Annex H: Mass Care Considerations

Local Emergency Shelter Plan Guidance

Cumberland County, Maine

RECORD OF CHANGES

The Local Emergency Shelter Plan is reviewed annually by the local municipality. Modifications to the Local Emergency Shelter Plan are tracked below by documenting the date, name of the person who modified the document, and a brief description of the change. The Record of Changes reflects any significant change made to the plan in the prior years.

Revision No.	Date	Change Description	Pages Modified
2.0	2023	*Incorporate CCEMA Shelter Guidance*	ALL

RECORD OF DISTRIBUTION

The Local Emergency Shelter Plan is distributed to partner agencies with defined roles and responsibilities for planning for, responding to, and recovering from disasters requiring people to leave their homes. Media requests for access to the Local Regional Emergency Shelter Plan should be directed to the Local Emergency Manager. The following partner agencies have received the Local Emergency Shelter Plan; they have acknowledged their response roles and have documented the location where the plan will be kept.

Name/Title/Agency	Plan Format	Date
CCEMA	Electronic	6/1/2023

LOCAL EMERGENCY SHELTER PLAN

Contents

1. PURPOSE

This document serves as an operational guide for emergency management and response personnel during the activation of a Municipal Mass Care Shelter.

This Plan incorporates the concept of equal access for all of 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.

In addition, the Pets Evacuation and Transportation Standards Act (PETS) of 2006 states that emergency operational plans must address the rescue, care, shelter, and essential needs of household pets and service animals.

2. DEFINITIONS

1. <u>Mass Care Shelter</u> - A facility identified by the Local Emergency Management Director (LEMD) and provided by agreement, with the public or private owner of the facility within local jurisdictions. The facility is selected based upon guidelines outlined on the American Red Cross (ARC) Form 4496 and complies with the requirements from the ADA Standards for Accessible Design (the Standards). The shelter provides residential services such as meals, areas to sleep, case management, FNSS, disaster relief services, etc. Individuals residing in the shelter will be self-sustaining or able to sustain 'themselves with the assistance of caregivers, family, friends, guardians, or personal support service providers. The shelter operates for 24 hours or more. There are three operational phases of general shelters.

   a. **Stand-by:** A shelter location has been pre-identified and resources have been staged in preparation for opening

   b. **Open:** A facility that is staffed, supplied, and available to accept clients.

c. **Closed:** A facility that has ceased operations. All residents have either been returned to their homes or transferred to other specified facilities.

2. <u>Non-Congregate Care</u> – Alternate sheltering during a public health emergency, which may include the use of college dormitories, hotels, or other methods of separating people to safe distances. In addition to locating a suitable location, feeding, transportation, health screenings must be undertaken.

3. <u>Cooling/Warming Centers</u> **-** Usually public or private buildings that owners offer for the cooling or warming of individuals. There are no sheltering activities. However, the facility may provide situational awareness and/or public information. Hours-of-operation are less than 24 hours. Cooling and Warming Center guidelines are not included within this document, but are available from Cumberland County Emergency Management Agency (CCEMA).

4. <u>Regional Shelter</u> **-** Larger, more formal overnight dormitory operations conducted, often with assistance from the American Red Cross, at pre-designated locations throughout the county and state. They are staffed by trained volunteers, many from our local area. The decision to open is based upon serving the part of the county where the need is greatest. Regional Shelters are generator-equipped, fully accessible, having sleeping, showering, and restroom facilities, and often can provide hot meals..

The regional shelter is intended to provide the following essential universal services for the entire affected population:

- Feeding

- Dormitory/temporary housing

- Basic medical/behavioral health services

- Supply distribution

- Safety and security

- Universal design to accommodate those with access and functional needs

- Accommodations for service animals

- Accommodations for pets. Pet shelters are ideally co-located or are housed nearby

- Child-Friendly Space – a space for children to relax and play within the shelter

5. <u>Pet Shelter</u> **-** A shelter designed to house and feed companion animals (including mammals, reptiles, and birds). Ideally, the pet shelter is co-located with the shelter but may also be located off site but close by.   Pet sheltering material is included in this plan; however, shelter managers should contact the Cumberland County Animal Response Team (CCART) for further guidance.

6. <u>Functional Needs and Support Services (FNSS)</u> **-** Services that enable individuals with access and functional needs to maintain their independence in a general population shelter. Examples of support services include durable medical equipment (DME), consumable medical supplies (CMS) and personal support services (PSS).

7. <u>Functional Assessment and Support Services Team (FASST)</u> – Medically trained professionals who assess the needs of Persons with Access and Functional Needs (PAFN) shelter clients, and who arrange for the provision of the required services, supplies and/or equipment.

8. <u>Child-Friendly Space (CFS)</u> **-** Designated spaces where children can play, socialize, and begin to recover during emergencies. The goal of CFS is to protect children from harm and provide a sense of normalcy and community when their lives are disrupted by disasters

3. PLANNING ASSUMPTIONS

1. Private non-profit organizations and community-based organizations that normally respond to disaster situations will do so locally, e.g., Medical Reserve Corps (MRC) as available, American Red Cross (ARC) as available, and others as developed by the community.

2. Neighborhood organizations and local groups, and individuals, some without training, will emerge to provide care and shelter support, independent of local government.

3. The duration and scope of government involvement will be responsive and proportionate to the severity and duration of the event.

The percentage of the impacted population seeking shelter during an emergency is dependent on the incident. Based on experience in the State of Maine, approximately 5-10% of the impacted population will seek shelter or sheltering assistance. The number of residents seeking shelter is generally lower in rural areas where residents are more likely to have resources that enable them to shelter in place.

In any incident, some of the population seeking shelter will have access and functional needs. Individuals in need of additional assistance may include, but not limited to:

Seniors

- Medically fragile or electric medical device-dependent
- Limited English proficiency or with other language capability
- Limited mobility or hearing or vision impairment
- Unaccompanied minors

6. Animals will be brought to the shelter and must be provided with care.

7. Service animals will remain with the persons to whom they are assigned throughout every stage of emergency assistance and are allowed in every area of the human shelter that clients are allowed. Service animal owners are expected to help care for their animals.

8. Disaster responses are complex events and time/expertise does not exist to make a sheltering plan during a disaster. Shelter planning and MOU development must occur before an event

4. SCOPE OF SERVICE

The function of a shelter is to provide temporary relief to disaster victims. This involves a range of emergency services (e.g., food, water, housing, first aid, behavioral health support, etc.). Regardless of who operates a shelter or other type of facility, the ADA generally requires shelters to provide equal access to the many benefits that shelters provide. Medical sheltering is not conducted at the local level; however, Functional Needs Support Services are mandated by Federal Law. FNSS is supported by the Cumberland County Medical Reserve Corps (CCMRC), and may be requested through the Local Emergency Manager.

The services provided at the shelter are dependent on staffing. Much of the staffing relies on volunteers, both community identified and spontaneous.

| Services Required by Law	Optional but Recommended Services
Dormitory	Child Friendly Spaces
Food Services	Transportation Services
ADA Compliance	
Functional and Access Needs Supports	
Pet Care (on or off site)	

Community identified volunteer teams, i.e. civic organizations, church groups, etc. As well as spontaneous volunteers will be covered for immunity from liability as well as workers compensation by the Maine Revised Statutes, Title 37-§822 Immunity. **Rosters must be reported before shift to CCEMA for coverage to be available.**

Shelters may be open concurrently in conjunction with other emergency response facilities such as Alternate Care Sites, Cooling/Warming Centers, Points of Dispensing, and Critical Transportation Needs Reception Centers to meet additional emergency response needs outside the scope of the general shelter. If shelters are open in response to a radiological, nuclear, or chemical exposure, the local Emergency Management Director is responsible for ensuring screening and decontamination services are available prior to individuals entering the shelter.

If a shelter must be opened during a public health emergency, the CDC District Liaison must be contacted, and all recommendations must be followed.
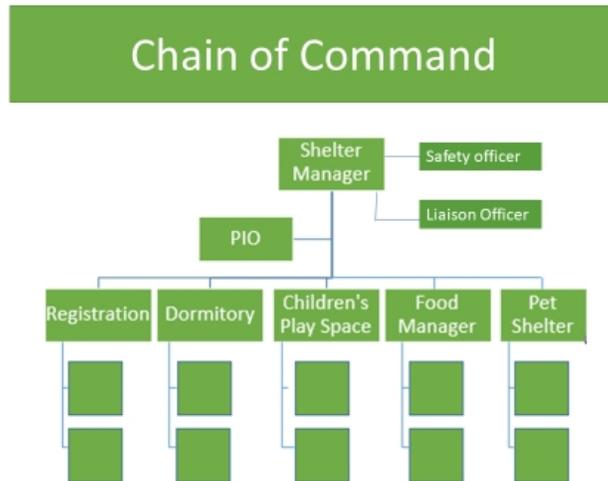
5. COMMAND STRUCTURE

A Local Shelter will coordinate with and report to the Local Emergency Operation Center (LEOC)/Emergency Management Director (EMD). A Regional Shelter, if needed, will be coordinated by and report to CCEMA. Local Emergency Operations Centers (LEOCs) will determine, in coordination with its partners, sheltering needs pre -disaster, during the disaster and post-disaster. CCEMA will assist in coordination of resources and personnel with local communities in operating the local shelters in accordance with the plan.

Shelter Manager	→	Local Emergency	→	Cumberland County EMA
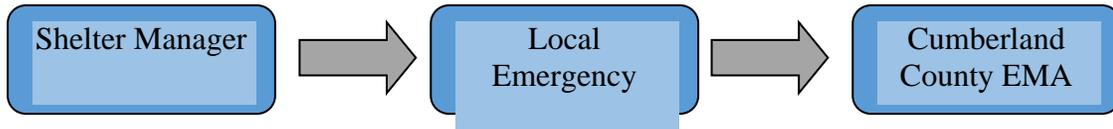
The Local Emergency Shelter will operate under the Incident Command System (ICS) that is aligned with the National Incident Management System (NIMS) in accordance with existing county and state emergency operation plans. Depending on the size of the disaster and the number of staff available, some positions may do double-duty.

Please note: Positions have been identified and included in this Guidance; however, not all will be necessary or used when the shelter is initially operating at the local level.

Chain of Command

Shelter Manager — Safety officer

Shelter Manager — Liaison Officer

PIO

Registration | Dormitory | Children's Play Space | Food Manager | Pet Shelter

4.4

An ICS 207 Incident Organization Chart form is available in the Resource Materials associated with this Guidance.

5.1 SHELTER MANAGER

The Shelter Manager's role is to ensure that the shelter functions at the highest level of efficiency possible with given staff and equipment and to facilitate and manage the flow of information into and out of the shelter. The Shelter Manager is responsible for any function, listed below, not assigned to an individual or agency (e.g., Public Information Officer (PIO)) if not being done at the local EOC or CCEMA.

 The following sections below detail the services provided within the shelter.

5.2 GENERAL SERVICES

1. **Registration Unit** – Responsible for registering all shelter clients upon arrival at the shelter and using the Registration form. Works with the FASST team using the initial intake forms, to discover any medical needs. Registration Unit is responsible for ensuring shelter clients sign-out when permanently leaving the shelter. Registration Unit is also responsible for ensuring shelter clients sign-out when leaving the shelter.

2. **Food Services Unit** – Responsible for food and beverage needs of all shelter clients and staff. The Food Services unit will make sure there is adequate refrigeration for food and beverages. The Unit will also ensure that snacks are available at any time and that there are alternate meals for those with allergies. Consideration should be given, if possible, for those with religious or medical dietary restrictions. This Unit will follow the meals schedule determined in conjunction with the Shelter Manager.

3. **Dormitory Unit** – Responsible for ensuring all shelter clients have appropriate sleeping arrangements. This includes providing cots and bedding appropriate to the shelter client's size and functional needs, ensuring adequate spacing between cots, and arranging for private or semi-private sleeping arrangements when appropriate.

4. **Pet Sheltering Unit** – Responsible for the operation of the pet shelter and security. Pet owners are responsible for care (exercise, etc.) and feeding of their pets

5. **Child Friendly Space Unit** – Responsible for scheduling and staffing the Space. Two staff members must be in the Space at all scheduled times to provide developmentally appropriate activities. Staff is also responsible for cleaning all items after a Child Friendly Space session is over. This group must have background checks done beforehand.

5.3 HEALTH AND MEDICAL SERVICES.

1. **Medical Unit** –

    a. First Aid- Responsible for providing basic first aid to shelter clients who come to the shelter with minor injuries and for staff and evacuees who incur minor injuries at the shelter. An Incident Report Form should be completed for all injuries incurred at the shelter. Staff should call 9-1-1 for anyone with a serious injury or medical emergency.
    Medical Screening Unit staff should have the minimum training and qualifications of an

    EMT-B (Emergency Medical Technician – Basic).

    b. Health and Infection Prevention Function – Responsible for ensuring the safety of staff, volunteers, shelter clients, and visitors including implementing strict infection prevention procedures and ensuring sanitary conditions are maintained throughout the facility. The local Health Officer or the CDC District Liaison can be contacted for technical or on-site support.

    c. The Medical Unit provides services to Shelter staff and volunteers as well as shelter clients

2. **Functional Needs Support Services**

    Functional Assessment and Support Services Team (FASST) – Within the registration process, FASST is responsible for conducting assessments of shelter clients that present with access and/or functional needs (PAFN). The FASST also provides a process to identify and acquire the necessary medications, services, DME and CMS for Persons with Access or Functional Needs (PAFN). The Cumberland County Medical Reserve Corps has FASST trained personnel available for deployment to local shelter locations based on availability. The MRC FASST is activated through the CCEMA EOC.

3. **Personal Support Services (PSS)**

    Primary responsibility is to assist shelter clients to maintain independence in a general population shelter. Personal support services may include assistance with:

- Eating

- Grooming

- Bathing

- Toileting

- Dressing and Undressing

- Walking

- Transferring

- Maintaining health and safety

- Taking medications
- Accessing shelter services

Personal Support Services staff typically have PSS Certification from ME Department of Health and Human Services (DHHS). If a client requiring PSS does not have their usual assistant with them, PSS should be requested through CCEMA.   Documentation will depend on the providers' protocols.

4. **COMMUNICATIONS ASSISTANCE UNIT**

   Responsible for providing communication assistance to shelter clients who are deaf, hard of hearing, blind, visually impaired, non-English speaking, and/or low English literacy.

5. **TRANSPORTATION UNIT** (As available)

   - Responsible for coordinating evacuation transportation of shelter clients without transportation to and home from the shelter.
   - Responsible for coordination of transportation for non-emergency medical services (e.g., dialysis, medical appointments, etc.).

6. **BEHAVIORAL HEALTH UNIT**

   Responsible for monitoring and addressing the behavioral health needs of shelter clients and staff/volunteers. This unit is responsible for organizing community group debriefing sessions

for shelter clients and staff/volunteers. Documentation will depend on the provider's protocols.

5.4 WORKFORCE SUPPORT SERVICES

1. <u>Staff Support Function</u> – Responsible for tracking the labor pool by identifying available staff and volunteers; conducting staff/volunteer registration and post-shift debrief, providing support such as space for breaks, and phones for staff/volunteer, as well as providing just-in-time training. Also maintains time keeping, compensation and claims documentation.

2. <u>Inventory Management Function</u> – Responsible for ensuring adequate equipment and supplies for shelter operations.

3. <u>Communications/IT Function</u> – Responsible for maintaining internal and external communication systems.

4. <u>Facility Management/ Housekeeping Function</u> – Responsible for setting up facility, housekeeping, waste management, maintenance and facility controls (HVAC, generator, etc.).

5. <u>Safety and Security Function</u> – Responsible for maintaining area security, traffic flow, and access control; work with the local police department to maintain safe environment for shelter clients and staff/volunteers.

6. PLAN ACTIVATION

6.1 TRIGGERS

Situations that could lead to a decision to activate the Local Shelter Plan locally include

- A local emergency caused by natural, manmade, or technological hazards that necessitates emergency sheltering of community members.
- A situation in which shelter in place is unsafe or not feasible.

Activation Trigger Considerations:

- Type of event (flooding, power outage, biochemical release, etc.).

- Extent of damage/impact, significant damage to infrastructure impacting transportation and communications (either anticipated or occurred).

- Extensive and long-term damage to utility services.

- Size of population affected (Planning Assumptions of 5-10% of the population).

- Duration of event determines long-term sheltering needs.

6.2 DECISION -MAKING PROCESS
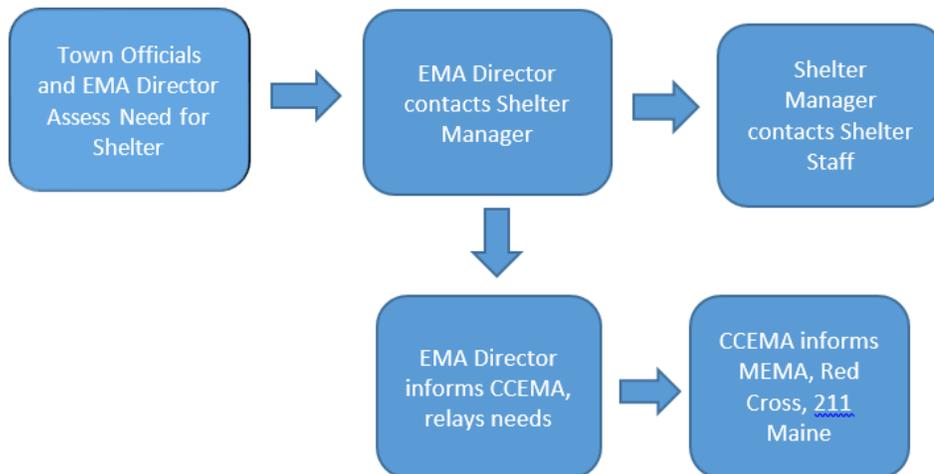
6.3 AUTHORITY TO OPEN THE SHELTER:

A local shelter is opened by the municipality (Host Community) in which it is located. The Host Community will follow the policies and procedures listed in this Guidance for opening the shelter.

7. OPERATIONS

7.1 INCIDENT COMMAND

Local Shelters should follow the Incident Command Structure (ICS), which can be scaled to meet varying demands. This structure is accompanied by an extensive set of Job Action Sheets (JAS), which provide detailed guidance about roles and responsibilities. These JAS can be found in the pertinent appendices.

7.2 SET-UP

Upon notification, the Local EMD and the Shelter Manager will coordinate the opening of the shelter. The Shelter Manager will contact personnel to begin set-up. Supplies and equipment not available locally will be requested through the LEOC/EMD to the Cumberland County EMA via ICS Form 213rr. The LEOC/EMD will make the formal request for supplies not available.

A shelter can only accept clients when essential staff and supplies are on site and set-up.

7.3 PUBLIC INFORMATION AND WARNING

Public Information messaging should clearly indicate the location where individuals will find disaster shelter operations, and include personal supplies to bring to the shelter.

Documentation for this Unit may include:

- Suggested Items for Shelter
- Media Call Intake Form
- Media Press Release Emergency Shelter Opening
- Media Press Release Emergency Shelter Closing
- Media Press Release: Request for Emergency Shelter Donations
- Media Press Release Shelter Update
- Media Release Form Shelter Clients

7.4 SHELTER SERVICES

7.4.1 Registration Unit

The shelter client completes the registration form and intake paperwork and interview. Shelter clients who have staff-reported or self-reported functional needs will be sent to the medical unit or FASST for screening. The Registration Unit will also maintain a sign in/sign out log. Clients will sign- in/sign-out of the shelter at any time through the Registration Area only. Be sure to note where the client went when leaving for final time (their home, a different shelter, etc.).

Those with pets will be directed to the pet/shelter registration line, where they will register themselves and their pets. If no onsite shelter is available, clients must be directed to the location where pets will be cared for. If pet owners have any special needs, they will then be directed to the intake area where an intake evaluation will be conducted to ensure their needs are met.

The registration area may be the first area to encounter an unaccompanied minor or separated child. The shelter manager and law enforcement should be immediately notified and an unaccompanied minor form should be completed. Additionally, the unaccompanied minor or separated child should remain supervised, by two shelter staff, until they can be transferred to the proper authorities or reunified with the family.

7.4.1.1 Sex Offender Accommodations

Sex Offenders, as identified at Registration, will be asked to remain in a separate area while the Shelter Manager confers with Law Enforcement. If Law Enforcements recommends it, those clients will be offered alternative shelter such as a hotel. If LE recommends they stay within the shelter, LE must provide guidance on best safety practices.

7.4.1.2 Medically Fragile

Medically fragile means a chronic and complex physical condition which results in prolonged dependency on specialized medical care that requires frequent daily skilled nursing interventions. If these medically necessary interventions are interrupted or denied, the resident may experience irreversible damage or death. Examples of specialized medical care and treatment for medically fragile residents include but are not limited to: IV therapies requiring monitoring of vital signs and dose titration dependent on lab values; complicated wound care requiring specialized or extensive interventions and treatment; ventilator or other respiratory device dependence and monitoring; dependence on licensed staff for complex respiratory support; and peritoneal or hemodialysis (on-site).

Since most shelters are unable to provide the level of care a medically fragile person needs, the Shelter Manager must confer with medical authorities and the client to provide accommodations that will safely need the client's needs.

Documentation for this Unit may include:

- Shelter Registration Manager Job Action Sheet
- Registration Form
- Initial Intake Form
- Client Sign in/Out Form
- Visitor Sign in/Out
- Unaccompanied Minor/Separated Child Form
- Transportation Request Form
- General Shelter Rules

7.4.2 Dormitory Unit-

Dormitory areas will be set up according to the anticipated number of evacuees. Upon arrival at the dormitory, clients are assigned a specific cot and the assignment is noted on the cot assignment form. Private or semi-private areas may be designated. These areas may be in separate rooms within the shelter or created using privacy curtains. It is recommended that there be at least three feet of space around the cots in all directions with head to toe placement to reduce the spread of infection. Persons with confirmed or suspected communicable diseases (such as common cold, influenza or gastrointestinal infections) will be located in pre -designated area of the shelter or assigned privacy screens to limit disease transmission to the healthy population. Infectious Disease Control and Surveillance at the state may be contacted to evaluate/monitor the health status of the shelter population.

Unit Documentation may include:

- Shelter Dormitory Manager Job Action Sheet
- Cot or Sleeping Configuration
- Cot Assignment Form

7.4.3 Food Services Unit-

Best Practice is that those who staff the Food Services Unit first take the Maine Servsafe food safety training, available at http//:www.servsafe.com. In some cases, the facility owner may prefer that the regular kitchen staff do food preparation. If food is prepared onsite, meals should

follow the dietary guidelines as established by the US Department of Agriculture, in their Dietary Guidelines for Americans 2020-2025 https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf

Local jurisdictions should develop Memorandums of Understanding (MOUs) with local food vendors. It is strongly recommended this be done in advance of an event and that these agreements be updated annually.

The Food Services Manager must ensure that meal and water provision and ordering systems are in place utilizing approved licensed sources whenever possible. Two options are available:

- ▪ Catering: Fast food outlets, restaurant caterers, grocery stores or institutional suppliers
- ▪ On-site Meal Preparation or partnerships: Utilizing facility or partner kitchen staff for food preparation and cleanup volunteers

The shelter will ensure that meals and snacks provided to all shelter residents, including children, meet nutritional dietary needs and restrictions. These needs should be identified at the shelter registration process and communicated promptly to the food services staff. Some special dietary needs and restrictions include, but not limited to low salt/sugar, infant nutrition, vegetarian, gluten free, kosher, halal, special medically required diets, and food allergies. Local school districts and hospitals may be a source of information if assistance is needed in meeting these needs.

The preferred method of providing meals and water at the shelter should be determined by officials at the local level operating the shelter.

Snacks and beverages should be available at the shelters as soon as they are open or as practical and safe. A meal should be served within 4 hours or within the next traditional mealtime (e.g. 6-8pm; 11am-1pm; or 5-7pm). A hot meal should be provided within 24 hours of opening.

Snacks and Beverages	Initial Meal	Hot Meal
• Should be available upon opening or as soon as practical and safe	• Should be served within 4 hours or at next traditional mealtime (e.g., 6am-8am, 11am-1pm, 5pm-7pm)	• Should be provided within 24 hours of opening
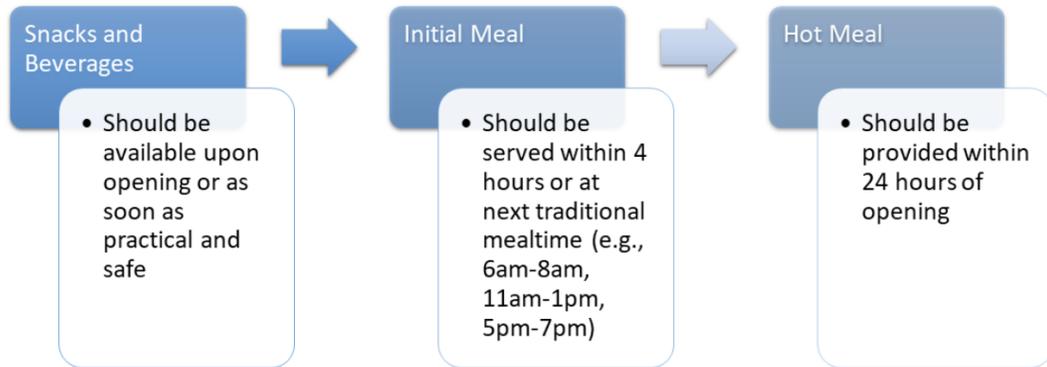
- Snacks are made available to shelter residents 24 hours per day

- A designated dining area is established. Food is not permitted outside this area.

- All persons in want of food provisions are served without distinction of any kind.

- Forecast the projected demand following the initial 24-48 hours.

- Food distribution will be responsive, transparent, and equitable.

- Meal times are posted in advance with consistent, daily meal schedules.

- **Food donated by individuals is NOT accepted. All in-kind donations of prepared (cooked) food should be from commercial vendors or recognized partner agencies,** in appropriate sizes and quantities to ensure food safety standards.

Documentation for this Unit may include

- Shelter Food Manager Job Action Sheet
- Food Services Guidance
- Food Inventory Log
- Food Services Self-Inspection Checklist
- Food Temperature Log
- Meal Schedule
- Refrigerator & Freezer Temperature Log
- Food Handling Posters

7.4.4 Food Safety Unit

This Unit is responsible for conducting food safety inspections and ensuring food safety practices are adhered to. Inspectors should <u>not</u> be part of the food services unit. If the Health and Infection Prevention Unit staff are not qualified to do this, they should coordinate with the Maine Department of Agriculture, Conservation and Forestry, which is responsible for food safety standards and the Servsafe program.

7.4.5 Pet Sheltering Unit

Evacuees may evacuate with their pets. Animal sheltering will occur on-site or off-site depending upon the specific facility plan. Pet policies will be communicated in public information messaging and at registration. Owners will have their pet's picture taken and provided with a copy of their pet's ID tag for ease of reunification.

Documentation for this Unit may include

- Shelter Registration and Agreement
- Job Action Sheets (6)
- Crate Form
- Bite Report
- Control Log
- Intake Checklist
- Just in time Volunteer training requirements
- Pet Shelter Mobilization
- Pet Shelter Demobilization
- Pet Friendly Shelter Rules
- Pet Shelter Operational Task List

Therapy Animal: A Therapy Dog is a pet that has been trained, tested, registered, and insured to accompany its owner to cheer up patients and residents of hospitals and nursing homes. They do not qualify as service animals according to the Americans with Disabilities Act (ADA). A therapy dog is legally a pet. It is not permitted to go anywhere that pets are not allowed without permission from the facility owner.

Emotional Support Animal: An Emotional Support Animal belongs to a person living with a disability. The animal is necessary for the disabled person's mental health and has medical documentation showing this. Because they have not been trained to perform a specific job or task, they do not qualify as service animals (ADA).

7.4.6 Service Animals

Service Animal: "Service animal" means any dog or miniature horse, 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 purposes of this definition. (MRSA Title 5 §4553 Sub. Sec.9-E Service Animal)

In situations where it is not obvious that the dog is a service animal, staff may ask only two specific questions:

(1) Is the dog a service animal required because of a disability,

(2) What work or task has the dog been trained to perform?

Staff are not allowed to request any documentation for the dog, require that the dog demonstrate its task, or inquire about the nature of the person's disability. There is no nationally recognized certification for service animals and they do not have to wear a vest, patch or special harness to identify them.

7.4.7 Functional Needs and Support Services (FNSS)

FNSS staff will be available to provide screening for any shelter clients with functional needs identified on the initial intake form. (It is strongly suggested that the Cumberland County Medical Reserve Corps be requested for this function. Request it through your local Emergency Manager via the ICS 213rr form.) FASST will triage these individuals and determine if they should be transferred to another facility or if they can be accommodated with Functional Needs Support Services on site. No evacuee shall be turned away from the shelter because of a functional need.

Documentation used by this unit may include:

- CMIST worksheet
- Shelter Placement Guidance
- Client Needs for Medication or DMG/CMS

7.4.8 Medical Services

Medical Services will provide basic first aid and well-being assessments, and will assist in setting up private areas or privacy screens for persons who may have medical needs requiring privacy.

Biohazard precautions will be followed if transmission-based precautions are indicated. Biohazard bags and sharps containers will be made available in the shelter. Medical waste will be stored in a secured area until it can be properly removed from the site.

Documentation used by this unit may include:

- Initial Intake Form
- Shelter Client Health Record
- Medication Administration Record
- Incident Report Form
- Discharge Assessment
- Client Medication Storage Form
- Morbidity Surveillance Individual Form
- Morbidity Surveillance Summary Form
- Shelter Placement Guide

OSHA Blood borne pathogens requirements standards are in CFR §1910.1030, found at [Blood Borne Pathogens Standardhttps://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030)

EMS will be notified to address any serious emergent medical needs of shelter clients. An Incident Form must be completed to document the occurrence on all EMS notifications. Additional operational guidance and forms will be added as appropriate when capacity to carry out this service has been met.

7.4.9 Disaster Behavioral Health Services

Disaster Behavioral Health Providers may be available for counseling shelter clients and staff identified as needing behavioral health assistance. Disaster Behavioral Health Services (Maine CDC) must be requested through CCEMA.

7.4.10 Communication Services

Responsible for providing communication assistance to shelter clients who are deaf, hard of hearing, blind, visually impaired, non-English speaking, and/or low English literacy can connect to the Language Line. Other resources available are: Show Me for Emergencies App (IOS and

Android), iTranslate, and Google Translate. Certified interpreters, including sign language, can be requested through CCEMA. House of Languages may be able to assist in translating documents beforehand.

Documentation for this Unit may include

- Basic Emergency Sign Language
- Language Identification Chart

7.4.11 Transportation Services

Some shelter clients may need assistance with transportation. Initial efforts should include contacting family members or caregivers to provide transportation to/from the shelter. Transportation should be appropriate for the individual and maintain all levels of dignity and respect.

For example, it is not necessary to transport a dialysis patient via ambulance for treatment.

If transportation is needed, it is the responsibility of the community in which the client resides.

Documentation for this Unit may include

- Transportation Request Form
- Transportation Log

7.4.12 Child-Friendly Space (CFS)   Optional but strongly recommended

The concept of a Child-Friendly Space in a shelter adheres to the national standard of care in domestic emergency response to ensure children are safe in shelters, assistance centers, and other locations where families congregate during disasters. Child-Friendly Spaces are designated spaces where children can play, socialize and begin to recover during emergencies. The goal of CFS is to protect children from harm and provide a sense of normalcy and community when their lives are disrupted by disasters.

The provision of CFS in a shelter is not the same as a temporary onsite childcare center. **The parent/guardian is ultimately responsible for their child at all times.** If a coordinator is unavailable and space is limited for a CFS, the shelter manager should provide safe, age appropriate resources for parents to use with their children.

Detailed information can be found in the Child-Friendly Space Guidance located in Appendix E.

Documentation for this Unit may include:

- Child-Friendly Space Guidance
- Child Registration by Family
- Incident Report Form
- Registration and Wristband Instructions

7.5 SHELTER FACILITY SURVEY AND LAYOUT

Documentation may include

- Town Contacts List
- Shelter Facility Site Survey

The following areas are addressed in the Shelter Facility Survey:

First Aid/Medical Area	Parking Areas
Client information Area	Quiet Area
Command/Security post	Restricted Areas
Dormitory/Sleeping Area	Restrooms
Food Prep/Service Area	Staff Break Area
Recreational Area	Inventory/Storage Area

7.6 FACILITIES

7.6.1 Parking and Access

All parking areas should be well lit and clearly delineated for shelter clients and staff. Parking for individuals with access and functional needs should be as close to the entrance as possible. The following areas should be designated in the facility plan and layout.

- Accessible parking

- Drop off/ Pick-up
- Shelter Client Parking
- Staff Parking

7.6.2 Housekeeping

The Maine Bureau of Labor Standards regulates Occupational Safety and Health Administration (OSHA) compliant policies for the routine care, cleaning and disinfection of environmental surfaces, cots, and other frequently touched surfaces and equipment.

The Centers for Disease Control have published a document entitled *Cleaning and Disinfecting Your Facility: Everyday Steps, Steps When Someone is Sick, and Considerations for Employers,* **which can be found in Appendix E.**

7.6.3 Maintenance

A representative from the facility maintenance staff should be available throughout the sheltering process. These staff should be familiar with all physical operations of the facility, specifically the emergency generator, security, temperature control, ventilation and refrigeration.

7.7   EQUIPMENT AND SUPPLIES

Communities that have designated local and shelter facilities should maintain a cache of basic shelter supplies such as cots, blankets, pillows, cribs, changing tables, first aid supplies, and cleaning supplies that can be accessed by contacting the Local EMD. Local EMDs may initiate MOUs with vendors to provide supplies and equipment as needed. EMDs have the authority to act upon these agreements in accordance with the internal policies and procedures in their respective communities. The Resource Request Form (ICS 213rr) and suggested supply lists are contained in Attachment 3.

Additional supplies can be requested through CCEMA using the ICS 213rr form.

7.7.1 Medication

Evacuees will be instructed to bring their medications (i.e., insulin, oxygen, inhalers, etc.)

Storing Medication:

Shelter clients are expected to manage and self-administer their medication. If appropriate, medication should be locked up in a pre-designated, secure storage area. Medications must be labeled and in their original container. Medical Services will have the key to the medication storage

area. At shift change, the incoming/ outgoing Medical Services Staff will obtain the key and conduct an inventory of medications in the secured storage area.

Pharmaceuticals requiring refrigeration will be secured on site. Medical Services will control access. Medication must be stored in dedicated refrigerators in accordance with public health standards for the storage of medication.

Provision of Oxygen:

Home oxygen suppliers are required to provide oxygen to their patients, even if they have evacuated to a shelter. If a shelter client requires oxygen, their oxygen vendor will be contacted upon registration and notified how much of oxygen the patient has, and that subsequent deliveries will be made to the shelter. In the event that this option is not possible, the shelter should contact the local EMA director to coordinate those resource requests.

7.7.2 Medical Equipment and Consumable Medical Supplies

Evacuees will be instructed to bring their durable medical equipment (canes, walkers, etc.) with them to the shelter along with their consumable medical supplies (for three to four days). If this is not possible, the FASST team should be contacted to assist in finding replacements.

7.8   INFORMATION AND COMMUNICATIONS

7.8.1 Staff Communication

Internal communication:

Staff will communicate formal questions, reports, or requests through their supervisor. A limited number of portable radios may be available at the shelter for station leaders and command staff. Facility size may allow for person-to-person communication or written messages transmitted via runners. Training in the use of portable radios should take place before opening the shelter.

External communication:

The shelter should have multiple means for communication with CCEMA or other external agencies, such as, but not limited to phone (landline), phone (cellular/satellite), or internet, The Wireless Society of Southern Maine may be able to assist in communications if internet or cell services are unavailable. They may be requested through the ICS Form 213rr.   As a last resort,

runners may be used to communicate with external agencies. CCEMA has access to alternative means of communication.

Media Communication:

A Public Information Officer (PIO) should be identified to work with the media. The PIO will not be at the shelter 24/7 but will be on-call. Media forms and Press Release Templates are available in Appendix A.

Local Shelter: If media arrives at the shelter, the Shelter Manager and the PIO will be contacted. Media should be kept in a media staging area, out of sight of shelter clients, until the Shelter Manager or PIO arrives and instructs differently.

7.8.2 Shelter Client Communication

An area near the registration area will serve as the designated Shelter Client Information Area. Information on response activities updates, daily shelter activities, and disaster assistance/ recovery services, will be displayed.

Daily shelter meetings are another way to share information and dispel false rumors. These may be held in conjunction with briefing sessions.

7.8.3 Shelter Client Reunification

The shelter staff may receive inquiries about shelter clients or others who are presently accounted for. If multiple shelters are open, a central shelter registration log may be utilized to combine registrations from all shelter locations. Additionally, the American Red Cross may be able to provide assistance.

Names of shelter clients and their whereabouts should not be given out. If an inquiry is made, the inquirer's name and contact information will be taken and given to the shelter resident, if present. Shelter clients decide if they want to contact the person inquiring and/or confirm their status.

7.9 SAFETY AND SECURITY

7.9.1 Security

Security personnel will control access points into the facility and will check identification of staff entering the facility when needed.

Shelter rules will be provided at registration and prominently posted. Security may be called upon to remove shelter residents or volunteers from the shelter for the safety and security of others.

All external doors without a security post will be secured from external entry. As building staff may have keys to access the facility, signs should be posted on external doors directing building staff to use main entrance while shelter is operational.

Security staff should institute roving patrols within the building and in the immediate area around the shelter including the parking lots, and should be alert to signs of unsafe behaviors such as:

> Sale or use of illegal drugs and alcohol
>> Weapons
>> Prostitution
>> Gang activities
>> Fights and altercations
>> Theft of shelter or personal property
>> Loud, boisterous and disruptive behavior
>> Damage to shelter facilities
>> Mistreatment or abuse of shelter residents, including children

Presence of these behaviors an immediate call to the appropriate municipal authorities (police, fire) and notification to the Shelter Manager.

Traffic control points will maintain optimal traffic flow by establishing separate routes for incoming and outgoing traffic, where possible.

7.9.2 Workforce Infectious Disease Protection at the Shelter:

Standard precautions will be followed at the shelter. Depending on the type of event and potential disease threat, the level of protection could be elevated. Health surveillance will be conducted on a regular basis. Maine CDC may issue guidance on the proper level of transmission-based precautions. All staff will be provided with appropriate Personal Protective Equipment (PPE) as necessary.

7.10 STAFFING

Ensuring adequate, appropriate staffing qualifications and levels for the duration of the anticipated disaster shelter operation is critical to the efficient, safe and all-inclusive operation of a disaster shelter. The identification of staffing must be accomplished prior to the opening of any disaster shelter whether it is a local or regional operation. The shelter opening/planning team must identify potential sources both during the planning stage, as well as the activation stage.

7.10.1 Shift length

Shift length will be determined during the shelter activation process. Staff will come from the following sources:

- o *Local Volunteer List:*

    - Trained and vetted (background and credentials verified) municipal employees or community residents willing to assist during emergencies.

- o *Voluntary Organizations:*

    - Several voluntary organizations exist within the region. These include but are not limited to: active faith-based organizations, active community organizations, American Red Cross (ARC), Medical Reserve Corps (MRC), Community Emergency Response Teams (CERTS), Cumberland County Animal Response Team (CCART), and the Wireless Society of Southern Maine. It is vital to recognize that activation of any of these assets will take hours, possibly days and this must be taken into account as part of the shelter opening planning.
    - *Shelter Clients:*
    - Consider volunteers from within the shelter population for general support that does not involve unsupervised client contact. However, shelter clients should be considered as a last resort, due to the instability of their situation and changing needs. Assigned tasks should be simple and short term.

7.10.2 Just-In-Time Training

Just-In-Time (JIT) Training is only used in time of extreme personnel shortages, and should not be used for routine shelter staff training. It provides the orientation and background information necessary for just-in-time shelter volunteers to operate effectively within the shelter organization. Just-in-time volunteers must be directly supervised in all client contacts. Prior to performing assigned duties, all shelter personnel will receive a briefing and/or JIT training to include:

- ▪ Instructions on the current status of the emergency; local weather.

- ▪ Potential nature of the work site.

- ▪ Just-in-time Volunteers' role (including how the volunteer is to operate within incident management).

- ▪ Issuing Job Action Sheets, and providing Just-In-Time Training, if applicable.

▪ Personal health, safety and security issues; living/working conditions.

▪ Any applicable liability issues related to the incident and the volunteers' responsibilities, psychological first aid, and/or volunteer stress management.
▪ Shelter Personnel or Volunteers will receive a final debriefing at the end of their shift or shelter mission.

7.10.3 Staff Support Services

Staff should have a designated area away from shelter operations for breaks and/or lodging.

Staff should also have access to behavioral health and first aid services. The Shelter Manager or Staff Support Unit will be in charge of staff breaks, monitoring for staff fatigue and poor morale, and Just-In-Time Training. Prior to the start of, and at the end of a shift, staff will be debriefed.

Unit Documentation:

Shelter Staffing Schedule

Shelter Staff Org Chart

Staff/Volunteer Emergency Contact Info Sheet

Staff/Volunteer Sign in/Sign Out

7.11 STATUS REPORTS

The Shelter Manager will complete a shift report at the end of each shift. At a minimum, information reported should include:

- ▪ Number of staff
- ▪ Number of residents
- ▪ Number of pets
- ▪ Number of meals served

- ▪ Supply/Resource Status

- • Shift reports should also include a brief description of any major events occurring during the shift and a brief overview of the functional needs of the shelter population.

- • Status reports should be posted to the Local EMD and to CCEMA by the Shelter Manager at 0800 and 1600. These reports should be received by the MEMA ARC Disaster Services liaison by 0800 and 1800.
- • In addition, status updates shall be posted at change of shelter management.

Shelter Status Report Form

8.   SHELTER DEMOBILIZATION

Triggers for demobilization include:

- ▪ Housing declared safe
- ▪ Restoration of services within the impacted area, including, but not limited to, utilities, water, sewage treatment, medical service availability, community food availability
- ▪ Number of people remaining in shelter and alternatives available

The local EMD will notify the Shelter Manager to begin closing the shelter. The Shelter Manager will work with the shelter staff to restore the shelter facility to pre-activation levels and normal operation. Equipment used during shelter operations will be reconditioned and returned by shelter staff.

Closing information will be provided to shelter clients and made public as soon as possible.

Any shelter clients that require long-term accommodations following the closing of the shelter will be referred to long-term recovery services. Organizations providing direct services to people with disabilities and others with access or functional needs, or those who serve the homeless, should be included in the

demobilization efforts to assist shelter clients requiring additional services. Local General Assistance programs may assist shelter clients.

Possible options for individuals and families needing housing may include:

Short-term (less than 1 week)

- Hotels or,

- For individuals needing skilled nursing care, local nursing homes and assisted living facilities.

Long-term: (longer than 1 week)

- Should coordinate with the appropriate municipal General Assistance, Red Cross, or other direct service providers. Depending on the scope of the incident, Federal Emergency Management Agency (FEMA) may be involved through the personal Disaster Individual Assistance program to provide shelter clients with services.

9. ADMINISTRATION AND FINANCE

9.1 An After-Action Report will be conducted with all participating shelter staff and support agencies. The Shelter Manager will generate a final After-Action Report (AAR), which will be provided to the local EMD and CCEMA.

9.2 Expenditure records and staff/volunteer time must be accurately recorded in order to receive state and federal reimbursement if it becomes available. The Shelter Manager and/or Staff Support Unit will keep a log of all staff hours and shelter expenses. Information collected will be sent to the Finance/Administration Section of the local EOC in the community where the shelter(s) are located.

10. PLAN DEVELOPMENT AND MAINTENANCE

The Local Emergency Manager is responsible for the maintenance, revision, and distribution of the Local Emergency Shelter Plan and any subsidiary plans and tools. This includes Standard Operating Guidelines, Job Action Sheets, and Supply/Equipment forms/spreadsheets. The Local Emergency Manager should annually review and update the Shelter Plan accordingly.

Acombination of training, exercises, and real-world incidents will be used to determine whether the goals, objectives, decisions, actions and timing outlined in the plan lead to a successful response. After Action Reports and Improvement Plans should guide plan revisions.

11. AUTHORITY AND REFERENCES

This plan is consistent with the National Incident Management System (NIMS) and complements the Local Emergency Operations Plan. It is compliant with FEMA and ARC guidelines.

Save the Children's Safe Spaces program
https://www.savethechildren.org/content/dam/global/reports/education-and-child-protection/cfs-handbook-08.pdf. Retrieved 8/11/22

PETS Act of 2006

https://www.congress.gov/109/plaws/publ308/PLAW-109publ308.pdf Retrieved 8/11/22

ADA

https://www.ada.gov/2010_regs.htm Retrieved 8/11/22