

Riverside County Operational Area

Mass Care And Shelter Guidance For Emergency Planners



Revised March 17, 2011

Acknowledgements

A special thanks to the Riverside County Mass Care and Shelter Task Force members who contributed to revising this important guidance. The Task Force members are as follows:

Task Force Member	Jurisdiction
LeAnn Coletta, CEM, Chair	City of Moreno Valley, Office of Emergency Management
Michael Anderson	City of Menifee, Office of Emergency Management
Hilary Brown	Riverside County Department of Public Social Services
Anthony Coletta, Jr., CEM	City of Riverside, Office of Emergency Management
Mike Cruz	City of Moreno Valley, Office of Emergency Management
Claudia Davis	City of Lake Elsinore
Ruth Ann Ferris	City of Canyon Lake, Disaster Volunteer
Margaret Gomez	Agua Caliente
Pat Henry, RN	Riverside County Public Health Preparedness & Response
Lynn Mata	City of Corona Fire Department, Emergency Services
LaRue McNamara	City of Canyon Lake, Disaster Volunteer
Julie Pardini	American Red Cross, Riverside County Chapter
Diana Rockett	Riverside County Fire Department, Office of Emergency Services
Gene Severns	Riverside County, Office on Aging
Paula Willette	City of Wildomar
Dan Wilson	City of Murrieta Fire Department

Introduction and Purpose

The purpose of the Riverside County Operational Area Mass Care and Shelter Guidance for Emergency Planners is to establish plans, procedures and guidelines for providing protective shelters, temporary lodging and feeding of persons affected by an emergency, disaster, or precautionary evacuation.

This guidance is structured to be consistent with the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).

Situation and Assumptions

Situation

1. Mass care and shelter facilities may be needed in Riverside County for both the direct and indirect effects of an emergency or disaster.
2. Riverside County operational area population exceeds 2 million residents and covers 7,225 square miles.

Assumption

1. Although the City and/or County have overall responsibility for their jurisdictions, where possible, Red Cross will serve as the principle organization responsible for operating care and shelter facilities.
2. To supplement the Red Cross, the City and/or County will work to train its staff and emergency management volunteers to manage and operate a care and shelter, thus increasing care and shelter resources available.
3. Other professional and volunteer organizations that normally respond to disaster situations will do so.
4. Mutual aid assistance from unaffected jurisdictions and from state and federal level emergency agencies will be available.
5. Although the majority of people will seek shelter with family and friends, the remaining will seek shelter in designated care and shelter facilities.
6. Approximately 25% of those seeking shelter will have functional and access needs.
7. A percentage of those seeking shelter will need transportation provided to them.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	i
INTRODUCTION AND PURPOSE	ii
SITUATION AND ASSUMPTIONS	ii
SECTION 1 – CARE AND SHELTER FUNCTION AND LEGAL MANDATES	1
Legal Requirements for Local Governments	1
Red Cross and Local Government Roles	1
Other Care and Shelter Resources	3
Care and Shelter Planning Assumptions	6
SECTION 2 – DEVELOPING SHELTER SITES	8
Examples of Potential Shelter Sites.....	8
Criteria for Selecting Shelter Sites.....	9
Survey of Shelter Sites	10
Open Space Shelter Sites	10
Alternative Shelter Sites	11
Primary and Secondary Sites	11
Shelter Agreements.....	12
SECTION 3 – ORGANIZING A SHELTER MANAGEMENT TEAM	13
Shelter Management Team Organization.....	13
Formation of the Shelter Management Team	14
Required Training for Government Shelter Management Staff.....	15
SECTION 4 – PROTOCOLS FOR OPENING THE SHELTER	16
The Decision to Open a Shelter.....	16
If the Red Cross is Available to Open the Shelter.....	17
If the Red Cross is <u>Not</u> Available to Open the Shelter	17
SECTION 5 – SHELTER OPERATIONS	18
Opening the Shelter	18
Shelter Layout Recommendations.....	20
Additional Shelter Layout Tips	21
Registration	22
Food Services.....	23
Medical Health Services	25
Mental Health Services.....	26
Transportation	28
Shelter Communications	28
Social and Personal Needs	30
Animal Care.....	32
Safety and Security	33
Shelter Maintenance and Equipment.....	33
Shelter Population Demographics	34

SECTION 6 – FUNCTIONAL NEEDS SUPPORT SERVICES (FNSS)	36
Seniors and People with Disabilities	36
People Who Are Medically Fragile or Dependent	39
Non-English Speaking Persons	40
People with Visual and Hearing Disabilities	41
Children Who Are Unaccompanied or Unsupervised	42
Pre-Disaster Homeless Persons.....	43
SECTION 7 – DONATIONS AND VOLUNTEER MANAGEMENT	44
Pre-Trained Shelter Volunteers	44
Donations and Volunteer Coordination Center (DVCC).....	46
Shelter Donation Needs	47
SECTION 8 – BUILDING RELATIONSHIPS WITH COMMUNITY BASED ORGANIZATIONS (CBOs).....	49
How CBOs May Support Care & Shelter Operations	49
Finding Community Based Organizations	49
Working with CBOs	50
SECTION 9 – SHELTER DEMOBILIZATION	51
Protocols	51
Responsibilities.....	51
Demobilization Considerations	52
Closing the Shelter	52
Administrative Records.....	53
SECTION 10 – RECOVERY.....	54
Local Assistance Centers (LAC).....	54
Transition to Long Term Recovery	58
The Roles and Services of Voluntary Agencies in Recovery.....	59
APPENDIX A: Shelter Forms	66
APPENDIX B: Shelter Rules	99
APPENDIX C: Shelter Signs	101
APPENDIX D: Shelter Logistics Supplies / Equipment List.....	118
APPENDIX E: Resources	125
APPENDIX F: Personal Preparedness for Disaster Service Workers.....	136
APPENDIX G: Demographics	138
APPENDIX H: Acronyms.....	146
APPENDIX I: Definitions	148

Care and Shelter Function and Legal Mandates

The function of care and shelter is to provide temporary emergency relief to disaster victims. Providing temporary emergency relief involves a range of emergency human services (e.g., food, shelter, health care, mental health support, etc.). In doing so the Care and Shelter Branch of the City and/or County Emergency Operations Center (EOC) must prepare themselves to meet the needs of events such as those experienced as a result of 9-11 and Hurricane Katrina when care and sheltering must go beyond standard government resources and embrace the commitment of other public and community partners to meet the need of massive care and shelter for our community and mutual aid mandates.

Legal Requirements for Local Government

California law sets the responsibility for emergency care and shelter at the local level. As per the Health and Safety Code Section 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. California's State 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. People seeking care and shelter immediately after a disaster will look first to local government for assistance.

Red Cross and Local Government Roles

The Red Cross 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 Red Cross work cooperatively during the preparedness phase to clarify roles and responsibilities (as outlined below). The local jurisdiction may also work in cooperation with other volunteer disaster assistance organizations to provide disaster relief. In a major disaster where there is widespread damage, the national resources of the Red Cross may not fully mobilize until five days after the event. Until such time that the Red Cross arrives on the scene, local government will manage, coordinate, and run all shelter operations.

A. The City and/or County will:

- a. **Designate a City and/or County Care and Shelter Coordinator.** This person shall coordinate care and shelter planning and operations for the City and/or County. The assigned person may be the designated Emergency Manager for that jurisdiction or a member of the Care and Shelter Branch staff and should be well-versed in mass care.
- b. **Develop a Statement of Understanding with the Red Cross.** The statement of understanding helps to solidify the mutual working partnership between the City and/or County and the Red Cross. The Red Cross has a standard agreement for this purpose.
- c. **Identify and Survey Shelter Facilities.** Work with the Red Cross, school districts and other government agencies to compile an up-to-date list of pre-disaster designated shelters.
- d. **Ensure that Agreements are in Place.** It is helpful to have statements of understanding with designated shelter sites to clarify terms of use. Work with the Red Cross to develop applicable agreements.
- e. **Train Staff to Operate Disaster Shelters.** Work with the Red Cross to provide government partnership shelter training to City and/or County employees who will staff (and especially manage) disaster shelters.
- f. **Provide Care and Shelter Services.** Responsibility for care and shelter belongs to local government. While the hands-on management of this task is typically delegated to the Red Cross, Cities and/or the County will need to initially open and run shelters following a large or countywide disaster.

B. The Red Cross will:

- a. **Provide Care and Shelter Services.** By congressional mandate and in accordance with its corporate policy, the Red Cross has a long-standing disaster relief mission. However, it may be upwards of 5-days before the Red Cross is fully operational to launch these services on a complete countywide basis following a major disaster. Red Cross care and shelter services include:
 - Emergency Shelter
 - Fixed and Mobile Feeding
 - Emergency First Aid
 - Mental Health Support
 - Blood Drives
 - Disaster Welfare Inquiry Services
 - Vouchers for Clothing, Occupational Supplies, Basic Home Furnishings

- Disaster Preparedness Education & Shelter Operations Training
- b. **Provide No-Cost Shelter Training to Government Employees of the City and/or County.** Red Cross will provide government partnership Mass Care and Shelter training for City and/or County employees (see Section 3: Organizing a Shelter Management Team).
 - c. **Engage in Cooperative Care and Shelter Planning.** The Red Cross will meet regularly with representatives of the City and/or County to engage in care and shelter planning and preparedness activities.

Other Care and Shelter Resources

Aside from the Red Cross, the following are some of the other City and/or County resources that may be relevant for supporting local government’s care and shelter response. City and/or County may access county resources through the Riverside County Operational Area (OA) Emergency Operations Center (EOC).

A. Riverside County Community Health Agency – The Community Health Agency encompasses a variety of program areas such as Department of Public Health, Department of Environmental Health and Department of Animal Services.

- a. **Public Health Department -** provides the following disaster response functions:
 - Receive and disseminate disaster related information to the medical health community and to the public.
 - Coordinates the immediate emergency medical response in a disaster, including emergency medical dispatch, emergency and non-emergency ambulance services.
 - Ensure timely and coordinated evacuation and medical assistance to ill and injured patients.
 - Facilitates the movement of casualties to designated definitive care sites.
 - Coordinates the procurement, allocation and distribution of medical personnel, supplies, equipment and other resources as necessary.
 - Provides public health nursing services to disaster shelters.
 - Acts to prevent the spread of communicable disease and disaster-related illness.
 - Collects and analyzes health related data in a disaster area and establishes response procedures to mitigate health related problems.
 - Provides preventative health services.
 - Monitors, assess and reports on the community disaster health status.

b. Environmental Health Department - provides the following disaster response functions:

- Identifies, eradicates and controls harmful conditions in the environment.
- Provides for the collection and analysis of environmental health related data in a disaster area and establishes response procedures to mitigate environmental health related problems.
- Coordinates sanitation services, with regard to food handling, mass feeding, medical and human waste disposal in shelters and other emergency related facilities.
- Determines the safety of the water supply and the safe use of portable water.

c. Animal Services Department - provides the following disaster response functions:

- Assists pet owners in the safe evacuation of their pets.
- Utilizes surge capacity of animal shelters and foster care programs in the temporary care and feeding of pets and livestock.
- Provides temporary animal sheltering adjacent to the human sheltering sites wherever possible.
- Maintains database management of the identification and location of evacuated pets (may include microchip implants).
- Provides Veterinary Medical supervision of evacuation, sheltering and care for the affected animals.
- Works cooperatively with the Veterinary community to provide animal health related services during disaster response operations/activities.
- Provides training and management of volunteer corps which will potentially assist in evacuation and care of animals.
- Organizes mutual aid agreements with adjoining jurisdictions.
- Receives and disseminates disaster related information to the veterinary medical community and the public.
- Takes measures to prevent the spread of zoonotic diseases and disaster related illnesses.
- Collects and analyzes health related data in a disaster area and establishes response procedures to mitigate animal and human health related problems.

B. Riverside County Department of Mental Health - manages the following disaster mental health response functions:

a. Activates a Response - Assesses and activates the response to disaster mental health issues.

- b. **Provides Counselors** - Makes counselors available to shelter facilities to provide mental health services.
- c. **Other Functions** - Ensures the continuation of care, treatment and housing for those clients currently residing within the Mental Health System.

C. Riverside County Department of Public Social Services (DPSS) – DPSS is the lead agency for care and shelter response at the county level. DPSS can support local government with additional staff to operate disaster shelters. The following DPSS services support more vulnerable county residents:

Note: In times of disaster, these programs will supplement the response of local jurisdictions as directed by the California Department of Social Services and the Governor to persons who need Functional Needs Support Services (FNSS).

- a. **Adult Protective Services (APS)** – services to adults with developmental disabilities, including mentally disabled adults and elderly persons.
- b. **Children’s Protective Services** – services for children who are victims of neglect or lack family care (such as without family supervision post disaster).
- c. **In-Home Supportive Services (IHSS)** – in-home care services to low income elderly, blind and disabled persons.
- d. **Public Authority for IHSS** – provides a registry of screened home care providers for IHSS recipients/consumers.
- e. **Other Services** – In addition, DPSS has programs for Child Care, General Assistance, Medi-Cal, Housing Assistance, and Food Stamps which disaster victims may need as part of their recovery.

D. Riverside County Office on Aging – provides a Multiple Senior Services Program (MSSP), which is a medical waiver program designed to meet the needs of frail Medi-Cal eligible seniors.

E. Volunteer Center of Riverside County – The Volunteer Center of Riverside County improves the disaster preparedness of community based organizations serving vulnerable populations. In a disaster, the Volunteer Center of Riverside County becomes the link between requests for emergency help and the community-based organizations available to provide help. The Volunteer Center of Riverside County will ensure an effective response and recovery for vulnerable and under-served populations in Riverside County.

- F. Community Based Organizations (CBOs)** – Many CBOs provide direct and ongoing services to persons with functional needs during non-disaster times and are in the best position to support the recovery of more vulnerable populations following a disaster. CBOs may support local jurisdictions with sheltering, language and cultural sensitivity needs, and serve as a conduit for getting information to people that local government may have difficulty reaching.
- G. Salvation Army** – Through its various local organizations and with the assistance of divisional headquarters, the Sierra Del Mar division covers the following counties: Imperial, Riverside, San Bernardino and San Diego. The Salvation Army provides the following services to individuals and families:
- a. **Mass care feeding (including mobile kitchen units)**
 - b. **Sheltering**
 - c. **Clothing distribution**
 - d. **Counseling**
 - e. **Assistance in Home Cleanup** (for seniors and people with disabilities)
- H. Local business and Industry** – Businesses often donate goods or services to assist the community in its recovery from a disaster. Cities and/or the County may establish pre-disaster agreements with local businesses to expedite the purchase or use of equipment and supplies required for shelter operations.

Care and Shelter Planning Assumptions

- A. Care and shelter personnel must keep these assumptions in mind when planning for disasters:**
- a. **Assistance** - The responsibility for care and shelter belongs to local government. However, the Red Cross and Salvation Army, along with other CBOs and voluntary organizations, may assist local government as partners in delivering these services.
 - b. **Timing** - In a major disaster, the Red Cross will require an influx of resources from outside the area to be fully operational. Therefore, it may be upwards of 5 days before the Red Cross can assume a primary care and shelter role.
 - c. **Mutual Aid** - In accordance with Standardized Emergency Management System (SEMS) and National Incident Management System (NIMS), additional resources and assistance from outside the local jurisdiction

shall be available to city government through the Operational Area (OA) and to the OA through the Region. However, expect resources to be extremely limited 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.

- d. **Other Assistance** - 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 need to coordinate care and shelter services with those groups that emerge spontaneously.
- e. **Parks and Open Spaces** - Some displaced residents will converge on public parks and open spaces, as an alternative to using indoor mass care shelters.
- f. **Remaining on Damaged Property** - 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. Yet, they will still have needs and expectations for disaster assistance from local government.
- g. **Local Assistance Center Needs** - Given the above, in addition to opening disaster shelters, cities will need to open Local Assistance Centers (as a place for local residents to go for disaster assistance). See Section 10: Recovery.
- h. **Community Based Organizations (CBO) Might be Overwhelmed** – CBOs that provides social services and serves vulnerable populations will initially be overwhelmed with demands for service, but will do everything possible to meet new and emerging community needs. 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.
- i. **School Shelters Might Not be Available** - A disaster that occurs while school is in session may require the school to become a temporary shelter for its own student population. In this case, an alternative shelter site should be identified for the general population, or two separate areas within the school campus should be utilized to separate the two shelter operations.
- j. **Essential Services Might Not Be Available** - Essential public and private services will continue during mass care and shelter operations. However, a major disaster might curtail normal operations.

Developing Shelter Sites

Work with the Red Cross to identify and survey local facilities that may be used to shelter persons in a disaster. The Red Cross has a list of potential shelter sites throughout Riverside County, including agreements with various facilities. At a minimum, each City and/or County needs its own list or inventory of shelter facilities with basic facility data on (1) capacity, (2) bathrooms and showers, (3) Americans with Disabilities Act (ADA) accessibility, and (4) floor plans.

Examples of Potential Shelter Sites

A. City and/or County Owned Facilities

- a. **School Sites** – California Education Code, Section 32282 *“requires school districts to establish a procedure to allow a public agency, including the American Red Cross, to use school buildings, grounds, and equipment for mass care and welfare shelters during disasters or other emergencies affecting the public health and welfare. It states that the district or county office shall cooperate with the public agency in furnishing and maintaining the services as the district or county office may deem necessary to meet the needs of the community.”*
 1. For longer term sheltering, use schools as public shelters only when other resources are unavailable. Also, a community needs to resume normal activities as soon as possible after a disaster. Therefore, in short time the shelter population will need to be moved from the school, so that students can ultimately return to classes.
- b. **Large Multipurpose Rooms**
- c. **Vacant Housing Units**
- d. **Community Centers**
- e. **Senior Centers** - Senior centers are the smallest of all and they typically can only accommodate 50 to 70 persons.
- f. **Recreational Facilities** - Recreation and park sites are smaller than schools and some facilities lack adequate bathrooms and showers.

g. Auditoriums

h. Fairgrounds

Because the City and/or County own recreation and park sites they should also be considered as shelter sites. However, start with neighborhoods when identifying potential shelter sites. The ideal plan designates potential shelter sites within each neighborhood of the local jurisdiction.

B. Congregations

a. Churches

b. Temples

c. Synagogues

d. Other Privately Owned Facilities in the Religious Community.

Criteria for Selecting Shelter Sites

A. Ideal Shelter Facilities Have the Following Characteristics:

a. Space for Parking

b. Space for Sleeping (40 square feet per person)

c. Envision Space for the Following:

- Registration Area
- Shelter Manager's Office
- Health Services Area
- Mental Health Services Area
- Food Preparation or Serving Areas (including space for a snack table)
- Recreation Area
- Toilet and Shower Facilities (one toilet/shower per 40 people)
- Kitchen / Cooking Facilities
- Emergency Generator on Site
- Safety Features (e.g., fire extinguisher, fire sprinklers, and fire alarm)
- Building Heating and Cooling Capacity
- Telephones
- Accessibility for People with Disabilities

Note: Consider sites that meet all the above standards as "Primary Shelter Facilities"

Survey of Shelter Sites

Work with Red Cross to complete a Shelter Facility Survey of designated shelter sites (see [Appendix A: Shelter Forms; Shelter Facility Survey Form](#)). In addition to capturing the characteristics above, the survey will identify the following:

a. Location and Contact Information

b. Resource Information

- Total shelter sleeping capacity (number) – Note: figure capacity at 40 square feet per person. Therefore, a 10,000 square foot gymnasium has sleeping space for 250 persons.
- Showers (Yes/No)
- Number of bathrooms (Number)
- Accessibility for people with disabilities (Yes/No/Partial)

The survey will also identify what supplies may already be on site (e.g., sleeping mats, blankets, food and water, cleaning supplies, etc.). As part of the survey, obtain a floor plan for each facility designating areas for shelter operations.

Open Space Shelter Sites

- A. Open Spaces.** To accommodate large numbers of displaced persons, some jurisdictions may want to designate areas for camping, or set up tents in parks and other open space areas.
- B. Use Open Space Shelter Sites as a Last Option.** Given the work involved to create the necessary infrastructure (i.e., electricity, sanitation, water, cooking, security, etc.) along with the public health implications, think of this option as a last resort for sheltering. Sheltering residents in existing buildings, where a basic infrastructure is already in place (i.e., parking structures, stadiums, etc.), remains the first and best option.
- C. Camping Areas.** Setting up camping areas will require much logistical work to negate the sanitation, hygiene and environmental health issues. The first question is what are people going to use for bathroom facilities? Portable toilets must be put in place immediately. Secondly, disease is going to be harder to control and will spread more easily. Then there is the challenge of providing meals along with all the other shelter services discussed earlier (e.g., health, mental health, information, and other personal services) and the difficulty

associated with providing Functional Needs Support Services (FNSS) in an outdoor environment.

Alternative Shelter Sites

- A. Ambulatory Residents.** In cases where community residential programs or care facilities need to evacuate, but staff and caregivers want to stay in-tact, it makes sense to set them up at alternative sites. This is particularly true of programs like group homes or board and care facilities that serve seniors, adults with disabilities, youth and other persons who need Functional Needs Support Services (FNSS). In essence, program staff, residents and the necessary resources are all relocated to the alternate site, where staff will continue to support their resident population.
- B. Interim Sites.** The plan should provide opportunity to pre-designate facilities that can provide interim care to ambulatory residents for triage and transportation to alternate sites.
- C. Medical Care Sites.** The County Health Care Services Agency may designate specific shelter sites to care for persons who are medically fragile and who need a higher level of care and supervision than that which is available at public shelter sites. Shelter staff will include a combination of Public Health Nurses, Red Cross and Social Services staff.

Primary and Secondary Sites

In opening disaster shelters, local jurisdictions need to designate between primary and secondary shelter sites.

- A. Primary Sites.** Primary Sites meet most of the criteria identified earlier in this section. They can handle larger numbers of shelter residents and are accessible for persons with disabilities (e.g., a person using a wheelchair can enter the facility and access all service areas—eating, sleeping, bathrooms, and showers). Obviously, primary sites receive priority status when there is a need to open disaster shelters, so the larger the pool of primary sites the better.
- B. Secondary Sites.** Conversely, secondary sites do not meet all criteria, yet they may be advantageous for neighborhood-based sheltering and with some modifications can fully accommodate persons with disabilities. See [Appendix A: Shelter Forms; Shelter Facility Survey Form](#) for more information on American with Disabilities Act (ADA) requirements. In addition, they can be used as registration centers for primary shelter assignments during large scale disasters.

Shelter Agreements

Although schools are required to establish a procedure to allow a public agency, including the American Red Cross, to use school buildings, grounds, and equipment during an emergency, it is still helpful to have statements of understanding with school districts and other private facilities. The Red Cross Shelter Agreement includes a Statement of Understanding that is used for this purpose (see [Appendix A: Shelter Forms; Shelter Agreement Form](#)). Combined with the Shelter Survey, it establishes understanding on the following points of operation:

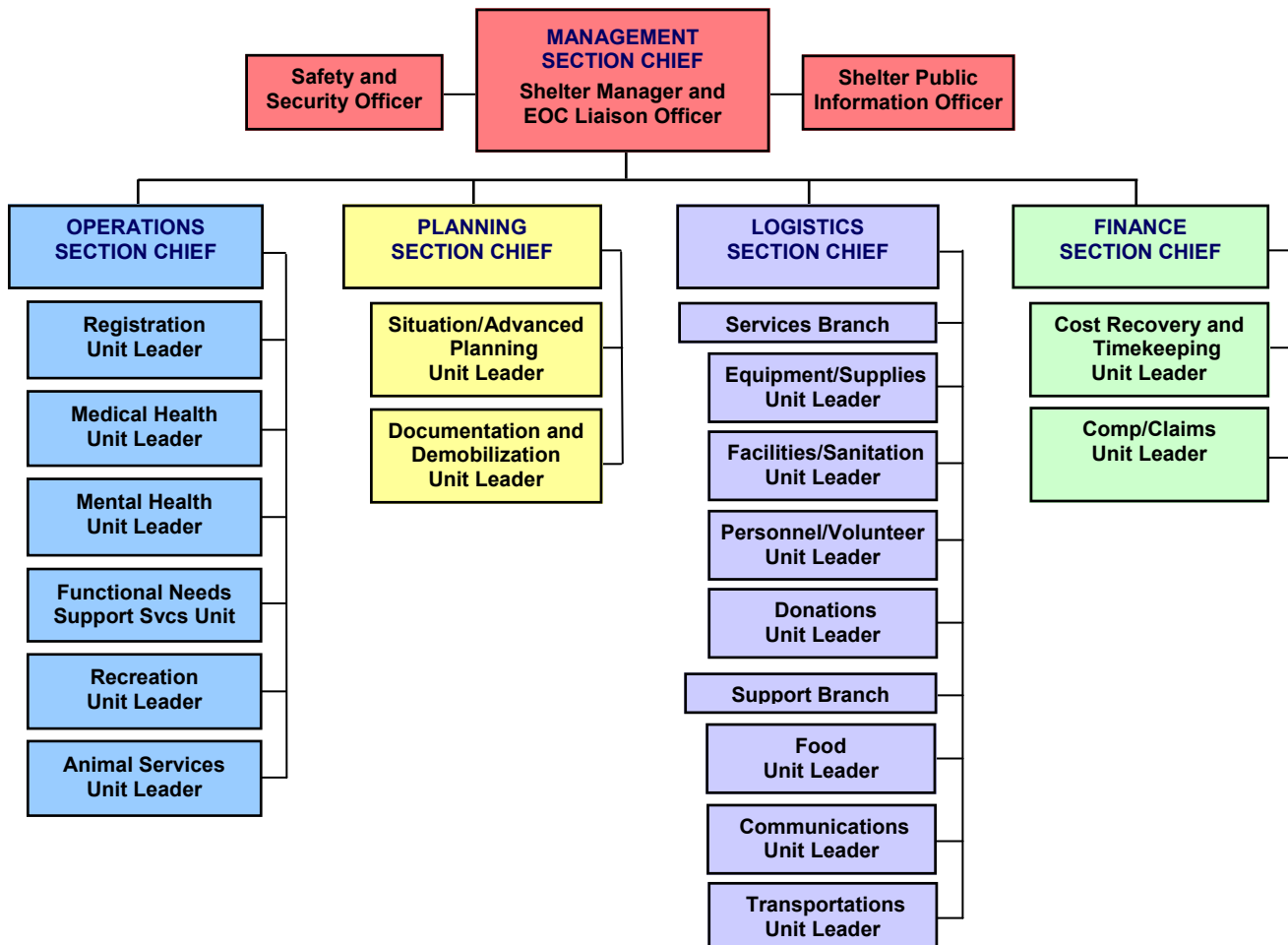
- A. Authorization** - for use of the facility and procedures for notification.
- B. Terms of Use** - Describes terms of use for equipment at the facility—radios, fax machines, televisions, computers, etc. Also, describes any reimbursement or arrangements for use of utilities (gas, water, electricity and telephones).
- C. Length of Use** - Discusses the length of use (use for a short a period as possible, continued use of the facility will be based on the mutual decision of both parties).
- D. Return of Facility** - Emphasizes return of the facility to its original condition, including the replacement or reimbursement for any damage or material supplies consumed during the sheltering operation.
- E. Hold Harmless** - Defends, holds harmless, and indemnifies the facility against any legal liability for actions that occur during the sheltering operation.

Organizing a Shelter Management Team

A critical component to operating a disaster shelter is the Shelter Management Team. The Shelter Management Team is responsible for inspecting the facility for safety; establishing communication with the City and/or County Emergency Operations Center (EOC) for the City in which the shelter is located; registering shelter occupants; and identifying individuals who need Functional Needs Support Services (FNSS). The Shelter Management Team is also responsible for supplying shelter occupants with food and drinks; providing a sleeping area with blankets and personal hygiene supplies; providing first aid and health care services; and providing mental health counseling.

Shelter Management Team Organization

Below is a Shelter Management Organizational chart. It is the Shelter manager's responsibility to assign available staff to fill various shelter management positions.



Formation of the Shelter Management Team

- A. Consider designating an Assistant Shelter Manager.** It is helpful to have an assistant Shelter Manager for large shelter operations.
- B. Recommended Amount of Staff** - The Red Cross recommends a minimum of 6 staff per 100 shelter residents.
- a. Minimum Staffing** - Depending on the size of the disaster and the number of staff available, some shelter staff may cover more than one function until staff becomes available. At the very minimum, shelter staff should consist of one shelter manager, one nurse and four support staff.
- C. Identify a Corps of Shelter Managers** - Begin by selecting a corps of City and/or County shelter managers and assistant shelter managers.
- a. Recommendations** - If possible, choose persons who, in a disaster, will be managing the same facility or a similar one that they normally manage during non-disaster times. For City and/or County jurisdictions, shelter managers will most likely be trained staff activated from the Care and Shelter unit in the Community Services Branch of their Emergency Operations Center (EOC) – Usually Department of Public Social Services (DPSS) or Parks and Recreation Staff.
 - b. Skills** - Choose persons with good supervisory or management skills who can handle stressful conditions. They also must be persons who can deal sensitively with a diverse shelter population given the demographics of our communities.
- D. Recruit additional staff and provide training.** Prior to the disaster, each City and/or County should recruit staff and provide training.
- a. Shelter Training** - Contact the Red Cross to set up Shelter training courses prior to the disaster. Recruit the following to attend:
 1. Staff from Parks and Recreation, DPSS or the department tasked with Care and Shelter.
 2. City and/or County staff who do not have defined roles and responsibilities in a disaster.
 3. City and/or County employees with specialized skills needed to support shelter operations such as bilingual employees, employees with first aid and/or mental health training.

4. School district personnel. In cases where schools become disaster shelters, school personnel may assist as shelter workers.

E. Shelter Management Staff Roster. City and/or County emergency management personnel shall maintain a roster of employees, volunteers, and school personnel who are trained as shelter workers in their jurisdiction. Keep track of all shelter trained employees, volunteers, and school personnel. Periodically update their contact information such as home phone, cell phone, pager and other important information.

Required Training for Government Shelter Management Staff

A. Required Training. Government shelter management staff are required to attend the following Red Cross training course:

- a. **Government Partnership Mass Care and Shelter Training** – This course will prepare government staff to effectively manage shelter operations and participate in a shelter simulation. Upon completion of the course, the Red Cross will issue an identification card that should be utilized during shelter activations.

B. Participate in Regular Disaster Exercises that Simulate Shelter Activation. City and/or County should conduct annual disaster exercises that will utilize shelter management skills. Consider including a shelter activation element during Countywide and/or Citywide disaster exercises.

Protocols for Opening a Shelter

This section will give an overview of the protocols of opening a shelter, including identifying the need for a shelter and opening a shelter when Red Cross is or is not available.

The Decision to Open a Shelter

A. Identify the Need:

- a. **Who Will Determine if a Shelter is Needed?** – The local jurisdiction (typically police or fire) will identify the need for care and shelter operations. A large disaster will require activation of the City and/or County Emergency Operations Center (EOC).
- b. **Determine the Extent** – The local jurisdiction will identify the extent of shelter needs (i.e., number of persons to be sheltered and those who need Functional Needs Support Services, such as elderly persons, or persons who may need medical supervision/care).
- c. **Determine the Location** – The local jurisdiction then selects appropriate shelter based on the need and the location of the hazard, assuring that it is located in a safe area.
- d. **Make Contact** - The local jurisdiction should make telephone contact with the appropriate contact person for the shelter facility (as identified in the Shelter Agreement) to ensure facility access.
- e. **Have the Shelter Site Inspected** – Following a major earthquake, flooding, or other emergency potentially affecting structures, damage assessment field units must inspect each shelter site both before occupancy. In addition, damage assessment must inspect the facility after each significant aftershock.
- f. **Coordinate Shelter Opening** - When utilizing individual school sites, please be sure to coordinate shelter openings with the school district's main office whenever possible.

If the Red Cross is Available to Open and Staff the Shelter

A. Procedures when the Red Cross IS available to open the shelter:

- a. **Local Responsibility** - Care and shelter is the responsibility of the local jurisdiction and cannot be delegated. As such, the local jurisdiction should provide a City and/or County staff person to coordinate and assist the Red Cross during shelter activation.
- b. **Assist and Provide** - The local jurisdiction will assist the Red Cross as needed to ensure that adequate food supplies, equipment, staff and services are available to launch and sustain shelter operations. This shall include coordinating needs and requests with the City and/or County Emergency Operations Center (EOC) Logistics Section.
- c. **Costs** - The Red Cross will pay costs that the Red Cross independently incurs.

If the Red Cross is NOT Available to Open and Staff the Shelter

A. Procedures when the Red Cross is NOT available to open the shelter:

- a. **Activate Government Employees** - The local jurisdiction should activate their government employees (i.e. from Parks and Recreation, Department of Social Services or another department) who are trained to open and run a shelter.
- b. **Deploy** - Local jurisdiction should deploy staff and support personnel, along with startup supplies, to open and run the shelter.
- c. **Additional Personnel** - Request additional shelter staff as needed from the City and/or County EOC Logistics Section (Personnel Unit).

Shelter Operations

This section provides an overview of the services, functions and some of the resources necessary to support people in disaster shelters. While public shelters, at a minimum, must provide occupants with a safe place to sleep along with some provisions for food, large urban disaster shelters have the challenge of also trying to meet a diversity of human needs. Care and shelter personnel are encouraged to use this section as they plan to meet disaster shelter needs.

Opening the Shelter

A. Prior to Opening the Shelter:

- a. **Have the Building Cleared** - If there is an issue of potential structural damage; ensure the building inspector clears the facility for use as shelter.
- b. **Conduct a Walk Thru** - The Shelter Manager and staff should perform a facility walk-through to survey the condition of the shelter before occupancy (along with the facility owner or its representative if available).
- c. **Lay Out the Building** - Lay out the building for shelter operation and occupancy.
- d. **Check for Existing Supplies** - Check with facility owner or its representative for availability of existing supplies at facility.
- e. **Establish Communications** - Establish communications with the City and/or County Emergency Operations Center (EOC). Work with the Logistics Section for additional resources. See Appendix D: Shelter Logistics Supply/Equipment List for a list of recommended supplies.
- f. **Work with the City and/or County EOC** - Work with the City and/or County EOC to have Animal Services to set up an adjacent pet shelter, if possible. Only service animals are allowed at shelter sites (see Section 6: Functional Needs Support Services).
- g. **Set Up a Team** - Organize available staff as a shelter operations team.
- h. **Set Up a Waiting Area If Needed** - If potential shelter residents are already waiting outside the shelter prior to opening the shelter, set aside an area within the shelter for people to wait comfortably.

B. Once Shelter Site is Confirmed:

- a. **Inform the Public** - Work with the City and/or County Emergency Operations Center (EOC) Public Information Officer (PIO) to inform the public of the shelter location(s) and status.
 - Public information messages should clearly identify the location of shelters and encourage persons to bring a “Go Kit” (see Appendix I: Definitions) with them to include their own blankets, a change of clothes and basic toiletries including any prescription medications.
- b. **Provide Signage** - The shelter will need high visibility signage to identify its location in the front of the building and at various cross streets.

C. Opening the Shelter – The Shelter Manager and staff should:

- a. **Register the Shelter Residents.** Be sure to determine if there are any Functional Needs Support Services (FNSS) needed. Document the names and number of persons sheltered; keep records on all activities and expenses incurred by shelter operations. For questions concerning care for older or disabled adults (or other persons who need Functional Needs Support Services) see Section 6: Functional Needs Support Services (FNSS).
- b. **Provide First Aid** - Provide emergency first aid as needed.
- c. **Provide Snacks** - Offer beverages and snacks as soon as people register.
- d. **Provide Meals** – Begin offering regular meal service soon thereafter. Shelter personnel will need to ration limited resources initially. Resources will trickle in faster as mutual aid and outside assistance becomes available.
- e. **Provide Individual and Family Support** - Arrange for individual and family support services for more information on the planning for services.
- f. **Establish Routines** - The sooner that “routines” are established within the shelter, the better for the adjustment of shelter residents.
- g. **Activate a Central Database** - If multiple shelters are operating, activate a central database of shelter registrations and a welfare inquiry system to coordinate information on missing/displaced persons such as Next of Kin Registry (NOKR) or American Red Cross Safe & Well program.
- h. **Maintain Contact with the EOC** - Maintain ongoing contact with the City and/or County EOC to report on (1) the number of people being sheltered

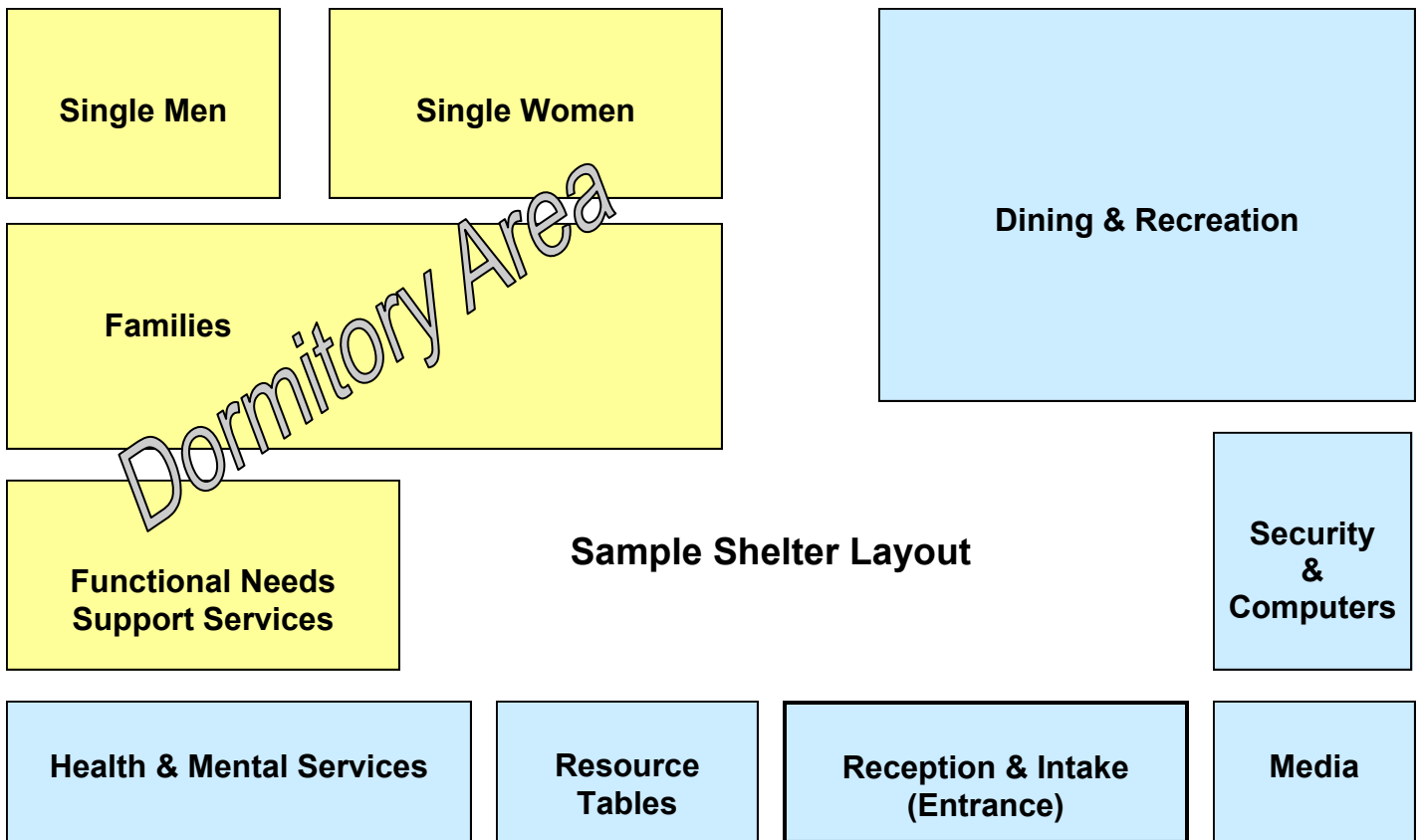
and number of meals served, (2) the status of supplies and (3) any problem areas.

D. Closing the Shelter: See (Section 9: Shelter Demobilization).

Shelter Layout Recommendations

A. Space Considerations – In allocating space give considerations to the following:

- a. Reception and registration
- b. Emergency medical care
- c. Sleeping – 40 square feet per person
- d. Counseling/interviewing space
- e. Feeding
- f. Shelter manager’s office
- g. Storage for food and supplies
- h. Child activities
- i. Storage for personal belongings
- j. Restroom for staff (in larger recreation shelters)
- k. Functional Needs Support Services (FNSS) area
- l. Isolation area



Additional Shelter Layout Tips

- a. **Registration** – Place the registration near the front of the shelter. Shelter residents should first proceed to the registration desk before going to their lodging area.
- b. **Sleeping Area** - Set-up the sleeping area, so each person has 40 square feet of space (5'x8'). Space cots or bedding to allow access for people with mobility disabilities and ensure clear paths to all fire exits. If space permits, set-up separate sleeping areas for the elderly, people who are ill, and families with small children.
- c. **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.
- d. **Functional Needs Support Services** - 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.
- e. **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.
- f. **Mental Health** - Create an additional quiet area for counseling or interviewing persons.
- g. **Bulletin Board** - Set-up a bulletin board near the registration table. Post messages received for shelter residents, shelter rules (see Appendix B: Shelter Rules) and relief information.
- h. **Food Storage** - The food storage area should be secure and accessible by truck.
- i. **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.
- j. **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.
- k. **Pets** - Create an area outside for the handling of pets.

Ensure that the shelter address is clearly visible from the nearby street; post a sign that clearly marks the building as a disaster

Registration

Care and shelter personnel must plan for a method of registering each person housed in the shelter, including both their dates of arrival and departure. This information is the only documentation for the jurisdiction of who is in the shelter *and* helps the jurisdiction to locate missing family members. Also, plan to use the registration process as an opportunity for shelter residents to identify any medical problems or medication needs.

Special consideration should be given to conducting medical screening prior to entering the shelter site to reduce the exposure risk for shelter residents, volunteers and staff.

A. Planning Considerations:

- a. **Document all occupants** – Ensure the registration of all shelter occupants upon their arrival to the shelter. Assign shelter staff to perform this task.
- b. **Registration Data** – Keep a simple record on plain 3x5 inch cards of every person who is housed in the shelter (see Appendix A: Shelter Forms; Shelter Registration Form) The following registration information is needed:
 - Family last name (at the top of the card)
 - First, and middle names for husband and wife (include wife's maiden name)
 - Names and ages of all other family members
 - Pre-disaster address
 - Note any health concerns or Functional Needs Support Services (FNSS) requirements.
 - Date arrived in the shelter and date departed shelter
 - Post disaster address

B. Emergency Contact Name and Phone Number

C. Functional Needs Support Services (FNSS) – Use registration as an opportunity for people to self-identify any medical, dietary, medication, or accommodation needs (i.e., needs for special assistance)

- a. **Request an Activation of Functional Assessment and Service Team (FAST).** Consider requesting that the City and/or County activate FAST to assess people with disabilities and assist them. FAST will conduct a needs assessment and arrange for support by requesting Functional

Needs Support Services (FNSS) resources such as durable medical equipment, consumable medical supplies, essential medications, communication access and personal assistants.

- D. Sign-In / Sign-out Policy** – Establish a sign-in / sign-out policy when shelter residents leave for any period. This helps to keep an accurate shelter population head count.
- E. Reporting Needs** – Shelter personnel will provide the following registration information to the City and/or County Emergency Operations Center (EOC):
 - a. Number of shelters open**
 - b. Number of persons in shelters**

Food Services

Care and shelter personnel must ensure that a food provision and ordering system is in place to feed shelter residents. This will require a close working relationship with the Logistics Section of the City and/or County EOC to implement any of the following planning strategies.

- A. Option One – Catered or Fast Food.** The simplest strategy for feeding the shelter population is to have food catered or brought in from the outside.
 - a. Fast Food Outlets** – Given the confusion immediately following the disaster (or until mass feeding operations can be organized), it may be easiest to initially use 24 hour restaurants or fast food outlets in obtaining meals for shelter residents. Later it will become easier to prepare hot meals.
 - b. Restaurant Caterers** – Identify local commercial suppliers – restaurants, catering firms, hotels, etc. – and make pre-planned arrangements for suppliers to provide meals to persons in shelters.
 - c. Institutional Suppliers** – There are numerous suppliers that will provide fully prepared, packaged meals for institutions in bulk and in an emergency, they could be used to supply disaster shelters.
 - d. Local vendors** – Local vendors such as Sam’s Club, Costco, Smart n Final and grocery stores may provide packaged meals.
- B. Option Two – Designate a Central Kitchen.** An alternative strategy is to designate one large, central institutional kitchen within the local jurisdiction as the site to prepare and provide meals for each shelter operating within the jurisdiction.

- a. **Bulk Food Donations** – Utilize the Logistics Section of the EOC to obtain large bulk food items from local sources and then direct supplies to the central kitchen. Sources to consider are schools and airlines.
 - b. **Shelter Delivered Meals** – Once meals are prepared, they can be delivered to local shelters (similar to a meals on wheels operation) and meals provided by Salvation Army, Religious Community and other non-profit agencies.
- C. Option Three – On-site Meal Preparation.** A third strategy, assuming the shelter site contains kitchen or cafeteria facilities, is to prepare meals on-site.
- a. **Cafeteria Staff** – If a school is used for the shelter facility, care and shelter personnel may have the use of food services staff that normally operates the cafeteria.
 - b. **Food Preparation and Cleanup Volunteers** – Shelter residents can also assist as part of food preparation and cleanup crews.
 - c. **Basic Menu Planning Tips** – Plan menus in terms of foods available. Use perishable foods first. Prepare sufficient food to provide second servings, if possible.
- D. Meeting Special Diet Needs** – 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.
- a. **Low Salt / Sugar** – If meals are prepared through an on-site or central kitchen, use low salt and low sugar guidelines in consideration of persons with restrictions.
 - b. **Infant Nutrition** – Determine the need for infant formulas or baby foods.
 - c. **Hospital Dietary Departments** – For the persons on special diets (such as a person with diabetes, heart, or kidney disease), care and shelter personnel may need to consult with medical staff or have meals catered from local hospitals.
- E. Reporting Needs** – Care and shelter personnel are responsible for a daily count of people fed within each shelter and must report the following data to the Emergency Operations Center (EOC):
- a. **Number of fixed feeding sites**
 - b. **Number of mobile feeding sites**
 - c. **Number of persons fed in past 24 hours**

d. **Number of persons projected to be fed in next 24 hours**

Medical Health Services

Given that health care issues will arise, shelter facilities must provide access to adequate health care services. A well-run shelter must protect the health of residents, prevent disease, and provide first aid as needed. It is also necessary to maintain records on all health incidents and related actions taken.

A. **Planning Considerations:**

- a. **First Aid** – Shelter personnel must plan to have basic first aid assistance available at the shelter. People will come to the shelter with minor injuries.
- b. **Identify Staff with First Aid Training** – Inventory city employees as to disaster skills and have employees with first aid skills assigned to shelter teams.
- c. **Use trained shelter residents** – Residents within the shelter may include persons with first aid, nursing, or medical backgrounds.
- d. **Medical Emergencies** – Call upon local paramedics or coordinate with the Medical Unit in the Operations Section of the Emergency Operations Center (EOC) for medical emergencies. Transfer anyone with serious injuries, or anyone who is very sick, to the care of a local hospital.

B. **Role of the County Public Health Department** – Care and shelter personnel should plan to call upon County Public Health when needed to perform the following:

- a. **Health & Sanitation Inspection** – To provide periodic health inspections of the shelter, including a sanitary inspection.
- b. **County Public Health Nurses** – To provide County public health nursing services to shelter residents.
- c. **Prevent Communicable Disease** – To monitor / evaluate the health status of the shelter population and prevent the spread of communicable disease.
 - Note: In a large disaster, the available pool of County Public Health nurses and medical personnel will be extremely limited. Moreover, additional nursing staff may be necessary if there is a significant amount of illness in the shelter population.

- d. **Other Resources** – Local community clinics and Nursing Homes are also a health care or medical resource for jurisdictions.
- e. **Contract for Medical Personnel** – Local jurisdictions may need to plan to hire, or contract for additional medical personnel from private sources.

C. Contagious Disease Concerns & Medically Fragile Persons

- a. **Separation to Reduce Spreading** – Plan to provide for the separation of persons with suspected communicable diseases that can range from common colds to more severe influenza and intestinal infections.
 - Note: Given the close confines of shelter conditions, illness (especially respiratory infections) spread easily among the shelter population without intervention actions.
- b. **Temporary Infirmary** – If necessary, set aside a part of the shelter as a section for the privacy and isolation of ill persons. In addition, use this area to provide a higher level of care for persons who are more medically fragile.
- c. **Pre-Designated Alternative Facilities** – Setup an alternate shelter facility and coordinate support through the Operational Area (OA) given the following. If a large number of persons have a communicable disease in the shelter, or if a large population needs ongoing medical assistance (such as evacuation of residents from a medical care facility). See Functional Needs Support Services (FNSS) for more detail.

D. Prescription Drug Management

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

- a. **Storage of Medication** – Plan for the secured storage of medications; refrigeration is required for some medications (e.g., insulin and some Human Immunodeficiency Virus (HIV) antibiotics).
- b. **Prescription Refills** – Plan to refill prescriptions; establish vendor agreements with local pharmacies and clarify how to obtain medications post-disaster (e.g., with a current prescription, with a prescription phoned in by a licensed physician, with a prescription validated by another pharmacy, or with a prescription bottle).

Mental Health Services

The mental health impact of disasters ranges from emotional stress and anger to severe trauma and depression. The potential for drug and alcohol abuse increases. 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. Planning considerations are:

A. Enlist Mental Health Counselors – Plan to work with the Logistics Section of the Emergency Operations Center (EOC) to obtain as many qualified personnel as possible to provide counseling and support disaster victims with their emotional needs.

a. Community Counseling Resources – In addition to County Mental Health (see below), develop a resource list of community mental health providers or services to call upon if needed. These resources include:

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

Note: In a large disaster, the available pool of County Mental Health counselors may be extremely limited (similar to the situation with Public Health Nurses).

B. Role of County Mental Medical Services

a. Assess Mental Health Needs – To assess and activate responses to mental health issues resulting from the disaster.

b. Provide Crisis Support – To provide crisis support services for shelter and community residents traumatized by the disaster.

C. Organizing Additional Support

a. Debriefing Sessions – Without trained counselors, shelter personnel can organize community group debriefing sessions as an opportunity for shelter residents to share their feelings and to realize that their particular reactions are not abnormal.

b. Children – Consider activities to help children express their feelings about the disaster.

Transportation

During the period in which the shelter is in operation, some persons will require transportation to the shelter, as well as door-to-door transportation from the shelter to medical and other appointments. In addition, people with disabilities will need para transit assistance. Planning considerations include:

- A. Coordination with Logistics** – Shelter personnel must plan to work closely with the Logistics Section of the Emergency Operations Center (EOC) to provide transportation resources for shelter residents.
 - a. Transportation Resources** – Aside from local government and county resources (e.g., Riverside Transit Authority (RTA) or SunLine), other transportation resources for moving people may include school buses and commercial shuttle vans.
 - b. Para transit Resources** – Identify local para transit resources for the transport of persons using wheelchairs. In addition, identify local taxi service to support the transportation needs of frail elderly persons.
 - c. Transportation in an Evacuation** – Consider plans for moving large numbers of people if there is a need for a mass evacuation of community residents to disaster shelters.
 - d. Transporting Supplies & Resources** – The movement of shelter supplies and resources will also require transportation resources.

Shelter Communications

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.

- A. Public Shelter Messages** – As the jurisdiction puts out public messages about shelter locations, stress that residents going to disaster shelters bring a go-kit with blanket or sleeping bag, change of clothes, personal hygiene items and prescription medications.
- B. Bulletin Boards** - Set up bulletin boards near the shelter registration area as a means for disseminating information to the shelter population. Web based bulletin boards should be created and utilized through coordination with the City and/or County EOC.

- a. **News Postings** – Post daily updated news on the response to the disaster, along with news and information about shelter activities for the day.
 - b. **Recovery Services** – Provide information on recovery services available through disaster relief organizations such as the Red Cross, Salvation Army, and Federal Emergency Management Agency (FEMA), along with other government disaster assistance programs.
 - c. **Community Based Organization (CBO) Relief Assistance** – In addition, include information on any active community-based or faith-based relief and assistance programs.
 - d. **Functional Needs Support Services (FNSS) Communications** – Consider the information needs of persons who are deaf, or blind, or non-English speaking (see Section 6: Functional Needs Support Services (FNSS) for further information).
- C. Shelter Briefings** – It is the responsibility of the Shelter Manager to hold daily shelter briefings as a way to share information and dispel false rumors that may be circulating within the shelter population. Briefings should be held 30 minutes after the shelter staff meeting. Information will then be consistent with information staff learned at their meeting. Suggested times for briefings are; 10a.m., 3p.m. and 7p.m.
- D. Public Information Officer** – A Public Information Officer (PIO) should be designated at the shelter. The PIO can attend meetings and briefings off site at Incident Command Posts or in the Local Government Emergency Operations Center (EOC) and bring back verified information to share with the staff and shelter population. This information can then be posted at the shelter. A PIO can be requested from the Command Post or from the Local Government EOC for regular visits if shelter staff does not have the ability to fill the position.
- E. Disaster Welfare Inquiries** – Respond to disaster welfare inquiries (seeking to located persons who are presently unaccounted) by referring to shelter registrations.
- a. **Central Shelter Registration Log** – Consider implementing a central shelter registration log to combine registrations from all shelter locations.
 - b. **Coordination with Red Cross** – Coordinate family reunification support with the Red Cross, which operates a regional Disaster Welfare inquiry system.
- F. EOC Communication** – Telephones are the primary communication link between shelter facilities and the EOC. If the telephones are not functional, use

amateur radio operators for ham radio communications. As a last resort, use runners to relay messages.

G. Additional Resources – Plan for additional telephones to facilitate communication between shelter residents and family members outside the area. The telephone company can bring in a phone trailer to supplement shelter telephone capacity. Consideration to bring in internet services and equipment as well as cable services for other ways of information sharing. Electronic bulletin boards, traffic message signs and satellite systems should also be considered. Riverside County 2-1-1 should be contacted and used for referring services for the shelter population.

Social and Personal Needs

Given a significant disaster event, residents will begin to work toward recovery while in the shelter. Shelter personnel should plan to coordinate with external agencies and services via the Logistics Section of the Emergency Operations Center (EOC) to help meet the personal needs of shelter residents. Some planning considerations are:

- A. Child activities** – If a shelter remains open for more than a day or two, plan to provide child activities.
- B. Clothing** – Emergency clothing becomes a need when possessions are lost in a disaster.
 - a. Community Donations** – Local businesses may provide bulk clothing donations.
 - b. Red Cross Clothing Vouchers** – Traditionally, the Red Cross makes vouchers available to disaster victims for the purchase of new clothes at local retail stores.
- C. Comfort Kits** – Shelter residents will need basic hygiene items such as soap, a washcloth, toothbrush, toothpaste, a razor, and a comb.
 - a. Local Suppliers** – Plan to obtain these items either through commercial vendors, American Red Cross, or through donations from local businesses.
- D. Long Term Housing Assistance**
 - a. Housing Resource List** – Identify resources (e.g., hotels, motels, apartment complexes, local congregations, trailer parks, etc.) with the potential to provide post disaster temporary housing for shelter residents.

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

E. Language Translation – Consider the following options for bilingual support. See Section 6: Functional Needs Support Services (FNSS) for more information.

- a. **Bilingual Shelter Residents** – Ask bilingual shelter occupants to volunteer and assist non-English speaking shelter occupants.
- b. **Bilingual Volunteers** – Seek out city disaster volunteers with bilingual skills.
- c. **Community Based Organizations (CBO) with Ethnic Specific Services** – Coordinate with CBOs that specialize in serving specific ethnic communities and have bilingual staff.

F. Recovery Services – Shelter residents will need assistance in identifying where to go for services to meet their specific disaster recovery needs. Disaster relief organizations such as the Red Cross, Salvation Army, and Federal Emergency Management Agency (FEMA), along with other government, faith and community-based relief programs, may all initiate recovery services for disaster victims.

- a. **Distribute Resource Lists** – Develop resource lists with contact information and a description of available relief and recovery services for disaster victims.
- b. **Information and Referral Services** – Care and shelter personnel can work in coordination with community-based Information and Referral service programs, including the Riverside County Office On Aging call center, that are linked with hundreds of human service providers. Local Libraries are an additional information and referral service.
- c. **CBO Collaboration** – Care and shelter personnel will identify the needs of those in shelters and then coordinate, via the Logistics Sections of the Emergency Operations Center (EOC), with support agencies and relevant CBOs to arrange assistance.
- d. **Collaborate with Voluntary Organizations Active in Disaster (VOAD) and CBO agencies** – To establish long-term recovery and unmet needs committees.

G. Replacement Equipment – Elderly persons and people with disabilities will need to help to replace personal supplies and equipment, if lost or damaged in the disaster (e.g., items like orthopedic braces, wheelchairs, or hearing aids).

- a. **Local Vendors** – Work through local vendors to replace items.
- H. Recreation** – If large numbers of persons are housed in the shelter, and if the shelter operation is prolonged, provide recreation opportunities for shelter residents.
 - a. **City Recreation Department** – Arrange support through the city recreation department.
 - b. **Recreational Supplies** – Recreational supplies include videos, newspapers, books, games, and TV sets.

Animal Care

Care and shelter personnel should work with the City and/or County EOC to address the need for care of animals for shelter residents. Shelter residents are usually emotionally attached to animals and would benefit by having their beloved animals nearby if possible. If feasible, work with Animal Services to set up a portable animal shelter next to the emergency shelter.

- A. Animal Care** – Work with the City and/or County EOC to plan for the care of pets during the sheltering operation. Ensure that a shelter facility for animals is identified in the plan that provisions are made for the temporary care of pets.
 - a. **Clearly Communicate the Pet Policy** – Clearly and publicly state the policy regarding pets to avoid misunderstanding when people arrive at public disaster shelters.
 - b. **Service Animals** – Service animals are allowed in the shelter. Set up a sleeping space in a separate room, if possible. People may have allergies to animal dander. Be sure to assign a dog relief area and provide disposal containers.
 - c. **Reassurance** – Pet owners need to be fully reassured that their pet will be safely cared for – issues are sure to arise of pet owners refusing to evacuate or go to a shelter if it means separating from their animal.
 - d. **Pet Identification (ID) Tags** – Plan to identify the pet with a Pet ID tag to make for easy reunification with its owner later.
- B. Onsite Holding Area Until Animal Care is Available** – Create 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 Logistics to create a pet holding area (e.g., cages or fencing).

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. This includes establishing and posting clearly understood rules so all shelter occupants understand what is expected of them.

A. Shelter Rules

- a. **Provide Rules at Registration** – Shelter residents must understand the rules upon registration. Plan to have rules prominently posted (or passed out as an information sheet) and then reinforced at shelter orientation sessions. See [Appendix B: Shelter Rules](#).
- b. **Translation of Rules** – For non-English speaking persons have shelter rules and regulations translated into other languages (e.g., Spanish and Vietnamese).
- c. **Enforcement of Rules** – Use rules as a cause for dismissal if broken. Depending on the circumstances, employ a shelter committee to oversee disputes and call on local law enforcement to assist with serious disputes or rule violations.

B. Policing Functions

- a. **Security / Safety Inspections** – Plan to regularly inspect the facility (and the surrounding grounds) to ensure compliance with shelter rules, fire regulations, and to spot any potential problems. Coordinate with the local Emergency Operations Center (EOC) for assistance from officials for inspections when needed.
- b. **Private Security** – Given a large shelter population, the City and/or County EOC may contract with a private security company to handle policing functions.
- c. **Monitoring Occupant Flow** – Establish one entrance and exit to the shelter and secure all other entrances and exits. This is to prevent theft from people outside the facility and to facilitate sign-in / sign-out procedures.

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. County Health can address food, water safety and sanitation issues in shelters.

- A. Shelter Supplies** – Work with the Logistics Section of the Emergency Operations Center (EOC) to obtain additional supplies and equipment such as cots, blankets, first aid supplies, cleaning equipment, and tools.
 - a. Initial Inventory** – Conduct a pre-occupancy inventory of potential shelter sites to determine what operational supplies may already be in place.
 - b. On-Site Cache of Supplies** – Consider pre-positioning critical shelter supplies (e.g., water, nonperishable foods, cots, blankets, first aid kits, tools and other supplies) in trailers or shipping containers on the grounds of, or near, potential shelter sites.
 - c. Vendor Agreements** – Form as many agreements or vendor relationships as necessary with local businesses now, to supply goods later during shelter operations.
 - d. Donated Goods / Services** – During operations, work with Logistics to obtain donated goods and services to support shelter operations.
- B. Waste Management** – Plan to arrange for daily garbage / waste removal. A major earthquake disaster will most likely disrupt regular service.
- C. Portable Toilets** – As necessary, arrange for the installation of additional toilets and possibly shower facilities. It is recommended to provide 1 restroom for every 40 shelter residents. Ideally, you should also provide 1 shower for every 40 shelter residents.

Shelter Population Demographics

We can estimate that a large percentage of those displaced persons will seek alternative arrangements to public disaster shelters. This may include lodging with friends or relatives, staying in hotels, camping in their backyard, or even sleeping in the family car. However, while many persons will sleep elsewhere, they may still use local shelter services for meals and for obtaining information.

A. Demographic Implications for Care and Shelter Planners

- a. Elderly Demographics** – Seniors may need Functional Needs Support Services (FNSS). Use the elderly demographic data in [Appendix G: Demographics](#) to determine your senior population.

- b. Housing Stock** – An awareness of the jurisdiction’s vacant housing stock and its related vulnerability will indicate those areas in the community with potential for the greatest damage.
- c. Commuters and Tourists** – Another factor that may contribute to an increase in the shelter population are non-resident populations (commuters and tourists).
- d. Long Term Needs** – By the seventh day into disaster, the shelter population will have peaked. Thereafter, what remains of the shelter population are generally persons with fewer resources and more long-term housing and social services needs. A major disaster might significantly reduce the supply of available housing. Shelters may need to maintain operations for a longer period of time (that is, more than 3 weeks) until long-term sheltering or adequate replacement housing is found for those remaining occupants. Local government needs to work in close partnership with Community Based Organizations (CBO), Department of Public Social Services (DPSS) and Red Cross to meet the long-term personal needs of shelter residents.
- e. Public Education and Collaboration** – Public education can reduce the demand for shelter in a disaster. Instruct local residents on the need to collect necessary camping supplies in the event they need to establish shelter on their property. Moreover, as shelter residents are most likely to come from multifamily housing units and have lower incomes, preparedness programs must also target the agencies that provide services to these populations (i.e., seniors, low-income persons and people with disabilities).

Functional Needs Support Services (FNSS)

According to the U.S. Census Bureau, approximately one-fifth of the U.S. population has a disability. Individuals with disabilities have differing capabilities, opinions, needs and circumstances. This section will provide information to facilitate planning and provide assistance to individuals who need Functional Needs Support Services (FNSS).

Seniors and People with Disabilities

When disasters occur, older and disabled persons are the most likely to suffer its impact. Physical or mental disabilities may limit their capacity to respond or to seek help. Many older and disabled persons require community support services such as Meals on Wheels, Home Care Support, and Senior Centers to live independently. Any emergency that disrupts those lifelines leaves them vulnerable. Below are some planning tips for assisting people with functional needs:

- A. Maintain Critical Services** - by supporting the continuity of critical services to the populations identified in this section.
 - a. Ask the City and/or County Emergency Operations Center (EOC)** - to assist with helping local service providers obtain the resources necessary to maintain their post-disaster operations. Consider requesting that the City and/or County activate a Functional Assessment and Service Team (FAST). FAST will conduct a needs assessment and arrange for support by requesting functional needs resources such as durable medical equipment, consumable medical supplies, essential medications, communication access and personal assistants.
 - b. Collaborate** - with agencies that regularly serve these populations to continue service and identify their clients that may need outreach.

B. Encourage Cooperative Outreach

- a. Door-to-Door Outreach**- this can be accomplished by door-to-door outreach in areas heavily impacted by the disaster to check on older and disabled persons to assure they are okay and have adequate food, water and medications on hand. Place special emphasis on the following:
 - Mobile home parks

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

C. Transportation Functional Needs – Some persons with mobility impairments may have no means of transport to shelters or help centers and will require accessible transportation.

- a. **Work with the Emergency Operations Center (EOC)** - to arrange for transportation for those who have no means of transportation.
- b. **Wheel Chairs** - assure that transportation provided will accommodate for wheel chairs and other functional needs equipment.

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

- a. **Prescription Medications** – identify individuals in need of emergency prescription medications replacement.
- b. **Dietary Needs** – identify individuals that need special diets such as those with diabetes or hypertension.
- c. **Functional Needs Equipment** – identify individuals who may require wheel chairs or other functional needs equipment.
- d. **Personal Care or One-on-One Assistant** – identify those who need personal care or one-on-one assistants to help with bathing, dressing, feeding, walking or need help communicating.

E. Provide Individualized Shelter Orientation. Shelter orientations help persons with functional needs adjust to the shelter environment.

- a. **Walk Through** - Provide a walk-through of areas within the shelter.
 - Orientate to bathrooms, sleeping and eating areas
 - Explain shelter schedule and rules
 - Introduce to shelter staff.

F. Shelter Accessibility. Pre-identify shelters that meet the accessibility standards (see [Appendix A: Shelter Forms; Shelter Facility Form](#)) that will enable persons who use wheelchairs or other mobility aids to function with greater independence. Standards include:

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

G. Provide Basic Communication. Ensure that persons who are deaf or hearing impaired receive and understand all shelter announcements. Have note pads, pens and pencils available at the shelter for staff or volunteers to use in communicating with deaf or hearing-impaired persons. Keep language simple and draw pictures if necessary.

H. Medications, Supplies and Equipment – Physically disabled persons may have less opportunity to access their personal items and emergency medical supplies before evacuating their home to disaster shelters.

- a. **Disability Supplies** - request disability supplies from Logistics such as wheel chairs, canes, walkers, hearing aids and colostomy bags.
- b. **Seniors** - give first priority to seniors and people with disabilities when cots and blankets are limited.
- c. **Vendor Agreements** - establish vendor agreements with local pharmacies to expedite purchase for medication or personal equipment needs. Care and shelter personnel must also work with their City and/or County Emergency Operations Center (EOC) Medical Unit to create a system for medication assessment and disbursement at shelters.

I. Privacy Area – Create a section of the shelter that is separate from the other shelter residents for use a “privacy room”. Some persons with disabilities must change catheter bags and attend to other personal hygiene needs. In addition, some elderly persons, persons with psychiatric disabilities, and even parents with very young children may benefit from a privacy area.

J. Alternate Shelter Sites – In cases where entire group homes or care facilities evacuate to public shelter, consider making smaller, alternative facilities available for their shelter. Care facility staff can then evacuate to the alternate facility and

continue to maintain care of their residents outside of the mass care environment. Care facilities include homes for:

- a. **Elderly Persons**
- b. **People With Developmental or Cognitive Disabilities**
- c. **People With Psychiatric Disabilities**
- d. **People Who are Medically Fragile**

People who are Medically Fragile or Dependent

This includes people who live at home with the help of life support systems such as dialysis or respirators, as well as persons who are severely ill and require home health care. In extreme cases, some may need to evacuate to an environment with backup electric power for their medical equipment.

A. Care and Shelter Planning Tips for Medically Fragile or Dependent:

- a. **Caregivers and Equipment** – persons dependent on life-support equipment or home health care will need to bring the equipment and/or personal support they receive at home to the shelter with them. If necessary, an area of the shelter may be sectioned off to provide privacy.
- b. **Backup Generators** – pre-identify shelter sites with backup generators.
- c. **Shelter Isolation Area** – designate a separate room or space within the facility for people who have asthma, multiple chemical sensitivities or allergies. People with seriously weakened immune systems (e.g. persons with AIDS or cancer) who are very susceptible to germs in the environment may also require isolation within the shelter.
- d. **Transportation** – coordinate with the Emergency Operations Center (EOC) Logistics Section (Transportation Unit) if there are requests for specialized transport.

B. Options for Medical Support:

- a. **Local EOC Support** – coordinate with the Operations Section (Medical Unit) for local nursing and medical personnel to provide support in a care and shelter.
- b. **Qualified Shelter Residents** – doctors or Nurses within the shelter population can provide interim support if a need for supervised or skilled nursing care is necessary.

- c. **Operational Area Support** – care and shelter personnel may also request support from County Public Health through their City and/or County Emergency Operations Center (EOC).
- d. **Private Nursing Care** – contract with private, nursing care providers to support medically fragile shelter residents in cases where local and county government resources are at full capacity.
- e. **Alternate facilities** – in cases where there are persons with contagious health conditions or medical needs that cannot be handled by shelter staff, transfer to an alternate facility that is appropriately equipped and properly staffed. This may include a hospital, nursing home; functional needs shelter, or alternate care home. The jurisdiction may also set aside or reserve at least one shelter site for people who need a higher level of medical care, or a more controlled care environment.

Non-English Speaking Persons

Care and Shelter staff needs to be responsive to language and cultural differences. The five most commonly spoken languages in Riverside County are:

- Spanish;
- Vietnamese;
- Tagalog;
- Hmong; and
- Lao.

Other spoken languages include American Sign Language (ASL), Farsi, Cantonese, Khmer, Armenian, Mandarin, Russian, Punjabi, Arabic and Mien.

A. Care and Shelter Planning Tips for Persons who are Non-English Speaking:

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

B. Bilingual Assistance – The City and/or County EOC should identify and prearrange for bilingual assistance or translation services to assist with care and shelter operations. The following are tips for getting bilingual workers/volunteers to help at disaster shelters:

- a. **Use Shelter Residents** – ask bilingual shelter residents to volunteer and assist persons who are non-English speaking.

- b. **Use City/County Employees** – City and/or County Emergency Operations Centers (EOCs) should poll their employees to develop a list of those who speak, write, or read other languages. Consider recruiting and training bilingual employees to serve as shelter workers.
- c. **Use Community Based Organizations (CBO)** – prearrange agreements with CBOs to allow the utilization of bilingual staff.
- d. **Community Resources** – other sources for locating bilingual staff include universities, the court system, school districts and churches or contact the Volunteer Center of Riverside County.
- e. **Private Translation Services** – prearrange agreements with private translations services to assist with care and shelter bilingual needs.
- f. **Department of Social Services Support** – request support from Department of Public Social Services (DPSS) through the City and/or County EOC.

People with Visual and Hearing Disabilities

A shelter can be especially challenging for those wish to navigate their way around using landmarks as cots, tables and chairs are often moved during the day. The hearing impaired will need special assistance with communications either by using American Sign Language (ASL) or notepads and paper. Below are some planning considerations:

A. Visual Disability Considerations:

- a. **Verbal Orientation** - be prepared to provide a verbal orientation to the shelter facility.
- b. **Assistance with Phones** - provide assistance with equipment such as phones.
- c. **Provide Assistance with Food Lines**
- d. **Designate Area for Cot** - assign a cot space in an area with a permanent fixture such as a wall or column and where access to eating areas and restrooms are unobstructed.
- e. **Post General Information in Large Print.**
- f. **Offer to Read Information Aloud.**

g. Service Animals** – are welcome in Care and Shelter facilities. A service animal means that 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 (American Disabilities Act of 1990, 42 U.S.C. 12181).

- Offer a sleeping space in a separate room if possible. People might have allergies to animal dander.
- Address who is responsible for the feeding and care of the service animal.
- Assign a dog relief area and provide disposal containers.

**All other animals are NOT allowed in the shelter. Please see ([Section 6: Shelter Operations](#)) for more information about animal care and sheltering.

B. Hearing Disability Considerations:

- American Sign Language (ASL)** - if the client communicates using ASL, ask if there are workers or clients who know ASL.
- Be Prepared** - have workers carry a pen and paper to communicate with hearing impaired.
- Separate the Client** - try to separate the client from a noisy and distracting environment.
- Post Information** - post general information in numerous locations.
- Text Telephone (TTY)** - provide access to closed captioned televisions and TTY (text telephone) or TDD (Telecommunications Device for the Deaf).

Children Who Are Unaccompanied or Unsupervised

Following a disaster, many children and families can be separated.

A. Care and Shelter Planning Tips for Unaccompanied / Unsupervised Children:

- Reunification of Children with Parents** – Plan to help with the reunification of families who are separated during the disaster. The following are tips for helping unaccompanied or unsupervised children.
 - Establish a central database to track information on missing persons.

- Use the registration lists from community shelters to help locate displaced family members.
- If a child arrives at the shelter without a parent, get the parent's name and try to locate the parent. Plan for a qualified staff person to supervise the child until such a time that the parent or guardian can be located.
- If the child is not picked up within 12 hours, contact Child Protective Services (CPS) through the City and/or County Emergency Operations Center (EOC).
- Consider mental health support for children.

Pre-Disaster Homeless Persons

A large-scale disaster may disrupt the usual sources of food and shelter for persons who were homeless prior to disaster. Pre-disaster homeless persons will have to be integrated at disaster shelters with people who are temporarily homeless. Those who are chronically homeless may have pre-existing medical, mental and substance abuse issues. A challenge is to maintain the continuity of pre-disaster shelter programs so that they can continue to serve the existing pre-disaster homeless population.

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

- Keep Pre-Disaster Shelter Programs Open** - work with the City and/or County EOC to keep pre-disaster shelter programs open.
- Keep a Referral List of Programs** - homeless shelters generally run at full capacity, but will accept more persons after a disaster. Keep a referral list of pre-disaster homeless shelter programs.
- Seek Additional Support Services** - when pre-disaster homeless persons comprise part of the shelter population, there may be a need for additional support services. This includes:
 - Substance abuse addiction
 - Mental Medical Health Services
 - Transitional housing assistance
- Request DPSS Support** - request operational area support from Riverside County Department of Public Social Services (DPSS) through the City and/or County EOC.

Donations and Volunteer Management

The purpose of this section is to provide detailed information for donations and volunteer management, which include considerations for pre-trained and spontaneous shelter volunteers, as well as a City and/or County activation of a Donations and Volunteer Coordination Center (DVCC).

Pre-Trained Shelter Volunteers

Pre-trained shelter volunteers are vitally important to the success of mass care and shelter operations. Planning considerations include:

- A. Sources for Volunteer Recruitment of Pre-Trained Shelter Volunteers** – The jurisdiction should work to train a cadre of local volunteers in advance of the disaster to provide support at disaster shelters. It is recommended that each jurisdiction maintain a list of shelter-trained volunteers and include them in disaster exercises to practice shelter activation. Sources of volunteers for care and shelter training include:
 - a. Community Emergency Response Team (CERT).** CERT members are an excellent volunteer source to recruit and train in advance of a disaster. Jurisdictions can arrange for Care and Shelter training as an add-on to the CERT curriculum, offered as additional training for CERT graduates.
 - b. Community Residents.** Community residents are an excellent source of Care and Shelter volunteers. Use volunteers from the community, either through referrals from the city’s personnel office, the Red Cross or local volunteer center.
 - c. Voluntary Organizations.** Community Based Organizations (CBO), faith-based organizations, local congregations and the Eastern and Western Regional Retired and Senior Volunteer Program’s (RSVP) are another source for recruiting Care and Shelter volunteers.
 - d. RACES.** City and/or County Radio Amateur Civil Emergency Services (RACES) volunteers are excellent candidates to assist with shelter communications.

- e. **Medical Volunteer Program (MVP).** The Medical Volunteer Program is a community-based civilian volunteer initiative that utilizes local health care professionals and others to build and support the public health infrastructure. Riverside County coordinates a Medical Volunteer Program (MVP) that can be requested by the City and/or County Emergency Operations Center (EOC) to support a shelter by providing Medical Services.

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

- a. **Reception.** Meet and greet arriving shelter residents and provide comfort.
- b. **Registration.** Help newly arrived shelter residents to fill out registration forms.
- c. **Runners.** Help in obtaining goods and services or acting as “runners”.
- d. **General Operations.** Support with shelter operations such as shelter set up, food services, shelter maintenance, etc.
- e. **Health and Human Services.** Support with more specialized services such as first aid, mental health, child activities, recreation and personal assistance services from support to seniors and people with disabilities to help with language translation.

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

- a. **Provide Government Partnership Care and Shelter Training.** Each jurisdiction should work with the Red Cross to arrange periodic Mass Care and Shelter training. Red Cross may elect to offer regional training, whereby several jurisdictions are invited to send pre-identified volunteers.
- b. **Conduct Background Checks.** Red Cross will conduct modified background checks for volunteers who complete the shelter training.
- c. **Issue Identification Badges.** Red Cross will provide Red Cross shelter identification badges to volunteers who complete the required registration, background check, and Care and Shelter courses.

Donations and Volunteer Coordination Center (DVCC)

Predictably, donations and spontaneous volunteers will arrive at the shelter without warning during a large-scale emergency or disaster. Because donations must be sorted, tracked and distributed and spontaneous volunteers must be registered, categorized and placed into service, donations and spontaneous volunteers should be directed to a Donations and Volunteer Coordination Center (DVCC). **It is important to note that managing a DVCC is NOT a function assigned to shelter operations.** Instead, based on identified needs, a City and/or County Emergency Operations Center (EOC) will consider activation of a DVCC to provide a centralized location to manage donations and coordinate spontaneous volunteers. Planning considerations for DVCCs include:

A. Shelter Responsibilities – Upon shelter activation, shelter staff will:

- a. Request the City and/or County EOC Consider Activating a DVCC.** Upon activation of a mass care and shelter in support of a large-scale emergency or disaster, shelter staff will request that the City and/or County EOC consider activating a DVCC.
- b. Identify Volunteer Needs.** Shelter staff will identify the need for shelter volunteers and communicate those needs regularly to DVCC staff;
- c. Identify Donation Needs.** Shelter staff will identify the need for shelter donations and communicate those needs regularly to DVCC staff; and
- d. Direct all Donations and Spontaneous Volunteers to the DVCC.** Shelter staff will direct donations and spontaneous volunteers to the DVCC for processing.

B. DVCC Responsibilities – Upon the establishment of the City and/or County EOC activated DVCC, the DVCC will:

- a. Work to Provide Outreach to the Public.** DVCC staff, in coordination with the City and/or County EOC, will ensure that the public is notified of the DVCC activation, location and hours, as well as specific needs.
- b. Coordinate, Register and Assign Spontaneous Volunteers.** DVCC staff will coordinate, register and assign spontaneous volunteers to assist with shelter operations if requested. Spontaneous volunteers could be assigned to help serve food to shelter residents or other duties that do not require prior mass care and shelter training.

- c. **Coordinate, Categorize and Distribute Donated Goods.** DVCC staff will coordinate, categorize and distribute donated goods to the shelter if requested.
- d. **Track Donations and Provide Recognition.** Donations and Volunteer Coordination Center (DVCC) staff will track donations and work with the City and/or County EOC once the disaster is over to provide donor recognition, especially for large donations.

Shelter Donation Needs

It is important to pre-identify which donation items can and cannot be accepted in emergency shelters and clearly communicate these needs to the designated DVCC. Some planning considerations include:

- A. New Clothing and/or Household Items –** Clothing and household items are generally accepted and can be requested from the DVCC; however, they must be new. Used clothing and household items are not acceptable items for distribution in a shelter. Shelter residents may be given a referral or voucher to select used items directly from a partner agency (such as Salvation Army or Goodwill), who may provide assistance to the victims.
- B. Commercially Prepared Food, Water and Other Items –** Commercially prepared food, water and new items can be accepted for use in the shelters. Items such as new pillows, sunscreen, and antibacterial hand wash and other new items are generally desired.
- C. Commercial Large Quantity Donations –** The Donations and Volunteer Coordination Center (DVCC) may elect to process, track and arrange for delivery of large quantity donations directly to the shelter site without processing through the DVCC.
- D. New Items (unused) - Donations That Can be Equitably Distributed in a Shelter Include:**
 - Facial cleansers
 - Toothbrush/toothpaste
 - Hairbrush/comb
 - Body/hand cleanser
 - Body/hand lotion
 - Sunscreen
 - Gel sanitizer
 - Washcloth/hand towel/bath towel
 - Mouthwash
 - Baby Bottles

- Diapers (infant & adult)
- Infant toiletries
- Bottled water
- Bottled juice drinks
- New and unopened toys
- Commercially prepared snacks
- Functional Needs Support Services (FNSS) equipment

E. Gently Used Items Include:

- Reading glasses (can be sanitized with alcohol wipes)
- Books and magazines

F. Items That Should NOT be Accepted Include:

- Used clothing
- Used toys
- Food (packaged, bought or homemade)
- Furniture
- Appliances

Building Relationships with CBOs to Strengthen Care and Shelter Operations

Care and shelter personnel will work through the Logistics Section of their Emergency Operations Center (EOC) and through other government departments to come up with the services and resources that are necessary to meet the needs of disaster victims. Working with the resources of government will not be enough to meet the needs of all disaster victims. The human service demands created by the disaster (as identified in previous sections) will require that personnel find additional support within their community to meet needs.

How CBOs May Support Care and Shelter Operations

- A. Maintaining Services to Vulnerable Populations.** Community Based Organizations (CBO) will continue important services to vulnerable populations post disaster such as providing meals, home care, transportation, residential care, health and mental Medical Health Services. More significantly, some CBOs may expand these services. If the CBO community is active in supporting the disaster needs of vulnerable populations, it reduces demand on the overall care and shelter system.
- B. Extending Government Resources.** CBO can augment or supplement the care and shelter support government provides. Consider CBOs as partners in supporting government with the following care and shelter functions.
- C. Community-Based Sheltering.** CBOs that serve vulnerable populations may provide shelter to people they serve following a disaster.
- D. Long Term Recovery.** CBOs will continue to support impacted neighborhoods and individuals long after the care and shelter function is demobilized.

Finding Community Based Organizations

Contact the EOC for Community Based Organization (CBO) assistance if needed. Examples of some services of the organizations are as follows:

- a. Distribution Clothing, Bedding and Food Following a Major Disaster.**
Also provides counseling.

b. **Home Repair and Rebuilding Services.**

c. **Clothing, Bedding and Counseling after a Major Disaster.**

Working with CBOs

Local government should establish working relationships with local Community Based Organizations (CBO) to help supplement their care and shelter operations. Suggested areas for involvement and cooperative planning with local CBOs:

A. Identify and Build Relationships. Begin by identifying and building relationships through informal meetings or workshops to discuss potential areas for CBO involvement in care and shelter operations, or any area of post-disaster assistance.

a. **Work Cooperatively.** Discuss how you might work cooperatively to ensure that care and shelter services meet the needs of more vulnerable residents within the local community.

b. **How Can CBOs Help?** Discuss how CBOs can help with volunteer management during a disaster.

c. **Be Supportive.** Determine how you can be supportive of CBO efforts to keep services going to the population they serve following a disaster.

B. Encourage CBOs to Take Disaster Training. If you have a Community Emergency Response Team (CERT) program encourage CBOs to go through CERT training.

Shelter Demobilization

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.

Protocols

- City and/or County Emergency Operations Center (EOC) in cooperation with the Care and Shelter branch 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 and/or County EOC in cooperation with the Joint Information Center.

Responsibilities

A. City and/or County Emergency Operations Center (EOC)

- Determine Triggers for Demobilization.**
- Develop Effective Media Plan and Outreach.**
- Identify Surplus.** Obtain identification and description of surplus resources, and their probable release times from shelter staff (see Appendix A: Shelter Forms; Excess Resource Inventory Form).
- Identify Equipment Damage and Unsafe Conditions.** Identify damage requiring immediate attention or isolation for further evaluation.

B. Shelter Manager

- Coordinate a Demobilization Plan.**
- Notify Facility Administration.**

- c. **Notify Shelter Residents.**
- d. **Post Notice of Shelter Closing.** Post shelter closing 24 hours in advance of closure (see [Appendix C: Shelter Signs; Shelter Closing Notification Sign](#)).

Demobilization Considerations

Demobilization plans can begin to be developed when the emergency incident is under control.

- A. Coordinate with the City and/or County Emergency Operations Center (EOC).** The City and/or County EOC will determine when the shelter shall be demobilized.
- B. Establish Triggers for Closing the Shelter.** Work with the EOC to establish triggers for closing the shelter. Some triggers to consider are:
 - a. **Decreasing Number of Clients Remaining.** Consider the amount of clients remaining.
 - b. **Incident-Related “All Clear”.** The incident may be over and/or residents are allowed to return to their homes.
 - c. **Lack of Activity.** Activity not met over several days would trigger demobilization plan.
- C. Determine What Agencies Can Support Client Housing Needs.** Work with agencies in advance if there will be housing needs following demobilization. For more information, please see [Section 10: Recovery](#).
- D. Consider Time Necessary to Breakdown and Clean Up.**

Closing the Shelter

- A. Once it is Determined That the Shelter Will Be Demobilized:**
 - a. **Notify Facility Administration.**
 - b. **Notify Shelter Residents.**
 - c. **Post Notice of Closing.** Post a notice of closing on the main entrance and all exits at least 24 hours in advance (see [Appendix C: Shelter Signs; Shelter Closing Notification](#)).

- d. **Conduct a Post-Occupancy Walk Through.** Contact facility administration to conduct a post-occupancy walk through. Sign-off utilizing a Release of Facility (see Appendix A: Shelter Forms; Release of Facility Form).
- e. **Gather, Clean and Re-Pack Shelter Trailer Equipment.**
- f. **Post Local Chapter Contact Information.** Post local chapter contact information for clients seeking Red Cross services once shelter is closed (see Appendix C: Shelter Signs: Shelter Closing Notification Sign).
- g. **Clean Shelter.** All areas of shelter must be cleaned and returned to pre-shelter condition.

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 shelteree. 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 and/or County Emergency Operations Center (EOC). See Appendix A: Shelter Forms; Shelter After Action Form.

Administrative records should be shared with City and/or County EOC and the American Red Cross.

Recovery

Section 10

How do you care for populations that don't show up at public disaster shelters, yet still need help to meet basic survival needs? This section will outline some planning steps for local jurisdictions to take to meet needs that exist beyond disaster shelters.

Local Assistance Centers (LAC)

There are considerable benefits to establishing some type of Local Assistance Center (LAC) immediately following a disaster, particularly if there has been widespread destruction within the community. Some of the benefits are:

- **Coordination** – Local Assistance Centers provide local jurisdictions with a central point from which to coordinate care and shelter services or distribute relief supplies. Centers can operate jointly with other local community organizations that provide social services.
- **Location** – Local Assistance Centers provide residents with a central location where they can go to get recovery information and receive assistance with their needs. Centers may be located at a local community or recreation center, library, congregation, or school. The center may also share the same site as a primary shelter facility.

Local Assistance Centers function as a clearinghouse to provide, or refer people to, the following emergency human services:

- A. Food and Water** - Following the disaster, it may be necessary to setup feeding and water distribution sites. Local Assistance Centers can also act as mass feeding or water or bulk distribution sites. They can also provide information on where other similar distribution sites are operational. Planning considerations are:
 - a. Fixed Feeding Facilities.** Typically, schools, congregations, or community centers are the best facilities for serving/preparing meals.
 - b. Mobile Feeding Units.** Once resources are available, such as American Red Cross and The Salvation Army, along with other disaster relief agencies may deploy self-contained local area resources such as mobile feeding units to supplement fixed feeding facilities.
 - c. Neighborhood Resources.** Determine if neighborhood restaurants and catering companies are willing or able to provide emergency meals to neighborhood residents.

- d. **Local Food Banks.** United States Department of Agriculture (USDA) food commodities are available via local food banks for use by fixed or mobile kitchens in preparing meals or for distribution to disaster victims.
- e. **Water Distribution Programs.** Damage to the public water infrastructure will require local jurisdictions to initiate a water distribution program. One option is to set-up potable water trucks so local residents can come to sites to fill large containers. Seniors and persons with disabilities will need assistance to transport containers.
- f. **Community Based Organization (CBO) and Office on Aging Meal Programs.** CBO kitchens, Office on Aging meal programs and food pantries may support mass feeding and food distribution efforts in a disaster. CBOs and Office on Aging may also assist with the distribution of food/water/supplies to homebound and at-risk populations (e.g., frail elderly persons and people with disabilities).

B. Health Services - The Local Assistance Center (LAC) can supplement the jurisdiction's emergency medical response to a disaster. First, it can serve as a primary first aid or mass health care station. Second, it can act as a clearinghouse for public information on available disaster health care services. To keep up-to-date on the community health status and health information, care and shelter personnel must maintain close coordination with the agencies below.

- a. **Local Fire Department.** Reports on local disaster health issues in addition to responding to community health emergencies and medical response needs.
- b. **County Health Care Services.** Coordinates the countywide provision of emergency health services given the program areas below.
- c. **Public Health Services.** Organizes a health care response to the disaster including the implementation of any critical public health programs (such as appropriate vaccination programs if necessary).
- d. **Environmental Health Services.** Manages public health issues related to ensuring safe water, food and sanitation conditions, and will assist in dealing with hazardous materials release.
- e. **Emergency Medical Services.** County Public Health's Emergency Medical Services (EMS) Division will provide oversight and coordination for all aspects of emergency medical services, including the evacuation of casualties and emergency ambulance services.
- f. **Community-Based Resources.** Community-based health clinics and other health care providers will also respond to disaster medical needs. They can supplement the response of local government by also serving as

first aid stations or by distributing health care information in the communities that they serve.

C. Mental Health Services - Local jurisdictions must consider the community mental health needs arising from the emergency. Post disaster stress can last from six months to a year or more. Local Assistance Centers (LAC) can help by providing referrals to mental health services for persons needing emotional support. Planning considerations are:

- a. **County Mental Health.** County Mental Health Services will assess mental health issues and provide mental health services to support the recovery needs of disaster victims.
- b. **Community-Based Resources.** Community Based Organization (CBO) crisis hotlines and grief counseling services are an important part of the network for providing emotional support to disaster victims. So are pastoral care and faith-based counseling services.

D. Public Information - Local jurisdictions must provide the community with information on sheltering options along with basic health and safety information. The LAC can serve as a central clearinghouse for the distribution of timely and accurate information on all aspects of care and shelter support and information on local relief and recovery services. Planning considerations are:

- a. **Role of the Public Information Officer (PIO).** Care and shelter personnel will work with the City and/or County Emergency Operations Center (EOC) PIO to coordinate public information services.
- b. **Public Announcements on Sheltering.** In any disaster where sheltering is required, jurisdictions will want to provide information on sheltering options, suggestions to alleviate the strain on resources and overcrowding in disaster shelters:
 - 1) Encourage displaced residents stay with family or friends if possible.
 - 2) Stress that resident's shelter-in-place, if possible, assuming they have the resources and facilities to do so.
 - 3) Stress that persons going to shelters bring a go-kit with blanket or sleeping bag, change of clothes, personal hygiene items and prescription medications.
- c. **Communication in Other Languages.** Information must get to people in their own language. See Section 6: Functional Needs Support Services (FNSS) for details on reaching non-English speaking persons and persons who are blind or deaf.

- d. **Local Information and Referral Providers.** Local jurisdictions will want to work cooperatively with Information and Referral providers, including the Riverside County Office on Aging call center and 2-1-1 Riverside County, to help connect local residents who need help with available community services and resources.
- e. **Use Community Based Organizations (CBO) as Information Conduits.** Maintain ongoing communication with neighborhood CBOs to keep apprised of local needs and relief efforts. Community Based Organizations can also relay important information from government to the populations that CBOs serve.

E. Transportation Services - Local jurisdictions need transportation services for the movement of people, food and other resources necessary to carry out care and shelter operations. This includes the transport of persons who otherwise have no means for getting to disaster shelters or service centers (e.g., frail elderly persons and persons with disabilities). The Local Assistance Center (LAC) may serve as a central clearing-house for receiving requests on transportation needs and then providing or coordinating transportation resources. The following are some of the transportation resources available to the jurisdiction:

- a. **Transportation Unit.** The local jurisdiction will have a Transportation Unit within the Logistics Section of the City and/or County Emergency Operations Center (EOC) to handle emergency transportation requests.
- b. **Additional Transportation Resources.** Include school buses or commercial services such as shuttle vans and even limousine services.
- c. **Transportation in a Mass Evacuation.** Consider the transportation resources necessary to transport evacuees in a mass evacuation.
- d. **Transportation for Persons in Wheelchairs.** Ensure the safe evacuation of persons using wheelchairs. This may require alternative arrangements with para transit service providers.

F. Volunteer Management Services - Local jurisdictions will need a system to connect the many volunteers who emerge to help following the disaster with recovery needs in the community. The Local Assistance Center provides a primary location and means for the staging, mobilization and deployment of these emergent volunteers.

- a. **Volunteer Center Support.** Work closely with the Riverside County Volunteer Center to obtain volunteer registration forms and operating procedures that can be used to stage a volunteer mobilization center.
- b. **Areas for Involvement.** Opportunities for involving volunteers in disaster recovery include food services, shelter services, health care, translation,

clean up, supporting special populations, animal care, distributing fliers, walking door-to-door to assess needs, etc.

- c. **Community Emergency Response Team (CERT) Coordination.** Coordinate any disaster volunteer initiatives with local neighborhood emergency response team programs.

G. Animal Services - Some pets become separated from their owners in a disaster. Conversely, many citizens will not go to public shelters if it means separation from their pet. Given health concerns, disaster shelters cannot allow pets (except service animals). To mitigate the effects of owner separation from pets and encourage owners to go to emergency shelters when needed, it is recommended that an animal shelter be located as close as possible to the human shelter.

To assist with mitigating animal issues as they relate to sheltering, request that the City and/or County EOC activate animal services and/or Riverside Emergency Animal Rescue System (REARS) to assist with the following issues:

- a. **Tracking Lost Pets.** Search and rescue for animals lost in the disaster.
- b. **Quarantine of Animals.** Quarantine of animals given a chemical or biological incident.
- c. **Pet Disaster Shelters.** The shelter and separate containment of pets from their owners if owners must evacuate to public disaster shelters.

Transition to Long Term Recovery

A. Long Term Recovery Committee (LTRC) - A Local Assistance Center (LAC) can be transitioned to more of a full-service recovery center. The local jurisdiction may assemble representatives from appropriate agencies to come to the center and provide recovery information and assistance to residents affected by the emergency as a Long Term Recovery Committee (LTRC). For the convenience of disaster victims, it is easiest to have all these representatives at one location. The committee would include representatives from organizations such as Red Cross, Salvation Army and other Voluntary Organizations Active in Disaster (VOAD) community-based or faith-based relief and assistance members. Long Term Recovery Committees offer help in a variety of ways such as providing case management and can assist victims with services such as: supplying volunteers who can help families repair their homes, replacement of tools or may provide furniture, appliances or even financial assistance such as deposits for new apartments. The LTRC is supported by a Federal Emergency Management Agency (FEMA) Voluntary Agency Liaison (VAL).

B. Voluntary Agency Liaisons (VAL) – The VAL position within FEMA is invaluable to the recovery work done post disaster. Unmet needs of disaster

victims are referred to the VAL and the LTRC. The maze of long-term recovery is manageable because the VAL's lead the way. If a Long Term Recovery Committee (LTRC) is not already established the Voluntary Agency Liaison (VAL) will act as a facilitator to the development of a LTRC.

C. Disaster Aid Sequence:

→ **Public Safety**

→ **Mass Care**

→ **Insurance**

→ **Govt. programs**

→ **Long Term Recovery Committee**

The Roles and Services of Voluntary Agencies in Recovery

A. Advocacy - Some voluntary agencies work on behalf of disaster victims (particularly those with special problems such as single parent families with limited resources, the disabled, and older persons) to obtain needed resources and services (e.g., home health care, legal services, transportation, translation services, meals on wheels). Voluntary agencies may also act as advocates for change by representing the needs of the community to local and State governments. Voluntary agencies who will provide advocacy are:

- American Red Cross
- Christian Disaster Response
- Christian Reformed World Relief Committee
- Church of the Brethren Disaster Response
- Church World Service Disaster Response
- National Organization for Victim Assistance
- The Phoenix Society for Burn Survivors
- The Salvation Army

B. Case Management - Some voluntary agencies help individuals complete the documentation that is required for assistance and then assist in tracking that documentation. The voluntary agencies that will help with case management are:

- American Red Cross
- Catholic Charities USA Disaster Response
- The Salvation Army

C. Clean-Up and Rebuilding - Some voluntary agencies help individuals clean-up, repair, and rebuild their homes damaged by disaster. These voluntary agencies often work with private businesses to encourage the donation of needed building materials. Voluntary agencies that offer clean-up and rebuilding are:

- Christian Reformed World Relief Committee
- Church of the Brethren Disaster Response
- Friends Disaster Service
- Lutheran Disaster Response
- Mennonite Disaster Services
- Nazarene Disaster Response
- Southern Baptist Disaster Relief
- United Jewish Communities (UJC) Federations of North America
- United Methodist Committee on Relief

D. Community Outreach - Some voluntary agencies contact individuals and organizations, such as local businesses and churches, to educate them about the local disaster relief operation, the existing damage, and possible ways they can support the relief effort. They are:

- Adventist Community Services
- American Red Cross
- Church World Service Disaster Response
- The Salvation Army

E. Counseling - Some voluntary agencies provide individual and family counseling and emotional support. They are:

- Adventist Community Services
- American Red Cross
- Ananda Marga Universal Relief Team
- Catholic Charities USA Disaster Response
- Church World Service Disaster Response
- Lutheran Disaster Response
- National Organization for Victim Assistance
- The Phoenix Society for Burn Survivors
- The Salvation Army
- United Jewish Communities (UJC) Federations of North America
- United Methodist Committee on Relief
- Volunteers of America

F. Damage Assessment – Some voluntary agencies physically review areas affected by disaster in order to assign a value that can be used to estimate resources required for rebuilding or reconstruction. They are:

- American Red Cross

- Christian Disaster Response
- The Salvation Army

G. Debris Removal - Some voluntary agencies provide debris removal such as mucking out and cutting and clearing trees from entry ways.

- Church of the Brethren Disaster Response
- Church World Service Disaster Response
- Lutheran Disaster Response
- Mennonite Disaster Services
- Southern Baptist Disaster Relief
- United Methodist Committee on Relief

H. Elder Care - Some voluntary agencies provide a variety of support services, such as transportation, advocacy, casework, counseling, and entertainment to the elderly population.

- American Red Cross
- Catholic Charities USA Disaster Response
- Christian Reformed World Relief Committee
- Church World Service Disaster Response
- Lutheran Disaster Response
- The Salvation Army
- United Methodist Committee on Relief

I. Emergency Repairs - Some voluntary agencies provide funds, staff, equipment, or tools to make emergency repairs to homes immediately following a disaster (e.g., placing tarps on roofs to avoid further damage to the home).

- American Red Cross
- Christian Reformed World Relief Committee
- Friends Disaster Service
- Lutheran Disaster Response
- Mennonite Disaster Services
- The Salvation Army
- Southern Baptist Disaster Relief
- United Methodist Committee on Relief

J. Emergency Assistance - Some voluntary agencies provide emergency assistance immediately following a disaster including food, clothing, shelter, cleaning supplies, comfort kits, first aid, and medical care.

- American Red Cross
- Catholic Charities USA Disaster Response
- Christian Disaster Response
- Friends Disaster Service

- International Relief Friendship Foundation
- Lutheran Disaster Response
- National Emergency Response Team
- The Salvation Army
- Volunteers of America

K. Financial Assistance - Some voluntary agencies provide financial assistance to local church councils including relief grants, financial aid, and long-term rehabilitation grants.

- American Red Cross
- Tzu Chi Foundation
- Church World Service Disaster Response
- The Episcopal Church Presiding Bishop's Fund for World Relief
- Lutheran Disaster Response
- Nazarene Disaster Response
- Northwest Medical Teams International
- Presbyterian Disaster Assistance
- United Jewish Communities (UJC) Federations of North America
- United Methodist Committee on Relief

L. Financial Planning - Some voluntary agencies help disaster victims locate personal financial records, review their current financial situation, and provide advice to help them recover from the financial effects of disaster.

- American Red Cross
- Catholic Charities USA Disaster Response
- Lutheran Disaster Response
- The Salvation Army

M. Funeral Services - Some voluntary agencies work with local mortuaries and mortuary associations in arranging assistance for funeral services for families that have lost loved ones in a disaster.

- American Red Cross
- The Salvation Army

N. Health Care - Some voluntary agencies will help identify local health care organizations that can provide assistance to disaster victims and relief workers.

- American Red Cross
- Ananda Marga Universal Relief Team
- National Organization for Victim Assistance
- Northwest Medical Teams International

- The Salvation Army

O. Identification - Some voluntary agencies help locate disaster victims and provide information to inquiring family and friends outside the impacted area.

- American Red Cross
- The Salvation Army

P. International Tracing Services - Some voluntary agencies provide tracing services when individuals need to locate relatives outside of the United States in times of disaster.

- Adventist Community Services
- American Red Cross
- Ananda Marga Universal Relief Team
- Christian Disaster Response
- Christian Reformed World Relief Committee
- Church of the Brethren Disaster Response
- Church World Service Disaster Response
- The Episcopal Church Presiding Bishop's Fund for World Relief
- International Association of Jewish Vocational Services
- International Relief Friendship Foundation
- Mennonite Disaster Services
- Northwest Medical Teams International
- Next of Kin Registry (NOKR) International Emerg. Contact System
- Presbyterian Disaster Assistance
- The Salvation Army
- United Methodist Committee on Relief
- World Vision

Q. Mental Health Services - Some voluntary agencies provide professional assistance to disaster victims and relief workers to alleviate mental stress and anguish caused either by the disaster or the disaster relief operation.

- American Red Cross
- National Organization for Victim Assistance
- The Salvation Army

R. Personal Care - Many faith-based voluntary agencies provide spiritual counseling from clergy. People with serious personal problems are almost twice as likely to seek assistance from clergy as other counselors. Spiritual problems such as lack of faith and discouragement are addressed through active listening and a supporting presence that communicates care and understanding.

- Adventist Community Services
- American Red Cross

- Catholic Charities USA Disaster Response
- Church of the Brethren Disaster Response
- Church World Service Disaster Response
- Lutheran Disaster Response
- Presbyterian Disaster Assistance
- The Salvation Army
- Southern Baptist Disaster Relief
- United Methodist Committee on Relief

S. Pet Care - Some voluntary agencies focus on the care of animals during disaster including rescue, sheltering, and grieving services for people who have lost pets. They may also provide resources for different types of animal food.

- American Humane Association
- American Kennel Club
- Canine Search and Rescue
- Humane Society of the U.S.
- Trauma Intervention Program (TIP)
- United Animal Nations
- Veterinary Medical Assistance Teams

T. Relocation Services - Some voluntary agencies help move individuals and families from damaged areas to shelters and other temporary or permanent housing facilities.

- The Salvation Army

U. Reunification Services – During and after an emergency or disaster, voluntary agencies provide services to reunite family members who were separated in the incident.

- American Red Cross

V. Sanitation Services - Some voluntary agencies provide portable toilets, shower units, clean-up kits, comfort kits, or personal hygiene kits to disaster victims.

- American Red Cross
- Church World Service Disaster Response
- The Salvation Army

W. Functional Needs Support Services (FNSS) - Some voluntary agencies assist in identifying populations that have functional needs and then meeting those needs (e.g., the elderly, disabled, or orphaned; a particular religious group with special dietary needs).

- All National Voluntary Organizations Active in Disaster (NVOAD) Member Agencies <http://www.nvoad.org/>.

X. Training - Some voluntary agencies train community-based volunteers in major response and recovery activities and provide job skills training to disaster-affected individuals.

- American Red Cross
- Church of the Brethren Disaster Response
- Church World Service Disaster Response
- International Association of Jewish Vocational Services
- The Salvation Army
- World Vision

APPENDIX A

Shelter Forms

Shelter Facility Survey Form (6554)	68
Shelter Agreement Form	74
Facility/Shelter Opening Checklist Form.....	78
Initial Intake & Assessment Tool and Instructions.....	79
Shelter Registration Form (5972)	83
Shelter Registration Form Spanish (5972S).....	84
Daily Shelter Report.....	85
Daily Shelter Log	86
Safe and Well Registration Form.....	87
Shelter Resident Sign-In/Out Form	88
Shelter Staff Sign-In/Out Form	89
Visitor Sign-In/Out Form	90
Excess Resource Inventory Form	91
Release of Facility Form.....	93
Shelter After Action Form	94



SHELTER FACILITY SURVEY – Form 6564 Revised February 2007

Please print all information. This form is generic to many types of shelters; some of the questions on this form might not apply to every site. In such cases, answer N/A (not applicable).

Site Name: _____
Street Address: _____
Town/City: _____ County/Parish: _____ State: _____ Zip Code: _____
Mailing Address (if different): _____
Phone: (____) ____-____ Fax: (____) ____-____
Email address (if applicable): _____

EMERGENCY CONTACT INFORMATION:

To authorize facility use, contact (Name[s], phone number[s], cell number[s]); include secondary contacts:

To open the facility 24/7, contact (Name[s], phone number[s], cell number[s]); include secondary contacts:

Directions to the facility from the nearest major highway evacuation route. Use major landmarks (e.g., highways, intersections, rivers, railroad crossings, etc.). Do not use landmarks likely to be destroyed or unrecognizable after the disaster. Include latitude and longitude if available (they can be obtained via GPS).

Latitude: _____ Longitude: _____

CAPACITY

Capacity for all shelters should be calculated using any space that could feasibly be used as sleeping space for an event. In an evacuation shelter, capacity should be calculated using 15 to 20 square feet per person. In a general shelter, use 40 to 60 square feet per person to determine capacity.

Capacity Evacuation = _____ at _____ square feet
 General = _____ at _____ square feet

LIMITATIONS ON FACILITY USE

Some facilities are only available during certain times due to other activities. Please indicate the dates that the facility is available.

- This facility will be available for use at any time during the year.
- This facility is **only** available for use during the following time periods.
From: _____ to _____
From: _____ to _____
- This facility **is not** available for use during the following time periods:
From: _____ to _____
From: _____ to _____

Some facilities have specific areas that can be used as an emergency shelter. Please indicate restrictions on use of certain areas of the building or if the entire facility is available for use.

GENERAL FACILITY INFORMATION

FIRE SAFETY

Some facilities that appear to be suitable for sheltering might not meet fire codes based on building capacity. This list of questions is not meant to be exhaustive. It is recommended that local codes be examined to determine if the facility meets them. In addition, contact can be made with the fire department to ensure compliance.

Does the facility have inspected fire extinguishers? Yes No

Does the facility have functional fire sprinklers? Yes No

Does the facility have a fire alarm? Yes No

If yes, choose one: Manual (pull-down) Automatic

Does the fire alarm directly alert the fire department? Yes No

Comments from fire department, if available: _____

UTILITIES

A major concern in running an emergency shelter is whether or not utilities can continue to run after a storm. This section is designed to evaluate the capabilities of the facility and to list the appropriate contacts in case the utilities fail.

Emergency generator on site? Yes No

IF YES- Capacity in kilowatts _____ Power for entire shelter? Yes No
If no, what will it operate? _____

Operating time, in hours, without refueling, at rated capacity: _____

Auto start Manual start Fuel type _____

Utility company name: _____

Contact name: _____ Emergency phone number: (_____) _____-_____

Generator fuel vendor: _____ Emergency phone number: (_____) _____-_____

Generator repair contact: _____ Emergency phone number: (_____) _____-_____

IF NO- Emergency generators do not have to be present in order to use the facility as a shelter. However, care must be taken to evaluate the appropriateness of the facility in emergency situations. For example, if there are no appropriate facilities in the area available for sheltering that have emergency generators, consideration should be made to use those facilities. Most pre-identified emergency shelters do not have generators. In addition, if a shelter does not have a generator on site, it is appropriate to pre-identify vendors so that a generator could be brought in if necessary.

Heating Electric Natural gas Propane Fuel Oil

Utility/vendor name: _____

Contact name: _____ Emergency phone number: (_____) _____-_____

Repair contact: _____ Emergency phone number: (_____) _____-_____

Cooling Electric Natural gas Propane

Projected population ÷ 10 _____

- Total available _____

Cots needed _____

Projected population ÷ 5 _____

- Total available _____

Blankets needed _____

ACCESSIBILITY FOR PEOPLE WITH DISABILITIES

Many people with disabilities can be accommodated in general shelters. It is important to evaluate a building to determine if it is accessible to people with disabilities. No single deficiency in the following list makes a facility “out of compliance” or unfit for consideration. There are many acceptable temporary mechanisms that can make a facility accessible. For guidance in this area, contact your local building or safety department, an assisted living center or a disability advocacy organization.

Access to building

- Curb cuts (minimum 35 inches wide)
- Accessible doorways (minimum 35 inches wide)
- Automatic doors or appropriate door handles
- Ramps (minimum 35 inches wide) Are ramps: Fixed Portable
- Level Landings

Accessible and accommodating restrooms

- Grab bars (33-36 inches wide) Sinks @ 34 inches in height
- Stall (38 inches wide) Towel dispenser @ 39 inches in height

Showers

- Shower stall (minimum 36 inches by 36 inches) Grab bars (33-36 inches in height)
- Shower seat (17-19 inches high) Hand-held spray unit with hose
- Fixed shower head (48 inches high)

Accessible and accommodating cafeterias

- Tables (28-34 inches high)
- Serving line [counter] (28-34 inches high)
- Aisles (minimum 38 inches wide)

Accessible telephones

- Maximum 48 inches high TDD available Earpiece (volume adjustable)

SANITATION

TOILETS

The American Red Cross recommended ratio for toilet facilities is a minimum of 1 restroom for 40 people. Count only those facilities that will be accessible to shelter residents and shelter staff.
Projected population ÷ 40 = projected needed number of toilet facilities.

Number of toilets avail:	Men	Women	Unisex	People with Disabilities
	_____	_____	_____	_____
Projected need:	Men	Women	Unisex	People with Disabilities
	_____	_____	_____	_____
- Total available:	Men	Women	Unisex	People with Disabilities
	_____	_____	_____	_____
Portable toilets needed	Men	Women	Unisex	People with Disabilities
	_____	_____	_____	_____

SINKS

The recommended ratio of sinks is one sink for every two toilets.

Number of sinks avail:	Men	Women	Unisex	People with Disabilities
Projected need	Men	Women	Unisex	People with Disabilities
<u>Total available:</u>	<u>Men</u>	<u>Women</u>	<u>Unisex</u>	<u>People with Disabilities</u>
Portable sinks needed	Men	Women	Unisex	People with Disabilities

SHOWERS

The best case scenario for showers is 1 shower for every 40 residents. In the case of evacuation shelters, the ratio can be higher. However, if it is determined that an evacuation shelter will be open longer term, alternative arrangements will have to be made. There might be a nearby facility that, while it couldn't be used a shelter, might have showers available. Consider requesting transportation through partner agencies; when a Disaster Relief Operation (DRO) has been set up, requests can go through Partner Services at the DRO. Portable showers might need to be acquired.

of showers avail: Men _____ Women _____ Unisex _____ People with Disabilities _____

of showers needed: Men _____ Women _____ Unisex _____ People with Disabilities _____

Are there any limitations on the availability of showers (time of day, etc.)? Yes No

Alternatives for showers on-site:

Alternatives for showers off-site:

FOOD PREPARATION

None on site Warming oven kitchen Full-service kitchen

(If full-service meals, "per meal" number that can be produced): _____

Facility uses central kitchen — meals are delivered

Central kitchen contact: _____ Phone Number: (_____) _____-_____

Planning for shelter feeding

While people coming to evacuation shelters are encouraged to bring food with them, for a variety of reasons this doesn't always occur. Therefore, it pays to be prepared to feed shelter residents. For planning purposes, it is helpful to think in terms of three to five days of meals with no outside assistance. This covers the possibility of widespread damage to commercial food sources and infrastructure. Meals can range from freshly prepared food at shelter facilities that have adequate kitchen facilities to prepackaged shelf-stable meals (military-style Meals Ready to Eat [MREs], Heater Meals, etc.). The planning target should be 5 meals worth of food in inventory for each projected shelter resident.

Projected population x 5 = projected number of meals needed.

Projected need _____

- Total available _____

Meals Needed _____

Equipment (Indicate quantity and size [sq. ft.] as appropriate).

Refrigerators _____	Walk-in refrigerators _____	Ice machines _____
Freezers _____	Walk-in freezers _____	Braising pans _____
Burners _____	Griddles _____	Warmers _____
Ovens _____	Convection ovens _____	Microwave ovens _____
Steamers _____	Steam kettles _____	
Sinks _____	Dishwashers _____	

FEEDING AREAS

- None on site Snack Bar (seating capacity: _____) Cafeteria (seating capacity: _____)
- Other indoor seating (describe, including size and capacity estimate): _____

Total estimated seating capacity for eating: _____

Comments related to feeding: _____

OTHER CONSIDERATIONS

ARC 4496

“Standards for Selection of Hurricane Evacuation Shelters,” or ARC4496, is a document published by the American Red Cross. Planning considerations for hurricane evacuation shelters involve a number of factors and require close coordination with local officials responsible for public safety. Technical information contained in hurricane evacuation studies, storm surge mapping, flood mapping and other data can now be used to make informed decisions about the suitability of shelters. Anyone considering using a facility as a hurricane evacuation shelters should carefully review ARC 4496 and consult with local officials to ensure safety of the facility is considered.

HEALTH SERVICES

Number of rooms available: _____ Number of beds or cots available: _____

Number of rooms needed: _____ Number of beds or cots needed: _____

Total square footage of available health care space: _____

BABY AND INFANT SUPPORT SUPPLIES

Diaper changing tables are extremely important due to health safety considerations. While there are not a recommended number of tables by population, there should be changing tables available. Beyond diaper changing, it is helpful to know in advance what baby supplies are available, if needed.

of diaper changing tables: _____

of diapers available: _____

Cans of formula available: _____

LAUNDRY FACILITIES

Generally, shelters do not have access to laundry facilities. Availability of such facilities would be considered an extra and not a necessity. These facilities would be especially useful for a shelter open longer than a week.

Number of clothes washers: _____ Number of clothes dryers: _____

Will the shelter worker or shelter residents have access to these machines? Yes No

Are laundry facilities coin operated? Yes No

Special conditions or restrictions: _____

ADDITIONAL INFORMATION

Does the entity that plans to manage the shelter own the building? Yes No

If NO- is there a current written agreement to use this site? Yes No
 Is this facility within five miles of an evacuation route? Yes No
 Is this facility within ten miles of a nuclear power plant? Yes No

Groups associated with this facility

Facility staff required when using facility? Yes No

Paid feeding staff required when using facility? Yes No

Church auxiliary required when using facility? Yes No

Fire auxiliary required when using facility? Yes No

Other: _____ Required Yes No

Other: _____ Required Yes No

Will any of the above groups be trained or experienced in shelter management?

IF YES, please list: _____

RECOMMENDATIONS/OTHER INFORMATION (Be specific):

..... Attach a sketch or copy of the facility floor plan

Survey completed/updated by

Printed Name

Signature

Date completed

Printed Name

Signature

Date completed

**American Red Cross
Shelter Agreement**

The American National Red Cross (“Red Cross”), a not-for-profit corporation chartered by the United States Congress, provides services to individuals, families and communities when disaster strikes. The disaster relief activities of the Red Cross are made possible by the American public, as the organization is supported by private donations and facility owners who permit their buildings to be used as a temporary refuge for disaster victims. This agreement is between the Red Cross and a facility owner (“Owner”) so the Red Cross can use the facility as an emergency shelter during a disaster.

Parties and Facility

Owner:

Legal Name: _____

24-Hour Point of Contact:
Name and Title: _____
Work Phone: _____ Cell Phone/Pager: _____
Address for Legal Notices: _____

Red Cross:

Legal name: The American National Red Cross
Chapter: Riverside County Chapter
24-Hour Point of Contact: 1-800-951-5600
Name and Title: Response Director
Work Phone: 888-831-0031 Cell Phone/Pager: _____
Address for Legal Notices: _____
P.O. Box 55040 Riverside, CA 92517

Copies of legal notices must also be sent to:
The American National Red Cross, Office of the General Counsel,
2025 E Street, NW, Washington DC 20006
and
The American National Red Cross, Disaster Operations,
2025 E Street NW, Washington, DC 20006.

Shelter Facility:

(Insert name and complete street address of building or, if multiple buildings, write “See attached Facility List” and attach Facility List including complete street address of each building that is part of this Agreement).

Terms and Conditions

1. Use of Facility: Upon request and if feasible, the Owner will permit the Red Cross to use the Facility on a temporary basis as an emergency public shelter.
2. Shelter Management: The Red Cross will have primary responsibility for the operation of the shelter and will designate a Red Cross official, the Shelter Manager, to manage the sheltering activities. The Owner will designate a Facility Coordinator to coordinate with the Shelter Manager regarding the use of the Facility by the Red Cross.
3. Condition of Facility: The Facility Coordinator and Shelter Manager (or designee) will jointly conduct a pre-occupancy survey of the Facility before it is turned over to the Red Cross. They will use the first page of the [Facility/Shelter Opening/Closing Form](#), available on CrossNet, to record any existing damage or conditions. The Facility Coordinator will identify and secure all equipment that the Red Cross should not use while sheltering in the Facility. The Red Cross will exercise reasonable care while using the Facility as a shelter and will make no modifications to the Facility without the express written approval of the Owner.
4. Food Services: Upon request by the Red Cross, and if such resources exist and are available, the Owner will make the food service resources of the Facility, including food, supplies, equipment and food service workers, available to feed the shelter occupants. The Facility Coordinator will designate a Food Service Manager to coordinate the provision of meals at the direction of and in cooperation with the Shelter Manager. The Food Service Manager will establish a feeding schedule, determine food service inventory and needs, and supervise meal planning and preparation. The Food Service Manager and Shelter Manager will jointly conduct a pre-occupancy inventory of the food and food service supplies in the Facility before it is turned over to the Red Cross.
5. Custodial Services: Upon request by the Red Cross and if such resources exist and are available, the Owner will make its custodial resources, including supplies and custodial workers, available to provide cleaning and sanitation services at the shelter. The Facility Coordinator will designate a Facility Custodian to coordinate the provision of cleaning and sanitation services at the direction of and in cooperation with the Shelter Manager.
6. Security: In coordination with the Facility Coordinator; the Shelter Manager, as he or she deems necessary and appropriate, will coordinate with law enforcement regarding any public safety issues at the Shelter.
7. Signage and Publicity: The Red Cross may post signs identifying the shelter as a Red Cross shelter in locations approved by the Facility Coordinator and will remove such signs when the shelter is closed. The Owner will not issue press releases or other publicity concerning the shelter without the express written consent of the Shelter Manager. The Owner will refer all media questions about the shelter to the Shelter Manager.
8. Closing the Shelter: The Red Cross will notify the Owner or Facility Coordinator of the closing date for the shelter. Before the Red Cross vacates the Facility, the Shelter Manager and Facility Coordinator will jointly conduct a post-occupancy survey, using the second page of the Shelter/Facility Opening/Closing Form to record any damage or conditions. The Shelter Manager and Facility Coordinator or Food Service Manager will conduct a post-occupancy inventory of the food and supplies used during the shelter operation.

9. Reimbursement: The Red Cross will reimburse the Owner for the following:
- a. *Damage to the Facility or other property of Owner*, reasonable wear and tear excepted, resulting from the operations of the Red Cross. Reimbursement for facility damage will be based on replacement at actual cash value. The Red Cross will select from among bids from at least three reputable contractors. The Red Cross is not responsible for storm damage or other damage caused by the disaster.
 - b. *Reasonable costs associated with custodial and food service personnel* which would not have been incurred but for the Red Cross's use of the Facility for sheltering. The Red Cross will reimburse at per-hour, straight-time rate for wages actually incurred but will not reimburse for (i) overtime or (ii) costs of salaried staff.
 - c. *Reasonable, actual, out-of-pocket operational costs*, including the costs of the utilities indicated below, to the extent that such costs would not have been incurred but for the Red Cross's use of the Premises (both parties must initial all utilities to be reimbursed by the Red Cross):

	Owner initials	Red Cross initials
Water	_____	_____
Gas	_____	_____
Electricity	_____	_____
Waste Disposal	_____	_____

The Owner will submit any request for reimbursement to the Red Cross within 60 days after the shelter closes. Any request for reimbursement for food, supplies or operational costs must be accompanied by supporting invoices. Any request for reimbursement for personnel costs must be accompanied by a list of the personnel with the dates and hours worked at the shelter.

10. Insurance: The Red Cross shall carry insurance coverage in the amounts of at least \$1,000,000 per occurrence for Commercial General Liability and Automobile Liability. The Red Cross shall also carry Workers' Compensation coverage with statutory limits for the jurisdiction within which the facility is located and \$1,000,000 in Employers' Liability.

11. Indemnification: The Red Cross shall defend, hold harmless, and indemnify Owner against any legal liability, including reasonable attorney fees, in respect to bodily injury, death and property damage arising from the negligence of the Red Cross during the use of the Premises.

12. Term: The term of this agreement begins on the date of the last signature below and ends 30 days after written notice by either party.

Owner (legal name)	THE AMERICAN NATIONAL RED CROSS (legal name)
By (signature)	By (signature)
Name (printed)	Name (printed)

Title

Title
+

Date

Date

Attachment A

Facility List

Name of Facility:
Address:

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Date/Time: _____ Shelter Name/City/State: _____ DRO Name/ #: _____

Family Last Name: _____



Primary language spoken in home: _____ Does the family need language assistance/interpreter?: _____

Names/ages/genders of all family members present: _____

If alone and under 18, location of next of kin/parent/guardian: _____ If unknown, notify shelter manager & interviewer initial here: _____

Home Address: _____

Client Contact Number: _____ Interviewer Name (print name): _____

INITIAL INTAKE	Circle	Action to be taken	Include ONLY name of affected family member
1. Do you need assistance hearing me?	YES / NO	If Yes, consult with Disaster Health Services (HS).	
2. Will you need assistance with understanding or answering these questions?	YES / NO	If Yes, notify shelter manager and refer to HS.	
3. Do you have a medical or health concern or need right now?	YES / NO	If Yes, stop interview and refer to HS immediately. If life threatening, call 911.	
4. Observation for the Interviewer: Does the client appear to be overwhelmed, disoriented, agitated, or a threat to self or others?	YES / NO	If life threatening, call 911. If yes, or unsure, refer immediately to HS or Disaster Mental Health (DMH).	
5. Do you need medicine, equipment or electricity to operate medical equipment or other items for daily living?	YES / NO	If Yes, refer to HS.	
6. Do you normally need a caregiver, personal assistant, or service animal?	YES / NO	If Yes, ask next question. If no, skip next question.	
7. Is your caregiver, personal assistant, or service animal inaccessible?	YES / NO	If Yes, circle which one and refer to HS.	
8. Do you have any severe environmental, food, or medication allergies?	YES / NO	If Yes, refer to HS.	
9. Question to interviewer: Would this person benefit from a more detailed health or mental health assessment?	YES / NO	If Yes, refer to HS or DMH.	*If client is uncertain or unsure of answer to any question, refer to HS or DMH for more in-depth evaluation.
 STOP HERE! 		REFER to: HS Yes <input type="checkbox"/> No <input type="checkbox"/> DMH Yes <input type="checkbox"/> No <input type="checkbox"/>	Interviewer Initial

DISASTER HEALTH SERVICES/DISASTER MENTAL HEALTH ASSESSMENT FOLLOW-UP

ASSISTANCE AND SUPPORT INFORMATION	Circle	Actions to be taken	Comments
Have you been hospitalized or under the care of a physician in the past month?	YES / NO	If Yes, list reason.	
Do you have a condition that requires any special medical equipment/supplies? (Epi-pen, diabetes supplies, respirator, oxygen, dialysis, ostomy supplies, etc.)	YES / NO	If Yes, list potential sources if available.	
Are you presently receiving any benefits (Medicare/Medicaid) or do you have other health insurance coverage?	YES / NO	If Yes, list type and benefit number(s) if available.	
MEDICATIONS	Circle	Actions to be taken	Comments
Do you take any medications(s) regularly?	YES / NO	If No, skip to the questions regarding hearing.	
When did you last take your medication?		Date/Time.	
When are you due for your next dose?		Date/Time.	
Do you have the medications with you?	YES / NO	If No, identify medications and process for replacement.	

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
HEARING	Circle	Actions to be taken	Comments
Do you use a hearing aid and do you have it with you?	YES / NO	If Yes to either, ask the next two questions. If No, skip next two questions.	
Is the hearing aid working?	YES / NO	If No, identify potential resources for replacement.	
Do you need a battery?	YES / NO	If Yes, identify potential resources for replacement.	
Do you need a sign language interpreter?	YES / NO	If Yes, identify potential resources in conjunction with shelter manager.	
How do you best communicate with others?	YES / NO	Sign language? Lip read? Use a TTY? Other (explain).	
VISION/SIGHT	Circle	Actions to be taken	Comments
Do you wear prescription glasses and do you have them with you?	YES / NO	If Yes to either, ask next question. If No, skip the next question.	
Do you have difficulty seeing, even with glasses?	YES / NO	If No, skip the remaining Vision/Sight questions and go to Activities of Daily Living section.	
Do you use a white cane?	YES / NO	If Yes, ask next question. If No, skip the next question.	
Do you have your white cane with you?	YES / NO	If No, identify potential resources for replacement.	
Do you need assistance getting around, even with your white cane?	YES / NO	If Yes, collaborate with HS and shelter manager.	
ACTIVITIES OF DAILY LIVING	Circle	Actions to be taken	Comments
Do you need help getting dressed, bathing, eating, toileting?	YES / NO	If Yes, specify and explain.	
Do you have a family member, friend or caregiver with you to help with these activities?	YES / NO	If No, consult shelter manager to determine if general population shelter is appropriate.	
Do you need help moving around or getting in and out of bed?	YES / NO	If Yes, explain.	
Do you rely on a mobility device such as a cane, walker, wheelchair or transfer board?	YES / NO	If No, skip the next question. If Yes, list.	
Do you have the mobility device/equipment with you?	YES / NO	If No, identify potential resources for replacement.	
NUTRITION	Circle	Actions to be taken	Comments
Do you wear dentures and do you have them with you?	YES / NO	If needed, identify potential resources for replacement.	
Are you on any special diet?	YES / NO	If Yes, list special diet and notify feeding staff.	
Do you have any allergies to food?	YES / NO	If Yes, list allergies and notify feeding staff.	
IMPORTANT! HS/DMH INTERVIEWER EVALUATION			
Question to interviewer: Has the person been able to express his/her needs and make choices?	YES / NO	If No or uncertain, consult with HS, DMH and shelter manager.	
Question to interviewer: Can this shelter provide the assistance and support needed?	YES / NO	If No, collaborate with HS and shelter manager on alternative sheltering options.	
NAME OF PERSON COLLECTING INFORMATION:	HS/DMH Signature:		Date:

This following information is only relevant for interviews conducted at HHS medical facilities: Federal agencies conducting or sponsoring collections of information by use of these tools, so long as these tools are used in the provision of treatment or clinical examination, are exempt from the Paperwork Reduction Act under 5 C.F.R. 1320.3(h)(5).

The authority for collecting this information is 42 USC 300hh-11(b) (4). Your disclosure of this information is voluntary. The principal purpose of this collection is to appropriately treat, or provide assistance to, you. The primary routine uses of the information provided include disclosure to agency contractors who are performing a service related to this collection, to medical facilities, non-agency healthcare workers, and to other federal agencies to facilitate treatment and assistance, and to the Justice Department in the event of litigation. Providing the information requested will assist us in properly triaging you or providing assistance to you.

Revision as of 6-20-08

Pg. 2 of 2

Initial Intake and Assessment Tool

RivCo OA Mass Care & Shelter Guidance

Appendix A – Shelter Forms

Purpose

The main purpose of the **Initial Intake and Assessment Tool** is to enable Red Cross staff to decide if simple accommodations can be provided that will enable individuals to stay in general population shelters. The secondary purpose is to ensure proper and safe placement of those clients with medical or functional needs beyond the scope and expertise of care offered in Red Cross shelters. The Red Cross, and its partner, the U.S. Department of Health and Human Services (HHS), are determined to maximize the use of this tool in order to minimize stress and emphasize the safety and well-being of those we serve during times of disaster.

Top Section of the Tool

Shelter workers meet with clients and legibly record pertinent information in the top of the tool and questions 1 through 9. The remaining questions are only to be filled out by Disaster Health Services (HS) and Disaster Mental Health (DMH) workers. Only **one form** is used for **each family***. Questions in the early part of the tool are designed to identify language barriers, separated families and other important information to be passed onto the shelter manager. The top section of the tool asks for basic demographic information in addition to:

- DRO stands for Disaster Relief Operation (enter name and number of DRO)
- List **all** of the names of the family members in the shelter
- The shelter worker initials that he/she has notified the shelter manager when a child under the age of 18 is unaccompanied in the shelter

Questions 1 - 9

The shelter worker asks the head of the family the first nine “yes/no” questions, except for questions 4 and 9 which are questions to the interviewer. You should not ask the client questions 4 and 9. All 9 questions pertain to all family members listed on the form. Where there is a “yes” answer, the worker notes **ONLY** the name of the relevant family member, discontinues the interview and refers the client to HS or DMH. **(Do not write confidential information anywhere in the first 9 questions!)** Only HS and/or DMH, **in conjunction** with the shelter manager, will make decisions regarding shelter accommodation.

If there is a need for a language interpreter or if the client needs assistance in understanding or answering the questions, end the interview and contact the shelter manager. Questions 3, 4 and 9 refer to emergency situations and/or urgent referrals to HS or DMH.

* **Although the intake tool is designed for the entire family, there could be a need to use more than one form if the family has several individuals with different needs.**

American Red Cross Instructions for Use of the ARC – HHS *Initial Intake and Assessment Tool*

Question 3: In cases of illness or emergency do not continue the interview. A call to 911 must be made in any life-threatening emergency (such as chest pain, heavy bleeding or multiple injuries. HS will take over at this point). If the client has an illness, medical condition, or if you are unsure or confused as to the client’s answer to question 3, refer to HS or DMH immediately. Escort the client to HS or DMH when necessary and hand the HS/DMH worker the tool. (***Do not give the tool to the client***)

Observation 4: This is NOT a question to the client. Document your observation as the interviewer. If the client appears to be a threat to self or others, call 911. If you answer “yes” to observation 4 or are unsure, refer immediately to DMH or HS.

Question 9: This is NOT a question to the client. Refer the client to HS or DMH if you think the client would benefit from a more detailed health or mental health assessment or if the client is unsure or confused about any of his/her answers.

STOP the Interview

Place your initials on the tool and indicate whether you’ve referred the client to HS or DMH. Do not answer any questions beyond this point (they are for HS and DMH workers only). If you answered “no” to all questions, attach the intake tool to the shelter registration form. If you answered “yes” to any questions or were unsure, refer the client to HS or DMH.

Where to Put the Initial Intake and Assessment Tool

If you answered “no” to all of the first 9 questions and were sure the client did not need a referral to HS or DMH, then attach the tool to the shelter registration form. If you answered “yes” or were unsure as to any question and referred the client to HS or DMH, the HS or DMH worker will attach the tool to the Client Health Record (F2077). (***Do not give the tool to the client***).

FOR HS and DMH ONLY

Pre-existing conditions, both physical and psychological, are frequently exacerbated during times of extreme stress. HS and DMH workers should be aware of the potential for a client to decompensate or decline in health. Previously healthy individuals may have new medical/mental health needs due to the disaster.

- Once a client has been referred to HS/DMH, **all information is confidential** and will only be seen by licensed health care providers. Initiate a ***Client Health Record (F2077)*** for the client and attach the tool.
- In situations where a client has both physical and psychological concerns, he/she should be seen by both a DMH and an HS worker.

Questions?

If you have any questions or concerns about using this form contact your supervisor and/or a Disaster Health Services or Disaster Mental Health worker.

**AMERICAN RED CROSS
RIVERSIDE COUNTY CHAPTER
SHELTER REGISTRATION FORM**

Please print all sections

Incident / DR Number & Name: _____
Shelter Name: _____
Shelter City, County/Parish, State: _____

Family Name (last Name):		Total family members registered: Total family members sheltered:
Pre-Disaster Address (City/State/Zip):	Post-Disaster Address (if different) (City/State/Zip)	Identification verified by (Record type of ID; if non, write none):
Home Phone:	Cell Phone/Other:	Primary Language: If primary language is not English, please list any family members who speak English
Method of Transportation: If personal vehicle-plate #/State (for security purposes only)		

INFORMATION ABOUT INDIVIDUAL FAMILY MEMBERS (for additional names, use back of page)

Name (Last, First)	Age	Gender (M/F)	Rm./Cot #	Arrival Date	Departure Date	Departing? Relocation address and phone

Are you required by law to register with any state or local government agency for any reason?

Yes No If yes, please ask to speak to the shelter manager immediately.

I acknowledge that I have read/been read and understand the Red Cross shelter rules and agree to abide by them.

Signature _____ Date: _____

CONFIDENTIALITY STATEMENT

American Red Cross generally will not share personal information that you have provided to them with others without your agreement. In some circumstances disclosure could be required by law or the Red Cross could determine that disclosure would protect the health or well-being of its clients, others, or the community, regardless of your preference.

Below, please initial if you agree to release information to other disaster relief, voluntary or non-profit organizations and/or government agencies providing disaster relief.

I agree to release my information to other disaster relief, voluntary or non-profit organizations _____
I agree to release my information to governmental agencies providing disaster relief _____

By signing here, I acknowledge that I have read the confidentiality statement and understand it.

Signature _____ Date: _____

Shelter Worker Signature _____

After registration, each family should go through the Shelter Initial Intake Form to determine if further assistance or accommodation is needed.

CRUZ ROJA AMERICANA
FORMULARIO DE
INSCRIPCIÓN EN EL REFUGIO

Núm. y nombre del incidente/desastre: _____

Nombre del refugio: _____

Escribir en letra de imprenta.

Ciudad, condado/diócesis, estado donde se encuentra el refugio: _____

Apellido del grupo familiar:		Núm. total de familiares inscriptos:
		Núm. total de familiares en el refugio:
Domicilio antes del desastre (ciudad/estado/código postal):	Domicilio después del desastre (si fuera diferente) (ciudad/estado/código postal):	Identificación verificada por: (anotar tipo de documento de identidad; si no se presentara documento, indicar "ninguno")
Teléfono de la casa:	Teléfono celular/otro:	Idioma principal: (Si el idioma principal no es el inglés, indique cuáles miembros de la familia hablan inglés.)
Medio de transporte: Si es un vehículo particular, indicar núm. de matrícula y estado: (para fines de seguridad únicamente)		

INFORMACIÓN DE CADA MIEMBRO DE LA FAMILIA (Utilice el dorso de esta hoja para incluir más nombres.)

Nombre y apellido	Edad	Sexo (M/F)	Nº de hab./catre	Fecha de ingreso	Fecha de salida	¿Se muda? Nueva dirección y teléfono

¿Tiene usted obligación legal de inscribirse ante algún organismo del gobierno local o estatal por algún motivo?
 Sí No En caso afirmativo, hable con el administrador del refugio de inmediato.

Declaro que he leído/me han leído y comprendo las normas del refugio de la Cruz Roja y me comprometo a cumplirlas.

Firma: _____ Fecha: _____
 (mes/día/año)

DECLARACIÓN DE CONFIDENCIALIDAD
 En general, la Cruz Roja Americana no revela a terceros, sin su consentimiento, la información personal que usted le brinda. En algunos casos, es posible que su divulgación sea obligatoria conforme a la ley. En otros casos, la Cruz Roja podría determinar que su divulgación protegería la salud o el bienestar de sus clientes, otras personas, o la comunidad, a pesar de la preferencia que usted indique.
 Por favor, firme con sus iniciales a continuación si acepta dar a conocer sus datos a otras organizaciones de socorro de voluntarios o sin fines de lucro, y/o entidades gubernamentales que ofrecen socorro en casos de desastre.

Acepto suministrar mi información a otras organizaciones de voluntarios o sin fines de lucro que ofrecen socorro en casos de desastre. _____

Acepto suministrar mi información a organismos del gobierno que ofrecen socorro en casos de desastre. _____

Al firmar el presente, reconozco que he leído esta declaración de confidencialidad y comprendo sus términos.

Firma: _____ Fecha: _____
 (mes/día/año)

Firma del trabajador del refugio: _____

Luego de la inscripción, cada familia debe llenar el formulario de admisión inicial en el refugio para determinar si necesitará asistencia adicional o alojamiento.

Para uso exclusivo de la Cruz Roja		Formulario 5972 Rev. 02/07
Distribución de ejemplares		
1. Archivo de registros en el refugio - Atención masiva	2. Gestión de información (ingreso de datos)	3. Cliente (a pedido)

ARC Instructions for Use of Form

This form is to be used when there is no internet connectivity available at the time of contact with someone *within* the disaster area wishing to communicate with someone *outside* the disaster area or as a first step to reunite persons who have been separated as a result of the disaster. Upon completion of the form, it should be taken to the nearest location for data entry into the Safe and Well database and shall be retained by the affected Chapter following data entry.

“Have you contacted your family or loved ones?”

The American Red Cross can assist you in communicating to your loved ones that you are safe and well. By completing this form, we can register you on the American Red Cross Safe and Well Website by using standard messaging that will ensure your privacy. Once registered, your loved one can search this site and be assured that you are safe and well. If you have loved ones who may be concerned about your welfare, complete the information below in as much detail as possible and sign the privacy statement.

CLIENT INFORMATION

FIRST NAME		LAST NAME	
EMAIL ADDRESS			DOB

PRE-DISASTER HOME INFORMATION

HOME PHONE	WORK PHONE	CELL PHONE	
HOME ADDRESS	CITY	STATE	ZIP

BEST CURRENT CONTACT INFORMATION

BEST PHONE	WORK PHONE	CELL PHONE	
ADDRESS	CITY	STATE	ZIP

MESSAGE (Check boxes next to the appropriate messages to make your selections)

- | | |
|--|--|
| <input type="checkbox"/> I am safe and well
<input type="checkbox"/> Family and I are safe and well
<input type="checkbox"/> Currently at shelter
<input type="checkbox"/> Currently at home
<input type="checkbox"/> Currently at friend/family member/neighbor’s house | <input type="checkbox"/> Currently at a hotel
<input type="checkbox"/> Will make phone calls when able
<input type="checkbox"/> Will email when able
<input type="checkbox"/> Will mail letter/postcard when able |
|--|--|

Privacy Statement

The American Red Cross Safe and Well Website provides a method for persons affected by a disaster to enter personal information regarding their general welfare in the “List Myself as Safe and Well” section of the website. The American Red Cross is committed to protecting the privacy needs of children. Children under the age of 13 should not enter personal information into this website without adult supervision.

The information collected on this website includes first and last name, home address and telephone number, current city and state, name of the disaster, and the status of the person’s welfare. Certain optional information, including date of birth, email address, and current address and telephone number, may also be entered. Because persons self-register on this website, the Red Cross cannot verify the accuracy of the information entered nor accept any responsibility for inaccurate information. The information entered in the Safe and Well Website will be maintained for one year.

By signing below I acknowledge that I have read and accept the terms of the Privacy Statement listed above and I consent to my name and welfare status being posted on the Safe and Well Website.

X _____
 Signature (Required for listing on Safe and Well) _____ Date _____

For ARC Use Only

Date and time entered in www.SafeandWell.org	Location	Print Name or Enter DSHR No.
--	----------	------------------------------

**American Red Cross
Excess Resource Inventory**

Disaster Relief Operation

The following resources are no longer needed by this site and are declared excess. As declared excess, the listed resources are being returned to owner, transferred to another site or agency, donated or destroyed as indicated below.

Site Information							
Reporting site:		DR #:		Date:		Report #:	
Site Address:							
Location of resource or material (if different than reporting site)							
Excess Resource Inventory							
Item	Make	Model	Serial Number	Quantity	Condition		
					Good	Fair	Unusable

Item	Make	Model	Serial Number	Quantity	Condition		
					Good	Fair	Unusable
Final Disposition of Excess Resource:		<input type="checkbox"/> Returned <input type="checkbox"/> Transferred <input type="checkbox"/> Donated <input type="checkbox"/> Destroyed	Provide remarks as to whom resource was returned, transferred or donated to. If destroyed briefly explain why and where resource was destroyed.				
Additional Remarks:							
Logistics Chief or Deputy Shelter Manager	Name:		Signature:				
Shelter Manager	Name:		Signature:				

This is to certify that the _____
controlled, owned, or operated by _____,
and used temporarily by the American Red Cross, DR# _____
as an emergency disaster facility from _____ to _____ is hereby returned by the
(date) (date)
American Red Cross to _____ in a satisfactory
condition, less the following deficiencies:

Signature of Owner/Operator

Signature of American Red Cross Representative

Date

Date

SHELTER AFTER ACTION/CORRECTIVE ACTION (AA/CA) REPORT			
INFORMATION			
Location of Shelter:		Name of Shelter Manager:	
Date Shelter Opened:		Date Shelter Closed:	
Report Completed By:		Date Report Completed:	
SHELTER EVALUATION			
MANAGEMENT (Shelter Manager, PIO, Security, Safety, Liaison, etc.)			
Overall Assessment of Function (please check one)	Satisfactory		Needs Improvement
Please briefly describe improvements needed:			
Planning			
Training			
Personnel			
Equipment			
Facilities			
OPERATIONS (Registration, Shelter Ops, Medical/Mental Health, etc.)			
Overall Assessment of Function (check one)	Satisfactory		Needs Improvement
Please briefly describe improvements needed:			
Planning			
Training			
Personnel			
Equipment			
Facilities			

PLANNING/INTELLIGENCE (Situation Analysis, Documentation, GIS, etc)		
Overall Assessment of Function (check one)	Satisfactory	Needs Improvement
Please briefly describe improvements needed:		
Planning		
Training		
Personnel		
Equipment		
Facilities		
LOGISTICS (Services, Support, Facilities, etc.)		
Overall Assessment of Function (check one)	Satisfactory	Needs Improvement
Please briefly describe improvements needed:		
Planning		
Training		
Personnel		
Equipment		
Facilities		
FINANCE/ADMIN (Costs, Claims, Time, Purchase Orders, etc.)		
Overall Assessment of Function (check one)	Satisfactory	Needs Improvement
Please briefly describe improvements needed:		
Planning		
Training		
Personnel		
Equipment		
Facilities		

AFTER ACTION/CORRECTIVE ACTION REPORT QUESTIONNAIRE

Question	Yes	No	Comments
1. Were shelter procedures utilized during shelter activation?			
2. Was an adjacent pet shelter established?			
3. Was an EOC activated?			
4. Was there regular communication with the EOC?			
5. Was shelter information coordinated with the City and/or County Public Information Officer on a regular basis?			
6. Were shelter briefings given to staff on a regular basis?			
7. Were shelter briefings given to shelter residents on a regular basis?			
8. Were functional needs identified and mitigated?			
9. Were sign-in and out procedures followed by staff and shelter residents?			
10. Was a phone bank established?			
11. Were Internet stations established and was Safe and Well utilized?			
12. Was communications and interoperability an issue?			

Additional Questions

1. What actions were taken in response to the activation of the shelter? Include such things as mutual aid and statistics on number of personnel, equipment and other resources.

2. Was there any part of SEMS/NIMS that did not work during the activation and management of the shelter?

3. As a result of your response, did you identify any changes needed in your plans or procedures? Please provide a brief explanation.

4. Please identify any specific areas needing training and guidance.

5. If applicable, what recovery activities have you conducted to date?

NARRATIVE

Use this section for additional comments. Identify issues, recommended solutions to issues, and agencies that might be involved in implementing these recommendations.

APPENDIX B

Shelter Rules

Shelter Rules

1. Do not attempt to enter areas marked as RESTRICTED.
2. Keep your valuables with you at all times.
3. Keep quiet around established QUIET AREAS and SLEEPING AREAS.
4. Respect established lights out time.
5. Cell phone usage must not violate quiet area and lights out rules.
6. Keep noise levels at a minimum.
7. Phones or computers provided by the shelter shall not be used for more than 15 minutes at a time.
8. No smoking is allowed in the shelter. Designated smoking areas will be established outdoors.
9. Use SIGN IN and SIGN OUT form when entering or leaving the shelter.
10. Acceptable shelter behavior includes:
 - no foul language
 - no abusive conduct
 - no stealing or destruction of property
 - be respectful toward staff and the shelter population
11. No meals allowed in the SLEEPING AREA.
12. Children must be accompanied by an adult at all times.
13. No weapons are allowed in the shelter; including but not limited to, firearms and knives. See shelter management for additional information or concerns.
14. No pets are allowed in the shelter; however, service animals are permitted.

APPENDIX C

Shelter Signs

Shelter Closing Notification Sign (Post 24-hour Prior to Closing)	102
Shelter Closing Notification Sign (Final Notice – Post After Closing) .	103
Register Here Sign	104
Nursing Station Sign.....	105
Restrooms Sign.....	106
Quiet Area Sign	107
Register Here for Safe and Well Sign	108
Phones Sign	109
Computers Sign	110
Service Animals	111
Please Sign In and Out Sign	112
Resources / Information Sign	113
Handicap Sign	114
Arrows Signs	115

SHELTER CLOSING NOTIFICATION

(Initial notice – Must be posted 24 hours PRIOR to closure of shelter

**The following is an important message to local
disaster victims from the City/County of**

_____. **The City/County will
close its disaster relief shelter located at:**

_____ on _____.

**If you are a disaster victim and need local
assistance, please go to the shelter prior to its
closing date and time listed above.**

SHELTER CLOSING NOTIFICATION

(Final notice – Must be posted after closure of shelter)

The following is an important message to local disaster victims from the City/County of _____. The City/County has closed its disaster relief shelter located at: _____. Those who need assistance should contact the Red Cross at: (800) 951-5600.



Register Here!

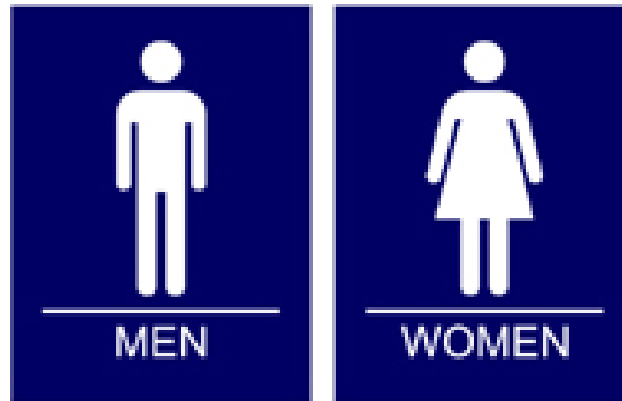


Nursing Station





Restrooms





Quiet Area



Register Here for Safe & Well



Phones





Computers





SERVICE ANIMAL

“Service animal 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” (American Disabilities Act of 1990 (42 U.S.C. 12181))



Please Sign In and Out



Resources & Information

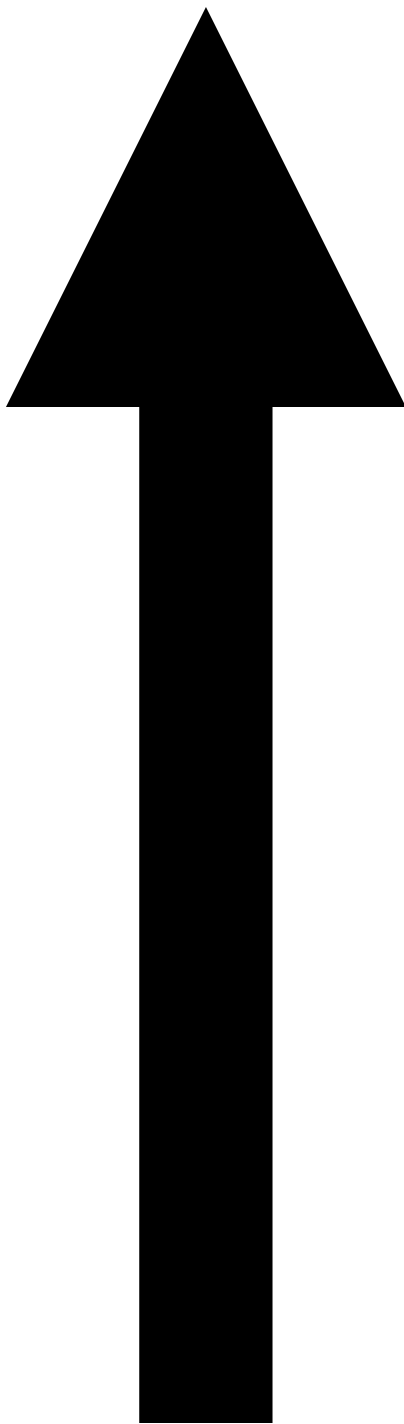


**American
Red Cross**
Riverside County Chapter









APPENDIX D

Shelter Logistics Supplies

100 UNIT SHELTER INVENTORY LIST		
Recommended Items (Overview of Shelter Supplies)	Amt	On Hand
Cots (regular)	90	
Cots (assessable - oversized)	10	
Blankets (2 per person)	200	
*Kits (kits are itemized below)		
Administration kit (office supplies and forms)	1	
Canteen kit	1	
Comfort kit (1 per person)	100	
Entertainment kit	1	
Health services (Medical/Nursing) kit	1	
Sanitation Kit		
Resources CD	1	
Other Supplies to Consider		
Tool kit*	1	
Trash cans, large (administration, canteen, medical, restrooms)	1	
Administrative Kit (Office Supplies)	Amt	On Hand
Calculator	1	
Envelopes (medium; clasp)	25	
File folders (50 per box)	1	
Newsprint sheets (tube)	5	
Paper clips (100 per unit)	3	
Paper, writing pads (misc sizes)	24	
Pencils with erasers (12 per box)	1	
Pens, ball point pen (12 per box)	3	
Phone message book	1	
Rubber bands (package)	1	
Ruler	1	
Scissors	1	
Stapler and staples boxes (5000 per box)	3	
Sticky notes (misc. sizes and colors)	12	
Tape, duct (roll)	1	
Tape, masking (roll)	1	
Tape, scotch with plastic dispenser	3	
Volunteer ID	50	
Other Supplies to Consider for Administrative Kit		
Binder clips (boxes)	5	
Clipboards, legal size	10	
Clock (battery or spring wound)	1	
Easels to hold signs	4	
Extension cord, heavy duty	3	
Felt-tip markers (broad)	1	
Identity wrist bands (different colors)	200	

Other Supplies to Consider for Administrative Kit (cont.)		
Magnifying glass	3	
Map of area	1	
Megaphone	1	
Paper towels (canteen, medical, restrooms)	3	
Paper, copier (ream of 500)	1	
Pencil sharpener, manual	2	
Staple remover	3	
Telephone book of local area	1	
TTY equipment	1	
Walkie talkies for staff	4	
Whistle (with lanyards)	3	
Administrative Kit (Forms)	Amt	On Hand
Daily Shelter Log	50	
Daily Shelter Report	30	
DIS Form #1492 DRO Reg for DSHR Members	50	
Disclosure Tracking Form	5	
Disclosure Tracking Form Connection	2	
Excess Resource Inventory Form	2	
Facility/Shelter Opening Checklist Form	5	
Field ID Kit Box #4213	3	
Initial Intake and Assessment Tool	150	
Initial Intake and Assessment Tool Instructions	4	
MC Resources Form #6455	50	
Release of Facility Form	2	
Shelter Agreement Form	3	
Shelter Facility Survey Form #6564	3	
Shelter Info Poster Kit #P906	1	
Shelter Registration (Spanish) Form #5972S	100	
Shelter Registration Form #5972	150	
Sign-in/out sheets (Residents, Staff, Visitor)	25	
Staff Request Form #6512	25	
Supply Requisition Form #6409	50	
Canteen Kit	Amt	On Hand
Can opener (manual)	1	
Coffee – regular & decaffeinated (enough for 500 servings)	500	
Coffee filters (box)	1	
Coffee maker (50 cups)	1	
Creamer – non dairy (container)	4	
Disposable food prep gloves (box of 500)	1	
Drink cambro (5 gallon)	2	
Forks, spoons, knives (200 each)	200	
Garbage bags (32 gallon)	100	
Hot/cold cups	3000	

Canteen Kit (cont.)		Amt	On Hand
	Napkins	1000	
	Plates	300	
	Stirrers (box of 1000)	1	
	Sugar – regular, Equal/Sweet ‘N Low/Splenda (each)	1000	
	Water bottles (16.9 fl. Oz each)	500	
Other Supplies to Consider for Canteen Kit			
	Aluminum foil (roll)	1	
	Baby bottles	20	
	Baby formula – regular and soy-based (1 container ea)	2	
	Bowls, disposable	300	
	Emergency food packets (extended shelf life)		
	Food – non-perishable (each)	500	
	Food prep utensils (1 ea of knife, spoon, spatula, ladle, tongs)	1	
	Gatorade – for dehydration issues (bottles)	50	
	Hot cocoa (servings each)	100	
	Hot tea (servings each)	100	
	Pet food for service animals (bag)	1	
	Plastic wrap (roll)	1	
	Portable stove	1	
	Pots (for boiling water)	2	
	Powdered milk (regular)	1	
	Powdered milk (soy)	1	
	Soap (dish washing)	1	
	Sponges or dish cloths	10	
	Tea bags (servings each)	100	
	Water filter	4	
	Water purifier (1 bottle treats 50 gallons)	5	
	Waterproof matches (boxes)	3	
Comfort Kit		Amt	On Hand
	Chapstick (tubes)	100	
	Cleansing towelettes (each)	1000	
	Cotton swabs (100 per box)	1	
	Dental floss (each)	100	
	Denture cleaner tablets (approx 60 box)	5	
	Deodorant (1.5 oz.)	100	
	Hair brush and 8” combs (each)	100	
	Lotion (2 oz. bottles)	100	
	Plastic ziplock bags (re-sealable to hold comfort items)	100	
	Razors – disposable and shaving cream (2 oz.) - each	100	
	Shampoo (8 oz.)	100	
	Soap (3.5 oz.)	100	
	Toothbrush (with holder)	100	
	Toothpaste (8.5 oz.)	100	
	Towels & washcloths (each)	100	

Entertainment Kit		Amt	On Hand
	Activity books (all ages)	10	
	Cards	12	
	Coloring books and colored pencil set (crayons will melt)	12	
	DVDs/videos	6	
Sanitation Kit		Amt	On Hand
	Disinfectant (bottle)	1	
	Face masks, disposable (boxes)	5	
	Facial tissue (boxes)	10	
	Gloves (100 count sterile gloves – can be used for medical)	1	
	Toilet paper rolls	10	
	Trash bags – feminine hygiene and diaper/depends (100 bag box)	1	
Other Supplies to Consider for Functional Needs Support Services (FNSS)			
	Raised toilet seats	2	
	Shower chairs	2	
	Toilet chairs	2	
Health Services Kit – Medical/Nursing		Amt	On Hand
	Acetaminophen tablet, children’s chewable (box)	1	
	Acetaminophen tablets, 325mg (bottle of 100)	1	
	Allergy medicine (non-drowsy Claritin & regular Benadryl) 1 ea	2	
	Antacid liquid – Mylanta (bottle)	1	
	Antacid tablets – Tums (box)	1	
	Anti-diarrhea medication (bottle)	1	
	Aspirin – 80 mg and 325 mg (1 bottle ea with 100 tablets)	2	
	BLS First Aid Kit – kit should include:	1	
	Alcohol wipes	10	
	Abdominal pads (5” x 9”)	2	
	Adhesive bandages (1” x 3”)	16	
	Antibiotic ointment, triple (4 oz)	1	
	Band-aids, strips various sizes (box)	1	
	Bee sting kit	1	
	Blood pressure/stethoscope kit (1 ea pediatric, regular, XL)	3	
	Cold packs	2	
	CPR mask	1	
	Disposable airway kit	1	
	Eye pads	4	
	Eye wash, sterile (bottle)	1	
	Gauze rolls (1” x 6 yards)	2	
	Gauze rolls (4”)	2	
	Glucose, instant (tube)	6	
	Medical exam gloves (pair)	5	
	Scissors – bandage and shears (1 ea)	2	
	Space blanket	1	

Health Services Kit – Medical/Nursing (cont.)		Amt	On Hand
	Splints	2	
	Sterile dressings (3" x 3")	10	
	Sterile dressings (4" x 4")	20	
	Trauma dressing (12" x 30")	1	
	Triangular bandages	2	
	Waterproof tape (1" width) and (1/2" width) each	1	
	Iodine wipes/swabs	10	
	Caladryl lotion (bottle or 25/pkg)	1	
	Contact lens cleaner (bottle)	1	
	Cotton-tipped sterile applicators		
	Depends (boxes)	5	
	Diapers (disposable; different sizes – boxes)	5	
	Disinfectant wipes		
	Electrolyte tablets (50/pkg)	2	
	Feminine hygiene supplies (tampons, pads – boxes)	5	
	Ibuprofen, 200mg	100	
	Ipecac syrup, 1oz	1	
	Medication storage box	1	
	Petroleum jelly (individual packets)	100	
	Pseudoephedrine, tablet, 30mg	24	
	Saline solution, soft pack, 250cc	2	
	Salt packet	15	
	Sunscreen, paba free, SPF-15 (bottle)	1	
	Thermometer, oral (blue or battery hand held)	4	
	Throat lozenges (2/packet)	100	
	Tongue blades	20	
	Tweezers	1	
Other Supplies to Consider for Health Services Kit			
	A&D ointment (individual packets)	10	
	Activated charcoal (poison control measure)	1	
	Automatic external defibrillator (AED)	1	
	Burn cream/spray	1	
	Cot (accessible with waterproof mattress)	1	
	Cot (regular with waterproof mattress)	2	
	Crutches (various sizes)	1	
	Diaper rash ointment	1	
	Emesis basin	1	
	Ensure for non diabetics, also supplement for diabetics	various	
	Ibuprofen liquid	1	
	Laxatives/stool softeners (Milk of Magnesia, Colace and Senokot (Natural and OTC)		
	Measuring cups and syringes	various	
	Pacifier	6	
	Pedialyte	6	
	Sharps container (11 gallon)	1	

Other Supplies to Consider for Health Services Kit (cont.)		
Smelling salts	4	
Snake bite kit	1	
Wheelchairs (multiple sizes)	various	
Tool Kit	Amt	On Hand
Multi-functional tool (screwdriver, pliers, scissors, knife, etc)	1	
Safety glasses	2	
Work gloves	2	
Other Supplies to Consider for Tool Kit		
Bleach (canteen, restrooms)	1	
Broom and dustpan	1	
Caution tape (roll)	1	
Child safety plugs (pkgs)	5	
Disinfecting cleaner	1	
Duct tape	1	
Emergency generator	1	
Emergency poncho (for shelter staff)	10	
Fire extinguisher (A-B-C Type) (administrative, canteen)	2	
Flash lights & batteries	4	
Folding shovel	1	
Gloves, disposable, non-latex only) (medical, sanitation)	1	
Hand sanitizer (canteen, medical, sanitation)	3	
Mop & bucket	1	
Multi-functional tool (hammer, axe, wedge, pick)	1	
Nails (assorted box)	1	
Plastic sheeting roll	1	
Portable heater	1	
Radio with batteries	1	
Rope (1/2")	1	
Safety cones	4	
Safety vests (shelter staff)	2	

APPENDIX E

Resources

Resources

Agencies are encouraged to identify additional resources in their own community through personal contact, networking, survey and outreach. The resource list below is alphabetized by category.

Animal Services

Animal Services is activated through the City and/or County EOC

Name of Resource	Location Served
Animal Friends of the Valley (951) 674-0618 or (951) 471-8344 www.animalfriendsofthevalleys.com/	Canyon Lake, Lake Elsinore, Menifee, Murrieta, Temecula
Ramona Humane Society (951) 654-8002	Several unincorporated areas
Riverside County Animal Control (888) 636-7387 www.rcdas.org/	Unincorporated Riverside County and some cities
Riverside Emergency Animal Rescue Services (REARS) (Riverside County Animal Control is lead agency) (951) 358-7387 www.rcrears.com/	Countywide

Disaster Relief Services

Name of Resource	Location Served
Adventist Community Services (ACS) USA Riverside County Locations: (909) 795-0313 Calimesa; (951) 689-5220 Riverside (951) 278-8802 Norco, (951) 354-7095 Riverside Receives, processes, and distributes donations, provides mobile distribution units filled with bedding and packaged clothing that is pre-sorted, provides emergency food and counseling and participates in the cooperative disaster child care program.	Worldwide

Name of Resource	Location Served
<p>American Red Cross (888) 831-0031 (Riverside County Chapter) www.riversidecounty.redcross.org</p> <p>(800) Red-Cross www.redcross.org Fixed/mobile feeding stations, sheltering, cleaning supplies, comfort kits, first aid, food, clothing, rent, home repairs, household items, and medical supplies.</p>	Worldwide
<p>Ananda Marga Universal Relief Team (AMURT) http://www.amurt.net/ Renders immediate medical care, food and clothing distribution, stress management, and community and social services. AMURT also provides long-term development assistance and sustainable economic programs to help disaster-affected people.</p>	Worldwide
<p>Brethren Disaster Ministries (800) 451-4407 www.brethren.org/ Provides volunteers to clean up debris and to repair or rebuild homes.</p>	Worldwide
<p>Catholic Charities, Department of Relief Services (951) 689-1803 and (760) 342-0157 www.ccsbriv.org Emphasize ongoing and long-term recovery services for individuals and families, including temporary housing assistance for low income families, counseling programs for children and the elderly</p>	Worldwide
<p>Christian Disaster Response (DCR) (863) 967-4357 www.cdresponse.org/ Provides disaster assessments, fixed/mobile feeding facilities, and in-kind disaster relief supplies. CDR also coordinates and stockpiles the collection of donated goods through their regional centers.</p>	Worldwide

Name of Resource	Location Served
Christian Reformed World Relief Committee (800) 730-3490 www.crwrc.org/pages/crwrc.cfm Provides advocacy services to assist disaster victims in finding permanent, long-term solutions to their disaster-related problems, as well as housing repair and construction, needs assessment, clean-up, child care, and other recovery services.	Worldwide
Southern Baptist Disaster Relief (800) 634-2462 www.namb.net Provides mobile feeding units, childcare, clean-up, temporary repairs, reconstruction, counseling, translation.	Worldwide
The Salvation Army (951) 940-5790 www.riversidesalvationarmy.org Provides mass and mobile feeding, temporary shelter, counseling, medical assistance, and distribution of donated goods.	Worldwide

Health Services - Medical

This includes mobility equipment, specialized hearing assistance equipment and medical supplies such as prescription drugs and first aid materials.

A. Mobility Devices

Name of Resource	Location Served
Action Mobility and Medical Supply (800) 601-2109 (951) 679-4688 (951) 929-1055	Countywide
Corona and Riverside Medical Supply Company (951) 735-7677 (951) 343-0428 www.riverside-medicalsupply.com/	Countywide

Name of Resource	Location Served
Gallant Medical Supply (951) 672-4965 www.gallantmedicalsupply.com/	Countywide
Medi-Source Equipment and Supply (760) 365-6390	Countywide
Southland Medical Supplies, Inc (951) 699-6334 (800) 456-6334	Countywide

B. Pharmacies

Name of Resource	Location Served
Costco www.costco.com/	Statewide
CVS www.cvs.com	Statewide
Long's Drugs www.longs.com	Statewide
Rite-Aid www.riteaid.com	Statewide
Sam's Club www.samsclub.com	Statewide
Target www.target.com	Statewide
Walgreens www.walgreens.com	Statewide
Wal-Mart www.walmart.com	Statewide

Health Services - Mental

Name of Resource	Location Served
Caritas Counseling Services Diocese of San Bernardino (951) 801-5282 (760) 449-7877 www.ccsbriv.org	Countywide
Crisis Hotline (24hr) (800) 706-7500	Countywide
Family Service Association (951) 686-3706 www.familyservicerivca.org	Countywide
Riverside County Department of Mental Health (800) 706-7500 http://rcdmh.org/opencms	Countywide
Trauma Intervention Program of Coachella Valley (volunteer counselors) (760) 866-0648 www.tipnational.org	Coachella Valley
Trauma Intervention Program of Southwest County Volunteer Counselors (951) 698-2453 www.tipnational.org	Southwest County

Homeless Services

Name of Resource	Location Served
Catholic Charities (951) 689-1803 and (760) 342-0157 www.ccsbriv.org	Countywide
Riverside County Department of Public Social Services Homeless Programs Unit (951) 358-5637 http://dpss.co.riverside.ca.us/	Countywide

Name of Resource	Location Served
Salvation Army (951) 940-5790 Riverside Salvation Army	Countywide

Language Translation

Name of Resource	Location Served
AT&T Language Services (831) 648-7582	Nationwide
Name of Resource	Location Served
Fluent Language Solutions (888) 225-6056	Countywide
Lifesigns Interpreting Services for the Deaf (888) 930-7776 www.lifesignsinc.org	Statewide
RISE Interpreting, Inc (951) 565-4422 http://www.riseinterpreting.com/	Countywide
Riverside County Office of Education (951) 826-6530 www.rcoe.k12.ca.us	Countywide
Translators, Inc. (888) 770-6075 www.translators.com	Countywide
VSP Charity Program – Sight for Students (888) 290-4964 www.sightforstudents.org/	Countywide
Worldwide Interpreters (866) 967-5313 www.e-wwi.com/	Worldwide

Legal Services

Name of Resource	Location Served
Inland Counties Legal Services (951) 368-2555 (760) 342-1591 www.inlandlegal.org	Countywide

Referral and Miscellaneous Services

Name of Resource	Location Served
211 Riverside County (Referral service) 2-1-1 or (800) 464-1123 www.211riversidecounty.org	Countywide
Alzheimer's Association (800) 272-3900 www.alz.org/	Nationwide
California Insurance Dept (800) 927-4357 www.insurance.ca.gov/	Statewide
California Kids (818) 755-9700 www.californiakids.org/	Statewide
California Office of Family Planning (perinatal services) (800) 942-1054 http://www.cdph.ca.gov/programs/ofp	Statewide
Caregiver Resource Services (800) 675-6694 www.californiacrc.org	Statewide
Community Access Center (Independent Living Center) 951-274-0358 http://www.ilcac.org/	Countywide

Name of Resource	Location Served
County Med. Svcs Program for Medically Indigent Adults (916) 649-2631 www.cmspcounties.org/	Statewide
Family Service Association (human services, child development, housing and senior services) (951) 686-3706 www.familyservicerivca.org	Countywide
Food Stamp Program and California Food Assistance Program (800) 221-5689 www.fns.usda.gov/FSP	Statewide
Healthy Families (low cost health, dental and vision) 800-880-5305 www.healthyfamilies.ca.gov	Statewide
Healthy Kids (low cost health, dental and vision) (866) 294-4347 www.californiahealthykids.org	Statewide
HICAP (Counseling about Medicare & other issues) (800) 434-0222 (951) 697-6565 (Riverside County area) www.cahealthadvocates.org/HICAP	Statewide
Long Term Care Ombudsman (951) 686-4402 (800) 464-1123 www.vcrivco.org/ombudsman.html	Countywide
Medicare (800) 633-4227 www.medicare.gov/	Nationwide
Next of Kin Registry (NOKR) International Emergency Contact System (951) 699-8700 (800) 915-5413 Emergency Phone Registration www.nokr.org/	International

Name of Resource	Location Served
Riverside County Department of Public Social Services (951) 358-3000 http://dpss.co.riverside.ca.us/	Countywide
Riverside County DPSS In Home Support Services (888) 960-4477 http://dpss.co.riverside.ca.us/AdultServices.aspx	Countywide
Riverside County Office on Aging (Referral) (800) 510-2020 www.rcaging.org/opencms/Programs_Services/index.html	Countywide
Riverside County Veterans Service (951) 955-6050 http://veteranservices.co.riverside.ca.us/Office_Locations.htm	Countywide
Safe & Well List (loved ones can search for messages) (800) 733-2762 https://disastersafe.redcross.org/	Worldwide
Voluntary Organizations Active in Disaster (VOAD) (888) 831-0031 www.calvoad.org/cc_voad_socal.html	Countywide
Voluntary Organizations Active in Disaster (VOAD) – National (703) 778-5088 http://www.nvoad.org/	Nationwide
Volunteer Center of Riverside County (951) 686-4402 www.vcrivco.org	Countywide
WIC Women, Infants and Children Supplemental Nutrition (888) 942-9675 www.fns.usda.gov/wic/	Nationwide

Transportation

Name of Resource	Location Served
Enterprise Van Pools (800) 826-4967	Countywide

Name of Resource	Location Served
Handicapped Citizens Transportation (951) 687-8080	Countywide
Riverside Transit Agency (800) 800-7821 www.riversidetransit.com	West County
School District Buses Contact your local school districts	Countywide
SunLine Transit Agency (760) 323-4508 www.sunline.org	East County

APPENDIX F

Personal Preparedness for Disaster Service Workers

Personal Preparedness for Disaster Service Workers

Each person needs to be responsible for his or her own personal disaster preparedness. As disaster service workers, City and/or County employees should have a personal and family preparedness plan in place. Individual preparedness includes:

- An evacuation plan.
- An out-of-area contact person.
- Enough emergency supplies to last 7 to 10 days at home. These should include:
 - A complete change of clothing and footwear
 - Sturdy shoes or work boots
 - Rain gear
 - Blankets or sleeping bags
 - Hats and gloves
 - Thermal underwear
 - Flashlight and extra batteries
 - Mess kit, or paper cups, plates and plastic utensils
 - Cash, traveler's checks, change
 - Non-electric can opener, utility knife
 - Tent
 - Pliers and tape
 - Matches in waterproof container
 - Aluminum foil
 - Paper, pencil
 - Needles, thread
 - Medicine dropper
 - Shut-off wrench for gas and water
 - Plastic sheeting
 - Map of area
 - Battery operated radio and extra batteries
 - Whistle
 - Plastic garbage bags, ties
 - Plastic bucket with tight lid
 - Disinfectant
 - Household chlorine bleach or bleach tablets
 - Hand sanitizer
 - One gallon of water per person per day
 - Ready-to-eat canned meats, fruits and vegetables
 - Canned juices, mild, soup
 - High energy foods such as peanut butter, jelly, crackers, granola bars, etc.
 - Vitamins
 - Comfort foods such as cookies, hard candy, sweetened cereals, etc.
 - Medications – both prescription and non-prescription
 - Extra eyeglasses
 - Important family documents
 - Entertainment –books and games
 - Supplies for infant, elderly or disabled.

APPENDIX G

Demographics

Riverside County Population Demographics	138
Riverside County Homeless Demographics.....	139
Riverside County Senior Demographics	143

2009 Riverside County Population Demographics

County/City	Population
Banning	28,457
Beaumont	32,403
Blythe	21,329
Calimesa	7,498
Canyon Lake	11,128
Cathedral City	52,447
Coachella	41,000
Corona	148,597
Desert Hot Springs	26,552
Hemet	74,361
Indian Wells	5,093
Indio	82,230
Lake Elsinore	50,267
La Quinta	43,778
Menifee	67,705
Moreno Valley	186,301
Murrieta	100,714
Norco	27,160
Palm Desert	51,509
Palm Springs	47,601
Perris	54,323
Rancho Mirage	17,180
Riverside	300,430
San Jacinto	36,477
Temecula	102,604
Wildomar	31,321
Unincorporated Area	459,188
Total Population	2,107,653

*Source: California Department of Finance – January 1, 2009

2009 Riverside County Homeless Demographics

Count Locations	2009 Count Totals
Aguanga	0
Anza	0
Arabia	0
Banning	69
Beaumont	38
Belltown	23
Bermuda Dunes	0
Blythe	133
Cabazon	2
Cahulla	0
Calimesa	0
Canyon Lake	0
Cathedral City	83
Cherry Valley	0
Chiriaco Summit	0
Coachella	19
Corona	127
Cottonwood Springs	0
Desert Beach	0
Desert Center	0
Desert Haven	7
Desert Hot Springs	127
Eagle Mountain	0
East Hemet	0
Eastvale	0
Eden Hot Springs	0
Flowing Wells	0
Garner Valley	0
Garnet	0
Gilman Hot Springs	0
Glen Avon	0
Glen Valley	0

Count Locations	2009 Count Totals
Good Hope	0
Green Acres	1
Hemet	172
High Grove	2
Home Gardens	0
Homeland	0
Idyllwild	3
Indian Wells	0
Indio	572
Indio Hills	1
Juniper Flats	0
Jurupa	0
Lake Elsinore	68
Lakeland Village	5
Lake Matthews	0
Lake Riverside	0
Lakeview	0
La Quinta	1
March Air Force Base*	249
Mead Valley	4
Mecca	414
Menifee	2
Mesa Verde	0
Midland	2
Mira Loma	1
Moreno Valley	28
Mountains (nonspecific areas)	17
Mountain Center	0
Murrieta	5
Murrieta Hot Springs	0
Nicholls Warm Springs	0
Norco	3
North Palm Springs	1

Count Locations	2009 Count Totals
North Shore	0
Nuevo	0
Orangecrest	0
Painted Hills	0
Palm Desert	38
Palm Springs	203
Pedley	0
Perris	146
Pine Cove	0
Pinyon Pines	1
Poppet Flats	0
Quail Valley	0
Rancho California	0
Rancho Mirage	3
Ripley	0
Riverside	632
Romoland	0
Rubidoux	10
Salton	0
San Geronio	0
San Jacinto	11
Sedco Hills	0
Sky Valley	0
Soboba Hot Springs	0
Sun City	27
Sunnyslope	0
Temecula	69
Thermal	0
Thousand Palms	8
Twin Pines	0
Valerie	0
Valle Vista	2
White Water	0

Count Locations	2009 Count Totals
Wildomar	36
Winchester	1
Woodcrest	0
Grand Total	3,366

Source: County of Riverside, 2009 Riverside County Homeless Count.

- March Air Force Base is home to several housing programs for homeless people.

Riverside County Senior Demographics

(Based on U.S. Census 2000)

PLACES	Total Population	Total Age 60+ Population	% Age 60 + of Total Population
Banning city, California	23562	7455	31.64%
Beaumont city, California	11384	1539	13.52%
Bermuda Dunes CDP, California	6229	1153	18.51%
Blythe city, California	12155	1652	13.59%
Cabazon CDP, California	2229	308	13.82%
Calimesa city, California	7139	2250	31.52%
Canyon Lake city, California	9952	2205	22.16%
Cathedral City, California	42647	6659	15.61%
Cherry Valley CDP, California	5891	2145	36.41%
Coachella city, California	22724	1631	7.18%
Corona city, California	124966	10288	8.23%
Desert Hot Springs city, California	16582	2334	14.08%
East Blythe CDP, California	3	1	33.33%
East Hemet CDP, California	14823	2389	16.12%
El Cerrito CDP, California	4590	524	11.42%
Glen Avon CDP, California	14853	2343	15.77%
Hemet city, California	58812	21924	37.28%
Highgrove CDP, California	3445	287	8.33%
Home Gardens CDP, California	9461	910	9.62%
Homeland CDP, California	3710	1333	35.93%
Idyllwild-Pine Cove	3504	907	25.88%
Indian Wells city, California	3816	2239	58.67%
Indio city, California	49116	5913	12.04%
Lake Elsinore city, California	28928	2624	9.07%
Lakeland Village CDP, California	5626	683	12.14%
Lakeview CDP, California	1619	206	12.72%
La Quinta city, California	23694	4356	18.38%
March AFB CDP, California	370	26	7.03%
Mecca CDP, California	5402	315	5.83%
Mira Loma CDP, California	17617	1534	8.71%

PLACES	Total Population	Total Age 60+ Population	% Age 60 + of Total Population
Moreno Valley city, California	142381	11252	7.90%
Murrieta city, California	44282	6475	14.62%
Murrieta Hot Springs	2948	1495	50.71%
Norco city, California	24157	2572	10.65%
Nuevo CDP, California	4135	625	15.11%
Palm Desert city, California	41155	14135	34.35%
Palm Springs city, California	42807	13970	32.63%
Pedley CDP, California	11207	1144	10.21%
Perris city, California	36189	3016	8.33%
Quail Valley CDP, California	1639	131	7.99%
Rancho Mirage city, California	13249	6946	52.43%
Riverside city, California	255166	30110	11.80%
Romoland CDP, California	2764	336	12.16%
Rubidoux CDP, California	29180	2691	9.22%
San Jacinto city, California	23779	4950	20.82%
Sedco Hills CDP, California	3078	569	18.49%
Sun City CDP, California	17773	10426	58.66%
Sunnyslope CDP, California	4437	487	10.98%
Temecula city, California	57716	5494	9.52%
Thousand Palms CDP, California	5120	1470	28.71%
Valle Vista CDP, California	10488	3827	36.49%
Wildomar CDP, California	14064	2443	17.37%
Winchester CDP, California	2155	424	19.68%
Woodcrest CDP, California	8342	1277	15.31%
Total	1,333,060	214,398	0.10%

This data is provided by Riverside County Office on Aging and is revised when the California Census data is updated. .

APPENDIX H

Acronyms

ACRONYMS

Acronym	Definition
ADA	Americans With Disability Act
AMURT	Anada Marga Universal Relief Team
APS	Adult Protective Services
ARES	Amateur Radio Emergency Services
ARC	American Red Cross
ASL	American Sign Language
CBO	Community Based Organization
CD	Computer Disc
CDP	Census Designated Place
CERT	Community Emergency Response Team
CPS	Child Protective Services
DMH	Disaster Mental Health
DPSS	Department of Public Social Services
DRO	Disaster Relief Office
DSW	Disaster Service Worker
DVCC	Donations and Volunteer Coordination Center
DWI	Disaster Welfare Inquiry
EMS	Emergency Medical System
EOC	Emergency Operations Center
FEMA	Federal Emergency Management Agency
HIV	Human Immunodeficiency Virus
HS	Health Services
HSPD	Homeland Security Presidential Directive
ICS	Incident Command System
ID	Identification
IHSS	In-Home Supportive Services
LAC	Local Assistance Center
LTRC	Long Term Recovery Committee

Acronym	Definition
MOU	Memorandum of Understanding
MRE	Meals Ready to Eat
MSSP	Multiple Senior Services Program
MVP	Medical Volunteer Program
NIMS	National Incident Management System
NOAA	National Oceanic and Atmospheric Administration
NOKR	Next of Kin Registry
NVOAD	National Voluntary Organizations Active in Disaster
OA	Operational Area
OPS	Operations
PIO	Public Information Officer
RACES	Radio Amateur Civil Emergency Services
REARS	Riverside Emergency Animal Rescue System
RSVP	Retired and Senior Volunteer Programs
RTA	Riverside Transit Agency
SBA	Small Business Administration
SEMS	Standardized Emergency Management System
SPCA	Society for the Prevention of Cruelty of Animals
SOP	Standard Operating Procedures
TDD	Telecommunications Device for the Deaf
TTY	Text Telephone
TV	Television
UJC	United Jewish Communities
USA	United States of America
USDA	United States Department of Agriculture
VAL	Voluntary Agency Liaison
VOAD	Voluntary Organization Active in Disasters
WIC	Women, Infants and Children

APPENDIX I

Definitions

DEFINITIONS

Subject	Definition
2-1-1 Riverside County	2-1-1 is a toll free number available 24 hours a day, seven days a week and is staffed by operators trained to provide callers with information and referrals for social services.
American Red Cross Safe and Well Program	This is a program that allows people to register themselves as “safe and well” following a disaster. Those affected by a disaster can visit the National American Red Cross website at https://disastersafe.redcross.org/ . They can select from a standard list of messages and communicate information to their family members, letting them know of their well-being.
Care Coordination	Office On Aging offers Care Coordination. Seniors and persons with disabilities wanting to live independently in the community often face many challenges due to increasing frailty, chronic medical conditions, functional disabilities, limited income, a stressed and overwhelmed family caregiver, depression from multiple losses, lack of knowledge of community resources and services, a limited support network, gaps in services, are among many factors that may limit their independence and ability to live safely in the community. Care Coordination services can offer a viable alternative to institutional care and provide seniors, persons with disabilities and family caregivers the opportunity to explore multiple community options for care in the home.
Community Based Organization	A nonprofit organization which works to serve the disadvantaged in the community in which it is located.
Go Kit	A kit that the shelteree is encouraged to bring with them to the shelter which includes blankets, a change of clothes, basic toiletries and prescription medications.
Jurisdiction	An entity within a certain geographical area. For purposes of this guidance, Riverside County is the geographical area.
Multiple Senior Services Program	A Medi-Cal Waiver program designed to meet the needs of frail Medi-Cal eligible seniors.
Mutual Aid	Mutual aid is the voluntary provision of services and facilities by agencies or organizations to assist each other when existing resources prove to be inadequate.

Subject	Definition
National Incident Management System (NIMS)	NIMS is a system mandated by Homeland Security Presidential Directive (HSPD) 5 that provides a consistent nationwide approach for federal, state, local and tribal governments; the private-sector and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size or complexity.
Next of Kin Registry (NOKR)	NOKR is a humanitarian organization dedicated to making it possible for people to register their emergency contacts and other medical information for everyday emergency situations, natural catastrophes, or man made disasters. NOKR helps facilitate the emergency notification process for families and individuals by providing Local and State Agencies with secured access to online information provided by individuals. This service is free to the public and to the registered agencies using the search service. www.nokr.org/
Operational Area	An Operational Area consists of a county and all political subdivisions within the county area. Operational areas coordinate inter jurisdictional emergency operations and mutual aid.
Para transit	A form of transportation service that is more flexible and personalized than conventional, fixed route or fixed schedule. Service is adjusted to individual needs. Examples of para transit service include taxis, dial-a-ride, vanpool and subscription service.
Riverside County Office on Aging Call Center	Riverside County Office on Aging call center connects seniors, adults with disabilities, family members, professionals, and the public at large with assistance, referrals, education, and advocacy. www.rcaging.org/opencms/Programs_Services/index.html
Safe and Well	Safe and well is a website provided by the American Red Cross. Those affected by a disaster may register as “safe and well” and concerned family and friends may access the information. The Safe and Well website will display a loved one’s first and last name, a date, and “Safe and Well” messages from a list of standard messages, letting them know of your wellbeing. The website can be accessed at: https://disastersafe.redcross.org/
Service Animal	Service animal (in a shelter setting) is 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. American Disabilities Act of 1990 (42 U.S.C. 12181).

Subject	Definition
Shelteree	The person who is being sheltered.
Standardized Emergency Management System (SEMS)	The Standardized Emergency Management System (SEMS) is the system required by Government Code §8607(a) for managing response to multi-agency and multi-jurisdiction emergencies in California. SEMS consists of five organizational levels which are activated as necessary. They are: 1) field response; 2) local government; 3) operational area; 4) regional; and 5) state. SEMS incorporates the use of the Incident Command System (ICS), the Master Mutual Aid Agreement, existing mutual aid systems, the operational area concept, and multi-agency or inter-agency coordination.
Zoonotic Disease	An animal disease that can be transmitted to humans.