



# Mass Care and Shelter Plan

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**PLAN MAINTENANCE AND REVISION HISTORY**

The Mass Care and Shelter Plan serves as a guide for City of San Bernardino to provide emergency care and shelter. The plan is maintained by the Emergency Operations Manager and it will be reviewed and revised annually or after any shelter activation.

The plan may also be modified after an exercise or changes in procedures, laws, rules or regulations pertaining to care and shelter operations.

No.	Revision Date	Section of Plan Revised	Revised by	Comments
1.				
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## **SECTION 1: CARE AND SHELTER PLAN**

### **1.1 Introduction**

The State of California Emergency Plan and Standardized Emergency Management System (SEMS) puts local government at the first level of response for meeting the disaster needs of people in its jurisdiction by providing emergency care and shelter. As per the California Health and Safety Code Sections 34070 – 34072, local government is to provide or contract with recognized community organizations to make emergency or temporary shelter available for people made homeless by a natural disaster or other emergency. The American Red Cross (ARC), as mandated by Federal Law 36-United States Code-3 and reaffirmed in Public Law 93-288 (Federal Disaster Relief Act of 1974), assists with disaster relief.

### **1.2 Purpose**

City of San Bernardino is to provide mass care and shelter operations in a timely manner to any resident of the jurisdiction who needs services as a result of a major disaster.

The function of mass care and shelter is to provide temporary emergency relief to people affected by a disaster. Providing temporary emergency relief involves a range of emergency human services (e.g., food, shelter, basic health care, crisis counseling support, etc.).

### **1.3 Partnership with American Red Cross**

The City of San Bernardino has a current mutual agreement with American Red Cross. This agreement covers the Red Cross providing emergency service on behalf of individuals and families who are victims of disaster. This agreement is reviewed every two years and is approved by the American Red Cross and the City Manager.

### **1.4 Assumptions**

Care and shelter planners and operations personnel must keep these assumptions in mind when planning for disasters.

- Given the ARC's federal charter, ARC is a partner with local government in helping to fulfill government's legal responsibility of providing care and shelter for its citizens in a disaster. The partnership requires that local government and the ARC work cooperatively during the preparedness phase to clarify roles and responsibilities. The local jurisdiction may also work in cooperation with other volunteer disaster assistance organizations to provide disaster relief.

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- During an emergency incident, the ARC's resources and services may be overwhelmed initially.
- Local government's responsibility for mass care and shelter does not end when the County assumes operation of a mass care and shelter facility.
- In accordance with the Standardized Emergency Management System (SEMS), additional resources and assistance outside the local jurisdiction shall be available to local government through the Operational Area (OA). However, expect resources to be extremely limited during the first few days following a disaster where there has been widespread damage. Local jurisdictions will fare better in the short-term by developing their own local resource base.
- In the immediate days after a major disaster, neighborhood organizations and local congregations will emerge to provide care and shelter support independent of local government. Local government will want to coordinate care and shelter services with these groups that emerge spontaneously.
- Some displaced residents may converge on public parks and open spaces, as an alternative to using indoor mass care shelters.
- Many residents, who suffer some structural damage to their home, following a major disaster, will choose to remain on their property (i.e., camp-out), versus going to a public disaster shelter or mega-shelter. Yet, they will still have needs and expectations for disaster assistance from local government.
- Community-based organizations (CBOs) that provide social services and serve people with disabilities and others with access and functional needs will initially be overwhelmed with demands for service. Local government can support this effort by using its Emergency Operations Center (EOC) to obtain the resources that CBOs need to sustain operations post-disaster.
- Essential public and private services may need to continue during shelter and mass care operations. However, for a major disaster that generates a shelter operation, normal activities at schools, community centers, churches and other facilities used as shelter sites may be curtailed.
- The Mass Care and Shelter Plan is in compliance with SEMS and the National Incident Management System (NIMS).
- Experience gained from prior American Red Cross (ARC) shelter operations shows that approximately 10-20% of those evacuated will need temporary sheltering provisions.

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- According to FEMA's PowerPoint, *Planning for the Whole Community (April 2011)*, 56.4 million (20%) Americans have disabilities.
- People with disabilities and others with access and functional needs vary depending upon the type of disabilities or access and functional needs and the type of disaster affecting them. Mass Care and Shelter Operations personnel will meet their needs through the identification and understanding of those needs, along with planning strategies to meet them. See *Section 8: People with Disabilities and Others with Access and Functional Needs*.

### **1.5 Plan Distribution**

City of San Bernardino Mass Care and Shelter Plan will be distributed to the following departments or agencies:

<b>No.</b>	<b>Agency/Department/Organization</b>
1.	American Red Cross
2.	City Council
3.	City Manager's Office
4.	City of San Bernardino Fire Department
5.	City of San Bernardino Parks and Recreation
6.	County of San Bernardino Fire, Office of Emergency Services
7.	Mayor's Office
8.	San Bernardino City Unified School District, Office of Emergency Services

## **SECTION 2: TYPES OF SHELTERS**

### **2.1 American Red Cross Shelter**

By congressional mandate and in accordance with its corporate policy, the ARC has a long-standing disaster relief mission, opening and operating a disaster shelter. The American Red Cross will pay costs that the American Red Cross incurs.

### **2.2 Spontaneous Shelters**

In the immediate days after a major disaster, neighborhood organizations and local congregations will emerge to provide care and shelter support independent of local government. Wherever possible, residents of spontaneous shelters should be urged to established shelters. City of San Bernardino and the American Red Cross will not able to provide a full range of services to these spontaneous shelters. Additionally, financial support may not be available to the organization sponsoring the spontaneous shelter.

### **2.3 Shelter-in-Place**

An Incident Commander or an appropriate emergency agency may order residents to shelter-in-place (i.e. on their lawn, etc.). Cooperative Outreach involving door-to-door efforts in areas more heavily impacted by a disaster may be necessary to check on people with disabilities and others with access and functional needs to ensure that they have adequate food, water and medications. City of San Bernardino departments may work with community based organizations, neighborhood emergency teams, faith based organizations, or community volunteers in coordinating neighborhood outreach to people with disabilities. Outreach efforts should include senior housing facilities, Meals-on-Wheels, In-Home Supportive Services, etc.

### **2.4 City Managed Shelter**

The City of San Bernardino may appoint a Shelter Manager and support personnel, along with startup supplies, to open and run the shelter. If multiple disaster shelters are operating, a central database for shelter registrations and a welfare inquiry system may be activated to coordinate information on missing/displaced people. There may be a transition of shelter operations to the American Red Cross.

## SECTION 3: PRIMARY CARE AND SHELTER ORGANIZATIONS

### 3.1 City/Town Departments

#### ***City of San Bernardino Emergency Operations Center (EOC)***

- Designate a Care and Shelter Coordinator who is responsible for the care and shelter coordination within the EOC. See *Section 4.1 Care and Shelter Coordinator*.
- Designate a Public Information Officer to coordinate the set-up and dissemination of information for sheltering, if needed. See *Section 4.2 Public Information Officer*.
- Designate a Shelter Manager who provides supervision and administrative support for the ARC responsibilities within the shelter, if needed. See *Section 5.2 Shelter Management*.
- Provide food services at the shelter, if needed. See *Section 5.4 Feeding*.
- Provide basic disaster health services at the shelter, if needed. See *Section 5.5 Disaster Health Services*.
- Provide disaster mental health/crisis counseling services at the shelter, if needed. See *Section 5.6 Disaster Mental Health Services*.
- Provide communication services for the shelter, if needed. See *Section 5.9 Communications*.
- Provide security services for the shelter, if needed. See *Section 5.9 Communications*. See *Section 5.10 Material Support Services*.
- Provide donations management services for the shelter, if needed. See *Section 5.10 Material Support Services*.

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- Provide animal services for the shelter, if needed. See *Section 5.11 Other Client Services*.
- Provide transportation services for the shelter, if needed. See *Section 5.11 Other Client Services*.

### **3.2 County Departments**

#### ***Operational Area Emergency Operation Center (OA EOC)***

Central coordination of mass care and shelter activities will be held at the Operational Area Emergency Operations Center (OA EOC), during large-scale incidents. The City of San Bernardino is currently under contract with San Bernardino County Fire, Office of Emergency Services.

### **3.3 Volunteer Organizations**

#### ***American Red Cross***

The American Red Cross (ARC) will provide care and shelter services to all shelter residents, including people with disabilities and others with access and functional needs. By congressional mandate and in accordance with its corporate policy, the ARC has a long-standing disaster relief mission. Services provided at the shelters include:

- Sheltering
- Feeding
- Basic First Aid
- Mental Health
- Blood Drives
- Disaster Welfare Inquiry Services
- Vouchers for clothing, occupational supplies, basic home furnishings
- Disaster Preparedness Education & Shelter Operations Training

#### ***Community Emergency Response Team (CERT)***

In the event of a large-scale incident, such as a large earthquake, CERT volunteers are trained to perform such skills as light search and rescue, disaster medical operations, small fire suppression & disaster psychology. In addition to these CERT skills, some local CERTs have also been trained and certified as American Red Cross (ARC) Shelter Workers. Acting as ARC volunteers, these CERT volunteers serve as an important resource for the ARC during shelter operations. This makes them ideal candidates to assist in shelters. Contact the City of San Bernardino CERT team coordinator for more information.

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### **Disaster Corps**

The California Volunteers Disaster Corps provides a standard system for training, certifying, and classifying disaster volunteers and their programs. This system, developed by subject matter experts throughout the state, professionalizes Disaster Corps volunteers, coordinates volunteer efforts, and connects disaster volunteers to the emergency management community. In addition, Disaster Corps volunteers must meet security screening guidelines and be registered as Disaster Service Worker Volunteers.

Within the San Bernardino County Operational Area there are two hundred volunteers recruited from the already existing CERT programs located within the unincorporated communities of San Bernardino County. The two hundred volunteers are trained in California's Standardized Emergency Management System (SEMS), the Incident Command System (ICS), and the National Incident Management System (NIMS). In addition to the basic Disaster Training, those interested Disaster Corps members are trained in Communications (Radio) and Mass Care and Sheltering. All volunteers are FBI background checked and have received additional training in First Aid and CPR. The San Bernardino County Disaster Corps members will be deployable throughout San Bernardino County.

Request Disaster Corps through the San Bernardino County Fire Department, Office of Emergency Services.

### ***Voluntary Organizations Active in Disasters/ Communication Organizations Active in Disasters (VOAD/ COAD)***

Voluntary Organizations Active in Disasters (VOAD) improves the disaster preparedness of community-based organizations serving access and functional needs populations. In a disaster, VOAD becomes the link between requests for emergency help and the community-based organizations available to provide help. VOAD will ensure an effective response and recovery for people with disabilities and others with access and functional needs in San Bernardino County. See <http://sbcvoad.org/>.

Community Organizations Active in Disasters (COAD) are a smaller, more localized version of a VOAD, with the same goals and objectives of a VOAD. The regional COADs in San Bernardino County collectively comprise the countywide VOAD. VOAD/ COAD services are available through the San Bernardino County Fire Department, Office of Emergency Services.

### **3.4 Other**

#### ***California Functional Assessment Service Team (FAST)***

California Functional Assessment Service Teams (FAST) may be a State requested SEMS/NIMS resource request (only for State or Federally declared disasters) if the County does not have a FAST Program. Requests to the State for FAST assistance occur through the SEMS/NIMS process and partner agencies will be mission tasked through California Department of Social Services (CDSS) and California Emergency Management Agency (CalEMA). In short, local jurisdictions can make a request for a FAST Team through the Operational Area Emergency Operations Center (OA EOC). The purpose of the FAST Program is to provide staff to conduct assessments to identify and meet essential functional needs of people with disabilities and others with access and functional needs who are in general population shelters, such as: communication, personal assistants, equipment, supplies, medications, and quick access fixes, so they can remain at the site. FAST will be deployed as shelters are opened and remain in the shelters until it is determined that they are no longer needed. FAST may transfer to other shelters and will return to shelters as needed or requested.

A FAST consists of trained government employees and community-based organization (CBO) personnel ready to respond and deploy to disaster areas to work in shelters. FAST will work side by side with shelter personnel and other emergency response workers to assist in identifying and meeting essential functional needs so people with disabilities and others with access and functional needs can maintain their health, safety and independence during disasters.

FAST will consist of members with experience in the following areas:

- Aging (services/supports, including dietary needs)
- Chronic health conditions
- Developmental and other cognitive disabilities (i.e., traumatic brain injury, intellectual)
- Hearing loss
- Mental health disabilities
- Physical disabilities
- Substance abuse
- Vision loss

## **SECTION 4: CARE AND SHELTER BRANCH IN THE EOC**

### **4.1 Care and Shelter Coordinator**

The Care and Shelter Coordinator will coordinate care and shelter planning and operations for City of San Bernardino in an emergency, and will most likely be in the EOC to staff the Care and Shelter Branch.

### **4.2 Public Information Officer**

The local Public Information Officer (PIO) is the single point of contact at the shelter for public information and is responsible for coordinating the set-up and dissemination of information at the center. The PIO is also a liaison to the EOC and will assist with leading VIP/ Media tours on-site.

#### **Planning Tips:**

- Communication in Other Languages – See *Section 8: People with Disabilities and Others with Access and Functional Needs* for details on how to reach people who are non-English speaking and people who have vision and hearing disabilities.
- Use community based organizations (CBOs) as Information Conduits.

## SECTION 5: SHELTER OPERATIONS

### 5.1 Shelter Staff Planning

Depending on the size of the disaster and the number of staff available, some positions may do double-duty, or shelter residents and community volunteers can fill selected roles. By law, all government workers serve as disaster workers in a declared emergency. For more information regarding shelter staffing refer to the American Red Cross' *Shelter Operations Participant's Work Book*.

#### ***Sources of Shelter Personnel***

Shelter personnel sources may include:

- City/Town Employees
- Other Sources
  - Community-Based Organizations (CBO)
  - Community Emergency Response Team (CERT)
    - Disaster Corps
  - Community Residents
  - Convergent/ Spontaneous Volunteers
  - Shelter Residents
  - Voluntary Organizations Active in Disasters (VOAD)/ Community Organizations Active in Disasters (COAD)

#### ***Areas of Volunteer Involvement***

The following are some of the roles for volunteers within the shelter.

- **Reception** – Meet and greet arriving shelter residents and provide comfort.
- **Registration** – Help newly arrived shelter residents to fill out registration forms.
- **Runners** – Help in obtaining goods and services or acting as “runners.”
- **Amateur Radio** – Ham radio operators from local amateur radio groups such as Inland Valley Emergency Communication Services (ECS) can provide runners and assist with communication support.
- **General Operations** – Support with shelter operations such as shelter set up, food services, shelter maintenance, etc.
- **Health and Human Services** – Support with more specialized services such as first aid, sign language/language translation, mental health, childcare, recreation and personal assistance services to support to people with disabilities and others with access and functional needs, to help with language/sign language translation.

## **5.2 Shelter Management**

The shelter manager provides supervision and administrative support for the ARC responsibilities within the shelter. The shelter manager ensures that the needs of shelter residents are met. The American Red Cross recommends that an assistant shelter manager be assigned when there are 100 or more shelter residents.

## **5.3 Registration**

Care and shelter personnel must plan for a method of registering each person housed in the shelter and develop a sign-in/sign-out policy. Use registration as an opportunity for people to self-identify any medical, dietary, medication, or accommodation needs (i.e., needs for special assistance). Also provide registration information to the EOC, as per the Response Information Management System (RIMS).

Registration is also a tool to respond to disaster welfare inquiries (locating family and friends). Other resources available include American Red Cross's Safe and Well Linking Program and the Federal Emergency Management Agency's National Emergency Family Registry and Locator System, and the National Emergency Child Locator Center.

## **5.4 Feeding**

Care and shelter personnel will supervise on-site food preparation and service for shelter residents and workers. Consider special dietary needs, including ethnic, vegetarian and infant considerations. Strive to meet as many special diet requests as possible, although resources to do so may be limited immediately following a disaster.

Accurate records of food and supplies received and expended will be kept. They will also prepare and monitor the food service staff work schedule; recording the work hours of personnel as requested. Shelter personnel will also provide feeding information to the EOC, as per RIMS.

## **5.5 Disaster Health Services**

Staff will protect health, prevent disease and provide first aid for shelter residents and staff. Other responsibilities include supervision of other health services staff, maintain records, and provide for 24-hour coverage in the shelter.

### ***Prescription Drug Management***

Some people within the shelter will have very individualized medication regimes that cannot be interrupted without consequences.

- **Storage of Medication** - Refrigeration is required for some medications (e.g., insulin and some HIV antibiotics).
- **Prescription Refills** – American Red Cross has established protocols for providing prescriptions during times of large-scale incidents.

## **5.6 Disaster Mental Health Services**

Mental health support for shelter residents is very important in helping people to deal with their losses and begin the recovery process. It will also help people to manage feelings of post-traumatic stress.

## **5.7 Providing Information**

Shelter personnel must plan for the collection, communication and distribution of care and shelter information. This includes information about the disaster, about relief services available to shelter residents, as well as information to help reunite separated family members. Some methods used to communicate information include public shelter messages; bulletin boards with news postings and flyers; shelter meetings; Public Information Officer's efforts; and referring Disaster Welfare Inquires (seeking to locate people who are presently unaccounted) to shelter registrations.

Also consider ways to provide information to people with disabilities and others with access and functional needs. See *Section 8: People with Disabilities and Others with Access and Functional Needs*.

## **5.8 Dormitory Management**

Care and shelter personnel will set up sleeping areas and assign residents to sleeping areas. See *Section 7.3: Sample Shelter Layout* for tips on shelter layout. They will also coordinate with EOC Logistics Section or ARC Material Support Services staff for cots, blankets, comfort kits and other resources if available.

## **5.9 Communications**

Provide communications support in sheltering operations. Consider the communication needs of people with disabilities and others with access and functional needs. See *Section 8: People with Disabilities and Others with Access and Functional Needs*.

## **5.10 Material Support Services**

### ***Safety and Security***

Care and shelter personnel must plan to operate shelter facilities in a manner that promotes the safety and security of each resident within the shelter.

### ***Bulk Distribution***

American Red Cross can provide bulk distribution of material during large-scale incidents.

### ***Shelter Maintenance and Equipment***

Operating a shelter for a sustained period requires plans for the daily upkeep of the facility and for the ongoing acquisition of equipment and supplies. Since it is their “temporary home,” ask shelter residents to assist with housekeeping and cleaning activities. Staff normally responsible for the facility (e.g., school janitorial services) may be available to support operations.

### ***Donations Management***

Donations Management includes collection, sorting, and distribution of goods that arrive at shelters. It is important to pre-identify which donation items can and cannot be accepted in emergency shelters and clearly communicate these needs to donation management. Refer to the American Red Cross’ *Shelter Operations Participants’ Workbook* on how to handle various types of donations, such as cash donations, in-kind donations, food, and used clothing.

## **5.11 Other Client Services**

### ***Recreation***

If large numbers of people are housed in the shelter, and if the shelter operation is prolonged, provide recreation opportunities for shelter residents.

### ***Child Care***

Select a safe area for child care, away from the general shelter population; remove any hazardous furniture, equipment, or other items from the area. Request supplies appropriate for kids through EOC Logistics Section, such as toys, coloring books, stuffed animals, puzzles, etc.

### ***Pets/Animals***

Care and shelter personnel must have plans in place to shelter pets. Options include off-site care or opening a makeshift pet holding area outside the shelter facility. This requires the provision of food, water, and exercise for pets, and if necessary, supplies from EOC Logistics Section to create a pet holding area (e.g., cages or fencing). For details on service animals, see *Section 8.7 Service Animals*.

### ***Transportation***

During the period in which the shelter is in operation, some people will require transportation to the shelter, as well as door-to-door transportation from the shelter to medical appointments. In addition, people with mobility disabilities will need paratransit assistance.

- **Paratransit Resources** – Local paratransit resources may be needed for the transport of people using wheelchairs. In addition, local taxi service may be used to support the transportation needs of frail elderly people and people with disabilities and others with access and functional needs.
- **Transporting Supplies & Resources** – The movement of shelter supplies and resources will also require transportation resources.

## SECTION 6: SHELTER SUPPLIES

While Standardized Emergency Management System (SEMS) provides a process for obtaining resources in an emergency, work with the local EOC Logistics Section during the preparedness phase to ensure prompt and local access to those supplies and resources necessary to operate disaster shelters.

### **6.1 Local Shelter Supplies**

American Red Cross can provide shelter supplies during large-scale incidents.

For a list of “priority items” for the operation of shelter facilities, see *Section 11.6 Appendix F: Priority Items*.

### **6.2 Mass Care and Shelter Trailer/Cache (MCS) Program**

The Mass Care and Shelter Trailer/Cache (MCS Trailer) Program has been developed to supplement San Bernardino County Operational Area (OA) Mass Care and Shelter Operations. Upon completion, a total of thirty-one (31) trailers/caches may be procured primarily through the use of Homeland Security Grant Program (HSGP) funds. Currently, the County has 14 trailers/caches in place, and due to HSGP reduction and available funding, the remaining trailers/caches should be in place by 2015-2016.

#### **Inventory**

The MCS Trailer/Cache is a 14' dual axle cargo trailer outfitted with mass care and shelter equipment. Each trailer/cache is equipped to support 200 people, including people with disabilities and others with access and functional needs, and medical needs. The following is a breakdown of the inventory:

- 180 cots, standard
- 10 cots, enhanced (designed for people with mobility limitations):
  - Higher and wider (25”W X 72”L X 18”H)
  - Higher weight capacities than standard cots (up to 450 pounds)
  - Three position head rest
  - Extensions for elevating legs
  - Sleeves to receive IV poles
  - Removable, disposable mattress
- 10 cots, designed for people with medical needs:
  - Higher and wider (28”W X 75”L X 18”H)
  - Higher weight capacities than standard cots (up to 500 pounds)
  - Four position head rest, with breathable mesh
  - Extensions for elevating legs
  - Side rails

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- Zipper storage pouch for personal items
- Attached IV poles
- Two inch breathable, washable mattress
- 225 disposable emergency blankets
- 225 stretcher sheets
- 2 first aid kits, serving 100 people per kit
- 10 boxes of nitrile exam gloves, 100 gloves per box
- medical shelters, 10' x 10'

The San Bernardino County Fire Department, Office of Emergency Services, will be responsible for the oversight of the MCS Trailer/Cache Program. For complete procedures on deployment and use of a MCS Trailer/Cache see *Annex D – Mass Care and Shelter Trailer/Cache Standard Operating Procedures (SOP)* within *San Bernardino County Mass Care and Shelter Concept of Operation*.

See *Section 11.7 Appendix G: Contact List* for the nearest MCS Trailer.

## **SECTION 7: DEVELOPING SHELTER SITES**

### **7.1 Agreements and Statement of Understanding/ Memorandum of Understanding**

Memorandums of understanding currently exist with American Red Cross. The MOU encompass schools, NGO's and private entities.

### **7.2 Shelter Site Inventory List**

Shelter Site Inventory List includes information on potential shelters within City of San Bernardino (i.e., capacity, bathrooms and showers, ADA accessibility, and floor plans). See *Section 11.5 Appendix E: Shelter Site Inventory List*.

### **7.3 Sample Shelter Layout**

In allocating space, give consideration to the following needs:

- Reception and Registration
- Sleeping
- Feeding
- Emergency Medical Care
- Counseling/Interviewing Space
- Manager's Office
- Storage for Food and Supplies
- Storage for Personal Belongings
- Recreation
- Child Care
- Rest Room for Staff (in larger disaster shelters)

See below for a sample shelter layout.

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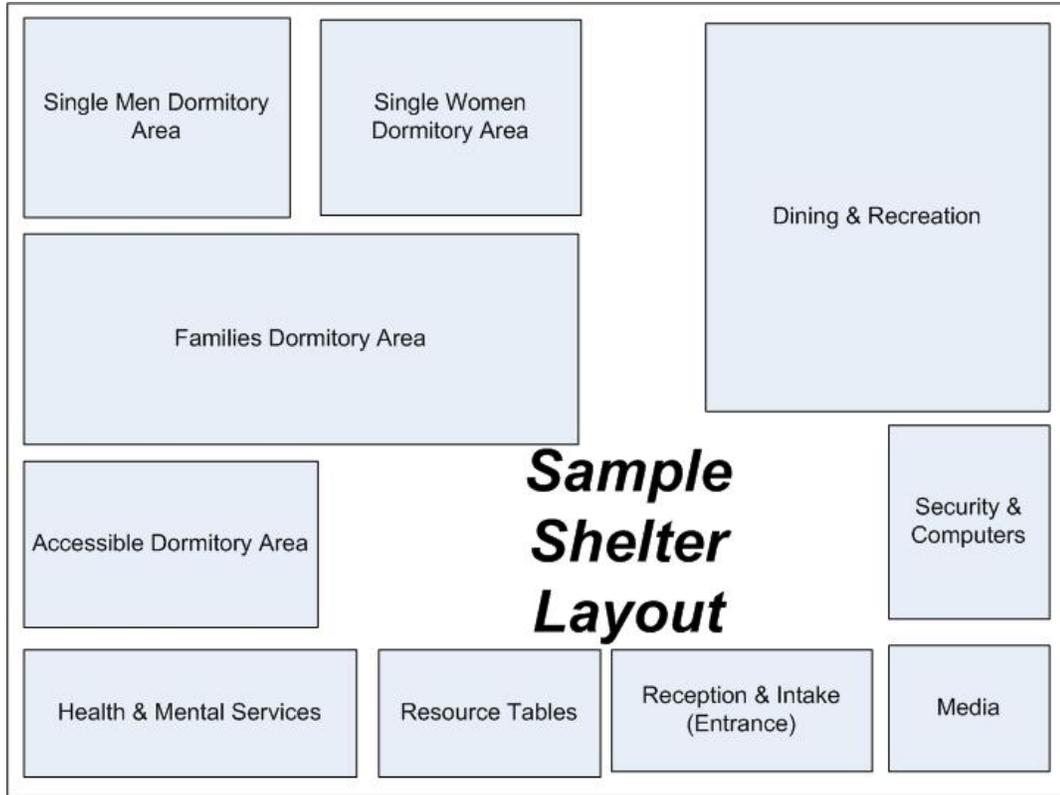


Figure 1. Sample Shelter Layout

Everything is scalable, but the general relationship between services should be maintained.

### **7.4 Additional Shelter Layout Tips:**

- **Signage** – Ensure that the shelter address is clearly visible from the nearby street; post a sign that clearly marks the building as a disaster shelter.
- **One main entrance/exit area** – One side is for registration and another side for those who have already registered. Ensure that entrance/exit is accessible to people with disabilities and others with access and functional needs.
- **Registration** – Should be near the front of the shelter. Shelter residents should first proceed to the registration desk to be triaged to the appropriate services as needed.
- **Central location** – To receive supplies and manage donations.
- **Sleeping Area** – Set-up the sleeping area; it is recommended that each person has 40 square feet of space (5'x8') and 60 square feet for people with disabilities and others with access and functional needs. If space permits,

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set-up separate sleeping areas for the elderly, people who are ill, and families with small children.

- **Shelter Staff** – Provide adequate space for a shelter manager and associated staff to function 24 hours per day. This includes space for staff meetings, administrative functions, communications and volunteer coordination.
- **People with Disabilities and Others with Access and Functional Needs** – Organize the space so that it is accessible for people with visual or mobility disabilities; make space for disabled parking in the parking lot. In addition, organize space to provide for adequate ventilation.
- **Medical Services** – Locate medical services in a well-lighted room or area that is away from public view. If possible, keep medications and medical equipment in a lockable storage compartment.
- **Mental Health** – Create an additional quiet area for counseling or interviewing people.
- **Bulletin Board** – Set-up a bulletin board near the registration table. Post messages received for shelter residents, shelter rules (see *Section 11.4 Appendix D: Shelter Rules*) and relief information.
- **Food Storage** – The food storage area should be secure and accessible by truck.
- **Garbage** – Ensure that garbage is stored away from food storage and occupied shelter areas. A major earthquake disaster may disrupt garbage removal service for some time.
- **Smoking Area** – Designate an outdoor smoking area away from air intake vents and flammable materials. If using a public school site, state law stipulates that there be no smoking on school grounds.
- **Pets** – Co-located animal disaster shelters should be near the human shelter, to provide owners the ability to visit and care for their pets. However, the animal shelter should also be far enough away to reduce noise levels. Service animals should stay with their owners in human disaster shelters. See *Pets/Animals* within *Section 5.11 Other Client Services* and *Section 8.7 Service Animals*.

## SECTION 8: PEOPLE WITH DISABILITIES AND OTHERS WITH ACCESS AND FUNCTIONAL NEEDS

People with access and functional needs are at greatest risk. Their needs vary depending upon the type of need and the type of disaster affecting them. For care and shelter personnel to meet the needs of people with access and functional needs requires an identification and understanding of those needs, along with the planning strategies to meet them. This section will guide that planning.

People with access and functional needs may include but are not limited to:

- **People with disabilities:**
  - Visual
  - Speech
  - Mobility
  - Developmental, cognitive, intellectual
  - Deaf and hard of hearing
  - Psychiatric
- **People with additional needs in functional areas:**
  - Communication
  - Maintaining Health (e.g., people requiring essential medication, supplies and/or equipment)
  - Independence
  - Safety and Support
  - Transportation<sup>1</sup>
- **People with additional needs for response assistance:**
  - People who live in institutionalized settings
  - Older adults
  - Unaccompanied minors
  - People from diverse cultures
  - People who have limited English proficiency or are Non-English Speaking
  - People who are transportation disadvantaged
  - People who are in poverty and are isolated
  - People who are pre-disaster homeless

### **8.1 Seniors and People with Disabilities**

When disasters occur, seniors, people with disabilities and others with access and functional needs are most likely to suffer its direct impact. Physical or mental disabilities may limit their capacity to respond, or to seek help. Many elderly people and adults with disabilities require community support services to live independently. Therefore, any emergency that disrupts these lifelines leaves them very vulnerable.

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<sup>1</sup> The official source for revised 'C-MIST' language will be the new course: *Integrating Access and Functional Needs into Emergency Planning, Response and Recovery*. This is California's proposed G 197 course "Emergency Planning for Functional Needs Populations."

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Some of the more critical services for seniors and adults with disabilities include Meals on Wheels, In Home Support Services and Senior Centers.

### ***Planning Tips***

#### **Maintain Critical Services**

Support the continuity of critical community services to the populations identified in this section. Use the EOC Logistics Section to help local service providers obtain the resources necessary to maintain their post-disaster operations.

#### **Cooperative Outreach**

Door-to-door outreach in areas more heavily impacted by the disaster may be necessary to check on elderly people, people with disabilities and others with access and functional needs to ensure that they are okay and have adequate food, water and medications on hand. Work with community-based organizations (CBO) within the COAD/VOAD, neighborhood emergency teams, faith-based organizations, and community volunteers, in coordinating neighborhood outreach. Consider disability-related communication barriers, and place special emphasis in outreach to:

- Trailers or mobile home parks
- Single Room Occupancy Hotels (SRO)
- Lower income parts of town (neighborhoods where people have fewer resources)
- Areas of town where housing stock is older (assumes a greater concentration of elderly homeowners)
- Senior housing facilities
- Meals-on-Wheels recipients and In-Home Supportive Services recipients (people more likely to be isolated and needing assistance to live independently)

#### **Evacuations and Accessible Transportation**

In mass evacuation scenarios, local jurisdictions must plan for the evacuation of people using wheelchairs/other mobility aids, essential medical equipment, and service animals. Even in voluntary evacuations, some people with disabilities and medical conditions may have no means of transport to a shelter and will require accessible transportation.

#### **Identify People with Access and Functional Needs at Registration**

Use shelter registration to identify accommodations that will enable people with access and functional needs to maintain their independence in a general population shelter. For example:

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- Replacement and/or refrigeration of essential prescription medication
- Replacement of essential consumable medical supplies, durable medical equipment
- Personal assistance with activities of daily living
- Communication assistance
- Special diets; easier access to food and beverages
- Reasonable modifications to policies, practices procedures

### One-on-One Assistance

Community volunteers or shelter residents may provide one-on-one assistance to people who are elderly or people with disabilities and others with access and functional needs in disaster shelters.

- **Visual Disabilities** – Volunteers can help as guides or readers.
- **Mobility Disabilities** – Volunteers can help with some support services such as transferring the person from their chair to a cot. Ask people with disabilities and others with access and functional needs for advice on safe methods before lifting or moving them.
- **Intellectual, Developmental or Cognitive Disabilities** – Establish a buddy system with volunteers providing reassurance, calm explanation and attention to the needs of people with intellectual, developmental or cognitive disabilities.
- **Deaf and Hard-of-Hearing** – Volunteers can help with basic communications needs – exchanging written notes or clearly repeating instructions. Qualified volunteers can assist as sign language interpreters.
- **Shelter Orientations** – Volunteers can lead shelter orientations (see below).

### Individualized Shelter Orientations

Shelter orientations serve to help people with visual or cognitive disabilities, and older people who are disoriented from the disaster, with their adjustment to the shelter environment. To help with shelter familiarization, offer to provide a walk-through or verbal mapping of areas within the shelter (e.g., bathrooms, sleeping and eating areas, service animal relief areas); explain signage, shelter schedule and written rules; and introduce to shelter staff.

### Shelter Accessibility

Pre-identify shelters that are accessible to people with physical disabilities and direct local residents to appropriate shelters. Buildings with these basic accessibility features will enable people who use wheelchairs or other mobility aids to function with greater independence:

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- **Parking that is close to the entrance** with appropriate curb cuts.
- **An accessible entrance** to the shelter (i.e., has a ramp if there are steps and doors that are easy to open or automatic).
- **Wheelchair accessible (i.e., ADA compliant)** toilet and bathing facilities.
- **Navigable aisles** to all shelter areas and activities that are kept clear of furniture, equipment and other obstructions. Place cane-detectable barriers (e.g., furniture) beneath or next to protruding objects.
- **Backup Generators** to provide electricity to refrigerate medications, maintain or operate essential medical devices and, when possible, to recharge batteries that power the equipment shelter residents use for mobility and independence.

### Basic Communications

Ensure that people with disabilities and people who seem disoriented, receive and understand the same information provided to other shelter residents. Consider having sign language interpreters during shelter announcements, and post announcements on bulletin boards in large print (such as 18-point or larger non-serif font (e.g., Arial)). Have staff/volunteers available to read information aloud upon request, and provide note pads and pens/pencils for exchanging written notes. Keep language simple and draw pictures if necessary.

### Assistive Technology, Consumable Medical Supplies, and Durable Medical Equipment

People with disabilities and others with access and functional needs may have less opportunity to access their personal items and emergency medical supplies before evacuating their home to disaster shelters. Consider establishing vendor agreements with local pharmacies to expedite purchase for medication or equipment needs.

### Sleeping Areas

Adequate space should be allocated in sleeping areas to accommodate wheelchairs and other mobility devices, medical equipment and supplies, personal care assistants, and service animals. Consult residents with disabilities regarding placement of their cots. For example, people who have difficulty walking may prefer a cot located close to restrooms, a person with a visual disability may prefer a cot located in a corner to make it easier to find, and a person who uses a wheelchair may prefer a cot located against a wall to make it easier to transfer on and off the cot.

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### Privacy Room

Create a section of the shelter that is separate from the other shelter residents for use as a “privacy room.” Some people with disabilities or medical conditions must change catheter bags and attend to other personal hygiene needs. In addition, some older people, people with psychiatric disabilities, and even parents with very young children may benefit from a quieter space.

### Service Animals

See *Section 8.7: Service Animals*.

### Alternate Shelter Sites

Keep families together whenever possible. While some people may need to be housed in medical wards apart from their families because of critical medical needs, their families should still be housed nearby.

### Transportation Services

Evacuees may require accessible transportation services from the shelter to places such as the LAC, medical appointments, etc. Vehicles should be able to accommodate wheelchairs, scooters and other mobility aids; necessary equipment and supplies (e.g., portable oxygen); and service animals.

## **8.2 People Who Are Non-English Speaking**

Disaster services need to be responsive to language and cultural differences, otherwise people who are non-English speaking may not be able to convey needs or obtain services.

**Outreach** – Work with the media and community-based organizations (CBO) and faith-based organizations to reach these populations.

**Bilingual Assistance** – Consider identifying and prearranging for bilingual or translation services to assist with care and shelter operations. Sources of bilingual workers/volunteers to help at disaster shelters include: shelter residents, County-city/town employees, community-based organizations (CBO), community resources, private translation services, and the Operational Area Support through the local EOC.

**Signs and Forms** – Shelter staff must determine the need for providing signage and shelter instructions in other non-English languages as appropriate for shelter occupants.

### **8.3 People Who Are Medically Fragile or Dependent**

These are people who live at home with the help of life support systems such as dialysis or respirators, as well as people who are severely ill and require home health care. Many people in this situation cannot be self-sufficient for 3 to 5 days following a major disaster. When planning for these individuals, consider the following:

**Caregivers and Equipment** – It is assumed that people dependent on life-support equipment or home health care will bring the equipment, and/or the personal support they receive at home, with them to the shelter. If necessary, an area of the shelter may be sectioned-off to provide for more privacy.

**Backup Generators** – Pre-identify shelter sites with backup generators to provide electricity needed to maintain and operate life support systems and refrigerate medication.

**Shelter Isolation Area** – Designate a separate room or space within the facility for people who have severe asthma, multiple chemical sensitivities or allergies. People with seriously weakened immune systems (e.g., some people with AIDS or diabetes) who are very susceptible to germs in the environment may also require isolation within shelters.

**Transportation** – Service provider should coordinate through the EOC Logistics Section (Transportation Unit) to request for specialized transport.

#### **Considerations/Options for Medical Support**

- **EOC support** through coordination with the Operations Section for local nursing and medical personnel.
- **Qualified Shelter Residents** – Doctors or nurses within the shelter population may provide interim support if a need for supervised or skilled nursing care is necessary.
- **Operational Area support** (i.e., Public Health Nurses) through their local EOC.
- **Private Nursing Care** – Consider contracting with private, nursing care providers to support medically fragile shelter residents in cases where local and county government resources are at full capacity.
- **Alternate Facilities** – In cases where there are people with contagious health conditions or medical needs that cannot be handled by shelter staff, consider transferring these people to an alternate facility that is more fully equipped and properly staffed. This may include a hospital, nursing home, or alternate care home. The jurisdiction may also set aside or reserve at least one shelter site for people who need a higher

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level of medical care, or more controlled care environment, than can be provided at a general population shelter.

### **8.4 People Who Are In Poverty and Are Isolated**

Consider the below when reaching out to people (with services or information) who are socially or geographically isolated from the larger community.

- **Access to Services** – Maintain a list of services for people that request referrals to meet social, economic, housing, medical and mental health needs related to the disaster.
- **Alternate service methods** include working with community-based organizations/ faith-based organizations and organizing outreach teams. These resources are trusted by the community.
- **Provide long term housing assistance.**
- **New Immigrants** or people from less developed countries may respond to earthquake disasters by refusing to be inside. The tendency will be to camp outside during periods of aftershock. People who are unlikely to use indoor shelter space for sleeping, may still utilize the shelter for meals and information.
- **Single Room Occupancy Hotels (SRO)** are older, low-rent hotels, renting rooms on a daily basis without kitchens. Even if these units are undamaged, infrastructure damage (power and water) may incline residents of SRO to seek out food and social services available at disaster shelters.

### **8.5 People Who Are Pre-Disaster Homeless**

People who are pre-disaster homeless will have to be integrated at disaster shelters with people made temporarily homeless by the disaster. People who are chronically homeless often are dealing with pre-existing medical, mental health and substance abuse issues. A challenge for local jurisdictions is maintaining the continuity of pre-disaster shelter programs so that they can continue to serve the existing pre-disaster homeless population.

Work closely with local homeless service providers and social service representatives to accomplish the following:

- **Keep Pre-Disaster Shelters Operational**
- **Make Referrals to Pre-Disaster Shelters**
- **Support Services** – When people who are pre-disaster homeless comprise part of the shelter population, there may be a need for more specific support

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services. This includes services for substance abuse addiction, mental health services, in addition to a need for transitional housing assistance. Request Operational Area support through the local EOC.

### **Enforce Shelter Rules**

Post shelter rules, such as regulations regarding substance abuse, hygiene and other inappropriate behavior (see *Section 11.4 Appendix D: Shelter Rules*). If these issues become problematic within the shelter environment, dismissal may be necessary.

## **8.6 Unaccompanied Minors**

The concern is with unaccompanied or unsupervised minors as single-parent and two-working parent households may have minors left unsupervised at the time of the disaster. All facilities that have some *temporary* responsibility for minors – day care centers, schools and after school programs – are accountable for the child's safety and welfare following a disaster, until released to a parent or guardian.

### **Reunification with Parents**

Plan to help with the reunification of families who are separated during the disaster (i.e., reconnect children with their parents or an authorized guardian). The following are tips for helping unaccompanied or unsupervised children.

- **Central Database:** Establish a central collection point for tracking information on missing people.
- **Shelter Registration:** Use the registration lists from community shelters as one means for locating displaced family members.
- **Unaccompanied Minor:** If a minor arrives at the shelter without a parent:
  - Try to locate the parent.
  - If unable to reach a parent or legal guardian, contact local law enforcement authorities.
  - Designate two qualified staff or volunteers (with approved background checks) to supervise the minor while at the shelter.
  - Parents or guardians must provide government-issued identification when taking custody of a minor, and the transfer must be documented.
  - Unaccompanied minors should not be photographed or interviewed by third parties other than local or state law enforcement, child welfare agencies within the jurisdiction, and partner agencies which have a signed Memorandum of Understanding (MOU) with the American Red Cross regarding services and care for minors.
- **Children's Protective Services:** If necessary, minors not picked up within 72 hours may be placed in the custody of the County Children's

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Protective Services (CPS). Contact CPS through the County Human Services via the Operational Area.

- **Mental Health Issues:** Consider the recovery needs of children for mental health support post-disaster.

### **Schools as Shelters**

A disaster during the school day can cause a school to become a de facto shelter for its staff and students. If the public converges on a school, then the school may also become a public disaster shelter for neighborhood residents.

- **Students should be sheltered separately from the general populace** in the event that a school is sheltering both students and the public simultaneously. This will result in two shelter operations under the same roof.
- **The school and its staff maintain responsibility** for the care and shelter of students; local government has responsibility for the care and shelter of the public.

## **8.7 Service Animals**

A service animal is NOT a pet. Do not separate service animals from their owners and service animals are allowed in a shelter.

Try to place them within easy access to an exit/entrance but also consider the potential presence of other shelter residents who, for safety or health reasons, should not be near certain types of animals. Set up a sleeping space in a separate room, if possible. Be sure to assign a dog relief area and provide disposal containers. Request emergency supplies from the American Red Cross or other animal services provider to allow people with disabilities to care for their service animals as well. For information regarding service animals, see U.S. Department of Justice, *ADA Checklists for Emergency Shelters*, July 2007.

For more information, see *Pets/ Animals* within *Section 5.11 Other Client Services*.

## **8.8 California Functional Assessment Service Teams (FAST)**

See *Section 3.4 Other* regarding California FAST.

## **8.9 Licensed Care Facilities**

Many other people who are medically fragile reside in licensed care facilities (such as Skilled Nursing Facilities or Residential Care Facilities for the Elderly).

## ***Licensed Facility Emergency Plan Requirements***

Licensing agencies such as, the California Department of Social Services and the California Department of Public Health (CDPH), as well their respective accreditation organizations require licensed care facilities to have a facility emergency plan. In addition, CDPH contracts with the federal Centers for Medicare and Medicaid Services that also require each facility to have an emergency plan.

### **Key Required Components**

Key components of the emergency plan requirement include the following.

- **Evacuation Memorandum of Understandings (MOU) with Like Facilities** – Each facility must provide for the evacuation and relocation of that facility's population to a comparable or like facility in an emergency (when an evacuation is required).
- **Evacuation Supplies** – Requires that licensed care facilities bring the following with each patient in an evacuation (to accommodate a 72 hour period).
  - Medical equipment such as oxygen, insulin or infusion pumps.
  - Individual records, such as medical charts and identification for each resident.
  - Special supplies such as adult diapers, mattresses or dietary items.
  - Required prescription medication for residents.
  - Extra clothing.
- **Ongoing Client Care** – The evacuated institution is legally responsible and accountable for the continuous care of its residents and for ensuring that their needs are met during the course of shelter operations, in whatever facility is utilized.

### **Planning Tips**

In a major disaster, it may not be possible for some licensed care facilities to reach their pre-designated relocation site. Local care and shelter personnel should expect to support the shelter needs of some care facilities within their jurisdiction.

- Distribute preparedness materials.
- Set aside space for care facility and its clientele within the shelter layouts.
- Use alternative shelter sites; however staff from the evacuating licensed care facility would still be expected to continue to fulfill their

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legal responsibility to provide care for their residents at the alternative shelter. Local congregations can form the basis of alternative shelter facilities.

## **SECTION 9: COORDINATION WITH THE OPERATIONAL AREA**

Coordination of mass care and shelter operations between the City of San Bernardino and the Operational Area prevent the duplication of services and allows for proper allocation of scarce resources. Confusion over where residents should go for sheltering is also prevented through this coordination. Furthermore, the County's SHOC, LAC and/or other services may help meet the needs of evacuees.

### **9.1 Existing City/Town Disaster Shelters**

The local jurisdiction should first operate their local shelter sites. Local jurisdictions are strongly encouraged to work with the local chapter of the American Red Cross (ARC) to establish shelter sites and train volunteers and/or staff in ARC shelter operations.

If the County opens a SHOC, local jurisdiction(s) should continue to keep existing shelters open, unless otherwise coordinated between the local EOC and the OA EOC. The SHOC may be open in anticipation of additional evacuees.

To access non-shelter services from a SHOC, the local EOC should coordinate with the OA EOC to transport shelter residents from city/town disaster shelters to a SHOC to receive LAC services.

### **9.2 Request for County Shelter Support**

Local jurisdictions have responsibility for mass care and shelter operations within their own jurisdictions. When the local jurisdiction's resources are exhausted and additional mass care and shelter facilities are needed or if assistance is needed to continue the existing sheltering operations, the local jurisdiction will notify the OA EOC of the need for additional mass care and shelter facilities.

The trigger for activating the San Bernardino County Mass Care and Shelter Plan is:

- The city/town is no longer able to provide mass care and shelter services.
- Major Incident/Event with large number of evacuees.

If a local jurisdiction determines the need to request assistance from the OA EOC, the jurisdiction should be prepared to provide:

- The incident type causing the evacuation/shelter
- When the incident occurred
- Where the incident is located
- The population affected
- How long the population will be affected
- Short-term situation
- Additional resources that may be needed

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- Shelter(s) location(s)
- Number of people in the shelter
- Number of people evacuated
- Services needed

Local jurisdiction is responsible for continual coordination of mass care and shelter services even after the County provides shelter support to the local jurisdiction.

### **9.3 Other Jurisdiction Disaster Shelters**

Sometimes a shelter for residents of one jurisdiction will be housed in a shelter facility located in another jurisdiction. The jurisdiction responsible for the evacuation bears primary responsibility for mass care and shelter operations. Requests for assistance will be routed through the OA EOC to the hosting jurisdiction.

It is imperative that a liaison officer be assigned to the shelter from the responsible jurisdiction. This permits the rapid, accurate flow of information and assistance requests from the shelter to the hosting jurisdiction and to evacuees.

The local jurisdiction may be asked to provide some or all of a particular mass care and shelter service. If the jurisdiction is unable to assist or can only provide a portion of the requested assistance, the OA EOC should be notified as soon as possible to allow for the missing services to be located.

### **9.4 County Shelter in Local Jurisdiction**

The local EOC and the OA EOC will coordinate to determine if a local jurisdiction's shelter is to be converted into a SHOC. If a SHOC is open, the County will assume coordination of operations, however the city/town may be asked to provide some or all of a particular mass care and shelter service.

If a County shelter or SHOC is open in a local jurisdiction, the County bears primary responsibility for mass care and shelter operations. The OA EOC may communicate with the local EOC to ensure effective coordination. Existing local disaster shelters should remain open, unless coordinated with the OA EOC. In addition, the local EOC will coordinate with the OA EOC to provide transportation for residents from local disaster shelters to access services at a SHOC's LAC and CSS.

The City of San Bernardino will work in cooperation with San Bernardino County Fire, Office of Emergency Services. The city's available resources may be used in support of the SHOC.

## **SECTION 10: SHELTER DEMOBILIZATION**

Disaster shelters should remain open until all clients can return to their home or make other arrangements for housing. Demobilization plans can be developed when the emergency incident is under control. The Shelter Manager will begin the closing process when it is clear that all residents have made other housing arrangements.

### **10.1 Protocols**

- City/town EOC will determine when the shelter closes.
- Local jurisdictions will identify what community resources and agencies will be needed to ensure all remaining clients have housing arrangements.
- Effective demobilization will require a media plan that can be coordinated by city/town EOC in cooperation with the Public Information Officer (PIO) or Joint Information Center (JIC).

### **10.2 Re-entry Considerations**

Based upon the incident, reentry plans will be developed.

### **10.3 Responsibilities**

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- Determine triggers for demobilization. Triggers may include:
  - Decreasing number of clients remaining.
  - The incident may be over and/or residents are allowed to return to their homes.
  - Lack of activity.
  - See *Section 10.2 Re-entry Considerations*.
- Develop Media Plan and Outreach.
- Identify surplus resources, and their probable release times.
- Identify equipment damage and unsafe conditions.

#### **Shelter Manager**

- Coordinate a Demobilization Plan.
- Notify facility administration.
- Notify shelter residents.
- Post notice of shelter closing 24 hours in advance of closure.
- Contact facility administration to conduct a post-occupancy walk through and complete any necessary document.
- Gather, Clean and Re-Pack Shelter Trailer Equipment.

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- Post local chapter contact information for clients seeking the American Red Cross services once shelter is closed.
- All areas of shelter must be cleaned and returned to pre-shelter condition.

### **10.4 Administrative Records**

The Shelter Manager shall keep accurate administrative records including personnel and time; tracking of food, supplies and repairs; and other expenses incurred by the emergency shelter operation. It is recommended to obtain post event address and phone numbers of a shelter residents. This should be completed during the initial shelter registration process and verified upon clients checking out of the shelter.

The Shelter Manager shall complete a shelter after action report and forward to the city/town EOC. Administrative records should be shared with city/town EOC and the American Red Cross.

## SECTION 11: APPENDICES

### 11.1 Appendix A: Acronyms

<b>ACRONYM</b>	<b>MEANING</b>
<b>ACC</b>	Animal Care and Control
<b>ADA</b>	Americans with Disabilities Act
<b>ARC</b>	American Red Cross
<b>Cal EMA</b>	California Emergency Management Agency
<b>CAO</b>	County Administrative Office
<b>CBO</b>	Community-Based Organization
<b>CDPH</b>	California Department of Public Health
<b>CSS</b>	Client Support Services
<b>CNET</b>	Children's Network
<b>COAD</b>	Community Organizations Active in Disasters
<b>ConOps</b>	Concept of Operations
<b>DOC</b>	Department Operations Center
<b>EOC</b>	Emergency Operations Center
<b>EOP</b>	Emergency Operations Plan
<b>FEMA</b>	Federal Emergency Management Agency
<b>FTB</b>	Franchise Tax Board
<b>HS</b>	Human Services
<b>IAP</b>	Incident Action Plan
<b>ICEMA</b>	Inland Counties Emergency Medical Agency
<b>ICS</b>	Incident Command System
<b>JIC</b>	Joint Information Center
<b>LAC</b>	Local Assistance Center
<b>NGO</b>	Non-Governmental Organization
<b>NIMS</b>	National Incident Management System
<b>OA</b>	Operational Area
<b>OA EOC</b>	Operational Area Emergency Operations Center

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<b>OES</b>	San Bernardino County Fire Department, Office of Emergency Services
<b>PIO</b>	Public Information Officer
<b>PNP</b>	Private Non-Profit
<b>RIMS</b>	Response Information Management System
<b>SEMS</b>	Standardized Emergency Management System
<b>SBA</b>	Small Business Administration
<b>SHOC</b>	Shelter Operations Compound
<b>SIP Unit</b>	Shelter in Place Unit
<b>SSG</b>	Shelter Support Group
<b>SS Unit</b>	Spontaneous Shelter Unit
<b>TTY</b>	Teletypewriter
<b>VOAD</b>	Voluntary Organizations Active in Disasters

## **11.2 Appendix B: Glossary**

<b>TERM</b>	<b>DEFINITION</b>
<b>Accessible/ Accessibility</b>	A facility or feature of a facility that meets the minimum requirements of the ADA Standards for Accessible Design and the California Building Code.
<b>Catastrophe</b>	Any natural or manmade incident, including terrorism that results in extraordinary levels of mass casualties, damage, or disruption severely affecting the population, infrastructure, environment, economy, national morale, and/or government functions.
<b>Client Support Services (CSS)</b>	Services provided in a County’s Shelter Operations Compound (SHOC). Services include postal services (delivery of incoming mail and delivery of pre-stamped mail only), entertainment center/recreation services, private non-profits, and non-governmental services.
<b>Disabilities and Access and Functional Needs</b>	Individuals who may have disabilities or access and functional needs, including but not limited to, individuals who have physical, sensory, mental health, cognitive or intellectual disabilities affecting their ability to function independently without assistance; pregnant women; seniors; children; and individuals with limited English proficiency.
<b>Disaster</b>	A sudden calamitous emergency event bringing great damage, loss or destruction.
<b>Emergency</b>	Any incident(s), whether natural or manmade, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency means any occasion or instance for which, in the determination of the President, federal assistance is needed to supplement state and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.
<b>Emergency Operations Center (EOC)</b>	The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of

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organization within a jurisdiction. EOC may be organized by major functional disciplines (e.g., fire, law enforcement and medical services), by jurisdiction (e.g., federal, state, regional, tribal, city, county), or some combination thereof.

### **Incident Command**

Responsible for overall management of the incident and consists of the Incident Commander, either single or unified command or any assigned supporting staff.

### **Incident Command Post (ICP)**

The field location where the primary functions are performed. The ICP may be co-located with the incident base or other incident facilities.

### **Incident Command System (ICS)**

A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.

### **Incident Commander (IC)**

The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

### **Incident**

An occurrence or event, natural or man-made, which requires a response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wild-land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies and other occurrences requiring an emergency response.

### **Joint Information Center (JIC)**

A facility established to coordinate all incident-related public information activities. It is the central point of contact for all

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news media. Public information officials from all participating agencies should co-locate at the JIC.

<b>Jurisdiction</b>	A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., federal, state, tribal and local boundary lines) or functional (e.g., law enforcement, public health).
<b>Liaison Officer</b>	A member of the Command Staff (Management Staff at the SEMS EOC Levels) responsible for coordinating with representatives from cooperating and assisting agencies or organizations. At SEMS EOC Levels, reports directly to the EOC Director and coordinates the initial entry of Agency Representatives into the Operations Center and also provides guidance and support for them as required.
<b>Local Assistance Center (LAC)</b>	The Local Assistance Center provides assistance to communities by providing a centralized location for services and resource referrals for unmet needs following a disaster or significant emergency. Representatives from Local, State and Federal agencies staff the LAC.
<b>Local Government</b>	According to federal code 30 a county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under state law), regional or interstate government entity, or agency or instrumentality of a local government; an Indian tribe or authorized tribal entity, or in Alaska a Native village or Regional Native Corporation; a rural community, unincorporated town or village, or other public entity.
<b>Logistics Section</b>	The section responsible for providing facilities, services and material support for an incident or EOC activation.
<b>National Incident Management System (NIMS)</b>	Provides a systematic, proactive approach guiding government agencies at all levels, the private sector and non-governmental organizations to work seamlessly to prevent, protect against, respond to, recover from and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment.
<b>Non-</b>	An entity with an association that is based on the interests of its

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<b>governmental Organization (NGO)</b>	members, individuals, or institutions. A government does not create it, but it may work cooperatively with the government. Such organizations serve a public purpose, not a private benefit. Examples of NGO include faith-based charity organizations and the American Red Cross.
<b>Operational Area Emergency Operations Center (OA EOC)</b>	An intermediate level of the state emergency organization, consisting of a county and all other political subdivisions within the geographical boundaries of the county.
<b>Private Non-Profit (PNP)</b>	An organization legally constituted as a 501(c) 3 corporation.
<b>Private Sector</b>	Organizations and entities that are not part of any governmental structure. The private sector includes for-profit and not-for-profit organizations, formal and informal structures, commerce and industry.
<b>Public Information</b>	Processes, procedures and systems for communicating timely, accurate and accessible information on the incident's cause, size and current situation; resources committed; and other matters of general interest to the public, responders and additional stakeholders (both directly affected and indirectly affected).
<b>Public Information Officer (PIO)</b>	A member of the Command Staff (Management Staff at the SEMS EOC Levels) responsible for interfacing with the public and media and/or with other agencies with incident-related information requirements.
<b>Recovery</b>	The development, coordination and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, non-governmental and public assistance programs to provide housing and to promote restoration; long-term care and treatment of affected people; additional measures for social, political, environmental and economic restoration; evaluation of the incident to identify lessons learned; post incident reporting; and development of initiatives to mitigate the effects of future incidents.
<b>Response Information Management</b>	RIMS is a computer based system that puts essential emergency response information on the respective desks of each key person in an Operational Area Emergency Operations

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<b>System (RIMS)</b>	Center and state California Emergency Management Agency (Cal EMA).
<b>Resources</b>	Personnel and major items of equipment, supplies and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an EOC.
<b>Service Animal</b>	<i>Service animal</i> means 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.
<b>Shelter Agreement</b>	An agreement between a property owner/operator and an organization responsible for operating a mass care shelter facility that allows use of a physical location as a mass care and shelter site/venue.
<b>Shelter-In-Place</b>	Shelter-In-Place is when individuals remain at the location they are at the time an incident occurs.
<b>Shelter Operations Compound</b>	A “One-Stop Shop” concept called the Shelter Operations Compound (SHOC). The SHOC is a location where a human shelter, animal shelter, Local Assistance Center (LAC), and Client Support Services are provided to evacuees.
<b>Spontaneous Shelter</b>	A Spontaneous Shelter is a site where people may gather and reside after an incident, but it is not supported by any organization.
<b>Standardized Emergency Management System (SEMS)</b>	A system required by California Government Code and established by regulations for managing response to multi-agency and multi-jurisdictional emergencies in California. SEMS consists of five organizational levels, which are activated as necessary: field response, local government, operational area, region and state.
<b>Teletypewriter (TTY)</b>	The teletypewriter, or TTY, is a device that lets deaf and hearing people type back and forth using regular telephone lines.
<b>Telecommunication Device for the Deaf (TDD)</b>	See <i>TTY</i> .

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<b>Unit</b>	The organizational element with functional responsibility for a specific incident planning, logistics, or finance/administration activity.
<b>Volunteer</b>	For purposes of NIMS, a volunteer is any individual accepted to perform services by the lead agency (which has authority to accept volunteer services) when the individual performs services without promise, expectation, or receipt of compensation for services performed. See 16 U.S.C. 742f(c) and 29 CFR 553.101.

### **11.3 Appendix C: Reference**

American Red Cross, *Shelter Operations- Participant's Workbook*

San Bernardino County, *Mass Care and Shelter Plan*, July 2012

San Bernardino County, *Mass Care and Shelter Concept of Operations*, July 2012

## **11.4 Appendix D: Shelter Rules**

Let's all work together to keep this shelter a safe, secure, and healthy place to stay.

### **PLEASE BE PATIENT. WE ARE DOING OUR BEST TO HELP.**

1. No smoking in or around the shelter EXCEPT in designated smoking areas. Please dispose of cigarette butts and smoking materials in the appropriate containers provided.
2. If the shelter is in a public school, smoking, alcohol, illegal drugs, and weapons are not allowed ANYWHERE on school grounds.
3. Please do not litter inside or outside. Please help us keep the shelter clean.
4. Shirts and shoes must be worn at all times in and around the shelter.
5. Children should be supervised at all times.
6. Please secure all personal belongings.
7. Please treat the shelter staff and all residents with respect.
8. Please keep all food and drinks in the designated eating area.
9. No weapons (except for designated police or security staff) or illegal drugs can be permitted in the shelter.
10. No intoxicated person will be permitted to enter the shelter.
11. Please keep the volume low on personal entertainment equipment.
12. No pets in shelters, except for service animals for people with disabilities.
13. Please keep sleeping area(s) quiet, especially during quiet hours (normally between 11:00 P.M. and 7:00 A.M.).
14. Shelter residents have the right to refuse interview request from the media.

**11.5 Appendix E: Shelter Site Inventory List**

NAME	ADDRESS STATE	CITY ZIP	E/P CAPACITY
American Legion Post 14	863 N. D Street SAN BERNARDINO, CA 92410		100/50
American Legion Post 777	194 East 40th St. SAN BERNARDINO, CA 92404		100/0
Arroyo Valley High School	1881 West Baseline Ave SAN BERNARDINO, CA 92411		300/150
Cajon High School	1200 Hill Dr. SAN BERNARDINO, CA 92407		500/250
Church of the Nazarene	1605 N Sierra Way SAN BERNARDINO, CA 92405		214/107
Curtis Middle School - INACTIVE	1050 N Del Rosa SAN BERNARDINO, CA 92410		100/50
Delmann Heights Community Center	2969 N Flores SAN BERNARDINO, CA 92407		100/0
Del Vallejo Middle School	1885 East Lynwood Dr SAN BERNARDINO, CA 92404		100/50
Drive Martin Luther King Middle School - INACTIVE	1250 N Medical Center Dr SAN BERNARDINO, CA 92411		100/50
Edgehill Club	4851 N Mt. View Ave SAN BERNARDINO, CA		100/0

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	92407	
Elks Lodge Number 836	2055 Elks Dr. SAN BERNARDINO, CA 92404	75/37
Emmanuel United Methodist Church	3310 N. G Street SAN BERNARDINO, CA 92405	72/36
Faith Bible Church	2898 North G Street SAN BERNARDINO, CA 92405	165/82
FIFTH STREET SENIOR CENTER	600 W FIFTH ST SAN BERNARDINO, CA 92410	108/54
FIRST PRESBYTERIAN CHURCH	1900 NORTH D STREET SAN BERNARDINO, CA 92405	197/98
Galaxy Grand Ball Room	1494 E Art Townsend Dr. SAN BERNARDINO, CA 92408	798/399
Gateway Christian School	4380 4th St. SAN BERNARDINO, CA 92407	10/0
Glen Helen Regional Park	2555 Glen Helen Parkway SAN BERNARDINO, CA 92407	600/600
Golden Valley Middle School - INACTIVE	3900 N. Waterman St. San Bernardino, Ca SAN BERNARDINO, CA 92404	100/50
Grace Chapel	1595 E. Art Townsend Dr. SAN BERNARDINO, CA 92408	67/33
Indian Springs High School -Gym	650 N. Del Rosa Drive SAN BERNARDINO, CA 92410	873/436

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Indian Springs High School - Multipurpose	650 N. Del Rosa Drive SAN BERNARDINO, CA 92410	327/163
Johnson Hall Center	906 N Wilson SAN BERNARDINO, CA 92411	60/30
Mountain Home Village	Moutain Home Creek Rd. SAN BERNARDINO, CA 92408	10/0
National Orange Show-Citrus Building	689 S. E Street SAN BERNARDINO, CA 92408	1200/600
National Orange Show Damus building	689 South E Street SAN BERNARDINO, CA 92402	2000/1000
National Orange Show-Dome Building	689 South E. Street SAN BERNARDINO, CA 92408	550/275
National Orange Show-Orange Pavillion	689 South E. St. SAN BERNARDINO, CA 92408	1600/800
National Orange Show-The Valencia	689 So. E. Street SAN BERNARDINO, CA 92408	400/200
Nicholson Community Center	547 N Sierra Way SAN BERNARDINO, CA 92410	100/0
Northpark Community Church	5095 North Mayfield Ave SAN BERNARDINO, CA 92407	63/31
Norton Gymnasium	1554 Art Townsend Dr. SAN BERNARDINO, CA 92408	453/226
Norton Space Center	503 E Central Ave SAN BERNARDINO, CA	70/35

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	92408	
Pacific High School	1020 E. Pacific Ave. SAN BERNARDINO, CA 92404	250/125
Perris Hill Senior Center	780 E. 21ST STREET SAN BERNARDINO, CA 92404	270/135
Richardson Prep High - INACTIVE	455 S. K St SAN BERNARDINO, CA 92410	112/56
Ruben Campos Community Center	1725 W 5th St SAN BERNARDINO, CA 92411	35/17
Rudy C Hernandez Community Center	222 N Lugo Ave. SAN BERNARDINO, CA 92408	266/133
San Bernardino High School	1850 N E st SAN BERNARDINO, CA 92405	500/250
San Bernardino International Airport	294 S. Leland Norton Way SAN BERNARDINO, CA 92408	100/50
San Bernardino Scottish Rite Temple-Auditorium	4400 N Varsity Ave SAN BERNARDINO, CA 92407	83/41
San Bernardino Scottish Rite Temple-Cafeteria	4400 Varsity Ave SAN BERNARDINO, CA 92407	173/86
San Bernardino Valley College-auditorium	701 S. Mt. Vernon Avenue SAN BERNARDINO, CA 92410	85/42
San Bernardino Valley Community Collage Snyder Gym	701 S. Mt. Vernon Ave SAN BERNARDINO, CA 92410	703/351

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San Bernardino Valley Community College Campus Center	701 S. Mt. Vernon Ave SAN BERNARDINO, CA 92410	234/117
San Bernardino Valley Community College-Mac Room	701 S. Mt. Vernon Ave SAN BERNARDINO, CA 92410	121/60
San Bernardino Valley Community College Womens Gym	701 S. Mt. Vernon Ave SAN BERNARDINO, CA 92410	497/248
San Gorgonio High School	2299 E. Pacific Ave. SAN BERNARDINO, CA 92404	800/400
Seirra High School-continuation - INACTIVE	570 E 9th SAN BERNARDINO, CA 92410	50/25
Set Free Christian Fellowship	473 West Baseline Street SAN BERNARDINO, CA 92410	58/29
The Way World Outreach	1001 N. Arrowhead Ave SAN BERNARDINO, CA 92410	117/58
Trinity Lutheran Church	2900 N. E Street SAN BERNARDINO, CA 92405	144/72
University Park Church	4835 Hallmark Prkway SAN BERNARDINO, CA 92407	10/0
Wayne Lyons Vfw Post #8737	2018 Foothill Blvd SAN BERNARDINO, CA 92410	91/45
Y M C A Uptown Branch	808 E 21ST ST SAN BERNARDINO, CA 92404	112/56

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