People with Access and Functional Needs
November 2012
A Supporting Annex to the Mass Care and Shelter Plan
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1.0 PURPOSE
The purpose of this section is to establish an effective process for activating and operating the mass care and shelter delivery system for People with Access and Functional Needs (PAFN).

1.1 SCOPE
This shelter guidance will provide the direction needed to address the arrival, registration, assessment, support, and release of PAFN during sheltering. This section also provides guidance when sheltering needs exceed local resources and the Operational Area (OA) Emergency Operations Center (EOC) requests mutual aid support.

1.1.1 Limitations
This section does not replace the need for cities within the OA to make plans for supporting the needs of PAFN in their jurisdictions. This section does not replace the need for separate licensed care facilities to prepare their own plans for care of their clients and residents who are PAFN. This section does not replace or supersede internal policies and procedures of organizations that are responsible for mass care and shelter, e.g., the American Red Cross (ARC), but rather is to be used in conjunction with their operational guidance.

1.2 SPECIFIC ASSUMPTIONS
- Many threats allow for early warning and notification to PAFN; while others (e.g., earthquake, power outage, or terrorist attack) may require immediate action without warning or notification by government authorities.

- PAFN in the general population, as well as facilities with housed populations, will heed the directions of the warnings and notifications and recognize the authority of government to request evacuation or sheltering in place.

- Approximately 20 - 25% of shelter occupants may be defined as PAFN.

- There will be adequate numbers of professionals and volunteers to staff the Functional Assessment and Support Teams (FAST) and Personal Assistant (PA) positions.

- Many of the arriving PAFN will need minimal assistance, if any, to maintain their health and safety within a shelter setting.

- PAFN requiring assistance may arrive at the shelters without support, medical records, medicines or required medical equipment. PAFN may also arrive with medication that requires refrigeration or other special handling and disposal (e.g., syringes).

- Support systems are in place for metropolitan evacuations, either from within the OA, or for receiving evacuations into the OA from other metropolitan areas that will require care and shelter of PAFN.
• Mass care and shelter is available for PAFN, if not in the OA, at another receiving OA.

• The OA EOC may coordinate initial recovery operations to restore PAFN evacuees back to living conditions like those they had prior to the event as soon as possible. The Department of Human Assistance (DHA), Department of Health and Human Services (DHHS), American Red Cross (ARC), and the Shelter Manager will work together in this effort.

1.3 GOALS AND OBJECTIVES
The OA goal for this guidance is to provide safe, sanitary, secure care and sheltering of PAFN. The intent is to reduce the health and safety impacts on PAFN who must seek public shelter due to an event, emergency, or disaster.

Operational Area agencies coordinate with community stakeholders to identify and contact PAFN who need to be warned and notified to evacuate, including the direction as to when to use general public shelters and medical shelters.

The DHHS provides the identification, organization, training and supplying of a cadre of employees and other appropriate professionals to act as the OA Functional Assessment and Support Team (FAST) members to support PAFN during care and shelter operations.

The DHHS in the Health/Medical Branch provides coordination, command and control of FAST and PAs in collaboration with DHA in the Care and Shelter Branch, and with shelter management (DHA or ARC) to ensure that arriving evacuees are properly evaluated to identify their needs and the appropriateness of the inclusion in general public sheltering.

DHA and DHHS maintain a current list of stakeholders who can support needs of the PAFN population during care and shelter operations. Sacramento County Public Health also has a communications binder that may be used with the Sacramento County Emergency Communications Manual to cross reference key contacts.

A FAST Team Leader will be deployed initially to evaluate the amount and types of staffing to request through DHHS in the Health/Medical Branch. The OA FAST is activated and reports to DHHS in the Health/Medical Branch after being requested by the OA EOC Care and Shelter Branch to assist with PAFN in shelters. FAST may be requested to assist in the return of PAFN back to living conditions similar to those prior to the event even before recovery from the event is in full operation.

If the County opens and operates a shelter, the DHA Emergency Response Team (ERT) at county shelters provides information back to the EOC Care and Shelter Branch regarding any requirements for supporting PAFN. If it is an ARC operated shelter, the shelter manager will contact the Care and Shelter Branch ARC representative in the EOC to ensure appropriate services are provided to PAFN entering public shelters.

The OA EOC Care and Shelter Branch collaborates with shelter managers to request resources through the SEMS mutual aid process for PAFN when the resources are likely to be exhausted, or are exhausted. This includes possible requests for FAST mutual aid from other counties or the State. This may require the approval of the EOC Director and the Inland Regional Emergency Operations Center (REOC).
Shelter management works with the OA EOC Care and Shelter Branch to coordinate the inclusion of state and federal personnel who arrive to support shelter operations for PAFN. The OA EOC Care and Shelter Branch assists in the recovery process for PAFN through collaboration and coordination with stakeholders that support PAFN. This collaboration will be completed with the cooperation of DHA, DHHS, and ARC, along with the stakeholders.
2.0 CONCEPT OF OPERATIONS

2.1 PREPAREDNESS

Preparedness for PAFN care and shelter starts with a risk assessment performed by the Sacramento Office of Emergency Services (SOES). This assessment is done by evaluating how many of the Operational Area population may qualify as PAFN by applying the current population against a standard methodology.

Mapping systems are used to locate the facilities at risk as well as known populations of likely PAFN that would require assistance if they were to come to public shelters. Maps of all the hazards that pose a plausible threat to the identified populations are evaluated against the location of the identified vulnerable populations base.

The current capabilities and capacity to address the needs of vulnerable populations are evaluated against the projected needs. If needs cannot be met, gaps are created that will have to be addressed by new controls, mutual aid, or state/federal aid. In addition, specific support activities are confirmed through formal written agreements with other jurisdictions, agencies, organizations and the private sector as needed within and outside the OA.

Supporting material, equipment and staffing are identified by DHA, DHHS, and ARC for the shelters to help develop strategic processes of activation that can meet the needs of the PAFN populations. This includes identifying which facilities are compliant with the Americans with Disabilities Act Accessibility Guidelines (ADAAG) (ADA). Lists and maps of the shelters in the OA, with their level of compliance, can be accessed through SOES and the National Shelter System (NSS).

Working with the ARC and the Care and Shelter Branch, DHA ensures the opening and operability of public shelters through shelter teams setting up the shelter and establishing communications back to the OA EOC Care and Shelter Branch and/or ARC District Operations Center (DOC). The specific PAFN assessment and management team, FAST, will be maintained by DHHS. DHHS staff does not start activating resources until the Care and Shelter Branch requests FAST based on feedback from their teams at the shelters. DHHS will initiate FAST activation from the Health / Medical Branch in the EOC, in collaboration with DHA in the Care and Shelter Branch.

Training and operational exercises are provided to shelter operations staff and local FAST members to assist with the receipt, evaluation, care and final placement of PAFN after they arrive at public shelter facilities. This training is provided by DHHS in collaboration with SOES and California Department of Social Services (CDSS). CDSS ensures participants of FAST resources in larger exercises and also coordinates their participation for DHHS’s own internal smaller exercises. Records of this training are managed by DHHS. Training requirements for FAST Leaders are summarized in Attachment 2, however the key focus is for FAST Team Leaders to be up to date on ICS operations, ARC’s Shelter Management and Operations, and their role in the coordination of the team.
2.2 **INCREASED READINESS**

When there are early indications that public sheltering is likely then the OA EOC will activate this annex as part of the Care and Shelter Plan and evaluate the OA’s current preparedness for PAFN evacuees. Typical triggers to begin increased readiness would include, but not limited to, the following:

- Severe storm watch issued with a forecast of potential flooding that would affect PAFN populations;
- Wild fires moving in the direction of highly populated areas and facilities of PAFN;
- Spreading hazardous material releases/toxic spills;
- Extended power outages; and/or,
- Major earthquake in nearby communities requiring evacuation into the Sacramento OA.

Sheltering plans and procedures should be prepared for use during the activation of shelters. Organizations and staff involved with sheltering PAFN should be contacted to ensure they are aware of the potential for sheltering and the threat situation.

Warning information should be provided to vulnerable facilities that serve PAFN populations. A general warning to the public (with a special note to PAFN in the jurisdiction) may also be provided so that there is time for citizens to prepare to move away from the threat area. Advance alert and notification may enable PAFN to evacuate the area with assistance from family, friends, and/or neighbors, and perhaps without the need to come to public shelters. Notification processes are covered in the Alert and Notification Section of the County’s Emergency Operations Plan (EOP).

2.3 **RESPONSE**

Response, utilizing the structure of organizations previously described, is divided into three parts. These chronological parts are Pre-emergency, Response, and Extended Emergency Response. In fast-moving events, e.g. large earthquakes, these phases are compacted into simply Response where all of the activities are accomplished somewhat simultaneously.

2.3.1 Pre-Emergency

Conditions during Pre-Emergency indicate that it is likely that the impacts from the events being monitored will affect the OA. The following actions are taken by the OA EOC to ensure PAFN can be cared for at public shelters.

- ARC along with the Care and Shelter Branch in the EOC designate shelter sites and open them. Based on the likely severity of the event (based on current projections) the OA Care and Shelter Branch will coordinate shelter management to ensure actions are being taken to consider sheltering locations and staffing.
• ARC and DHA will contact their trained shelter personnel to alert, and/or activate and deploy to the shelters.

• OA EOC will assist stakeholders to alert PAFN in the general population and in licensed care facilities to begin taking actions necessary to respond to the threat. This may mean getting ready for evacuation or for sheltering in-place, depending on the threat and the direction of the threat. Systems such as Reverse 9-1-1 and 211, Emergency Alert System would be utilized.

• Alert and notifications systems such as (EAS) radio and television (with captions), and the SOES website may be used to support warning and notification of PAFN who need more time to prepare and respond to action to be taken, including the movement to public evacuation centers or shelters.

• OA EOC will contact transportation vendors and public transit that are trained and have capacity to assist with the movement of PAFN to evacuation centers and/or shelter locations. They will be briefed on the proposed threat and the need for preparations for deployment of their resources to assist in the movement of PAFN populations. Emergency Medical System (EMS) support should not be diverted to assist with this task, as they need to address current events and be ready to deal with major injuries that will likely arise from the threat.

• OA EOC will be activated with staff, specifically the Care and Shelter Branch in the Operations Section, that evaluate the opening and locations of shelters for evacuees including PAFN.

2.3.2 Emergency Response

Conditions during response require immediate actions to save and protect lives from a threat that is impacting the OA. The OA EOC activates its Evacuation Plan to support the movement of PAFN. Support may be needed for licensed care facilities and private residences with PAFN.

The Care and Shelter Branch coordinates with DHA and ARC shelter teams to track the status of shelter operations and the populations staying in shelters. The Care and Shelter Branch requests DHHS to activate FAST shelter support for PAFN from its list of qualified individuals and directs them to report as needed to known locations of shelters being opened. DHHS FAST personnel serve primarily at the reception area in the shelter(s). They assist in evaluating PAFN using the triage systems established by the ARC. FAST members assist PAFN at the shelter with:

• Accessibility to the facility and auxiliary aids services within the shelter;

• Alternative forms of communications (TTD/TTY, pictographs, large print);

• Reception registration and identification;

• Triage including identification of any physical and mental health needs;

• Prescription medication management assistance;
The OA EOC coordinates requests for supplies and equipment needed to support PAFN evacuees that arrive in public shelters. A working group of local organizations (e.g., VOAD, Disability Advisory Commission (DAC), Vulnerable Populations Working Group, etc.) may be activated to act as a conduit to find local resources for these requests as they are received from the shelters.

Supporting resource requests for PAFN that cannot be met locally by ARC or other sources will be directed to the OA EOC Care and Shelter Branch as a mutual aid request to be sent to the REOC. The REOC will forward requests to the SOC when needs cannot be met within a Regional mutual aid region. The SOC may then assign State resources to address the need. If State resources are not adequate or available, and a federal disaster has been declared, the State may request federal resources. Requests for State FAST support may be requested once a State of Emergency is proclaimed. Shelter operations staff should work closely to integrate State FAST members into shelter care for PAFN evacuees.

2.3.3 Sustained Emergency

Conditions during a sustained response require continued actions to protect those who have been saved from immediate harm, including people needing medical treatment, care and shelter, and assistance with return to the community. These efforts require considerable amounts of coordination between many levels of government, private and public organizations.

The OA EOC Care and Shelter Branch will continue to coordinate with shelter operation organizations (e.g., ARC, privately operated shelters, etc.) through the shelter manager to track the status of the shelters and individuals in those shelters. Shelter populations may fluctuate until they begin to permanently decline, depending on the threat type (e.g., earthquake aftershocks, series of flooding events, etc.).

The OA EOC Care and Shelter Branch will continue to work with DHHS in the Health/Medical Branch to coordinate its FAST and PAs for PAFN until shelter needs no longer require the support. The OA EOC Care and Shelter Branch will utilize agreements with VOADs, NGOs, CBO, and FBOs to support the PAFN population in shelters.

Other local government agency staff will work with DHA and DHHS to assist the FAST and shelter management in the process of identifying appropriate long-term housing and relocation for the PAFN population when these evacuees cannot return to their point of origin. See the Recovery for more details.

A compilation of remaining needs for PAFN will be prepared for each shelter by FAST Leaders prior to deactivation of FASTs. The FASTs and PAs will be deactivated by the Care and Shelter Branch of the OA EOC in collaboration with the Health/Medical Branch and shelter management.
2.4 RECOVERY

Conditions during recovery indicate that immediate threats have passed or are under control such that it is now safe for evacuees to return to their original residences. Timed reentry into affected areas can bring normalcy back to a community and to the lives of those most affected. PAFN are especially prone to transfer trauma and environmental stresses the longer they stay in public shelters, so the OA EOC Care and Shelter Branch, in coordination with DHHS and shelter management, will work diligently to help return sheltered PAFN to their point of origin, or to like facilities, as soon as possible after their arrival in shelters. These efforts require a considerable amount of coordination between many levels of government and private/public organizations. The OA EOC Care and Shelter Branch may not be operational during all of these efforts, however other OA support agencies will continue to support these efforts through DHHS and DHA.

The OA EOC Care and Shelter Branch will forward the remaining needs for PAFN recovery efforts to DHA and DHHS, who will continue to work with the ARC, VOAD, NGO, CBO, and FBO organizations, as well as the private sector. Requests that come from PAFN who were affected, but who did not seek public shelters, will be forwarded to DHA.

DHA will continue to coordinate with state agencies if there has been a State of Emergency proclamation, and the federal agencies if there has been a federal disaster declaration. This includes assisting with the tracking of PAFN from the shelters to attempt the equalization of caseloads in the OA and the Region.
3.0 FUNCTIONAL ASSESSMENT AND SUPPORT TEAMS (FAST)

3.1 FAST PURPOSE
The purpose of the FAST program is to provide staff to conduct a functional assessment of PAFN as they arrive at public shelters. The assessment will evaluate the functional needs that can be supported within the general shelter and/or determine if the person with PAFN should be directed to a medical shelter or an alternate facility (i.e., medical facility, hotel accommodation, etc.).

FAST works in collaboration with shelter personnel, while working under the shelter manager, and other emergency response workers to assist in meeting essential functional needs so people can maintain their independence during disasters and emergencies.

FAST members may be deployed as shelters are opened and remain in the shelters until it is determined they are no longer needed. The FAST Deployment Checklist, Attachment 3, outlines the process for deploying FAST members. The FAST Leader determines the number of FAST personnel needed at a shelter. The FAST Leader Checklist, Attachment 5, describes the activities managed by the FAST Leader.

After the initial assessment is provided by the FAST Leader to the Health / Medical Branch and Care and Shelter Branch, Personal Assistants (PA) are selected by DHHS from pre-identified sources and then assigned to work at specific shelter locations to provide continuing support based on the functional needs assessment. PAFN with extraordinary needs that cannot be supported within the shelter may be transported to a more appropriate facility.

FAST members may be transferred by the OA EOC Care and Shelter Branch and Health / Medical Branch to other shelters as needed, or may become PAs temporarily if they are qualified to fulfill that role until other PA caregivers arrive.

On a local level, DHHS is responsible for the establishment, recruitment, training, exercising, and deployment of FAST. State FAST deployment teams are managed by CDSS.

3.2 FAST MEMBERSHIP COMPOSITION
State FAST consists of a corps of trained volunteers who may be government employees, Community Based Organizations (CBO) and Non-Government Organization (NGO) personnel ready to respond and deploy as Disaster Service Workers (DSW) to assist in shelters. Sources for membership that meet the criteria for experience may include agencies listed in Attachment 1.

A FAST may consist of members with experience in the following areas (These are scalable and adaptable to the needs as defined by the FAST Leader in collaboration with Shelter Management):

- Mental Health Disorders*
- Developmental Disabilities
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- Cognitive Disabilities
- Deaf/Hearing limitations/Impairments/Disabilities
- Blind/Sight limitations/Impairments/Disabilities
- Aging (services/supports, including dietary needs)*
- Substance abuse issues*
- Medical/Physical needs for dispersing prescription medications
- Infectious disease control issues
- Traumatic Brain Injury (TBI)
- Physical and/or Mobility Disabilities*

*Indicates positions typically identified as necessary for early deployment to the support of PAFN at public shelters.

3.3 FAST QUALIFICATIONS

FAST Team Leaders should have in-depth knowledge of PAFN and support services including housing, resources, benefit programs, and disaster aid programs. It is preferable that FAST members meet some basic qualifications. Each member should have:

- Documented two years experience assessing the needs of either people with disabilities, activity limitations, or with senior services. This includes experience with obtaining services and providing resource management preferably within the specific population needs within the shelter.

- Acquired in-depth knowledge of people with access and functional needs and/or working with seniors. This would include knowledge of their culture and support service systems such as housing, resources, benefit programs, and disaster aid programs.

- Effective interpersonal skills needed to communicate (oral/written) and interact successfully and diplomatically with a variety of staff, volunteers, and members of the community.

- Completed FAST training (Team Leader) or appropriate ad hoc FAST training at the shelter from the FAST Team Leader as needed to support the immediate needs of the PAFN.

- Documented prior to the event that they are able to travel as required and work under difficult and stressful situations.
Documented prior to the event that they are available for quick deployment to provide immediate and intermediate early responder assistance.

- Demonstrated knowledge of the ADA and related disability rights laws.

- Demonstrated knowledge of assistive technology and alternative formats, and other reasonable accommodations.

- Acquired knowledge of current best practice policies, programs, services, and support system for PAFN (i.e., Independent Living Movement philosophy).

- Develop familiarity with local and federal funding streams and supporting services especially related to recovery activities and return from the shelter.

**NOTE:** It is beneficial, but not mandatory, that members have bilingual skills and/or communicate using American Sign Language (ASL).

### 3.4 FAST RESPONSIBILITIES

The FAST members use the ARC Shelter Initial Intake and Assessment Tool (SIIT) or what is currently being used by the ARC Shelter Manager to evaluate and triage PAFN arriving at the shelters. Attachment 4 is a checklist of FAST duties.

Proper support and/or services are provided to individuals who have been assessed and determined they can be safely accommodated within a shelter. PAFN accommodations may be provided as resources can be obtained, including the following:

- Essential prescribed medications.

- Essential durable medical equipment (DME) and consumable medical supplies (CMS).

- Assistance to maintain independence (personal assistance with activities of daily living, managing non-acute medical and chronic conditions, etc.).

- Support to individuals with cognitive limitations.

- Translation and communication support to assist individuals who require communication assistance (e.g., visual and hearing disabilities and limitations).

- Assistance to individuals who have conditions that affect walking or using stairs.

- Assistance to individuals with chronic but stable respiratory conditions (heart disease, asthma, emphysema, allergies, etc.).

- Assistance to individuals with temporary limitations.

- Management and coordination of processes to address the requirements to maintain functional/medical support operations, however not care of acute life
threatening medical conditions that should be directed towards medical/alternate care facilities.

3.5 PERSONAL ASSISTANT DUTIES AND ASSIGNMENTS
A Personal Assistant (PA) can be partnered with PAFN as needed to provide continuing support based on the functional need(s) identified during the assessment. Personal Assistants assist PAFN with non-medical services to allow individuals to remain in shelters. The recommended assignment ratio is 1 PA for every 5 assessed PAFN with support needs; however, this ratio may be adjusted based on the actual needs in the shelter. Additional PAs may be added as the need arises with shelter population increases. The PA Checklist, Attachment 6, describes a list of duties that may be performed by a PA in a shelter setting.

3.6 PERSONAL ASSISTANT SELECTION AND QUALIFICATIONS
Personal Assistants working under the FAST will be identified, organized and prepared by DHHS before they can be assigned to a shelter under direction of the FAST Leader for assistance to PAFN. The FAST Leader does not have authority over assistants arriving at the shelter to support PAFN on their own volition or direction (e.g., family members, facility care givers). PAs may be asked to provide the following information and meet these basic qualifications:

- Two personal or work references from non-relatives.
- Disclosure of any history of criminal convictions and agree to fingerprint clearance and/or a background check.
- A government issued California photo identification.
- Attend an interview/screening process that identifies work history, skills, training and personal qualities that would make them a good PA staff/volunteer.
- Demonstrate good inter-personal and social relations skills (i.e., follows directions, has conflict resolution skills, listens and works well with others, etc.).

The potential sources for PA staff positions may include:

- Volunteer Organizations Active in Disaster (VOAD)
- Independent Living Centers (ILC)
- Non-government Organizations (NGO)
- Community Based Organizations (CBO)
- Members of faith-based community organizations
- Private sector and non-aligned organizations
- Local government staff employees in the Operational Area
4.0 ROLES AND RESPONSIBILITIES

The following table is an overview of the statewide Mass Care and Shelter (MCS) organization used during response operations. This table indicates the source of management personnel for large-scale MCS activities during both peacetime and war emergencies. A discussion of the responsibilities of each organizational level follows.

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>SOURCE</th>
<th>AGENCY/TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Level</td>
<td>Local Government, Volunteer Organizations</td>
<td>City Parks and Recreation, CERT, ARC</td>
</tr>
<tr>
<td>Operational Area</td>
<td>OA Care and Shelter Branch Coordinator</td>
<td>Department of Human Assistance (DHA), ARC</td>
</tr>
<tr>
<td>Regional Emergency Operations Center (REOC)</td>
<td>Care and Shelter Branch Coordinator</td>
<td>California Department of Social Services (CDSS), ARC (National)</td>
</tr>
<tr>
<td>State Emergency Operations Center (SOC)</td>
<td>CDSS Agency Liaison</td>
<td>CDSS, ARC (National)</td>
</tr>
</tbody>
</table>

4.1 LOCAL LEVEL

All local government entities within the Sacramento Operational Area have a responsibility to provide for the care and shelter of their citizenry.

4.2 OPERATIONAL AREA (OA) LEVEL

As the onset of a disaster is at the local level, it is imperative that shelter plans at the local level include procedures and protocols for meeting the needs of PAFN before, during and after a disaster. The following is a brief summary of the primary care and sheltering roles and responsibilities in the Sacramento OA that relate to PAFN operations:

- SOES is responsible for activating the OA EOC once county officials have directed its operation.
- County DHA is responsible for staffing the Care and Shelter Branch.
- County DHHS is responsible for staffing its operations in the Health / Medical Branch.
- DHA along with ARC determine which shelter(s) will be opened and operated by the County, and will deploy their shelter teams to establish and set up the shelter(s).
- DHA will contact DHHS when shelter managers (County or ARC) indicate a need for a FAST.
- DHHS will provide, at the request from the Care and Shelter Branch, a FAST Team
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leader to visit the shelter so it can be assessed for what kind of FAST membership is needed and the number of PAs that are required.

- The FAST Team Leader works in collaboration with the shelter manager.
- The FAST Team Leader works with DHHS in the Health / Medical Branch to find staffing for the FAST and the PAs needed for each site.
- The FAST Team Leader manages activities of FAST and PAs at the shelter.
- DHHS and the Care and Shelter Branch continue to collaborate through the event with shelter management to ensure needs are being met.
- DHHS and the Care and Shelter Branch may decide to move FAST to whichever shelter is in most need.

The Care and Shelter Branch Coordinator is responsible for requesting outside support, through mutual aid, for needs of FAST operations that cannot be met in the OA. This is done through the OA EOC, to the REOC, and may require the OA EOC Director’s approval. The FAST Team Leader may request the demobilization of the FAST based on needs in the assigned shelter. DHHS, the Care and Shelter Branch, and shelter management will collaborate on both the demobilization and/or the reassignment of FAST. Additionally, DHHS is responsible for the critical incident stress management for FAST members.

4.3 REGIONAL LEVEL

Requests for use of resources related to PAFN sheltering needs will be forwarded from the REOC to the State Operations Center (SOC) Mass Care and Shelter (MCS) Coordinator. Certain requests for additional resources outside of those available to CDSS and other state agencies may be forwarded to the SOC Manager.

4.4 STATE LEVEL

CDSS will coordinate with other state agencies and nongovernmental agencies to provide assistance in shelters for PAFN when the OA EOC requests this assistance. Each state agency will provide valuable expertise in their area of responsibility at the shelters in collaboration with the Shelter Managers and the OA FAST Leaders. The CDSS also designates an Agency Representative to be assigned to the SOC.

There are other State agencies that may play a role in supporting local efforts for mass care and shelter needs for PAFN. These are summarized in the following chart:

<table>
<thead>
<tr>
<th>STATE AGENCY</th>
<th>EMERGENCY ROLE</th>
<th>EMERGENCY RESPONSIBILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Department of Social Services (CDSS)</td>
<td>CDSS serves as the coordination and communication link between State and Federal disaster care and shelter response system.</td>
<td>Activate the CDSS Department Operations Center (DOC) for response operations. DOC Manager appoints staff necessary to activate the State PAFN Shelter Annex.</td>
</tr>
<tr>
<td>STATE AGENCY</td>
<td>EMERGENCY ROLE</td>
<td>EMERGENCY RESPONSIBILITIES</td>
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| Department of Rehabilitation (DOR) | DOR supports OES, CDSS, and any other department requesting assistance. | DOC manager appoints a CDSS Liaison to respond to requests for PAFN resources from OES. Provide technical assistance and referrals to agencies/departments for assuring that disaster response information is available for PAFN. Compile and maintain lists of:  
  - officials or vendors who can provide durable medical equipment.  
  - contact information for assistance from Independent Living Centers (ILC), including after hours contact numbers.  
  - Interpreters with sign language abilities for people with hearing impairments.  
  - Interpreters who are proficient in languages other than English.  
  - Assist with identifying resources for the relocation of PAFN. |
<p>| Department of Developmental Services (DDS) | DDS provides expertise in assisting CDSS in identifying the shelter needs of PAFN during emergencies and will coordinate with other state and non-governmental agencies to ensure safe and secure sheltering to people with developmental disabilities. DDS is also responsible for administering the Lanterman Developmental Disabilities Services Act and the Early Intervention Services Act. | Coordinate and provide services and support to enable PAFN to lead more independent, productive and integrated lives. Deliver appropriate services to infants and toddlers at risk of having developmental disabilities and their families. |
| State Independent Living Council (SILC) | SILC sets the policy and monitors the implementation of the state’s network of Independent Living Centers (ILCs) in coordination | Coordinate with agencies and councils at the state and federal levels to activate the assistance of disability and aging-focused |</p>
<table>
<thead>
<tr>
<th>STATE AGENCY</th>
<th>EMERGENCY ROLE</th>
<th>EMERGENCY RESPONSIBILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Department of Aging (CDA)</td>
<td>CDA provides expertise in appropriate sheltering needs during emergencies and will coordinate with other state and non-governmental agencies to ensure safe and secure sheltering of seniors and PAFN. During disasters CDA will assist with coordination of their 33 community CDA Centers (Area Agencies on Aging).</td>
<td>Ensure appropriate services and support are provided for seniors at shelters. Ensure appropriate dietary needs of seniors are provided when possible.</td>
</tr>
<tr>
<td>Department of Alcohol and Drug Programs (ADP)</td>
<td>ADP provides expertise in appropriate sheltering needs/requirements for people with alcohol and drug dependency issues. They facilitate services, working with counties and drug treatment providers.</td>
<td>Provide Alcohol and Drug Counselors and practitioners. Offer drug treatment providers.</td>
</tr>
<tr>
<td>Department of Mental Health (DMH)</td>
<td>DMH coordinates with counties and private agencies to assist in getting mental health professionals.</td>
<td>Provides mental health workers to: Coordinate with the Operational Area Disaster Mental Health Coalition to identify qualified individuals who could be deployed to assist CDSS in shelter operations. Work with their own DMH Long Term Care Services Division, which administers the State Hospitals. <em>(This source of staffing is only provided if it does not jeopardize the hospital operations.)</em></td>
</tr>
<tr>
<td>Emergency Medical Services Authority (EMSA)</td>
<td>EMSA works with CDSS to determine medical or public health requirements of shelters.</td>
<td>Deploy medical volunteers registered under the California Medical Volunteer (CMV) system to assist with medical and public health issues during emergencies and disasters.</td>
</tr>
<tr>
<td>Department of Public Health (DPH)</td>
<td>Department of Public Health works with CDSS to determine medical or Public Health requirements of shelters.</td>
<td>Provide DPH staff to assist with assessment of medical health needs in shelter operations.</td>
</tr>
<tr>
<td>California Volunteers</td>
<td>The mission of California</td>
<td>Provide assistance in</td>
</tr>
<tr>
<td>STATE AGENCY</td>
<td>EMERGENCY ROLE</td>
<td>EMERGENCY RESPONSIBILITIES</td>
</tr>
<tr>
<td>--------------</td>
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</tr>
<tr>
<td></td>
<td>Volunteers is to increase the number and impact of Californians engaged in service and volunteerism. California Volunteers was established as the lead state agency to “ensure the coordination of volunteer activities related to disaster.”</td>
<td>coordination with non-profit organizations who may be able to assist with mass care and shelter of PAFN.</td>
</tr>
</tbody>
</table>

4.5 **FEDERAL LEVEL**

At the Federal level the Department of Homeland Security/Federal Emergency Management Agency (DHS/FEMA) serves as the main Federal government contact during emergencies, major disasters and national-security emergencies. When the State has exhausted all resources needed for care and shelter in a catastrophic event, Cal EMA will request assistance from DHS/FEMA.

4.6 **AMERICAN RED CROSS (ARC)**

The ARC provides emergency mass care in coordination with government, public and private agencies. It receives its authority from a congressional charter. In a catastrophic event, the ARC may coordinate disaster relief activities with:

- Private organizations, such as The Salvation Army
- National and local Volunteer Organizations Active in Disaster (VOAD)
- Independent Living Centers (ILC)
- Non-Government Organizations (NGO)
- Community Based Organizations (CBO)
- Faith Based Organizations (FBO)
ATTACHMENTS

Attachment 1  Source of Operational Area Fast Membership
Attachment 2  Suggested Training Curriculum for Operational Area Fast Team Leaders
Attachment 3  Fast Deployment Checklist
Attachment 4  Fast Checklist
Attachment 5  Fast Leader Checklist
Attachment 6  Personal Assistant (PA) Checklist
Attachment 7  Functional Assessment Flowchart
Attachment 1: SOURCE OF OPERATIONAL AREA FAST MEMBERSHIP

FAST members consist of government employees, non-governmental agencies/organizations such as Community Based Organizations (CBO), Non-governmental Organizations (NGO), and Faith Based Organizations (FBO) personnel who have completed FAST training, and have at least two years experience and in-depth knowledge of populations they serve, their cultures, & service networks. This is not an inclusive list.

<table>
<thead>
<tr>
<th>NEEDS</th>
<th>ORGANIZATION SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aging (services/support, includes dietary needs)*</td>
<td>Department of Health and Human Services (DHHS) and Department of Human Assistance (DHA) - Senior Services Programs, Retired Senior Volunteer Programs (RSVP), Meals on Wheels Program, Area Agencies on Aging. American Red Cross, California Department of Social Services (CDSS) and California Department of Aging (CDA) as state resources.</td>
</tr>
<tr>
<td>Chronic Health Conditions Needs*</td>
<td>Department of Health and Human Services (DHHS) – Public Health Division, Emergency Medical Services Authority (EMSA), American Red Cross, California Department of Social Services (CDSS) and Department of Public Health as state resources.</td>
</tr>
<tr>
<td>Mental Health Disabilities *</td>
<td>Department of Health and Human Services (DHHS) - Behavioral Health Services Division, Alta Regional Center, American Red Cross (ARC), Alzheimer’s Association, and Department of Mental Health (DMH) as a state resource.</td>
</tr>
<tr>
<td>Developmental and Other Cognitive Disabilities* (i.e. Traumatic Brain Injury (TBI))</td>
<td>Department of Health and Human Services (DHHS) - Behavioral Health Services Division, Alta Regional Center, Alzheimer’s Association, Area Agencies on Aging, Easter Seals, American Red Cross, and Department of Mental Health (DMH) and Department of Developmental Services (DDS) as state resources.</td>
</tr>
<tr>
<td>Deaf/Hearing Limitations</td>
<td>Deaf and Hard of Hearing Service Center, Deaf Counseling Advocacy and Referral Agency, NorCal Services for Deaf and Hard of Hearing, Department of Health and Human Services (DHHS), American Red Cross, and Department of Developmental Services (DDS) as a state resource.</td>
</tr>
<tr>
<td>Blind/Sight Limitations</td>
<td>Sacramento Society for the Blind, California Council for the Blind, American Red Cross, Department of Health and Human Services (DHHS), and Department of Developmental Services (DDS) as a state resource.</td>
</tr>
<tr>
<td>Substance Abuse Issues*</td>
<td>Department of Health and Human Services (DHHS), Department of Human Assistance (DHA), American Red Cross, and Department of Alcohol &amp; Drug Programs (ADP), Department of Public Health (DPH), and Department of Rehabilitation (DOR) as state resources.</td>
</tr>
<tr>
<td>Physical Disabilities*</td>
<td>Physical Rehabilitation Organizations and Businesses, Alta Regional Center, Department of Health and Human Services (DHHS), Department of Human Assistance (DHA), American Red Cross, and Department of Public Health (DPH), and Department of Rehabilitation (DOR) as state resources.</td>
</tr>
</tbody>
</table>
### Attachment 2: SUGGESTED TRAINING CURRICULUM

<table>
<thead>
<tr>
<th>TRAINING TOPICS &amp; SUBJECT AREA</th>
<th>SUBJECTS COVERED</th>
<th>LEARNING OBJECTIVES</th>
<th>MATERIALS NEEDED</th>
<th>DELIVERY METHOD</th>
<th>PROVIDER</th>
<th>TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Red Cross Shelter Operations/Shelter Management</td>
<td>Shelter Operations; Shelter Simulation; Shelter Management</td>
<td>Learn Shelter Operations; Reality of Shelter Life; Disaster Response</td>
<td>ARC Training/Handbook</td>
<td>Classroom; On-Line;</td>
<td>American Red Cross (ARC)</td>
<td></td>
</tr>
<tr>
<td>Required Training</td>
<td>FAST Training; ICS-100; ICS-200; and ICS-700</td>
<td>Understanding of FAST roles and responsibilities; understanding of Incident Command and Response methodologies</td>
<td>FAST training handbook; on-line or classroom training material for ICS</td>
<td>Classroom and/or on-line</td>
<td>CDSS, Local government, ARC, on-line (FEMA)</td>
<td>Various</td>
</tr>
<tr>
<td>Shelter Initial Intake Forms (SIIT)</td>
<td>Utilize ARC assessment forms to determine the type of support needed to maintain functional independence in the shelter; Determine and maintain functional needs (Medications, equipment, essential supplies), communication needs (deaf/hearing limitations, blind/sight limitation, language limitations), and/or supervision needs (Physical, Mental, Drug and Alcohol issues).</td>
<td>ARC Assessment Forms; PAFN Assessment Flowchart; PAFN Demographics; ARC Toolkit Manual; FAST Assessment Procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional Needs Tracking/Inventory System;</td>
<td>Activate process for procuring Durable Medical equipment (DME), Consumable Medical Supplies (CME) and other materials needed to support FAST and PAFNs. Complete/maintain a tracking system for: DME; CMS; Locking Cabinet for Medications; etc.</td>
<td>Develop Tracking/Inventory Form; Locking Medical Cabinet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment 3: FAST DEPLOYMENT CHECKLIST

☐ Request for FAST is received by OA EOC or Care and Shelter Branch Coordinator from shelter manager(s).

☐ Request passed from the Care and Shelter Branch Coordinator to the Health/Medical Branch, if activated, or the Logistics Section, Personnel Branch Coordinator.

☐ Personnel Branch Coordinator, Logistics Section, if Health/Medical Branch is not activated, will call up the staffing through DHHS and direct them to report to specific shelter locations. FAST Leader and deployed members check in with the Shelter Manager.

☐ FAST Leader determines potential size of PAFN support within the shelter and determines FAST positions necessary using Scalability Data from this document.

☐ FAST Leader contacts (or works with) the Care and Shelter Branch Coordinator and DHHS to get additional FAST members. Requests are passed from the Care and Shelter Branch Coordinator to DHHS or to the Logistics Section Personnel Branch Coordinator (to work with DHHS) for additional FAST staffing.

☐ Logistics Personnel Branch Coordinator at the EOC, in the absence of the Health/Medical Branch Coordinator, asks DHHS to notify and deploy other available FAST members and to develop a FAST deployment schedule.

☐ DHHS will respond to positive notifications received from FAST members with the following deployment information:
  - Date and Time
  - Shelter Address (include appropriate routing directions to ensure team safety)
  - Length of deployment and logistics support as needed (lodging, travel, etc.)
  - Reporting contacts upon arrival (i.e. Shelter Manager/FAST Leader)

☐ FAST Leader will develop plans to add, transfer, or eliminate FAST staff positions as conditions change and notify the DHHS of the changes. This will include assigning qualified FAST staff to act as PAs until additional PA support arrives at the shelter. DHHS will inform the Care and Shelter Branch, Health/Medical Branch, or Logistics of any changes.

☐ DHHS will work with the Health/Medical Branch or Personnel Coordinator in Logistics to develop a second deployment schedule and deploy subsequent FAST staff as necessary in collaboration with the Care and Shelter Branch, including as part of the EOC Action Plan and for OA EOC shift turnovers.
Attachment 4: FAST CHECKLIST

☐ Conduct assessments and evaluations of PAFNs to determine who may have needs that exceed the capabilities of the general population shelter.

☐ Identify and track needs so people can maintain their functional independence.

☐ Assess need for Personal Assistants (PAs), durable medical equipment (DME), consumable medical supplies (CMS), and prescribed medications.

☐ Develop and implement service plans for shelter residents to meet functional needs.

☐ Advise individuals regarding services available, coordinate receipt of services, and maintain contacts and service notes.

☐ Facilitate and provide technical assistance to shelter staff as needed related to resources and shelter resident needs.

☐ Provide ongoing coordination and collaboration with Shelter Management and shelter staff.
Attachment 5: FAST LEADER CHECKLIST

☐ Initiate and maintain contact (or coordination) with Shelter Manager, the OA EOC Care and Shelter Branch, and DHHS.

☐ Determine the accommodations that need to be made within the general population shelter to ensure needs of PAFNs are met.

☐ Establish the PAFN Assessment area and determine the type of support needed. The PAFN areas are:

  o Communication Needs – deaf/hearing limitations, blind/sight limitations, cognitive limitations, speech and language limitations;
  o Maintaining Functional Needs – medications (prescriptions), Durable Medical Equipment (DME), (lost/damaged wheelchairs, canes, walkers, etc.), Consumable Medical Supplies (CMS) (i.e. catheters, oxygen, ostomy supplies, etc.), maintaining body temperature (cooling or heating); and,
  o Supervision Needs – as needed for people with conditions such as dementia, schizophrenia, intense anxiety, etc.; and/or miscellaneous ailments.

  Note: Circumstances within the shelter may warrant setting up specific areas for PAFN accommodations such as a section with wider isles to accommodate wheelchairs and walkers, or an area specific for PAFNs with service animals.

☐ Determine the need for other FAST members: type/number. Additional FAST may be deployed depending on the number and size of shelters that are open. For sheltering of less than 250, the FAST Leader will define what type of support is needed in collaboration with shelter management. As a minimum use the following standard for FAST and PA assignments:

<table>
<thead>
<tr>
<th>Number of Shelter Occupants</th>
<th>FAST Deployment</th>
<th>PA Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>For every 250*</td>
<td>One (1) FAST Leader &amp; One (1) FAST member</td>
<td>1 Personal Assistant per 5 PAFN defined as requiring assistance</td>
</tr>
</tbody>
</table>

*May be less in smaller incidents when most of the evacuees are PAFN.

☐ Communicate and coordinate with the Care and Shelter Branch in the EOC and DHHS to initiate the deployment of FAST and Personal Assistant (PA) staff using the shelter size and scalability criteria shown above. If the EOC is not operational yet, contact the EOC Director to initiate support.

☐ Ensure that FAST and PA staff complete all appropriate documents and log their activities.
Assign the following tasks to FAST shelter staff:

- Work with shelter staff to post appropriate signs/posters that ensure adequate communication and directions with inclusion of PAFN.
- Work with shelter staff to ensure procedures for service animals are maintained.
- Assist with compliance of non-service animal shelter policies/procedures.
- Maintain a tracking/documentation system of inventory and the distribution of PAFN Consumable Medical Supplies (CMS), Durable Medical Equipment (DME) and medications. Use appropriate procedures to ensure that adequate resources (medications, DME/CMS) are ordered and available. This includes the requirement of a locking cabinet for medications.

Assign FAST staff to the shelter intake area to use the ARC Initial Intake and Assessment Tool as a guide for the PAFN assessment and referral to the appropriate accommodation such as:

- General population shelter with reasonable accommodations for People with Access and Functional Needs (PAFN).
- Alternate facility such as a medical facility or hospital (individuals who have medical and/or functional needs beyond the capability of the general shelter).
- Initiate and maintain a tracking system for PAFNs receiving assistance.
- Assign PA staff to PAFNs using the shelter scalability criteria.
- Maintain communication with FAST and PA staff to address challenges, problems, etc.
- Rotate to and from other shelter facilities as necessary.

Coordinate the feeding schedule and the procedures for sanitation and bio-waste removal with the Shelter Manager and/or shelter staff assigned to those tasks.

Monitor and document:

- Intake.
- Assessment.
- Periodic reassessment of PAFN in the shelter.

Activate the transfer procedure for individuals who are unable to be supported and/or maintained within the general population shelter.

Maintain communication with Shelter Manager, DHHS and/or the Care and Shelter Branch in the OA EOC regarding any potential shelter changes (i.e. shelter closure, shelter population increase/decrease, additional shelter opening, etc.).

Work with the Shelter Manager to Conduct the following procedure/protocol for closing the shelter:

- Disseminate appropriate notification to close shelter operations.
- Provide information on continuing available resource(s) for individuals dependent on medical, physical, or mental assistance.
- Coordinate the transitioning of the PAFN population from the shelter environment to a long-term residence; temporary/interim housing, assisted living, nursing homes or other arrangements appropriate to assist with their condition.
- Notify the EOC Care and Shelter Branch and DHHS regarding canceling existing and future FAST and PA deployments.
- Conduct closing inspection and walk-thru of shelter area used for assessment operations.
- Coordinate with Shelter Manager to ensure all de-activation procedures are completed.
Attachment 6: PERSONAL ASSISTANT (PA) CHECKLIST

Personal Assistant (PA) staff/volunteers will assist people with access and functional needs (PAFN) as well as the elderly with non-medical services to allow individuals to remain in shelters. Following are duties that may be performed.

The following duties will be provided when requested by the FAST for sheltered PAFN evacuees:

☐ Feeding.

☐ Dressing.

☐ Assisting with restroom needs which may include bowel, bladder and menstrual care.

☐ Bathing.

☐ Ensuring medication needs are met.

☐ Lifting and transferring.

☐ Communicating with shelter staff.

☐ Completing forms.

☐ Other duties as required.
Attachment 7: FUNCTIONAL ASSESSMENT FLOWCHART

SHELTER OPENS
Disaster Victims Arrive

Registration and Rapid Assessment Completed by Shelter Staff

FACT

Functional Assessment Completed by FACT

Medical Condition

Additional Support Needed

No Additional Support Needed

Additional Support to Meet Essential Needs

Transport to More Appropriate Facility

Superior Needs
DMH/CMRSFA

Maintaining Functional Needs
DMH/CMRSFA

Communication Needs
DMH/CMRSFA

General Population Shelter