

**CABARRUS COUNTY EMERGENCY OPERATIONS PLAN
ANNEX L
SHELTER AND MASS CARE**

Primary Agencies

- Human Services (overall mass care)
- Red Cross Cabarrus Chapter (manages shelter)

Support Agencies

- Amateur Emergency Radio Service (ARES)
- Board of County Commissioners
- Cabarrus Arena and Events Center
- Cabarrus Health Alliance
- Cardinal Innovations Healthcare Solutions (formerly Piedmont Behavioral Health)
- Emergency Management
- Emergency Medical Services
- General Services
- Sheriff's Department
- Superintendent of Schools

I. PURPOSE

The purpose of this annex is to facilitate shelter and mass care activities in Cabarrus County (County) following a disaster. The annex also addresses shelter and mass care for those with functional needs as well as pets.

II. SITUATION AND ASSUMPTIONS

A. Situation

1. Cabarrus County is subject to a variety of natural, technological, and human-caused incidents that may result in the need for the public to evacuate their place of residence and seek shelter.
2. There are emergency situations that may require the County to provide public shelters. Cabarrus County also provides shelter for evacuees from Mecklenburg County in the event of problems at the McGuire Nuclear Station.
3. Cabarrus County has recognized the need for a plan to facilitate a single and effective shelter concept of operations (CONOPS) to facilitate the coordinated implementation of mass care and shelter for the public.

4. A uniform and baseline CONOPS allows Cabarrus County to establish a standardized approach within shelter planning and operations efforts that enable the usage of the most capable shelter facilities, reduce duplication of efforts or the over-use of limited resources, and increase operational efficiency.
5. Cabarrus County Emergency Management and the American Red Cross have identified and surveyed potential shelters in the County and have determined which would be appropriate to use during emergency situations.
6. The population of Cabarrus County contains individuals and groups with functional needs that will require individual or special assistance during emergency situations. Shelter and mass care services to those with functional needs requires additional planning, coordination, and resources.
7. Those persons with functional needs requiring constant care and/or life support systems will require care at a medical facility.

B. Assumptions

1. Sufficient facilities exist in the County to shelter personnel during emergency situations. The normal planning figure for maximum shelter requirements is 20 percent of the County population.
2. County and city departments and agencies assume responsibility for emergency management operations and will commit available resources to save lives and to minimize personal injury and property damage.
3. Sufficient shelter capacity exists in adjacent counties for out-of-county evacuation and these locations are available for use after coordination.
4. A high percentage of evacuees will seek shelter with friends or relatives rather than go to public shelter.
5. Any person(s) with functional needs who is self-sufficient or who has a caregiver that can provide assistance will be accepted into the shelter serving the individual, his/her family, and his/her community.

III. CONCEPT OF OPERATIONS

- A. The North Carolina Department of Health and Human Services (DHHS) is responsible for shelter and mass care during emergencies in the state. The Cabarrus County Department of Human Services manages mass care operations in the County. The American Red Cross (ARC) operates shelter locations. This service is provided through written agreements between the ARC, the State of North Carolina, and Cabarrus County Emergency Management.
- B. DHHS supports County efforts with the following: arrange for shelter at DHHS institutions

and transfer social services personnel to the affected area as needed. DHHS works in conjunction with the ARC, Salvation Army, and volunteer organizations to provide care for those affected by emergency situations.

- C. Divisions under DHHS that operate residential care facilities are required to have current plans in place for the evacuation and sheltering of those with functional needs. DHHS approves all emergency plans for local residential facilities.
- D. Public and private providers of institutional care (medical and residential) are responsible for having shelter plans for continued care of their patients/residents when evacuated to shelters. The staff of the facility evacuates with the patients/residents and remains with them at the shelter. The Cabarrus County Department of Human Services ensures plans have been developed and Emergency Management reviews them.
- E. Private and government-operated facilities caring for groups for less than 24 hours, such as daycare facilities, pre-schools, and day health facilities, are responsible for the continual care of their clients during the entire period of the evacuation. This requirement ends when the client is released to a parent or a responsible adult.
- F. Private facilities with functional needs residents are responsible for the evacuation and transportation of their clients to shelters and/or medical facilities. Public and private providers of institutional care (medical and residential) remain responsible for the continued care of their patients/residents when evacuated. The staff of the facility evacuates with the patients/residents and remains with them at the shelter/medical facility.
- G. Private facilities must plan to move patients, staff, and equipment during an emergency and use their vehicles to conduct this movement. As directed by the Cabarrus County Emergency Management Coordinator, the Cabarrus County Transportation System provides assistance with the movement of patients, staff, and equipment from other facilities to the designated shelter locations. This support is based on the availability of vehicles and drivers not committed to higher priority tasks.
- H. Local sheltering entails a systematic approach that seeks the best and most effective shelter solution to meet the shelters need.
- I. A shelter solution is implemented that requires the least amount of personnel and equipment resources to provide the most appropriate aid and comfort to the greatest number of shelter residents.
- J. Cabarrus County uses the following sequence of activities associated with this CONOPS:
 - Triggering conditions occur.
 - Determine local shelter need:
 - Determine type of facility to activate to meet shelter need.

- Determine specific facility to activate based on impact of incident.
- Notify shelter agencies to activate local shelter(s).
- Staff and open local shelter(s).
- Notify public of local shelter(s) activation.
- Operate local shelter(s).
- Conduct shelter(s) demobilization and restoration.

1. Triggering Conditions

- a. Cabarrus County has established a Shelter Coordination Team to assess the situation in anticipation of or in response to an emergency and determine the appropriate course of action as it pertains to mass care and shelter needs. The Shelter Coordination Team is composed of representatives from the following departments and agencies:
 - Human Services
 - Red Cross Cabarrus Chapter
 - Emergency Management
 - Animal Control
 - Sheriff’s Department
- b. To help determine need, the County agencies will use predetermined triggers that have been established and based on general understandings of types of emergencies and their expected impacts on the community. A Shelter Activation Flow Chart that is utilized to make the shelter activation decision is located in Appendix A.

2. Determine Local Sheltering Need

- a. The Shelter Coordination Team assesses the emergency in anticipation of or in response to an emergency. Upon recognition of the type of event, and the expected or actual impact, the Shelter Coordination Team in coordination with each other determine the type of shelter needed, shelter facility/location, staffing, services, and resources required to adequately respond to the incident/event.
- b. Once the need has been established and the Shelter Coordination Team has made the determination to activate a specific shelter or shelters, the facility must be evaluated by the Cabarrus Health Alliance for the final approval on the site before the shelter(s) doors can be opened.

Shelters expected to deliver a wider range of shelter services will follow ARC and Americans with Disabilities Act (ADA) guidelines and standards.

3. Notify Shelter Agencies to Activate Local Shelter(s)
 - a. County departments and agencies tasked with shelter operations and providing support staff are notified by Cabarrus County Office of Emergency Management immediately after a decision has been made to activate a shelter(s).
 - b. Once notification from the Cabarrus County Office of Emergency Management is received, the County departments and agencies tasked with support initiate notification of the need to mobilize to their own staff.
 - c. The mobilization of shelter operations support staff will vary depending upon the type of shelter(s) facility that is to be activated.
4. Staff/Open Local Shelter
 - a. After staff is in place, the Shelter Manager conducts a briefing that includes information pertaining to the emergency, expected or actual impact on the community, and anticipated evacuee shelter needs/services.
 - b. All County shelters will incorporate the National Incident Management System (NIMS) and Incident Command System (ICS) guidance for implementation.
 - c. Once the appropriate shelter operations support staff and equipment assets have been fully activated and mobilized, the shelter formally opens to the public.
 - d. All shelter staff are trained and knowledgeable of the specific functions they are responsible for as well as the organizational and command structure that is used to manage the overall shelter operation.
 - e. The following shelter staff, shelter support personnel, and public safety partners may be used in support of the following functions:
 - Shelter registration and intake processing
 - Assessment and provision of functional needs support services
 - Facilitation of shelter resident reunification
 - Provision of dormitory and housing services
 - Provision of food and beverage services
 - Social and community program services
 - Health/medical support services

- Animal/pet shelter support services
 - Law enforcement support services
 - Transportation support services
 - Management, request, and acquisition of shelter resources
5. Notify Public of Local Shelter Activation
- a. As operations begin, the Shelter Coordination Team implements formal notification concerning the activation of the shelter(s).
 - b. Notification to the public includes the status of the emergency, the community's actions, and the location and time in which the shelter facility will be available to the public for the provision of shelter services and the services provided at the selected shelter(s).
 - c. Notification also includes the types of services that will be made available at the shelter location and reminders to bring key items individuals with specific needs normally depend upon.
 - d. To reach the general population, the Shelter Coordination Team uses various media outlets for notification through a diverse set of existing public communication capabilities and tools. Crisis communications flows through the Cabarrus County Joint Information Center (JIC), in accordance with the existing crisis communications plans.
6. Operate Local Shelter(s)
- a. Actual shelter activation occurs at the established time set forth by the Shelter Coordination Team.
 - b. Upon the completion of staff and equipment mobilization at the shelter facility, a designated Shelter Manager manages all facets of the shelter operation.
 - c. Shelter residents seeking shelter either self-present or arrive via transportation assistance to the shelter facility.
 - d. As shelter residents arrive, they are processed via a shelter registration and intake area, where their additional and/or specific needs are further noted. Information concerning the emergency status, services located at the shelter, and/or other relevant information is passed along to shelter residents as they are processed.
 - e. During shelter operations, activity continues to be monitored by all shelter staff on an ongoing basis. Any gaps in services or equipment are monitored, noted, and addressed through appropriate mutual aid channels.

- f. Shelter staff updates shelter residents of the status of the emergency and when shelter residents will be able to transition back to their homes.
- g. During shelter operations, the following activities and tasks take place:
 - 1) Shelter Registration and Intake Processing
 - Set-up and implement the shelter registration and intake area equipment and support using predetermined staffing models.
 - Receive and process shelter residents as they self-present at the shelter location.
 - Triage any medical, functional needs, non-English speaking needs, animal/pet, and assess for any communicable diseases.
 - Provide media and public information to shelter residents so they remain informed of the current emergency and the types of services that are available at the shelter location.
 - Integrate law enforcement services into the registration and intake area as needed/required.
 - Conduct a resource gap analysis and request additional mass care/emergency resources or support as needed and identified via the registration and intake processing.
 - 2) Assessment and Provision of Functional Needs Support Services
 - Provide replacement or loaned durable medical equipment if needed.
 - Provide additional assistance due to limited English proficiency or functional needs.
 - Provide care to individuals unable to care for themselves until reunification or other options become available.
 - Support service animal areas and feeding.
 - Arrange and provide resource/supplies for special dietary needs, as needed.
 - Provide para-transit transportation resources, as needed.
 - Provide information in alternative formats on functional needs support available and on impact area conditions and status to those in shelters and medical facilities and in the community.

3) Facilitation of Shelter Resident Reunification

- Upon registration, assist shelter residents with missing family members or friends. Record information pertaining to missing persons.
- Coordinate within shelter to determine if missing parties are already present within the existing shelter.
- Coordinate with other shelters to determine if missing parties self-presented at other shelters.
- Coordinate with law enforcement personnel to broadcast information regarding missing parties.
- Use ARC Shelter Resident Reunification Checklist and coordinate with the ARC for support and information sharing concerning missing persons.

4) Provision of Dormitory and Housing Services

- Deploy dormitory/housing equipment (cots, blankets, pillows, other comfort items, etc.) to dormitory/housing space within shelter.
- Identify and support shelter residents with dormitory/housing needs and assist as needed.
- Provide public information, including situational updates to affected populations. Include a time line for returning to their homes, if available.
- Coordinate and integrate outside mass care/emergency assistance resources in local operations as determined by need or identified resource gaps.

5) Provision of Food and Beverage Services

- Use kitchen area to provide food and beverage services for shelter residents.
- Public Health guidelines must be adhered to at all times during shelter operations for food and beverage services.
- If kitchen area is not available, contact a feeding provider (nongovernmental organization [NGO], feeding/catering vendor).
- Deploy kitchen or catering services, including staff required to support this operation during the emergency.
- Coordinate with feeding providers for kitchen sites and support resources if any gaps are identified.

- Provide public information on the location, hours, and process followed for the feeding schedule.

6) Social and Community Program Services

- Provide crisis counseling and referral services to long-term behavioral health resources during and after an emergency.
- Provide community information such as laundry facilities, pharmacies, employment, schools, transportation, social services, faith-based organizations, banking, financial assistance, and support groups. This will be important for shelter residents who are unfamiliar with the area in which they are currently seeking shelter and/or if their previous homes have become uninhabitable due to damage caused by the emergency.
- Direct shelter residents to social/human service agencies for replacement of identification and transfer of pre-existing benefits and services (Social Security, food stamps, driver's licenses, etc.).
- Contact local law firms and legal services organizations to seek support in donated time and services to legal clinics prior to an emergency and offer these services to shelter residents upon initiating case management at the shelter.

7) Health/Medical Support Services

- Activate health and medical services as needed to support shelter residents upon shelter activation.
- Ensure regular health department inspections of shelter and feeding sites are conducted.
- Provide information on local healthcare resources to shelter residents upon completing registration.
- Activate and use a transportation plan for moving shelter residents to hospitals or other healthcare facilities.
- Request and coordinate the need for additional health/medical support services as needed.
- Coordinate and transfer medical records.
- Review medical and mortuary support system for surge capacity/needs.
- Provide expanded behavioral health support.

- Communicate regarding health issues at shelter facilities.
- Coordinate medical transport resources (for example, quantity, type, location, capacity).
- Coordinate care of service animals in shelters and/or facilities.
- Activate pharmacy support and requests.

8) Animal/Pet Shelter Support Services

- Provide technical assistance, resource coordination, and management of a variety of response activities targeted to handle animal issues prior to and during emergencies.
- Provide pet evacuation, sheltering, and unification with owners as available.
- Provide pet care, which may include support of owner-based pet care as available.
- Manage aggressive household pets.
- Track and reunify household pets with their owners as available.
- Provide veterinary care throughout response and recovery operations to animals/pets as available.
- Dispose of deceased animals/pets as available.
- Dispose of abandoned and/or unclaimed animals.
- Transfer household pet records upon the return of pets to their owners.
- Quarantine animals identified as having infectious diseases or that have bitten people.
- Request animal/pet support as needed.
- Provide basic household pet supplies and tracking equipment.
- Initiate set-up of household pet shelters and deploy necessary resources as available.
- Coordinate transportation of household pets to appropriate shelter facilities as needed.
- Coordinate transportation of household pets from shelter facilities to owners

during reunification.

- Disseminate household pet reunification information and requirements to the public.
- Provide fostering and adoption information to the public for unclaimed or abandoned animals after a predetermined waiting period and efforts to reunite owners and household pets.

9) Law Enforcement Support Services

- Determine if local law enforcement services will be required at the shelter(s) prior to shelter activation.
- Coordinate law enforcement operations at sites sheltering or processing shelter residents.
- Conduct facility screening, secure the perimeter, control access, and evaluate the need for a roving patrol and monitor community influence in and around shelter.
- Screen shelter residents for security issues, possession of illegal drugs, etc.
- Use a badging/credentialing system if needed.
- Manage the collection/securing of weapons and illegal drugs, if applicable.
- Implement procedures for managing shelter residents subject to judicial and/or administrative orders restricting their freedom of movement (for example, parolees, sex offenders, individuals with outstanding warrants). Conduct criminal history records search as needed.
- Request and coordinate with Cabarrus County Emergency Management regarding the need for additional security support.

10) Transportation Support Services

- Notify and activate transportation resources required for support upon activation of the shelter.
- Arrange for transportation for transportation-assisted shelter residents. This may be from an emergency impact or non-emergency impact area of operations.
- Coordinate with law enforcement function concerning any road closures and traffic patterns.

- Provide return/reentry upon emergency stabilization and/or shelter demobilization.

11) Management, Request, and Acquisition of Shelter Resources

- Deploy resources based on need, type of shelter facility being activated, and functional resources present at the shelter.
- Use best practices resource checklists that were developed in shelter pre-planning efforts.
- Monitor equipment usage; restock as needed.
- Identify resource shortfalls and gaps.
- Notify Cabarrus County Emergency Management.
- Request mutual aid support through established mutual aid partners and/or the North Carolina Division of Emergency Management (NCDDEM).

7. Demobilization and Restoration of Local Shelter

- a. Once an emergency has stabilized and shelter operations are no longer necessary, the shelter facility is deactivated and staff is demobilized.
- b. The Shelter Coordination Team, in conjunction with other local officials and the Shelter Manager, meet prior to the de-escalation of the emergency to determine the appropriate trigger point in which to initiate formal demobilization of the shelter.
- c. Once the need to demobilize the shelter has been established, the Shelter Manager announces the plan to demobilize to all staff.
- d. Staff then informs shelter residents still present at the shelter of the plan to deactivate, which includes the time when deactivation will begin/conclude and continuation of certain services.
- e. When demobilization commences, staff begin to restore the shelter facility to normal operations by breaking down functional service areas and cleaning the facility.

8. County Shelter Functional Needs Support Services Considerations

Cabarrus County has incorporated recent functional needs support services guidance into their mass care and shelter planning efforts. To comply with this guidance, the County will shelter those with functional needs together with the general population, with no separation.

Shelters will be managed by the ARC, and staffed by the Cabarrus County Department of Human Services and ARC. The Cabarrus Health Alliance assists as necessary to coordinate external medical resources to meet client needs and assist in the coordination of functional needs services.

The Cabarrus Health Alliance and ARC have developed relationships with service providers that can provide appropriate levels of care for shelter residents whose needs may exceed the capabilities of a local shelter. No formal agreements with these providers are in place at this time.

It is possible that staffing resources may be quickly overwhelmed in a large-scale disaster event. Supplemental staffing resources may be available through home health care, independent living centers, acute medical care centers, and similar medical service providers. Staffing resources will be requested via established processes through the Cabarrus County Emergency Management to NCDEM.

No individuals seeking shelter will be denied access. Individuals arriving at the shelter without a caregiver will be accepted and supporting agencies will work to locate a caregiver through available staff and resources. Service animals will also be permitted to enter the shelter with their owner.

Minor modifications may be made to the dormitory area of the shelter as needed to meet the needs of shelter residents and limit the potential for separation from the general population (for example, low lighting at night to allow easy access to restrooms, allocating an area for service animals to limit the impacts on those with allergies).

9. County Pet Shelter Considerations

Cabarrus County Animal Control is responsible for County pet shelter operations. The Federal Emergency Management Agency (FEMA) defines household pets as a domesticated pet (such as a dog, cat, bird, rabbit, rodent, or turtle) that is traditionally kept in the home for pleasure rather than for commercial purposes and can travel in commercial carriers and be housed in temporary facilities. Household pets do not include reptiles (with the exception of turtles), amphibians, fish, insects/arachnids, farm animals (including horses), and animals kept for racing purposes. Animal Control plans to accept all pets that can be accommodated or make arrangements as needed for larger animals (for example, cattle, horses) as available.

Service animals will be permitted to remain with their owner in the shelter. FEMA defines a service animal as any animal that is individually trained to provide assistance to a person with a disability.

In an ideal situation, pet sheltering will be able to co-locate with human sheltering. This would allow owners to remain with their animals and provide necessary feeding and waste disposal, easing the strain on Animal Control staffing resources. At this time, it is undetermined as to whether or not shelter facility owners will permit the co-location of

pet sheltering. In the event that co-location is not possible, Animal Control can transport pets to their permanent animal shelter for care as available.

Animal Control maintains a small cache of equipment and supplies, including Animal Control vehicles for transport, pet food, and cleaning supplies. It is likely that these resources may be overwhelmed in a significant event. Animal Control can access external staffing and other resources to support pet sheltering by requesting them via established processes through the Cabarrus County Emergency Management to NCDEM. Animal Control has established relationships with the County Animal Response Team (CART), local and national Humane Society agencies, and private sector entities that may be able to provide supplemental supplies and staffing.

Tasks assigned to Animal Control as part of the pet sheltering mission may include the following, depending on the scope of the incident:

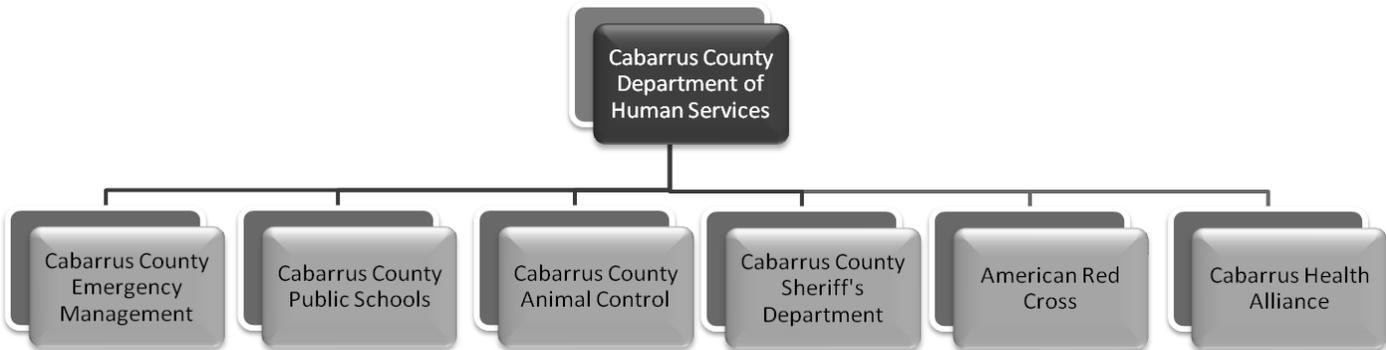
- Provide technical assistance, resource coordination, and management of a variety of response activities targeted to handle animal issues prior to and during emergencies.
- Provide pet evacuation, sheltering, and unification with owners.
- Provide pet care, which may include support of owner-based pet care.
- Manage aggressive household pets.
- Track and reunify household pets with their owners.
- Provide veterinary care throughout response and recovery operations to animals.
- Dispose of deceased animals.
- Dispose of abandoned and/or unclaimed animals.
- Transfer household pet records upon the return of pets to their owners.
- Quarantine animals identified as having infectious diseases or that have bitten people.
- Request for animal/pet support as needed.
- Provide basic household pet supplies and tracking equipment.
- Initiate set-up of household pet shelters and deploy necessary resources.
- Coordinate transportation of household pets to appropriate shelter facilities as needed.
- Coordinate transportation of household pets from shelter facilities to owners during reunification.

- Disseminate household pet reunification information and requirements to the public.
- Provide fostering and adoption information to the public for unclaimed or abandoned animals after a predetermined waiting period and efforts to reunite owners and household pets.

IV. DIRECTION AND CONTROL

- A. The North Carolina DHHS provides overall management for mass care and shelter operations.
- B. The Red Cross Cabarrus Chapter directs and controls operations within shelters.
- C. Additional support is provided by Emergency Management.
- D. The figures below describe the mass care and shelter organization within the County.

**Figure 1-1
County Shelter and Mass Care Organizational Chart**

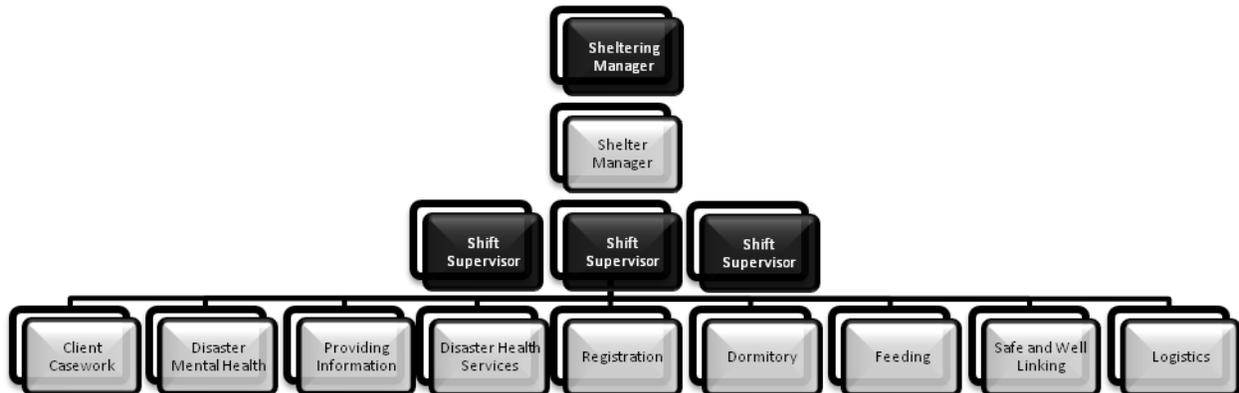


**Figure 1-2
Agency Roles and Responsibilities**

Entity	Roles and Responsibilities
American Red Cross	Provides shelter management and staffing and coordinates functional needs support services.
Cabarrus County Department of Human Services	Shelter staffing; provides first response assistance with overall health and safety for all families in an emergency shelter environment; provides staffing and supportive services to all agencies involved, including emergency federal financial assistance for all eligible families (for example, food stamps, Temporary Assistance for Needy Families [TANF], child care assistance). Coordinates functional needs support services.
Cabarrus County Animal Control	Coordinates pet sheltering.

Entity	Roles and Responsibilities
Cabarrus Health Alliance	Conducts shelter facility inspections, provides infection control, coordinates functional needs support services.
Cabarrus County Emergency Management	Provides multi-agency coordination through the emergency operations center.
Cabarrus County Public Schools	Provides transportation services.
Cabarrus County Sheriff's Department	Coordinates security and traffic control services.

**Figure 1-3
Shelter Organization Chart**



**Figure 1-4
Shelter Functions**

Role	Responsibilities
Functional Needs Supervisor	Assists with all functional needs requirements. Coordinates all functional needs identified at shelters.
Administrative Assistant	Assists the supervisory staff with administrative tasks. Supports other administrative needs throughout the shelter as appropriate.
Canteen/Dining Associate	Supports the set-up and serving of meals. Keep coffee and snacks available to staff around the clock.
Client Caseworkers	Works with shelter residents post to disaster to assist them in connecting to resources that will enable them to return home.
Disaster Behavioral Health Staff	Behavioral health staff provides emotional needs of shelter residents and staff.
Dormitory Management Staff	The supervisor has the overall responsibility for the set-up and maintenance of the sleeping areas and responsibility for management of the dormitory staff.
Feeding Supervisor	Ensures that meals are made and available for staff and shelter residents. Supervises the feeding of staff.
Health Services Staff	Provides basic health-related services to shelter residents and staff. Secure replacement medications, provide information, give first aid care, refer to medical services, and obtain medical supplies.
Health Services Supervisor	Provides overall management of health services at the shelter. This includes management of health services staff.
Information Staff (help desk)	Gathers and disseminates information for shelter residents. Information dissemination can be done in many ways, including communications boards, flyers, posters, etc.

Role	Responsibilities
Information Management Associate	Coordinates necessary disaster information, including demographics, weather reports, maps, damage assessment information, etc. In the shelter environment, the information management staff will provide caseworkers with damage assessment information specific to shelter residents' homes and provide shelter staff and shelter residents with weather information.
Registrar	Provides registration, which also includes the discharge of shelter residents. Supervises registration and triage staff.
Security Staff (usually non-ARC)	Maintain the safety and security of the shelter. Work with local law enforcement to maintain a safe environment for the shelter.
Shelter Manager	Maintains overall responsibility for the entire shelter operation 24 hours a day. Provides leadership in all areas of the shelter reports to the Shelter Manager through the shift supervisors.
Pet Shelter Manager	Maintains overall responsibility for pet shelter operations 24 hours a day.

V. CONTINUITY OF GOVERNMENT

- A. Staffing assignments for positions in the emergency operations center allow for continuous operations.
- B. Selection and assignment of personnel is the responsibility of the agencies represented.
- C. Once assigned to the EOC, the Emergency Management Coordinator (EOC Manager) supervises these personnel.
- D. In the event that the primary EOC is not functional, the Emergency Management Coordinator activates an alternate EOC and notifies the Board of Commissioners of this change. Transportation is provided to any County Commissioners who cannot reach the EOC locations.
- E. Orders of Succession:
 - 1. Director, Human Services
 - 2. Director, ARC
 - 3. Emergency Management Coordinator
- F. Orders of succession for County agencies that support shelter and mass care operations are in accordance with their internal standard operating procedures.

APPENDICES

This section includes several documents that are essential to the annex. The following appendices are recommended for inclusion in this section:

Appendix A – Shelter Activation Decision Flow Chart and Call Agenda

Appendix B - Detailed Shelter Registration Information

- Shelter Registration Form
- Functional Needs Form
- Pet Registration Form
- Shelter Confidentiality Agreement

Appendix C - Shelter Job Roles and Responsibilities

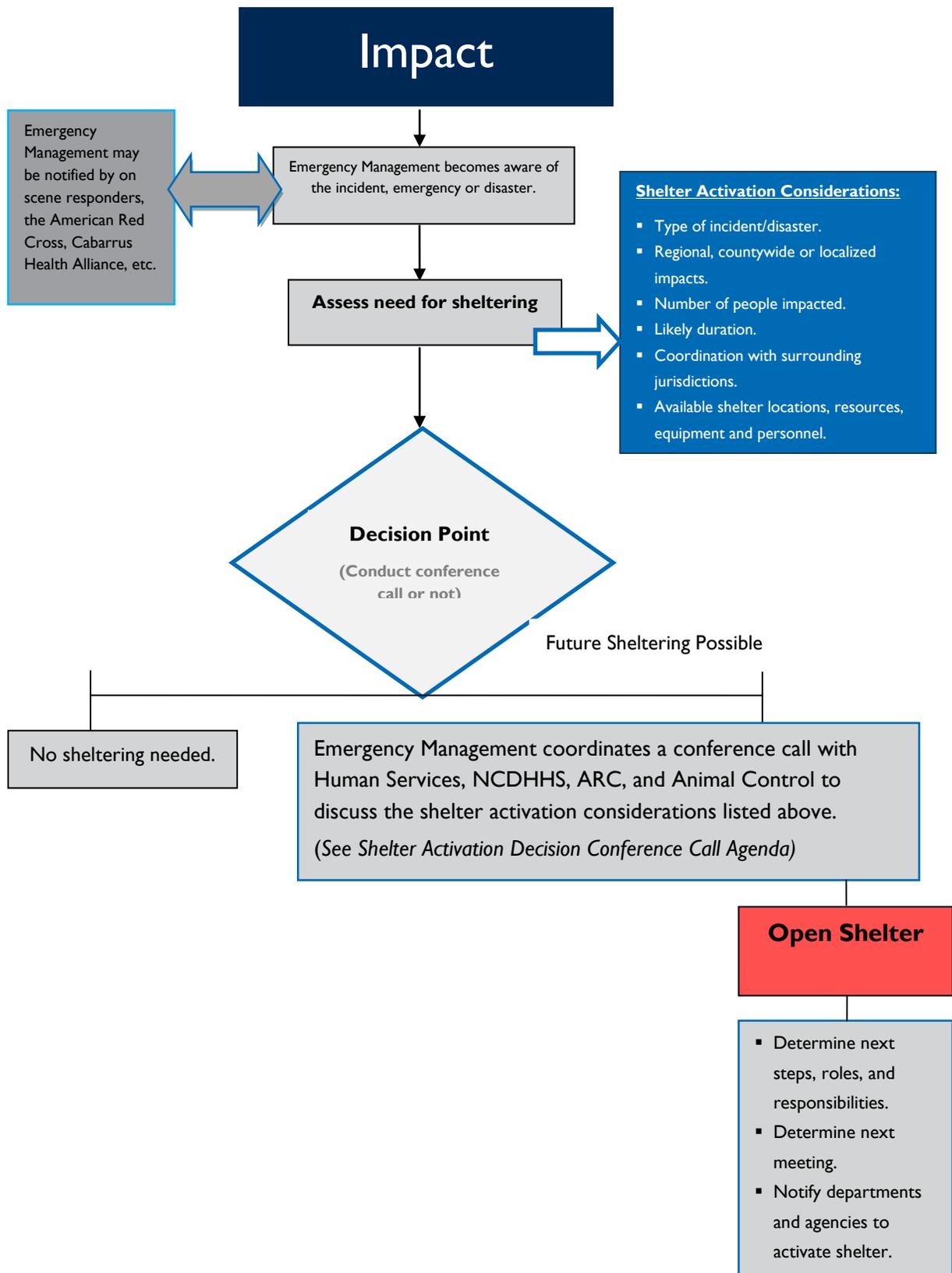
- Job Action Sheets

Appendix D - Shelter Overviews

Appendix E – Definitions

Appendix F – Durable Medical Equipment Providers

APPENDIX A – SHELTER ACTIVATION DECISION FLOW CHART AND CALL AGENDA



SHELTER ACTIVATION CONFERENCE CALL AGENDA

Shelter Activation Decision Conference Call Agenda

[INSERT MONTH AND DAY, 20XX]

Introductions

- Brief opening remarks
- Call participant introductions (identification of call participants)

Call Purpose

- Incident/situational overview
 - Type of incident and impacts
 - Area(s) impacted (widespread v. Localized)
 - Estimated number of people, businesses, homes, infrastructure, etc., impacted (as information is available)
 - Likely duration of incident
- Assess the need for sheltering
 - Estimation of those seeking shelter?
 - Long-term or short term shelter and mass care needs?
 - Multiple shelter locations needed?

Determine Shelter Locations

- Discuss and determine available shelter locations
- Discuss the following shelter considerations
 - Staffing
 - Timing
 - Resources and equipment
 - Transportation
 - Pets and animals

Roles and Responsibilities

- Discuss the resources, equipment, and tasks each department/agency will be responsible for

Next Steps

- Discuss the next steps following this call
- Determine a time and agenda for next conference call

Questions and Answers Adjourn

APPENDIX B - DETAILED SHELTER REGISTRATION INFORMATION

- American Red Cross Shelter Registration Form
- Functional Needs Assessment Form
- Pet Shelter Registration and Agreement Form
- Shelter Confidentiality Agreement

SHELTER REGISTRATION FORM

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: <i>(for security purposes only)</i>		

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)

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Date/Time: _____ Shelter Name/City/State: _____ DRO Name/#: _____			
Family Last Name: _____			
Primary language spoken in home: _____			Does the family need language assistance/interpreter?: _____
Names/ages/genders of all family members present: _____			
If alone and under 18, location of next of kin/parent/guardian: _____ If unknown, notify shelter manager & interviewer initial here: _____			
Home Address: _____			
Client Contact Number: _____		Interviewer Name (print name): _____	
INITIAL INTAKE	Circle	Actions to be taken	Include ONLY name of affected family member
1. Do you need assistance hearing me?	YES / NO	If Yes, consult with Disaster Health Services (HS).	
2. Will you need assistance with understanding or answering these questions?	YES / NO	If Yes, notify shelter manager and refer to HS.	
3. Do you have a medical or health concern or need right now?	YES / NO	If Yes, stop interview and refer to HS immediately. If life threatening, call 911.	
4. Observation for the Interviewer: Does the client appear to be overwhelmed, disoriented, agitated, or a threat to self or others?	YES/ NO	If life threatening, call 911. If yes, or unsure, refer immediately to HS or Disaster Mental Health (DMH).	
5. Do you need medicine, equipment or electricity to operate medical equipment or other items for daily living?	YES / NO	If Yes, refer to HS.	
6. Do you normally need a caregiver, personal assistant, or service animal?	YES / NO	If Yes, ask next question. If No, skip next question.	
7. Is your caregiver, personal assistant, or service animal inaccessible?	YES / NO	If Yes, circle which one and refer to HS.	
8. Do you have any severe environmental, food, or medication allergies?	YES / NO	If Yes, refer to HS.	
9. Question to Interviewer: Would this person benefit from a more detailed health or mental health assessment?	YES / NO	If Yes, refer to HS or DMH.	*If client is uncertain or unsure of answer to any question, refer to HS or DMH for more in-depth evaluation.
STOP HERE!		REFER to: HS Yes <input type="checkbox"/> No <input type="checkbox"/> DMH Yes <input type="checkbox"/> No <input type="checkbox"/>	Interviewer Initial _____
DISASTER HEALTH SERVICES/DISASTER MENTAL HEALTH ASSESSMENT FOLLOW-UP			
ASSISTANCE AND SUPPORT INFORMATION	Circle	Actions to be taken	Comments
Have you been hospitalized or under the care of a physician in the past month?	YES / NO	If Yes, list reason.	
Do you have a condition that requires any special medical equipment/supplies? (Epi-pen, diabetes supplies, respirator, oxygen, dialysis, ostomy supplies, etc.)	YES / NO	If Yes, list potential sources if available.	
Are you presently receiving any benefits (Medicare/Medicaid) or do you have other health insurance coverage?	YES / NO	If Yes, list type and benefit number(s) if available.	
MEDICATIONS	Circle	Actions to be taken	Comments
Do you take any medication(s) regularly?	YES / NO	If No, skip to the questions regarding hearing.	
When did you last take your medication?		Date/Time.	
When are you due for your next dose?		Date/Time.	
Do you have the medications with you?	YES / NO	If No, identify medications and process for replacement.	

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

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

The authority for collecting this information is 42 USC 3006b-11(b) (4). Your disclosure of this information is voluntary. The principal purpose of this collection is to appropriately treat, or provide assistance to, you. The primary routine uses of the information provided include disclosure to agency contractors who are performing a service related to this collection, to medical facilities, non-agency healthcare workers, and to other federal agencies to facilitate treatment and assistance, and to the Justice Department in the event of litigation. Providing the information requested will assist us in properly triaging you or providing assistance to you.

FUNCTIONAL NEEDS INTAKE FORM

Date/Time:	Shelter Name/City/State		
Family Last Name:			
Primary language spoken in home:		Intake Interviewer may need assistance with language/interpreter YES / NO	
Names/ages/genders of all family members present: <i>Continue on other side if more room is needed.</i>		Age:	<input type="checkbox"/> male <input type="checkbox"/> female
		Age:	<input type="checkbox"/> male <input type="checkbox"/> female
		Age:	<input type="checkbox"/> male <input type="checkbox"/> female
		Age:	<input type="checkbox"/> male <input type="checkbox"/> female
If alone and under 18, location of next of kin/parent/guardian: <i>If unknown, notify Shelter Manager & interviewer initial here:</i>			
Home Address:			
Client Contact Number:	Interviewer Name (print name):		Signature:
DO YOU HAVE A MEDICAL OR SAFETY CONCERN OR ISSUE RIGHT NOW? If yes, STOP and call for assistance NOW! Or Call 911			
COMMUNICATIONS	Circle	Actions to be taken	Name of Individual with Need
Will you need assistance with understanding or answering these questions?	YES / NO	If yes, notify Shelter Manager; refer to Additional Assistance.	
HEARING	Circle	Actions to be taken	
Do you use a hearing aid? Is it with you?	YES / NO	If yes to either, ask the next two questions.	
Is the hearing aid working?	YES / NO	If no, identify replacements.	
Do you need a battery?	YES / NO	If yes, identify replacements.	
LANGUAGES	Circle	Actions to be taken	
How do you best communicate with others?	YES / NO	Languages? Sign language? Smartphone? Computer? Other?	
What languages can you communicate in?		Speak: Read: Write:	
Do you need a sign language interpreter?	YES / NO	If yes, notify Interpreter Strike Team Leader	
VISION/SIGHT	Circle	Actions to be taken	
Do you wear eye glasses? Are they with you?	YES / NO	If no, ask if they need a replacement?	
Do you have difficulty seeing, even with glasses?	YES / NO	If no, skip to the next section	
Do you use a white cane? Is it with you?	YES / NO	If yes, ask next questions	
Do you need help getting around, even with your white cane?	YES / NO	If yes, collaborate with Functional Needs Support Services (FNSS) Advisor and Regional Shelter Supervisor.	
MEDICAL	Circle	Actions to be taken	Name of Individual with Need
Do you have any severe allergies?	YES / NO	If yes, refer to Health	

Environmental, food, medication?		Services/Food Services. List:	
Do you use special medical equipment or supplies? (Epi-pen, diabetes supplies, respirator, oxygen, dialysis, ostomy, etc.)	YES / NO	List:	
Do you have it with you?	YES / NO	If no, list potential sources	
Have you been in the hospital or under the care of a doctor in the past month?	YES / NO	If yes, list reason.	
Do you take any medicine(s) regularly?	YES / NO		
When did you last take your medicine?		Date/Time.	
When should you take your next dose?		Date/Time.	
Do you have the medicine with you?	YES / NO	If no, identify medications and process for replacement.	
Do you have your prescription with you?	YES / NO		
Do you have any other medical needs:	YES / NO	List:	
INDEPENDENCE FOR DAILY LIVING	Circle	Actions to be taken	Name of Individual
Do you use medicine, equipment, or electricity to operate medical equipment or other items for daily living?	YES / NO	If yes, refer to Health Services.	
Do you normally use a caregiver, personal assistant, or service animal?	YES / NO	If yes, ask next question. If no, skip next question.	
Is your caregiver, personal assistant, or service animal here or can they come?	YES / NO	If no circle which one and refer to Health Services/ DART. If yes, list their name.	
Do you need help getting dressed, bathing, eating, and/or toileting?	YES / NO	If yes, specify and explain.	
Do you need help with your medications?	YES / NO	If yes, specify and explain.	
Do you need help moving around or getting in and out of bed?	YES / NO	If yes, explain.	
Do you have a family member, friend, or caregiver with you to help with these activities?	YES / NO	If no, consult Shelter Manager to determine if general population shelter is appropriate.	
Do you rely on a mobility device such as a cane, walker, wheelchair or transfer board?	YES / NO	If no, skip the next question. If yes, list.	
Do you have the mobility device/equipment with you?	YES / NO	If no, identify potential resources for replacement.	
Do you wear dentures? Do you have them with you?	YES / NO	If needed, identify potential resources for replacement.	
Are you on any special diet?	YES / NO	If yes, list special diet and notify feeding staff.	
Do you have food allergies?	YES / NO	If yes, list food allergies and notify feeding staff.	
SUPERVISION AND SUPPORT	CIRCLE	ACTIONS	Name of Individual
Do you or any of your family members require additional support or supervision?	YES / NO	If yes, list type and frequency.	
Are you presently receiving any benefits (Medicare/Medicaid) or do you have other health insurance coverage?	YES / NO	If yes, list type and benefit number(s) if available. Make photocopy of card.	
Do you need access to a 12-step program? Which one?	YES / NO	List program type.	
Would you like to register on the Red Cross SAFE	YES / NO	If yes, provide registration form.	

and WELL website to let loved ones know you are OK?			
Would you be able or willing to help others in the shelter?	YES / NO	How? Serve food, supervise children, organize service teams, other?	
TRANSPORTATION	Circle	Actions to be taken	Name of Individual
Do you need assistance with transportation?	YES / NO	If yes, list destination and date/time	
Do you have any other transportation needs?			
ADDITIONAL QUESTIONS TO INTERVIEWER			
Would this person benefit from a more detailed health or behavioral health assessment?	YES / NO	If yes, refer to Behavioral Health Services	
Does the client appear to be overwhelmed, disoriented, agitated or a threat to self or others?	REFER to: HS YES / NO DMH YES / NO Interviewer Initial _____	If life threatening, call 911. If yes, or unsure, refer immediately to Health Services	
Can this shelter provide the assistance and support needed?	YES / NO	If no, work with Behavior Health Services and Shelter Manager	
Has the person been able to express his/her needs and make choices?	YES / NO	If no or uncertain, consult with Behavioral Health Services and Shelter Manager.	
HS/ DMH signature:			Date:

PET SHELTER REGISTRATION AND AGREEMENT

I, the animal owner signed below, request the emergency housing of the animal being evacuated because of a pending or occurring disaster. **I must be housed at this shelter during my pets stay.** The animal owner hereby releases the person or entity who is receiving the animal from any and all liability regarding the care and housing of the animal during and following this emergency. The animal owner acknowledges that if emergency conditions pose a threat to the safety of the animal, additional relocation may be necessary, and this release is intended to extend to such relocation.

The animal owner acknowledges that the risk of injury or death to the animal during an emergency cannot be eliminated and agree to be responsible for any veterinary expenses which may be incurred in the treatment of their animal. It is also required that the owner or his/her agent take responsibility for the care, feeding and maintenance of their animal. **Check out is required when departing from the shelter.**

Animal Owner Signature _____

Date _____

Animal Owner

Name _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ Do you have your phone available now? _____

Emergency Contact Name (not in shelter) _____ Phone _____ - _____ - _____

Emergency Contact Person in

Shelter _____

(This person would provide care for your pets in the event an emergency would occur)

Name of person in charge of animals care (**must be staying in the shelter**):

Name of animal	Color	Sex	Breed	Age
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
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(Only animals crated together on one sheet)

Are your pets on any medication?

SIGNATURE BELOW INDICATES THAT THE OWNER OR GUARDIAN HAS CLEANED THEIR PETS CAGE,
RECEIVED THEIR PET, BELONGINGS AND IS CHECKING OUT OF THE SHELTER.

OWNER SIGNATURE _____

DATE AND TIME CHECKED OUT _____

STAFF NAME _____ STAFF INITIALS _____

Would you be evacuating if a pet friendly shelter were not available? Yes No

SHELTER CONFIDENTIALITY AGREEMENT

Consistent with applicable state and federal laws, the Principles of Ethics of both the American Medical and Hospital Associations, and established shelter policies and procedures, individuals who may come in contact with patients, information, and records, whether medical, financial, or any other – whether electronic, written, spoken or signed, I agree to safeguard and protect confidential information.

- I understand that the unauthorized access, use, copy, disclosure, or dissemination of any confidential information or records whether stored in hard copy, film, or electronic form is strictly prohibited.
- I acknowledge my legal and ethical obligation to maintain the confidentiality of all information pertaining to the shelter, its volunteers, and its shelter residents.
- I understand that accessing confidential information or allowing access by unauthorized individuals, whether intentional or not, or any other breach is grounds for immediate and permanent dismissal from the shelter and will be investigated and possibly reported to applicable local, state and federal authorities.
- I will contact shelter administrators immediately if I believe any confidential information may have been compromised.
- I understand that I am to maintain this confidentiality agreement even after I leave the shelter.

I acknowledge that I have read the forgoing provisions and agree to abide by their terms.

Print Name _____

Signature _____ Date _____

APPENDIX C – SHELTER JOB ROLES AND RESPONSIBILITIES

SHELTER MANAGER JOB ACTION SHEET

REPORTS TO: Sheltering or Mass Care Lead at ARC EOC

JOB DESCRIPTION:

- Responsible for all aspects of the shelter operations for the shelter location
- Ensures the provision of all shelter services and the health and safety of all staff and shelter residents
 - Collects, maintains, and submits all reports

INITIAL RESPONSE ACTIONS			
Task Completed	Action	Notes	
	<input type="checkbox"/>	Plan for shelters needs with the Incident Command/EOC.	
	<input type="checkbox"/>	Conduct opening the facility walk-through with Facility Manager/Representative.	
	<input type="checkbox"/>	Supervise shelter set-up.	
	<input type="checkbox"/>	Ensure continuous communications with the Incident Command/EOC.	
	<input type="checkbox"/>	Confirm shelter set-up with Shelter Coordination Team.	
	<input type="checkbox"/>	Obtain approval for all shelter expenditures from the Incident Command/EOC.	
DAILY SHELTER OPERATION ACTIONS			
Task Completed	Action	Notes	
	<input type="checkbox"/>	Ensure continuous communications with the Incident Command/EOC.	
	<input type="checkbox"/>	Monitor shelter capacity with ARC/EOC.	
<input type="checkbox"/>	Address any shelter service issues as needed.		
CLOSING THE SHELTER ACTIONS			
Task Completed	Action	Notes	
	<input type="checkbox"/>	Receive closing orders from Incident Command/EOC.	
	<input type="checkbox"/>	Coordinate closing announcement with JIC.	
	<input type="checkbox"/>	Supervise and assist with facility cleaning.	
	<input type="checkbox"/>	Conduct facility closing walk-through with Facility Manager/Representative.	
	<input type="checkbox"/>	Collect all reports at the debriefing to keep as record of shelter actions.	
<input type="checkbox"/>	Work with Finance Officer as needed to get invoices and reimbursement forms out the door.		

EQUIPMENT RECOMMENDATIONS

Item	Description	Quantity	Notes
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	Item	Description	Quantity	Notes
<input type="checkbox"/>	Job Action Sheets for All Positions		At least one copy of each	
<input type="checkbox"/>	Resource Request Forms			
<input type="checkbox"/>	ARC Shelter Manager Opening Kit			
<input type="checkbox"/>	Pens/Pencils			
<input type="checkbox"/>				

Every Shelter Manager should have an ARC shelter Manager’s Kit that contains the following:

Supply
100 registration forms
5 sign strips
5 directional arrows
5 utility pole ids
2- temporary name badges and holders
12 pencils and pens
1 package 3x5” index cards
2 clip boards
4 paper tablets
1 pencil sharpener
2 staples
1 box staples
2 boxes paper clips
1 packages of carbon paper
1 manual hole punch
2 large black magic markers
1 box of trash bags
2 rolls paper towels
1 package paper napkins
6 roles toilet tissue
1 box safety pins
1 bottle of all purpose cleaner
1 box thumb tacks
2 rolls masking tape
1 roll clear tape
1 package rubber bands
1 pair scissors
24 file folders/labels
1 pad of easel paper
1 3-ring binder with tab

dividers
1 whistle
1 roll orange table for traffic control
1 flashlight/battery
1 electric lantern/battery
1 battery operated radio
1 package disposable diapers
1 box sanitary napkins
2 boxes facial tissue
1 package antiseptic
50 pre-moistened towelettes

PUBLIC HEALTH OFFICER Job Action Sheet

REPORTS TO: Shelter Manager

JOB DESCRIPTION:

- **Monitors shelter environment health and safety, including air, water, food, sanitation, structural, contamination, wastes, etc.**
 - **Addresses and advises on public health issues as needed**
- **Works closely with local Boards of Health, the Department of Public Health and the Center for Disease Control to monitor public health**

INITIAL RESPONSE ACTIONS:			
Task Completed	Action		Notes
	<input type="checkbox"/>	Determine the public health needs of the shelter population and take appropriate protective measures.	
	<input type="checkbox"/>	Conduct an environmental health assessments and food inspections of the shelter.	
	<input type="checkbox"/>	Monitor and communicate with Boards of Health, the Department of Public Health and the Center for Disease Control.	
DAILY SHELTER OPERATION ACTIONS:			
Task Completed	Action		Notes
	<input type="checkbox"/>	Monitor public health and communicate with Boards of Health, the Department of Health and the Center for Disease Control.	
	<input type="checkbox"/>	Take protective and preventative measures and issue orders as needed to ensure public health.	
	<input type="checkbox"/>	Conduct daily environmental health assessments and food inspections. *Recommended twice daily*	
CLOSING THE SHELTER ACTIONS:			
Task Completed	Action		Notes
	<input type="checkbox"/>	Communicate with Boards of Health, the Department of Health and the Center for Disease Control on shelter closure.	
	<input type="checkbox"/>	Continue to monitor public health status.	
	<input type="checkbox"/>	Turn in all environmental health inspection forms to the Shelter Manager.	

PUBLIC HEALTH OFFICER RECOMMENDED EQUIPMENT

	Item	Description	Quantity	Notes
<input type="checkbox"/>	Thermometers (digital/manual)		1	
<input type="checkbox"/>	Batteries		1	
<input type="checkbox"/>	Alcohol wipes		1 container	
<input type="checkbox"/>	Hand sanitizer		1 bottle	
<input type="checkbox"/>	Disposable gloves		1 box	May need more for extended sheltering situations

	Item	Description	Quantity	Notes
<input type="checkbox"/>	Measuring tape	25ft length		
<input type="checkbox"/>	Clipboard, pens, paper		several of each	
<input type="checkbox"/>	Masking tape		1 roll	
<input type="checkbox"/>	Markers		1 set	
<input type="checkbox"/>	Sanitizer test strips			Enough to do walk-through twice per day for one week
<input type="checkbox"/>	Electrical outlet tester		1	

FUNCTIONAL NEEDS SUPERVISOR JOB ACTION SHEET

REPORTS TO: SHELTER MANAGER

JOB DESCRIPTION:

- Ensures the needs of the entire shelter population are met (including dietary, ADA compliance, limited mobility, etc.)
- Consults with other shelter staff as needed to address specific functional, daily living needs

INITIAL RESPONSE ACTIONS:		
	Action	Notes
Task Completed	<input type="checkbox"/>	Review Functional Needs Support Services (FNSS) shelter policies and procedures.
	<input type="checkbox"/>	Walk-through facility after set-up to see if there are additional FNSS issues to be addressed.
	<input type="checkbox"/>	Make sure to provide the Registration Team with copies of the FNSS Intake Form and the Shelter Confidentiality Agreement Form.
	<input type="checkbox"/>	Address any FNSS issues and then confirm shelter set-up with Shelter Manager.
DAILY SHELTER OPERATION ACTIONS:		
	Action	Notes
Task Completed	<input type="checkbox"/>	Keep track of all FNSS issues and requests and how they were addressed.
	<input type="checkbox"/>	Coordinate accommodations for FNSS issues as needed.
	<input type="checkbox"/>	Assist with the transition of shelter residents who have functional service needs.
CLOSING THE SHELTER ACTIONS:		
	Action	Notes
Task Completed	<input type="checkbox"/>	Assist with the transition of shelter residents who have functional or support service needs.
	<input type="checkbox"/>	Continue to keep track of all FNSS issues and requests.
	<input type="checkbox"/>	Assist with shelter clean-up as needed.

FNSS ADVISOR RECOMMENDED EQUIPMENT

	Item	Description	Quantity	Notes
<input type="checkbox"/>	Pens/Pencils			
<input type="checkbox"/>	FNSS Request Forms			
<input type="checkbox"/>	FNSS Intake Form			
<input type="checkbox"/>	Shelter Confidentiality Agreement Form			
<input type="checkbox"/>	Folders			

FUNCTIONAL NEEDS INTAKE FORM

Date/Time:	Shelter Name/City/State		
Family Last Name:			
Primary language spoken in home:	Intake Interviewer may need assistance with language/interpreter YES / NO		
Names/ages/genders of all family members present: <i>Continue on other side if more room is needed.</i>		Age:	<input type="checkbox"/> male <input type="checkbox"/> female
		Age:	<input type="checkbox"/> male <input type="checkbox"/> female
		Age:	<input type="checkbox"/> male <input type="checkbox"/> female
		Age:	<input type="checkbox"/> male <input type="checkbox"/> female
If alone and under 18, location of next of kin/parent/guardian: <i>If unknown, notify Shelter Manager & interviewer initial here:</i>			
Home Address:			
Client Contact Number:	Interviewer Name (print name):		Signature:
DO YOU HAVE A MEDICAL OR SAFETY CONCERN OR ISSUE RIGHT NOW? If yes, STOP and call for assistance NOW! Or Call 911			
COMMUNICATIONS	Circle	Actions to be taken	Name of Individual with Need
Will you need assistance with understanding or answering these questions?	YES / NO	If yes, notify Shelter Manager; refer to Additional Assistance.	
HEARING	Circle	Actions to be taken	
Do you use a hearing aid? Is it with you?	YES / NO	If yes to either, ask the next two questions.	
Is the hearing aid working?	YES / NO	If no, identify replacements.	
Do you need a battery?	YES / NO	If yes, identify replacements.	
LANGUAGES	Circle	Actions to be taken	
How do you best communicate with others?	YES / NO	Languages? Sign language? Smartphone? Computer? Other?	
What languages can you communicate in?		Speak:	
		Read:	
		Write:	

Do you need a sign language interpreter?	YES / NO	If yes, notify Interpreter Strike Team Leader.	
VISION/SIGHT	Circle	Actions to be taken	
Do you wear eyeglasses? Are they with you?	YES / NO	If no, ask if they need a replacement?	
Do you have difficulty seeing, even with glasses?	YES / NO	If no, skip to the next section.	
Do you use a white cane? Is it with you?	YES / NO	If yes, ask next questions.	
Do you need help getting around, even with your white cane?	YES / NO	If yes, collaborate with FNSS Advisor and Regional Shelter Supervisor.	
MEDICAL	Circle	Actions to be taken	Name of Individual with Need
Do you have any severe allergies? Environmental, food, medication?	YES / NO	If yes, refer to Health Services/Food Services. List:	
Do you use special medical equipment or supplies? (Epi-pen, diabetes supplies, respirator, oxygen, dialysis, ostomy, etc.)	YES / NO	List:	
Do you have it with you?	YES / NO	If no, list potential sources.	
Have you been in the hospital or under the care of a doctor in the past month?	YES / NO	If yes, list reason.	
Do you take any medicine(s) regularly?	YES / NO		
When did you last take your medicine?		Date/Time	
When should you take your next dose?		Date/Time	
Do you have the medicine with you?	YES / NO	If no, identify medications and process for replacement.	
Do you have your prescription with you?	YES / NO		
Do you have any other medical needs:	YES / NO	List:	
INDEPENDENCE FOR DAILY LIVING	Circle	Actions to be taken	Name of Individual

Do you use medicine, equipment, or electricity to operate medical equipment or other items for daily living?	YES / NO	If yes, refer to Heath Services.	
Do you normally use a caregiver, personal assistant, or service animal?	YES / NO	If yes, ask next question. If no, skip next question.	
Is your caregiver, personal assistant, or service animal here or can they come?	YES / NO	If no circle which one and refer to Health Services/ DART. If yes, list their name.	
Do you need help getting dressed, bathing, eating, and/or toileting?	YES / NO	If yes, specify and explain.	
Do you need help with your medications?	YES / NO	If yes, specify and explain.	
Do you need help moving around or getting in and out of bed?	YES / NO	If yes, explain.	
Do you have a family member, friend, or caregiver with you to help with these activities?	YES / NO	If no, consult Shelter Manager to determine if general population shelter is appropriate.	
Do you rely on a mobility device such as a cane, walker, wheelchair or transfer board?	YES / NO	If no, skip the next question. If yes, list.	
Do you have the mobility device/equipment with you?	YES / NO	If no, identify potential resources for replacement.	
Do you wear dentures? Do you have them with you?	YES / NO	If needed, identify potential resources for replacement.	
Are you on any special diet?	YES / NO	If yes, list special diet and notify feeding staff.	
Do you have food allergies?	YES / NO	If yes, list food allergies and notify feeding staff.	
SUPERVISION AND SUPPORT	CIRCLE	ACTIONS	Name of Individual
Do you or any of your family members require additional support or supervision?	YES / NO	If yes, list type and frequency.	

Are you presently receiving any benefits (Medicare/Medicaid) or do you have other health insurance coverage?	YES / NO	If yes, list type and benefit number(s) if available. Make photocopy of card.	
Do you need access to a 12-step program? Which one?	YES / NO	List program type.	
Would you like to register on the Red Cross SAFE and WELL website to let loved ones know you are OK?	YES / NO	If yes, provide registration form.	
Would you be able or willing to help others in the shelter?	YES / NO	How? Serve food, supervise children, organize service teams, other?	
TRANSPORTATION	Circle	Actions to be taken	Name of Individual
Do you need assistance with transportation?	YES / NO	If yes, list destination and date/time.	
Do you have any other transportation needs?			
ADDITIONAL QUESTIONS TO INTERVIEWER			
Would this person benefit from a more detailed health or behavioral health assessment?	YES / NO	If yes, refer to Behavioral Health Services.	
Does the client appear to be overwhelmed, disoriented, agitated or a threat to self or others?	REFER to: HS YES / NO DMH YES / NO Interviewer Initial _____	If life threatening, call 911. If yes or unsure, refer immediately to Health Services.	
Can this shelter provide the assistance and support needed?	YES / NO	If no, work with Behavior Health Services and Shelter Manager.	
Has the person been able to express his/her needs and make choices?	YES / NO	If no or uncertain, consult with Behavioral Health Services and Shelter Manager.	
HS/ DMH signature:			Date:

DORMITORY TEAM LEADER JOB ACTION SHEET

REPORTS TO: SHELTER MANAGER

JOB DESCRIPTION:

- Provide adequate dormitory services to shelter residents
 - Oversight of Child Care Unit

INITIAL RESPONSE ACTIONS:			
Task Completed	Action	Notes	
	<input type="checkbox"/>	Review dormitory policies and procedures.	
	<input type="checkbox"/>	Designate and activate Child Care Unit and dormitory staff.	
	<input type="checkbox"/>	Hold staff briefing – distribute Job Action Sheets.	
	<input type="checkbox"/>	Determine staffing schedule with the Shelter Manager.	
	<input type="checkbox"/>	Oversee and assist with dormitory and childcare areas set-up.	
<input type="checkbox"/>	Confirm set-up with Shelter Manager.		
DAILY SHELTER OPERATION ACTIONS:			
Task Completed	Action	Notes	
	<input type="checkbox"/>	Determine staffing schedule with the Shelter Manager.	
	<input type="checkbox"/>	Oversee the dormitory and childcare area.	
	<input type="checkbox"/>	Hold shift change briefing with staff.	
<input type="checkbox"/>	Address dormitory Issues as needed.		
CLOSING THE SHELTER ACTIONS:			
Task Completed	Action	Notes	
	<input type="checkbox"/>	Hold shelter closing procedure briefing with dormitory and childcare staff.	
	<input type="checkbox"/>	Assist with the transition of shelter residents as needed.	
	<input type="checkbox"/>	Oversee take-down and cleaning of dormitory area.	
<input type="checkbox"/>	Hold debriefing with staff to collect reports, recap shelter operations and identify areas for improvement.		

REGISTRATION TEAM LEADER JOB ACTION SHEET

REPORTS TO: Shelter Manager

JOB DESCRIPTION:

- Oversight of all shelter intake, check-in, check-out and leaving activities
 - Monitor shelter capacity
- Referral of shelter residents to FNSS Advisor, Medical Team or Animal Shelter Manager as needed
- Responsible for the distribution of shelter information (including rules, procedures and policies)

INITIAL RESPONSE ACTIONS:			
Task Completed	Action		Notes
	<input type="checkbox"/>	Review of shelter registration policies and procedures.	
	<input type="checkbox"/>	Activate registration team staff.	
	<input type="checkbox"/>	Hold briefing with staff – distribute any paperwork required by staff.	
	<input type="checkbox"/>	Oversee set-up of registration area by Registration Team staff.	
	<input type="checkbox"/>	Confirm set-up with Shelter Manager.	
<input type="checkbox"/>	Coordinate security screening and bag checking with the law enforcement (as needed).		
DAILY SHELTER OPERATION ACTIONS:			
Task Completed	Action		Notes
	<input type="checkbox"/>	Hold shift change briefing with Registration Team staff.	
	<input type="checkbox"/>	Oversee shelter registration activities (intake, check-in, checkout, and leaving) to monitor shelter capacity.	
<input type="checkbox"/>	Refer shelter residents to additional services as needed (FNSS, medical, dietary, translators, etc.).		
CLOSING THE SHELTER ACTIONS:			
Task Completed	Action		Notes
	<input type="checkbox"/>	Hold shelter closing briefing with Registration Team staff.	
	<input type="checkbox"/>	Oversee and assist with shelter resident transition.	
	<input type="checkbox"/>	Oversee registration area take-down and clean-up.	
<input type="checkbox"/>	Hold debriefing with Registration Team staff; collect any reports feedback.		

ANIMAL SHELTER MANAGER

REPORTS TO: Shelter Manager

JOB DESCRIPTION:

- Oversight and coordination of all animal shelter services
 - Monitors animal shelter capacity and needs

INITIAL RESPONSE ACTIONS:			
Task Completed	Action	Notes	
	<input type="checkbox"/>	Review Animal Shelter Guidelines and determine the animal shelter needs.	
	<input type="checkbox"/>	Participate in Shelter Opening Assessment with the Shelter Manager and staff.	
	<input type="checkbox"/>	Activate Animal Shelter staff for the following roles: <ul style="list-style-type: none"> • Registration Team • Kennel Team • Veterinary Team 	
	<input type="checkbox"/>	Hold shelter opening briefing with animal shelter staff to review animal shelter needs and review animal shelter guidelines. Distribute Job Action Sheets.	
<input type="checkbox"/>	Coordinate and assist with the animal shelter area set-up.		
DAILY SHELTER OPERATION ACTIONS:			
Task Completed	Action	Notes	
	<input type="checkbox"/>	Hold shift change briefings with staff.	
	<input type="checkbox"/>	Address animal shelter issues as needed.	
<input type="checkbox"/>	Monitor animal shelter capacity and needs.		
CLOSING THE SHELTER ACTIONS:			
Task Completed	Action	Notes	
	<input type="checkbox"/>	Hold briefing on animal shelter closure procedures with staff.	
	<input type="checkbox"/>	Coordinate and assist with animal shelter area take-down and clean-up.	
<input type="checkbox"/>	Hold debriefing with staff and collect all reports at shelter closure.		

ANIMAL REGISTRATION TEAM JOB ACTION SHEET

REPORTS TO: ANIMAL SHELTER MANAGER

JOB DESCRIPTION:

- Responsible for animal intake, check-in and check-out

INITIAL RESPONSE ACTIONS:			
Task Completed	Action		Notes
	<input type="checkbox"/>	Set-up animal shelter registration, check-in, and check-out areas.	
	<input type="checkbox"/>	Review animal shelter registration protocols and animal shelter guidelines.	
	<input type="checkbox"/>	Confirm set-up with Animal Shelter Branch Manager.	
DAILY SHELTER OPERATION ACTIONS:			
Task Completed	Action		Notes
	<input type="checkbox"/>	Provide staffing for animal shelter intake, check-in, and check-out areas.	
	<input type="checkbox"/>	Monitor animal shelter intake, check-in, and check-out areas.	
	<input type="checkbox"/>	Assist with the transition of shelter animals to other identified locations.	
CLOSING THE SHELTER ACTIONS:			
Complete	Action		Notes
	<input type="checkbox"/>	Assist with the transition and check-out of shelter animals.	
	<input type="checkbox"/>	Coordinate take-down and cleaning of animal shelter area.	

**KENNEL TEAM JOB ACTION SHEET
 REPORTS TO: ANIMAL SHELTER MANAGER
 JOB DESCRIPTION:**

- Responsible for animal living, supply storage, outdoor and food preparation areas for the animal shelter

INITIAL RESPONSE ACTIONS:			
Task		Action	Notes
	<input type="checkbox"/>	Set-up of animal living, supply storage, outdoor and food preparation areas.	
	<input type="checkbox"/>	Review animal shelter guidelines and kennel protocols.	
	<input type="checkbox"/>	Confirm set-up with Animal Shelter Branch Manager.	
DAILY SHELTER OPERATION ACTIONS:			
Task Completed		Action	Notes
	<input type="checkbox"/>	Provide staffing for animal living, supply storage, outdoor and food preparation areas.	
	<input type="checkbox"/>	Review animal care sheets for each animal shelter resident.	
	<input type="checkbox"/>	Assist with the transition of shelter animals to other identified locations.	
CLOSING THE SHELTER ACTIONS:			
Complete		Action	Notes
	<input type="checkbox"/>	Assist with the transition of shelter animals as needed.	
	<input type="checkbox"/>	Coordinate take-down and cleaning of animal shelter area.	

**VETERINARY TEAM JOB ACTION SHEET
 REPORTS TO: ANIMAL SHELTER MANAGER
 JOB DESCRIPTION:**

- Provide basic medical care services for shelter animals

INITIAL RESPONSE ACTIONS:		
Task Completed	Action	Notes
<input type="checkbox"/>	Set-up the veterinary services area.	
<input type="checkbox"/>	Review animal shelter guidelines and veterinary protocols.	
<input type="checkbox"/>	Confirm set-up with Animal Shelter Manager.	
DAILY SHELTER OPERATION ACTIONS:		
Task Completed	Action	Notes
<input type="checkbox"/>	Provide animal shelter staffing for veterinary services area.	
<input type="checkbox"/>	Review Daily Animal Care Sheets for each animal shelter resident.	
<input type="checkbox"/>	Assist with the transition of shelter animals.	
CLOSING THE SHELTER ACTIONS:		
Task Completed	Action	Notes
<input type="checkbox"/>	Assist with the transition of shelter animals as needed.	
<input type="checkbox"/>	Coordinate take-down and cleaning of animal shelter area.	

FOOD UNIT JOB ACTION SHEET

REPORTS TO: Shelter Manager

JOB DESCRIPTION:

- Responsible for providing all food preparation, feeding, and clean-up
- Coordinate with Public Health Officer the daily Environmental Health Assessments

INITIAL RESPONSE ACTIONS:				
Task Completed	Action		Notes	
	<input type="checkbox"/>	Set-up the hand washing, sanitation, food preparation, feeding, and food waste disposal areas.		
	<input type="checkbox"/>	Determine a feeding schedule with the Shelter Manager:		
		What times will meals be available?		
		What times will snacks be available?		
	<input type="checkbox"/>	Determine the number of meals and snacks that will be served per day.		
	<input type="checkbox"/>	Confirm area set-up with Shelter Manager.		
	<input type="checkbox"/>	Check to make sure food inspections have occurred.		
<input type="checkbox"/>	Coordinate with Public Health Officer the daily Environmental Health Assessments.			
DAILY SHELTER OPERATION ACTIONS:				
Task Completed	Action		Notes	
	<input type="checkbox"/>	Prepare meals and snacks.		
	<input type="checkbox"/>	Provide feeding services.		
	<input type="checkbox"/>	Clean kitchen, feeding, sanitation and food waste disposal areas.		
	<input type="checkbox"/>	Coordinate with Public Health Officer the daily Environmental Health Assessments.		
CLOSING THE SHELTER ACTIONS:				
Task Completed	Action		Notes	
	<input type="checkbox"/>	Attend shelter closing briefing by Shelter Manager.		
<input type="checkbox"/>	Clean and take-down the kitchen, feeding, and food waste disposal areas.			

APPENDIX D – SHELTER OVERVIEWS

Shelter Name	Evacuation Capacity	Post Impact Capacity	Physical Address	Pet Sheltering
Primary				
A.L. Brown High School	1405	703	415 E 1st Street, Kannapolis	Yes
Bethel Elementary School	625	315	2425 Midland Rd., Midland	TBD
Central Cabarrus High School	1652	826	505 Highway 49 South, Concord	TBD
Concord High School	1631	815	481 Burrage Rd., Concord	TBD
Cox Mill High School	780	390	1355 Cox Mill Rd., Concord	TBD
Hickory Ridge High School	800	400	7321 Raging Ridge Rd., Harrisburg	TBD
J M Robinson High School	10845	542	300 Pitts School Rd., Concord	Yes
Mount Pleasant High School	1248	624	700 Walker Rd., Mount Pleasant	TBD
North West Cabarrus High School	800	400	5130 NW Cabarrus Drive, Concord	Yes
North West Cabarrus Middle School	1084	542	5140 NW Cabarrus Drive, Concord	TBD
Mount Pleasant Middle School	1144	0	8325 Highway 49 North, Mount Pleasant	Yes
Secondary				
A.T. Allen Elementary School	440	220	3939 Abilene Road, Concord	Yes
C.C. Griffin Middle School	359	180	7650 Griffins Gate Drive SW, Concord	Yes
C.E. Boger Elementary School	488	244	5150 Doverfield Lane, Kannapolis	Yes
Cabarrus Boy's and Girl's Club	684	342	247 Spring St. NW, Concord	No
Cabarrus County Senior Center	202	101	331 Corban Avenue, SE, Concord	No
Carl A. Furr Elementary School	488	244	2725 Clover Road North, Concord	Yes
Concord Middle School	1010	505	1500 Gold Rush Dr., Concord	Yes
Forest Park Elementary School	300	150	1333 Forest Park Dr., Kannapolis	No
Fred Wilson Elementary School	279	139	1401 Pine Street, Kannapolis	No
Harold E. Winkler	704	352	4501 Weddington	Yes

Middle School			Road NW, Concord	
Harris Road Middle School	471	235	1251 Patriot Plantation Blvd., Concord	Yes
Harrisburg Elementary School	320	160	3900 Stallings Road, Harrisburg	Yes
Hickory Ridge Middle School	916	458	7336 Raging Ridge Road, Harrisburg	Yes
J.N. Fries Middle School	650	325	133 Stonecrest Cr., SW, Concord	Yes
New Hope Lutheran Church	4930	4930	1615 Brantley Road, Kannapolis	Yes
Patriot Elementary	400	200	1510 Holden Road SW, Concord	Yes
W.R. Odell School	332	166	1215 Moss Farm Road N.W., Concord	Yes
W.M. Irwin Elementary School	330	115	1400 Gold Rush Drive, Concord	Yes
Winecoff Elementary School	300	150	375 Winecoff School Road, Concord	TBD
YMCA Kannapolis Branch-Senior Center	160	80	101 YMCA DR, Kannapolis	No

APPENDIX E – DEFINITIONS

This section identifies terms and acronyms in the mass care and shelter annex.

Activation Trigger – A predetermined decision point that officials will use in shelter planning and operations efforts to identify when to initiate shelter services for an affected population.

American Red Cross (ARC) – A nongovernmental organization (NGO) that provides mass care support during minor to major emergencies.

Americans with Disabilities Act (ADA) – A law enacted by the U.S. Congress in 1990 and later amended in 2009. It is a wide-ranging civil rights law that prohibits discrimination based on disability. A shelter facility that complies with the ADA has met standards that allow reasonable accommodation for individuals with disabilities.

Anticipatory Sheltering Mode – A mode used when shelter facilities are activated before an emergency in order to mobilize staff and equipment to the shelter ahead of the anticipated impact of the incident that might prevent or limit staff/equipment mobilization (for example, loss of power, road closures, debris, limited visibility).

Concept of Operations (CONOPS) – A document describing a proposed system from the perspective of the stakeholder or stakeholders that will use that system. A CONOPS evolves from a general concept and describes how a set of capabilities may be employed to achieve predetermined objectives.

Family Assistance Center – A location designed to assist families during emergencies and serve as a resource center to provide various familial assistance, behavioral support, or other general group needs.

Functional Needs Support Services (FNSS) – Services that enable individuals to maintain their independence in a general population shelter. FNSS includes the following:

- 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

Children and adults requiring FNSS may have physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance.

Others who may benefit from FNSS include women in late stages of pregnancy, the elderly, and people who need bariatric equipment.

Hospice Care – End-of-life care provided by health professionals and volunteers. Medical, psychological, and spiritual support is often provided.

Incident Command System (ICS) – An incident management tool for the command, control, and coordination of emergency response. ICS is widely used within agencies responsible for providing for public safety and public health during emergencies.

Local Sheltering – A method of sheltering that entails activating sheltering facilities within the community during emergencies.

Medical Reserve Corps (MRC) – A community-based volunteer group generally comprising medical and public health practitioners (for example, public health officials, doctors, nurses, interpreters). MRC volunteers can help support medical functions or general shelter operations during shelter activations.

Medical Surge – The ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure of an affected community.

Memorandum of Understanding (MOU) – A document that describes two-sided or multiple-sided agreement(s) between parties.

Nongovernmental Organization (NGO) – A nonprofit or voluntary group that is organized on a local, national, or international level driven by people with common interests. In relation to sheltering, NGOs assist by providing service and humanitarian functions in mass care missions.

Operational Guidance – Strategies based on analysis of identified planning assumptions. Operational guidance is the guidelines based on best practices for emergency managers to keep in mind when devising operational plans and objectives.

Palliative Care – A specialized form of care focused on the pain, symptoms, and stress of serious illness. Relieving and preventing the suffering of patients is the focus.

Planning Assumption – An influencing statement related to a particular issue that will help drive operational decision making in order to provide a set of guidance to alleviate the issue.

Project Planning Team (PPT) – The PPT provides oversight and guidance of the overall project in the context of the Cabarrus County mass care and sheltering planning project. Team members are representatives from a variety of Cabarrus County departments and agencies.

Portable Vehicle Message Signs – A gas, oil, or solar powered message tool that is generally used by transportation agencies to notify drivers of transportation-specific information (for example, road closures, construction). These signs can be used during emergencies to display information to the public (for example, shelter location and hours, directional signage).

Quarantine – A method of isolation, typically to contain the spread of something considered dangerous (often a disease or infection).

Response Sheltering Mode – A mode used when shelters are activated in response to a need in order to conserve resources and mobilize staff and equipment.

Reverse 9-1-1 – A communication tool used by local communities to notify and inform residents of an emergency, protective actions, or general information.

Shelter – A facility that is activated to provide basic needs to an affected population as the result of an emergency.

Shelter Activation – The commencement of shelter authorization for operation in anticipation of or in response to an emergency. The decision to activate a shelter is made by Cabarrus County Emergency Management (depending on the type of shelter solution being used).

Shelter Demobilization – The deactivation of shelter staff and assets once the emergency has been stabilized and shelter residents are able to return to their homes.

Shelter Operations – All of the activities required for the shelter to successfully provide services and attend to the needs of an evacuating population. Shelter operations are conducted by shelter staff and are managed by the Shelter Manager and Emergency Management Director.

Shelter Resident - A term given to an individual or individuals evacuated from a dangerous area due to some type of emergency impact and housed at a shelter facility.

Shelter Resident Reunification – A term given to the process of reunifying family or friends that have temporarily been separated due to incidents experienced upon impact of an emergency. Evacuee reunification services are generally required when large-scale emergencies or evacuations have occurred.

Shelter Restoration – The process of returning a facility to its original state prior to shelter activation.

Social Media – Web- and mobile-based technology used to communicate or contribute to the exchange of ideas or information. Examples include Facebook, Twitter, and LinkedIn.

Voluntary Organizations Active in Disaster (VOAD) – A collection of voluntary organizations that coordinate with each other to help provide various operational needs during emergencies.

WebEOC – A computer software tool that provides situational awareness during emergencies. It is widely used by agencies responsible for emergency management functions within Cabarrus County.

APPENDIX F – DURABLE MEDICAL EQUIPMENT PROVIDERS

Current List on File with Emergency Management and American Red Cross