Integrating Functional Needs Support Services in General Population Shelter Operations

David C. Long

Chesapeake Fire Department

Chesapeake, VA

December 2012

Certification Statement

I hereby certify that this paper constitutes my own product, that where the language of others is set forth, quotation marks so indicate, and that appropriate credit is given where I have used the language, idea, expression, or writings of another.

Signed: _____

David C. Long

Abstract

The problem is the City of Chesapeake does not provide functional needs support services (FNSS) for residents with disabilities in general population shelters. Of concern, the Department of Justice, Disability Rights Section and disability rights advocacy groups have shown greater interest in accessibility to emergency management programs; consequently, the number of lawsuits regarding access to emergency management programs is on the rise. The purpose of this Applied Research Project (ARP) is to integrate the provision of FNSS in general population shelters during emergency operations by revising the city's Shelter Annex of the EOP, conducting a shelter workshop, and designing a shelter support unit (SSU) to provide medical equipment and supplies. For this ARP, the action research method was used to address the following research questions: a) what is the legal foundation to provide FNSS in general population shelters?, b) what are the shelter requirements for providing FNSS?, c) what resources are necessary to provide FNSS?, and d) how will providing FNSS impact shelter staffing? The procedure for this research included reviewing relevant literature, conducting surveys of emergency managers and their staff, procuring contract services, and selecting a vendor to build the SSU through a competitive BID process. The results indicated the existing shelter annex needed revision and a great deal of training and exercising was needed to improve the shelter staff's knowledge, skills, and abilities providing FNSS in general population shelters. There were five recommendations from this research, which included; obtaining a legal review of the revised shelter annex, completing an ADA checklist on every shelter, review the shelter annex annually for needed changes, conduct ongoing training and exercising, and create a "shelter team."

Table of Contents

List of Figures

Integrating Functional Needs Support Services in General Population Shelter Operations

Each year, the City of Chesapeake prepares for the upcoming hurricane season, which runs from June 1 to November 30. The peak of the hurricane season runs from August 15 to October 30. The city's emergency preparedness and response has been tested by several storms including Hurricane Floyd (1999), Hurricane Isabel (2003), and Hurricane Irene (2009). Though hurricanes get most of the attention, nor'easters can be just as dangerous. In November 2009, the remnants of Hurricane Ida spawned a nor'easter that produced a high-tide nearly equal that produced by Hurricane Isabel in 2003. The city suffered widespread flooding, which prompted the city to open a shelter for displaced residents. Those residents were instructed to bring food, water, personal medical supplies, and bedding to the shelter. Unfortunately, the shelter was ill-equipped to care for residents with disabilities in compliance with today's standards.

The problem is the City of Chesapeake does not provide functional needs support services (FNSS) for residents with disabilities in general population shelters that are opened due to emergencies. Of concern, there are a number of lawsuits moving forward in California, Maryland, and Florida. The main thrust of the lawsuits is emergency management programs discriminate against individuals with disabilities. This seems to be consistent with a report published by the National Council on Disability (2005) citing that "All too often in emergency situations, the legitimate concerns of people with disabilities are overlooked or swept aside."

Without a revised emergency operations plan (EOP), ongoing training and exercises, and additional shelter resources, shelter staff may unknowingly discriminate against those with disabilities, which could lead the city into costly litigation. More importantly, residents with disabilities or functional needs would be at greater risk during an emergency. In November 2010, the Federal Emergency Management Agency (FEMA) issued guidance that details the

integration of people with disabilities, including children and adults with functional and access needs, into general population shelters. FEMA (2010) explains "The intent of this planning guidance is to ensure that individuals are not turned away from general population shelters and inappropriately placed in other environments…" (p. 9).

The purpose of this research project is to integrate the provision of FNSS in general population shelters during emergency operations by revising the city's Shelter Annex of the EOP, conducting a shelter workshop, and designing a shelter support unit (SSU) to provide medical equipment and supplies. The National Fire Academy (2009) wrote the purpose of action research is "to apply new information/theories/methodologies to actual organizational problem/need" (p. II-13); consequently, the action research method was selected for this ARP. Due to the relative newness of the FEMA guidance document, the research will be focused around the following questions: a) what is the legal foundation to provide FNSS in general population shelters?, b) what are the shelter requirements for providing FNSS?, c) what resources are necessary to provide FNSS?, and d) how will providing FNSS impact shelter staffing?

Background and Significance

Though many associate Hurricane Katrina as the catalyst for change to emergency management programs, the National Council on Disability (NCD) issued a report four months prior Hurricane Katrina. In this report, the NCD called for emergency management programs to meet the needs of those with disabilities and access and functional needs through advanced planning and preparedness. However, it's the Rehabilitation Act of 1973 (Section 504) and the Americans with Disabilities Act (ADA) of 1990 that have become the tools to influence change in emergency management programs. Of significance, this legislation prohibits discrimination

on the basis of disability in public services. Not surprisingly, the County and City of Los Angeles was served with a lawsuit in January 2009, which alleged discrimination against people with disabilities.

> After a two year legal battle, the Disability Rights Legal Center (2011) issued a press release indicating that Plaintiffs were denied the benefits of the City's emergency preparedness program because the City's practice of failing to address the needs of individuals with disabilities discriminates against such individuals by denying them meaningful access to the City's emergency preparedness program…Because of the City's failure to address their unique needs, individuals with disabilities are disproportionately vulnerable to harm in the event of an emergency or disaster.

This judgment could prove costly to local governments in the coming years. Of concern, additional lawsuits have been filed in Oakland, CA, Montgomery County, MD, and Broward County, FL. The City of Chesapeake's emergency management program could be the next program scrutinized by the Department of Justice (DOJ). Bohannon (2010) writes on his blog that "the DOJ has been showing more interest in pursuing cases against emergency managers for violations of civil rights under legislation such as the American with Disabilities Act."

The City of Chesapeake is located in the southeastern portion of the Commonwealth of Virginia and is bordered by the cities of Norfolk, Portsmouth, Suffolk, Virginia Beach, and the counties of Camden and Currituck in North Carolina. The city spreads across 353 square miles making it the second largest in the state. Geographically, there are a number of waterways and tributaries that predispose the city to flooding. Chesapeake is vulnerable to wind events, which include hurricanes, nor'easters, and tornadoes. Often times, wind events combined with high-tide cycled produce localized flooding. Additionally, the city is also susceptible to a number of

technological hazards that could require evacuation of residents. Though unpredictable, wind hazards occur with enough frequency to regularly test the city's emergency preparedness and response capabilities. It is reported by Roth & Cobb (2001) that "on average, a tropical storm, or its remnants, can be expected to impact the Old Dominion yearly, with hurricanes expected once every 2.3 years." These storms vary in intensity and duration, but often produce flooding and power outages, which prompt the city's emergency management office to open shelters for displaced residents.

The city has designated 34 schools to serve as shelters during emergencies (see Appendix A). The American Red Cross (ARC) has approved 18 of these as pre-landfall hurricane shelters. Nine of the pre-landfall hurricane shelters are equipped with emergency back-up generators that supply power to a specific area of the shelter. The shelters are managed by the corresponding school principal and much of the shelter staff comes from the corresponding school, which often includes the resource officer (local law enforcement), nurse, custodian, and cafeteria staff. Supplemental staffing is provided by the health department, community services board, and social services. It is estimated that in the event of a hurricane, the 18 pre-landfall hurricane shelters can accommodate 8,519 residents short-term and 3,192 long-term. However, since only nine of the shelters have generators, the numbers fall to 6,415 residents short-term and 2,405 residents long-term; this is especially important when planning for residents with disabilities and functional needs. With the graying of America and advancements in medical treatments and technology, there are greater numbers of people living with disabilities. In fact, Kailes & Enders (2007) reported that "children and adults with disabilities and others with access and functional needs make up 51% of the U. S. population" (p. 231).

Since its beginning in 1963, the city's population has grown considerably. The city is recognized as the third largest in the Commonwealth of Virginia, and the 13th largest city in the United States. The 2011 American Community Survey 1-Year Estimate obtained from the U.S. Census Bureau "American Fact Finder" provides estimates of the total population and disabled population in Chesapeake (see Appendix B). The total population estimate is 215,970, and the population estimate with a non-institutionalized disability is 20,425. This represents 9.5% of the city's population; yet, what isn't represented here is the population estimate for those with a disability that are institutionalized. Given the number of people with disabilities and the likelihood of an emergency, the City of Chesapeake must take steps to reduce community risk and vulnerability. Failure to do so could expose the elderly and disabled to similar challenges faced by those during Hurricane Katrina.

> The National Council on Disability (2006) estimated that immediately after hurricane Katrina, about 25% of the cities' populations hardest hit (Biloxi, Mississippi; Mobile, Alabama; and New Orleans, Louisiana) – 155,000 people – had disabilities. While there is not a specific figure for the number of hurricane-related deaths, it became clear that a disproportionate number of the fatalities were people with disabilities. Seniors comprised only 15% of the population in New Orleans, but the American Association of Retired Persons estimated 73% of Katrina related deaths were individuals age 60 and over. The majority of those individuals had medical conditions and functional or sensory disabilities.

To address this issue, this author proposed assembling a shelter workgroup to begin discussing next steps for the City of Chesapeake. The workgroup participants represented emergency management, the fire department, the Department of Health, Chesapeake General Hospital, and

the Hampton Roads Metropolitan Medical Response System (HRMMRS). The purpose of the workgroup was to draft a proposal for integrating functional needs support services in general population shelter operations. Additionally, HRMMRS and representatives from the Chesapeake Fire Department agreed to participate in designing an SSU for the Hampton Roads region. Chesapeake would receive the first unit, and if accepted regionally, 11 additional units would be purchased and distributed throughout the Hampton Roads region.

This ARP relates directly to Executive Analysis of Community Risk Reduction: Units II through V taught in year two of the Executive Fire Officer (EFO) program. Following the Community Risk-Reduction Model, this research project will assess risk, develop an intervention strategy, take action, and evaluate the results. Specifically, the city's emergency management program exposes the disabled to higher risk than non-disabled. By revising the Shelter Annex of the EOP, conducting training and exercises for shelter staff, and providing equipment and supplies for shelter operations, the city minimizes its liability through risk-reduction.

Disasters can overwhelm even the best prepared. Response to and recovery from disasters involves the whole community and requires stakeholders to develop plans and mitigation strategies. This is in-line with the United States Fire Administration's (USFA) Strategic Framework; specifically, a) "Goal 1 - Reduce risk at the local level through prevention and mitigation" and b) "Goal 2 - Improve local planning and preparedness" (p. 13).

Literature Review

Researching the legal foundation for FNSS began with two essential federal laws; Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. The Rehabilitation Act of 1973 was signed into law by President Richard M. Nixon and amended in 1978 and 1987.

> Section 504 states that no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under any program or activity that either receives federal financial assistance or is conducted by any executive agency…Requirements common to these regulations include reasonable accommodation for employees with disabilities; program accessibility; effective communication with people who have hearing or vision disabilities; and accessible new construction and alterations.

The Rehabilitation Act promises equal access to any programs, services, or activities receiving federal funding. Since most state and local governments receive federal funding, they must comply with the law, which includes the benefits of emergency management programs.

The ADA of 1990 was signed into law by George H. W. Bush and amended in 2009. The Act prohibits discrimination and is divided into five Titles. Of relevance to this research, Title II of the ADA broadened the coverage of Section 504 by prohibiting discrimination and guaranteeing access to all state and government programs regardless of receiving federal funds [emphasis added]. While it is important to recognize the disabilities covered under Section 504 and the ADA, it is of little use when developing emergency management programs. Therefore the focus should be less on the disabilities and more on recognizing peoples' needs during an emergency.

Subsequently, the Department of Homeland Security (DHS) introduced a new term that would assist future planning and preparedness efforts. In the National Response Framework (2008) the term "functional needs" is defined as "populations whose members many have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical

care." Today, these five functional areas are commonly referred to as C-MIST, which provides a function-based model for revising emergency management programs.

FEMA defines FNSS in Section 3.1 of the guidance document as services that enable individuals to maintain their independence in a general population shelter. FNSS includes:

- reasonable modification to policies, practices, and procedures
- durable medical equipment (DME)
- consumable medical supplies (CMS)
- personal assistance services (PAS)
- other goods and services as needed

Children and adults requiring FNSS may have physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Others that may benefit from FNSS include women in late stages of pregnancy, elders, and people needing bariatric equipment.

This definition places an emphasis on providing goods and services that allow individuals to maintain their independence. Additionally, it moves us further away from terms like "special needs" or "vulnerable" towards the widely accepted phrase "children and adults with disabilities and others with access and functional needs."

Legal foundation can also be found in the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended, 42 U.S.C. 5121-5207, and Related Authorities. Section 689, Individuals with Disabilities (6 U.S.C. 773) directs administrators to "develop guidelines to accommodate individuals with disabilities, which shall include guidelines for…the accessibility of, and communications and programs in, shelters, recovery centers, and other facilities…"

To comply with these federal laws, FEMA provides key nondiscrimination concepts in Section 3.4 of the guidance document.

- Self-Determination - People with disabilities are the most knowledgeable about their own needs [emphasis added].
- No “One-Size-Fits-All” - People with disabilities do not all require the same assistance and do not all have the same needs.
- Equal Opportunity - People with disabilities must have the same opportunities to benefit from emergency programs, services, and activities as people without disabilities.
- Inclusion - People with disabilities have the right to participate in and receive the benefits of emergency programs, services, and activities provided by governments, private businesses, and nonprofit organizations [emphasis added].
- Integration - Emergency programs, services, and activities typically must be provided in an integrated setting.
- Physical Access -Emergency programs, services, and activities must be provided at locations that all people can access, including people with disabilities.
- Equal Access - People with disabilities must be able to access and benefit from emergency programs, services, and activities equal to the general population emphasis added].
- Effective Communication - People with disabilities must be given information that is comparable in content and detail to that given to the general public. It must also be accessible, understandable and timely.

- Program Modification - People with disabilities must have equal access to emergency programs and services, which may entail modifications to rules, policies, practices, and procedures.
- No Charge - People with disabilities may not be charged to cover the costs of measures necessary to ensure equal access and nondiscriminatory treatment.

By integrating these concepts into EOPs, emergency managers are better positioned to meet the needs of those with disabilities and access and functional needs, while at the same time, reducing risk in the community.

Emergencies of various types, size, intensity, and duration may occur in Chesapeake with or without warning. In accordance with both Emergency Support Function (ESF) #6 (Mass Care, Housing, and Human Resources, which provides direction for coordinating mass care services during the response and recovery phases of a natural or man-made disaster), and ESF #8 (Public Health and Medical Services, which provides for the medical needs of members of the "at risk" population) communities must be prepared to provide care to those with medical and functional needs before, during, and after an incident. Of importance to this research is the provision of Mass Care.

> DHS defines Mass Care as the capability to provide immediate shelter, feeding centers, basic first aid, bulk distribution of needed items and related services to persons affected by a large-scale event. Mass Care is usually provided by non-governmental organizations (NGOs), such as the American Red Cross, or by local government. The capability also provides for companion animal care/handling through local government and appropriate animal-related organizations (Target Capabilities List, p.393).

The City of Chesapeake accepts the responsibility of providing mass care for all who visit or live in Chesapeake. Therefore the city recognizes its responsibility to provide equal access the emergency services 24/7/365. To do so, the ADA dictates that

> State and local governments must comply with Title II of the ADA in the emergency- and disaster-related programs, services, and activities they provide. This requirement applies to programs, services, and activities provided directly by state and local governments as well as those provided through third parties, such as the American Red Cross, private nonprofit organizations, and religious entities (ADA, Chapter 7 Emergency Management, p.1).

In addition to the ADA of 1990, the Architectural Barriers Act (ABA) of 1968 "requires facilities designed, built, altered, or leased with federal funds be accessible." Emergency managers must ensure that facilities designated as shelters are accessible to all groups, enabling them to maintain their independence while in the shelter. It has been previously established that children and adults with disabilities and those with access and functional needs have the legal right to shelter in an integrated environment. The Department of Justice includes an "ADA Checklist for Emergency Shelters" that provides guidance on emergency shelter accessibility.

> The checklist includes two assessment tools to ensure that emergency shelters provide access to all: (1) a preliminary checklist that will help emergency managers and shelter operators decide if a facility has the characteristics that make it a good candidate for a potential emergency shelter, and (2) a more detailed checklist that will help identify and remove the most common barriers to physical accessibility (ADA, Chapter 7 Addendum 2, p. 2).

Shelter accessibility covers drop-off areas, parking areas, the entrances to the shelter, objects protruding in hallways and corridors, restrooms and showers, sleeping areas, and travel between these areas. As a shelter is set-up to open, shelter staff must ensure that

> Cots and other furniture items are placed in such a way that routes are accessible to people who use wheelchairs, crutches, or walkers. Protruding objects in ANY area where people walk throughout the shelter should be eliminated. Accessible routes should connect the sleeping quarters to the food distribution and dining quarters, bathrooms, and activity areas (ADA, Chapter 7 Addendum 2, p. 7-8).

Resource needs for general population shelters are generally covered under an individual municipality's EOP. Additional guidance regarding shelter operations can also be found in the American Red Cross - Shelter Operations guide. When incorporating FNSS into general population shelters, some additional requirements should include: access for stretcher bound individuals; privacy areas for medical interventions; a designated "emergent care" area; staging area for medical equipment and medications; triage/medical screening area; communications procedures; and additional power outlets for medical equipment. FEMA's FNSS guidance (2010) defines DME as "medical equipment (e.g., walkers, canes, wheelchairs) used by persons with a disability to maintain their usual level of independence. A sample list of DME is provided in Appendix 3. Similarly, FEMA's FNSS guidance (2010) defines CMS as "medical supplies (medications, diapers, bandages, etc.) that are ingested, injected, or applied and/or are one time use only. A sample list of CMS is provided in Appendix 4 of the guidance document.

While DME and CMS usually tops the list of resource needs, that in no way addresses all of resource needs. FEMA (2010) instructs those providing FNSS to "Develop provider agreements with the private sector to ensure that necessary equipment and supplies that have not

been purchased and stored will be available during an emergency or disaster [and to] develop agreements with area contractors to maintain equipment (e.g., generators, oxygen concentrators)" (p. 19). There are unique resource needs that most plans don't account for, such as food for service animals, bathing and toiletry needs, communication devices for the hearing-impaired, and an uninterruptable power supply. If a functional needs resident brings an oxygen concentrator to the shelter, there must be power available to operate it. In the event of an emergency, chances are that the shelter may be on emergency power. Often in these situations, accessible power is limited to specific grids in the shelter. This makes preplanning shelter layouts all that much more important. If residents are prematurely placed in these areas, they may have to relocate in the shelter to allow a functional needs resident access to the power supply. Resources also include administrative items like "triage forms, shelter intake forms, and shelter placement forms" (The Texas FNSS Toolkit, p. 39-41). While this may seem like a foregone conclusion, the importance is twofold; one, many shelter operations do not have electronic registration, so shelter intake forms are an important part of tracking shelter residents, two, the quality of forms vary as greatly as the capability of various shelters. Better forms; better triage and intake.

In addition to the general population shelter staffing requirements, FNSS will require additional staffing. This includes someone to handle the overall management of the functional needs component of shelter operations and support staff. If medical staff will be operating within the shelter, they must operate under the authority of a physician or medical director, who oversees the shelter operation. Typically, the medical director's role is assumed by the local health authority and it may or may not be delegated to another party. The delegation should be appropriately documented.

Local jurisdictions are responsible for exhausting all local resources before requesting state assistance. Jurisdictions can find medical staffing in a variety of locations to include: Medical Reserve Corps (MRC); Community Emergency Response Team (CERT); public health department; volunteer EMS agencies; and hospitals. Listed below are some position job descriptions that will be needed to manage FNSS in a general population shelter. The Texas FNSS Toolkit (2011) recommends [not all inclusive]

Medical Operations Officer: - responsible for ensuring that FNSS are in place to support individuals with disabilities, functional and access needs. Responsible for coordinating with the medical staff to ensure that staffing levels are appropriate and that all medical/FNSS resource requests are met.

Staff for Health/FNSS Intake: - Responsible for conducting a health/FNSS intake for individuals who indicate they will require FNSS and/or access to medical services.

Nursing staff: - Responsible for providing/coordinating medical services for individuals requiring FNSS. This may include such things as ensuring prescriptions are filled, medication administration, minor wound care, glucose monitoring etc.

Emergency Medical Technician (EMT) or Paramedic responsible for providing services within the shelter as needs arise. Paramedics will help to evaluate/assess individuals with acute onset of signs and symptoms and help determine if “911” transportation is necessary.

PAS providers- Provide formal and informal services that enable children and adults to maintain their usual level of independence in a general population shelter. This includes assistance with activities of daily living such as: grooming, eating, bathing /toileting,

dressing and undressing, walking/transferring, taking medications, communicating, and accessing programs and services.

Law Enforcement Officer- Provide onsite law enforcement

As with any organization, staffing will be based on need meaning that only those positions that are necessary will be staffed. As numbers of shelter occupants surge, the number of medical staff will increase. Conversely, as the numbers decompress, the number of medical staff will decrease. This may require medical staff to multi-task; perform multiple job functions. The Texas FNSS Toolkit (2011) provided an example of what is considered to be the "optimal medical staffing ratios per shift for a 24 hour operation (see Figure 1below)."

In summary, the literature review for this research project provides ample justification for amending emergency operations plans to provide for the integration of access and functional needs. The review presented relevant information regarding the potential consequences for failure to comply with the newly released federal guidance. The guidance walks emergency managers through the process step-by-step beginning with designating shelter facilities. The ADA's Shelter Checklist is an easy-to-use tool of address many of the issues raised in integrating FNSS. While the resources needed to provide these services may present a financial challenge, the concept of including the "whole community" as part of a planning team may produce funding resources that may not have been previously identified. Since emergencies and disasters range in size and complexity, even some of the most notable plans, such as the State of Texas FNSS toolkit or Oakland's Mass Care and Shelter Plan – Functional Needs Annex will be overwhelmed. This author believes the intent of the FEMA guidance is to assist communities to be better prepared to provide services to those at rick in our communities during an emergency. Interestingly, Xenakis (2011) wrote in the Journal of Emergency Management that "FEMA,

DOJ, emergency managers, and shelter planners have the same goal: to do the most good for the most people, to preserve life and property, and to serve the public" (p. 13).

Figure 1

Medical Staff	Ratio* (Medical Staff to Shelter Occupants) *per individual shelter
Staff for Health/ FNSS intake	1:25
RN/LVN for individuals requiring ***no*** medical assistance	1:200
RNs for individuals requiring FNSS (with a minimum of 2 RNs at any time, 1 must be a Charge RN)	1:50
EMT-I or Paramedic (with a minimum of 1 at all times)	1:500
Respiratory Therapist (if needed)	1:250
Mental Health Staff (with a minimum of 2 at all times)	1:100
Personal Assistant Services personnel (for intake)	1:50
Personal Assistant Services (for individuals requiring PAS, a minimum of 2 PAS at all times)	1:1

Procedures

Research Methodology

The purpose of this research project was integrate FNSS into general population shelter operations by revising the city's Shelter Annex of EOP, conducting a shelter workshop, and designing a shelter support unit. Therefore, the research methodology used for this ARP is action research. The procedures used for this project included a literature review, survey, contracting services, and preparing an "Invitation for BID" (IFB) and selecting a vendor.

Literature Review

The literature review was initiated at the National Emergency Training Center's-Learning Resource Center (LRC) October 3, 2012. Using functional needs for the keyword search, there were 6 records identified in the card catalog. Of those 6 records, the most helpful was FEMA's Guidance on Planning for Integration of Functional Needs Support Services in General

Population Shelters; the document was loaded with references. Two of the records were research papers written by EFO candidates. The first research paper reviewed addressed implementing evacuation methods for the access and functional needs population. The main focus of McDowell's (2012) research paper was on "transportation solutions to aid in evacuating the access and functional needs population." Even though this paper did not relate directly to this authors research project, the reference section provided additional references for the literature review. The second research paper reported the implications of FEMA's functional needs support services guidelines on the city of Orlando's Office of Emergency Management. Saez (2011) reported "on the legal implications of providing FNSS in general population shelters." Though this research paper discussed the legal foundation of FNSS, it does not address the integration of FNSS in Orlando's emergency management program. However, this research paper's reference section also contained references for the literature review.

The author is employed part-time with the Hampton Roads Metropolitan Medical Response System (MMRS), which was a federal grant program. The City of Chesapeake qualified and was designated as an MMRS jurisdiction in 2002. The MMRS program has received federal funds from 1999 through the final grant year in 2011. The performance period of the final MMRS grant runs through August of 2014. Due to the programs grant guidance and deliverables, MMRS is linked to a great number of resources at the local, state, and federal level. In fact, the author has access to an FNSS file that contains over 50 documents and a number of links to relevant resources for this ARP. It is important to note that most if not all of these references can be obtained via an internet search engine.

Lastly, a literature review was conducted using an Internet search engine "Google." Several keyword phrases were used to identify related research material. The keywords and

phrases used were: functional needs, functional need support services; integration of functional needs support services, access and functional needs, and general population shelters and functional needs. The author also tried searching "FNSS" but found the use of an acronym provided less than favorable results.

Survey Instrument

A survey was developed to collect data that was pertinent to this research. The purpose of the survey instrument was to determine the awareness level of regional emergency managers related to the topic of access and functional needs. The survey consisted of 15 closed-ended questions that required either a yes/not sure/no or multiple choice answers (see Appendix C). The survey was developed using the online survey tool, Survey Monkey. The total population defined for this survey was 40, which included emergency managers and their staff from the 16 cities and counties that comprise the Hampton Roads Planning District. Notably, the City of Chesapeake is one of these 16 jurisdictions.

Of significance, the Hampton Roads region is a Metropolitan Statistical Area (MSA) with a population exceeding 1.5 million people. Using Chesapeake's 9.5% and Kailes & Enders 51%, disability estimates, calculations put the numbers of children and adults with disabilities and those with access and functional needs between 142,500 and 765,000. Consequently, this problem affects all 16 jurisdictions. Though this sample size is below the preferred minimum of 100, and may not reflect views at the state or national level, it would be reflective of Chesapeake and the region as a whole. An email was sent to all emergency managers and their staff on October 8, 2012 with a link to the survey. The email contained information about the survey and informed the participants of the deadline for completing the survey as October 31, 2012. The

email also reassured the participants that the survey was being conducted anonymously. Of the 40 surveyed, 19 completed the survey, which only equates to a 47.5 percent confidence level.

Invitation for BID

The purpose of the Invitation for Bid (IFB) was to obtain competitive bids for an SSU and equipment cache; specifically, to purchase a 24 foot trailer to house an equipment cache that contained DME and CMS, which would be used to integrate functional needs in general population shelters for the City of Chesapeake. The Hampton Roads Planning District Commission (HRPDC) was responsible for payment to the successful bidder. As with all purchases with federal grant funds, additional purchases by any participating jurisdiction, agency, or organization of the HRPDC, which includes the Cities of Chesapeake, Franklin, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, and Williamsburg, and the Counties of Gloucester, Isle of Wight, James City, Southampton, Surry, and York, may purchase additional SSUs and equipment caches at "Bid" price. However, payment for such purchases shall be the responsibility of the individual jurisdiction or agency and not the HRPDC. The bid price shall remain in effect for twelve (12) months from award of bid. The BID was awarded to Grainger, Inc. and subcontractor EMS Innovations, Inc.

Service Contracts

This author met with Robb Braidwood, Deputy Emergency Coordinator for the City of Chesapeake, to discuss the integration of FNSS in the city's general population shelters. He was aware of FEMA's guidance document, but voiced concern about it being an unfunded mandate. Referring to a recent lawsuit in New York City, R. Braidwood (personal communication, April 4, 2012) said "New York has spent over 10 million dollars in the last four years on sheltering, and they are still being sued." Fortunately, the City of Chesapeake had federal grant funds available

to procure contract services to rewrite the Shelter Annex of the EOP. The contract was awarded to the consulting firm Dewberry.

HRMMRS developed a document titled "Guidance on Using Hampton Roads Shelter Support Units to Meet Functional and Medical Needs in Shelters." The deployment of the SSU and its medical equipment required advanced planning and preparedness, so HRMMRS sought to contract services to develop and conduct a workshop and to develop a drill template and evaluation guide. The workshop was advertised throughout the region and invitations were set to emergency managers, fire departments, EMS departments, health departments, hospitals, the Virginia Department of Emergency Management, and the Virginia Department of Social Services. This contract would facilitate training and exercising integration of FNSS in general population shelters using the SSU as a resource. The contract was awarded to Waldroup Sommer & Associates.

Limitations

There were few limitations encountered during this research project. The first and most significant limitation was directly related to the scope of the project. The project was too large and complex to complete within the allotted six month timeframe. So, time was a significant limitation. The author should have recognized early on that the time to negotiate service contracts and facilitate a BID process would exceed six months; consequently, this author has a better understanding of a realistic scope of work for action research.

The next limitation involved the response to the survey. "Low response rates are a concern for researchers, since answers from survey respondents may differ substantially from those of non-respondents, resulting in a biased estimate of the characteristics of the population" (Bean & Roszkowski, 1995). In this case, of the 40 surveys distributed, only 19 responses were

received, which represents less than a 50% confidence level. This is well below the 95% confidence level that most researchers use; consequently, any conclusions drawn from the survey may be suspect.

Another limitation associated with the survey was incomplete responses. Even though this, author believes that the survey is accurate and relevant to the research topic, not all respondents answered every question. Unfortunately, this has an effect to low response rate to the survey. When questions are "skipped" or not answered, the data becomes skewed. Though questions were skipped, the author does not believe that the respondents were attempting to skew the data.

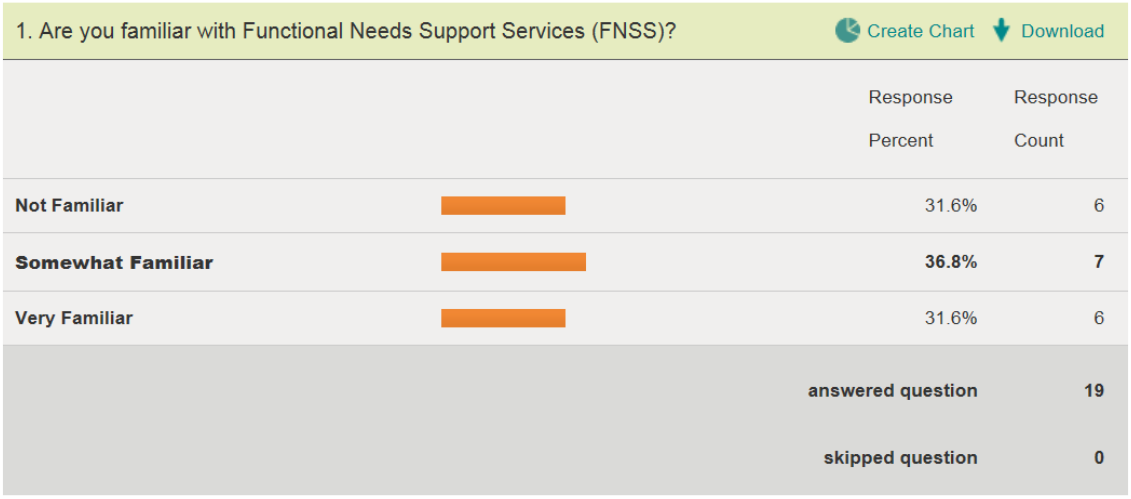
Results

The purpose of this APR was to integrate FNSS into general population shelter operations by revising the Shelter Annex of the EOP, conducting training and exercising, and designing an SSU to provide the medical equipment and supplies needed. The literature review and survey results helped identify knowledge deficiencies and resource needs to generate the products of this action research.

Question One (Figure 2): Are you familiar with FNSS? Six out of 19 responses indicated that they were very familiar with FNSS. Unfortunately, that's 68.4% of the respondents that were only somewhat or not familiar with FNSS. The disclaimer in FEMA's (2010) guidance asserts it "is not intended to establish new legal obligations alter existing obligations, or constitute a legal interpretation of the statutes that are the basis of the guidance materials" (p. 5). Although FEMA's guidance document was released in late 2010, it's rather surprising that many in the field of emergency management are not yet familiar with either this term or the services required. Roth (2010) wrote "the guidance should serve as a primer and an aid for localities and

states to use when amending their current practices and procedures to comply with laws and requirements that have long existed [emphasis added].”

Figure 2

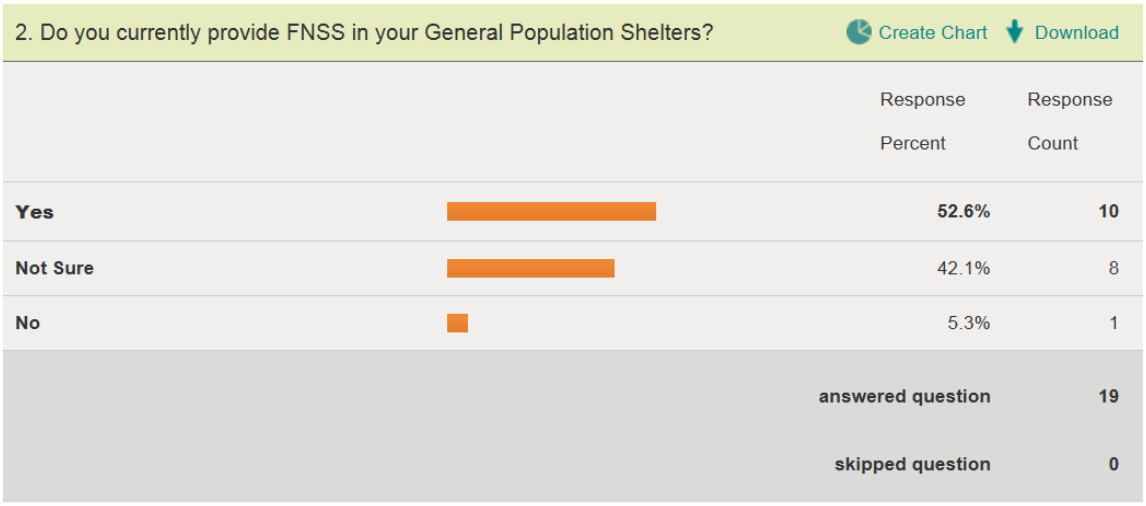


1. Are you familiar with Functional Needs Support Services (FNSS)? Create Chart Download

	Response Percent	Response Count
Not Familiar	31.6%	6
Somewhat Familiar	36.8%	7
Very Familiar	31.6%	6
answered question		19
skipped question		0

Question two (Figure 3): Do you currently provide FNSS in your general population shelters? Interestingly, 10 out of the 19 respondents replied that they currently provide FNSS in their general population shelters. Strangely, this seems skewed when compared with question one, in which 13 of 19 respondents were either not familiar or only somewhat familiar with FNSS. If FEMA’s guidance is not a new mandate, this author’s expectations would be that all 19 respondents would have answered yes. This author is happy to report that Chesapeake is making significant strides in providing FNSS in its general population shelters.

Figure 3

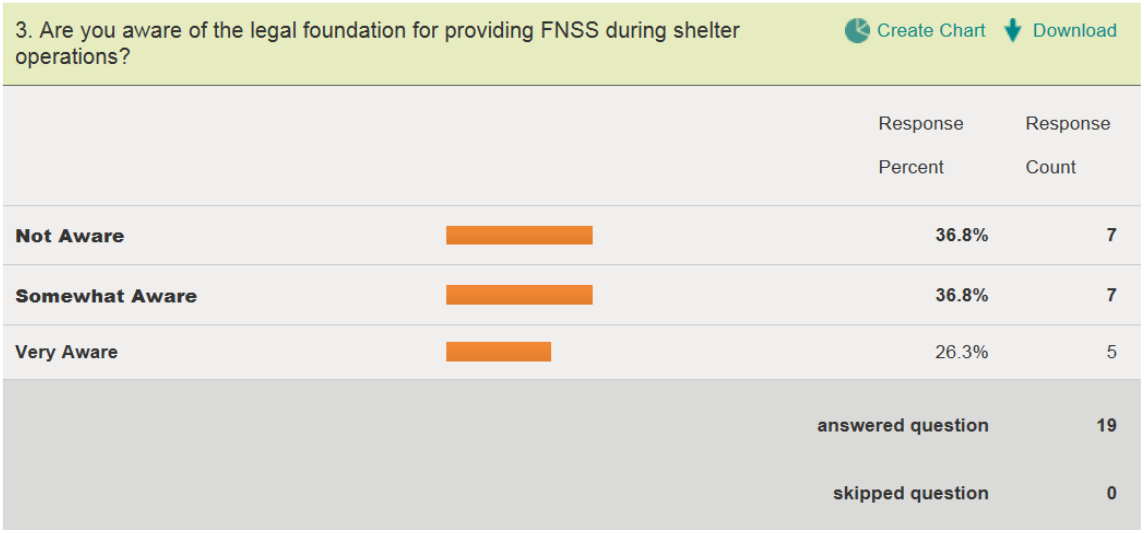


2. Do you currently provide FNSS in your General Population Shelters? Create Chart Download

	Response Percent	Response Count
Yes	52.6%	10
Not Sure	42.1%	8
No	5.3%	1
answered question		19
skipped question		0

Question three (Figure 4): Are you aware of the legal foundation for providing FNSS during shelter operations? Only five of the respondents replied "very aware." Over 74% of the respondents are somewhat aware or not aware of the legal requirement for FNSS. Considering the number of lawsuits, that is troubling. Lawsuits have been either filed or settled in a number of communities and that doesn't include the settlements reached under Project Civic Access (PCA). The PCA project is managed by the DOJ Disability Rights Section of the Civil Rights Division. Following a lawsuit against Toledo, OH in 1999, there have been "203 settlement agreements with 188 localities in all 50 states, the District of Columbia, and Puerto Rico." Since there are six municipalities, most notably Arlington County and Fairfax County, in Virginia that have settlement agreements with the DOJ's Project Civic Access, Chesapeake is very aware of the legal foundation.

Figure 4



3. Are you aware of the legal foundation for providing FNSS during shelter operations?

Create Chart Download

	Response Percent	Response Count
Not Aware	**36.8%**	**7**
Somewhat Aware	**36.8%**	**7**
Very Aware	26.3%	5
	answered question	**19**
	skipped question	**0**

Question four (Figure 5): For planning purposes, have you determined how many people with disabilities reside in your community? While five respondents replied yes, 74% are unaware of the number of disabled residing in their community. Many localities have developed special needs registries to identify and track those with disabilities that may need assistance during an emergency. Since the registries are voluntary, the number of disabled that sign up varies greatly. What's even more challenging according to R. Braidwood (personal communication, October 12, 2012) "is verifying the information contained in the registry. Some people move and some die and the registry is not updated to reflect the change. It doesn't take long before its bad data."

Figure 5

4. For planning purposes, have you determined how many people with disabilities reside in your community? Create Chart Download

	Response Percent	Response Count
Yes	26.3%	5
Not Sure	21.1%	4
No	52.6%	10
answered question		19
skipped question		0

Question five (Figure 6): Has emergency planning identified the resources required to meet the needs of those individuals with disabilities? The respondents were close to 50/50, which compares well to question two. Fifty percent replied they currently provide FNSS, so it's reasonable the same fifty percent would know what resources are required to meet the needs of the disabled. FEMA's guidance provides sample lists of durable medical equipment, consumable medical supplies, communication devices and other recommended services to meet disabled, access and functional needs. The State of Texas Functional Needs Support Services Toolkit and the City of Oakland's Mass Case and Shelter Functional Needs Annex are two of the best resources available to emergency managers and shelter planners.

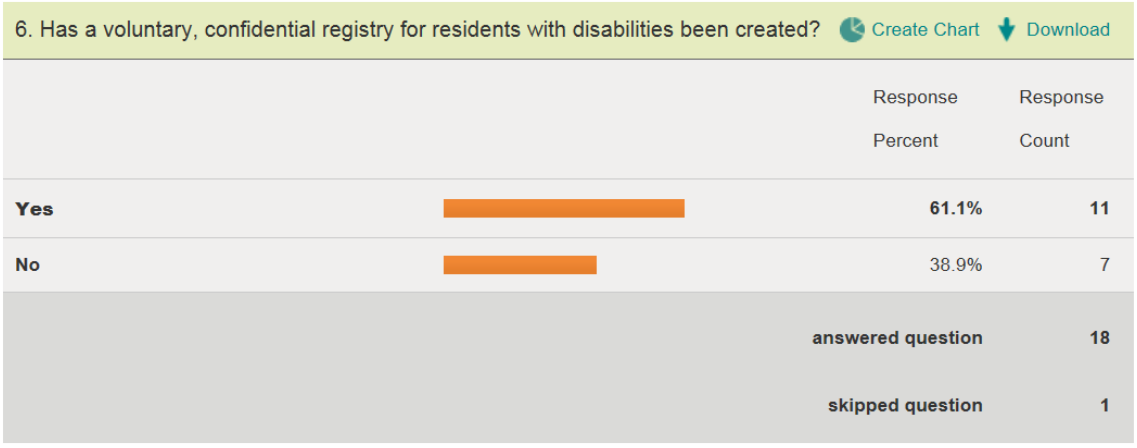
Figure 6

5. Has emergency planning identified the resources required to meet the needs of those individuals with disabilities? Create Chart Download

	Response Percent	Response Count
Yes	52.6%	10
No	47.4%	9
answered question		19
skipped question		0

Question six (Figure 7): Has a voluntary, confidential registry for residents with disabilities been created? Roughly two-thirds of the replies have confidential registries. This question draws an interesting corollary with question four. Question four asks about identifying the disabled in the community. The results from these two questions are nearly exact opposites. The inference here is just because there is a mechanism to register and track those with disabilities; doesn't mean the disabled will register. Also of importance, there are legal and ethical concerns regarding protected health information. Additionally, emergency managers are sensitive to the perception that being registered creates an expectation that services will be provided.

Figure 7



6. Has a voluntary, confidential registry for residents with disabilities been created? Create Chart Download

	Response Percent	Response Count
Yes	61.1%	11
No	38.9%	7
answered question		18
skipped question		1

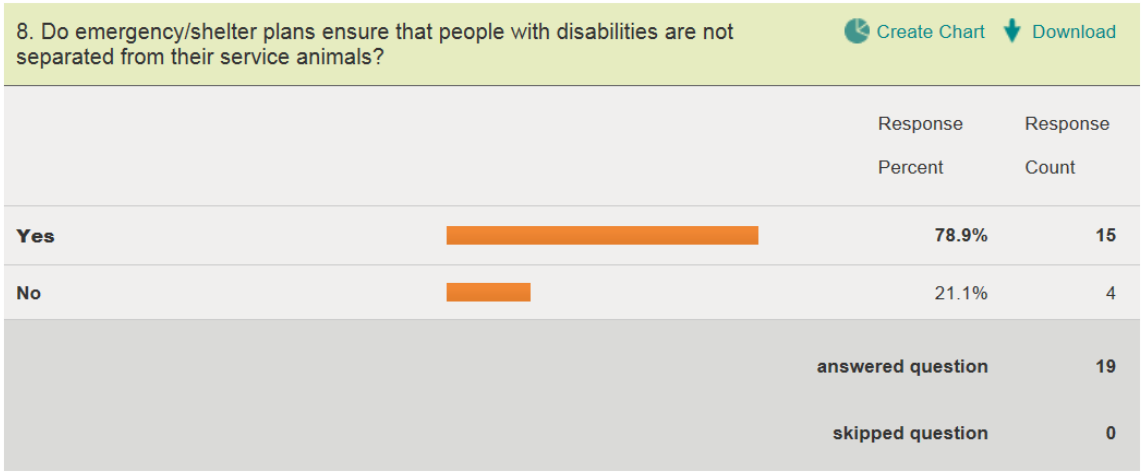
Question seven (Figure 8): Do emergency/shelter plans provide for people with disabilities to be evacuated and transported to shelters with their families? Almost 67% replied their plans contain provisions to provide transportation for the disabled and their families. This is consistent with Section 4.2.9 of FEMA's (2010) guidance document states "…that plans include strategies to ensure that accessible vehicles, ambulances, and drivers are available to the shelter. Accessible vehicles should be able to transport wheelchairs, scooters, or other mobility aids, as well as equipment and supplies…" Chesapeake plans identify the fire department and schools for this.

Figure 8

Question eight (Figure 9): Do emergency/shelter plans ensure that people with disabilities are not separated from their service animals? Nearly 80% of the respondents know not to separate the disabled from their service animal. Section 4.2.2 of FEMA's (2010) guidance documents dictates that "shelters must make exceptions to "no pets" or "no animals" policies to allow people with disabilities to be accompanied by their service animals." Of interest, the DOJ (2011) announced that "Beginning on March 15, 2011, only dogs are recognized as service animals under titles II and III of the ADA." And it just wouldn't be the federal government without an exception. The DOJs (2011) revised ADA regulations have a new, separate provision about

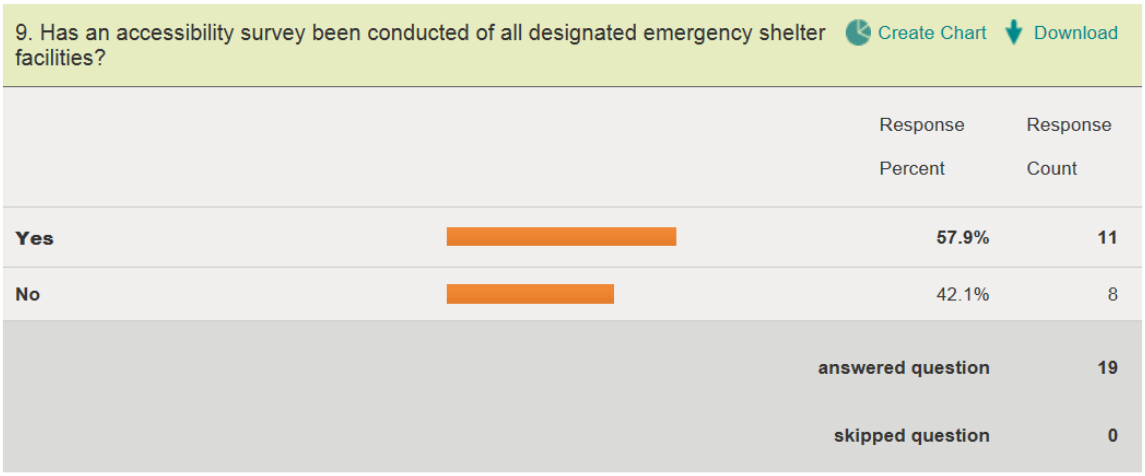
miniature horses that have been individually trained to do work or perform tasks for people with disabilities." While it is encouraging to see the overwhelming majority know not to separate the disabled from their service animal, the author is interested to know how many have made provision to provide food for the service animals.

Figure 9



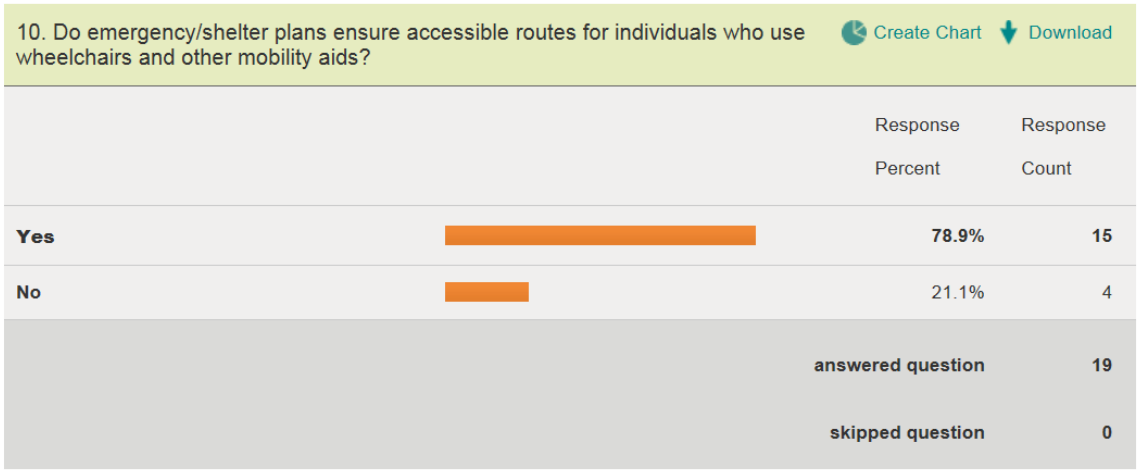
Question nine (Figure 10): Has an accessibility survey been conducted on all designated emergency shelter facilities? Between the ADA of 1990 and the ABA of 1968, this author expected the results of this question to be higher. Roughly 60% of respondents have completed accessibility surveys revealing that there is still much work to be done. Each designated shelter should have a completed ADA Checklist for Emergency Shelters. Section 4.1.5 of FEMA's guidance document points out that "Individuals who have the responsibility of selecting shelter sites are often not trained in what constitutes an accessible facility... There are individuals in nearly every community who have experience in evaluating accessibility (e.g., ADA Consultants, ADA accessibility inspectors, disability-related organizations)." While the ARC has approved many of the shelters in Chesapeake, the city has not completed an ADA Checklist for each shelter.

Figure 10



Question ten (Figure 11): Do emergency/shelter plans ensure accessible routes for individuals who use wheelchairs or other mobility aids? One of the highest response rates at close to 80%. Cots and other furniture items are placed in such a way that routes are accessible to people who use wheelchairs, crutches, or walkers. Protruding objects in ANY area where people walk throughout the shelter should be eliminated. Accessible routes should connect the sleeping quarters to the food distribution and dining quarters, bathrooms, and activity areas (ADA, Chapter 7 Addendum 2, p. 7-8). Similarly to question nine, the city has not completed an ADA Checklist on each shelter presumably because the majority of shelters are ARC approved.

Figure 11



Discussion

After reviewing much of the literature related to this project, it was apparent that the City of Chesapeake's shelter annex needed revision. However, simply revising the shelter annex falls far short of integrating FNSS in shelter operations. Emergencies that require shelter operations are infrequent; yet, this author consider them low frequency/high acuity events. Since these events are not part of the bread-and-butter activities associated with daily work, many struggle providing these services in an emergency. Referencing Hurricane Katrina, the city of New Orleans and the State of Louisiana knew for years that there were issues with the levy system. Failure to address the levy system contributed to the disaster that was Hurricane Katrina. Likewise, emergency managers know the requirements of providing FNSS and are becoming increasingly familiar with the consequences when they don't. Roth (2010) referenced the Post-Katrina Emergency Management Reform Act (PKEMRA) of 2006 testifying that it's "a much-needed mandate to integrate the needs of people with disabilities and those with access and functional needs, into emergency management planning, response, and recovery" (p. 3).

Given the number of lawsuits, though many have yet to be ruled on, the implication seems clear. Emergency management planning must take steps to plan for inclusion of the whole community, and they must take those steps now. FEMA's 2010 Guidance on Integration of Functional Needs Support Services in General Population Shelters has provided emergency managers and those responsible for shelter operations a wake-up call. By taking these steps, the City of Chesapeake reduces its liability posture, but more importantly, it ensures that all its residents will have equal access to services in an emergency. While planning can be challenging, it is only part of the process. The plan requires implantation; when actions are taken they must be evaluated. The evaluation often reveals whether the actions taken generated the

desired results, and if not, the plan needs to be revised. In short, emergency planning is a dynamic process that requires continuous evaluation and often revision. An example of this can be found in the lawsuit involving Oakland, CA. The Disability Rights Advocates (DRA) announced that "On January 21, 2010, in a settlement announced by DRA and the City of Oakland, Oakland agreed to adopt an emergency plan which includes the needs of people with all types of disabilities during emergency disasters." It is reported that DRA will monitor Oakland's implementation over the next four and a half years.

The literature revealed that there are two major components of shelter facility requirements; one has to do with accessibility, and the other has to do with the provision of services. Accessibility applies to both outside and inside the facility. Drop-off areas, parking areas, sidewalks, and entrances must allow those with access and functional needs unimpeded access. Once in the facility, service elements, such as water fountains, restroom and shower facilities must accommodate those in wheelchairs. Consequently, the ADA Checklist dictates that accessible routes to and from services within the shelter be at least 36 inches wide for wheelchairs. This is an important consideration when setting up cots and beds in a sleeping area. Fortunately, the City of Chesapeake was founded in 1963 meaning it is a relatively new city. Many of its buildings were built in accordance with ADA and ABA guidelines. Therefore, it's likely that most of the city's designated shelters meet accessibility requirements. Though the city has had the majority of its designated shelters evaluated by the ARC, it would be wise to complete an "ADA Checklist" for each shelter in the city. The checklists should be reviewed annually and updated following any significant renovation or modification of the facility.

The SSU workshop conducted on April 17, 2012, provided emergency managers and their staff an opportunity to examine FNSS integration collectively as a region. The

collaboration amongst the jurisdictions was most impressive. During this workshop, emergency managers, their staff, and others reviewed the impact FNSS would have on their current shelters. One issue examined was how FNSS would affect shelter capacity. Since space is often at a premium, many were surprised to learn that providing FNSS to 10 access and functional needs residents along with their care provider would require over 1,000 square feet of space. Many recognized the need to better preplan each designated shelter to accommodate those with access and functional needs. With this population also comes the responsibility to help manage medical conditions and daily living assistance. Providing these services is labor intensive and most jurisdictions claim to be understaffed. During the workshop, through the collaborative effort of those attending, many labor-pool sources were identified, such as the Medical Reserve Corp (MRC).

The provision of FNSS in a general population shelter requires a paradigm shift. In the past, the concept of operation for most general population shelters was to allow access to a congregate population that would take care of themselves during an emergency. Very little in the way of services was provided. FEMA's 2010 guidance details on shelter set-up and shelter operations. In Section 4.1, considerations for shelter set-up includes that everything from selecting to equipping to staffing the shelter. An important element of equipping or providing services has to do with "wrap-around" services. This author is a member of Virginia-1 Disaster Medical Assistance Team, which is part of the National Disaster Medical System (NDMS). Virginia-1 has participated in three missions involving the operation of a Federal Medical Station (FMS). This involves providing medical care at a shelter facility operated by the state or local authorities. This mission, while it occurs on a larger stage, has much in common with smaller operations, such as FNSS in general population shelters. Experience with wrap-around services

dictates that plans for shelter operations need to address things like oxygen replenishment, laundry services, and disposal of bio-hazard waste. The point the author attempts to make is that plans on paper are just that. It is the training, exercising, and real-world experiences that craft good plans.

Additionally, Section 4.1.7 of FEMA's guidance document recommends DME and CMS for the provision of FNSS. The IFB (Appendix D) was awarded to Grainger, Inc. and subcontractor EMS Innovations, Inc. The result was a 24 foot trailer filled with DME and CMS as well as a small complement of administrative and logistics supplies. The SSU has the capability of providing 50 medical beds and 75 oversized military cots, which can elevate 125 residents with disabilities and access and functional needs off of the floor. A feature of the unit allows the contents to be split up into five color-coded components. Each system provides 10 medical beds, 25 oversized military cots, DME (to include wheelchair, walkers, and canes), and 20 attach lid containers filled with CMS. The SSU workshop provided an opportunity to deploy one of the five components, which allowed emergency managers to visualize the capabilities the resource offered. Worth mentioning, during Hurricane Sandy, the City of Chesapeake deployed the SSU resources in two shelters that were opened. Though the impact of the storm was minimal and few residents sought shelter, the city had a real-world opportunity to test its new capabilities.

Staffing for the provision of FNSS in general population shelters presents a challenge for emergency managers. Since many with disabilities and access and functional needs have medical conditions, medical care providers are needed to supplement staffing. Staffing will be different for each community, and quite possible, each shelter. This was an interesting issue in Chesapeake. Mentioned previously, the City of Chesapeake established a shelter workgroup

with representation from emergency management, fire department, health department, and local hospital.

With a 400+ member department spread over three shifts, this author proposed the fire department play a role in integrating FNSS. The deputy fire chief was not so inclined. D. Fermil (personal communication, April 6, 2012) stated that "the department does not have adequate staffing to support this function during an emergency." In the end, the Chesapeake Fire Department (CFD) plays a key role in providing FNSS. CFD deploys the SSU and distributes its contents to shelters designated by the Emergency Operations Center. The department also provides staffing in each of the shelters to conduct medical triage of those entering the shelter. CFD's paramedics and EMT's working closely with health department nurses provide the backbone of medical and palliative care to those with disabilities. This issue is far from resolved; however FEMA's 2010 Guidance and Texas' FNSS Toolkit provide the necessary resources to continue moving forward.

What does all of this mean for the City of Chesapeake? As of this writing, the city has revised its shelter annex of the EOP, which is a significant first step. Additionally, the city has acquired a resource, albeit from a federal grant, that provides needed DME and CMS to those children and adults with disabilities and others with access and functional needs. Chesapeake has conducted initial training for designated shelter staff and completed an exercise setting up a shelter at Greenbrier Middle School. Staff recently completed an inventory of the SSU and will replace items with expiring shelf life within the next few months to prepare for the 2013 hurricane season. This research project in concert with a supportive emergency management coordinator has made significant strides in reducing community risk during emergencies and disasters.

Recommendations

This research has directly contributed to integrating FNSS in the city's general population shelters. The purpose of this action research was to generate tangible improvements is providing services to the residents of Chesapeake. Of course, the emphasis is to ensure that those with disabilities receive the same access to and benefits from its emergency management program. While the author considers this a significant accomplishment, it is only a first step. Effective and efficient programs continuously monitor, evaluate, and revise as required. Considering the outcome of this research, there are five recommendations that must be considered.

First, given the litigious nature of our society, it would be wise to have the newly revised shelter annex legally reviewed. A legal review won't prevent or stop a lawsuit, but it will usually identify significant deficiencies that need to be addressed.

Secondly, each designated shelter facility should have an ADA Checklist completed before the next hurricane season. A completed checklist won't stop a lawsuit either, but it is important to be prepared should the DOJ call.

And third, the shelter annex should be reviewed annually and revised as needed. The obvious temptation would be to do cursory review and put it back on the shelf. So, the review should be conducted with a shelter workgroup that includes members of the community with access and functional needs. Having key stakeholders provide input should improve community relationships.

Fourth, develop a shelter team that represents all staff positions needed at a sufficient depth to provide FNSS over several operational periods. The benefit of designating shelter members and training them to provide these services will help ensure service delivery meets expectations. In low frequency/high acuity events like shelter operations, just-in-time training

does little to prepare the shelter staff to perform well in a high stress environment. By training a designated staff of sufficient depth, there would always be staff appropriately trained to provide services during an emergency.

The fifth recommendation is to develop durable training material and conduct training frequently throughout the year. Using the Homeland Security Exercise and Evaluation Program (HSEEP) as a model, classroom training, functional drills, and full-scale exercises will help to ensure that shelter staff are prepared when an emergency occurs. Additionally, training and exercising with neighboring jurisdictions provides unique opportunities for learning. Rarely, is a single jurisdiction going to respond to a large-scale emergency without local assistance. Getting to know names and faces during training pays huge dividends when a disaster happens.

Lastly, for those who may actually read all the way through this paper, a number of research papers are popping related to this subject. Some have to do with the isolated issues, such as transportation assets, identifying appropriate shelter facilities, and who is going to provide shelter services. Others are addressing the implications of lawsuits and unfunded mandates to provide services. Every jurisdiction is different, so all the programs are going to be different. Don't try to make yours look like someone else's; remember "no one size fits all."

References

Americans with Disabilities Act of 1990. Retrieved from http://www.ada.gov/pubs/adastatute08.pdf

Bean, A. G., & Roszkowski, M. J. (1995). The long and short of it. Marketing Research, 7 (1), 20-26.

Bohannon, D. (2010, November 16). New FEMA guidance signals shift in sheltering mindset [Web log post]. Retrieved from http://www.mdchhs.com/blog/new-fema-guidance-signals-shift-sheltering-mindset

City of Oakland. (2010). Mass care and shelter plan functional needs annex. Retrieved from http://www2.oaklandnet.com/oakca/groups/cityadministrator/documents/policy/dowd007854.pdf

Department of Homeland Security. (2008). National response framework. Washington, DC. Retrieved from http://www.fema.gov/pdf/emergency/nrf/nrf-core.pdf

Department of Justice. (DOJ). (2007). ADA best practices tool kit for state and local governments, Chapter 7: Emergency Management. Retrieved from http://www.ada.gov.pcatoolkit/chap7emergencymgmt.htm

(DOJ). (2007). ADA best practices tool kit for state and local governments, Chapter 7 Addendum 2: The ADA and emergency shelters: access for all in emergencies and disasters. Retrieved from http://www.ada.gov/pcatoolkit/chap7shelterprog.htm

DOJ. (2007). ADA checklist for emergency shelters. Retrieved from http://www.ada.gov/pcatoolkit/chap7shelterchk.htm

DOJ. (2009). A guide to disability rights laws. Retrieved from http://www.ada.gov/cguide.htm#anchor65610

DOJ. (2011). Project civic access fact sheet. Retrieved from http://www.ada.gov/civicfac.htm

DOJ. (2011). Service animals. Retrieved from http://www.ada.gov/service_animals_2010.htm

Disability Rights Advocates (DRA). (2010). Oakland adopts emergency plan to include people with disabilities in disaster planning. Retrieved from http://www.dralegal.org/cfilc-v-city-of-oakland

Disability Rights Legal Center. (2011). Federal court finds city of Los Angeles discriminates against people with disabilities in emergency plans. Retrieved from http://disabilityrightslegalcenter.org/documents/PressRelease-CourtFindsCityofLADiscriminatesAginastPeopleWithDisabilitiesinEmergencyPlans.pdf

Federal Emergency Management Agency (FEMA). (2010). Guidance on planning for integration of functional needs support services in general population shelters. Washington, DC. Retrieved from http://www.fema.gov/pdf/about/odic/fnss_guidance.pdf

Kailes, J. I., & Enders, A. (2007). Moving beyond “special needs”: a function based framework for emergency management and planning. *Journal of Disability Policy Studies, Spring 2007*, 230-237

McDowell, J. (2012). Riverside City Fire Department: implementing evacuation methods for the access and functional needs population. Retrieved from http://www.usfa.fema.gov/pdf.efop/efo46330.pdf

National Council on Disability (NCD). (2005). Saving lives*: Including People with Disabilities in Emergency Planning*. Washington, DC. Retrieved from http://www.ncd.goc/publications/2005/04152005

NCD. (2006). The impact of hurricanes Katrina and Rita on people

with disabilities: *A Look Back and Remaining Challenges*. Washington, DC. Retrieved from http://www.ncd.gov/policy/emergency_management

National Fire Academy. (2009). Executive fire officer program operational policies and procedures*: Applied Research Guidelines*. (DHS/USFA/NFA). Emmitsburg, MD: Author.

Saez, A. (2011). The implications of FEMS's functional needs support services guideline on the city of Orlando's Office of Emergency Management. Retrieved from http://www.usfa.fema.gov/pdf/efop/efo46193.pdf

State of Texas. (2011). Functional Needs Support Services Toolkit. Retrieved from http://www.txdps.state.tx.us/dem/CouncilsCommittees/FNSSToolkit.pdf

The Architectural Barriers Act of 1968. (1968). Public Law 90-480. Retrieved from http://www.access-board.gov/about/laws/aba.htm

Roth, D., & Cobb, H. (2001). Virginia hurricane history: Climatology of tropical cyclones in Virginia. Retrieved from http://hpc.ncep.noaa.gov/research/roth/vahur.htm

Roth, M. (2010). Caring for special needs during disasters: What's being done for vulnerable populations? Washington, DC. Retrieved from http://www.fema.gov/pdf/about/odic/written_statement_roth.pdf

United States Fire Administration. (2010). USAF Strategic Plan. Retrieved from http://www.usfa.fema.gov/downloads/pdf/strategic_plan.pdf

Xenakis, A. (2011). Federal Emergency Management Agency's guidance on planning for integration of functional needs support services in general population shelters: Progress despite practical impediments. *Journal of Emergency Management*, 9(1), 9-13. doi:10.5055/jem.2011.0042

Appendix A

Shelter Operations Annex

July 2012

CONTENTS

RECORD OF CHANGES AND DISTRIBUTION

Change #	Date	Description of Change	Page #	Approved by

Introduction

Purpose

The City of Chesapeake Mass Care Group provides and coordinates mass care services during the response and recovery phases of a natural or human-caused disaster. The purpose of this annex is to document the roles and responsibilities and the concept of operations for the provision of mass care shelter services.

Scope and Applicability

This annex:

- Is intended to augment the concept of operations outlined in the Emergency Operations Plan (EOP) Base Plan and is not intended to be a standalone document. Rather it is intended to be used as a framework for more detailed planning such as the development of standard operating procedures, job aids, and checklists by the agencies that support shelter operations for the successful execution of their roles and responsibilities.

- Is applicable to all situations, whether natural or human-caused that threaten the well-being of the citizens and visitors and creates a need for the provision of mass care shelter services within the geographic boundary of the City of Chesapeake unless otherwise specified.

- Is applicable to City managed shelters. Faith based, community, and humanitarian organizations may open and operate shelters spontaneously and independently from the City.

- Is designed to provide for basic human needs before, during, and after a disaster.

- Applies to all City agencies and partner organizations that are tasked with shelter roles and responsibilities.

- Provides the framework of the organizational arrangements, operational concepts, responsibilities, and procedures to protect evacuees and others from the effects of an emergency situation.

- Establishes the key mass care shelter services including: temporary sheltering, feeding, basic first aid, disaster well-being assistance, and transition from pre-disaster response to post-disaster recovery.

Situation Overview

- Emergencies of various types, sizes, intensities, and durations may occur within or near the jurisdictional boundaries of the City of Chesapeake, with or without warning.

- The City of Chesapeake is vulnerable to a variety of hazards, such as flooding, hurricanes, winter storms, tornadoes, hazardous materials incidents, resource shortages, and terrorism. Any of these hazards could result in the need to shelter numerous residents and their household pets.

- To respond effectively to any emergency of a size or complexity beyond routine response systems, it is critical that all City of Chesapeake public officials, agencies, non-governmental emergency organizations, and the public understand their emergency roles and responsibilities.

- Emergency responsibilities begin during the preparedness phase and become operational as an incident is recognized and command organizes beyond the initial reactive phase of first responders.

Planning Assumptions

- All response and recovery operations will be conducted in accordance with the National Incident Management System (NIMS).

- The primary agencies -Public Schools, Social Services, and Emergency Management - will actively engage the support agencies in planning, training, and exercises to ensure effective operations upon activation.

- All agencies with assigned shelter operations responsibilities will develop and maintain the necessary plans, standard operating procedures, mutual aid agreements, and contracts to successfully execute the responsibilities.

- The focus of the Mass Care Group is on the immediate and short-term housing needs of the disaster victims. Recovery and long-term housing issues will be managed through long-term recovery efforts.

- In significant or catastrophic incidents regional, state, federal, and private-sector resources may be necessary to augment the City's sheltering resources and ensure an effective and timely execution of shelter operations.

- Multiple shelter facilities have been identified throughout the City so that shelters can be located a safe distance away from any impacted areas or anticipated impacted areas (i.e. out of flood zone) to eliminate the need to relocate.

- Significant mass care sheltering operations will likely be occurring simultaneously in surrounding jurisdictions and the region. Close coordination and timely information sharing will be critical to ensure the safety of the public and effective resource management.

- Faith based, community, and humanitarian organizations may open and operate shelters spontaneously. The City may provide guidance and assistance when requested and as resources are available.

- Local businesses, hospitals, medical facilities, assisted living, long-term care and other residential facilities including jails and juvenile detention centers are responsible for developing and implementing plans for their employees and residents in an evacuation or shelter-in-place situation. The City of Chesapeake will coordinate with and provide guidance for the development of these plans.

- Individuals/families bear the responsibility for evacuating and sheltering during an emergency. However there will be many individuals/families that will either not be prepared or circumstances will prevent them from taking the necessary protective actions.

- Populations with access, functional, or medical needs not requiring hospitalization may seek shelter and may require personal assistance providers, specialized equipment to accompany them, or additional accommodations to support their individual needs.

- Reasonable accommodations must be made to shelter diverse populations including, but not limited to
    - Those with communication or mobility limitations (hearing impaired, blind, non-English speaking, wheelchair bound);
    - Those with conditions that may require assistance with daily activities but do not require hospital admission or hospital sheltering;
    - Those who are transportation dependent or have no means to evacuate themselves out of harm's way; and
    - Those who present themselves accompanied by household pets and/or service animals.

- Provision of acute health care that extends beyond the capability of the shelter staff is provided in a medical setting such as a hospital or field hospital.

- This plan is developed on the premise of non-discrimination and recognizes the need for reasonable modifications of policies, practices, and procedures to ensure nondiscrimination, with reasonableness judged in light of nondiscrimination principles applied in emergent circumstances. The following key nondiscrimination concepts are observed

  - Self-Determination – People with disabilities are the most knowledgeable about their own needs;
  - No "One-Size-Fits-All" – People with disabilities do not all require the same assistance and do not all have the same needs. Many different types of disabilities affect people in different ways. Preparations should be made for people with a variety of functional needs, including people who use mobility aids, require medication or portable medical equipment, use service animals, need information in alternate formats, or rely on a caregiver;
  - Equal Opportunity – People with disabilities must have the same opportunities to benefit from emergency programs, services, and activities as people without disabilities. Emergency recovery services and programs should be designed to provide equivalent choices for people with disabilities as they do for people without disabilities. This includes choices relating to short-term housing or other short- and long-term disaster support services;
  - Inclusion – People with disabilities have the right to participate in and receive the benefits of emergency programs, services, and activities provided by governments, private businesses, and nonprofit organizations. Inclusion of people with various types of disabilities in planning, training, and evaluation of programs and services will ensure that all people are given appropriate consideration during emergencies;
  - Integration – Emergency programs, services, and activities typically must be provided in an integrated setting. The provision of services such as sheltering, information intake for disaster services, and short-term housing in integrated settings keeps people connected to their support system and caregivers and avoids the need for disparate services facilities;
  - Physical Access – Emergency programs, services, and activities must be provided at locations that all people can access, including people with disabilities. People with disabilities should be able to enter and use emergency facilities and access the programs, services, and activities that are provided. Facilities typically required to be accessible include: parking, drop-off areas, entrances, and exits, security screening

areas, toilet rooms, bathing facilities, sleeping areas, dining facilities, areas where medical care or human services are provided, and paths of travel to and from and between these areas;

- Equal Access – People with disabilities must be able to access and benefit from emergency programs, services, and activities equal to the general population. Equal access applies to emergency preparedness, notification of emergencies, evacuation, transportation, communication, shelter, distribution of supplies, food, first aid, medical care, housing, and application for and distribution of benefits;
- Effective Communication – People with disabilities must be given information that is comparable in content and detail to that given to the general public. It must also be accessible, understandable, and timely. Auxiliary aids and services may be needed to ensure effective communication. These resources may include pen and paper; sign language interpreters through on-site or video; and interpretation aids for people who are deaf, deaf-blind, hard of hearing or have speech impairments. People who are blind, deaf-blind, have low vision, or have cognitive disabilities may need large print information or people to assist with reading and filling out forms;
- Program Modifications – People with disabilities must have equal access to emergency programs and services, which may entail modifications to rules, policies, practices, and procedures. Service staff may need to change the way questions are asked, provide reader assistance to complete forms, or provide assistance in a more accessible location; and
- No Charge – People with disabilities may not be charged to cover the costs of measures necessary to ensure equal access and nondiscriminatory treatment. Examples of accommodations provided without charge to the individual may include ramps; cots modified to address disability-related needs; a visual alarm; grab bars; additional storage space for medical equipment; lowered counters or shelves; Braille and raised letter signage; a sign language interpreter; a message board; assistance in completing forms or documents in Braille, large print or audio recording.

Assignment of Responsibilities

The City of Chesapeake has the overall responsibility for the management and coordination of mass care shelter operations within its jurisdiction. The following agencies have primary and support roles in shelter operations.

Primary Agencies	Chesapeake Human Services
	Chesapeake Public Schools
	Office of Emergency Management (Fire Department)
Support Agencies	Community Services Board
	Health Department
	Parks and Recreation
	Fire Department (EMS)
	Police Department
	Sheriff's Office
Partner Organizations	American Red Cross
	Chesapeake Animal Response Team (Office of Emergency Management)
	Medical Reserve Corps (Health Department)
	Community Emergency Response Team (Fire Department)
	Metropolitan Medical Strike Team (Hampton Roads Metropolitan Medical Response System)
	Chesapeake Amateur Radio Service

General

All identified agencies have the following preparedness, recovery, and mitigation roles and responsibilities

- Participate in planning, training, and exercises;
- Develop supporting plans and procedures;
- Maintain agency notification roster;
- Maintain inventory and tracking of agency resources;
- Train agency staff for emergency assignments;
- Participate in the after-action review and improvement planning activities; and
- As appropriate, identify potential opportunities for mitigating the impacts of future incidents.

Human Services

- Serve as a co-primary agency responsible for establishing and managing shelter operations.
- Provide available staff, resources, and facilities to support shelter operations as requested.
- Provide representation to the EOC to coordinate shelter operations.
- Provide input and guidance, if requested by the Incident Commander, regarding the need for shelters and identifying the appropriate shelter facilities.
- Request and coordinate assistance from the American Red Cross and other partner organizations to support shelter operations.

- Provide staff for shelter registration functions.
- Coordinate shelter status reporting, when necessary, with Shelter Managers and OEM.
- Monitor shelter operations and coordinate demobilization efforts.
- Ensure adequate staffing levels to maintain shelter operations as necessary.
- Ensure staff receives periodic shelter operations training and is familiar with their shelter roles and responsibilities.

Office of Emergency Management

- Serve as a co-primary agency responsible for establishing and managing shelter operations.
- Provide available staff, resources, and facilities to support shelter operations as requested.
- Provide input and guidance, if requested by the Incident Commander, to determine the need for shelters and identifying the appropriate shelter facilities.
- Provide technical assistance and support for mass care needs and operations.
- Ensure shelter status reporting information is maintained by Shelter Managers and reported to all appropriate parties including neighboring jurisdictions and the state EOC.
- Coordinate resource requests to support shelter operations.
- Coordinate with state, federal, and non-governmental organizations to provide resources and services to support shelter operations.
- Activate and coordinate pet shelter operations with the Chesapeake Animal Response Team (CART).
- Coordinate shelter operations training opportunities for City staff and conduct periodic exercises.
- Coordinate exercise and incident after-action and improvement planning activities.
- Coordinate efforts for reimbursement for shelter operations.

Chesapeake Public Schools

- Serve as a co-primary agency responsible for establishing and managing shelter operations.
- Provide available staff, resources, and facilities to support shelter operations as requested.
- Provide representation to the EOC to coordinate shelter operations.
- Coordinate with the Incident Commander and the Mass Care Group to identify appropriate school facilities for the incident.
- Provide for the use of facilities and staff in accordance with the established memorandum of understanding.
- School principals will establish their school facility as an emergency shelter when requested.
- School principals will notify and deploy staff to operate the shelter.
- Store and maintain shelter kits in a state of readiness, inventorying periodically and re-stocking when necessary.

- Collaborate with the Public Information Officer or Joint Information Center if established, regarding the release of detailed shelter information.
- Provide custodial and maintenance staff to maintain health and safety inspection standards.
- Provide primary nursing coverage for all emergency shelters that are established within city public school buildings for the duration of operations.
- Coordinate with EMS to ensure shelter residents are "triaged" to receive appropriate services and accommodations within the shelter.
- Coordinate with EMS and Public Health to ensure appropriate medical services are provided and that applicable public health standards are met.
- Provide transportation resources (school buses) if requested.
- Ensure adequate staffing levels to maintain shelter operations as necessary.
- Ensure staff receives periodic shelter operations training and is familiar with their shelter roles and responsibilities.

Chesapeake Community Services Board

- Provide available staff, resources, and facilities to support shelter operations as requested.
- Provide a representative to the EOC to coordinate shelter operations.
- Ensure that appropriate mental health services are available for disaster victims, survivors, responders and their families, and other community caregivers during response and recovery operations.
- Ensure adequate staffing levels to maintain shelter operations as necessary.
- Ensure staff receives periodic shelter operations training and is familiar with their shelter roles and responsibilities.

Department of Parks and Recreation

- Provide available staff, resources, and facilities to support shelter operations as requested.
- Provide a representative to the EOC to coordinate shelter operations.
- May provide guidance and staff support for shelter recreation programs for sheltering residents when shelters are operational as requested.
- Coordinate with the Shelter Manager regarding recreational activity logistics – locations, equipment, etc.
- May provide access to recreational facilities for emergency use (i.e. recreational programs or shelters).
- Ensure adequate staffing levels to maintain shelter operations as necessary.
- Ensure staff receives periodic shelter operations training and is familiar with their shelter roles and responsibilities.

Health Department

- Provide available staff, resources, and facilities to support shelter operations as requested.

- Provide a representative to the EOC to coordinate shelter operations.
- Coordinate with the Public School nurses regarding the provision of medical services in shelters.
- Provide relief for school nurses if shelters remain open post-event and school nursing resources are depleted.
- Provide nursing coverage for City sponsored emergency shelters that are established in buildings other than schools such as recreation centers.
- Provide nursing coverage if the number of activated shelters exceeds the capacity of school nursing staff.
- Augment school nursing staff in shelters if the school nurse deems it necessary to have additional nursing support.
- Activate and coordinate Medical Reserve Corps volunteers to support shelter operations.
- Assume responsibility for any public health related issues within a shelter such as communicable disease investigation, follow up or immunization administration, sanitation and food safety.
- Ensure adequate staffing levels to maintain shelter operations as necessary.
- Ensure staff receives periodic shelter operations training and is familiar with their shelter roles and responsibilities.

Police Department

- Provide available staff, resources, and facilities to support shelter operations as requested.
- Provide a representative to the EOC to coordinate shelter operations.
- Provide security at each shelter facility established by the City.
- Ensure adequate staffing levels to maintain security at shelters as necessary.
- Ensure staff receives periodic shelter operations training and is familiar with their shelter roles and responsibilities.

Fire Department

- Provide available staff, resources, and facilities to support shelter operations as requested.
- Coordinate with the Operational Medical Director (OMD) for the provision of medical services in shelter facilities.
- Provide technical expertise regarding functional needs support services to the Mass Care Group.
- Provide emergency medical personnel to staff and operate medical shelters.
- Provide emergency medical personnel to support functional needs support services and health services in emergency shelters.
- Ensure adequate staffing levels to maintain shelter operations as necessary.

- Activate and coordinate Community Emergency Response Team volunteers to support shelter operations as necessary.
- Ensure staff receives periodic shelter operations training and is familiar with their shelter roles and responsibilities.

Sheriff's Office

- Provide available staff, resources, and facilities to support shelter operations as requested.
- Provide a representative to the EOC to coordinate shelter operations.
- Provide security, as requested, at pet shelter(s) established by the City.

American Red Cross

In accordance with the established Memorandum of Understanding the American Red Cross, upon request, will:

- Provide a representative to the EOC to coordinate shelter operations.
- Provide shelter, food, and clothing to address the immediate basic human needs of disaster victims.
- Upon request support City managed shelters by providing available staff, resources, and facilities to support shelter operations.
- Provide shelter operations training to City staff.
- Coordinate shelter status information for reporting purposes.

Chesapeake Amateur Radio Service

- Provide available staff and resources to support shelter operations as requested.
- Provide representative to the EOC for coordinating emergency communications.
- Establish emergency radio communications between shelters, the EOC, and other sites as necessary.
- Transmit messages between EOC and shelters and other sites as requested.

Chesapeake Animal Response Team (Office of Emergency Management)

- Provide available staff and resources to establish and manage pet shelter operations as requested.
- Coordinate with the EOC for reporting purposes and resource requests.
- Provide pet shelter operations training to volunteer staff.

Medical Reserve Corps (Health Department)

- Provide available volunteer resources to supplement shelter operations resources, including medical shelter(s) if established.

Community Emergency Response Team (Fire Department)

- Provide available volunteer staff and resources to supplement shelter operations as requested.

Metropolitan Medical Strike Team (Hampton Roads Metropolitan Medical Response System)

- Provide available staff and resources to supplement shelter operations, including medical shelters if established, as requested.

Direction, Control, and Coordination

- As directed by City officials, the Office of Emergency Management will activate the Emergency Operations Center (EOC). The Operations Section in the EOC will establish a Mass Care Group comprised of representatives from each agency on the Shelter Committee.

- The Mass Care Group will be responsible for coordinating shelter operations and will serve as a liaison between Shelter Managers and the EOC.

- The City of Chesapeake has adopted the National Incident Management System (NIMS) as outlined in Homeland Security Presidential Directive (HSPD) #5. In accordance with NIMS the City has institutionalized the use of the Incident Command System (ICS). Shelter operations will be organized and managed in accordance with the ICS concepts.

- The direction and control function for the shelters will be performed by the Shelter Manager. The Shelter Manager will coordinate with the Mass Care Group in the EOC.

- Shelter staff will follow established procedures or specific direction from the Shelter Manager.

Concept of Operations

General

- The City of Chesapeake and the Chesapeake School Board share joint responsibility for opening and operating City-managed shelters.

- The City of Chesapeake and the American Red Cross Coastal Virginia Region have established a Memorandum of Agreement for the provision of mass care services, including the staffing support and supplies for shelter and mass feeding operations.

- The Incident Commander may have to make the decision to open shelters before the EOC is activated and/or the Mass Care Group is assembled. Although, the IC may determine the need for shelters and identify the shelter facilities, this decision, when possible, will be made in coordination with the Mass Care Group.

- When the EOC is activated, the Human Services Branch, Mass Care Group will be established to coordinate and manage shelter operations based upon the expected needs associated with the scope and magnitude of the actual or potential incident.

- The Shelter Committee is comprised of the primary and support agencies for shelter operations. These agencies provide representation to the EOC and form the Mass Care Group to coordinate sheltering, temporary housing, and other mass care services.

- Upon activation of the EOC, the Mass Care Group will collaborate to:
  - Determine the need for shelters based on the current and forecasted/anticipated situation (unless already determined by the Incident Commander);
  - Decide which shelter(s) will be opened and when (unless already determined by the Incident Commander);
  - Coordinate with the Shelter Manager(s) to identify staffing and resource needs;
  - Produce status reports on shelter operations and maintain updates in WebEOC; and
  - Coordinate resource requests and supply what is needed.

- Shelters will be opened in the areas of greatest need first. Shelter facilities will be selected based on the incident type (pre-land fall approved shelters vs. all-hazard shelters) and prioritized based on the emergency power capacity.

- The Mass Care Group, as appropriate, will participate in regional coordination conference calls to address mass care and sheltering issues and operations.

- Mass Care Group representatives will coordinate with other City agencies and partner organizations on shelter-related services and resource needs when necessary.

- The Mass Care Group will coordinate resource requests and local shelter status information with Emergency Support Function (ESF) #6 at the Virginia Emergency Operations Center.

- Four basic situations might require City-managed shelters:

	With Warning	Without Warning
Catastrophic Event	An event where citizens may need to evacuate or shelter in-place, then seek evacuation; citizens will not be able to return to their home locations in a reasonable period of time. The sequence of events can be placed on a timeline. Examples include major hurricanes and wild land fires.	An event where citizens need to take immediate action to protect themselves; may or may not involve evacuation after an event; citizens will not be able to return to their home location in a reasonable period of time. Examples include terrorism events, hazardous materials, and tornadoes.
Disruptive Event	An event where citizens may need to evacuate; citizens will be able to return to their home location in a reasonable period of time The sequence of events can be placed on a timeline. Examples include weather events (e.g., storms, hurricanes) or hazardous materials events.	An event where citizens need to take immediate action to protect themselves; may or may not involve evacuation after an event; and/or citizens will be able to return to their home location in a reasonable period of time. Examples include weather events (e.g., tornado, other severe weather) or transportation accidents.

- The type of shelter opened can generally be described based on the purpose and the duration of shelter operations:
  - **Emergency Shelter** – A congregate care, environmentally protected facility utilized for durations typically not to exceed 72 hours by populations displaced by an incident. Emergency shelters typically have limited or no provisions such as food, cots.
  - **Short-Term Shelter** – a congregate care, environmentally protected facility utilized for durations typically not to exceed two weeks by populations displaced by an incident.
  - **Long-Term Shelter** – a congregate care, environmentally protected facility utilized for durations typically longer than two-weeks for populations displaced by an incident.
  - **Medical Shelter** – a congregate care, environmentally protected facility utilized to accommodate populations with medical needs that may require professional medical assistance but not requiring hospitalization.
  - **Refuge of Last Resort** – a facility that may provide temporary relief from the onset of tropical weather **for evacuees when it** becomes unsafe to continue evacuating. It is not intended to be designated as a shelter and typically basic services such as food, accommodations for sleeping, or first aid will not be provided.

- **Pet Shelter**-A facility established to provide temporary shelter for household pets/companion animals. This facility may be co-located with a human shelter or in close proximity.

- Shelter operations will continue only as long as needed. As residents can safely return home or find other places to stay, the populations will decrease. Shelter Managers in coordination with the EOC will continuously assess the ongoing need for shelter facilities and will coordinate their closing as the need diminishes.

- The City of Chesapeake Fire Department has established a Shelter Support Unit (SSU) trailer stocked with supplies and equipment to serve people with functional and medical needs. Guidance on using the SSU has been developed for emergency managers and shelter planners to address functional and medical needs of the shelter population.

Shelter Accessibility/ADA

- The Americans with Disabilities Act (ADA) requires shelters to provide equal access to the benefits that shelters provide, including but not limited to safety, food, services, comfort, and information, and a place to sleep until it is safe to return home. These shelters also need to accommodate caregivers, family, friends, and neighbors.

- The hallmarks of equal opportunity for people with disabilities include:
  - The implementation and execution of a general policy of nondiscrimination on the basis of disability
  - Sheltering persons with disabilities in the most integrated setting appropriate to the needs of the person, which in most cases is the same setting people without disabilities enjoy.
  - Reasonable modifications of policies, practices, and procedures to ensure nondiscrimination, with reasonableness judged in light of nondiscrimination principles applied in emergency circumstances
  - The provision of auxiliary aids and services to ensure effective communication, with primary consideration of the aid or service given to the person with a disability.
  - Elimination of eligibility criteria, discriminatory administrative methods, paternalistic safety requirements, and surcharges where discrimination results
  - The selection of accessible sites for the location of emergency shelters, the construction of architecturally compliant mass care shelters and elements, and required physical modifications to ensure program accessibility in existing facilities.

- The Stafford Act, including the provisions of the Post-Katrina Emergency Management Reform Act (PKEMRA), along with Federal civil rights laws, mandate integration, and equal opportunity for people with disabilities.

- The City of Chesapeake recognizes the varying and special requirements of individuals that require and utilize the assistance of family members, personal assistants, and/or service animals and is committed to ensuring that the physical and mental health needs of these individuals are appropriately addressed and that the individuals and assistance providers remain together to the maximum extent possible during evacuation, transport, sheltering, or the delivery of other services. Service animals shall be treated as required by law.

Access Needs and Functional Needs

- People with access and functional needs may include those who have disabilities, live in institutional settings, are elderly, are from diverse cultures, have limited or no English proficiency, are children, or are transportation disadvantaged.

- People with access and functional needs may require assistance in one or more functions including but not limited to maintaining independence, communications, transportation, supervision, and medical care.

- Functional Needs Support Services (FNSS) are defined as services that enable individuals to maintain their independence in an emergency shelter with the general population.

- Children and adults requiring FNSS may have physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Others that may benefit from FNSS include women in late stages of pregnancy, elderly, and people needing bariatric equipment.

- FNSS includes:
    - Reasonable modification to policies, practices, and procedures;
    - Durable medical equipment (DME);
    - Consumable medical supplies (CMS);
    - Personal assistance services (PAS); and
    - Other goods and services as needed.

- The Fire Department will deploy supplies from the SSU to the shelter and send trained personnel to support FNSS operations.

Medical Needs

- People with medical needs are those who have a health condition not requiring hospitalization but who cannot manage independently and may require a medical professional to administer to those needs. This includes:
  - **Medically Fragile:** The medically fragile are individuals who are independent of a hospital/long-term care facilities but require a caregiver. Examples include an individual who receives home health care or an individual that requires various levels of assistance with their activities of daily living (ADL).
  - **Technologically dependent:** The technologically dependent are individuals who require power, oxygen, and/or some type of technological/mechanical device to sustain life or activities of daily living (ADLs). Examples include an individual who requires electrically-powered medical devices such as a respirator, a dialysis machine, or other medical equipment in order to maintain health.
  - **High Risk:** The high risk group consists of individuals who are able to sustain life outside of a hospital in normal circumstances, but in a disaster would require special consideration. Examples include the pregnant and newborn, home IV therapy, those using critical life sustaining.

- People who arrive at emergency shelters with self-identified medical needs that require active monitoring, management, or intervention by a medical professional may be relocated to the medical shelter (if operational). Examples include:
  - Hospice patients,
  - Ventilator patients,
  - Tracheotomy requiring suctioning,
  - The badly wounded requiring extensive wound management,
  - Patients needing dysrhythmia monitoring/management,
  - Patients getting skilled in-home nursing care,
  - Nursing home patient with no nursing home to return to.

- People with a medical condition controllable through a combination of personal caregiver, medication, and complex medical equipment may be housed in the general shelter or moved to the medical shelter (if operational). Examples of these conditions include:
  - Alzheimer's or dementia (and are unaccompanied by caregiver);
  - Asthma with nebulizer;
  - Chronic obstructive pulmonary disease and on daily oxygen;
  - Disability and medical conditions that require a caregiver and are unaccompanied;
  - Pregnancy requiring bed rest;

  - Morbid obesity; and
  - The need for dialysis with underlying medical conditions.

- Greenbrier Middle School has been identified for use as the primary medical shelter. Other facilities may be utilized if necessary.

- A medical shelter will be operated under the same organization and guidelines as emergency shelters but with the presence of trained medical staff.

- When a medical shelter will be established, the Fire Department will deploy supplies from the SSU to the shelter facility and provide trained personnel to staff the shelter with staffing augmented by Medical Reserve Corps volunteers and Health Department personnel. The timeframe for deploying SSU supplies at shelters will be dependent on the emergency situation and the number and location of shelters established.

Children

- The City of Chesapeake recognizes the varying and special requirements of children and is committed to ensuring that the physical and mental health needs of children will be appropriately addressed, and that children will stay with their families or caregivers to the maximum extent possible during evacuation, transport, sheltering, or the delivery of other services.

Pets

- A household pet (companion animals) is defined as
  "A domesticated pet, such as a dog, cat, bird, rabbit, rodent, or turtle that is traditionally kept in the home for pleasure rather than for commercial purposes and can travel in commercial carriers and be housed in temporary facilities. Household pets do not include reptiles (with the exception of turtles), amphibians, fish, insects/arachnids, farm animals (including horses), and animals kept for racing purposes. Strays or un-owned animals are not considered to be a household pet."

- The Pets Evacuation and Transportation Standards Act of 2006 (PETS Act) amends the Robert T. Stafford Disaster Relief and Emergency Assistance Act to ensure that State and local emergency preparedness operational plans address the needs of individuals with household pets and service animals following a major disaster or emergency.

- Any disaster that threatens humans, threatens animals too. Whether it is a natural disaster

or human-caused, caring for animals, either domesticated or wild, will pose special problems. Depending on the situation, it may be necessary to provide water, shelter, food, and first aid for more animals than originally anticipated or planned for.

- Animal protection planning will ensure proper care and recovery for animals and people during emergencies. To comply with the PETS Act, the Chesapeake Community Animal response Team (CART) has developed the Pet & Equine Shelter Standard Operating Guidelines. These guidelines provide the framework for household pet and equine shelter operations. (See Attachment 5 Emergency Pet & Equine Shelter Standard Operating Guidelines)

- Animal evacuation and sheltering will be conducted in conjunction with human evacuation and sheltering efforts. Animals will be sheltered near their owners to the extent possible. Owners will remain responsible for providing food, water, exercise, and care for their pets during the time they are in emergency shelters provided the situation is safe.

- Public education materials will emphasize the need for individual responsibility for emergency preparedness for household pets.

Refuges of Last Resort

- A refuge of last resort (ROLR) is a facility for temporary relief from the onset of tropical weather for evacuees when it becomes unsafe for evacuees to continue evacuating.

- It is intended only as a *probable* safe haven for evacuees who are unable to clear the area or get to shelters before the storm arrives. ROLRs may not have been inspected and may not meet the American Red Cross standards for hurricane evacuation shelters.

- It is not intended to be designated as a “shelter” and basic provisions such as food, sleeping accommodations, or first aid will not be provided.

- A ROLR will only be designated when evacuation routes won’t be cleared before unsafe conditions prevail.

- A ROLR will only be operated until conditions allow the resumption of travel, transfer to a shelter, or return home.

- Potential facilities for refuges of last resort have been identified and include school buildings, churches, businesses, and commercial structures near evacuation routes. (See

attachment 3 – City of Chesapeake Potential Refuges of Last Resort)

- The Mass Care Group will coordinate when possible with facility owners to establish ROLRs. Individual owners may open their facility to serve as a refuge independent of the City of Chesapeake.

- When the situation warrants, the Mass Care Group will coordinate with law enforcement to establish security at each facility.

- The Mass Care Group will coordinate information about the location of ROLRs and to set expectations (lack of services) and rules for using the ROLR with the PIO or JIC if activated.

State Managed Shelters

- A State Managed Shelter is defined as:

  "Shelter located in a state-owned facility, staffed by state employees and resources, and logistically supported through the Virginia Emergency Response Team (VERT)/Virginia Emergency Operations Center."

- Oversight for State Managed Shelters (SMS) rests with the Virginia Department of Social Services, with support from numerous state agencies.

- SMS are generally designed for stays up to 7 days but no longer than 30 days. Services include meals, basic first aid, pet sheltering (if applicable), functional needs (if applicable), sleeping quarters, hygienic support and basic disaster services (counseling, financial assistance and referral, etc.).

- SMS will be opened when the state (VERT) determines a need for sheltering that is beyond the capacity of local jurisdictions to handle. VERT will coordinate with local jurisdictions to understand local shelter operations status and capacity.

- Although SMS will augment shelter capacity, the state will, whenever possible, continue to apply resources to enhance shelter capacity and capability within the local jurisdiction.

Family Assistance Center

- A Family Assistance Center is a facility that is opened as the result of a mass casualty incident, or other major emergency incident, where many victims and/or family members are expected to ask for information and help.

- The purpose of a FAC is to serve as a place for exchange of information between families of victims and appropriate government agencies to identify victims and reunify families.

- The FAC serves as an authoritative source of information and services, including a responsive and sensitive support system needed by those affected by the incident.

- The scope of FAC services may include reunification services, behavioral health care, medical records collection, communication services, benefits application entry points, and personal care.

- Functions of the FAC may include the following:
  - Taking of missing persons reports, and, if necessary, ante mortem data and DNA sample collection from family and friends of the presumed deceased;
  - Collecting data from incident shelters, hospitals or other medical treatment facilities to compare with the missing persons list in order to reunite families;
  - Determining the status and location of victims/missing persons;
  - Notifying family members of victims involved in the incident based on available information;
  - Helping officials determine the status and location of victims;
  - Helping law enforcement and the medical examiner identify victims (alive and dead) and the notify their families;
  - Continuously offering psychological, spiritual, and logistical support and services to victims and their family members;
  - Briefing families daily on the progress of recovery efforts, identification of victims, the investigation, and other areas of concern (Before briefings to the media);
  - Arranging for a site visit and/or memorial service for the fatalities and their family members;
  - Explaining how to retrieve personal effects. (Note: Personal effects may be held for evidence by police for extended periods);
  - Maintaining contact with victims and their families to update them on the progress of the investigation and other related matters;
  - Maintaining contact with family members who choose not to visit the FAC and keeping them informed as described above; and;
  - Providing other services to meet the needs of victims and their families.

- The Mass Care Group is responsible for establishing FAC operations when requested by the Emergency Services Director.

Specific tasks related to this function include

- Identifying a physical site for operations;
- Establishing oversight and management, including establishing operational policies;
- Maintaining situational awareness;
- Coordinating needed services and/or resources;
- Identifying gaps and requesting additional resources; and
- Coordinating with the Virginia Criminal Injuries Compensation Fund (CICF) to help victims and families obtain benefits.

Recovery/Long-term Housing

- Emergency shelters are intended to meet immediate (72 hours) and short-term (up to 30 days) housing needs depending on the scope of the incident.
- The intent of emergency sheltering is to return evacuees to normal living arrangements as soon as possible.
- In some situations it may not be possible to return to pre-incident living arrangements.
- As the emergency situation stabilizes and the incident transitions to the recovery phase, the sheltering needs of the disaster victims transition to ESF 14 (Long term community) recovery.
- The Mass Care Group in coordination with Long-term Recovery will identify long-term housing solutions for people unable to return to their pre-disaster housing.

Alert and Notification

- The Mass Care Group agencies will be notified of incidents or potential incidents through the standard operating procedures established by the Office of Emergency Management.
- The Shelter Committee representatives will report to the EOC (Operations Section) once it and the Mass Care Group are activated.

- Upon the determination to conduct shelter operations, Chesapeake Public Schools will alert and notify the principals of the schools chosen to become shelters. The principal(s) will serve as the Shelter Manager.

- Each support department is responsible for alerting staff to report to their assigned locations.

Shelter Facilities

- The Shelter Committee is responsible for maintaining a list of facilities identified for use as shelters and refuges of last resort. This list is reviewed and updated annually prior to the start of hurricane season. (See Attachment 2 – City of Chesapeake Shelter List)

- Criteria considered when identifying and selecting shelter facilities include (but may not be limited to):
    - Accessibility
    - Availability
    - Exclusion from inundation zones
    - Construction and ability to withstand high winds
    - Capacity – adequate space residents
    - Capacity for parking
    - Sanitation capabilities – adequate restroom and shower facilities
    - Food preparation, service, and feeding areas
    - Open areas for dormitory and recreational activities
    - Utilities – backup generator power, heating, air conditioning
    - Communications capabilities

- Most of the pre-identified shelter facilities for City managed shelters are public school buildings. It is common for non-profit, faith-based, and civic organizations to open their facilities, i.e. houses of worship, community centers, and other property, as shelters.

- Depending on the scope and magnitude of the incident, consideration may be given to establishing shelter operations in “non-traditional” facilities such as arenas, coliseums, shopping malls, big box stores, and warehouses.

- Shelter facilities are categorized by:
    - Pre-landfall hurricane shelters with generators

- Pre-landfall hurricane shelters without generators
- All hazard shelters (not pre-landfall approved) with generators
- All hazard shelters (not pre-landfall approved) without generators

- Various Chesapeake Public Schools have been designated as emergency evacuation shelters meeting the American Red Cross standard #4496 – "Guidelines for Hurricane Shelter Selection". These shelters are designated as pre-landfall hurricane shelters.

- Facilities that do not meet the American Red Cross Standards for Hurricane Evacuation may be used as shelters in non-hurricane evacuation situations or may be opened after the storm has passed.

- If emergency shelters are necessary as a result of an evacuation in anticipation of a tropical weather incident, facilities located out of the storm surge zone will be utilized.

- The City of Chesapeake may open non-(Red Cross) approved shelters pre-landfall if necessary to ensure the safety of evacuees.

- The primary agencies are responsible for ensuring shelter facilities are inspected on an annual basis.

Shelter Staffing and Organization

Staffing

- Staffing is the most essential component of shelter operations. Shelters will be staffed by City employees, non-profit organizations, and/or volunteers.

- Staffing levels and needs are dependent upon the size and scope of the incident. The Shelter Manager, in conjunction with the Mass Care Group, will decide the necessary staffing levels to support each shelter. Recommended staffing for functional needs support services includes a minimum of 2 medical providers (1 paramedic and 1 emergency medical technician) in each shelter.

- Medical shelters will require staff with medical expertise. The Fire Department has established a shelter team that will provide staff for medical services in medical shelters and augment staffing in emergency shelters to assist with functional needs support services. Recommended staffing for each medical shelter includes 4 emergency medical personal (2 paramedics and 2 emergency medical technicians to support 24 hour operations).

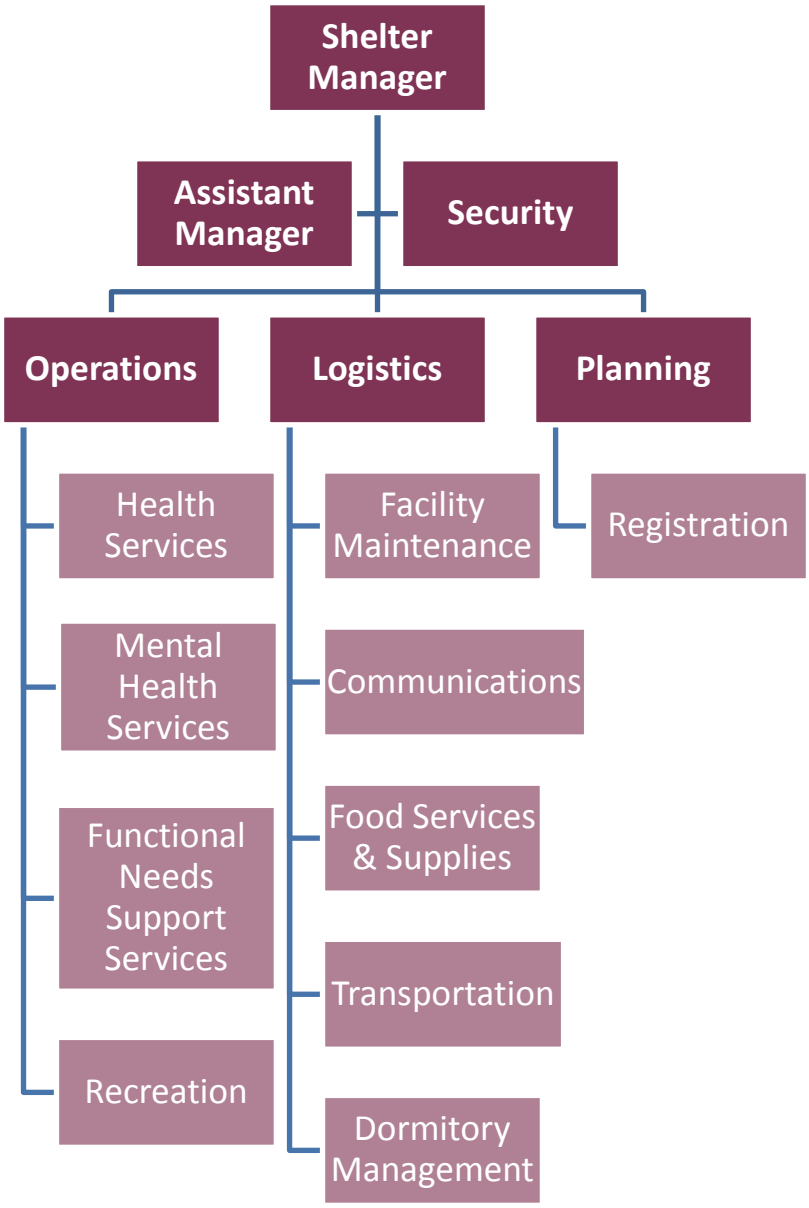
- Shift schedules along with the staffing levels for each shift will be established by the Shelter Manager. During emergency operations, particularly in the initial stages of an incident, shifts are generally 12 hours. Although 12 hour shifts may cause hardship on the staff, the benefits of a longer shift are consistency for shelter management and residents and generally more efficient coordination.

- Additional staffing resources beyond the scope of assigned agencies may be required depending on the size and scope of the precipitating event. Additional staffing resource needs will be coordinated with the EOC.

Organization

- The tenets of the Incident Command System lend themselves to a successful shelter operation. Clear delineation of authority and responsibilities within the shelter organization ensures that staff understands their assignments, their supervisor and overall leadership.

- Each shelter will be organized utilizing an incident command system organization as depicted in the diagram below



Shelter Management and Services

Management

- The Shelter Manager is responsible for the overall management of the shelter operation. The Manager has the authority and responsibility for conducting the shelter operations, developing operations plans, and ordering and releasing resources. The Manager should be prepared to manage the operation of the shelter with minimal or non-existing communications systems with other entities.

- The primary duty is to ensure that the needs of the shelter occupants are being met. The Shelter Manager accomplishes this by assessing the overall operation; identifying tactics to optimize operations; and adapting to and overcoming obstacles to the sustainment of effective and efficient shelter operations.

- An assistant Shelter Manager may be appointed and will perform the duties of the Shelter Manager in the absence of the Shelter Manager (i.e. rotating shifts) and/or provide support in the execution of the manager's roles and responsibilities.

Specific tasks related to this function include:

- Working cooperatively with support agencies and other personnel assigned to the shelter, and overall, within the framework and directives of the City Emergency Operations Plan

- Maintain shelter kits in a state of readiness, deploying shelter kit materials for shelter operations, and re-stocking when necessary.

- Conducting the pre-occupancy and post-occupancy facility inspection.

- Providing supervision and management for functions within the shelter to ensure that the needs of the shelter residents are being met.

- Coordinating with the EOC (OEM) for shelter status reporting at intervals determined necessary by OEM. This may include providing shelter status information via WebEOC or other methods established by OEM.

- Coordinating with the EOC Mass Care Group to identify resource needs, situation status updates, and overall guidance and support for shelter operations.

- Initiating and maintaining housing, feeding, health services, and recreational activities within the shelter.

- Assigning and scheduling staff work hours and rest periods.

- Determining staff shortages and distributing workload.

- Organizing staff and delegating responsibilities using the Incident Command System structure.

- Developing plans for space allocation (if not already completed).

- Coordinating facility maintenance and conducting routine inspections to ensure compliance with safety and sanitation requirements.

- Conducting regular staff meetings to keep staff updated on shelter and incident related information.
- Conducting regular shelter resident briefings to keep residents informed of incident related information and services.
- Ensuring accurate records are kept and compiling regular reports for the EOC.
- Coordinating Public Information to address the public information needs and addressing media inquiries.
- Establishing and enforcing shelter rules.
- Monitoring resource status and submitting requests for additional resources to the EOC.
- Ensuring information regarding the current situation status and resources and services is provided to the shelter residents.

Security

- Security is primarily provided by the Police Department and augmented by school security if necessary.
- Security is limited to personal safety; the City does not assume liability for personal belongings lost or stolen in shelters.

Specific tasks related to this function include:

- Working with the Shelter Manager to establish security requirements.
- If an incident warrants a “lock down” implementing procedures to secure all entrances/exits and restrict entrance/exits as appropriate.
- Assuring the safety and security of all residents and staff.
- Monitoring exits and restricted areas.
- Ensuring that the building is secure to maintain the integrity of the building in cases of foreseeable emergencies, such as hurricanes or floods.

- Conducting routine security rounds, including a perimeter walk (when conditions permit), and interior walks that cover all areas of facility.

- Coordinating with other law enforcement agencies and the EOC as appropriate.

Operations Section

Health Services

- A Memorandum of Agreement between Chesapeake Public Schools, Chesapeake Health Department, and the City of Chesapeake has been established for emergency shelter coverage by school and public health nurses.

- Health Services will be provided primarily by the Chesapeake Public School Nurses with supplemental staffing support by the Chesapeake Health Department.

- Fire Department EMS personnel may also provide health services in shelters.

- Health Services representatives are responsible for
    - Coordinating the provision of health services by qualified personnel;
    - Ensuring that applicable public health standards are met; and
    - Providing emergency first aid and medical triage for referral to appropriate medical personnel and facilities.

Specific tasks related to this position include:

- Coordinating the provision of health services with the appropriate school, public health, and EMS representatives.

- Evaluating health care needs and coordinating the transfer of residents to appropriate medical facilities when deemed appropriate.

- Treating minor illnesses and injuries.

- Ensuring proper infection control procedures are utilized throughout the shelter; monitoring for communicable diseases and implementing appropriate isolation measures if necessary.

- Filling out necessary forms for documentation and safeguarding confidential records.
- Coordinating with logistics on the secure storage of medical supplies, equipment, records, and medications.
- Maintaining supply inventory and identifying when additional resources are necessary.
- Completing proper documentation of any incident or accident.
- Transferring resident medical records if a resident is moved to another location.

Mental Health Services

- Chesapeake Community Services Board is responsible for providing the mental health support at shelters.
- Staff assigned to the shelters will provide assessment, consultation, crisis counseling, and referral services to shelter residents. Services may also be provided to shelter workers if necessary.

Specific tasks related to this position include:

- Establishing a private area, accessible by shelter residents for private consultation and crisis intervention.
- Assessing and meeting the mental health needs of staff members and shelter residents.
- Identifying residents needing additional services or alternative sheltering options and collaborating with appropriate sources to meet such needs.
- Assisting in the identification of resources for residents and staff who are unable to return to their homes.
- Making arrangements for debriefing center staff.
- Maintaining records as appropriate and preparing reports as necessary.

Recreation

- City of Chesapeake Department of Parks and Recreation will be responsible for providing recreational activities for long term shelter residents.

Specific tasks related to this function include:

- Providing guidance and staff support for shelter recreation programs for long term (greater than 3 days) sheltering situations.

- Planning in advance with Shelter Managers for any available supplies that may be pre-stored before shelters open.

- Coordinating with Shelter Managers to designate appropriate space for recreational activities.

Logistics Section

Food Services

- Food service is essential to shelter operations.

- School Food Services staff will be responsible for providing shelter residents and workers nutritional meals including breakfast, lunch, and dinner.

- Food is provided primarily through the on-site cafeteria in accordance with school standard operating procedures but depending on the circumstances may also include a combination of fixed sites, mobile feeding units, and bulk distribution of food through a variety of sources.

- Food services will be based on sound nutritional standards, and to the extent possible, will meet the requirements of residents with specific dietary needs.

Specific tasks related to this function include:

- Establishing a schedule for mass care feeding operations to provide nutritional meals including breakfast, lunch, and dinner. Consideration to specific dietary needs will be given.

- Continuously providing snacks and non-alcoholic beverages for the duration of the shelter operation.

- Ensuring safe food handling techniques are utilized.

- Managing the supply chain, requesting additional resources, coordinating orders and delivery schedules, and properly storing food.

Facility Maintenance (facility management)

- The school custodial and maintenance staff is responsible for maintaining the building.

- The Shelter Manager is responsible for maintaining sanitation and maintenance of the shelter via health, safety, and sanitation inspections standards.

- The Shelter Manager may assign any shelter team member(s) to assist in maintenance/cleaning of the shelter. In addition, each shelter will have a maintenance worker assigned to assist in any mechanical problem.

- The Shelter Manager will be responsible for enlisting the help of the shelter residents to assist with housekeeping during their stay at the shelter.

Specific tasks related to this function include:

- Maintaining and ensuring that the shelter remains clean. Disposing of garbage and maintaining routine waste collection.

- Addressing problems arising in the facility such as light bulb outages, plumbing issues, and HVAC concerns.

- Coordinating with the Shelter Manager to ensure proper facility usage and maintenance.

Communications

- Communications capabilities may be impacted by the disaster incident.

- Existing communications, i.e., landline and cellular phones, internet, and fax will be utilized when they are operational.

- The Public Information Officer in the EOC will coordinate all communications issues.

- In the event of communications outages the Chesapeake Amateur Radio Service (CARS) will be activated and amateur radio operators will report to each shelter and the EOC to establish communication systems and relay messages through their radio systems.

- Communication capabilities should be available to shelter residents. This may include providing dedicated computers, a bank of landline or cellular phones, or electrical outlets to charge personal cell phones.

- Cellular communications providers may provide mobile cellular towers or "cells on wheels" that will increase cell capabilities if their local cell towers are impacted by the incident.

- Communications systems should be maintained and tested periodically.

Public Information and Shelter Communications

- Accurate, timely, and appropriate communications are critical to shelter operations.

- Pre-disaster public education information will emphasize the need for individual responsibility with regard to emergency preparedness.

- When shelters or refuges of last resort will be established the Mass Care Group will coordinate with the PIO regarding the release of all pertinent information including:
    - Shelter location(s)
    - Opening time
    - Personal preparedness (See Attachment 8 – Emergency Shelter Rules and Regulations)
    - Shelter expectations and rules (See Attachment 8 – Emergency Shelter Rules and Regulations)
    - Transportation options

- Shelter workers and residents must be informed on a regular basis. Shelter Managers are responsible for ensuring regular and open communications.

- Information about the disaster or emergency should be given to shelter residents but only after that information has been cleared for release by the PIO or the Emergency Operations Center. General information, already released or cleared for release by the PIO may be given to any person at the shelter at any appropriate time. Information is important to people.

- Information can be provided through a variety of ways including:
  - Shelter worker meetings
  - Shift briefings (at shift changes)
  - Designated information area (bulletin boards/postings)
  - Log books
  - Shelter community meeting

- All external/media coordination will be handled through the PIO and/or the Joint Information Center (JIC). If a JIC is not activated, all media communications will be coordinated through the PIO as outlined in the Emergency Operations Plan.

- The Mass Care Group, in coordination with the Shelter Managers, is responsible for the release of all mass care related public information through the PIO.

- Although media will not have access to the entire shelter facility, an area for press interviews with officials and residents may be designated at the discretion of the Shelter Manager. If no media access will be provided, an alternate location for media briefings and information sharing should be coordinated with the incident PIO.

Transportation

- Transportation services will be coordinated by the Shelter Manager and the Mass Care Group.

- Services may include, but are not limited to, transportation to/from a medical shelter, to other temporary housing, or to a medical facility.

- Transportation may be provided through the use of school buses, fire department vehicles, and other modes of transportation identified to meet the needs of the situation.

Dormitory Management

- Dormitory management includes setting up sleeping areas in dormitory style and assigning sleeping areas.

- Sleeping areas should be monitored continuously.

Specific tasks related to this function include:

- Coordinating with Shelter Manager to identify appropriate space for sleeping.

- Allocating appropriate space to shelter residents and accommodating the needs of families, elderly, people that sleep during the day and other unique situations.

- Coordinating the use of, maintaining, and returning dormitory supplies (cots, blankets, etc.)

- Maintaining cleanliness of dormitory area.

Planning Section

Registration

- Registration is primarily responsible for implementing processes for maintaining information on the shelter residents and maintaining an accurate population count for operational decision-making and reporting purposes.

- Registration services are provided by Human Services. Registration workers are responsible for ensuring that people entering or leaving the shelter are identified and accounted for.

- Social Services, in coordination with the Shelter Committee, are responsible for establishing the registration processes and procedures. Currently, the American Red Cross form 5972, Disaster shelter Registration is the primary method for registration. However, shelter registration software, such as EWA Phoenix, or other methodologies may be implemented for shelter registration to record information about individuals and families entering the shelter and to facilitate shelter status reporting with the EOC, other jurisdictions, and the state EOC as well as reunification services.

- The registration process is important for tracking general resident information, identifying additional resources and/or services necessary (i.e. medical needs), and is important for Disaster Wellbeing Inquiries and reunification purposes.

- Only those entrances/exits necessary to allow for individuals coming into the shelter or leaving the shelter will be used in order to keep accurate shelter records and for security purposes.

Specific tasks related to this function include:

- Identifying and setting up an accessible registration area prior to opening the shelter.

- Ensuring adequate signage is posted in and around the shelter facility identifying the shelter, parking, and entrance.

- Ensuring the registration area is staffed at all times

- Registering residents and visitors.
- Tracking residents' when/if they leave the shelter for any period and when they return to maintain an accurate population count.
- Maintaining a secure system for record keeping.
- Maintaining accurate population count for operational decision-making purposes and reporting purposes.
- Properly identifying/credentialing shelter residents, staff, visitors, and media.
- Escorting official visitors and media in the shelter.

Administration, Finance, and Logistics

Administration

- Personal information such as address and social security numbers of volunteers, staff, clients, and residents gathered during an emergency is protected by state and Federal privacy laws. Due care must be taken by all individuals having access to such information to protect it from inadvertent release.
- A shelter kit has been created for each designated emergency shelter. The kits contain materials needed for opening a shelter and are stored at a central location. The kits will be delivered to the designated shelter upon determination to open the facility.
- Shelter kit items included the necessary forms for the Shelter Manager and health services as well as general office supplies.

Finance

- Financial reporting for shelter operations is the responsibility of the Shelter Manager and will be conducted as described in the Emergency Operations Plan and in accordance with guidance and administrative procedures established by the EOC.
- The Shelter Manager as well as the agencies providing support to shelter operations is responsible for documenting and tracking all expenditures and accurately recording all staff time including staff time and work performed, equipment, supplies, and materials used.

Logistics

- If the needs of the shelter cannot be satisfied with local resources and those obtained pursuant to established agreements the Shelter Manager will request assistance through the EOC.

- The EOC may request state assistance through the Virginia Emergency Operations Center.

Demobilization

- Demobilization begins as the shelter population begins to decrease and activities begin to focus on recovery efforts.

- The Shelter Manager in coordination with the EOC will determine when demobilization and/or the downsizing of services may occur.

- Shelter residents will be provided with advance notice of the shelter closure. Assistance identifying alternative housing options will be provided.

- Shelter closing announcements will be coordinated with the PIO.

- Demobilization activities are focused on returning to normal operations and readiness for future response operations. This includes, but is not limited to; inventorying and restocking supplies (shelter kits, SSU, etc.) and cleaning and preparing the supplies, equipment and facilities for future use.

- The Shelter Manager is responsible for restocking the shelter kit and ensuring readiness of the facility to return to normal operations.

Plan Development and Maintenance

- The City of Chesapeake conducts a comprehensive review and update of the Emergency Operations Plan every four years and submits it for formal adoption by the City Council.

- The Coordinator of Emergency Services conducts an annual review of the EOP and updates as necessary.

- The mass care shelter operations primary and support agencies are responsible for coordinating with each other and the Coordinator of Emergency Services on the maintenance of this plan.

- Updates to the Annex will include information such as, but not limited, to:
  - Changes in City, state, federal laws
  - Changes in policies or programs
  - Changes in roles and responsibilities or resources and capabilities
  - Lessons learned from actual incidents or training and exercises.

- All requests for changes will be submitted to the Emergency Management Coordinator for coordination, approval, and distribution.

Authorities and References

- City of Chesapeake Emergency Operations Plan – Basic Plan June 2010

- Commonwealth of Virginia Emergency Operations, Emergency Support Function #6 – Mass Care, Emergency Assistance, Housing, & Human Resources.

- American Red Cross, "Shelter Operations Management Toolkit: Operational Tips, Checklists and Best Practices for Shelter Managers", May 2008.

- American Red Cross Standard #4496 – "Guidelines for Hurricane Shelter Selection"

- American Red Cross (ARC) Form 5972, "Disaster Shelter Registration"

- American Red Cross, U. S. Department of Health and Human Services, "Disaster Health Intake Form"

- Southeast Virginia/Northeast North Carolina Mass Care and Sheltering Support Annex

- Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters, FEMA, November 2010

Training and Exercises

- All Shelter Managers and shelter workers will be trained in shelter operations.

- The Emergency Management Office is responsible for coordinating initial shelter operations training for City staff with identified shelter responsibilities.

- The American Red Cross will conduct initial and on-going shelter operations training for City staff as requested.

- Agencies are responsible for ensuring all staff is adequately trained and familiar with their roles and responsibilities. Refresher and ongoing training should be conducted annually.

- The Emergency Management Office is responsible for coordinating periodic emergency operations exercises to evaluate plans and procedures and to maintain readiness. All agencies with identified shelter operations roles should develop and/or participate in shelter operations and other emergency related training and exercises.

This Page Intentionally Left Blank

Appendix 1 – Acronyms

ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
ARC	American Red Cross
CARS	Chesapeake Amateur Radio Service
CART	Chesapeake Animal Response Team
CERT	Community Emergency Response Team
CICF	Criminal Injuries Compensation Fund
CMS	Consumable Medical Supplies
DME	Durable Medical Equipment
EMS	Emergency Medical Services
EOP	Emergency Operations Plan
FAC	Family Assistance Center
HSPD	Homeland Security Presidential Directive
IC	Incident Commander
ICS	Incident Command System
JIC	Joint Information Center
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
NIMS	National Incident Management System
OMD	Operational Medical Director
PAS	Personal Assistance Services
PIO	Public Information Officer
PKEMRA	Post Katrina Emergency Management Reform Act
ROLR	Refuge of Last Resort

SMS	State Managed Shelter
SSU	Shelter Support Unit
VEOC	Virginia Emergency Operations Center
VERT	Virginia Emergency Response Team

Appendix 2 – Definitions

The following terms have been defined by and agreed upon by the member jurisdictions of the Hampton Roads Regional Catastrophic Planning Team. For consistency and to avoid confusion the use of this common terminology is important to establish a common operating understanding.

Companion Animal

Household pets or companion animals under the FEMA definition are provided appropriate shelter often adjacent to the shelter provided for their owner(s): cats, dogs, birds, rodents, and turtles are allowed.

Durable Medical Equipment

Medical equipment (e.g., walkers, canes, wheelchairs, etc.) used by persons with a disability to maintain their usual level of independence.

Emergency Shelter

A congregate care, environmentally protected facility utilized for durations typically not to exceed 72 hours by populations displaced by an incident. Emergency shelters typically have limited or no provisions such as food, cots.

Evacuees

Populations moving out of the projected storm path. Evacuees are designated into those that are transit dependent and those that are not transit dependent. Transit dependent evacuees will require public transportation for immediate life safety, and it is assumed this group will require public sheltering. Non-transit dependent evacuees can be categorized into two groups, evacuees with end point destinations (i.e. hotel, motel, family, or friends) and evacuees without end point destinations (i.e. the population using public shelters). It is assumed that non-transit dependent evacuees without end point destinations will require public sheltering.

Functional Needs

Functional Needs include but are not limited to those persons with disabilities and their accompanying equipment and service animals, requiring special diet, persons requiring personal assistance due to age, emotional or mental health conditions, persons requiring durable medical equipment or consumable medical supplies, and persons requiring communication assistance.

Functional Needs Support Services

Functional Needs Support Services (FNSS) enable individuals to maintain their independence in a general population (emergency) shelter. FNSS includes:

- reasonable modification to policies, practices, and procedures
- durable medical equipment (DME)
- consumable medical supplies (CMS)
- personal assistance services (PAS)
- other goods and services as needed

General Population Shelter (Emergency Shelter)

Shelters that have been designated by local or State officials for populations that have evacuated their homes, or have otherwise been displaced by a disaster or impending threat. Services provided include food, water, first aid, and shelter. General population shelters must include citizens with Functional and Access Needs. General population shelters must also accept service animals accompanying their owners.

Host Shelter

A public shelter provided by a county, city or town located along one or more designated evacuation routes for residents evacuating from a locality that is unable to provide its own local shelters due to the effects of the emergency event. Host shelters are outside of the impacted area and require agreements between jurisdictions.

Household Pet

A domesticated pet, such as a dog, cat, bird, rabbit, rodent, or turtle that is traditionally kept in the home for pleasure rather than for commercial purposes and can travel in commercial carriers and be housed in temporary facilities. Household pets do not include reptiles (with the exception of turtles), amphibians, fish, insects/arachnids, farm animals (including horses), and animals kept for racing purposes. Strays or un-owned animals are not considered to be a household pet.

Household Pets Shelter

Facilities that may be co-located with human congregate care facilities/shelters or a standalone facility/shelter established to meet the needs to shelter household pets and their human population. Companion (or service) animals are always housed with their humans but will require services available and provided to household pets.

Long-Term Shelters

An environmentally protected facility utilized for durations typically longer than two weeks for populations displaced by an incident or event. The focus on this kind of shelter is not on

the number of people sheltered but rather the need for additional services due to the extended period individuals will be sheltered.

Medical Needs

Medical needs include those needing some type of medical care but not hospitalization and may require skilled medical care to administer to these needs. Populations with Medical Needs include:

Medically Fragile: The medically fragile are individuals who are independent of a hospital/long-term care facilities but require a caregiver. Examples include an individual who receives home health care or an individual that requires various levels of assistance with their activities of daily living (ADL).

Technologically dependent: The technologically dependent are individuals who require power, oxygen, and/or some type of technological/mechanical device to sustain life or activities of daily living (ADLs). Examples include an individual who requires electrically-powered medical devices such as a respirator, a dialysis machine, or other medical equipment in order to maintain health.

High Risk: The high risk group consists of individuals who are able to sustain life outside of a hospital in normal circumstances, but in a disaster would require special consideration. Examples include the pregnant and newborn, home IV therapy, those using critical life sustaining.

Personal Assistance Services

Services that assist children and adults with activities of daily living (e.g., bathing, toileting, eating, etc.)

Public Shelter

Refer to *General Population Shelter*.

Refuge of Last Resort

Facility that may be identified by the locality (at-risk or host) that can provide temporary relief from severe weather. A refuge of last resort is not intended to be designated as a "shelter" by the locality and may not be able to provide basic services such as food, accommodations for sleeping, or first aid. It should be considered only as a probable safe haven for evacuees who are unable to clear the area until the storm passes. During a hurricane evacuation, these sites will be located close to established evacuation routes, will be easily accessible from those routes, and will be established prior to the end of contra-flow. (A community should coordinate closely with local law enforcement when determining a potential refuge of last resort in order to ensure at least minimum security for the refuge when occupied.)

Service Animal

Service animal means any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the handler´s disability. [Full definition: Federal Register: September 15, 2010 (Volume 75, Number 178)] [Rules and Regulations] [Page 56236-56358]

Shelter-In-Place

Some events require that individuals are advised to stay where they are when the event occurs such as their home or other locations such as a shopping mall, entertainment venues (arenas, theaters, and stadiums), workplace/office building/factory, etc. Support services including but not limited to meals, hygiene kits, basic clothing, and first aid may be needed.

Short-Term Shelter

A congregate care, environmentally protected facility utilized for durations typically not to exceed two weeks by populations displaced by an incident or event.

Shelter Staff/Workers

People who are assigned a position in the shelter and who may or may not be paid for their services.

State Managed Shelters

Shelter located in a state-owned facility, staffed by state employees and resources, and logistically supported through the Virginia Emergency Response Team/Virginia Emergency Operations Center; oversight over State Managed Shelters (SMS) rests with the Virginia Department of Social Services with support from numerous state agencies (complete list can be found in the ESF-6 Standard Operating Procedure). This facility is generally designed for stays up to 7 days but no longer than 30 days. Services available are meals, basic first aid, pet sheltering (if applicable), functional needs (if applicable), sleeping quarters, hygienic support and basic disaster services (counseling, financial assistance and referral, etc.).

Pick Up Points/Temporary Evacuation Points

A safe staging area (e.g., open areas such as parks or parking lots, public facilities) that are utilized for durations typically of several hours for a population that has been displaced by an event or incident.

Appendix 3 – Reference Documents List

- *Guidance on using Hampton Roads Shelter Support Units to Meet Functional and Medical Needs in Shelters*
- Chesapeake Animal Rescue Team Emergency Pet & Equine Shelter Standard Operating Guidelines
- *Southeast Virginia/Northeast North Carolina Mass Care and Sheltering Support Annex* (Regional Catastrophic Framework)
- Federal Emergency Management Agency *Guidance on Planning For Integration of Functional Needs Support Services in General Population Shelters,* November 2010
- Commonwealth of Virginia Emergency Operations, Emergency Support Function #6 – Mass Care, Emergency Assistance, Housing, & Human Resources.
- American Red Cross, "Shelter Operations Management Toolkit: Operational Tips, Checklists and Best Practices for Shelter Managers", May 2008.
- American Red Cross Standard #4496 – "Guidelines for Hurricane Shelter Selection"
- American Red Cross (ARC) Form 5972, "Disaster Shelter Registration"
- American Red Cross, U. S. Department of Health and Human Services, "Disaster Health Intake Form"

This Page Intentionally Left Blank

Attachment 1 – Shelter Position Descriptions

This Page Intentionally Left Blank

Position Description
Shelter Manager

General Description:
The City of Chesapeake utilizes its school Principals and Assistant Principals to fill the position of Shelter Manager during a disaster. The shelter manager provides supervision and administrative support for Red Cross responsibilities within the shelter. This person ensures that the needs of shelter residents are being met. The Manager may appoint a shift supervisor to assist them with those responsibilities.

Initial Actions:
- Conduct a pre-occupancy inspection using *Self-Inspection Worksheet Off-premises Liability Checklist* (Form 6505), and assess the general condition of the facility, sighting pre-existing damage.
- Establish and maintain contact with the City of Chesapeake School representative in the Emergency Operations Center
- Survey and lay out the space plan for the shelter
- Organize and brief staff. Make staff assignments on the following:
    - Registration
    - Dormitory Management
    - Feeding Disaster Health Services
    - Disaster Mental Health Services
    - Staff Recruitment and placement
    - Other Client Services
    - Logistics (if needed)
    - Communications board
- Project staffing and other support requirements for the next 48 hours
- Order start-up supplies and equipment and request any support needed, such as security, HAM radio operators, Public Affairs staff or Disaster Health Services personnel
- Coordinate recruitment of additional personnel. Encourage the involvement of shelter residents as workers.
- Assess feeding options and discuss recommended solution with Food Services Supervisor.
- Establish a shelter log reporting process.
- Put up shelter identification both inside and out. The following areas and times need to be identified within the shelter:
    - Registration
    - Sleeping area
    - Restrooms
    - Disaster Medical
    - Disaster Mental Health
    - Recreation Area
    - Staff Rest Area
    - Eating Area
    - Meeting times
    - Meal times
    - Activity times
    - Weather updates
    - FEMA information

- Ensure that the Disaster Wellbeing Inquiry and Family Service copies of shelter registration forms are forwarded to headquarters

Ongoing Actions:

- Establish standard shift schedules for staff, usually for 9 to 13 hours
- Work with the food services supervisor to ensure that appropriate menus are being planned
- Maintain regular communications with shelter coordinator or supervisor. Provide Shelter Daily Report information, and discuss supply needs, problems and plans
- Ensure that shelter residents are receiving updated information about the disaster, the recovery process, and all of the resources available to them.
- Conduct staff meetings. Include updates on disaster response and shelter operations, direction and advice from the Emergency Operations Center, and status of problems and resolutions. Identify needs for clients, staff, supplies and systems. Address rumors.
- Monitor disaster and response efforts and plan for the closing of the shelter.
- Ensure proper systems are in place to track expenditures, bills and invoices, materials and local volunteer records
- Routinely inspect the safety and sanitation of the facility, including the kitchen, dormitories, bathrooms, exterior, and registration area and ensure that health standards and clients' needs are being met.
- Develop plans for maintaining shelter until closing is possible, including staffing and supply needs.

Closing Actions:

- Coordinate plans to close shelter with your supervisor and community well in advance of the actual closing
- Communicate to any remaining shelter residents the plan for closing the shelter. Encourage individuals who have not already contacted Family Service to do so.
- Consult with your supervisor about the disposition for all Red Cross and USDA food supplies
- Ensure designated staff take the following actions:
    - Complete an inventory of all supplies owned by the facility that were used in the shelter, and forward this to your supervisor
    - Return all rented or borrowed equipment to the owners. Send to your supervisor the signed receipts for such equipment
    - Arrange for cleaning of the facility and have it returned to the pre-occupancy condition or as close a condition as possible
    - Return all Red Cross supplies and equipment to the chapter or central storage facility. Submit to your supervisor a list of items returned.
- Forward all pending financial commitments to the supervisor for payment. Ask suppliers to send final bills to your supervisor.
- Remove all Red Cross ID materials from the facility
- Prepare a thank-you list of other voluntary organizations, vendors, and staff to be thanked or recognized.
- Forward all Mass Care shelter files to the chapter
- Prepare a narrative report on the shelter operation and submit it to your supervisor. Include the shelter location and dates of operation, summary of services provided, problems and recommendations .

Position Description
Registration

General Description:

The registration supervisor and workers are responsible for ensuring that persons entering or leaving the shelter go through the registration process. Registration supports Disaster Health Services nurses by identifying shelter residents with illnesses or other medical needs and alerting them. Disaster Wellbeing Inquiry depends on the Shelter Registration forms to provide information to families in the area. Without complete, legible, and accurate information about the residents of the shelter, our ability to provide needed services is impaired.

Initial Actions:

- Meet with Shelter Manager and determine location of the reception area. Place the reception desk near the entrance to welcome those entering the shelter, to answer their questions, and direct them toward the registration tables and registrars.
- Post signs directing persons to registration area, post signs clearly marking the registration desk or tables.
- Ensure a sufficient number of tables to allow everyone entering to register within a reasonable period of time.
- Use only one entrance to the building, if possible, to support effective registration efforts and provide a secure environment. Position signs and / or shelter staff at other entrances to direct shelter residents to appropriate areas. Make sure fire exits are not blocked.
- Recruit volunteers to translate and prepare signs for shelter residents who are non-English speaking.
- Use the Disaster Shelter Registration (Form 5972) to record information about families entering the shelter. Use index cards or pads of lined paper, if forms are not available. Use one form, card or sheet of paper for each family or person living in a household.
- Provide a Shelter Resident Information sheet to each family as they register, have the head of household sign
    - Refer the following persons to the Disaster Health Services staff
    - Ill or injured persons
    - Those on special medications or diets
    - Those who claim to have medical training
- Indicate in the margin of the registration form those shelter residents who would like to volunteer for specific shelter jobs or have a specific skill that can be utilized in the shelter.
- Refer persons with missing or deceased family members to the Disaster Mental Health Services staff.
- If you are using Form 5972, keep the registration copy in a file at the registration desk. All other copies should be given to the shelter manager for distribution to the appropriate functions.

Ongoing Actions:

- Place a sign at each shelter exit reminding those leaving the shelter to go to the registration desk for "out-processing." Those families leaving temporarily will have their registration cards flagged to indicate status. Those families leaving the shelter permanently will see the registrar to complete the information below the dotted line on the registration form and forward it to the shelter manager.
- Maintain a log for visitors to sign in and out.
- Escort official visitors, including media, to the shelter manager.
- Maintain a shelter census and, as required, report this information to the shelter manager.
- Provide a job induction for new or newly arriving shelter residents.
- Ensure that shelter registration forms are forwarded to the appropriate location, as instructed by the shelter manager.

Position Description
Disaster Health Services

General Description:
Disaster Health Services are responsible for providing quality health services and for seeing that applicable public health standards are met. They are also there to meet the health needs of clients and workers within the shelters. They do this by acting as advisors to the shelter manager and food services supervisor on general health and safety issues.

Initial Actions:
- Determine the health needs of all shelter residents and arrange to meet those needs. This includes:
    - Assessing and referring the seriously ill and injured for health care
    - Treating minor illnesses and injuries
    - Looking for unreported health problems of shelter residents and taking necessary action to care for these problems
    - Assisting with arrangements for lost prescriptions
- Be aware of any persons who have a communicable disease, isolate them from the rest of the shelter residents as needed, and report noticeable trends in illness to the local health department.
- Work with registration staff to enlist their help in referring people to Disaster Health Services who may have health problems

Ongoing Actions:
- Arrange health care for infants, the elderly or persons with disabilities
- Arrange for medical coverage by a physician, as needed
- Determine any needs for special diets (including formula and baby food for infants) and ensure that these needs are communicated to the feeding supervisor
- Assess the number and type of injuries and the age of the population affected, and plan preventive interventions
- Prevent pre-existing health problems from getting worse
- Establish contact with Health Department liaison
- Refer persons to the Family Service or Disaster Mental Health Services function or community resources as necessary
- Establish communications with other health care providers
- Follow up on care that has been provided and on referrals that have been made to ensure that needs have been met
- Ensure that conditions are sanitary in the shelter
- Work with the shelter manager to ensure the security of all medical supplies and equipment
- Provide 24 hour medical coverage for shelter residents
- Maintain appropriate Disaster Health Services records
- Maintain open communication with Disaster Mental Health Services to ensure that common health and mental health concerns are being addressed in a collaborative manner

Closing Actions:

- Transfer medical records as instructed by the shelter manager and Disaster Health technical supervisor
- Follow shelter logistics procedures regarding supplies and equipment

Position Description
Disaster Mental Health Services

General Description:
Disaster Mental Health Services workers assist shelter residents and workers as they cope with the aftermath of the disaster including the stressors and frustrations of living in a congregate shelter.

Initial Actions:
- Assess needs and develop a plan to meet the mental health needs of staff members and clients
- Consult with the shelter manager to clarify roles and expectations
- Work with shelter manager to locate a private area for shelter residents / workers to consult with Disaster Mental Health Services.

Ongoing Actions:
- Consult with the shelter manager on a daily basis to review changing mental health needs and service delivery
- Implement strategies that will help reduce stress for workers and shelter residents, i.e., coordinate group activities
- Formulate and maintain a daily statistical log of interventions
- Plan for appropriate referral of Disaster Mental Health Services cases to appropriate agencies
- Meet with shelter manager to request additional Disaster Mental Health Services staff as needed
- Be aware of known and potential mental health problems among community populations. Maintain open communication with Disaster Mental Health Services liaison to ensure that common health concerns are being addressed in a collaborative manner.

Closing Actions:
- Make arrangements for debriefing shelter staff
- Ensure that follow-up is available for individual clients and staff as needed
- Transfer reports and records as instructed by the shelter manager and Disaster Mental Health Services liaison.

This Page Intentionally Left Blank

Position Description
Food/Supplies

General Description:

The feeding responsibilities in a shelter include supervising on-site food preparation and service for shelter residents and workers. The food services manager advises the shelter manager of supplies that are needed, ensures that safe food handling procedures are followed. The food services manager may prepare and monitor the food services staff work schedule and record the hours of personnel as requested. The food services manager must keep accurate records of food and supplies received and expended.

Initial Actions:

- Establish a beverage service as soon as possible.
- Coordinate with the shelter manager and determine when the first meal will be needed. Establish a meal-time service period and communicate to evacuees.
- Create initial menu plan and review it with the shelter manager Determine staffing needs
- Work with the shelter manager and identify supply sources for food and water. Also identify procurement procedures, local resources and financial authority.
- Take inventory of food supplies on hand prior to preparing any meals, or designate a specific, secured area for those items available for use by the shelter food service.
- Locate the storage area between the receiving area and the food preparation area. Make sure the area can be secured. Equip the area with tables, shelves, and off-the-floor racks for storage of dry food and staples. Provide refrigeration, if available.

Ongoing Actions:

- Establish a work schedule and assign shifts
- Brief staff on specific duties. Document hours worked daily by local volunteers and facility personnel.
- When shelter first opens, food supplies may be limited. Ration food, if necessary, until supplies arrive.
- When planning and preparing meals, consider the following:
    - Keep menus simple
    - Use USDA foods when possible
    - If staffing levels are low, order convenience-packaged items (i.e. readymade coleslaw, beef stew, etc. to save work.)
    - Plan for 2500 calories per day per person, three meals per day, and at least one hot meal per day. Have beverages available during the day.
    - Coordinate special diet requirements with Disaster Health Services
    - Determine how many servings should be prepared
- If water is in short supply, use it only for drinking and cooking. Plan on a minimum of 1 gallon of water per day per person for drinking.
- Keep a record of all food and supplies obtained and / or received, including amounts and sources. Keep receipts for all food and supplies that your unit acquires locally. Record any food supplies belonging to the facility that were used. Record any breakage of facility-owned equipment.
- Process invoices promptly for payment; keep copies

- Ensure restocking orders are based on need by doing regular inventories. Adjust orders as needed. Reduce orders as shelter feeding winds down.
- Provide shelter manager with daily statistics on the number of meals and snacks served.
- At staff meetings, report food service statistics and any accomplishments, problems or recommendations

Closing Actions:

- Coordinate with shelter manager when the last meal will be served
- Consult with shelter manager about how excess supplies will be disposed. Return supplies according to plan, include the following:
    - Inventory all remaining facility supplies
    - Restock food and food service supplies that were taken from the facility's stores, including USDA food.
    - Inventory remaining supplies received from vendors. Make arrangements for the return of excess supplies.
- Thoroughly clean food service and food preparation areas
- Provide worker evaluation and debriefing
- Turn in all records and other documentation to the shelter manager
- Prepare and submit a narrative report of your unit's activities, noting accomplishments, problems and how they were solved, and recommendations for future operations.

Position Description

Recreation

General Description:

To provide recreation opportunities for Shelter Residents during approved hours.

Initial Actions:

- Community center staff will prepare a shelter "game pack" at the first sign of possible disaster situation and have ready at center when needed. The "game pack" will consist of basic recreation equipment such as decks of cards, checkers, crayons, drawing paper, and several board games
- Upon request, recreation staff shall pick-up "game pack" from community center and report to their designated shelter.
- Recreation staff will coordinate with Shelter Manager for location and times of recreational activities.
- Recreation staff will encourage interested Shelter Residents to use equipment at their leisure or with staff.

Closing Actions:

- At the end of the shift or closing of the shelter, recreation staff will return equipment to the community center.
- An inventory of the "game pack" will be done to determine if supplies need to be replaced.
- Position Description

This Page Intentionally Left Blank

Position Description

Dormitory Manager (as needed)

General Description:
Dormitory management includes setting up sleeping areas in dormitory style, and assigning sleeping areas. It also includes establishing entrance and exit controls and making sure the sleeping areas are monitored, especially at night.

Initial Actions:
- When designating space within the dormitory area, consider allocating separate space for families with small children, the elderly , night workers who sleep during the day and other unique situations
- In hurricanes, consider that shelter residents may be placed into confined areas of less than 10 square feet per person until the storm is over.
- Ensure that planning includes access to and movements within the building for persons with disabilities and other forms of support for people with particular needs
- Use American Red Cross supplies when available. Otherwise, obtain permission to use the supplies located in the shelter facility.

Ongoing Actions:
- Coordinate with shelter manager to issue and return dormitory equipment
- Recruit volunteers from shelter residents to help keep the dormitory clean

Closing Actions:
- Close the dormitory only after all equipment is properly disposed of and the area is cleaned and returned to pre-occupancy condition.

This Page Intentionally Left Blank

Attachment 2 – City of Chesapeake Shelter List

This Page Intentionally Left Blank

City of Chesapeake Shelter List

American Red Cross Approved Pre-Landfall Hurricane Shelters WITH Generators			HAMM Radio On Site	Capacity 15 sq .ft. / person (refuge / hurricane)	Capacity 40 sq .ft. / person (long term)	Notes
Butts Road Intermediate	757-482-4566	1571 Mt. Pleasant Road, 23322		267	100	
Great Bridge Middle	757-482-5128	441 Battlefield Blvd South, 23322		368	138	
Greenbrier Middle	757-548-5309	1016 Greenbrier Pkwy, 23320		312	117	Medically Friendly / Special Care & Needs
Hickory High	757-421-7170	1996 Hawk Blvd, 23322	CSB	345	129	
Hickory Middle	757-421-0468	1996 Hawk Blvd, 23322	CSB	576	216	
Indian River Middle	757-578-7030	2300 Old Greenbrier Rd, 23320	City	1064	399	Employee Family
Oscar Smith High	757-548-0696	1994 Tiger Drive, 23320	CHD	720	270	Knox Box @ front entrance
Thurgood Marshall Elementary	757-494-7515	2706 Border Road, 23324	CSB	384	144	Knox Box @ front entrance
Western Branch Middle	757-494-7541	4201 Hawksley Drive, 23321	City	1064	399	
				Total: 6415	**Total: 2405**	
American Red Cross Approved Pre-Landfall Hurricane Shelters WITHOUT Generators			**HAMM Radio On Site**	**Capacity 15 sq .ft. / person (refuge / hurricane)**	**Capacity 40 sq .ft. / person (long term)**	**Notes**
B.M. Williams Primary	757-547-0238	1100 Battlefield Blvd North, 23320		80	30	Knox Box @ front entrance
G. W. Carver Intermediate	757-494-7505	2601 Broad Street, 23324	City	496	186	Knox Box @ front entrance
Greenbrier Intermediate	757-578-7080	1701 River Birch Run, 23320		267	100	
Greenbrier Primary	757-436-3428	1551 Eden Way South, 23320		107	40	
Hickory Elementary	757-421-7080	109 Benefit Road, 23322		160	60	
Norfolk Highlands Primary	757-578-7092	1115 Myrtle Ave, 23325		115	43	
Southeastern Elementary	757-421-7676	1853 Battlefield Blvd South, 23322		417	156	
Western Branch Intermediate	757-638-7941	4013 Terry Drive, 23321		107	40	
Sparrow Road Intermediate	757-578-7050	1605 Sparrow Road, 23325		355	133	
				Total: 2104	**Total: 788**	

Shelters listed above are listed alphabetically. The order of list above implies no order of importance for opening shelters.
Shelters will be opened on an as needed basis, in areas of greatest need first, depending on the event.
Approved March 31, 2008, Updated June 2010

City of Chesapeake Shelter List

Potential Additional Shelters All Hazard NOT Hurricane Pre-Landfall WITH Generators			HAMM Radio On Site	Capacity 15 sq .ft. / person (refuge / hurricane)	Capacity 40 sq .ft. / person (long term)	Notes
Georgetown Primary	757-578-7060	436 Providence Road, 23325		420	158	
Great Bridge High	757-482-5191	301 Hanbury Road, 23322	CHD	1139	425	
Great Bridge Intermediate	757-482-4405	253 Hanbury, West, 23322	City	267	100	
Hugo Owens Middle	757-558-5382	1997 Horseback Run, 23323	CSB	1800	675	
Joliff Middle	757-465-5246	1021 Joliff Road, 23321		312	117	
Southwestern Elementary	757-465-6310	4410 Airline Blvd, 23321		107	40	
Western Branch High	757-638-7900	1968 Bruin Place, 23321	CSB	1315	493	
				Total: 5360	**Total: 2008**	
Potential Additional Shelters All Hazard NOT Hurricane Pre-Landfall WITHOUT Generators			**HAMM Radio On Site**	**Capacity 15 sq .ft. / person (refuge / hurricane)**	**Capacity 40 sq .ft. / person (long term)**	**Notes**
Butts Road Primary	757-482-5820	1000 Mount Pleasant Road, 23322		221	83	
Deep Creek Central Elementary	757-558-5356	2448 Shipyard Rd, 23323		140	53	
Deep Creek Elementary	757-558-5333	2809 Forehand Rd, 23323		117	44	
Deep Creek High**	757-558-5302	2900 Margaret Booker Dr, 23323		**	**	** Needs ARC Shelter Assessment performed
Deep Creek Middle**	757-558-5321	1955 Deal Dr, 23323		**	**	** Needs ARC Shelter Assessment performed
G.A. Treakle Ementary	757-558-5361	2500 Gilmerton Road, 23323		257	97	
Grassfield Elementary	757-558-8923	2248 Averhill Dr, 23323		259	97	
Grassfield High**	757-558-4749	2007 Grizzly Trail, 23323		**	**	** Needs ARC Shelter Assessment performed
Portlock Primary	757-494-7555	1857 Varsity Drive, 23324		336	126	Knox Box @ front entrance
				Total: 1330	**Total: 500**	

Shelters listed above are listed alphabetically. The order of list above implies no order of importance for opening shelters.
Shelters will be opened on an as needed basis, in areas of greatest need first, depending on the event.
Approved March 31, 2008, Updated June 2010

Page 2

Attachment 3 – City of Chesapeake *Potential* Refuges of Last Resort

The following Chesapeake Public Schools have been identified as a potential site for a refuge of last resort. Agreements to utilize these facilities have not been established. This list is provided as a planning tool for situations in which ROLRs may be necessary.

Butts Road Intermediate School 1571 MT. PLEASANT ROAD Chesapeake, VA 23322	Hugo A. Owens Middle School 2801 CEDAR ROAD Chesapeake, VA 23323
Butts Road Primary School 1000 MT. PLEASANT ROAD Chesapeake, VA 23322	Western Branch Middle School 4201 HAWKSLEY DRIVE Chesapeake, VA 23321
Camelot Elementary School 2901 GUENEVERE DRIVE Chesapeake, VA 23222	Western Branch High School 1968 BRUIN PLACE Chesapeake, VA 23321
George Washington Carver Intermediate School 2601 BROAD STREET Chesapeake, VA 23324	Chesapeake Alternative School 920 MINUTEMAN DRIVE Chesapeake, VA 23323
Edwin W. Chittum Elementary School 2008 DOCK LANDING ROAD Chesapeake, VA 23321	Great Bridge High School 301 WEST HANBURY ROAD Chesapeake, VA 23320
Georgetown Primary School 436 PROVIDENCE ROAD Chesapeake, VA 23325	Indian River High School 1969 BRAVES TRAIL Chesapeake, VA 23325
Greenbrier Intermediate School 1701 RIVER BIRCH RUN Chesapeake, VA 23320	Greenbrier Primary School 1551 EDEN WAY S Chesapeake, VA 23320
Hickory Elementary School 109 BENEFIT ROAD Chesapeake, VA 23322	Oscar Frommel Smith High School 1994 TIGER DRIVE Chesapeake, VA 23320
Thurgood Marshall Elementary School 2706 BORDER ROAD Chesapeake, VA 23324	Deep Creek High School 2900 MARGARET BOOKER DRIVE Chesapeake, VA 23323
Portlock Primary School 1857 VARSITY DRIVE Chesapeake, VA 23324	Deep Creek Elementary 2809 MARGARET BOOKER DRIVE Chesapeake, VA 23323
Southeastern Elementary School 1853 BATTLEFIELD BLVD S Chesapeake, VA 23322	Great Bridge Primary School 408 CEDAR ROAD Chesapeake, VA 23320
Southwestern Elementary School 4410 AIRLINE BLVD Chesapeake, VA 23321	Great Bridge Intermediate School 253 WEST HANBURY ROAD Chesapeake, VA 23320
Sparrow Road Intermediate School 1695 SPARROW ROAD Chesapeake, VA 23325	Hickory Middle School 1997 HAWK BOULVEARD Chesapeake, VA 23322
Western Branch Intermediate School 4013 TERRY DRIVE Chesapeake, VA 23321	Hickory High School 1996 HAWK BOULEVARD Chesapeake, VA 23322
Western Branch Primary School 4122 TERRY DRIVE Chesapeake, VA 23321	Greenbrier Middle School 1016 GREENBRIER PKWY Chesapeake, VA 23320

B.M. Williams Primary Schools 1100 BATTLEFIELD BLVD N Chesapeake, VA 23320	Indian River Middle School 2300 OLD GREENBRIER ROAD Chesapeake, VA 23325
Great Bridge Middle School 441 BATTLEFIELD BLVD S Chesapeake, VA 23320	

The following faith-based and commercial business facilities have been identified as potential sites for a refuge of last resort. Agreements to utilize these facilities have not been established. This list is provided as a planning tool for situations in which ROLRs may be necessary.

Parkview Christian Church 3201 WESTERN BRANCH BLVD Chesapeake, VA 23321	Fairview Baptist Church 1204 TATEMSTOWN ROAD Chesapeake, VA 23325
Believers Baptist Church 4500 PEEK TRAIL Chesapeake, VA 23321	Providence Baptist Church 501 PROVIDENCE ROAD Chesapeake, VA 23321 23325
Greenbrier Christian Church 1101 VOLVO PARKWAY Chesapeake, VA 23320	First Pentecostal Holiness Church 601 VOLVO PARKWAY Chesapeake, VA 23320
Immanuel Baptist Church 1012 BATTLEFIELD BLVD N Chesapeake, VA 23320	Tabernacle Church of Norfolk 253 ST LUKES CHURCH ROAD Chesapeake, VA 23320
Great Bridge Presbyterian Church 333 CEDAR ROAD Chesapeake, VA 23322	Great Bridge Methodist Church 201 STADIUM DRIVE Chesapeake, VA 23322
Great Bridge Baptist Church 640 Battlefield BLVD S Chesapeake, VA 23322	Plasser American Corp 2001 MYERS ROAD Chesapeake, VA 23324
Peck Iron and Metal Co Inc 2032 ATLANTIC AVENUE Chesapeake, VA 23324	Chesapeake Hardwood Products Inc 201 DEXTER STREET WEST Chesapeake, VA 23324
DD Jones Distribution Centers Inc 1960 DIAMOND HILL ROAD Chesapeake, VA 23324	Givens Inc 630 WOODLAKE DRIVE Chesapeake, VA 23320
Woodlake Associates Inc. 500 WOODLAKE DRIVE Chesapeake, VA 23320	GGG 570 WOODLAKE CIRCLE Chesapeake, VA 23320
Bay Warehouses LLC 1400 CAVALIER BLVD Chesapeake, VA 23320	Associated Distributors Inc 401 WOODLAKE DRIVE Chesapeake, VA 23320
Flow Serve Corporation 3900 COOK BOULEVARD Chesapeake, VA 23321	Greenbrier mall Partners 1401 GREENBRIER PARKWAY Chesapeake, VA 23320
Crossways Associates LLC 1545 CROSSWAYS Blvd. Chesapeake, VA 23320	Canon Ridge Gardens Assoc LP 1589 CROSSWAYS BLVD Chesapeake, VA 23320
American GFM Corporation 1200 CAVALIER VLVD Chesapeake, VA	Crossways Associates LLC 1501 CROSSWAYS BLVD Chesapeake, VA 23320
Burgis Logistics Inc 1329 FLEETWAY DRIVE Chesapeake, VA 23323	TR Hampton Roads Corp 1441 CROSSWAYS BLVD Chesapeake, VA 23320
Household Finance Corp II	Continental Terminals Inc

1421 KRISTINA WAY Chesapeake, VA 23320	1032 CAVALIER BLVD Chesapeake, VA 23323
Wal-Mart 1531 SAMS CIRCLE Chesapeake, VA 23320	Greenbrier Market Center 1316 GREENBRIER PARKWAY Chesapeake, VA 23320
Sam's Wholesale Club 1501 SAMS CIRCLE Chesapeake, VA 23320	Mitsubishi 401 VOLVO PARKWAY Chesapeake, VA
Home Depot 1400 TINTERN STREET Chesapeake, VA	Battlefield Tech Center 520 INDEPENDENCE PARKWAY Chesapeake, VA
OJIYUK Synthetic Paper Corp. 800 YUPO COURT Chesapeake, VA	

Attachment 4 – Emergency Shelter Rules and What to Bring

Shelter Rules

Shelters are intended to provide temporary mass housing for persons displaced due to disaster. They are intended to provide sleeping space, feeding and emergency health care and referral. The intent is to return evacuees to their normal living arrangements as soon as possible.

1. Due to public health codes, pets are not allowed in shelters with the exception of service animals.
2. All persons must register before being admitted into the shelter.
3. All persons (evacuees and workers) are responsible for their own personal belongings. The shelter is not responsible for lost, stolen, or damaged items.
4. No alcohol or illegal drug use is permitted in the shelter or on the premises of the shelter.
5. No weapons are permitted in the shelter except those which may be carried by security personnel
6. Evacuees may not have their pictures taken without their permission. It is the responsibility of the media to obtain signed releases. Shelter managers are trained to protect the privacy of the evacuees as much as possible.
7. Parents and guardians are responsible for keeping track of and controlling the actions of their children. Children are not to be left unattended at any time.
8. If you have a condition that requires medical attention, notify the shelter registrar for referral to the nurse.
9. Radios or other sources of entertainment are permitted so long as the item does not disturb others.
10. Quiet hours will be established by the Shelter Manager and will be observed by everyone in the shelter.
11. If shelter rules are not obeyed, dismissal from the shelter may be required.

What to Bring

Emergency evacuation shelters provide for essential “human” needs. The food served in the shelters is basic, nonperishable foods; the food preparation staff will not be able to accommodate special dietary meal requests. Meals are prepared three times daily and served at established scheduled times. Suggested items for evacuees to bring are listed below:

Blankets, pillows, sleeping bags, cots or lawn chairs	Special items for babies, disabled and elderly (baby food, formula, bottles, stroller, diapers, and special foods/diets).
Battery powered radio with extra batteries	Flashlight with extra batteries
Books, games, cards, toys	2 week supply of all prescription and non-prescription medications
List of doctor’s names and numbers	Family household inventory, insurance documents
Several changes of clothes	Toiletry items, including some type of “baby wipe or wet wipe cloth” (showers will not be available at shelter facilities)
Snacks, bottled water (1 gal. of water per person for 7 days)	Lockable waterproof container to store valuables

Appendix B

U.S. Census Bureau

AMERICAN FactFinder

S1810 | DISABILITY CHARACTERISTICS

2011 American Community Survey 1-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Subject	Chesapeake city, Virginia				
	Total		With a disability		Percent with a disability
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Total civilian noninstitutionalized population	215,970	+/-2,415	20,425	+/-2,264	9.5%
Population under 5 years	14,424	+/-486	0	+/-210	0.0%
With a hearing difficulty	(X)	(X)	0	+/-210	0.0%
With a vision difficulty	(X)	(X)	0	+/-210	0.0%
Population 5 to 17 years	42,552	+/-515	1,558	+/-849	3.7%
With a hearing difficulty	(X)	(X)	71	+/-85	0.2%
With a vision difficulty	(X)	(X)	106	+/-110	0.2%
With a cognitive difficulty	(X)	(X)	1,243	+/-826	2.9%
With an ambulatory difficulty	(X)	(X)	70	+/-117	0.2%
With a self-care difficulty	(X)	(X)	292	+/-227	0.7%
Population 18 to 64 years	135,412	+/-2,364	11,160	+/-1,789	8.2%
With a hearing difficulty	(X)	(X)	2,157	+/-718	1.6%
With a vision difficulty	(X)	(X)	1,959	+/-759	1.4%
With a cognitive difficulty	(X)	(X)	4,358	+/-1,064	3.2%
With an ambulatory difficulty	(X)	(X)	6,676	+/-1,269	4.9%
With a self-care difficulty	(X)	(X)	2,012	+/-889	1.5%
With an independent living difficulty	(X)	(X)	3,716	+/-1,014	2.7%
Population 65 years and over	23,582	+/-414	7,707	+/-982	32.7%
With a hearing difficulty	(X)	(X)	3,002	+/-725	12.7%
With a vision difficulty	(X)	(X)	1,361	+/-510	5.8%
With a cognitive difficulty	(X)	(X)	1,496	+/-476	6.3%
With an ambulatory difficulty	(X)	(X)	4,914	+/-884	20.8%
With a self-care difficulty	(X)	(X)	1,611	+/-515	6.8%
With an independent living difficulty	(X)	(X)	3,708	+/-784	15.7%
SEX					
Male	102,218	+/-2,332	9,523	+/-1,462	9.3%
Female	113,754	+/-883	10,902	+/-1,649	9.6%
RACE AND HISPANIC OR LATINO ORIGIN					
One Race	N	N	N	N	N
White alone	135,597	+/-1,980	13,382	+/-1,861	9.9%
Black or African American alone	62,781	+/-2,054	6,247	+/-1,070	10.0%
American Indian and Alaska Native alone	N	N	N	N	N
Asian alone	7,373	+/-857	192	+/-147	2.6%
Native Hawaiian and Other Pacific Islander alone	N	N	N	N	N
Some other race alone	N	N	N	N	N

Appendix C

1. Are you familiar with Functional Needs Support Services (FNSS)?

- Are you familiar with Functional Needs Support Services (FNSS)? Not Familiar
- Somewhat Familiar
- Very Familiar

2. Do you currently provide FNSS in your General Population Shelters?

- Do you currently provide FNSS in your General Population Shelters? Yes
- Not Sure
- No

3. Are you aware of the legal foundation for providing FNSS during shelter operations?

- Are you aware of the legal foundation for providing FNSS during shelter operations? Not Aware
- Somewhat Aware
- Very Aware

4. For planning purposes, have you determined how many people with disabilities reside in your community?

- For planning purposes, have you determined how many people with disabilities reside in your community? Yes
- Not Sure
- No

5. Has emergency planning identified the resources required to meet the needs of those individuals with disabilities?

- Has emergency planning identified the resources required to meet the needs of those individuals with disabilities? Yes
- No

6. Has a voluntary, confidential registry for residents with disabilities been created?

- Has a voluntary, confidential registry for residents with disabilities been created? Yes
- No

7. Do emergency/shelter plans provide for people with disabilities to be evacuated and transported to shelters with their families?

☐ Do emergency/shelter plans provide for people with disabilities to be evacuated and transported to shelters with their families? Yes

☐ No

8. Do emergency/shelter plans ensure that people with disabilities are not separated from their service animals?

☐ Do emergency/shelter plans ensure that people with disabilities are not separated from their service animals? Yes

☐ No

9. Has an accessibility survey been conducted of all designated emergency shelter facilities?

☐ Has an accessibility survey been conducted of all designated emergency shelter facilities? Yes

☐ No

10. Do emergency/shelter plans ensure accessible routes for individuals who use wheelchairs and other mobility aids?

☐ Do emergency/shelter plans ensure accessible routes for individuals who use wheelchairs and other mobility aids? Yes

☐ No

Appendix D

Hampton Roads Metropolitan Medical Response System

1104 Madison Plaza, Suite 101

Chesapeake, Virginia 23320

Telephone: (757) 963-0632 Fax: (757) 963-2325

INVITATION FOR BID (IFB) -

HAMPTON ROADS METROPOLITAN MEDICAL RESPONSE SYSTEM

SHELTER SUPPORT UNIT and EQUIPMENT CACHE

I. Organizational Overview

The Hampton Roads Metropolitan Medical Response System (HRMMRS) is coordinated, system wide, regional response to the health and medical consequences of a disaster or terrorist incident involving weapons of mass destruction. The U.S. Department of Homeland Security (DHS) contracts with the Hampton Roads Planning District Commission (HRPDC) on behalf of 16 cities and counties in Hampton Roads to implement the HRMMRS. The HRPDC has contracted with the Tidewater Emergency Medical Services Council, Inc. (TEMS) to maintain the HRMMRS through sustainment funding provided by the 16 jurisdictions of the HRPDC and federal DHS grants. Implementation and sustainment of the HRMMRS includes purchase of pharmaceuticals, equipment and supplies, training and exercises, public relations and program management.

II. Purpose

A. The purpose of this Invitation for Bid (IFB) is to obtain competitive bids for a Shelter Support Unit (SSU) and Equipment Cache. Specifically, it is our intention to purchase one (1) SSU and Equipment Cache at a "packaged" price (*i.e. trailer and contents - Technical Specifications Item #'s XII and XIII*).

B. The HRPDC shall be responsible for payment to successful bidder upon receipt and acceptance of the items specified in "II. A" above.

C. Additional Purchases: Any participating jurisdiction, agency, or organization of the HRPDC, which includes the Cities of Chesapeake, Franklin, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, and Williamsburg, and the Counties of Gloucester, Isle of Wight, James City, Southampton, Surry, and York, may purchase additional SSU and Equipment Cache at "Bid" price. However, payment for such purchases shall be the responsibility of the individual jurisdiction or agency and *not* HRPDC. The bid price shall remain in effect for twelve (12) months from award of bid.

III. Timetable

Bids will be received until **4:30 p.m., XXXXXX, 2012**, in the office of:

Hampton Roads Metropolitan Medical Response System

Tidewater Emergency Medical Services Council, Inc.

1104 Madison Plaza, Suite 101

Chesapeake, Virginia 23320.

IV. Inquiries

Inquires about this IFB should be directed to:

David C. Long, HRMMRS Training and Logistics Coordinator

1104 Madison Plaza, Suite 101

Chesapeake, Virginia 23320

Telephone: (757) 963-0632

Fax: (757) 963-2325

E-mail: dlong@vaems.org

Website: www.hrmmrs.org

TECHNICAL SPECIFICATIONS FOR

HAMPTON ROADS METROPOLITAN MEDICAL RESPONSE SYSTEM

SHELTER SUPPORT UNIT and EQUIPMENT CACHE

I. GENERAL REQUIREMENTS:

All specifications contained herein are considered minimum requirements for the manufacture and delivery of a shelter support unit (trailer) hereafter called "trailer" and equipment cache specified herein. The terms "minimum" and "maximum" shall define the respective constraints that apply to the overall design, dimensions, or quality level established by the HRMMRS hereafter called "purchaser". The term "or equal" shall define the degree of determined quality level and shall be the sole responsibility of the purchaser to judge whether the proposed "equal" submitted by the bidder meets the minimum established quality level. Where name brands are referenced, it shall be understood by the bidder that the specified brand and part number are open market commodities, and thus, must be furnished as specified herein. Where none of the aforementioned terms are referenced herein, the purchaser has established that no exceptions are permitted by the bidder.

The specified trailer shall comply with all Federal, State, and local requirements pertaining to vehicles used as emergency vehicles. All standards in effect at the time the contract is released to the successful bidder are to be met, whether or not they are specified herein.

Only the specified trailer and equipment cache listed in these specifications shall be provided. The trailer shall further conform to all Federal Motor Vehicle Safety Standards (FMVSS) and Virginia State Inspection Standards applicable at the time of manufacture.

Complies: ☐Yes ☐No

II. BID RESPONSE:

The bidder shall respond using only those forms contained herein. Any exception to minimum specifications shall be described in detail on a separate page attached to the bid response titled "EXCEPTIONS AND CLARIFICATIONS". Exceptions shall be listed by Specification Page Reference Number, corresponding bidder's proposal page number, and detailed description of exception or clarification, in column form. Subsequently, mark each box "YES" or "NO" for compliance.

Failure to disclose an exception will indicate total compliance. Final inspection and subsequent acceptance of the completed trailer will be judged on the exceptions noted.

Exceptions may not necessarily disqualify the bidder from consideration. **Final determination of acceptability of any exception or alternative will be at the sole discretion of the purchaser.**

Each bid must be accompanied by a set of detailed contractor's specifications consisting of a detailed description of the proposed trailer and equipment cache. All bid proposal specifications must be in the same sequence as the advertised specification for ease of comparison. These specifications shall include size, location, type and model of all component parts being furnished. Detailed information shall be provided on the materials used to construct all facets of the trailer body. Any bidder who fails to submit detailed construction specifications, or who photocopies and submits these specifications as their own construction details may be considered non-responsive and shall render their proposal ineligible for further contractual consideration.

Terms such as "intent" are considered vague and unacceptable responses and will disqualify the bid.

Bids shall be enclosed in a sealed envelope endorsed on the outside of the envelope "Bid for Disaster Medical Response Trailer and Equipment Cache", pursuant to specifications provided, with the name of the bidder prominently displayed on the face of the envelope.

All bids shall be delivered at or before the time and place stated herein. Bids received after the stated date and time will be returned unopened to the bidder.

Complies: ☐Yes ☐No

III. ENGINEERING DRAWINGS:

A major factor in the evaluation of bids shall be the submission of engineering proposal drawings. No bid proposals will be considered without complete engineering proposal type drawings submitted with the bid response. Submitted drawings must be specifically for the proposed trailer, depicting all major specified components, and have the purchaser's name affixed.

The submission of these drawings shall be in addition to production working drawings, which must be submitted to the purchaser for approval prior to construction of the proposed trailer.

At a minimum, the drawings shall show the following views: street side view, curb side view, and rear view.

Submission of "similar too" or "standard" drawings or statements referencing submission of drawings after award of contract will render the bid as non-compliant and subject to no further review.

Complies: ☐Yes ☐No

IV. WITHDRAWAL OF BIDS:

Bids may be withdrawn any time prior to the bid opening. Withdrawal of bids may be accomplished by submitting such request in writing on the issuing company's letterhead either in person or by certified mail.

No bids may be withdrawn after the established bid opening date or time, unless the purchaser has extended the opening date.

Complies: ☐Yes ☐No

V. SUBLETTING:

The bidder shall clearly state what body components of the trailer are not manufactured on-site by the bidder. Body components shall be defined as, but not exclusive of, the body, doors, wiring installation (12V and 120V), paint, or cabinets and shelving. Any subletting of work associated with the manufacturing of the specified trailer shall be clearly stated. It is preferred that the body and body components be manufactured on-site by the primary bidder to limit liabilities associated with service, warranty, and total compliance with the specifications.

When subletting is proposed by the bidder, the following criteria are required:

1 All sub-contractors must be listed on a separate sheet and included with the bid proposal. Sub-contractors name, address, and phone number must be shown.

2 A letter on the sub-contractors letterhead must identify the primary bidder as an authorized distributor or dealer for the component or assembly process and the length of time associated with the respective company.

3 Sub-contractors must submit proof of product liability. The purchaser shall determine the adequacy of the Product Liability Coverage.

Failure to disclose minimum defined sub-contractors with the bid proposal shall constitute fraud on the part of the contractor/bidder; and therefore, shall render the bid the bid or subsequent contract null and void.

Complies: ☐Yes ☐No

VI. QUALITY AND WORKMANSHIP:

The design of the trailer must embody the latest approved automotive and emergency trailer engineering practices. The workmanship must be of the highest quality in its respective field.

Special consideration will be given to the following points: accessibility of various components that require periodic maintenance; construction that is rugged and ample; safety parameters that are designed to carry loads as specified to meet both on or off road requirements; speed conditions; welding employed in the assembly of the trailer in a manner that will prevent the ready removal of any component part for service or repair; all steel welding shall be performed to American Welding Society D1.1-83 for structural steel welding; all aluminum welding shall be performed to American Welding Society and ANSI D1.2-83 for structural welding of aluminum; and Flex cord arc welding to use alloy rods type 7000 American Welding Society Standards A5.20-E70T1. ***Complies:*** ☐Yes ☐No

VII. MATERIALS:

Materials shall conform to the specifications listed herein. When not specifically listed, materials shall be of the best quality for the purpose of commercial practice. Materials shall be free of all defects and imperfections that might affect the serviceability of the completed trailer.

Complies: ☐Yes ☐No

VIII. COMPLIANCE:

The bidder is herein given every opportunity to take exceptions to the proposed trailer and Equipment Cache bid response. Acceptance of any listed exceptions shall be at the sole discretion of the purchaser based on intended use, expected quality level, serviceability, design criteria, and life expectancy. Decisions made by the purchaser shall be final.

Silence to exceptions shall indicate that the line item will comply with the minimum established specifications. Should the item be found non-compliant at the time of delivery and that item has not been accepted at the time of contract award, the bidder shall be liable for all cost associated with correcting the line item to meet compliance. Final acceptance of the trailer will not be made, nor any payments executed until such time as all discrepancies are corrected to the satisfaction of the purchaser. If the discrepancies are not corrected within 10 days of the initial delivery attempt, the bidder may be deemed in default of contract.

The bidder shall disclose any current or pending litigation regarding failure to deliver or comply with specified components on previous contracts. Failure to make full disclosure may render the bid or subsequent contract null and void.

Complies: ☐Yes ☐No

IX. PRODUCT LIABILITY REQUIREMENT:

Each bidder shall provide, with their bid response, a binder from an insurance underwriter for the manufacturer of the specified trailer. The purchaser shall determine the adequacy of the Product Liability Coverage.

Complies: ☐Yes ☐No

X. PRE-CONSTRUCTION CONFERENCE:

Immediately after notification of contract award, the successful bidder shall schedule a pre-construction conference between the appointed representatives of the purchaser and the contractor. The conference shall be held not later than **15** days after notification of award at the manufacturer's facility. The contractor shall present a set of construction drawings and line item production order complying with the specifications outlined herein.

Should the purchaser deem that the contractor has not properly interpreted the specifications or does not intend to manufacture the trailer and equipment cache as specified, appropriate corrective actions shall be agreed upon, and the conference shall be re-scheduled. Should the purchaser determine at the second conference that the contractor remains unable to meet the intent of the specifications; the contract may be deemed null and void.

The purchaser requests that the successful bidder budget for transportation and lodging for 2 members to attend the pre-construction conference; however, the purchaser may elect to arrange for their own transportation and lodging

Complies: ☐Yes ☐No

XI. DELIVERY:

Each bidder shall provide, with their bid response, an approximate timetable from notification of contract award to delivery of the first (proof of concept) trailer. The timetable should include benchmarks, such as: pre-construction conference, time to manufacture, and pre-delivery inspection.

Delivery of this trailer will not exceed 45 days from the date of contract award.

The purchaser requests that the successful bidder budget for transportation and lodging for 2 members to attend the pre-delivery inspection; however, the purchaser may elect to arrange for their own transportation and lodging.

Trailers will be delivered to:

Tidewater EMS Council, Inc.
1104 Madison Plaza, Suite 101
Chesapeake, VA 23320

Complies: ☐Yes ☐No

XII. TRAILER REQUIREMENTS:

A TRAILER CONSTRUCTION

The following specifications are meant to be minimum requirements established for the manufacture and delivery of a Shelter Support Unit as outlined herein. Exceptions to these minimum standards will be permitted, but will be evaluated based on the bidders understanding and interpretation of the mission, compliance with maximum height, length, and weight requirements, and minimum storage capacity (cu. ft.) requirements.

To facilitate an accurate inspection environment, upon request of the purchaser, the manufacturer shall schedule specified inspections during regular working hours Monday through Friday. The manufacturer shall make the following factory personnel available during the inspection process: sales administrator responsible for the contract; production foreman or equivalent assignment responsible for the manufacturing process of the contracted trailer; and a representative of the upper management team authorized to make decisions for the manufacturer. To further facilitate an accurate inspection process, the manufacturer shall provide an itemized and detailed work order for manufacturing of the specified trailer. The work order shall become a part of the final contract between the purchaser and the manufacturer, and it shall be used for any interim and final inspection. All agreed upon and authorized changes to the trailer prior to or during the manufacturing process shall be represented by an immediate release of a revised work order that shall be forwarded to the purchaser.

Complies: ☐Yes ☐No

B WARRANTY

The body and frame construction of the trailer shall be warranted, in writing from the manufacturer, for a period of not less than six (6) years against structural failure. A copy of the manufacturer standard warranty shall be included with the bid proposal for all other warranties outlining specifics of warranty coverage and shall take precedent over any and all other warranties, implied or otherwise.

Complies: ☐Yes ☐No

C GENERAL TRAILER DESIGN

1 The base trailer should be a Pace American CargoSport (CS824TA-4) or equivalent.

2 The minimum GVWR shall be 16,000 pounds. *It is the responsibility of the successful bidder to ensure that the equipment cache, trailer modifications, or additions specified herein do not exceed the GVWR of the trailer.*

3 The exterior cargo box length (not including tongue) shall be no less than 24 feet.

4 The interior width shall be no less than 7 feet, 6 inches

5 The standard interior height shall have an additional 12 inches added to accommodate Surge Bed carts

6 The interior length shall be no less than 23 feet, 9 inches

7 The trailer will be delivered with an Equal-i-zer Hitch (no substitute) rated at a minimum of 12,000 lbs. The ball size shall be 2 5/16 inches.

8 The trailer will be delivered with a minimum of 2 safety chains meeting DOT standards, and with a minimum strength rating of 7,800 pounds each. The safety chains will be built with clutch type safety hooks (not “S” hooks)

9 The trailer shall include integrated rear corner post jacks with a minimum of 2000 lb. static load capacity

10 The trailer will be provided with a 2,000 pound top mount, manual wind tongue jack with a sand pad

11 All exterior lighting will be LED type lights

Complies: ☐Yes ☐No

D SUSPENSION

1 The trailer will be equipped with ST235/80R16 D Rated tires mounted on 8 bolt electro deposition coated silver spoke wheels, or equivalent

2 The wheels and tires will be covered by aluminum tread plate teardrop fenders

3 The trailer will be mounted on dual (2) 8,000 pound rated torsion type axles or on axles that are rated to carry the weight of the Equipment Cache.

4 The trailer will be equipped with electric trailer brakes with a DOT approved breakaway safety switch

Complies: ☐Yes ☐No

E TRAILER INTERIOR

1 The interior sidewalls will be constructed using plywood with a 3/8 inch minimum thickness

2 The floor will be constructed using pressure treated plywood with a ¾ inch minimum thickness

3 The interior walls will be covered with a washable white vinyl

4 The treated plywood floor will be covered with a single piece of washable vinyl material (Black Coin)

5 The trailer will be equipped with a minimum of two, non-powered roof vents

6 The interior will be lighted by a minimum of five (5) 12 volt interior lights installed on the ceiling and three (3) four foot fluorescent thin lights

7 The interior 12 volt interior lights will be controlled by a wall switch next to curb side entry door

8 A dry chemical powder fire extinguisher with a minimum rating of 5A:10BC and aluminum valve assembly capable of service and refill shall be mounted on the trailer interior near the curb side door

9 Racking System: There will be a total of four racks; two placed on the curb-side and two placed on the street side of the trailer. The rack dimensions should be as follows:

Two Curb-side racks with dimensions: 101.5 inches long; 82.5 inches high; row height for Rows 1-5 should be 12.75 inches; row height for Row 6 should be 15 inches; column width should be 15.75 inches

Two Street-side racks with dimensions: 68 inches long; 82.5 inches high; row height for Rows 1-5 should be 12.75 inches; row height for Row 6 should be 15 inches; column width should be 15.75 inches

Complies: ☐Yes ☐No

F DOORS

1 The rear will be accessible via a single rear ramp door

2 The rear ramp door opening will be a minimum of 68 inches in height

3 The rear ramp door opening will be a minimum of 82 inches wide

4 The rear ramp will be provided with a 16", fold-down extension manufactured from a material suitable to withstand weights of 1,000 pounds without bowing, the purpose of which is to allow hand trucks and carts to be deployed off the ramp without damaging the ramp door top seal

5 All door trim, hardware and hinges will be installed using tamper resistant fasteners

Complies: ☐Yes ☐No

G AIR CONDITIONING / SHORE POWER

1 There shall be one roof-mounted 115-volt 15,000 BTU with 5,600 BTU Heat Strip installed in the center of the trailer.

2 The trailer shall house a breaker panel that controls the A/C unit and interior lighting, which allows it to be run off of shore power. This shall be a minimum 30 amp panel accessible from the interior of the trailer.

3 A shore power connection shall be installed on the lower front curb side of the trailer.

4 A 50 foot, 30-amp shore power cable cord shall be provided with a three pronged, 30-amp twist-lock plug

5 A battery maintainer is installed.

Complies: ☐Yes ☐No

H CERTIFIED WEIGHT TICKET

A certified weight ticket shall be presented during the final inspection prior to delivery

Complies: ☐Yes ☐No

I PAINT AND GRAPHIC REQUIREMENTS

1 TRAILER PAINT:

The trailer shall be either painted or manufactured in a "Bright White color.

Complies: ☐Yes ☐No

2 TRAILER GRAPHICS (see accompanying logo layout)

The graphics for this trailer (pictures included) shall include:

A A 6 inch wide x 24 foot long "White" Scotch light reflective stripe on the Curb side and Street side of the trailer. The stripe shall be located a minimum of 12 inches above the wheel well of the trailer.

B A 1 inch wide x 24 foot long "Blue" Scotch light reflective stripe above and below the "White" Scotch light reflective stripe on the Curb side and Street Side of the trailer.

C There shall be an alternating 6 inch "Red" and "Yellow" Scotch light reflective Chevron on the bottom half of the Rear Ramp Door. (Left graphical representation)

D 6.9 inch "Blue" Scotch light reflective lettering centered on the Street side, Curb side, and Rear of the trailer:

HAMPTON ROADS

SHELTER SUPPORT UNIT

E 6.9 inch "Blue" Scotch light reflective lettering centered on the Street side and Curb side of the trailer below lettering identified above (I.2.D) that identifies the jurisdiction; **CHESAPEAKE**

F The Hampton Roads UASI Logo (14 inch) must be displayed in the lower rear street-side and curb-side corner with the following quote: **PURCHASED WITH FUNDS PROVIDED BY THE U.S. DEPARTMENT OF HOMELAND SECURITY** in 2.7 inch "Blue" Scotch light reflective lettering.

Complies: ☐Yes ☐No

XIII. SSU EQUIPMENT CACHE

1 See accompanying equipment spreadsheet for packing and placement.

XIV. MISCELLANEOUS EQUIPMENT REQUIREMENTS:

A 3-ring binder shall be provided with the completed trailer that contains, at a minimum, the following information (CD format is preferred):

1. All "as wired" schematics for the electrical system
2. Operational and troubleshooting procedures
3. Paint and key codes
4. All data, operations manuals, warranty information, and schematics as supplied by equipment manufacturers
5. Body, frame, and paint warranty documents.
6. The manufacturers and applicable dealer's telephone numbers and contact persons names shall be supplied with the binder.

Complies: ☐Yes ☐No

XV. SIGNATURE/COPIES:

An authorized officer of the company submitting the bid shall sign all bids. Bidders shall submit 3 copies of their bid for review by the purchaser.

A. Company: _____

B. Name: _____

C. Title: _____

D. Signature: _____

Complies: ☐Yes ☐No

Appendix E

Hampton Roads Metropolitan Medical Response System

Shelter Support Unit Workshop

April 17, 2012

I. Preface

The HRMMRS Shelter Support Unit Workshop is sponsored by Hampton Roads Metropolitan Medical Response System. This Workshop Guide was produced with input, advice, and assistance from the HRMMRS Shelter Support Workshop Exercise Planning Team, which followed guidance set forth by the U.S. Department of Homeland Security (DHS) Homeland Security Exercise and Evaluation Program (HSEEP). The Workshop is an unclassified exercise. Control of exercise information is based on public sensitivity regarding the nature of the exercise rather than actual exercise content.

This Guide provides exercise participants with all the necessary tools for their roles in the exercise. It is tangible evidence of the Hampton Roads jurisdictions' commitment to ensure collaborative partnerships across the region for response to any emergency.

All exercise participants should use appropriate guidelines to ensure proper control of information within their areas of expertise and protect this material in accordance with current jurisdictional directives. Public release of exercise materials to third parties is at the discretion of the Exercise Planning Team. Jurisdictional specific information developed during or after the Workshop remains with the jurisdiction. Public release of that information falls within the guideline of the jurisdiction; however, consideration should be given to safeguarding information that is the same or similar with neighboring jurisdictions who determine not to release information.

This page is intentionally left blank.

II. Handling Instructions

1. The title of this document is the *HRMMRS Shelter Support Unit Workshop Guide.*
2. Information gathered in this Guide designated as For Official Use Only (FOUO) and should be handled as sensitive information that is not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from Program Manager, Hampton Roads Metropolitan Medical Response System is prohibited.
3. At a minimum, the attached materials will be disseminated strictly on a need-to-know basis and, when unattended, will be stored in a locked container or area that offers sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.
4. For more information about the exercise, please consult the following points of contact (POCs):

   HRMMRS:

   William K. Ginnow, MS, RPh
   Program Manager
   Hampton Roads Metropolitan Medical Response System
   1104 Madison Plaza, Ste. 101, Chesapeake, VA 23320
   Tel (757) 963-0632, Ext 304
   Cell (757) 642-1984
   ginnow@vaems.org
   www.hrmmrs.org

Exercise Director:

David C. Long, MA, NREMT-P
Training and Logistics Coordinator
Hampton Roads Metropolitan Medical Response System
1104 Madison Plaza, Ste. 101, Chesapeake, VA 23320
Tel (757) 963-0632, Ext 316
Cell (757) 739-6035
Lieutenant – Academy Officer
Chesapeake Fire Department
1801 Victory Blvd. - #307A
Portsmouth, VA 23702
Tel (757)966-7527
Cell (757)-759-9338
dlong@cityofchesapeake.net

Exercise Support:

Tammy Waldroup, MEP
Waldroup Sommer & Associates, LLC
1811 Broadstreet Road
Hampton, VA 23666
twaldroup@waldroupsommer.com
twaldroup@cox.net

This page is intentionally left blank.

CONTENTS

This page is intentionally left blank.

III. Introduction

Background

The Hampton Roads Region is susceptible to a variety of hazards and emergencies such as severe weather to include, flooding, hurricanes, tornados, and winter storms; as well as technological emergencies from hazardous materials, radiological contamination, or acts of terrorism. A collaborative systematic response among jurisdictions helps the region to be more disaster resilient.

With Department of Homeland Security Grant Program funding provided to the Hampton Roads Urban Areas Security Initiative and the Hampton Roads Metropolitan Medical Response System (HRMMRS), resources have been provided to assist jurisdictions with meeting the Functional Needs Support Services (FNSS) in public shelters during disasters. This Workshop is intended to provide further collaboration on utilizing these resources.

The HRMMRS has taken the lead in providing a Shelter Support Unit (SSU) trailer, equipment and supplies to over a dozen jurisdictions across Hampton Roads. The SSU is a pre-stocked trailer with most, if not all, the resources needed to provide an additional level of service to public shelters in emergencies. The intent of the Workshop is to assist jurisdictions with incorporating this new tool into the jurisdiction's arsenal of resources available during emergencies.

A Hampton Roads SSU Guidance document has been developed by the HRMMRS to assist jurisdictions in understanding, planning, utilizing, and sustaining the SSU provided to their jurisdictions. This Guidance is not intended to set a precedent or impose any additional requirements on a jurisdiction. It simply provides an additional resource tool for planning for the operation and sustainment of the SSU within the jurisdiction.

Purpose

The purpose of this exercise is to provide participants with an opportunity to conduct further planning on how to incorporate the SSU in their emergency response plans. The Workshop will focus on the Hampton Roads SSU Guidance document and identifying jurisdictional-specific information that should be addressed in the jurisdictions' future planning for operations of the SSU.

Scope

This exercise emphasizes interdependent roles of planners, facilities, operators and staff necessary to successfully deploy and sustain the SSU resource provided to the jurisdiction. The Workshop is a working session for the jurisdiction to individualize the SSU guidance for their jurisdiction as a means of assisting them with incorporating this tool into their emergency operations.

Target Capabilities

Capabilities-based planning focuses on planning under uncertainty because the next danger or disaster can never be forecast with complete accuracy. Therefore, capabilities-based planning takes an all-hazards approach to planning and preparation that builds capabilities that can be applied to a

wide variety of incidents. States and urban areas use capabilities-based planning to identify a baseline assessment of their homeland security efforts by comparing their current capabilities against the Target Capabilities List (TCL) and the critical tasks of the Universal Task List (UTL). This approach identifies gaps in current capabilities and focuses efforts on identifying and developing priority capabilities and tasks for the jurisdiction. These priority capabilities are articulated in the jurisdiction's homeland security strategy and Multiyear Training and Exercise Plan, of which this exercise is a component.

The sole capability selected for this Workshop is Mass Care and Sheltering.

Exercise Design Objectives

Exercise design objectives focus on improving understanding of a response concept, identifying opportunities or problems, and achieving a change in attitude. This exercise will focus on the following design objectives selected by the Exercise Planning Team:

1. **Mass Care and Sheltering.** Identify and discuss information to consider in customizing the HR SSU Guidance for the deployment of this asset in the jurisdiction emergency operations.

Participants

- **Players.** Players respond to the information presented, based on expert knowledge of response procedures, current plans and procedures, and insights derived from training.
- **Observers.** Observers support the group in developing responses to the situation during the discussion; they are not participants in the moderated discussion period, however.
- **Facilitators.** Facilitators provide information updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as subject matter experts (SMEs) during the Workshop.

Exercise Structure

This Workshop will be a multimedia, interactive and facilitated exercise. Players will actively participate in the following:

- Module 1: Morning Session
- Module 2: Afternoon Session

Description	Start Time
Registration	8:30
Welcome & Introductions	9:00
Workshop Morning Session	9:10
Lunch	12:00
Workshop Afternoon Session	1:00
Hot Wash & Wrap up	2:30

Each module will provide a multimedia presentation of key elements for jurisdictions to discuss and define for their individual plan. At points throughout the presentation, participants will be tasked to discuss the key elements, then determine how those elements should be incorporated into their jurisdiction's plan

Jurisdiction Participants will engage in a facilitated caucus discussion in which a spokesperson from each group may be asked to provide a synopsis of the jurisdiction's discussion or decisions on particular points.

Exercise Guidelines

- This Workshop will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond on the basis of your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.
- Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve response and preparedness efforts. Problem-solving efforts should be the focus.

Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted. During this exercise, the following apply:

- The jurisdiction has or will have a SSU within its jurisdiction for deployment in accordance with the local emergency plans.
- Operations, storage, and sustainment of the SSU and its contents are the sole responsibility of the jurisdiction.
- Outside resources made available for operations, storage and sustainment would be at the request and funding of the jurisdiction.
- There is no hidden agenda, and there are no trick questions.
- All players receive information at the same time.
- Jurisdictions across the Hampton Roads region may have varying capability within their jurisdiction to operate, store or sustain the SSU, therefore each jurisdiction plan may be unique.

There are no plans for regional, state or federal deployment of the Hampton Roads SSUs at this time.

This page is intentionally left blank.

IV. Background

The Shelter Support Unit

Origin and Funding

The purchase of the Hampton Roads Shelter Support Units is one component of a regional initiative started over 5 years ago to provide a framework of resources to empower individuals with special and functional needs to access emergency preparedness, response, recovery and mitigation tools. Funds from the Department of Homeland Security Hampton Roads Urban Areas Security Initiative and the Hampton Roads Metropolitan Medical Response System have been used to support planning efforts, website and registry development, public education and outreach, and shelter development and resources.

General Guidelines:

It is assumed that jurisdictions have already established operating guidelines for their general population shelters.

The HR SSU Guidance will assist your jurisdiction in incorporating the additional staffing, logistic, and medical operations of the SSU into the general shelter operations.

Shelter Managers are already tasked with providing space for shelterees and their families, food services, mental health support and basic medical needs.

When incorporating the SSU into the general population shelter, the Shelter Manager will need to designate additional areas for medical equipment, areas for cots with medical monitoring, areas for medical care, and the additional staff to support the medical operations.

The SSU is designed for easy deployment with rolling carts, containers, and equipment all grouped by a color coded system. Before deploying the SSU, planners need to determine how many shelters will be utilizing the equipment. Each system has a 10 surge bed capacity. All five systems have basic life support (BLS) equipment, and two systems also have advanced life support (ALS) equipment. Each system can be operated together or independently. The illustration below is part of one component of the SSU equipment packaged for deployment once the decision has been made to activate the FNSS in the shelter.

NOTE: The FNSS Guidance requires uninterrupted power supply in general population and medical shelters to meet the electrical needs of the functional needs shelterees. For example, power must be available to support refrigeration of prescription medicine, charging of motorized wheelchairs, and operation of nebulizers for breathing treatments.

NOTE: Appendix A provides Packing Diagrams and details for the 24' Medical Shelter Support Unit.

Trailer:

The trailer is a Pace American Cargo Trailer. The trailer was built specifically for this load plan. To accommodate the contents, the trailer height and width were increased making it larger than an ordinary cargo trailer. The trailer weighs between 13,500 – 13,750 lbs. The trailer includes the following features:

- 24 foot Cargo Trailer with Rear Ramp & Side Entry Door
- Two – 8,000 lb. axles with a GCTW – 17,600 lbs.
- HVAC with thermostat
- Shore power connection (30 amp male twist-lock plug)
- 12v battery provides back-up power to 12v lighting and thermostat
- Weight distributing hitch (Ball 2-5/16's)
- Indoor/Outdoor thermometer

The contents of the trailer include pharmaceutical grade products and medical equipment and supplies that are temperature sensitive. The trailer is equipped with an HVAC unit with thermostat. The trailer needs to be plugged in to shore power via a 30

amp male twist-lock plug, which provides power to the electrical distribution panel. The temperature can be monitored by the remote for the indoor/outdoor thermometer.

While the trailer is plugged into shore power, a trickle charge is supplied to a 12-volt battery to maintain its charge. The 12-volt battery feeds the HVAC thermostat, which allows operation the HVAC.

Tow Vehicle:

The recommended tow vehicle for this trailer is a one ton (i.e. F-350) pick-up truck. The towing capacity is 15,000 – 17, 500 lbs. depending on the cab configuration. The minimum size tow vehicle that the trailer can be towed with is a three-quarter ton (F-250) pick-up truck; however, this truck requires a 4.30 rear-end gear ratio. This configuration provides a towing capacity of 14,300 lbs.

Additionally, each trailer was delivered with a weight distributing hitch, which evens out the towing load to provide more control (less sway), superior braking, and increased stability. Plus, it increases the towing capacity and puts less strain on the tow vehicle. The weight distributing hitch should be kept with the trailer; this ensures that the trailer can be towed safely by more than just one specific tow vehicle.

Equipment:

There are five separate DME/CMS systems – each system is color-coded; yellow, green, orange, blue and red. The yellow and green systems have ALS capability, while the orange, blue, and red systems have BLS capability. Below is a general list of what equipment is included in a system. A more detailed list of what is included with each system along with the trailer layout is included in the following pages.

BLS Systems	ALS Systems
Color coded – Red, Blue, & Orange	**Color coded** – Yellow & Green
20 attached lid containers with CMS	***Same as BLS plus the following***:
One cart with 10 Surge Beds	Privacy screens
15 Oversized military cots	ALS Crash Cart
"M" oxygen cylinder/cart	BLS Medical Supply Cart
Wheelchair, walkers, canes & crutches	Refrigerator
Splinting and immobilization equipment	Microwave
	Water Cooler
	Propaq LT
	Vital Signs Monitor w/stand
	Janitorial supplies

Pharmaceuticals

To supplement the capability of the crash carts in the ALS Systems, it is recommended that jurisdictions consider incorporating a jurisdictional/regional drug box. This drug box would provide the drugs necessary to treat most emergent medical problems that arise in the shelter (assuming there could be a delay in getting 911 resources to the shelter facility).

V. Module 1:

Hampton Roads Shelter Support Unit Guidance Overview:

Purpose:
The purpose of this document (HR SSU Guidance) is to provide planning guidance that can be incorporated into existing shelter plans to assist emergency managers and shelter planners in meeting access and functional needs in general population shelters and medical needs in medical shelters. Additionally, this document will assist emergency managers and shelter planners in understanding the requirements related to sheltering children and adults with functional needs in general population shelters.

Functional Needs Support Services (FNSS) are defined as services that enable children and adults with or without disabilities who have access and functional needs to maintain their health, safety, and independence in a general population shelter. This may include personal assistance services (PAS), durable medical equipment (DME), consumable medical supplies (CMS), and reasonable modification to common practices, policies and procedures. Individuals requiring FNSS may have sensory, physical, mental health, cognitive and/or intellectual disabilities affecting their capability to function independently without assistance. Additionally, the elderly, women in the late stages of pregnancy, and individuals requiring communication assistance and bariatric support may also benefit from FNSS.

FNSS and the guidance provided are designed to assist in the planning and resourcing of sheltering operations whether government, Non-government Organizations (NGO), faith based or private to meet the access and functional needs of children and adults. These guidelines identify methods of achieving a lawful and equitable program through the delivery of FNSS for children and adults. The entire FNSS document can be found at http://www.fema.gov/pdf/about/odic/fnss_guidance.pdf.

Situation and Assumptions:
The Americans with Disabilities Act (ADA) requires shelters to provide equal access to the benefits that shelters provide, including but not limited to safety, food, services, comfort, and information, as well as a place to sleep until it is safe to return home. These shelters should also make provisions to assist and support family, friends, and neighbors. Planning for incorporating FNSS in general population shelters includes addressing the needs of children and adults, some of which include:

- Communication assistance and services for individuals, including those with limited English proficiency and people who are deaf and hard of hearing.
- Accessible sleeping accommodations (e.g. universal/accessible cots or beds, cribs, modification to beds/cots/cribs, and privacy curtains)
- Availability of DME, CMS, and/or PAS to support daily living activities (including provisions for service animals)

- Provision for accessible transportation, bathroom, toilet, and showering facilities
- Access to medication and food

To enhance this capability, the HR SSU Guidance document provides guidance to incorporate the Shelter Support Unit (SSU) into existing shelter plans to assist emergency managers and shelter planners to meet access and functional needs in general population and medical shelters.

Below are some basic assumptions in regard to events requiring sheltering:

- A facility has been designated within the jurisdiction
- The facility has an uninterrupted source of power
- The facility has functional toilets, showers, refrigeration, and food service preparation or distribution area
- Early warning and notification of threats may or may not be practicable given the nature of the threat.
- Some threats may require immediate sheltering operations without advance warning.
- The general population, including persons with functional needs, will heed the directions of warnings and notifications, and recognize the authority of government to request evacuation or shelter in place.
- Shelter in place action may be safer for the general population than movement to a public shelter.
- Individuals will evacuate away from hazards when directed toward a shelter.
- Many of the arriving individuals with functional needs may require minimal to acute assistance to maintain their independence within a public shelter.
- Individuals with functional needs who require assistance may arrive at the shelter with or without support, medical records, medications, or required mobility aids or medical equipment. Some of these essential needs will be time sensitive, such as the need for medications to be administered.

Activity 1: Review the planning assumptions and:

1. Determine which are valid for your jurisdiction.
2. Modify, reword or create assumptions applicable to your jurisdiction.
3. Be prepared to discuss any significant or unique assumptions you identified.

PLANNING ASSUMPTIONS:

Report Outs on Activity 1:

Identify any significant or unique assumptions you have identified for your jurisdiction.

Resource Requirements:
The Stafford Act and Post-Katrina Emergency Management Reform Act (PKEMRA), along with Federal civil rights laws, mandate integration and equal opportunity for people with disabilities in general population shelters. The Americans with Disabilities Act of 1990 (ADA), the Rehabilitation Act of 1973, and the Fair Housing Act (FHA), regulations and agency guidance, as well as State counterparts, define the scope of FNSS.

Equipment, facility, and staffing needs for general population shelters are generally covered under an individual municipality's Emergency Operations Plan (EOP). Guidance regarding shelter operations can also be found with the American Red Cross Shelter Operations guide. This document will address specific requirements for the deployment of the SSU and additional medical staffing needed to manage the shelterees, DME, and CMS within the shelter(s).

A. Facility

It is assumed that local jurisdictions have already identified facilities to be utilized as general population (emergency evacuations) shelters; in fact, many have been certified by the American Red Cross. In accordance with the FNSS Guidance, future planning should ensure that these shelters are accessible to people with disabilities. Making emergency sheltering programs accessible is generally required by the Americans with Disabilities Act of 1990 (ADA). *A copy of the ADA guidance can be found on the ADA website* @ www.**ada**.gov/pcatoolkit/chap7**shelter**chk.htm.

When incorporating the SSU into a general population and/or medical shelter, some additional requirements should include:

- Easy access for stretcher bound shelterees to be brought in and taken out of the facility
- Areas for surge beds to include a cot for care-givers
- Privacy areas for medical interventions
- A designated "emergent care" area
- Staging area for medical equipment and medications
- Triage/medical screening area
- Communications procedures
- Additional power outlets for medical equipment

Activity 2: After viewing the 10 Bed unit established in the adjacent room:

1. Identify your jurisdiction's selected facility(ies) for this resource:

2. Consider the additional requirements listed above and how they apply to your jurisdiction's plan, identify any additional requirements your jurisdiction needs to address in the plan.

3. Using the graph paper provided, sketch out how your jurisdiction would set up the SSU resources in a single or multiple shelter facilities.

4. Be prepared to discuss any significant or unique issues identified.

Report Outs on Activity 2:

Identify any significant or unique issues identified regarding the identified facility(ies) for your jurisdiction.

B. Staffing

In addition to the general population shelter staffing requirements, shelters utilizing the SSU will require additional medical staffing. This includes someone to handle the overall management of the medical component of shelter operations and support staff. If you have medical staff operating within the shelter, they must operate under the authority of a medical director, who is overseeing the city or county shelter operation program. Typically, this medical director's role is assumed by the local health authority and it may or may not be delegated to another party. The delegation should be appropriately documented.

Local jurisdictions are responsible for exhausting all local resources before requesting state assistance. Jurisdictions can find medical staffing in a variety of locations to include:

- Medical Reserve Corps (MRC)
- Community Emergency Response Team (CERT)
- Public Health Department
- Volunteer EMS Agencies
- Hospitals

Listed below are some positions with job descriptions that will be needed to manage the resources and capabilities of the SSU:

- **Medical IC:** Responsible for overall operation of the shelter, ensuring guests/clients are registered, cared for and have mass care needs met. Responsible for ensuring that FNSS are in place to support individuals with disabilities, functional and access needs. Responsible for coordinating with the medical staff ensuring that staffing levels are appropriate and that all medical/FNSS resource requests are met. Responsible for communication within the chain of command, this may be within the Incident Command System (ICS) or Emergency Operation Center (EOC) structure. Other duties include:
    - Overseeing the operation of the functional and medical needs capabilities, including the opening and closing procedures, selection of treatment areas, the disbursement of supplies,
    - Becoming familiar with the building to be used, its size, facilities, layout and supplies available
    - Providing food and water to staff and shelterees
    - Providing administrative and logistical support to the medical staff
    - Preparing supply orders for medications and assuring proper utilization of all supplies

- **Administrative staff (medical):** Responsible for preforming medical evaluation on shelterees, maintaining medical documentation on shelterees within the shelter. Other duties include:
    - Responsible for entering registration information into the database
    - Responsible for maintaining the database on staff working in the shelter and report in/out times for tracking purposes.

- **Nursing staff:** - Responsible for providing/coordinating medical services for individuals requiring FNSS. This may include such things as ensuring prescriptions are filled, medication administration, minor wound care, glucose monitoring etc. Other duties include:
  - Determining if the people meet the FNSS admission criteria
  - Determining which area of the shelter they should be placed in
  - Supervising and assisting in the administration of medications to the shelterees
  - Assessing the physical condition of the shelterees on an on-going basis
  - Maintaining documentation in the shelterees medical update form
  - Monitoring shelterees who are receiving oxygen
  - Maintaining universal precautions and infection control
  - Determining discharge process

- **Emergency Medical Technician (EMT)** or Paramedic responsible for providing services within the shelter as needs arise. Paramedics will help to evaluate/assess individuals with acute onset of signs and symptoms and help determine if "911" transportation is necessary. Other duties include:
  - Determining if the people meet the FNSS admission criteria
  - Determining which area of the shelter they should be placed in
  - Assessing the physical condition of the shelterees on an on-going basis
  - Maintaining documentation in the shelterees medical update form
  - Monitoring those shelterees who are receiving oxygen
  - Delivering care and assistance to shelterees as required following TEMS approved protocols
  - Maintaining universal precautions and infection control
  - Determining discharge process
  - Providing emergency assistance if needed
  - Overseeing transport via ambulance

- **PAS providers**- Provide formal and informal services that enable children and adults to maintain their usual level of independence in a general population shelter. This includes assistance with activities of daily living such as:
  - Grooming
  - Eating
  - Bathing/Toileting
  - Dressing and undressing
  - Walking / transferring
  - Maintaining health and safety
  - Taking medications
  - Communicating
  - Accessing programs and services

Note – Security is essential in facilities offering functional and medical needs services. The potential for arguments to escalate into a physical confrontation is high when shelterees perceive disparate treatment (i.e. one shelteree gets a medical bed, while another does not).

Activity 3: Identify jurisdiction's staffing requirements

1. Using the information provided in the HR SSU Guidance, your jurisdiction's staffing capability and known available resources: Identify organizations or agencies in your jurisdiction that would provide staffing to the FNSS shelter area.

2. After completing step one, use the blank Organization Chart provided to identify staffing positions by agency or individual. i.e. in your jurisdiction the Incident Commander may be a EMS provider, or it may be a specific individual that is assigned to that particular shelter during emergencies.

3. After completing step 2, use the list developed in step one and tally the total number of positions needed from each organization or agency.

4. Review your work and identify additional organizations, agencies, or resources to staff the FNSS area to meet your jurisdiction's needs.

5. Identify specific issues or concerns your jurisdiction has discussed in staffing the FNSS area.

6. What obstacles do you anticipate in getting agencies or organizations to committing to the staffing positions and levels your jurisdiction has identified?

7. How do you anticipate overcoming these obstacles?

NOTE: Appendix B provides 50-Bed Medical Special Needs Shelter "Proposed" Organization Chart and an example of FNSS staffing levels.

Report Outs on Activity 3:

Identify any significant or unique issues identified regarding staffing for your jurisdiction.

Discuss the anticipated obstacles you identified and how you anticipate overcoming them.

Module 1 Key Issues

- Planning Assumptions
- Resource Requirements
  - Facilities
  - Staffing

Summary:

Identify any additional issues not already included in the Activity Report outs.

Provide a summarization of issues discussed and additional jurisdictional activities identified throughout the Module

This page is intentionally left blank.

VI. Module 2:

Shelter Operations

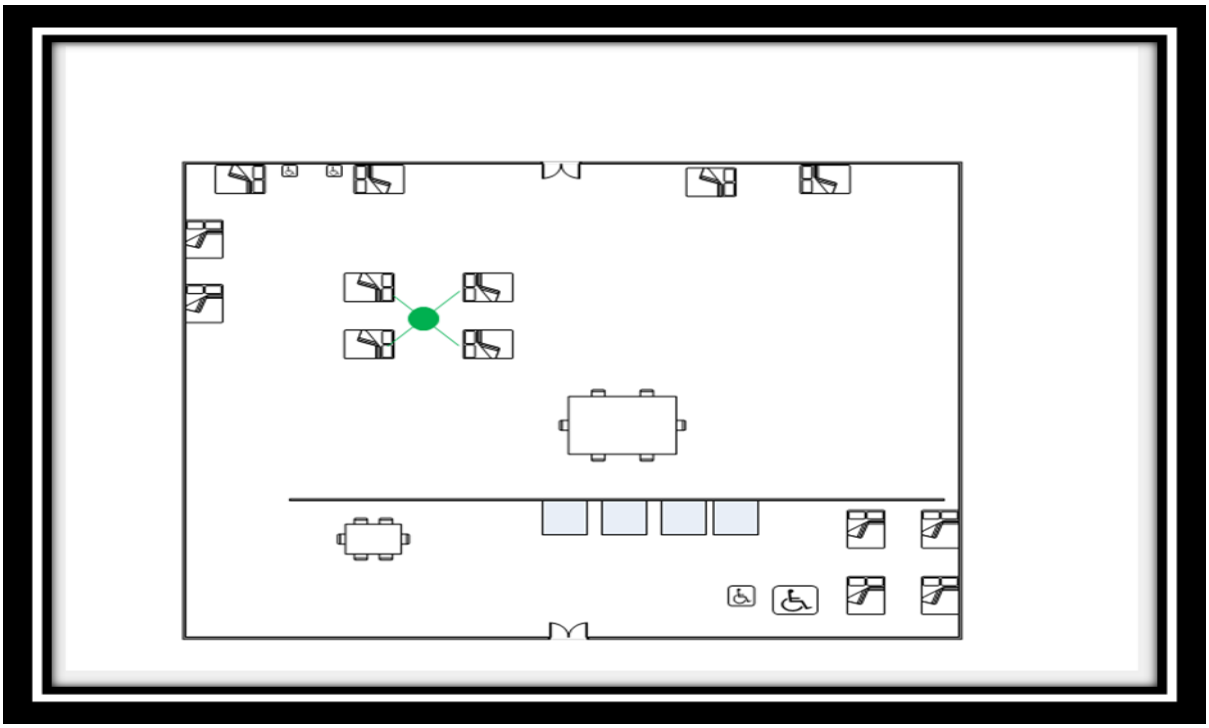
Set up

When equipping multiple shelters with SSU equipment, determine what shelter(s) will be utilizing ALS equipment prior to delivery. The yellow and green systems have the ALS equipment incorporated into their inventory and are set to deploy out of the trailer first. The quantity and configuration of equipment deployed in a shelter is at the discretion of the jurisdiction. In fact, there are numerous ways to configure the equipment, below are a few recommendations:

- Bed placement: consider placing beds along walls to prevent occupants from sliding during transfer.
- Oxygen use: Consider a four bed placement with oxygen caddy in the center to allow efficient room for tubing and avoid trip hazards.
- Privacy: Have privacy screens strategically placed to allow easy access
- Supply area: Have a central staging area for crash carts

Staff work area: Include area for staff charting/documentation

Below is an example of a possible room set up. Each jurisdiction will need to determine what layout works best for their respective shelter and the shelterees who need sheltering.



Activity 4: Make necessary changes to shelter floor plan sketch:

1. Using the sketch developed in Activity 2 determine:

    - If any changes need to be made to spacing for equipment, screens etc.
    - Modify the sketch to take these items into account
    - Identify additional staging area for supplies and equipment

2. Be prepared to discuss any significant or unique issues identified.

Report Outs on Activity 4:

Identify any modifications you made or any significant or unique issues in the identified facility(ies) for your jurisdiction.

Resupply:

During extended shelter operations, it may be necessary to resupply the CMS from the SSU. An inventory should be completed and a supply requisition forwarded to the Emergency Operations Center. Due to the types of CMS onboard the SSU, many of the items should be available through the local hospitals. Consequently, EOC's should consider contacting the Regional Hospital Coordinating Center (RHCC) if they experience a delay in obtaining the necessary CMS.

Demobilization:

When directed to demobilize the shelters, there are a number of things to consider when rehabbing the equipment cache. First, ensure that all DME is cleaned and disinfected. Do not be in a hurry to put away. This equipment will need time to dry to minimize mold growth. It may also be necessary to document whether any of the DME sustained damage during use. Damaged equipment should be taken out of service until it has been repaired and placed back in service. Additionally, all unused CMS should be recovered, inventoried, and distributed in a manner that restores the ALS and BLS systems to full capacity. In other words, as the inventory is conducted, items missing from the ALS Systems should be taken from the BLS Systems to establish complete systems.

When time allows, a complete inventory of the SSU should be completed. A list of equipment destroyed and supplies consumed should be generated. This list should be forwarded to the EOC for inclusion in cost recovery efforts. It is likely that reimbursement will be provided at the state and/or federal level. To help ensure compatible equipment and supplies are received, HRMMRS is willing to coordinate the purchase and delivery; however, jurisdictions are responsible for the cost of equipment destroyed and supplies consumed during shelter operations.

Activity 5: Demobilization Plan:

Use the form below to develop your jurisdiction's demobilization plan for the FNSS equipment include:

- staffing,
- demobilization timetable,
- consolidating of supplies to maintain at least one operational ALS,
- cleaning and sanitizing equipment, allowing for drying time,
- repacking of trailer,
- notification that trailer is ready for transport,

1. Be prepared to discuss any significant or unique issues identified.

Demobilization Plan

Time Frame:	Activity	Person(s) Responsible	Comments or Action Items
(estimate time based on population needs and overall shelter operations)	Determine when demobilization activities will begin	Incident Commander and Shelter Manager	
	Consolidate supplies and consumables (take note of expiration dates) Develop inventory of missing items needed to be restocked and List additional items identified to be included		
(estimate amount of time necessary to complete task and allow sufficient time for items to dry before repacking)	Cleaning and Sanitizing equipment		

(suggest having packing diagrams laminated and available with a checklist)	Repacking trailer		
	Verify Trailer is packed properly and notify it is ready for transport		
	Identify and follow up on any maintenance items of equipment that was damaged or needs servicing		
	Obtain and restock used items from inventory		
	Additional activities?		

NOTES:

_____

_____

_____

_____

_____

Report Outs on Activity 4:

What issues did you identify in your demobilization plan that have not already been included in the table?

What obstacles do you need to address in the demobilization plan?

Sustainment:
In accordance with the "Donation Agreement" signed by each jurisdiction, HRMMRS will provide for the sustainment of the SSU using grant and/or sustainment funds as long as these funds are available. Each jurisdiction is responsible for completing an annual inventory (to include expiration dates). This inventory must be forwarded to HRMMRS; once all inventories are received, HRMMRS will order the necessary supplies and distribute them upon receipt to each jurisdiction. It is the jurisdictions' responsibility to replace the expired supplies.

Documentation:
Listed below are several areas of documentation that need to be considered. Appendices C through F contain samples of the forms for the following areas:

- Shelteree Check-in
- Medical Evaluation
- Discharge
- Transportation

Shelteree Check-in – A practice to consider when providing functional and medical needs services is triaging at the vehicle. This takes planning, practice, and adequate personnel, but the benefits are undeniable. By triaging at the vehicle, the shelteree is evaluated for shelter placement before they get out of the vehicle. This should help ensure that needs and capabilities are appropriately matched. In the event triage is not done at the vehicle, any shelteree that requests functional and/or medical support services should be sent to a Triage station in the shelter for medical evaluation.

Medical Evaluation – Those shelterees that request functional and/or medical support services should be evaluated in accordance with the "Shelter Placement Guidance" below or as the jurisdiction dictates.

Discharge – Whether a shleteree is being discharged home, to another shelter, or to the hospital, a discharge assessment form should be filled out and kept on file. This documents the shelteree's medical condition at the time of discharge; and further, the shelterees discharge location.

Transportation – Shelterees may require transportation services upon discharge. The discharge process should include an evaluation of transportation needs to relocate the shelteree. It is important to consider the shelterees functional and/or medical needs when arranging transportation.

Note – Documentation will likely be done via pen and paper; however, it is recommended that jurisdictions evaluate the possibility of keeping documentation electronically. This helps secure protected health information (PHI). We are evaluating the EWA Phoenix system that the Virginia Department of Social Services (VDSS) is using in the state managed shelter program.

Module 2 Key Issues

- Planning Assumptions
- Resource Requirements
  - Facilities
  - Staffing

Summary:

Identify any additional issues not already included in the Activity Report outs.

Provide a summarization of issues discussed and additional jurisdictional activities identified throughout the Module

VII. Hot wash and Wrap Up

Hotwash

Top 3 Identified Strengths discussed today

-
-
-

Top 3 Identified Areas of Improvement discussed today

-
-
-

Wrap-up

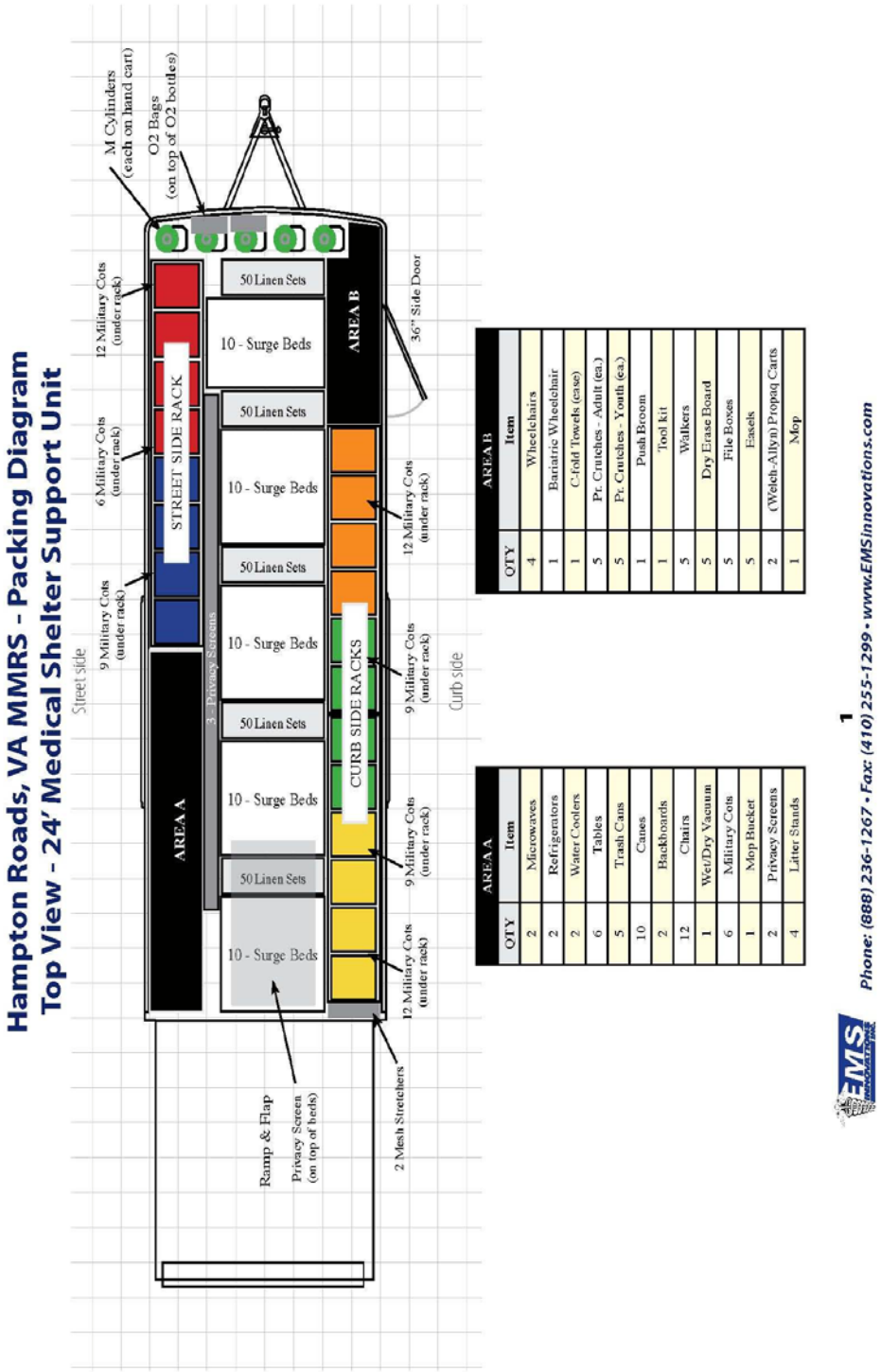
Discussion of Drill materials

Offer of assistance to observe drill

Closing Comments

VIII. Appendix A: Hampton Roads Shelter Support Unit

Figure A.1
Packing Diagram for 24' Shelter Support Unit

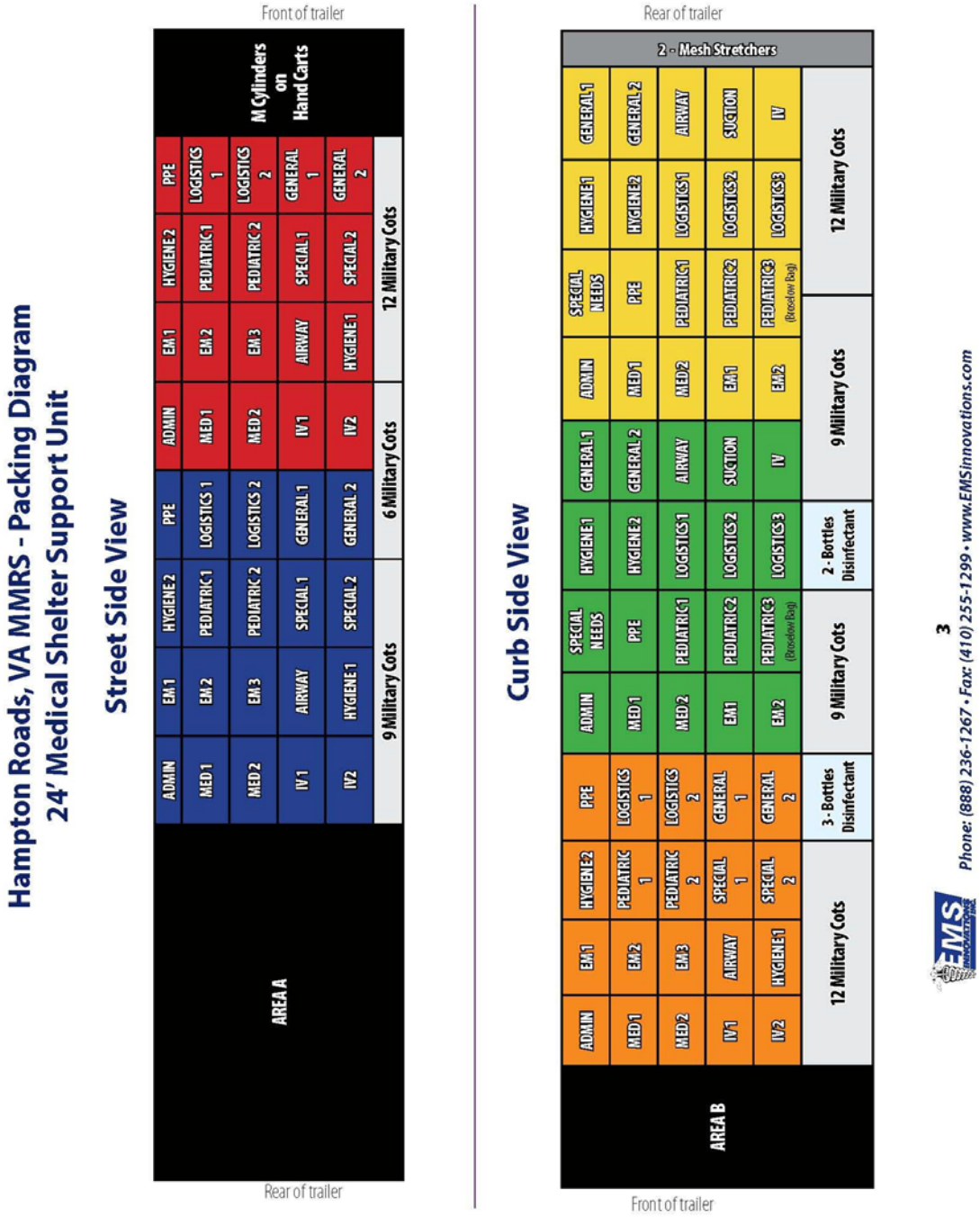


AREA A	
QTY	Item
2	Microwaves
2	Refrigerators
2	Water Coolers
6	Tables
5	Trash Cans
10	Canes
2	Backboards
12	Chairs
1	Wet/Dry Vacuum
6	Military Cots
1	Mop Bucket
2	Privacy Screens
4	Litter Stands

AREA B	
QTY	Item
4	Wheelchairs
1	Bariatric Wheelchair
1	C-fold Towels (case)
5	Pr. Crutches - Adult (ea.)
5	Pr. Crutches - Youth (ea.)
1	Push Broom
1	Tool kit
5	Walkers
5	Dry Erase Board
5	File Boxes
5	Easels
2	(Welch-Allyn) Propaq Carts
1	Mop


Area B - Packing Detail
Top View
Front View
Mop
Pushbroom
Front of trailer
M-Cylinder (on Cart)
Cf fold towels (on top)
Spr. - Adult Crutches
5 - Dry Erase Board
2 - Cribs
5 - Easels (Top)
Spr. - Youth Crutches
2 - Propaq Stand (Top)
Bariatric Wheelchair
5 - Walkers (on top)
2 - Wheelchairs
5 - File Boxes
2 - Wheelchairs
36" Door
Toolkit
Rear of trailer
5 - Easels
Spr. - Youth Crutches
2 - Cribs
2 - Propaq Stands
Bariatric Wheelchair
5 - File Boxes
2 - Wheelchairs
2 - Wheelchairs
Doorway
Toolkit
1 Sq. Ft.
Area A - Packing Detail
Top View
Front View
Front of trailer
4 - Litter Stands (top)
6- Military Cots
Wheelwell (BOTTOM)
6 - Folding Tables
2 - Privacy Screens
2 - Backboards
10 - Canes
Water Cooler
Refrigerator
4 - Chairs
Mop Bucket
PROPAQ LT in Seahorse Container
Microwave
Shop Vac
Green ALS and BLS Crash Carts (on bottom)
Yellow ALS and BLS Crash Carts (on bottom)
5 - Trash Cans
GREEN BLS Crash Cart
GREEN ALS Crash Cart
YELLOW BLS Crash Cart
YELLOW ALS Crash Cart
Rear of trailer
2
Phone: (888) 236-1267 • Fax: (410) 255-1299 • www.EMSinnovations.com

Figure A.3 -

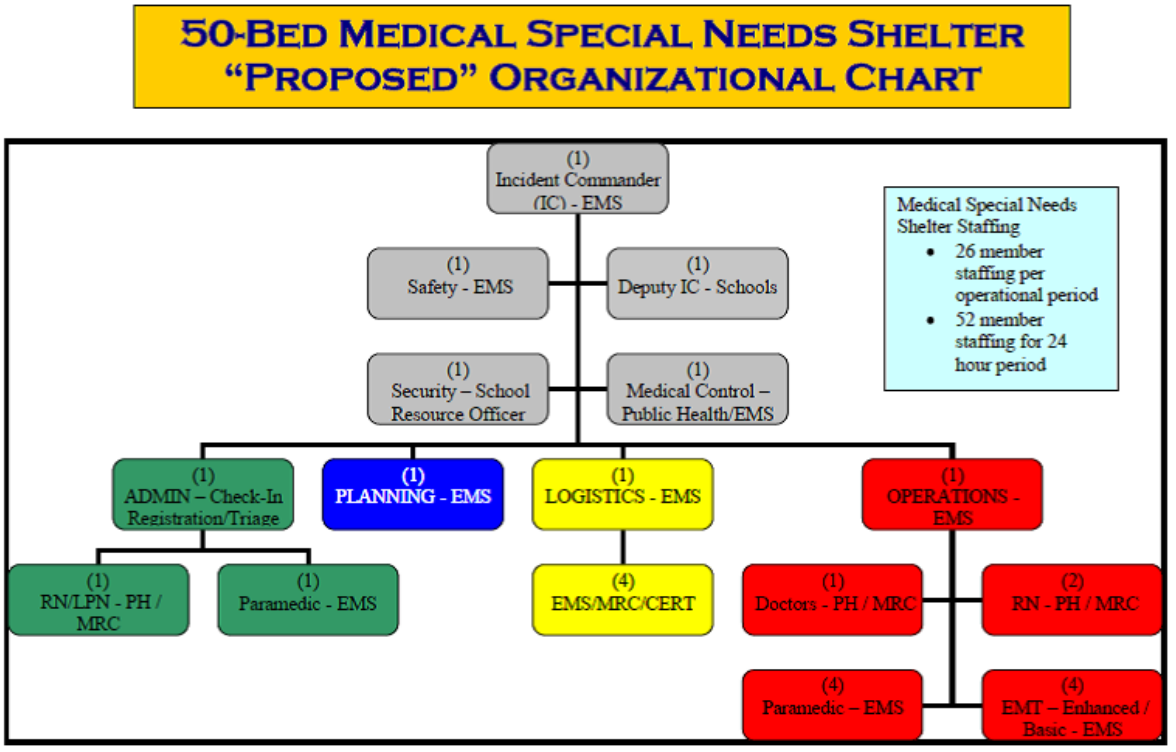


Side and Curb Views

This page is intentionally left blank.

IX. Appendix B: Proposed Staffing Levels and Organization Chart

Below is an example staffing and organizational chart: Only those positions (shelter staff and medical) which are necessary for the operation should be filled. It may be appropriate to combine duties under a specific position when possible. (Staffing will depend on the scale and duration of the incident/operation/shelter)



ASSUPMTIONS: (1) This staffing configuration assumes this MSNS is operated independently, and is not co-located with a general population shelter. (2) This staffing configuration assumes a minimum 72 hour operation. (3) This staffing configuration assumes shelter operations will be split into four, 6-hour operational periods. (4) This staffing configuration provides a 5:1 patient to provider ratio. (5) This staffing configuration assumes that municipal Fire and EMS agencies will provide personnel from the 3rd shift. (6) This staffing configuration assumes the MSNS is operating at capacity (50 shelter residents).

Figure A.2 -Example of Functional Needs Support Services Staffing Levels

Example taken from the State of Texas Functional Needs Support Services Toolkit:

Medical Staff	**Ratio* (Medical Staff to Shelter Occupants) *per individual shelter**
Staff for Health/ FNSS intake	1:25
RN/LVN for individuals requiring ***no*** medical assistance	1:200
RNs for individuals requiring FNSS (with a minimum of 2 RNs at any time, 1 must be a Charge RN)	1:50
EMT-I or Paramedic (with a minimum of 1 at all times)	1:500
Mental Health Staff (with a minimum of 2 at all times)	1:100
Medical Staff	Ratio (Medical Staff to Shelter ***or*** Shelter System)
Primary Care Physician rounding daily (with a minimum of 1 rounding daily)	1:5 (Shelters)
Public health assessment team / infection control	1:1 (Shelter System)
Physician on call 24/7	1:1 (Shelter System)
Psychiatrist on call 24/7	1:1 (Shelter System)
Dentist on call 24/7	1:1 (Shelter System)
Veterinarian on call 24/7	1:1 (Shelter System)
Medical appt. /Dialysis Coordinator	2:1 (Shelter System)

Medical Staff	**Ratio (Medical Staff to Shelter *or* Shelter System)**
Primary Care Physician rounding daily (with a minimum of 1 rounding daily)	1:5 (Shelters)
Public health assessment team / infection control	1:1 (Shelter System)
Physician on call 24/7	1:1 (Shelter System)
Psychiatrist on call 24/7	1:1 (Shelter System)
Dentist on call 24/7	1:1 (Shelter System)
Veterinarian on call 24/7	1:1 (Shelter System)
Medical appt. /Dialysis Coordinator	2:1 (Shelter System)

X. Appendix C: Functional and Medical Assessment Form

Mark as arrival / Check In ☐		Accompanied by family Y /N			
ETN# (if applicable):					
Name:					
Address:					
City:		State:		Zip:	
Phone Number:					
Date of birth:					
Language(s) Spoken:					
Emergency Contact:					
Relationship:		Phone:			

-- BELOW: FUNCTIONAL/ACCESS/MEDICAL SERVICES ASSESSMENT

ENSURE THAT ALL INDIVIDUALS UNDERSTAND THAT ANSWERING THE FOLLOWING QUESTIONS IS OPTIONAL. SELF DETERMINATION STILL APPLIES IN THIS SCENARIO. INDIVIDUALS MAY CHOOSE TO ANSWER ALL QUESTIONS, NO QUESTIONS OR SOME QUESTIONS.

Name of person filling out form:		Position of person filling out form:	

Guest functional needs assessment:

Are you a person who requires any of the following support services?

Communications Assistance Needed:	Y/N	Type of communications assistance needed:	
Durable Medical Equipment Needed:	Y/N	Type of DME needed:	
Electricity Dependent:	Y/N	Type of DME that requires electricity:	
Consumable Medical	Y/N	Type of CMS needed:	

Supplies Needed:			
Personal Assistance Services Needed:	Y/N	Needs assistance with:	
Specific Dietary Requirements:	Y/N	Dietary needs are:	
Service Animal User:	Y/N	Animal support needs:	
Deaf or Hard of Hearing:	Y/N	Type of hearing/communication assistance needed:	
Blind or Low Vision:	Y/N	Type of assistance needed:	
Other Functional or Access Need:	Y/N	Type of assistance needed:	

Caregiver Information; (If accompanying guest)			
Name:		Relationship:	
Medical Condition:	*(circle one)* Poor/Fair/Well	Phone:	

Ambulatory Status:	☐ No Limitations	☐ Walk – With Assistance (Walker/Cane/PAS)	☐ Mobility Device User Able to Transfer Y/N
☐ Confined to Bed	Specific Bed Requirements (if any):		

Guest Healthcare Information			
Primary Doctor:		Phone:	
Home Health Agency:		Phone:	
Dialysis:		Phone:	
Pharmacy:		Phone:	
Hospice:		Phone:	

Do you have Medicare/Medicaid/Insurance:	Y/N	Carrier:

Do you have or have you had any of the following

☐ Diabetes	☐ Lesions/Pressure Sores	☐ Seizure Disorder	☐ Asthma/Emphysema
☐ Pulmonary Disease	☐ Hypertension	☐ Incontinent	☐ Substance Abuse
☐ Heart Attack	☐ Cardio Vascular Disease	☐ Kidney Disease	☐ Alzheimer's
☐ Mental Health Illness	☐ Arthritis	☐ Vascular Disorder	☐ Dementia
☐ G-Tube/Feeding Tube	☐ Colostomy	☐ Dialysis/ESRD	☐ Oxygen Dependent
☐ Over 350 lbs.	☐ Migraine Headaches	☐ CVA/Stroke Survivor/TIA	☐ Other
☐ Other	☐ Other	☐ Other	☐ Other

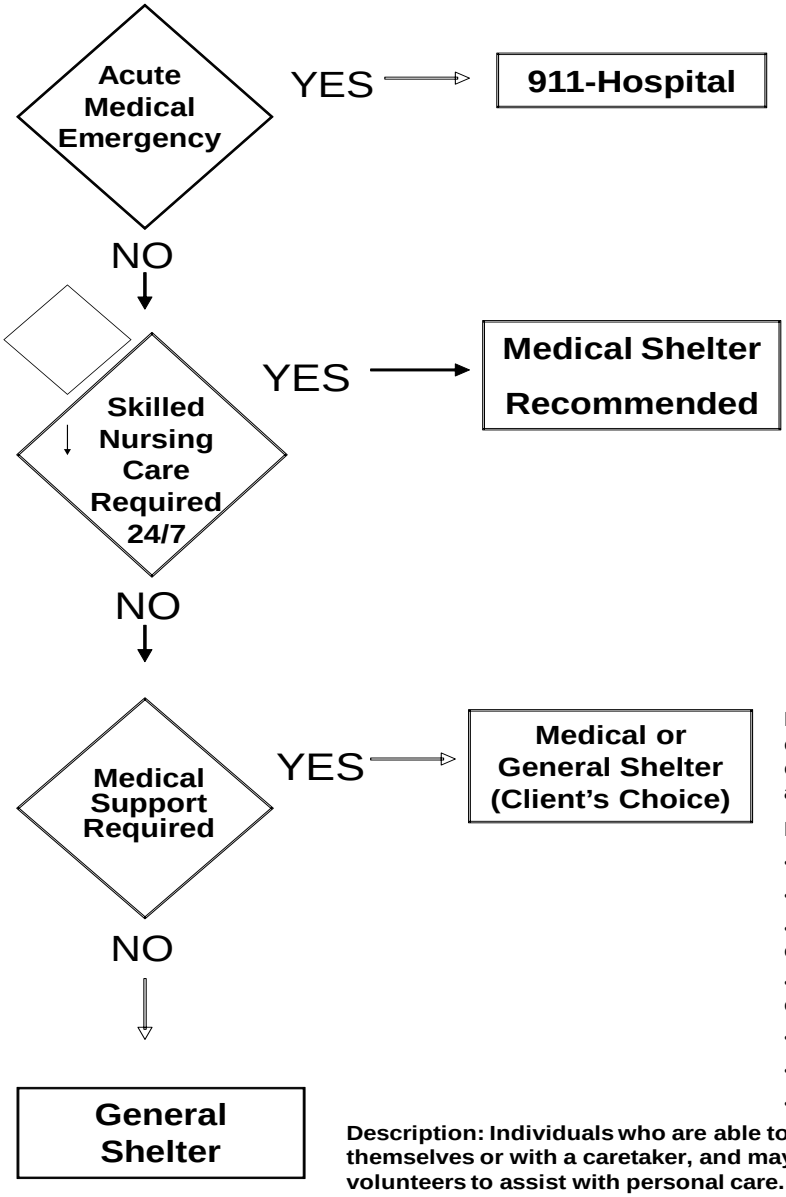
Other Information	
☐ Have you recently waded through flood water?	
Current Medications:	
Do You Need Assistance With Taking Your Medications:	
Allergies (Food or Medicine):	
Current Triage Data: Vitals if Necessary:	
List of Equipment Brought to Shelter by Guest:	
Recommended Care:	
Additional Info:	

Physician/Nurse/Intake		Date & Time:	

Coordinator Signature:			
Guest Signature:		Date & Time:	
Check if guest has been discharged:	☐		

XI. Appendix D: Example Shelter Placement Guide

Shelter Placement Guidance



Description: An individual who requires emergency care.

Examples

- Difficulty breathing
- Chest pain
- Hemorrhaging
- Diabetic shock
- Acute psychosis

Description: Individuals who require active monitoring, management, or intervention by a medical professional to manage their medical condition.

Examples

- Hospice patient
- Ventilator patient
- Tracheotomy which requires suctioning
- Extensive wound management
- Requiring isolation due to infectious disease
- Dysrhythmia monitoring/management
- Receives skilled nursing care at home.
- Nursing home patient with no access to nursing home.

Description: Individuals who have a medical condition which can be controlled through a combination of personal caregiver, medication, and complex medical equipment.

Examples

- Unaccompanied with Alzheimer's or dementia
- Asthma with nebulizer
- Chronic Obstructive Pulmonary Disease (COPD) on daily oxygen
- Unaccompanied individuals with a disability and medical conditions who require a caregiver
- Pregnancy requiring bed rest
- Morbidly Obese
- Dialysis patients with underlying medical conditions.

Description: Individuals who are able to meet their daily needs either by themselves or with a caretaker, and may require some assistance from volunteers to assist with personal care.

Examples

- Oxygen dependent.
- Mobility disability/self-ambulating, with or without DME, including wheelchair.
- Deaf / hard of hearing and blind/low-vision, with or without service animal.
- Diabetes, insulin and diet controlled.
- Persons with no functional or medical needs.

This form summarizes key decision points on the Shelter Placement Guidance flowchart. The intent of this form is to record the client's responses to certain direct screening questions asked by the Medical Staff. If the client does not wish to comply with the shelter placement recommendations of the Medical Staff, then the appropriate release statement should be signed by the client.

TO BE FILLED OUT BY MEDICAL STAFF

Name: ______________________ Age/DOB: _____________ Tracking #: _______________

Do you need immediate medical attention? Yes / No

Do you have a medical condition that requires help by a nurse?

or doctor on a daily basis in your home or at a medical office? Yes / No

If yes, recommend Medical Shelter

Do you have a serious medical condition about which you are concerned? Yes / No

If yes, refer to Shelter Placement Guidance

Does the individual appear to be appropriately alert and cognizant of the

current situation?

If no, refer to Shelter Placement Guidance Yes / No

Notes: ____

Recommended Shelter Type (circled): GENERAL MEDICAL

- -

- - - CLIENT RELEASE STATEMENT: After being assessed by medical staff, I acknowledge that **I have been recommended for placement in a Medical Shelter**. I understand that the purpose of a Medical Shelter is to provide medical care and resources to individuals whose medical needs exceed the level of care typically available in a General Shelter. Against the advice of a trained professional, **I choose placement in a General Shelter** where the medical services and care available *may not meet* my immediate or long-term medical needs.

Print Name: _____________________ Sign Name: ____________________________

Date: ________________ Phone: _____________ Alt Phone:_______________

- -

XII. Appendix E: Discharge Assessment

Name of Shelter Guest: Residence Address (street, county, state):	DOB / Age: Gender: Male / Female

Current Location: ☐ Shelter ☐ Nursing Home ☐ Hospital ☐ Hotel ☐ Other:	Current Location: Name, Address (include county, city and state) & Phone
Do you have any chronic/acute health care conditions? ☐ Yes ☐ No	If yes, describe health care condition:

Were you receiving any of the following services/support in your home prior to evacuation or will you need any of the following when you return?

Care/Item	Services Needed	Name and location of pre-hurricane services
☐ Home Health		
☐ Hospice Care		
☐ Durable Medical Equipment		
☐ Physical Therapy		
☐ Oxygen		
☐ Dialysis		
☐ Psychiatric/Psychological		
☐ Other		

Local Jurisdiction Ready For Return? ☐ Yes ☐ No	TYPE OF TRANSPORTATION NEEDED: ☐ Wheelchair accessible ☐ Ambulance ☐ Bariatric capable Ambulance ☐ Bus ☐ Other	Is wheelchair: ☐ Powered ☐ Oversized ☐ Manual **Able to fold up**: ☐ Yes ☐ No
Needs immediate follow up for medical care? ☐ Yes ☐ No	Needs immediate case management? ☐ Yes ☐ No	Flu shot given? ☐ Yes ☐ No
Destination availability confirmed? ☐ Yes ☐ No ☐ UNKNOWN	Do you need assistance to get to destination? ☐ Yes ☐ No	
Return Location: ☐ Home ☐ Assisted Living ☐ Other ☐ Need Shelter	Address (include county, city & state):	Contact Name and Phone:
Do you use oxygen? ☐ Yes ☐ No AMOUNT (flow) ____ Do you have enough oxygen to return home? ☐ Yes ☐ No **Do you have a pet in shelter?** ☐ **Yes** ☐ **No** **Type** **Pet Name** Have arrangements been made to reunite with pet? ☐ **Yes** ☐ **No**		
COMMENTS:		
Name of Assessor/Data Collector:		Date of Assessment:

This page is intentionally left blank.

XIII. Appendix F: Medical Functional Needs Shelter Transportation Request Form

Name of Shelter Guest: (Last Name, First Name):

Name: **Phone:**

Residence Address (street, county, state):

DOB / Age: **Gender: Male / Female**

Current Location

☐ Shelter **Current Location Name:**

☐ Hospital

☐ Nursing Home **Address, City, County, Phone**

☐ Other

Does shelter guest have any chronic/acute healthcare conditions? **If yes, describe current health care condition:**

(diabetes, COPD, dialysis needed, morbidly obese, etc.)

☐ Yes ☐ No

Need Transportation To

☐ Hospital **Name/Physical Address:**

☐ Doctor's Office

☐ Physical Therapy **City/County**

☐ Dialysis Center

☐ Shelter

☐ Other _____

Accompanying Attendant/Caregiver: **Accompanied by Service Animal?** ☐ Yes ☐ No

If yes, please list type & name:

Name: **Phone:**

Type of Transportation Needed

Are you requesting transportation resources? ☐ Yes ☐ No

Type of transportation Needed: ☐ Bus ☐ Ambulance ☐ Bariatric capable Ambulance ☐ Wheelchair accessible vehicle

Is wheelchair ☐ Powered
☐ Oversized
☐ Manual

Able to fold up: ☐ Yes ☐ No

If oxygen is needed: AMOUNT (flow) _____ Do you have enough oxygen to return to the shelter? ☐ Yes ☐ No

Date/Time Transportation Needed:

Special Instructions/Notes (include durable medical equipment to be returned with evacuee):

Requestor/ Contact Number:

This page is intentionally left blank.

XIV. Appendix G: Acronyms

Acronym	Term
ADA	American Disabilities Act
ALS	Advanced Life Support
BLS	Basic Live Support
CERT	Community Emergency Response Team
CMS	Consumable Medical Supplies
DHS	U.S. Department of Homeland Security
DME	Durable Medical Equipment
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
FHA	Fair Housing Act
FNSS	Functional Needs Support Services
FOUO	For Official Use Only
GCTW	Gross Combined Towing Weight
HRMMRS	Hampton Roads Metropolitan Medical Response System
HSEEP	Homeland Security Exercise and Evaluation Program
HVAC	Heat Ventilation Air Conditioning
ICS	Incident Command System
MOU	memorandum of understanding
MRC	Medical Reserve Corps
MSNS	Medical Special Needs Shelter
PHI	Protected Health Information
PIO	Public Information Officer
POC	Point of Contact
RHCC	Regional Hospital Coordinating Center
SitMan	Situation Manual
SME	Subject Matter Expert
SSU	Shelter Support Unit
TCL	Target Capabilities List
UTL	Universal Task List
VDH	Virginia Department of Health
VDSS	Virginia Department of Social Services

This page is intentionally left blank.

Appendix F

Hampton Roads Metropolitan Medical Response System

Jurisdiction Shelter Support Unit

Drill Template

July 26, 2012

Background

The HRMMRS has taken the lead in providing a Shelter Support Unit (SSU) trailer, equipment and supplies to over a dozen jurisdictions across Hampton Roads. The SSU is a pre-stocked trailer with most, if not all, the resources needed to provide an additional level of service to public shelters in emergencies. The intent of the Drill is to assist the jurisdiction with incorporating this new tool into the jurisdiction's arsenal of resources available during emergencies.

A Hampton Roads SSU Guidance document has been developed by the HRMMRS to assist jurisdictions in understanding, planning, utilizing, and sustaining the SSU provided to their jurisdiction. This Guidance is not intended to set a precedent or impose any additional requirements on a jurisdiction. It simply provides an additional resource tool for planning for the operation and sustainment of the SSU within the jurisdiction.

The Shelter Support Unit

General Guidelines:

It is assumed that jurisdictions have already established operating guidelines for their general population shelters.

The HR SSU Guidance will assist your jurisdiction in incorporating the additional staffing, logistic, and medical operations of the SSU into the general shelter operations.

Shelter Managers are already tasked with providing space for shelterees and their families, food services, mental health support and basic medical needs.

When incorporating the SSU into the general population shelter, the Shelter Manager will need to designate additional areas for medical equipment, areas for cots with medical monitoring, areas for medical care, and the additional staff to support the medical operations.

The SSU is designed for easy deployment with rolling carts, containers, and equipment all grouped by a color coded system. Before deploying the SSU, planners need to determine how many shelters will be utilizing the equipment. Each system has a 10 surge bed capacity. All five systems have basic life support (BLS) equipment, and two systems also have advanced life support (ALS) equipment. Each system can be operated together or independently once the decision has been made to activate the FNSS in the shelter.

NOTE: The FNSS Guidance requires uninterrupted power supply in general population and medical shelters to meet the electrical needs of the functional needs shelterees. For example, power must be available to support refrigeration of prescription medicine, charging of motorized wheelchairs, and operation of nebulizers for breathing treatments.

Proposed Staffing Guidelines:

In addition to the general population shelter staffing requirements, shelters utilizing the SSU will require additional medical staffing. This includes someone to handle the overall management of the medical component of shelter operations and support staff. If you have medical staff operating within the shelter, they must operate under the authority of a medical director, who is overseeing the city or county shelter operation program. Typically, this medical director's role is assumed by the local health authority and it may or may not be delegated to another party. The delegation should be appropriately documented.

Local jurisdictions are responsible for exhausting all local resources before requesting state assistance. Jurisdictions can find medical staffing in a variety of locations to include:

- Medical Reserve Corps (MRC)
- Community Emergency Response Team (CERT)
- Public Health Department
- Volunteer EMS Agencies
- Hospitals

Using the proposed FNSS shelter staffing provided in the SSU Guidance document, the drill guide lists the staffing positions in the Operations section of the guide. These positions and tasks should be tailored to your jurisdiction's needs.

Drill Guidance

The drill guidance has been developed to guide jurisdictions in conducting drills to practice setting up and operating the resources provided in the SSU. The guide can be used over the course of time as the jurisdiction continues to build the staffing and capacity to deploy the SSU.

The guide is designed to assist the jurisdiction in quickly assessing strengths and areas of improvement in the planning and implementation process. The guide is designed to assess four areas; policy and shelter plan, arrival, set-up, and demobilization. The guide is designed as a check sheet that can be easy used to indicate strengths and areas of improvement during the exercise. The first column provides a quick way to reference comments made during exercise that can be included in a final drill report. Simply sequentially number the comments on a notepad and indicate on the check sheet the topic area the comment is in reference to.

Drill Logistics

The drill should begin with a clear understanding of the extent of the exercise. i.e. are all the items going to be evaluated, or just the set up portion? Below are some items that you may find useful in conducting the drill.

1. Identification of other supplies necessary for shelter Drill:
    a. Graph paper
    b. Pencils – with erasers
    c. Measuring tape
    d. Blue painters tape (to mark locations on floors or wall space)
    e. Digital camera to photograph set-up when complete
    f. Note paper
    g. Existing shelter plans
    h. SSU Drill guide
    i. Add other supplies and logistic needs

Drill Guide

Use the first column to indicate a sequential number that corresponds to comments or notes made on a note pad or at the end of the document.

COMMENT NUMBER	DESCRIPTION	YES Strength	NO Area of Improvement
POLICY AND SHELTER PLAN			
	Does shelter plan include policy statement regarding when FNSS area will be established (All events, some, only when requested)?		
	Does shelter plan identify specific space to be used for the FNSS in multiple shelters?		
	Does shelter plan delineate roles and responsibilities for the following SSU functions?		
	Towing		
	Set-up		
	Operation		
	Demobilization		
	Maintenance		
	Resupply		
	Sustainment		
	Does shelter plan define operational periods / shifts?		
	Does shelter plan detail sufficient staffing to operate FNSS area for minimum of 3 days?		
	Does shelter plan include roles and responsibilities for the following in the FNSS area?		
	Medical Director		
	Public Health		
	EMS		
	School Nurses		
	Dept. Social Services / Human Services		
	Parks and Recreation		

	Information Technology Support		
	MRC Volunteers		
	CERT Volunteers		
	Other Organizations_____		

Listed below are some positions that will be needed to manage the resources and capabilities of the SSU; these should be tailored to your jurisdiction's needs:

The positions should be identified to be filled for each operational period. If your drill includes a shift change, you should evaluate these positions for each shift to identify any policy or training issues which may need to be addressed following the drill.

	Has someone been designated as **Medical IC:** Description: *Responsible for overall operation of the shelter, ensuring guests/clients are registered, cared for and have mass care needs met. Responsible for ensuring that FNSS are in place to support individuals with disabilities, functional and access needs. Responsible for coordinating with the medical staff ensuring that staffing levels are appropriate and that all medical/FNSS resource requests are met. Responsible for communication within the chain of command, this may be within the Incident Command System (ICS) or Emergency Operation Center (EOC) structure. Other duties include:*		
	Can the designated Medical IC: Oversee the operation of the functional and medical needs capabilities, including the opening and closing procedures, selection of treatment areas, the disbursement of supplies,		
	Become familiar with the building to be used, its size, facilities, layout and supplies available		
	Provide food and water to staff and shelterees		
	Provide administrative and logistical support to the medical staff		
	Prepare supply orders for medications and assure proper utilization of all supplies		
	Other duties:		

	Has someone been designated as **Administrative staff (medical):** Description: *Responsible for preforming medical evaluation on shelterees, maintaining medical documentation on shelterees within the shelter. Other duties include:*		
	Can the designated Administrative staff (medical) Enter registration information into the database Maintain the database on staff working in the shelter and report in/out times for tracking purposes.		
	Other duties:		
	Has a **Nursing staff** been designated - Description: *Responsible for providing/coordinating medical services for individuals requiring FNSS. This may include such things as ensuring prescriptions are filled, medication administration, minor wound care, glucose monitoring etc. Other duties include:*		
	Can the designated Nursing staff: Determine if the people meet the FNSS admission criteria Determine which area of the shelter they should be placed in Supervise and assist in the administration of medications to the shelterees Assess the physical condition of the shelterees on an on-going basis Maintain documentation in the shelterees medical update form Monitor shelterees who are receiving oxygen Maintain universal precautions and infection control Determine discharge process		
	Other Duties:		

	Are there assigned designated as **Emergency Medical Technician (EMT)** or Paramedic Staff Description: *Responsible for providing services within the shelter as needs arise. Paramedics will help to evaluate/assess individuals with acute onset of signs and symptoms and help determine if "911" transportation is necessary. Other duties include:*		
	Can the designated **Emergency Medical Technician (EMT)** or Paramedic Staff Determine if the people meet the FNSS admission criteria Determine which area of the shelter they should be placed in Assess the physical condition of the shelterees on an on-going basis Maintain documentation in the shelterees medical update form Monitor those shelterees who are receiving oxygen Deliver care and assistance to shelterees as required following TEMS approved protocols Maintain universal precautions and infection control Determine discharge process Provide emergency assistance if needed Oversee transport via ambulance		
	Other Duties:		

	Have **PAS providers** been designated as Description: *Provide formal and informal services that enable children and adults to maintain their usual level of independence in a general population shelter. This includes assistance with activities of daily living such as:*		
	Can the designated PAS providers assist shelterees with the following daily living tasks:		
	Grooming		
	Eating		
	Bathing/Toileting		
	Dressing and undressing		
	Walking / transferring		
	Maintaining health and safety		
	Taking medications		
	Communicating		
	Accessing programs and services		
	Other Duties:		
Note – Security is essential in facilities offering functional and medical needs services. The potential for arguments to escalate into a physical confrontation is high when shelterees perceive disparate treatment (i.e. one shelteree gets a medical bed, while another does not).			
	Have security personnel been designated		
	Are security personnel designated for both general population and FNSS areas		
COMMENT NUMBER	**DESCRIPTION**	**YES** **Strength**	**NO** **Area of Improvement**
ARRIVAL AT SHELTER			
	Was correct tow hitch located with trailer?		
	Was recommended vehicle used to tow trailer?		
	Was parking area cleared to allow maneuvering of		

	trailer with minimal risk of damage to trailer or other vehicles?		
	Is there sufficient room to drop trailer ramp and unload safely out of traffic flow?		
	Is access to the building adequate to unload items without obstructions such as curbs, thresholds, etc.?		
	Is access to FNSS area available without going through general population sections?		
	Other Actions:		
COMMENT NUMBER	**DESCRIPTION**	**YES Strength**	**NO Area of Improvement**
SET UP			
	Was there a pre-determined floor plan for placement of beds and equipment?		
	Does the room have uninterrupted power supply?		
	Is power supply sufficient to operate all equipment, plus personal items of staff and shelterees (radios, phones, etc.)?		
	Was the uninterrupted power supply tested before setting up to ensure working outlets were identified and considered in the layout before beds and equipment were moved into the space?		
	Was a floor covering / protection considered prior to moving anything into the space?		
	Were beds unpacked and set up first to ensure adequate walkway space was established before equipment was added?		
	Does bed placement take into account privacy when needed?		
	Does bed placement take into account care giver / family space?		
	Does set up apply a functional pod concept to make it more efficient for staff to operate?		
	Does set up account for area for staff to work away		

	from shelterees?		
	Has additional space been identified to expand or establish 2nd unit if needed?		
	Is FNSS area separated from general population enough to reduce risk of security concerns?		
	Is route to restroom facilities identified and accessible with wheelchairs, walkers, canes?		
	Other Actions:		
COMMENT NUMBER	**DESCRIPTION**	**YES Strength**	**NO Area of Improvement**
OPERATIONS			
The Durable Medical Equipment (DME) and Consumable Medical Supplies (CMS) included in the SSU require familiarization and routine training since many of these items are not daily use items. If your drill includes a variety of personnel from different agencies, you should identify any policy or training issues which may need to be addressed following the drill.			
	Are shelter personnel familiar with the use of Visual Communications Boards?		
	Are medical personnel familiar with the replacement of Ostomy bags?		
	Are medical personnel familiar with the operation of the Sure Vent disposable ventilator?		
	Are medical personnel familiar with the Broselow (Pediatric ALS) bag?		
	Have medical personnel familiarized themselves with the Intubation kit provided?		
	Have medical personnel familiarized themselves with the Portable Suction Unit provided?		
	Have medical personnel familiarized themselves with the Glucometer provided?		
	Have medical personnel familiarized themselves with the AED provided?		
	Are medical personnel familiar with the use of Doppler?		
	Have medical personnel familiarized themselves with the disposable CPAP device (OxyPeep) provided?		
	Are medical personnel familiar with the setup of the oversized military cot?		
	Are medical personnel familiar with the setup of the Surge Bed?		
	Are medical personnel familiar with the setup of the Mesh Stretcher?		
	Are medical personnel familiar with the setup of the Litter Stands (used in conjunction with the mesh stretcher?		

	Are medical personnel familiar with the setup of the Oxygen distribution system?		
	Are medical personnel familiar with the setup and operation of the Welch Allyn Propaq-LT?		
	Are medical personnel familiar with the setup and operation of the Welch Allyn Vital Signs Monitor?		
	Are medical personnel familiar with the setup of the oversized military cot?		
	Have medical personnel arranged to supply each ALS Crash Cart with a regional "EMS" drug box?		
COMMENT NUMBER	**DESCRIPTION**	**YES Strength**	**NO Area of Improvement**
DEMOBILIZATION			
	Was decision to begin demobilization made at the command level?		
	Was the decision to demobilize communicated to all staff		
	Are there written demobilization procedures**?** If so, do they incorporate the following?		
	Inventory of items used		
	Documentation of equipment needing servicing, repair or replacement		
	Sanitizing equipment / supplies before repacking		
	Consolidation of stock to rotate expired or near expired items		
	Repacking trailer to ensure fully stocked units are to the back for next deployment		
	Costs for consumables is calculated and passed to EOC		
	Cost for equipment usage is calculated and passed to EOC		
	Timesheets or other calculations for human resources hours, including volunteer hours are calculated and passed to the EOC		
	Check off sheets for verifying all items are demobilized and accounted for		
	Sign-in and sign-out sheets for staff are saved and passed to EOC		
	Shelteree documentation is completed, signed, and safeguarded		
	Other Actions:		

COMMENT NUMBER	**DESCRIPTION**	**YES Strength**	**NO Area of Improvement**
JURISDICTION SPECIFIC ITEMS NOT LISTED ABOVE			

COMMENTS:

1.