

# Shelter and Mass Care Plan Assessment Tool



## Introduction

This plan assessment tool is a resource to help you evaluate the degree to which you have planned and prepared for sheltering and mass care for general populations following an incident (i.e., this tool does not address medical sheltering). It is intended for use by emergency preparedness planners and other personnel with responsibility for developing or updating a shelter and mass care plan.

The tool is designed to walk you through a general concept of operations that addresses various strategies pertaining to shelter and mass care. Each section includes a list of considerations for the given strategy drawn from current subject matter guidance and best practices. Evaluate your plan against the items in the tool to ensure that your plan more fully addresses each strategy.

While this tool was developed with local governments in mind, it is still applicable to other entities with shelter and mass care plans, policies, or procedures.

Shelter and mass care services may be provided by the government, nonprofit organizations, a private company, or a combination of these. This document does not consider operations of unaffiliated mass care service providers (e.g., faith-based, community-run).

## Shelter Concept of Operations

### **Strategy One: Coordinate Pre-Planning**

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In response to an incident, a number of variables may factor in to whether or not a shelter will be opened, as well as what type. The plan may address decision-making authority, triggers or thresholds, and roles and responsibilities. Does your plan address the following:

- Making the decision to open shelters.
  - What determines whether or not you decide to activate your plan?
  - Who has the authority to order a shelter to be opened?
  - What determines if a shelter should be opened?



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- Information about the following kinds of facilities: long-term shelter, refuge of last resort, cooling center, warming center, evacuation shelter, and employee shelter.
  - Who determines what type of shelters should be opened?
- Designation of the organization(s) that will operate the shelter.
  - Is there an established agreement or contract with this organization? Is it current?
  - Does it address expectations of the shelter management organization (e.g., roles and responsibilities, tasks)?
  - Will the organization have a representative in the local emergency operations center (EOC)?
  - Is a copy of the agreement or contract attached to your plan?
  - If you do not have an agreement, what is the process of establishing one at the time of the incident?
  - In lieu of an agreement or contract, is the organization signed on to the plan?
- A list of facilities that have been pre-identified and vetted using available guidance and checklists (e.g., Americans with Disabilities Act (ADA) compliance checklist, Functional Needs Support Services (FNSS) toolkit, Red Cross Shelter Checklist) that could possibly be used as shelters.
- Identification of a shelter coordinator in the EOC to whom all shelter managers report back for information, such as daily shelter reports, resource requests, and any other major issues regarding the shelter.
- A process for how documentation—both at the EOC and in the shelter—should be maintained throughout and after the incident. This may include information such as call logs, receipts, major actions taken, and resource requests.

## Strategy Two: Open Suitable Shelter Facilities

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The scope of the incident will dictate the size, type, location, and number of shelters that should be opened. The circumstances of the incident may leave your preferred facility for shelter unavailable or prevent you from using it. You may also need to address unaffiliated, pop-up shelters. Does your plan address the following:

- Which type of shelter should be opened given the scope of the incident.
  - Are there any guidelines for shelter layout?
  - What are trigger points for adding these services as appropriate?
- Establishing an agreement or contract with the owner/operator of the facility.
  - If you have one, is it current? Is a copy attached to your plan?
  - In lieu of an agreement or contract, is the organization signed on to the plan?

- If you do not have an agreement, what is the process of establishing one at the time of the incident?
- Pop-up shelters.
  - How do you identify them? Evaluate them?
  - What is your jurisdiction's typical stance on pop-up shelters? How is this communicated with the pop-up shelters?
  - What is the typical level of coordination with pop-up shelters?

### **Strategy Three: Coordinate Shelter Management**

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Successful shelter operations depend on a dedicated leader and an effective staff. An ideal shelter and mass care plan should be able to describe the organization and requirements of a shelter management team and the roles and responsibilities of its members. Does your plan address the following:

- Staffing requirements for each type of shelter.
  - How do you determine which organization will staff the shelter (e.g., your jurisdiction, a nonprofit organization, a private company)?
  - What are the minimum staffing requirements for each type of shelter?
  - How will you scale staffing up or down to meet the demands of the shelter operations?
- Roles and responsibilities of the shelter management team.
  - What are the overall responsibilities of each position on the shelter management team?
  - Does your plan include standard operating guidelines (SOGs), job aids, and/or checklists for appropriate positions?
  - If appropriate, are NIMS resource typing definitions considered in the plan?
  - Does the plan suggest an ICS organization chart for shelter management?
- Communication.
  - How do partner agencies involved in shelter operations communicate with each other?
  - How is information shared with the shelter coordinator in the EOC?
  - Does your plan include a communication flow chart?

## Strategy Four: Coordinate Shelter Operations

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As shelters are opened and filled by members of the community, the shelters themselves become self-contained communities with varying needs. Your plan should consider mechanisms that ensure orderly operations in the shelter while also providing for the needs of its occupants. Does your plan address the following:

- Minimum shelter functions/services that need to be conducted and staffed at each type of shelter.
  - What additional functions should be considered that may require additional staff?
  - Is there any consideration for the notion that the types of shelter services may need to be scalable depending on the incident and shelter population?
- Coordinating reception and registration, including intake and triage.
  - Does your plan include or reference a comprehensive intake form?
  - Is reception and registration of animals addressed, if applicable?
  - Does your plan address intake for special populations (e.g., sex offenders, unaccompanied minors)?
  - Have you considered tracking shelter occupants in some manner (e.g., wrist bands, Evacuee Tracking Network (ETN))?
- Having a point of contact for a facility manager who may be reached 24/7 for any issues at the facility or with the equipment.
- A process for coordinating between the individual shelters and local EOCs.
  - What kinds of information should the shelter management team report to the EOC (e.g., shelter population, environmental safety, public safety, epidemiological issues)?
  - Do you know the process for requesting resources for your shelter from your local EOC (e.g., meals ready to eat (MREs), water, cots)?
- Access and functional needs.
  - Does your plan identify strategies for complying with the legal mandate that people with access and functional needs must be able to access the same programs and services as the general population?
  - What considerations are given to ethnic, cultural, and religious sensitivities when providing sheltering services (e.g., language services, dietary restrictions)?
- Transitioning from services that provide for immediate needs (e.g., food, water, cots) to services that provide for long-term needs (e.g., case management).

- Physical safety and security at the shelter.
  - Which organization would be responsible for security (e.g., local police, other law enforcement agencies, contract organization)?
  - Does the same organization provide security regardless of the size of the incident?
  - What kinds of considerations are there for special populations (e.g., sex offenders, unaccompanied minors)?
  - What will you do about weapons and other contraband?
- Health safety of shelter occupants.
  - Who is responsible for providing for health safety in the shelter?
  - What public health services would typically be provided in the shelter?
  - How will epidemiological issues be handled?
- Medical services.
  - Who is responsible for providing basic medical services within the shelter (e.g., first aid, filling prescriptions)?
  - Are contracts in place for medical durable equipment providers and consumables?
- Behavioral health services.
- Transportation services.
  - Does the plan address providing shelter occupants transportation to other locations for services and/or transfer (e.g., home, other shelters, medical)?
  - What kinds of backups are in place if your main transportation service is unavailable?
- Sheltering and caring for animals.
  - What types of animals are allowed in a general population shelter? How will the public know where to take their animals or what to bring for them?
  - What do you do with animals that the facility is not set up to shelter?
  - How are sheltered animals tracked to ensure safe return to the correct owner?
  - Which organization is written in to your plan that is responsible for animal welfare issues?
- Considerations for a variety of services, such as laundry, showers, replacement of government documents, receiving government services (e.g. Supplemental Nutrition Assistance Program (SNAP), Social Security), case management, power bank.

## **Strategy Five: Coordinate Shelter Logistics**

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The shelter management team should have access to various tools and resources to effectively run the shelter. A shelter and mass care plan should describe resources needed and the process for requesting them. Does your plan address the following:

- Providing space and resources to the organizations that will be operating in the facility.
  - What kinds of supplies and equipment are needed to open and operate a shelter?
  - Are processes in place to appropriately request assistance and resources?
  - How will staff coordinate shelter infrastructure (e.g., tables, barriers between sections), connections (e.g., power, water, telephone, internet), and general logistics (e.g., pens, notepads, printers)?
- Storing and transporting sheltering supplies.
  - Where are sheltering supplies stored?
  - How do you transport them from storage to the shelter?
  - Will any supplies be stored at pre-determined shelter sites?
- Providing space and resources for shelter staff who may also need to stay at the shelter (e.g., people working in shelter who cannot get home)?
- Tracking the cost of the facility for the purposes of reimbursement.

## **Strategy Six: Demobilization**

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Shelters should be demobilized as soon as they are no longer required and/or can no longer support shelter operations. Once the incident has passed, occupants who are able to return home should. Those who are unable should make other living arrangements or should be relocated to another operating shelter. Does your plan address the following:

- A process or checklist for demobilization.
  - What are the decision points and steps taken for demobilization?
  - Who determines the closure of a shelter?
  - Who would be responsible for demobilization?
  - What is the process for transitioning occupants out of the shelter?
    - ◆ How do you manage those who are unwilling to be relocated?
  - How are resources demobilized (e.g., cleaning bedding resources and restocking expendable resources)?
  - Is there a reference to the jurisdiction's demobilization plan or some process for releasing resources and maintaining documentation?

- Notifying shelter occupants, the public, and other organizations that the shelter is closing.
- Providing transportation from the shelter.
- Conducting a debriefing for the shelter management team.

## Mass Care Concept of Operations

### Strategy Seven: Coordinate Pre-Planning

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Incidents of any size may necessitate conducting mass care operations. These services may be needed in shelters, as well as out in the community. One or more organizations should be designated to provide mass care services to your jurisdiction, which may come through agreements, a contract, or in-house support. Does your plan address the following:

- Making the decision to provide mass care services.
  - What determines whether or not you decide to activate your plan?
  - Who has the authority to activate mass care services?
- Information about the types of services that may be provided (e.g., feeding; distribution of emergency supplies; family reunification services; immediate health, emotional, and spiritual services; and access to information).
  - How do you determine which types of services should be provided?
  - How do you determine who will provide these services?
    - ◆ Will some or all of the services be provided by the jurisdiction or by one or more outside organizations?
- Establishing agreements or contracts with the organizations that will provide the services?
  - If agreements exist, are they current? Do they address expectations of the organizations? Are copies of the agreements or contracts attached to the plan?
  - In lieu of an agreement or contract, are the organizations signed on to the plan?
  - If you do not have an agreement, what is the process of establishing one at the time of the incident?
- Identification of a mass care coordinator in the EOC to whom all mass care service providers report back for information, such as daily reports, resource requests, and any other major issues.

- Pre-identifying mass care needs before an incident using available data, including State of Texas Emergency Assistance Registry (STEAR) and other data on people with access and functional needs (e.g., people who need power for medical devices, people who need dialysis).
- A process for how documentation from both the EOC and mass care service providers should be maintained throughout and after the incident. This may include information such as call logs, receipts, major actions taken, and resource requests.

### **Strategy Eight: Establish Suitable Mass Care Locations**

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The scope of the incident will dictate the types of services offered, how they are offered (mobile vs. fixed site), and the locations where they will be provided (if at a fixed site). Whether you may have preferred organizations to conduct your mass care operations, the circumstances of the incident may leave them unavailable, or they may already be serving other jurisdictions. You may also need to consider unaffiliated mass care providers. Does your plan address the following:

- The types of mass care services that will be available (e.g., shelter services, commodity points of distribution (PODs), mobile feeding sites).
  - Does your plan address the notion that mass care services may need to be scalable depending on the incident?
  - What are trigger points for adding these services as appropriate?
- Establishing an agreement or contract with the owner/operator of facilities used for providing mass care services.
  - Is it current?
  - Is a copy of the agreement or contract attached to your plan?
  - In lieu of an agreement or contract, is the organization signed on to the plan?
  - If you do not have an agreement, what is the process of establishing one at the time of the incident?
- Unaffiliated mass care providers.
  - How do you identify them? Evaluate them?
  - What is your jurisdiction's typical stance on unaffiliated mass care providers? How is this communicated with these providers?

## Strategy Nine: Coordinate Mass Care Operations

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The purpose of mass care operations is to make services available to a community in need of them until the community begins to recover. Your plan should consider how your jurisdiction will provide these services to your community, including language about roles and responsibilities of mass care providers and when and how to phase down operations. Does your plan address the following:

- Staffing requirements for each type of service.
  - How do you determine which organization will provide which service (e.g., your jurisdiction, a nonprofit organization, a private company)?
  - How will you scale staffing up or down to meet the demands of mass care operations?
- Roles and responsibilities of the mass care service provider per mass care service.
  - What are the overall responsibilities of the mass care service provider?
  - Does your plan include SOGs, job aids, and/or checklists for appropriate positions?
- Communication.
  - How do partner agencies involved in mass care operations communicate with each other?
  - How is information shared with the mass care coordinator in the EOC?
  - Does your plan include a communication flow chart?
- A process for mass care service providers to coordinate with the local EOC.
  - What kinds of information should the mass care service provider report to the EOC (e.g., meals provided, people served, daily reports, resource requests, and any other major issues)?
  - If applicable, send a mass care service provider liaison to the EOC.
- Feeding (mobile and/or fixed site).
  - How do you feed the population at hand? Who are your partners (e.g., food banks)?
  - Who is primary for providing food to your shelter?
  - Are there any restrictions on the kinds of food that can be received (e.g., expired, meals donated by local small businesses)?
  - Who coordinates mobile feeding between the different organizations and how?
  - Does your plan address both mass feeding and mobile feeding?
  - How is food safety and health safety ensured during feeding operations?

- Commodity PODs.
  - If you do not already have a commodity POD plan, does your shelter and mass care plan include SOGs, job aids, and/or checklists for operating PODs?
  - Are both open PODs (i.e., supplies available to the public) and closed PODs (i.e., supplies available to only employees and their families) considered?
- Considerations for other mass care services, including family reunification services; immediate health, emotional, and spiritual services; and access to information.
- Whole community considerations.
  - What considerations are given to ethnic, cultural, and religious sensitivities when providing mass care services (e.g., language services, dietary restrictions)?
  - Does your plan identify strategies for complying with the legal mandate that people with access and functional needs must be able to access the same programs and services as the general population?

## **Strategy Ten: Coordinate Mass Care Logistics**

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Mass care service providers may need support with logistics and resources in order to make their services available to the community. Does your plan address the following:

- Providing space and equipment to mass care providers.
  - Do you have appropriate agreements in place to conduct mass care operations at different facilities or within the community?
  - What kinds of supplies and equipment are needed to operate mass care services in shelters, at different locations in the community, and mobile services?
  - Are processes in place to appropriately request assistance and resources?
  - How will staff coordinate infrastructure (e.g., tables, barriers between sections), connections (e.g., power, water, telephone, internet), and general logistics (e.g., pens, notepads, printers)?
- Tracking the cost of services for the purposes of reimbursement.

## **Strategy Eleven: Demobilization**

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Mass care services should be demobilized as soon as they are no longer required. As the community recovers from the incident, these services should be demobilized in order to revitalize the community's economic base. Those who are still in need of services should be referred to a case manager or to appropriate organizations equipped to provide longer-term support. Does your plan address the following:

- A process or checklist for demobilization.
  - What are the decision points and steps taken for demobilization?

- Who determines the cessation of mass care services?
  - Who would be responsible for demobilization?
  - How do community members continue to receive services they still need assistance with?
  - Is there a reference to the jurisdiction's demobilization plan or some process for releasing resources, discontinuing mass care services, and maintaining documentation?
- Notifying the public and other organizations that the services are being demobilized.
  - Conducting a debriefing for the mass care service providers.

## Other Considerations

### **Strategy Twelve:** Coordinate Public Information

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Public information is a critical tool for effective shelter and mass care operations. Without clear guidance, those in need of shelter and mass care services may not understand what is available to them. From the earliest opportunity and then as long as needed, concise, up-to-date information about shelter openings and closings, mass care service locations, etc., should be conveyed to the public. Does your plan address the following:

- Roles and responsibilities for public information professionals related to shelter and mass care operations.
  - Does your plan identify who updates the local websites and social media?
  - Is someone with public information duties part of the shelter management team who is responsible for providing timely updates to shelter occupants?
- Pre-scripted messaging, including the following topics:
  - Where and when the shelter will open.
  - What to bring to the shelter.
  - Which items are not allowed in a shelter.
  - Information about sheltering pets.
  - What kinds of services are available at the shelter.
  - The start and stop of mass care services.
  - Locations where mass care services will be offered.
  - Contact information of shelter and mass care organizations and local, state, and federal government mass care agencies, including phone number, email, and website.

- Whom to call for more information.
- Information about welfare and family reunification.
- Creating public information in alternate formats, such as multiple languages, large print, Braille, closed captioning, and sign-language interpreting, so that it reaches the whole community, including people with access and functional needs
- Coordinating with appropriate organizations, including the media, to ensure consistent messaging.
- Monitoring media for information about unaffiliated shelters and mass care service providers for situational awareness purposes.

### **Strategy Thirteen: Integrate with Other Plans**

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During an incident, all impacted agencies, jurisdictions and organizations will activate various plans. The shelter and mass care plan should address how it integrates with these other plans. Does your plan address the following:

- How other local plans relate to shelter and mass care.
  - Does your plan identify or reference other plans that relate to shelter and mass care (e.g., continuity of operations, public information, volunteer and donations management)?
  - Which plans should reference your shelter and mass care plan?
- Integrating with other jurisdictions' and regional shelter and mass care plans to ensure availability of and to deconflict resources.

### **Strategy Fourteen: Socialize the Plan**

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After your plan is developed or updated, it should be socialized with agencies and organizations that have roles and responsibilities with shelter and mass care operations. Does your plan address the following:

- Conducting training and exercises so that agencies/organizations understand their roles and responsibilities.
  - Do other jurisdictions and regional partners participate in your training and exercises?
- Sharing plan actions with the whole community (e.g., media, community groups, voluntary agencies, non-profit entities, key industry partners)?