

**COUNTY OF HUMBOLDT**

# **MASS CARE AND SHELTER PLAN**



A supporting annex to  
the Humboldt County  
Emergency Operations Plan

June 2023

# Table of Contents

<b>Section 1 Introduction</b> .....	<b>1</b>
Purpose .....	1
<b>Section 2 Response Roles and Responsibilities</b> .....	<b>2</b>
Humboldt County Emergency Operations Center (EOC) .....	2
Humboldt County DHHS Department Operations Center (DOC) .....	2
Legal Authorities .....	2
<b>Section 3 Situations and Assumptions</b> .....	<b>2</b>
Situations .....	3
Assumptions.....	3
<b>Section 4 Mass Care and Shelter Definitions</b> .....	<b>3</b>
<b>Section 5 Concept of Operations</b> .....	<b>4</b>
Preparedness Phase .....	4
Response Phase .....	5
<b>Section 6 Shelter Operations</b> .....	<b>7</b>
Shelter Teams .....	7
Shelter Rules .....	8
Safety and Security Functions.....	8
Public Information and Notifications.....	8
<b>Section 7 Feeding</b> .....	<b>9</b>
Feeding Operations.....	9
<b>Section 8 Medical and Mental Health</b> .....	<b>9</b>
Coordination of Public Health/Medical Resources .....	9
Disaster Mental Health Needs .....	10
Pharmaceutical Supply Chain .....	11
<b>Section 9 Family Reunification</b> .....	<b>11</b>
Family Reunification – Safe and Well .....	11
Unaccompanied Minors.....	12
Unaccompanied Adults Requiring Care .....	12
<b>Section 10 Accessibility of Services</b> .....	<b>13</b>
Resources for People with Access and Functional Needs .....	13
Assisting People with Access and Functional Needs in Shelters.....	15
Transportation Considerations .....	18
Service Animals in Shelters .....	18
<b>Section 11 Open Space and Unaffiliated Shelter Sites</b> .....	<b>19</b>
<b>Section 12 Animal Sheltering</b> .....	<b>19</b>

Animals at Shelters Not Designated for Animal Sheltering .....	19
Large Animal Rescue and Care.....	20
<b>Section 13 Volunteer and Donations Management.....</b>	<b>20</b>
Mass Care and Shelter Volunteers.....	20
Donations Management .....	21
<b>Section 14 Disaster Services .....</b>	<b>21</b>
Local Assistance Centers (LAC).....	21
Public Information .....	22
<b>Section 15 Recovery Phase .....</b>	<b>22</b>
Demobilization .....	22
Shelter Closure.....	22
Short-Term and Long-Term Housing.....	23

## Appendix

Shelter Activation Quick Guide .....	i
Scalable Mass Care Operations Checklist .....	iii
Registration Checklist.....	v
Feeding Checklist .....	vi
Dormitory Checklist .....	viii
Staffing Checklist.....	ix
Logistics Checklist .....	x
Health Services and Mental Health Services Checklist .....	xii
Shelter Positions Checklist .....	xiii
Infection Control Guidance for Shelter Facilities .....	xvii
Shelter Rules .....	xxiii
Shelter Dormitory Registration Form .....	xxiv
Emergency Purchasing Policy .....	xx
Acronyms .....	xxi
Definitions .....	xxiii



# Humboldt County

## Mass Care & Shelter Plan

### 1.0 MASS CARE AND SHELTER

#### 1.1 Introduction

This Mass Care and Shelter Plan supplements the Humboldt County Emergency Operations Plan (EOP), under the authorities and structures described therein. The purpose of this Plan is to outline Humboldt County's response for mass care and shelter associated with large-scale disasters, including general mass care and shelter, large venue sheltering, mental health concerns and access and functional needs (AFN). "Mass care" includes distribution of commodities and hygiene necessities, crisis counseling and referral to relief programs and services.

This Plan serves as a framework for a mass care and shelter event within existing statutory obligations and limitations. This Plan does not apply to small-scale or day-to-day emergencies, but instead focuses on catastrophic events that require large-scale out-of-home shelter and emergency food distribution.

#### 1.2 Purpose

This Plan describes the organizational and operational concepts and responsibilities required for overall mass care and shelter within the Humboldt County Operational Area (OA). It outlines responsibilities, activation procedures and resource requirements for the County of Humboldt (County) and the OA to provide sheltering services to people temporarily displaced by a local disaster. It applies to all locations, agencies, departments and personnel within Humboldt County that have emergency mass care responsibilities.

While this Mass Care & Shelter Plan is intended primarily to be used during local disasters impacting the Humboldt County OA and its residents, it may be activated, under limited circumstances, in the event that disaster evacuees from neighboring counties require emergency services in Humboldt County.

## 2.0 RESPONSE ROLES AND RESPONSIBILITIES

### 2.1 Humboldt County Emergency Operations Center (EOC)

The EOC is managed by the Sheriff's Office of Emergency Services (OES) and staffed by County personnel and response partners from various OA jurisdictions, agencies and/or partners, under the direction of the Humboldt County Sheriff/Director of Emergency Services (or designee).

The EOC is the designated coordination point for disaster response and recovery for the Humboldt OA, including evacuation, disaster proclamations and cost recovery, damage assessment, state and federal resource requests, Public and Individual Assistance, donations and volunteer management and public information. The EOC oversees resource support, identification of needs and management.

The EOC is activated when there is an incident that requires a coordinated response among multiple agencies in the Humboldt OA. This includes any time evacuations are ordered by the Sheriff or an authorized public safety entity, including law enforcement agencies ordering evacuations within their respective jurisdictions, CAL FIRE, U.S. Forest Service and local fire agencies.

EOC structures that may be activated to coordinate mass care include the following:

- Health & Welfare Branch
- Mass Care Unit
- Mental Health Unit
- Public Health Unit
- Social Services Unit.

When the EOC is activated, the responsibilities of the mass care function will be carried out by the Mass Care Unit. The EOC may also provide resource support for shelters established by incorporated cities in the Humboldt OA, and primarily operated by the city and/or the American Red Cross (ARC).

### 2.2 Legal Authorities

Legal authorities related to the responsibility for, and delivery of, disaster mass care and shelter resources include those authorities listed in the Humboldt County EOP and the federal National Response Function. When dictated by the situation, additional ordinances or other emergency regulations may be enacted by OA authorities.

## 3.0 SITUATIONS AND ASSUMPTIONS

### 3.1 Situations

- Recognizing that Humboldt County is prone to a variety of threats, this Plan is applicable to all hazards that would displace individuals or put populations in harm's way.
- Per the American Red Cross's Congressional mandate, the agency holds primary responsibility for the mass care portion of Emergency Support Function #6 of the federal National Response Function.

- The Mass Care Unit of the Health & Welfare Branch of the EOC coordinates, with ARC, the provision of services to the community and displaced individuals during emergencies countywide.
- The Humboldt County EOP places responsibility with the Humboldt County Department of Health & Human Services (DHHS) to work with ARC on local mass care and shelter.
- The Mass Care Unit in the EOC is cooperatively supported by the Humboldt County Sheriff's Office of Emergency Services (OES), DHHS and other organizations as appropriate.

### 3.2 Assumptions

- An estimated 5 to 15 percent of the population may require temporary shelter in a mass care facility during a catastrophic emergency that displaces people from their homes.
- Many evacuees will seek shelter with relatives, friends or motels rather than use government-provided mass care facilities. Others may prefer to camp in spaces provided for that purpose or on their own property.
- Due to the age and condition of the building stock in Humboldt County, there may be insufficient mass care sites to meet the needs of all evacuees during an emergency or disaster until or unless temporary shelter structures are brought in from outside the area, or a larger-scale evacuation site is activated outside the County.
- The County will work to train staff and volunteers to manage and operate shelters as needed.
- Resource support, identification and management activities can be executed at the EOC, thereby allowing the various Department Operations Centers (DOCs) and other OA partners to concentrate on direction of essential emergency response tasks.

## 4.0 MASS CARE AND SHELTER DEFINITIONS

Humboldt County DHHS is designated as the lead agency for providing mass care services to disaster-displaced individuals in the Humboldt OA. DHHS, in close partnership with ARC, is responsible for ensuring the provision of accessible mass care services to individuals temporarily displaced by emergencies and disasters. If an evacuation center or shelter is needed due to active or possible evacuations, County OES will notify a designated Mass Care Unit Leader to begin activating the mass care protocols established in this Plan, or to begin advance planning in anticipation of future needs.

Several terms are used when referring to the process of mass care and housing residents during disasters.

For the purposes of this Plan, the terms **“sheltering”** and **“shelters”** refer to the capability to provide those displaced by disaster with a safe, temporary place to be housed during or immediately after a disaster until they can either return to their homes or relocate to more permanent housing facilities. After immediate hazard conditions have lessened, shelters may be established within, or in close proximity to, the disaster area to temporarily house displaced people.

Evacuation centers operated exclusively by the County of Humboldt and non-ARC response partners are considered **“County Shelters.”**

Evacuation centers or shelters operated exclusively by ARC are classified as **“Red Cross Shelters.”**

Evacuation Centers or shelters operated using personnel and/or resources from both the County and its response partners and the ARC are classified as **“Partner Shelters.”** Whenever possible, ARC will serve as the lead agency responsible for operating mass care sites, with staffing and other support from DHHS. To expedite shelter openings, DHHS and ARC maintain lists of accessible mass care sites and facilities, and the Humboldt County Sheriff’s Office may execute agreements in advance and on a just-in-time basis with site owners and operators.

Evacuation Centers or shelters established and initially operated by community groups, faith groups or other non-governmental entities, without the initial participation of the ARC or County EOC are considered **“Independent Shelters.”** If County or ARC resources are provided to Independent Shelters, those shelters are then considered “Partner Shelters.”

For the purposes of this Plan, all such facilities staffed and supported by the County may be collectively referred to as **“Mass Care Sites.”**

All references to mass care and sheltering in this Plan pertain exclusively to temporary services caused by an immediate natural or human-caused disaster.

All individuals displaced by disaster will be treated with respect and will not be discriminated against for any reason, including race, national origin, color, religion, gender or gender expression, age, marital status, military service, disability, sexual orientation or preference, location of residence or prior housing status.

This Plan does not address evacuation procedures, disaster animal rescue and care or other hazard-specific and disaster response plans outside the scope of mass care.

## **5.0 CONCEPT OF OPERATIONS**

### **5.1 Preparedness Phase**

The Mass Care Unit has specific responsibilities and will operate during all phases of an emergency, including establishing centers or shelters when there is a potential for evacuation, but will be most active in the emergency response and post-emergency response/recovery phases. For proper response, pre-disaster preparedness is essential.

#### **Planning**

Planning will entail six major tasks:

- Pre-designating facilities
- Preparing necessary equipment
- Identifying staffing needs
- Training
- Developing Standard Operating Procedures (SOPs)
- Formalizing agreements with partner agencies.

## **Staffing**

Humboldt County OES, DHHS, partner agencies and local jurisdictions maintain current internal personnel notification/recall rosters and a means to implement them as part of their SOPs. This includes a communication system to implement call-down rosters for personnel assigned to field units, the EOC and other designated work locations. The OES and DHHS call-down rosters are updated regularly to ensure a rapid recall and deployment of personnel. OES staff are working to utilize Everbridge for call-downs for all County departments, which would both simplify and expedite the call-back process.

## **Training**

The County maintains procedures and ensures all personnel are aware of their assigned tasks and are properly trained to accomplish those responsibilities. Staff assigned to work in the EOC receive additional training to include EOC operations, SEMS/NIMS and/or other related courses and workshops. Once trained, staff intermittently participate in drills and EOC exercises to retain necessary skills/knowledge. DHHS coordinates with various agencies, including ARC, to ensure staff members assigned to the mass care function are trained in shelter operations.

## **5.2 Response Phase**

Following an emergency or major incident in Humboldt County, the Humboldt County OES will identify the need for mass care and shelter services and determine sheltering needs. Services provided will be based on factors including type, scope and location of incident, active or anticipated evacuations and input from response partners and/or volunteer community liaisons. When the need for mass care services has been identified, the following chain of notifications and coordination typically occurs:

- Humboldt County EOC notifies Mass Care Unit leadership of imminent or anticipated mass care needs.
- Mass Care Unit leadership activates shelter staff in coordination with the EOC Logistics Section.
- Mass Care Unit leadership communicates with local ARC representatives about potential shelter needs.
- EOC Logistics contacts potential mass care facilities and sheltering partners to coordinate selection of Evacuation Center sites and coordinate opening logistics.
- The Mass Care Unit coordinates with pre-registered, pre-screened Disaster Service Worker Volunteers.
- The EOC may request law enforcement personnel for Evacuation Center security, depending on the jurisdiction.
- Shelter Manager notifies the Mass Care Unit leader, who then coordinates with EOC Operations Section on requested accommodations to ensure accessibility to all members of the public seeking services in Mass Care sites and shelters.
- The Mass Care Unit coordinates with the Public Health Unit to establish medical resources in Mass Care sites, as needed.
- The Mass Care Unit provides a situation report (SITREP) to the EOC Operations Section regarding visitor numbers at mass care sites, evacuee statistics and the need for overnight sheltering and additional services and resources. Information includes daily morning reports of total shelter population numbers and post-mealtime reports to help anticipate logistics for future feeding. This information is forwarded to the Planning and/or Logistics Unit.



- The Mass Care Unit submits field reports to the EOC Operations Section about shelter information including hours of operation, volunteer and donations needs and limitations. This information is communicated to the EOC Public Information Officer or Joint Information Center (JIC), if activated.

When the need for an Evacuation Center or Shelter has been identified, the EOC initiates its mass care notification process to response personnel and the public. All public information for incidents requiring mass care services is coordinated through the County EOC and the County JIC, if activated.

### **5.2.1 Emerging Incidents**

If a disaster occurs without the opportunity for advance planning, such as an earthquake, the Mass Care Unit is activated by the EOC and is charged with coordinating and establishing mass care services for individuals displaced from their homes.

### **5.2.2 Advanced Mass Care Planning for Specific Incidents**

If there is advance warning of a potential need for mass care resources, Mass Care Unit personnel will assist the EOC by pre-identifying, in partnership with ARC, viable mass care site locations, and as appropriate, will pre-stage necessary resources and equipment for possible mass care site activation.

### **5.2.3 Evacuation Center Activation**

Evacuation Centers may be established when an evacuation order is issued by the Humboldt County Sheriff or other jurisdictional authority, or when an emergent or imminent need for mass care services in Humboldt County has been identified. If the need for overnight sheltering is not confirmed, an Evacuation Center will be established to assess the needs of evacuees and the impacted community prior to offering overnight services.

When emergency conditions displace many residents within an incorporated city, that municipality may also request support from the EOC for mass care services. Incorporated cities may operate mass care sites independent of the EOC if an incident is isolated to their jurisdiction.

The Mass Care Unit will contact and coordinate with Independent Shelter operators to assess mass care needs and shelter conditions, with the goal of consolidating mass care services into a single County, or American Red Cross site, if possible.

### **5.2.4 Shelter Activation**

Shelters may be established when there is an immediate need for comprehensive mass care services for individuals temporarily or permanently displaced from their homes by a local emergency or disaster.

Evacuation Centers may be converted to overnight shelters when the expressed needs of the impacted community require additional services and resources, including sleeping accommodations, water and food, basic hygiene supplies, referrals to additional support services and medical assessments.

In addition to the notification and coordination steps outlined in Response Phase Section 3.2, as appropriate, establishing a new County or Partner shelter, converting an Evacuation Center to a County

or Partner Shelter or assuming responsibility for an Independent Shelter may require additional actions, including, but not limited to the following:

- The Mass Care Unit is activated in the EOC. As soon as is feasible, EOC Logistics assumes primary responsibility for coordinating shelter opening logistics.
- EOC Logistics Section secures appropriate facility locations in consultation with the Mass Care Unit and ARC. Existing evacuation centers may or may not be appropriate facilities for overnight sheltering operations.
- The Mass Care Unit tracks and provides timely information to PIO/JIC and EOC Situation Unit about shelters opening, closing or relocating.
- A 24-hour staff presence will be maintained at County and/or Partner shelters, as appropriate, for the number of residents and their needs.

## 6.0 SHELTER OPERATIONS

The guidelines in this Plan for Humboldt County mass care sites are recommendations and not requirements. The primary recommendations for overnight sheltering include the following elements:

- The facility is accessible as defined in the County EOP
- State law requires that one per six toilets meet ADA requirements
- FEMA's guidance is 40-square feet per person when cots are set up
- Kitchen/cooking facilities
- Food preparation and serving areas
- Electrical power, lighting and backup generators available
- Heating, ventilation and air conditioning (HVAC) available and appropriate for the season and weather
- Parking for evacuees, disaster service workers and mobile resource units, as needed.

Potential shelter facilities in Humboldt County may include:

- Large multipurpose rooms
- Community centers
- Churches
- Senior centers
- Recreational facilities
- Auditoriums
- Schools.

### 6.1 Shelter Teams

Shelters are staffed by shelter teams. The size and composition of the shelter team is dependent on the number of individuals sheltered in the facility and services required. The tasks performed by a shelter team include:

#### Core Functions

- Shelter management
- Client registration
- Feeding/meal service
- Public health services
- Mental health services

- Shelter security
- Janitorial services/waste/sanitation
- Social services and reunification assistance through ARC Safe and Well system.

Shelter staff may be trained and screened volunteers, employees of the County or responding nonprofits. Staff may be responsible for one or more core functions or auxiliary services.

## 6.2 Shelter Rules

**Provide Rules at Registration** – Shelter residents must be notified of and acknowledge the rules upon registration. Shelter rules will be prominently posted and reinforced at shelter orientation sessions. (See **Appendix page xviii: Shelter Rules** for a complete list).

**Translation of Rules** – For non-English speaking persons, shelter rules will be translated into other languages as appropriate and feasible.

**Enforcement of Rules** – Shelter staff will defer to law enforcement and/or assigned shelter security to assist with significant rules violations, major disputes or violations of the law.

## 6.3 Safety and Security Functions

Shelter staff must operate shelter facilities in a manner that promotes the safety and security of each client and worker in the shelter. This includes establishing and posting shelter rules and promptly reporting violations of shelter rules and/or any credible reports of criminal activity to shelter managers and security personnel.

Law enforcement support falls to the jurisdictional authority. Should facility security require police backup, the agency responsible for that geographical area would be relied upon.

**Security/Safety Inspections** – Security will monitor the facility and the surrounding grounds to ensure compliance with shelter rules and to maintain public safety.

**Private Security** – The EOC and Sheriff’s Office may request mutual aid from regional law enforcement agencies, or contract private security services to supplement security personnel at shelters.

**Removal** – Shelter clients or visitors may be removed and banned from shelter premises for disruptive or violent behavior, inebriation, possession of illegal or toxic substances or at the discretion of shelter management or security staff for any activity or behavior that may compromise safety.

## 6.4 Public Information and Notifications

**News information for shelter residents** - Current information about emergency conditions, evacuation status, damages to residences as well as repopulation plans will be provided as able to shelter residents through the PIO/JIC function in the County EOC. During extended sheltering operations, the following information and access to media will be provided to shelter clients when feasible:

- Information about missing or separated family members in impacted areas, including access to the ARC Safe and Well system and other reunification resources
- Access to daily news articles on disaster impacts, affected areas and response efforts
- News about shelter resources and activities

- Computer access to disaster welfare information, when feasible, and the Safe and Well system
- Information about evacuated, closed, hazardous, contaminated or congested areas to avoid
- Repopulation plans for evacuated areas
- Information about essential services available, such as hospitals, banks, pharmacies, etc.
- Information about continuing hazards and weather conditions
- Information about available recovery resources
- Appropriate materials in alternate formats for visual or hearing impaired and non-English speaking people.

## 7.0 FEEDING

### 7.1 Feeding Operations

In any Partner or ARC sheltering scenario, the American Red Cross is responsible for providing three meals a day to shelter guests. Currently, the local ARC chapter does not prepare meals at all, but local ARC volunteers participating in food distribution have a valid California Food Handlers card. In the unlikely event that the county opens a County Shelter with no participation or support from the ARC, the County of Humboldt may be responsible for all costs and logistics associated with feeding, although ARC, when able, may support with volunteers.

In large events, ARC primarily outsources meal preparation and distribution to charitable and faith organizations including the Salvation Army, the Southern Baptists and World Central Kitchen. For smaller events, or within the first 24 to 48 hours of a response, meals may be store-bought or purchased from local for-profit restaurants such as Subway. Please note that meals are provided for overnight “shelters,” and not typically for warming, smoke and other types of “centers,” which do not provide overnight shelter.

## 8.0 MEDICAL AND MENTAL HEALTH

### 8.1 Coordination of Public Health/Medical Resources

The Public Health Unit in the EOC coordinates public health/medical and environmental health resources for mass care environments and the continuity of the health care system. The Medical Health Operational Area Coordinator (MHOAC) Program is responsible for assessing the needs for medical resources and commodities within the Operational Area and requesting outside jurisdictional resource support through the Region II Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S).

In the event of a local, state or federal declaration of emergency, the MHOAC will assist in the coordination of medical and health disaster resources within Humboldt County and be the point person for coordination with regional and state public health entities.

#### 8.1.1 Public Health Roles/Responsibilities

In coordination with the EOC, Humboldt County Public Health will receive and disseminate disaster-related information to the medical/health community. Some additional duties are as follows:

- Coordinate the procurement, allocation and distribution of medical personnel, supplies, equipment and other resources as necessary and when available
- Monitor, assess and report on the community disaster health status
- Provide public health nursing services for mass care sites

- Act to prevent the spread of communicable disease and disaster-related illness
- Collect and analyze health related data in a disaster area and establish response procedures to mitigate health-related problems
- Provide referrals to additional medical and health resources, including clinics, pharmacies and hospitals as necessary
- Coordinate and monitor the California Health Alert Network (CAHAN) alerting system.

### **8.1.2 Environmental Health Roles/Responsibilities**

- Identify, control and eradicate harmful conditions in the environment
- Collect and analyze environmental health related data in the disaster area
- Coordinate sanitation services, with regard to food handling, mass feeding, medical and human waste disposal in mass care sites
- Determine the safety of the water and food supply in mass care sites
- Assist with mass care site surveys
- Perform routine shelter assessments to identify potential deficiencies or areas of concern. Findings from assessments will be communicated to the County EOC and ARC.

## **8.2 Disaster Mental Health Needs**

The mental health impact of disasters ranges from emotional distress and anger to anxiety and depression. The potential for drug and alcohol abuse increases, as well as exacerbation of pre-existing conditions and reduced access to prescribed medications.

### **8.2.1 Mental Health Roles and Responsibilities**

Following a disaster, DHHS Behavioral Health manages the following response functions:

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

During an emergency, DHHS Behavioral Health has the responsibility to assist survivors, families and responders who may need behavioral health services (e.g., crisis counseling or intervention, mental health first aid assessments and/or referrals), including the following:

- Clients in recovery who may have severe psychiatric symptoms or relapse to substance use.
- Individuals for whom the disaster has created an emergent need for assessment or treatment services.
- Clients in residential programs who may be displaced and affected by disruption of community support services.
- Clients on psychotropic medications (e.g., antipsychotic medications, anti-anxiety medications) who are unable to obtain their medications, or who are normally assisted by staff in taking their medications regularly, and are identified by clinical professionals as being at risk of serious withdrawal symptoms (e.g., seizures, delirium tremens) if the medications are stopped abruptly.
- Clients at risk who may face unique hardships and challenges if suddenly deprived of their DHHS program's support.
- Clients previously treated at other agencies whose pre-disaster providers are unable to provide continuing critical care.

### **8.2.2 Planning Considerations**

**External Mental Health Counselors** – When mental health needs exceed local capacity, the MHOAC will submit a resource request to the Region II RDMHS/C for additional qualified personnel to provide counseling services to mass care site occupants, staff and emergency first responders. Existing County Mental Health clinicians will not be able to meet the demand for services and outside jurisdictional support will be requested immediately following a large-scale emergency in Humboldt County. Note: outside jurisdictional support may not arrive for several days or longer depending on the severity of damages or resource availability.

**Community Counseling Resources** – In addition to Behavioral Health, community mental health providers and clergy may be requested by the Mass Care Unit to assist shelter clients. These resources include:

- Community-Based Organizations (CBOs) that provide crisis counseling
- Religious or Pastoral Counseling Services (congregations and faith organizations often provide counseling services)
- Volunteers from the community who are trained as licensed therapists.

### **8.3 Pharmaceutical Supply Chain**

Some shelter residents may have medication regimes that cannot be interrupted. When an evacuation order is issued, the Operations Section (Mass Care Unit in the EOC) will assist the PIO team in developing messaging to residents regarding evacuation provisions. EOC messaging through the JIC/PIO team will include reminding evacuees to pack all of their prescription drugs.

Every reasonable effort will be made in shelters to create access to medications. However, supply chain issues may be impacted during a major disaster.

## **9.0 FAMILY REUNIFICATION**

### **9.1 Family Reunification – Safe and Well**

The American Red Cross Safe and Well website facilitates communication and reunification of family members, friends and employers seeking information on the status of people in the affected area. Those affected by the disaster are encouraged to register their status when the Safe and Well website has been activated for an emergency event: [www.redcross.org/safeandwell](http://www.redcross.org/safeandwell).

People without access to a computer or without electricity or connectivity can also call ARC, at 1-800-RED-CROSS, for help registering.

Family and friends can search for registered individuals to learn of their whereabouts and safety. Registration will be offered at shelters, bulk distribution sites and emergency aid stations, when possible. Social media and other internet-based bulletin boards can also be used to search for and find separated family members.

In addition to shelter lists and as part of the reunification process, shelter staff may coordinate within the EOC or with other agencies to obtain information on missing persons from casualty lists, hospitals

and other ad-hoc disaster victim registration services. Any reports of missing persons should be immediately communicated to local law enforcement.

## **9.2 Unaccompanied Minors**

Following a disaster, children may become separated from their parents or guardians, requiring activation of a reunification function in the EOC.

During evacuations, minors may be in school, at home without a parent or guardian or otherwise unable to immediately reunite with a responsible adult family member or approved temporary guardian. When advance planning is not possible due to an imminent public safety threat or evacuation order, law enforcement for the jurisdiction in which minors are unaccompanied will work with DHHS Social Services and Child Welfare Services (CWS) to facilitate care and custody until the family can be reunified.

If a legally responsible party cannot be identified or reached, CWS will assume responsibility for unaccompanied minors as early as possible. In some cases, temporary services, supervision and security will be coordinated for unaccompanied minors at mass care sites.

Strategies to address supporting unaccompanied minors until they can be reunified with their family include:

- Tracking and immediately reporting unaccompanied minors arriving at Evacuation Centers or shelters, and reporting them to facility security assigned by the Sheriff's Office or responsible jurisdictional law enforcement agency and the EOC Situation Unit.
- Registering unaccompanied minors with the American Red Cross Safe and Well system as early as possible. Shelter staff will attempt to contact family members as soon as unaccompanied minors are identified, using all possible methods of communication. When local communications are impacted by the disaster, family members outside the disaster area will be contacted when possible.
- If no parent/guardian or CWS staff person is available, referring missing or separated minors should be referred to the National Center for Missing and Exploited Children (NCMEC). The NCMEC operates a National Emergency Child Locator Center (NECLC), which can be utilized during disaster events.
- Unaccompanied minors in shelters will be assigned to one or more vetted staff members upon arrival. Shelter volunteers will not be assigned or permitted unsupervised contact unless they have completed an appropriate background investigation. In some cases, unaccompanied minor supervision will be temporarily performed by an American Red Cross staff member rather than a County employee. Red Cross workers are required to receive a background check.
- Prioritizing services, including qualified and licensed counseling services, for unaccompanied minors in shelters.

## **9.3 Unaccompanied Adults Requiring Care**

Following a disaster, unaccompanied adults requiring care may become separated from their caregivers, and, following a regional disaster affecting a large area and population, many personal caregivers and in-home health care workers may not be available to perform required duties, or may be unable to reach their clients.

Strategies to support unaccompanied adults until they can be reunified with their caregivers include:

- Prioritizing reunification efforts for adults requiring personal care or maintenance of health care regimens, following unaccompanied minors
- Facilitating contact with family and caregivers through the Social Services Unit in the EOC or DHHS DOC.

Adult Protective Services will be immediately notified of adults affected by disasters who require assistance. Qualified and pre-screened staff will work with the unaccompanied adult to identify needs, resources and appropriate services, in coordination with health care personnel assigned to shelters, and social services functions. Adult care support groups, nonprofits and faith groups may provide assistance in providing care until guardians or caregivers can be located or longer-term arrangements can be made.

Additionally, shelter staff will report the number and status of adults in evacuation centers or shelters requiring care to the EOC.

## 10.0 ACCESSIBILITY OF SERVICES

### 10.1 Resources for People with Access and Functional Needs

The goal of accessible mass care services is to ensure that everyone has a chance for equal participation in the "mainstream" of community life. This section provides shelter personnel with tips on accommodations and support for people with disabilities to maximize their full participation in all shelter activities. While most guidance materials for ensuring accessibility of disaster sheltering and services are based on the Americans with Disabilities Act (ADA), emergency shelters are also subject to the provisions of the Fair Housing Act.

FEMA estimates that 20 percent of the U.S. population has a disability, and most people have access and functional needs at one time or another. Persons with disabilities are a protected class. They are protected from discrimination as defined by the federal civil rights laws such as the Americans with Disabilities Act of 1990, the Rehabilitations Act and other state civil rights protections.

The term "disability" means:

- An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

In general, major life activities may include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working.

#### 10.1.1 Access and Functional Needs Definition

FEMA and the California Office for Access and Functional Needs describe access and functional needs populations as people with additional needs before, during and after a disaster, in four functional areas:

- Communication
- Medical care
- Maintaining independence
- Transportation.



In addition to individuals with disabilities, people with access and functional needs may require reasonable accommodations to ensure equal access to information and services. Such populations may include:

- Individuals who don't read, have limited English proficiency or are non-English speaking
- Individuals who have physical, sensory, behavioral or mental health, intellectual, developmental and cognitive disabilities
- Seniors
- Children and adults with disabilities and their personal attendants/caregivers
- Individuals who have financial barriers to safe evacuation or transportation needs
- Women who are pregnant
- Individuals who have chronic or temporary medical conditions
- Those with medically necessary pharmacological dependency.

Shelter staff will ask incoming evacuees as they register if they require any accessibility accommodations, but staff are limited to questions that maintain privacy and medical confidentiality. Shelter occupants may elect to disclose medical conditions or disabilities on a voluntary basis. Any disclosures of personal medical information will be kept strictly confidential, including securing and limiting access to electronic files and hard copies of forms and other documents.

### **10.1.2 Accessibility of Shelter Sites**

Accessibility requirements include doorways, parking lots, entrances and exits, interior facilities and resources, and information and services provided in shelters. When no accessible facility is immediately available, some physical barriers can sometimes be temporarily addressed to provide access. Temporary accessibility measures may include portable ramps that meet ADA standards for wheelchairs, "universal" or medical sleeping cots, using greeters to open doors, etc.

Required structural accessibility features per the Department of Justice ADA Checklist for Emergency Shelters include.

- Parking
- Drop-off areas
- Sidewalks and walkways
- Hallways and corridors
- Building entrances and exits
- Registration areas
- Restrooms
- Bathing facilities
- Sleeping areas
- Dining facilities open to shelter residents
- Areas where medical care or disaster services are provided
- Paths of travel between these areas
- Work, assembly and meeting areas open to shelter residents
- Emergency egress routes.

Accessible features and accommodations within the shelter and resident service areas may include:

- Refrigeration for medications

- Ramps and threshold mats
- Greeters or wayfinders used to assist arriving members of the public through potential accessibility barriers
- Cane-detectable warnings for visual obstructions
- Privacy curtains
- ADA-compliant tables (surface height of no more than 34" and no less than 28" above the floor. At least 27" of knee clearance [29" is preferable to serve persons using larger electric wheelchairs]).
- Portable power generators
- Accessible entrance to all areas and rooms open to shelter residents
- Directional signs
- Accessible cots with appropriate clear space
- Grab bars, risers and handles
- Additional storage space for medical equipment and assistive devices
- Braille and raised-letter signage
- Language translation, including sign language interpretation
- Message boards.

## **10.2 Assisting People with Access and Functional Needs in Shelters**

In addition to accessible facilities that meet ADA and Fair Housing Act requirements, individuals with disabilities or other access and functional needs (AFN) may request reasonable accommodations, including:

- Assistive communications devices
- Access to refrigeration for medications
- Accessible cots
- Language interpreters through bilingual county staff when assigned to an incident
- Accommodations for qualifying service animals.

The Mass Care Unit will ensure that requests for reasonable accommodations are promptly processed, and that shelter staff are informed of ADA requirements. A qualified Access and Functional Needs Coordinator may be appointed for sheltering operations, including requesting state Functional Assessment Service Team (FAST) personnel through established mutual aid channels.

Support for AFN residents in shelters does not extend to toileting assistance or personal care tasks performed by In-Home Supportive Services workers. Evacuees requiring a level of medical or personal care that can't be accommodated in a shelter will be transferred to a medical facility, as appropriate.

### **10.2.1 Medically Fragile or Dependent Individuals**

Individuals dependent on life support systems and supervised medical regimens, as well as people who are severely ill and require home health care, may be considered medically dependent and unable to be accommodated at general population shelters.

Medical Shelters are intended to provide, to the extent practicable under emergency conditions, an environment in which evacuees' current level of health can be sustained. A medical shelter does not offer the same level of care as a hospital or nursing home.

Medical Shelters may be co-located with a general population shelter. A standalone medical shelter would be required only when a large number of persons need the services of designated, staffed and resourced medical shelter, which cannot be established as part of a general population shelter.

Medically dependent individuals may have multiple chronic conditions requiring frequent monitoring as well as an increased potential need for emergency medical intervention. Sites should be assessed for their proximity to hospitals, and access to automatic back-up power for critical medical equipment (rather than portable generator power) when determining whether an individual's medical needs can be met in a general population shelter. Ambulatory post-operative patients needing medical supervision and individuals with injuries requiring ongoing treatment may be considered temporarily medically dependent.

- **Caregivers and equipment** – People dependent on basic support equipment (such as oxygen) or home health care may arrive at an evacuation center without the equipment and/or personal support they receive at home. If necessary, an area of the shelter may be sectioned off to provide privacy and adequate secure space for equipment and supplies.
- **Privacy area** – When space is available, staff will provide a privacy room for medical or other personal needs.

### **10.2.2 Limited English Language Proficiency and Communications Accommodations**

Language translation and interpretation assistance will be established and provided when feasible upon the identification of need by shelter residents or staff. Qualified translators may be delayed by disaster impacts and/or staff availability.

Assistive communication devices will be provided when possible, based on local availability, and sourced through the EOC Logistics Section when not immediately locally available. Shelter staff will assist shelter residents with replacing assistive equipment lost or destroyed in the disaster or evacuation, or refer them to appropriate assisting agencies or nonprofits.

### **10.2.3 Visual Disabilities**

Like all shelter residents, people who are blind or have low vision will be invited to identify any required accommodations during shelter registration. Some may not require any accommodations.

Accommodations or modifications that may be needed to ensure accessibility and safety for individuals who are blind or have vision impairment may include:

- Ensuring that tripping hazards and overhanging potential obstructions are removed or mitigated, including establishing defined walkways and keeping them clear of furniture and objects, taping down electrical cords and securing loose floor coverings. This practice should be maintained regardless of accommodations requested.
- News and information in an alternate format, including the use of text-to-speech audible devices and technology when available, or support for equipment utilized by the individual.
- Physical guide assistance from shelter staff or volunteers, as directed by the individual.
- Location of sleeping space according to the individual's request, avoiding obstructions and offering placement near walls, low-traffic areas and/or exit pathways.
- Individualized orientation to the shelter environment, pathways in and around the facilities and available resources.

#### **10.2.4 Hearing Disabilities**

People with hearing disabilities will be invited to request accommodations during registration at evacuation and shelter sites. Some may not require any accommodations. Accommodations and services that may be required to ensure accessibility and safety for individuals with hearing disabilities include:

- Communications in alternate formats, including visual cues for fire alarms, closed captioning enabled on televisions and American Sign Language (ASL) interpreters, when available. If a qualified interpreter cannot be assigned, staff will provide writing materials or available assistive technology to facilitate communications.
- Assistance replacing cell phones and assistive hearing devices lost or destroyed in the disaster as soon as possible, to restore communication capabilities.
- Priority assistance with emergency communications to contact and reunite with family members.
- Location of shelter sleeping space according to the individual's request, to accommodate use of assistive equipment and access to warning systems and emergency egress.
- Individualized orientation to the shelter environment and available resources as needed.

The California Relay Service facilitates communication between hearing and TTY/TDD users, by converting voice speech to typed text, at 1-800-735-2922.

#### **10.2.5 Mobility Disabilities**

People who use a wheelchair, scooter, walker or cane will be invited to request accommodations during registration at evacuation and shelter sites. Accommodations and services that may be required to ensure accessibility and safety for individuals who use mobility devices may include:

- Tables in dining and common areas at a sufficient height for individuals who use mobility devices
- Access to power to charge electrical mobility devices
- Adequate space and clearance for mobility devices in all public shelter areas, meeting ADA requirements as well as the specific needs of shelter residents.

#### **10.2.6 Developmental or Cognitive Disabilities**

Individuals with sensory, cognitive, developmental or intellectual disabilities and their caregivers will be encouraged to request accommodations during registration at evacuation and shelter sites. Generally speaking, this is an individual who requires daily assistance from a caregiver, or who requires assistance with specific basic functions. Some may not require accommodations.

Shelter staff will work with all individuals requesting accommodations to mitigate the limitations and challenges posed by temporary shelters and active disasters. When appropriate space is available and requested, a separate quiet room will be made available for individuals with disabilities exacerbated by sensory stimuli in the shelter.

Adults with significant intellectual disabilities who live independently but receive regular services or assistance from caregivers may require additional support in a shelter environment. Individuals dependent on one-on-one skilled care or assistance on a daily basis may not be able to be accommodated in a general population shelter without an assisting caregiver or family member.

In cases where community residential programs or care facilities evacuate with staff and caregivers who will remain with their clients, they may be set up together at alternative sites. Group homes or board and care facilities that serve seniors, adults with disabilities, youth and other persons who need heightened levels of care may be sheltered in locations other than general population mass care sites.

Functional Needs Support Services (FNSS) may be able to continue services temporarily or for the duration of the evacuation. In some cases, caregivers may agree to remain with clients for a period of time following evacuation, until relief staff can be assigned or clients can be transported to an appropriate facility.

### **10.3 Transportation Considerations**

Federal, state, local and nonprofit programs require transportation services for people with disabilities and others with access and functional needs on a daily basis.

Non-emergency transportation shuttles may be arranged through EOC Logistics for residents of shelters operating for extended periods. If this service is provided, accessible transportation options will be offered.

Note: People with Access and Functional Needs are prone to transfer trauma and environmental stresses. Returning shelter occupants to their home environments as early as is safely possible is the goal and intent of advance repopulation planning by the EOC and Mass Care Unit.

### **10.4 Service Animals in Shelters**

Qualifying service animals that have been professionally trained to perform specific tasks to assist people with disabilities and medical conditions are allowed in all general population shelters and should not be separated from their people. Emotional support animals are not considered service animals, and cannot be accommodated in general population shelters. Whenever possible, domestic pets, including emotional support animals, are housed in close proximity to shelters.

Shelter personnel are legally permitted (per the U.S. Department of Justice) to ask two questions to qualify service dogs or miniature horses at shelters or mass care service sites:

1. Is this a service animal required because of a disability?
2. What tasks has the animal been trained to perform?

Shelter residents with service animals will be provided additional sleeping space and basic supplies for service animals, including food and water. Location near entrances/exits may be requested to allow service animals outdoor access as needed. A service animal shall be under the control of its handler at all times.

Service animals shall have a leash, harness or tether at all times unless the:

- Handler is unable to leash, harness or tether the animal because of a disability or use of a leash, harness or tether would interfere with the animal's safe, effective performance of work or tasks
- If the service animal cannot be leashed, harnessed or tethered, it must be otherwise under the handler's control (e.g., voice control, signals, or other effective means)

- The owner of the service animal is solely responsible for the supervision and care of the service animal. Therefore, service animal owners must keep the service animal directly with them at all times.

Any animal exhibiting aggressive behavior in shelters may be considered a threat to public safety and removed from the shelter. This must be a direct threat and not a perceived threat. Services animals are professionally trained to perform their role under any conditions.

## 11.0 OPEN SPACE AND UNAFFILIATED SHELTER SITES

Open space shelter sites, such as camping areas in parks, may be spontaneously established by communities after disasters, in addition to independent shelters opened by churches or community groups (they will not have the same resources as County or ARC-managed shelters, and whenever possible, campers should be directed to primary service sites). Unaffiliated, spontaneous alternate shelter locations will be documented and monitored to the extent possible to address security, sanitation and potential health issues, with the goal of consolidating into a single shelter site.

Unaffiliated shelters are not staffed or operated by the County or ARC and may not meet accessibility standards or facility guidelines for sheltering operations. Residents opting to use unaffiliated shelter sites that are not coordinated by a responsible jurisdiction or mass care entity will not have access to the same services provided in County and partner shelters. However, they will have access and be able to utilize the feeding, showering and laundering services (if available) located in jurisdictional-run shelters.

DHHS Public Health and/or Environmental Health may independently contact, as able, unaffiliated shelter facilities to assess sanitation and drinking water systems.

## 12.0 ANIMAL SHELTERING

Note: This section addresses care and shelter, when possible, of domestic and large animals displaced due to emergency conditions, and does not apply to qualifying service animals.

When possible, animal sheltering will be co-located with people shelters, allowing displaced residents to provide care for their pets, and reducing the demand for animal care staff. Animal evacuation and sheltering are coordinated by the Animal Rescue and Care Unit in the EOC. Animal rescue organizations, community groups and volunteers may assist with animal evacuation and sheltering.

This section augments the existing Humboldt County Animal Emergency Response Contingency Plan, which directs disaster animal rescue and care, to specifically address the co-location of mass care shelters with animal sheltering operations.<sup>1</sup>

### 12.1 Animals at Shelters Not Designated for Animal Sheltering

Many local ranchers have agreements with other ranchers to house evacuated livestock, particularly in areas where flooding and/or fires are common. However, many individuals who have domestic pets,

---

<sup>1</sup> <https://humboldt.gov.org/DocumentCenter/View/808/Animal-Emergency-Response-Contingency-Plan-PDF?bidId=>

large animals or domesticated farm animals lack the equipment or capability to independently evacuate their animals.

Evacuating residents arriving at shelters with animals will be reminded of the need to maintain control and care of their pets until the animals can be moved to appropriate shelter facilities. All animals at shelters not designated for animal sheltering must be secured while awaiting transfer to an animal shelter.

## **12.2 Large Animal Rescue and Care**

Livestock and large animals are more likely to be sheltered in a location different from mass care shelters. Few shelter sites have the facilities and capacity to house large animals. Large animal sheltering sites may include fairgrounds, private ranches, the Sheriff's Office farm and volunteered properties with enclosed pens, barns or stables. The Animal Rescue and Care Unit will determine where evacuated large animals will be housed, and coordinate transport if needed.

## **13.0 VOLUNTEER AND DONATIONS MANAGEMENT**

### **13.1 Mass Care and Shelter Volunteers**

Mass care resource needs during an emergency typically exceed readily available personnel and supplies.

Volunteers play a vital role in mass care, and may include pre-registered Disaster Service Worker Volunteers (DSWVs) and Red Cross volunteers as well as spontaneous volunteers offering assistance after a disaster. Just-in-time training can allow volunteers to be flexibly assigned depending on needs, when specialized training is not required for the role. All volunteers working in and around shelters should be assigned and supervised by trained professional shelter staff.

DSWVs, specifically, are provided limited coverage through the State Compensation Fund for injuries incurred while volunteering in an assigned role as a registered DSWV.

A Volunteer Reception Center may be established to register spontaneous volunteers, assign pre-registered volunteers, and provide training, information and equipment. Volunteers should not be processed in an activated shelter. All shelter volunteers must be approved and assigned by the Volunteer Management function of the EOC.

Volunteers are required to maintain a log of activities (ICS-214) for each shift, to be submitted to the Shelter Manager or Volunteer Supervisor and forwarded to the Documentation Unit in the EOC. Shelter staff should maintain copies of activity logs when a copier is available, and provide a copy to the volunteer.

Shelter managers will provide a briefing to all staff and volunteers at the beginning of each shift, including any issues or concerns, significant events during the previous operational period, the plan for the day and available resources. At the end of each shift, all shelter staff will be encouraged to participate in a debrief to discuss and document issues and concerns, significant events and

recommendations for future operational periods. Shift documentation will be submitted directly to the EOC Documentation Unit.

When feasible, DSWVs will be encouraged to participate in Critical Incident Stress Debriefing and After Action Review and Reporting.

### **13.1.1 Potential Areas for Volunteer Involvement**

- Reception assistance
- Registration assistance
- Runners
- Facility opening and closing
- Food services
- Janitorial
- Building maintenance
- Pre-registered drivers and transportation coordinators
- Child care and children’s activities (current background check required in advance)
- Recreation
- Support to seniors and people with disabilities
- Communications: Maintain, check out and schedule the use of technology available to shelter residents, including computers, phones and adaptive equipment
- Interpreters for non-English speaking or deaf residents.

## **13.2 Donations Management**

Members of the public frequently want to help with disaster response by providing goods, but those items can quickly overwhelm mass care sites and take up staff time. Donations of unsolicited material goods will not be accepted at any mass care site, Local Assistance Center or other disaster service sites operated by the County.

The Mass Care Unit will work with local and national donation organizations such as the Disaster Response section of Adventist Community Services to advise, establish and coordinate the management of donation supplies. Should a donation acceptance site be established, it will be situated away from shelters.

Additionally, upon the recognition of a need for management and accountability for any level of monetary donations, the Board of Supervisors may activate the Disaster Assistance for Nonprofits Fund (DANF), managed by the Humboldt Area Foundation, which reimburses qualifying 501(c)(3) entities that provide disaster services at no cost to recipients following activation by the Board of Supervisors.

## **14.0 DISASTER SERVICES**

### **14.1 Local Assistance Centers (LAC)**

Local Assistance Centers are established by the County, in partnership with state and federal disaster services agencies and resources. LACs provide access to disaster services to individuals and businesses in one location, with representatives from local agencies and nonprofits, insurance companies, social



services and FEMA Individual Assistance. LACs are coordinated by the County EOC under the guidelines documented in the Local Assistance Center Plan.<sup>2</sup>

## **14.2 Public Information**

Public information about disaster impacts, sheltering options and available resources is disseminated by the PIO(s) assigned to the EOC and/or the JIC, if activated. Current public information will be disseminated to shelters and posted at mass care sites.

Any shelter personnel approached by media should refer all questions to the EOC PIO or JIC. Shift briefings should include current contacts and activation levels for the JIC and EOC. Consistent with the policy and practice of shelter partners from ARC, media requests to tour or film inside shelters will be declined for privacy reasons.

## **15.0 RECOVERY PHASE**

### **15.1 Demobilization**

Most shelter residents will elect to leave as soon as they are able to return to their homes, stay with family or friends or move into short-term or permanent housing.

Sheltering operations may be scaled back or demobilized when the number of remaining shelter residents no longer justifies the expense of operating an overnight shelter, among other factors considered by EOC personnel.

When there is no longer a need for shelter or other mass care services, those disaster response functions are deactivated and staff are demobilized.

All personnel assigned to mass care sites are required to complete demobilization, including submitting final reports, incident forms and documents as well as completing a formal checkout process. Demobilization of shelter personnel is scheduled by the EOC in coordination with the Shelter Manager.

Closing a shelter requires advance planning, notifications to shelter residents and staff and coordination of resources for remaining shelter occupants who were unhoused pre-disaster or whose previous residences have been rendered uninhabitable by the disaster. Shelter occupants should be notified at least 48 hours in advance of the date and time that the shelter will be closing, along with widely disseminated public and media messaging developed by the PIO/JIC.

### **15.2 Shelter Closure**

In coordination with the EOC, the Mass Care Unit will begin closure procedures, including:

- Coordinate repopulation planning with County EOC Planning Section to anticipate shelter closure dates and required supportive services for evacuees returning to their homes
- Coordinate shelter closure with facility management and partners
- Coordinate all financial paperwork (time sheets, receipts, volunteer and employee sign-in sheets) with EOC Finance Section

---

<sup>2</sup> <https://humboldt.gov.org/DocumentCenter/View/811/Local-Assistance-Center-Plan-PDF?bidId=>

- Provide copies of all sheltering operations documentation to EOC Documentation Unit, including personnel logs, shift logs, inventory of commodities utilized and expended and all client tracking information not excluded by medical confidentiality laws
- Provide copies of all incident reports for any injuries or losses reported by staff or shelter clients during sheltering operations to EOC Claims and Compensation Unit
- Develop a schedule and plan to return the shelter to its original purpose and condition
- Provide referrals for those needing long-term housing support
- Ensure expendable resources are ordered for restocking
- Conduct post-shelter site inspections with facility management.

### **15.3 Short-Term and Long-Term Housing**

Depending on disaster impacts and the number of individuals displaced from pre-disaster housing, additional housing resources and assistance may be required after temporary shelters are closed. Those housing resources may include short-term, transitional housing and the development of long-term housing solutions. Resources will vary depending on identified needs and availability of state and federal recovery assistance, including approval of FEMA Individual Assistance as part of a federal Major Disaster declaration.

The Mass Care Unit will transition from response to recovery operations as needed, in coordination with the Long-Term Recovery Unit in the County EOC. Continuing mass care needs may include distribution of food and water, referrals to social services, health care, mental health services, homeless services and disaster recovery programs.

- End -