

# Solano County Emergency Operations Plan

## Mass Care and Shelter Annex

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## Table of Contents

Quick Guide – Mass Care and Shelter Coordination .....	3
1.0 Introduction .....	6
1.1 Purpose.....	6
1.2 Scope.....	6
1.3 Policy .....	7
2.0 Authorities and References .....	9
3.0 Assumptions and Considerations .....	11
3.1 Planning Assumptions .....	11
3.2 Care and Shelter Planning Considerations.....	12
3.3 Comparison of Shelter Types and Population Designations .....	14
4.0 Roles and Responsibilities .....	15
4.1 Overview .....	15
4.2 Local Government Entities.....	15
4.2.1 Department of Health and Social Services.....	15
4.2.2 American Red Cross, Solano County .....	16
4.2.3 Office of Emergency Services .....	17
4.2.4 DHSS, Public Health Division.....	17
4.2.5 DHSS, Mental Health Division .....	17
4.2.6 DHSS, Adult Protective Services.....	18
4.2.7 DHSS, Children's Protective Services.....	18
4.2.8 DHSS, In-Home Supportive Services .....	18
4.2.9 Resource Management Department, Environmental Health Division .....	18
4.2.10 Sheriff's Office.....	18
4.2.11 Animal Care Services.....	18
4.3 Private Organizations.....	19
4.3.1 Volunteer Organizations Active in Disaster .....	19
4.3.2 Private Schools .....	19
4.3.3 Business and Industry.....	19
4.4 Solano County Fire Departments .....	19
4.5 Supporting State Agencies .....	19
4.5.1 Coastal Region Emergency Operations Center .....	19



4.5.2 California Emergency Management Agency .....	20
4.5.3 California Department of Social Services .....	20
4.6 Federal Emergency Management Agency .....	20
5.0 Concept of Operations.....	22
5.1 Pre-Response/Initial Actions.....	22
5.2 Care and Shelter Coordination .....	22
5.2.1 General Population Shelters .....	22
5.2.2 Shelters for Medically Fragile.....	23
5.2.3 Public Information Regarding Shelters.....	23
5.2.4 EOC and DHSS DOC Coordination of Services.....	23
5.3 Shelter Support for People with Access and Functional Needs .....	23
5.3.1 American Red Cross. ....	23
5.3.2 Functional Assessment Service Support Team.....	23
5.3.3 Non-Profit Agency Support .....	24
5.4 Post Response/Shelter Closure.....	24
Appendix A: Acronyms.....	26
Appendix B: Definitions .....	27
Attachment 1: Functional Assessment and Support Team .....	29
Attachment 2: Personal Assistant .....	32



## Quick Guide – Mass Care and Shelter Coordination

### Mass Care and Shelter Coordination Checklist

#### Evacuation Center Activation(s)

When the need is for Evacuation Centers to provide day-time shelter, food and support services.

- Coordinate with Emergency Operations Center (EOC) to find best general location for Evacuation Centers. Location must be safe, acceptable distance from evacuation area, and close to major roadways.
- Coordinate with American Red Cross (ARC) to access contact persons for the chosen Evacuation Centers.
- Confirm the Evacuation Center's availability and schedule access and activation.
- Coordinate with ARC for volunteers and food.
- Coordinate provision for security at Evacuation Center(s).
- Confirm if any People with Access and Functional Needs (PAFN) need additional support, and coordinate caretaker volunteers.
- Coordinate with Public Information Officer/Joint Information Center (PIO/JIC) to release information on Evacuation Center.

#### Shelter Activation(s)

When the need is to activate overnight Shelters to provide shelter, sleeping accommodations, food support, support services and medical triage.

- Coordinate with EOC to find best general location for Shelter locations. Location must be safe, acceptable distance from evacuation area, and close to major roadways. (May be same as Evacuation Centers.)
- Coordinate with ARC to access contact persons for the chosen Shelters.
- Confirm the Shelter's availability and schedule access and activation.
- Coordinate with ARC for volunteers, food services, cots, blankets, and other shelter supplies.
- Coordinate with Department of Health and Social Services (DHSS) (at EOC or their Department Operations Center (DOC)) for provision of mental health support at shelter.
- Coordinate provision for security at Shelter Center(s).
- Coordinate with PIO (or JIC) to release information on Shelter.
- Coordinate support for evacuees needing transportation to shelter.



## Mass Care and Shelter Coordination Checklist

### Shelter Activation(s) (cont')

- Ensure Fire and law branches inform their resources close to the shelter of location(s) and expected numbers of clients.
- Ensure Emergency Medical Services is notified of shelter location and number of clients.

### PAFN Support

Provide support to PAFNs:

- Ensure staff available to provide accessibility to the facility and auxiliary aids services within the shelter.
- Provide for alternative forms of communications (TTD/TTY, pictographs, large print).
- Ensure staff and resources for triage of PAFNs shelter clients including physical and mental health needs.
- Provision resources for in-shelter service animals.

### General Shelter Support

- Ensure staffing and resources are available for immediate and long-term staffing of the shelters.
- Provide situation status of shelters to the EOC (or DHSS DOC), and especially with the PIO/JIC.

### Shelter Closure

Note: PAFNs are prone to transfer trauma and environmental stresses; the sooner they can be moved back to normalcy in their homes or care facility, the better.

- Coordinate shelter closure with facility management.
- Coordinate transportation of shelter clients to their homes or alternate facilities.
- Coordinate all financial paperwork (receipts, volunteer and employee sign-in sheets) with EOC Administration/Finance Section.
- Develop a schedule and plan to return the shelter to its original purpose as a first priority.
- Coordinate placement for those needing long-term housing support.
- Ensure expendable resources are ordered for restocking.
- Coordinate with Federal and State disaster relief agencies to provide emergency support functions for disaster victims.



## Mass Care and Shelter Coordination Checklist

### Shelter Closure (cont')

- Coordinate with Disaster Assistance Centers (if activated) for the delivery of services.



## 1.0 Introduction

The function of mass care and shelter is to provide temporary relief to disaster victims by providing emergency care including shelter, food, liquids, health care, information, communication, and other human services. Along with the care and shelter, Solano County and other service providers will support the disaster victims in moving back to a stable situation as soon as possible.

### 1.1 Purpose

The *Mass Care and Shelter Annex* to the *Solano County Emergency Operations Plan (EOP)* provides an overview of mass care and shelter functions, agency roles and responsibilities, and overall guidelines for the care and shelter of people who need care and sheltering services during an emergency situation in incidents with and without warning.

This plan describes the actions, roles, and responsibilities of coordinating and participating organizations in the County in their endeavor to manage the care and shelter process before, during, and after the emergency. This annex addresses only general strategies used for any emergency in general, and the EOC coordination efforts specifically. Tactical actions that are taken at the shelter or evacuation sites are described in individual agency procedures.

### 1.2 Scope

This annex is intended to address the mass care and shelter needs of the general population, including those with functional and access needs. This annex is not intended to address the needs of those who are medically fragile (see definition in glossary). People needing medical services and/or full-time caretakers must be sent to a licensed facility that can support them, or to a specialized shelter established just for the medically fragile. .

For the purposes of this annex, mass care and shelter includes:

- **Sheltering.** This includes the designation of previously identified or unidentified shelter sites, the temporary construction of shelter facilities (e.g. tents or constructions), or the use of facilities outside the County.
- **Feeding operations.** This includes the feeding of workers and shelter guests through fixed facilities at or near the shelter, purchase of food from vendors, mobile feeding unit, and/or bulk food distributions. Sound nutritional guidelines will be incorporated, and special dietary needs honored as possible.
- **Emergency first aid.** First aid provided will be for basic care, and is supplemental to any serious medical (both physical and mental health) requirements.
- **Bulk distribution of emergency items.** This includes clothing, basic personal care items, and other essentials for those who may have evacuated without time to gather personal belongs.
- **“Safe and Well” Information.** “Safe and Well” is an ARC website designed to provide information regarding individuals residing within the affected area that is provided to immediate family members outside the area. This information will also



be provided to aid in reunification of family members within the area who were separated at the time of the event.

This annex provides the following information:

- Quick Guides to follow when the County needs to activate the care and shelter function, improve coordination, and implement care and sheltering in the County.
- Authorities and References for implementation of care and shelter in Solano County. These provide criteria under which Solano County will support the mass care and shelter process.
- Assumptions and considerations that were made in developing this plan and that are valid when activating the C&S function.
- Roles and responsibilities of agencies and organizations in preparing for and conducting mass care and shelter activities.
- Concept of operations to coordinate mass care and shelter activities as a function of the County Emergency Operations Center (EOC).

Tasks identified in the plan annex are to be addressed as needed, and are not necessarily contingent on the EOC being activated. When the EOC is activated, the responsibilities for care and shelter coordination will fall to the Care and Shelter Unit in the Logistics Section.

***Emergency Support Function #6.*** This Solano County functional annex aligns with the Emergency Support Function #6 (ESF #6) of the National Response Framework for mass care. It also aligns with the Emergency Function for Mass Care in the California State Emergency Plan. Other aspects of ESF #6 are not included in this annex. These other aspects include information on emergency assistance (e.g., family reunification, pet care, medical shelter care, donated goods management, voluntary agency assistance, and others); housing (e.g., rental, repair. Loans referrals and other assistance); and human services (e.g., disaster assistance programs for disaster victims, crisis counseling, disaster legal services, and others). If these additional ESF #6 services are needed, they will be provided by the operational area with assistance from State, Federal and private/non-profit partners.

### **1.3 Policy**

It is the Policy of Solano County to develop plans and procedures to address mass care and shelter for its citizens and visitors to the County who seek care and shelter services due to an immediate or possible incident that requires them to seek such support. Duplication of effort and benefits will be reduced to the extent possible.

Under the Americans with Disabilities Act (ADA), shelter sites must permit shelterees with functional and access and functional needs to be accompanied by their service animals, and to have access to the services. The County will assist in coordination of persons in need without regard to race, color, national origin, religion, nationality, sex, age, disability, limited English proficiency, or economic status.



Solano County will use local mass care and shelter resources to every extent possible before requesting outside assistance from Mutual Aid or the State.



## 2.0 Authorities and References

Authorities for the conducting mass care and shelter for general population, for people with access and functional needs, and; for evacuating animals include the following.

### Federal

- The Robert T. Stafford Disaster Relief and Emergency Assistance Act, P.L. 93-288, as amended. (42 U.S.C. §§ 5121-5206)
- United States Congress mandates by congressional charter the American Red Cross to undertake activities for the purpose of mitigating the suffering caused by natural disasters and other emergencies.
- National Incident Management System (NIMS)
- National Response Framework, 2008. Sets forth roles and responsibilities of federal and certain non-federal entities after catastrophes overwhelm state and local government. Mass Care is found in the Emergency Support Function (ESF) #6.
- Homeland Security Act of 2002
- Homeland Security Presidential Directive 5
- Post-Katrina Emergency Management Reform Act of 2006
- Pets Evacuation and Transportation Standards Act of 2006
- Public Health Service Act, as amended
- Social Security Act of 1935, as amended
- Americans With Disabilities Act of 1990

### California

- California Emergency Services Act, California Government Code, Sections 8550-8668.
- California Emergency Plan (California Government Code, Section 8850 et seq.). The provision of Emergency Welfare Services falls with the authority of State supervised and County administered public social services. In case of an officially declared state of an emergency, and pursuant to the rules and regulations of the California Emergency Council, "State, regional and local government employees will become disaster workers; duties may include support of the American Red Cross." The Director of the Solano County Department of Health and Social Services is designated to act as the Coordinator of Care and Shelter for the Operational Area.
- 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, the California Standardized Emergency Management System, and National Incident Management System (NIMS) puts local government at the first level of response for meeting the disaster needs of people in its jurisdiction.
- Standardized Emergency Management System (SEMS) - Chapter 1 of Division 2 of Title 19 of the California Code of Regulations.
- California Master Mutual Aid Agreement.
- SB 1451. *Emergency Preparedness for the Disabled Community.*



- AB450. Standardized Emergency Management System to Include Preparedness for Animals.
- California Code of Regulations (Health and Safety Code § 1336.3). Requires each facility licensed by the Department of Health Services to adopt a written emergency plan.
- California Code of Regulations Title 22. Requires Community Care facilities licensed by the Department of Social Services to have a written disaster and mass casualty plan.

**Solano County**

- Solano County Emergency Operations Plan
- Solano County Care and Shelter Annex



## 3.0 Assumptions and Considerations

### 3.1 Planning Assumptions

The County Department of Health & Social Services (DHSS) is the agency with primary responsibility for sheltering residents and visitors in the County. The Director of DHSS is responsible for Operational Area Care and Shelter operations, and will appoint an Operational Area Care and Shelter Coordinator to coordinate County and city resources, request and respond to mutual aid services, and support the American Red Cross. The Care & Shelter Coordinator will respond to the EOC when activated.

Although Solano County has overall responsibility within their jurisdiction, the American Red Cross (ARC) will be expected to serve as the principle organization responsible for operating Care and Shelter facilities. ARC serves as the lead organization for developing potential shelter sites and training shelter staff in the Solano Operational Area. The Operational Area has adopted the Red Cross Shelter Operations program as the standard for all shelter operations.

Residential and Day Care Providers must develop plans to relocate their clients to a like-facility that can provide similar care – *they may not plan to relocate their clients to a general population shelter*. Residential and day care providers in the County are strongly encouraged to develop reciprocal relocation agreements with like facilities in other counties.

Only 10-30% of the population forced from their homes will seek shelter in any given emergency. The majority will stay with friends/family, move out of the area or stay in hotels.

There is sufficient shelter capacity in the County to meet the needs of an evacuation during an emergency or disaster.

Some evacuees may require specialized medical care that can be found in hospitals, medically fragile shelters, or in other environments that can support medically fragile persons and their caregivers.

Medically fragile persons are best sheltered at medical facilities, at a medically fragile shelter, or other environments that can support medically fragile persons and their caregivers. Nevertheless, medically fragile persons may present at the general population shelter, and will need care until they can be safely transferred to an appropriate facility.

Large numbers of medically fragile evacuees may require transportation from shelter sites to medically fragile facilities. Transportation of these individuals will require a major commitment of resources including personnel, transportation assets, medical staff, medical records, pharmaceuticals, medical equipment and supplies, and specialized dietary support.



Solano Operational Area shelter planning and procedures account for the unique needs of persons with access and functional needs. Auxiliary aids and services such as sign language interpreters, Braille materials, and TDD lines will be made available to the evacuees. All potential shelter sites are effectively ADA compliant. Shelter sites will have auxiliary electrical power supplies. Additional resources can be coordinated via the County EOC.

In many cases, evacuation centers, as opposed to shelters, will be sufficient. Evacuation centers provide a more limited level of care, but do not provide overnight accommodations and feeding, and thus require significantly less staffing and resources.

In a case where local shelters are insufficient, the EOC will coordinate with the municipalities, its neighbors and the State concerning the coordination of sufficient shelter destinations for evacuees, and will ensure the jurisdictions receiving evacuees from an impacted area agree to accept these individuals prior to evacuation. Coordination with any Federal support will be through the Operational Area and the State.

Solano County will follow State policies and guidelines governing household pet in shelters, and will include household pet care and shelter issues into planning.

The County is aware that pet owners often prefer their household pets to be sheltered in close proximity to the general population shelter.

Many Solano County residents may choose to camp-out, sleep in parks, or stay close to their property, rather than go to a County-designated shelter. These people may still have needs and expectations for care and other disaster assistance from government.

### **3.2 Care and Shelter Planning Considerations**

*Shelters take significant time to identify, activate, establish and have ready to receive guests.* Resources may need to be mobilized as much as 48 hours prior to the start of an evacuation to have sufficient capacity in place once the evacuation order is given.

*There are Interdependencies Between Shelters and Transportation:* The transportation assets needed to carry out evacuation are based on the number of people needing evacuation, availability of privately owned transportation, number of evacuees with special mobility and medical needs, the time available to conduct evacuation operations, and the distance to and availability of shelters. If shelters are located too far away, transportation assets may be able to only make one trip. It is critical to identify shelters for the general population and persons with access and functional needs that are as close as safely possible. The designation and distance to household pet shelters or shelters that will accommodate pets is also important.

*The Special Needs of Children Must Be Considered:* It is important to recognize the special needs of children during evacuations. In a no-notice evacuation, children could be located in large numbers away from their parents, such as in schools, childcare facilities or other



locations. Reunification of children separated from their parents will be an issue during evacuation and planning must be given to accomplishing this.

*Persons with Access and Functional Needs:* Access and functional needs may include practical and/or functional assistance in communication, mobility, maintaining independence, and medical care.

*Sheltering Animals:* There will be requirements for the transportation, sheltering and care of animals, including, but are not limited to, the following:

- **Service Animals:** The ADA defines service animals as any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability including, but not limited to guiding individuals with impaired vision, alerting individuals with impaired hearing, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items. Under the ADA regulations, service animals have access to the same facilities as the humans they serve.
- **Household Pets:** The tracking, embarkation, transportation, care, feeding, and sheltering of household pets can significantly impact the ability to safely shelter the general population. Solano County will consider alternative methods for owner and pet evacuation, such as identifying and providing locations to which household pets may be evacuated; providing logistical support for the care, immunization, and quarantine of household pets; providing specifications for vehicles that can be used to evacuate household pets; coordinating with private industry for household pet evacuations; and, planning for the co-location of pet shelters near general populations when possible.

*Victim Decontamination:* The County will retain primary responsibility for victim screening and decontamination operations when necessary in response to a HAZMAT (hazardous materials) incident. Appropriate personnel and equipment must be available. Shelter clients must be decontaminated before entering a general shelter.

**Medically Fragile Persons:** Such persons need a level of care that is not readily available at the general shelter. A comparison of shelter types is provided in the table below.



### 3.3 Comparison of Shelter Types and Population Designations

Comparison of Shelter Types and Population Designations	
Population Description	Shelter Designation
General Population	General Population Shelter (aka <i>Public Shelter</i> )
People with Access and Functional Needs (aka <i>People with Disabilities and the Elderly (PWDE), Special needs populations, vulnerable populations</i> )	General Population Shelter
<i>Medically Fragile Persons</i>	<b>Medically Fragile Shelter</b> (for those living independently with care givers). <b>Like-Facility</b> (for those living in a care facility)
Hospitalized, acute care patients	Operational hospital when surge capacity exists. Surge Alternate Care Facility.



## **4.0 Roles and Responsibilities**

### **4.1 Overview**

Conducting mass care and shelter operations is a Solano County responsibility, but there are circumstances that may exceed County capabilities, and support may be provided by the State and/or the Federal government. Requests for assistance will be initiated through the Solano Operational Area to the Regional Emergency Operations Center (REOC). Should the REOC be unable to procure the resources, it will push requests forward to the State or Federal coordination centers. Likewise, private entities have an essential role in the successful evacuation.

All agencies/organizations assigned to the Solano EOC Mass Care and Shelter Unit are responsible for designating and training representatives of their agency, and ensuring that appropriate Action Guides and standard operating procedures (SOPs) are developed and maintained. Agencies must also identify staff and maintain notification procedures to ensure appropriately trained agency personnel are available for extended emergency duty in the County EOC, agency DOC, or field command posts, as needed.

### **4.2 Local Government Entities**

#### **4.2.1 Department of Health and Social Services**

Solano County Department of Health and Social Services (DHSS) is the lead agency for mass care and sheltering. DHSS is responsible for coordinating actions of shelter operations to:

- Identify mass care and shelter assets and services being employed during a disaster.
- Resolve any major problems or gaps which may surface related to mass care and shelter operations and activities.

The Director of DHSS or his/her designee is the County EOC representative during a disaster and coordinates personnel and resources appropriate to the disaster situation. Specifically, the representative serves as the Care and Shelter Unit Leader in the Logistics Section of the County EOC. The Leader gathers mass care and shelter information, and coordinates efforts to provide sufficient support. Support in this effort comes from the ARC and other Volunteer Organizations Active in Disaster (VOADs).

The Care and Shelter Unit also processes requests from local governments for state mass care and shelter assistance; coordinates potential response actions of the member agencies and organizations. As the primary agency for mass care and shelter events, DHSS will provide assistance in the coordination in the following areas as warranted:

1. On-site assistance to disaster workers and victims
2. Disaster counseling
3. Individual and mass feeding
4. Nursing care



5. Provision of and operation of emergency shelter facilities
6. Assistance in the registration and identification of victims and emergency workers
7. Assistance in administration and supervision of disaster relief operations
8. Distribution sites for provisions of basic needs supplies such as food, water, clothing, etc.

#### **4.2.2 American Red Cross, Solano County**

In the case of sheltering, the US Congress has designated the American Red Cross (ARC) as a direct 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 between Solano County and the ARC requires cooperative efforts during the preparedness phase to clarify roles and responsibilities. The County may also work in cooperation with other volunteer disaster assistance organizations to provide shelter, care and other disaster relief.

ARC's ongoing preparedness activities include identifying and surveying shelter facilities. They will work with school districts and other government agencies to compile and maintain an up-to-date list of designated shelters. They will ensure that Agreements are in Place; for example, it is helpful to have Memorandums of Understanding (MOU) with designated shelter sites to clarify terms of use. The ARC also trains volunteers and professional staff in shelter operations and disaster preparedness education.

During an emergency event, the ARC provides staff and resources for the following tasks at the shelter sites:

- Emergency shelter
- Fixed and mobile feeding
- Emergency first aid
- Behavioral health support
- Disaster welfare inquiry support
- Vouchers for clothing and basic home furnishings
- Family reunification

It may take more than two days before the ARC is fully operational to support all these services on a complete County-wide basis following a major disaster. For this reason, it is essential to begin preparing for shelter operations whenever there is an imminent threat of an incident, and not wait until the event actually occurs.

ARC manages the *Safe and Well* system, a locator system for persons affected by a disaster, which provides information about disaster clients to family members outside the disaster area.

During an emergency event, the ARC provides individual disaster assistance to clients that are not in shelters. This includes assistance with emergency food, rent, minor home repairs, clothing, critical medicines, and other essentials of life. In a major disaster where there is widespread damage, the national resources of the ARC may not fully mobilize until a few



days after the event. Until such time that the ARC arrives, the County will coordinate the supply of personnel and resources to manage shelter operations.

#### **4.2.3 Office of Emergency Services**

The Solano County Office of Emergency Services (OES) leads the preparedness efforts via shelter plan development, training for the EOC staff, and providing for exercises and other training events.

In an imminent or actual disaster, OES receives and verifies situation reports from a variety of sources and identifies/estimates needs for mass care services, and in turn identifies the potential resources for providing mass care and requests assistance from support agencies.

OES staff members serve as the EOC Coordinator, and as such will support the efforts of the Care and Shelter Unit as requested. For smaller events, or in cases where the EOC is in early activation, OES will initially coordinate with involved support agencies regarding specific mass care site(s) locations that will be used and indicate what route(s) are to be used. OES, as EOC Coordinator, will provide public information on mass care sites, services provided, available routes, and transportation options. They will maintain coordination and communication between the EOC and support agencies.

The EOC Coordinator will communicate with State of California Emergency Management Agency (Cal EMA), and keep them apprised of local situation and request additional resources as needed.

#### **4.2.4 DHSS, Public Health Division**

The general shelter is not designed for medically fragile persons. In coordination with the County EOC, Public Health may need to coordinate resource to support medically fragile persons in the general shelter on a temporary basis, and coordinate their safe transportation to a medical facility or a medically fragile shelter. This includes emergency medical dispatch, and the coordination of ambulance services.

If a Medically Fragile Shelter is established, the Public Health will coordinate staff and resources in support of the shelter operations. This includes the coordination of the procurement, allocation and distribution of medical personnel (e.g., public health nurses), supplies, equipment and other resources, as necessary.

Public Health support may be needed to prevent the spread of communicable disease and disaster-related illness within the shelter.

#### **4.2.5 DHSS, Mental Health Division**

Mental Health staff resources are typically needed following a disaster and in support of clients in the shelters. Mental Health will make counselors available to shelter facilities to provide mental health services. They will also coordinate resources for the continuation of



care, treatment and housing for those clients currently residing within the Mental Health System that are impacted by the disaster.

#### **4.2.6 DHSS, Adult Protective Services**

Adult Protective Services (APS) is responsible for preventing or remedying neglect, abuse or exploitation of adults who are unable to protect their own interests because of age or disability. APS should take part in shelter preparedness to ensure best practices for caring for elderly. Sheltered citizens may need advocacy during a disaster.

#### **4.2.7 DHSS, Children's Protective Services**

Children's Protective Services (CPS) is responsible to provide services for children who are victims of physical abuse, sexual abuse and/or neglect or lack family care (such as without family supervision post disaster). CPS should take part in shelter preparedness to ensure best practices for caring for children. CPS may also need to be involved with providing shelter services during a disaster.

#### **4.2.8 DHSS, In-Home Supportive Services**

In-Home Supportive Services (IHSS) provides in-home care services to low income elderly, blind and disabled persons. IHSS representative should take part in shelter preparedness to ensure best practices of care for their clients. IHSS caretakers will need to be prepared to accompany their clients to the shelter, and have a plan for ongoing support of the clients.

#### **4.2.9 Resource Management Department, Environmental Health Division**

In the shelter environment, Environmental Health coordinates sanitation services with regard to food handling, mass feeding, medical and human waste disposal, and other emergency related facilities. They are also responsible to determine the safety of the water supply and the safe use of portable water. They identify, control, and eradicate harmful conditions in the environment.

#### **4.2.10 Sheriff's Office**

The Sheriff's Office assists with coordination of security and law enforcement resources that must be maintained in evacuation, shelter and feeding operation sites within the Operational Area. They may also provide communications services and equipment to shelter facility operators such as hand-held radios and emergency telephones.

#### **4.2.11 Animal Care Services**

Animal Care coordinates the sheltering of pets during a sheltering event. The ideal location is at the same facility or general area as the general shelter.

Animal Care also provides temporary shelter for stray animals including small animals, large farm animals, and exotic animals.



*For more information on sheltering of animals in Solano County, refer to the Solano County EOP, Animal Care Annex.*

## **4.3 Private Organizations**

### **4.3.1 Volunteer Organizations Active in Disaster**

Volunteer Organizations Active in Disaster (VOAD) community is made up of churches, religious institutions and other non-profit organizations. Member organizations will assist with:

- Selecting and operating mass care facilities.
- Providing food, equipment and supplies to support mass care facilities.
- Providing an orderly transition from mass care to separate family living.
- Providing the basic necessities of life to persons unable to provide for themselves as a result of a disaster, and obtaining temporary housing and other aid for displaced persons.
- Provide counseling and emotional support to shelter clients.

### **4.3.2 Private Schools**

Schools assist in providing resources such as facilities, food, equipment, and supplies to support mass care facilities. The EOC Care and Shelter Unit will use school sites as a last resort, given the typically short duration they are available, and the need to close shelter operations so the facility can be returned to school services.

### **4.3.3 Business and Industry**

The EOC logistics section will coordinate resource requirements from local to meet emergency requirements. Key businesses include hotels, motels, restaurants, warehouses, property management firms, et.al. The priority needs are for facilities for sheltering, storing, and distributing supplies.

## **4.4 Solano County Fire Departments**

The local Fire Department is the services provider that ensures the availability of necessary fire prevention equipment for shelters and provides fire watch support to enhance fire safety of buildings/facilities. Fire Department personnel can also assist in the determination, control and abatement of health and safety hazards at shelters, and provide emergency medical and paramedic services.

## **4.5 Supporting State Agencies**

### **4.5.1 Coastal Region Emergency Operations Center**

The Coastal Region Emergency Operations Center (REOC) acts as a coordination point in the event of a major emergency or disaster. The REOC collects, interprets, and distributes information related to the disaster. It is the liaison point for requests, coordination and prioritization of resource requests from the Operational Area to the State. The REOC is the gateway to the state's assets that are available to support local government in an emergency.



#### **4.5.2 California Emergency Management Agency**

The California Emergency Management Agency (CalEMA) 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.

#### **4.5.3 California Department of Social Services**

The Director of the California Department of Social Services (CDSS) will serve as the State Director of Care and Shelter and will have the overall responsibility for coordinating state-wide Care and Shelter operations and support requests. The CDSS will serve as the lead agency in coordinating State Agency Care and Shelter response to support local operations; provide departmental personnel and other resources to function in Disaster Assistance Centers (DACs) upon request of the Director of the CalEMA; coordinate the capabilities of County Social Services Departments (or similar agencies) to respond to the disaster (for mutual aid); and recommend inter-regional transfer of evacuees or resources to equalize distribution of the evacuee case loads.

#### **4.6 Federal Emergency Management Agency**

The Federal Emergency Management Agency (FEMA) activates the Federal Emergency Support Function (ESF) #6 – Mass Care, Housing, and Human Services in support of the California 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 American Red Cross is a supporting agency. Following an emergency, FEMA deploys an Emergency Response Team – National (ERT-N) to the State EOC. The ERT-N is composed of professionals who serve as the initial disaster management team providing assistance to an affected region to coordinate the full range of Federal response and recovery operations in a large, complex event.



#### 4.7 Roles and Responsibilities Reference Matrix

The table below shows the various emergency mass care and shelter functions and the departments or organizations with a primary role or supporting role.

<b>Roles and Responsibilities Table</b> <b>In support of Mass Care and Shelter Response Operations</b>										
<i>P - Primary</i> <i>S - Secondary</i>	Coordination w/ State	Coordination Local	Shelter Site Location/contact	Security	Mass Care	Registration	Food, Cots, supplies	Access and Functional Needs Support	Service Animals	Public Information
Cooperating Agency										
Solano Dept Health and Social Services: Pub Health; Children & Adult Services	P	P	S		S	S		P		S
Solano County Chapter of American Red Cross			P	P	P	P	P			
Solano Local VOAD								S	S	
Solano County OES	S	S					S			P
Solano County Sheriff: Animal Care				S					P	
Solano General Services: Regional Parks, Facilities			S							



## **5.0 Concept of Operations**

### **5.1 Pre-Response/Initial Actions**

The Solano County Health & Social Services Department chairs the Care and Shelter sub-Committee of the Disaster Council, which coordinates shelter planning and development of shelter resources.

The County chapter of the American Red Cross identifies, surveys, and maintains a list of contacts for potential shelter sites. The Red Cross also develops and trains its volunteers and government employees to serve as shelter staff. Prior to any event, shelter locations will not be publicized in case those locations are damaged or are not selected for use as shelters.

Transportation vendors and resources will be made aware of their responsibilities for support with moving general population, and especially the PAFNs, to/from shelter locations in an emergency.

The County will make attempts to alert people, especially the PAFNs, in the general population and in licensed care facilities to begin taking actions necessary when an imminent threat is recognized. This may include preparing for evacuation or for sheltering-in-place, depending on the threat specifics. All the alert and warning system available to the County should be used, and the TDD system specifically for those with hearing limitations.

### **5.2 Care and Shelter Coordination**

#### **5.2.1 General Population Shelters**

The County Department of Health & Social Services and/or the County Office of Emergency Services, as well as any of the municipalities in the operational area, will open General Population shelters as needed. The DHSS and OES will coordinate with Solano County Chapter of the ARC to coordinate volunteers, food services, cots, blankets and other supplies to the shelter sites.

General population shelters must be ready to server people with access and functional needs. While ARC and other shelter volunteers are trained to support PAFN in general, additional support may be requested from the shelter site as the level of need becomes apparent. The EOC (or DHSS DOC) will be activated to support the needs of the shelter via specialized staffing and resource requests.

Shelter staff members will include those trained to triage incoming clients. Those needing more care than can be provided in the shelter will be transferred to a medically fragile shelter or a medical facility; the EOC (or DHSS DOC) will coordinate transportation resources. In some cases, clients may need to be supported as best they can by available shelter workers until alternative transportation and facilities come available.



### **5.2.2 Shelters for Medically Fragile**

Medically fragile persons are those that cannot survive without a caregiver for an extended period. Those that live in a care facility are best sheltered in place (if possible), or else transferred to a like facility(s) in a safe area. If unable to relocate their clients to a like facility, caregivers may evacuate their clients to an established medically fragile shelter. Caregivers will support their clients at the shelter with personnel and special equipment.

### **5.2.3 Public Information Regarding Shelters**

Shelter locations will be announced to the public via the media and emergency communications systems once the shelter sites have been activated.

### **5.2.4 EOC and DHSS DOC Coordination of Services**

Shelter support and evacuee transportation will be coordinated by the Logistics Section of the City or Operational Area EOC responsible for the shelter. Regional Medically Fragile Shelters will be coordinated with the California Office of Emergency Services, Coastal Region and the California Dept. of Health.

Throughout the emergency, the Operational Area (OA) EOC will continue to coordinate with shelter operations organizations (e.g., ARC, privately operated shelters, etc.) through the ARC and the Functional Assessment Services Support Team (FAST) Leader(s) to track the status and operation of shelters and individuals in those shelters. Shelter populations may fluctuate until they begin to permanently decline, depending on the emergency specifics. The Care and Shelter Unit will continue to coordinate its FAST and PAs until shelter needs no longer require the support; they will also continue to utilize its standing agreements with VOAD organizations to find support for PWDE in shelters.

## **5.3 Shelter Support for People with Access and Functional Needs**

### **5.3.1 American Red Cross.**

PAFNs in the shelters will be supported by the Red Cross shelter team. Trained staff will conduct a functional assessment of PAFN as they arrive at public shelters. This assessment will evaluate the functional needs of the client, and ensure that their needs can be supported within the general shelter. The shelter triage unit may also direct PAFNs to alternate location (e.g. a medically care facility or medically fragile shelter) should their needs supersede the support capabilities of the shelter. In some cases a Personal Assistant (PA) is needed to support PAFN in the shelter. If PAs are needed, the EOC (or DHSS DOC) will coordinate these resources to the shelter.

### **5.3.2 Functional Assessment Service Support Team**

If PAFN mass care needs supersede the locally available staffing resources, a request for mutual aid can be made for Functional Assessment Service Support Team (FAST) resources once a local emergency has been declared. FAST is typically incorporated as part of the shelter team, with the overall goal to support PAFN to maintain their independence in the shelter. As such, FAST assist with initial intake at shelters, and may continue to serve in





For clients that have severe hardship (e.g., those who have lost their homes and/or are in severe financial hardship), the EOC will support their receiving additional services outside of the shelter environment. If the disaster was significant, Federal and State disaster relief agencies will become heavily involved in providing financial aid to disaster victims. Disaster Assistance Centers will be set up to coordinate the delivery of these services. County/city officials and private agencies still have responsibility for phasing out the mass care facilities and assisting displaced persons in obtaining temporary housing and other aid.

PAFNs are prone to transfer trauma and environmental stresses; the sooner they can be moved back to normalcy in their homes or care facility, the better.



## Appendix A: Acronyms

ADA	Americans with Disabilities Act
APS	Adult Protective Services
ARC	American Red Cross
ASL	American Sign Language
Cal EMA	California Emergency Management Agency
CBO	Community Based Organization
CDSS	California Department of Social Services
CPS	Child Protective Services
DAC	Disaster Assistance Center
DHSS	Department of Health and Social Services
DME	Durable Medical Equipment
DOC	Department Operations Center
DSW	Disaster Service Worker
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ERT-N	Emergency Response Team - National
ESF	Essential Support Function
FAST	Functional Access Service Support Team
FEMA	Federal Emergency Management Agency
HAZMAT	Hazardous Materials
IHSS	In-Home Supportive Services
JIC	Joint Information Center
ILC	Independent Living Center
MOU	Memorandum of Understanding
NGO	Non-Government Organization
NIMS	National Incident Management System
OA	Operational Area
OES	Office of Emergency Services
PA	Personal Assistant
PAFN	People with Access and Functional Needs
PIO	Public Information Officer
PWDE	People with Disabilities and the Elderly
REOC	Regional Emergency Operations Center
SEMS	Standard Emergency Management System
SOP	Standard Operating Procedure
TBI	Traumatic Brain Injury
VOAD	Voluntary Organizations Active in Disaster



## Appendix B: Definitions

<p><b>People with Access and Functional Needs.</b></p>	<p>A function-based definition, instead of the "special needs" label, reflects the capabilities of the individual, not the condition, label or medical diagnosis. Individuals in need of additional response assistance may include those who:</p> <ul style="list-style-type: none"> <li>• Have disabilities (e.g., with sight, speech, hearing, intellectual comprehensive, or cognitive abilities).</li> <li>• Live alone or have limited community support.</li> <li>• Do not live in institutionalized settings (and thus are not in a community that provides its own emergency planning).</li> <li>• Are elderly.</li> <li>• Are unaccompanied children.</li> <li>• Are from diverse cultures.</li> <li>• Are transportation disadvantaged (e.g., do not own vehicle, cannot drive vehicle, or need specialized vehicle to be transported).</li> <li>• Use wheelchairs, power wheelchairs, motorized scooters and are capable of transferring themselves.</li> <li>• Have mild to moderate muscular diseases with a stable or assisted gait.</li> <li>• Have a special diet.</li> <li>• Have artificial limbs or prostheses.</li> <li>• Use mechanical devices such as pacemakers, implanted defibrillators or insulin pumps.</li> <li>• Have visual, hearing or speech impairments or whose first language is not English.</li> <li>• Have managed, non-acute behavioral or mental health illnesses.</li> </ul>
<p><b>Medically Fragile Persons</b></p>	<p>People that need medical care support in daily activities; this support typically includes a caregiver, and include durable medical equipment. Such persons may have dementia, Alzheimer's, a psychiatric condition, or a contagious disease. Such individuals need trained caretakers and are better cared for at a designated care facility or a medically fragile shelter until they can be transferred to a facility. Hospital out-patients fall into this category. Those who fit this description include:</p> <ul style="list-style-type: none"> <li>• People with medical conditions that require professional observation, assessment and maintenance, such as:             <ul style="list-style-type: none"> <li>○ routine injections</li> <li>○ IV therapy</li> <li>○ wound care</li> <li>○ in-dwelling drainage or feeding tubes</li> <li>○ respiratory therapy or assistance with oxygen</li> <li>○ dependent upon electrical medical devices</li> <li>○ insulin-dependence needing blood sugar monitoring and injections</li> </ul> </li> </ul>



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	<ul style="list-style-type: none"><li>• People with chronic conditions who require assistance with activities of daily living and need a caregiver present. For example: a person whose mental status requires continuous monitoring and a secure environment, or an incontinent person that requires catheterization or bowel care.</li><li>• People with regular need for medications and/or regular vital sign readings that are unable to do so without professional assistance.</li><li>• Someone who requires the level of care beyond the basic first aid level provided at the general population shelter.</li></ul>
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## Attachment 1: Functional Assessment and Support Team

The FAST concept was developed by the California Department of Social Services (CDSS) to support local government during a disaster with mass care and shelter support, and especially for people with access and functional needs<sup>1</sup>. FAST teams can be requested via mutual aid. Those trained as members of the FAST are from local, state and federal government agencies, as well as some in the community based organizations (CBOs) and private, non-profit organizations.

The purpose of the FAST program is to provide staff to conduct functional assessments of PAFN who are in shelters. This assessment will evaluate the needs of the PAFN and determine whether they can be supported within the general population shelter. FAST will be deployed as shelters are opened and remain in the shelters until it is determined that they are no longer needed. They may be transferred to other shelters and may return to shelters as needed or requested.

### ***Fast Membership Composition***

A FAST consists of a corps of trained volunteers who may be government employees, or personnel from the non-profit organizations trained to respond and deploy as Disaster Service Workers (DSW) to assist in shelters. A FAST may consist of members with experience in the following areas:

- \_\_\_\_\_ Mental Health Disorders
- \_\_\_\_\_ Developmental Disabilities
- \_\_\_\_\_ Cognitive Disabilities
- \_\_\_\_\_ Deaf/Hearing Disabilities
- \_\_\_\_\_ Blind/Sight limitations/Disabilities
- \_\_\_\_\_ Traumatic Brain Injury (TBI)
- \_\_\_\_\_ Physical and/or Mobility Disabilities
- \_\_\_\_\_ Substance abuse issues
- \_\_\_\_\_ Aging (services/supports, including dietary needs)
- \_\_\_\_\_ Medical/Physical needs for dispersing prescription medications and to address infectious disease control issues, and to assist for triage needs at entry

### ***FAST Qualifications***

**FAST Leaders** should have in-depth knowledge of PAFN needs, including housing, resources, benefit programs, and disaster aid programs.

<sup>1</sup> <http://www.cdss.ca.gov/dis/res/pdf/FASTDescription.pdf>



**FAST Members** should have two years experience assessing the needs of either people with disabilities or activity limitations, or with senior services. This includes experience with obtaining services and providing resource management preferably within the specific population needs within the shelter.

Members should have an in-depth knowledge of people with disability and activity limitations, or working with seniors. This would include knowledge of their culture and support service systems such as housing, resources, benefit programs, and disaster aid programs.

They should have effective interpersonal skills needed to communicate (oral/written) and interact successfully and diplomatically with a variety of staff, volunteers, and members of the community.

All FAST must have completed FAST training (Team Leader) or appropriate ad hoc FAST training at the shelter from the FAST Team Leader as is needed to support the immediate needs of the PWDE.

Before activation, FAST members must document that

- They are able to travel as required and work under difficult and stressful situations.
- They are available for quick deployment to provide immediate and intermediate early responder assistance.
- They have demonstrated knowledge of the ADA and related disability rights laws.
- They have a demonstrated knowledge of assistive technology and alternative formats, and other reasonable accommodations.
- They have acquired knowledge of current best practice policies, programs, services, and support system for PWDE. (i.e. Independent Living Movement philosophy)
- They have developed a familiarity with local and federal funding streams and supporting services especially related to recovery activities and return from the shelter.
- Ideally, they have bilingual skills and/or can communicate using American Sign Language (ASL)

### ***Fast Responsibilities***

The FAST(s) use the ARC Shelter Initial Intake and Assessment Tool to evaluate and triage PAFN arriving at the shelters. Functional needs accommodations are provided to individuals who have been assessed and determined to be safely accommodated within a shelter with proper support/services. PAFN accommodations may be provided as resources can be obtained, including the following:

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Essential prescribed medications.

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Essential durable medical equipment (DME) and essential consumable medical supplies (CMS).

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Assistance to maintain independence (personal assistance with activities of daily living, managing non-acute medical and chronic conditions, etc.).

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Support to individuals with cognitive limitations.

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Translation and communication support to assist individuals who require communication assistance (e.g., visual and hearing disabilities and limitations).

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Assistance to individuals who have conditions that affect walking or using stairs.

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Assistance to individuals with chronic but stable respiratory conditions (heart disease, asthma, emphysema, allergies, etc.).

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Assistance to individuals with temporary limitations.

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Management and coordination of processes to address the requirements to maintain functional/medical support operations, but not care of acute life threatening medical conditions which should be directed towards medical care facilities.

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## **Attachment 2: Personal Assistant**

### ***PA Duties and Assignments***

A PA can be partnered with PAFNs as needed to provide continuing support based on the functional need(s) identified during the assessment.

PA's assist PAFNs with non-medical services to allow individuals to remain in shelters.

The recommended assignment ratio is 1 PA for every 5 assessed PAFNs with support needs, but this ratio may be adjusted based on the actual needs in the shelter.

Additional PAs may be added as a shelter population increases.

### ***Personal Assistant Selection and Qualifications***

PAs working under the FAST will be identified, organized and prepared by the Operational Area before they can be assigned to a shelter under direction of the FAST Leader. The FAST Leader does not have authority over PAs arriving at the shelter to support PAFNs on their own volition or direction (e.g., family members, facility care givers). However, PAs may be asked to provide the following information and meet these basic qualifications:

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Two references (either personal or work related) from non-relatives.

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Disclosure of any history of criminal convictions and agree to fingerprint clearance and/or a background check

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A government issued California photo identification

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Attend an interview/screening process that identifies work history, skills, training and personal qualities that would make them a good PA staff/volunteer.

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Demonstrate good inter-personal and social relations skills (i.e., follows directions, has conflict resolution skills, listens and works well with others, etc.).

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Potential PAs will be rejected for the following reasons:

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Failure to disclose a previous criminal conviction on their application, or failure of a security background screening.

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Any felony conviction(s).

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Any criminal violations that represent a threat to health, safety, or personal rights of consumers.

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Any violation of Elder/Dependent or Child Abuse Criminal Laws or the demonstration of a pattern of suspected or substantiated Elder, Dependent, or Child Abuse.

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Any current drug/alcohol addiction problems.

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The potential sources for PA staff positions may include:

Volunteer Organizations Active in Disaster (VOAD)

Independent Living Centers (ILCs)

Non-government Organizations (NGO)

Community Based Organizations (CBO)

Members of faith-based community organizations (FBO)

Private sector and non-aligned organizations

Local government staff employees in the Operational Area

California Department of Health and Human Services is responsible for the establishment, recruitment, training, exercising, and deployment of FAST.