

2018

State of Alaska
Mass Care Group (MCG)
Shelter Support



Guide



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I. Introduction

Disaster Mass Care in the State of Alaska is coordinated by the Mass Care Group (MCG) operating under the Mass Care Operations Guide (MCOG). The MCG is led by the Mass Care Group Supervisor (MCGS) and operates within the Operations Section in the State Emergency Operations Center (SEOC) or a State/Federal Joint Field Office (JFO) if established. State-level sheltering support operations are overseen by the MCG using the MCOG, supplemented by this Shelter Support Guide (SSG). The SSG captures sheltering-specific best practices, policies, and procedures for all-hazards, State-level, multi-agency disaster sheltering support in Alaska. When a Sheltering Support Task Force (STF) is established under the MCG, this guide supports that Task Force's operations. This SSG, as one of the functional operations guides under the MCOG, supports execution of the State of Alaska Emergency Operations Plan (EOP) Annex I, Health & Medical, Annex K, Mass Care and Annex M, Pet Evacuation & Sheltering.

The overall goal of this SSG is to coordinate support for disaster sheltering across the state among all levels of government and all involved agencies and organizations. This guide assumes that disaster-sheltering operations at the local, state, and federal level combine the efforts of government agencies and non-governmental organizations and require a multi-agency approach. This guide assumes all agencies and organizations involved in sheltering support in Alaska will operate in accordance with their internal policies, regulations and requirements in a cooperative effort to provide effective shelter services to Alaska's disaster survivors.

As specified in Alaska's EOP, disaster operations, including sheltering, are conducted by local communities. When local capability is exceeded, state-level disaster operations work to support the local community's efforts. When State capabilities are exceeded, the State may request support from the Federal government. This SSG is designed to be implemented during either a state or federally declared disaster.

II. Purpose, Scope, Assumptions, Situation

A. Purpose

The purpose of this SSG is to guide Alaska's support of local shelter operations during a disaster. It includes operations under a state or federally declared disaster.

B. Scope

This guide describes the coordination process and procedures used to support disaster sheltering in ***Alaska. It includes:***

- Descriptions of the types of shelters that may be employed in a disaster

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- A description of a coordinating, multi-agency sheltering task force that may operate under the MCG.
 - Procedures for management of sheltering support resources available to the State.

As used in this guide, the term “local community” includes the local government, tribal entity, or unincorporated community.

C. Assumptions

Local Community, State, and Federal Government:

- Each political subdivision of the state has an innate responsibility to safeguard the life and property of its population.
- Public sheltering is a local government and/or tribal responsibility in collaboration with community partners; responsibilities include designating, planning, resourcing, operating, and closing of shelters.
- Initial shelter operations are dependent on local resources and mutual aid. When sheltering needs exceed local capability and available mutual aid, State assistance will be requested. The State will request Federal assistance when needed. Assistance from outside the local community may require 24 hours or more to arrive.

Community Organizations and Agencies:

- Prior to a disaster or emergency, local governments will coordinate with community organizations within their community to develop sheltering plans.
- Effective sheltering operations require cooperation and mutual support among all agencies and organizations involved, including non-governmental.
- Some organizations within the community may establish shelters without coordination with local authorities or the State. These shelters will may require unplanned support to sustain their populations or transfer to other shelters.

Survivors:

- Sheltering often occurs after rescue or evacuation, leaving the survivor with few resources. Most people who will require sheltering will not arrive at the shelter with a 72-hour supply of essential life-sustaining items.

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- Survivors may act in their own perceived best interest, regardless of official instructions and this may include sheltering in their own home, departing the area, or seeking public shelter.
 - A significant number of survivors will self-relocate rather than stay in shelters.
 - The length of time a survivor will stay in a shelter depends on the nature and extent of the disaster and the resources of the survivor.
 - Survivors who can transition out of shelters, returning to their residences or other housing options, will do so.

Access and Functional Needs:

- Shelters will be accessible to persons with functional and access needs.
- Most survivors with access and functional needs will be sheltered in general population shelters and encouraged to bring needed caregivers, personal consumable supplies, durable equipment, and personal assistance services with them to the shelter.
- Shelters will not have stockpiles of supplies and equipment for those with special needs.
- Survivors who cannot safely shelter in general population shelters may be encouraged to transfer to medical shelters, if available, with additional resources to meet their need.
- Survivors with access and functional needs will be able to access the same programs, services, and information as all other disaster survivors.
- Survivors with access and functional needs will be permitted the right of self-determination so that, if they choose to shelter in a general population shelter, they will have the right to do so.

Sheltering Infrastructure:

- Sheltering organizations, including non-governmental, will establish their own vendor relationships for shelter supplies but these suppliers may not be available during large-scale disasters.
- Public utilities may be inoperable, causing an increased demand for water, power generators, fuel, and heating.

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- Resources supporting mass care may be limited, sourced from long distances, and subject to available transportation limiting operational capability and resupply.

D. Situation

A shelter is a designated place, providing the public in need with relative safety and essential services, in order to preserve life and reduce human suffering. Public disaster sheltering is intended for those who have no other safe sheltering option.

Disaster sheltering is planned, resourced, and managed by local emergency management in collaboration with local agencies, community partners, and regional, state, and federal organizations. Shelter facilities are opened and operated under established agreements that cover procedures for use and cost reimbursement.

III. Concept of Operations

A. General

When local capability is exceeded, State-level shelter support operations are initiated to support the local community's sheltering efforts. Typically, this is during either a state or federally declared disaster. In accordance with Alaska's EOP, State-level shelter support operations are coordinated by the MCG described in EOP Annex K and the MCOG, and through a STF. Medical Shelters are coordinated by the Health and Medical Branch agencies identified in EOP Annex I in collaboration with the MCG. Pet sheltering is coordinated by agencies identified in EOP Annex M through a Pet and Animal Task Force if established, in collaboration with the MCG.

Generally State-level operations are in support of local community sheltering with local communities remaining in overall operational control of their shelter operations.

Funding for shelter support operations come through disaster funds under Response Category B Emergency Protective Measures and, during the Recovery phase, are coordinated with Recovery Individual Assistance programs to provide a continuity of services for survivors.

B. Shelter Task Force (STF)

The STF operates as a planning and coordinating element of the Mass Care Group to execute shelter support operations. It is activated by the MCG under the MCGS. The MSG designates a Task Force Leader provided by the American Red Cross (ARC) and

the Task Force operates and implements this SSG. The Task Force membership represents state-level sheltering organizations and may include:

- DHS&EM
- FEMA
- DHSS
- OVS
- American Red Cross (ARC)
- Salvation Army
- Volunteers Active in Disaster (VOAD)
- State, Regional, Tribal governmental and non-governmental organizations involved in state-level sheltering support.

C. Shelter Types:

Shelters are designated as “General Population” or “Medical” or both. Specific general population or medical shelters may be identified as “pet friendly” (see below under “Pet Friendly Shelters”). All shelters will accommodate identified service animals.

Shelter in Place:

The public is asked to remain in their existing/current living accommodations due to an incident. See EOP Annex N Evacuation, and Alaska Evacuation Planning Guide.

Refuge of Last Resort

A "refuge of last resort" is a "last ditch" option for people unable, through choice or circumstance, to evacuate a disaster risk area prior to or immediately after impact. These facilities are not classified as “shelters” in that they are intended to provide only a place for survivors to seek immediate protection from the elements. A “refuge of last resort” is established to protect people from immediate harm and is not for overnight residency. Normally they do not provide food, drink, sleeping accommodations, or other standard shelter services. Emergency management plans may identify facilities that can serve as a “refuge of last resort”, but public messaging about these refuge facilities is typically only provided once survivors are unable to safely travel to a shelter or when overnight residency is not required.

General Population Shelters:

General Population shelters are facilities which shelter everyone in the community, including people with access and functional needs. These shelters provide basic human services such as protection from weather, food, water, and first aid. Whenever possible, survivors will be sheltered in a general population shelter. Whenever possible, persons evacuating to a general population shelter should bring their own supplies such as blankets, toiletries/hygiene items, medications, and clothing.

There are three types of general population shelters established dependent on the disaster and need: evacuation, short-term and long term.

Evacuation Shelter:

Evacuation shelters are congregate facilities established to provide the evacuated public with a secure, environmentally protected life-safety location, to survive the immediate impacts of an actual or potential disaster. Facilities used may include schools, community centers, convention centers or churches, temporarily converted to serve as evacuation shelters. An evacuation shelter may be a facility hardened against impact located inside the disaster area or a facility outside the disaster impact area. Typically evacuation shelter capacities are determined based on 20 square feet per person.

Evacuation shelters are typically operational for a period to not exceed 72 hours and supply:

- Drinking water
- Minimal snacks or less than 3 full meals per day
- Basic first aid
- Space designated in common areas for clients to sit or lay on personal items brought with them to the shelter but cots and blankets may not be available.
- Security

Evacuation shelters may transition into Short-Term Shelters if the facility is appropriate and this is needed.

Short-Term Shelter:

Short-term shelters are established to provide the evacuated public with secure, short-term emergency congregate housing for people displaced by a disaster. Facilities used may include schools, community centers, convention centers or churches, temporarily converted to serve as short-term shelters. These shelters are located outside the hazard risk area and are utilized for a period of no longer than two weeks. Typically short-term shelter capacities are determined based on 40 square feet per person.

Services at short-term shelters may include:

- Water for drinking and hot beverages
- 3 meals a day (hot or cold) in combination with snacks
- Adequate space to sit or lay in common areas, usually gymnasiums that are designated as dormitories with about 40 square feet per person
- On site or remote access to Health Services staff to determine care needs residents
- On site or remote access to Mental Health Services/Counselors to provide emotional support to shelter residents
- On site Casework Services to assess unmet needs of shelter resident's

Long-Term Shelter:

Long-term shelters are established when there is insufficient extended housing available for survivors. Long-term shelters are designed to provide survivors extended residence beyond two weeks and typically provide more individualized or small group housing than congregate shelters. Facilities used may include existing fixed facilities temporarily converted to serve as long-term shelters or temporary housing units such as mobile homes. Long-term shelters are located outside the hazard risk area and may require the development of “wrap-around” support services and utilities such as mail, transportation, security, day care, and schooling.

When Individual Assistance recovery programs are in place, the State Housing Task Force will coordinate closely with any Long-Term sheltering operations. The Individual Assistance Temporary Housing program may reduce or eliminate the need for Long-Term sheltering operations. See EOP Annex R, Recovery and the Alaska State Temporary Housing Plan, operated under AS 26.23, and 06 AAC 94.300-94.380.

Pet Friendly Shelter:

Shelters identified as “Pet Friendly” have some capacity to provide some shelter residents with services for their pets. These shelters may allow residents to remain with pets. Persons evacuating to a pet friendly shelter should bring their own pet supplies including food, cages/carriers, blankets, etc. Pets may also be sheltered in a separate pet-shelter facility. The Office of State Veterinarian (OSV), through a Pet and Animal Taskforce, working within the MCG oversees pet sheltering. For further information on disaster pet sheltering, see the Pet and Animal Support Guide which implements Alaska EOP Annex M.

Shelter Support Elements:

The following elements are typically considered during shelter operations.

Shuttle Services

For long term sheltering, shuttle services to local facilities (e.g. libraries, banks, shops, medical centers) will help survivors establish routines and return to community function. Shuttles can also be used to transport people between shelters or to their neighborhood during temporary disaster-area openings to assess their property.

Phone Banks

Multiple free phone facilities in shelters allow evacuees to contact with family, friends, and services. An inbound phone number for the shelter can be also established if shelter-staff answering is available.

Security

Shelters typically have on-site security. Options for this include law enforcement, contract security, or designated volunteer.

Signage

Desk functions, facilities, key facilities, shelter rules, contact information, and arrival instructions can be clearly sign-posted throughout the shelter.

Staffing

For safe and effective operations, shelters require staff during all hours of operations. Shelters are typically led by a shelter manager, have staff for various shelter functions, and staffed according to recommended resident- to- staff ratios.

Traffic Control

Shelters and the set up should take into account vehicles, and parking.

Waste Management

Waste management for both garbage and sewage for the number of persons residing.

Access to Health Care

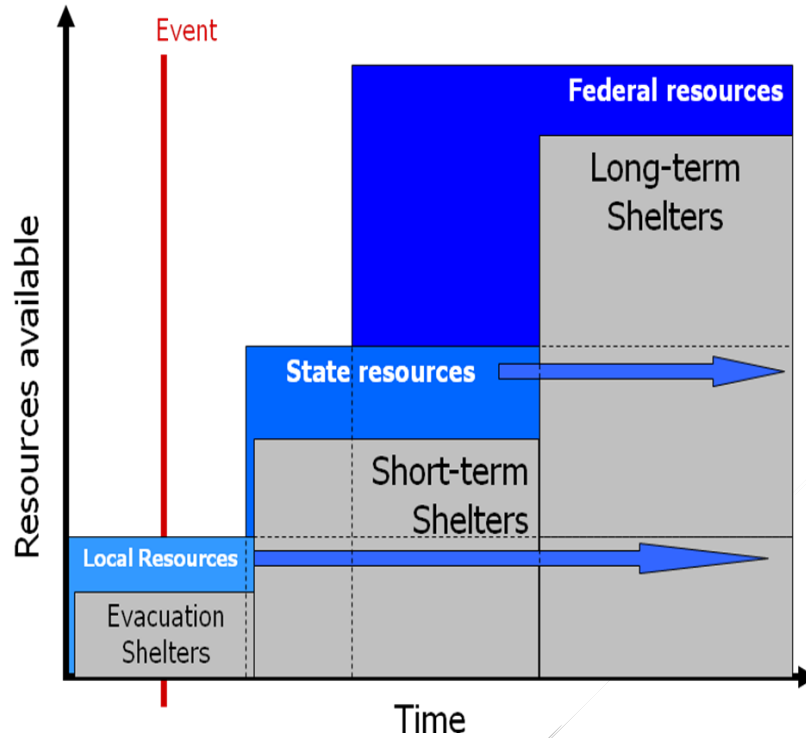
At a minimum shelters will have basic first aid services on-site. Shelter residents will also need access to health care and prescriptions. Options include transportation to health care services, mobile clinics infrastructure.

Shelter Population Trends

After an evacuation is lifted, survivors that can return home will do so. Therefore, the need for public shelter resources often decreases as the immediate disaster incident passes. Providing shelter residents with an opportunity to assess the damage to their home, and information on infrastructure and utility status, reduces shelter populations by identifying those who no longer require shelter. This process typically takes 72 hours to one week.

After approximately one week, shelter populations typically stabilize. All survivors who can go home or who have other housing options have left the shelter. Evacuation shelters are closed and short-term shelter requirement are reduced. Shelters can be consolidated into fewer facilities, with an emphasis on returning facilities important to community restoration, such as schools and churches, to their normal pre-disaster function. Individual case management is initiated for those remaining as shelter residents to develop options for their continued sheltering. Long-term shelters operations and/or Individual Assistance programs are initiated if needed.

The figure below shows the typical shelter resource availability and shelter type during the life cycle of a disaster



Medical Shelters:

Medical shelters are established to provide shelter and services to survivors with medical needs that cannot be met in a general population shelter. Medical shelters require significant quantities of specially trained staff on a 24-hour a day coverage basis, consumable and durable medical supplies, and other equipment. In a disaster, the resources required to establish and staff medical shelters are often limited. Typically medical shelter capacities are determined based on 60 square feet per person. Medical shelters are overseen by the State Department of Health and Social Services (DHSS), serving as the Medical Branch under SEOC/JFO Operations, in collaboration with the MSG. DHSS has additional, specific guidance for medical shelter operations.

Access and Functional Needs:

Persons with disabilities, functional or access needs must be able access the same programs, services and information as the general population. In addition, persons with disabilities, functional or access needs must be provided the right of self-determination. If the person chooses to shelter in a general population shelter, they have the right to do so.

D. Shelter Support Operational Phases, Priorities, Actions Taken

Shelter support operations are conducted in each phase of a disaster and each phase has specific priorities and actions to be taken.

Pre-Incident:

Prior to evacuation, a specific incident threat, or incident impact, the priority for shelter support operations is preparation and, in coordination with local communities, includes:

1. Planning, training and exercising for shelter support operations.
2. Assessing the need for, pre-positioning, and maintaining shelter support resources.
3. Supporting shelter facility assessments, shelter designations and shelter facility lists.

Actions Taken:

1. Regular meetings of the MCG where sheltering support is considered.
2. Pre-designating members of a STF.
3. Regular training and exercises which practice disaster shelter support in coordination with local communities and operation of a STF.
4. Reviewing this guide, shelter information, and procedures annually and revising them based on current training, lessons learned, incident after-action reports, and evacuation studies.
5. Planning for staging and deploying sheltering resources based on what is available and disaster logistics capability.
6. Pre-positioning of shelter support resources in strategic locations in the state to reduce response time.

Incident Response:

Following evacuation, incident impact, or a specific impending threat, the priorities for state-level shelter support include:

1. Determining the situation and what shelter support local communities need. Shelter support requirements are determined by the scale of the disaster including the population affected, location, community capacity, incident intensity and duration. Support requirements are identified by kind (equipment, supplies, personnel, teams, or services), type (capability of the resource) and quantity required. The table below lists characteristics that can be used to estimate the shelter support needed for an incident.

Table 1
Situational Considerations for determining shelter requirements
Identify the actual or anticipated impact of the incident on individuals, dwellings, and/or infrastructure within the affected community
Quantify the percentage of the power grid offline and estimate the duration of the outage
Identify the potential/estimated population affected/evacuated/unable to return
Define the demographics of impacted areas (use census information, local data)
Identify vulnerable populations that have been affected

Table 1

Situational Considerations for determining shelter requirements

Determine the status of communication capabilities

Determine the status of potable and non-potable water and distribution systems

Determine the status of commercial fuel services, e.g. gas stations

In a major disaster, the SEOC/JFO and MCG may not wait for field assessments or requests from local communities before taking action to support shelter operations. State-level evaluation of the disaster situation may require immediate SEOC/JFO resource ordering to rapidly meet the potential need.

2. Supporting community transitions from evacuation to sheltering.
3. Deploying resources in response to local community request and need.
4. Prioritizing shelter support resource deployment based on preservation of life and reduction of human suffering.
5. Assuring access and functional needs are considered in all shelter operations.
6. Determining what future shelter support resources may be needed and acting to acquire them.
7. Transitioning survivors from “shelters of last resort” to established short-term shelters.
8. Establishing and maintaining effective communication, collaboration and situational awareness between local communities, State-level shelter agencies and organizations, State DHSS for medical shelters, and OSV for pet sheltering.

Actions Taken: (In the first operational period and continuing through response)

1. State MCGS assembles the MCG according to the MSOG.
2. STF is established under the MCG with ARC representative as Task Force Leader.
3. MCG, STF conducts (daily, typically 0800, or as needed) a shelter support coordination call:
 - a. All the agencies and organizations involved in sheltering report on available resources, needs, and conduct incident planning.
 - b. These calls provide situational awareness on current and anticipated shelter support requirements including:
 - 1) Evacuation numbers
 - 2) Shelter population counts
 - 3) Incident potential.
 - c. An estimate of the anticipated shelter populations is developed for:
 - 1) Evacuation shelters
 - 2) Short-term shelters
 - 3) Medical shelters
 - 4) Pet sheltering
 - d. These calls include representatives from DHSS/Medical Branch and OSV/Pet and Animal Task Force so that resources for Medical Shelters and pet sheltering are considered.

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- e. The STF with the MCG coordinates these calls and they continue throughout the incident as long as they are needed.
 4. Resources needed to support and sustain shelter operations are ordered, sourced, and deployed. Resources orders are placed through the Operations Section in the SEOC/JFO and sourced from:
 - a. In state from the state, other non-impacted communities, non-governmental organizations, or procured through state procurement.
 - b. Emergency Management Assistance Compact (EMAC) resources in intra-state mutual aid.
 - c. Federal Emergency Management Agency (FEMA) or other federal agency.
 5. Future resource needs are anticipated, ordered and staged for effective deployment.
 6. Medical Shelters are overseen by DHSS functioning as the SEOC/JFO Operations Health Branch in coordination with the MCG.
 7. Pet sheltering is overseen by OSV functioning in a Pet and Animal Task Force in conjunction with the MCG.
 8. Current information on shelter operations including types and locations of shelters and population counts is shared with SEOC/JFO Plans Section Situation Unit. ARC is responsible for all sheltering data entry into the National Shelter System (NSS), regardless of whether the ARC is operating the shelter or not. The ARC provides a daily report on open shelters, their locations, and populations, to the MSG and SEOC/JFO Plan Section/Situation Unit. Typically this information is provided prior to, and included in, the SEOC Operational Briefing and also included in the SEOC.JFO Situation Report.
 - 9.
 10. Shelter residents are provided with information on available survivor support programs.
 11. Shelter discharge planning is supported.

Post-Incident / Recovery:

The priorities once shelters are established are:

1. Sustaining effective shelter operations.
2. Supporting effective survivor case management and survivor information to transition shelter residents from short-term shelters back to their residences or other survivor provided housing options.
3. Determining the need for long-term sheltering in coordination with any Individual Assistance programs and other extended housing options.
4. Establishing long-term shelters as needed.
5. Working cooperatively with available Individual Assistance, Transitional Shelter Assistance, and Temporary Housing programs to provide more permanent survivor housing in the community.
6. Consolidating shelters and closing those that are no longer needed.
7. Returning closed shelter facilities to pre-incident function.

Actions Taken:

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1. Provide shelter residents with updated information on the status of their residence, utilities, and infrastructure so that they know when and if they can return home.
 2. Provide shelter residents with governmental and non-governmental support services that allow their residences to be reoccupied. Support that may be available include:
 - a. “ Blue Roof” or temporary tarp programs
 - b. Volunteer agency work such as “muck outs”, debris clearance, repairs
 - c. Government or charity provided repairs to utility connections.
 - d. Government or charity provided replacement furnishings or appliances, including generators.
 3. Provide discharge planning services to shelter residents so that they are able to return to permanent residence in their community.
 4. Transition STF from response to recovery operations.
 5. Consider carefully and plan for the location, facilities, infrastructure and community impact of long-term shelters.
 6. Employ, as appropriate, Transitional Shelter Assistance, a program under a declared disaster declaration that provides hotel/motel or other commercial lodging for survivors.
 7. Establishing long-term shelters as needed.
 8. As Individual Assistance recovery programs are in place, coordinate with the State Housing Task Force on implementation of the Individual Assistance Temporary Housing program in accordance with the Alaska State Temporary Housing Plan, for shelter residents.
 9. Demobilize STF.

VII. Guide Maintenance

The MCGS, working through the MCG, will review and revise this guide annually and verify consistency with the MCOG and EOP.

VIII. References

Alaska Mass Care Operations Guide
Alaska Temporary Housing Plan
Alaska Individual and Family Grant Program Administrative Guide
Alaska State Emergency Operations Plan
Alaska Evacuation Planning Guide
FEMA, Shelter Field Guide (P-785)
FEMA, National Mass Care Strategy

Glossary

Access and Functional Needs Population(s): are defined as those whose members may have additional needs before, during and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities, live in institutionalized settings, are elderly, are children, are from diverse cultures, have limited English proficiency, or are non-English speaking, or are transportation disadvantaged. An individual with a disability is defined by the Americans with Disabilities Act (ADA) as a person who had a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. The ADA does not specifically name all of the impairments that are covered but includes those who have a physical and/or mental disability (blind, cognitive disorders, mobility limitations, deaf and/or hard of hearing), medically or chemically dependent.

Access and Functional needs populations may not be fully addressed by traditional service providers and includes groups that may feel they cannot comfortably or safely access and use the standard resources offered in disaster preparedness, response, and recovery.

Congregate Shelters: Any private or public facility that provides contingency congregate refuge to evacuees, but that day-to-day serves a non-refuge function. Examples include schools, stadiums and churches.

Evacuation shelter: A safe congregate care facility that provides essential support services and is utilized for populations displaced by an emergency or disaster event. See above under III. C. Shelter Types.

Individual Assistance: Disaster program for survivors, under a declared disaster, that may provide financial and other assistance to survivors that allows them to return to their residence or find replacement housing. See EOP Annex R, Recovery.

Long term shelter: A safe congregate care, environmentally protected facility utilized for durations typically longer than 2-weeks for populations displaced by an incident. See above under III. C. Shelter Types.

Shelter Manager: The Shelter Manager is responsible for providing leadership, supervision, and administrative support for a shelter. This person ensures the needs of shelter occupants are being met. This person supervises shelter operations, composed of several work teams and/or service providers, by assuming accountability for the shelter's overall operation.

Shelter Management Team: Shelter Management Teams coordinate and manage resources in a congregate care facility (shelter) intended to provide a safe and protected environment for populations displaced by an incident or an event.

Short term shelter: A safe congregate care, environmentally protected facility utilized for durations typically not to exceed 2-weeks by populations displaced by an incident
See above under III. C. Shelter Types.

Temporary Housing Part of the Individual Assistance Program, assistance provided to homeowners or renters whose residences are unlivable as a direct result of the disaster and who do not have adequate insurance coverage to provide for temporary housing.

Transitional Housing. – see Transitional Sheltering Assistance.

Transitional Sheltering Assistance: Hotels, motels, cruise ships or berthing vessels as transitional shelters for survivors funded under a declared disaster.