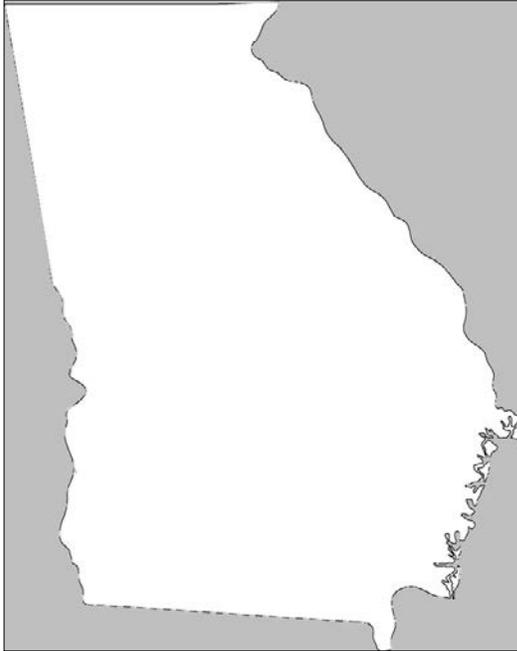


GEOP/ESF #6 Annex



Appendix I State Mass Care Shelter Plan

June 1, 2013

ESF Coordinator

Georgia Department of Human Services

Primary Agency

American Red Cross
Georgia Department of Community
Affairs
Georgia Department of Human Services

Support Agencies

Board of Regents of the University System of
Georgia
Georgia Department of Administrative
Services
Georgia Department of Agriculture
Georgia Department of Behavioral Health
and Developmental Disabilities
Georgia Department of Public Health
Georgia Department of Corrections
Georgia Department of Defense
Georgia Department of Driver Services
Georgia Department of Economic
Development
Georgia Department of Education
Georgia Department of Labor
Georgia Department of Natural Resources
Georgia Department of Public Safety
Georgia Department of Transportation
Georgia Department of Veteran's Services
Georgia Building Authority
Georgia Bureau of Investigation
Georgia Emergency Management Agency
Georgia Forestry Commission
Georgia Governor's Office of Consumer
Affairs
Georgia Disaster Housing Task Force
Georgia Office of Planning and Budget
Georgia Volunteer Organizations Active in
Disaster
State Bar of Georgia
Technical College System of Georgia
The Salvation Army

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I. INTRODUCTION

The State Mass Care Shelter Plan describes how the state intends to coordinate and provide support to local jurisdictions for mass care shelter operations in the event of an emergency. This plan is Appendix I of the ESF #6 Annex to the Georgia Emergency Operations Plan (GEOP). It describes state policies, roles and responsibilities as well as the concept of operations for shelter support in Georgia and will include how local, state and non-governmental organizations will work together to protect and provide sheltering for displaced disaster survivors.

This plan is inclusive of the primary and support agencies involved in shelter operations within the state, including the Federal Emergency Management Agency (FEMA), non-governmental organizations (NGOs), National and State Voluntary Organizations Active in Disaster (VOADs) member organizations and other voluntary organizations that support shelter operations.

In all instances, the Governor and the Georgia Emergency Management Agency (GEMA) are responsible for the coordination of mass care within the State. Coordination occurs through Emergency Support Function (ESF) 6 and the State Mass Care Lead Agency (Georgia Department of Human Services). A Governor's Declaration is the trigger for implementation of the Georgia Emergency Operations Plan (GEOP), which is required to request a President's Declaration. Additionally, the American Red Cross, The Salvation Army and other NGOs that traditionally deliver mass care in a disaster will respond with available resources in accordance with the requirements of their internal policies and in cooperation with emergency management officials and partner agencies.

Under a Presidential disaster declaration and when conditions warrant, the State may request additional Federal support through FEMA Region IV. This support may include staff to support shelter operations and assistance with functional needs support services (i.e., Personal Assistance Service contracts or the provision of durable medical equipment) when State and voluntary resources are insufficient to meet demand in disaster-impacted areas. Shelter support may be provided under Public Assistance, Section 403 of the Stafford Act. This mass care shelter plan can be implemented by the state with no federal assistance and if federal assistance is requested the Plan becomes a critical component of the Governor's request for a Declaration.

A. Purpose

Mass Care includes sheltering, feeding, health and mental health services, bulk distribution of emergency items, and assisting with family reunification.

This appendix describes how the state intends to coordinate and provide support to local jurisdictions for shelters in the event of an emergency. This appendix describes state policies, roles and responsibilities as well as the concept of operations for shelter operations in Georgia. This appendix will include how local, state and non-governmental organizations will work together to provide sheltering for displaced disaster survivors.

II. PLANNING ASSUMPTIONS

- Most residents who evacuate prior to an event will do so using their own transportation. The majority of these residents will be encouraged to and will make arrangements to shelter with family and friends, or will stay at hotels or motels out of harm's way at their own expense. A small percentage of residents will require shelter and feeding support during an emergency and an even smaller percentage will require transportation. In addition, a small portion of these residents will require Functional Needs Support Services (FNSS) in order to maintain their independence in shelters.
- Shelter capacities are based on 20 sq. ft/person during evacuations based on the need to get as many individuals as possible to safety as quickly as possible (can be up to five days). Shelter capacities for longer term sheltering are based on 40 sq. ft/person and can remain open up to 30 days. Additional space may be needed for individuals with functional and access needs.
- Planning numbers for sheltering and feeding are based on an estimate that only ten percent of the census population for the affected jurisdictions will go to shelters. Using historical experience, the American Red Cross estimates that within 72 hours of impact, the peak shelter population will be reduced to 10%. For example, if the peak evacuation shelter population pre-landfall is 50,000 persons, then within 72 hours the shelter population will fall to approximately 5,000 persons.
- FEMA guidance seeks to ensure that all shelter residents benefit equally from the programs, services and activities offered at shelters. Most persons with functional needs can function perfectly well in a general population shelter with proper support. With that support, these individuals will benefit equally from the services provided in general shelters and should almost always be housed in general shelters (see Attachment 1, "State of Georgia Information and Definitions: Functional & Access Needs & Medical Needs Populations").
- Historical experience has shown that some people will not evacuate if no provisions have been made for their pets. Local jurisdictions will coordinate with Red Cross and local volunteer animal groups or animal shelters to provide assistance to individuals with pets. When possible, facilities for shelters will be chosen that have the ability to support a pet shelter on the same site as the shelter or in close proximity to the shelter so residents of the shelter can help care for their pets.
- Local officials will make the decision to open shelters in advance of a threat based on evacuations ordered, scale of the event and/or anticipated need. For events with little or no warning, the decision to open shelters will be made following the event and is often based on the extent of damage to homes and infrastructure and determined human need.

- Local jurisdictions will coordinate with local Red Cross, Department of Human Services/DFCS and County and District Public Health offices on location and support of shelters in their communities. Shelters will be opened and operated in a manner that is consistent with American Red Cross standards and policies.
- “Shelter in place” may be the best option for residents depending on the event or incident (i.e., hazardous travel conditions, nuclear power plant incident, chemical spill, etc.)
- GEMA highly discourages local EMAs from establishing non-Red Cross managed shelters. If this type of shelter is requested by the EMA, the Department of Human Services may assist upon request and approval by the SCO in opening the shelter using DHS/DFCS Shelter Strike Teams; however the local jurisdictions will be responsible for the related liability (facility, shelter personnel and resident safety, etc) and financial and resource support for operating the shelter.
- Local jurisdictions, in coordination with Red Cross, will make every effort to feed and shelter residents as near to their home as possible and still ensure safety. Emergency management officials will provide information regarding shelter locations and the efficient flow of evacuation routes through the media and other methods of communication (i.e., social media).
- Typically, the assumption is that residents will leave shelters under one of three conditions:
 - Shelter residents have been advised by local EMA officials that they may return to their homes and have found their homes to be habitable.
 - Shelter residents have decided to relocate from a shelter to stay with friends or relatives or to reside in commercial hotels or motels at their own expense until they can arrange for more permanent housing or until their homes are determined habitable by the proper authority.
 - Shelter residents have been able to obtain either interim or permanent housing through state or federal assistance or through some other means that allows them to safely leave the shelter.
- Every effort will be made to end shelter operations by day 30 and to assist in transitioning the remaining residents into temporary or permanent housing.

III. PREPAREDNESS ACTIVITIES

A. Planning

GEMA plans are developed to support local planning efforts. Local jurisdictions should assemble planning partners to establish notification procedures for mass care and sheltering in their communities. State partners coordinate with local jurisdictions and establish notification procedures for state partners in support of local efforts.

The Department of Human Services, Division of Aging Services or local Area Agencies on Aging in affected areas will provide local emergency management agencies with information from the Division's client database related to numbers and locations of various individuals with access and functional needs to assist in planning.

Local jurisdictions have the responsibility for pet sheltering and should work with local partners to identify facilities, staffing and support for pet shelters in their communities. State partners from ESF 11 will assist local jurisdictions with planning and coordination of evacuation, transportation and sheltering of household pets and livestock. ESF 11 will coordinate with ESF 6 to identify locations for pets on the same property as shelter facilities or as close as possible to allow shelter residents to assist in caring for their pets. ESF 11 will provide feeding and other support to service animals located in shelters.

B. Shelter Site Identification

Shelter Facility review teams should include local Red Cross, local DHS/DFCS, local Emergency Management Agencies and Public Health Districts/Environmental Health to review the list of facilities in the National Shelter System Database regularly to determine if any additions or deletions or other changes are needed and to schedule times for all parties to participate in shelter surveys. Red Cross policy is to re-survey all shelters at least every four (4) years. Local groups may choose to re-survey at the rate of 1/4 per year to ensure facilities are still viable for use as shelters. Local Red Cross will update the National Shelter System Database information after each inspection to ensure accurate information is available to all partner agencies.

Shelters will be identified in all areas of the state. Particular emphasis will be placed on areas along evacuation routes for Atlantic and Gulf Coast hurricanes and areas within and surrounding Metro-Atlanta to ensure the state has the capability to support a large number of individuals in shelters. Emphasis will also be placed on facilities near local public and private infrastructure (i.e., public transportation, shopping centers, pharmacies, entertainment) to support shelter residents more long term if necessary. Facility review teams will examine the feasibility of housing pets (this includes areas for pet exercise and pet waste elimination areas) on the facility property or at a nearby location as a sheltering option. Teams will also place emphasis on each facility's level of accessibility and consistency with ADA guidelines for accommodating those with functional and access needs in general population shelters, including provisions for service animals.

C. Shelter Training

Counties are encouraged to assist in identifying local individuals and groups to partner with or support the Red Cross to help staff local shelters. These additional volunteers and groups may elect to become official Red Cross volunteers or affiliated organizations for Red Cross to activate during an event or they may be identified as an EMA partner group and can be managed by the local EMA or designated agency/organization to supplement available Red Cross resources. Red Cross will provide training for these groups and develop procedures with the local EMA or other agency for their activation to support Red Cross sheltering activities.

The American Red Cross, Georgia Region will work with ESF 6 agencies and organizations at the state level to conduct shelter training for state personnel who may be activated to help manage and/or operate shelters. This training will be delivered based on a mutually satisfactory shelter training plan. This plan will be revised regularly to include dates and locations for Red Cross conducted training. Training will be provided for both shelter managers and workers and will include information on Functional Needs Support Services in shelters.

D. Resource Support

ESF 6 primary and support agencies shall identify anticipated logistical needs and coordinate with State ESF 7(Resource Support) to meet those needs.

Counties are encouraged to identify local resources to support functional and access needs in shelters and, when possible, to make arrangements for access prior to the emergency. State primary and support agencies for sheltering will work together to pre-identify available state resources to support FNSS in shelter operations at the request of a county. State partners will provide guidance and training/education opportunities related to FNSS in shelters.

Counties with shelter trailers provided under the Emergency Evacuation Shelter Initiative (EESI) program that are not impacted by the specific event or incident may share these resources with impacted counties through mutual aid if requested. Each EESI county may also provide assistance with durable medical equipment (DME) provided under this program. Counties may request assistance from non-impacted counties through the Statewide Mutual Aid Agreement or through the established SOC resource request process

State ESF 6, in coordination with GEMA may provide assistance with functional needs support services through the State DME Cache or other resources if requested. The State DME Cache will only be activated in a major or catastrophic event once the impacted jurisdictions have exhausted all other options and capability to provide these services.

IV. RESPONSIBILITIES

A. Georgia Emergency Management Agency (GEMA)

GEMA, as the lead emergency planning and coordinating agency in Georgia, is responsible for providing preparedness, response, and recovery guidance to mass care agencies and organizations who assist residents in a disaster. GEMA is responsible for maintaining the Georgia Emergency Operations Plan (GEOP) which identifies primary and support agency roles and responsibilities related to mass care. Upon request of local partners/stakeholders, GEMA coordinates information and resources in support of shelter activation and operations.

B. American Red Cross

1. Authority

The GEOP designates the American Red Cross (Red Cross) as the lead voluntary agency responsible for shelter and feeding operations. Red Cross will coordinate with ESFs 6 and 8 as well as other Non-Governmental Organizations (NGOs) to address and meet the needs of residents impacted by disaster.

2. Facilities

In collaboration with Local EMAs, DHS/DFCS, local health departments and environmental health, Red Cross will work to identify public and private facilities that are most appropriate for use as shelters. These facilities include, but are not limited to community centers; athletic facilities with large gymnasiums; family life centers or education buildings for churches or synagogues; schools; civic centers; convention centers; etc.

Sites should meet FEMA guidelines for accommodating individuals with functional and access needs, including dormitory areas, adequate toilet/bathing facilities along with other needed amenities, and access routes from parking areas.

Red Cross is responsible for securing agreements with approved facilities for their use as shelters and for entering approved facilities into the National Shelter System (NSS) database. These facility surveys must comply with National Red Cross approved standards.

3. Shelter Operations and Support

Red Cross is responsible for providing basic feeding and human needs at shelters and will work closely with partner organizations such as The Salvation Army, Georgia Baptist Convention and the ESF 6 Coordinator to provide additional feeding assistance as needed for shelters and/or fixed and mobile feeding sites. The State Mass Care Feeding Plan describes feeding at shelters and other locations during disasters in more detail.

Red Cross is responsible for assuring cots, blankets, and personal hygiene kits, some durable medical equipment, consumable medical/supplies and basic human needs items are available at shelters.

Red Cross will work closely with other voluntary agencies and faith based organizations that may provide support for sheltering. These organizations may provide or assist with facilities, personnel, child care, food preparation, first aid, FNSS, transportation, recreational activities, physical/mental health interventions and spiritual support, and management of in-kind donations such as clothing and shelf-stable food items.

Red Cross will provide health and mental health services at shelters and will coordinate with ESF 8 to ensure adequate coverage. Red Cross will work with ESF 6 and 8 Coordinator(s) or designees to obtain assistance for shelter residents in need of transportation to dialysis or other non-life threatening medical appointments, to/from Disaster Recovery Centers and other transportation needs as identified.

4. Functional Needs Support Services (FNSS)

Red Cross is not solely responsible for providing all supplies and equipment for residents with functional needs. Red Cross will coordinate with various pre-identified volunteer and governmental agencies to provide additional resources at shelters, especially for functional needs support services. Some of these supplies and services will be more limited in availability during the initial stages of shelter operations, but will be made available as quickly as possible to residents in need. Red Cross will also coordinate with the ESF 6 Coordinator if additional assistance in obtaining these resources is required.

5. State Operations Center (SOC) Support

Red Cross will provide up to two (2) State Operations Center (SOC) trained personnel per twelve hour shift, to liaison with the ESF 6 Coordinator or designee during SOC Activations. These personnel will be responsible for reporting shelter population and meal count information, and providing information regarding ARC actions/needs to the ESF 6 Coordinator. In addition, these positions will assist with routing requests from shelters through the appropriate Red Cross processes and ensuring any requests that cannot be met by Red Cross are coordinated with State ESF 6.

C. Georgia Department of Human Services (DHS)

1. Authority

DHS is the primary agency responsible for ESF 6 activities which include Mass Care, Human Services, Emergency Assistance and Housing. DHS will coordinate with mass care primary and support agencies to ensure local jurisdictions receive the needed resources to conduct sheltering and other mass care operations.

2. Shelter Operations and Support

a. Coordination

DHS will provide direct support to the American Red Cross for sheltering and will respond at the direction of the State Coordinating Officer to requests from local jurisdictions for feeding and sheltering support in the event the American Red Cross cannot adequately support the local request. Other ESF 6 partner agencies and organizations also serve as support to sheltering operations as required.

DHS Division of Aging Services will coordinate with the twelve Area Agencies on Aging (AAAs) to collect information related to the status of high risk and critical clients during evacuations and ensure local EMAs are aware of any issues

related to the safety of these individuals. Aging Services and AAAs will continue to monitor clients in impacted areas and provide assistance as needed.

DHS will ensure coordination between the Red Cross, DHS/DFCS, local EMAs and ESF 11 regarding placement of pet shelters in relation to general shelters and for support of service animals in shelters.

DHS will work with the Georgia Department of Economic Development (GDED) and ESF 15 (External Affairs) to coordinate the dissemination of information related to shelter locations, available hotels/motels and pet friendly hotels/motels in sheltering communities and to help identify pet friendly hotels to use in educational messaging for people who want to find their own lodging for their animals and themselves.

b. Staffing

The ESF 6 Coordinator within DHS will work closely with the State Division of Family and Children Services (DFCS) Emergency Management Coordinator to identify trained DHS/DFCS staff to support shelter operations. DHS/DFCS staffing may be supplied at the request of the American Red Cross in conjunction with Local Emergency Management Agencies (EMA) or at the direction of the State Coordinating Officer (SCO).

DHS/DFCS will establish, train and maintain on stand-by, a Shelter Strike Team prepared to rapidly deploy to provide complete shelter operations with 24 hours notice. The Shelter Strike Team will use Red Cross shelter management guidelines and meet Red Cross established standards. A copy of these standards, "ARC Sheltering Handbook – Disaster Services (March 2013)" can be requested from the local Red Cross Chapter or Georgia Region American Red Cross office. DHS Division of Aging Services will provide staff to these strike teams if necessary to support access and functional needs within a shelter. Assistance from other ESFs, agencies and volunteer organizations may be requested to support a Shelter Strike Team if needed.

DHS will coordinate with ESF 8 (Health and Medical) to provide staffing to shelters in support of Red Cross Health Services and Red Cross Mental Health Services. DHS will work with ESF 8 to secure Disaster Mental Health Services, if available, for disaster responders.

c. Resource Support

DHS, through the ESF 6 Coordinator, will provide assistance to the American Red Cross in obtaining additional shelter resources if needed and will coordinate with ESF 7 and ESF 11 related to additional mass care feeding, sheltering and/or logistical needs including support packages for fixed and mobile feeding units/sites and shelters as needed.

DHS will coordinate with GEMA/local EMAs for use of shelter trailers and equipment located in non-impacted jurisdictions to support shelter operations. This equipment includes basic DME for shelters and can be accessed through the Statewide Mutual Aid Agreement.

DHS is responsible for mobilization and deployment of the State DME Cache during major or catastrophic events when local resources have been depleted. The state DME Cache when activated will provide additional DME to individuals with functional and access needs in shelters.

DHS will coordinate with ESF 8 on requests for assistance in shelters and will work closely with state and local staff to identify resources and services to support functional and access needs in shelters and provide support for individuals with medical and mental health needs arriving at shelters.

DHS will coordinate with the GEMA Faith-based Coordinator/Voluntary Agency Liaison (VAL) to obtain resources and services through members of the Georgia Volunteer Organizations Active in Disasters (GAVOAD) when assistance is needed for shelters (i.e., child care services, therapy animals, counseling services, feeding, etc.).

DHS will coordinate with Red Cross, ESF 1, ESF 8 and ESF 7 to provide shelter residents with transportation to/from Disaster Recovery Centers, scheduled appointments such as dialysis and other necessary locations to meet individual needs.

D. Local Emergency Management Agencies (EMA)

1. Authority

Local Emergency Management Agencies are responsible for the coordination of disaster response within their jurisdiction and for coordinating and supporting shelter operations.

2. Facilities

Local EMAs will work with the Red Cross, the DHS/DFCS County or Regional Director and the Department of Public Health/Environmental Health to identify and survey sheltering sites within their communities and follow up with Local Red Cross to ensure approved shelters are updated in the NSS. Local EMA will attempt to gather and provide information related to any "good Samaritan" or spontaneous shelters that open as a result of an incident/disaster to local Red Cross for inclusion in the NSS database. This information is key for both reporting purposes and support if needed.

3. Requests

Local EMAs will coordinate with Local Red Cross and county or regional DHS/DFCS when requesting a shelter(s) in their jurisdiction. GEMA will communicate as necessary with Local Emergency Management agencies on all requests for shelter support, opening and operating processes as necessary.

If shelter operations require resources that are beyond the capability of the local jurisdiction to supply, Local EMAs will request assistance from State ESF 6 through the SOC. Assistance may be requested through WebEOC, the State Warning Point, the State Operations Center if activated, or the Local Red Cross Chapter.

E. Georgia Baptist Convention and The Salvation Army (TSA)

The Georgia Baptist Convention and The Salvation Army (TSA) will coordinate with the American Red Cross and DHS to provide food, food services, childcare, spiritual services and other applicable resources and services to support shelter operations.

If necessary, Georgia Baptist representatives and TSA will work with the ESF 6 Coordinator to establish an ESF 6 Staging Area for mass care bulk distribution items.

Both the Georgia Baptists and TSA will provide updates to the ESF 6 Coordinator regarding meals served and actions taken by their organizations that are pertinent to the overall response effort.

Georgia Baptist representatives and TSA will coordinate with the Volunteer Agency Liaison (VAL) at the SOC to provide mass care resources.

F. Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)

DBHDD will coordinate with DHS, Red Cross and ESF 8 to provide mental health counselors to shelters. DBHDD will coordinate with partner agencies to provide mental health de-briefing for disaster workers after an event/disaster if necessary.

G. ESF 7, Logistics Support (Georgia Emergency Management Agency)

The lead agency for ESF 7 is the Georgia Emergency Management Agency (GEMA) with support from the Georgia Department of Administrative Services (DOAS). ESF 7 will coordinate with DHS to ensure logistical support packages are identified and available for request to support Mass Care Sheltering operations.

ESF 7 will coordinate with DHS to procure and deliver additional food, water, ice and supplies to areas where feeding and sheltering operations are occurring.

ESF 7 will provide assistance in locating resources from other states through the Emergency Management Assistance Compact (EMAC) to assist with Mass Care operations and will coordinate the receipt of Federal Assistance through Action Request Forms (ARFs) as needed.

H. Georgia Department of Economic Development (GDEcD)

GDEcD provides support to shelter operations through information sharing at Georgia Welcome Centers, local Conventions & Visitors Bureaus (CVBs) and Regional Visitors Bureaus (RVBs) throughout the state. GDEcD will provide information on locating hotels/motels in communities nearby and along evacuation routes as well as shelter

location information to evacuees within the state or those from other impacted states that may seek refuge in Georgia.

GDEcD will assist with the monitoring of traffic flow during evacuations and provide facility support for Red Cross and/or other volunteer agencies if needed (i.e., establishment of reception centers or comfort stations at Georgia Welcome Centers, etc.). Information will be relayed to the ESF 6 Coordinator to assist in decision making.

I. Georgia Volunteer Organizations Active in Disasters (GAVOAD)

GAVOAD, other non-profit and nongovernmental agencies/organizations provide an invaluable array of social services and financial support for sheltering and housing. GEMA will facilitate communications through the Volunteer Agency Liaison (VAL) and all GAVOAD agencies to ensure GAVOAD partners are actively engaged in response activities as appropriate. The VAL will coordinate with the ESF 6 Coordinator related to needs at shelters.

J. Georgia Department of Education (DOE)

DOE and local school districts may authorize the use of their schools', personnel, facilities, buses, and equipment to support sheltering. Personnel may be provided to assist with facility support including, but not limited to administrative assistance, security and the provision of certified school nutrition staff if requested. In addition, food located at local schools can be released to support shelter operations if needed. USDA food used for shelter support may be replaced by USDA at a later time. DOE will coordinate these requests with ESFs 6 and 11 should this type of assistance be required.

K. Technical College System of Georgia (TCSG)

The TCSG will coordinate the use of pre-approved facilities for shelter support and may provide personnel, security, subject matter expertise, equipment and/or vehicles to assist with Mass Care Sheltering.

L. Board of Regents (BOR)

The Board of Regents of the University System of Georgia (USG) has statutory authority over all public colleges and universities. Depending upon the time of year, these colleges and universities may be used for sheltering and interim housing support. The BOR will coordinate with ESF 6 and the American Red Cross to provide this support if needed.

M. Georgia Department of Natural Resources, Georgia Department of Defense and Georgia Department of Corrections

These agencies/organizations may provide one or more of the following to support shelter operations: personnel, subject matter expertise, security, equipment, vehicles and/or facilities. Coordination for these resources will be through the ESF 6 Coordinator.

N. Georgia Department of Community Affairs (DCA)

DCA provides primary support by offering a variety of housing related resources for those impacted by disaster. The housing related resources fall into the Interim and Permanent housing categories. These resources include: Housing Choice Voucher Program (Section 8); Disaster Housing Assistance Program; Affordable Housing Development Program; Georgia Dream Home Ownership Programs, and the State of Georgia Homeless Prevention & Rapid Re-Housing Program (HPRP). DCA works and collaborates closely with the U.S. HUD, GEMA, FEMA Public and Individual Assistance Programs and local housing authorities throughout the state.

DCA manages the Web site <http://www.GeorgiaHousingSearch.org> (GHS), an online State of Georgia Rental Resource Locator database of more than 184,000 available housing options. When it is determined that residents cannot return to their pre-disaster homes in a reasonable time period (longer than 90 days), they will be provided the opportunity through GHS and local/state housing authorities to seek an interim or temporary housing solution that will meet their needs as they begin their recovery. DCA maintains a housing resource database as part of their everyday activity and disaster survivors are not necessarily given special considerations for DCA Housing Programs due to their disaster status.

O. Georgia Disaster Housing Task Force (GDHTF)

The GDHTF provides a forum for collaboration and identification of disaster housing issues and options during the response and short-term recovery phases of a disaster. The State of Georgia and the GDHTF take a prioritized approach to planning for and supporting the disaster housing plans of local government partners. During the planning and response phases of a disaster, the state takes a prioritized approach to developing housing solutions which is as follows:

- First: Build disaster housing capacity by identifying available housing resources throughout the state in support of local disaster housing plans.
- Second: Develop, train and manage a cadre of housing specialists prepared to deploy to Disaster Recovery Centers (DRCs) to provide direct assistance to disaster survivors.
- Third: Support capacity building, statewide awareness of and training for the State of Georgia's Rental Resource Database (Georgia Housing Search – Georgiahousingsearch.org or GHS for short).
- Fourth: Provide disaster housing situational awareness to key leadership and partner agencies.

P. ESF 8 Georgia Department of Public Health

1. Shelter Support

a. Facilities

ESF 8 will provide environmental health inspectors to participate in shelter facility survey teams and to conduct health related inspections during shelter operations.

b. Staffing

ESF 8 local and state will provide support to shelters by providing personnel and technical expertise to conduct assessments of incoming shelter residents in support of Red Cross Health Services and Mental Health Services. These assessments are based on the ARC CMIST Model Worksheet (see Attachment 7) as well as the State of Georgia Shelter Placement Guidance (see Attachment 8) and local plans and procedures.

c. Resource Support

ESF 8 will pre-identify, if possible and coordinate with alternate facilities to provide care for individuals with acute medical needs who cannot remain at a general shelter.

ESF 8 will also provide assistance in identifying and obtaining FNSS equipment and services within their county, district and/or region to allow residents in shelters to maintain their independence and benefit from shelter services.

ESF 8 will coordinate with local EMA and Red Cross prior to an event or disaster to establish pre-disaster agreements, when feasible, to obtain FNSS when needed.

ESF 8 will coordinate with Red Cross to provide transportation to alternate facilities for individuals unable to remain at a shelter due to an acute medical need. Acute medical needs are defined in Attachment 1.

ESF 8 will also assist through health services assessments and individual self determination to find appropriate locations/facilities for individuals who have other needs that cannot be met appropriately at the shelter. These alternate facilities could include hotels/motels, hospitals, nursing homes, assisted living facilities or even another shelter where proper support is available. ESF 8 will coordinate with Red Cross to provide transportation to these facilities.

Additional support will be provided according to individual district public health plans and procedures and based on district capability. State ESF 8 will assist with coordination of these resources and provision of state resources if an event/disaster goes beyond the capability of counties and/or districts.

Q. ESF 11 Georgia Department of Agriculture and Natural Resources (GDA)

1. Pet Sheltering and Support

ESF 11 will coordinate the evacuation, transportation and sheltering of household pets and livestock including support in the provision of veterinary services. ESF11 will coordinate with ESF 6 and 8, to identify disaster animal shelter or pet shelter locations either on the same property as shelter facilities or as close as possible to allow shelter residents to assist in caring for their pets and to reduce staffing requirements for state and local animal response staff. ESF 11 will provide feeding and other support to service animals located in shelters.

2. Feeding Support for Shelters

ESF 11 will coordinate the request, receipt and distribution of USDA foods and commodities to support feeding operations during a disaster. ESF 11 will work with ESF 6 and DOE as well as other non-governmental feeding organizations to develop feeding and distribution plans to support shelters, mobile and fixed feeding sites, kitchens and other disaster related feeding needs. ESF 11 will coordinate with ESFs 6 and 7 to officiate the request for USDA foods through FEMA using a federal Action Request Form (ARF).

R. ESF 1 Georgia Department of Transportation (GDOT)

ESF 1 coordinates evacuation operations and provides critical decision making information to State ESF 6 regarding evacuation decision times, accessibility of roadways and traffic flow information.

ESF 1 provides support with variable message boards and signage near shelter sites or along evacuation routes and coordination of transportation resources as needed.

S. ESF 13 Georgia Department of Public Safety

ESF 13 assists with evacuation operations and coordinates security for shelters in support of local law enforcement when requested.

T. Georgia Department of Defense (GaDOD)

GaDOD and/or the State Defense Force (SDF) may provide support to shelter operations through the provision of personnel, equipment and services as available.

Any requests for GaDOD assistance will be coordinated through the established SOC resource request process.

U. ESF 15 Georgia Emergency Management Agency (External Affairs)

Coordinates with DHS and other ESF 6 primary and support agencies to develop and ensure dissemination of consistent messaging regarding mass care operations, including availability of hotels/motels, established shelter locations, feeding sites and other service locations.

V. CONCEPT OF OPERATIONS

Mass Care and Shelter Operations require constant coordination and communication between primary stakeholders:

- Local and state American Red Cross representatives
- Local and state Emergency Management Agency representatives
- Local and state Department of Human Services Representatives
- Local disability advocates & service providers
- Local and state Public Health representatives
- Local and state Department of Behavioral Health and Developmental Disability representatives
- The Salvation Army
- Georgia Baptist Convention
- Georgia Food Bank Association

Conducting shelter operations is a collaborative effort between local, state and federal emergency managers. At the state level, planning is conducted within ESF 6 Mass Care, Human Services, Emergency Assistance and Housing. To be successful, planning must be coordinated with the efforts of other key support functions at the local and state level.

A. Opening a Shelter

1. Notification and Decision Making

The decision to open a shelter is usually made locally. Sometimes, as in the case of an apartment fire in an urban area, Red Cross will make the decision to open a shelter alone. For larger disasters, local Emergency Management Agencies (EMAs) and local Red Cross will jointly determine the need and most appropriate site for a shelter (see Attachment 2, "Shelter Facility Survey"). Pet sheltering will be taken into consideration when choosing sites for a shelter.

The local DHS/Division of Family and Children Services (DFCS) Regional Director or designee will be notified by Red Cross and/or EMA and included in this decision making process as appropriate.

Red Cross and/or ESF 6 Coordinator will include the ESF 11 Coordinator(s) in discussions related to opening shelters or if a shelter is opened in Georgia. If possible shelters will be chosen that have a separate facility that can be used as a pet shelter. As much notice as possible will be provided to ESF 11 so adequate and expeditious arrangements can be made to receive residents with pets.

Once a decision on a shelter location(s) is reached, Red Cross will make arrangements to deploy staff, supplies and equipment, and share estimated opening times with EMA and partner agencies. Prior to opening, Red Cross staff will complete the ARC Facility/Shelter Opening and Closing Inspection Form (see Attachment 10) to assist with returning the facility to its original condition after shelter operations are complete.

2. Approval

Only an authorized Red Cross representative can approve the opening of a shelter if Red Cross is to assume legal and financial responsibility for its operation. Red Cross may authorize a qualified third party to open a shelter on its behalf, but this authorization must be made in advance of the opening of the shelter.

In the event the Red Cross cannot support the opening of a shelter at the request of a local jurisdiction or a local jurisdiction requests the opening of a non-Red Cross shelter, the Department of Human Services will support shelter operations at the direction of the State Coordinating Officer. This will be done through the use of pre-identified Shelter Strike Teams (See Attachment 3) and/or other local DHS/DFCS personnel and support from local EMA, ESF 8, ESF 11 and other ESFs as required. Liability for this type of operation will be assumed by the local jurisdiction requesting assistance as coordinated by MOU between DHS and the local jurisdiction.

3. Staffing

Red Cross will coordinate with the State DFCS Emergency Management Coordinator and the State ESF 6 Coordinator to request staffing support for shelters. Local DHS/DFCS and State level personnel will follow the ESF 6 Notification Guidelines for DFCS Shelter Support (see Attachment 4) for activating DFCS shelter support staff.

State Red Cross and DHS/ESF 6 Coordinator will provide updates on shelter openings to partner agencies/ESFs, GEMA and local partners. ESF 6 Coordinator or the Red Cross State Operations Center (SOC) Liaison will update WebEOC and continually update until shelter operation(s) is complete. For smaller events with one or two operational shelters, the Red Cross SOC Liaison will provide updates directly to the DHS/ESF 6 Coordinator who will update WebEOC and share information with appropriate partners.

4. Resource Support

Local jurisdictions are responsible for providing sheltering arrangements for pets even if they are not at the same facility as the shelter.

Service Animals will be allowed to accompany their owners in shelters. Service Animals are defined by the U.S. Department of Justice; Civil Rights Division; Disability Rights

Section (see http://www.ada.gov/service_animals_2010.htm) Local jurisdictions will include support for service animals in shelters (i.e., food, ADA accessible waste elimination areas, etc.) in their planning and coordinate with ESF 6 and 11 on requests for these resources.

If evacuations are ordered due to a hurricane along either coast requiring sheltering in host counties, notification will be made to State ESF 6. If feasible, ESF 6 will coordinate with local EMA, Red Cross and Public Health to pre-stage various FNSS supplies and equipment at or near the receiving shelter location(s), if requested, and local resources have been depleted. ESF 6 may deploy all or part of the State Durable Medical Equipment (DME) Cache to assist local jurisdictions in providing DME in shelters. Local jurisdictions must exhaust all local and regional DME resources before requesting the State DME Cache (see Attachment 5, "State Durable Medical Equipment (DME) Cache Standard Operating Guidelines").

5. Public Information

When communities open shelters, Local Emergency Management Officials should release information through local ESF 15 and normal public information channels. Local EMAs are currently exploring further options for reaching all types of populations within their communities. Individuals needing assistance receiving information and warnings during an emergency should contact their local EMA Office to see what is currently available within their community.

State ESF 6 has various methods for disseminating shelter and other mass care resource information to the public. The State ESF 6 Coordinator/SOC Staff will coordinate with State ESF 15 (External Affairs) in the SOC to determine the best possible way to relay this information. These methods may include coordinated press releases with Red Cross, ESFs 8 and 11 and others; social media outlets such as Facebook and Twitter as well as through the GEMA website (www.ready.ga.gov). GEMA is also exploring further options for accessible communication for all types of populations in an emergency/disaster.

In addition the Red Cross maintains a website and free smart phone application to assist residents in locating open shelters in their community or along evacuation routes. This site also offers individuals the opportunity to register or review the Safe and Well listing for assistance in locating family and friends following a disaster.

Agencies such as the State ADA coordinator's office and DHS/Aging Services may also provide specific information to assist individuals with access and functional needs.

Georgia Online Emergency Disaster Awareness Geospatial System (GODAWGS), the GEMA incident mapping and information system, is available to EMA and response partners and includes a map layer of open shelters.

B. Shelter Operations

Shelters will be open to any person needing a safe place to stay as long as they adhere to the shelter rules and regulations, behave in a manner that is not disruptive to normal shelter operations, and do not infringe upon the safety or well-being of other shelter residents or staff. Shelters will be operated in a manner such that every effort is made to ensure safety.

1. Registration

Residents will be received at shelters and registered in accordance with American Red Cross (ARC) standards and procedures, which can be obtained from local or Georgia Region Red Cross offices and are presented in detail at ARC Shelter training classes. Attachment 6, "ARC Registration and Intake Forms" and Attachment 7 "CMIST Model Worksheet" will be used during the registration process for arriving evacuees. Residents will be provided a temporary "safe haven" where their basic human needs will be met. Shelter operators will provide information about the current disaster and about the sheltering process, including pertinent rules, regulations, and standard operating procedures.

2. Assessments

ARC Health Services and Mental Health Services will assist with assessments of individuals entering the shelter. Assessments will determine if there are any functional and/or access needs that should be addressed so the resident can maintain his/her independence at the shelter. In addition, ARC Health Services and Mental Health Services will ensure that any residents arriving at the shelter with acute medical needs are provided necessary care. ARC Health Services and Mental Health Services staff will utilize the ARC CMIST Model Worksheet (See Attachment 7) and the "State of Georgia Shelter Placement Guidance and Planning Considerations: Individuals with Functional and Access Needs in General Shelters" guidance (See Attachment 8) to assist with assessments at shelters.

ESF 8 (local and state public health) will provide support at shelters when ARC Health Services and Mental Health Services are not available or sufficient. ESF 8 will coordinate with ARC Health Services to find alternate facilities to better meet the acute medical or supportive care needs for those shelter residents who cannot be safely managed using available resources in the shelter. ESF 8 will coordinate transportation for residents referred to alternate facilities. ESF 8 personnel supporting Red Cross in Health Services/Mental Health Services roles may utilize the placement guidance in Attachment 8 or local plans and procedures for assisting individuals not able to remain at a shelter.

3. Resource Support

Red Cross will provide appropriate food for all shelter residents. During the initial days of shelter operations, hot meals may not be readily available and food selections may be

limited to available commercially-prepared food until kitchens can be established. Red Cross will coordinate with partner organizations to assist with feeding operations if needed. All shelter and feeding operations must meet public health requirements and are subject to inspection by the Georgia Department of Public Health; Division of Environmental Health (ESF 8).

Red Cross, in coordination with local EMA, will determine the need for mobile and other fixed feeding operations and assess additional basic human needs. Larger disasters may require coordination with additional agencies and organizations at both the local and state level.

Red Cross will provide basic human needs such as cots, blankets and hygiene kits. These items may be limited during the initial days of sheltering depending upon the magnitude of an event. Showers may also be limited. However, these items and resources along with resources to support individuals with functional and/or access needs will be provided as quickly as possible upon determination of need.

Basic health and first aid services, mental health services and functional needs support services will be provided at shelters. Functional needs support services include, but are not limited to interpreting services, personal assistance services, communication assistance and assistance obtaining needed durable and consumable medical equipment. Shelter staff will make every effort to make reasonable accommodations so that individuals with functional and access needs can maintain their independence in shelters.

ESF 8 (local and state) will assist with pre-identifying and arranging for FNSS resources through partnerships with local healthcare agencies and organizations to support shelters.

Logistical support for shelters will first follow the Red Cross protocol for requesting resources (see Attachment 9, Shelter Item Request Flow Chart). Resource requests beyond the capability of the Red Cross will be coordinated through local emergency management agencies, State ESF 6, and State ESF 7. Federal support will be requested if state resources and capabilities reach capacity.

The decision to place security and/or law enforcement personnel in a shelter will be made on a case by case basis by the Shelter Manager or other appropriate authorities for the hosting organization and the Local Emergency Management Agency Director. Additional shelter security support will be requested by local EMA through the established SOC resource request process.

4. Assistance for Residents in Shelters

Shelter residents will receive information regarding response and recovery efforts in their communities, the types of disaster assistance available and how to apply for offered assistance. This may include directions, phone and computer access, scheduled transportation to DRCs, and possibly co-location of some DRC services at shelter facilities for limited periods of time. Transportation assistance will be coordinated through Red Cross logistics and if necessary additional ESFs. Residents will receive

options for interim and/or permanent housing if it is determined that they cannot return home right away after the event/disaster. ESF 15 will assist with dissemination of information regarding various housing options available. Information on provisions for housing and the Georgia Disaster Housing Task Force (GDHTF) can be found in the GDHTF Concept of Operations Plan.

Provisions will be made for shelter residents to receive assistance with family reunification if needed. Shelter staff will assist residents in using the American Red Cross Safe & Well website. If necessary, FEMA will activate the National Evacuation Family Registry and Locator System (NEFRLS). The National Center for Missing and Exploited Children (NCMEC) has a reunification tool called The National Evacuation Child Locator System (NECLS) for reuniting children with their parents or guardians.

C. Reporting

1. National Shelter System Database

Local American Red Cross Chapters are required to report the opening or closing of a shelter in the National Shelter System database and to update shelter population information twice daily at 12:00 noon and 12:00 a.m. If the local American Red Cross Chapter does not have this capability, they will request the Mass Care Group at the American Red Cross Disaster Relief Operation Headquarters or the Regional Chapter to do so on their behalf. The National Shelter System is the only shelter database recognized by the State of Georgia.

Monitoring and tracking of Red Cross shelter activity will be accomplished using daily shelter activity reports. These reports are submitted by shelter managers to their immediate supervisors. Statistical information on Red Cross activities, including sheltering and feeding activities, will be collected by the Red Cross Government liaison staff in the county EOCs and the State Operations Center.

These liaisons will report to the ESF 6 lead. The reporting schedule will be 7:00 a.m. and 1:00 p.m. or as dictated by SOC Operations. Reports will include numbers of residents, meals/snacks served, and mental and physical health interventions. Additional but separate reports such as security and health and safety may be requested.

2. Non-Red Cross Shelters

Shelters are sometimes opened spontaneously by other groups and organizations that are not affiliated with Red Cross. These are often referred to as "Good Samaritan" or spontaneous shelters. Emergency management may encourage these shelter operators to consider affiliating with the Red Cross, especially if they need additional support.

EMA will advise the Red Cross and/or the ESF 6 Coordinator of the presence of these shelters in their community. EMA will assist Red Cross in obtaining population data from these shelters so that accurate information can be reported in the National Shelter System (NSS) Database. Information related to these shelters is essential for accurate reporting and provision of assistance to impacted residents.

3. Mission Tracking and Situation Reports

WebEOC, the state's tracking system for information and requests during disasters will be updated by the ESF 6 Coordinator or the American Red Cross Government Liaison assigned to the State Operations Center if activated. Local ESF 6 representatives at county EOCs, if applicable, will submit requests on behalf of local EMA related to shelters and will provide local situation updates in WebEOC. Information related to sheltering will be coordinated at all levels to ensure there are no duplication of services and that appropriate assistance is provided to the shelter(s). Additional coordination will take place according to the ESF #6 Annex of the Georgia Emergency Operations Plan.

ESF 6 at the SOC will provide situation updates and status of mission requests to appropriate partners and to GEMA for inclusion in the State's daily situation report.

D. Closing a Shelter

1. Notification and Decision Making

The decision to close a shelter is usually made locally. Local Emergency Management and Red Cross will jointly determine the most appropriate timeline in which to close a shelter. The DHS/DFCS Office, County or Regional Director or designee will also be notified and may be included in this decision making process. Through a coordinated case management process, agencies will coordinate to ensure that all shelter residents have appropriate permanent or interim housing solutions and that adequate notice is provided before closing the shelter. When pet friendly shelters are opened, shelter closing time lines will be shared with staff at the pet shelter facility and with ESF 11 Coordinator(s).

Red Cross, in coordination, with State ESF 6 Coordinator will ensure all responding support agencies receive shelter closing information and can stand down any supporting resources. Red Cross will update shelter status in the NSS Database.

2. Demobilization

Red Cross will complete the ARC Facility/Shelter Opening and Closing Inspection Form (see Attachment 10) to ensure facility has been returned to its pre-shelter condition and will officially return keys to the facility manager.

In the event all or part of the State DME Cache has been deployed, Red Cross personnel at the shelter will assist with coordination of the pick-up and return of equipment according to the State DME Cache SOG (Attachment 5). State ESF 6 Coordinator or Red Cross Government Liaison will ensure WebEOC has been updated to reflect final status of each shelter.

ESF 6 will coordinate with ESF 11 regarding closures of human shelters co-located with pet shelter facilities to assist with and coordinate the timing of demobilization activities at the pet shelter.

E. Transition to Housing

Shelter operations occur during the response phase when focus is on the immediate sheltering of residents. If the determination is made that shelter residents will not be able to return to their homes within a reasonable time frame, efforts will be made to re-locate residents to various transitional housing options.

These options include, but are not limited to hotel/motel facilities, state park housing facilities, faith-based camps, conference centers, or college dormitories. Expectations are to move residents from shelters into interim or permanent housing as quickly as possible (e.g., fair market rental assistance, or other solutions).

The Georgia Disaster Housing Task Force will support local plans for relocating displaced citizens. The Task Force will provide information and referral services through the use of the georgiahousingsearch.org database. Residents may be supported in interim housing for up to 18 months through FEMA's Individual Assistance Program.

VI. LIST OF ACRONYMS

AAA	Area Agencies on Aging
ARC	American Red Cross
ARF	Action Request Form
BOR	Board of Regents
CVB	Conventions & Visitors Bureau
CMIST	Communication, Maintain Health, Independence, Services/Support and Self-Determination and Transportation
DBHDD	Georgia Department of Behavioral Health and Developmental Disabilities
DCA	Georgia Department of Community Affairs
DFCS	Division of Family and Children Services
DHS	Georgia Department of Human Services
DME	Durable Medical Equipment
DOAS	Georgia Department of Administrative Services
DOE	Georgia Department of Education
DPH	Georgia Department of Public Health
EESI	Emergency Evacuation Shelter Initiative
EMAC	Emergency Management Assistance Compact
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
FNSS	Functional Needs Support Services
GaDOD	Georgia Department of Defense
GAVOAD	Georgia Voluntary Agency Active in Disaster
GDA	Georgia Department of Agriculture
GDEcD	Georgia Department of Economic Development
GDHTF	Georgia Disaster Housing Task Force

GDOT	Georgia Department of Transportation
GEMA	Georgia Emergency Management Agency
GEOP	Georgia Emergency Operations Plan
GHS	Georgia Housing Search
GODAWGS	Georgia Online Emergency Disaster Awareness Geospatial System
NGO	Non-governmental Organization
NSS	National Shelter System
SCO	State Coordinating Officer
SOC	State Operations Center
SST	Shelter Strike Team
TCSG	Technical College System of Georgia
TSA	The Salvation Army
USDA	United States Department of Agriculture
VAL	Volunteer Agency Liaison
VOAD	Voluntary Organizations Active in Disaster

VII. ATTACHMENTS

Attachment 1	State of Georgia Information and Definitions: Functional & Access Needs & Medical Needs Populations
Attachment 2	Shelter Facility Survey and Instructions
Attachment 3	ESF 6 Shelter Strike Team Standard Operating Guidelines
Attachment 4	Draft ESF 6 Notification Guidelines for DFCS Shelter Support
Attachment 5	State Durable Medical Equipment (DME) Cache Standard Operating Guidelines
Attachment 6	ARC Registration and Intake Forms
Attachment 7	ARC CMIST Model Worksheet
Attachment 8	State of Georgia Shelter Placement Guidance and Planning Considerations: Individuals with Functional and Access Needs in General Shelters” guidance
Attachment 9	Shelter Item Request Flow Chart
Attachment 10	ARC Facility/Shelter Opening and Closing Inspection Form
Attachment 11	MOU between ARC, DBHDD, DPH and DHS

Attachment 1

State of Georgia

Information and Definitions: Functional & Access Needs & Medical Needs Populations

Created by: Georgia Department of Human Services, Georgia Department of Public Health, American Red Cross, Georgia Emergency Management Agency, Georgia Department of Behavioral Health & Developmental Disabilities and Georgia State Finance & Investment Commission, Construction Division-State ADA Coordinators Office



I. State Partners

Georgia Department of Human Services-Office of Facilities Support Services

Wendy Stewart, ESF #6 Coordinator- Email: wmstewart@dhr.state.ga.us

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Georgia Department of Public Health-Division of Health Protection & Response

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Georgia Department of Behavioral Health & Developmental Disabilities

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Georgia State Financing and Investment Commission-The Construction Division
State ADA Coordinator's Office

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The American Red Cross

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II. Introduction

In November of 2010, FEMA's Office of Disability Integration and Coordination (ODIC- www.fema.gov/about/odic/) in collaboration with the United States Department of Justice Civil Rights Division released much anticipated shelter planning guidance, titled-*Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters* (FNSS) (http://www.fema.gov/pdf/about/odic/fnss_guidance.pdf). This document provides guidance to assist emergency managers and shelter planners in understanding the requirements related to sheltering children and adults with functional support needs in general population shelters. Functional Needs Support Services (FNSS) and the guidance provided are designed to assist in the planning and resourcing of sheltering operations whether government, NGO, faith- or private-based to meet the access and functional needs of children and adults.

III. Purpose

This Georgia guidance document was created in collaboration with the Georgia Department of Public Health, the Georgia Department of Human Services, the American Red Cross, the Georgia Emergency Management Agency, the Georgia State Financing and Investment Commission- State ADA Coordinator's Office and the Georgia Department of Behavioral Health and Developmental Disabilities. It was created to augment existing guidance and to provide a basic understanding of functional needs, access needs and medical needs populations for consistent future planning purposes in Georgia.

This document and definition of functional and access needs and medical needs populations was created to allow planning partners to work with common planning assumptions for the planning for all citizens impacted by disasters. Agencies and organizations participating in the establishment of these definitions and plans understand that local and state partners with emergency management responsibilities will make every attempt to meet the needs of the whole community, but realize shortfalls in meeting these needs will exist due to the complexity of the disasters that can and do occur in the State of Georgia.

IV. Functional and Access Needs Populations

Individuals with access and functional needs include, (but are not limited to) people that have physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Others who may have functional needs include older adults, women in late stages of pregnancy and individuals needing bariatric equipment. The general assumption is that most persons with functional needs can function perfectly well in a general population shelter with proper support. An additional assumption is that the person with the access or functional need has the right to self-

determination, whenever possible. Self-determination is a practice that asserts that the individual has the right and ability to assess their own needs, receive education about their options and be involved in the decision making process. With the proper supports, individuals with access and functional needs benefit equally from the services provided in general population shelters, and should almost always be housed in those shelters.

Functional Needs Support Services (FNSS) are defined as services that enable individuals to maintain their independence in a general population shelter. FNSS includes:

- reasonable modification to policies, practices, and procedures
- durable medical equipment (DME)
- consumable medical supplies (CMS)
- personal assistance services (PAS)
- other goods and services as needed

Planning for FNSS in general population shelters includes the development of mechanisms that address the needs of children and adults in areas such as:

- Ability to access temporary shelter facilities
- Communication assistance and services when completing the shelter registration process and other forms or processes involved in applying for emergency-related benefits and services including Federal, State, tribal, and local benefits and services
- DME, CMS, and/or PAS that assist with activities of daily living and individuals requiring accommodations specific to their condition are also encouraged to take their own supplies to the shelter.
- Access to medications to maintain health, mental health, and function
- Available sleeping accommodations (e.g., the provision of universal/accessible cots or beds and cribs; the placement, modification, or stabilization of cots or beds and cribs; the provision and installation of privacy curtains)
- Access to orientation and way-finding for people who are blind or have low vision
- Assistance for individuals with cognitive and intellectual disabilities
- Auxiliary aids and services necessary to ensure effective communication for persons with communication disabilities
- Access to an air-conditioned and/or heated environment (e.g. for those who cannot regulate body temperature)
- Refrigeration for medications
- Availability of food and beverages appropriate for individuals with dietary restrictions (e.g., persons with diabetes or severe allergies to foods such as peanuts, dairy products and gluten).

- Providing food and supplies for service animals (e.g., dishes for food and water, arrangements for the hygienic disposal of waste; and, if requested, portable kennels for containment)
- Access to transportation for individuals who may require a wheelchair-accessible vehicle, individualized assistance, and the transportation of equipment required in a shelter because of a disability
- Assistance locating, securing, and moving to post-disaster alternative housing, which includes housing that is accommodating to the individual's functional support needs (e.g., accessible housing; housing with adequate space to accommodate DME; or housing located in close proximity to public transportation, medical providers, job or educational facility, and/or retail stores)
- Assistance with activities of daily living such as: *eating, taking medication, dressing and undressing, transferring to and from a wheelchair or other mobility aid, walking, stabilization, bathing, toileting and communicating*

V. Medical Needs Populations

The general population shelters are not staffed or equipped to support individuals who are not self-sufficient and who do not have adequate support from caregivers, family, or friends to provide assistance with- managing unstable, terminal or contagious conditions that require observation and ongoing treatment. This may include, but is not limited to, managing intravenous therapy, tube feeding, and vital signs; receiving dialysis, oxygen, and suction administration; managing wounds; and operating power dependent equipment to sustain life. These individuals require support of trained medical professionals. In instances where those individuals with medical needs exceeding the capabilities of the shelter require assistance, temporary housing in a general shelter may be necessary while arrangements are made for access to a more appropriate healthcare facility.

VI. Who is listed on the Medical Needs Population Database?

Individuals who have a functional or medical need who have exhausted all other resources (family, neighbors, public transportation, etc.) and need assistance for evacuation and/or sheltering related to a disaster or emergency event should be registered on the medical needs population database. These individuals typically reside in single homes or multiple family dwellings in the State and are not residents of hospitals, residential health care facilities, or any community-based residences or services that are already subject to emergency planning requirements.

Attachment 2

Use these *Accessibility Instructions* to complete the *Shelter Facility Survey*. The survey prompts and questions correspond in order with the instructions below. To complete this accessibility section, you will need the following tools:

1. a metal tape measure that extends at least 20 feet, and
2. a yardstick.

Contact NHQMascCare@usa.redcross.org with any questions of how to complete the accessibility section.

Shelter facilities should be accessible to people with disabilities. Some facilities, particularly facilities built in 1993 or later or extensively altered in 1992 or later, after the Americans with Disabilities Act (“ADA”) went into effect, may have few if any barriers to accessibility and are good choices for shelters. Other facilities may have barriers to accessibility which should be identified and removed if possible before the facility is used as a shelter.

Before completing this section

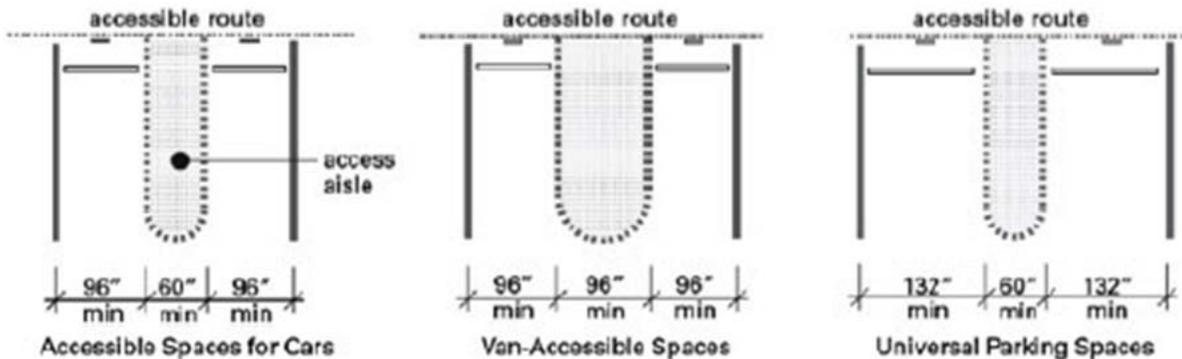
When evaluating the accessibility of a facility, focus on the parts of a facility that will be used during a sheltering operation: drop-off/parking areas, shelter entrances, service delivery areas and toilets. If these areas have barriers that would prevent access for people with disabilities, including people who use wheelchairs or other mobility devices and people with vision impairments, then the chapter should determine whether the facility owner plans to remove the barriers and/or what temporary adjustments are necessary before opening the facility as a disaster shelter. Plans should be made to address any barriers to access that may exist and the facility owner should be engaged in the planning process if possible. If the facility has barriers that can't be addressed, then a more comprehensive accessibility plan will be needed in order to use the facility as a shelter, or it may be appropriate to choose a different facility.

There are many temporary adjustments that can address barriers to accessibility. Examples include portable ramps, moving furniture and other protruding objects, using traffic cones and signs to create accessible parking spaces, and using signs to direct people to accessible routes. One of the purposes of this survey is to help identify any temporary adjustments that will need to be made if the facility is used as a shelter during a disaster.

The instructions below provide additional information to assist you in completing the accessibility section of the *Shelter Facility Survey*. You should read this information before attempting to complete the survey.

Parking Areas

Accessible parking spaces must be located on the shortest accessible route to the facility's accessible entrance and have an adjacent, marked access aisle. The parking space and the access aisle should be level and have a firm/stable and slip-resistant surface. The vehicle space must be at least 96” (8 feet) wide. The access aisle for a standard accessible space (i.e., space for cars) must be at least 60” (5 feet) wide and the access aisle for a van accessible space at least 96” (8 feet) wide. Alternatively, “universal parking spaces” with a vehicle space at least 132” (11 feet) wide and an access aisle 60” (5 feet) wide may be provided. Illustrations are provided below:



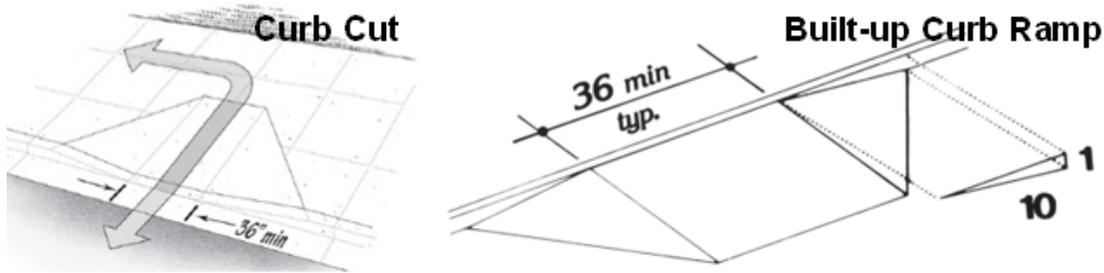
If parking is provided at the facility but it does not have accessible spaces, indicate under “Adjustments for Accessibility” whether temporary accessible spaces can be provided.

Facility Entrance

When answering the first and second questions, you should consider the entire path from the parking area and any drop-off area to the facility entrance door. If neither parking nor a drop-off area is provided, you should assess whether the route from the sidewalk or street to the facility entrance has steps or curbs without curb cuts.

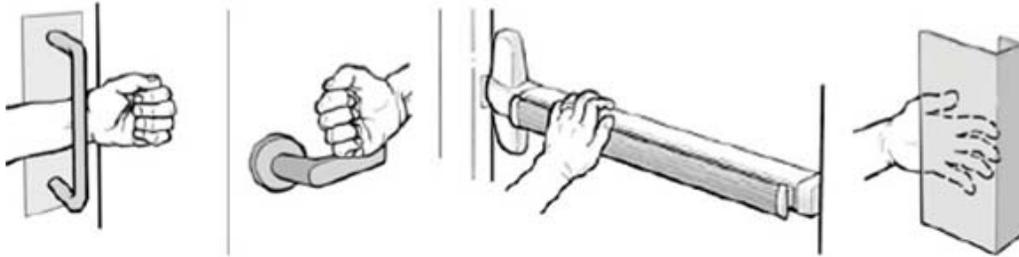
Curb Cuts

Curb cuts (also known as curb ramps) must be at least 36" wide, not including the side flares, as illustrated below. While curb cuts typically cut into the curb, a built-up ramp adjoining the curb also is acceptable. Handrails are not required on curb cuts or curb ramps.



Door Hardware

Door hardware must be operable by one hand without tight grasping, pinching or twisting of the wrist. The basic test for accessible door hardware is whether it can be operated with an open hand. Knob-type hardware does not meet this test. Permissible types of door hardware include lever or blade-type hardware, U-shaped handles, push bars and pull plates. Automatic doors, whether activated by sensors or manually via push plates, also meet this test.

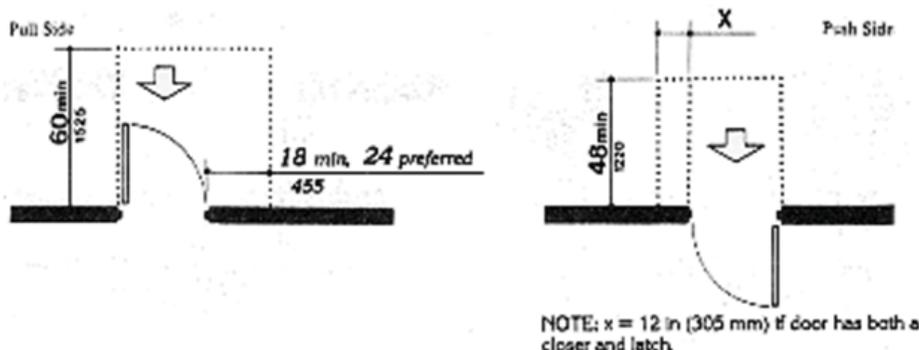


Doorway Width

A doorway must provide 32" clear width. To measure the clear width of a door, open the door to 90 degrees. Measure from the latch side of the door frame to the face of the door. If the door is a double-leaf door, measure the clear width provided by a single leaf. If the leaves are not the same size, measure the clear width of the larger leaf.

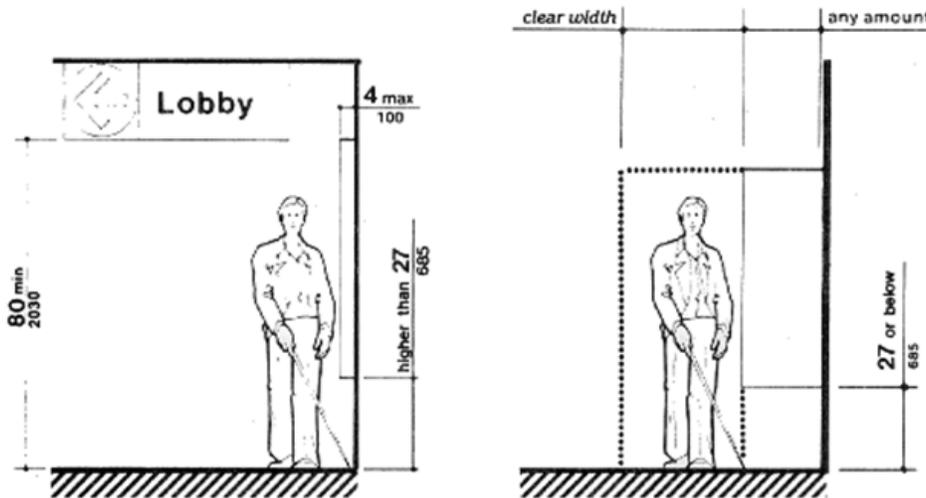
Door Landings and Maneuvering Clearance

For manually-operated doors, level landings and maneuvering clearances are required on each side of the door to enable individuals with disabilities to open and navigate through the door. The minimum dimensions for these landings differ for the "pull-side" (exterior) and "push-side" (interior) of the door and direction of approach. The dimensions for a forward approach are illustrated below.



Protruding Objects

Objects that project from the side into a pedestrian route or that overhang a pedestrian route can present hazards for people who are blind or have low vision. Overhanging objects must be at least 80" above the ground or floor. Objects that project from the side cannot protrude more than 4" into the route if the bottom edge of the object is more than 27" above the ground or floor. Objects with a bottom edge located at or below 27" can protrude any amount.



Alternate Accessible Entrance

If the main entry is not accessible, check to see whether there is another entrance that is accessible according to the "Facility Entrance" section of the Shelter Facility Survey. A sign should be posted at the main entrance directing people to the alternate accessible entrance.

Routes to Service Delivery Areas

Clients need to be able to get to the parts of the facility where the Red Cross and others are providing services, such as eating and dormitory areas. See the "Facility Entrance" section for instructions on assessing door hardware, doorway width, and door landings.

Protruding Objects

Like the route to the facility entrance, the routes to the service delivery areas should not have protruding objects. Please see prior instruction on protruding objects. Items to watch for along interior routes include wall-mounted fire-extinguishers and wall-mounted display cases with the bottom more than 27" above the floor, wall sconces and light fixtures that protrude more than 4" from the wall, and open staircases, exit signs, overhead signs or doorways with less than 80" vertical clearance.

Ramps

To measure the width of the ramp, measure the distance between the ramp's handrails or, if there are no handrails, the width of the ramp surface. Ramps should have handrails on both sides of the ramp unless the ramp is no higher than 6", in which case handrails are not required. To measure the height of the handrails, measure the distance from the surface of the ramp to the top of the handrail's gripping surface. This distance should be 34"-38". Level landings are required at both the top and the bottom of the ramp. The level landing must extend the full width of the ramp and for a distance of 60" (5 feet). If there is a vertical drop-off on either side of the ramp or landing, edge protection must be provided to prevent the wheels of wheelchairs and other mobility devices from dropping off the ramp.

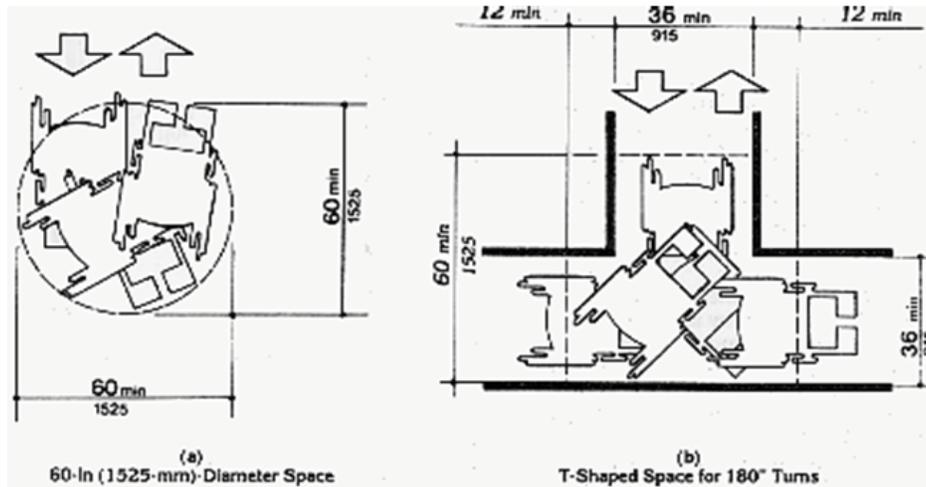
If a ramp is more than 30 feet long, it must have one or more level landings at least 60" long. These landings must be spaced so that no one segment of the ramp is longer than 30 feet (*i.e.*, at least every 30 feet). If the ramp changes direction at the landing (*e.g.*, switchback ramps), the landing must be 60" x 60".

Restrooms

A facility should have at least one accessible restroom. Assess each restroom for accessibility. If any restroom is not accessible, make a note in the “Adjustments for Accessibility” section that a sign should be posted at that restroom to direct people to the nearest accessible restroom.

Turning Space for Wheelchairs

There should be a turning space within the restroom that satisfies one of the following illustrations:



Accessible Toilet

At least one toilet in a restroom should be accessible. To be accessible, the top of the toilet seat must be between 17”-19” high. The flush control must be located on the open side of the toilet (*i.e.*, not adjacent to the wall) and should be no higher than 48” above the floor, as measured to the top of the control. Automatic flush controls are accessible.

The toilet's centerline should be 16” to 18” from the side wall. The centerline of the toilet will align with the midpoint of the tank, or alternatively, the most forward point of the toilet seat. If the centerline is within this range, you may consider it accessible.

Accessible Toilet Stall

If toilet stalls are provided in a restroom, at least one stall must be accessible.

The stall itself must be at least 60” wide and 56” deep if the toilet is wall-mounted, or 59” deep if the toilet is floor-mounted. The stall door should be positioned in the corner diagonal from the toilet and open outward. Additionally, space at least 9” high should be provided beneath the front and one side of the stall (*i.e.*, those partitions should not extend clear to the floor).

Toilet Grab Bars

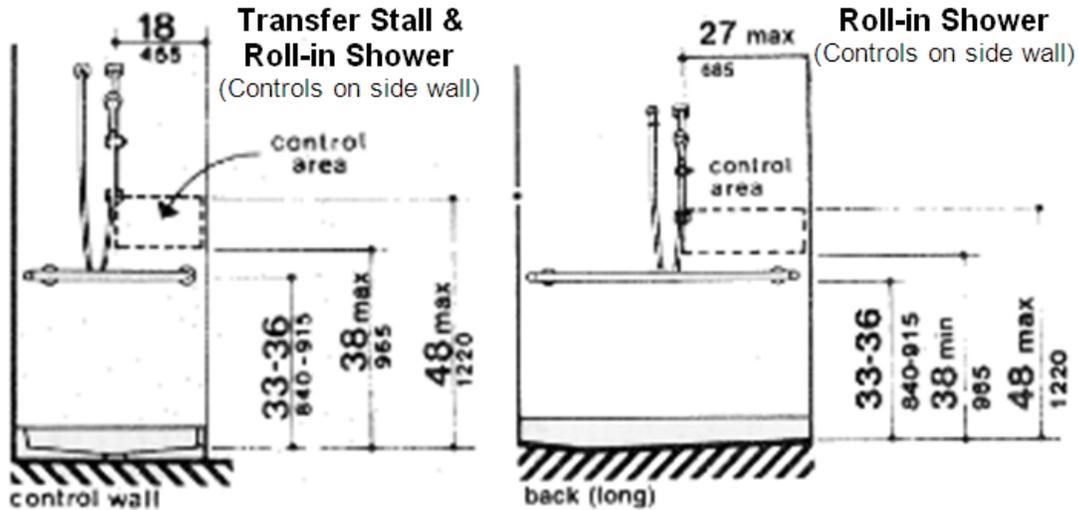
A rear grab bar at least 36” long must be provided at an accessible toilet and be mounted no more than 6” from the side wall. A side grab bar at least 40” long and mounted no more than 12” from the rear wall also must be provided. To measure the length of the grab bars, measure from the center point of each mounting flange. To measure the height of the grab bars, measure from the floor to the top of the gripping surface. Both grab bars should be mounted between 33”-36” above the floor.

Accessible Sink

At least one sink in the restroom must be accessible. The illustration below shows an accessible sink. The top surface of the sink can be no higher than 34” above the floor and space at least 27” high must be provided beneath the front apron. “Front apron” refers to the bottom lip at the front of the sink. If the front apron is at least 27” high, you may consider this aspect of the sink accessible. The sink's faucet hardware must be operable with one hand and not require tight grasping, pinching or twisting of the wrist.

Continued on the next page...

Shower Controls (continued)



Eating Areas

To be accessible, a dining table must be 28"-34" high, as measured to the top of the table. An open space (known as "knee clearance") that is 27" high, 30" wide and 19" deep also must be provided beneath the table. Tables with a pedestal base generally are not accessible.

Assessment

At the end of the survey, you are asked to assess the accessibility of the facility. If all or nearly all of the boxes on the survey are checked yes, you should check the first box, marked "Relevant areas of the facility are accessible to people with disabilities without adjustments." You should check the second box if the facility provides at least one accessible entrance and one accessible restroom, and adjustments can be made to address any items not otherwise checked-off on the survey. If a large number of boxes on the survey are not checked off, you should check the third box, indicating that the facility would require extensive adjustments to be accessible during a disaster.

BASIC SHELTER INFORMATION

Site Name/ School District _____ NSS ID# _____ Date _____

Name of building _____ Building # _____ of _____

Phone # _____ Fax # _____ Website _____

Shelter address _____

Town/ City _____ County/ Parish _____ State _____ Zip Code _____

Mailing Address (if different) _____

Town/ City _____ County/ Parish _____ State _____ Zip Code _____

Agency operating shelter (check one) Red Cross FEMA DHS TSA SBC Other _____

Shelter agency type (check one) Red Cross managed Red Cross partner Red Cross supported Independent _____

Shelter type (check all that apply) Evacuation General Medical Other _____

General facility notes _____

Shelter Capacity

Use the calculations to calculate the capacity for sleeping space.

Total sq feet _____ Evacuation _____ usable sq ft ÷ 20 sq ft/person = _____ person capacity

_____ Post Impact _____ usable sq ft ÷ 40 sq ft/person = _____ person capacity

Sq feet usable for sleeping space _____ Other _____ usable sq ft ÷ _____ sq ft/person = _____ person capacity

Geographic Information

Use major landmarks (e.g. highways, intersections, rivers, railroad crossings, etc.) that will be easily recognizable in a disaster. Latitude and longitude coordinates can be found at online web sites, using a global positioning system device, or will auto populate when the address is entered into the National Shelter System.

Latitude _____ Longitude _____ Elevation _____

In storm surge/evacuation Yes No Hurricane category or evacuation area _____ No In flood plain Yes No year flood impact No

Directions to facility _____

Point of Contact to *Authorize Use* of Facility

Name _____ Title _____ Phone # _____

24 hour # _____ Fax # _____ Email _____

Contact notes _____

Point of Contact to *Open* Facility

Name _____ Title _____ Phone # _____

24 hour # _____ Fax # _____ Email _____

Contact notes _____

Alternate Point of Contact

Name _____ Title _____ Phone # _____

24 hour # _____ Fax # _____ Email _____

Contact notes _____

Pet Shelter

Pet shelter space available on site Yes *answer questions below* No nearest location _____

Separate ventilation system Yes No Cement or tile floors with drains Yes No Outdoor space to relieve pets Yes No

Agency that will operate the pet shelter _____ Phone # _____ 24 hour # _____

ADDITIONAL INFORMATION

Shelter agreement signed Yes No Date signed _____ Notes _____

Pre-designated shelter team assigned Yes Team name _____ No

Current facility floor plans available Yes Location of copies _____ No

International Association of Venue Managers (IAVM) facility Yes No

Use the [Standards for Selection of Hurricane Evacuation Shelters](#) to select hurricane evacuation shelters. In this document, you will find a planning process that involves many factors (e.g. technical information for storm surge and flood mapping). This process requires close coordination with local officials for technical information to make decisions about hurricane shelter suitability. Use the Facility Construction section to assist with determining whether this can be a hurricane evacuation shelter.

Shelter can be a hurricane evacuation shelter Yes No Notes _____

Survey Conductors *(List all who participated in the survey)*

Name	Title	Organization	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIMITATIONS OF FACILITY USE

Check one This facility will be available for use at any time during the year This facility is only available for use during the time periods listed below This facility is not available for use during the time periods listed below

Dates (mm/dd/yyyy)	Times (hh:mm)	Dates (mm/dd/yyyy)	Times (hh:mm)
From _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	From _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
To _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	To _____	<input type="checkbox"/> AM <input type="checkbox"/> PM

List any recurring dates that the facility is not available (e.g. every sunday) _____

Areas of the facility that are restricted during use _____

FACILITY CONSTRUCTION & SAFETY

Facility Construction

Construction material Wood Masonry/Brick Pre-fab Bungalow Concrete Metal Trailer Pod Other _____

stories/floors _____ Notes _____

Elevator Yes No Location _____ Notes _____

Open roof-spans (see [Standards for Selection of Hurricane Evacuation Shelters](#) for current standards) Yes No Length _____ No

Windows in sleep area Yes No If yes, shatter protected Yes No If yes, protected with shutter Yes No

Fire & AED Safety

Some facilities may not meet fire codes based on building capacity. The questions below are a general reference. Contact your local fire department with questions or for more information.

Fire alarms & systems (check all that apply) Working smoke detectors Inspected fire alarm system Functional sprinkler system Functional direct fire department alert

Comments from fire department _____

AED(s) on site Yes No Location _____ No

Facility Inspection Point of Contact

If requested, who would inspect this facility post-impact to determine it is safe to occupy?

Name _____ **Title** _____ **Phone #** _____

24 hour # _____ **Fax #** _____ **Email** _____

Contact notes _____

SANITATION, FEEDING & UTILITIES

Sanitation, Utilities & Power

The recommended ratio for toilet facilities is a minimum of 1 toilet for 20 people. The optimum scenario for showers is 1 shower for every 25 residents. Count all facilities that will be available to shelter residents and staff.

Showers available Yes **# of showers** _____ No **Toilets available** Yes **# of toilets** _____ No

Check all that apply **Heating** Electric Natural Gas Propane Fuel Oil **Cooling** Electric Natural Gas Propane

Check all that apply **Cooking** Electric Natural Gas Propane **Water** Municipal Well(s) Trapped

Self-sufficient power Yes **Type** _____ No

Note fuel requirements, generator capacity, facility areas supported by generator(s), and other relevant information.

Emergency generator on site Yes No **Notes** _____

Feeding

Food Prep (*check all that apply*) Warming oven kitchen Full service Central kitchen (delivery)

Food stock stored on site Yes **# meal can be served** _____ No **Refrigeration units on site** Yes **# units** _____ No

Seating capacity Cafeteria _____ Snack Bar _____ Other indoor seating _____ **Total estimated seating capacity for eating** _____

Notes on feeding _____

ACCESSIBILITY

See accompanying Shelter Facility Survey-Accessibility Instructions.

Facility Construction Facility built in 1993 or later, or extensively altered in 1992 or later. _____ Yes No

Parking Areas Parking available. _____ Yes No

Answer below if parking is available

Accessible parking space(s) Yes No **Notes** _____

Van accessible parking space(s) Yes No **Notes** _____

Drop-off/ Loading Area Permanent drop-off area/loading zone with marked access aisle or space available to designate as temporary drop-off area/loading zone. _____ Yes No

Facility Entrance

- Sidewalk connects parking area and any drop-off area to at least one facility entrance. Yes No
- Route from accessible parking spaces and any drop-off area/loading zone to at least one facility entrance has no steps or curbs without curb cuts. Yes No
- Where route crosses curb, curb cuts are at least 36" wide. Yes No
- Automatic doors or doors without knob hardware. Yes No
- Doorways at least 32" wide when door is open. Yes No
- Level landings on interior and exterior sides of entry door. Yes No
- No objects protrude from the side more than four inches into the route to the facility entrance. Yes No
- If the main facility entrance does not appear to be accessible, another entry is accessible. Yes No
- A sign identifies the location of the accessible entrance. Yes No

Routes to Service Delivery Areas

- A route without steps is available to access each service delivery area, as well as restrooms and showers or service can be provided in area that can be accessed by route with no steps. Yes No
- Using a yard stick held horizontally at your waist level, walk from the facility entrance to each service delivery area, as well as restrooms and showers. Except at doorways (which must be only 32" wide), no part of the route is less than 36" wide. Yes No
- Route has vertical clearance of at least 80". Yes No
- No objects protrude from the side more than 4" into the routes to the various service delivery areas. Yes No
- Automatic doors or doors without knob hardware. Yes No
- Doorways at least 32" wide when door is open along routes to each service. Yes No
- If a service delivery area is accessible only by elevator, there is back-up power for the elevator(s). Yes No

Ramps

- Ramps are at least 36" wide, have handrails on both sides 34"-38" above the ramp surface, and have level landings at least 60" long. Yes No
- If yes, type of ramp** Fixed Portable Not provided
- If ramps are longer than 30 feet, a level landing at least 60" long is provided every 30 feet. Yes No

Restrooms

- Area where person in a wheelchair can turn around (60-inch diameter circle or T-shape turn area). Yes No
- Doorways at least 32" wide when door is open. Yes No
- Doors without knob hardware. Yes No
- Toilet seat is 17"-19" high. Flush control is automatic or manual control on the open side of the toilet and no higher than 48". Yes No
- Toilet's centerline is 16"-18" from the nearest side wall. Yes No
- Stall at least 60" wide and 56" deep (wall-mounted toilet) or 59" deep for (floor mounted toilet). Yes No
- Space at least 9" high is provided beneath the front and one side of the stall. Yes No
- Appropriate grab bars. Yes No
- Toilet paper dispenser is within 36" of the rear wall. Yes No
- At least one accessible sink. Yes No

Showers

Showers available. Yes No

Answer below if showers are available

At least one accessible shower stall with appropriate grab bars. Yes No

Stall type Transfer stall Roll-in shower Not provided

Shower seat 17"-19" high. If in transfer stall, seat is on the wall opposite the shower controls. If in roll-in shower, seat is on wall adjacent to the shower controls. Yes No

Hand-held shower spray with ability to mount at 48" (typically via a mount that can be adjusted along a fixed vertical bar), or alternatively a fixed shower head at 48". Yes No

Controls do not require tight grasping, pinching or twisting and are mounted 38"-48" high and no more than 18" from the front of the shower. Yes No

Eating areas

At least some tables have tops 28"-34" high and space underneath at least 27" high, 30" wide and 19" deep. Yes No

Serving line or counter no higher than 34". Yes No

Assessment

Relevant areas of the facility are accessible to people with disabilities without adjustments. Yes No

Facility has at least one accessible entrance and one accessible restroom, and otherwise is capable of being made accessible during a disaster with minor adjustments. Yes No

Facility would require extensive adjustments to be accessible during a disaster. Yes No

Adjustments for Accessibility (*Identify any adjustments or enhancements that should be made to make the relevant areas of the facility accessible during a disaster*) _____

OTHER CONSIDERATIONS

Additional Facilities & Space

Isolated care areas Yes No **Type of area** Rooms Shelter area Separate facility/area **Shelter registration area** Yes No

Laundry facilities Yes No **# of washers** _____ **# of dryers** _____ **Who can access the laundry facilities** Shelter workers Shelter residents

Special conditions or restrictions for laundry _____

Available Materials

One cot and two blankets per shelter resident is recommended. Note all available materials for shelter use in the notes section.

Cots available Yes No **# of cots** _____ **Location** _____

Blankets available Yes No **# of blankets** _____ **Location** _____

Children's supplies (e.g. cribs & changing table) Yes No **Chairs & tables available** Yes No **# of chairs** _____ **# of tables** _____

Notes _____

Attachment 3

Attachment 3

ESF 6 Shelter Strike Team Standard Operating Guidelines

Purpose

The purpose of a Shelter Strike Team (SST) is to assist local jurisdictions with shelter operations if the American Red Cross is not authorized to do so. This would be a rare occurrence based on Red Cross policy and procedures (e.g., Red Cross policy prevents opening shelters in surge zones pre-event).

Local jurisdictions are discouraged from opening non-Red Cross shelters, however if one is requested and Emergency Support Function (ESF) 6 is directed by the State Coordinating Officer (SCO) to assist, a SST may be activated to support the request. . SSTs may also be activated as part of a statewide shelter operation that requires personnel to travel to other DFCS Regions to assist. Local jurisdictions will have fiscal and liability coverage responsibility for all Non-Red Cross shelters.

In addition, SSTs may also be activated if assistance is needed with the management and operation of a temporary facility or camp to house emergency workers during an event or disaster.

Authorization for Activation of the SST

The State ESF 6 Coordinator in conjunction with the DHS/DFCS Emergency Coordinator and through coordination with State and Local Emergency Management Agencies can authorize the activation of the SST(s).

The Georgia Emergency Management Agency (GEMA) as designated by the Governor, may authorize the activation of the SST(s) at the request of a local jurisdiction or if there is a need for assistance with housing for emergency personnel.

Credentials

Each team member must complete an ESF 6 SST application/contact form and must provide updated contact information to the ESF 6 Coordinator annually or as requested. Team leaders will be chosen based on training, past experience and supervisory experience. Team members will be chosen based on training and past experience.

SST Composition

Currently, there are two (2) pre-identified SSTs in the state. These teams consist of shelter trained staff from DHS/DFCS. The goal is to create two (2) additional teams and to include additional state agency personnel (i.e., DHS/Aging Services, Department of Public Health and Mental Health) within the next two years. Shelter staffing and resources are based on 24 hour operations with two (2) shifts of twelve (12) hours each. Teams will be staffed based on the scope of the event or disaster and staffing can be expanded or reduced to meet required needs. Strike teams are typed according to National Incident Management System (NIMS) guidelines and are defined below:

Type III Shelter Strike Team (0 to 200 evacuees)

Staff:

Two (2) Shelter Managers (DHS/DFCS)

Eight (8) Shelter Operations Staff (DHS/DFCS)

The goal is to add two (2) personnel from each of the following agencies to the team by June, 2016:

- Public Health Nurses or authorized nursing staff (may include EMTs, LPNs, Nursing Students or other Nursing Volunteers)
- DHS/ Aging Services
- Department of Behavioral Health and Developmental Disabilities

Support Staff and Resources:

One (1) Environmental Health representative (for initial shelter inspection prior to opening)

One (1) SST "Go Kit" which includes equipment, office supplies and basic human needs items to assist with operating the shelter (see attached list)

Emergency Shelter Trailer(s) with Tow Vehicle(s) and Driver(s) which includes cots, comfort kits and nursing kit(s), plus signage and additional supplies. Shelter trailers will be requested and obtained from County Emergency Management Agencies based on the scope of the event.

Additional Support (may be requested based upon the scope of the event):

Salvation Army Canteen(s) or Kitchen

Georgia Baptist Kitchen(s)

Water and snacks – *Optional (depending upon the scope of the event)*

Additional supplies based on number of shelter residents and scope of the event

Traffic control and security assistance

Type II Shelter Strike Team (201-500 evacuees)

Staff:

Two (2) Shelter Managers (DHS/DFCS)

Sixteen (16) Shelter Operations Staff (DHS/DFCS)

The goal is to add four (4) personnel from each of the following agencies to the team by June, 2016:

- Public Health Nurses or authorized nursing staff (may include EMTs, LPNs, Nursing Students or other Nursing Volunteers)
- DHS/ Aging Services
- Department of Behavioral Health and Developmental Disabilities

Support Staff and Resources:

Environmental Health representative (for initial shelter inspection prior to opening)

Two (2) SST "Go Kits" which include equipment, office supplies and basic human needs items to assist with operating the shelter (see attached list)

Emergency Shelter Trailers with Tow Vehicles and Drivers which includes cots, comfort kits and nursing kits, plus signage and additional supplies. Shelter trailers will be requested and obtained from County Emergency Management Agencies based on the scope of the event.

Additional Support (may be requested based upon the scope of the event):

Salvation Army Canteen(s) or Kitchen

Georgia Baptist Kitchen(s)

Water and snacks – *Optional (depending upon the scope of the event)*

Additional supplies based on number of shelter residents and scope of the event

Traffic control and security assistance

Type I Shelter Strike Team (501-1000 evacuees)

Staff:

Two (2) Shelter Managers (DHS/DFCS)

Two (2) Assistant/Deputy Shelter Managers (DHS/DFCS)

Twenty Four (24) Shelter Operations Staff (DHS/DFCS)

The goal is to add six (6) personnel from each of the following agencies to the team by June, 2016:

- Public Health Nurses or authorized nursing staff (may include EMTs, LPNs, Nursing Students or other Nursing Volunteers)
- DHS/ Aging Services
- Department of Behavioral Health and Developmental Disabilities

Support Staff and Resources:

Environmental Health representative (for initial shelter inspection prior to opening)

Four (4) SST “Go Kits” which include equipment, office supplies and basic human needs items to assist with operating the shelter (see attached list)

Emergency Shelter Trailers with Tow Vehicles and Drivers which includes cots, comfort kits and nursing kits, plus signage and additional supplies. Shelter trailers will be requested and obtained from County Emergency Management Agencies based on the scope of the event.

Additional Support (may be requested based upon the scope of the event):

Salvation Army Canteen(s) or Kitchen

Georgia Baptist Kitchen(s)

Water and snacks – *Optional (depending upon the scope of the event)*

Additional supplies based on number of shelter residents and scope of the event

Traffic control and security assistance

Concept of Operations

Once the need for a team(s) has been identified through a request from a local jurisdiction through the State Operations Center (SOC), the State ESF 6 Coordinator and the DFCS Emergency Coordinator will determine which team(s) will be deployed to the affected county or region. Team leaders will be contacted by the DFCS Emergency Coordinator using the ESF 6 Notification Guidelines and given deployment details. Team leaders will contact other team members identified on supplied rosters. Team leaders will maintain communication with the State ESF 6 Coordinator and the DFCS Emergency Coordinator throughout the team’s deployment.

Team members will operate under the direction of the SST Leader. Team members will meet at the identified shelter location and will connect with a pre-identified Environmental Health representative(s)

for the initial shelter inspection. Once approved by Environmental Health, the shelter will be set up and opened by the Strike Team.

Every effort will be made to obtain necessary resources to support shelter operations at the local level. If requested, the State ESF 6 Coordinator in conjunction with the DFCS Emergency Coordinator will contact GEMA Operations and ESF 7 (Logistics) to acquire additional resources to support the operation. Feeding requirements as determined by the SST will also be coordinated with the American Red Cross, Salvation Army and/or Georgia Baptist Convention and may require assistance from ESF 7 personnel at the SOC.

Once shelter trailers arrive at the designated facility, SST Members will unload and set up equipment and supplies and will be ready to receive evacuees or emergency workers.

SST personnel will conduct initial sign-in and assessment of shelter residents and determine if any functional or specific needs are required by any of the residents. If so, the Team Leader will contact the State ESF 6 Coordinator who will coordinate with appropriate partner agencies to fulfill the identified need(s).

The SST Leader will provide twice daily counts of shelter residents to the State ESF 6 Coordinator (at midnight and noon) so the GEMA SOC (State Operations Center) has accurate information to be included in situation reports.

Closing of the shelter will be determined by the SST Leader in conjunction with the local EMA, the State ESF 6 Coordinator and DFCS Emergency Coordinator. If the shelter/camp is for emergency workers, the decision to close the facility will be determined by the State Coordinating Officer or designee.

The SST Leader and members will demobilize shelter equipment for return to the appropriate county. County EMAs will pick up the shelter trailers from the facility for return to their home base.

Once the SST is demobilized, documentation for staff time, travel and other authorized expenses must be submitted to their agency's Finance Officer or designee within ten (10) days of the shelter closing to ensure reimbursement deadlines are met and employees receive compensation for their assistance. The SST Leader will collect expense documentation from DFCS employees for submission to the DFCS Finance Officer. All other agencies must submit their costs to their own Finance Officer for submission to FEMA or for payment. The DFCS Finance Officer will submit expenses for the SST to the Department's Finance Officer within twenty one (21) days of the shelter closing date.

The Finance Officer or designee for each agency involved in this effort, must compile their own agency costs and submit to the Public Assistance Office at GEMA prior to the deadlines established by FEMA. Submission of documentation to GEMA is dependent upon a Presidential Disaster Declaration. If a Presidential Disaster Declaration is not received for the event or disaster, each agency is responsible to participating Strike Team personnel for compensation according to that agency's policies and procedures.

Training and Exercise for SSTs

Personnel identified as SST members will be required to complete the American Red Cross Shelter training, FEMA IS 100, 200, 700 and 800 and should also complete FEMA 300 and 400. Team members

must participate in at least one exercise or drill per year to ensure readiness for an actual event or disaster.

Unannounced drills and exercises will be conducted by the State ESF 6 Coordinator and the DHS/DFCS Emergency Coordinator and will be conducted in coordination with local ARC, local public health, and EMA to ensure readiness.

**State of Georgia
Emergency Support Function (ESF) 6
Shelter Strike Team Application and Contact Form**

Hire Date: _____

Check all that apply:

Credentials

- | | |
|---|---|
| _____ ARC Shelter Supervisor Training | Do you speak another language other than English? _____ |
| _____ ARC Shelter Operator/Fundamentals of Sheltering | If so, what language(s)? _____ |
| _____ FEMA IS 100, 200, 700, 800, all (circle course) | _____ |
| _____ FEMA 300 and 400 | _____ |
| _____ Other Specialized Training (list below)* | |

First Name: _____ Last Name: _____ Middle Initial: _____ Suffix: _____

Office Phone# _____ Cell Phone # _____ After Hours # _____

Agency: _____

Title: _____

E-mail Address: _____

County/Region of Employment: _____

Education/Degree(s): _____

Briefly list or describe any emergency response events or exercises that you have participated in or responded to related to sheltering (clearly state if it was an actual event or an exercise):

Manager/Supervisor responsibilities:

*Other Credentials:

Current Supervisor (print name): _____

Current Supervisor (signature): _____ Phone #: _____

(Note: By having your supervisor sign this application they are aware and approving that the above applicant is subject to emergency deployment to a possible disaster zone for up to 14 days during an event.)

Attachment 4

ESF 6 Notification Guidelines for DFCS Shelter Support

- Local Emergency Management Agency (EMA) Director determines the need for a shelter

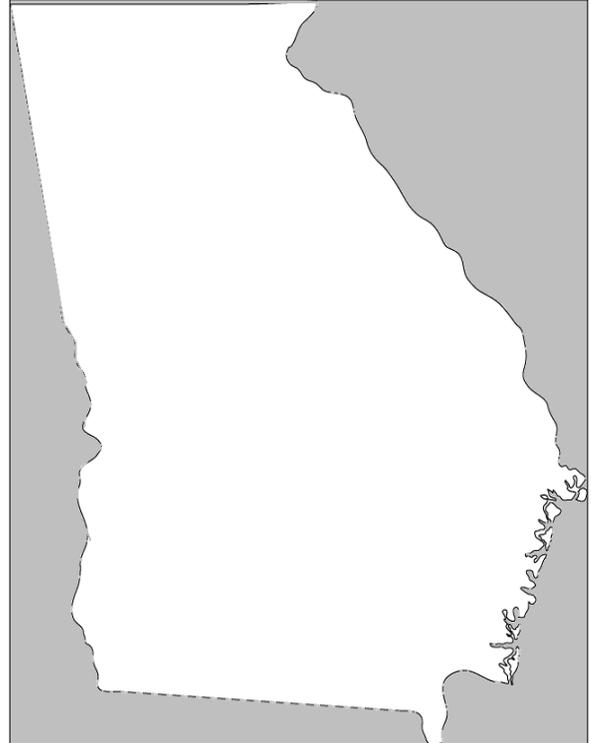
IMPORTANT NOTE: Requesting DHS/DFCS Staffing Assistance for shelters directly is discouraged. It is preferred that EMA first contact their local Red Cross Chapter to request shelter operation support. If local Red Cross does not have staff available to support the request, they will contact the local DFCS Office or will ask the Georgia Region ARC Headquarters (Regional) to assist with coordinating DFCS staff through State ESF 6 personnel (i.e., State DFCS EM Coordinator or Mass Care Coordinator).

- Local EMA Director contacts local Red Cross Chapter to request support
- Local Red Cross Chapter contacts Regional Red Cross representative to coordinate available Red Cross shelter resources to support the local request
- Regional Red Cross representative notifies State ESF 6 Coordinator(s) and/or designee. This may be notification only, or may be a request for additional support from primary and/or other support agencies under ESF 6
- Resource support to Red Cross for shelter operations may be in the form of staffing, feeding support, functional needs support services or other item or service to ensure shelter meets the needs of residents/impacted citizens
- Primary staffing resources will be coordinated through the State ESF 6 Coordinator(s) and the State Division of Family and Children Services (DFCS) Emergency Management Coordinator (SEMC). Those contacts and support will be coordinated as follows:
 - DFCS has fifteen (15) Regional Emergency Management Coordinators/Regional Directors who have the responsibility to ensure at least 20% of each county in the region's staff have been shelter trained and to provide staff upon request to support shelter operations, Disaster Recovery Center operations and Disaster Food Stamp Program operations if applicable before, during and immediately following a disaster.
 - The SEMC will make contact with the appropriate DFCS Regional Emergency Management Coordinator (REMC) or Regional Director (depending upon how each region has structured its shelter response procedures/process).
 - DFCS REMCs or Regional Directors, when requested, will identify staff from their region to respond to a Red Cross request for shelter staffing support.
 - DFCS REMCs may receive direct requests from local EMA Directors. If this occurs, REMCs or Regional Directors should coordinate with local Red Cross Chapter representatives and notify the SEMC to ensure there is good coordination and communication throughout the operation between all participating agencies/organizations.

- DFCS SEMC will notify the ESF 6 Coordinator(s) who will in turn maintain contact with all primary and support agencies involved in the operation and provide updates to the Georgia Emergency Management Agency (GEMA), partner agencies and ensure Web EOC is updated to reflect all shelter and/or ESF #6 activities.
 - Individual County DFCS Offices that receive direct requests from Red Cross or EMA to provide assistance, should notify their REMC so information and updates can be provided to senior staff, GEMA and tracked appropriately in Web EOC.
 - Multiple incidents within a DFCS Region should be relayed to the SEMC by the REMC so that appropriate support can be provided to assist with coordination and communication.
 - Once personnel have been identified by a particular DFCS Region to support shelter, DRC or DSNAP operations, they will be deployed to the assigned facility to work.
- All state personnel deployed to a location to support local disaster response should track expenses and be prepared to provide documentation for the following once they have been demobilized: time, travel, and other approved expenses.

Attachment 5

State Durable Medical Equipment (DME) Cache Standard Operating Guidelines



*Attachment to the Emergency Support Function #6: Mass
Care, Sheltering, Housing & Human Services*

April 2013

INTRODUCTION

Purpose

This Standard Operating Guide was developed to assist Emergency Support Function (ESF) 6 personnel in the State Operations Center (SOC) to access the State Durable Medical Equipment (DME) Cache if needed to support local jurisdictions as a result of a disaster.

Concept of Operations

The State DME Cache is comprised of three (3) each of seven (7) types of support kits and a small number of additional medical supplies that can be requested to support shelter residents when local resources have been exhausted (See Attachment A for list of available DME and supplies). These DME resources will allow shelter supervisors to provide reasonable accommodations to individuals with access and functional needs within a shelter and allow these individuals to maintain their independence while at the shelter.

Typically, items from the State DME Cache will be utilized during a major or catastrophic disaster; however these items may also be utilized for mutli-county/regional incidents that require assistance beyond the capability of local jurisdictions to respond. In all cases, the State DME Cache will be coordinated through the SOC and ESF 6 personnel.

Depending upon the nature of the event or incident, ESF 6 personnel in coordination with the American Red Cross (ARC), Georgia Emergency Management Agency (GEMA) Operations, and Friends of Disabled Adults and Children (FODAC) may decide to pre-deploy some or all of the State DME Cache to staging areas (to be determined at the time of the incident) closer to the impacted area in order to expedite delivery to shelters.

Requests for DME from the State DME Cache should only be made when all local and regional DME resources have been exhausted. Prior to making a request, county EMA and local ARC should examine all possible avenues within their community and organization to provide the requested resource. Local ARC will also follow established procedures for requesting shelter resources. Attachment B describes the normal process for requesting shelter support.

NOTIFICATION AND REQUEST PROCESS

Requests for items from the State DME Cache will be received and routed via one of the following options:

- Submitted via WebEOC by County EMA or local ESF 6 representative and assigned to State ESF 6
- Called in to SOC Action Officer when SOC is activated and assigned to ESF 6
- Called in or submitted to the State Warning Point and assigned to ESF 6
- Submitted by the Georgia Region ARC Government Liaison when there is a need for coordination of multiple requests

Once requests are received and assigned, an ESF 6 Resource Officer (see Attachment D for ESF 6 Resource Officer position description) will contact the requestor to obtain the necessary specifics for the item(s) requested using the attached "State Durable Medical Equipment Request Form" (see Attachment E). ESF 6 may require the form to be completed by the requestor and faxed or e-mailed to the SOC or if feasible, the ESF 6 Resource Officer may complete the form for the requestor via telephone.

Within six (6) hours of receiving and confirming details of the request and prior to mobilizing the State DME Cache, the ESF 6 Resource Officer will attempt to locate the requested item(s) from other sources outside the impacted counties/region. See Attachment C, "Durable Medical Equipment Request Flowchart." Other possible sources include, but are not limited to, non-impacted counties/regions, other ESFs to include ESFs 7 (Logistics) and 8 (Health and Medical), and Georgia Volunteer Agencies Active in Disasters (GAVOAD).

Once other options for obtaining the requested DME have been exhausted, the ESF 6 Resource Officer will request the item(s) through FODAC, the State DME Cache vendor (see page 8 for list of appropriate contacts and preferred methods of communication). A copy of the completed DME Request Form will be attached to the specific mission in WebEOC and e-mailed to FODAC to respond. All actions related to the request will be documented in WebEOC.

FODAC will contact the local requestor arrange for the delivery and set up of the requested DME. FODAC staff may also work with shelter staff if necessary to demonstrate the use of equipment. FODAC has the ability to send multiple trucks and drivers to shelter locations throughout the state. Depending upon the situation, the need, and the economic feasibility, ESF 6 and FODAC representatives may choose to deliver an entire support kit to a shelter in lieu of just one individual item. This will make the remaining items in the kit available to the shelter supervisor and staff if needed for other shelter residents and make additional equipment more readily accessible should other shelters need access. The ESF 6 Resource Officer will coordinate with FODAC and

the receiving shelter if movement of equipment is necessary in order to account for deployed cache items. Additionally, FODAC has the ability to deliver all or portions of the State DME Cache to a designated staging area(s). This may be considered if there is a need to assist a large population of individuals with functional and access needs concentrated in one or more shelters in the same area/region.

DME deliveries from FODAC will be made within 24-48 hours of request by State ESF 6. FODAC will continue to provide updates to ESF 6 in the SOC related to deployed equipment. The ESF 6 Resource Officer will maintain mission requests in WebEOC for tracking and documentation purposes. Updates should include expected arrival times, confirmation of delivery and set up of equipment/supplies, confirmation of pick up and return of equipment, etc. (i.e., en-route, on-scene, demobilizing, etc).

DEMOBILIZATION

Once the decision is made at the local level to close the shelter(s) and is communicated to ESF 6 in the SOC, The ESF 6 Resource Officer will contact the original requestor to arrange for demobilization and pick up of equipment from the shelter(s).

The ESF 6 Resource Officer will notify FODAC of the intention to close the shelter(s) to include date(s) and time(s). The ESF 6 Resource Officer will instruct local ARC and shelter staff (through Georgia Region ARC and/or the Department of Family and Children, DFCS personnel managing the shelter(s)) to place equipment in a central location within the shelter for pick up by FODAC. FODAC will pick up and return DME within 24-48 hours of shelter closure. It is the original requestor's responsibility to ensure the equipment is ready for pick up after the shelter closes.

FODAC will coordinate with the original requestor or other local point of contact to assist Individuals still requiring DME after a shelter closes. FODAC has the ability to assist individuals who have not yet received permanent replacement equipment. FODAC will reach out to other DME providers to assist survivors in need of equipment and when possible, may provide DME from their existing stock.

ESF 6 personnel in conjunction with local EMA and local ARC will ensure FODAC has access to each facility for equipment retrieval/demobilization. FODAC will pick up, clean, sanitize and inspect used DME from shelters and return it to the State DME Cache. Any damaged equipment will be reported to GEMA and ESF 6 representatives.

FODAC will notify the ESF 6 Resource Officer when equipment has been picked up and returned to FODAC. This will be done for each support kit/shelter as equipment is demobilized. The ESF 6 Resource Officer will update WebEOC and close out mission request(s) as appropriate.

ROLES AND RESPONSIBILITIES

Georgia Emergency Management Agency (GEMA)

GEMA will provide coordination and technical assistance to local EMAs, local ARC/ESF 6, State ESF 6 and FODAC related to receiving and routing requests for DME at shelters according to this Standard Operating Guide and will provide support through ESF 7 (Logistics) in locating and obtaining DME through other sources if needed (i.e., county mutual aid, EMAC, etc.). GEMA will also provide guidance and assistance in obtaining other support to shelters related to providing Functional Needs Support Services, to include assistance with movement and staging of resources if necessary.

Georgia Department of Human Services (DHS)/ESF 6

DHS, is the lead agency for ESF 6 and provides staff within the SOC to coordinate mass care and sheltering for the state. DHS/ESF 6 personnel will receive, initiate and coordinate requests for support from local jurisdictions related to the State DME Cache in conjunction with FODAC, local EMA, the American Red Cross and GEMA Operations. ESF 6 personnel will ensure requests are documented properly from the initial request through demobilization. Personnel will maintain updates and information in WebEOC related to each DME request and will coordinate multiple requests when needed.

Friends of Disabled Adults and Children (FODAC)

FODAC will provide maintenance and storage for three (3) each of seven (7) DME support kits as referenced in an agreement between GEMA and FODAC. This agreement is accessible by contacting the GEMA Finance Division. The seven (7) Support Kits are as follows:

- Accessibility Support Kit
- Mobility Support Kit
- Communications Support Kit
- Toileting/Bathing Support Kit
- Feeding Support Kit
- Bedding Support Kit
- Dressing Support Kit
- Additional Medical Supplies

Kits have been purchased by GEMA and will be stored at FODAC; 4900 Lewis Road; Stone Mountain, Georgia. Each kit will be clearly labeled with contents and shrink wrapped on pallets. Items exceeding

\$500 have been labeled with GEMA property tags for tracking purposes. An easily accessible area has been designated within the FODAC warehouse to store this cache.

FODAC will inspect stored kits annually and report to GEMA and ESF 6 any items that may need to be replaced due to age or expiration date. FODAC will conduct an annual drill with staff members to ensure that equipment request processes will be carried out without complications.

FODAC will deliver, set up and provide demonstration of use of DME to individual shelters upon request from ESF 6 in the SOC. Delivery and set up of equipment will be made within 24-48 hours of the request being authorized by the SOC. FODAC can provide multiple trucks and drivers for delivery of DME to shelters if necessary. If requested, FODAC will work directly with local ARC and/or shelter supervisors to identify and supply DME for shelter residents needing more permanent replacement of equipment. FODAC will reach out to other DME providers if needed or may provide DME from their stock if available.

FODAC staff will make one (1) trip after shelter(s) have been closed to retrieve DME. FODAC will clean, sanitize and inspect equipment for damage before returning it to the State DME Cache at their warehouse. FODAC will notify GEMA if any equipment needs to be replaced due to loss or damage.

Georgia Region – American Red Cross

The Georgia Region of the American Red Cross (state level) will coordinate with DHS/ESF 6 personnel related to providing DME requested by shelters. ARC Shelter Supervisors will follow current ARC procedures for requesting items at shelters. Georgia Region ARC will coordinate with local ARC chapters and local EMA to locate DME resources within the community or region and/or through ARC logistics.

Georgia Region ARC personnel will ensure ARC shelter staff and management understand the process and requirements for requesting item(s) from the State DME Cache. If multiple requests for DME are received, Georgia Region ARC will participate in coordination efforts for delivery of DME to appropriate facilities.

Georgia Region ARC will coordinate with local ARC and provide updates and assistance to State ESF 6 related to DME requests, delivery, set up and demobilization. Georgia Region ARC will also be available to assist local ARC and/or DHS/DFCS as well as FODAC in determining which individuals will need additional DME assistance once the shelter has closed. Georgia Region ARC will coordinate with FODAC and other DME organizations to provide this equipment prior to the individual prior to leaving the shelter if possible.

Local Emergency Management Agencies/Local American Red Cross Chapters

Local EMAs and local ARC will make requests for DME on behalf of a shelter and will coordinate with shelter supervisors related to the specific needs of the individual receiving the equipment. Requests should be made using one of three options for submitting a resource request for state assistance (WebEOC, Action Officer in SOC, and State Warning Point). Local jurisdictions are responsible for supplying resources to shelters if requested and should exhaust all community and regional resources prior to making a request to the state for the State DME Cache.

Local jurisdictions will provide support as necessary to ensure resources are received at the shelter in a timely manner. Local personnel may be asked to supply delivery information, local points of contact, assistance with movement or transportation of a resource, updates regarding shelter operations and intended actions of the jurisdiction related to sheltering, etc.

Assist with demobilization and follow up as needed to ensure all DME has been recovered and returned once the shelter has closed.

State DME Cache Notification List

Georgia Emergency Management Agency

State Warning Point

E-mail: commo@gema.ga.gov

Phone: 1-800-TRY-GEMA

Fax:

Action Officer(s):

Clint Perkins, GEMA Operations

Clint.perkins@gema.ga.gov

404-635-4207

Angela Barton, GEMA Planning

Angela.barton@gema.ga.gov

404-635-7512

404-783-5182

Georgia Department of Human Services (State ESF 6)

ESF 6 Resource Officer, SOC*

E-mail: TBD at the time of the incident

Phone: 404-635-7155; 404-635-7158 or 404-635-7478

Fax: 404-635-7015

Wendy Casey, State Mass Care Coordinator; wmstewart@dhr.state.ga.us

404-463-4080 (office); 404-654-7606 (blackberry)

Frank Billard, State Mass Care Coordinator; dfbillard@dhr.state.ga.us

404-656-4303 (office); 678-618-4941 (blackberry)

*Resource Officer(s) will be assigned at the start of an event by the State ESF 6 Coordinator. Contact information will be relayed to FODAC and the Georgia Region of the American Red Cross when position is activated. Prior to activation of the Resource Officer position, resource requests for DME and other Functional and Access Needs equipment and services will be managed according to established State Operations Center request processes.

Friends of Disabled Adults and Children (FODAC)

Chris Brand, President/CEO: 404-784-5957; chrisbrand@fodac.org

Ruth Rust, Emergency Response: 404-375-7701; ruthrust@fodac.org

Pam Holley, Dir. of Administration: 404-529-1268; pamholley@fodac.org

**Preferred method of contact is a phone call for quickest response. However, text or email is also acceptable.

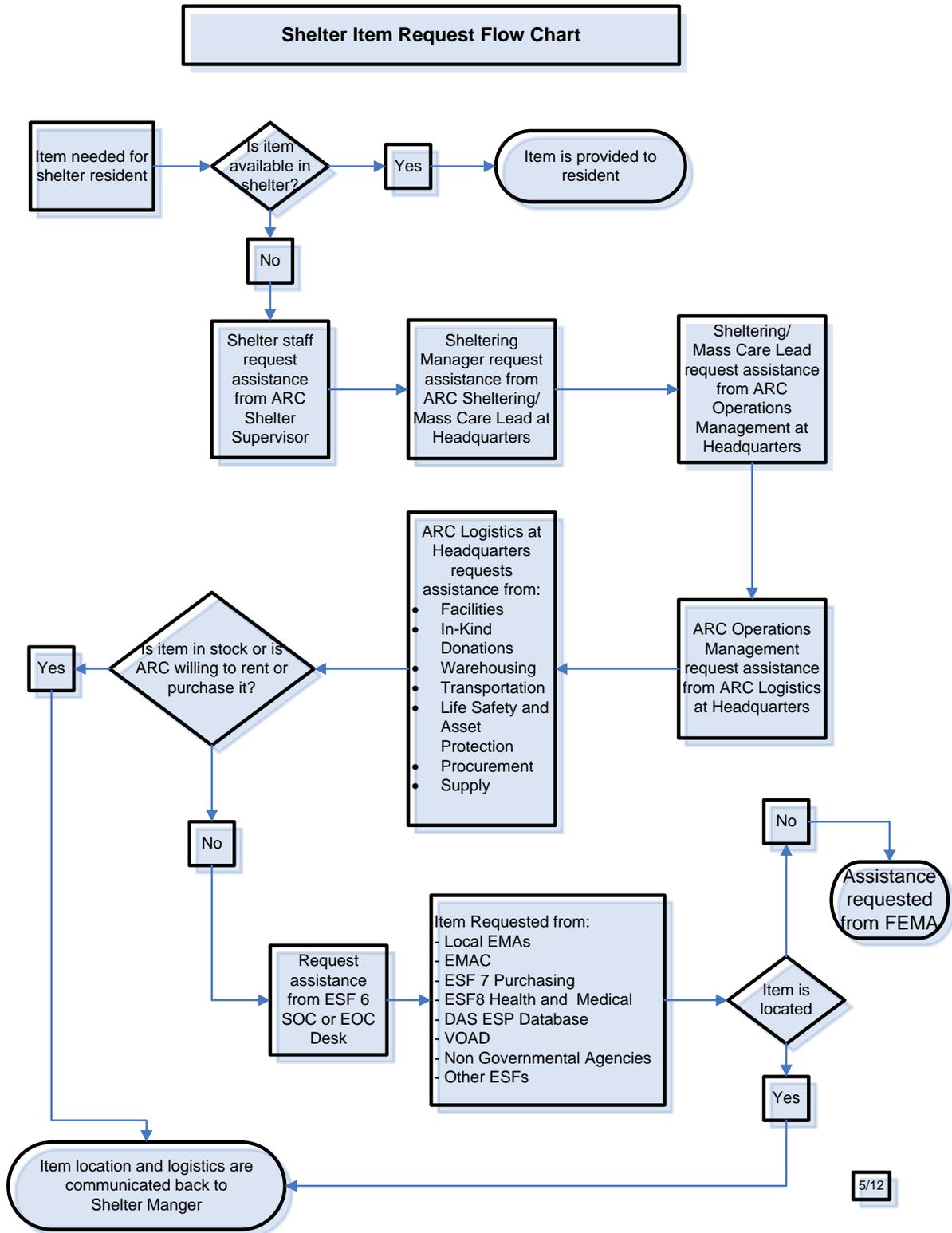
Attachment A
State DME Cache Equipment List
By Support Package

Durable Medical Equipment Resource List			
TOTAL NUMBER	SUPPORT KITS	SPECIFICATIONS	QUANTITY PER KIT
Accessibility Support Kits			
6	Portable Ramp, 3ft	6' x 36" ramp section with handrails	2
6	Thresh 6" (Up to 6 inch threshold ramp)	6" rise-Durable,non-skid, 600 lb. weight capacity	2
Mobility Support Kit			
6	Walker, dual release, standard with wheels; (300 lb. capacity)	Weight Capacity:300 lbs Adjustable Range: 33" - 39" (Handles) Height Max.: 39" Handle Height: 33" - 39" Product Dimensions: 21.5"W x 17.5"D x 33-39"H Foldable Depth: 4 1/2" Approx. User Height: 5'6"-6'6" Product Weight: 5 lbs. 6 oz. Overall width: 21.5"W Style: Dual Release Wheel Size 5" Size: Adult Wheels: Two	2
6	18" Wheelchair, standard seat, manual	Weight Capacity: 250 lbs., Weight: 40 lbs., Seat Width: 18", Seat Depth: 16", Back Height: 18",Set to Floor Height: 19.5", Overall Height: 38", Front Wheel Size: 8", Rear Wheel Size: 24"	2
6	22" Wheelchair, standard seat, manual	Weight Capacity: 450 lbs., Weight: 56.2 lbs., Seat Width 22", Seat Depth: 16"-18", Back Height: 16", 18", Overall Height: 36"	2
6	24" Wheelchair, standard seat, manual	Weight Capacity: 450 lbs., Weight: 56.2 lbs., Seat Width 22", Seat Depth: 16"-18", Back Height: 16", 18", Overall Height: 36"	2
3	Transfer boards, standard 30 inch	Has cutout handles for easy carrying and gripping. Choose either 24 or 30 inch length. You can transfer easily from wheelchair, bed, chair or toilet with this wood Transfer Board. Urethane sealed, coated and polished for smooth transfer.	1
3	Hoyer lift w/chain & sling; 400 lb. capacity	The adjustable U-base has a 5.5" clearance, and the innovative 6-point cradle is compatible with many slings. This lift features a compact power pack and a rechargeable battery. 400 lbs. Weight capacity. Shipping Weight: 112 pounds	1
12	Pairs of Crutches: 1 child, 1 youth, 1 adult, 1 adult forearm	Standards Crutches-Weight Capacity: 250 lbs., Tips Size: 7/8", Forearm Crutches: 300 lbs.,Height Adjustment: 35"-41", durable ortho ease handgrip	4
6	Canes: 1 quad, 1 adjustable aluminum	Quad-700 lbs capacity, right or left hand use, height adjustable, comfortable PVC hand grip, locking ring for additional stability, durable steel construction, Aluminum- 250 lb capacity, round handle, easy height adjustment	2
6	Gait belts (Deluxe)	Easy to grip hand loops, 4" back height offers greater weight leverage, quick release buckle, 100% soft nylon, length: 28"-52"	2
6	Gait belts (Standard)	Specifications (vary based on length)-Small length: 53", medium length: 60", large length: 72", X-large length: 80", Gait belts help prevent caregiver back injuries by providing a leveraged hold on the patient. Constructed from heavy weight 2" cotton webbing.	2
Communications Support Kit			
0	Communications Boards (new)	<i>Will print and include specifications when available.</i>	0
9	Whistles w/lanyard (new)	Whistle with metal lanyard	3
6	Magnifying Glass-3-5x (new)	Magnifier Power Rating 2x3 In Di	2
12	Red Stick Signaling flags	Handheld Warning Flag red 18x18	3

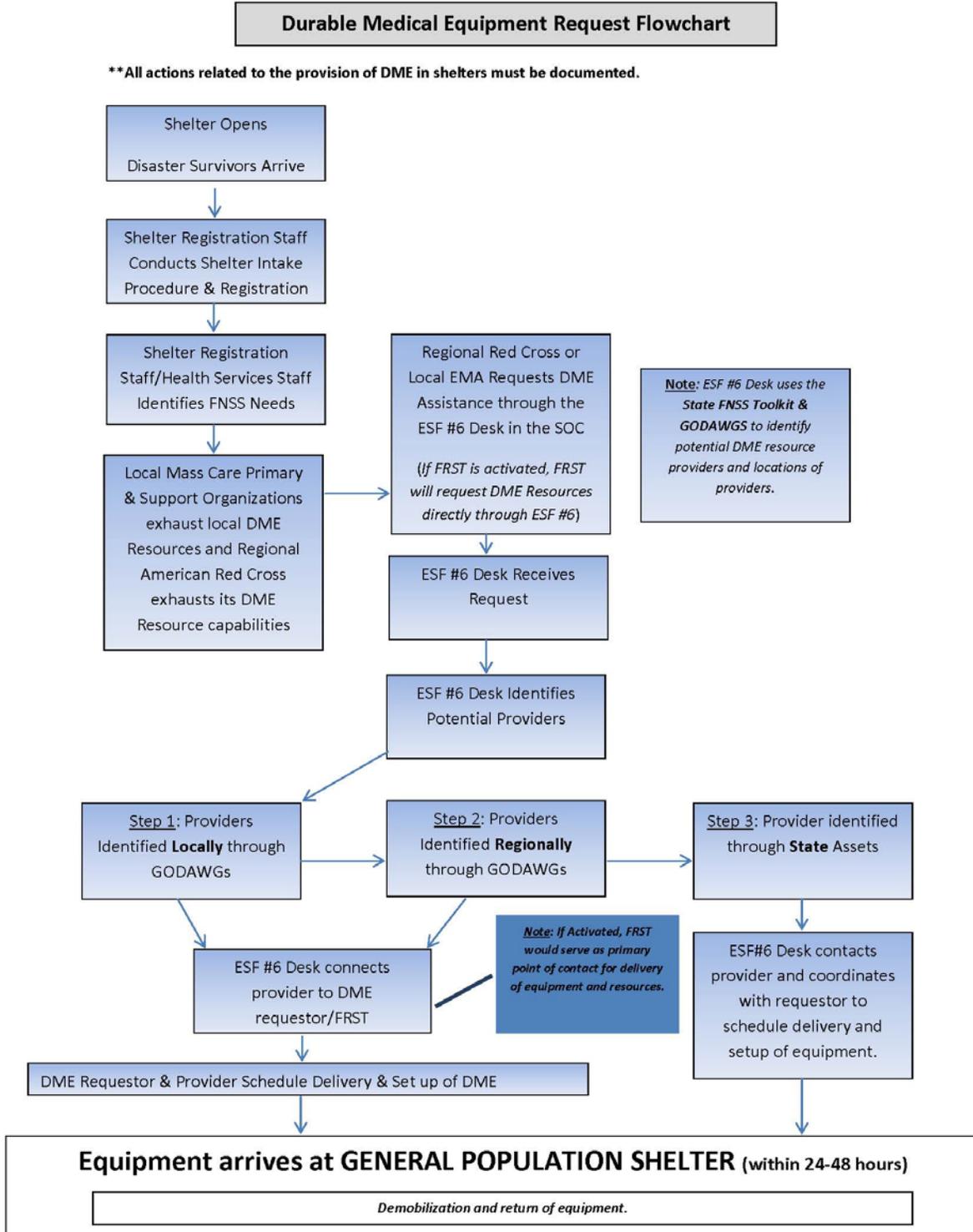
TOTAL NUMBER	SUPPORT KITS	SPECIFICATIONS	QUANTITY PER KIT
Toileting/Bathing Kits			
6	3 in 1 Commode chair for over toilet or bedside use:300+ lb capacity (new)	Base Width: 25", Width Between Arms:19", Seat Width: Surface:16" Inside:8-1/2", Base Depth: 19", Seat Depth: Surface: 14" Inside: 10", Overall Height: 23"-29", Seat to Floor Height: 16"-22", Seat to Arm Height: 7-1/2", Product Weight: 12 lb, Product	2
6	Shower chair with backrest; 400 lb. capacity	Seat Height: From Surface: 13.50", Seat to Floor Height: Min.-Max:16.25" to 20", Seat Width:17",Seat Depth:16.25",Overall Width: At Base: Minimum-Maximum:18.25-18.75, Overall Depth: At Base: Minimum to Maximum:21-22" (depth depends on height setting of legs), Product Weight: 11lbs., Maximum Weight Capacity: 700 lbs.	2
3	Shower chair w/o backrest	Weight Capacity:300 lbs. Unit Weight: 4.4 lbs., Width(outside legs): 19.5", Seat Depth: 12", Seat Width: 20", Overall Depth: 20", Shower seat height range (1"increments): 16"-18"	1
18	Bedpan, plastic	Standard	6
9	Plastic Urinals	Standard	3
6	Handheld shower wand	Bath Faucet Type:hand shower, Connection size (in) 1/2 in., flow rate (gallons per minute):1.75, Number of Spray Settings: 5, Showerhead face diameter: 3.14, ADA Compliant: Yes	2
Feeding Support Kit			
12	Non Skid Feeding plates with raised edges	Combination plate/bowl has a contoured lip that can be used push food onto cutlery. Designed for people with limited muscle control or the use of only one hand. Measures 6x7 1/2"(15.2 x 19.1 cm) x 1 3/4" (4.4 com) deep on the high side. Microwave and dishwasher safe.	4
6	Padded grips for feeding utensils	Feeding aid, flexible utensils (spoon and fork), versatile utensils may be angled or positioned in a variety of directions, foam handle is 1" in diameter and can be customized to fit a user's grip, each utensil weighs only 4oz. And measures 14" long.	2
12	Hand grips for feeding utensils	Stainless steel utensils feature a 1-3/8"(3.5 cm) built-up handle. Soft, latex material has flexible ribbing that adapts to any grip.	4
12	2-handed mugs	5L X 3 W(in), Cup comes with two handles, two lids, one with a spout and one antispash. Dishwasher safe up to 228 degrees. Holds both hot and cold liquids.	3
3	Box Bending Straws	Standard	1
Bedding Kit			
3	Manual bed, 400 lb capacity with sheets	Manual Hospital/Homecare Bed uses hand cranks for all positioning. Hospital Bed has weight capacity of 450-lbs and is available in 80" or 84" sleep surface lengths. Deluxe Innerspring Mattress and Half-Length Rails	1
3	Manual bed, 600 lb capacity with sheets	Full Electric Bariatric Hospital Bed. 42 inch width, 600 lb capacity, T Rails: 18"H x 30 1/2 " W, plus foam mattress	1
12	Adjustable cots, height, raised head and feet Special Needs	500 lb. capacity, heavy duty leg locks on all legs, redundant head elevator, patient restraint strap, slow-on-board bed safety rails	4
12	Privacy screens	Medical 3 Panel with Casters, sturdy, aluminum 1"diameter tubing, screens are 6 mil. White vinyl, easy to maintain and clean, four, 3" hooded casters	4

TOTAL NUMBER	SUPPORT KITS	SPECIFICATIONS	QUANTITY PER KIT
Dressing Support Kits			
6	Reachers	32L X 4 W, aluminum frame, vinyl covered claw spanning 2 1/2" has pad inside at the end of the reacher to pick up larger objects and a magnet at the end of the reacher to pick up smaller objects	2
6	Dressing sticks	This lightweight birch dressing stick is handy for putting on all types of clothing. The dressing stick eliminates the need for bending which makes it perfect for people with arthritis or who have had hip replacement surgery. A plastic "C" hook on one end and a push-pull hook on the other allow for clothes to be handled without snagging. The dressing stick measures 27 1/2" in length and weighs only 5 oz. A collapsible dressing stick for travel is also available. This dressing stick separates into two parts each 14 1/2" in length.	2
Additional Medical Supplies			
18	Assrt braces-2 wrist, 2 knee support, 1 neck support, support hose	Universal Wrist Left and Right Brace- 10in. Length, Universal Wraparound Elastic Knee Support, made from multi-tiered, plush-lined elastic and low-pile laminated material, with a contoured split panel design that prevents pinching, C-Collar Neck Support- 8"long x 4" Front to Back x 2" Thick	6
30	Catheters - FR/Ch14	Intermittent Straight Catheters are DEHP and latex free for safety, with smooth fire polished eyelets for comfortable insertion.	10
6	Leg drain and bag kits	Protects skin from pressure points by placing leg strap connectors and drain valve away from direct contact with leg, safely and easily conducts urine through its drain valve; easy to open, closes securely with limited dexterity. Urinary leg bag kits, 18 oz or 30 oz.	2
1	Universal Battery Charger	Multiple Battery Charger up to 16 receivers or transmitters simultaneously. Recharges AA (3V) products overnight. 120 VAC	
6	Power Strips with 12' cords	Power Strip Hospital Grade 4 Out	2

American Red Cross Request Process



Georgia DME Cache Request Flowchart



**Position Description/Duties
ESF 6 Resource Officer(s)**

- Monitor WebEOC for assigned tasks
- Receive request through WebEOC from ESF 6 Coordinator in SOC
- Contact requestor and complete a “State Durable Medical Equipment Request Form” and any additional information necessary to deploy and deliver all or part of the State DME Cache
- Contact FODAC to relay request (send copy of form to FODAC POC)
- Maintain contact with FODAC and SOC related to status of requests and update WebEOC throughout equipment deployment
- Assist FODAC and requestor with specifics related to request as needed
- Coordinate multiple requests for the most efficient and timely delivery of services to shelters

NOTE: Multiple requests may require coordination with Red Cross, the ESF 6 Coordinator, FODAC and Resource Officer(s) to identify and establish a staging area for multiple kit delivery.

This staging area would be located closer to the impact area or host sheltering communities. Red Cross, EMA or other designated party will pick up specifically requested items from the staging area and deliver to the requesting shelter. This option should only be used if there are multiple shelters open during a large scale event and should be coordinated through ESF6 in the SOC.

- Assist FODAC in obtaining information related to individuals in shelters who need permanent replacement equipment (it is the intent of ESF 6 to make every effort to assist individuals in obtaining permanent replacement equipment prior to them leaving the shelter)
- Once notified of shelter closing(s) by ESF 6 in SOC, contact FODAC with a list of shelters that require pick up of equipment and note any equipment that could not be returned because individual still has the need.
- Utilize EP Coalition Network as appropriate to fill FNSS requests

State DME Request Form



Functional Needs Support Services
State Durable Medical Equipment Request Form

Delivery To: Name: _____ Address: _____ Phone Number: _____	Date of Request: _____ Time of Request: _____ Expected Time of Arrival: _____
---	--

Name of Shelter Resident: _____
Purpose of Equipment: _____
Height of Shelter Resident: _____
Weight of Shelter Resident: _____
Special Requirements for Equipment Use: _____

Type of Kit Being Requested: _____

Specific Items Needed: _____

Delivery & Set-up Arrangements: _____

Additional Information Required: _____

Types of Kits: Accessibility Support Kit, Mobility Support Kit, Communications Support Kit, Toileting/Bathing Support Kit, Feeding Support Kit, Bedding Kit

Attachment 6

AMERICAN RED CROSS
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 none, 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 governmental 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.

For Red Cross Use Only		Form 5972 Rev 02/07
Copy Distribution		
1. Shelter registration on-site file - Mass Care	2. Information Management (Data Entry)	3. Client (if requested)

Registration Intake

These are yes/no observations and questions to support registration staff in identifying and obtaining assistance and supplies for shelter residents.

Observations

1. Does the client or a family member appear to be in need of immediate medical attention, appear too overwhelmed or agitated to complete registration, or is a threat to themselves or others? **Yes** **No**

If Yes, STOP the registration process and do one of the following:

- *If situation is critical and no support is available, call 911 if available.*
- *Contact Health Services and/or Mental Health worker on site.*
- *If no health or mental health resource on site, direct concern to Shelter Manager, or*

If NO, continue the registration process.

2. If the client has a service animal, uses a wheelchair/walker or demonstrates any other circumstance where it appears they may need help in the shelter, acknowledge their need and offer assistance this may include contacting a health services worker.

Contact Shelter Manager for additional support when needed.

Questions:

1. Is there anything you or a member of your family needs right now to stay healthy while in the shelter? **Yes** **No** If NO, is there anything you will need in the next 6-8 hours? **Yes** **No**
2. Do you/family member have a health, mental health, disability, or other condition about which you are concerned? **Yes** **No**

If question #1, or #2 has a YES answer, Health Services and/or Mental Health services must be notified.

Priorities:

First: *Contact Health or Mental Health Services worker on site;*

OR if no health or mental health on site,

Second: *Contact Shelter Manager for follow-up*

OR

Third: *Make a list of clients who have a "yes" response and give the list to the health services volunteer when they arrive.*

Attachment 7

DATE:	CLIENT/FAMILY NAME:	COUNTY/STATE:
Client location in shelter:		Interviewer:

This is a document to cover possible considerations for scenarios of access and functional needs. This is not an all-inclusive checklist, but rather serves as a simple guideline for referral purposes.

COMMUNICATION

NEED:	ACTION:
<input type="checkbox"/> Access to auxiliary communication service	<input type="checkbox"/> Provide written materials in alternative format (Braille, large and high contrast print, audio recording, or readers) <input type="checkbox"/> Provide visual public announcements <input type="checkbox"/> Provide qualified sign language or oral interpreter <input type="checkbox"/> Provide qualified foreign language interpreter
<input type="checkbox"/> Access to auxiliary communication device	<input type="checkbox"/> Provide access to teletypewriter [TTY, TDD, or CapTel] or cell phone with texting capabilities; pen and paper.
<input type="checkbox"/> Replacement of auxiliary communication equipment	<input type="checkbox"/> Provide replacement eyeglasses <input type="checkbox"/> Provide replacement hearing aid and/or batteries

MAINTAINING HEALTH

NEED:	ACTION:
<input type="checkbox"/> Special diet <input type="checkbox"/> Food Allergies _____ (type)	<input type="checkbox"/> Provide alternative (low sugar, low sodium, pureed, gluten-free, dairy-free, peanut-free) food and beverages; _____ (diet type)
<input type="checkbox"/> Medical supplies and/or equipment for every day care (including medications) <i>not</i> related to mobility <i>*For replacement eyeglasses or hearing aid, see Communication</i> <i>*For assistive mobility equipment (e.g., wheelchair), see Independence</i>	<p><i>Refer to Disaster Health Services to provide or procure one or more of the following:</i></p> <input type="checkbox"/> Replacement medication <input type="checkbox"/> Wound management/dressing supplies <input type="checkbox"/> Diabetes management supplies (e.g., test strips, lances, syringes) <input type="checkbox"/> Bowel or bladder management supplies (e.g., colostomy supplies, catheters) <input type="checkbox"/> Oxygen supplies and/or equipment
<input type="checkbox"/> Assistance with medical care normally provided in the home setting <input type="checkbox"/> Allergies (environmental or other high risk) _____ (type) <i>*For medical treatments that are not normally provided in the home setting (e.g., dialysis), see Transportation</i>	<p><i>Refer to Disaster Health Services to provide assistance with one or more of the following:</i></p> <input type="checkbox"/> Administration of medication <input type="checkbox"/> Storage of medication (e.g., refrigeration) <input type="checkbox"/> Wound management <input type="checkbox"/> Bowel or bladder management <input type="checkbox"/> Use of medical equipment <input type="checkbox"/> Universal precautions and infection prevention and control (e.g., disposal of bio-hazard materials, such as needles in sharps containers)
<input type="checkbox"/> Support for pregnant women <input type="checkbox"/> Support for nursing mothers; <input type="checkbox"/> Infant care availability	<input type="checkbox"/> Provide support by ongoing observation <input type="checkbox"/> Provide support and/or room for breastfeeding women <input type="checkbox"/> Assure diaper changing area is available
<input type="checkbox"/> Access to a quiet area	<input type="checkbox"/> Provide access to a quiet room or space within the shelter (e.g., for elderly persons, people with psychiatric disabilities, parents with very young children, children and adults with autism)
<input type="checkbox"/> Access to a temperature-controlled area	<input type="checkbox"/> Provide access to an air-conditioned and/or heated environment (e.g., for those who cannot regulate body temperature)
<input type="checkbox"/> Mental health care (e.g., anxiety and stress management)	<input type="checkbox"/> <i>Refer to Disaster Mental Health Services</i>

INDEPENDENCE	
NEED:	ACTION:
<input type="checkbox"/> Durable medical equipment for individuals with conditions that affect mobility	<input type="checkbox"/> Provide assistive mobility equipment (e.g., wheelchair, walker, cane, crutches) <input type="checkbox"/> Provide assistive equipment for bathing and/or toileting (e.g., raised toilet seat with grab bars, handled shower, bath bench) <input type="checkbox"/> Provide accessible cot (may be a crib, inclined head or other bed type)
<input type="checkbox"/> Power source to charge battery-powered assistive devices	<input type="checkbox"/> Provide power source to charge battery-powered assistive devices
<input type="checkbox"/> Bariatric accommodations	<input type="checkbox"/> Provide bariatric cot or bed
<input type="checkbox"/> Service animal accommodations	<input type="checkbox"/> Provide area where service animal can be housed, exercised, and toileted <input type="checkbox"/> Provide food and supplies for service animal
<input type="checkbox"/> Infant supplies and/or equipment	<input type="checkbox"/> Provide infant supplies (e.g., formula, baby food, diapers, crib)
SERVICES, SUPPORT AND SELF-DETERMINATION	
NEED:	ACTION:
<input type="checkbox"/> Adult personal assistance services <input type="checkbox"/> Child personal assistance services <i>*Incl. general observation and/or assistance with non-medical activities of daily living, such as grooming, eating, bathing, toileting, dressing and undressing, walking, etc.</i>	<input type="checkbox"/> Identify family member or friend caregiver <input type="checkbox"/> Assign qualified shelter volunteer to provide personal assistance services <input type="checkbox"/> Contact local agency to provide personal assistance services <input type="checkbox"/> Coordinate childcare support such as play areas; age-appropriate activities; equal access to resources.
TRANSPORTATION	
NEED:	ACTION:
<input type="checkbox"/> Transportation to designated facility for medical care or treatment <input type="checkbox"/> Transportation for non-medical appointment	<input type="checkbox"/> Coordinate provision of accessible shelter vehicle and driver for transportation <input type="checkbox"/> Contact local transit service to provide accessible transportation

Actions:

No needs identified

Contact Shelter Manager

Contact Disaster Mental Health Services

Agency, *please provide agency name*

Other _____

Followup/Resolution/date _____

Disaster Health Services print name/signature/date _____

Attachment 8

State of Georgia

Shelter Placement Guidance and Planning Considerations: Individuals with Functional and Access Needs in General Shelters

Created by: Georgia Department of Human Services, Georgia Department of Public Health, American Red Cross, Georgia Emergency Management Agency, Georgia Department of Behavioral Health & Developmental Disabilities and Georgia State Financing & Investment Commission, Construction Division-State ADA Coordinators Office



2013

I. State Partners

Georgia Department of Human Services-Office of Facilities Support Services
Wendy Casey, State Mass Care Coordinator- Email: wmstewart@dhr.state.ga.us
Website: www.dhs.ga.gov

Georgia Department of Human Services- Division of Aging Services
Jennifer Hogan, Disaster Preparedness-Email: jehogan@dhr.state.ga.us
Website: <http://aging.dhs.georgia.gov/>

Georgia Department of Public Health-Division of Health Protection & Response
Dr. Betsy Kagey, Academics and Special Projects Liaison-Email: bekagey@dhr.state.ga.us
Scott Menarcine, PHEP Director-Email: seminarcine@dhr.state.ga.us
Charlisa Ussery, PHEP Exercise and Planning Manager-Email: crussery@dhr.state.ga.us
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Georgia Department of Behavioral Health & Developmental Disabilities
Jeannette David, Disaster Mental Health Services Coordinator-Email: jedavid@dbhdd.ga.gov
Website: www.dbhdd.ga.gov

Georgia Emergency Management Agency-Programs, Preparedness and Recovery Directorate-
Planning Unit
Kristy Grossweiler, Deputy Planning Director-Email: kristy.grossweiler@gema.ga.gov
Angela Barton, Planning & Policy Development Specialist- Email: angela.barton@gema.ga.gov
Website: www.gema.ga.gov

Georgia State Financing and Investment Commission-The Construction Division
State ADA Coordinator's Office
Mike Galifianakis, State ADA Coordinator- Email: mike.galifianakis@gsfic.ga.gov
Website: <http://ada.ga.gov>

The American Red Cross
Marilyn Self, Manager-Disaster Readiness-Email: Marilyn.self@redcross.org
Michael Lee, Mass Care Lead Specialist-E-mail: Michael.lee2@redcross.org
Website: www.redcrossatlanta.org

Please use the above contact list for questions or further information related to the contents of this guide or assistance in locating related partners and organizations within your community.

II. Purpose

This Shelter Placement Guide is to assist Shelter Supervisors, American Red Cross Health Services, American Red Cross Disaster Mental Health, and local Public Health representatives in the process of determining whether an individual should remain at a General Shelter or be placed in an Alternate Facility that can better serve their needs.

Alternate Facilities include, but are not limited to: a personal care home, a nursing home, a motel/hotel, a hospital or another general shelter with appropriate resources to meet the individual's needs. Appropriate alternate facilities, transport and transfer of individuals moving to an alternate facility will be coordinated by local, district and state public health, the lead agency for Emergency Support Function (ESF) 8 in conjunction with the American Red Cross, ESF 6 (Mass Care) GEMA and local Emergency Management Agencies.

This guide should be used in conjunction with the assessments conducted using the American Red Cross "CMIST Model Worksheet" (see Attachment B) upon the individual's entry into the shelter. If an individual has an immediate medical need, staff should call 911 for transport to a hospital. Staff recommendations should be discussed with each individual and include information on services immediately available at the general shelter and those that would be more readily available at an Alternate Facility. Each individual has the right of self determination and can choose not to follow the recommendation of health services staff. Depending upon this decision, ARC Health Services/local Public Health representatives may ask the individual to sign a "Statement of Understanding" (see Attachment C). Staff should ensure that the individual signing understands they have made the choice to remain at the general shelter against the recommendation of trained health services staff and that certain equipment and/or services may not be immediately available at the general shelter.

This guide was developed by the Georgia Department of Human Services, Department of Public Health, Department of Behavioral Health and Developmental Disabilities, American Red Cross, State ADA Coordinator's Office and the Georgia Emergency Management Agency to provide guidance to local jurisdictions in support of Functional Needs Support Services planning for general shelters.

The State FNSS Working Group, which includes the agencies listed above, utilized the "*State of Georgia Information and Definitions: Functional & Access Needs¹ & Medical Needs Populations²*" as well as samples of documents developed and tested by other states to assist with the development of this placement guide. This guide may be modified to reflect the specific plans of each local jurisdiction as it relates to determining placement of individuals in general shelters versus Alternate Facilities.

¹Individuals with access and functional needs include, (but are not limited to) people that have physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Others who may have functional needs include older adults, women in late stages of pregnancy and individuals needing bariatric equipment."

²The general population shelters are not staffed or equipped to support individuals who are not self-sufficient and who do not have adequate support from caregivers, family, or friends to provide assistance with managing unstable, terminal or contagious conditions that require observation and ongoing treatment. These individuals require support of trained medical professionals. In instances where those individuals with medical needs exceeding the capabilities of the shelter require assistance, temporary housing in a general shelter may be necessary while arrangements are made for access to a more appropriate healthcare facility."

Initial Assessment and Shelter Placement Recommendation Form

Individuals arriving at a general shelter will be registered using the American Red Cross “Initial Intake and Assessment Form” (see Attachment B). An individual’s answers to these initial questions will determine if they should be referred to ARC Health Services and/or ARC Mental Health Services for further evaluation and assessment.

Attachment C summarizes key decision points on the Shelter Placement Guidance decision tree. The intent of this sample form is to document the placement recommendation made by ARC Health Services/Public Health Representatives based on the individual’s responses to the ARC “CMIST Model Worksheet” (Attachment B) and services immediately available at the shelter. Health Services staff will review the recommendation with each individual and answer any related questions.

If an individual does not agree with the recommendation of the health services representative, he/she has the right to make their own decision regarding sheltering (right to self determination). The health services representative may ask the individual to sign a “Statement of Understanding” (Attachment C), acknowledging they are choosing not to follow the recommendation.

Attachment C has been created as a sample that may be used by local jurisdictions to document the decision process for individuals at a shelter who have been recommended for placement in an alternate facility. This sample has been reviewed by the State FNSS Working Group and legal counsel for the Georgia Department of Public Health. This is a sample form that may be used as is or modified to fit individual county or district needs and/or requirements. Counties/districts may wish to consult with their own local legal counsel to determine how the document may be used or modified depending on the specific needs or requirements of the jurisdiction. This sample was modified from a version obtained from the FNSS Texas Toolkit.

This sample was created for use by agencies and organizations that support American Red Cross Health Services staff in shelters. The Georgia Region of the American Red Cross will share this sample form and placement guidance information with local chapters to ensure understanding of partner processes and documentation needs. Counties/districts are urged to coordinate with local Red Cross when developing plans and procedures for support to shelters. Use of this form, if applicable and the placement guidance should be considered in plan and SOG development and when conducting training for individuals in the community that may assist in staffing shelters.

III. Planning Considerations for FNSS in General Shelters

Following are examples of agencies/organizations at the local level that should be included in planning for Functional Needs Support Services (FNSS) in general shelters to ensure a “whole community” approach to meeting the needs of individuals as a result of a disaster:

- Local Emergency Management Agencies
- Local American Red Cross Chapters
- Local DHS/Division of Family and Children Services
- Local/District Public Health Offices
- Local ADA Coordinator/Office
- Local Area Agencies on Aging
- Georgia Healthcare Coalitions

Behavioral Health Partners

Local advocacy groups for Individuals with Disabilities, Access and Functional Needs
Other non-governmental organizations that provide mass care resources and services (including faith based organizations)
Civic clubs and organizations
Local leadership
Local transportation service providers
Local law enforcement
State and Federal partners
Others as determined by local jurisdiction

Below are some basic planning considerations that local jurisdictions should discuss with partner agencies and organizations to be better prepared to provide FNSS in general shelters during a disaster.

Human Services/American Red Cross

1. Local Emergency Management Agencies, local American Red Cross, County Department of Children and Family Services, local District Public Health and other mass care partner agencies should plan together to provide FNSS in general shelters and provide Alternative Facilities for individuals unable to remain in general shelters.
2. Local EMAs should work with Red Cross and District Public Health to integrate local advocacy groups and organizations that provide services to individuals with disabilities and functional and access needs into FNSS planning. These groups can assist in identifying the types of disabilities and functional and access needs that are present in the community.
3. Local EMAs should work with Red Cross and District Public Health to identify local resource providers of functional needs support services (i.e., durable medical equipment, consumable medical supplies, personal assistance services, communications equipment and services, etc.) and if possible, assist with the establishment of MOUs or other agreements to provide these resources to general shelters if needed.
4. Local EMAs should coordinate with and/or establish Community Organizations Active in Disasters (COADs), Citizens Corps Councils, Local Emergency Planning Committees (LEPCs) or Community Coalitions so the “whole community” is part of FNSS planning.

Aging Services

1. Local EMAs should establish relationships with Area Agencies on Aging (AAAs) to pre-identify areas within communities with large groups of older adults or people with disabilities; individuals who may need transportation or other types of assistance during a disaster. To find the local Area Agency on Aging visit <http://aging.dhs.georgia.gov/>
2. Representatives from groups and organizations that work with older adults or people with disabilities should be included in planning for FNSS in general shelters.
3. Types of functional needs support services that may be needed to support older adults or people with disabilities within the community should be determined in conjunction with AAAs and other advocacy groups and organizations.
4. Establish agreements, if possible, with equipment and service providers based on determined needs.

Behavioral Health and Developmental Disabilities

1. Appropriate local or regional behavioral health and developmental disabilities providers should be contacted and included in FNSS planning for general shelters.
2. Enlist behavioral health and developmental disabilities providers to assist in identifying local resources specific to the community that may be needed to support FNSS in general shelters.
3. Establish agreements, if possible, with these providers to provide these resources for general shelter operations.

Public Health

1. Local and District Public Health should identify Alternate Facilities that can accommodate individuals who should not remain in a general shelter. Alternate Facilities should be chosen based on the degree of need for each individual and should be the “least restrictive” option possible depending upon that need.
2. Local and District Public Health should, if possible, establish agreements or MOUs with Alternate Facilities prior to an event and coordinate with local EMA and ARC to provide transportation for individuals from the general shelter to the Alternate Facility.
3. Local and District Public Health should be included in efforts to identify Functional Needs Support Services locally and should assist with building the needed relationships to access these resources to support general shelter operations.

Emergency Management

1. Provide overall coordination of local planning efforts to include FNSS in general shelters.
2. Develop communication plans and procedures to ensure all mass care partners are included in the planning process and have been trained on their roles and responsibilities according to the local plan for general shelters.
3. Develop communication plans with mass care agencies/organizations at the state level to support local operations should there be a need for state assistance with general shelters.
4. Consider utilizing state resources and tools offered through the Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults (“EP Coalition”) to enhance FNSS Planning and Preparedness efforts and initiatives (<http://ada.georgia.gov/emergency-preparedness>).

Appendix

Attachment B

DATE:	CLIENT/FAMILY NAME:	COUNTY/STATE:
Client location in shelter:		Interviewer:

This is a document to cover possible considerations for scenarios of access and functional needs. This is not an all-inclusive checklist, but rather serves as a simple guideline for referral purposes.

COMMUNICATION

NEED:	ACTION:
<input type="checkbox"/> Access to auxiliary communication service	<input type="checkbox"/> Provide written materials in alternative format (Braille, large and high contrast print, audio recording, or readers) <input type="checkbox"/> Provide visual public announcements <input type="checkbox"/> Provide qualified sign language or oral interpreter <input type="checkbox"/> Provide qualified foreign language interpreter
<input type="checkbox"/> Access to auxiliary communication device	<input type="checkbox"/> Provide access to teletypewriter [TTY, TDD, or CapTel] or cell phone with texting capabilities; pen and paper.
<input type="checkbox"/> Replacement of auxiliary communication equipment	<input type="checkbox"/> Provide replacement eyeglasses <input type="checkbox"/> Provide replacement hearing aid and/or batteries

MAINTAINING HEALTH

NEED:	ACTION:
<input type="checkbox"/> Special diet <input type="checkbox"/> Food Allergies _____ (type)	<input type="checkbox"/> Provide alternative (low sugar, low sodium, pureed, gluten-free, dairy-free, peanut-free) food and beverages; _____ (diet type)
<input type="checkbox"/> Medical supplies and/or equipment for every day care (including medications) <i>not</i> related to mobility <i>*For replacement eyeglasses or hearing aid, see Communication</i> <i>*For assistive mobility equipment (e.g., wheelchair), see Independence</i>	<p><i>Refer to Disaster Health Services to provide or procure one or more of the following:</i></p> <input type="checkbox"/> Replacement medication <input type="checkbox"/> Wound management/dressing supplies <input type="checkbox"/> Diabetes management supplies (e.g., test strips, lances, syringes) <input type="checkbox"/> Bowel or bladder management supplies (e.g., colostomy supplies, catheters) <input type="checkbox"/> Oxygen supplies and/or equipment
<input type="checkbox"/> Assistance with medical care normally provided in the home setting <input type="checkbox"/> Allergies (environmental or other high risk) _____ (type) <i>*For medical treatments that are not normally provided in the home setting (e.g., dialysis), see Transportation</i>	<p><i>Refer to Disaster Health Services to provide assistance with one or more of the following:</i></p> <input type="checkbox"/> Administration of medication <input type="checkbox"/> Storage of medication (e.g., refrigeration) <input type="checkbox"/> Wound management <input type="checkbox"/> Bowel or bladder management <input type="checkbox"/> Use of medical equipment <input type="checkbox"/> Universal precautions and infection prevention and control (e.g., disposal of bio-hazard materials, such as needles in sharps containers)
<input type="checkbox"/> Support for pregnant women <input type="checkbox"/> Support for nursing mothers; <input type="checkbox"/> Infant care availability	<input type="checkbox"/> Provide support by ongoing observation <input type="checkbox"/> Provide support and/or room for breastfeeding women <input type="checkbox"/> Assure diaper changing area is available
<input type="checkbox"/> Access to a quiet area	<input type="checkbox"/> Provide access to a quiet room or space within the shelter (e.g., for elderly persons, people with psychiatric disabilities, parents with very young children, children and adults with autism)
<input type="checkbox"/> Access to a temperature-controlled area	<input type="checkbox"/> Provide access to an air-conditioned and/or heated environment (e.g., for those who cannot regulate body temperature)
<input type="checkbox"/> Mental health care (e.g., anxiety and stress management)	<input type="checkbox"/> <i>Refer to Disaster Mental Health Services</i>

INDEPENDENCE	
NEED:	ACTION:
<input type="checkbox"/> Durable medical equipment for individuals with conditions that affect mobility	<input type="checkbox"/> Provide assistive mobility equipment (e.g., wheelchair, walker, cane, crutches) <input type="checkbox"/> Provide assistive equipment for bathing and/or toileting (e.g., raised toilet seat with grab bars, handled shower, bath bench) <input type="checkbox"/> Provide accessible cot (may be a crib, inclined head or other bed type)
<input type="checkbox"/> Power source to charge battery-powered assistive devices	<input type="checkbox"/> Provide power source to charge battery-powered assistive devices
<input type="checkbox"/> Bariatric accommodations	<input type="checkbox"/> Provide bariatric cot or bed
<input type="checkbox"/> Service animal accommodations	<input type="checkbox"/> Provide area where service animal can be housed, exercised, and toileted <input type="checkbox"/> Provide food and supplies for service animal
<input type="checkbox"/> Infant supplies and/or equipment	<input type="checkbox"/> Provide infant supplies (e.g., formula, baby food, diapers, crib)
SERVICES, SUPPORT AND SELF-DETERMINATION	
NEED:	ACTION:
<input type="checkbox"/> Adult personal assistance services <input type="checkbox"/> Child personal assistance services <i>*Incl. general observation and/or assistance with non-medical activities of daily living, such as grooming, eating, bathing, toileting, dressing and undressing, walking, etc.</i>	<input type="checkbox"/> Identify family member or friend caregiver <input type="checkbox"/> Assign qualified shelter volunteer to provide personal assistance services <input type="checkbox"/> Contact local agency to provide personal assistance services <input type="checkbox"/> Coordinate childcare support such as play areas; age-appropriate activities; equal access to resources.
TRANSPORTATION	
NEED:	ACTION:
<input type="checkbox"/> Transportation to designated facility for medical care or treatment <input type="checkbox"/> Transportation for non-medical appointment	<input type="checkbox"/> Coordinate provision of accessible shelter vehicle and driver for transportation <input type="checkbox"/> Contact local transit service to provide accessible transportation

Actions:

No needs identified

Contact Shelter Manager

Contact Disaster Mental Health Services

Agency, *please provide agency name*

Other _____

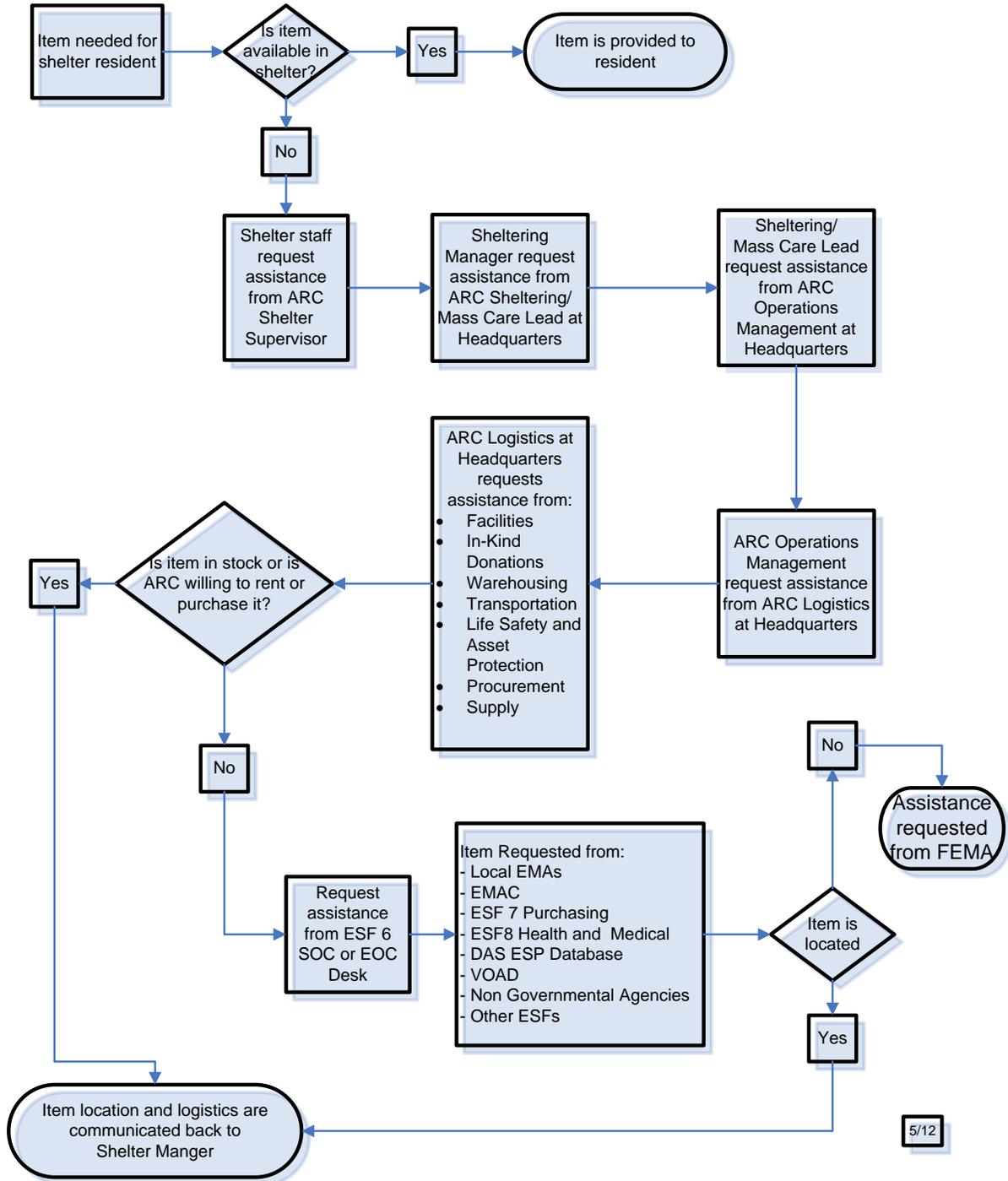
Followup/Resolution/date _____

Disaster Health Services print name/signature/date _____

Attachment 9

American Red Cross Request Process

Shelter Item Request Flow Chart



Attachment 10



Facility/Shelter Opening & Closing Inspection

Name of Facility _____ Address _____

Name of Facility Rep & Operator _____ Phone # _____

Opening Inspection

Areas to Inspect When Opening the Facility/Shelter (Check yes, no, not applicable (NA) or unknown (U). Specific areas needing correction and those responsible for making them should be noted under "Comments". Take pictures of pre-existing damages)

Yes	No	NA	U	Comments	Areas to Inspect
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are indoor and outdoor walking surfaces free of trip and fall hazards (e.g. uneven sidewalks, unprotected walkways, loose/missing tiles, wires, etc...)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are the routes to exits relatively straight and clear of obstructions (e.g. blocked, chained, obstructed)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are all emergency exits properly identified and secured, and there are at least two exits per floor?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are illuminated exit and exit directional signs visible from all aisles?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are all kitchen equipment and bathroom fixtures in working order?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Is there an emergency evacuation plan posted and an identified meeting place?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are there guidelines for directing occupants to an identified assembly area away from the building once they reach the ground floor?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are there any site specific hazards (e.g. hazardous chemicals and machinery)? If so, describe them.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Is the facility neat, clean and orderly?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are the following utility systems in good working order: electricity, water, sewage system, HVAC?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are fire extinguishers and smoke detectors present, inspected and properly serviced with current inspection tags?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		If power fails, is automatic emergency lighting available for exit routes, stairs and restrooms?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Is there a back-up power source?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are first aid kits readily available and fully stocked? Where?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Will occupants of the building be notified that an emergency evacuation is necessary by a public address system or alarm?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are floors and walls free of damage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Is the parking area free of damage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		SHELTER ONLY: Are there accessible parking spaces available?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		SHELTER ONLY: Is there at least one entrance to the building accessible for people with mobility issues with signage identifying the location of the accessible entrance?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		SHELTER ONLY: Is there at least one accessible restroom?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		SHELTER ONLY: Are there routes without steps available to access service delivery areas, restrooms and showers? Can service be provided in an area that can be accessed by routes without steps?

Any Damage or Additional Comments _____

Name of person addressing issues _____ Phone # _____

Print Red Cross Name & Title _____ Signature _____ Date _____

Print Facility Owner/ Rep Name & Title _____ Signature _____ Date _____

Attachment 11

**MEMORANDUM OF UNDERSTANDING
BETWEEN THE
AMERICAN NATIONAL RED CROSS
AND
GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES
AND
GEORGIA DEPARTMENT OF PUBLIC HEALTH
AND
GEORGIA DEPARTMENT OF HUMAN SERVICES**

I. Purpose

The purpose of this Memorandum of Understanding (MOU) is to define a working relationship between and among the American National Red Cross (Hereinafter referred to as the Red Cross), the Georgia Department of Behavioral Health and Developmental Disabilities, the Georgia Department of Public Health, and the Georgia Department of Human Services (Hereinafter referred to as the State Agencies) in preparing for and responding to disaster relief situations. This MOU provides the broad framework for cooperation among the four organizations in rendering assistance and services to individuals and families affected by a disaster, as well as other services for which cooperation may be mutually beneficial. This MOU is intended to foster collaboration among the above listed organizations that lead or share responsibilities for protecting the health of the population during disasters and emergencies. The goals of the State Agencies and the Red Cross are to coordinate services to disaster victims so that each person receives assistance as needed.

II. Concept of Operations

Each party to this MOU will maintain its own identity in providing services, and each organization is separately responsible for establishing its own policies and procedures and financing its own activities. Each party to this MOU will apply the principles and definitions found in Appendix A in regards to Functional and Access Needs and Medical Needs Populations for planning and response purposes. Additionally, the functions and responsibilities of each party to this MOU are listed in Appendix E. Selected documents specific to the role of each party and pertinent to this MOU may be found in the Appendix.

III. Authority

A. American Red Cross

The Red Cross provides disaster services pursuant to its Bylaws and other internal policies and procedures as well as its Congressional Charter (USC36, Sections 300101-300111). In the Charter, Congress authorized the Red Cross "to carry out a system of national and international relief in time of peace and apply that system in mitigating the suffering caused by pestilence, famine, fire, floods, and other great national calamities, and to devise and carry out measures for preventing those calamities."

The Red Cross has been designated for the State of Georgia under the Georgia Emergency Operations Plan (GEOP), developed under the authority of the Georgia Emergency Management Act of 1981 (O.C.G.A. § 31-3-1, et seq.) as the principal volunteer organization responsible for Emergency Support Function 6 Mass Care (ESF-6). The Red Cross will provide Mass Care to disaster victims. The Red Cross also has support responsibility for ESF-8 (Health and Medical Services).

B. Georgia Department of Behavioral Health and Developmental Disabilities

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) is the principal organization responsible for Mental Health Services under ESF-8, as designated by Executive Order of the Governor, and as referenced in the Georgia Emergency Operations Plan (GEOP), developed under the authority of the Georgia Emergency Management Act of 1981 (O.C.G.A. § 38-3-1, et seq.). DBHDD also has support responsibility for ESF-6.

C. Georgia Department of Human Services

The Georgia Department of Human Services (DHS) is the principal state agency responsible for Mass Care, Housing and Human Services, including shelter services under ESF-6, as designated by Executive Order of the Governor, and as referenced in the Georgia Emergency Operations Plan (GEOP), developed under the authority of the Georgia Emergency Management Act of 1981 (O.C.G.A. § 38-3-1, et seq.).

D. Georgia Department of Public Health

In accordance with O.C.G.A. Title 31, Chapter 2A, the Georgia Department of Public Health (DPH) is the principal state agency responsible for Health and Medical Services and assumes Emergency Support Function 8 (ESF-8) responsibilities as designated by Executive Order of the Governor, and as referenced in the Georgia Emergency Operations Plan (GEOP), developed under the authority of the Georgia Emergency Management Act of 1981 (O.C.G.A. § 38-3-1, et seq.).

IV. Disaster Responsibilities

A. American Red Cross

Following a disaster, whether natural or man-made, the Red Cross will provide some or all of the following services:

1. **Food, Shelter and Emergency Supplies**
Red Cross will work with government and community partners to open shelters where residents will be provided with comfort, hot meals, and a place to rest. For emergency workers and those staying in or returning to their homes, Red Cross will mobilize emergency response vehicles from which disaster workers distribute food, water, and essential clean-up items that might not be immediately available in the community.
2. **Welfare Information**
When communications are disrupted and families are separated, Red Cross can assist family members to re-connect through its nationwide network of chapters and the Red Cross "Safe and Well" website. Clients can register on *Safe and Well* at www.redcross.org/safeand_well or, if internet access is limited or unavailable, by calling 1-800-RED-CROSS to register.
3. **Client Casework and Recovery Planning and Assistance**
Red Cross provides individual client services through casework to people with disaster-related needs, especially those who have experienced significant damage or loss of their homes. Caseworkers assess the client's immediate needs and connect the client with resources to help meet them. This may be through referrals to local resources and/or direct financial assistance. Caseworkers also help clients to identify action steps for the client to follow in the first few days and weeks after the disaster to assist them in their recovery planning. Red Cross caseworkers protect client confidentiality and work closely with other organizations and groups to ensure clients have access to all available resources.
4. **Disaster Health and Mental Health Services**

Red Cross deploys licensed health and mental health professionals who are trained and equipped to provide assistance at the time of a disaster. Disaster Health Services professionals can provide emergency first aid, and health assessment, triage and replacement of emergency medications and supplies, financial assistance and/or referrals to community partners. Disaster Mental Health professionals provide mental health assessments, crisis intervention and a sympathetic ear to those in need.

Additional information regarding Red Cross Disaster Services may be found in Appendix B.

B. Department of Behavioral Health and Developmental Disabilities

In a disaster, the Georgia Department of Behavioral Health and Developmental Disabilities provides continuity of care to consumers of DBHDD services and crisis counseling to disaster victims, survivors, bystanders, responders and their families and other community caregivers. This is accomplished through the following:

1. Departmental continuity of operations
2. Coordination with federal, state and local emergency response, mental health and community partners
3. Delivery of disaster mental health training and participation in exercises
4. Representation at designated shelters and other venues when requested by appropriate authorities
5. Management of crisis counseling and mental health assistance including disaster grant programs

C. Georgia Department of Human Services

As prescribed by the Georgia Emergency Operations Plan (GEOP), DHS is the primary state agency responsible for the coordination of Emergency Support Function (ESF) 6 activities during a disaster or emergency. The scope of this ESF is to provide a coordinated approach for collection, analysis and dissemination of information in order to facilitate the overall provision of services and resources during an emergency or disaster. This includes a coordinated effort to provide; mass care to disaster victims including fixed site and mobile feeding; management of congregate shelters for general populations; and emergency first aid services at all mass care facilities and designated sites within the disaster area to supplement emergency health and medical services available to disaster victims and workers. DHS coordinates and implements the Disaster Food Stamp Program as appropriate. Additionally, DHS coordinates with the Red Cross to maintain, update, and validate the statewide shelter list and to assist in providing Disaster Welfare Inquiry services to aid in reunification of family members within the affected area who were separated at the time of the emergency and provide information to family members outside of the area.

D. Georgia Department of Public Health

In a disaster, the Georgia Department of Public Health will coordinate health and medical services for the shelters and other settings where emergency care may be provided, in accordance with ESF 8. Support to shelters is one of the various public health activities during a disaster response, in addition to disease surveillance, infection control, and environmental health hazard control. Documents delineating the role of Public Health Nurses and scope of practice may be found in the Appendix (Appendix C and D).

E. Cooperative Actions

The Red Cross and the State Agencies will coordinate their respective disaster relief activities to maximize services to the community and avoid duplication of efforts in the following ways:

1. Collaborate in the overall planning and operation of shelters for disasters and emergencies. The party assigned the lead role for each specific function or responsibility is delineated in Table 1 (General Shelters Checklist), which may be found in Appendix E.
2. Maintain close coordination, liaison, and support at all levels with conferences, meetings, and other means of communication. Include a representative of the other party in appropriate committees, planning groups and task forces formed to mitigate, prepare for, respond to, and recover from disasters and other emergencies. They will develop joint Standard Operating Procedures for notification of disaster and emergency situations.
3. During disasters and emergencies, keep each other informed of the human needs created by the events and the services they are providing. Share current data regarding disasters, to include statistical information, historical information, emerging needs and trends, damage assessments, among others, and disaster declarations, and service delivery.
4. During a disaster or emergency situation the Red Cross will, as appropriate at the request of any of the State Agencies, provide liaison personnel to the State or Agency's Emergency Operations Center and any district Emergency Operations Centers during a disaster.
5. Support use of the American Red Cross National Shelter System (NSS) and the Red Cross will coordinate shelter information sharing and reporting with the Agencies.
6. The State Agencies will facilitate the Red Cross's use of state-owned facilities for shelters and service delivery sites wherever possible. The terms and conditions of such use will be set forth in a separate agreement.
7. Work together to develop plans and secure resources to facilitate delivery of services to people with disabilities and/or functional and access needs during a disaster.
8. Actively participate in reviewing and carrying out responsibilities outlined in the state and local emergency operations plans.
9. During the time of disaster and readiness, keep the public informed of the parties' cooperative efforts through the public information offices of the Red Cross and the [State Agencies].
10. Advocate for programs and public policy/decisions, when appropriate, designed to mitigate disaster damage and loss of life in the [State, Commonwealth, Agency].
11. Encourage state residents to support the needs of hospital patients with blood donations when appropriate.
12. Actively seek to determine other areas, projects, and services within the Red Cross and the [State, Commonwealth, Agency] where cooperation and support will be mutually beneficial with jointly defined goals and objectives.
13. Use or display the name, emblem, or trademarks of the American Red Cross or of any of the State Agencies only in the case of defined projects and only with the prior express written consent of the other organization.
14. Make training, educational and other developmental opportunities available to the other

party's personnel and explore joint training and exercises. Encourage all staff and volunteers to engage in training, exercises, and disaster response activities, as appropriate

15. Explore opportunities for collaboration to provide community, family, and citizen disaster preparedness within the State.
16. Allow the use of each other's facilities, as available and if agreed upon in writing, for the purpose of preparedness training, meetings and response and recovery activities.
17. Widely distribute this MOU within the Red Cross' and the State Agencies' departments and administrative offices and urge full cooperation.

V. MOU Maintenance

Representatives of the Red Cross Disaster Services, the Georgia Department of Human Services, the Georgia Department of Public Health, and Georgia Department of Behavioral Health & Developmental Disabilities will, on an annual basis, on or around the anniversary date of this MOU, jointly evaluate this document to ensure it continues to accurately reflect the relationships and coordination of the signatories to the MOU.

VI. Term of Memorandum of Understanding

This MOU shall be effective for five years from date of last signature. Six months prior to expiration, the parties shall meet to review the progress and success of the MOU and determine whether it shall be extended for an additional five years, and if so, shall confirm this in a signed writing. All parties understand that at any time this MOU may be terminated by written notification from either party to the other.

VII. Miscellaneous

This MOU does not create a partnership or a joint venture, and none of the parties has the authority to bind another party to any obligation. It is not intended that this MOU be enforceable as a matter of law in any court or dispute resolution forum. The sole remedy for non-performance under this MOU shall be termination, with no damages or penalty.

VIII. Inclusion of Attachments

This agreement includes attachments and exhibits as listed below, which are hereto attached:

Appendix A – State of Georgia Definitions - Functional and Access Needs and Medical Needs Populations

Appendix B – The American Red Cross Role in Disaster Response

Appendix C – Georgia Department of Public Health - The Role of Public Health Nurses in Emergency Preparedness and Response: A Synopsis

Appendix D – Georgia Department of Public Health - Scope of Public Health Nursing Practice

Appendix E – General Shelters Checklist

(Signatures on the following page)

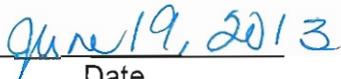
SIGNATURE PAGE

IN WITNESS WHEREOF, the Parties state and affirm that they are duly authorized to bind the respected entities designated below as of the day and year indicated.

AMERICAN RED CROSS

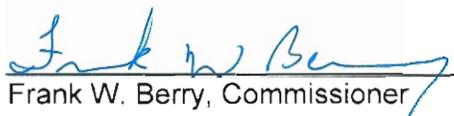


Terri Badour Duckett, Regional Executive Officer

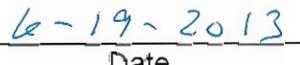


Date

**STATE OF GEORGIA
DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES**



Frank W. Berry, Commissioner



Date

**STATE OF GEORGIA
DEPARTMENT OF HUMAN SERVICES**



Clyde Reese, III, Esq., Commissioner



Date

**STATE OF GEORGIA
DEPARTMENT OF PUBLIC HEALTH**



Brenda Fitzgerald, M.D., Commissioner



Date

Note: This document was developed by an external group and cannot be altered.

APPENDIX A

State of Georgia Definitions Functional and Access Needs and Medical Needs Populations

This document was created in collaboration with the Georgia Department of Public Health, the Georgia Department of Human Services, the American Red Cross, the Georgia Emergency Management Agency, the Georgia State Financing and Investment Commission- State ADA Coordinator's Office and the Georgia Department of Behavioral Health and Developmental Disabilities. It was created to provide a basic understanding of functional, access needs and medical needs populations for consistent future planning purposes in Georgia.

This document and definition of functional and access needs and medical needs populations was created to allow planning partners to work with common planning assumptions for the individuals they are charged with planning for. Agencies and organizations participating in the establishment of these definitions and plans understand that local and state partners with emergency management responsibilities will make every attempt to meet the needs of the whole community, but realize shortfalls in meeting these needs will exist due to the complexity of the disasters that can and do occur in the State of Georgia.

FUNCTIONAL NEEDS POPULATIONS

Individuals with access and functional needs include, (but are not limited to) people that have physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Others who may have functional needs include older adults, women in late stages of pregnancy and individuals needing bariatric equipment. The general assumption is that most persons with functional needs can function perfectly well in a general population shelter with proper support. An additional assumption is that the person with the access or functional need has the right to self-determination, whenever possible. Self-determination is a practice that asserts that the individual has the right and ability to assess their own needs, receive education about their options and be involved in the decision making process. With the proper supports, individuals with access and functional needs benefit equally from the services provided in general population shelters, and should almost always be housed in those shelters.

Functional Needs Support Services (FNSS) are defined as services that enable individuals to maintain their independence in a general population shelter. FNSS includes:

- reasonable modification to policies, practices, and procedures
- durable medical equipment (DME)
- consumable medical supplies (CMS)
- personal assistance services (PAS)
- other goods and services as needed

Planning for FNSS in general population shelters includes the development of mechanisms that address the needs of children and adults in areas such as:

- Ability to access temporary shelter facilities
- Communication assistance and services when completing the shelter registration process and other forms or processes involved in applying for emergency-related benefits and services including Federal, State, tribal, and local benefits and services
- DME, CMS, and/or PAS that assist with activities of daily living and individuals requiring accommodations specific to their condition are also encouraged to take their own supplies to the shelter.
- Access to medications to maintain health, mental health, and function

- Available sleeping accommodations (e.g., the provision of universal/accessible cots or beds and cribs; the placement, modification, or stabilization of cots or beds and cribs; the provision and installation of privacy curtains)
- Access to orientation and way-finding for people who are blind or have low vision
- Assistance for individuals with cognitive and intellectual disabilities
- Auxiliary aids and services necessary to ensure effective communication for persons with communication disabilities
- Access to an air-conditioned and/or heated environment (e.g. for those who cannot regulate body temperature)
- Refrigeration for medications
- Availability of food and beverages appropriate for individuals with dietary restrictions (e.g., persons with diabetes or severe allergies to foods such as peanuts, dairy products and gluten).
- Providing food and supplies for service animals (e.g., dishes for food and water, arrangements for the hygienic disposal of waste; and, if requested, portable kennels for containment)
- Access to transportation for individuals who may require a wheelchair-accessible vehicle, individualized assistance, and the transportation of equipment required in a shelter because of a disability
- Assistance locating, securing, and moving to post-disaster alternative housing, which includes housing that is accommodating to the individual's functional support needs (e.g., accessible housing; housing with adequate space to accommodate DME; or housing located in close proximity to public transportation, medical providers, job or educational facility, and/or retail stores)
- Assistance with activities of daily living such as:
 - eating
 - taking medication
 - dressing and undressing
 - transferring to and from a wheelchair or other mobility aid
 - walking
 - stabilization
 - bathing
 - toileting
 - communicating

MEDICAL NEEDS POPULATIONS

The general population shelters are not staffed or equipped to support individuals who are not self-sufficient and who do not have adequate support from caregivers, family, or friends to provide assistance with managing unstable, terminal or contagious conditions that require observation and ongoing treatment. This may include, but is not limited to, managing intravenous therapy, tube feeding, and vital signs; receiving dialysis, oxygen, and suction administration; managing wounds; and operating power dependent equipment to sustain life. These individuals require support of trained medical professionals. In instances where those individuals with medical needs exceeding the capabilities of the shelter require assistance, temporary housing in a general shelter may be necessary while arrangements are made for access to a more appropriate healthcare facility.

WHO IS LISTED ON THE MEDICAL NEEDS POPULATION DATABASE

Individuals who have a functional or medical need who have exhausted all other resources (family, neighbors, public transportation, etc.) and need assistance for evacuation and/or sheltering related to a disaster or emergency event should be registered on the medical needs population database. These individuals typically reside in single homes or multiple family dwellings in the State and are not residents of hospitals, residential health care facilities, or any community-based residences or services that are already subject to emergency planning requirements.

Appendix B

The American Red Cross Role in Disaster Response

1. Services for people affected by disasters

Founded in 1881, the American Red Cross is the nation's premier emergency response organization. As part of a worldwide movement that offers neutral and impartial humanitarian care, the American Red Cross is the community-based organization that mobilizes people to aid victims of disasters with the aim of preventing and relieving suffering. The Red Cross provides disaster services without regard to race, color, national origin, religion, gender, age, disability, sexual orientation, citizenship or veteran status. It follows the Fundamental Principles of the International Red Cross and Red Crescent Movement. The Red Cross is closely integrated into community response efforts, including the efforts of federal, state and local government and non-government organizations. Our goal is to work with all partners to lead a well-integrated, effective and efficient response to every disaster.

The Red Cross provides disaster services pursuant to its Bylaws and other internal policies and procedures as well as its Congressional Charter (USC 36 §300101-300111). In the Charter, Congress authorized the Red Cross "to carry out a system of national and international relief in time of peace, and apply that system in mitigating the suffering caused by pestilence, famine, fire, floods, and other great national calamities, and to devise and carry out measures for preventing those calamities."

Following a disaster, whether natural or human-made, the Red Cross will provide some or all of the following services:

Food, Shelter and Emergency Supplies

During a disaster, our first priority is to ensure that people have a safe place to stay, food, and emergency supplies. Red Cross works with government and community partners to open shelters where residents will find comfort with a hot meal, recovery information, and a place to rest. For emergency workers and people returning to their homes, the Red Cross mobilizes emergency response vehicles from which disaster workers distribute food, water, and essential clean-up items that might not be immediately available in the community

Welfare Information

Disasters often disrupt regular communication channels and can separate families. Through the Red Cross' nationwide network of chapters, family members may request welfare information regarding their loved ones. The Red Cross "Safe and Well" Web site enables people within a disaster area to let their families and friends outside of the affected region know that they are all right. Clients register on *Safe and Well* at www.redcross.org/safeandwell . During large-scale disasters, individuals without internet access can call 1-800-RED-CROSS to register.

Client Casework and Recovery Planning and Assistance

Red Cross provides individual client services through casework people with disaster-related needs, with particular attention to those who have experienced significant damage or loss of their homes. This casework process helps the worker to assess the client's immediate needs, and connect the client with items, which may include referrals to local resources and/or financial assistance to meet those needs. The caseworker also engages the client in a brief planning process which can help identify action steps for the client to follow in the first few days or weeks after a disaster. Red Cross caseworkers protect client confidentiality and work closely with other organizations and groups to ensure clients have access to all available resources.

Disaster Health and Mental Health Services

After an emergency, injuries can ensue, essential prescription medicines lost, and the shock and stress of sudden loss can overwhelm a person's normal coping skills. The Red Cross deploys licensed health and

mental health professionals who are trained and equipped to provide assistance at the time of a disaster. Disaster health services professionals can provide emergency first aid and medical assessment, triage and replacement of emergency medications with item distribution, financial assistance or referrals to community partners. Disaster mental health professionals provide mental health assessments, crisis intervention and a sympathetic ear to those in need.

2. Services related to the National Response Framework

The American Red Cross is a co-lead for the mass care component of Emergency Support Function #6 of the National Response Framework. In this role, the Red Cross engages in a variety of activities to support states in their planning, coordinating and executing of mass care programs and strategies. The Red Cross also takes a leadership role in working with other non-governmental organizations and private companies that provide services during a disaster.

3. Organization

The American Red Cross is a single corporation, chartered by the United States Congress to provide humanitarian services. Its national headquarters, located in Washington, D.C., is responsible for implementing policies and procedures that govern Red Cross activities and provides administrative and technical oversight and guidance to the chartered units, which include chapters and blood services regions. Each chapter has certain authority and responsibility for carrying out Red Cross disaster preparedness and response activities, delivering local Red Cross services, and meeting corporate obligations within the territorial jurisdiction assigned to it. Each chapter is familiar with the hazards of the locality and surveys local resources for personnel, equipment, supplies, transportation, emergency communications, and facilities available for disaster relief. The chapter also formulates cooperative plans and procedures with local government agencies and private organizations for relief activities should a disaster occur.

Through its nationwide organization, the Red Cross coordinates its total resources for use in large disasters. In order to provide these services, the Red Cross may call on the Federal, state or local government for assistance when voluntary contributions are not sufficient to meet community needs.

APPENDIX C

Georgia Department of Public Health The Role of Public Health Nurses in Emergency Preparedness and Response: A Synopsis

Introduction

As members of an interdisciplinary team, Public Health Nurses bring a specific set of skills to assist with the planning, preparation and response to disasters and emergencies.

Purpose

The purpose of this synopsis is to provide a brief overview of the role of public health nurses in emergency preparedness and response activities. Other related documents and references provide more detailed information regarding the preparation, expectations and duties of public health nurses during disasters and emergencies. See the list of references for some of these related documents.

Guiding Principles

According to the Association of State and Territorial Directors of Nursing (ASTDN 2008), the following foundational principles guide the practice of public health nursing in emergencies:

1. Public health nursing roles in emergency preparedness are generally consistent with the scope of public health nursing practice.
2. The components of the nursing process are aligned with the phases of all-hazards emergency preparedness.
3. Competencies provide a framework for defining public health nursing roles and actions in emergency preparedness. Competencies are directly linked to education, training and practice events.
4. Public health nurses bring leadership, policy, planning, and practice expertise to emergency preparedness and response.

Public Health Nurse Role in American Red Cross Shelters

1. Although it is recommended that PHNs receive ARC disaster training, PHNs without ARC disaster training may be assigned to help staff the ARC shelter because they bring their PHN skills and expertise.
2. PHNs are not expected to open, provide all of the nursing staff and/or assist with closing ARC shelters. The local ARC chapter is responsible for opening, making every effort to staff its operations with its own personnel before requesting staff assistance from public health and closing the ARC shelter.
3. According to the *Disaster Services Connection: Enhanced Service Delivery Model for Disaster Health Services*, April 20, 2011, from the National American Red Cross, the *Disaster Health Services Protocols* (2010) becomes a reference document only, which may be used to assist in client care, but not to define the nursing scope of practice. For PHNs, this means that PHNs may use the ARC Protocols as a reference to guide their role in providing services in the ARC shelter. PHNs may operate under Public Health Nurse Protocols within the ARC shelters. PHNs are not limited to only using the ARC Protocols while providing care to residents of the ARC shelter. PHNs may use other nationally accepted nursing texts and guidelines. In the near future, the ARC plans to develop a list of some widely recognized handbooks and guides that may be useful. Each PHN is expected to self-assess their own skill level and to practice consistent with their respective level of skills, competencies and state licensure. For example, if a resident needed assistance with administration of insulin and the PHN had the necessary knowledge, skills set and was comfortable providing this assistance, the PHN may assist the resident with this care.

Public Health Nurse Role in the Care of Persons with Special Medical Needs

Public Health Nurses may provide services to persons with special medical needs that are within their usual scope of practice for public health nursing. This includes health promotion, disease prevention, treatment of conditions under current standard nurse protocols, and other selected protocols (e.g., Biological and Chemical Protocols). The following are examples of activities within the usual scope of practice for PHNs:

1. Participating in the development of emergency preparedness and response plans with community partners
2. Setting up, managing, directing, staffing and evaluating mass immunization clinics
3. Setting up, managing, directing, staffing and evaluating mass dispensing sites
4. Assisting with disease investigations, identifying, referring and treating of contacts who may have been exposed to communicable diseases
5. Assisting with disease surveillance activities (e.g., contacting hospitals and health care providers regarding signs of infectious diseases, communicable diseases and/or reportable diseases)
6. Providing resource information and consultation to health care providers, organizations and individuals regarding disease prevention and management
7. Providing oversight and management of phone triage systems to assist with handling calls during a disaster or pandemic

References

Jakeway, Carole C., et.al. (2008). The Role of Public Health Nurses in Emergency Preparedness and Response: A Position Paper of the Association of State and Territorial Directors of Nursing. Public Health Nursing, Vol. 25, No. 4, 354.

Memorandum of Understanding Between the American National Red Cross and Georgia Department of Behavioral Health and Developmental Disabilities and Georgia Department of Community Health and Georgia Department of Human Services, 2010.

American Red Cross, Disaster Services Connection: Enhanced Service Delivery Model for Disaster Health Services, April 20, 2011. (Amendment to guidance in the Disaster Health Services Handbook, 2006).

Georgia Department of Public Health, The Role of Public Health Nurses in Caring for Populations with Special Medical Needs During Disasters and Emergencies, Draft, July 24, 2011.

Georgia Department of Public Health, The Scope of Georgia Public Health Nursing Practice, July 24, 2011.

Approved by Public Health Nursing Executive Leadership, October 28, 2011

APPENDIX D

Georgia Department of Public Health - Scope of Public Health Nursing Practice

Public Health Nurses (PHNs) provide services consistent with their scope of practice within public health. This includes health promotion, disease prevention, treatment of conditions under current standard nurse protocols, and other selected protocols (e.g., Biological and Chemical Protocols). The following are examples of activities within the usual scope of practice for PHNs:

1. Participating in the development of emergency preparedness and response plans with community partners.
2. Setting up, managing, directing, staffing and evaluating mass immunization clinics.
3. Setting up, managing, directing, staffing and evaluating mass dispensing sites.
4. Assisting with disease investigations, identifying, referring and treating of contacts who may have been exposed to communicable diseases.
5. Assisting with disease surveillance activities (e.g., contacting hospitals and health care providers regarding signs of infectious diseases, communicable diseases and/or reportable diseases).
6. Providing resource information and consultation to health care providers, organizations and individuals regarding disease prevention and management.
7. Providing oversight and management of phone triage systems to assist with handling calls during a disaster or pandemic.

Suggested Texts and References for Public Health Nurses to Use in Shelter Care

The following texts and references may be used as practice guidelines by Public Health Nurses assigned to assist with staffing Red Cross shelters:

1. American Red Cross, Disaster Services Connection: Enhanced Service Delivery Model for Disaster Health Services, April 20, 2011. (Amendment to the Disaster Health Services Handbook, 2006).
2. American Red Cross, Disaster Health Services Protocols, July 2010.
3. Current Nurse Protocols which are signed by the individual nurse and delegating physician and used by the individual nurse in Public Health settings.
4. Veenema, Tener Goodwin, Ready RN Handbook for Disaster Nursing and Emergency Preparedness, St. Louis, Missouri: Mosby Elsevier, 2009.
5. Veenema, Tener Goodwin, Disaster Nursing and Emergency Preparedness for Chemical, Biological, and Radiological Terrorism and Other Hazards, New York: Springer Publishing Company, 2007.

APPENDIX E
General Shelters Checklist

Table 1. General Shelters Checklist					
	EMA	DHS	ARC ¹	DPH	DBHDD
FUNCTION/RESPONSIBILITY		DFCS			
Identify, Inspect, Approve Shelter Sites	X	X	X	X	
Opening Shelter	X		X		
Provide Shelter Signage			X		
Provide Administrative Supplies			X		
Provide Medical Supplies			X	X ²	
Administrative Management of Shelter		X ³	X		
Nursing Management of Shelter			X	X	
Nurse Staffing			X	X	
Registration of Shelter Residents		X	X		
Security	X ⁴		X		
Training of Shelter Volunteers:		X	X		
• Facility Operations					
• Behavioral Health			X		X
• Health/Nursing Care			X	X	
• Close Shelter			X		
NOTE:					
¹ ARC = American Red Cross					
² ARC will replace approved medical supplies used by PH.					
³ DFCS assists per local coordination.					
⁴ EMA (Emergency Management Agency – County) will collaborate with ARC to plan for security at the local level.					