

**STOW, MASSACHUSETTS  
SHELTER PLAN**

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June 2012  
Prepared by Stow Medical Reserve Corp

## Revision History

Revision Number	Revision Date	Revision Entered By	Comment
001	11/3/09	Ross Perry	1 <sup>st</sup> draft
002	1/5/12	Cyndie Colosi & Ryann Bresnehan	2 <sup>nd</sup> draft
003	6/1/12	Rebecca Stadolnik	3 <sup>rd</sup> draft

## Signatures of Acceptance

<b>Mike McLaughlin</b>	<b>Fire Chief, LECP Chair, Emergency Management Director</b>
<hr/>	<hr/>
<b>Date</b>	<b>Title, Department</b>
<b>Jack Wallace</b>	<b>Health Agent Board of Health</b>
<hr/>	<hr/>
<b>Date</b>	<b>Title, Department</b>
<b>Sharon Brownfield</b>	<b>Chairperson, Stow MRC</b>
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<b>Date</b>	<b>Title, Department</b>
<b>Charlie Kern</b>	<b>Selectmen</b>
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We, the above-signed officials, accept this plan. We are charged with the responsibilities contained herein, as well as with the additional responsibility of keeping this plan current and ensuring that those persons within the local government are made aware of their respective roles and the need for review of this plan.

## Distribution List

Plan Holder	Number of Copies	Date Forwarded
Jack Wallace		
Mike McLaughlin		
Sharon Brownfield		
Charlie Kern, Selectmen		

# Contents

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A. Introduction

B. Situation and Assumptions

C. Concept of Operations

D. Roles & Responsibilities

E. Contact Information

F. Shelters and Resources

G. References

Appendix A: Checklists and Job Action Sheets

Appendix B: Shelter Development Guide

Appendix C: Shelter Supply Inventory

Appendix D: American Red Cross – Medical Reserve Corps Memorandum

## A. Introduction

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The following guide is written for personnel involved in Stow's community shelter operations. This document is primarily intended for use during the preparedness phase to help guide care and shelter planning. It provides all the planning information and guidelines that are relevant for local government's consideration before opening disaster shelters.

Once shelters are put into operation, the best resource is the *American Red Cross Shelter Operations Management Toolkit*, which provides specifics on managing shelter operations. This document is available online at:

→ <http://www.fema.gov/pdf/emergency/disasterhousing/dspg-MC-ShelteringHandbook.pdf>

## B. Situation and Assumptions

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### **PURPOSE**

The purpose of this plan is to define the sheltering duties and responsibilities in the event of a natural or man-made disaster, with the goal of protecting the population from the effects of a disaster, or impending disaster, by directing the public to available shelters, performing necessary support tasks during the shelter stay, and releasing the shelter occupants when the situation warrants. This plan is intended to aid coordination between the State (MDPH, MEMA), first responders, and the Town of STOW, MA.

### **SITUATION**

1. The Town could be subjected to the effects of a disaster requiring the sheltering of a significant number of people for an undetermined period of time.
2. If such a disaster occurs, shelter will be provided in pre-determined locations selected by the Town Board of Health in coordination with the Local Emergency Planning Council (LEPC), the Emergency Management Director, and the Medical Reserve Corp. Sites will be prepared and staffed by the Medical Reserve Corp with support from the local chapter of American Red Cross (ARC) as needed.
3. The need for activation of shelters will be determined by the Town and MEMA/MDPH, and will be dependent on the magnitude of the disaster. The Stow Medical Reserve Corp (MRC) and the ARC have both the expertise and experience in operating public shelters. Activation will be coordinated with ESF-6 (Mass Care, Emergency Assistance, and Human Services) and ESF-8 (Public Health and Medical Services).
4. Special needs for the elderly, handicapped, institutionalized, and those with language barriers have been identified by the Town, and will be provided for as pertinent to this Town's special populations in residence at time of said emergency.

### **ASSUMPTIONS**

1. If necessary, the MRC will coordinate with the ARC, MDPH, and Region 4A for additional support available from other local and State government agencies.
2. Designated Town shelter(s) will NOT normally be stocked. The MRC will obtain supplies through local sources when possible.
3. A shelter site has already been selected and designated. If additional shelters need to be selected or current ones reviewed, the town should use the Appendix B as shelter criteria guidance.

## C. Concept of Operations

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### ORGANIZATION

#### *Pre*

- Parties will be trained in the use of the Incident Command System (ICS). ICS is a standardized, on-scene, and all-hazard management concept.
- Members of the MRC volunteers and Red Cross, recruited from state agencies or the local populace, will constitute each individual shelter organization.
- The Red Cross, MRC, and the Town's Local Emergency Planning Committee (LEPC) will jointly coordinate designation of the shelters as part of this plan.

#### *Trans*

- All parties will utilize the Incident Command System (ICS).
- The Town's Board of Health will be the liaison between the Stow MRC and the Red Cross Shelter Coordinator.
- The Town's LEPC will coordinate outside shelter assistance requested from Town Departments and/or agencies. (Police, Fire, Highway Dept. Schools etc.)

#### *Post*

- Parties will coordinate the devolution of shelters and return them to pre-incident condition. Necessary resources will be requested as appropriate.

### NOTIFICATION

#### *Pre*

- The Town LEPC will ensure it has up-to-date contact information for essential parties, including state agencies and private volunteer organizations.
- Notification drills may be utilized to confirm preparedness.

#### *Trans*

- The Town's LEPC will notify the Medical Reserve Corps and Red Cross Shelter Service of the need for shelter services.
- Internal MRC and Red Cross notifications will follow organizational procedures.
- The Town's LEPC will be consulted prior to release of shelter occupants. Public safety will be a major concern in order to ensure that any remaining hazards have been identified and that shelter occupants have received adequate information for their personal protection.

#### *Post*

- The Town will notify state agencies and volunteer organizations of the conclusion of the incident and, when appropriate, the release of shelter residents and devolution of activated shelters.

## COMMUNICATION

### *Pre*

- Standardized messaging should be developed prior to an incident requiring sheltering so that it is readily available for immediate use in communication to the public.
- Procedures should be drafted for conveying information to the public, using the developed standardized messaging.
- Equipment and systems used for communications should be tested regularly. Notification drills can also help determine whether communications equipment and systems are functional. Refer to Appendix G of the Stow EDS Plan for a list of communications equipment.
- Refer to *TAB B: Risk Communication in the Stow, MA All-Hazard Public Health Emergency Operations Plan* and the *Carpathia Risk Communication Plan* for more information on communications.

### *Trans*

- Internal Communication among the Town LEPC, MRC, Red Cross, and other entities will take place primarily via cellular and landline telephone. Radios or messengers may be used as alternatives when necessary or appropriate. Additional options include Web EOC, Satellite Telephones, and Swift Reach. Each emergency is different and will determine what type of communication equipment to use, however, it is important that in the initial steps of opening a shelter that the Shelter Manager establish a clear line of communications with the other necessary stakeholders such as the LEPC, EOC, MEMA, ARC, etc.
- External Communication to the public may occur by radio, television, or person-to-person.
- Specific contacts are provided in the *Contact Information* section.

### *Post*

- Standard messaging templates should be reviewed based on lessons learned.

## EMERGENCY OPERATIONS CENTER (EOC)

### *Pre*

- The shelter is one piece of a response to an incident. While the town or state are organized under ICS to respond to the incident itself, sheltering falls under the Operations function of this structure and also utilizes ICS. The magnitude of the main incident will determine the specific EOC setup as it might be a localized event or a much larger regional event. Regardless of size, the Shelter Manager will serve as an Operations section within the ICS structure and report to the overall Incident Commander.

### *Trans*

- Consistent with ICS, emergency operations will be managed by support staff/agencies from a central Emergency Operations Center (EOC).
- A representative from the MRC and the Red Cross may report to the EOC when necessary to assist in the coordination of shelter operations.
- Situational or status mapping may be utilized at the EOC to indicate the location of shelters and available spaces, etc.
- A log of incoming and outgoing messages concerning shelter operations will be maintained at the EOC by the Documentation Officer.

- Coordination with other emergency services will be accomplished through the Town's Emergency Management Director.

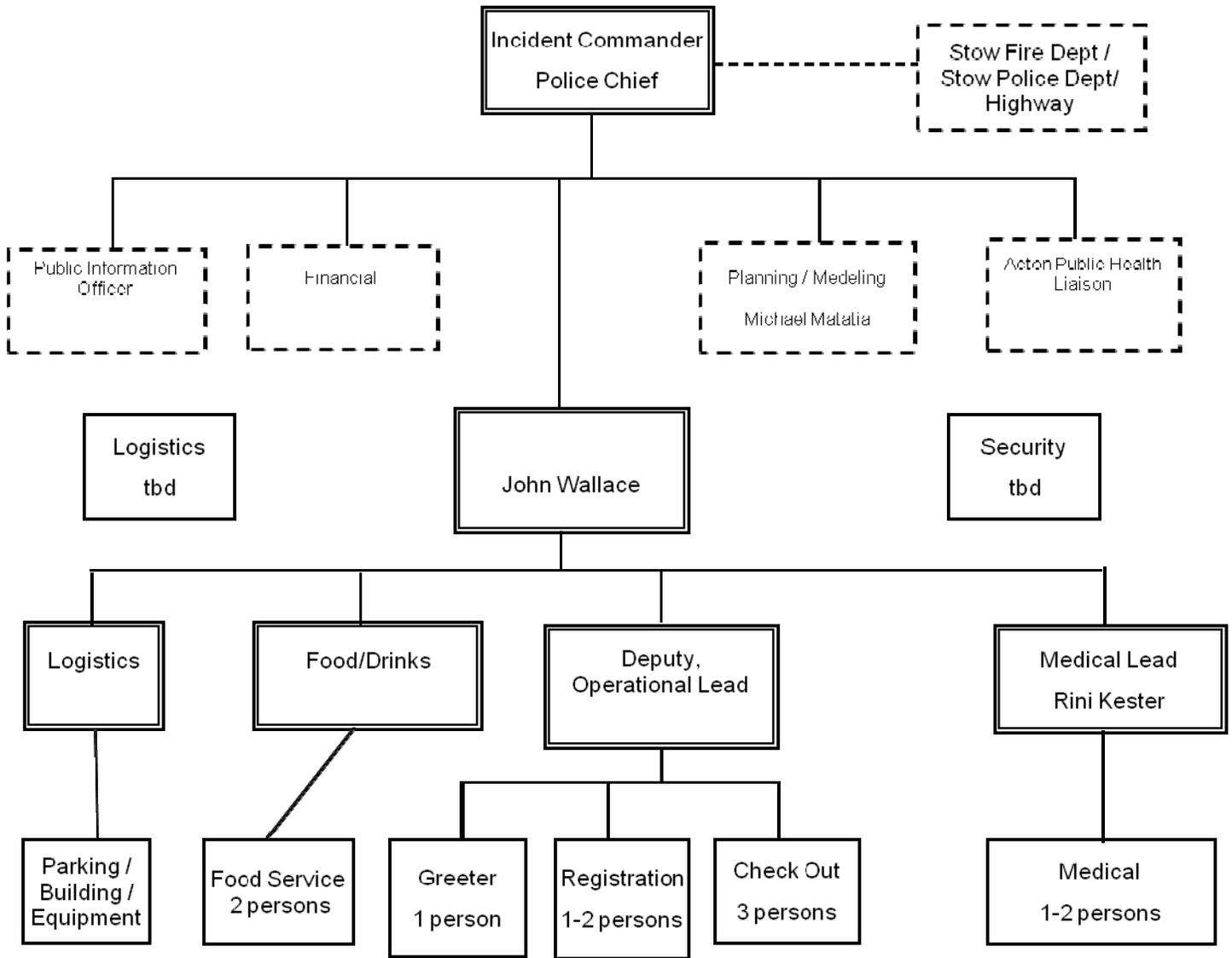
*Post*

- At the conclusion of the emergency, the EOC will de-activate.

## D. Roles & Responsibilities

### INCIDENT COMMAND STRUCTURE

During an incident, the Incident Command System (ICS) and National Incident Management System (NIMS) concepts will be used to designate roles and responsibilities, and to organize available personnel. Section 1 of the *STOW, MA All Hazards Public Health Emergency Operations Plan* further defines the individuals or agencies that will fulfill the various ICS functions. Sheltering is a support function and would fall under the Operations Section.



## TOWN HEALTH DEPARTMENT AND BOARD OF HEALTH

Massachusetts law sets the responsibility for emergency care and shelter at the local level. Local government will provide or contract with recognized community organizations, such as the Medical Reserve Corps and American Red Cross, to make emergency or temporary shelter available for people made homeless by a natural disaster or other emergency. The Massachusetts' State Emergency Plan puts local government at the first level of response for meeting the disaster needs of people in its jurisdiction. People seeking care and shelter immediately after a disaster will look first to local government for assistance.

The Stow MRC has organized a Shelter Operations Team to manage the activation and operations of shelters. Shelter Operations training will be provided to staff who will work at disaster shelters, especially for MRC volunteers and town employees who will manage disaster shelters. Staff will be trained for a minimum 72-hour operation.

### *Shelter Manager Roster:*

Name	Department	Office Telephone	Out-of-Office Telephone
1. Jack Wallace	Board of Health	978-897-4592	978-265-0615
2. Sharon Brownfield	MRC Chairperson	978-897-2846 h	978-793-0252 c
3. Sharon Funkhouser	MRC Vice Chairperson		978-897-8226 h
4. Ross Perry	MRC	978-621-6662	978-897-8447
5. Rini Kester	MRC	978-897-2269 h	508-494-4888

Town employees with the following skills and training are especially valuable for support at shelter sites:

- First Aid
- Bilingual skills (e.g., Spanish, Cantonese, Farsi); also American Sign Language
- Mental Health Counseling
- Food Services
- Registration
- Parking and traffic control
- Drivers license
- Ability to carry boxes up to 50# and set up cots and other shelter equipment

The town is also responsible for ensuring shelters will meet certain basic standards, including:

- Be a safe and healthful facility reasonably near the victim's homes.
- Consider use of appropriate size of building (use churches for up to 100 people; use schools over 100 people).
- Have suitable space for sleeping quarters (40-60 sq. ft./bed).
- Have secured storage areas, separate rooms for elderly and families with children, disabled (as needed), nursing, and office space.
- Have adequate supply of drinking water (5 Gal/person/day for all uses); toilet and bathing facilities (one toilet/40 people).

- Include provisions for cooking, serving, and storing food (each person will need 2500 calories).
- Have fire and police protection.
- Have adequate parking.

## **MEDICAL RESERVE CORPS**

The Medical Reserve Corps's mission is to improve the health and safety of communities by organizing and utilizing public health, medical and other volunteers. Through local units, the MRC can provide teams of specialized volunteer professionals to assist in an emergency, freeing up professional first responders (Police, Fire, and EMT) to deal with front-line public safety issues. The MRC will support local requests for additional personnel and, if possible, equipment and materials. The MRC will also work with the American Red Cross, as outlined by the Joint Memorandum signed by the two organizations on the federal level (see Appendix C).

## **AMERICAN RED CROSS**

The American Red Cross, as mandated by Federal Law 36-ISC-3 and reaffirmed in Public Law 93-288 (Federal Disaster Relief Act of 1974), provides disaster relief in peacetime. The American Red Cross is a partner with local government in helping to fulfill government's legal responsibility of providing care and shelter for its citizens in a disaster.

The partnership requires that local government and the American Red Cross work cooperatively during the preparedness phase to clarify roles and responsibilities (as outlined below). The Town may also work in cooperation with other volunteer disaster assistance organizations to provide disaster relief. However, in a major disaster where there is widespread damage, the national resources of the Red Cross may not fully mobilize until five days after the event. Until such time that the Red Cross arrives on the scene, local government will manage, coordinate, and run all shelter operations. Additional information on the Red Cross' role in shelter operations is available in the American Red Cross' *Shelter Operations Management Toolkit*.

## **MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

The Massachusetts Department of Public Health (MDPH) oversees health issues and related policy across the state. MDPH supports local towns and their associated regions in many aspects of public health, and will support the local response to an incident, including shelter activation and operations, in a variety of ways, such as supporting local requests for additional equipment or materials, and providing guidance/expertise.

## **MASSACHUSETTS EMERGENCY MANAGEMENT AGENCY**

The Massachusetts Emergency Management Agency (MEMA) maintains and operates the state Emergency Operations Center (EOC), monitoring emergencies statewide 24 hours a day, 7 days a week. The state EOC serves as the command and control center for the Commonwealth during an emergency. It manages and coordinates emergency response efforts and requests for aid from local jurisdictions. MEMA will also support local requests for additional equipment or materials.

## **STATE OF MASSACHUSETTS ANIMAL RESPONSE TEAM (SMART)**

SMART, through the Shelter Operations group, encompasses all the core functions related to animal admission (intake), care while at the shelter, and disposition (release to owners, transfer to another shelter, or adoption.) During a disaster, SMART will work closely with Shelter Ops and with the Red Cross when called for.

## E. Contact Information

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This section contains basic local, regional, state, federal, and organizational contact information that may be needed in the event of an incident requiring sheltering operations.

For additional contact information, please refer to Section 2, Tab A of the *Town of STOW, MA All Hazards Public Health Emergency Operations Plan*.

### LOCAL (updated 6/12)

Contact:	Name:	Phone:
Town Administrator	Bill Wrigley	978-897-2927
Board of Selectmen Chair	Charlie Kern	978-897-7912
Health Department Director	Jack Wallace	978-897-4592
Board of Health Chair	Marcia Rising	978-897-4592
Stow MRC Chair	Sharon Brownfield	978-897-2846
Stow MRC – Shelter Operations	Ross Perry	978-621-6662
Council on Aging	Alyson Toole	978-897-1880
Emergency Management Director & LEPC Chairperson	Mike McLaughlin Fire Chief	978-897-4737
Police Chief	William Bosworth	978-897-4545
Highway Superintendent	Mike Clayton	978-897-8071

### REGIONAL (4A)

Contact:	Name:	Phone:
Medical Reserve Corps Coordinator	Liisa Jackson	508-625-1141
MDPH Coordinator	Archana Joshi	781-828-1310

### STATE

Contact:	Phone:
Massachusetts Emergency Management Agency (MEMA)	508-820-2000
Massachusetts Department of Public Health	617-624-6000
Massachusetts Department of Environmental Protection	617-292-5500
State Of Massachusetts Animal Response Team	SMART@state.ma.us

## FEDERAL

Contact:	Phone:
Centers for Disease Control and Prevention	770-488-7100
Federal Emergency Management Agency	202-646-2500
Department of Homeland Security	202-282-8000

## ORGANIZATIONS

Contact:	Phone:
Salvation Army (Canteen Services)	617-542-5420
American Red Cross Berkshire County Chapter, Pittsfield	413-442-1506
American Red Cross Cape Cod Chapter, Hyannis	508-775-1540
American Red Cross Central MA Chapter, Worcester	508-595-3700
American Red Cross Greater Beverly Chapter, Beverly	978-922-2224
American Red Cross Hampshire County Chapter, Northampton	413-584-8887
American Red Cross Massachusetts Bay Chapter, Boston	617- 274-5200
American Red Cross Merrimack Valley Chapter, Merrimack Valley	978-372-6871
American Red Cross North Central MA Chapter, Leominster	978-537-3339
American Red Cross Pioneer Valley Chapter, Springfield	413-737-4306

## Religious Organizations

First Parish Church of Stow and Acton	978-897-8149
Union Church of Stow	978-897-2328
Saint Isidore Catholic Church	978-897-2710

## OTHER HOUSING ORGANIZATIONS

Contact:	Name:	Phone:
Plantation Apartments	Vicki Blake	978-897-4404
Pilot Grove	George Gama, Manager	978-897-0835
Meetinghouse	Al Heffernan	508-517-1512

## F. Shelters and Resources

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This section provides detailed information on designated shelters, including their locations and capabilities. Resources to support the shelters, such as schools, hospitals, lodging, food/water/supply sources, animal shelters, and more are also provided.

For additional local resources, please refer to Section 2, Tab A of the *Town of STOW, MA All Hazards Public Health Emergency Operations Plan*.

### DESIGNATED TOWN SHELTERS

<b>Hale Middle School</b>			
<b>Description:</b>		Public school, automatic start natural gas generator, kitchen facilities (unpowered); Due to limitations of the Hale building, once Center School is complete, it may become the designated shelter.	
<b>Address:</b> 55 Hartley Road	<b>Contact:</b> George King, Principal	<b>Phone:</b> 978-897-4788	<b>Capacity:</b> 200

<b>Meeting House at Stow (in process)</b>			
<b>Description:</b>		Senior Living Facility with common room and kitchen. Has own generator and water system. Private property	
<b>Address:</b> 34 Meeting House Ln	<b>Contact:</b> Al Heffernan, Building Manager Newton Wesley, Head of the Trustees	<b>Phone:</b> 508-517-1512 978-897-4346	<b>Capacity:</b> 20

### ADDITIONAL Warming Centers

<b>Council on Aging Room</b>	<b>Contact: Alyson Toole</b>	<b>Address:</b> Town Building Lower Level,	<b>Phone:</b> 978-897-1880
Services:	Building wired for portable generator (expected completion Q1 2010)	Sitting area, small kitchen	Not recommended for overnight use

## HOSPITALS

<b>Name:</b>	<b>Contact:</b>	<b>Address:</b>	<b>Phone:</b>
Emerson Hospital	INSERT	133 Old Road To 9 Acre Corner Concord, MA 01742- 4169	978-369-1400

<b>Name:</b>	<b>Contact:</b>	<b>Address:</b>	<b>Phone:</b>
Marlborough Hospital	INSERT	157 Union Street, Marlborough, MA 01752	508-481-5000

## LODGING

<b>Name:</b>	<b>Contact:</b>	<b>Address:</b>	<b>Phone:</b>
Holiday Inn Boxborough	INSERT	242 Adams Place Boxborough, MA	978-263-8701
Holiday Inn Express	INSERT	121 Coolidge St., Hudson MA 01749	978-562-1001
Best Western Royal Plaza and Hotel	INSERT	181 Boston Post Road W, Marlborough, MA, 01752-1840	508-460-0700

## WATER, FOOD AND OTHER SUPPLIES

Name:	Contact:	Address:	Phone:
Russell's Convenience Store (1)	Jamie Salamone – Manager Russell Salamone Owner	390 Great Rd Stow, MA  193 Main St. Maynard, MA 01754	Stow – 978-897-4563 Maynard – 978-897-3663 Mobile – 978-580-5881 978-897-9002 Home 978-580-5778
Nancy's Airfield Café (2)	Nancy McPherson	302 Boxboro Rd Stow, MA 01775-2101	978-897-3934 978-793-2264 Mobile
Shaw's Market (3)	Gerry Sutton Store Director	115 GREAT ROAD, STOW, MA 01775	978-897-5140 508-450-1028 Mobile <a href="mailto:gerry.sutton@shaws.com">gerry.sutton@shaws.com</a>
Oscor Pharmacy	{name}	Located in Shaw's Market  115 Great Road, Stow	978-897-1736

## ARRANGEMENTS

- (1) **Russell's**  
Per conversation with Jamie Salamone 10-09, they will offer to sell supplies and food to the Town. They will invoice the Town for payment after the event. Both Jamie and/or Russell can be reached on their mobile or home numbers when the store is closed and are willing to open the store during off-hours for the MRC.
- (2) **Nancy's Café**  
Nancy is willing to provide and deliver sandwiches, soap, and breakfast cereal with bread and muffins as long as their supplies last. She does not have a generator, but can work with lanterns. She will track her costs and invoice the Town afterwards.
- (3) **Shaw's Market**

## HARDWARE/RENTAL EQUIPMENT

\* Insert local or regional suppliers

(Need for formalize MOU with each; Craig Martin, Building Inspector, may have additional contacts.)

Name:	Contact:	Address:	Phone:
Encore Party Rental (for generators and heat exchange rentals)		90 Cherry, Hudson	978-562-0022
Ace Hardware	The Whalens	117 Great Road, Stow	978-461-0122
[INSERT ADDITIONAL SITES IN NEW ROWS]	INSERT	INSERT	INSERT

## FOOD SERVICE

\* Insert local or regional support agencies such as church kitchens, etc.

Name:	Contact:	Address:	Phone:
Salvation Army	Canteen Service	33 Myrtle Street, Waltham	781-894-0413
[INSERT ADDITIONAL SITES IN NEW ROWS]	INSERT	INSERT	INSERT

## ANIMAL SHELTERS

\* This section is intended for designated local animal-only shelters/kennels, particularly for towns that do not have family shelters with the ability to accommodate pets.

Name:	Contact:	Address:	Phone:
Apple Country Animal Hospital	Dr. Cindy Schaefer	35 Great Road	978-897-9271
Note: Limited Capacity at Apple Country so the basement at Hale Middle School will be used as the primary animal shelter.			
[INSERT ADDITIONAL SITES IN NEW ROWS]	INSERT	INSERT	INSERT

## TRANSPORTATION

\* Insert local or regional support agencies that may be needed to supply transportation assistance such as Council on Aging, schools, etc.

Name:	Contact:	Address:	Phone:
MBTA	Main Number	Regional	617-222-3200
COA Vans, capacities (5, 8, 10, 20 seats)	Alyson Toole	380 Great Rd. Stow	978-897-1880
First Student	Deb Jansky		978-365-3027

**OTHER FACILITIES**

<b>Name:</b>	<b>Contact:</b>	<b>Address:</b>	<b>Phone:</b>
[INSERT ADDITIONAL SITES IN NEW ROWS]	INSERT	INSERT	INSERT

## G. References

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### LOCAL

- Town of STOW, MA Public Health Emergency Operations Plan
- Town of STOW, MA Public Health Continuity of Operations Plan
- Town of STOW, MA Public Health Emergency Dispensing Site Plan
- Town of STOW, MA Comprehensive Emergency Management Plan
- Town of STOW, MA Risk Communication Plan

### STATE

- FACT SHEET: How Emergencies are Handled in Massachusetts, Massachusetts Department of Public Health

### FEDERAL

- U.S. Public Law 4, 58th Congress, January 5, 1905
- U.S. Public Law 93-288, Disaster Relief Act of 1974
- Statement of Understanding - FEMA and National Red Cross, January 22, 1982

### OTHER

- American Red Cross Shelter Operations Management Toolkit (<http://www.fema.gov/pdf/emergency/disasterhousing/dspg-MC-ShelteringHandbook.pdf>)
- JOINT MEMORANDUM: Local Partnerships between American Red Cross and Medical Reserve Corps (April 2, 2009)

# Appendix A: Checklists and Job Action Sheets

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## MASTER SHELTERING CHECKLIST

The following checklist includes some of the most important planning and response considerations that should be attended to. In general, the importance and applicability of these considerations will depend on the anticipated duration of an incident requiring sheltering. For this reason, it may be helpful to address both “short-term” and “long-term” contingencies in plans and procedures related to these and other considerations.

### *Pre-Emergency (Before) Considerations*

COMMUNICATIONS

Communications is essential to successful shelter operations. Communications methods should be determined and agreed upon by all parties prior to an incident. Equipment, such as radios, should be tested. If relying on cellular telephones, be aware that building walls can substantially weaken cellular telephone signals. In this case, an on-site test of signal reception should be performed. For additional Communications information, refer to TAB B: Risk Communication of the *STOW, MA Public Health All Hazards Emergency Operations Plan*.

MUTUAL AID

Memorandums of Understanding with neighboring towns and suppliers of items and services that may be needed in the event of sheltering operations should be drafted and signed, and kept on file in an accessible location. Refer to the *STOW, MA Public Health All Hazards Emergency Operations Plan* for Town Memorandums of Understanding. Additionally, refer to the MRC-ARC MOU listed in Appendix D.

PETS/ANIMALS

Residents may be unwilling to move to shelters if it requires parting with pets. Plans must be developed for caring for animals and their families. *STOW, MA should coordinate with SMART* for more information about their pet sheltering services during emergency situations.

SPECIAL NEEDS RESIDENTS

Residents with disabilities may not have the ability to move to a shelter, or even understand sheltering instructions. Residents with language difficulties, or who do not speak English, may also require special attention. A plan or procedure should be developed for reaching out to these groups.

SPECIAL POPULATIONS

Colleges, nursing homes, prisons, hospitals are examples of facilities that may house a large number of atypical residents who may still sheltering services and information. Plans or procedures should be developed for contacting and addressing these groups.

SEPARATE MALE/FEMALE AREAS

For privacy, separate shelter areas for males, females, and families should be designated. Ensure designated shelter facilities can support such a layout.

TRANSPORTATION

Some residents may not have the means to get to a shelter. Residents without a car or access to public transportation will need special assistance. A plan to transport such

residents should be developed.

MEDICAL NEEDS

Shelter residents may require various prescriptions that they did not bring with them. Provisions must be made to supply shelter victims with such medications if necessary. Proper arrangements should be made in advance with EMS, hospitals, and pharmacies. These items include prescriptions, inhalers, diabetic supplies, etc.

ENVIRONMENTAL HEALTH

Shelters pose risks to environmental health. Procedures must be established for protecting environmental health of shelter residents.

SANITATION/INFECTION

Shelters increase the risk of disease transmission, making sanitation and infection control a critical priority. A plan should be developed to ensure adequate supplies, personnel, and procedures are in place to mitigate against this threat.

MENTAL HEALTH

For shelter victims requiring mental health services, agreements should be in place with providers. Contact info should be provided so that it is available at shelters when activated.

TRAINING/EXERCISES

To ensure key personnel and agencies understand the sheltering plans and procedures that are in place, staff should be appropriately trained. Exercises will further establish the Town's readiness. The Red Cross and Region 4A can be contacted for support and involvement.

EMERGENCY DISPENSING SITES

Public health emergencies may require both sheltering and mass prophylaxis. If the same facility is designated as both a potential shelter and an emergency dispensing site, it must be large enough to handle both functions simultaneously and separately.

*Trans-Emergency (During) Considerations*

NOTIFICATION

Notifications and aid requests to state agencies and volunteer organizations should be made as soon as feasible and always controlled and documented through the ICS structure.

DURATION

If possible, a determination should be made as to whether the sheltering requirements will be short-term (<2 days) or long-term (>2 days), as this will affect planning.

RECORD KEEPING

Record keeping is vital sheltering. Examples of activities to record include incoming and outgoing shelter victims, financial expenditures (for payment and reimbursement post-emergency), equipment use and rental, and personnel check-in and check-out.

SECURITY/SAFETY

The Town Police Department should be called in to provide security inside and outside shelters. The police may also be needed to manage traffic on nearby roadways. Safety at the shelter must be made a priority (fire extinguishers, rules on noise and weapons, etc.)

PUBLIC INFORMATION

Information on location and availability of shelters must be communicated to the public in a clear and timely manner, using appropriate channels (radio/TV/in-person/PA/reverse 911)

SPECIAL POPULATIONS CONSIDERATIONS

Plans and procedures developed to handle animals/pets, special needs residents, residents without transportation, and special populations should be implemented.

*Post-Emergency (After) Considerations*

RELEASE

Residents should be safely released from shelters in an orderly way. Staged releases across multiple shelters may ease congestion and chaos.

RESTORATION AND CLEANUP

Standing stocks of shelter supplies should be replenished, and the site should be returned to pre-emergency condition.

AFTER-ACTION ASSESSMENT

Based on lessons learned from the incident, a written or verbal assessment of desirable physical shelter or shelter planning improvements should be made and acted upon.

## ROLES AND RESPONSIBILITIES CHECKLIST

### TOWN HEALTH DEPARTMENT AND BOARD OF HEALTH

#### *Pre-Emergency (Before) Considerations*

- Designate a Town Care and Shelter Coordinator  
This person will coordinate care and shelter planning and operations for the Town.
- Develop a Memorandum of Understanding with the American Red Cross  
The statement of understanding helps to solidify the mutual working partnership between the town and the Red Cross. The Red Cross has a standard agreement for this purpose.
- Identify and Survey Shelter Facilities  
Work with the American Red Cross, school districts and other government agencies to compile an up-to-date list of pre-disaster designated shelters.
- Ensure that Agreements are in Place  
It is helpful to have statements of understanding with designated shelter sites to clarify terms of use. Work with the Red Cross to develop applicable agreements.
- Train Staff to Operate Disaster Shelters  
Work with the Red Cross to provide shelter training to town employees who will staff (and especially manage) disaster shelters. This includes the previously listed ICS and NIMS training.

#### *Trans-Emergency (During) Considerations*

- Provide Care and Shelter Services  
Responsibility for care and shelter belongs to local government. While the hands-on management of this task is typically delegated to the Red Cross, towns will need to initially open and run shelters following a local or regional emergency. Shelters may need an epidemiologist, for which the Town may need to request help from MDPH or Region 4A.
- Coordinate with the Red Cross and MRC  
The Town Health Director, whether serving as Incident Commander, or functioning in another ICS role, will coordinate the request and allocation of resources from assisting organizations such as the Red Cross and MRC. The MRC and ARC already have a memorandum of understanding in place on the federal level.
- Provide Public Information and Security Services  
Assistance in security, inside and outside, will be coordinated with the Town Police Department, while public information concerning shelters will be coordinated through the LEPC using the Town's Swift-Reach phone notification system, BOH website, local cable channel, electronic sign (see Stow Risk Communication Plan).

### *Post-Emergency (After) Considerations*

- Support deactivation of shelters and release of residents  
Once the emergency has concluded, the town will need to release residents and ensure shelters are deactivated and returned into their original condition. This includes restocking expended supplies to prepare the facility for a future incident.
  
- Conduct After-Action Review  
Following the incident, the Town should ensure that lessons learned from the sheltering experience are recorded and that a plan with recommendations for future improvement is implemented. If the town is not leading the AAR they should be active participants in the process.

## **MEDICAL RESERVE CORPS**

### *Pre-Emergency (Before) Considerations*

- Prepare Local Units for Deployment  
In the event of a nearby public health emergency, the Town will issue notifications and requests for resources and support as necessary.

### *Trans-Emergency (During) Considerations*

- Deploy Units to Local Public Health Emergency Sites  
In accordance with Town or State requests, local units will be called upon to provide specialized skills relating to setting up, staffing, operating, and eventually deactivating shelters.
- Provide Specialized Expertise and Assistance  
Specific assistance may be required for sheltering for special needs residents or animals. MRC units may be able to provide and appropriately direct volunteers with relevant expertise, such as epidemiologists.

### *Post-Emergency (After) Considerations*

- Support deactivation of shelters and release of residents  
Once the emergency has concluded, the town will need to release residents and ensure shelters are deactivated and returned into their original condition. This includes restocking expended supplies to prepare the facility for a future incident. The MRC will support deactivation based on requests from the town.
  
- Conduct After-Action Review  
The MRC should be active participants in the AAR process.

## **AMERICAN RED CROSS**

### *Pre-Emergency (Before) Considerations*

- Provide No-Cost Shelter Training to Members of the Town  
The Red Cross provides a 3-hour simulated Care and Shelter Operations Training class.
- Engage in Cooperative Care and Shelter Planning  
The Red Cross will meet regularly with representatives of the town to engage in care and shelter planning and preparedness activities.

### *Trans-Emergency (During) Considerations*

- During an Emergency, Provide Services  
Be the sole provider of lodging, food, and clothing to disaster victims or persons in emergency mass care facilities. Provide food for disaster workers if normal commercial feeding facilities are not available. Provide registration and inquiry service (missing persons, etc.).

### *Post-Emergency (After) Considerations*

- Conduct After-Action Review  
The ARC should be active participants in the AAR process.

## **MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

### *Pre-Emergency (Before) Considerations*

- Facilitating Local Coordination  
Through regional coordinators, MDPH encourages and helps towns work together on plans and resources, including those relating to sheltering.

### *Trans-Emergency (During) Considerations*

- Providing State Direction and Expertise  
In the event of a public health emergency, MDPH provides direction and guidance from the State of Massachusetts, and can serve as a liaison to other state agencies or to the federal government when necessary. MDPH may be able to provide resources requested by the town, such as an epidemiologist for shelters. MDPH is part of Emergency Support Function (ESF) 8: Public Health and Medical Services.

*Post-Emergency (After) Considerations*

Conduct After-Action Review

The MDPH should be an active participant in the AAR process. If it is a regional event the MDPH/MEMA should probably lead an AAR review related to sheltering.

**MASSACHUSETTS EMERGENCY MANAGEMENT AGENCY**

*Pre-Emergency (Before) Considerations*

Be Prepared to Receive Aid Requests from STOW, MA

The Town will notify MEMA of emergencies requiring state aid or assistance, including requirements specifically relating to sheltering (though actual requests for sheltering support may be sent directly to the Red Cross and MRC).

*Trans-Emergency (During) Considerations*

Help Coordinate Shelter Operations Between Organizations

If sheltering is required, multiple organizations, such as the Red Cross, MRC, Town of STOW, MA, and others may become involved. MEMA can help coordinate activities to ensure speedy and effective operations.

*Post-Emergency (After) Considerations*

Conduct After-Action Review

MEMA should be an active participant in the AAR process. If it is a regional event the MDPH/MEMA should probably lead an AAR review related to sheltering.

## STATE OF MASSACHUSETTS ANIMAL RESPONSE TEAM

### *Pre-Emergency (Before) Considerations*

- Be Prepared to Receive Animal Sheltering Requests from STOW, MA  
Towns will request animal sheltering support when an incident requires sheltering of residents.

### *Trans-Emergency (During) Considerations*

- Provide Animal Sheltering Services  
During an emergency requiring sheltering for residents, pets and other animals will need to be sheltered as well. SMART will coordinate with the Town and other parties to ensure all necessary preparations are made for animal care. Services provided include:
  - small animal intake
  - large animal intake
  - cat care and management
  - dog care and management
  - large animal intake
  - large animal care and management
  - pocket pet care and management
  - export or disposition
  - front desk management
  - donations management
  - records and tracking
  - database and filing
  - volunteer coordination desk
  - supplies coordination desk

### *Post-Emergency (After) Considerations*

- Coordinate Animal Release and Return  
Following an emergency, animals need to be released and returned to their owners.
- Conduct After-Action Review  
The ARC should be active participants in the AAR process.

## **JOB ACTION SHEETS**

The following job action sheets cover the basic and essential staffing needs of a shelter. Depending on the size of the shelter and extent and duration of its use, a number of additional positions will be necessary. Job action sheets provided in this section include:

- Shelter Manager
- Shift Supervisor
- Registrar

The *American Red Cross Shelter Operations Management Toolkit* offers additional position descriptions to meet such needs. It is available at:

<http://www.fema.gov/pdf/emergency/disasterhousing/dspg-MC-ShelteringHandbook.pdf>.

## **POSITION: SHELTER MANAGER**

**Activity:** Sheltering

**Possible Work Site(s):** Shelter Site(s)

### **Job Summary**

The Shelter Manager is responsible for providing supervision and administrative support for actions within the shelter. This person ensures that the needs of shelter occupants are being met. They supervise a work unit composed of service associates by assuming accountability for the assigned workers within the activity as well as being able to answer common questions on a day-to-day basis.

### **Major Tasks**

#### *PRE (Before)*

- Ensure the general condition of the facility has been assessed and any pre-existing damage is noted.
- Project staffing and other support requirements for the first 48 hours.
- Ensure local affiliated and non-affiliated workers are used to the fullest extent by providing support, training, evaluation and inclusion with the visiting workforce.
- Direct Administration Chief to establish a shelter log.
- Develop a schedule for feeding, lights out, shelter rules and information board for all residents to view.
- Prepare a Shelter Manager's Startup Kit, including:
  - Registration Forms
  - First Aid Kits
  - Name Tags and Vests for Shelter Workers
  - Signage to identify building as a shelter
  - Basic Office Supplies (paper tablets/pens/clipboards/masking tape/stapler/staples)
  - Flashlights, Battery Powered Radio
  - Duct tape and plastic trash bags
  - Map of the area
  - Copies of this plan and the *Red Cross Shelter Operations Toolkit*

#### *TRANS (During)*

- Coordinate recruitment of additional personnel. Encourage the involvement of shelter residents as workers.
- Establish and maintain contact with supervisory unit.
- Organize and brief staff. Ensure that all positions are staffed.
- Establish contact with facility representatives and activate the building when ready.
- Ensure proper shelter identification both inside and outside of the shelter.
- Ensure Department of Health Services has staff at shelter.
- Promote an environment that eliminates discrimination, harassment or favoritism of any sort and adheres to the zero tolerance policy.
- Resolve staff conflicts and/or recognize when a conflict must be referred to a higher level.
- Model appropriate behavior and treat all workers with respect and dignity at all times.
- Organize and facilitate staff meetings as appropriate.
- Seek guidance from supervisor as necessary and appropriate.

- Maintain a professional appearance and attitude.
- Follow and implement requests and direction received from supervisor.
- Support and implement decisions made by disaster operations management.
- Monitor and support the quality of service delivery and morale of the workforce in order to achieve the mission statement of disaster services.
- Ensure clear and concise communication flow between the Incident Commander and the workforce.
- Evaluate and provide for appropriate developmental/mentoring opportunities for assigned staff.
- Order start-up supplies and equipment and request any support needed through Department of Health, MRC or other designated representative.
- Assess feeding options and discuss recommended solution with Incident Commander and Logistics Chief.

*POST (After)*

- Complete work performance evaluations for all staff in work unit, as appropriate. Obtain technical review from the appropriate reviewer.

**Specific Qualifications**

- Good analytical skills and strong communication (written and verbal) skills including effective listening skills.
- Strong leadership in a team environment.
- Ability to manage multiple priorities and tasks simultaneously.
- Adapt to change, negotiate compromise and tolerate ambiguity.
- Organize work activities, delegate work and directly supervise a diverse work unit, including volunteers and employees.
- Ability to objectively evaluate and appropriately document workers' performance.
- Competently use computer resources to support work unit.
- Ability to professionally interface/negotiate with external organizations and internal colleagues.
- Strong team building skills.
- Ability to conduct staff meetings and delegate tasks.
- Ability to manage multiple priorities and tasks simultaneously.
- Ability to promote, develop and maintain productive and amicable working relationships with diverse individuals and groups, including peers and supervisors.
- Sensitivity in human interactions to diversity and inclusiveness.
- Must be flexible and adaptable in various situations and work settings, including weather conditions, cultures and geographic areas for extended periods of time.

**Life Experience Examples**

- Customer Service Supervisor.
- Hotel Supervisor.
- College Dormitory Supervisor.

## **Physical Requirements**

- Ability to sit or stand for long periods of time.
- Ability to adapt to long, irregular hours and frequent schedule changes.

## **POSITION: SHIFT SUPERVISOR (ICS – OPERATIONS CHIEF)**

**Activity:** Sheltering

**Possible Work Site(s):** Shelter Site

### **Job Summary**

The shift supervisor oversees the shelter staff and guides their work in the absence of or as the designee of the shelter manager. The shift supervisor ensures that the needs of clients are met in the shelter setting.

### **Major Tasks**

*TRANS (During)*

- Supervise shelter staff; conduct staff meetings.
- Work with other groups such as the MRC, American Red Cross and the overall Incident Commander in order to ensure smooth operations.
- Maintain contact with supervisory unit or relief operation headquarters.
- Ensure that major events are recorded in shelter log.
- Ensure that feeding operations are running smoothly by interacting with feeding personnel (supervisor, if appropriate).
- Ensure that proper shelter identification is posted inside and outside shelter.

### **Specific Qualifications**

- Ability to handle multiple demands at once.
- Ability to supervise diverse staff.
- Ability to work independently in order to resolve issues.
- Must have strong team building skills.
- Ability to delegate tasks and conduct staff meetings.

### **Life Experience Examples**

- Supervisor in residential facility, university housing.

### **Physical Requirements**

- Ability to stand and/or sit for long periods.
- Ability to get around shelter sites.

## **POSITION: REGISTRAR (ICS – ADMINISTRATION CHIEF)**

**Activity:** Sheltering

**Possible Work Site(s):** Shelter Site

### **Job Summary**

The Registrar is responsible for ensuring that all clients entering or leaving the shelter go through the registration process.

### **Major Tasks**

*TRANS (During)*

- Create registration area, allowing enough space for a waiting area.
- Send copy of Registration Log to Incident Commander
- Maintain log for those residents entering and leaving the shelter.
- Maintain shelter census and report information to the shelter manager at appropriate intervals.
- Recruit shelter residents to assist with registration if needed.
- Refer persons with illness or injury or those with special medication or diets to Health Services.
- Interact with clients to determine needs and refer appropriately.
- Seek guidance from supervisor as necessary and appropriate.
- Maintain a professional appearance and attitude.
- Follow and implement requests and direction received from supervisor.
- Exhibit good stress reduction skills. Strive to encourage an environment for the unit that minimizes the stress level as much as possible under the disaster conditions.

### **Specific Qualifications**

- Ability to organize processes in the midst of chaos or uncertainty.
- Ability to gather information from individuals in difficult circumstances.
- Ability to read; communicates effectively verbally and writes legibly.
- Ability to manage multiple priorities and tasks simultaneously.
- Proficiency using computers.
- Ability to promote, develop and maintain productive and amicable working relationships with diverse individuals and groups, including peers and supervisors.
- Sensitivity in human interactions to diversity and inclusiveness.
- Must be flexible and adaptable in various situations and work settings, including weather conditions, cultures and geographic areas for extended periods of time.

### **Life Experience Examples**

- College registrar.
- Administrative assistant.
- Event Planner.

### **Physical Requirements**

- Ability to sit or stand for long periods of time.
- Ability to adapt to long, irregular hours and frequent schedule changes.

## Appendix B: Shelter Development Guide

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This guide, based on the American Red Cross *Care and Shelter Planning Template*, contains important criteria and considerations for selecting and documenting Town shelters. The American Red Cross should be involved in this process to ensure that information is coordinated and consistent. If shelters have already been selected this list provides a good criteria checklist to validate the capabilities of the selected shelter.

1. List those facilities within the local jurisdiction to be used as potential disaster shelter sites. The list should include the following.
  - a. Location Information:
    - Site name
    - Address and zip code
    - Primary telephone number
    - Name of authorizing contact person (facility owner, site manager, or other personnel) and office/out-of-office contact information
  - b. Resource Information (from site survey):
    - Total Shelter Sleeping Capacity (Number) \*
    - Showers (Yes/No)
    - Number of bathrooms
    - Full ADA Accessibility (Yes/No)
    - Emergency Power or Generator (Yes/No)
    - Kitchen Facilities (Yes/No)

\* Figure capacity at 40 square feet per person. Therefore, a 10,000 square foot gymnasium has sleeping space for 250 persons.
  - c. Make a note of what supplies may already be on site (e.g., sleeping mats, blankets, food and water, cleaning supplies, etc.)
  - d. Obtain a floor plan for each facility designating areas for shelter operations.
  - e. Consider storing spare keys for shelter facilities at the city EOC.  
Note: Keep copy of this list/information in a Shelter Facilities file at the city EOC.
2. Work with the American Red Cross to develop applicable agreements with shelter sites. The Red Cross has a standard Statement of Understanding form.
3. Consider supplying primary shelter facilities with essential supplies (e.g., cots, blankets, first aid kits, water, nonperishable food, tools)

Insert specifications from the Red Cross site inspection.

## Appendix C: Shelter Supply Inventory

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This table tracks shelter supplies by quantity available locally, through MRC/ARC or other volunteer organizations, or through other mutual aid agreements. (Note: Inventory has been completed for the MRC Trailer and the materials located in the Police Station. The Municipal Inventory Management System is estimated to be implemented 2014)

<b>Item</b>	<b>Estimated Need (Based on selected shelter)</b>	<b># Available Locally</b>	<b># Available from ARC</b>	<b># Available from Other Sources</b>
Cots		X at PD, 30 on MRC trailer		
Sleeping Mats				
Eating Utensils				
Towels				
Toiletries				
Portable Generators		1 on MRC trailer		
Portable Toilets				
Radios		7? Walkie Talkies MRC		
<b>INSERT ADDITIONAL ITEMS AS NEEDED IN NEW ROWS</b>				

# Appendix D: American Red Cross – Medical Reserve Corps Joint Memorandum

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DATE: April 2, 2009

TO: American Red Cross Chapter and Medical Reserve Corps Unit Leaders

FROM: Joe Becker, Senior Vice President, Disaster Services, And American Red Cross CAPT. Robert Tosatto, Director, Office of the Civilian Volunteer Medical Reserve Corps, Office of the Surgeon General, U.S. Department of Health and Human Services

SUBJECT: Local Partnerships between American Red Cross and Medical Reserve Corps

The very successful joint responses to hurricanes and other recent events by the American Red Cross and the Medical Reserve Corps (MRC) have highlighted the value of the growing partnership between these two organizations. They also show the importance of working together at all levels throughout the year on training activities and public health initiatives to make communities healthier, safer, and more prepared. We strongly encourage these interactions.

The MRC is a national network of local groups of volunteers committed to improving the health, safety and resiliency of their communities. MRC volunteers include medical and public health professionals, as well as others interested in strengthening the public health infrastructure and improving the preparedness and response capabilities of their local jurisdiction. The MRC Program was founded in 2002 and is housed in the Department of Health and Human Services' (HHS) Office of the U.S. Surgeon General. There are currently over 800 MRC units and more than 175,000 MRC members who may support a number of existing local programs and agencies.

The American Red Cross is a humanitarian organization led by volunteers and guided by its Congressional Charter and the Fundamental Principles of the International Red Cross Movement. The American Red Cross provides relief to victims of disasters and helps people prevent, prepare for and respond to emergencies. Each year, hundreds of thousands of Red Cross volunteers respond to more than 70,000 disasters through over 700 locally supported chapters.

The missions of the MRC and the American Red Cross are complementary and working together will only better prepare and protect our communities to recover from disaster. The leadership of the Red Cross and MRC have held several planning meetings and we have reached a common understanding of how mutually beneficial support activities may evolve in the future. Basically, there are three ways for Red Cross and MRC volunteers to work together:

## **1. MRC Volunteers working as Red Cross Volunteers**

When MRC volunteers are going to work as Red Cross volunteers, they will be processed through Red Cross volunteer intake systems, which include criminal background checks. As Red Cross volunteers, they must adhere to Red Cross protocols and activity guidance, display Red Cross identification, and work under Red Cross supervision. Local MRC units and chapters should work together to process MRC volunteers through the Red Cross volunteer intake system in advance of any disaster.

## **2. MRC Volunteers working alongside Red Cross Volunteers (i.e. shelters, emergency aid stations, etc...)**

When MRC volunteers are working as MRC volunteers in a facility where the Red Cross is also working, the MRC volunteers should identify themselves as such (and not as Red Cross volunteers). In this situation, MRC volunteers will work under MRC or public health agency protocols and supervision.

## **3. Red Cross Volunteers working as MRC Volunteers**

When Red Cross volunteers are going to work as MRC volunteers, they will be processed through MRC volunteer intake systems. As MRC volunteers, they must adhere to MRC protocols and activity guidance, display MRC identification (and no Red Cross identification), and work under MRC supervision. Local MRC units and Red Cross chapters should work together to process Red Cross volunteers through MRC volunteer intake systems in advance of any disaster.

These different ways of working together are covered throughout the following scenarios. Response activities will likely progress in phases as the situation evolves, public health and medical systems degrade, and assets are overwhelmed. Events could be elevated from localized disasters and progress to Catastrophic Incidents. The situations displayed below will help to ensure closer coordination during a disaster at the local and national levels of both Red Cross and the MRC, providing specific considerations that local Chapters and MRC units will need to take into account before establishing a Memorandum of Understanding (MOU). Each situation described below represents an increase in severity and incorporates all of the activities and recommendations that correspond to the situations described previously.

### **A. Situation: The local public health/medical infrastructure is intact**

#### **Activities at Local Level:**

- Local Red Cross chapters manage local shelter operations and provide Disaster Health Services to include assessment, minor treatment, and referral and disaster mental health to include assessment, supportive counseling, and crisis intervention.
- Local MRC members may supplement local Red Cross shelter staff, working as Red Cross volunteers under Red Cross National Headquarters Disaster Health Services and Disaster Mental Health guidance, protocols and supervision to provide health and mental health services at Red Cross sites.
- MRC unit leaders should inform their MRC regional coordinator of the activity and include a description of the activity on their MRC unit profile.

#### **Activities at the National Level:**

- Red Cross National Headquarters Activity Leads, as well as HHS and Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC) staff, should be aware of the activities, but are not likely to be directly involved.

#### **Recommendations:**

- Partnerships between local Red Cross chapters and local MRC units should be developed as soon as possible so as to be in place prior to disasters or emergencies.

## **B. Situation: The local public health/medical infrastructure is somewhat degraded**

### **Activities at Local Level:**

- All activities for the previous situation are incorporated.
- The local health department may seek to set up a temporary infirmary within a Red Cross shelter in a clearly marked area which is separate from the general shelter population. Red Cross shelter managers must contact Disaster Health Services and Mass Care at National Headquarters before agreeing to the placement of an infirmary in a shelter.
  - The infirmary operates under the local health agency's protocols.
  - The responsibility and liability for the operation of this temporary infirmary rests solely with the local health department or the organizing entity.
  - Red Cross volunteers will refer persons requiring levels of care outside Red Cross Disaster Health Services Protocols to the temporary infirmaries or other appropriate medical facilities.
- The local health department may call upon local MRC volunteers to provide supplemental support/staff for these temporary infirmaries and this work performed is delivered under the MRC and health department protocols and liability protections.
- Red Cross has no role in the medical care provided at these temporary infirmaries and assumes neither responsibility for these infirmaries nor any liability arising from them.

### **Activities at the National Level:**

- Red Cross Shelter Managers, Disaster Health Services Disaster Relief Operation (DRO) Leads and Disaster Mental Health DRO Leads should be in contact with their respective Activity Leads at Red Cross National Headquarters regarding placement of a temporary infirmary in the shelter.
- HHS and OCVMRC staff should be aware of the activities, but are not likely to be directly involved.

### **Recommendations:**

- All recommendations for the previous situation are incorporated.
- If a local MRC intends to support infirmaries established by public health agencies, they should work with and through those agencies. Agreements should be developed as soon as possible so as to be in place prior to disasters or emergencies.

## **C. Situation: The local public health/medical infrastructure is degraded and local response assets are overwhelmed**

### **Activities at the Local and State Level:**

- All activities for the previous situations are incorporated.
- If the local health department operates any infirmary at a Red Cross shelter, it should be in a clearly marked area, separate from the general population of the shelter.
- The responsibility and liability for the operation of a temporary infirmary may remain with the local health department or the State may assume the responsibility and liability.
- If necessary, the State may call upon MRC volunteers from other jurisdictions within the State to provide supplemental support/staff for these temporary infirmaries, working under either state or local health department protocols and liability protections.

- Red Cross volunteers (e.g., health and mental health professionals) may be performing as MRC volunteers as the situation evolves. Red Cross volunteers working under the MRC system are working as MRC volunteers and subject to MRC protocols, policy, and liability protection.
- Local/Regional Red Cross chapters may request additional Red Cross Disaster Services Human Resources (DSHR) staff to meet the needs of the disaster response.

**Activities at the National Level:**

- All activities for the previous situations are incorporated.
- Red Cross Shelter Managers, Disaster Health Services Disaster Relief Operation (DRO) Leads and Disaster Mental Health DRO Leads will provide National Headquarters with situational awareness regarding the temporary infirmary adjacent to the shelter.
- Red Cross Regional Chapters may be providing additional support to chapters engaged in operational response.
- MRC Regional Coordinator may be in contact with local MRC units regarding their activities

**Recommendations:**

- All recommendations for the previous situations are incorporated.
- Local MRC Units and Red Cross Chapters are encouraged to engage with their local and state health officials to develop mechanisms for state and regional support of local health department disaster services and temporary infirmaries as soon as possible. These relationships and their concurrent operational understanding need to be completed as soon as possible (i.e., in advance of future disaster or emergencies).
- Processes for local MRC units to request and utilize MRC members from outside of their local jurisdictions should be developed by the MRC and local/State public health officials.

**D. Situation: The local public health/medical infrastructure is degraded and Local and State response assets are overwhelmed**

**Activities at the Local and State Level:**

- All activities for the previous situations are incorporated.
- The affected State may call for support from other States (i.e. through Emergency Management Assistance Compact (EMAC) and mutual aid agreements) to provide supplemental support/staff for any temporary infirmaries.
- The affected State may also request supplemental support/staff for any temporary infirmaries from the Federal government, through Emergency Support Function (ESF)-8 (Public Health and Medical Services) in the National Response Framework (NRF).
- The response to this request may include assistance from MRC volunteers who have been identified to activate outside their local jurisdiction as part of a Federal response.
- During a significant public health event such as Pandemic Influenza it is likely that assistance from outside the local and state regional jurisdictions will be severely limited.

**Activities at the National Level:**

- All activities for the previous situations are incorporated.

- HHS, through the Assistant Secretary for Preparedness and Response (ASPR), has the lead for ESF-8, and will coordinate all health and medical response activities.
- Red Cross National Headquarters may request supplemental support/staff for Red Cross shelters from the Federal government through ESF-6 and ESF-8. Requests for MRC support will be coordinated by HHS.
- OCVMRC will work closely with ASPR regarding requests for MRC volunteer support. .
- HHS could establish a Federal Medical Station (FMS) in the vicinity of Red Cross shelter(s). Coordination of FMS activities would be through HHS and Local or State governments.

**Recommendations:**

- All recommendations for the previous situations are incorporated.
- Processes for local jurisdictions to request and utilize MRC volunteers from outside of their local areas and across state lines should be delineated in advance of an emergency.

**E. Situation: CATASTROPHIC INCIDENT. The local public health/medical infrastructure is not intact; Local, State and Regional assets are overwhelmed.**

**Activities at the Local and State Level:**

- All activities for previous situations are incorporated.

**Activities at the National Level:**

- All activities for previous situations are incorporated.
- Red Cross may request assistance from HHS to augment the provision of the customary level of health and mental health services in Red Cross shelters.
- Red Cross may use additional resources during catastrophic events in order to provide medical services.
- This will only occur at the express direction of the Senior Vice President, Disaster Services at Red Cross National Headquarters.

**RECOMMENDATIONS**

In order for the relationships to function smoothly and effectively in emergencies, it is important that local Red Cross chapters, public health departments and MRC units begin to develop functional relationships now. Some local Red Cross chapters and MRC units have already begun this process and are increasingly collaborating in many communities across the country.

We strongly encourage local Red Cross chapters and MRC unit leaders to join together now to improve the health and safety of their local communities. To this end, we encourage them to enter into Memorandum of Understanding, using the attached template, to document their collaboration.

**Contacts:**

American Red Cross, Disaster Health Services – April Wood, wooda@usa.redcross.org  
American Red Cross, Disaster Mental Health - Rob Yin, yinr@usa.redcross.org  
American Red Cross, Mass Care – Lynn Crabb, crabb1@usa.redcross.org  
OCVMRC – CAPT Robert Tosatto, robert.tosatto@hhs.gov  
HHS/ASPR – Dr. Daniel Dodgen, daniel.dodgen@hhs.gov

**Signatures:**

/Joe Becker/ 4/2/09  
Joe Becker Date  
Senior Vice President, Disaster Services  
American Red Cross

/Rob Tosatto/ 4/2/09  
CAPT Robert J. Tosatto Date  
Director, OCVMRC  
HHS, Office of the Surgeon General