A Guide for Local Jurisdictions In Care and Shelter Planning

Alameda County Operational Area
Emergency Management
Organization

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Introduction

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

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

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

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

What Is Care and Shelter and Who Provides It?

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

Legal Requirements for Local Government

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

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

A Cooperative Partnership between Local Government & The Red Cross

The City will:

1. **Designate a City Care and Shelter Coordinator**

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

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

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

3. **Identify and Survey Shelter Facilities**

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

4. **Ensure that Agreements are in Place**

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

5. **Train Staff to Operate Disaster Shelters**

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

6. **Provide Care and Shelter Services**

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

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

<u>**The American Red Cross will:**</u>

1. **Provide Care and Shelter Services ***

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

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

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

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

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

3. **Engage in Cooperative Care and Shelter Planning**

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

Other Care and Shelter Resources

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

1. **County Health Care Services Agency**

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

   <u>Public and Environmental Health provide the following disaster response functions</u>:

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

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

2. **County Behavioral Health Care Services**

   <u>Manages the following disaster mental health response functions:</u>

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

3. **County Social Services Agency (SSA)**

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

   <u>The following SSA services support more vulnerable county residents.</u>

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

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

- In addition, SSA has programs for **Child Care, General Assistance, Medi-Cal, Housing Assistance, Food Stamps, and SSI**, which disaster victims may need as part of their recovery.

4. **CARD of Alameda County** (Collaborating Agencies Responding to Disaster)

   CARD improves the disaster preparedness of community based organizations serving vulnerable populations. In a disaster, CARD becomes the link between requests for emergency help and the community-based organizations available to provide help. CARD will ensure an effective response and recovery for vulnerable and under-served populations in Alameda County. See http://www.PrepareNow.org.

5. **Community Based Organizations (CBOs)**

   CBOs that provide direct and ongoing services to persons with special needs during non-disaster times are in the best position to support the recovery of more vulnerable populations following a disaster. CBOs may support local jurisdictions with sheltering, language and cultural sensitivity needs, and serve as a conduit for getting information to people that local government may have difficulty reaching. See Appendix G – Identifying CBOs and Community Resources.

6. **Salvation Army**

   Through its various local organizations and with the assistance of Divisional Head-quarters, 916-563-3700, or www.salvationarmydeloro.org, the Salvation Army provides the following services to individuals and families.
   - Mass care feeding (including mobile kitchen units)
   - Sheltering
   - Clothing distribution
   - Counseling
   - Assistance in home cleanup (for seniors and people with disabilities)

7. **Local Business and Industry**

   Businesses often donate goods or services to assist the community in its recovery from a disaster. Cities may establish pre-disaster agreements with local businesses to expedite the purchase or use of equipment and supplies required for shelter operations.

Care and Shelter Planning Assumptions

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

❑ **That responsibility for care and shelter belongs to local government**. However, the American Red Cross and Salvation Army, along with other CBOs and voluntary organizations, may assist local government as partners in delivering these services.

❑ **In a major disaster, the American Red Cross will require an influx of resources from outside the area to be operational**. Therefore, it may be upwards of 5 days before the Red Cross can assume a primary care and shelter role.

❑ **In accordance with SEMS, additional resources and assistance from outside the local jurisdiction shall be available to local government through the Op Area**. However, expect resources to be extremely limited the first few days following a disaster where there has been widespread damage. Local jurisdictions will fare better in the short term by developing their own local resource base.

❑ In the immediate days after a major disaster, **neighborhood organizations and local congregations will emerge to provide care and shelter support** independent of local government. Local government will need to coordinate care and shelter services with those groups that emerge spontaneously.

❑ **Some displaced residents will converge on public parks and open spaces**, as an alternative to using indoor mass care shelters.

❑ **Many residents who suffer some structural damage to their home, following a major disaster, will choose to remain on their property** (i.e., camp-out), versus going to a public disaster shelter. Yet, they will still have needs and expectations for disaster assistance from local government.

❑ **Given the above, in addition to opening disaster shelters, cities will need to open disaster service centers** (as a place for local residents to go for disaster assistance). See Section 7: Setting-up Disaster Service Centers to Meet Other Care and Shelter Needs.

❑ **CBOs that provide social services and serve vulnerable populations will initially be overwhelmed** with demands for service, but will do everything possible to meet new and emerging community needs. Local government can support this effort by using its EOC to obtain the resources that CBOs need to sustain operations post-disaster.

❑ **A disaster that occurs while school is in session may require the school to become a temporary shelter for its student population**. Either alternative shelter is needed for the general population, or the public may have to identify a separate area within the school building so that two separate shelter operations are occurring simultaneously.

❑ **Essential public and private services will continue during shelter and mass care operations**. However, for a major disaster that generates a very large-scale shelter operation, normal activities at schools, community centers, churches and other facilities used as shelter sites will be curtailed.

Developing Shelter Sites

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

Examples of Potential Shelter Sites

1. **Public and Private School Buildings**
   - School gymnasiums and large multipurpose rooms are ideal for sleeping areas

2. **City-Owned Facilities**
   - Community centers, senior centers, recreational facilities, or auditoriums

3. **Congregations**
   - Churches, temples, synagogues or other privately owned facilities

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

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

Criteria for Selecting Shelter Sites

<u>Ideal shelter facilities have the following characteristics.</u>

1. Space for parking

2. Space for Sleeping (40 square feet per person)

   In addition, envision space for the following within the facility:

   - Registration Area
   - Shelter Manager's Office
   - Health Services Area
   - Mental Health Services Area
   - Food Preparation or Serving Areas (including space for a snack table)
   - Recreation Area

3. Toilet and Shower Facilities (one toilet per 40 people)

4. Kitchen / Cooking Facilities

5. Emergency Generator on Site

6. Safety Features (e.g., fire extinguisher, fire sprinklers and fire alarm)

7. Building Heating and Cooling Capacity

8. Telephones

9. Accessibility for People with Disabilities

   - See <u>Appendix F - Tips to Maximize Shelter Accessibility</u>, for more information on ADA requirements and reasonable accommodations.

10. Secured Storage Areas

11. Separate Rooms within the Facility (e.g., private space for elderly persons, families with children, or persons that need isolation; also rooms for nursing and office space)

    <u>Note</u>: Consider sites that meet all the above standards as "Primary Shelter Facilities"

Survey of Shelter Sites

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

1. Location and Contact Information

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

- Accessibility for people with disabilities (Yes/No/Partial)

3. The survey will also identify what supplies may already be on site (e.g., sleeping mats, blankets, food and water, cleaning supplies, etc.)

4. As part of the survey, obtain a floor plan for each facility designating areas for shelter operations.

Open Space Shelter Sites

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

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

Alternative Shelter Sites

1. Smaller Neighborhood Sites

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

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

2. Medical Care Sites

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

Primary and Secondary Sites

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

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

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

Shelter Agreements

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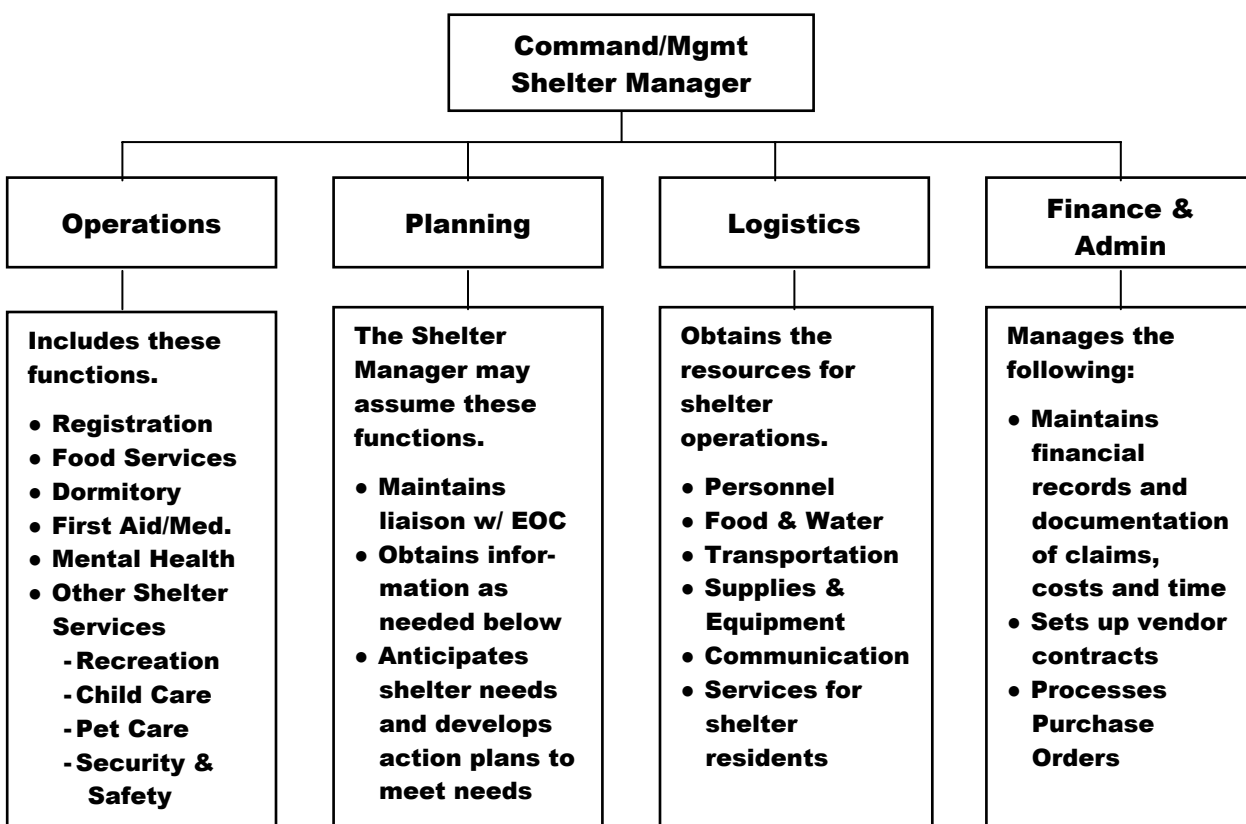
1. Authorization for use of the facility and procedures for notification.

2. Describes terms of use for equipment at the facility -- radios, fax machines, televisions, computers, etc. Also, describes any reimbursement or arrangements for use of utilities (gas, water, electricity and telephones).

3. Discusses the length of use (use for as short a period as possible; continued use of the facility will be based on the mutual decision of both parties).

4. Emphasizes return of the facility to its original condition, including the replacement or reimbursement for any damage or materials/supplies consumed during the sheltering operation.

5. Defends, holds harmless, and indemnifies the facility against any legal liability for actions that occur during the sheltering operation.

Organizing A Shelter Operations Team

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

SEMS Profile of a Shelter Management Team

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

Command/Mgmt Shelter Manager			
Operations	**Planning**	**Logistics**	**Finance & Admin**

Includes these functions.
 	
● Registration
● Food Services
● Dormitory
● First Aid/Med.
● Mental Health
● Other Shelter Services
  - Recreation
  - Child Care
  - Pet Care
  - Security & Safety
	The Shelter Manager may assume these functions.
	
	● Maintains liaison w/ EOC
	● Obtains information as needed below
	● Anticipates shelter needs and develops action plans to meet needs
		Obtains the resources for shelter operations.
		
		● Personnel
		● Food & Water
		● Transportation
		● Supplies & Equipment
		● Communication
		● Services for shelter residents
			Manages the following:
			
			● Maintains financial records and documentation of claims, costs and time
			● Sets up vendor contracts
			● Processes Purchase Orders

Planning Notes:

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

B. Consider designating an Assistant Shelter Manager, in addition to the Shelter Manager, especially for large shelter operations.

C. The Red Cross recommends a minimum of 6 staff per 100 shelter residents. Depending on the size of the disaster and the number of staff available, some positions may do double-duty, or shelter residents and community volunteers can fill selected roles.

D. By law, all government workers serve as disaster workers in a declared emergency.

Formation of the Shelter Management Team

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

1. Identify a Corps of Shelter Managers

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

Consider the following criteria in selecting shelter managers.

- If possible, choose persons who, in a disaster, will be managing the same facility (or facility of a similar type) that they normally manage during non-disaster times. For local jurisdictions, shelter managers will presumably come from Parks and Recreation or Community Services staff.

- Choose persons with good supervisory or management skills who can handle stressful conditions. They also must be persons who can deal sensitively with a diverse shelter population given the demographics of our urban communities.

❑ Include shelter managers in training below.

2. Identify Additional Shelter Operations Staff for Training

❑ If Parks and Recreation (or similar entity) is the city department tasked with care and shelter response, recruit staff from that department to receive Red Cross Shelter Training.

❑ Otherwise, the care and shelter coordinator will want to work with the city's emergency service coordinator to determine which city personnel to recruit for shelter training. If there are city employees who do not already have clearly defined response roles in a disaster, consider training them to serve as city disaster shelter workers.

❑ Identify and train city employees with more specialized skills needed to support shelter operations (bilingual employees, employees with First Aid, mental health training, etc.).

❑ Involve school district personnel in shelter training. In cases where schools become disaster shelters, school personnel may assist as shelter workers.

❑ Invite key CBOs, or local congregations that may operate shelters, to participate in shelter training. Considering inviting community/city volunteers for training as care and shelter workers in a disaster

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

❑ Contact the American Red Cross Chapter in Oakland, 510-595-4400, to arrange a shelter training class.

❑ The Red Cross Shelter Training and Simulation Class is 3-hours in length and provides information on how to run a successful shelter operation, along with a tabletop exercise to practice operations. Objectives of the training are to enable city employees to:

- Demonstrate how to open and operate a shelter
- Identify a variety of resources available to shelter workers
- Work as a team to provide quality shelter services to shelter residents
- Effectively address common shelter problems

❑ Participants at the training will receive the Red Cross Shelter Operations Participant's Workbook. This workbook provides the tools to open and operate a shelter in times of an emergency when an experienced shelter manager is not available.

4. Maintain an Active Roster of Shelter Workers

❑ Once employees complete training as shelter workers, add them to the list of active shelter workers. Keep this list up-to-date.

❑ Consider some type of annual disaster training for shelter workers.

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

Personal Preparedness

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

At a minimum, individual preparedness requires the following.

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

Refer to the following Red Cross documents for further information:

- Family Disaster Planning
  http://www.redcross.org/services/disaster/beprepared/familyplan.html

- Disaster Supplies Kit
  http://www.redcross.org/services/disaster/beprepared/supplies.html

- Food Supplies in Case of Disaster
  http://www.redcross.org/services/disaster/beprepared/food.html

- Your Evacuation Plan
  http://www.redcross.org/services/disaster/beprepared/evacuation.html

- Food and Water in an Emergency
  http://www.redcross.org/services/disaster/beprepared/foodwtr.html

- Personal Workplace Disaster Supplies Kit
  http://www.redcross.org/services/disaster/beprepared/workkit.html

- Emergency Preparedness Checklist
  http://www.redcross.org/services/disaster/foreignmat/epceng.pdf

Planning to Meet Disaster Shelter Needs

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

1. Registration

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

Planning Considerations:

❑ **Document All Occupants** -- Ensure the registration of all shelter occupants upon their arrival to the shelter. Assign volunteers or someone on site to perform this task.

❑ **Registration Data** -- Keep a simple record on plain 3 x 5 inch cards of every person who is housed in the shelter (see Appendix A for a copy of the Red Cross Shelter Registration Form 5972). The following registration information is needed:

1. Family last name (at the top of the card)
2. First, and middle names for husband and wife (include wife's maiden name)
3. Names and ages of all other family members
4. Pre-disaster address
5. Note any health concerns or special needs
6. Date arrived in the shelter; date departed shelter
7. Post-disaster address

❑ **Special Needs** -- Use registration as an opportunity for people to self-identify any medical, dietary, medication, or accommodation needs (i.e., needs for special assistance).

❑ **Sign-in/Sign-out Policy** -- Establish a sign-in/sign-out policy when shelter residents leave for any period. This helps to keep an accurate shelter population head count.

❑ **RIMS Reporting Needs** -- Shelter personnel will provide the following registration information to the EOC, as per the Regional Information Management System (RIMS).

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

2. Food Services

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

Planning Considerations:

A. **Option One - Catered or Fast Food**. The simplest strategy for feeding the shelter population is to have food catered or brought in from the outside.

❑ **Fast Food Outlets** -- Given the confusion immediately following the disaster (or until mass feeding operations can be organized), it may be easiest to initially use 24-hour restaurants or fast food outlets in obtaining meals for shelter residents. Later it will become easier to prepare hot meals.

❑ **Restaurant Caterers** -- Identify local commercial suppliers – restaurants, catering firms, hotels, etc. – and make pre-planned arrangements for suppliers to provide meals to persons in shelters.

❑ **Institutional Suppliers** -- SYSCO, 1-800-877-7012, http://www.sysco.com, is one of the larger suppliers of fully prepared, packaged meals for institutions and in an emergency, SYSCO could be used to supply disaster shelters.

B. **Option Two -- Designate a Central Kitchen**. An alternative strategy is to designate one large, central institutional kitchen within the local jurisdiction as the site to prepare and provide meals for each shelter operating within the jurisdiction.

❑ **Bulk Food Donations** -- Utilize the Logistics Section of the EOC to obtain large bulk food items from local sources and then direct supplies to the central kitchen.

❑ **Shelter Delivered Meals** -- Once meals are prepared, they can be delivered to local shelters (similar to a meals on wheels operation).

C. **Option Three -- On Site Meal Preparation**. A third strategy, assuming the shelter site contains kitchen or cafeteria facilities, is to prepare meals on site.

❑ **Cafeteria Staff** -- If a school is used for the shelter facility, care and shelter personnel may have the use of food services staff who normally operate the cafeteria.

❑ **Food Preparation and Cleanup Volunteers** -- Shelter residents can also assist as part of food preparation and cleanup crews.

❑ **Basic Menu Planning Tips** -- Plan menus in terms of foods available. Use perishable foods first. Prepare sufficient food to provide second servings, if possible.

D.   Meeting Special Diet Needs -- Consider special dietary needs, including ethnic, vegetarian and infant considerations. Strive to meet as many special diet requests as possible, although resources to do so may be limited immediately following a disaster.

- ❑ **Low Salt/Sugar** -- If meals are prepared through an on-site or central kitchen, use low salt and low sugar guidelines in consideration of persons with restrictions.

- ❑ **Infant Nutrition** -- Determine the need for infant formulas or baby foods.

- ❑ **Hospital Dietary Departments** -- For other persons on special diets (such as a person with diabetes, heart, or kidney disease), care and shelter personnel may need to consult with medical staff or have meals catered from local hospitals.

E.   RIMS Reporting Needs -- Care and shelter personnel are responsible for a daily count of people fed within each shelter and must report the following data to the EOC.

- ▪ Number of fixed feeding sites
- ▪ Number of mobile feeding sites
- ▪ Number of persons fed in past 24 hours
- ▪ Number of persons projected to be fed in next 24 hours

3. Health Care Services

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

Planning Considerations:

A.   First Aid -- Shelter personnel must plan to have basic first aid assistance available at the shelter. People will come to the shelter with minor injuries.

- ❑ **Identify Staff with First Aid Training** -- Inventory city employees as to disaster skills and have employees with first aid skills assigned to shelter teams.

- ❑ **Use Trained Shelter Residents** -- Residents within the shelter may include persons with first aid, nursing, or medical backgrounds.

- ❑ **Medical Emergencies** -- Call upon local paramedics or coordinate with the Medical Unit in the Operations Section of the EOC for medical emergencies. Transfer anyone with serious injuries, or anyone who is very sick, to the care of a local hospital.

B.   Role of the County Public Health Department -- Care and shelter personnel should plan to call upon County Public Health when needed to perform the following.

- ❑ **Health & Sanitation Inspections** -- To provide periodic health inspections of the shelter, including a sanitary inspection.

- ❑ **Public Health Nurses** -- To provide public health nursing services to shelter residents.

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

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

   ❑ **Other Resources** -- Local community clinics and Nursing Homes are also a health care or medical resource for jurisdictions.

   ❑ **Contract for Medical Personnel** -- Local jurisdictions may need to plan to hire, or contract for additional medical personnel from private sources.

C. Contagious Disease Concerns & Medically Fragile Persons

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

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

❑ **Temporary Infirmary** -- If necessary, set aside a part of the shelter as a section for the privacy and isolation of ill persons. In addition, use this area to provide a higher level of care for persons who are more medically fragile.

❑ **Alternative Facilities** -- Setup an alternate shelter facility and coordinate support through the Op Area given the following. If a large number of persons have a communicable disease in the shelter, or if a large population needs ongoing medical assistance (such as an evacuation of residents from a medical care facility). See Section 5: Assisting Persons with Special Needs in Disasters, for more detail.

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

❑ **Storage of Medication** -- Plan for the storage of medications; refrigeration is required for some medications (e.g., insulin and some HIV antibiotics).

❑ **Prescription Refills** -- Plan to refill prescriptions; establish vendor agreements with local pharmacies and clarify how to obtain medications post-disaster (e.g., with a current prescription, with a prescription phoned in by a licensed physician, with a prescription validated by another pharmacy, or with a prescription bottle).

E. Other

❑ **Identifying Concerns** -- Plan to use the registration process as an opportunity for shelter residents to identify any medical problems or medication needs.

❑ **Documentation** -- Maintain records on all health incidents and related actions taken.

4. Mental Health Services

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

Planning Considerations:

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

❑ **Community Counseling Resources** -- In addition to County Mental Health (see below), develop a resource list of community mental health providers or services to call upon if needed. These resources include:
  - **CBOs** that provide crisis counseling
  - **Ecumenical or Pastoral Counseling Services** (congregations and faith-based organizations often provide counseling services)
  - **Volunteers from the community** who are trained as licensed therapists

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

B. Role of County Mental Health Services

❑ **Assess Mental Health Needs** -- To assess and activate responses to mental health issues resulting from the disaster.

❑ **Provide Crisis Support** -- To provide crisis support services for shelter and community residents traumatized by the disaster.

C. Organizing Additional Support

❑ **Debriefing Sessions** -- Without trained counselors, shelter personnel can organize community group debriefing sessions as an opportunity for shelter residents to share their feelings and to realize that their particular reactions are not abnormal.

❑ **Children** -- Consider activities to help children express their feelings about the disaster.

5. Transportation

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

Planning Considerations:

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

❑ **Transportation Resources** -- Aside from local government and county resources (e.g., AC Transit), other transportation resources for moving people may include school buses and commercial shuttle vans.

❑ **Paratransit Resources** -- Identify local paratransit resources for the transport of persons using wheelchairs. In addition, identify local taxi service to support the transportation needs of frail elderly persons.

B. **Transportation in an Evacuation** -- Consider plans for moving large numbers of people if there is a need for a mass evacuation of community residents to disaster shelters

C. **Transporting Supplies & Resources** -- The movement of shelter supplies and resources will also require transportation resources.

6. Information Services

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

Planning Considerations:

A. **Public Shelter Messages** -- As the jurisdiction puts out public messages about shelter locations, stress that residents going to disaster shelters bring a go-kit with blanket or sleeping bag, change of clothes, personal hygiene items and prescription medications.

B. **Bulletin Boards** -- Set-up bulletin boards near the shelter registration area as a means for disseminating information to the shelter population.

❑ **News Postings** -- Post daily updated news on the response to the disaster, along with news and information about shelter activities for the day.

❑ **Recovery Services** -- Provide information on recovery services available through disaster relief organizations such as the American Red Cross, Salvation Army, and FEMA, along with other government disaster assistance programs.

❑ **CBO Relief Assistance** -- In addition, include information on any active community-based or faith-based relief and assistance programs.

❑ **Special Needs Communications** -- Consider the information needs of persons who are deaf, or blind, or non-English speaking [see Section 5: Assisting Persons with Special Needs in Disasters for further information].

C. **Shelter Meetings** -- Hold daily shelter meetings as another way to share information and dispel false rumors that may be circulating within the shelter population.

D. **Disaster Welfare Inquiries** -- Respond to disaster welfare inquiries (seeking to located persons who are presently unaccounted) by referring to shelter registrations.

❑ **Central Shelter Registration Log** – Consider implementing a central shelter registration log to combine registrations from all shelter locations.

❑ **Coordination with Red Cross** -- Coordinate family reunification support with the American Red Cross, which operates a regional Disaster Welfare Inquiry system.

E. **EOC Communication** -- Telephones are the primary communication link between shelter facilities and the EOC. If telephones are not functional, use amateur radio operators for ham radio communications. As a last resort, use runners to relay messages.

F. **Additional Telephone Resources** -- Plan for additional telephones to facilitate communication between shelter residents and family members outside the area. The telephone company can bring in a phone trailer to supplement shelter telephone capacity.

7. Social and Personal Needs

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

Planning Considerations:

A. **Child Care** -- If a shelter remains open for more than a day or two, plan to provide child care services to support parents with child supervision and care needs.

❑ **Staff Support** -- Arrange for staffing support from qualified city childcare workers, or from community volunteers with child care skills.

B. **Clothing** -- Emergency clothing becomes a need when possessions are lost in a disaster.

❑ **Community Donations** -- Local businesses may provide bulk clothing donations.

❑ **Red Cross Clothing Vouchers** -- Traditionally, the Red Cross makes vouchers available to disaster victims for the purchase of new clothes at local retail stores.

C. **Comfort Kits** -- Shelter residents will need basic hygienic items such as soap, a washcloth, toothbrush, toothpaste, a razor, and a comb.

❑ **Local Suppliers** -- Plan to obtain these items either through commercial vendors, or through donations from local businesses.

D. **Long Term Housing Assistance**

❑ **Housing Resource List** -- Identify resources (e.g., hotels, motels, apartment complexes, local congregations, trailer parks, etc.) with the potential to provide post disaster temporary housing for shelter residents.

❑ **Transitional Support Needs** -- Collaborate with family services providers and county social workers to support shelter residents in their transition from the shelter into temporary or longer-term housing.

E. **Language Translation** -- Consider the following options for bilingual support.

❑ **Bilingual Shelter Residents** -- Ask bilingual shelter occupants to volunteer and assist non-English speaking shelter occupants.

❑ **Bilingual Volunteers** -- Seek out city disaster volunteers with bilingual skills.

❑ **CBOs with Ethnic Specific Services** -- Coordinate with CBOs that specialize in serving specific ethnic communities and have bilingual staff.

F. **Recovery Services** -- Shelter residents will need assistance in identifying where to go for services to meet their specific disaster recovery needs. Disaster relief organizations such as the American Red Cross, Salvation Army, and FEMA, along with other government, faith and community-based relief programs, may all initiate recovery services for disaster victims.

❑ **Distribute Resource Lists** -- Develop resource lists with contact information and a description of available relief and recovery services for disaster victims.

❑ **Information and Referral Services** -- Care and shelter personnel can work in coordination with community-based Information and Referral service programs that are in turn linked with hundreds of human service providers.

Note: The following are two primary I&R resources for Alameda County.

1. **Eden Information and Referral Services**, Telephone # 510-537-2710, or http://www.alamedaco.org

2. **Alameda County Senior Information and Referral Program**, Telephone # 510-567-804, located within the Area Agency on Aging.

* **Local Libraries** are an additional Information and Referral resource

❑ **CBO Collaboration** – In general, care and shelter personnel will operate to identify the needs of those in shelters and then coordinate, via the Logistics Sections of the EOC, with support agencies and relevant CBOs to arrange assistance.

G. **Replacement Equipment** -- Elderly persons and people with disabilities will need help to replace personal supplies and equipment, if lost or damaged in the disaster (e.g., items like orthopedic braces, wheelchairs, or hearing aids).

❑ **Local Vendors** -- Work through local vendors (e.g., Longs Drugs, Walgreens, Rite Aid Pharmacies, etc.) to replace items.

H. **Recreation** -- If large numbers of persons are housed in the shelter, and if the shelter operation is prolonged, provide recreation opportunities for shelter residents.

❑ **City Recreation Dept**. -- Arrange support through the city recreation department.

❑ **Recreational Supplies** -- Recreational supplies include videos, newspapers, books, games, and TV sets.

8. Animal Services

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

Planning Considerations:

A. **Option One – Offsite Care** -- Work with the local animal shelter, SPCA, local kennels or the humane society to plan for the care of pets during the sheltering operation. Ensure that a shelter facility for animals is identified in the plan and that provisions are made for the temporary care of pets.

   ❑ **Communicate the Pet Policy** -- Clearly and publicly state the policy regarding pets to avoid misunderstanding when people arrive at public disaster shelters.

   ❑ **Reassurance** -- Pet owners need to be fully reassured that their pet will be safely cared for -- issues are sure to arise of pet owners refusing to evacuate or go to a shelter if it means separating from their animal.

   ❑ **Pet ID Tags** -- Plan to identify the pet with an ID tag, to make for easy reunification with its owner later.

B. **Option Two – Onsite Holding Area** -- Create a makeshift pet holding area outside the shelter facility. This requires the provision of food, water, and exercise for pets, and if necessary, supplies from Logistics to create a pet holding area (e.g., cages or fencing).

9. Volunteers

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

Planning Considerations:

A. **Sources for Volunteer Recruitment**

   ❑ **Shelter Residents** -- Use volunteers from within the shelter population.

   ❑ **Community Residents** -- Use volunteers from the community, either through referrals from the city's personnel office, the Red Cross or local Volunteer Center.

   ❑ **Voluntary Organizations** -- CBOs, faith-based organizations and local congregations are another source for voluntary support.

   ❑ **Maintain a Volunteer List** -- The jurisdiction may want to train a cadre of local volunteers, in advance of a disaster, to provide support at disaster shelters.

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

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

10. Safety and Security

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

Planning Considerations:

A. **Shelter Rules**

❑ **Provide Rules at Registration** -- Shelter residents must understand the rules upon registration. Plan to have rules prominently posted (or passed out as an information sheet) and then reinforced at shelter orientation sessions. See Appendix B -- Shelter Rules and Regulations.

❑ **Translation of Rules** -- For non-English speaking persons have shelter rules and regulations translated into other languages (e.g., Spanish and Chinese).

❑ **Enforcement of Rules** -- Use rules as a cause for dismissal if broken. Depending on the circumstances, employ a shelter committee to oversee disputes and call on local law enforcement to assist with serious disputes or rules violations.

B. **Policing Functions**

❑ **Security/Safety Inspections** -- Plan to regularly inspect the facility (and the surrounding grounds) to ensure compliance with shelter rules, fire regulations and to spot any potential problems. Coordinate with local Law Enforcement and Fire Services for assistance when needed.

❑ **Private Security** -- Given a large shelter population, plan to contract with a private security company to handle policing functions.

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

11. Shelter Maintenance and Equipment

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

Planning Considerations:

A. **Shelter Supplies** -- Work with the Logistics Section of the EOC to obtain additional supplies and equipment such as cots, blankets, first aid supplies, cleaning equipment, and tools. See Appendix C -- Shelter Supplies and Equipment for more information.

❑ **Initial Inventory** -- Conduct a pre-occupancy inventory of potential shelter sites to determine what operational supplies may already be in place.

❑ **On-Site Cache of Supplies** -- Consider pre-positioning critical shelter supplies (e.g., water, nonperishable food, cots, blankets, first aid kits, tools and other supplies) in trailers or shipping containers on the grounds of, or near, potential shelter sites.

❑ **Vendor Agreements** -- Form as many agreements or vendor relationships as necessary with local businesses now, to supply goods later during shelter operations.

❑ **Donated Goods/Services** -- During operations, work with Logistics to obtain donated goods and services to support shelter operations.

B. **Waste Management** – Plan to arrange for daily garbage/waste removal. A major earthquake disaster will most likely disrupt regular service.

C. **Portable Toilets** -- As necessary, arrange for the installation of additional toilets and possibly shower facilities. See Appendix C -- Shelter Supplies and Equipment for more information.

Shelter Population Demographics

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

Variables or Predictors of the Shelter Population

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

1. **Income** -- **Lower income persons are much more likely to seek shelter following a disaster.** Past disasters have shown that low-income families are nearly *ten times* more likely to seek public shelter in a disaster if their homes are red-tagged or yellow-tagged, versus more moderate to upper income families.

2. **Household Type** -- **Residents from multifamily homes are more likely to seek shelter.** Because of the construction (with part of the ground floor used for parking), many older multifamily homes are "soft story buildings" and are more vulnerable to collapse. Moreover, people with limited resources (persons such as the very poor, the very old and the very young), occupy many of these multifamily units.

Peak Shelter Population

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

1. After shocks, which occur in the days following the initial event, induce additional residents to leave damaged structures

2. Days into the event, the inspection and tagging of structures (particularly multi-family buildings) will displace additional numbers of persons.

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

Demographic Implications for Care and Shelter Planners *

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

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

❑ **Estimate Demand**. The shelter population (i.e., care and shelter demand) can be estimated based on the ABAG data (See Appendix D -- Peak Shelter Population Table). Use these figures to help with logistical planning for care and shelter operations (i.e., to determine the required number of shelter facilities and the amount of supplies).

❑ **2000 Census**. Look at the recent 2000 Census (See Appendix E -- Elderly Population and Ethnic Demographics). If there is a large percentage of residents who speak a language other than English, then plan to have materials (or forms) and shelter staff fluent in that language.

❑ **Housing Stock**. An awareness of the jurisdiction's housing stock and its related vulnerability will indicate those areas in the community with potential for the greatest damage. For example, the ABAG study pointed out that older wood-frame apartment buildings (particularly soft story units), along with mobile homes and pre-1940's housing, will form the largest percentage of red and yellow-tagged housing units.

❑ **Commuters and Tourists**. Another factor that may contribute to an increase in the shelter population are non-resident populations (commuters and tourists).

❑ **Long Term Needs**. By the seventh day into the disaster, the shelter population will have peaked. Thereafter, what remains of the shelter population are generally persons with fewer resources and more long-term housing and social services needs.

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

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

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

Assisting Persons with Special Needs in Disasters

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

1. Seniors and People with Disabilities

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

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

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

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

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

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

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

Place special emphasis in outreach to:

- Trailer or Mobile Home Parks
- Single Room Occupancy Hotels
- Lower income parts of town (neighborhoods where people have fewer resources)
- Areas of town where housing stock is older (assumes a greater concentration of elderly homeowners)
- Senior housing facilities
- Meals on Wheels recipients and In-Home Care recipients (persons more likely to be isolated and needing assistance to live independently)

❑ **Place Services at CBOs & Senior Centers** -- Where possible, place disaster relief services at the agencies that serve seniors and people with disabilities on an on-going basis (especially senior centers). Older persons, including people with disabilities, may be reluctant to ask for disaster assistance and may have difficulty accessing, or understanding, those available services. They will need assistance dealing with the "disaster-relief system" and CBOs can provide this help.

❑ **Evacuation & Accessible Transportation** -- In mass evacuation scenarios, local jurisdictions must plan for the evacuation of persons using wheelchairs. Even in voluntary evacuations, some persons with mobility impairments may have no means of transport to shelters or Help Centers and will require accessible transportation. Work with Logistics to identify local paratransit resources (including local taxi service).

❑ **Identify Special Needs at Registration** -- Use shelter registration to identify needs that older or disabled persons may have for special assistance. For example:

- **Prescription Medications** -- People may arrive at shelters without their medications; identify if there is a need for emergency medication replacement.

- **Personal Care Attendants** -- If disabled shelter occupants require personal care assistance, contact Alameda County's In-Home Supportive Services Emergency Registry for Care Attendants, telephone 510-567-8274.

- **Dietary Needs** -- Many older adults with hypertension or diabetes have important dietary restrictions and this can be noted during the registration process.

❑ **One-to-One Assistance** -- Community volunteers, or other shelter residents, may provide one-to-one assistance to older or disabled persons in disaster shelters.

- **People with Visual Disabilities** -- Volunteers can help as sighted guides or readers.

- **People with Mobility Disabilities** -- Volunteers can help with some support services such as transferring the person from their chair to a cot. Ask the person with a disability for advice on safe methods before lifting or moving them.

- **People with Developmental or Cognitive Disabilities** -- Establish a buddy system with volunteers providing reassurance, calm explanation and attention to the needs of persons with developmental or cognitive disabilities.
- **People Who Are Deaf or Hearing Impaired** -- Volunteers can help with basic communication needs – writing or slowly repeating instructions.
- **Shelter Orientation** -- Volunteers can lead shelter orientations (see below).

❑ **Individualized Shelter Orientations** -- Shelter orientations serve to help persons with visual or cognitive disabilities (or older persons who are very disoriented from the disaster) with their adjustment to the shelter environment.

- **Provide a walk-through of areas within the shelter** (i.e., bathrooms, sleeping and eating areas) to help with shelter familiarization; explain shelter schedule and rules; introduce to shelter staff.
- **Provide a verbal mapping of the shelter facility** and a walk through the facility for people with visual disabilities; verbally explain any signage or written rules.

❑ **Shelter Accessibility** -- Pre-identify shelters that meet the following standards for accessibility (see below) and work to direct local residents to proper shelters. Buildings with these basic points of accessibility will enable persons who use wheelchairs or other mobility aids to function with greater independence.

- **Parking that is close to the building entrance** with appropriate curb cuts
- **An accessible entrance to the shelter** (i.e., has a ramp if there are steps at the front, and has doors that are easy to open, or are automatic)
- **Access to all shelter service areas** (eating, sleeping and bathrooms)
- **Restrooms that allow for free access** to toilet and washing facilities
- **Navigable aisles** -- Once the shelter is in operation, arrange furniture and equipment as needed to keep access aisles clear of obstructions and to ensure the space is navigable for someone with a visual or mobility disability.

* For further discussion and for tips on serving persons with specific disabilities (e.g., visual, hearing, mobility, cognitive and psychiatric) go to **Appendix F -- Tips to Maximize Shelter Accessibility**.

❑ **Basic Communication** – Ensure that persons who are deaf or hearing impaired or who seem disoriented receive/understand all shelter announcements. Have note pads, pens and pencils available at the shelter for staff or volunteers to use in communicating with deaf or hearing-impaired persons. Keep language simple and draw pictures if necessary.

❑ **Medications, Supplies and Equipment** -- Physically disabled persons may have less opportunity to access their personal items and emergency medical supplies before evacuating their home to disaster shelters.

- **Request certain disability specific supplies from Logistics**, ranging from colostomy bags, to air mattresses and hearing aides.
- **Where cots and blankets are limited, give first priority to seniors** and people with disabilities.

- **Establish vendor agreements with local pharmacies** to expedite purchase for medication or personal equipment needs. Care and shelter personnel must also work with their local EOC Medical Unit to create a system for medication assessment and disbursement at shelters.

❑ **Privacy Area** -- Create a section of the shelter that is separate from the other shelter residents for use as a "privacy room". Some persons with disabilities must change catheter bags and attend to other personal hygiene needs. In addition, some elderly persons, persons with psychiatric disabilities, and even parents with very young children may benefit from a quieter space.

❑ **Alternate Shelter Sites** -- In cases where entire group homes or care facilities evacuate to public shelters, consider making smaller, alternative facilities available for their shelter (e.g., such as local congregations). Care facility staff can then evacuate to the alternate facility and continue to maintain care of their residents outside of the mass care environment. Care facilities include homes for:
- Elderly persons
- People with Developmental or Cognitive Disabilities
- People with Psychiatric Disabilities
- People Who Are Medically Fragile

2. People who are Medically Fragile or Dependent

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

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

❑ **Caregivers and Equipment** -- Persons dependent on life-support equipment or home health care, will need to bring the equipment, and/or the personal support they receive at home, with them to the shelter. If necessary, an area of the shelter may be sectioned-off to provide for more privacy.

❑ **Backup Generators** -- Pre-identify shelter sites with backup generators (persons using life support systems will require electric power).

❑ **Shelter Isolation Area** -- Designate a separate room or space within the facility for people who have asthma, multiple chemical sensitivities or allergies. People with seriously weakened immune systems (e.g., some persons with AIDS or diabetes) who are very susceptible to germs in the environment may also require isolation within shelters.

❑ **Transportation** -- Coordinate with the Logistics Section (Transportation Unit) if there are requests for specialized transport.

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

Options for Medical Support:

❑ **Local EOC Support** -- Coordinate with the Operations Section (Medical Unit) for local nursing and medical personnel.

❑ **Qualified Shelter Residents** -- Doctors or nurses within the shelter population can provide interim support if a need for supervised or skilled nursing care is necessary.

❑ **Op Area Support** -- Care and shelter personnel may also request Op Area support from County Public Health (i.e., public health nurses) through their local EOC.

❑ **Private Nursing Care** -- Contract with private, nursing care providers to support medically fragile shelter residents in cases where local and county government resources are at full capacity.

❑ **Alternate Facilities** -- In cases where there are persons with contagious health conditions or medical needs that cannot be handled by shelter staff, transfer to an alternate facility that is more fully equipped and properly staffed. This may include a hospital, nursing home, special needs shelter, or alternate care home. The jurisdiction may also set aside or reserve at least one shelter site for people who need a higher level of medical care, or more controlled care environment.

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

3. Persons Who are Non-English Speaking

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

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

A. **Outreach** -- The following are tips for reaching non-English speaking communities.

❑ **Work with the Media** -- Identify non-English language media (radio, TV and newspapers).

❑ **Work with CBOs and Faith-Based Organizations** -- Identify CBOs and faith-based organizations, which serve specific ethnic communities, and enlist their help to reach diverse non-English speaking populations with specific disaster information. See <u>Appendix G -- Identifying CBO's and Community Resources</u>.

B. **Bilingual Assistance** – Local jurisdictions should identify and prearrange for bilingual assistance or translation services to assist with care and shelter operations. The following are tips for getting bilingual workers/volunteers to help at disaster shelters.

❑ **Shelter Residents** -- Ask bilingual shelter residents to volunteer and assist persons who are non-English speaking.

❑ **City Employees** -- Recruit and train bilingual city employees to serve as shelter workers, or develop a volunteer skills bank of city employees for disaster work and identify specific language skills.

❑ **Contracts with CBOs** -- Prearrange contracts or agreements with CBOs with bilingual staff that specialize in serving specific ethnic communities.

❑ **Community Resources** -- Other sources for locating persons with bilingual skills include universities, the court system, the school district, congregations, or the local volunteer center.

❑ **Private Translation Services** -- Pre-arrange agreements with private translation services to assist with care and shelter bilingual needs.

❑ **Op Area Support** -- Request Op Area support from County Social Services through the local EOC.

C. **Signs and Forms** -- Shelter staff must determine the need for providing signage and shelter instructions in other non-English languages as appropriate for shelter occupants.

❑ **Internet Translation Services** – Get shelter forms translated into other languages; http://www.freetranslation.com is a free Internet site that translates English text into other languages.

4. Children

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

Care and Shelter Planning Tips for Unaccompanied / Unsupervised Children:

A. **Reunification of Children with Parents** -- Plan to help with the reunification of families who are separated during the disaster (i.e., reconnect children with their parents or an authorized guardian). The following are tips for helping unaccompanied or unsupervised children.

❑ **Central Database** -- Establish a central collection point for tracking information on missing persons.

❑ **Shelter Registration** -- Use the registration lists from community shelters as one means for locating displaced family members.

❑ **Unaccompanied Children** -- If a child arrives at the shelter without a parent, get the parent's name and try to locate the parent. Plan for a qualified staff person to supervise the child, until such a time as a parent or authorized guardian of the child arrives.

❑ **Children's Protective Services (CPC)** – If necessary, children not picked up within 72 hours may be placed in the custody of the County Children's Protective Services. Contact CPS through the County Social Services Agency via the Op Area.

❑ **Mental Health Issues** --- Consider the recovery needs of children for mental health support post-disaster.

B. **Schools as Shelters** -- A disaster during the school day can cause a school to become a de facto shelter for its staff and students. If the public converges on a school, then the school may also become a public disaster shelter for neighborhood residents.

❑ **Students should be sheltered separately from the general populace** in the event that a school is sheltering both students and the public simultaneously. This will result in two shelter operations under the same roof.

❑ **The school and its staff maintain responsibility** for the care and shelter of students; local government has responsibility for the care and shelter of the public.

5. Pre-Disaster Homeless Persons

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

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

A. **Cooperation with Service Providers** – Care and shelter personnel will need to work closely with local homeless service providers and social service representatives to accomplish the following:

❑ **Keep Pre-Disaster Shelters Operational** -- Maintain the continued operation of pre-disaster shelter programs to lessen the relocation of pre-disaster homeless persons to public disaster shelters. Check with pre-disaster community shelter programs to see what resources they need to continue services to the persons they serve.

❑ **Make Referrals to Pre-Disaster Shelters** -- Homeless shelters generally run at full capacity, but will accept more persons after a disaster. Keep a referral list of pre-disaster shelter programs and encourage the transition of pre-disaster homeless persons out of temporary disaster shelters. See Appendix G -- Identifying CBOs and Community Resources.

❑ **Support Services** -- When pre-disaster homeless persons comprise part of the shelter population, there may be a need for more specific support services. This includes services for substance abuse addiction, mental health services, in addition to

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

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

6. People in Poverty and People Who Are Isolated

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

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

A. **Access to Social Services** -- Low income or marginalized populations living on the edge before disaster may go into homelessness and poverty because of the disaster. Their recovery will require the long-term support from community social service organizations. Help persons impacted by the disaster with information and access to social services.

  ❑ **Referral Lists** -- Maintain a list of available services for persons that request referrals to meet social, economic, housing, medical and mental health needs related to the disaster. Use Appendix G -- Identifying CBOs and Community Resources to get a list of programs that can support persons with long-term recovery needs.

B. **Alternate Service Methods** -- Based on the jurisdiction's demographic and geographic diversity, care and shelter personnel need to examine additional methods for delivering disaster human services (through cooperative work with CBOs above).

  ❑ **CBOs and FBOs** -- Work in partnership with specific community or faith-based organizations that have a more direct access to specific communities or populations.

  ❑ **Organize Outreach Teams** -- Working with the CBOs above, form outreach teams to serve communities that are more isolated**.** Examples of isolated communities' range from an ethnic enclave like a "Chinatown", to a mobile home trailer park. Moreover, many low-income persons are more isolated in our ability to reach them with information on services. Consider outreach to Residential or Single Room Occupancy (SRO) Hotels.

  ❑ **Undocumented Persons** -- Persons without legal immigration status do not qualify for federal public benefits. Often CBO's and faith-based organizations are the best resource for reaching undocumented persons, as many persons will not avail themselves of government or even Red Cross services given disclosure concerns.

C. **Long Term Housing** -- Poor people and low-income families will need the assistance of caseworkers to find temporary housing in order to make the transition out of disaster shelters.

D. **New Immigrants** -- Persons from less developed countries may respond to earthquake disasters by refusing to be inside. The tendency will be to camp outside during periods of aftershock. Persons who are unlikely to use indoor shelter space for sleeping, may still utilize the shelter for meals and information.

E. **SRO Residents** -- Single Room Occupancy Hotels (SRO's) are older, low-rent hotels, renting rooms on a daily basis without kitchens. Even if these units are undamaged, infrastructure damage (power and water) may incline SRO residents to seek out food and social services available at disaster shelters.

Licensed Care Residential Facilities

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

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

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

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

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

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

Licensing Emergency Plan Requirements

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

Key components of the emergency plan requirement include the following.

❑ **Evacuation MOUs with Like Facilities** -- Each facility must provide for the evacuation and relocation of that facility's population to a comparable or like facility in an emergency (when an evacuation is required).

❑ **Evacuation Supplies** -- Requires that licensed care facilities bring the following with each patient in an evacuation (to accommodate a 72 hour period).

- Medical equipment such as oxygen, insulin or infusion pumps
- Individual records, medical charts and identification for each resident
- Special supplies such as adult diapers, egg crate mattresses or dietary items
- Required prescription medication for residents
- Extra clothing

❑ **Ongoing Client Care** -- The evacuated institution is legally responsible and accountable for the continuous care of its residents and for ensuring that their special needs are met during the course of shelter operations, in whatever facility is utilized.

Care and Shelter Planning Tips Re: Licensed Care Facilities

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

❑ **Distribute Preparedness Materials** -- Provide disaster planning information to licensed care homes to support their disaster planning efforts during the preparedness phase. Educate facilities about their need to develop agreements with like facilities to provide care and shelter if an evacuation of their clients is necessary.

❑ **Set Aside Space within the Shelter** -- A portion or area within the general, public disaster shelter can be set aside and designated for the care facility and its clientele. The evacuated institution will continue to care for its residents within this designated space.

❑ **Use Alternative Shelter Sites** -- Designate a system of smaller, neighborhood-based shelters for persons from residential facilities, who will require a higher level of care than what is offered in public disaster shelters. In this case, staff from the evacuating licensed care facility would be expected to continue to fulfill their legal responsibility to provide care for their residents at the alternative shelter. Local congregations can form the basis of alternative shelter facilities.

❑ **Refer Persons to County Operated Regional Facilities** -- County Public Health Services is in the process of developing regional disaster shelter facilities with the capacity of sheltering medically fragile persons on a temporary basis.

Building Relationships with CBOs to Strengthen Care and Shelter Operations

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

How CBOs May Support Care and Shelter Operations

1. Maintaining Services to Vulnerable Populations

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

2. Extending Government Resources

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

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

3. Community-Based Sheltering

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

4. Long Term Recovery

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

Finding Relevant CBOs

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

1. CARD of Alameda County
As identified in Section 1, CARD (Collaborating Agencies Responding to Disaster) helps CBOs to plan for disasters with a special emphasis on the role that CBOs play in meeting the disaster needs of vulnerable populations. Therefore, CARD is a resource to help local jurisdictions to prepare and organize CBOs for disaster work and to ensure a coordinated response to vulnerable populations. For more information, http://www.PrepareNow.org, or 510-451-3140.

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

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

Examples of some of these organizations are as follows:

- Adventist Community Services -- Distributes clothing, bedding and food following a major disaster; also provides counseling.

- Mennonite Disaster Services -- Provides home repair and rebuilding services.

- Nazarene Disaster Response & United Methodist Committee on Relief -- Clean-up and rebuilding assistance, especially to older and disabled persons.

- Church World Services -- Establishes and coordinates interfaith organizations.

- Church of the Brethren – Provides child care services

A Checklist for Working with CBOs

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

Suggested areas for involvement and cooperative planning with local CBOs

❑ Begin by identifying and building relationships with the CBOs already linked to local government through service contracts.

❑ From these contacts, have a meeting or workshop to discuss potential areas for CBO involvement in care and shelter operations, or any area of post-disaster assistance.

❑ Given the resources that CBOs have (food, sheltering, transportation, health/mental health services etc.) find out how you might work cooperatively to ensure that care and shelter services meet the needs of more vulnerable residents within the local community.

❑ Find out how you can be supportive of CBO efforts to keep services going to the populations they serve following a disaster.

❑ Focus future meetings around specific planning issues (coordinated assistance to vulnerable people, volunteer management, commodities distribution, etc.).

❑ Get CBOs involved in disaster planning, training and exercises sponsored by local government. If you have a CERT program encourage CBOs to go through CERT training.

❑ Local government may also support CBOs by:
1. Giving priority status to CBO requests for supplies or resources
2. Having a CBO representative in the EOC
3. Forming a memorandum of understanding with selected CBOs

Memorandums of Understanding

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

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

Examples of Memorandum of Understanding are included in the appendices.

1. Appendix H -- Memorandum of Understanding between Salud Para La Gente and The City of Watsonville

2. Appendix I -- Volunteer Center of Sonoma County Emergency Response Plan with the County of Sonoma

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

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

Support for People who Shelter-in-Place

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

Support services for people who shelter-in-place:

1. **Distribution of Basic Survival Supplies** -- Food and water, blankets, warm clothing and possibly tents.

2. **Portable Toilets** -- Locating portable or chemical toilets in certain neighborhoods, assuming damage to the water infrastructure.

3. **Sanitation Services** -- Specifically waste removal, assuming a disruption to regular, trash pickup service.

4. **Outreach and Assessment** -- An aggressive outreach program to assess neighborhood needs and survey the public health impact of the disaster on local communities.

Support for People who Shelter in Public Parks

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

Support services for people who shelter in public parks:

1. **Food and Water** -- An established means for providing food and water on a daily basis.

2. **Sleeping and Clothing Supplies** -- Blankets, warm clothing, sleeping bags and tents.

3. **Health and Sanitation Services** -- Portable toilets must be put in place immediately; waste must be removed daily.

4. **Disease Abatement Control** -- In a damp outdoor environment, disease spreads more easily. The area will require close monitoring for any potential public health problems.

5. **Generators** -- The installation of generators if electricity is needed for lighting, cooking, heating, etc.

6. **Safety and Security** -- Ensuring security for the area and establishing rules and order. Also, the provision of other emergency human services to meet the needs of occupants (e.g., health, mental health, housing relocation aid, etc.).

Disaster Service Centers

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

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

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

1. Food and Water

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

Planning Considerations:

- ❑ **Mass Feeding Facilities** -- Typically, schools, congregations, or community centers are the best facilities for preparing meals.

- ❑ **Mobile Feeding Units** -- Once resources are available, the American Red Cross and Salvation Army, along with other disaster relief agencies, may deploy self-contained mobile feeding units to supplement fixed feeding facilities.

❑ **Neighborhood Resources** -- Determine if neighborhood restaurants can pool resources and are willing/able to provide emergency meals to neighborhood residents.

❑ **Local Food Banks** -- USDA food commodities are available via local food banks for use in preparing meals or for distribution to disaster victims.

❑ **Water Distribution Programs** -- Damage to the public water infrastructure will require local jurisdictions to initiate a water distribution program. One option is to set-up potable water trucks so local residents can come to sites to fill large containers. Seniors and persons with disabilities will need assistance to transport containers.

❑ **CBO Meal Programs** -- CBO kitchens, meal programs and food pantries may support mass feeding and food distribution efforts in a disaster. CBOs may also assist with the distribution of food/water to homebound and at-risk populations (e.g., frail elderly persons and people with disabilities).

2. Health Services

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

Planning Considerations:

❑ **Local Fire Department** -- Reports on local disaster health issues in addition to responding to community health emergencies and medical response needs.

❑ **County Health Care Services** -- Coordinates the countywide provision of emergency health services given the program areas below.

■ **Public Health Services** -- Organizes a health care response to the disaster including the implementation of any critical public health programs (such as appropriate vaccination programs if necessary).

■ **Environmental Health Services** -- Manages public health issues related to ensuring safe water, food and sanitation conditions, and will assist in dealing with hazardous materials release.

■ **Emergency Medical Services** -- County Public Health's EMS Division will provide oversight and coordination for all aspects of emergency medical services, including the evacuation of causalities and emergency ambulance services.

❑ **Community-Based Resources** -- Community-based health clinics and other health care providers will also respond to disaster medical needs. They can supplement the response of local government by also serving as first aid stations or by distributing health care information in the communities that they serve. See Appendix G -- Identifying CBOs and Community Resources for a list of these resources.

3. Mental Health Services

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

Planning Considerations:

❑ **County Mental Health** -- County Mental Health Services will assess mental health issues and provide mental health services to support the recovery needs of disaster victims.

❑ **Community-Based Resources** -- CBO crisis hotlines and grief counseling services are an important part of the network for providing emotional support to disaster victims. So are pastoral care and faith-based counseling services. See <u>Appendix G -- Identifying CBOs and Community Resources</u> for a list of these resources.

4. Public Information

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

Planning Considerations:

❑ **Role of the PIO** -- Care and shelter personnel will work with the EOC's Public Information Officer (PIO) to coordinate public information services.

❑ **Public Announcements on Sheltering** -- In any disaster where sheltering is required, jurisdictions will want to provide information on sheltering options.

   <u>Suggestions to alleviate the strain on resources and overcrowding in disaster shelters</u>:

   ▪ Encourage displaced residents stay with family or friends if possible.
   ▪ Stress that residents shelter-in-place, if possible, assuming they have the resources and facilities to do so.
   ▪ Stress that persons going to shelters bring a go-kit with blanket or sleeping bag, change of clothes, personal hygiene items and prescription medications.

❑ **Communication in Other Languages** -- Information must get to people in their own language. See <u>Section 5: Assisting Persons with Special Needs in Disasters</u>, for details on reaching non-English speaking persons and persons who are blind or deaf.

❑ **Local Information and Referral Providers** -- Local jurisdictions will want to work cooperatively with Information and Referral providers, to help connect local residents who need help with available community services and resources (see Appendix G).

❑ **Use CBOs as Information Conduits** -- Maintain ongoing communication with neighborhood CBOs to keep apprised of local needs and relief efforts. CBOs can also relay important information from government to the populations that CBOs serve.

5. Disaster Welfare Inquiry

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

Planning Considerations:

❑ **Family Separation** -- A sudden impact disaster will cause the separation of thousands of family members, such as children in school and parents at work.

❑ **Implementing a DWI System** -- A Disaster Welfare Inquiry system uses information from shelter lists, casualty lists, hospitals and other community sources to aid in family reunification and respond to inquiries concerning missing family members.

❑ **Red Cross DWI Regional Database** -- Local jurisdictions will need to work in cooperation with the Red Cross to provide reunification services. The Red Cross will operate a regional Disaster Welfare Inquiry database to reunite lost family members.

6. Transportation Services

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

Planning Considerations:

❑ **Transportation Resources** -- The following are some of the transportation resources available to the jurisdiction

- The local jurisdiction will have a Transportation Unit within the Logistics Section of the EOC to handle emergency transportation requests.
- AC Transit is the primary public resource for moving people.
- Additional transportation resources include school buses or commercial services such as shuttle vans and even limousine services.

❑ **Transportation in a Mass Evacuation** -- Consider the transportation resources necessary to transport evacuees in a mass evacuation.

- Along with contingency plans for moving people if a mass evacuation is required, ensure the safe evacuation of persons using wheelchairs. This may require alternative arrangements with paratransit service providers.

7. Volunteer Management Services

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

Planning Considerations:

❑ **Volunteer Center Support** -- Work closely with the local Volunteer Center of Alameda County, 510-419-3970, to obtain volunteer registration forms and operating procedures that can be used to stage a volunteer mobilization center.

❑ **Areas for Involvement** -- Opportunities for involving volunteers in disaster recovery include food services, shelter services, health care, translation, clean up, supporting special populations, animal care, distributing fliers, walking door-to-door to assess needs, etc.

❑ **CERT Coordination** -- Coordinate any disaster volunteer initiatives with local neighborhood emergency response team programs.

8. Animal Services

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

Planning Considerations:

❑ Work cooperatively with local animal shelters, animal care, or the SPCA on planning for the following scenarios.

- ▪ **Tracking Lost Pets** -- Search and rescue for animals lost in the disaster
- ▪ **Quarantine of Animals** -- Quarantine of animals given a chemical or biological incident.
- ▪ **Pet Disaster Shelters** -- The shelter and separate containment of pets from their owners if owners must evacuate to public disaster shelters.

Transition to A Long Term Recovery Support Center

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

Protocols for Opening the Shelter and Laying Out the Physical Space

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

Care and Shelter Protocols for Local Jurisdictions

❑ Local jurisdiction (i.e., field operations -- generally fire or law enforcement) identifies the need for care and shelter operations. A large disaster event will require activation of the Emergency Operations Center (EOC).

❑ Local jurisdiction identifies the extent of shelter needed (i.e., number of persons to be sheltered and any special needs involved, such as large numbers of elderly persons, or persons who may need medical supervision/care).

- Local jurisdiction then selects appropriate shelter facility(ies) based on the need.
- In a major earthquake, damage assessment field units must inspect each shelter site both before occupancy and after each significant aftershock.

❑ Local jurisdiction makes telephone contact via 9-1-1 dispatcher or their local EOC with the appropriate contact person for the shelter facility (as identified in the Shelter Agreement) to ensure facility access.

- A list of "On Call" staff personnel from the school district will be provided to the dispatch center by the school district office and will be kept current.
- A list of "On Call" staff personnel from private schools and other identified shelter providers will be provided to the dispatch center by the local jurisdiction and will be updated as necessary.
- When accessing individual school sites, please be sure to coordinate such shelter openings with that school district's main offices whenever possible.

❑ Local jurisdiction notifies the American Red Cross via (800) 660-4272 *

> * This (800) number is to be used exclusively by local jurisdictions as a 24-hour "On Call" number for emergency Red Cross response. **Do not publish this number for general use.**

If the Red Cross is Available to Open the Shelter:

❑ Local jurisdiction will provide a city staff person assigned the care and shelter responsibility to work in cooperation with the American Red Cross and the shelter facility liaison.

- Care and shelter is a local responsibility and cannot be delegated.
- Schools are required by law to make their facilities available to the local jurisdiction for use as shelter sites during a declared disaster.
- The American Red Cross and other sheltering agencies will assist the local jurisdiction with care and shelter operations.
- The local jurisdiction will assist the Red Cross as needed to ensure that adequate food supplies, equipment, staff and services are available to launch and sustain shelter operations. Coordinate needs/requests with the EOC's Logistics Section.
- The American Red Cross will pay costs that the Red Cross incurs.

❑ Representatives of the local jurisdiction, the selected shelter site and the American Red Cross will respond to the shelter site to begin care and shelter operations.

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

❑ Local jurisdiction deploys the shelter manager and support personnel, along with startup supplies, to open and run the shelter.

- The shelter manager is responsible for the overall operation of the shelter facility.
- The local jurisdiction should have a current roster of shelter managers who are qualified to open and run the shelter. In addition, identify backup personnel who can assist the shelter manager with shelter operations.
- Secure additional shelter staff from the EOC's Logistics Section (Personnel Unit).

❑ Shelter Manager and staff arrive at site and begin the process of opening the shelter.

1. Performs a facility walk-through to survey the condition of the shelter before occupancy (along with shelter owner or other representative if available).

2. Arranges the building for shelter operation and occupancy (see next page).

3. Checks availability of existing supplies at facility.

4. Establishes communications with the EOC; works with the Logistics Section for additional resources (see Appendix C -- Shelter Supplies & Equipment).

5. Arranges for the care of pets, as needed.

6. Organizes available human resources as a shelter operations team (see Appendix K -- Shelter Roles and Responsibilities). Involves shelter residents to help in running the shelter.

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

❑ Once shelters are confirmed, the Public Information Officer (PIO) can inform the public of the shelter location(s) and status.

  ▪ Public information messages should clearly identify the location of shelters and encourage persons to bring a "Go Kit" with them to include their own blankets, a change of clothes and basic toiletries including any prescription medications.
  ▪ The shelter will need a high visibility sign to identify its location.

❑ Shelter Manager begins relief operations at shelters by:

  1. Registering shelter residents
  2. Providing emergency first aid as needed
  3. Offering beverages and snacks as soon as people register
  4. Beginning regular meal service soon thereafter
  5. Arranging for individual and family support services (see Section 4: Planning to Meet Disaster Shelter Needs for more information on the planning for services).

     Note:
     ▪ The sooner that "routines" are established within the shelter, the better for the adjustment of shelter residents.
     ▪ Shelter personnel will need to ration limited resources initially. Resources will trickle in faster and faster as mutual aid and outside assistance becomes available.
     ▪ For questions concerning care for older or disabled adults (or other persons with special needs) see Section 5: Assisting Persons with Special Needs in Disasters.

❑ If multiple shelters are operating, activate a central database of shelter registrations and a welfare inquiry system to coordinate information on missing/displaced persons.

❑ Document the names and number of persons sheltered; keep records on all activities and expenses incurred by shelter operations.

❑ Maintain ongoing contact with the local EOC to report on (1) the number of people being sheltered and number of meals served, (2) the status of supplies and (3) any problem areas.

❑ In closing down shelter operations:

  ▪ Coordinate the transition of shelter operations to the American Red Cross (if the Red Cross will assume control after the initial startup).
  ▪ Return the facility to its original condition upon closing. Document any damages.

Red Cross Shelter Layout Recommendations

In allocating space, give consideration to the following needs:

  ▪ Reception and Registration
  ▪ Sleeping
  ▪ Feeding

  ▪ Emergency Medical Care
  ▪ Counseling/Interviewing Space
  ▪ Manager's Office

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

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

❑ Shelterees should first proceed to the registration desk before going to their lodging area.

❑ Set-up a bulletin board near the registration table. Post messages received for shelter residents and shelter rules and relief information.

❑ Set-up the sleeping area, so each person (cot) has 40 square feet of space (5'x8'). Space cots or bedding to allow access for people with mobility disabilities and ensure clear paths to all fire exits. If space permits, set-up separate sleeping areas for the elderly, people who are ill, and families with small children.

❑ Provide adequate space for a shelter manager and associated staff to function 24 hours per day. This includes space for staff meetings, administrative functions, communications and volunteer coordination.

❑ Organize the space so that it is accessible for people with visual or mobility disabilities; make space for disabled parking in the parking lot. (see Appendix F - Tips to Maximize Shelter Accessibility). In addition, organize space to provide for adequate ventilation.

❑ Locate medical and health services in a well-lighted room or area that is away from public view. If possible, keep medications and medical equipment in a lockable storage compartment.

❑ Create an additional quiet area for counseling or interviewing persons.

❑ The food storage area should be secure and accessible by truck.

❑ Ensure that garbage is stored away from food storage and occupied shelter areas. A major earthquake disaster may disrupt garbage removal service for some time.

❑ Designate an outdoor smoking area away from air intake vents and flammable materials. If using a public school site, state law stipulates that there be no smoking on school grounds.

❑ Create an area outside for the handling of pets.

❑ Ensure that the shelter address is clearly visible from the nearby street; post a sign that clearly marks the building as a disaster shelter.

Appendices

American Red Cross (ARC) Shelter Registration Form

<table>
<tr><td colspan="5">American Red Cross</td><td colspan="2">DISASTER SHELTER
REGISTRATION</td></tr>
<tr><td colspan="5">Family Last Name</td><td colspan="2">Shelter Location</td></tr>
<tr><td rowspan="2">Names</td><td rowspan="2">Age</td><td rowspan="2">Medical Problem Killed Injured Hospitalized</td><td colspan="2" rowspan="2">Referred To Nurse</td><td colspan="2">Shelter Telephone No.   Date of Arrival</td></tr>
<tr><td colspan="2" rowspan="2">Pre-disaster Address and Telephone No.</td></tr>
<tr><td>Man</td><td></td><td></td><td colspan="2"></td></tr>
<tr><td>Woman (Include Maiden Name)</td><td></td><td></td><td colspan="2"></td><td colspan="2">I ☐do, ☐do not, authorize release of the above information concerning my whereabouts or general condition.</td></tr>
<tr><td>Children in Home</td><td></td><td></td><td colspan="2"></td><td colspan="2" align="center">_____
Signature</td></tr>
<tr><td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td><td colspan="2" rowspan="2"></td><td colspan="2">Date Left Shelter   _____
Time Left Shelter   _____</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td>Family Member not in Shelter (Location if Known)</td><td></td><td></td><td colspan="2"></td><td colspan="2">Post-disaster Address and Telephone Number</td></tr>
<tr><td colspan="5">SHELTER MASTER FILE</td><td colspan="2">AMERICAN RED CROSS FORM 5972 (5-79)</td></tr>
</table>

Examples of Shelter Rules and Regulations

[Information Source – American Red Cross]

<u>Examples of rules or safety regulations are as follows:</u>

❑ Indicate any restricted areas within the shelter facility

❑ Encourage shelter residents to keep valuables elsewhere. If this is not possible, encourage residents to keep valuables with them at all times

❑ Establish quiet hours, but provide a place for those who cannot sleep

❑ Establish shower and bathing schedule and post prominently

❑ Establish a curfew and stick to it

❑ Establish policies regarding use of telephones

❑ Establish outdoor smoking areas (if using a public school site, state law stipulates that there be no smoking on school grounds)

❑ No abusive or belligerent behavior toward staff or other shelter residents

❑ No stealing or destruction of property

❑ No food in the dormitory area

❑ Children must be accompanied at all times

❑ Shelter residents must be dressed appropriately at all times (i.e., must wear something that covers them)

❑ No alcohol or drugs are allowed in the shelter and no admittance into the shelter is allowed while a person is under the influence of alcohol or drugs

❑ No weapons in the shelter

❑ No pets in the shelter

Shelter Supplies and Equipment

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

Obtaining Supplies

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

Planning Assumption (from the American Red Cross)

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

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

Supplies and Equipment to Operate a Disaster Shelter

1. Bedding Provisions (Cots & Blankets)

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

❑ **Sample List of Vendors for Cots, Blankets, Sleeping Bags**
- Alameda Discount Center, 510-865-2990
- Bonanza (Army/Navy store in Oakland), 510-534-3030
- Surplus Center of Berkeley, 510-524-8434
- Large retailers such as Target or Costco

❑ Local hotels/motels are a resource for blankets

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

2. <u>Comfort Kits (1 kit per person)</u>

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

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

- Toothpaste (8.5 oz.)
- Toothbrush and holder
- Soap (3.5 oz.) and washcloth
- Shampoo (8oz.)
- Comb (8") and brush
- Tissues
- Deodorant (1.5 oz.)

- Lotion (2 oz.)
- Shaving cream (2oz.) and razor
Additional items may include:
- Socks
- Flashlights and batteries
- Sweat pants
- Towels and blankets

❑ **Child's Comfort Kit** *

- Soap (3.5 oz.) and washcloth,
- Shampoo (8oz.),
- Comb (8"),

- Toothpaste (8.5 oz) and toothbrush
- Pencil and sharpener
- Crayons and fun pad

* Information from the American Red Cross

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

3. <u>Communications Equipment</u>

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

- Ham Radio and Operators
- Multi-channel, 2-way radios
- Cellular telephones and chargers *
- Portable computers with modem
and Internet capabilities
- Public address systems
- Fax machines

- Additional telephones (the phone company can setup additional telephones or simply bring in a phone trailer)
- Telephone books for the local area
- Battery-powered radio

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

4. <u>First Aid Kits/Supplies</u>

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

- Ace Bandages
- Adhesive tape and bandages in
assorted sizes
- Alcohol Swabs
- Antacid
- Antibiotic Cream
- Anti-diarrhea medication/laxatives

- Antiseptic solution
- Aspirin / Tylenol
- Dust masks/Surgical Masks
- Eye drops
- First-aid handbooks
- Foot Powder
- Gauze Pads

- Latex gloves	- Safety pins in assorted sizes
- Medical tape	- Saline Solution
- Moistened towelettes	- Scissors and tweezers
- Non-drowsy Allergy Medicine	- Smelling salts for fainting spells
- Petroleum jelly	- Thermometers
- Respirator Masks	- Wooden splints

5. Pharmaceuticals

❑ **Use** -- Vendor agreements with local pharmacies will expedite prescription refills or provide emergency replacement prescriptions. They will also support replacement equipment needs for elderly persons and people with disabilities (e.g., items like orthopedic braces, wheelchairs, hearing aids and breathing aids

❑ **Obtaining Prescription Refills** -- In developing vendor agreements, determine how to obtain prescription medications post-disaster.
   ▪ With a current prescription
   ▪ With a prescription phoned in by a licensed physician
   ▪ With a prescription validated by another pharmacy
   ▪ With a prescription bottle

❑ **Possible Vendors:**

   ▪ CVS Pharmacy

   ▪ Longs Drug

   ▪ Rite Aid Pharmacy

   ▪ Walgreens

   * The American Red Cross has statewide agreements with Long's Drug Stores and Shield Health Care

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

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

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

7. Power and Lighting

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

❑ **Options Include:**
   ▪ Portable Generators
   ▪ Portable stadium/floodlights

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

8. Water, Food and Cooking Equipment

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

Equipment options include:

- Water containers
- Water purifiers
- Waterproof tubs/coolers
- Refrigerator units
- Portable commercial ice makers
- Propane or gas stoves, fuel
- Packaged ice

- Pots, pans, can openers
- Handi-wipes
- Plastic trash bags for waste
- Eating utensils (plates, cups, etc.)
- Aluminum foil
- Plastic storage containers

Food options include:

- Ready-to-eat canned meats
- Fruits and vegetables
- Canned juices, milk
- Soup
- Staples, such as sugar, salt and pepper

- High-energy foods, such as peanut butter, trail mix, granola bars
- Infant foods and foods for special dietary needs
- Comfort foods such as cookies, candy
- Pet food.

Possible Vendors:

- Alhambra
- East Bay Water
- Albertson's
- Costco

- Safeway
- Food Bank
- Sysco, 1-800-877-7012

9. Emergency Equipment

- Flashlights and batteries
- Electric lantern and batteries
- Fire extinguishers
- Pry-bars
- Tool kits
- Rope 50'
- Shovel
- Pick axe

- Hammer
- Plastic Tarps
- Duct Tape
- Utility knife
- Map of the area
- Pliers
- Shut-off wrench for utilities
- Matches (in waterproof container)

10. Hygiene, Sanitation and Cleaning Supplies

Hygiene supplies per 100 persons

- 1 Box sanitary napkins
- 2 Boxes facial tissue
- 2 Rolls toilet tissue/toilet/day

- 1 Package antiseptic pre-moistened towelettes (40)
- Incontinent supplies (adult diapers

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

- Trash cans or receptacles
- Trash can liners and ties
- Paper towels
- Disinfectants
- Chlorine bleach

- Plastic bags
- Soap
- Towels
- Biohazard bags *

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

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

11. Infant and Children Supplies

- Package of disposable diapers
- Baby powder and ointments
- Box of baby wipes
- Moistened towelettes

- Pacifiers
- Blankets
- Powdered formula, milk, baby food

12. Office Supplies

Based on a shelter housing 100 persons

- 150 Shelter Registration Forms
- Shelter worker name badges
- 12 pencils & 12 ball-point pens
- 1 package, 3x5" index cards
- 2 clipboards & 2 paper tablets
- 1 pencil sharpener
- 1 stapler &1 box of staples

- 1 box of paper clips 1 package of
- 1 box of thumbtacks
- 2 rolls masking tape
- 1 roll scotch tape
- 1 package rubber bands
- 1 pair scissors
- 12 file folders

13. Recreation
- Books, games, recreational equipment
- Videocasettes and VCR players

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

Peak Shelter Population Table
Based on Uninhabitable Housing
For Alameda County

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

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

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

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

Data Source: <u>Shaken Awake</u>, Association of Bay Governments, April 1996

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

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

APPENDIX - F

Tips to Maximize Shelter Accessibility

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

Physical Accessibility of Disaster Service Sites

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

1. First, select disaster service sites (e.g., shelters) that allow people with disabilities to use public transit, or park near the building entrance if driving, and then get from the sidewalk or parking lot through the front door.

2. Secondly, ensure the accessibility of all areas *within* the facility where services are provided (e.g., from bathrooms to eating, sleeping and other service areas). Restrooms should allow for access to toilet and washing facilities.

   * If there are physical elements of the facility that are not fully accessible, consider implementing the appropriate accommodation below.

Examples of Shelter Accommodations

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

❑ **Portable Ramps**
Use a ramp (or even some type of platform lift) if people with mobility disabilities are unable to enter. A portable ramp should have railings and a firm, stable, non-slip surface. In an emergency, simply use a temporary plywood ramp with underside support.

❑ **Reposition Shelves**
Lower some items where shelving, storage space, or countertop arrangements of equipment or supplies are at a height that is not accessible for a person in a wheelchair.

❑ **Rearrange chairs, tables, vending machines, and other furniture**
Primary paths of travel within the facility must remain accessible and not blocked by obstacles such as furniture, filing cabinets or potted plants. Accessible routes must connect all areas of service within the shelter.

❑ **Reposition Telephones**
If the wall-mounted telephone is too high for someone using a wheelchair, make a desktop telephone or cell telephone available.

❑ **Install grab bars in toilet stalls**
Where necessary, install grab bars in toilet stall at a width of 33-36 inches.

❑ **Rearrange toilet partitions to increase maneuvering space**
Where an accessible toilet does not exist, create one by removing the stall in the bathroom to make single entry stall accessible for a wheelchair or scooter use.

❑ **Insulate lavatory pipes under sinks**
Insulate lavatory pipes under sinks to prevent leg burns for people using wheelchairs (users may not have feeling in their legs and can suffer burns without knowing it).

❑ **Install a raised toilet seat**
This will facilitate the transfer of a person using a wheelchair to the toilet.

❑ **Install a full length bathroom mirror**
Current wall mounted mirrors may be mounted at a height as to be inaccessible to a person using a wheelchair.

❑ **Reposition the paper towel dispenser in bathroom**
Again, the dispenser may be at a height that is inaccessible to a wheelchair user.

❑ **Create designated accessible parking spaces**
Given that a disproportionately higher number of persons with disabilities will seek shelter in a disaster, make 10 percent of the parking accessible.

❑ **Install an accessible paper cup dispenser**
An inaccessible water fountain can be made accessible by adding an accessible paper cup dispenser; otherwise install a water cooler or make bottled water available.

❑ **Accessible Portable Toilets and Showers**
Portable toilets and showers may be secured if there is no access to these facilities in the shelter for persons with disabilities.

❑ **Accessible Doorway**
Conventional doorknobs and operating controls may impede access by people who have limited manual dexterity. The alternative measure may involve leaving the door open, or having a person stationed near the door to open and close it.

Support and Auxiliary Aids for Persons with Specific Disabilities

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

1. **People with Visual Disabilities**

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

❑ **TV News** -- Advocate that TV news not only post important telephone numbers, but also announce them slowly and repeat them frequently for people who cannot read the screen.

❑ **Alternatives for Written Information** -- The usual options include Braille, large print (18-point font), or audiocassettes, if persons with visual disabilities request information in alternative formats. Otherwise, an offer to simply read information aloud may be adequate.

❑ **Guide Techniques** -- To guide a person who is blind, let him/her take your arm. The motion of your body will guide them as you walk. Indicate changes in the walking surface or other obstacles. To seat a person who is blind, place their hand on the back of the chair, they will seat themselves.

❑ **Sleeping Space** -- Locate sleeping space along a wall or in a corner to make it easier for persons with visual disabilities to find. Also, keep doors closed or wide-open -- a blind person regards a partially open door as fully open without realizing an obstruction waits.

❑ **Service Animals** -- Persons with guide dogs or service animals are legally entitled to keep this assistance with them at all times. Work out arrangements to provide a separate area within the shelter for owner and animal, if other residents are allergic to the animal. Service animals, in spite of their training, also can become disoriented from the disaster.

2. **People who are Deaf or Hearing Impaired**

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

❑ **Notification** -- In communicating emergency information or emergency alerts to the public, local jurisdictions need to ensure that people who are deaf or hearing impaired also receive notification. Advocate that neighborhood preparedness groups educate local citizens to be aware of deaf persons in their neighborhood and ask local citizens to relay important disaster notifications to deaf persons.

❑ **TV Stations** -- Ensure that local TV stations comply with the FCC rule to broadcast disaster information in open caption format (e.g., with text scrolling at the bottom of the screen).

❑ **Hearing Aids** -- Hearing aids amplify background noise and shelter environments have a high background noise level. For optimal communication, face a hearing impaired person directly and get as close as you comfortably can.

❑ **ASL Interpreters** -- A person who is deaf may request an American Sign Language (ASL) interpreter to aid in communication. See <u>Appendix G - Identifying CBOs and Community Resources</u> to find a list of ASL Interpreters (go to Item #5).

❑ **TDD** -- For telephone communication, once telephones are operational, deaf persons require a telephone device that transmits typed text (TTY or TDD). Local government presumably already has a TDD telephone within some city department; transfer and plug the TDD into a telephone line at the shelter. Otherwise, TDD telephones may be ordered directly from one of the following manufacturers:

  ▪ Ameriphone, Telephone 1-800-874-3005, <u>http://www.ameriphone.com</u>

  ▪ Ultratec Communications, Telephone 608-238-5400, <u>http://www.ultratec.com</u>

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

3. <u>People with Mobility Disabilities</u>

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

❑ **Accessibility of the Site** – As stated at the outset, a person using a wheelchair should be able to park, enter and navigate within the site. Moreover, the site should be within a block or two of accessible public transportation.

❑ **Injuries** -- Persons in wheelchairs may be paralyzed in different parts of the body, resulting in lost pain perception; they could be unaware of a serious injury

❑ **Battery Charging** -- Fire stations will have generators, if during a sustained power outage, a person using a motorized wheelchair needs to recharge their chair battery.

❑ **Care Providers** -- Some persons using wheelchairs are fully independent, while other persons may require moderate assistance with some daily living activities (e.g., eating, dressing, sleeping, or bathroom use). If the person has a personal attendant to help with care needs at home, ask the person to have their attendant provide that same support in the shelter.

❑ **Sleeping Accommodations** -- Persons who have paraplegia (loss of function in lower body) or quadriplegia (paralysis of both arms and legs) may experience circulation problems and require a softer sleeping surface than cots provide. An inexpensive air mattress can alleviate this discomfort.

❑ **Hotel Accommodations** -- As an alternative to public disaster shelters, providing hotel accommodations for some disabled persons may be a more comfortable or accessible alternative in certain situations. Consider agreements with motels/hotels with accessible rooms for people using wheelchairs. In the effort to relocate people from shelters to alternate housing, having agreements in advance might expedite the process.

4. People with Developmental or Cognitive Disabilities

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

❑ **Primary Providers** -- Many persons with developmental or cognitive disabilities are served through residential programs under the auspices of the following two agencies.

- The Regional Center of the East Bay, 510- 383-1200, http://www.rceb.org plans and coordinates services and support for many persons with developmental or cognitive disabilities.

- Community Care Licensing, 510-286-4201, http://ccld.ca.gov regulates many of the private group homes or board and care facilities that serve persons with developmental or cognitive disabilities.

❑ **Comprehension** -- Some persons with developmental or cognitive disabilities may not fully comprehend the emergency or could become confused about the proper way to react. Present information slowly; use simple language and speak with short sentences.

❑ **Repeat Back** -- Have the person repeat back what you said as a check to see if you are being understood.

Disability Related Supplies

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

- Large Handled Eating Utensils
- Two Handled Drinking Mug
- Flexible Straws
- Egg Crate Foam Mattress, or Foam Pads
- Transfer Board
- Non Perfumed Soap and Detergents
- Barrier Masks (or fabric facial masks)
- Portable Ramps
- Toilet Lifters or Portable Accessible Commode

- Refrigeration for some medications
- Equipment for recharging wheelchair batteries
- Mobility Items (Folding White Cane, Regular Cane, Crutches, Walker, Manual Wheelchair)
- Shower Chair
- Disposable Briefs
- Portable TDD

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

Identifying CBOs and Community Resources to Support Care and Shelter Operations

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

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

1. **Click on "Find Resources"**

2. **Enter Keyword**: Use the Keyword search function to enter a category (such as shelter or food) and the database will return a list of those providers in Alameda County. Keywords are identified for shelter services below.

3. **Narrow Results by City**: Choose a single city and view the list of providers serving that city.

4. **Narrow Results by Language**: Select a language -- Chinese (Mandarin), Chinese (Cantonese), Farsi, Spanish, Vietnamese – and view the list of providers that offer services in those languages.

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

1. Food / Meal Services
To assist in mass feeding operations
- To assist in food distribution
- To assist with home delivered meals to elderly and disabled persons who are unable to travel to a site where a meal is being served

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

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

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

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

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

4. Housing and Emergency Shelter
- To assist in the provision of emergency shelter, temporary shelter, or transitional shelter
- To assist with essential home repairs for low-income elderly or disabled residents

🗀 [Go to http://www.alamedaco.info/; use one of the following as a keyword search: "Housing", "Emergency Shelter", "Community Shelters", "Transitional Shelter", or "Home Rehabilitation/Repair"]

5. Language Translation / Sign Language Interpretation
- To translate documents into other languages or to find bilingual individuals to communicate with non-English speaking persons
- To find trained Sign Language Interpreters to communicate with deaf persons.

🗀 [Go to http://www.alamedaco.info/; use one of the following as a keyword search: "Language Translation", "Language Interpretation", or "Sign Language Interpretation"]. Then sort by a specific language need.

6. Transportation
- To help people with basic transport needs, including mass evacuation
- To help move goods and services
- To meet the transport needs of elderly and disabled individuals who are unable to utilize public transportation and need door-to-door transport

🗀 [Go to http://www.alamedaco.info/; use "Transportation" or "Paratransit" as a keyword search]

7. Information and Referral
- To link people who need assistance with appropriate service providers

🗀 [Go to http://www.alamedaco.info/; use "Information and Referral" as a keyword search]

8. Donor / Commodity Services
- To assist with donations management
- To assist in collecting and distributing food, clothing and other supplies

🗀 [Go to www.alamedaco.info/; use "Donor Services" as a keyword search]

9. Child Care
- To assist with parental care for children at shelters

🗀 [Go to http://www.alamedaco.info/; use "Child Care" as a keyword search]

10. Homeless Services
- To find food, shelter and support services for pre-disaster homeless persons or families

🗀 [Go to http://www.alamedaco.info/; use either "Homeless Individuals" or "Homeless Families" as a keyword search:]

10. Seniors and People with Disabilities
🗀 [Go to http://www.alamedaco.info/; use one of the following as a keyword search: "Older Adults", or "Disabled" as a keyword search]

11. Animal Services
- To assist in the temporary care and shelter for animals threatened or affected by a major disaster
- 🗁 [Go to http://www.alamedaco.info/; use any of the following as a keyword search: "Animal Services", "Animal Shelters" or "Disaster Services for Animals"]

12. Volunteer Services
- To assist non-profit and governmental agencies with the recruitment, placement and management of spontaneous disaster volunteers
- To find VOAD agencies (Volunteer Organizations Active in Disasters)
- 🗁 [Go to http://www.volunteeronline.org for the Volunteer Center of Alameda County, or go to http://www.nvoad.org for information on VOAD]

13. Legal Services
- To assist with advocacy, arbitration, certificates/forms assistance, legal counseling, legal representation, mediation, and paralegal counseling
- 🗁 [Go to http://www.alamedaco.info/; use "Legal Services" as a keyword search]

14. Disaster Relief Services
- To assist with short-term assistance -- food, clothing, blankets, temporary shelter, furnishings, small appliances or temporary financial aid
- 🗁 [Go to http://www.alamedaco.info/; use "Disaster Relief Services" as a keyword search; for VOAD agencies go to http://www.disastercenter.com/agency.htm]

15. Assistive Technology Equipment
- Programs that provide equipment and assistive aids to help people with disabilities communicate and live more comfortably.
- Includes Hearing Augmentation Aids, TTY Equipment, Blind Mobility Aids, Transfer Devices, Wheelchairs, Seating, etc.
- 🗁 [Go to http://www.alamedaco.info/; use "Assistive Technology Equipment " as a keyword search]

The Tri-Valley Human Services Directory
http://www.ci.livermore.ca.us/hsdirectory/

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

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

I.   PURPOSE:

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

II.   MISSION OF CITY OF WATSONVILLE EMERGENCY SERVICES DEPARTMENT

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

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

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

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

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

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

IV. Methods of Cooperation - SALUD

1. Salud will be designated a "Disaster Medical Station" by posting a sign DMS in a prominent place. This designation -is recognized and approved by Santa Cruz County Health Services Administration (HSA).

2. Salud will agree to remain open at least (16) hours daily for one weak during or after a major disaster. Salud employees will treat the sick and injured who require medical aid

3. Salud will agree to become temporary second level medical division command if Watsonville Community Hospital is rendered inoperational. This position will require coordination of medical treatment services for the South County.

4. Salud staff will provide medical care and social services to all clients during the disaster.

5. Salud will report operational status and needs on a daily basis to the County and City Emergency Operations Center (EOC).

6. Salud will develop an educational program for its clients regarding disaster preparedness.

7. Salud will provide referral and information services for disaster victims.

V. Methods of Cooperation - City of Watsonville

1. The City of Watsonville will prioritize and determine structural integrity of the Salud facility.

2. The City EOC will give Salud high priority for additional emergency medical supplies and personnel when requested.

3. The City of Watsonville will include a Salud representative in the Emergency Operations Center.

4. The City will use the Emergency Broadcast System to advise the public of the availability of the designated Disaster Medical Stations.

5. The City of Watsonville recognizes and supports the fact that Salud will seek reimbursement for service and material costs related to medical care of disaster victims. The reimbursement will be accomplished through disaster support agencies such as FEMA and the State Office of Emergency Services.

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

_____
Board Chairperson, Salud Para La Gente, Inc.

_____
Executive Director, Salud Para La Gente, Inc.

_____
Steven M. Salmon, City Manager

APPROVED AS TO FORM:

_____
Luis F. Hernandez, City Attorney

ATTEST:

_____
Lorraine Washington, City Clerk

_____
Dated

INTER-AGENCY MEMORANDUM OF UNDERSTANDING

VOLUNTEER CENTER OF SONOMA COUNTY
EMERGENCY RESPONSE PLAN
COUNTY OF SONOMA

I. PURPOSE

A. A private nonprofit agency, the Volunteer Center acts as a clearinghouse for the recruitment and placement of volunteers throughout Sonoma County

B. As appropriate during and immediately following a disaster the Volunteer Center will be responsible for establishing Volunteer Reception Center(s) and/or a phone bank which will recruit and refer convergent volunteers with government and nonprofit agencies.

C. County of Sonoma provides a range of public services and anticipates needing volunteerism to assist with the provision of these services. The EOC Human Resources Coordinator designates the Volunteer Program Specialist to act as liaison with the volunteer center.

II. ACTIVATION OF PLAN

A. Upon direction from the County Volunteer Program Specialist, Department of Emergency Services, or Personnel Department, the Volunteer Center of Sonoma County will proceed to recruit volunteers, match these convergent volunteers to appropriate tasks, and maintain accurate records of volunteers referred.

B. In the event of a catastrophic disaster where large numbers of volunteers are needed, the Volunteer Center shall establish Volunteer Reception Centers (VRC) and/or a phone bank to facilitate the timely recruitment and referral of volunteers where necessary in Santa Rosa, Petaluma, Rohnert Park, Sonoma and/or other locations as resources permit.

III. ORGANIZATION

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

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

IV. <u>COST RECOVERY</u>

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

For County of Sonoma:

/s/

_____   _____
Tim Exline, Dept of Emergency Services   Date

/s/

_____   _____
Richard Gearheart, Personnel Director   Date

For Volunteer Center of Sonoma County:

/s/

_____   _____
Karen Johnson, Executive Director   Date

/s/

_____   _____
Lee Van Giesen, President   Date
Board of Directors

Shelter Roles and Responsibilities

Management / Command

1. Shelter Manager

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

❑ **Inspect the facility to ensure the safety** of all areas for shelter operations use. Block off unsafe areas and areas not to be used (only use areas that can be directly supervised by staff). See <u>Section 8: Protocols for Opening the Shelter and Laying Out the Physical Space</u> for basic details on setting up the shelter.

❑ **Establish communications with the local city EOC** and report on needs (equipment, supplies or personnel needs) and shelter status.

❑ **Assign arriving staff to shelter functions**. Provide ongoing supervision of shelter staff to ensure effective accomplishment of all shelter operations. Conduct daily meetings with staff on shelter management issues.

❑ **Coordinate activities with the media** and clear any news releases with the local city EOC (specifically the PIO or Public Information Officer).

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

2. Assistant Shelter Manager

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

Operations

1. Registration

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

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

❑ **Ensure an adequate supply of registration forms** (see <u>Appendix A</u> for a copy of the <u>Red Cross Registration Form 5972</u>). Have persons entering the shelter fill out one registration form for each household.

❑ **Identify any special needs on behalf of persons registering** – needs for medical care, counseling, medications, dietary restrictions, or other accommodations. Refer persons who are injured or ill to health care staff, if available. Identify any shelter residents with medical training.

❑ **Maintain a sign-out log for shelter residents** who leaving temporarily.

2. Food Services

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

❑ **If applicable, inspect the food preparation area at the shelter site**. Obtain any keys necessary to access food storage areas. Determine if cooking equipment is still functioning and is safe to use.

❑ **Coordinate with Logistics for food supplies** (or in ordering pre-prepared food) and any additional staff or equipment needs. Coordinate with Health Services for any special dietary needs. Plan meals 2-3 days ahead of time.

❑ **Set up a dining area**. Post meal times in a conspicuous place. Keep meal times as consistent as possible. A large shelter may require more than one seating to serve everyone.

❑ **Recruit shelter residents to assist with food preparation**, cooking, serving, and clean up.

❑ **Keep a log of the number of meals served and supplies ordered**. Keep receipts for food that is delivered.

3. Dormitory

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

❑ **Inspect the dormitory area(s)**. Move aside athletic equipment, desks, or anything that might present a hazard to shelter residents. Request any needed supplies and equipment (such as cots, blankets, mats and personal hygiene kits) through Logistics.

❑ If using a school, **students or children remaining at the school should have their own dormitory area**. School staff must maintain supervision until the reunification with parents or guardians is complete.

❑ **Set-up the sleeping area(s) and distribute any available blankets and personal hygiene supplies.** To provide adequate ventilation open doors and windows of the dormitory area during the day. If custodial services are not available, recruit shelter residents to assist in daily dormitory clean up.

❑ **Post sleeping area rules**. Rules include: 1) Quiet Hours or Time for Lights Out, 2) No Alcohol, 3) Always use the same cot, etc.

❑ **Monitor sleeping area** (this requires establishing staff shifts). Ensure shelter occupants do not consume food or liquids in the dormitory area (a violation of Public Health code). Stay alert for such potential dormitory problems as drug use or sale, unattended children, fighting, theft, or shelter residents becoming ill.

❑ **Keep the shelter manager informed** of any suspicious actions, health concerns and the status of dormitory resources.

4. First Aid and Health Care Services

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

❑ **Establish procedures for handling medical emergencies** (presumably, the local fire department or paramedic services will be the first contact).

❑ **Set aside an area within the shelter as a health station**. Refer persons with health concerns or illnesses to the health station. Check with the registration coordinator and ask if persons who register with medical or nursing training can volunteer at the health station. Establish a 24-hour shift rotation for the health station.

❑ **Document all health care performed** (injuries/illnesses treated, medications issued, etc.). Use Logistics to request supplies, equipment, or additional personnel.

❑ **Advise the Meals Coordinator about special dietary needs** if there are shelter residents (such as persons with diabetes).

❑ **Stay alert for anyone with a communicable disease**. If necessary, prepare a separate room as a quarantine area.

5. Mental Health Counseling

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

❑ **Secure a quiet area or room away from public view**. Work with Logistics to find local mental health resources and counseling services to support shelter residents.

❑ **Monitor the stress conditions for staff and shelter occupants**. Intervene in crisis situations when practical. Coordinate with the health services coordinator and registration coordinator to identify shelter residents who might welcome counseling support.

❑ **Work with the shelter manager to plan activities or entertainment** that will help morale and reduce the stress of the living environment. If possible, provide shelter residents with access to local news via a television or radio. Lack of information following a disaster often contributes to rumors, hysteria, and fear.

❑ **Debrief shelter staff before they are released**.

6. Additional Shelter Services

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

Recreation

❑ Obtain/provide items such as books, games, videos and recreational equipment.

❑ Organize activities for shelter residents. Examples of possible activities include sports tournaments, birthday parties, entertainment, and religious services.

Child Care

❑ Select a safe area for child care away from the general shelter population; remove any hazardous furniture, equipment, or other items from the area.

❑ Request supplies appropriate for kids through Logistics: toys, coloring books, stuffed animals, puzzles, etc.

Animal/Pet Care

❑ Select a fenced-in area outside and away from the shelter for pets.

❑ Post a notice that pet owners are responsible for the care and restraint of their animals (i.e., ensure shelter residents restrain their pets on leashes).

❑ Use Logistics to contact the local SPCA, Animal Control, and nearby kennels for assistance in boarding and caring for animals.

Security/Safety

❑ Maintain the following safety suggestions: 1) Regularly inspect the facility to see that all areas are safe; 2) Keep exits clear and unblocked; 3) Locate all fire extinguishers and ensure compliance with fire safety regulations (e.g., ensure that garbage, debris, or refuse does not pose a fire hazard or block doorways).

❑ Work with Logistics to provide signage that clearly identifies all rules and safety regulations (see Appendix B - Shelter Rules and Regulations). Monitor compliance.

❑ Establish a "patrol team" to roam the shelter during the night and ensure night safety.

❑ When necessary, coordinate with local Law Enforcement and Fire Services for assistance.

Planning

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

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

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

❑ **Maintain close and ongoing contact with the local EOC** to ensure a reciprocal sharing of planning information.

❑ **Develop action plans** based on the information above and from information gathered at planning meetings. Work with the shelter manager in planning for anticipated shelter needs and in planning for the next 24 to 48 hours of shelter activity. Plan staffing schedules and determining staffing rotations.

❑ **Provide information on available recovery assistance** (especially information on the availability of temporary or long-term housing); keep information up-to-date and post in a visible place for shelter residents (e.g., bulletin boards).

❑ **Keep a disaster activity log with detailed records** of meetings, decisions and actions (e.g., who made what decisions). Record important inter-agency contacts and agreements. This is vital for after-action reports and for future planning.

❑ **Support information needs** related to helping reunite family members.

Logistics

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

❑ **Obtain all resources necessary to operate the shelter facility** in coordination with the EOC Logistics Section.

- Personnel
- Food
- Transportation
- Supplies and Equipment
- Communication Resources
- All other personal services as applicable for shelter residents (health, mental health, translation, etc.)

❑ **Work with the Finance Coordinator to set up vendor agreements** with local businesses as necessary for the purchase of supplies and equipment to operate the shelter.

Finance

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

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

❑ **Maintain contact with EOC Finance Section** to ensure disaster reimbursement claims follow appropriate procedures. Complete reports detailing expenses to date and projected future expenses.

❑ **Determine pre-existing MOUs and agreements for goods or services**. Set-up and monitor vendor contracts and agreements. Obtain a block of Purchase Orders for necessary purchases.

❑ **Work closely with the Logistics Section on procedures** for getting needed equipment and supplies.

❑ **Records will also include documentation** of all data about the shelter operation (numbers sheltered, meals served, etc.).

❑ **Set up a system for archiving all documents** and notify shelter staff of system, types of documents required and location to bring documents (this may be as simple as labeling a box "Archives" and placing at shelter staff office).