local jurisdictions to initiate a water distribution program. One option is to set-up potable water trucks so local residents can come to sites to fill large containers. Seniors and persons with disabilities will need assistance to transport containers.
- ☐ CBO Meal Programs -- CBO kitchens, meal programs and food pantries may support mass feeding and food distribution efforts in a disaster. CBOs may also assist with the distribution of food/water to homebound and at-risk populations (e.g., frail elderly persons and people with disabilities).

2. Health Services

The Disaster Service Center can supplement the jurisdiction's emergency medical response to a disaster. First, it can serve as a primary first aid or mass health care station. Second, it can act as a clearinghouse for public information on available disaster health care services. To keep up-to-date on the community health status and health information, care and shelter personnel must maintain close coordination with the agencies below.

Planning Considerations:

- ☐ Local Fire Department -- Reports on local disaster health issues in addition to responding to community health emergencies and medical response needs.
- ☐ County Health Care Services -- Coordinates the countywide provision of emergency health services given the program areas below.
 - Public Health Services -- Organizes a health care response to the disaster including the implementation of any critical public health programs (such as appropriate vaccination programs if necessary).
 - Environmental Health Services -- Manages public health issues related to ensuring safe water, food and sanitation conditions, and will assist in dealing with hazardous materials release.
 - Emergency Medical Services -- County Public Health's EMS Division will provide oversight and coordination for all aspects of emergency medical services, including the evacuation of casualties and emergency ambulance services.
- ☐ Community-Based Resources -- Community-based health clinics and other health care providers will also respond to disaster medical needs. They can supplement the response of local government by also serving as first aid stations or by distributing health care information in the communities that they serve. See Appendix G -- Identifying CBOs and Community Resources for a list of these resources.

3. Mental Health Services

Local jurisdictions must consider the community mental health needs arising from the emergency. Post disaster stress can last from six months to a year or more. Disaster Service Centers can help by providing referrals to mental health services for persons needing emotional support.

Planning Considerations:

- ☐ County Mental Health -- County Mental Health Services will assess mental health issues and provide mental health services to support the recovery needs of disaster victims.
- ☐ Community-Based Resources -- CBO crisis hotlines and grief counseling services are an important part of the network for providing emotional support to disaster victims. So are pastoral care and faith-based counseling services. See Appendix G -- Identifying CBOs and Community Resources for a list of these resources.

4. Public Information

Local jurisdictions must provide the community with information on sheltering options along with basic health and safety information. The Disaster Service Center can serve as a central clearinghouse for the distribution of timely and accurate information on all aspects of care and shelter support and information on local relief and recovery services.

Planning Considerations:

- ☐ Role of the PIO -- Care and shelter personnel will work with the EOC's Public Information Officer (PIO) to coordinate public information services.
- ☐ Public Announcements on Sheltering -- In any disaster where sheltering is required, jurisdictions will want to provide information on sheltering options.

Suggestions to alleviate the strain on resources and overcrowding in disaster shelters:

- ☐ Encourage displaced residents stay with family or friends if possible.
- ☐ Stress that residents shelter-in-place, if possible, assuming they have the resources and facilities to do so.
- ☐ Stress that persons going to shelters bring a go-kit with blanket or sleeping bag, change of clothes, personal hygiene items and prescription medications.
- ☐ Communication in Other Languages -- Information must get to people in their own language. See Section 5: Assisting Persons with Special Needs in Disasters, for details on reaching non-English speaking persons and persons who are blind or deaf.
- ☐ Local Information and Referral Providers -- Local jurisdictions will want to work cooperatively with Information and Referral providers, to help connect local residents who need help with available community services and resources (see Appendix G).
- ☐ Use CBOs as Information Conduits -- Maintain ongoing communication with neighborhood CBOs to keep apprised of local needs and relief efforts. CBOs can also relay important information from government to the populations that CBOs serve.

5. Disaster Welfare Inquiry

Local jurisdictions will receive calls from persons outside the disaster area inquiring about relatives and friends. The Red Cross will establish an 800 toll free number for persons to call, but in the interim, Disaster Service Centers can serve as the focal point (and call center) for tracking and updating information on missing persons.

Planning Considerations:

- ☐ Family Separation -- A sudden impact disaster will cause the separation of thousands of family members, such as children in school and parents at work.
- ☐ Implementing a DWI System -- A Disaster Welfare Inquiry system uses information from shelter lists, casualty lists, hospitals and other community sources to aid in family reunification and respond to inquiries concerning missing family members.
- ☐ Red Cross DWI Regional Database -- Local jurisdictions will need to work in cooperation with the Red Cross to provide reunification services. The Red Cross will operate a regional Disaster Welfare Inquiry database to reunite lost family members.

6. Transportation Services

Local jurisdictions need transportation services for the movement of people, food and other resources necessary to carry out care and shelter operations. This includes the transport of persons who otherwise have no means for getting to disaster shelters or service centers (e.g., frail elderly persons and persons with disabilities). The Disaster Service Center may serve as a central clearing-house for receiving requests on transportation needs and then providing or coordinating transportation resources.

Planning Considerations:

- ☐ Transportation Resources -- The following are some of the transportation resources available to the jurisdiction
 - The local jurisdiction will have a Transportation Unit within the Logistics Section of the EOC to handle emergency transportation requests.
 - AC Transit is the primary public resource for moving people.
 - Additional transportation resources include school buses or commercial services such as shuttle vans and even limousine services.
- ☐ Transportation in a Mass Evacuation -- Consider the transportation resources necessary to transport evacuees in a mass evacuation.
 - Along with contingency plans for moving people if a mass evacuation is required, ensure the safe evacuation of persons using wheelchairs. This may require alternative arrangements with paratransit service providers.

7. Volunteer Management Services

Local jurisdictions will need a system to connect the many volunteers who emerge to help following the disaster with recovery needs in the community. The Disaster Service Center provides a primary location and means for the staging, mobilization and deployment of these emergent volunteers.

Planning Considerations:

- ☐ Volunteer Center Support -- Work closely with the local Volunteer Center of Alameda County, 510-419-3970, to obtain volunteer registration forms and operating procedures that can be used to stage a volunteer mobilization center.
- ☐ Areas for Involvement -- Opportunities for involving volunteers in disaster recovery include food services, shelter services, health care, translation, clean up, supporting special populations, animal care, distributing fliers, walking door-to-door to assess needs, etc.
- ☐ CERT Coordination -- Coordinate any disaster volunteer initiatives with local neighborhood emergency response team programs.

8. Animal Services

Some pets become separated from their owners in a disaster. Conversely, many citizens will not go to public shelters if it means separation from their pet. As stated earlier, given health concerns, disaster shelters cannot allow pets (except service animals).

Planning Considerations:

- ☐ Work cooperatively with local animal shelters, animal care, or the SPCA on planning for the following scenarios.
 - Tracking Lost Pets -- Search and rescue for animals lost in the disaster
 - Quarantine of Animals -- Quarantine of animals given a chemical or biological incident.
 - Pet Disaster Shelters -- The shelter and separate containment of pets from their owners if owners must evacuate to public disaster shelters.

Transition to A Long Term Recovery Support Center

Following the initial response to the disaster, the Disaster Service Center may transition to more of a full-service recovery center. The local jurisdiction may assemble representatives from appropriate agencies to come to the center and provide recovery information and assistance to residents affected by the emergency. This would include representatives from organizations such as The American Red Cross, The Salvation Army, FEMA, along with other government, disaster assistance programs. Additional representation would come from community-based or faith-based relief and assistance programs. For the convenience of disaster victims, it is easiest to have all these representatives at one location. In short, the Disaster Service Center becomes a one-stop shop to get all the information available about recovery services and disaster assistance.

Protocols for Opening the Shelter and Laying Out the Physical Space

The following section will make care and shelter personnel aware of the protocols and operating procedures for opening disaster shelters.

Care and Shelter Protocols for Local Jurisdictions

- ☐ Local jurisdiction (i.e., field operations -- generally fire or law enforcement) identifies the need for care and shelter operations. A large disaster event will require activation of the Emergency Operations Center (EOC).
- ☐ Local jurisdiction identifies the extent of shelter needed (i.e., number of persons to be sheltered and any special needs involved, such as large numbers of elderly persons, or persons who may need medical supervision/care).
 - Local jurisdiction then selects appropriate shelter facility(ies) based on the need.
 - In a major earthquake, damage assessment field units must inspect each shelter site both before occupancy and after each significant aftershock.
- ☐ Local jurisdiction makes telephone contact via 9-1-1 dispatcher or their local EOC with the appropriate contact person for the shelter facility (as identified in the Shelter Agreement) to ensure facility access.
 - A list of "On Call" staff personnel from the school district will be provided to the dispatch center by the school district office and will be kept current.
 - A list of "On Call" staff personnel from private schools and other identified shelter providers will be provided to the dispatch center by the local jurisdiction and will be updated as necessary.
 - When accessing individual school sites, please be sure to coordinate such shelter openings with that school district's main offices whenever possible.
- ☐ Local jurisdiction notifies the American Red Cross via (800) 660-4272 *
 - * This (800) number is to be used exclusively by local jurisdictions as a 24-hour "On Call" number for emergency Red Cross response. Do not publish this number for general use.

If the Red Cross is Available to Open the Shelter:

- ☐ Local jurisdiction will provide a city staff person assigned the care and shelter responsibility to work in cooperation with the American Red Cross and the shelter facility liaison.
 - Care and shelter is a local responsibility and cannot be delegated.
 - Schools are required by law to make their facilities available to the local jurisdiction for use as shelter sites during a declared disaster.
 - The American Red Cross and other sheltering agencies will assist the local jurisdiction with care and shelter operations.
 - The local jurisdiction will assist the Red Cross as needed to ensure that adequate food supplies, equipment, staff and services are available to launch and sustain shelter operations. Coordinate needs/requests with the EOC's Logistics Section.
 - The American Red Cross will pay costs that the Red Cross incurs.
- ☐ Representatives of the local jurisdiction, the selected shelter site and the American Red Cross will respond to the shelter site to begin care and shelter operations.

If the Red Cross is NOT Available to Open the Shelter:

- ☐ Local jurisdiction deploys the shelter manager and support personnel, along with startup supplies, to open and run the shelter.
 - The shelter manager is responsible for the overall operation of the shelter facility.
 - The local jurisdiction should have a current roster of shelter managers who are qualified to open and run the shelter. In addition, identify backup personnel who can assist the shelter manager with shelter operations.
 - Secure additional shelter staff from the EOC's Logistics Section (Personnel Unit).
- ☐ Shelter Manager and staff arrive at site and begin the process of opening the shelter.
 1. Performs a facility walk-through to survey the condition of the shelter before occupancy (along with shelter owner or other representative if available).
 2. Arranges the building for shelter operation and occupancy (see next page).
 3. Checks availability of existing supplies at facility.
 4. Establishes communications with the EOC; works with the Logistics Section for additional resources (see Appendix C -- Shelter Supplies & Equipment).
 5. Arranges for the care of pets, as needed.
 6. Organizes available human resources as a shelter operations team (see Appendix K -- Shelter Roles and Responsibilities). Involves shelter residents to help in running the shelter.

Note: If shelterees are already outside, set aside an area within the shelter for people to wait comfortably.

- ❑ Once shelters are confirmed, the Public Information Officer (PIO) can inform the public of the shelter location(s) and status.
 - Public information messages should clearly identify the location of shelters and encourage persons to bring a "Go Kit" with them to include their own blankets, a change of clothes and basic toiletries including any prescription medications.
 - The shelter will need a high visibility sign to identify its location.
- ❑ Shelter Manager begins relief operations at shelters by:
 1. Registering shelter residents
 2. Providing emergency first aid as needed
 3. Offering beverages and snacks as soon as people register
 4. Beginning regular meal service soon thereafter
 5. Arranging for individual and family support services (see Section 4: Planning to Meet Disaster Shelter Needs for more information on the planning for services).

Note:

 - The sooner that "routines" are established within the shelter, the better for the adjustment of shelter residents.
 - Shelter personnel will need to ration limited resources initially. Resources will trickle in faster and faster as mutual aid and outside assistance becomes available.
 - For questions concerning care for older or disabled adults (or other persons with special needs) see Section 5: Assisting Persons with Special Needs in Disasters.
- ❑ If multiple shelters are operating, activate a central database of shelter registrations and a welfare inquiry system to coordinate information on missing/displaced persons.
- ❑ Document the names and number of persons sheltered; keep records on all activities and expenses incurred by shelter operations.
- ❑ Maintain ongoing contact with the local EOC to report on (1) the number of people being sheltered and number of meals served, (2) the status of supplies and (3) any problem areas.
- ❑ In closing down shelter operations:
 - Coordinate the transition of shelter operations to the American Red Cross (if the Red Cross will assume control after the initial startup).
 - Return the facility to its original condition upon closing. Document any damages.

Red Cross Shelter Layout Recommendations

In allocating space, give consideration to the following needs:

- | | |
|------------------------------|---------------------------------|
| ▪ Reception and Registration | ▪ Emergency Medical Care |
| ▪ Sleeping | ▪ Counseling/Interviewing Space |
| ▪ Feeding | ▪ Manager's Office |

- Storage for Food and Supplies
- Storage for Personal Belongings
- Recreation
- Child Care
- Rest Room for Staff (in larger shelters)

Additional Shelter Layout Tips (from the American Red Cross):

- ☐ Shelterees should first proceed to the registration desk before going to their lodging area.
- ☐ Set-up a bulletin board near the registration table. Post messages received for shelter residents and shelter rules and relief information.
- ☐ Set-up the sleeping area, so each person (cot) has 40 square feet of space (5'x8'). Space cots or bedding to allow access for people with mobility disabilities and ensure clear paths to all fire exits. If space permits, set-up separate sleeping areas for the elderly, people who are ill, and families with small children.
- ☐ Provide adequate space for a shelter manager and associated staff to function 24 hours per day. This includes space for staff meetings, administrative functions, communications and volunteer coordination.
- ☐ Organize the space so that it is accessible for people with visual or mobility disabilities; make space for disabled parking in the parking lot. (see Appendix F - Tips to Maximize Shelter Accessibility). In addition, organize space to provide for adequate ventilation.
- ☐ Locate medical and health services in a well-lighted room or area that is away from public view. If possible, keep medications and medical equipment in a lockable storage compartment.
- ☐ Create an additional quiet area for counseling or interviewing persons.
- ☐ The food storage area should be secure and accessible by truck.
- ☐ Ensure that garbage is stored away from food storage and occupied shelter areas. A major earthquake disaster may disrupt garbage removal service for some time.
- ☐ Designate an outdoor smoking area away from air intake vents and flammable materials. If using a public school site, state law stipulates that there be no smoking on school grounds.
- ☐ Create an area outside for the handling of pets.
- ☐ Ensure that the shelter address is clearly visible from the nearby street; post a sign that clearly marks the building as a disaster shelter.

Appendices

- Appendix A: Red Cross Shelter Registration Form
- Appendix B: Shelter Rules and Regulations
- Appendix C: Shelter Supplies and Equipment
- Appendix D: Peak Shelter Population Table
- Appendix E: Elderly Population and Ethnic Demographics
- Appendix F: Tips to Maximize Shelter Accessibility
- Appendix G: Identifying CBOs and Community Resources to Support Care and Shelter Operations
- Appendix H: Memorandum of Understanding between Salud Para La Gente, Inc., and the City of Watsonville, California
- Appendix I: Sample Memorandum of Understanding between the Volunteer Center of Sonoma County and the County of Sonoma
- Appendix J: Shelter Roles and Responsibilities

APPENDIX - A

American Red Cross (ARC) Shelter Registration Form

<u>American Red Cross</u>				<u>DISASTER SHELTER</u> <u>REGISTRATION</u>	
Family Last Name				Shelter Location	
Names	Age	Medical Problem Killed Injured Hospitalized	Referred To Nurse	Shelter Telephone No.	Date of Arrival
Man				Pre-disaster Address and Telephone No.	
Woman (Include Maiden Name)					
Children in Home					
Family Member not in Shelter (Location if Known)				<div style="text-align: right; margin-bottom: 10px;"> _____ Signature </div> <div> Date Left _____ Shelter _____ Time Left _____ Shelter _____ </div>	
SHELTER MASTER FILE				Post-disaster Address and Telephone Number <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

AMERICAN RED CROSS FORM 5972 (5-79)

APPENDIX - B

Examples of Shelter Rules and Regulations

[Information Source – American Red Cross]

Examples of rules or safety regulations are as follows:

- ☐ Indicate any restricted areas within the shelter facility
- ☐ Encourage shelter residents to keep valuables elsewhere. If this is not possible, encourage residents to keep valuables with them at all times
- ☐ Establish quiet hours, but provide a place for those who cannot sleep
- ☐ Establish shower and bathing schedule and post prominently
- ☐ Establish a curfew and stick to it
- ☐ Establish policies regarding use of telephones
- ☐ Establish outdoor smoking areas (if using a public school site, state law stipulates that there be no smoking on school grounds)
- ☐ No abusive or belligerent behavior toward staff or other shelter residents
- ☐ No stealing or destruction of property
- ☐ No food in the dormitory area
- ☐ Children must be accompanied at all times
- ☐ Shelter residents must be dressed appropriately at all times (i.e., must wear something that covers them)
- ☐ No alcohol or drugs are allowed in the shelter and no admittance into the shelter is allowed while a person is under the influence of alcohol or drugs
- ☐ No weapons in the shelter
- ☐ No pets in the shelter

APPENDIX - C

Shelter Supplies and Equipment

The following section gives an overview of the supplies and equipment to operate a disaster shelter. Local governments are encouraged to plan now for the acquisition of these materials.

Obtaining Supplies

Some of the items listed may already be in shelter locations, or local governments can obtain them by pooling or shifting local resources from existing departments. The Op Area is another resource for requesting supplies and equipment. Yet, resources at the Op Area will initially be limited in a disaster where there is countywide damage. Local jurisdictions are encouraged to plan to obtain these items either through commercial vendors, or through donations from local businesses. Local governments should consider developing vendor agreements as needed.

Planning Assumption (from the American Red Cross)

The American Red Cross uses the following standards in planning for material resources at disaster shelters.

- 1 toilet per 40 persons (6 for 200 persons and 14 for 500 persons)
- 40 to 60 square feet of sleeping space per person (an area of 5' by 8')
- 1 quart of drinking water (minimum) per person per day
- 5 gallons of water per person per day (all uses from drinking to bathing)
- 2,500 calories per person per day (approximately 3½ pounds of unprepared food)

Supplies and Equipment to Operate a Disaster Shelter

1. Bedding Provisions (Cots & Blankets)

Unless shelter occupants bring their own sleeping bags or blankets, consider provisions for sleeping (e.g., cots and blankets). No city will have thousands of cots or blankets stored in advance, although schools may already have some fold-up cots stored on site. Schools will also have gym mats to use as a sleeping surface. The Red Cross has 10,000 cots presently stored in various trailers throughout Alameda County. However, this cot supply may not be immediately available. Given a shortage of cots, make seniors and persons with disabilities the first priority.

- ☐ Sample List of Vendors for Cots, Blankets, Sleeping Bags
 - Alameda Discount Center, 510-865-2990
 - Bonanza (Army/Navy store in Oakland), 510-534-3030
 - Surplus Center of Berkeley, 510-524-8434
 - Large retailers such as Target or Costco
- ☐ Local hotels/motels are a resource for blankets

- ☐ Thermal Blankets -- Sporting goods stores (REI, Sportmart, Big 5 Sporting Goods) stock inexpensive, insulated emergency blankets that fit in your hand when folded.

2. Comfort Kits (1 kit per person)

It is doubtful shelter occupants will arrive with toiletries or personal hygiene kits, so some supplies must be provided to allow for their daily grooming and hygiene needs.

- ☐ Adult Comfort Kit * -- Resealable plastic bags with such items below.

- | | |
|--------------------------------|--------------------------------------|
| - Toothpaste (8.5 oz.) | - Lotion (2 oz.) |
| - Toothbrush and holder | - Shaving cream (2oz.) and razor |
| - Soap (3.5 oz.) and washcloth | <i>Additional items may include:</i> |
| - Shampoo (8oz.) | - Socks |
| - Comb (8") and brush | - Flashlights and batteries |
| - Tissues | - Sweat pants |
| - Deodorant (1.5 oz.) | - Towels and blankets |

- ☐ Child's Comfort Kit *

- | | |
|---------------------------------|--------------------------------------|
| - Soap (3.5 oz.) and washcloth, | - Toothpaste (8.5 oz) and toothbrush |
| - Shampoo (8oz.), | - Pencil and sharpener |
| - Comb (8"), | - Crayons and fun pad |

* Information from the American Red Cross

- ☐ Vendors -- Any local pharmacy (e.g., Walgreens, Rite Aid, Longs, etc.)

3. Communications Equipment

Select from below based on equipment that is already on-site.

- | | |
|---|--|
| - Ham Radio and Operators | - Additional telephones (the phone company can setup additional telephones or simply bring in a phone trailer) |
| - Multi-channel, 2-way radios | - Telephone books for the local area |
| - Cellular telephones and chargers * | - Battery-powered radio |
| - Portable computers with modem and Internet capabilities | |
| - Public address systems | |
| - Fax machines | |

* Be aware that cellular systems may be completely saturated after an event.

4. First Aid Kits/Supplies

In the absence of First Aid Kits, select from the items below (obtainable at any pharmacy)

- | | |
|--|-----------------------------|
| - Ace Bandages | - Antiseptic solution |
| - Adhesive tape and bandages in assorted sizes | - Aspirin / Tylenol |
| - Alcohol Swabs | - Dust masks/Surgical Masks |
| - Antacid | - Eye drops |
| - Antibiotic Cream | - First-aid handbooks |
| - Anti-diarrhea medication/laxatives | - Foot Powder |
| | - Gauze Pads |

- Latex gloves
- Medical tape
- Moistened towelettes
- Non-drowsy Allergy Medicine
- Petroleum jelly
- Respirator Masks

- Safety pins in assorted sizes
- Saline Solution
- Scissors and tweezers
- Smelling salts for fainting spells
- Thermometers
- Wooden splints

5. Pharmaceuticals

- ☐ Use -- Vendor agreements with local pharmacies will expedite prescription refills or provide emergency replacement prescriptions. They will also support replacement equipment needs for elderly persons and people with disabilities (e.g., items like orthopedic braces, wheelchairs, hearing aids and breathing aids)
- ☐ Obtaining Prescription Refills -- In developing vendor agreements, determine how to obtain prescription medications post-disaster.
 - With a current prescription
 - With a prescription phoned in by a licensed physician
 - With a prescription validated by another pharmacy
 - With a prescription bottle
- ☐ Possible Vendors:
 - CVS Pharmacy
 - Longs Drug
 - Rite Aid Pharmacy
 - Walgreens
 - * The American Red Cross has statewide agreements with Long's Drug Stores and Shield Health Care

6. Portable Toilets/Chemical Toilets (1 per 40 persons)

Self contained, chemical type toilets are necessary, to supplement regular toilets, or when regular toilets are either disrupted, or are not a part of the shelter.

- ☐ Possible Vendors:
 - Ajax Portable Services, Hayward, CA, 800-282-8988
 - A-1 Enterprises, Pleasanton, 800-222-4050

7. Power and Lighting

Check on the availability of emergency generators at designated shelter sites. Emergency (backup) power is necessary for lighting, ventilation, cooking, refrigeration, and heating or cooling the shelter facility.

- ☐ Options Include:
 - Portable Generators
 - Portable stadium/floodlights

- ❑ Possible Vendors (See Yellow Pages)
 - Event Production Companies/Services
 - Trade Fairs and Shows
 - Lighting Equipment Companies

8. Water, Food and Cooking Equipment

Shelters need an adequate supply of drinking water and a food plan. If meals are catered from the outside, supply needs are minimal. The following considers food preparedness and cleanup supplies required for preparing meals on site.

Equipment options include:

- | | |
|----------------------------------|--|
| - Water containers | - Pots, pans, can openers |
| - Water purifiers | - Handi-wipes |
| - Waterproof tubs/coolers | - Plastic trash bags for waste |
| - Refrigerator units | - Eating utensils (plates, cups, etc.) |
| - Portable commercial ice makers | - Aluminum foil |
| - Propane or gas stoves, fuel | - Plastic storage containers |
| - Packaged ice | |

Food options include:

- | | |
|---|---|
| - Ready-to-eat canned meats | - High-energy foods, such as peanut butter, trail mix, granola bars |
| - Fruits and vegetables | - Infant foods and foods for special dietary needs |
| - Canned juices, milk | - Comfort foods such as cookies, candy |
| - Soup | - Pet food. |
| - Staples, such as sugar, salt and pepper | |

Possible Vendors:

- | | |
|------------------|-------------------------|
| - Alhambra | - Safeway |
| - East Bay Water | - Food Bank |
| - Albertson's | - Sysco, 1-800-877-7012 |
| - Costco | |

9. Emergency Equipment

- | | |
|----------------------------------|-------------------------------------|
| - Flashlights and batteries | - Hammer |
| - Electric lantern and batteries | - Plastic Tarps |
| - Fire extinguishers | - Duct Tape |
| - Pry-bars | - Utility knife |
| - Tool kits | - Map of the area |
| - Rope 50' | - Pliers |
| - Shovel | - Shut-off wrench for utilities |
| - Pick axe | - Matches (in waterproof container) |

10. Hygiene, Sanitation and Cleaning Supplies

Hygiene supplies per 100 persons

- | | |
|------------------------------------|--|
| - 1 Box sanitary napkins | - 1 Package antiseptic pre-moistened towelettes (40) |
| - 2 Boxes facial tissue | - Incontinent supplies (adult diapers) |
| - 2 Rolls toilet tissue/toilet/day | |

Supplies are necessary for cleaning and for the collection and disposal of waste

- | | |
|-----------------------------|--------------------|
| - Trash cans or receptacles | - Plastic bags |
| - Trash can liners and ties | - Soap |
| - Paper towels | - Towels |
| - Disinfectants | - Biohazard bags * |
| - Chlorine bleach | |

* Use biohazard bags for disposal of products that need special handling or disposal. If not available, setup up a separate trash can and line it with a good sturdy, thick bag).

Note: Ensure daily garbage removal, even if normal collections are temporarily disrupted

11. Infant and Children Supplies

- | | |
|---------------------------------|-------------------------------------|
| - Package of disposable diapers | - Pacifiers |
| - Baby powder and ointments | - Blankets |
| - Box of baby wipes | - Powdered formula, milk, baby food |
| - Moistened towelettes | |

12. Office Supplies

Based on a shelter housing 100 persons

- | | |
|-----------------------------------|-------------------------------------|
| - 150 Shelter Registration Forms | - 1 box of paper clips 1 package of |
| - Shelter worker name badges | - 1 box of thumbtacks |
| - 12 pencils & 12 ball-point pens | - 2 rolls masking tape |
| - 1 package, 3x5" index cards | - 1 roll scotch tape |
| - 2 clipboards & 2 paper tablets | - 1 package rubber bands |
| - 1 pencil sharpener | - 1 pair scissors |
| - 1 stapler & 1 box of staples | - 12 file folders |

13. Recreation

- Books, games, recreational equipment
- Videocassettes and VCR players

14. Other

- Bulletin Boards to post notices and announcements
- Highly visible signs for both outside and within the shelter.
- Bicycle - For communication runners/messaging if telephones are inoperable.

APPENDIX - D

Peak Shelter Population Table Based on Uninhabitable Housing For Alameda County

30-Year Probability Values:
(A= 10 - 15%) (B= 5 - 10%) (C= 1 - 5%)

These figures reflect shelter population estimates based *only* on uninhabitable housing predictions. They do not account for the populations that seek shelter due to non-structural damage, which *can increase the size of the shelter population by 50%*.

	San Andreas Penin- sula Segment (C)	San Gregorio Earth- quake (B)	Northern Hayward Earth- quake (C)	Southern Hayward Earth- quake (B)	Hayward Earth- quake - Entire Length (B)	Rodgers Creek Earth- quake (A)	Concord- Green Valley Earth- quake (C)	Northern Cala- veras Earth- quake (A)
Alameda	683	485	3,774	2,741	4,327	683	683	683
Albany	6	6	993	219	1,008	31	16	15
Berkeley	52	52	8,322	646	8,530	77	72	69
Dublin	0	0	20	57	110	1	60	300
Emeryville	227	36	763	599	777	227	227	227
Fremont	4	3	71	4,014	4,156	4	8	227
Hayward	19	8	1,830	5,612	5,746	20	36	385
Livermore	0	0	1	2	6	0	4	33
Newark	2	0	29	278	284	0	2	67
Oakland	1,045	792	26,418	17,500	28,021	1,069	1,128	1,101
Piedmont	0	0	131	16	133	1	1	1
Pleasanton	0	0	7	123	275	2	25	704
San Leandro	98	8	1,853	2,552	2,531	98	132	134
Union City	1	0	67	633	902	1	2	47
Unin- corporated (see below)	2	2	1,214	3,236	3,195	3	19	102
TOTALS	2,139	1,392	45,493	38,228	60,001	2,217	2,415	4,095

Unincorporated refers to the areas of Ashland, Cherryland, San Lorenzo and Castro Valley

Data Source: Shaken Awake, Association of Bay Governments, April 1996

APPENDIX - E

Elderly Population and Ethnic Demographics For Cities in Alameda County (Based on Data from the 2000 Census)

City	% of Pop Age 65 and Above	Notable Ethnic Demographics	Pop- ulation Total 2000 Census
Alameda	13.2%	A large Asian (28.9%) population relative to other cities; Chinese population 11.2% and Filipino population 7.5%	72,259
Albany	11.1%	A large Korean (4.1%) and Chinese (13.5%) population relative to other cities.	16,444
Berkeley	10.3%	Home to the independent living movement and a large population of persons with disabilities.	102,743
Dublin	4.6%	Hispanic or Latino residents are 13.5% of total population.	29,973
Emeryville	9.7%	A growing Asian Indian (5.8%) and Chinese (10.4%) population.	6,882
Fremont	8.4%	Asian Indian population is largest in county (10.2%). Chinese (14.4%) and Hispanic or Latino (13.5%) populations also growing	203,413
Hayward	10.1%	Largest Hispanic or Latino (34.2%) population compared to the rest of the county. Second largest Filipino (9.1%) population.	140,030
Livermore	6.8%	A growing (14.4%) Hispanic or Latino population, but otherwise mostly a Caucasian (81.9%) population	73,345
Newark	7.9%	Has a significant Hispanic or Latino (28.6%) and Filipino (8.3%) population; overall, Asian population is 24.4%.	42,471
Oakland	10.5%	Has largest Black or African American population (35.7%); and a significant Vietnamese population (2.2%) compared to other parts of the county. Also has a relatively large (21.9%) Hispanic/Latino population.	399,484
Piedmont	13.5%	Has second largest per capita elderly population (13.5%).	10,952
Pleasanton	7.7%		63,654
San Leandro	16%	Largest per capita elderly population (16% of total residents over age 65). Also a significant (23%) Asian, (mostly Chinese and Filipino) and Hispanic/Latino (20.1%) population.	79,452
Union City	8.1%	Has the largest Asian (43.4%) population per capita -- Asian Indian (8.6%) Chinese (8.8%), and Filipino (18.8%). Hispanic or Latino population is (24%) of total residents.	66,869

APPENDIX - F

Tips to Maximize Shelter Accessibility

The goal of the ADA (Americans with Disabilities Act) is to ensure that everyone has a chance for equal participation in the "mainstream" of community life. This section will provide care and shelter personnel with tips on accommodations and support for people with disabilities to maximize their full participation in all care and shelter operations.

Physical Accessibility of Disaster Service Sites

Keep the following two considerations in mind when planning disaster service site locations.

1. First, select disaster service sites (e.g., shelters) that allow people with disabilities to use public transit, or park near the building entrance if driving, and then get from the sidewalk or parking lot through the front door.
 2. Secondly, ensure the accessibility of all areas *within* the facility where services are provided (e.g., from bathrooms to eating, sleeping and other service areas). Restrooms should allow for access to toilet and washing facilities.
- * If there are physical elements of the facility that are not fully accessible, consider implementing the appropriate accommodation below.

Examples of Shelter Accommodations

Plan to make accommodations where the facility has a "barrier" that impedes full access for persons with disabilities. For example, a drinking fountain may be mounted at a height as to be inaccessible to a person in a wheelchair, but providing bottled water is an easy accommodation to achieve the same goal (i.e., access to drinking water). Other examples follow.

- ☐ Portable Ramps
Use a ramp (or even some type of platform lift) if people with mobility disabilities are unable to enter. A portable ramp should have railings and a firm, stable, non-slip surface. In an emergency, simply use a temporary plywood ramp with underside support.
- ☐ Reposition Shelves
Lower some items where shelving, storage space, or countertop arrangements of equipment or supplies are at a height that is not accessible for a person in a wheelchair.
- ☐ Rearrange chairs, tables, vending machines, and other furniture
Primary paths of travel within the facility must remain accessible and not blocked by obstacles such as furniture, filing cabinets or potted plants. Accessible routes must connect all areas of service within the shelter.
- ☐ Reposition Telephones
If the wall-mounted telephone is too high for someone using a wheelchair, make a desktop telephone or cell telephone available.

- ☐ Install grab bars in toilet stalls
Where necessary, install grab bars in toilet stall at a width of 33-36 inches.
- ☐ Rearrange toilet partitions to increase maneuvering space
Where an accessible toilet does not exist, create one by removing the stall in the bathroom to make single entry stall accessible for a wheelchair or scooter use.
- ☐ Insulate lavatory pipes under sinks
Insulate lavatory pipes under sinks to prevent leg burns for people using wheelchairs (users may not have feeling in their legs and can suffer burns without knowing it).
- ☐ Install a raised toilet seat
This will facilitate the transfer of a person using a wheelchair to the toilet.
- ☐ Install a full length bathroom mirror
Current wall mounted mirrors may be mounted at a height as to be inaccessible to a person using a wheelchair.
- ☐ Reposition the paper towel dispenser in bathroom
Again, the dispenser may be at a height that is inaccessible to a wheelchair user.
- ☐ Create designated accessible parking spaces
Given that a disproportionately higher number of persons with disabilities will seek shelter in a disaster, make 10 percent of the parking accessible.
- ☐ Install an accessible paper cup dispenser
An inaccessible water fountain can be made accessible by adding an accessible paper cup dispenser; otherwise install a water cooler or make bottled water available.
- ☐ Accessible Portable Toilets and Showers
Portable toilets and showers may be secured if there is no access to these facilities in the shelter for persons with disabilities.
- ☐ Accessible Doorway
Conventional doorknobs and operating controls may impede access by people who have limited manual dexterity. The alternative measure may involve leaving the door open, or having a person stationed near the door to open and close it.

Support and Auxiliary Aids for Persons with Specific Disabilities

Auxiliary aids are devices that promote effective communication for people who have a vision, hearing, or speech impairment (e.g., sign language interpreters, telecommunications devices for deaf persons (TDD), Brailled materials, etc.). The following are some tips on auxiliary aids and support for persons with specific disabilities.

1. People with Visual Disabilities

People who are blind or have low vision generally develop very proficient skills in organization and independence. However, consider the need to make printed information accessible and to provide a verbal orientation when people with visual disabilities encounter a new environment (e.g., disaster shelters or disaster service centers).

- ☐ TV News -- Advocate that TV news not only post important telephone numbers, but also announce them slowly and repeat them frequently for people who cannot read the screen.
- ☐ Alternatives for Written Information -- The usual options include Braille, large print (18-point font), or audiocassettes, if persons with visual disabilities request information in alternative formats. Otherwise, an offer to simply read information aloud may be adequate.
- ☐ Guide Techniques -- To guide a person who is blind, let him/her take your arm. The motion of your body will guide them as you walk. Indicate changes in the walking surface or other obstacles. To seat a person who is blind, place their hand on the back of the chair, they will seat themselves.
- ☐ Sleeping Space -- Locate sleeping space along a wall or in a corner to make it easier for persons with visual disabilities to find. Also, keep doors closed or wide-open -- a blind person regards a partially open door as fully open without realizing an obstruction waits.
- ☐ Service Animals -- Persons with guide dogs or service animals are legally entitled to keep this assistance with them at all times. Work out arrangements to provide a separate area within the shelter for owner and animal, if other residents are allergic to the animal. Service animals, in spite of their training, also can become disoriented from the disaster.

2. People who are Deaf or Hearing Impaired

Persons with hearing disabilities will require some basic accommodations to ensure that they have full access to all disaster information and services. For persons who are deaf, sign language is the primary means of communication. People who are hard of hearing typically have functional speech and communicate primarily through speech.

- ☐ Notification -- In communicating emergency information or emergency alerts to the public, local jurisdictions need to ensure that people who are deaf or hearing impaired also receive notification. Advocate that neighborhood preparedness groups educate local citizens to be aware of deaf persons in their neighborhood and ask local citizens to relay important disaster notifications to deaf persons.
- ☐ TV Stations -- Ensure that local TV stations comply with the FCC rule to broadcast disaster information in open caption format (e.g., with text scrolling at the bottom of the screen).
- ☐ Hearing Aids -- Hearing aids amplify background noise and shelter environments have a high background noise level. For optimal communication, face a hearing impaired person directly and get as close as you comfortably can.

- ❑ ASL Interpreters -- A person who is deaf may request an American Sign Language (ASL) interpreter to aid in communication. See Appendix G - Identifying CBOs and Community Resources to find a list of ASL Interpreters (go to Item #5).
- ❑ TDD -- For telephone communication, once telephones are operational, deaf persons require a telephone device that transmits typed text (TTY or TDD). Local government presumably already has a TDD telephone within some city department; transfer and plug the TDD into a telephone line at the shelter. Otherwise, TDD telephones may be ordered directly from one of the following manufacturers:
 - Ameriphone, Telephone 1-800-874-3005, <http://www.ameriphone.com>
 - Ultratec Communications, Telephone 608-238-5400, <http://www.ultratec.com>

An additional resource, the California Relay Service (call 1-800-735-2922 or dial 7-1-1) facilitates communication between hearing and TTY/TDD users by converting voice speech to typed text.

3. People with Mobility Disabilities

People who use a wheelchair, scooter, walker, or cane, each function at varying levels of independence and therefore have different needs for assistance. Making disaster services fully accessible for people with mobility disabilities may require some very basic modifications to the shelter environment, along with some simple service accommodations.

- ❑ Accessibility of the Site – As stated at the outset, a person using a wheelchair should be able to park, enter and navigate within the site. Moreover, the site should be within a block or two of accessible public transportation.
- ❑ Injuries -- Persons in wheelchairs may be paralyzed in different parts of the body, resulting in lost pain perception; they could be unaware of a serious injury
- ❑ Battery Charging -- Fire stations will have generators, if during a sustained power outage, a person using a motorized wheelchair needs to recharge their chair battery.
- ❑ Care Providers -- Some persons using wheelchairs are fully independent, while other persons may require moderate assistance with some daily living activities (e.g., eating, dressing, sleeping, or bathroom use). If the person has a personal attendant to help with care needs at home, ask the person to have their attendant provide that same support in the shelter.
- ❑ Sleeping Accommodations -- Persons who have paraplegia (loss of function in lower body) or quadriplegia (paralysis of both arms and legs) may experience circulation problems and require a softer sleeping surface than cots provide. An inexpensive air mattress can alleviate this discomfort.
- ❑ Hotel Accommodations -- As an alternative to public disaster shelters, providing hotel accommodations for some disabled persons may be a more comfortable or accessible alternative in certain situations. Consider agreements with motels/hotels with accessible rooms for people using wheelchairs. In the effort to relocate people from shelters to alternate housing, having agreements in advance might expedite the process.

4. People with Developmental or Cognitive Disabilities

Persons with developmental or cognitive disabilities may have mental retardation, cerebral palsy, epilepsy, a neurological impairment, autism or a traumatic brain injury. Older persons with Alzheimer's or dementia are also persons with cognitive disabilities. In general, persons with developmental or cognitive disabilities have difficulty learning, remembering or reasoning. They may have trouble processing information unless it is presented simply and slowly.

- ☐ Primary Providers -- Many persons with developmental or cognitive disabilities are served through residential programs under the auspices of the following two agencies.
 - The Regional Center of the East Bay, 510- 383-1200, <http://www.rceb.org> plans and coordinates services and support for many persons with developmental or cognitive disabilities.
 - Community Care Licensing, 510-286-4201, <http://ccld.ca.gov> regulates many of the private group homes or board and care facilities that serve persons with developmental or cognitive disabilities.
- ☐ Comprehension -- Some persons with developmental or cognitive disabilities may not fully comprehend the emergency or could become confused about the proper way to react. Present information slowly; use simple language and speak with short sentences.
- ☐ Repeat Back -- Have the person repeat back what you said as a check to see if you are being understood.

Disability Related Supplies

Care and shelter personnel will work with Logistics to secure these items when requested or needed by persons with disabilities. Let people with disabilities make their own determination about what level of care and assistance they need.

- | | |
|---|--|
| - Large Handled Eating Utensils | - Refrigeration for some medications |
| - Two Handled Drinking Mug | - Equipment for recharging wheelchair batteries |
| - Flexible Straws | - Mobility Items (Folding White Cane, Regular Cane, Crutches, Walker, Manual Wheelchair) |
| - Egg Crate Foam Mattress, or Foam Pads | - Shower Chair |
| - Transfer Board | - Disposable Briefs |
| - Non Perfumed Soap and Detergents | - Portable TDD |
| - Barrier Masks (or fabric facial masks) | |
| - Portable Ramps | |
| - Toilet Lifters or Portable Accessible Commode | |

In addition, some cots should be available that are high enough for mobility impaired people to use comfortably and safely.

APPENDIX -G

Identifying CBOs and Community Resources to Support Care and Shelter Operations

Alameda County's Eden Information and Referral Services, 510-537-2710, has an online database that will search hundreds of health and human service providers in Alameda County.

Go to <http://www.alamedaco.info/>


1. Click on "Find Resources"
2. Enter Keyword: Use the Keyword search function to enter a category (such as shelter or food) and the database will return a list of those providers in Alameda County. Keywords are identified for shelter services below.
3. Narrow Results by City: Choose a single city and view the list of providers serving that city.
4. Narrow Results by Language: Select a language -- Chinese (Mandarin), Chinese (Cantonese), Farsi, Spanish, Vietnamese – and view the list of providers that offer services in those languages.

The following are areas in which CBOs can support local government with care and shelter operations.

1. Food / Meal Services

To assist in mass feeding operations

- To assist in food distribution
- To assist with home delivered meals to elderly and disabled persons who are unable to travel to a site where a meal is being served

 [Go to <http://www.alamedaco.info/>; use one of the following as a keyword search: "Food", "Food Pantries", "Food Banks", "Meal Programs", "Congregate Meals", "Soup Kitchens", or "Home Delivered Meals"]


2. Health and Medical Services

- To assist with medical screening, evaluation or treatment of people with injuries or illnesses (i.e., health services for people who do not require specialty care)
- To access nurse practitioners, physicians assistants or other health care providers

 [Go to <http://www.alamedaco.info/>; use "Health Care", or "General Medical Care" as a keyword search]

3. Mental Health Services


- To counsel people who have been traumatized by the disaster, or who are in crisis
- To provide support with substance abuse issues

 [Go to <http://www.alamedaco.info/>; use one of the following as a keyword search: "Mental Health Care and Counseling", "Family Counseling", "or Individual Counseling"]

4. Housing and Emergency Shelter
 - To assist in the provision of emergency shelter, temporary shelter, or transitional shelter
 - To assist with essential home repairs for low-income elderly or disabled residents
 - 📁 [Go to <http://www.alamedaco.info/>; use one of the following as a keyword search: "Housing", "Emergency Shelter", "Community Shelters", "Transitional Shelter", or "Home Rehabilitation/Repair"]
5. Language Translation / Sign Language Interpretation
 - To translate documents into other languages or to find bilingual individuals to communicate with non-English speaking persons
 - To find trained Sign Language Interpreters to communicate with deaf persons.
 - 📁 [Go to <http://www.alamedaco.info/>; use one of the following as a keyword search: "Language Translation", "Language Interpretation", or "Sign Language Interpretation"]. Then sort by a specific language need.
6. Transportation
 - To help people with basic transport needs, including mass evacuation
 - To help move goods and services
 - To meet the transport needs of elderly and disabled individuals who are unable to utilize public transportation and need door-to-door transport
 - 📁 [Go to <http://www.alamedaco.info/>; use "Transportation" or "Paratransit" as a keyword search]
7. Information and Referral
 - To link people who need assistance with appropriate service providers
 - 📁 [Go to <http://www.alamedaco.info/>; use "Information and Referral" as a keyword search]
8. Donor / Commodity Services
 - To assist with donations management
 - To assist in collecting and distributing food, clothing and other supplies
 - 📁 [Go to <http://www.alamedaco.info/>; use "Donor Services" as a keyword search]
9. Child Care
 - To assist with parental care for children at shelters
 - 📁 [Go to <http://www.alamedaco.info/>; use "Child Care" as a keyword search]
10. Homeless Services
 - To find food, shelter and support services for pre-disaster homeless persons or families
 - 📁 [Go to <http://www.alamedaco.info/>; use either "Homeless Individuals" or "Homeless Families" as a keyword search:]
10. Seniors and People with Disabilities
 - 📁 [Go to <http://www.alamedaco.info/>; use one of the following as a keyword search: "Older Adults", or "Disabled" as a keyword search]


11. Animal Services

- To assist in the temporary care and shelter for animals threatened or affected by a major disaster

 [Go to <http://www.alamedaco.info/>; use any of the following as a keyword search: "Animal Services", "Animal Shelters" or "Disaster Services for Animals"]


12. Volunteer Services

- To assist non-profit and governmental agencies with the recruitment, placement and management of spontaneous disaster volunteers
- To find VOAD agencies (Volunteer Organizations Active in Disasters)

 [Go to <http://www.volunteeronline.org> for the Volunteer Center of Alameda County, or go to <http://www.nvoad.org> for information on VOAD]

13. Legal Services

- To assist with advocacy, arbitration, certificates/forms assistance, legal counseling, legal representation, mediation, and paralegal counseling

 [Go to <http://www.alamedaco.info/>; use "Legal Services" as a keyword search]


14. Disaster Relief Services

- To assist with short-term assistance -- food, clothing, blankets, temporary shelter, furnishings, small appliances or temporary financial aid

 [Go to <http://www.alamedaco.info/>; use "Disaster Relief Services" as a keyword search; for VOAD agencies go to <http://www.disastercenter.com/agency.htm>]

15. Assistive Technology Equipment

- Programs that provide equipment and assistive aids to help people with disabilities communicate and live more comfortably.
- Includes Hearing Augmentation Aids, TTY Equipment, Blind Mobility Aids, Transfer Devices, Wheelchairs, Seating, etc.

 [Go to <http://www.alamedaco.info/>; use "Assistive Technology Equipment " as a keyword search]

The Tri-Valley Human Services Directory

<http://www.ci.livermore.ca.us/hsdirectory/>

Another resource is the Tri-Valley Human Services Directory with information on nonprofit service providers in Dublin, Livermore and Pleasanton. For more information call 925-960-4590, or download the directory from the website listed above.

APPENDIX - H

Memorandum of Understanding Salud Para La Gente, Inc., & The City of Watsonville, California

I. PURPOSE:

The purpose of this Memorandum of Understanding (MOU) is to provide a written basis for a cooperative working relationship between Salud Para La Gente, Inc. (Salud) and the City of Watsonville in providing emergency disaster services to the public in our local region. This MOU is directly related to the Medical Plan developed between County Health, City Fire Department, Watsonville Community Hospital, Salud Para La Gente and Doctors on Duty.

II. MISSION OF CITY OF WATSONVILLE EMERGENCY SERVICES DEPARTMENT

The main function of the City of Watsonville is to increase coordination among local government and disaster response agencies during a declared disaster. Areas of cooperation and mutual aid are outlined in a comprehensive disaster response plan currently being developed.

In the event of a declared disaster, the City will activate the Emergency Operations Center (EOC). Command and coordination of City response will be centralized in this area.

This agreement is activated when the City proclaims a local disaster and Salud has been contacted.

III. ORGANIZATION OF SALUD PARA LA GENTE, INC. (SALUD)

Salud Para La Gents, Inc. (Salud) is a non-profit public benefit corporation founded in 1979, as a free farm workers children's' health clinic. Incorporated in 1980, Salud is a state licensed Community clinic which serves as the primary medical services provider for agricultural workers and other low-income residents of the Pajaro Valley. Salud's service area incorporates portions of northernmost Monterey, Southern Santa Cruz, and outlying areas of San Benito County.

Salud is dedicated to its founding philosophy of being owned by the community it serves. Its primary mission is to ensure the provision of comprehensive medical, health and human services which are designed to foster and promote local involvement and participation in the maintenance of healthy community members.

IV. Methods of Cooperation - SALUD

1. Salud will be designated a "Disaster Medical Station" by posting a sign DMS in a prominent place. This designation -is recognized and approved by Santa Cruz County Health Services Administration (HSA).
2. Salud will agree to remain open at least (16) hours daily for one week during or after a major disaster. Salud employees will treat the sick and injured who require medical aid
3. Salud will agree to become temporary second level medical division command if Watsonville Community Hospital is rendered inoperational. This position will require coordination of medical treatment services for the South County.
4. Salud staff will provide medical care and social services to all clients during the disaster.
5. Salud will report operational status and needs on a daily basis to the County and City Emergency Operations Center (EOC).
6. Salud will develop an educational program for its clients regarding disaster preparedness.
7. Salud will provide referral and information services for disaster victims.

V. Methods of Cooperation - City of Watsonville

1. The City of Watsonville will prioritize and determine structural integrity of the Salud facility.
2. The City EOC will give Salud high priority for additional emergency medical supplies and personnel when requested.
3. The City of Watsonville will include a Salud representative in the Emergency Operations Center.
4. The City will use the Emergency Broadcast System to advise the public of the availability of the designated Disaster Medical Stations.
5. The City of Watsonville recognizes and supports the fact that Salud will seek reimbursement for service and material costs related to medical care of disaster victims. The reimbursement will be accomplished through disaster support agencies such as FEMA and the State Office of Emergency Services.

- VI. Salud will work closely with other health clinics and acute care hospitals to encourage the development and implementation of similar agreements. This MOU becomes effective upon the date of execution and shall remain in effect unless terminated by written notification from either party to the other.

Board Chairperson, Salud Para La Gente, Inc.

Executive Director, Salud Para La Gente, Inc.

Steven M. Salmon, City Manager

APPROVED AS TO FORM:

Luis F. Hernandez, City Attorney

ATTEST:

Lorraine Washington, City Clerk

Dated

APPENDIX - I

INTER-AGENCY MEMORANDUM OF UNDERSTANDING

VOLUNTEER CENTER OF SONOMA COUNTY EMERGENCY RESPONSE PLAN COUNTY OF SONOMA

I. PURPOSE

- A. A private nonprofit agency, the Volunteer Center acts as a clearinghouse for the recruitment and placement of volunteers throughout Sonoma County
- B. As appropriate during and immediately following a disaster the Volunteer Center will be responsible for establishing Volunteer Reception Center(s) and/or a phone bank which will recruit and refer convergent volunteers with government and nonprofit agencies.
- C. County of Sonoma provides a range of public services and anticipates needing volunteerism to assist with the provision of these services. The EOC Human Resources Coordinator designates the Volunteer Program Specialist to act as liaison with the volunteer center.

II. ACTIVATION OF PLAN

- A. Upon direction from the County Volunteer Program Specialist, Department of Emergency Services, or Personnel Department, the Volunteer Center of Sonoma County will proceed to recruit volunteers, match these convergent volunteers to appropriate tasks, and maintain accurate records of volunteers referred.
- B. In the event of a catastrophic disaster where large numbers of volunteers are needed, the Volunteer Center shall establish Volunteer Reception Centers (VRC) and/or a phone bank to facilitate the timely recruitment and referral of volunteers where necessary in Santa Rosa, Petaluma, Rohnert Park, Sonoma and/or other locations as resources permit.

III. ORGANIZATION

- A. The Volunteer Center of Sonoma County is wholly responsible for the effective operation of the Volunteer Reception Centers (VRC) in Santa Rosa, Rohnert Park, Petaluma and Sonoma. If resources permit, VRCs will be set up in other locations upon direction from the Department of Emergency Services. Should it become necessary (as in the event of massive communications interruption) for the County Personnel Director or his/her designee to establish a VRC utilizing Volunteer Managers, the Volunteer Center will be notified as soon as possible. Upon arrival of Volunteer Center staff, control of the VRC will be relinquished.

- B. To ensure effective use of all convergent volunteers, offers of service received by the County Emergency Operations Center and the Volunteer Center will be referred to the appropriate work site based on a priority assigned by the County EOC Human Resources Coordinator or his/her designee.

IV. COST RECOVERY

In the event Sonoma County is declared an official disaster area, the Volunteer Center will be eligible for recovery of documented costs beyond normal operating expenses as deemed appropriate by administering state and federal agencies. The County will assist with this recovery of documented costs.

For County of Sonoma:

/s/

Tim Exline, Dept of Emergency Services

Date

/s/

Richard Gearheart, Personnel Director

Date

For Volunteer Center of Sonoma County:

/s/

Karen Johnson, Executive Director

Date

/s/

Lee Van Giesen, President
Board of Directors

Date

APPENDIX - J

Shelter Roles and Responsibilities

Management / Command

1. Shelter Manager

The Shelter Manager makes staffing assignments based on the functions necessary to carry out shelter operations (see Operations below). It is up to the shelter manager to ensure that the needs of shelter residents are met and to provide for the overall health and safety of all residents and staff.

- ☐ Inspect the facility to ensure the safety of all areas for shelter operations use. Block off unsafe areas and areas not to be used (only use areas that can be directly supervised by staff). See Section 8: Protocols for Opening the Shelter and Laying Out the Physical Space for basic details on setting up the shelter.
- ☐ Establish communications with the local city EOC and report on needs (equipment, supplies or personnel needs) and shelter status.
- ☐ Assign arriving staff to shelter functions. Provide ongoing supervision of shelter staff to ensure effective accomplishment of all shelter operations. Conduct daily meetings with staff on shelter management issues.
- ☐ Coordinate activities with the media and clear any news releases with the local city EOC (specifically the PIO or Public Information Officer).

Note: Rotate shelter staff positions. The shelter manager position can be rotated on a daily shift schedule, or instead the shelter manager may serve on site for the duration of the operation and employ 2 or 3 shift supervisors or Assistant Shelter Managers who rotate. Other staff positions may work an 8 to 12 hour shift).

2. Assistant Shelter Manager

Larger shelter operations of more than 100 persons will require an assistant shelter manager. Assistant shelter managers can assume a more "field level" role and assume some of the functions below, given staff shortages.

Operations

1. Registration

The Registration Coordinator oversees the registration of shelter occupants. In addition to collecting basic registration data, registration is also an opportunity to identify shelter residents with needs that may require additional staff support.

- ☐ Choose one entrance for registration. Set up a registration table and chairs. Post a *Shelter Registration Point* sign, as well as a sign indicating that no weapons, drugs, alcohol, or pets are allowed in the facility. Translate signs into other languages (Spanish, Chinese, etc.), based on the demographics of the community.

- ☐ Ensure an adequate supply of registration forms (see Appendix A for a copy of the Red Cross Registration Form 5972). Have persons entering the shelter fill out one registration form for each household.
- ☐ Identify any special needs on behalf of persons registering – needs for medical care, counseling, medications, dietary restrictions, or other accommodations. Refer persons who are injured or ill to health care staff, if available. Identify any shelter residents with medical training.
- ☐ Maintain a sign-out log for shelter residents who leaving temporarily.

2. Food Services

The Meals Coordinator is responsible for planning, preparing and/or ordering meals for shelter residents. This person also supervises other food services staff.

- ☐ If applicable, inspect the food preparation area at the shelter site. Obtain any keys necessary to access food storage areas. Determine if cooking equipment is still functioning and is safe to use.
- ☐ Coordinate with Logistics for food supplies (or in ordering pre-prepared food) and any additional staff or equipment needs. Coordinate with Health Services for any special dietary needs. Plan meals 2-3 days ahead of time.
- ☐ Set up a dining area. Post meal times in a conspicuous place. Keep meal times as consistent as possible. A large shelter may require more than one seating to serve everyone.
- ☐ Recruit shelter residents to assist with food preparation, cooking, serving, and clean up.
- ☐ Keep a log of the number of meals served and supplies ordered. Keep receipts for food that is delivered.

3. Dormitory

The Dormitory Coordinator is responsible for setting up, supervising, and closing down the sleeping area. If using a school, the sleeping area for shelter residents must be separate from the area where any students remain sheltered.

- ☐ Inspect the dormitory area(s). Move aside athletic equipment, desks, or anything that might present a hazard to shelter residents. Request any needed supplies and equipment (such as cots, blankets, mats and personal hygiene kits) through Logistics.
- ☐ If using a school, students or children remaining at the school should have their own dormitory area. School staff must maintain supervision until the reunification with parents or guardians is complete.
- ☐ Set-up the sleeping area(s) and distribute any available blankets and personal hygiene supplies. To provide adequate ventilation open doors and windows of the dormitory area during the day. If custodial services are not available, recruit shelter residents to assist in daily dormitory clean up.

- ☐ Post sleeping area rules. Rules include: 1) Quiet Hours or Time for Lights Out, 2) No Alcohol, 3) Always use the same cot, etc.
- ☐ Monitor sleeping area (this requires establishing staff shifts). Ensure shelter occupants do not consume food or liquids in the dormitory area (a violation of Public Health code). Stay alert for such potential dormitory problems as drug use or sale, unattended children, fighting, theft, or shelter residents becoming ill.
- ☐ Keep the shelter manager informed of any suspicious actions, health concerns and the status of dormitory resources.

4. First Aid and Health Care Services

The Health Services Coordinator promotes and maintains good public health standards within the shelter. This includes overseeing the provision of basic first aid and ensuring access to other health care services as needed.

- ☐ Establish procedures for handling medical emergencies (presumably, the local fire department or paramedic services will be the first contact).
- ☐ Set aside an area within the shelter as a health station. Refer persons with health concerns or illnesses to the health station. Check with the registration coordinator and ask if persons who register with medical or nursing training can volunteer at the health station. Establish a 24-hour shift rotation for the health station.
- ☐ Document all health care performed (injuries/illnesses treated, medications issued, etc.). Use Logistics to request supplies, equipment, or additional personnel.
- ☐ Advise the Meals Coordinator about special dietary needs if there are shelter residents (such as persons with diabetes).
- ☐ Stay alert for anyone with a communicable disease. If necessary, prepare a separate room as a quarantine area.

5. Mental Health Counseling

Shelter conditions are stressful for shelter occupants (especially children) and staff. The Mental Health Coordinator provides or arranges for counseling services.

- ☐ Secure a quiet area or room away from public view. Work with Logistics to find local mental health resources and counseling services to support shelter residents.
- ☐ Monitor the stress conditions for staff and shelter occupants. Intervene in crisis situations when practical. Coordinate with the health services coordinator and registration coordinator to identify shelter residents who might welcome counseling support.
- ☐ Work with the shelter manager to plan activities or entertainment that will help morale and reduce the stress of the living environment. If possible, provide shelter residents with access to local news via a television or radio. Lack of information following a disaster often contributes to rumors, hysteria, and fear.
- ☐ Debrief shelter staff before they are released.

6. Additional Shelter Services

Other staff may be assigned as needed. Coordinate with Logistics for supplies, equipment, and personnel (personnel may include community volunteers).

Recreation

- ☐ Obtain/provide items such as books, games, videos and recreational equipment.
- ☐ Organize activities for shelter residents. Examples of possible activities include sports tournaments, birthday parties, entertainment, and religious services.

Child Care

- ☐ Select a safe area for child care away from the general shelter population; remove any hazardous furniture, equipment, or other items from the area.
- ☐ Request supplies appropriate for kids through Logistics: toys, coloring books, stuffed animals, puzzles, etc.

Animal/Pet Care

- ☐ Select a fenced-in area outside and away from the shelter for pets.
- ☐ Post a notice that pet owners are responsible for the care and restraint of their animals (i.e., ensure shelter residents restrain their pets on leashes).
- ☐ Use Logistics to contact the local SPCA, Animal Control, and nearby kennels for assistance in boarding and caring for animals.

Security/Safety

- ☐ Maintain the following safety suggestions: 1) Regularly inspect the facility to see that all areas are safe; 2) Keep exits clear and unblocked; 3) Locate all fire extinguishers and ensure compliance with fire safety regulations (e.g., ensure that garbage, debris, or refuse does not pose a fire hazard or block doorways).
- ☐ Work with Logistics to provide signage that clearly identifies all rules and safety regulations (see [Appendix B - Shelter Rules and Regulations](#)). Monitor compliance.
- ☐ Establish a "patrol team" to roam the shelter during the night and ensure night safety.
- ☐ When necessary, coordinate with local Law Enforcement and Fire Services for assistance.

Planning

The shelter manager may assume the role of shelter operations planning. However, a staff planning position can assist the shelter manager by obtaining timely and accurate information, (which is often hard to come by immediately after a large disaster).

- ☐ Gather as much information as possible from sources both within and outside the shelter on needs, resource availability, services, and the status of events. Monitor media

sources to keep current on all disaster-related news, especially news about relief services, recovery operations and outside assistance.

- ☐ Maintain close and ongoing contact with the local EOC to ensure a reciprocal sharing of planning information.
- ☐ Develop action plans based on the information above and from information gathered at planning meetings. Work with the shelter manager in planning for anticipated shelter needs and in planning for the next 24 to 48 hours of shelter activity. Plan staffing schedules and determining staffing rotations.
- ☐ Provide information on available recovery assistance (especially information on the availability of temporary or long-term housing); keep information up-to-date and post in a visible place for shelter residents (e.g., bulletin boards).
- ☐ Keep a disaster activity log with detailed records of meetings, decisions and actions (e.g., who made what decisions). Record important inter-agency contacts and agreements. This is vital for after-action reports and for future planning.
- ☐ Support information needs related to helping reunite family members.

Logistics

The Logistics Coordinator at the shelter works in close coordination with the Logistics Section at the local EOC to accomplish the following:

- ☐ Obtain all resources necessary to operate the shelter facility in coordination with the EOC Logistics Section.
 - Personnel
 - Food
 - Transportation
 - Supplies and Equipment
 - Communication Resources
 - All other personal services as applicable for shelter residents (health, mental health, translation, etc.)
- ☐ Work with the Finance Coordinator to set up vendor agreements with local businesses as necessary for the purchase of supplies and equipment to operate the shelter.

Finance

The position of Finance/Administration Coordinator maintains financial records, processes purchase orders and manages all financial agreements including vendor contracts and leases.

- ☐ Develop a financial tracking system for authorizing and recording all shelter expenditures, including staff time beyond normal working hours. Save copies of all receipts. This helps to ensure later cost recovery by reimbursement agencies such as the American Red Cross, City or County and FEMA. Reimbursement depends on complete, detailed and accurate records from the first hour forward.

- ☐ Maintain contact with EOC Finance Section to ensure disaster reimbursement claims follow appropriate procedures. Complete reports detailing expenses to date and projected future expenses.
- ☐ Determine pre-existing MOUs and agreements for goods or services. Set-up and monitor vendor contracts and agreements. Obtain a block of Purchase Orders for necessary purchases.
- ☐ Work closely with the Logistics Section on procedures for getting needed equipment and supplies.
- ☐ Records will also include documentation of all data about the shelter operation (numbers sheltered, meals served, etc.).
- ☐ Set up a system for archiving all documents and notify shelter staff of system, types of documents required and location to bring documents (this may be as simple as labeling a box "Archives" and placing at shelter staff office).

Social Services Agency

Office of Disaster Preparedness and
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January 2025



Alameda County
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