

STATE OF CONNECTICUT
LOCAL EMERGENCY OPERATIONS PLAN

STANDARDS GUIDELINES

FOR
EMERGENCY SUPPORT FUNCTION #6
MASS CARE ANNEX

**CONNECTICUT LOCAL EMERGENCY OPERATIONS PLAN
EMERGENCY SUPPORT FUNCTION #6 - MASS CARE ANNEX STANDARDS GUIDELINES**

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Attachment 1: Children in Disasters Fact Sheet

Attachment 2: Volunteers and donations Fact Sheet

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PURPOSE

In the aftermath of the severe storms of 2011, the Division of Emergency Management and Homeland Security (DEMHS) within the Department of Emergency Services and Public Protection established a Mass Care Emergency Support Function (ESF) 6 Working Group to review and update the existing Mass Care Annex to the Local Emergency Operations Plan (LEOP). These documents are the product of many meetings of the Working Group, whose membership includes local, state, federal, and private sector partners. This instructions/consensus standards document may be used in several different ways. You will notice that the format is similar to the original local Mass Care Annex template. It may be used as the template for your local Mass Care Annex; you may choose to cut and paste parts of the document to create a new Mass Care Annex, or; your annex may be as simple as assembling the relevant documents, such as agreements, procedures, and plans, and then filling in the blanks of the summary sheet, including indicating where the parts of the Annex can be found in your municipality's documents. The purpose of this Annex is to outline organizational arrangements, operational concepts, responsibilities, and procedures to protect residents and others in Town/City/Tribal Nation/Tribal Nation of _____ from the effects of an emergency situation by providing shelter and mass care.

The Town/City/Tribal Nation of _____ is responsible for the planning, preparedness and operation of Mass Care services within their community if needed.

Town/City/Tribal Nation officials must be ready to provide different types of support in response to the unique nature of the situation. The local Emergency Management Director (EMD) may identify a designee who should receive training prior to the onset of an emergency or disaster to plan and prepare for shelter operations. If a designee is not identified then the EMD assumes this responsibility.

SITUATION

Each Town/City/Tribal Nation in Connecticut is vulnerable to a number of hazards including: major snow fall, ice storms, blizzards, hazardous material incidents/accidents, aircraft accidents, tornadoes, hurricanes, electrical storms, major fires, energy/fuel shortages, forest fires, water contamination, earthquakes, major highway accidents, long term power outages and health related emergencies. Some events, such as winter storms and hurricanes, have a warning and preparation period, while others, such as tornadoes, may appear with little advance warning. There are numerous natural and human-caused emergencies that might require the opening of shelters to accommodate Town/City/Tribal Nation's residents. The extent of any Mass Care operations will be based on the extent of a given emergency.

There are two classifications of emergencies with Mass Care requirements:

1. Local Emergency or Disaster - a natural or technological disaster limited to one neighborhood or scattered neighborhoods where the effect on residents and property is not widespread, but necessitates the use of a limited number of facilities as shelter, and or centers.

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2. Statewide or Major Disaster - a natural or technological disaster resulting in general widespread destruction of property, with the concurrent loss of private shelter (homes/apartment buildings, etc.) necessitating the opening of a number of designated facilities to serve as shelters and/or centers.

Whole Community Planning and Response

Disaster planning, especially for Mass Care, should be integrated and involve the whole community and should be built on a foundation of existing programs and relationships. Communities that recover successfully tend to drive their own recovery.

Mass Care Life Cycle

Each Mass Care operation including sheltering, feeding and providing support services should have a beginning and end. The timeline for each operation will depend on capacity and infrastructure (damage and restoration) and may involve different municipal departments and community partners.

- Immediate: initial response (first few hours to approx 72 hours)
- Sustained: this may range from days to weeks
- Long-term: programs that move toward self-sufficiency

Types of Mass Care Facilities

“Shelters” are safe places intended to provide overnight lodging for individuals and families. A basic shelter should include: a place to sleep or rest; basic nutrition, including snacks, beverages, cold or hot meals; and sanitation facilities, including toilets, and if possible, showers. Basic first aid resources should also be available.

“Centers” are an alternative to overnight shelters that may serve any combination of needs such as warming center, cooling center, respite center, personal care center, etc. They may offer electricity, snacks, meals, information, showers, cellular phone and other electronic device charging stations, etc.

Shelters and centers can be co-located.

Sheltering in place may also be an option (see next section.)

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ASSUMPTIONS

Sheltering in place –Ongoing preparedness education should emphasize personal self-reliance and preparedness. Assume that some people will choose to provide and prepare for their own welfare by sheltering in place. However, sheltering in place cannot occur in an area with mandatory evacuation orders such as flood areas. Assuming some people are safe in their homes on their own for a few days, there will still be a need to establish communications links with those people. One best practice (in a situation when phones and power are out) is having volunteer organizations go door to door handing out printed information.

The Town/City/Tribal Nation is the principal organization responsible for providing mass care within its jurisdiction during a disaster. While every citizen is encouraged to take personal responsibility to be prepared for emergencies and disasters, the ultimate responsibility for Mass Care services for citizens rests with the local governmental authority. The municipality should plan for events with no advance warning; when shelters may have to be opened with little notice, and for events with sufficient warning time, when Mass Care facilities and services should be readied and available ahead of the event.

The Town/City/Tribal Nation may choose to enter into an agreement with adjacent communities to provide, or be provided, Mass Care services. A community, may, after assessing its resources and its anticipated sheltering needs, realize that it does not have the resources to adequately provide Mass Care for its residents. This does not reduce the responsibility of the community to ensure the provision of Mass Care services for its residents. In this case, the local Mass Care plan will describe what the community is able to support (e.g. “centers”) and through multi-jurisdictional/mutual aid agreements, work to establish a cooperative Mass Care plan to ensure the provision of Mass Care services to its citizens. In an emergency of a local nature, the DEMHS Regional Coordinator and communities with which mutual aid agreements exist will be alerted. The mutual aid agreements, oral and written, will be utilized when necessary.

Mutual Aid

Mutual aid assistance from other communities, volunteer organizations, private agencies, and the State and/or Federal governments to support Mass Care will be requested by the Chief Elected Official and arranged and coordinated by the local the Emergency Management Director and/or their designee. Mutual aid assistance can be requested and received from any other municipality in Connecticut through the state’s intrastate mutual aid compact, Connecticut General Statutes (CGS) Section 28-22a.

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Regional Assistance

Each DEMHS Region has a Regional Emergency Planning Team (REPT). The REPTs may include Chief Executive Officers/Chief Elected Officials (CEOs) and representatives from the RESFs (Regional Emergency Support Functions). The responsibilities of these regional partners include:

- Fostering collaborative planning;
- The REPT Steering Committees provide assistance to the Chief Elected Official/Chief Executive Officer, local Incident Commander and the Emergency Management Director;
- Providing for expanded mutual aid support through the Regional Support Plan, (planning support and/or operational support, depending on the region);
- Providing collaborative resource development and allocation of available funds.

The Town/City/Tribal Nation may activate their own resources or develop agreements with private or non-governmental organizations to assist in Mass Care. (e.g., the American Red Cross (ARC), the Salvation Army, houses of worship, etc.).

Role of the American Red Cross (ARC) in Connecticut

- The ARC is committed to providing shelter operations training in advance of disasters.
- The ARC may be available to manage shelters in isolated local emergencies (for example, after a fire.) The best practice is to develop a standing Memorandum of Agreement between the ARC and the municipality, setting out terms of service.
- The ARC may implement a shelter operations plan that concentrates resources, taking into consideration the most severely affected areas and geographic distribution. Priority will be given to pre-identified multi-jurisdictional shelters.
- ARC -managed shelters require support from the facility owners and the communities in which they are located. Support may include the need for additional supplies, emergency medical services and law enforcement resources.

CONCEPT OF OPERATIONS

A number of factors must be considered when planning for Mass Care operations. First of these is the characteristics of the most likely hazards or threats; their magnitude, intensity, spread of onset, duration, and impact on the community. The characteristics of the events will determine the number of people that will need to receive Mass Care services. In some events, an overnight shelter will be needed, while in other events, a center may be opened (specific services offered during set hours each day).

GENERAL

1. The known hazard areas which may require evacuation are maintained in a separate Town/City/Tribal Nation document, which is attached for reference.
2. The Town/City/Tribal Nation's working relationship with the Red Cross or other nonprofit, public service, or private sector organization that has responsibility for managing Mass Care facilities is defined in a "Letter of Agreement."
3. The identity and location of all Mass Care facilities are included as Attachment 2 of this Annex.
4. It is the responsibility of the Town/City/Tribal Nation's Chief Executive Officer (CEO), acting through a local Crisis Communications Plan, to keep the evacuees and general public informed on Mass Care activities.
5. Standard Operating Procedures must be developed (if not already in place) for the operation of Mass Care facilities and included with this Annex in the Local Emergency Operations Plan. These may include:
 - Opening of the facility;
 - Staff composition and management structure;
 - Making provisions for registering, screening and tracking location of each evacuee (to be able to respond to inquiries from the evacuee's family, track health concerns, etc.);
 - Outline specific services provided to evacuees (shelter, feeding, medical care, mental health, child care, etc.);
 - Communications procedures (updates to shelter residents, updates to community and updates to EOC);
 - Reporting requirements;
 - Termination of services and closure of the facility;
 - Additional services needed to facilitate recovery.

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6. The EMD or designee and the Public Information Officer will jointly establish an information flow procedure to the Town/City/Tribal Nation's public inquiry response effort.

7. The EMD will identify, in their local plan, population groups requiring special assistance when being sheltered in a Mass Care facility. People may need assistance with clothing, basic medical attention, storage for or help obtaining prescription medicines/refills, disaster mental health services, temporary housing, and other support services. The EMD or designee must identify the needs of those in public shelters, and be able to arrange for assistance from other volunteer organizations and agencies. Individuals needing additional assistance may include: school children; children in day care centers; nursing home residents; the hearing/sight/mentally or mobility impaired; non-English speaking people; institutionalized individuals (in mental health facilities, hospitals, nursing homes); transient populations (hotel residents, seasonal workers), and; people without transportation. This should be coordinated with the local Health Department, Parks and Recreation and/or Social Services Dept, OR local nonprofits or non-governmental organizations that serve these groups. **Tool: Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters November 2010 by FEMA.**
http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf)

SHELTER OPERATIONS

The specific facilities that will be used for sheltering and feeding during an emergency will depend on the needs of the situation, the status of available facilities, the location of the hazard area, and the anticipated duration of operations. Shelters are often schools, with preference being given to high schools. Senior centers, libraries, community centers and recreation centers are often good shelters for smaller numbers of people. Some churches and other community buildings also have appropriate space. Shelters are typically opened and closed based on need. When occupancy of existing shelters reaches 75 to 80 percent, consideration should be given to opening an additional facility. See the attached chart, which details the things that need to be considered in each community when developing, and implementing, a Mass Care plan. Each box represents a stage of the disaster, and the lists below the boxes are issues that need to be addressed at that stage:

MASS CARE AND SHELTERING PROCESS

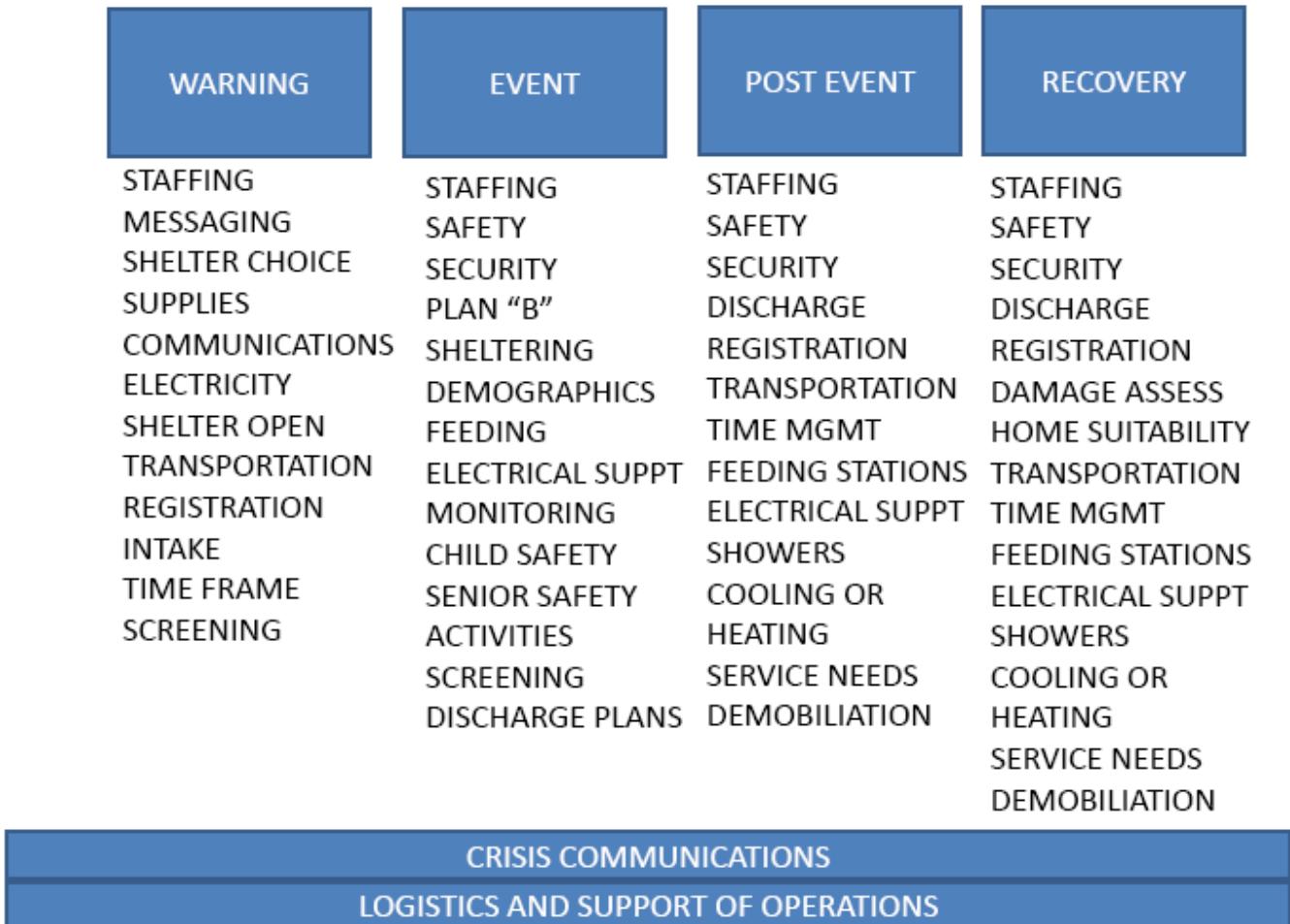


Figure 1

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1. Local government is responsible for providing the following basic support for shelter operations:
 - Security and, if necessary, traffic control at shelters;
 - Fire inspections and fire protection at shelters;
 - Transportation for food, shelter supplies, and equipment;
 - Transportation of shelter occupants to feeding facilities, if necessary;
 - Follow all applicable public health laws and regulations;
 - Basic medical attention and access to emergency medical services should the need exist;
 - Resources and systems to help prevent disease (trash, bathroom supplies, food safety).

2. It may be necessary to have one or more shelters remain open for an extended period until those who cannot return to their residences can be relocated to motels, rental units, mobile homes, and other types of temporary lodging. Town and community social services personnel may be requested to support these shelters and their residents' need for relocation as needed. State Social Services support can be requested through the Regional Coordinator as with any state resource request.

3. The EMD and/or Designee should be familiar with the facilities and should keep an updated list of pre- evaluated shelters, trained shelter managers and shelter workers from the local area.

4. Shelter managers shall provide periodic reports on the number of occupants and the number of meals served to the EMD/Designee who is responsible for reporting this information to the DEMHS Regional Coordinator. A report from each shelter shall be generated at the end of each operational period. Volunteer groups operating shelters should also report this information through organizational channels.

5. Individuals Requiring Additional Assistance (IRAA)

Almost every individual in a community will fall into this category at one point or another across their lifespan. Planning for everyone's assistance needs is called "whole community" planning. Children and adults may have physical, sensory, mental health, cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Specific issues may include: women in late stages of pregnancy; the elderly, and; people needing bariatric (feeding tubes, etc.) equipment. To plan for the whole community, Mass Care services and shelter facilities must address the following areas:

 1. physical access;
 2. programmatic (transportation, medical, etc.) access, and;
 3. access to effective communication (signage, language, culture).

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Functional Needs Support Services (FNSS) are defined as services that enable individuals to maintain their independence in a general population shelter. People with functional needs have the same right to services in general population shelters as other residents. Emergency management directors and shelter planners have the responsibility of planning to ensure that sheltering services and facilities are accessible. 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.
- See FEMA's [Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters](http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf) for detailed guidance.
(http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf)

6. Children

Children under the age of 18 comprise about 25 percent of the population and have unique needs when an emergency or disaster strikes. Issues that should be included in the town's mass care plan include: "children safe" areas within shelters; infant bedding and supplies; procedures for unaccompanied children, and; family reunification. For more planning considerations, see Fact Sheet 4, below.

7. Pets

Service Animals are allowed in shelters. For reasons of human health and safety, all other pets are restricted from the specific areas of municipal or other buildings used to house people in emergency shelters. A pet shelter may be set up at a nearby facility or at a separate portion of the shelter facility, as long as it is clearly separated from the human residents of the shelter. Connecticut Public Act No. 07-11 requires that local plans address arrangements for evacuees with pets. Depending on the situation, towns may use one or more of the following approaches to handle evacuees arriving with pets:

- Provide pet owners information on nearby kennels, animal shelters, and veterinary clinics that have agreed to temporarily shelter pets.
- Direct pet owners to a public shelter that has designated areas where pets may be temporarily housed.
- In cooperation with its DEMHS Preparedness Region, a municipality may engage the CT State Animal Response Team to support multi-jurisdictional/mutual aid mass care shelters with animal care services in larger incidents.

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8. Financial Considerations

There are many resources and personnel that are needed to provide Mass Care, either through the Municipality, the Red Cross, or other supporting agencies. It is critical to understand that if the Municipality activates something that will incur costs; the Municipality should clarify in advance who will have the financial responsibility.

Written agreements or policies should be established that outline the approval process, permitted expenses, and limits. Communities should assume that all costs are the responsibility of local government unless a Presidential declaration is made. There may be costs that Red Cross will absorb for Red Cross- managed shelters, but that should be discussed with Red Cross in advance. For example, if a school is used as a shelter with a pet shelter co-located in the facility, Red Cross will at most absorb the facility costs and related liability costs for those areas that provide human shelter. It will be up to the Municipality to determine who will assume the costs for the pet shelter.

For municipalities that plan to use Medical Reserve Corps (MRC) staff and volunteers, the possible need for reimbursement should be discussed in advance. DEMHS and the state Department of Public Health provide an activation procedure that must be followed. Local Health departments should coordinate with personnel/ Human Resource departments to determine local procedures for overtime costs, activation and deployment of staff, local bargaining unit issues, etc.

Similar issues should be addressed for school custodians, cafeteria workers and other municipal employees who may be tasked to assist with Mass Care. Since shelters are Municipal events and often short lived, Red Cross does ask that communities absorb these staff costs. The shelter manager must determine in advance the process to be used for approval of expenditures including expendable supplies, equipment and labor and reporting channels.

FEEDING OPERATIONS

Local communities must ensure that a plan is in place to feed emergency responders, shelter residents, and residents who are able to stay in their homes but may still need meals. This will require the local Emergency Operations Center (EOC) to address logistical needs associated with feeding. The community should consider and establish agreements with Red Cross, Salvation Army, or other Community and Faith Based Organizations with licensed kitchens, as well as the Private Sector, to implement feeding strategies.

Local Health Departments/ Districts should assign a sanitarian as early as possible to monitor feeding operations. Feeding operations may be needed until normal food services are restored and disaster survivors are able to meet their own needs.

The Local Emergency Management Director or designee should determine the planning assumptions on which the municipality's feeding operations will be based (for example, the Federal Emergency Management Agency (FEMA)'s planning assumptions are: 2 meals ready-to-eat (MRE's) and 1 Gallon (or 3 Liters) of water per person, per day.

As of March 2012, DEMHS is working with state, local, and federal partners to provide a Standard Operating Procedure for the ordering of commodities from FEMA through the State Emergency Operations Center if a Presidential major disaster or emergency has been declared, or as needed based on the disaster.

Upon the shelter opening:

- **Provide Snacks**-- if possible, upon registration or shortly thereafter.
- **Provide Meals** – Shelter personnel may need to ration limited resources initially.

A. Example One – Catered or Fast Food. The simplest strategy for feeding the shelter population may be to have food catered or brought in from the outside if roads are open. Developing pre-disaster relationships and pre-disaster agreements with private sector vendors is especially beneficial in mass feeding operations.

When the community requests assistance from a private sector vendor, determine up front what the cost to the municipality will be, in order to avoid confusion about whether the town is buying the goods/services or receiving a donation.

- **Fast Food Outlets** – Until mass feeding operations can be organized, it may be easiest to initially use 24 hour restaurants or fast food outlets in obtaining meals for shelter residents. Later it may become easier to prepare or obtain other hot meals.
- **Restaurant Caterers** – Pre-Identify local commercial suppliers – restaurants, catering firms, hotels, etc. – and make pre-disaster agreements for suppliers to provide meals to persons in shelters.
- **Institutional Suppliers** – There are numerous suppliers that will provide fully prepared, packaged meals for institutions in bulk and in an emergency, they could be used to supply disaster shelters. Identify and make pre-disaster agreements if possible.

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- **Local vendors** – Local grocery and bulk supply stores may provide packaged meals. The local emergency management director/designee should talk to these local vendors as part of pre-disaster planning, and make agreements in advance if possible.

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

- **Bulk Food Donations** – Create a plan ahead of time to identify where the community might obtain bulk food items. At the time of the disaster, work through the local Emergency Operations Center (EOC) to obtain large bulk food items from local sources and then direct supplies to the central kitchen. Sources to consider are schools, grocery stores and warehouse/bulk supply stores.
- **Shelter Delivered Meals** – Local Health departments should determine if meals are acceptable, made off site and delivered to shelters meet health regulations.

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

- **Cafeteria Staff** – If a school is used for the shelter facility, pre-identify trained food services personnel, including municipal staff members, who may be available to operate the cafeteria. This may require a discussion with municipal human resources officials.
- **Basic Menu Planning Tips** –When planning menus for the shelter, avoid using peanut butter and other foods containing nuts. Consider individual dietary needs where possible, including religious, vegetarian and infant considerations. Strive to meet as many special diet requests as possible, although resources to do so may be limited immediately following a disaster. Examples of possible dietary issues include:
 - **Low Salt / Sugar** – If meals are prepared through an on-site or central kitchen, where possible, use low salt and low sugar guidelines in consideration of persons with restrictions.
 - **Infant Nutrition** – Determine the need for infant formulas or baby foods.
 - **Hospital Dietary Departments** – For the persons on special diets (such as a person with diabetes, heart, or kidney disease), care and shelter personnel may need to consult with medical staff or have meals catered from local hospitals.
 - **Kosher/ Specific Religious needed**- for shelter residents with specific diets due to religious standards, shelter personnel should consult with residents to determine the best local options.

D. Reporting – Staff and volunteers who are handling feeding operations should report the number of meals and snacks served to the local EOC/Emergency Management Director, as well as plans for the next operational period. Accurate records of food and supplies received/ purchased and used should be kept. Record hours of personnel who work should also be kept. This information will be essential to support a request for a federal disaster declaration and, if the declaration is received, to support reimbursement to the municipality. A separate record should be kept of any USDA food that is used so these supplies can be replaced.

E. Donated Food- *Donations of prepared food from residents or unknown sources should not be accepted for safety reasons.* The Primary exception to this rule is if a commercial restaurant wishes to donate food which is in perfect condition. Acceptance of donated food **MUST** be approved by a local

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health official and the Shelter Food Service Manager, if there is one. **All health laws prevail, even under disaster conditions.**

F. Mobile Feeding

When planning mobile feeding operations, consider the following elements before starting:

- Vehicles
- Crew/ staff
- Gas
- Food (types, storage, distribution)
- Plan (routes, schedule, etc)

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HEALTH SERVICES

Role of the Public Health Department – Pre-disaster planning is essential to determine staffing. The local Emergency Management Director may plan ahead with the local Public Health authority in order to be ready to perform the following functions during a mass care operation. Human and logistical resources will vary depending on the emergency, and plans should be laid out in advance to identify the capacity of local health departments/districts to respond. In a large disaster, the available pool of medical personnel will be extremely limited. Moreover, additional professional staff may be necessary if there is a significant amount of illness in the shelter population. Medical Staff in shelters should follow the Standards of Care: Providing Health Care During A Prolonged Public Health Emergency, a white paper produced by the CT Department of Public Health.

- **Health & Sanitation Inspection** – To provide periodic health inspections of the shelter, including a sanitary inspection and supervision of food preparation and handling.
 - **Public Health Nurses** – To provide public health services to shelter residents.
 - **Prevent Communicable Disease** – To monitor / evaluate the health status of the shelter population and prevent the spread of communicable disease.
1. **Other Resources** – Local health care clinics and Nursing Homes are also a resource for jurisdictions. Medical Reserve Corps (MRC) volunteers may also be activated to provide assistance requested through the local EMD and or Regional Coordinator.
 2. **Contract for Medical Personnel** – Local jurisdictions may need to plan to hire, or contract for additional medical personnel from private sources. In addition organizations such as medical equipment providers or respiratory providers may be required to support shelter operations.

Contagious Disease Concerns & Medically Fragile Persons

- **Separation to Reduce Spreading** – Plan to provide for the separation of persons with suspected communicable diseases that can range from common colds to more severe influenza and intestinal infections.
- **Note: Given the close confines of shelter conditions, illness (especially respiratory infections) spread easily among the shelter population without intervention actions.**
- **Pre-Designated Alternative Facilities** – Identify an alternate shelter facility and coordinate support through the local EOC in order to address the issues of (1) a large number of persons have a communicable disease in the shelter, or (2) a medically-fragile population. In this event the local hospital should be consulted.

Other Public Health Partners:

Behavioral/ Mental Health Services

The mental health impact of disasters ranges from emotional stress and anger to severe trauma and depression. Behavioral/Mental health support for shelter residents is very important in helping people to deal with their losses and begin the recovery process. In a large disaster, the available pool of behavioral Health counselors may be extremely limited (similar to the situation with Public Health Nurses). Planning considerations include:

Enlist Behavioral Health Counselors – Each municipality should develop a resource list of Municipal and community based behavioral/ mental health providers. These resources may include:

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- Community Based Organizations (CBO) that provide crisis counseling or psychological first aid;
- Pastoral Counseling Services (congregations and faith-based organizations);
- Volunteers from the Municipal who are trained as licensed therapists/ social workers or counselors. Volunteers must provide a copy of license and insurance coverage;
- State of CT- Disaster Mental Health Crisis Team - Each DEMHS region has a disaster mental health team comprised of local providers. The local Emergency Management Director should contact the DEMHS Regional Coordinator to activate.
- Municipalities may consider activating their Employee Assistance Plan (EAP) for staff and responders working in shelters.

Individuals Requiring Additional Assistance (IRAA)

Within each community there are Individuals who may require additional assistance that could include health, disability, age, literacy, gender and economic poverty. Each Municipality should be familiar with the demographics of their community and develop plans to address needs for specialized meals, equipment, supplies, and/or other assistance to support clients and maintain their independence.

A. Maintain a List and Contact Information for Critical Services Providers located in the

community- The local Emergency Management Director or designee should communicate with local service providers pre-disaster, and establish and maintain a list of local service providers, both to help the providers obtain the resources necessary to maintain their post-disaster operations, and so that local service providers can provide support to the community in turn.

- a. Discuss emergency plans with Nursing Homes in your community to determine their preparedness levels in an emergency. Specifically, generators and capacity issues. Create overflow sheltering agreements and reimbursement solutions.
- b. Reach out to Group Homes to determine population sheltering needs and preparedness plans.

B. Encourage Door-to-Door Outreach- this can be accomplished by door-to-door outreach in areas heavily impacted by the disaster to residents to assure they are okay and have adequate food, water and medications on hand. Place special emphasis on the following:

- Mobile home parks
- Senior housing
- Assisted living centers
- Single room occupancy hotels
- Lower income areas
- Meals on wheels recipients
- In-home care recipients

C. Transportation- Some persons with mobility impairments may have no means of transport to shelters or help centers and will require accessible transportation. Pre-identify how the community will transport these individuals.

- Plan for transportation for those who have no means of transportation, and document the plan.
- **Wheel Chairs** - assure that transportation provided will accommodate for wheel chairs and other Functional needs equipment.

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D. Identify Needs During Registration. Use shelter registration form or other Intake form to identify needs that older or disabled persons may have for assistance.

- **Prescription Medications** – identify individuals in need of emergency prescription medications replacement.
- **Dietary Needs** – identify individuals that need special diets such as those with diabetes or hypertension.
- **Durable medical equipment** – identify individuals who may require wheel chairs and/or personal or healthcare supplies, or other equipment.
- **Personal Care or One-on-One Assistance** – identify those who need personal care or one-on-one assistance to help with bathing, dressing, feeding, walking or need help communicating.
- **Caregivers/ Personal Assistants**- Some functional needs residents may arrive at the shelter with a caregiver, personal assistant or private nurse/health provider. These individuals should also complete a shelter registration form which can then be cross-referenced to their client.

Note: Under federal law, local government and shelter operators cannot make eligibility for mass care shelters dependent on a person’s ability to bring his/her own personal care attendant.

E. Shelter Accessibility. Pre-identify shelters that meet the accessibility standards (see Attachment 1: Shelter Assessment Form) that will enable persons who use wheelchairs or other mobility aids to function with greater independence. See shelter accessibility guidance on the DEMHS website: <http://www.ct.gov/demhs/cwp/view.asp?a=1928&q=492246>.

Standards include:

- **Parking** – arrange for parking that is close to the building entrance with appropriate curb cuts.
- **Accessible Entrance**– provide an accessible entrance to the shelter. For example, provide a ramp if there are steps at the front. It should have doors that are easy to open, or are automatic. For help in getting training in assessing accessibility, contact the Office of Protection and Advocacy.
- **Access to All Shelter Service Areas** – provide access to all shelter service areas such as eating, sleeping and bathrooms.
- **Restrooms** – provide restrooms that allow for free access to toilet and washing facilities.
- **Open Aisles** - once the shelter is in operation, arrange furniture and equipment as needed to keep access aisles clear of obstructions and to ensure that those with a visual or mobility disability are able to access.

F. Provide Basic Communication

- Have note pads, pens and pencils available at the shelter for staff or volunteers to use in communicating with deaf or hearing-impaired persons.
- Keep language simple and draw pictures if necessary.
- Larger printed signs are helpful
- Create system of visual cues to assist the hearing impaired or deaf. It may be necessary to obtain an American Sign Language interpreter to ensure effective communication.

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- Ensure multiple means are used to communicate information (e.g. posting announcements to a bulletin board, using a public address system, making sure closed captioning is turned on television sets, etc. .

G. Medications, Supplies and Equipment: residents may have less opportunity to access their personal items and emergency medical supplies before evacuating their home to disaster shelters.

- **Disability Supplies** – Pre-identify where the community may be able to obtain disability supplies such as wheel chairs, canes, walkers, hearing aids and colostomy bags. Be ready to request such supplies through the local EOC/Emergency Management Director.
- **Seniors** - give first priority to seniors and people with disabilities when cots and blankets are limited.
- **Vendor Agreements** - establish vendor agreements with local pharmacies and medical supply providers such as Oxygen providers to expedite purchase for medication or personal equipment needs.

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

- **Keep Pre-Disaster Shelter Programs Open** –Pre-identify existing homeless shelter programs and make it a municipal priority to keep them open if possible.
- **Keep a Referral List of Programs** - homeless shelters generally run at full capacity, but will accept more persons after a disaster. Keep a referral list of pre-disaster homeless shelter programs.
- **Seek Additional Support Services** - when pre-disaster homeless persons comprise part of the shelter population, there may be a need for additional support services. These may include: Substance Abuse Addiction Services, Mental Medical Health Services, Transitional housing assistance.
- **Request DMHAS/DPH Support** - request operational area support from Department of Health and Human Services or Department of Public Health through the DEMHS Regional Coordinator.

I. Literacy and Language Issues: Most emergency preparedness materials are available in written form. Few options exist to inform and prepare people with low reading levels, despite the potential for such materials to help people across literacy levels, language barriers, cognitive abilities, and age ranges. Emergency managers and shelter staff should be responsive to language and cultural differences.

Some of the more commonly spoken languages in CT include:

Albanian	Arabic	Chinese	Creole-Haitian
French (including Patois, Cajun)	Gujarati	Korean	Polish
Portuguese	Russian	Serbo-Croatian	Spanish
Vietnamese	Urdu		

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

1. **Outreach** – work with the media to identify non-English language media for radio, TV and newspapers. Identify Community Based Organizations (CBO) and Houses of Worship which serve specific ethnic communities and enlist their help to reach diverse non-English speaking populations.

2. **Bilingual Assistance** – The Municipality should identify and prearrange for bilingual assistance or translation services to assist with care and shelter operations. The following are tips for getting bilingual workers/volunteers to help at disaster shelters:
 - **Use Shelter Residents** – ask bilingual shelter residents to volunteer and assist persons who are non-English speaking. Try to avoid asking younger English speaking children to translate for their families.
 - **Use Employees** – Municipalities may wish to poll their employees to develop a list of those who speak, write, or read other languages. Consider recruiting and training bilingual employees to serve as shelter workers.
 - **Use Community Based Organizations (CBO)** – pre-arrange agreements with CBOs to allow the utilization of bilingual staff.
 - **Local Resources** – other sources for locating bilingual staff include universities, the court system, school districts and churches or contact United Way 211.
 - **Private Translation Services** – prearrange agreements with private translation services to assist with care and shelter bilingual needs.
 - **Social Services Support** – where available request support from Human/Social Services through the Municipal EOC.

J. Privacy Area – Consider creating a section of the shelter that is separate from the other shelter residents for use a “privacy room”. Some persons may need to attend to medical or other personal hygiene needs. Also, consider establishing a children’s “safe” area. (See Fact Sheet 4, attached.)

K. Options for Medical Support:

- **Local Support** – Communicate pre-disaster with Public Health to identify local nursing and medical personnel to provide support in a care and shelter. Resources may include Medical Reserve Corps volunteers or Health dept/ district staff. Don’t assume they will be available, plan ahead.
- **Private Nursing Care** – consider contracting with private, nursing care providers to support medically fragile shelter residents in cases where local and regional resources are at full capacity.
- **Hospital or Health care facility** – in cases where there are persons with contagious health conditions or medical needs that cannot be handled by shelter staff, transfer to a medical facility that is appropriately equipped and properly staffed. This may include a hospital, nursing home; or alternate care home. The jurisdiction may also set aside or reserve at least one shelter site for people who need a higher level of medical care, or a more controlled care environment. Communities may work together to identify a multi-jurisdictional facility.

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Useful internet web sites for planning for IRAA:

<http://www.diversitypreparedness.org/>
<http://www.healthyroadsmedia.org/topics/emergencies.htm>
<http://factfinder2.census.gov/main.html>

SHELTER COMMODITIES

For extended shelter operations, the Municipality may need to provide supplies and commodities to residents in the shelter. Shelter personnel should plan to coordinate with external agencies and services via the Emergency Operations Center (EOC) to help meet the personal needs of shelter residents.

Communicate pre-disaster with local businesses and nongovernmental organizations to determine a plan for providing such personal items as clothing and comfort kits (basic hygiene items such as soap, a washcloth, toothbrush, toothpaste, a razor, and a comb.)

FAMILY REUNIFICATION/ SAFE and WELL INQUIRIES

Respond to safe and well inquiries (seeking to located persons who are presently unaccounted) by referring to shelter registrations.

- **Central Shelter Registration Log** – Consider implementing a central shelter registration log to combine registrations from all shelter locations.
- **Coordination with Red Cross** – Coordinate family reunification support with the Red Cross – consider making a web-enabled computer available for residents to register on the Safe and Well website.
- <https://safeandwell.communityos.org/cms/>

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RECOVERY

Shelter residents will need assistance in identifying where to go for services to meet their specific disaster recovery needs. Disaster relief organizations such as the Red Cross, Salvation Army, and Federal Emergency Management Agency (FEMA), along with other government, faith and Community -based relief programs, may all initiate recovery services for disaster victims. The State of Connecticut is establishing a Long-Term Recovery ESF 14 Working Group made up of local, state, federal and non-governmental partners to assist with long-term recovery issues. Recovery considerations for municipalities include:

- **Distribute Resource Lists** – Develop resource lists with contact information and a description of available relief and recovery services for disaster victims.
- **Information and Referral Services** – Care and shelter personnel can work in coordination with Community -based Information and referral service programs, including United Way 211, which are linked with hundreds of human service providers. Local Libraries are an additional information and referral service.

Long Term Housing Assistance- Local Housing Authorities should be involved in planning for long term housing assistance for their existing clients as well as residents impacted by the emergency.

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

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

- **Collaborate with Voluntary Organizations Active in Disaster (VOAD) and local, regional and state ESF 14 Long Term Recovery Working Groups** – To establish long-term recovery and unmet needs committees at the local level.

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Attachment 1

CHILDREN IN DISASTERS

Children under the age of 18 comprise about 25 percent of our population and have unique needs when an emergency or disaster strikes. Some planning considerations for children include:

- Identify places children will most likely be when under supervised care (school, preschool, child care, summer camps, group homes, juvenile justice facilities).
- Work with local child care providers (listed above) regarding their emergency plans and evacuation procedures and staffing patterns if children have to be relocated to a shelter. Develop alternate plans on the local level for mass transportation of child care facilities (who may be housing 50-100 infants) in the case of evacuation/relocation.
- Designate a focal point of responsibility for coordinating children's needs, including providing mental health support, safe and accessible shelter environments, age- appropriate supplies and activities and care.
- Design an evacuation plan that provides transportation for children with their families and caregivers, especially children with disabilities.
- Include child tracking and family reunification procedures in disaster plans and plan for establishing emergency child care.
- Develop a long-term disaster recovery plans that addresses the needs of children and families (housing, schools, child care, health, and mental health).
- Identify local resources available to assist with psychological first aid/ mental health services for children in shelters. These resources may include mental health staff employed or contracted by the school system, or community based mental-health providers. In addition, the State Department of Children and Families or the Department of Mental Health and Addiction Services may have available resources through the DEMHS coordinator.

Children Who Are Unaccompanied or Unsupervised: Following a disaster, many children and families can be separated from their caregivers.

A. Reunification of Children with Parents – Under most circumstances, a parent, guardian, or caregiver is expected to be the primary resource for his or her children, ages 18 and younger. In cases where parents or guardians are not with their children, local law enforcement personnel and local child protective/child welfare services must be contacted to assist with reunification

- Establish a central database to track information on missing persons.
- Use the registration lists from Municipal shelters to help locate displaced family members- these shelter lists are confidential and cannot be posted for general access.
- If a child arrives at the shelter without a parent, get the parent's name and try to locate the parent. Plan for a qualified staff person to supervise the child until such a time that the parent or guardian can be located.
- If the child is not picked up immediately, request that the emergency operations center contact the Department of Children and Families- Careline: **1-800-842-2288**
- Consider mental health support/ psychological first-aid for these children.

Sheltering considerations:

- Every effort is made to designate an area for families away from the general shelter population. Family areas should have direct access to bathrooms.

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Attachment 1 – Children in Disasters

- Parents, guardians, and caregivers are notified that they are expected to accompany their children when they use the bathrooms.
- Every effort is made to set aside space for family interaction:
- This space is free from outside news sources, thereby reducing a child’s repeated exposure to coverage of the disaster.
- If age-appropriate toys are available, they will be in this space, with play supervised by parents, guardians, or caregivers.
- Shared environmental surfaces in shelters that are frequently touched by children’s hands or other body parts should be cleaned and disinfected on a regular basis.
- High contact areas may include diaper changing surfaces, communal toys, sinks, toilets, doorknobs, and floors. These surfaces should be cleaned daily with a 1:10 bleach solution or a commercial equivalent disinfectant based on the manufacturer’s cleaning instructions. Local health department authorities may be consulted for further infection control guidance.
- When children exhibit signs of illness, staff will refer children to on-site or local health services personnel for evaluation and will obtain consent from a parent, guardian, or caretaker whenever possible.
- When children exhibit signs of emotional stress, staff will refer children to on-site or local disaster mental health personnel and will obtain consent from a parent, guardian, or caretaker whenever possible.
- Children in the shelters come in all ages and with unique needs. Age-appropriate and nutritious food (including baby formula and baby food) and snacks are available as soon as possible after needs are identified.
- Diapers, pull-ups and wipes should be available for infants and children as soon as possible after needs are identified. General guidelines suggest that infants and toddlers need up to 12 diapers a day.
- Age-appropriate bedding, including folding, portable cribs or playpens are also available.
- A safe space for breastfeeding women is provided so they may have privacy and a sense of security and support. (This can include a curtained-off area or providing blankets for privacy.)
- Basins and sterile supplies for bathing infants are provided as soon as possible after needs are identified.
- When the area for children is located in the dormitory area, surround the designated area for children by a family sleeping area, then by single women, then single men and others with more extensive needs.
- Designate staff and/or law enforcement officials to monitor shelters, specifically bathrooms. These are dangerous places for children, especially those with multiple stalls and shower facilities.
- Designate shower/bathing facilities with times for child bathing and family use and appropriate monitoring by shelter staff/security.

Reference:

<http://cybercemetery.unt.edu/archive/nccd/20110427002908/http://www.childrenanddisasters.acf.hhs.gov/index.html>

For suggested shelter supplies for infants and toddlers, go to

<http://archive.ahrq.gov/prep/nccdreport/nccdrptapf.htm>

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Attachment 1 – Children in Disasters**

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Attachment 2

Donations and Volunteer Management

The purpose of this section is to provide detailed information to assist municipalities with Donation Management and Volunteer Coordination, including Spontaneous Volunteers.

Emergency managers must plan for the involvement of volunteers in all aspects of delivering care and shelter services. Volunteers (either from the community or from the shelter population) may help to staff shelter functions. It is important to train as many shelter volunteers ahead of the disaster as possible. This allows you to issue identification badges and conduct background checks as necessary. Following a disaster, spontaneous volunteers may arrive at the shelter to offer their assistance.

Planning considerations for Shelter Volunteers include:

A. Sources for Volunteer Recruitment – The jurisdiction should work to train a cadre of local volunteers in advance of the disaster to provide support at disaster shelters. It is recommended that each jurisdiction maintain a list of shelter trained volunteers and include them in disaster exercises to practice shelter activation. Sources of volunteers for Mass Care include:

- **Community Emergency Response Team (CERT) or locally developed disaster volunteers corps.** CERT members and other affiliated disaster volunteer programs are an excellent volunteer source to recruit and train in advance of a disaster.
- **Residents.** Residents are an excellent source of spontaneous volunteers. Use volunteers from the Municipal, either through referrals from phone banks/centers set up to manage the event, the Red Cross or local volunteer center.
- **Voluntary Organizations.** Community Based Organizations (CBO), faith based organizations, local congregations and Retired and Senior Volunteer Program's (RSVP) are another source for recruiting Mass care volunteers.
- **Shelter Residents.** While shelter residents will not be pre-trained in Mass Care and Shelter, you might consider utilizing shelter residents to assist with food service or other shelter duties.
- **Amateur radio.** To assist with shelter communication, consider activating your jurisdiction's ham radio operators from the Connecticut Amateur Radio Emergency Service (CT ARES).
- **Medical Reserve Program (MRC).** This Medical Volunteer Program is a volunteer initiative that utilizes local health care professionals and others to build and support the public health infrastructure. MRC is a DPH program that can be requested by the Municipal Emergency Operations Center (EOC) through your DEMHS Regional Coordinator to support a shelter by providing Medical Services.
- **Volunteer Action Centers.** There are multiple Volunteer Action Centers serving the State that are operated in partnership with United Way. These sites assist non-profit organizations with volunteer recruitment and retention programs and may also operate volunteer/ mentor programs in the Municipality. In a disaster, the Volunteer Centers can serve as links between requests for emergency help and the community-based organizations available to provide help.

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

- **Reception.** Meet and greet arriving shelter residents and provide comfort.
- **Registration.** Help newly arrived shelter residents to fill out registration forms.
- **Runners.** Help in obtaining goods and services or acting as "runners".

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Attachment 2 – Donations and Volunteer Management

- **General Operations.** Support with shelter operations such as shelter set up, food services, shelter maintenance, etc.
- **Health and Human Services.** Support with more specialized services such as first aid, mental health, child care, recreation and personal assistance services from support to seniors and people with disabilities to help with language translation. ***Many of these positions require copies of professional licenses and municipalities should have a system to collect and copy licenses when interviewing volunteers.***

C. Mass Care and Shelter Training – Work with the Red Cross to conduct government partnership shelter training in advance of a disaster. It is important for each jurisdiction to maintain a list of their own trained volunteers (such as CERT members, etc) that are pre-identified to respond to shelters within their jurisdictions. To assist with shelter preparation within each jurisdiction, the Red Cross will:

- **Provide Government Partnership Care and Shelter Training:** Each jurisdiction should work with the Red Cross to arrange periodic Mass Care/ Shelter training. Red Cross may elect to offer regional training, whereby several jurisdictions are invited to send pre-identified volunteers.
- **Conduct Background Check:** Red Cross will conduct background checks for volunteers who become affiliated with the Red Cross as well as complete all required shelter training and become registered in their Disaster human resources system. When Red Cross trains a partner agency, such as CERT, the Municipality must conduct and finance the background checks.
- **Issue Identification Badges:** Red Cross will provide Red Cross identification badges to volunteers who complete their required registration, background check and training. Municipalities should provide identification (badges, vests, etc) to their affiliated volunteers (CERT, etc).
- **During operations:** Red Cross will manage and finance background checks and provide Identification for the spontaneous volunteers and who come to Red Cross managed and Red Cross partnership shelters (Type 1 and 2). Red Cross would not assume responsibility for background checks on type 3 and 4 shelters.

A spontaneous volunteer is an individual who comes forward following a disaster to assist a governmental agency or Non-Government Agency (NGO) with disaster-related activities during the response or recovery phase without pay or other consideration. By definition, spontaneous volunteers are not initially affiliated with a response or relief agency or pre-registered with a volunteer group.

Role of shelter residents as volunteers

Once residents have arrived at a shelter and have become settled in and familiar with the shelter facilities, there may be some who wish to volunteer. It is the decision of each Municipal how to process these requests, but using residents to assist can be a great benefit, especially if resources are limited and have a positive mental health effect for those who prefer to be busy.

Standard safety precautions should apply when using shelter residents as spontaneous volunteers. Supervision should be available and limit responsibilities to those roles that have limited interaction with residents and confidential shelter registration information. Consider identifying appropriate tasks in advance and have a sign-in/ out sheet for volunteers and creating a just-in-time training module for residents.

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Attachment 2 – Donations and Volunteer Management

Spontaneous Volunteers Management

It is important to note that only pre-trained mass care and shelter staff should be utilized at the shelter. However, you may want to consider asking non-trained volunteers to assist with food service, shelter cleanup, or other non-essential functions that do not require mass care and shelter training or unsupervised interaction with shelter residents. For the proper management of spontaneous volunteers, each Municipality should develop a plan to register, process, place and track volunteers in advance of an emergency, including identifying potential jobs for spontaneous volunteers and assigning an individual or group to coordinate, train, and manage volunteers.

If background checks cannot be conducted for spontaneous volunteers, municipalities are advised to limit their use to sites with limited or no interaction with shelter residents, children or other vulnerable populations or be given any access to shelter registration forms. Close supervision should be required for all volunteers, but especially spontaneous volunteers. If volunteers are not meeting expectations or there are behavioral issues, they should not be asked to return.

The American Red Cross can assist in Spontaneous volunteer management to provide support at ARC managed or supported shelters and other areas of their response. Intake and management of these Spontaneous volunteers by the Red Cross would be a benefit to the municipalities and Region, since they can be deployed as needed.

A. Register and Process Spontaneous Volunteers – Once a Local, State and/or Federal Emergency Declaration is declared for the emergency affecting the jurisdiction, the local Emergency Management Director or designee may swear in volunteers in order to receive certain protections under Connecticut General Statutes Title 28.

- **Registration.** The new volunteer must register, and record their name, address and other contact information to include at least one emergency contact person.
- **Identify Capabilities.** DVCC staff will work to ensure volunteers are assigned positions that they are capable of fulfilling or have related experience in.
- **Placement.** Staff should identify a work location; work shift start and end time; shift supervisor; and responsibility/function. Ensure any volunteer schedule changes are documented.

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ESF 6 ANNEX

Guidance Reviewed:

Emergency Management Director

Date

Guidance Reviewed:

Chief Executive Officer

Date