

# **Solano County Emergency Operations Plan**

## **Mass Care and Shelter Annex**



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## Table of Contents

<b>Section 1. Introduction .....</b>	<b>1</b>
1.1 Purpose .....	1
1.2 Quick Reaction Guide.....	1
1.3 Scope .....	1
1.4 Policy .....	2
<b>Section 2. Authorities and References .....</b>	<b>3</b>
2.1 Federal.....	3
2.2 California .....	3
2.3 Solano County .....	4
<b>Section 3. Assumptions and Considerations.....</b>	<b>5</b>
3.1 Planning Assumptions .....	5
3.2 Care and Shelter Planning Considerations.....	6
3.3 Comparison of Shelter Types and Population Designations.....	7
<b>Section 4. Roles and Responsibilities .....</b>	<b>9</b>
4.1 Overview .....	9
4.2 Local Government Entities.....	9
4.2.1 Department of Health and Social Services .....	9
4.2.2 American Red Cross, Solano County.....	10
4.2.3 Office of Emergency Services .....	10
4.2.4 Department of Health and Human Services.....	11
4.2.4.1 Medical Services and Public Health Division .....	11
4.2.4.2 Mental Health Division .....	11
4.2.4.3 Adult Protective Services.....	11
4.2.4.4 Children's Protective Services .....	11
4.2.4.5 In-Home Supportive Services .....	11
4.2.5 Resource Management Department, Environmental Health Division .....	11
4.2.6 Sheriff's Office .....	12
4.2.7 Animal Care Services .....	12
4.3 Private Organizations .....	12

4.3.1	Volunteer Organizations Active in Disaster .....	12
4.3.2	Private Schools .....	12
4.3.3	Business and Industry .....	12
4.4	Solano County Fire Departments .....	12
4.5	Supporting State Agencies .....	13
4.5.1	Coastal Region Emergency Operations Center .....	13
4.5.2	California Governor’s Office of Emergency Services .....	13
4.5.3	California Department of Social Services .....	13
4.6	Federal Emergency Management Agency .....	13
4.7	Roles and Responsibilities Reference Matrix .....	14
<b>Section 5.</b>	<b>Concept of Operations.....</b>	<b>15</b>
5.1	Pre-Response/Initial Actions .....	15
5.2	Care and Shelter Coordination.....	15
5.2.1	General Population Shelters.....	15
5.2.2	Shelters for Medically Fragile .....	15
5.2.3	Public Information Regarding Shelters.....	15
5.2.4	EOC and H&SS DOC Coordination of Services .....	16
5.3	Shelter Support for People with Access and Functional Needs.....	16
5.3.1	American Red Cross.....	16
5.3.2	Functional Assessment Service Support Team.....	16
5.3.3	Non-Profit Agency Support .....	17
5.4	Post Response/Shelter Closure .....	17
<b>Appendix A.</b>	<b>Acronyms</b>	<b>A-1</b>
<b>Appendix B.</b>	<b>Definitions</b>	<b>B-1</b>

## List of Tables

Table 3-1: Comparison of Shelter Types and Population Designations.....	7
Table 4-1: Roles and Responsibilities Table in Support of Mass Care and Shelter Response Operations .....	14
Table A-1: Acronyms.....	A-1

# Section 1. 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 Quick Reaction Guide

See the quick reaction checklist under separate cover.

## 1.3 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:

- 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 Branch in the Operations Section.

**Federal 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.

## 1.4 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 sheltered persons with functional and access 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, religion, nationality, sex, age, disability, 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.

## Section 2. 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.

### 2.1 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

### 2.2 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 within 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.

## 2.3 Solano County

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



## Section 3. Assumptions and Considerations

### 3.1 Planning Assumptions

The County Department of Health & Social Services (H&SS) is the agency with primary responsibility for sheltering residents and visitors in the County. The Director of H&SS 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

Table 3-1: 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 disabilities	General Population Shelters with staffing capabilities
<i>Medically Fragile Persons</i>	<p><b><i>Medically Fragile Shelter</i></b> (for those living independently with care givers).</p> <p><b><i>Like-Facility</i></b> (for those living in a care facility)</p>
Hospitalized, acute care patients	<p>Operational hospital when surge capacity exists.</p> <p>Surge Alternate Care Facility.</p>



## **Section 4. 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 Emergency Operations Center (SEOC) 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 Branch 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 (H&SS) is the lead agency for mass care and sheltering. H&SS 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 H&SS 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 Branch Director in the Operations Section of the County EOC. The Director 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, H&SS 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**

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 may also coordinate communications services and equipment to shelter facility operators such as hand-held radios and emergency telephones.

## **4.2.4 Department of Health and Human Services**

### **4.2.4.1 Medical Services and 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.

### **4.2.4.2 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 and treatment for those clients currently residing within the Mental Health System that are impacted by the disaster.

### **4.2.4.3 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.

### **4.2.4.4 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.

### **4.2.4.5 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.

## **4.2.5 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.

#### **4.2.6 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.

#### **4.2.7 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 Governor's Office of Emergency Services**

The California Governor's Office of Emergency Services (CalOES) 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 Cal OES; 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 caseloads.

## **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

Table 4-1 shows the various emergency mass care and shelter functions and the departments or organizations with a primary role or supporting role.

**Table 4-1: Roles and Responsibilities Table in Support of Mass Care and Shelter Response Operations**

<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>										
Cooperating Agency	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
Solano Dept Health and Social Services: Pub Health; Children & Adult Services	P	P	S		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							

## **Section 5. Concept of Operations**

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

The County chapter of the American Red Cross identifies, surveys, and maintains a list of contacts for potential shelter sites. Once the need for a shelter has been identified, the locations will be publicized and communicated through the Public Information Officer. The Red Cross also develops and trains its volunteers and government employees to serve as shelter staff.

The County will make attempts to alert the public 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 any of the municipalities in the operational area, will open General Population shelters as needed. The H&SS 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 serve people with access and functional needs. While ARC and other shelter volunteers are trained to support persons with access and functional needs, additional support may be requested from the shelter site as the level of need becomes apparent. The EOC (or H&SS 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 H&SS 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 is defined as a chronic physical condition which results in a prolonged dependency on medical care for which daily skilled (nursing) intervention is medically necessary. 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 H&SS 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..

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 Branch will continue to coordinate its FAST and Personal Assistants (PA) until shelter needs no longer require the support; they will also continue to utilize its standing agreements with VOAD organizations to find support for people with disabilities and the elderly in shelters.

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

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

People with access and functional needs in the shelters will be supported by the Red Cross shelter team. An assessment of access and functional capabilities will be conducted before the shelters are needed. Trained staff will conduct a functional assessment of citizens as they arrive at the 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 persons with access and functional needs 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) may be needed. If PAs are needed, the EOC (or H&SS DOC) will coordinate these resources to the shelter. An inventory of available resources to support the shelters (cots, blankets, medical supplies, supplies for access and those with functional needs, etc) will be collected prior to shelter use.

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

If access and functional 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 people with access and functional needs to maintain their independence in the shelter. As such, FAST assist with initial intake at shelters, and may continue to serve in shelters as needed. The FAST Leader helps determine if Personal Assistants (PAs) are needed in the shelter. If Personal Assistants are needed, the EOC (or H&SS DOC) will coordinate resources to the shelter.

The Solano EOC Mass Care and Shelter Coordinator may transfer FAST members to other shelters as needed. FAST members may become Personal Assistants temporarily if they are qualified to fulfill that role until other PA caregivers arrive. Key activities of the FAST include:

- Accessibility to the facility and auxiliary aids services within the shelter
- Alternative forms of communications (TTD/TTY, pictographs, large print)
- Reception registration and identification
- Triage of shelter clients including physical and mental health needs
- Prescription medication management assistance
- Provision for in-shelter service animals

The ARC tracks the status of shelter operations and the populations staying in shelters. The EOC Care and Shelter Unit activates the H&SS shelter support for persons with access and functional needs from its list of qualified individuals and directs them to shelters as needed.

### **5.3.3 Non-Profit Agency Support**

Local non-profit organizations (e.g., Salvation Army, Volunteer Organizations Active in Disaster (VOAD) member entities) may be activated both to supply resources to the shelters, and to act as a conduit to find local resources as requests are received from the shelters. Sheltering support requests for supplies that cannot be met locally by ARC or other sources will be directed to the EOC Care and Shelter Unit as a mutual aid request to be sent to the REOC.

## **5.4 Post Response/Shelter Closure**

Once the initiating emergency has ended, returning the shelter site to its original purpose is a first priority. Volunteers will need to be released, bedding resources must be cleaned and returned to ready status, and expendable resources must be restocked.

Shelter clients will begin transition back to their homes or, in some cases, to long term alternates. Those who arrived in their personal vehicles will be able to leave as soon as possible. Others will need transportation to their home, a mass transit terminal, or an alternate facility, and this will be coordinated via the EOC. A reasonable schedule will be established to transition the shelter facility back to its original state, and all shelter clients must be moved.

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.



## Appendix A. Acronyms

Table A-1: Acronyms

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





## Appendix B. Definitions

Table B-1: Mass Care and Shelter Annex Definitions

Mass Care and Shelter Annex Definitions	
Access and Functional Needs	<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>

**Medically Fragile  
Persons**

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:

- People with medical conditions that require professional observation, assessment and maintenance, such as:
  - routine injections
  - IV therapy
  - wound care
  - in-dwelling drainage or feeding tubes
  - respiratory therapy or assistance with oxygen
  - dependent upon electrical medical devices
  - insulin-dependence needing blood sugar monitoring and injections
- 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.
- People with regular need for medications and/or regular vital sign readings that are unable to do so without professional assistance.
- Someone who requires the level of care beyond the basic first aid level provided at the general population shelter.