ESF#6: Mass Care, Housing & Human Services Annex

Comprehensive Emergency Plan

XXX County Emergency

Management Commission

Address and contact information

Statement of Adoption

Emergency Support Function #6: Mass Care, Housing and Human Services Annex is here by adopted by XXXX County Emergency Management Commission.

Date

Signature

Signature

ESF COORDINATOR:
XXX County Emergency Management

PRIMARY AGENCIES:
XXX County Public Health Department
American Red Cross
Salvation Army
Other

SUPPORT AGENCIES:
Law Enforcement Agencies
LEPC
Local Hospitals
EMS
Local Churches
Local Schools
Humane Society
Local Volunteer Organizations
Other

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Introduction

The introduction describes the purpose and scope of activities covered in the ESF.

Purpose –

Purpose - a general statement of what the ESF is intended to do. At a minimum the purpose should echo the Purpose statement in the Iowa Comprehensive Emergency Plan ESF 6 and CPG 101 Guidance to coordinate activities for emergency related mass care needs for people who are affected by an emergency, disaster, catastrophe or large scale incident.

The purpose of ESF #6 Mass Care, Human Services and Housing Annex is to establish how support entities will augment the response efforts of the county emergency response plan and coordinate with local, state and federal partners to assist individuals impacted by a disaster. The annex will expand and contract as the emergency/ disaster warrants.

- or

ESF #6 Mass Care, Human Services and Housing Annex supports and augments the county emergency response plan in three primary areas: 1. mass care, 2. housing and 3. human services. This annex will provide the framework for how county XXX will coordinate with local, state and federal partners to assist individuals impacted by a disaster.

- or

The role of Emergency Support Function (ESF) #6 Mass Care, Human Services and Housing Annex is to assist individuals and households in county XXX that have been impacted by potential or actual incidents. The annex plan will coordinate the local, state and federal partners response

efforts in mass care, emergency assistance, housing and human services. The annex will expand and contract in the life cycle of the disaster/incident.

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The purpose of ESF #6 is to provide guidance and coordination to those providing mass care, housing and human services to people and households in XXX County impacted by emergencies/disaster.

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Emergency Support Function (ESF) #6 Annex defines and designates the responsibilities of local, state and federal partners for the preparedness and response phases of an emergency/disaster in county XXX for mass care, human services and housing. This public/private effort coordinates how to provide basic human needs support to those affected in the emergency/disaster.

Scope –

Scope - a statement of the parameters of emergency and disaster response to which the plan applies and the entities and geographic areas for which it applies. At a minimum the Scope should summarize the activities, coordination, services or support for the primary functions of Mass Care, Housing and Human Services.

The ESF #6 Mass Care, Human Services and Housing Annex provides a structure of responsibilities, procedures and concept of operations for response and recovery functions during a potential, current or declared emergency/disaster. Specifically, ESF #6 addresses:

1. Mass Care: Includes non-medical sheltering, feeding operations, basic first aid, bulk distribution of emergency relief items, collecting and providing information to extended family members and available assistance.
2. Housing: Assisting with short term and long term housing to those affected by the emergency/disaster. Housing assistance may include evacuation centers, short term emergency sheltering, long term sheltering, interim housing and permanent housing.

3. Human Services: Includes assisting with other disaster related recovery efforts including emergency food stamps, disaster unemployment, temporary disaster employment, crisis counseling, transportation, durable medical equipment, consumable medical goods, support for those with access and functional needs and other support services to transition from sheltering to temporary or long term housing.

These services will be provided to all persons affected by the emergency/disaster, including those with access and functional needs. Those persons with access and functional needs include those who require medical attention beyond basic first or a personal care attendant but under usual circumstances are able to function independently with or without support services. Other access and functional needs include limited English language proficiency, communication barriers, mobility issues, cognitive issues, difficulties in maintaining independence, transportation disadvantaged, those needing close supervision, the elderly, children and those with limited education.

ESF #1 Transportation Annex will coordinate and address the appropriate transportation needs.

ESF #8 Public Health will coordinate and address medical needs in the shelter.

ESF #11 Agriculture, Natural Resources and Pets will coordinate and address welfare and sheltering of pets of those in mass care.

ESF #13 Law Enforcement and Security will coordinate and address security for those in mass care.

ESF #14 Mitigation and Recovery will coordinate and address long term housing for those displaced.

ESF #15 Public Information will coordinate the release of pertinent information to those in mass care.

Policies and Authorities –

Policies or Authorities - provide legal basis or policies that give the county or local officials the authority to carry out this ESF and guide the EOC and

local planning efforts. Policies may be as detailed as discussing Federal, State, Regional and County Policies and Authorities or it may simply discuss the policy assumptions that are necessary for the county, primary and support agencies to implement the ESF. For ESF-6, at a minimum, policies would include a non-discrimination statement. It could also include a discussion on assistance for special populations; or directives to survey or maintain a resource list of shelters and capabilities.
XXX County will coordinate mass care and sheltering operations.

Mass Care, Housing and Human Services will be provided to all who need and were affected by the disaster/emergency without regard for age, color, race, sex, sexual orientation, national origin, religion or disability.

Emergency planning, response and recovery fall under the prevue of local, state and federal government Title II of the ADA prohibits discrimination on the basis of disability in all services, programs, and activities provided to the public by State and local governments.

Plan Distribution -

This annex and any subsequent revisions of this annex will be distributed to the primary and alternate Commission Members representing XXX County and all city governments within the county. The annex will also be shared with the specific primary and support agencies named at the beginning of this annex.

Plan Maintenance -

As required by the Code of Iowa (statutes) and Iowa Administrative Code (rules and regulations), this annex will be reviewed and revised if necessary, at a minimum of every five (5) years. A draft will be presented to the XXX County Emergency Management Commission for their approval and adoption.

Situation and Planning Assumptions:

Situations -

The XXX County Hazard Analysis and Risk Assessment identify numerous hazards that could cause implementation of this functional annex.

Natural or manmade disasters, depending on the magnitude have the ability to compromise the local infrastructure or overwhelm the resource capabilities to assess and respond effectively to the disaster/emergency and those affected.

The type and size of mass care, number of those affected, housing and human services needed to respond could range from an isolated area to a large area that would affect a densely populated area. Damage could occur to a large number of private residences and business, leaving people displaced for 72 hours or longer. Shelters may need to be established to house and care for the people affected by the emergency/disaster.

According to the Iowa State Data Center and the 2010 US Census, XXX has XXX households, XXX population, XXX non-English speaking, XXX over the age of 65, XXX under the age of five, XXX with disabilities, XXX living in care facilities, XXX incarcerated. Other sources of data include school data, zoning maps, transportation companies, utilities, telephone companies, cultural or special interest groups, animal care and control organizations, health departments and Chamber of Commerce.

Community profile demographics include population size, concentration, access and functional needs, vulnerable areas, seasonal populations. Community profile of property includes numbers, constructions type, age, building codes, critical facilities, and potential secondary hazards.
Community profile of infrastructure includes highways, roads, mass transit, utility systems, and communication systems.

Other-what is unique to your county?

Predictors of who will most likely use shelters are

- Household income (lower income)
- Urban verses suburban
- Rural tend to use shelters more
- Perceived property protection.

People who perceive that their home and belongings will be secure are more likely to evacuate and shelter versus those who perceive that there is high security risk.

Factors that affect response to evacuation warnings include

- Level of community involvement
- Size of family, age of children
- Very young and elderly may not receive warnings or understand
- Limited English language proficiency
- Access and functional needs
- Time of day, year
- Length of residency
- Perception of risk – type of event
- Prior experience
- Perceived Proximity

People will often need confirmation of risk to determine what their level of risk is and what action to take.

The size and scope of the emergency/disaster may exceed local and regional capabilities which would require a request for assistance to state and federal partners.

Because XXX County is XX% rural it is likely that animals and livestock will need to be evacuated and cared for. Animals are not allowed in shelters with the acceptation of service animals. Sheltering for animals will be addressed in ESF #11 Agriculture, Natural Resources and Pets.

Assumptions -

Disaster/emergencies can occur without warning or can be slow developing which provides for warning and evacuation. Mass care, housing and human services must be able to mobilize with little or no warning or advanced notice, any time of day or night.

Disaster/emergencies may require the relocation of those affected and the need for mass care operations.

Some will shelter with family/friends, go to shelters or stay in or around their damaged home.

Essential services like electricity, gas, water and waste management will be needed for a shelter.

Essential services may be compromised due to the disaster/emergency.

The disaster/emergency may require utilization of public/private buildings for shelters and mass care operations. Normal activities at schools, churches, community centers or other facilities may be suspended.

The demand for shelters may be greater than what is available.

That XXX County Emergency Management is the lead agency for the response to the disaster/emergency.

Local emergency response personnel know the county emergency response plan and will have the resources to respond to mass care needs.

Initial response will focus on life safety and meeting basic needs, food, water shelter.

People may evacuate before orders are given.

People may refuse to evacuate.

People may not have the transportation to evacuate.

People may refuse to evacuate without family members or pets.

People may refuse to evacuate due to livestock.

People may need a higher level of medical care that can be provided in an accessible general population shelter. They will need to be relocated.

Responding governmental, nonprofit, public and private entities will have procedures and protocols that are compatible with the county emergency response plan.

People with access and functional needs may need additional support. This would include children, seniors, people with disabilities, those who live

in institutions, incarcerated, limited English proficiency, non-English speaking, culturally diverse, transportation disadvantaged, have chronic medical conditions, or medication dependent.

Examples of assistance include

- Maintaining independence
- Communication
- Transportation
- Supervision
- Medical care
- Dietary restrictions
- Durable medical equipment
- Consumable medical goods

The size and scope of the disaster/emergency may not be immediately known. All efforts will be made to accommodate those needing additional support services.

Caregiver/family if available will be responsible for the medical care of people with access and functional needs.

Reunification efforts will need to be initiated if family members become separated in the evacuation. This is especially true when dealing with unaccompanied minors.

Evacuating and sheltering people who are incarcerated, sex offenders and certain parolees will need alternative sheltering locations.

Volunteers will be used in the response effort. Spontaneous volunteers can present themselves. Protocol needs to be established to manage, train and document spontaneous volunteers before they can be used in the response effort.

Spontaneous and unwanted donations can appear. Protocol for donations management needs to be established.

Concept of Operations –

This section should clarify the Purpose statement and explain the jurisdiction's overall approach to Mass Care (i.e., what should happen, when, and at whose direction). General emergency management goals and objectives are discussed in this section.

XXX County will provide short term temporary sheltering to those individuals and households affected by the emergency/disaster along with assistance to transition to temporary/permanent housing and the provision of human services until insurance or longer term public assistance programs can take over.

XXXX County Emergency Management identifies six (6) sheltering strategies:

1) Personal sheltering – individuals choosing to shelter in place, stay with family, friends, and neighbors or in hotel/motel units without any assistance.
2) Extreme temperature shelters – warming or cooling shelters that provides temporary relief from extreme temperatures, extreme weather, difficult travel conditions, or power outages. These shelters purpose is to provide few to no services beyond what is normally available. These facilities include senior centers, shopping malls and other public buildings during their normal hours of business or extended hours to support the need.
3) Red Cross Supported – community run shelter with Red Cross support. These shelters provide services to the sheltered population based on the event.
4) Red Cross/Partner Shelter – Red Cross run shelter with community support
5) Red Cross Shelter – Red Cross directs and controls every aspect of the shelter without external support. These shelters must be capable of sustained operations.
6) Independently managed – community run shelter without external support. These shelters must be capable of sustained operations.

The decision to activate and/or demobilize Medical or Accessible General Population Shelter(s) is made by XXX in consultation with the jurisdiction needing sheltering services.

National Shelter System –

The Red Cross National Shelter System (NSS) is a tool for sheltering operations to identify the location, managing agency, capacity, current census of all shelters that are operating in response to an

emergency/disaster. The system contains information for over 56,000 potential sheltering locations that includes ADA compliance, medical capacity and pet friendly. This system could provide a resource for possible sheltering within the area or resource deployment.

General Concepts –

The ESF#6 Mass Care, Housing and Human Services Annex will be used to support XXX County in coordination with Red Cross, County VOAD, CERT Team, NGO and any other support agencies and department during a disaster that would require mass care. All procedures are in compliance with NIMS, National Incident Management System and ICS, Incident Command System.

- or

XXX County is the Coordinating Agency for ESF #6 Mass Care, Housing and Human Services. They will work with Primary and Support Agencies outlined in this annex to fulfill the response mission.

- or

XXX County has organized ESF #6 Mass Care, Housing and Human Services in compliance with the requirements of the National Response Framework (NRF), the National Incident Management System (NIMS) and the Incident Command System (ICS). XXX is the Coordination Agency for ESF #6 and will work with Primary and Support Agencies outlined in this annex to those individuals and households that have been affected by the emergency/disaster.

- or

This annex will expand or contract based on the level of need to response to the emergency/disaster. Outside resource support and mutual aid will be available to assist the primary and support agencies through request.

Activation –

ESF# 6 can be activated independently or with support of other emergency support functions, support entities identified in the roles and responsibilities section depending on the emergency/disaster.

Activation and the number of reception centers and emergency shelters is based on the size and scope of the emergency/disaster.

Level 1 – A major emergency/disaster requiring sustained response and sheltering requiring multi-agency activation. EOC is fully activated with support from State.

Level 2 – The emergency/disaster is more involved with a large number of residents displaced or the need for multiple shelters to be opened. EOC is partially activated. Partner organizations have been activated to manage ESF#6 activities.

Level 3 – The emergency/disaster is minor or limited but has displaced enough residents that require opening a shelter or temporary housing in alternate sites. EOC is not activated. Response in coordinated within county emergency management office.

EMAC agreements will be activated if there are no habitable facilities and shelters will open in neighboring counties.

Mass Care Operations -

Sheltering – includes the use of pre-identified existing facilities within and outside the emergency/disaster area to be used to temporarily house those individuals that have been displaced or evacuated from their home. Sites usually are not owned by XXX County and will be operated under a Memorandum of Understanding (MOU) for use. All pre-identified facilities will be surveyed for accessibility using the American's with Disabilities Accessibility Guidelines (ADAAG) standards and compliance. All efforts will be made to ensure accessibility for those with access and functional needs. Temporary structures or other facilities may be used in the event that all pre-identified sites are no longer structurally safe for use or are otherwise unavailable. Note, because these are temporary shelters, temporary modifications can be used to meet minimum compliance with ADA.

Factors that would deem a facility suitable for sheltering include: location, close to public transportation, area for sleeping, restrooms, shower facilities, kitchen, backup power capabilities, parking and accessibility.

The American Red Cross (ARC) (or whatever group is identified in your county) will be used to set up, close, staff and provide overall direction to the shelter during its operation. All volunteers will be trained in mass care and shelter operations. In the event that spontaneous volunteers are used all efforts will be made to replace and/or train them within a reasonable time to ensure public safety.

Private and NGO entities such as providers in mental health, developmental disabilities and access and functional needs will be deployed to support shelter staff with screening and supervision.

Assisted living, care facilities, group care, institutions, halfway houses and domestic violence shelters will be identified and it is recommended that they have continuity of care plans for sheltering in place and/or devolution if the facility is not habitable. MOU's should be signed and reviewed annually to assure agreements continue to exist. Alternate shelter sites for domestic violence shelters will remain confidential.

The Public Health Officer will be responsible to inspect and maintain proper health and sanitation of the shelter, usually within 24 hours of activating the site and operational status. This includes food, food preparation and water supplies.

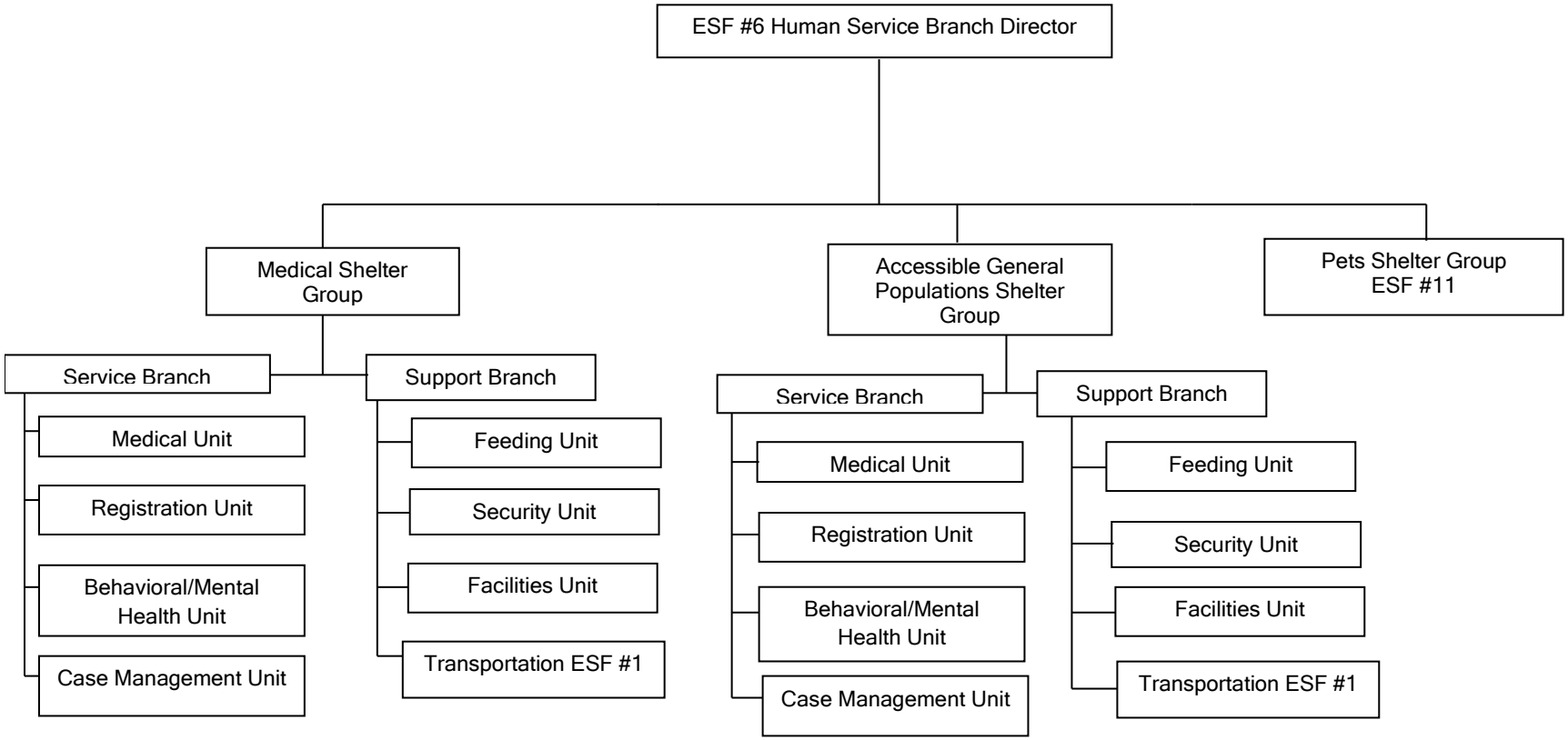
Shelters will be opened and closed on an as needed basis as determined by Incident Command, Human Services Branch Director and shelter managers. Should local resources be exhausted a request to district, state and federal partners will be made. To ensure uniformity all shelters will follow the same rules, protocols and procedures.

Essential care which includes food and water for those sheltering, as well as service animal is identified in the roles and responsibilities section.

To the extent possible pet shelters will be located within the vicinity of the accessible general population shelter. Pet sheltering and service animals are located under Pet sheltering unit and attachment #1 or refer to ESF # 11 Agriculture, Natural Resources and Pets for animal welfare.

ESF	EOC Section/Branch	Responsibilities
ESF #1 Transportation	Infrastructure Branch	Transport/accessible transportation for those affected by emergency/disaster that do not have vehicles.
ESF #2 Communications	Infrastructure Branch	Shelter status, current census, capacity, resource requests
ESF #3 Public Works and Engineering	Infrastructure Branch	Clear roads for travel, inspect shelter sites to ensure safety, repair, make modifications for accessibility
ESF #7 Logistics	Logistics Section	Obtain and track resources, donations and staff needed to support ESF #6 operations.
ESF #8 Public Health and Medical Services	Emergency Services Branch	Provide medical and behavior health services for people in shelters. Ensure environmental health/sanitation.
ESF #10 Hazardous Materials	Emergency Services Branch	Provide lead in containment and cleanup of a hazmat incident, identify, screen and handle people who have been exposed to hazardous materials
ESF #11 Animal Response	Human Services Branch	Provide emergency/disaster pet shelter. Provide needed support for services animals in shelter.
ESF #12 Water and Utilities	Infrastructure Branch	Drinking water for shelter sites, bulk distribution. Utility services, generators
ESF # 13	Emergency Services Branch	Provide security for shelter operations and POD sites
ESF #15 Public Information	Joint Information Center	Provide communications and public messaging about the shelter, location and other services. All communications will be delivered in accessible formats which include real time captioning, ADL and multiple languages when needed.

Organization Chart



Sheltering – Medical Shelter

Responsibilities

ESF# 6 Mass Care and Shelter Group Supervisor - coordinates, facilitates and provides management of mass care capabilities. Mass care plans should address medical, accessible general population shelters, temporary reception centers and pet shelters.

Tasks include:

- Activate mass care plan.
- Notify all primary and support agencies of the situation, direct them to take appropriate actions
- Ensure inter-agency coordination
- Establish Chain of Command
- Establish and maintain appropriate staff, communication capabilities and support for staffing as needed i.e.; housing, hygiene, food and water in a safe area.
- Ensure that staff has the appropriate credentials.
- Ensure staff read and comply with safety plan, review position checklist.
- Have a current family contact list for staff.
- Staff maintain current log of events, expenditures, documentation for after action report.
- Coordinate and maintain feeding, sheltering, environmental and bulk distribution activities.
- Coordinate support services for access and functional needs populations to include liaisons for appropriate agencies, communications in alternate formats, interpreters (language, ASL), television with closed captioning, TTY/TDD, CART, screen readers, Braille.
- Ensure shelter locations are accessible and meet American's with Disabilities Act (ADA) compliance. If possible all identified shelter locations will be surveyed for compliance prior to emergency/disaster. If using a new location the building will be

surveyed for accessibility if possible. Due to the size and scope of the emergency disaster shelter space may be limited. All efforts will be made to open accessible shelter locations. If that is not possible arrangements will be made on a case by case basis.

- Coordinate mass care services with appropriate agencies for pets.
- Provide regular updates to keep shelter residents informed on status of the emergency/disaster and what they may need to/or can return home.

Describe the methods used to identify, screen, and handle evacuees exposed to the hazards posed by the disaster (e.g., infectious waste, polluted floodwaters, chemical hazards) and the methods used to keep the shelter free of contamination. CPG-101

Operational Phase –

Establish and maintain shelter operations as required. Maintain situational awareness, respond to requests to support mission, provide information to Branch Director as needed.

Medical Shelter Group –

The Medical Shelter Group in coordination with ESF #8 Public Health and Medical Services, provide coordination and management of medical shelter(s) for individuals that have been displaced because of the emergency/disaster and needs cannot be adequately met in the Accessible General Population Shelter. The Medical Shelter Group in coordination with ESF #2 Communications and the Operations Section will facilitate on scene and off site support for the number of those evacuating and needing sheltering.

Possible strategies for sheltering include:

- Facilities that meet minimum ADA compliance
- Hotel/motel that are accessible
- Residential Care facilities
- Assisted living or skilled nursing facilities
- Hospitals

Service Branch is responsible for service activities.

Medical Unit –

Triage individuals affected by emergency/disaster for medical needs and suitability for the Accessible General Populations Shelter. Should be conducted at the evacuation staging area before transportation or at the reception site/registration at the Accessible General Populations Shelter

Tasks include:

- Determine level of care needed, from independent to those with access and functional needs including priority needs, durable medical equipment and consumable medical supplies.
- Provide basic first aid services as needed
- Obtain brief health history to include ongoing medical needs, medications and allergies
- Maintain situational awareness of the physical condition of the shelter population
- Notify appropriate medical staff of any health concerns of shelter residents
- Provide assistance to shelter residents in obtaining prescriptions, DME and CMS
- Ensure that shelter staff are trained to support the shelter residents with access and functional needs
- Provide periodic health inspections in the shelter to ensure sanitary conditions, including food preparation and handling
- Evaluate and monitor the health status of shelter population to prevent the spread of communicable disease

Registration Unit –

The purpose of screening and registration is to identify and maintain a roster of who is residing in the shelter, determine goods and services for those with access and functional needs, determine if a higher level of care or medical care is needed to maintain the health of the individual, and to determine if due to criminal history an individual would not be appropriate for sheltering ie: sex offender, prisoners, etc. Alternative sheltering locations will be secured for these individuals. Schools are not to be used at

any time for the sheltering of sex offenders. Iowa Code excludes sex offenders in or upon school property.

The Department of Public Safety maintains a public internet site to access relevant information about sex offenders and it is searchable by name. The site can be accessed at http://www.iowasexoffender.com.

People with disabilities that use a Personal Care Attendant cannot be refused admittance to the shelter because they were unable to evacuate with their PCA.

Tasks include:

- Obtain personal information
- People are not required to provide personal health history, access and functional needs or information about their disability however the opportunity to provide information should be made available to better assist them in the shelter
- All personal information shall be confidential and maintained in a secure area
- If a request for accommodation based on disability is made all efforts will be made to meet the accommodation. Access and severity of the emergency/disaster may limit availability. The request does not have to be made during initial intake
- Determine if the individual is under the influence of alcohol and/or illegal drugs, or is in procession of alcohol and/or illegal drugs
- Identify barriers to communication
- Identify any allergies
- Provide and review list of shelter rules and brief shelter orientation
- Identify those who are willing to volunteer for duties within the shelter
- Assist will family reunification https://safeandwell.communityos.org
- Monitor shelter population and advise for the need for additional sheltering locations or the demobilization of existing shelters

Behavioral/Mental Health Unit –

Emergency/disasters can cause a range of emotions including stress, anger, depression and severe trauma. Behavioral/Mental Health support for shelter residents begins the recovery process along with helping them cope with the shelter environment.

Space is often a premium when sheltering but if possible designate a room that could be used as an area of refuge from the noise and congestion of the main sheltering area. These areas are desirable for people with mental health, cognitive or development disabilities.

Possible support agencies to provide services include community providers, pastoral care, volunteers trained as licensed social workers, therapist and counselors and State Behavioral Health Crisis Teams. Everyone providing any of these services needs to provide current documentation and/or licensure in the mental health field.

Tasks include:

- Assess immediate behavioral/mental health needs
- Provide critical incident stress debriefing
- Provide individual and group therapy/counseling
- Provide educational briefing
- Make referrals to appropriate providers and agencies
- Monitor shelter staff for signs of stress and depression
- Provide a quiet room or “stress free” rooms for shelter residents
- Provide transportation to alternate care if needed
- Provide transportation to behavioral/mental health services if off site

Case Management Unit -

The Case Management Unit working in collaboration with nongovernmental organizations and faith based organizations will assess the needs of those individuals affected by the emergency/disaster by utilizing available resources. The severity of the emergency/disaster and availability of housing (interim/permanent) and goods and services may be limited. Those with fewer resources pre-event will often have a higher need. Initiate available resources at a state and federal level as soon as possible.

All services should be available to those with access and functional needs i.e.: interpreters available for those with low to no hearing, limited English language proficiency, low to no hearing.

Iowa Code states that after the termination of the emergency or disaster, the participating government from which the evacuees come shall assume the responsibility for the ultimate support of repatriation of such evacuees. Therefore, the Case Management Unit provides human services to those impacted by an incident until insurance or longer term public assistance programs can take over. Funds and resources should be used for the needs of individuals and families adversely affected by an emergency/disaster. Every attempt should be made to ensure that persons not affected by the disaster do not take advantage of the situation and obtain services they are not entitled to.

Tasks include:

- Coordinate housing assistance for transition out of shelter
- Coordinate clothing assistance
- Coordinate food assistance
- Coordinate child/elder care
- Provide clean up kits
- Basic medical attention
- Coordinate transportation
- Disaster mental health/crisis counseling
- Provide damage assessment liaison services
- Status of residence
- Procedure for re-entry
- Answer questions about damage assessment process
- Coordinate personal medical aids (i.e., glasses, hearing aids, medications, dentures, mobility devices)
- Assist with addressing unmet needs that resulted from the emergency/disaster
- Assist with filling out FEMA applications if a federally declared emergency/disaster
- Assist with filling out insurance forms that pertain to the emergency/disaster

Support Branch is responsible for providing staff, equipment and supplies to support shelter operations.

Feeding Unit -

As soon as possible feeding operations should be established to serve those affected and responding to the disaster/emergency. The scope and scale of the feeding operation will be determined by the situation including the impact on the utility systems within the area. Also the disaster/emergency may limit food availability, preparation and distribution including restaurants and retail food outlets. Initially, the feeding operations may be limited to snacks and beverages, transitioning to freshly prepared hot meals.

Feeding activities may include all or some of the following:

- Fixed feeding locations at shelters, or in and around the impacted areas, in community centers, churches, schools, congregate meal sites, private/NGO facilities.
- On site meal preparation in shelters, welcome centers, resource centers
- Mobile feeding including beverages, snacks, hot and cold meals in the impacted areas.
    - Take into consideration food safety, vehicles, staff, gas, distribution route
- Emergency field kitchens from outside the area.
- Distribution of MRE, heater meals or packaged food and water.
- Distribution of grocery store vouchers, food stamps through temporary emergency relief programs.

XXX is responsible for meal preparation and distribution at fixed sites and mobile units. Fixed sites can include non-sheltering locations, feeding centers for relief/volunteer organizations, or individuals that are sheltering in place but do not have access to food or water. Three meals a day should include one hot meal. All kitchens and preparation must be in compliance with local health regulations using safe food handling protocols.

Tasks include:

- Establish a beverage and snack area as soon as possible.
- Determine menu, when meals will begin and amount.
- Ensure meals meet nutritional requirements to include meal planning for babies, children, dietary and cultural restrictions.
- Coordinate with other entities for support if needed.

Food and meal preparation options:

- The Salvation Army
- Local churches
- Meals on Wheels
- Catering companies
- Local restaurants or catering
- Local retail store i.e.; Wal-Mart, Hy-Vee
- Institutional kitchens - schools, hospitals, military bases, jails, prisons, care facilities

One seasonal appropriate meal a day will be provided. XXX will provide meals for those with dietary restrictions within a reasonable time.

Tasks include:

- Establish a beverage and snack area as soon as possible
- In coordination with the Shelter Group Supervisor, determine when the first meal will be needed
- Coordinate with the American Red Cross and the Salvation Army for support in feeding operations
- Determine menu plan and review when possible with shelter residents to identify needs for feeding babies and young children
- Plan for three (3) meals per day, to include at least one (1) one seasonal appropriate meal.
- Ensure that available food meets the nutritional needs of shelter occupants, including those with access and functional needs
- Ensure that culturally appropriate foods are available

- Ensure meals are available for special dietary requirements (low sodium, low sugar)
- Menu selection should be based on weather conditions (hot meals in colder seasons)
- Ensure kitchen facilities are in compliance with local health regulations
- Conduct food preparations using safe food handling protocols

Security Unit -

Security will be coordinated with and supported by ESF# 13 Law Enforcement and Security and will maintain the security of the staff and shelter residents.

Tasks include:

- Maintain order and assure safety of all persons
- Prevent people not staying at the sheltering from entering or loitering on shelter grounds
- Monitor parking and arrival/departure of staff and shelter residents
- Ensure the shelter entrance is clear and accessible
- Direct emergency vehicles to appropriate locations
- Ensure the building is secure
- Respond to emergencies in the shelter
- Prevent the use/entrance of illegal drugs and alcohol
- Provide security for controlled substance/medications

Facilities Unit -

Facilities Unit will set up the facility for sheltering operations, provide ongoing support and demobilize when sheltering operations is no longer needed. Operations may be supported by supporting agencies i.e. Red Cross and volunteers.

Tasks include:

- Inspect shelter location to ensure facility is structurally sound, has working utilities and is free from any environmental hazards. If the area has lost power and water procure generators, portable water, portable toilets, hand washing and showers units.

- Ensure that facility is accessible. Use temporary adaptable equipment to increase accessibility if needed. Because the shelter is a temporary facility, temporary equipment can be used for example:
    - Use temporary upright signage to establish accessible parking closest to an accessible entrance. First space marked van with an access aisle on the right or riders side of the space to meet ADA compliance
    - Use temporary ramps if the entrance is not accessible.
    - If using portable toilets and showers ensure that accessible units are provided
- Post exterior signs directing to parking and entrance
- Assist with the establishment of a triage area
- Establish a registration area including tables and chairs
- Establish computer connectivity with copier and printing capabilities
- Establish an information board. Information should be available in alternate format, braille, large print, interpreter or audio for those with access and functional needs.
- Establish sleeping areas with cots, blankets and pillows. Medical cots should be placed on the perimeter against a wall to provide more stability for ease of transfer.
- Establish food service and feeding areas.
- Ensure food areas are kept clean and sanitary
- Provide secure disposal for bio-hazards i.e.: sharps, needles
- Provide containers for disposal of trash, cleaning and disinfecting service and supplies
- Establish laundry services
- Arrange for periodic checks from the local health inspector
- Establish a room or private area for case management services
- Establish a “quiet room” for shelter residents
- Establish sleeping/office areas for shelter staff so shelter residents are not disturbed during night/sleeping hours
- Work with the Logistics Section to secure assistive technology, CMEs and DMSs for people with access and functional needs

Demobilize operations

- Clean and disinfect cots, blankets and pillows
- Maintain inventory before storing
- Account for all office equipment
- Maintain record of lost or damaged equipment
- Clean facility and have walk through with building owner/manager to determine damage/loss and repair

Transportation Unit -

Transportation Unit will coordinate and be supported by ESF# 1 transportation to provide accessible transportation to residents of the shelter and other services when available.

Tasks include:

- Transportation for medical attention or appointments
- Transportation to receive services or bulk distribution if not available at shelter
- Transportation to showering if not available at shelter

Demobilization of shelter –

Notify support agencies, public, media, vendors. Demobilize mass care assets and return to appropriate agencies, store salvageable items, deactivate staff.

Demobilize operations

- Clean and disinfect cots, blankets and pillows
- Maintain inventory before storing
- Account for all office equipment
- Maintain record of lost or damaged equipment
- Clean facility and have walk through with building owner/manager to determine damage/loss and repair

Pet Shelter Group -

The Pet Shelter Group will work in collaboration with ESF# 11 Agriculture, Natural Resources and Pets to establish a pet shelter as close as possible

to the General Accessible Population Shelters. Whenever possible, people will be evacuated with their pets. Due to health issues they will not be allowed in the General Accessible Population Shelters. The Pet Shelter Group will provide housing, care and feeding of pets that have been affected by the emergency/disaster. It will be assumed that there will be a variety of pets from domestic to exotic. Grouping animal species together will increase safety and security. Do not stack kennels for the obvious hygiene reasons.

Shelter operators and handlers will be trained on admission and treatment of animal by county animal control officers. Consult with local veterinarians to identify equipment and supplies to maintain the pet shelter. Identify vendors in and out of the area that can provide equipment and supplies within a reasonable time.

Shelters will have running water, adequate lighting, proper ventilation, electricity and backup power. Inside temperature will be appropriate with the current seasonal conditions. If possible fenced areas for exercise, i.e. dogs, outdoor cats.

It is important to create a routine including down times in the shelter. This can be accomplished by dimming or low lighting the shelter during when not exercising or feeding. Engage pet owners to volunteer at the shelter.

Tasks include:

- Identify sheltering locations pre-emergency/disaster and maintain current MOUs.
- Establishing a secure, safe facility for pet sheltering
- Provide kennels or pens for each pet, large enough for animals to stand and turn around comfortably
- Register pets with name, name of pet owner and their sheltering location
- Label any items that come in with pets, ie, cages, leashes, food bowls, etc.
- If there is no current registration for rabies animals should be kept in a separate area and not mingle with other animals. Handlers will maintain appropriate hygiene to avoid cross contamination. Attempts

will be made to contact the veterinarian verify status for those without documentation

- Shelter staff and handlers will report any injury received from shelter animals and receive appropriate treatment
- Aggressive animals will be segregated and professionals will determine if the animals are appropriate for the pet shelter
- Professional will determine if the animal is reacting to the emergency/disaster or is truly an aggressive animal
- Local animal control will remove the animal if determined dangerous and taken to appropriate shelter
- The owner of an aggressive animal will be given the option to place the animal in another setting
- Each animal will be inspected at registration for fleas, ticks, injury and be treated
- If an animal is injured, diseased or infected the animal will be quarantined until can safely join species sheltering location
- If an animal needs care beyond what the pet shelter can provide and alternate site/care facility will be located
- Owner if known/available be will contacted of transfer
- Cost of care will be the responsibility of the owner
- Case management will assist to find funding if owner is not financially able due to emergency/disaster
- Animal control and the authorities will be contacted immediately or as soon as possible in the event that abuse or neglect is suspected
- Provide food, water and medication as appropriate
- Provide daily exercise, preferably outside, weather permitting
- Provide basic first aid
- Maintain the cleanliness of the facility using pet friendly products
- Maintain security if needed
- Maintain documentation of any animal that is reunited with owner

Service animals are not pets and should never be separated from their handlers/human partners. Service animals are allowed in all shelter operations.

Demobilization of pet shelter –

Notify support agencies, public, media, vendors. Demobilize pet shelter assets and return to appropriate agencies, store salvageable items, deactivate staff. If animals remain unclaimed or cannot be reunited with owners they will be transferred to available animal shelters. Media and social networking sites will be used to notify the public to ensure all attempts have been made to reunite animal and owner. After 30 days animals will be made for adoption.

Demobilize operations

- Clean and disinfect as appropriate
- Maintain inventory before storing
- Account for all office equipment
- Maintain record of lost or damaged equipment
- Clean facility and have walk through with building owner/manager to determine damage/loss and repair

Accessible General Populations Shelter Group –

The Accessible General Population Shelter Group in coordination with ESF #2 Communications and the Operations Unit will facilitate on scene and off site support for the number of those evacuating and needing sheltering.

The Accessible General Populations Shelter Group will coordinate and be supported by Red Cross or other NGO, FBO to provide overall management of temporary shelter(s) for individuals that have been displaced during the emergency/disaster.

XXXX County will maintain a roster of facilities that could be used for sheltering. All shelters will be surveyed for accessibility and scored from compliant to not at all. XXX County will work with building owners to use temporary modifications to increase or achieve compliance with the ADA. If none of the locations are available a walk through survey will be conducted on all newly identified shelter locations. XXX County will use all available resources to comply with the ADA and accessibility as needed by those sheltering.

Sheltering strategies:

1) Personal sheltering – individuals choosing to shelter in place, stay with family, friends, and neighbors or in hotel/motel units without any assistance.
2) Extreme temperature shelters – warming or cooling shelters that provides temporary relief from extreme temperatures, extreme weather, difficult travel conditions, or power outages. These shelters purpose is to provide few to no services beyond what is normally available during normal hours. These facilities include senior centers, shopping malls and other public buildings during their normal hours of business.
3) Red Cross Supported – community run shelter with Red Cross support. This includes Warming and Cooling Shelters that are open during overnight hours. These shelters provide services to the sheltered population based on the event.
4) Red Cross/Partner Shelter – Red Cross run shelter with community support
5) Red Cross Shelter – Red Cross directs and controls every aspect of the shelter without external support. These shelters must be capable of sustained operations.
6) Independently Managed/Unaffiliated shelter – community run shelter without external support. These shelters must be capable of sustained operations.

The decision to activate and/or demobilize Medical or Accessible General Population Shelter(s) is made by XXX County Emergency Management in consultation with the jurisdiction needing sheltering services.

Tasks:

- Activate and mobilize mass care personnel and resources
- Assemble mass care management teams for each identified mass care facility
- Mobilize equipment needed for access and functional needs populations
- Establish shelter operations
- Work with Assistant Safety Officer to identify possible damage and hazards in facility
- Ensure sufficient staffing levels with trained personnel
- Refer individuals to skilled medical facilities if necessary

- Monitoring for potential infectious disease transmission
- Coordinate provision of shelter support services with appropriate agencies (e.g., food service, security, etc)
- Provide health care/mental health services
- Provide safety and security services
- Provide disaster welfare inquiry/Family and pet-owner reunification
- Provide regular updates on shelter needs and capacity
- Provide regular updates to keep shelter residents informed on status of the emergency/disaster and what they may need to/or can return home.
- Request resources and equipment needed to support functional needs population
- Ensure appropriate equipment is available to fit the requirements of functional needs population
- Ensure appropriate durable medical equipment, consumable medical equipment and assistive technology is available for access and functional needs populations.

Describe the methods used to identify, screen, and handle evacuees exposed to the hazards posed by the disaster (e.g., infectious waste, polluted floodwaters, chemical hazards) and the methods used to keep the shelter free of contamination. CPG-101

Service Branch is responsible for service activities.

Medical Unit –

Triage individuals affected by emergency/disaster for medical needs and suitability for the Accessible General Populations Shelter. Should be conducted at the evacuation staging area before transportation or at the reception site/registration at the Accessible General Populations Shelter

Tasks include:

- Determine level of care needed, from independent to those with access and functional needs including priority needs, DME and CMS.
- Provide basic first aid services as needed
- Obtain brief health history to include ongoing medical needs, medications and allergies

- Maintain situational awareness of the physical condition of the shelter population
- Notify appropriate medical staff of any health concerns of shelter residents
- Provide assistance to shelter residents in obtaining prescriptions, DME and CMS
- Ensure that shelter staff are trained to support the shelter residents with access and functional needs
- Provide periodic health inspections in the shelter to ensure sanitary conditions, including food preparation and handling
- Evaluate and monitor the health status of shelter population to prevent the spread of communicable disease

Registration Unit –

The Registration Unit will provide screening and registration is to identify and maintain a roster of who is residing in the shelter, determine goods and services for those with access and functional needs, determine if a higher level of care or medical care is needed to maintain the health of the individual, and to determine if due to criminal history an individual would not be appropriate for sheltering ie: sex offender, prisoners, etc. Alternative sheltering locations will be secured for these individuals. Schools are not to be used at any time for the sheltering of sex offenders. Iowa Code excludes sex offenders in or upon school property.

The Department of Public Safety maintains a public internet site to access relevant information about sex offenders and it is searchable by name. The site can be accessed at http://www.iowasexoffender.com.

People with disabilities that use a Personal Care Attendant cannot be refused admittance to the shelter because they were unable to evacuate with their PCA.

Tasks include:

- Obtain personal information
- People are required to provide personal health history, access and functional needs or information about their disability however the

opportunity to provide information should be made available to better assist them in the shelter

- All personal information shall be confidential and maintained in a secure area
- If a request for accommodation based on disability is made all efforts will be made to meet the accommodation. Access and severity of the emergency/disaster may limit availability. The request does not have to be made during initial intake
- Determine if the individual is under the influence of alcohol and/or illegal drugs, or is in procession of alcohol and/or illegal drugs
- Identify barriers to communication
- Identify any allergies
- Provide and review list of shelter rules and brief shelter orientation
- Identify those who are willing to volunteer for duties within the shelter
- Assist will family reunification https://safeandwell.communityos.org
- Monitor shelter population and advise for the need for additional sheltering locations or the demobilization of existing shelters

Behavioral/Mental Health Unit –

Emergency/disasters can cause a range of emotions including stress, anger, depression and severe trauma. Behavioral/Mental Health support for shelter residents begins the recovery process along with helping them cope with the shelter environment.

Space is often a premium when sheltering but if possible designate a room that could be used as an area of refuge from the noise and congestion of the main sheltering area. These areas are desirable for people with mental health, cognitive or development disabilities.

Possible support agencies to provide services include community providers, pastoral care, volunteers trained as licensed social workers, therapist and counselors and State Behavioral Health Crisis Teams. Everyone providing any of these services needs to provide current documentation and/or licensure in the mental health field.

Tasks include:

- Assess immediate behavioral/mental health needs
- Provide critical incident stress debriefing
- Provide individual and group therapy/counseling
- Provide educational briefing
- Make referrals to appropriate providers and agencies
- Monitor shelter staff for signs of stress and depression
- Provide a quiet room or “stress free” rooms for shelter residents
- Provide transportation to alternate care if needed
- Provide transportation to behavioral/mental health services if off site

Case Management Unit –

The Case Management Unit working in collaboration with NGOs and FBOs will assess the needs of those individuals affected by the emergency/disaster by utilizing available resources. The severity of the emergency/disaster and availability of housing (interim/permanent) and goods and services may be limited. Those with fewer resources pre-event will often have a higher need. Initiate available resources at a state and federal level as soon as possible.

All services should be available to those with access and functional needs i.e.: interpreters available for those with low to no hearing, limited English language proficiency, low to no hearing.

Iowa Code states that after the termination of the emergency or disaster, the participating government from which the evacuees come shall assume the responsibility for the ultimate support of repatriation of such evacuees. Therefore, the Case Management Unit provides human services to those impacted by an incident until insurance or longer term public assistance programs can take over. Funds and resources should be used for the needs of individuals and families adversely affected by an emergency/disaster. Every attempt should be made to ensure that persons not affected by the disaster do not take advantage of the situation and obtain services they are not entitled to.

Tasks include:

- Coordinate housing assistance for transition out of shelter

- Coordinate clothing assistance
- Coordinate food assistance
- Coordinate child/elder care
- Provide clean up kits
- Basic medical attention
- Coordinate transportation
- Disaster mental health/crisis counseling
- Provide damage assessment liaison services
- Status of residence
- Procedure for re-entry
- Answer questions about damage assessment process
- Coordinate personal medical aids (i.e., glasses, hearing aids, medications, dentures, mobility devices)
- Assist with addressing unmet needs that resulted from the emergency/disaster.
- Assist with filling out FEMA applications if a federally declared emergency/disaster
- Assist with filling out insurance forms that pertain to the emergency/disaster

Support Branch is responsible for providing staff, equipment and supplies to support shelter operations.

Feeding Unit-

As soon as possible feeding operations should be established to serve those affected and responding to the disaster/emergency. The scope and scale of the feeding operation will be determined by the situation including the impact on the utility systems within the area. Also the disaster/emergency may limit food availability, preparation and distribution including restaurants and retail food outlets. Initially, the feeding operations may be limited to snacks and beverages, transitioning to freshly prepared hot meals.

Feeding activities may include all or some of the following:

- Fixed feeding locations at shelters, or in and around the impacted areas, in community centers, churches, schools, congregate meal sites, private/NGO facilities.

- On site meal preparation in shelters, welcome centers, resource centers
- Mobile feeding including beverages, snacks, hot and cold meals in the impacted areas.
    - Take into consideration food safety, vehicles, staff, gas, distribution route
- Emergency field kitchens from outside the area.
- Distribution of MRE, heater meals or packaged food and water.
- Distribution of grocery store vouchers, food stamps through temporary emergency relief programs.

XXX is responsible for meal preparation and distribution at fixed sites and mobile units. Fixed sites can include non-sheltering locations, feeding centers for relief/volunteer organizations, or individuals that are sheltering in place but do not have access to food or water. Three meals a day should include on hot meal. All kitchens and preparation must be in compliance with local health regulations using safe food handling protocols.

Tasks include: establish a beverage and snack area as soon as possible, determine menu, when meals will begin and amount, ensure meals meet nutritional requirements to include babies, children, dietary and cultural restrictions, coordinate with other entities for support if needed,

Food and meal preparation options:

- The Salvation Army
- Local churches
- Meals on Wheels
- Catering companies
- Local restaurants or catering
- Local retail store ie; Walmart, Hy-Vee
- Institutional kitchens – schools, hospitals, military bases, jails, prisons, care facilities

One hot meal a day will be provided. XXX will provide meals for those with dietary restrictions within a reasonable time.

Tasks include:

- Establish a beverage and snack area as soon as possible
- In coordination with the Shelter Group Supervisor, determine when the first meal will be needed
- Coordinate with the American Red Cross and the Salvation Army for support in feeding operations
- Determine menu plan and review when possible with shelter residents to identify needs for feeding babies and young children
- Plan for three (3) meals per day, to include at least one (1) seasonal appropriate meal
- Ensure that available food meets the nutritional needs of shelter occupants, including those with access and functional needs
- Ensure that culturally appropriate foods are available
- Ensure meals are available for special dietary requirements (low sodium, low sugar)
- Menu selection should be based on weather conditions (hot meals in colder seasons)
- Ensure kitchen facilities are in compliance with local health regulations
- Conduct food preparations using safe food handling protocols

Security Unit-

Security will be coordinated with and supported by ESF# 13 Law Enforcement and Security and will maintain the security of the staff and shelter residents.

Tasks include:

- Maintain order and assure safety of all persons
- Prevent people not staying at the sheltering from entering or loitering on shelter grounds
- Monitor parking and arrival/departure of staff and shelter residents
- Ensure the shelter entrance is clear and accessible
- Direct emergency vehicles to appropriate locations
- Ensure the building is secure

- Respond to emergencies in the shelter
- Prevent the use/entrance of illegal drugs and alcohol
- Provide security for controlled substance/medications

Facilities Unit -

Facilities Unit will set up the facility for sheltering operations, provide ongoing support and demobilize when sheltering operations is no longer needed. Operations may be supported by supporting agencies i.e. Red Cross and volunteers.

Tasks include:

- Inspect shelter location to ensure facility is structurally sound, has working utilities and is free from any environmental hazards. If the area has lost power and water procure generators, portable water, portable toilets, hand washing and showers units.
- Ensure that facility is accessible. Use temporary adaptable equipment to increase accessibility if needed. Because the shelter is a temporary facility, temporary equipment can be used for example:
    - Use temporary upright signage to establish accessible parking closest to an accessible entrance. First space marked van with an access aisle on the right or riders side of the space to meet ADA compliance
    - Use temporary ramps if the entrance is not accessible.
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- Arrange for periodic checks from the local health inspector
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- Work with the Logistics Section to secure assistive technology, CMEs and DMSs for people with access and functional needs

Demobilize operations

- Clean and disinfect cots, blankets and pillows
- Maintain inventory before storing
- Account for all office equipment
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- Clean facility and have walk through with building owner/manager to determine damage/loss and repair

Transportation Unit -

Transportation Unit will coordinate and be supported by ESF# 1 transportation to provide accessible transportation to residents of the shelter and other services when available.

Tasks include:

- Transportation for medical attention or appointments
- Transportation to receive services or bulk distribution if not available at shelter
- Transportation to showering if not available at shelter

Demobilization of Accessible General Populations Shelter –

Notify support agencies, public, media, vendors. Demobilize mass care assets and return to appropriate agencies, store salvageable items, deactivate staff.

Demobilize operations

- Clean and disinfect cots, blankets and pillows
- Maintain inventory before storing
- Account for all office equipment
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Pet Shelter Group –

The Pet Shelter Group will work in collaboration with ESF# 11 Agriculture, Natural Resources and Pets to establish a pet shelter as close as possible to the General Accessible Population Shelters. Whenever possible, people will be evacuated with their pets. Due to health issues they will not be allowed in the General Accessible Population Shelters. The Pet Shelter Group will provide housing, care and feeding of pets that have been affected by the emergency/disaster. It will be assumed that there will be a variety of pets from domestic to exotic. Grouping animal species together will increase safety and security. Do not stack kennels for the obvious hygiene reasons.

Shelter operators and handlers will be trained on admission and treatment of animal by county animal control officers. Consult with local veterinarians to identify equipment and supplies to maintain the pet shelter. Identify vendors in and out of the area that can provide equipment and supplies within a reasonable time.

Shelters will have running water, adequate lighting, proper ventilation, electricity and backup power. Inside temperature will be appropriate with the current seasonal conditions. If possible fenced areas for exercise, i.e. dogs, outdoor cats.

It is important to create a routine including down times in the shelter. This can be accomplished by dimming or low lighting the shelter during when not exercising or feeding. Engage pet owners to volunteer at the shelter.

Tasks include:

- Identify sheltering locations pre-emergency/disaster and maintain current MOUs.
- Establishing a secure, safe facility for pet sheltering
- Provide kennels or pens for each pet, large enough for animals to stand and turn around comfortably
- Register pets with name, name of pet owner and their sheltering location
- Label any items that come in with pets, i.e., cages, leashes, food bowls, etc.
- If there is no current registration for rabies animals should be kept in a separate area and not mingle with other animals. Handlers will maintain appropriate hygiene to avoid cross contamination. Attempts will be made to contact the veterinarian verify status for those without documentation
- Shelter staff and handlers will report any injury received from shelter animals and receive appropriate treatment
- Aggressive animals will be segregated and professionals will determine if the animals are appropriate for the pet shelter
- Professional will determine if the animal is reacting to the emergency/disaster or is truly an aggressive animal
- Local animal control will remove the animal if determined dangerous and taken to appropriate shelter
- The owner of an aggressive animal will be given the option to place the animal in another setting
- Each animal will be inspected at registration for fleas, ticks, injury and be treated
- If an animal is injured, diseased or infected the animal will be quarantined until can safely join species sheltering location

- If an animal needs care beyond what the pet shelter can provide and alternate site/care facility will be located
- Owner if known/available be will contacted of transfer
- Cost of care will be the responsibility of the owner
- Case management will assist to find funding if owner is not financially able due to emergency/disaster
- Animal control and the authorities will be contacted immediately or as soon as possible in the event that abuse or neglect is suspected
- Provide food, water and medication as appropriate
- Provide daily exercise, preferably outside, weather permitting
- Provide basic first aid
- Maintain the cleanliness of the facility using pet friendly products
- Maintain security if needed
- Maintain documentation of any animal that is reunited with owner

Service animals are not pets and should never be separated from their handlers/human partners. Service animals are allowed in all shelter operations.

Demobilization of Pet Shelter –

Notify support agencies, public, media, vendors. Demobilize pet shelter assets and return to appropriate agencies, store salvageable items, deactivate staff. If animals remain unclaimed or cannot be reunited with owners they will be transferred to available animal shelters. Media and social networking sites will be used to notify the public to ensure all attempts have been made to reunite animal and owner. After 30 days animals will be made for adoption.

Demobilize operations

- Clean and disinfect as appropriate
- Maintain inventory before storing
- Account for all office equipment
- Maintain record of lost or damaged equipment

- Clean facility and have walk through with building owner/manager to determine damage/loss and repair

Organization

Roles and Responsibilities

Responsibilities - For this ESF, each county addresses responsibilities for ESF Coordinator, Primary Agency and Support Agencies differently.

Primary Agency

Conducts response operations

Provide trained staff for operations functions at fixed and filed facilities

Coordinate with support agencies and local jurisdictions to manage mission assignments.

Procure goods and services as needed and maintain financial and property accountability.

Coordinate with the County EOC and/or Incident Commander

Participate in all planning activities and recovery operations

Coordinate with Public Information Officer to ensure information is current and accurate.

Support Agencies

Provide available resources and support operations as requested by the Primary Agency.

Participate in planning activities and recovery operations

Assist in satiation assessments

Provide information or expertise as appropriate

XXXXX County

Primary Role

ESF Coordinator:

Conduct pre-incident planning for evacuation, mass care, housing and human services operations with the designated primary agencies.

Ensure that inventory of shelter resources is kept current

Ensure list of shelter locations and information is kept current.

Conduct pre-incident planning

Maintain on-going coordination and communication with Primary and Support Agencies.
Coordinate with Public Information Officer to ensure information is current and accurate.

Primary Resources

XXXX County Emergency Management Commission
Primary Role

Primary Resources

Support Role

American Red Cross (ARC)
Primary Role

Primary Resources

Support Role

Iowa National Guard
Primary Role

Primary Resources

Support Role

Faith Based Organizations (FBOs)
Primary Role

Primary Resources

Support Role

Human Services
Primary Role

Primary Resources

Support Role

Iowa Disaster Human Resource Council (IDHRC)
Primary Role

Primary Resources

Support Role

Public Health
Primary Role

Primary Resources

Support Role

Non-Governmental Organizations (NGOs)
Primary Role

Primary Resources

Support Role

Salvation Army

Primary Role

Primary Resources

Support Role

School District
Primary Role

Primary Resources

Support Role

Iowa Homeland Security Emergency Management
Primary Role

Primary Resources

Support Role

Emergency Medical Services (EMS)
Primary Role

Primary Resources

Support Role

Law Enforcement and Security
Primary Role

Primary Resources

Support Role

Acronyms

ACS - Alternate Care Sites
ADA – American's with Disabilities Act
ADAAG – American's with Disabilities Act Accessibilities Guidelines
ARC – American Red Cross
ARES – Amateur Radio Emergency Services
ASL -American Sign Language
CART – Computer Assisted Real-time Translation
CDC - Centers for Disease Control and Prevention
CE – Covered Entity
COAD – Community Organizations Active in Disaster
CERT – Community Emergency Response Team
CBO – Community Based Organization
CMS - Consumable Medical Supplies
DBHRT - Disaster Behavioral Health Response Team
DBTAC - Disability and Business Technical Assistance Center
DES – Disaster and Emergency Services
DHS - Department of Homeland Security, US
DME – Durable Medical Equipment
DWI – Disaster Welfare Information
EAS- Emergency Alert System
EMS – Emergency Medical Service
EMAC - Emergency Management Assistant Compact
EOC – Emergency Operations Center
EOP – Emergency Operations Plan
ESF – Emergency Support Function

FBO -Faith Based Organization
FCC- Federal Communications Commission
FEMA – Federal Emergency Management Agency
FNA -Functional Needs Assessment
FNSS – Functional Needs Support Services
GIS – Geographical Information Systems
HIPAA -Health Insurance Portability and Accountability Act
IA –Iowa
IC -Incident Command/Incident Commander
ICP – Incident Command Post
ICS – Incident Command System
IDHRC -Iowa Disaster Human Resource Council
IDHS – Iowa Department of Human Services
IDPH – Iowa Department of Public Health
IHLSEM – Iowa Homeland Security and Emergency Management
ISRID – Iowa State Registry of Interpreters for the Deaf
JIC – Joint Information Center
LTRC – Long Term Recovery Committee
MOA – Memorandum of Agreement
MOU – Memorandum of Understanding
MRE – Meals Ready to Eat
NGO – Non-governmental organization
NIMS – National Incident Management System
NOD – National Organization on Disability
NRC – Nuclear Regulatory Commission
NRF – National Response Framework
OEM – Office of Emergency Management
PCA – Personal Care Attendant
PHI – Personal Health Information

PIO – Public Information Officer

PKEMRA - Post-Katrina Emergency Management Reform Act

PWD – People with Disabilities

RC – Reception Center

RSVP – Retired Senior Volunteer Program

SEOC – State Emergency Operations Center

SOP/SOG – Standard Operating Procedures/Guidelines

TDD – Telecommunications Device for the Deaf

TSA – Transportation Security Administration

TTY – Teletypewriter

UC – Unified Command

US – United States

VRC – Volunteer Reception Center

ESF#6: Mass Care, Housing & Human Services
Annex
Comprehensive Emergency Plan
XXXX County

Attachment 1- Service Animals

Service Animals –

Due to health reasons pets are not allowed in emergency/disaster shelters. However service animals are allowed in all shelters. Service animals are defined by the ADA as any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. The service animal's work or tasks performed must be directly related to the individual's disability.

Under Iowa code "service dog means a dog specially trained to assist a person with a disability, whether described as a service dog, a support dog, an independence dog, or otherwise. The Iowa code has also included this language; assistive animal means a simian or other animal specially trained or in the process of being trained to assist a person with a disability". This language does not put restrictions on any size or type animal, only supports if they are trained to assist a person with a disability.

Most service animals wear capes, patches on harnesses, scarves or leads that identify them as "on duty". Generally they are on lead, however some are voice driven, or they are with a person with a visible disability. Service animals are protected under Title II of the ADA and are generally allowed anywhere with their human partner. Service animals do not have to be certified or specially trained, some have been handler trained. Most spend over two years in training for specific disabilities and tasks.

If a service animal in training is evacuated and in need of shelter they are allowed to remain with their handler in the any shelter operations or services provided for disaster response.

If there is question, shelter staff may ask only two questions to determine if an animal is a service animal: (1) “Is this a service animal required because of a disability?” (2) “What work or tasks has the animal been trained to perform?” If the answers reveal that the animal has been trained to perform a task for a person with a disability, then it is a service animal.

Shelter staff may ask if an animal is a service animal or ask what tasks the animal has been trained to perform, but cannot require special ID cards for the animal. Service animals can be removed if they pose a direct to the health and safety of others is out of control and/or is not house broke.

Service animals must be allowed in the food dining areas even if state or local health codes prohibit animals on the premises. If other shelter residents have allergies or fear of animals consider locating people on the opposite side of the shelter.

The revised 2010 ADA regulations have included a provision that includes miniature horses that are trained to work or perform tasks for people with disabilities where reasonable. Miniature horses generally range between 24 and 34 inches in height and 70 to 100 pounds in weight. Four factors must be considered to determine if entities can make accommodations for miniature horses that are service animals. The assessment factors are 1. If it is housebroken, 2. if it is under control, 3. if the facility can accommodate the weight; and 4 if its presence does not compromise legitimate safety requirements necessary for safe operation of the facility.

People with disabilities who use service animals cannot be isolated or segregated from any of the services, programs or activities of the shelter or disaster response.

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Attachment – 2 Screening and Registration

Screening and Registration -

The purpose of screening and registration is to identify and maintain a roster of who is residing in the shelter, determine goods and services for those with access and functional needs, determine if a higher level of care or medical care is needed to maintain the health of the individual, and to determine if due to criminal history an individual would not be appropriate for sheltering i.e.: sex offender, prisoners, etc. Alternative sheltering locations will be secured for these individuals. Schools are not to be used at any time for the sheltering of sex offenders. Iowa Code excludes sex offenders in or upon school property.

The Department of Public Safety maintains a public internet site to access relevant information about sex offenders and it is searchable by name. The site can be accessed at http://www.iowasexoffender.com.

SHELTER/CENTER RULES

Hours of Operation:

• All residents, staff, and visitors must sign in and out upon leaving.
• Please help to keep the shelter clean and tidy.
• You are responsible for your own belongings. Valuables should be locked in cars, or kept with you at all
times. XXX is not responsible for lost, stolen or damaged items.
• No weapons are permitted in the facility except those that may be carried by authorized security
personnel.
• No alcohol or illegal drugs are permitted in the facility.
• Smoking is only allowed in designated areas.
• No sexual activity.
• Parents are responsible for their children. Children should not be left unattended or unsupervised.
• Please keep cell phones on vibrate or quiet. Please keep conversations quiet.
• Shoes must be worn at all times.
• Quiet hours are observed between 10:00 p.m. and 6:00 a.m.
• Please see the nursing staff for any medical questions.
• If there is a problem or concern, find a staff person to help solve it.
• Take all belongings with you when you leave.

These agreements will make the shelter/center safe for everyone and ensure that it can continue to be open.
Breaking any of the agreements will be dealt with immediately and may result in your removal from the facility.

Thank you.

Name (please print) _____

Home address City State Zip Code_____

Phone Number(_____)_____

Signature Date_____

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Attachment – 3 Feeding

Feeding activities may include all or some of the following:

- Fixed feeding locations at shelters, or in and around the impacted areas, in community centers, churches, schools, congregate meal sites, private/NGO facilities.
- Mobile feeding including beverages, snacks, hot and cold meals in the impacted areas.
- Emergency field kitchens from outside the area.
- Distribution of MRE, heater meals or packaged food and water.
- Distribution of grocery store vouchers, food stamps through temporary emergency relief programs.

XXX is responsible for meal preparation and distribution at fixed sites and mobile units. Fixed sites can include non-sheltering locations, feeding centers for relief/volunteer organizations, or individuals that are sheltering in place but do not have access to food or water. Three meals a day should include on hot meal. All kitchens and preparation must be in compliance with local health regulations using safe food handling protocols.

Tasks include: establish a beverage and snack area as soon as possible, determine menu, when meals will begin and amount, ensure meals meet nutritional requirements to include babies, children, dietary and cultural restrictions, coordinate with other entities for support if needed,

Food and meal preparation options:

- The Salvation Army
- Local churches
- Meals on Wheels

- Catering companies
- Local restaurants or catering
- Local retail store ie; Wal-Mart, Hy-Vee
- Institutional kitchens - schools, hospitals, military bases, jails, prisons, care facilities

One hot meal a day will be provided. XXX will provide meals for those with dietary restrictions within a reasonable time.

• Establish a beverage and snack area as soon as possible
• In coordination with the Shelter Group Supervisor, determine when the first meal will
be needed
• Coordinate with the American Red Cross and the Salvation Army for support in
feeding operations
• Determine menu plan and review when possible with shelter residents to identify
needs for feeding babies and young children
• Plan for three (3) meals per day, to include at least one (1) hot meal
• Ensure that available food meets the nutritional needs of shelter occupants, including
those with access and functional needs
• Ensure that culturally appropriate foods are available
• Ensure meals are available for special dietary requirements (low sodium, low sugar)
• Menu selection should be based on weather conditions (hot meals in colder seasons)
• Ensure kitchen facilities are in compliance with local health regulations
• Conduct food preparations using safe food handling protocols

Feeding -

As soon as possible feeding operations should be established to serve those affected and responding to the disaster/emergency. The scope and scale of the feeding operation will be determined by the situation including the impact on the utility systems within the area. Also the disaster/emergency may limit food availability, preparation and distribution

including restaurants and retail food outlets. Initially, the feeding operations may be limited to snacks and beverages, transitioning to freshly prepared hot meals.

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Attachment 4 - Bulk Distribution

Bulk Distribution –

Depending on the severity of the emergency/disaster bulk distribution of emergency relief supplies is another support service that can be activated.

Bulk Distribution includes the distribution of items that include water, food, ice and other commodities to meet urgent needs of those within the affected area. Utilities and water service may be limited or interrupted due to the emergency/disaster but homes maybe habitable or not damaged. Relief supplies provide people the opportunity to shelter in place instead of evacuating to shelter sites. Distribution can either be at a POD, Point of Distribution, or in the affected areas where residents remain sheltering in place by relief agencies in coordination with local, state and federal entities. Agencies that would help support PODs include Red Cross, Salvation Army, Food Pantry, NGO's, faith based. POD will be established in fixed locations or mobile depending on the situation and scope to the emergency/disaster. Multiple media outlets for example television, radio, and social media will be used to inform the public of locations.

Bulk distribution will be scaled back when the infrastructure i.e.: utilities and roads are restored and retail trade resumes promoting economic recovery in the private sector.

Bulk distribution and POD operations will coordinate with ESF #7 for resource management and distribution. Desirable locations for POD locations would close or inside the impacted area, easy access to major streets, large paved area that could accommodate trucks, semi-trailers and off load supplies. Set up traffic flow in and out of the area and the potential of indoor storage would be desirable. Mobile distribution can distribute

items directly to those impacted and maintain some control who accesses the supplies by targeting the worst impacted areas.

Types of items but limited to include:

- MREs or nonperishable food
- Water
- Ice and containers
- Tarps
- Blankets
- Cleaning supplies
- Batteries
- First aid items
- Baby supplies
- Toiletries and hygiene
- Pet food

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Attachment 5 - Emergency First Aid

Emergency First Aid -

Includes basic first aid to those affected by the emergency/disaster, responders and relief workers at mass care sites and referral to appropriate medical care facilities as available in designated areas. Multiple media outlets for example television, radio, and social media will be used to inform the public of locations. Emergency basic first aid will be coordinated with and supplement the emergency health and medical services established in ESF #8 Public Health and Medical Services and ESF #4 Firefighting.

Agencies that could support emergency first aid include local, county and state public health nurses, school nurses, EMS, local firefighters, local care providers with appropriate credentials.

Support services could include:

- Triage and assessment
- Providing stabilization for transportation
- Arranging transportation to appropriate care facility
- Providing basic first aid
- Assist with dispatch

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Attachment – 6 Human Services/Case Management

Human Services/Case Management -

In addition to providing temporary shelter, permanent housing and mass care individuals and families may need additional emergency and disaster assistance with clothing, basic medical attention, prescriptions, over the counter medicine, eye glasses, hearing aids, assistive devices, DMEs, CMEs, disaster mental health, unmet needs, temporary housing or services that are unique to the individual.

The Human Services/Case Management component of ESF #6 will utilize existing programs and services and those established in response to the emergency/disaster.

The ES #6 Mass Care Team with partner with the ESF #1 Transportation Team to coordinate transportation needs for those affected by the emergency/disaster, mass care operations, supplies and equipment. Coordination will include accessible transportation to post office, banks, health clinics, pharmacies, faith based center, schools, PODs, reception centers, warming and cooling centers.

The ESF#6 Mass Care Team will partner with the ESF#8 Public Health and Medical Services Team to provide mental health, disaster behavioral health, and support for those with cognitive disabilities and/or prescription medications.

Possible partners- County Health Center, County Human Services Offices, Red Cross CISM, The Iowa Disaster Behavioral Health Response Team (DBHRT) 515-725-3231 htt://www.iowadbhrt.org/, Iowa Department of Human Services General Information 1-800-972-2017, Iowa Concern

Hotline 1-800-447-1985, Iowa Finance Authority, Housing and Urban Development (HUD) Disaster Resources.

Every effort will be made to provide crisis counseling-behavioral health services to those affected by the emergency/disaster.

Disaster Welfare Information/ Family Reunification -

The ESF#6 Mass Care Team will partner with ESF #13 Law Enforcement and Security to make every attempt to respond to inquiries about family and friends welfare that have been impacted by the emergency/disaster. Intake and registration units can provide contact information for relatives in and out of the area. Shelter staff must maintain confidentiality of all information received at intake and in shelter registration. Shelter staff shall have permission from the individual before releasing information to callers or other forms of social media.

The Red Cross Safe and Well - https://safeandwell.communityos.org may be used. The need for disaster welfare information (DWI) is subject to the size and scope of the emergency/disaster, lack of communication abilities, number of families/area affected, number of deaths/illness and injuries. Short duration emergency situations may not establish a DWI system. Another option for missing persons location is through the Department of Public Safety Iowa Missing Persons Information Clearinghouse at https://www.iowaonline.state.ia.us or the 24 hour toll free number at 1-800-346-5507.

National Center for Missing and Exploited Children
National Emergency Child Locator Center NECLC
www.missingkids.com
1-800-THE-LOST (1-800-843-5678)

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Attachment 7 - Children/Unaccompanied minors

Children-

Children under the age of 18 will have unique needs during an emergency/disaster. If possible have age appropriate supplies, toys and space for play that is out of the disaster reporting area. It is extremely important that parents, guardians and caregivers understand that they are responsible for supervision of their children at all times, including when using the bathroom. Consider having designated shower/bathing time for family use. Monitor these areas by shelter staff/security as multiple shower stalls and showering facilities can be dangerous places for children if not supervised.

High contact areas including shared toys should be cleaned routinely for infection control. Children that exhibit signs of illness should be referred for a health assessment. Children that exhibit signs of emotional stress should be referred for a mental health assessment.

Support supplies could include:

- Baby formula and baby food
- Snacks if available
- Diapers, pull-ups and wipes in a variety of sizes. Plan for up to 12 diapers per child per day.
- Age appropriate bedding, cribs or playpens
- Private area for breastfeeding
- Basins for bathing

Possible partners include- schools, preschools, child care centers/daycare for childcare if parents need to work, have appointments, etc.

Unaccompanied minors –

Children can get separated from their caregivers during an emergency/disaster. ESF#6 will partner with ESF#13 Law Enforcement and county human services departments, Iowa Department of Human Services to provide appropriate supervision, services and placement for unaccompanied minors. All efforts must be made to locate caregivers for reunification and/or relatives before temporary custody orders are pursued. Sheltering in a separate location with added qualified supervision and security should be considered particularly if there are large numbers of youth, or a large shelter population. Track information on missing persons on a central database. If there are more than one shelter use registration as a possible means to locate family members that have been separated. Ensure that shelter lists remain confidential and are not posted for public consumption. Plan for a qualified staff to be available to supervise minors that arrive at the shelter without their guardians or caretakers.

National Center for Missing and Exploited Children
National Emergency Child Locator Center NECLC
www.missingkids.com
1-800-THE-LOST (1-800-843-5678)

The Red Cross Safe and Well - https://safeandwell.communityos.org may be used. The need for DWI is subject to the size and scope of the emergency/disaster, lack of communication abilities, number of families/area affected, number of deaths/illness and injuries. Short duration emergency situations may not establish a DWI system. Another option for missing persons location is through the Department of Public Safety Iowa Missing Persons Information Clearinghouse at https://www.iowaonline.state.ia.us or the 24 hour toll free number at 1-800-346-5507.

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Attachment 8 - Access and Functional Needs

Access and Functional Needs -

Federal civil rights laws along with the Stafford Act and the Post-Katrina Emergency Management Reform Act (PKEMRA) mandate accessibility, integration and equal opportunity for people with physical, sensory, mental health, cognitive or developmental disabilities. Not all people with access and functional needs would fall under this purview but would benefit for example women in late stages of pregnancy, elderly, limited English language proficiency, transportation disadvantaged and those with temporary injury or disability.

Functional Needs Support Services (FNSS) enables people to remain independent in general population shelters through reasonable modification of policies, practices and procedures. This would include locating vendors for durable medical equipment (DME), consumable medical supplies (CMS), personal care attendants (PCA), and other goods and services as needed. Items include:

- Wheel chairs
- Canes
- Walkers
- Hearing aids and batteries
- Oxygen
- Syringes
- Prescriptions
- Over the counter medication

FNSS Planning -

Shelter locations should be surveyed using the American's with Disabilities Act Accessibility Guidelines (ADAAG). Areas where the general public would shelter and receive services are the areas to focus on. Temporary modifications can be used to increase or achieve compliance in many

areas. Facilities that normally are exempt from the compliance with ADAAG, for example, churches would need to comply if they are being used as a public shelter. Areas of focus would include parking, entrance, service areas and restrooms. Keep a clear path of travel to all areas.

Ensure communications are available in alternate formats for example interpreters for limited English proficiency, or sign language, televisions with closed captioning, TTY/TDD, texting, adaptive equipment for computers if available for the public, braille or readers, story or pictorial boards, note pads and writing utensils for communication.

Not all people with low to no hearing who use American Sign Language as their first language can read so it is important to have multiple ways to communicate. Cell phones have changed the way we communicate. Many people with low to no hearing text as a form of communication however there is a digital divide with older populations with hearing loss. Identifying vendors and interpreters that could provide assistance within short notice may be an alternative to acquiring and maintaining a costly cash of supplies. The Language Line http://www.languageline.com/ is a cost effective method for both language interpreters and those with low to no hearing. Another option for sign interpreters is Iowa State Registry of Interpreters for the Deaf (ISRID) http://new.iowastaterid.org/ . However qualified interpreters need to be present when discussing medical or other emergency related benefits and services.

Universal accessible cots or medical cots provide more stability than standard cots and would benefit people with access and functional needs. Placing the cot against the wall will provide more stability by preventing movement when people transfer or sit down.

Shelters should have access to heat/air-conditioning and refrigeration for medication.

Quiet rooms/calming areas -
Space is often a premium when sheltering but if possible designate a room that could be used as an area of refuge from the noise and congestion of the main sheltering area. These areas are desirable for people with mental health, cognitive or development disabilities.

People with disabilities that use a Personal Care Attendant cannot be refused admittance to the shelter because they were unable to evacuate with their PCA.

Warning/Alerting Devices in shelter
Any warning/alerting devices in the shelter need to be both visual and audible.

Guidance on Planning for Integration of functional Needs Support Services in General Population Shelters -
http://www.fema.gov/pdf/about/odic/fnss_guidance.pdf

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Attachment 9 - Managing unaffiliated/affiliate Volunteers and Unsolicited/solicited Donations

Managing unaffiliated/affiliated volunteers –

Human resource is the most valuable resource in any response operation. Training volunteers from the community in shelter operations and services before the emergency/disaster has many advantages. It also allows for background checks to be completed and identification badges to be issued. Another advantage is resource typing, determining who in the community may have skills or expertize to volunteer in specialized areas such as social workers, therapists, doctors, nurses. It also increases the use of common terminology which is essential in communication.

Volunteers must adhere to the "do no harm" philosophy, be flexible, self-sufficient and aware of the risks including the possibility of austere environments. The priority of volunteers is to assist those affected by the emergency/disaster.

Develop a public education campaign through the media on the importance of affiliation and preparedness. This can be used before, during and after emergency/disasters. Include ethnic diverse media outlets and target organizations to increase the whole community planning concept.

Volunteer contact information should include name, address, phone/fax/email, availability, skills (medical, mental health, nurses aid, languages, food service, communications, shelter staff, etc.), certifications/education, task preferences, geographic location preferences, phase of emergency response time (mitigation, preparedness, response,

recovery). Provide support services for the volunteers that include counseling, debriefing and health screening.

Sources for volunteers:

- Community Emergency Response Teams (CERT)
- Faith Based Organizations (FBO)
- Voluntary Organizations
- Boy Scouts
- Medical Reserve Corps (MRC)
- United Way
- Schools
- Shelter residents – volunteer resources can be limited and once residents become familiar with the shelter some may want to assist with shelter operations. Confidentiality of all the residents must be maintained so their access must be limited and standard safety precautions should apply when using residents.
- Spontaneous volunteers – background checks may not be able to be completed during response to an emergency/disaster. However spontaneous volunteers could be used with caution. Each spontaneous volunteer should register, providing name, address and other contact information including at least one emergency contact. Identify capabilities but use caution and discretion when assigning tasks and positions. Even when credentials/papers are offered it is important to know they qualified to fulfill positions or have related experience. Ensure that spontaneous volunteers understand their work duties, shift hours, shift supervisor and the importance of documenting activities as that could be used for financial reimbursement. Clear, consistent communication in timely manner fosters successful management of spontaneous volunteers.

Managing unsolicited/solicited donations –

The ESF#6 Mass Care Team will partner with ESF#1 Transportation and ESF#7 Resource Support for goods and services needed for sheltering. However by developing an organized donations management system the

needed goods and services will reach those affected by the emergency/disaster as soon as possible. It also can minimize or eliminate duplication of goods and services as well as attempt to control unsolicited donations.

Identify key partners/agencies/organizations:

- Community-based organizations, CBO's
- Faith-based organizations, FBO's
- Voluntary Organizations Active in Disaster, VOAD's
- State Donations Coordinator
- FEMA Voluntary Agency Liaison or Donations Specialists
- Warehouse Manager
- Call Center Manager

Designate a lead to coordinate with local/state/FEMA Donations Coordinators. Both volunteer and donations management may be managed by the same group. Establish roles and responsibilities; determine support requirements including phone bank operations.

Maintain a link with the State Emergency Operations Center/Iowa Homeland Security Emergency Management and work with the Public Information Officer. Consistent media releases can help with rumor control, identify needs and distribution sites. Staging areas, warehouse locations and distributions centers should be established early. The public should only be aware of distribution locations. The size and scope of the emergency/disaster will dictate how much space and staff/volunteers will be needed to receive, unload, inventory and ship goods. Space may be at a premium and locations along with memorandums of understanding should be done during non-emergency/disaster times. The standard emergency resource allocation model for food is 1 gallon of water, one 8 pound bag of ice, and 2 MRE's or equivalent per person per day. There are many other personal needs to be considered so the size of the facility can depend on the number of people affected and the duration of the emergency/disaster.

Operational considerations should include:

- Managing goods, facilities and transportation
- Information management
- Managing volunteers/services
- Managing cash donations
- Security

Consider establishing a Volunteer and Donations Management Support Annex within districts in Iowa may be one way to support the low population /under funded counties.

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Attachment 10 – Health Insurance Portability and Accountability Act of 1996 - HIPAA

During emergencies/disasters –

Title 1, Title 2 and several provisions of HIPAA were intended to make the health care system in the United States more efficient by requiring that all health care transactions were completed in a standardized way. The HIPAA Privacy Rule intends to regulate the use and disclosure of Protected Health Information (PHI) by covered entities that includes all identifiable health information. The Privacy Rule regulates the use and disclosure of PHI held by "covered entities" which includes covered health care provider, health care clearinghouses, health plans, health insurers and medical service providers that conduct transactions.

During an emergency/disaster people may need immediate access to health care. To assist with emergency/disaster relief efforts providers and health plans can share patient information in the following ways:

Treatment

- Sharing information with other providers for example hospitals and clinics.
- Referrals for treatment, including new providers in the relocation area.
- Coordinating patient care with emergency relief workers or others that can assist with finding appropriate health services.
- Providers can share information to the extent necessary to receive payment for services received.

Notification

- Health providers can share patient information as necessary to help locate, identify, and notify family members, guardians, caregivers or anyone else responsible for that person's care including that person's general condition, location or death.
- If necessary health providers can notify the press, the media or the public to the extent necessary to help identify, locate or notify family members and care givers of the location and general condition of their loved ones in the disaster/emergency.

Imminent danger

- Health providers can share patient information as necessary to prevent or lessen a serious or imminent danger to persons or the public, maintaining ethical conduct and following applicable laws. For example PHI can be disclosed to public health authorities for the purpose of preventing or controlling disease, injury, or disability.

Facility Directory

- Health providers or covered entities that maintain a directory in their facilities can report on whether a person is in their facility, their location in the facility and general condition. For example, human service agencies may maintain a directory of care facilities. For purposes of emergency response the names of residents and the care they would need can be released to expedite evacuation or transportation to another facility.

When possible health care providers and covered entities should get verbal permission or approval but individuals may be incapacitated or unable to understand the request. Information may be shared if it is determined, in their professional judgment, that doing so is in the individual best interest.

The minimum necessary rule means that covered entities must make reasonable efforts disclosed or request the minimum amount of PHI needed to provide for health and safety.

More information can be found at:

Department of Health and Human Services Emergency Planning and Response -

http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/emergency/decisiontoolintro.html