Disclaimer: This Mass Evacuation Process Guide (MEPG) is advisory. It is meant to assist in evacuation planning, but it is not meant to fulfill all legal requirements or duties. Nothing in this document alters or impedes the ability of Federal, State, or local chief executives, their government agencies, or their internal organizations to carry out their specific authorities or perform their responsibilities under all applicable laws, executive orders, and directives. This guide is not intended to alter the existing authorities of individual municipal or county agencies and does not convey new authorities upon any local, State, or Federal official.
I. RECORD OF CHANGES

Changes to this Mass Evacuation Process Guide (Guide) should be recorded in the following record of changes table. A copy of each Guide should be kept as reference.

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II. EXECUTIVE SUMMARY

The Mass Evacuation Process Guide (MEPG) is intended to serve as a resource for jurisdictional planning efforts and presents an all-hazards approach for conducting mass evacuations in the Los Angeles Operational Area (LAOA) and beyond. This Guide outlines strategies, procedures, recommendations, and organizational structures that may be used when developing inter-jurisdictional mass evacuation plans and/or implementing a coordinated evacuation effort within the Los Angeles and surrounding operational areas.

The accompanying Mass Evacuation Annex Template is a tool for city and county agencies to use when developing the mass evacuation functional annex supporting their emergency operations plan (EOP). When used in conjunction with the LAOA Reception Processing Guidance and the Mass Care Guidance documents, emergency planners will have a comprehensive and coordinated series of planning processes covering the response spectrum from evacuation though reception, including care and sheltering operations.

This document serves as the first revision to the original MEPG released in July 2009. It now incorporates identified areas for improvement noted during workshops, tabletop exercises, and lessons learned during the implementation of the annex by assisting cities while developing their jurisdictional evacuation plans. The MEPG provides guidance on the following critical processes and systems:

- It identifies functional roles and responsibilities cities can use to adapt to their own specific jurisdictional organization to manage evacuations.
- It provides recommendations to resolve confusion in official evacuation orders.
- It identifies the use of the National Incident Management System Joint Information System concept by establishing Joint Information Centers to manage crisis communications both internally and to the public.
- It presents the concept of establishing evacuation centers to use as temporary safe zones for evacuees as they transition to shelters or reception centers.
- It presents an overview of transportation planning, providing jurisdictions with guidance for establishing flexible traffic plans, identifying support resources, and addressing significant issues in coordinating transportation elements during mass evacuation.
- It incorporates the unique planning elements for people with disabilities and others with access and functional needs throughout all the mission tasks of an evacuation.
It incorporates unique planning elements for service animals and household pets, including large animals.

It provides recommendations regarding the unique planning elements in the evacuation of medical, health, and mental health facilities, including hospitals, skilled nursing facilities, and institutional facilities.

It guides jurisdictions in their evacuation planning to include those people who live at home but who use daily outpatient services (i.e., dialysis patients) and those who are severely ill and require home healthcare or are on life-support systems.

It emphasizes a ‘whole-of-community’ approach to evacuation planning and provides recommendations for incorporating community-based organizations and private-sector partnerships in the evacuation process.

This revision to the MEPG has been accomplished through significant participation and coordination with emergency management agencies, numerous public-safety organizations, and governmental and nongovernmental organizations that play key roles in ensuring that an evacuation is effective, efficient, and safe.
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I. INTRODUCTION

The Los Angeles Operational Area (LAOA) is a densely populated and complex region. This complexity is based in part on its rich multicultural and diverse population of more than 10 million people, a terrain of approximately 4,800 square miles, and multiple government jurisdictions, including 88 individual cities.

This Mass Evacuation Process Guide (Guide) is intended to serve as a resource for jurisdictional planning efforts in the event of a catastrophic incident or event in the LAOA. Its focus is on providing a standardized and comprehensive approach to mass evacuations both within the LAOA and from the LAOA to other operational areas, parts of California, and other states. In addition to its use by LAOA emergency planners, this Guide can also be used by school districts, ports, airports, and other special jurisdictional districts.

Though the LAOA faces a wide range of natural and human-induced threats that could result in a catastrophic event, a current hazard analysis does not reveal the necessity for a plan to evacuate the entire LAOA or even a majority of its residents. However, given the potential threat of a catastrophic event, it is expected that large areas or segments of the LAOA may need to be successfully evacuated and/or relocated.

The processes addressed in this Guide will:
1. Serve as a reference for pre- and post-incident or event planning and direction
2. Address evacuation management
3. Address people with disabilities and others with access and functional needs
4. Address communications
5. Address cooperation with private and nongovernmental organizations (NGOs)
6. Address the importance of evacuation planning as a key element of emergency management

The elevated importance of evacuation planning may be attributed to the acknowledgement of the devastation caused by natural and/or human-induced disasters. Accordingly, there is an increasing recognition across the United States of the need for formal plans for evacuating communities. A 2005

conference report to the U.S. House of Representatives regarding the U.S. Department of Homeland Security Appropriations Act stated: “It is imperative all States and Urban Area Security Initiative grantees ensure there are sufficient resources devoted to putting in place plans for the complete evacuation of residents, including [people with disabilities and others with access and functional needs] ... in hospitals and nursing homes, or residents [including at-risk individuals] without access to transportation, in advance of and after such an event, as well as plans for sustenance of evacuees.” 3, 4

Evacuation is a process by which people are moved from a place where there is immediate or anticipated danger to a place of safety with appropriate temporary shelter facilities. Once the threat to safety is mitigated, these same people may return to their normal activities or make suitable alternative arrangements. Mass evacuation entails moving a very large number of people beyond their home jurisdictions into another jurisdiction and requires a robust, multijurisdictional effort that necessitates coordination between many disciplines, agencies, and organizations. Though these agencies and organizations play key roles in ensuring that an evacuation is effective, efficient, and safe, evacuation is only one element of the larger disaster and incident response effort.

A. Purpose
This Guide describes the overall process of conducting mass evacuations in the LAOA. It outlines critical policy, coordination, planning, and logistical issues and processes and provides decision support tools. This Guide is designed to assist decision makers, coordinators, and planners in defining and implementing an evacuation process by developing specific mass evacuation plans and procedures in accordance with applicable hazard and local conditions.

B. Methodology
This Guide is a deliverable of the Los Angeles and Long Beach Regional Catastrophic Planning Grant Program (RCPGP)-funded Los Angeles Critical Incident Planning and Training Alliance (Alliance). The Alliance is a multijurisdictional, multi-agency, and multidisciplinary partnership within the County of Los Angeles. The purpose of the Alliance is to facilitate strategic regional catastrophic disaster planning among all disciplines and jurisdictions within the greater Los Angeles area. The Alliance worked with RCPGP-funded and non-funded jurisdictions throughout the LAOA and the California State Emergency Management Agency (Cal EMA). Contributing agencies and organizations to this Guide include:

4 "Access and functional needs” and “at-risk individuals” are terms referenced in the 2009 State of California Emergency Plan, Section 7.4.2 (Populations with Access and Functional Needs) and Section 7.4.3 (At-risk Individuals) and are synonymous with "people with special needs."
1. **County of Los Angeles**
   a. Los Angeles County Department of Animal Care and Control (LACDACC)
   b. Los Angeles County Department of Children and Family Services (LACDCFS)
   c. Los Angeles County Department of Mental Health (DMH)
   d. Los Angeles County Department of Public Health (DPH)
   e. Los Angeles County Department of Public Social Services (DPSS)
   f. Los Angeles County Emergency Medical Services (EMS) Agency
   g. Los Angeles County Fire Department (LACoFD)
   h. Los Angeles County Office of Education
   i. Los Angeles County Office of Emergency Management (OEM)
   j. Los Angeles County Sheriff’s Department (LASD)
   k. Community and Senior Services (Area Agency on Aging)

2. **City of Los Angeles**
   a. Los Angeles Department of Aging (Area Agency on Aging)
   b. Los Angeles Animal Services
   c. Los Angeles Department on Disability
   d. Los Angeles Department of Transportation (LADOT)
   e. Los Angeles Emergency Management Department (EMD)
   f. Los Angeles Fire Department (LAFD)
   g. Los Angeles Housing Department (LAHD)
   h. Los Angeles Police Department (LAPD)
   i. Los Angeles Port Police

3. **Los Angeles County Metropolitan Transportation Authority (MTA)**

4. **Los Angeles Disaster Management Area Coordinators (DMACs)**

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5 The Los Angeles County Metropolitan Transportation Authority (MTA) is not an agency of Los Angeles County. It is a special district created by legislative act. Accordingly, it is not classified with the other agencies of Los Angeles County.
5. American Red Cross
6. California Department of Developmental Services
7. California Department of Transportation (Caltrans)
8. California Highway Patrol (CHP)
9. California Association of Health Facilities (CAHF)
10. Personal Assistance Services Council (PASC)

In addition, existing Federal evacuation guidelines have been researched to identify evacuation best practices and frameworks. The following guidance documents were used in developing this Guide:


- DHS, FEMA, National Preparedness Directorate and Grant Programs Directorate, Technical Assistance Program Evacuation Planning

**C. Situation and Assumptions**

1. Situation
   a. This Guide is applicable to hazards that may require a mass evacuation. These hazards may occur by themselves or as a result of a larger event, such as an earthquake. Hazards that may require a mass evacuation include:
      i. Conflagration (i.e., wildfires or urban fires)
      ii. Tsunami
      iii. Dam failure
      iv. Flood
      v. Landslide or debris flow
      vi. Hazardous material (HazMat) release
      vii. Attack using or potentially using chemical, biological, radiological, nuclear, or explosive agents

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b. This Guide is focused on events that overwhelm evacuation capabilities, including personnel and resources; where a significant portion of the population will be dependent on government transportation resources; and a transportation function or branch will need to be activated to support the evacuation.

c. In neighborhoods or facilities with a high concentration of people with disabilities and others with access and functional needs, sufficient, timely and accessible transportation will be a high priority.

d. Mass evacuations, like other emergency operations in California, occur within the context and under the authority of mandated plans and response systems that describe response coordination within multiple levels of government response. The Standardized Emergency Management System (SEMS) describes these levels, which are reflected in State and local emergency plans and procedures. In addition, a mass evacuation requires particular attention to the coordination at each level between evacuating jurisdictions, which determine the need to activate the process and evacuate affected populations; receiving jurisdictions, which will receive and care for evacuees; and assisting jurisdictions, which provide resources, including the use of jurisdictional roads and highways for evacuees to reach reception processing sites (RPSs).

2. Assumptions

The following assumptions were established during the development of this Guide:

a. All responses will be made in accordance with SEMS guidelines, which have been integrated with the National Incident Management System (NIMS).

b. All evacuation plans should be coordinated with the local emergency plan, the California State Emergency Plan (SEP), and the National Response Framework (NRF).

c. The decision to evacuate or shelter-in-place will normally be made at the incident command field level (SEMS field level) in accordance with existing plans and protocols.

d. Outbreaks of disease among the public will not normally result in mass evacuation but may require shelter-in-place
plans. If an evacuation must take place during a time of pandemic, all precautions should be taken to prevent the spread of disease.

b. Due to ancillary risks, evacuation is a solution of last resort. Segmented evacuation is much more likely than mass evacuation. Sheltering-in-place will be the most appropriate protective action for many incident scenarios. (See Section IV: Evacuation of Medical, Health, and Mental Health Facilities for examples.)

c. Some incidents (e.g., radiological or nuclear incidents) may require the affected population to shelter in place followed by an immediate coordinated mass evacuation once movement is possible.

d. After a no-notice incident, movement on foot may be the first and only choice for many evacuees.

e. Transportation resources used in an evacuation may differ depending on the situation and resource availability. Evacuation resources could include charter buses, school buses, paratransit, other transit resources, railways, maritime resources, and aircraft.

f. Availability of transportation resources will depend on:
   i. The nature and scope of the incident
   ii. The time of day and day of the week during which the incident takes place
   iii. If and where the transportation network sustained damage during the incident
   iv. The proximity of the affected area to the location of various transportation resources
   v. Whether people need to be evacuated over long distances

g. In many incidents that force evacuation and sheltering, local transportation infrastructure support resources will be committed, and additional help will be needed from neighboring jurisdictions. This additional assistance should be requested through the County Emergency Operations Center (CEOC).
h. The CEOC will be activated for an incident severe enough to create a large-scale evacuation. Consistent with the LAOA Emergency Response Plan (ERP), the CEOC will manage and coordinate with local governments to support LAOA response efforts.

i. The duration and scope of local, State, and Federal involvement will be proportional to the situation’s severity and the assistance required to protect and assist the affected population.

j. More than 30 percent\(^8\) of those seeking transportation to mass care facilities and/or seeking shelter will be people with disabilities or others with access and functional needs.\(^9\) Planners should consult FEMA’s website (http://www.fema.gov/plan/prepare/specialplans.shtm) for an overview of who might comprise those populations.

k. Prisons and institutional facilities are required to manage the evacuation of their resident populations in coordination with, but separately from, general community evacuations.\(^10\)

l. Homeless populations will not respond to evacuation messages in the same manner as the general population.

m. Evacuees will seek to bring their pets with them, and many will ignore evacuation orders if forced to leave their pets or livestock behind. As a result, special planning must be conducted to accommodate animal transport and sheltering.

n. Service animals are not household pets and must remain with the person to whom they are assigned. Transportation providers should transport service animals with their owners.

o. People requiring durable medical equipment (DME)\(^11\) will need to remain with this equipment during transport. People

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\(^8\) The planning assumption of 30 percent refers to those with existing access and functional needs before an incident. That number will significantly increase after an incident due to the incident’s impacts.

\(^9\) The U.S. Census Bureau estimates that there were more than 36 million people in California in 2008. In August 2008, the Governor’s Office of Emergency Services, Office for Access and Functional Needs estimated that by 2010, there would be more than 11 million people with access and functional needs. See Guidance on Planning and Responding to the Needs of People with Disabilities and Older Adults (2008) available from: http://tinyurl.com/governorofficeafnplanguide.


\(^11\) Medicaid DME definitions may be found here: http://www.nls.org/conf2005/MA%20DME%20definitions.htm
requiring DME will need planning considerations to accommodate transportation of such equipment when possible.

p. Visitors will likely be unfamiliar with routes and landmark facilities named in evacuation messages.

q. In cities where intelligent transportation system (ITS) assets are well developed, traffic management personnel will have some of the best information and broadest overview of the traffic and pedestrian flow.

r. Following an incident, a number of businesses are likely to donate large quantities of products and supplies. These products and supplies will be managed and distributed in the LAOA based on the greatest need and accessibility. In addition, businesses will be instrumental in restoring infrastructure and facilitating economic recovery in Los Angeles County.

s. Evacuations forced by terrorist threat or attack will require more extensive security resources to ensure public safety, including protocols for sweeping transit equipment and escorts for secondary devices.
II. ROLES AND RESPONSIBILITIES IN EVACUATION

The roles and responsibilities of local, county, State, and Federal governments in an evacuation effort are summarized in the following sections. Refer to the Operational Area Emergency Response Plan (OAERP) for additional information related to LAOA emergency management operations.

A. County or LAOA

1. In addition to being the local emergency operations center for the unincorporated areas of the County, the CEOC carries out the Operational Area (OA) coordination function.

2. The CEOC, in its role as the OA Emergency Operations Center, coordinates among local governments to manage all OA response and initial recovery activities in the County. The organization and structure of the CEOC is described in the OAERP’s and the CEOC’s standard operating procedures (SOPs).

3. The CEOC is also the communication link to the SEMS Regional EOC (REOC).

4. The CEOC will activate at the request of a local EOC and/or when authorized County officials determine that a mass evacuation process or jurisdictional plan has been activated or that such activation is imminent.

5. When the CEOC activates in accordance with SEMS, the REOC, followed by the State operations center (SOC), activates in support of the Operational Area.

6. Given the extensive impact of mass evacuation on OA jurisdictions, CEOC management should consider instituting the local emergency proclamation process. A proclamation of local emergency provides:
   a. Emergency powers
   b. Liability protections
   c. Access to standing local mutual-aid agreements (MAAs)
   d. Support for requesting a state of emergency proclamation from the Governor that which will activate the statewide master MAA
   e. Support for applying for recovery assistance under the California Disaster Assistance Act

11. The OA Law Enforcement Coordinator (Los Angeles Sheriff or designee) is responsible for coordinating evacuations on a countywide basis. He or she will request resources from the Transportation branch, which is responsible for coordinating
transportation resources and operations on a countywide basis. This coordination will be accomplished in the CEOC through the involved city EOC’s activated department operations centers (DOCs).

12. Specific County roles and responsibilities are described in the OAERP and CEOC SOPs.

13. Each incorporated jurisdiction is responsible for developing an evacuation plan or annex as part of its Emergency Operations Plan (EOP).

14. The decision to order a mass evacuation will normally be made by the incident commander at the field level based on situational reports and the criteria outlined in this Guide.

15. A unified command (UC) from the evacuating, receiving, and assisting jurisdictions should be established. The UC should communicate with its local EOC in accordance with local emergency plans and procedures. The local EOCs will ensure proper resource support and policy direction to support the mass evacuation process.

16. The UC public information officer (PIO) must coordinate all media and information releases with the local EOC’s PIO.

17. Mass evacuation may cover an extensive geographic area or multiple areas. Accordingly, the creation of an inter-jurisdictional Area Command (AC) should receive early consideration. Participating agencies must ensure that they are in communication with their respective EOCs in accordance with local emergency plans and procedures. Local EOCs should ensure proper coordination between local agencies and jurisdictions, particularly for obtaining and deploying non-public safety mutual aid.

a. In evacuating jurisdiction(s), upon notification or determination that the mass evacuation process or a jurisdictional mass evacuation plan has been activated or that activation is imminent, local governments should activate their EOC(s) to ensure jurisdiction-wide coordination and support for:

i. Field-level response

ii. Alert and warning that is specific to evacuation

iii. Crises communication that is specific to evacuation

iv. Continuity of operations (COOP) and continuity of government (COG)
v. Inter-jurisdictional coordination among the OA and receiving and assisting jurisdictions

b. Receiving jurisdiction(s) should activate their EOC(s) to ensure that jurisdiction-wide coordination and support is given to:
   i. Assessing and maintaining continuity of evacuation routes across jurisdictional boundaries
   ii. Establishing traffic control points
   iii. Identifying and controlling pedestrian and vehicular evacuation routes
   iv. Identifying and controlling the transportation routes for goods and services
   v. Establishing transfer points and RPSs
   vi. Identifying and transporting people with disabilities and others with access and functional needs
   vii. Identifying and transporting pets
   viii. Tracking activated and on-alert transportation resources
   ix. Ensuring inter-jurisdictional coordination with the OA and assisting jurisdictions

c. Receiving jurisdictional agencies should provide agency representation to the evacuating jurisdiction’s incident command (IC), UC, or an inter-jurisdictional AC, as appropriate, to ensure:
   i. The proper identification of evacuation routes into the receiving jurisdiction
   ii. The identification of the number and nature of the evacuating population
   iii. The identification of the method and modes of transportation of the evacuees
   iv. The estimated arrival time to RPSs
   v. The coordination of the movement of evacuees from the evacuating jurisdiction through assisting jurisdictions, if applicable, to the receiving jurisdictions
   vi. The coordination of PIOs’ messages
d. Receiving jurisdiction(s) should also establish ICs or UCs to manage:
   i. Traffic flow into the receiving jurisdiction
   ii. The distribution of evacuees to RPSs and/or other appropriate facilities
   iii. Traffic and reception impacts on existing traffic, homes, and/or businesses

e. The responding agencies of the jurisdiction(s) that are receiving evacuees must effectively communicate with their EOCs in accordance with local emergency plans and procedures. The local EOC ensures proper coordination between local agencies and jurisdictions, particularly for obtaining and deploying non-public safety mutual aid.

f. Assisting jurisdiction(s) should activate their EOC(s) to ensure that jurisdiction-wide coordination and support is given to:
   i. Assessing and maintaining continuity of evacuation routes across jurisdictional boundaries
   ii. Establishing traffic control points
   iii. Identifying pedestrian and vehicular evacuation routes
   iv. Identifying transportation routes for goods and services
   v. Establishing transfer points and RPSs
   vi. Identifying and transporting people with disabilities and others with access and functional needs
   vii. Identifying and transporting animals
   viii. Tracking activated and on-alert transportation resources
   ix. Ensuring inter-jurisdictional coordination with the OA and assisting jurisdictions

Assisting jurisdiction(s) should provide agency representation to the evacuating jurisdiction’s IC, UC, or an inter-jurisdictional AC, as appropriate, to:
   i. Coordinate the proper deployment of assisting jurisdiction evacuation resources
ii. Coordinate evacuation routes and identify the number and nature of the evacuating population

iii. Monitor the actual progress of the evacuation and determine the estimated time of arrival of evacuees along assisting jurisdiction–controlled roads and highways

iv. Coordinate providing traffic control and assistance to evacuees while they are traveling within the assisting jurisdiction’s area of responsibility

v. Coordinate the transfer of evacuees between the evacuating and receiving jurisdiction(s)

vi. Coordinate PIOs’ messages

h. The responding agencies of the assisting jurisdiction(s) must effectively communicate with their EOCs in accordance with local emergency plans and procedures. The local EOCs ensure proper coordination between local agencies and jurisdictions. Mass evacuations require extensive multidisciplinary and inter-jurisdictional coordination and support not only within the SEMS field level but also with local and OA EOCs.

B. Local Jurisdiction Agency Responsibilities

Within each of the jurisdictions, certain actions are necessary to ensure success in emergency operations. All agencies should maintain current situational and status updates of their personnel and resource availability and readiness and provide regular reports as required to their EOCs.

1. Transportation agencies should:

   a. Assess disaster impacts on transportation infrastructure

   b. Assess evacuation demands in terms of continuity of evacuation routes and curtail regular transportation service, if necessary and as appropriate

   c. Mobilize personnel and material resources to fulfill transportation service requests and missions, including using freeway service patrols to assist with clearing disabled vehicles from transit corridors

   d. Activate EOPs for vehicle staging, serving Pick-up Points (PUPs), Evacuation Points (EPs), RPSs, and people with disabilities and others with access and functional needs

   e. Prepare EOPs to support mass evacuations
f. Obtain needed transportation resources to support evacuations

2. Public works agencies should:
   a. Erect barriers and provide assistance with alternate traffic routes
   b. Remove waste and debris from evacuation routes and roadways
   c. Administer and monitor emergency contracts
   d. Plot infrastructure maps as related to evacuation routes
   e. Provide damage assessments of evacuation routes
   f. Conduct engineering investigations and structural assessments
   g. Maintain and repair streets, sewer and storm drain systems, bridges, and streetlights
   h. Manage towing company contracts to support the clearing of roadways

3. Fire suppression and rescue agencies should:
   a. Direct all fire suppression and rescue resources at the emergency and transport casualties to definitive care facilities, as required
   b. Provide input in the decision-making process to evacuate
   c. Provide direction regarding safe routes during an evacuation
   d. Provide search-and-rescue capabilities to support evacuations

4. Emergency management agencies should:
   a. Provide liaison and coordination across disciplines supporting evacuation operations, horizontally within the jurisdiction and vertically among levels of government
   b. Manage jurisdictional EOCs
   c. Support alert and notification functions
   d. Support the public information function
   e. Provide overall jurisdictional situation reporting

5. Law enforcement agencies should:
   a. Provide input in the decision-making process to evacuate
b. Mobilize personnel and materiel resources to fulfill the law-enforcement mission in support of evacuation operations

c. Conduct access control to speed the departure of evacuees and expedite the recycling of transportation resources

d. Maintain security in evacuated zones

6. Animal services agencies should:
   a. Coordinate and support the evacuation of household pets and other animals, as necessary
   b. Provide support of rescue efforts in the evacuation of household pets and other animals

7. Public health agencies should:
   a. Assist in identifying environmental health hazards that would affect evacuation or evacuation routes
   b. Monitor environmental health hazards during an evacuation

8. General services agencies should:
   a. Provide fuel for fire and police aircraft, emergency generators, and vehicles to be used in evacuation coordination (police, fire, and proprietary departments manage their own vehicle fleet fueling operations)
   b. Maintain fuel sites for evacuation coordination vehicles (except proprietary departments)
   c. Maintain agreements with outside agencies for the emergency provision of fuel

9. Harbor departments should:
   a. Move or evacuate from harbor-department property or waterfront any vessel or mobile equipment that is in jeopardy from surrounding conditions or that may accelerate the disaster or impede salvage operations
   b. Mobilize maritime transportation resources as demanded for public safety
   c. Be active in port security
   d. Prepare an operational plan for ship anchorage and ship movement to avert collision and disaster
   e. Coordinate operations with jurisdictional Federal agencies, as well as local police, fire, and public works departments
f. Direct harbor department personnel and volunteers from the private industry

10. Information technology agencies should:
   a. Design, implement, provide training for, maintain, and restore voice (radio and telephone) and data (local- and wide-area computer networks) communication systems that support regular and emergency OA operations
   b. Design, implement, provide training for, maintain, and restore automated applications and associated data that support regular and emergency OA operations
   c. Assist emergency management staff responsible for developing and maintaining the EOC information management systems
   d. Operate computer support and EOC information displays
   e. Provide geographic information systems (GIS) service and support

11. Airports should:
   a. Prepare to evacuate the populations at their facilities
   b. Play a significant role in receiving resources and support (as indicated in current catastrophic planning efforts); therefore, their availability for evacuation purposes will be limited
   c. Coordinate with State and Federal entities

C. Regional and State Coordination

1. Upon notification that the CEOC is activated, Cal EMA will activate the REOC and the SOC. Requests for assistance will be forwarded from the CEOC to the REOC or the appropriate regional mutual-aid coordinator in accordance with the SEP and adopted statewide mutual aid plans and procedures. If mass evacuation efforts require movement into bordering OAs, the REOC director will ensure the establishment (within the operations section) of a regional evacuation or movement branch, which will coordinate support for mass evacuations between operational areas. This will include traffic control, reentry, and recovery support on a region-wide basis. The region evacuation or movement branch will include the California Highway Patrol (CHP), the California Department of Transportation (Caltrans), and other agencies, as needed. The leadership and composition of the branch will be consistent with SEP and REOC procedures. It is anticipated that requests for assistance from OAs who are receiving evacuees will follow the
SEP and existing mutual-aid procedures.

2. In a catastrophic incident, multiple field-level commands will occur and require jurisdictions to implement a multi-agency coordination group. Planners should reference Multi-Agency Coordination System (MACS) 410-1 guidance.12

3. Requests for assistance from the region will be forwarded to the SOC from the REOC or the appropriate regional mutual-aid coordinator in accordance with the SEP and adopted statewide mutual-aid plans and procedures. The SOC will coordinate with the other regions to identify statewide priorities and request Federal assistance based on those pre-designated priorities.

4. The State may also request mutual-aid assistance from other states under the provisions of the Emergency Management Assistance Compact (EMAC). EMAC assistance is coordinated directly between the requesting State and responding states, and includes all disciplines. California uses SEMS to generate and respond to EMAC requests for assistance.

D. Federal Responsibility
The overall responsibility for evacuation rests with local government. However, when local capabilities are insufficient for incident response, local government, through the OA, will request assistance from the State. If State resources are insufficient, the Governor will request assistance from the Federal Government. The President of the United States may declare an emergency or major disaster. The Federal response will follow the principles outlined in the NRF and will work in coordination with the local and State response.

E. Community-Based Organizations and Private-Agency Resources
1. American Red Cross
The American Red Cross (Red Cross) was chartered by Congress to be the leading disaster relief organization in the United States. Red Cross is a co-lead for mass care components of Federal Emergency Support Function (ESF) 613 with FEMA to provide food, shelter, emergency first aid, disaster welfare information, and bulk distribution of emergency relief items. The organization serves as a support agency for public health and medical services by providing mental and disaster health services and other support functions. The Red Cross also feeds emergency workers, provides disaster welfare information capability, provides blood and blood products to

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13 ESF 6 at the Federal level includes Mass Care, Emergency Assistance, Housing, and Human Services.
disaster victims, and helps those affected by disaster to access other available resources. The Red Cross will coordinate with the appropriate field and local-level agencies and the Los Angeles CEOC care and shelter branch to provide mass care in support of limited evacuation needs, such as snacks and hydration at RPSs and sheltering.

2. Emergency Network Los Angeles

Emergency Network Los Angeles (ENLA) is the coordinating organization for NGOs, including faith-based organizations (FBOs), and the private sector that provides emergency assistance within the OA. ENLA was organized from the local voluntary organizations active in disasters (VOADs) chapter following the Northridge Earthquake in 1994. In 1997, both Los Angeles County and the City of Los Angeles designated ENLA as their primary point of contact with community based organizations for disaster preparedness and recovery efforts.\(^\text{14}\)

ENLA also works with appropriate field and local-level government agencies, as well as the Los Angeles CEOC care and shelter branch, to provide emergency and recovery assistance to individuals and families.

ENLA supports the 2-1-1 information phone line in coordination with public information and messaging organizations. It also assists agencies in identifying volunteers to serve in roles to support evacuation operations.

3. Public and Private Animal Care

The Humane Society of the United States (HSUS), the Zoological Society, the American Veterinary Medical Association, the Southern California Veterinary Medical Association (SCVMA), and private animal care shelters can provide assistance in animal control operations during an evacuation effort. Support assistance may include providing:

a. Assistance in the recovery and rescue of animals
b. Temporary corrals or trailers for large animals
c. Coordination for providing emergency shelters for animals
d. Protection to residents threatened by animal-related conditions

\(^{14}\) http://enla.org/
e. Safe facilities for animals in need of confinement
f. Continued service for the care and treatment of sick and/or injured animals
g. Mobilized department personnel for response teams, such as the SCVMA, reserve officers, and other volunteers.

4. 2-1-1 (LA County) Information Phone Line

2-1-1 is the national telephone dialing code for free, 24-hour community, health, and disaster information. Like 9-1-1 for emergency service, 2-1-1 has been set aside by the Federal Communications Commission (FCC) for the public to easily access community information. Callers receive personalized information from a live phone specialist who can answer questions about a variety of nonprofit services and agencies. 2-1-1 LA County provides free, confidential services 24 hours a day, 7 days a week in English, Spanish, and more than 140 other languages via a tele-interpreting service. Services are also provided for individuals with hearing impairments. In times of disaster, 2-1-1 can be mobilized as a central point for disseminating public information. Post-disaster, 2-1-1 helps victims secure recovery assistance.

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III. CONCEPT OF OPERATIONS

A. Overview

Events that necessitate a mass evacuation may also require evacuees to move from one jurisdiction to another and, in some cases, to other regions. The OAERP and California SEP state that events requiring the evacuation of the entire population of the LAOA are unlikely. With this in mind, this Guide focuses on the evacuation of large portion of the population or specific geographic areas rather than the whole County.

The varying capabilities of the local jurisdictions within the OA do not permit a definition of mass evacuation based solely on the number of evacuees. Two factors to be considered when assessing the need for mass evacuation are:

1. The ability of the jurisdiction to effect evacuation and sheltering within its jurisdiction using its own resources
2. The need to coordinate evacuation operations, including routes, resources, and sheltering with one or more other jurisdictions

The initiation of the mass evacuation process requires defined trigger points to allow for accurate and rapid decisions on implementing the process.

As with smaller evacuations, a mass evacuation must:

1. Expedite the movement of people from hazardous areas
2. Institute access control measures to prevent unauthorized people from entering vacated or partially vacated areas
3. Provide for evacuation to appropriate PUPs, EPs, and shelters
4. Provide adequate means of transportation for people with disabilities and others with access and functional needs
5. Provide adequate means of transportation for people without vehicles
6. Provide for the procurement, allocation, and use of necessary transportation and law enforcement resources by means of mutual-aid or other prearranged agreements
7. Control evacuation traffic
8. Anticipate and prepare for the needs of individuals with household pets, livestock, and service animals prior to, during, and after a major disaster or emergency
9. Provide initial notification, ongoing information, and reentry communications to the public through the Joint Information Center (JIC)
10. Ensure the safe reentry of evacuees

B. Decision to Evacuate

Local jurisdictions operating in the field will make the decision to begin an evacuation according to local laws, policies, and authority. The decision to evacuate will depend on the nature, scope, and severity of the emergency, as well as the number of people affected and what actions are necessary to protect the public.

In certain circumstances, the OA may make recommendations on whether a jurisdiction should evacuate and will help coordinate the evacuation effort. However, the local governing body will continue to have primary responsibility in issuing and authorizing an evacuation order. This authorization can be in the form of an ordinance, resolution, or order that the local governing body has enacted.

The decision on whether to evacuate or shelter-in-place must be carefully considered with the timing and nature of the incident. Preparation for evacuation should be an immediate consideration, because evacuation is an effective means of moving people out of a dangerous area. However, due to its complexity and the stress it puts on the population, in some cases, it may not be the best option when other viable options are available.

Sheltering-in-place may become the preferred option to avoid exposure to outside environmental hazards, such as radiological or airborne contaminants. This option will require an organized method of securing building entrances, windows, and ventilation systems to prevent outside environmental hazards from entering the building. Building and safety personnel, homeowners, and residents should have contingencies to move to and/or create safe rooms and designated safe areas in the event that sheltering-in-place is recommended.

C. Evacuation Orders

The State of California abides by the following guidance for evacuation orders.

1. Evacuation Warning: An evacuation warning is the official terminology used to alert people in an affected area(s) of a potential threat to life and property. People who need additional time should consider evacuating at this time rather than waiting for an immediate evacuation order. An evacuation warning considers the probability that an area will be affected and prepares people for a

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potential immediate evacuation order. This is often associated with the term “voluntary evacuation” by the media.

2. **Immediate Evacuation Order:** An immediate evacuation order requires the immediate movement of people out of an affected area due to an imminent threat to life. Choosing to stay could result in loss of life. Staying may also impede the work of emergency personnel. Due to the changing nature of the emergency, an immediate evacuation order may be the only warning that people in the affected area(s) receive. This is often associated with the term “mandatory evacuation” by the media.

NOTE: It is important to note that planners should coordinate with their jurisdiction’s legal authority on evacuation authority, but generally, personnel conducting evacuations cannot forcibly remove any person for not evacuating a location.\(^{17}\)

In addition, planners should consider the following concepts for evacuation orders:

1. Local jurisdictions, operating at the SEMS field level, will ordinarily determine whether to evacuate communities within their jurisdiction. This is done on a case-by-case basis based on the nature, scope, and severity of the emergency. In certain circumstances, the OA may make recommendations on whether a jurisdiction should evacuate or shelter-in-place and will help coordinate evacuation efforts as necessary.

2. The local governing body has primary responsibility for issuing an evacuation order. This authorization can be in the form of an ordinance, resolution, or order that the local governing body has enacted.

3. Evacuation orders should be issued when there is a clear and immediate threat to the health and safety of the population and it is determined that evacuation is the best protection action.

4. Evacuation orders can be described as mandatory to promote public cooperation, though this is not a term used by the State of California.
   a. Law enforcement will not use force to remove any person who remains within the affected area when directed to

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\(^{17}\) See Appendix A – Authorities and References for more information on 409.5 of the California Penal Code and how it impacts evacuation orders.
evacuate. Instead, emergency responders should clearly inform people that failure to evacuate may result in serious physical injury or death and that future opportunity to evacuate may not exist.

b. Due to the legal complexity of this issue, planners should consult with their respective jurisdiction's legal counsel and law enforcement provider to determine their jurisdiction's interpretation of enforcement ability. As part of the planning process, planners should predetermine how their jurisdiction will respond to residents who refuse to evacuate when an identified area is under an evacuation order.

5. Once a local jurisdiction issues an evacuation order, it is critical that public information dissemination, transportation, and the security of private property are provided to the public at a level that ensures confidence that evacuation is a better option than staying behind.

D. Pedestrian Evacuations

When a large-scale event prompts the evacuation of densely populated metropolitan areas, evacuation streams will include a large number of pedestrians. The Federal Highway Administration (FHWA) offers several approaches to managing pedestrian evacuation, as shown in Table 1. Each of the approaches is based on no-notice, high-impact events that affect some part of a densely populated city. Each approach shares the common objective of ensuring the safety and mobility of pedestrians and minimizing the effect they have on traffic congestion.

<table>
<thead>
<tr>
<th>Approach</th>
<th>Strategic Objectives</th>
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| Designate and manage separate evacuation routes for outbound vehicles and pedestrians | - Minimize the need for complex logistical activities on the part of transportation managers  
- Minimize the number of pick-up points where pedestrians and vehicles are in close proximity |

Table 1: Federal Highway Administration Approaches to Managing Pedestrian Evacuation

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18 Exception to this rule is required in the case of unaccompanied minors and people with cognitive disabilities who may be unable to make such life-safety decisions on their own. In such cases, these individuals become temporary wards of the State.
### Approach

Provide dedicated evacuation points at the outer perimeter of the evacuation zone

Provide transportation from where large numbers of people are emerging from the buildings at pick-up points to designated evacuation points at the edge of the area being evacuated

### Strategic Objectives

- Minimize the distance that evacuees travel on foot and are exposed to certain hazards
- Provide a transit option for evacuees who began evacuation on foot due to lack of other options
- Avoid putting disruptive activities (e.g., pick-up points) in and around command and operations areas
- Increase the likelihood of having an appropriate space for gathering evacuees and loading buses
- Avoid the need for extremely complex logistical activities by transit services

- Prioritize pick-up points based on the potential impact of pedestrians on vehicle evacuation routes
- Provide transportation resources at pick-up points or designate pedestrian routes to reduce the number of pedestrians who may impede vehicle evacuation routes
- Give transportation-dependent evacuees with limiting conditions an alternative to walking.
- Provide a safe environment for evacuees when time or weather conditions are not conducive for walking
- By using a short route loop, reduce the time for each bus to return to the staging area for another load

### E. Flow of Evacuees through Transportation and Reception Sites

In supporting the evacuation, there are many sites that can support the flow of assisted and self-evacuees that are operated as part of the reception mission. The following sites may be used.

1. **Pick-Up Point (PUP):** This is a local site within the impact area for picking up members of the evacuating population who require transportation and/or other assistance in evacuating an impact or at-risk area.

2. **Evacuation Point (EP):** Located within the impact area, this site is a central gathering location where evacuees who require transportation and/or other assistance in evacuating from an impact or at-risk area are processed and transported out of the area. This site may include services such as evacuee tracking, canteen or feeding, household pet evacuation, basic triage, and determination of evacuation vehicle type. It may also include transfer to a
decontamination site, if necessary.

3. Transfer point: This is an interim site along transportation routes for the transfer from one government-authorized transportation vehicle to another. This is most often used during extended or interstate trips where driver relief is required.

4. Information point: This is an interim site that works in conjunction with other public information sources to provide shelter information to self-evacuees. This site may also include restrooms and maps. Self-evacuees should be encouraged to visit information points or use some other information resource (e.g., social media, radio broadcast, and 2-1-1) en route out of the impact area.

5. Decontamination point: This is a site operating in support of, but not as part of, reception, where evacuees who are contaminated or potentially contaminated are assessed and decontaminated before being granted entrance to an RPS. Self-evacuees and transportation-assisted evacuees should be diverted to decontamination points as needed. There will be a number of unique operational considerations for radiological decontamination and monitoring of evacuees at decontamination points. A decontamination point may be close to a reception site or further away, depending on the nature of the contaminant and health risks.  

6. Reception Processing Site (RPS): This is an interim site along an evacuation route for people who have been provided transportation assistance. This site may include services such as evacuee tracking, canteen or feeding, household pet reception, basic medical assessment, evacuee communications, and determination of shelter location to which the evacuees will be sent. This site may be used when assessments and evacuee processing could not be accomplished or completed prior to embarkation, or if reassessment or processing is necessary prior to arrival at shelter locations.

7. Reception areas at shelters: Reception activities (e.g., evacuee registration) may be conducted when evacuees are admitted to a shelter if this has not already been accomplished prior to arrival at the shelter site, as is generally the case with self-evacuees.

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19 The Centers for Disease Control and Prevention (CDC) has published guidance regarding radiation screening and decontamination for community reception centers. This information should be consulted and inform the planning process as jurisdictions determine their operational posture for the location, and operation of decontamination points as a part of the greater evacuation process. The following link provides a virtual planning tool to guide planners in this discussion: [http://www.bt.cdc.gov/radiation/crc/vcr.aspx](http://www.bt.cdc.gov/radiation/crc/vcr.aspx).

Figure 1 depicts examples of the expected flow of evacuees through the various types of evacuation, reception, and shelter sites. Transportation-assisted evacuees are those using government-provided transportation to evacuate from the impacted area. The dotted lines and red boxes represent optional coordinating functions. Not all coordination points are included.

![Diagram of evacuation process](image)

**Figure 1: Reception Process Model**

Except for PUPs and shelters, each site includes both embarkation and debarkation processes, but the use of these terms should be avoided when possible. If possible, terminology should be coordinated with State and Federal terminology \(^{21}\) to support stronger consistency and understandability across jurisdictions and different levels and types of governmental and nongovernmental response operations.

For evacuees without personal transportation, the general concept of evacuation movement begins with evacuees being directed by some means (e.g., electronically, audibly, and/or visually) to a PUP. This is a location or site where evacuees will assemble to be transported to an EP or RPS, where they may be re-grouped or re-routed to a shelter. Under some circumstances, a PUP may also serve as an EP. As necessary, evacuees may be routed through a decontamination point and medical triage site.

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Self-evacuees with independent means of transportation (on foot or by private vehicles) will be directed to locations other than a PUP, RPS, or EP. Examples of possible locations could include information points, decontamination points (as necessary), and/or shelters.

F. Communications
The OA JIC will function to coordinate information to the media through the Joint Information System. PIOs in the JIC will clear all information released to the public regarding the incident and evacuation.

In regard to public information, real-time evacuation information updates regarding evacuation routes, EPs, shelter capacities, and other essential information will be provided to evacuees en route through emergency radio stations, informational phone lines 2-1-1\textsuperscript{22} and 5-1-1\textsuperscript{23}, and Caltrans changeable message signs (CMSs). (Refer to Section VII: Public Notification and Communications for a more detailed analysis of communication considerations.)

G. Transportation Requirements
The primary mode of transportation that will be used during jurisdictional evacuation efforts will be evacuees’ private transportation resources. In order to procure, coordinate, and provide transportation for those people who do not have access to a transportation resource, the OA will use:

1. Available public resources
2. Memorandums of understanding (MOUs) and memorandums of agreement (MOAs) with public and private transportation agencies
3. Mutual-aid agreements (MAAs)

As a contingency, in the event of a catastrophic incident, designated transit operators or drivers may not be able to respond, so organizations and agencies providing resources should ensure that qualified backup drivers are identified and available to operate and service the evacuation fleet.

Primary vehicle evacuation routes consist of the major interstates, highways, and prime arterials within Los Angeles County. Local jurisdictions will work with the CEOC, law enforcement officials, Caltrans,

\textsuperscript{22} 2-1-1 is a three-digit dialing code that enables callers to access more than 28,000 health and human service programs throughout Los Angeles County 24 hours per day, 7 days per week, and is teletypewriter (TTY)-accessible. See \url{http://www.211la.org} for more information.

\textsuperscript{23} Southern California 5-1-1 is a free traveler information service that dispenses live traffic reports, transit planning, and commuter service information in the Los Angeles area via a toll-free phone number and website. Counties include Los Angeles, Orange, Riverside, San Bernardino, and Ventura. See \url{http://go511.com/default.aspx} for more information.
CHP, public works, and other applicable agencies or departments to identify appropriate and safe EPs and transportation routes.

In addition, PUPs will be identified to collect and transport people—including people with disabilities and others with access and functional needs—without their own means of transportation to EPs.

H. Evacuation Resources

It is important to know what types of resources are available and which agencies can provide them in order to effectively respond to an incident evacuation.

1. Personnel

   Jurisdictions should develop lists of critical personnel to notify during an incident requiring evacuation of the population and will go through established channels for mutual aid. Individual jurisdictions are responsible for maintaining their respective lists and notifying their critical personnel during an emergency requiring evacuation of the population. It is recommended that each jurisdiction pre-identify skilled labor resources (e.g., bus drivers, interpreters, or those with specialized skills) that may be needed during an emergency.

2. Transportation

   Jurisdictions should pursue MOUs and MOAs with local transit agencies for the use of buses, rail resources, and providing bus drivers, light-rail transit operators, and paratransit operators during an evacuation of the population. (Consider that negotiated contracts may prevent use of drivers during times of emergency.) Agreements with private schools and charter bus companies and other private transportation companies should also be pursued. Jurisdictions should also work to establish and maintain working relationships with partner organizations, including advocacy organizations, agencies that serve the transportation-dependent populations, and faith- and community-based organizations. All available transportation resources should be included in the tracking system database.

   Buses are the greatest resource in the LAOA in terms of alternative transportation modes, and many are coordinated or known by the Metropolitan Transit Authority (MTA). Coordination with the MTA should go through the CEOC in most cases.

3. Additional Resource Requirements

   It is essential that jurisdictions have a good understanding of what resources will or will not be available to them from other agencies in an evacuation effort. Jurisdictions should ensure that contracts and MAAs exist for sufficient critical resources, such as traffic...
barricades, heavy equipment, and personnel resources. It is also essential that local jurisdictions establish and maintain working relationships with public and private agencies that work with people with disabilities and others with access and functional needs or serve the transportation-dependent populations. These agencies can provide assistance in the identification and transportation of people with disabilities and others with access and functional needs.

Specific populations may have specialized requirements regarding the capabilities of vehicles needed during the evacuation. For example, community and residential care facilities (CRCFs) residents will need accessible vehicles and, in some cases, medical assistance while on route. The assignment of individuals to transportation types should be based on the minimum needs of the individual. Common vehicle types needed for CRCFs may include accessible buses, ambulances, and ambulettes (i.e., non-emergency vans commonly used for medical appointments).

I. Evacuation Points (EP)

Evacuating jurisdictions will work with the CEOCs and/or local EOCs to identify and establish transportation resources to deliver evacuees to designated EPs within their jurisdiction. These points are large and well-known sites, such as shopping centers, libraries, and schools. Municipalities may want to consider using senior centers as EPs, as these facilities are geographically dispersed, Americans with Disabilities Act (ADA)–compliant, include many infrastructure support resources (e.g., water, bathrooms, and backup power), and are familiar to senior citizens. These EPs will serve as temporary safe zones for evacuees before they are moved to RPSs and/or shelters in a receiving jurisdiction. The processing of evacuees will typically occur at RPS or mass care facilities because there will be no capacity to register, sort, and process people at EPs. EPs should provide basic needs, such as food, water, and restrooms. Some EPs may be converted into shelter locations, if necessary, as the incident progresses.

Receiving jurisdictions need to establish RPSs for incoming evacuees. RPSs should provide, at a minimum, the same temporary services as EPs and be used until evacuees are moved into appropriate shelters. Some RPSs may be converted into shelter locations.

Public safety personnel will coordinate efforts through the local EOC to ensure that people are transported or transferred to the designated shelters. Local EOCs of the evacuating and receiving jurisdictions should share information with their local JICs and coordinate with the CEOC. If necessary, the CEOC will ensure that EPs, RPSs, and shelter information is shared with the OA JIC, and that support needs are coordinated throughout the OA or forwarded to the REOC.

J. People with Disabilities and Others with Access and Functional Needs

People with disabilities and others with access and functional needs includes those who are medically fragile or have specific needs that require specialized assistance and/or consideration before, during, and following a disaster (see Appendix Q for a comprehensive definition). Locating individuals with these particular needs is one of the most challenging aspects of mass evacuation planning operations. Individuals can take a proactive role in self-preparedness by volunteering to enroll in registries identifying people with disabilities and others with access and functional needs in the LAOA. Registries potentially give emergency planners and responders an additional tool to identify, locate, and assist people with disabilities and others with access and functional needs or health conditions during emergency events when time plays such an important role.

Self-identifying registries, like the Specific Needs Awareness Planning (SNAP) voluntary registry, are sources to capture a jurisdiction’s characteristics; however, they may not be an accurate picture of the jurisdiction’s demographics during a disaster as registrants may be at other locations, and should not guarantee to registrants that assistance will be provided. Local planners need be aware of the possibility that a registry process can be misunderstood to imply priority assistance to its registrants in the event of an emergency. Part of the public education effort needs to be focused on the purpose of the registry and the constraints during disaster operations, as well as emphasizing the importance of individual preparedness, which should include developing a redundant support system for people with disabilities and others with access and functional needs.25

See Section VI: Evacuation of People with Disabilities and Others with Access and Functional Needs for more detailed information on evacuation planning for this community.

K. **Care and Protection of Animals**

The Pets Evacuation and Transportation Standards (PETS) Act of 2006 amends the Stafford Act and requires evacuation plans to take into account the needs of individuals with household pets and service animals prior to, during, and following a major disaster or emergency.\(^{26}\)

For instance, the Los Angeles County Department of Animal Care and Control and Los Angeles City Animal Services have plans to transport and shelter pets in a disaster in the LAOA and City of Los Angeles respectively. The Society for the Prevention of Cruelty to Animals–Los Angeles, trained volunteers, and HSUS may assist in the rescue, transport, and sheltering of small and large animals.

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IV. Evolution of Medical, Health, and Mental Health Facilities

A. Hospitals

The decision to evacuate a hospital is the responsibility of the hospital administration after consultation with building and safety experts, the field incident commander, and other health agencies. The Los Angeles County Department of Health Services' DOC provides overall coordination, including coordinating patient destination (to an appropriate receiving facility), transportation, or any additional resources needed to evacuate the facility. Hospitals are encouraged to use existing MOUs with other hospitals and transportation providers to initiate evacuation procedures. (Refer to Appendix L for details on Los Angeles County's hospital evacuation policy.)

Each hospital in the County has a hospital evacuation plan as part of its EOP as required by the Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations). Evacuation plans address moving patients vertically or horizontally to unaffected areas of the facility (partial evacuation), as well as evacuating the entire facility (full evacuation). Before re-occupation, facility management will need to coordinate inspection with the Los Angeles County Department of Public Health’s (DPH) licensing and certification division and ensure the facility has passed structural inspection by qualified building inspectors if warranted, i.e., after an earthquake.

Generally, hospitals should consider sheltering-in-place before deciding to evacuate their facility. Factors to consider whether to evacuate a facility or shelter-in-place vary based on each type of emergency situation. Patient safety is the primary consideration in the decision to evacuate a hospital.

B. Skilled Nursing Facilities

A Skilled Nursing Facility (SNF), also known as a nursing home, is a type of CRCF that houses both long- and short-term residents within the same care facility. It is a place of residence for people who require constant nursing care and assistance with activities of daily living. It also provides care for patients who need rehabilitation and who often have complex medical needs, such as intravenous infusions and wound care.

The evacuation of residential medical facilities will be complicated by the possible risks of moving residents that are significantly medically.

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compromised and/or dependent on medical equipment. Moving these residents also includes moving their medical records and supporting pharmaceuticals, medical equipment, disposable products, food, and water. Specialty trained staff must be available during the evacuation for the care of this population. Decisions as to whether to move this population or shelter-in-place will be situational-dependent and determined at the time of the incident by the responding field incident commander, the facilities’ administrative staff, public health and healthcare professionals. Before re-occupation, facility management will need to coordinate inspection with DPH's licensing and certification division and ensure the facility has passed structural inspection by qualified building inspectors if warranted, i.e., after an earthquake.

To support a decision to shelter-in-place, facilities should stockpile supplies to meet resident needs. Supplies should include food, water, durable and disposable goods and supplies, and medication (see Appendix G – Suggested Items to Take During an Evacuation for details).

C. Other Facilities

1. Other facilities such as assisted living centers, board and care, and adult residential facilities are required to have self-evacuation plans for their clients and residents living in buildings and residences within the community. (For a sample listing of types of living facilities, see Appendix O).

2. To reduce demand on limited evacuation resources, municipalities should consider hosting evacuation training and exercises with CRCFs. These facilities may include health services or other service providers, depending on the needs of their consumers.

3. It is important to keep in mind that while nursing homes and other congregate facilities are required to have evacuation and emergency plans in place to vacate buildings and residences, not all residential care facilities have contingency plans for mass evacuations to other jurisdictions. Regulating and licensing authorities must be taken into consideration when planning for the evacuation of CRCFs.

4. When considering the movement of clients or residents to avoid hazards, whether within or outside of the facility, facility planners must consider the inherent risk that the movement and travel conditions could have on an individual’s health. Jurisdictions should involve ESF-8 for information and direction on the evacuation of

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these types of facilities.

5. There are several strategies for protective actions for the medically fragile, which include the following.
   a. Sheltering-in-place without moving clients

      Depending on the degree of risk, facility staff may decide to remain in place because the threat may have less impact on client health and safety than a voluntary evacuation.

      Example: A facility becomes aware of a chemical release that will affect it within a short period of time and the local government advises staying indoors or evacuating the area. Evacuation could expose patients or residents to greater risks than sheltering-in-place.

   b. Sheltering-in-place on the same level

      Example: An evacuation may be necessary from one side of a building to another based on an approaching or impending threat. Staff would be expected to identify the path and speed of the threat to ensure a timely movement of their residents, patients, staff, and critical equipment.

   c. Sheltering-in-place vertically (up or down)

      For fast-moving, short-duration events, it may be necessary to move residents above or below the ground floor. This is usually done because the time in which to respond to a serious hazard is extremely limited. Lower-level sheltering may be required for high-wind scenarios or during threats from some human-induced threat (e.g. a nearby impending explosion). Upper-level sheltering may be required for scenarios involving very fast-moving waters or during the release of low-lying chemicals in the immediate area.

   d. Evacuating just outside of the facility

   e. Evacuating to a nearby like facility

   f. Evacuating to a distant like facility

   g. Evacuating to a shelter designated as a medical treatment unit (and the originating facility continues to provide all staff and support services)

   h. Evacuating to a shelter designated as a medical treatment unit (local health officials provide staff and support services)

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V. **Evacuation of People with Medical and Mental Health Needs**

Individuals who require observation and/or ongoing treatment will require the support of trained medical professionals. This includes people who live at home with the help of life-support systems, such as dialysis or respirators, as well as people who are severely ill and require home healthcare.

A. **People Dependent on Life-Support Equipment or Home Healthcare**

1. If possible, people with these medical health needs should bring the equipment and/or personal support they receive at home with them.

2. Medical equipment and supplies may require special handling.

3. Some medications will require secure handling at PUPs, EPs, and RPSs.

4. Special planning may need to be considered for the medically fragile, including:
   a. General casualty evacuation, in which all casualties with appropriate medical conditions are evacuated
   b. Partial casualty evacuation for patients with the most severe conditions that can withstand evacuation
   c. Segment evacuation for patients requiring specialty medical care unavailable in the impacted area or patients discharged or transferred to a lower level of care.

5. Evacuating patients in disasters is a highly complex task. If large-scale patient evacuation is necessary, the National Disaster Medical System program may assist in moving patients identified by local health officials to unaffected communities.

B. **Mental Health Considerations**

Mass evacuations can place stress on the capacity of hospitals, clinics, and shelters to deal with the psychological consequences of these events for patients, families, evacuees, and staff members. Psychological effects encompass emotional, behavioral, and cognitive reactions that could result from public health emergencies and mass evacuations. This Guide will address the importance of mental health inclusion for the general community as well as the mentally ill population. People with pre-existing and persistent mental illness may be at greater risk for trauma if their therapeutic needs are not maintained. For example, psychotropic medication and case management services should not be interrupted. Since medication noncompliance may be precipitated by a sudden change

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in environment, such as mass evacuation, efforts to support these individuals in their personal monitoring of their medication compliance and other treatment is essential. Standby support resources may be required in the event of a necessary shift from emergency mental health support to more robust mental health therapy or support for some individuals.

Mental health services should be made available to evacuees for personal and family assistance, psychological first aid, crisis or other interventions including risk assessments. Services should be requested through the County of Los Angeles Department of Mental Health or the CEOC.

The needs of the evacuees may vary. Some factors may include existing mental health condition(s), age, and level of exposure to traumatic events. Certain groups will be more vulnerable and therefore may require additional considerations:

1. Example A: Persons with severe and persistent mental illness may need more focused treatment including medication adjustment.

2. Example B: Although most children are resilient, below are some examples of normal reactions that children may exhibit during/post disaster:
   a. Infants may react to trauma by being irritable, crying more than usual, or wanting to be held and cuddled.
   b. Children 3 to 6 years of age often feel helpless and powerless and as a result, may feel fear and insecurity about being separated from caregivers. They may also engage in activities that reenact the incident/disaster.
   c. Children 7 to 10 years of age have the ability to understand loss and may become preoccupied with details of the disaster. Some of their reactions may include sadness, fear of the disaster reoccurring, and anger about the event not being prevented.
   d. Children 11 to 18 years of age have a better understanding of the disaster and responses may be similar to adults. Some teenagers may become involved in risk-taking behaviors such as reckless driving or use of alcohol and/or drugs, while others may be afraid to leave their home and therefore isolate themselves.
VI. EVACUATION OF PEOPLE WITH DISABILITIES AND OTHERS WITH ACCESS AND FUNCTIONAL NEEDS

A. General Considerations

1. The State of California has placed great emphasis on emergency planning for people with disabilities and others with access and functional needs including the establishment of the Cal EMA Office for Access and Functional Needs (OAFN). The purpose of OAFN is to support local jurisdictions in planning for the emergency needs of people with disabilities and others with access and functional needs, and to integrate disability needs and resources into all aspects of emergency management systems in the State of California.

2. Services for people with disabilities and others with access and functional needs during an emergency are defined by FEMA as:

a. Those actions, services, accommodations, and programmatic, architectural, and communication modifications that a covered entity must undertake or provide to afford individuals with disabilities a full and equal opportunity to use and enjoy programs, services, activities, goods, facilities, privileges, advantages, and accommodations in the most integrated setting. These actions are in light of the exigent circumstances of the emergency and the legal obligation to undertake advance planning and prepare to meet the disability-related needs of individuals who have disabilities as defined by the ADA Amendments Act of 2008, P.L. 110-325, and those associated with them.

b. Inclusive of modifications to programs, policies, procedures, architecture, equipment, services, supplies, and communication methods. Examples of access and functional needs services may include a reasonable modification of a

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31 In January 2008, Office of Emergency Services (OES) Director Henry Renteria created the OAFN to identify the needs of people with disabilities and others with access and functional needs before, during, and after a disaster and to integrate disability needs and resources into all aspects of emergency management systems. According to the U.S. Census of 2000, there are approximately 6 million Californians over the age of 5 years who identify themselves as having an access or functional need. OAFN was created to strengthen the method and planning of emergency management for people with access and functional needs. For more information, see: http://www.oes.ca.gov/WebPage/oeswebsite.nsf/Content/D3ED5A3EB0128B72882574910066A88A?OpenDocument

policy, practice, or procedure or the provision of auxiliary aids and services to achieve effective communication, including:

i. An exception for service animals in an emergency shelter where there is a no-pets policy

ii. Providing way-finding assistance to someone who is blind to orient to new surroundings

iii. Transferring and providing toileting assistance to an individual with a mobility disability

iv. Providing an interpreter to someone who is deaf and seeks to fill out paperwork for public benefits

c. The SNAP registration system is a voluntary service offered through Los Angeles County and can be a very valuable tool to a local planner regardless of the scale of the incident. Each jurisdiction is strongly encouraged to advocate that individuals with and facilities serving people with disabilities and others with access and functional needs register through the SNAP registry home page (http://snap.lacounty.gov). Planners should coordinate with the County OEM for access and use of the SNAP registry database of individuals within their jurisdiction.33

d. The population of people with disabilities and others with access and functional needs is vast and diverse. Planning for evacuation assistance is more effective with the added involvement of individuals from these communities, as well as representatives from organizations and agencies serving this population.

e. Members of this community often require more time to evacuate. Emergency planners should consider a phased evacuation, if possible, wherein evacuation recommendations are issued for people with disabilities and others with access and functional needs before general evacuation orders are issued.

f. Transportation planning should include consideration of:

33 The Health Insurance Portability and Accountability Act can limit the ability of service organizations to share information about their clients. It is possible, however, to pre-identify licensed care facilities, congregate senior housing, and other institutional facilities. In addition, partner agencies serving people with access and functional needs can serve as a conduit for rapid dissemination of evacuation information. For additional guidance, contact the Cal EMA OAFN.
i. The need to keep people with disabilities and others with access and functional needs of any age with their families and/or caregivers

ii. The need to keep people with disabilities and others with access and functional needs together with their mobility devices, other durable medical products, and/or service animals

iii. The establishment of a mechanism to track equipment when life safety requires separation from the owner during evacuation, procedures for which should include making every reasonable attempt to not separate equipment from its owner

iv. The need to keep children and their parents or guardians together

v. The establishment of a system to provide temporary replacement of transportation devices and equipment during evacuation

vi. The use of vehicles equipped to transport personal mobility equipment and devices

Communication planning should include consideration of:

i. Involving qualified people with disabilities and others with access and functional needs and people with diverse expertise working with this community as part of the decision-making process to determine the most effective and appropriate communication procedures

ii. Engaging service providers, trusted community leaders, and representatives who can communicate effectively with this community

iii. Partnering with service agencies related to the target population (i.e. FBOs, cultural organizations, and senior centers) and developing formal agreements to provide messaging in case of emergencies and discussing opportunities to reach people with disabilities and others with access and functional needs

iv. Collaborating with organizations involved in emergency preparedness planning and service
delivery to the community to coordinate efforts and provide training

h. Effective planning for people with disabilities and others with access and functional needs will address locating individuals and determining level of accommodations required while protecting individual privacy concerns. Some methods to accomplish these goals may include:

i. Cataloging and coordinating with care facilities within the jurisdiction that serve people with disabilities and others with access and functional needs (e.g., independent living centers, congregate care facilities, assisted living facilities, community and residential-type housing facilities, etc.)

ii. Encouraging individuals to voluntarily provide information to a registry like SNAP

iii. Working with NGOs that have specific relationships with people who need additional services to gain a greater understanding of what resources may need to be provided

iv. Plan to coordinate with call centers for public hotlines and media resources at the time of an evacuation where the public can learn what resources are available and report specific known challenges or locations of at risk populations

i. A number of congregate-care facilities, assisted-living facilities, and community and residential-type housing facilities for groups of individuals may exist in different jurisdictions. These facilities provide a range of services and group activities, assistance with daily living, rehabilitation, healthcare, or personal assistance care, depending on their designation and the residents, clients, or consumers under their care or supervision. For the identification of facilities housing people with disabilities and others with access and functional needs, planners should consult with health facilities directories in their local public health department, department of social services, department of developmental services, department on disability, and local regional centers, among some examples. (Also see Appendix X: Additional Care Facilities)
j. Services may also be rendered in non-institutional or non-group settings, such as home hospice care, home healthcare, and personal-assistant care at home through private vendors. In addition, many people with disabilities and others with access and functional needs have arrangements at home with family caregivers for assistance with activities of daily living, or are supervised by caregivers within the family, or with friends and neighbors. Planners should work with their communities to develop resources for preparedness and evacuation contingencies for those who will need additional assistance in an emergency evacuation.

k. For those individuals receiving care outside of either private or government-assisted care settings, appropriate and effective messaging needs to be used. A robust public education campaign emphasizing the importance of personal and family preparedness will be an effective method to provide pre-disaster assistance to the entire community, which benefits people with disabilities and others with access and functional needs.

l. Planners should publicize and encourage individuals, families and facilities to register with SNAP or other voluntary registries.

Planners should consider reaching out to community groups and other organizations that understand and support the needs of populations they serve to encourage people with disabilities and others with access and functional needs to voluntarily register.

Such groups, other than those previously mentioned, could include the following:

i. Community-based organizations
   a) Senior civic organizations
   b) Recreation groups
   c) Homeowner associations

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34 The SNAP registry is an Internet-based system that allows residents to provide information, which will be kept confidential, to public safety officials about their access or functional needs. SNAP does not guarantee priority response to registrants; it assists emergency response officials in planning and responding to the requirements of people with access and functional needs during a disaster by integrating database and mapping technology together. Registrations can be made on an individual basis or as a group at http://snap.lacounty.gov. See also: County of Los Angeles, Office of Emergency Management, www.lacounty.gov.
d) Cultural organizations
e) Young Men’s Club of America and Young Women’s Club of America (YMCA, YWCA)
f) Professional associations
g) School-affiliated groups

ii. FBOs and private companies
   a) Places of worship (e.g., churches, synagogues, mosques)
b) Health insurance companies
c) Utility companies
d) Ethnic media outlets
e) Transportation providers (when discounted fares are provided to those with disabilities and others with access and functional needs, registration may be required for eligibility)
f) Employers (may provide educational information addressing registries and their application in regards to assisting people with disabilities and others with access and functional needs for employees and their families)

iii. Private, philanthropic, and benevolent organizations
   a) Kiwanis
   b) Lions Club
   c) Rotary Club
d) Elks, Moose, and Eagle clubs
e) Private foundations

iv. Communications and messaging needs should be structured to reach those individuals in need of assistance, but that have not been identified through the previously mentioned methods. People with specific communication challenges may include the following:
   a) Those who are deaf or hearing impaired
b) Those who are blind or have severe vision impairments

c) Those who are non-English-speaking and/or those who have a limited ability to understand English

d) Those who are not able to communicate without translators or are without the means to interact through verbal or written communications

v. A critical group to consider would be all others who will need assistance, but are not pre-identified or self-registered in any form of database or mapping system. This includes the following:

a) Those who are reluctant to register

b) Those who develop emergent needs because of the disaster, such as spontaneous stress disorders or injuries

c) Those who have a recurrence of an otherwise dormant health condition

d) Minors temporarily separated from their guardians

e) Pre-disaster homeless populations

f) Those receiving private, independent in-home care

B. Outreach

1. Care facility clients:

   a. Determine the care facilities and program providers within the community and establish collaborative stakeholder relationships within the jurisdictions and service areas

   b. Identify and catalog by location the number and specific needs of clients

      i. A number of other factors may help determine immediate needs for in-home clients or residents. For example, for its recipients, California’s In-Home Supportive Services program develops an individualized pre-disaster risk assessment plan, as well as an ordering system for follow-up support
during a disaster based on a number of factors, including:  

a) Level of social isolation due to the lack of a caregiver or responsible family member  
b) Blindness or significant visual impairment  
c) A need for physical assistance in order to evacuate  

c. Establish contact and assess the level of preparedness and/or existence of facility emergency plans

i. Planners should review care facility EOPs to determine their capabilities for self-evacuation, including:

a) Pre-designated destinations that offer a similar level of care and capability  
b) MOUs with transportation companies or other means of evacuation transportation for people in their care (ideally, these facilities should identify three potential evacuation transportation providers)  
c) Facility self-sufficiency or its ability to support the people in their care with food, water, medical supplies, and/or other resources that may be necessary during an evacuation or if the facility should have to shelter-in-place

   (i) Consider determining if the facility has transportation resources or other types of resources they may be able to

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36 During a catastrophic evacuation, transportation resources, especially those that can accommodate persons with disabilities and others with access and functional needs, become scarce, critical resources. The organization overseeing care sites should, in conjunction with the operational area’s emergency management department, review and identify those agreements that promise the same resource to multiple sources. In addition, transportation resource providers should be required to maintain or develop COOP plans to ensure that there is not a gap in service.

contribute to the evacuation effort if their facility is not affected

d) The identification of staff and support personnel that may have to participate in the evacuation of people under their care, and provide a contact list of personnel or chain of command contact information that is checked and updated periodically

e) The assurance that the facility emergency plan includes a risk assessment and contingency plan that includes what the facility may need in the event of an emergency (e.g., food, water, fuel, and medical supplies)

f) The assurance that the facility emergency plan includes scheduled training exercises and plan maintenance that includes periodic reviews of procedures, staff updates, contact information, and MOUs

d. Establish a GIS tracking system and a corresponding database with a level of detail with which the jurisdiction feels comfortable regarding contact information of caregivers, emergency contacts, and/or clients with specific needs (e.g., DME, consumable medical supplies, and transportation-specific requirements, such as being wheelchair- or scooter-accessible) or other needs that can be communicated to planners

i. The GIS element is available as a part of the SNAP registry and should be used by jurisdictions in lieu of a secondary system.

ii. Planners should understand that care facilities traditionally have a high turnover rate, and tracking every individual could produce a large and complex database.

e. Determine available resources to meet needs beyond the facilities’ plans, including:

i. Transportation

ii. Equipment or supplies

iii. Care facilities and existing providers within and outside of the immediate jurisdiction
f. Create resource lists and emergency contact information, preferably matching existing providers with their clients

2. Using risk assessments and GIS mapping for people with disabilities and others with access and functional needs who have registered:
   a. Identify potential emergency situations that could impact groups and determine methodologies to address these risks. Planners should consider performing risk assessments to anticipate situations that can impede or impact the safe evacuation of people with disabilities and others with access and functional needs.
   
b. Local planners should work with the County OEM to access the SNAP database for planning purposes to determine the locations and needs of people with disabilities and others with access and functional needs in their local jurisdiction.
   
c. Consider the input of this information into a GIS mapping system for tracking and easy identification purposes.

3. People with specific communications challenges
   a. Due to the vast cultural and linguistic diversity in Southern California, it is essential that local jurisdictions establish and maintain working relationships with public and private agencies that serve those who have limited English proficiency or are non-English–speaking.
   
b. Planners should use multiple forms of messaging to ensure effective communications with all populations. Some tools for diverse messaging include:
      i. Teletypewriter (TTY)\(^38\)
      ii. Video Relay Service (VRS) or Video Interpreting Service
      iii. Text messaging
      iv. Closed caption
      v. Social media

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\(^38\) TTY or Telecommunications Device for the Deaf (TDD) is becoming obsolete due to the widely pervasive emergence of VRS, also sometimes known as a Video Interpreting Service, a video telecommunication service that allows deaf or hard-of-hearing individuals to communicate over video telephones and similar technologies with hearing people in real-time via a sign-language interpreter.
vi. Nixle

vii. Signboards or visual translators

viii. Sign language

ix. Multiple languages

x. Alert LA County

xi. Public service announcements (PSAs) on electronic media

xii. Door-to-door neighborhood and community outreach

c. Planners should consider establishing a system to solicit feedback from targeted populations to modify and enhance outreach approaches and review post-event reports from incidents or exercises to identify areas for improvement in messaging and methods.

i. Planners should consider working with ENLA, VOADs, nonprofit and other community-based organizations, and private organizations that can gather feedback and submit it to the jurisdiction.

4. Other populations which may need assistance, but have not been otherwise pre-identified

a. The number of people with disabilities and others with access or functional needs who have not been pre-identified can be reduced through robust public outreach and education.

b. Even with significant outreach and pre-identification, planning must include resources and the processes necessary to respond to emerging needs.

c. Planning must take into account the needs of unaccompanied minors.

i. Planners must give proper attention to the needs and protection of minors who may be left unaccompanied by parents or other caregivers. The custody and security of unaccompanied minors must be maintained at all times and reunification made a priority. Tracking of these individuals should begin on

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39 For more information, go to: http://www.nixle.com/
initial contact and according to the local jurisdiction’s procedures.

ii. For Los Angeles County, when an individual is identified as an unaccompanied minor, law enforcement, in cooperation with Child Protective Services, is responsible for the custody and security of the minor until reunification happens. Tracking through standard custody procedures will occur.

d. Planning must take into account the needs of pre-disaster homeless populations.

i. Planners should consider establishing a PUP or EP near major homeless shelters. This population tends to congregate near the larger shelters that provide extended services.

ii. Local homeless outreach teams from agencies serving the homeless populations and service providers (e.g. Los Angeles Homeless Services Authority 40 or People Assisting the Homeless 41 ) should be incorporated into the planning process. They can assist with locating and evacuating homeless people who are in more isolated areas. Generally, these outreach teams know hotspots where socially isolated homeless people tend to reside and who these people are.

a) Outreach teams should be tasked with communicating the types of evacuation messages that will be issued and the urgency with which the homeless population should take them.

iii. Planners need to determine their policy for what people can take in an evacuation. Many homeless people will want to take all their belongings and pets. Policies about personal items should be clearly stated and consistently applied and enforced.

iv. Homeless populations have a higher preponderance of mental health illnesses and related issues.

40 For more information, go to: http://www.lahsa.org/
41 For more information, go to: http://www.epath.org/index_01.php
Planners should consult with their local mental health or public health department to identify strategies and procedures for staff supporting the evacuation of this population.

C. Public Preparedness, Education, and Outreach

1. Planners should establish a robust, diverse, wide-reaching public preparedness campaign to reach all individuals who may need additional help in the event of an emergency regardless of whether they are in a voluntary registry or database. Planners should consider using multiple methods to reach the most individuals in their jurisdiction. Some options to consider for the distribution of preparedness information are:
   a. Neighborhood programs
   b. Volunteer programs
   c. Community programs to identify and assist neighbors or other members of the community who may have needs but are not willing to register through SNAP or other access and functional needs registries
   d. FBOs, since religious organizations have a strong network and are very influential with the members of their congregation. Efforts should be made to invite these members of the community to the planning table and become familiar with their network since they may have access to resources and staffing that can provide a support system to the members of their congregation in the event of an emergency.
   e. NGOs such as community and senior programs and Meals on Wheels (MOW) can spread and disseminate preparedness information and many MOW and food-pantry warehouses provide non-perishable food sources for up to 7 days.

2. Preparedness messages and information should:
   a. Warn the members of the community that first responders and emergency system may be significantly taxed in a large-scale emergency and that they must take the necessary steps to ensure that they can be as self-sufficient as possible
   b. Advise members of the community who may have unique needs to do the following:
i. Establish a support system with family members, neighbors, or friends. Secondary or alternate caregivers should be identified as a part of the support system.

ii. Maintain emergency kits, food, and water to last a minimum of 3 days, and preferably up to 7 days for sheltering-in-place; however, having supplies for longer durations is advisable if refrigeration and storage are not limiting factors (Appendix G contains more information on what to bring during an evacuation)

   a) If an emergency kit cannot be put together or developed, people with disabilities and others with access and functional needs should develop and carry with them a list of essential equipment or items that they are likely to use on a regular basis.

iii. Listen to local officials’ messaging for guidance on what to bring with them and what to leave at home, since evacuation kits containing food, water, and other supplies may be too bulky or big for self-evacuees to transport or take on government-assisted evacuation vehicles that require rapid movement with limited space

iv. Create a list of illnesses or medical conditions and maintain an additional supply of medication that may be needed for up to 2 weeks; however, in some cases, a 4-week supply can, and should, be brought along if storage and refrigeration are not limiting factors (see Appendix I as an example)

v. Develop and maintain emergency contact lists and phone numbers, which should include out-of-state contacts

vi. Provide a description of what the immediate capabilities of responders are and what evacuees can generally expect to occur, including a description of the proposed services available at each receiving site

vii. Voluntarily register with SNAP or local access and functional needs registry if individuals feel they may
need additional assistance or information in the event of an emergency

D. **Evacuation Information**

1. Understanding and providing adequate resources to the location of people with disabilities and others with access and functional needs where they live and work is essential to effective evacuation planning. The following is guidance on how to work toward this level of awareness:
   
a. Work with public health professionals, service organizations, and the SNAP mapping system to identify existing databases of individuals within the jurisdiction that are likely to require evacuation assistance

   b. Identify and map licensed care facilities and congregate senior housing complexes

2. Identifying accessible transportation resources is important to quickly deploying resources that meet the particular needs of vulnerable populations. Fleets that can be particularly helpful where people with disabilities and others with access and functional needs are concerned include:
   
a. Public bus operations

   b. Private accessible transportation or access services

   c. Regional Center vendors

   d. Medicaid transportation providers

   e. Senior centers

   f. School district transportation systems

   g. Airport car rentals and shuttle buses or vans

   h. Healthcare center vendors

   i. Ambulance providers

   j. NGO transportation providers (e.g., United Cerebral Palsy, regional and developmental centers and their vendors, adult day healthcare centers, and senior centers)

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Table 2: Estimated Population That Will Require Transportation Assistance

<table>
<thead>
<tr>
<th></th>
<th>City of Los Angeles</th>
<th>City of Long Beach</th>
<th>Los Angeles County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>3,792,621</td>
<td>462,257</td>
<td>9,818,605</td>
</tr>
<tr>
<td>Assistance estimate</td>
<td>33%</td>
<td>33%</td>
<td>33%</td>
</tr>
<tr>
<td>People with disabilities and others with access and functional needs</td>
<td>1,251,565</td>
<td>152,545</td>
<td>3,240,140</td>
</tr>
</tbody>
</table>

3. The following are transportation considerations for people with disabilities and others with access and functional needs.

   a. It is critical that modes of available transportation are identified to help evacuate people with disabilities and others with access and functional needs during an emergency. Transportation that can accommodate individuals in wheelchairs, scooters, or other mobility aids is of particular importance and must be identified. Some potential options can be the use of lift-equipped school buses or vans. People that are blind or have poor vision will also need additional assistance because they cannot rely on traditional orientation and navigation methods. Buses will most likely be the primary resources used to evacuate people with disabilities and others with access and functional needs. It is also essential that local jurisdictions establish and maintain working relationships with public and private agencies that serve the transportation-dependent populations.

   b. The Los Angeles County Department of Public Social Services (DPSS) oversees providing in-home services to approximately 184,000 people in the LAOA. A portion of this population are people classified as “at risk” and require

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44 The U.S. Census Bureau estimates that there were more than 36 million people in California in 2008. In August 2008, the Governor’s OES, OAFN estimated that by 2010, there would be more than 11 million people with disabilities and others with access and functional needs. Governor’s Office of Emergency Services. (2008). Guidance on Planning and Responding to the Needs of People with Disabilities and Older Adults. Author: Mather, CA. Available from: http://tinyurl.com/governorsofficeafnplanguide.


special care within 72 hours, and approximately 9,000 of whom require wheelchairs for mobility.  

c. In addition, the California Department of Social Services (CDSS) maintains a list of licensed board and care facilities and the County Department of Health Services, EMS, and DPH have a list of SNFs in the LAOA. It is also important to note that many people with disabilities and others with access and functional needs will not be able to reach a designated PUP. Furthermore, it should be expected that only a small percentage of this population would participate in a voluntary registry. Jurisdictions should identify how these situations will be handled and the types of vehicles and equipment that will be required. In addition, DPSS should coordinate with community social and religious organizations to inform people with disabilities and others with access and functional needs of the evacuation transportation services available to them in the event of a catastrophic incident.

4. Special facilities (e.g., hospitals, nursing homes, and correctional facilities) are required to have their own respective evacuation plans and procedures to follow during an incident. Jurisdictions in the OA must ensure that the MOUs, MOAs, and private transportation contracts established by jurisdictions are not duplicated and do not rely on the same transportation resources as other jurisdictions and organizations. (See Appendix F for the evacuation of the public, including people with disabilities and others with access and functional needs.)

5. In addition, people who are rescued or injured following an incident will also have to be transported to EPs, medical triage points, or medical facilities.

E. Exercise and Training
Planners should include representatives from organizations representing people with disabilities and others with access and functional needs into the training and exercise elements of the standard planning cycle. This collaboration will improve planning effectiveness while reducing potential impacts on the community during mass evacuations. If possible, 20 percent of actors used in exercises should be from this population. There is no substitute for the experience of working directly with members of the community in the development of skills and abilities in the training.

In-Home Supportive Services data was obtained from CDSS in December 2010.
environment. (See Appendix B for additional exercise and training considerations.)
VII. **PUBLIC NOTIFICATION AND COMMUNICATIONS**

Interoperable, reliable, timely, and redundant communications and information management are essential to a successful mass evacuation. Communications in an emergency consists of two parallel and interrelated functions. One system consists of communicating essential emergency information and instructions to the public, including those people with disabilities and others with access and functional needs. The other system consists of operational communications and the development and coordination of a common operating picture.

A. **Public Notification and Communications**

Crises communication is the communication by the government of essential emergency information to the public so that the public may act on it in an effective manner. The key to a successful evacuation process is the timely and accurate communication of evacuation instructions, location of PUPs, and other emergency and health safety messages to evacuees and the general public as well.

1. If the event happens during the weekday and school children are evacuated, parents will need timely information regarding where to pick up their children.

2. Notification methods will include the Emergency Alert System’s (EAS) use of the local media through television and radio, the Internet, and the Alert LA County mass notification system operated by the Los Angeles County Sheriff’s Department. Some cities within the OA operate their own mass notification system that is independent of the County system. The majority of evacuation advisories will be based on a no-notice or short-notice incident. Without proper information, people may evacuate toward a hazard, putting them in greater danger, or they may evacuate unnecessarily and create additional congestion on identified evacuation routes.

3. In the event of a no-notice or short-notice incident requiring a mass evacuation, the media will most likely be the first to notify the public. Local and OA JICs will not be functional and will not be able to provide information to the media or the public until the local EOC(s) and/or the CEOC are activated.

4. It is also important to note that following an incident, certain methods of communicating with the public may not be available, including television, wireless communications (e.g., cellular phone), and/or the Internet. In the event of a total loss of television, wireless connectivity, or Internet connectivity, the EAS, with its connectivity to amplitude modulation (AM) radio bands will be the primary method of crisis communication to the public. These radio stations will function as the primary and secondary local radio stations that broadcast emergency information to the public. Continuing public
education must emphasize the need to possess a crank- or battery-powered AM radio to receive official notifications and warnings.

5. Effective initial communication to the public will enhance the efficiency of the overall evacuation and reduce the associated mental and physical strains. The public is often confused by evacuation information; therefore, information should be clear, concise, and repeated. Some people will not know if they are in a hazardous area and may evacuate unnecessarily or may not know when to respond to an order of evacuation. All communication and alerts will include alternate formats or methods to support people with disabilities and others with access and functional needs.

Initial public notification should provide basic information to residents, including:

a. Whether residents should evacuate
b. Areas that need to be evacuated, with reference to known geographic features
c. When and why residents should evacuate
d. Time required for evacuation efforts
e. Designated transportation, EPs, and evacuation routes
f. Available transportation options and how to request alternate transportation, if required
g. What residents should take from their homes
h. How long the evacuation is expected to last
i. How household pets, livestock, exotic animals, and service animals (service animals cannot be separated from their owners) will be accommodated
j. Security plans that are in place to protect residential property
k. When and where informational updates will be made
l. Other information deemed appropriate and required before residents evacuate

6. Timely notification of evacuation orders is critical to an effective response. Transportation considerations that should be included in evacuation alert notification efforts include:

a. Who and what regions should evacuate, explained in terms that the general public will understand
b. Why and when residents should evacuate
c. What items to bring when evacuating (see Appendix G)
7. For people that will be relying on transportation assistance, it is important that they are informed about:
   a. A TTY or alternate language option for information
   b. When transportation services will begin and end
   c. PUP locations and services
   d. Frequency of pick-ups
   e. EP locations and services
   f. How to request alternate transportation resources
   g. What items to bring (see Appendix G)

8. Available communication capabilities that may be used to notify the general public about the need to evacuate include (see Appendix E for more information):
   a. EAS, such as visual indicators (e.g., flashing lights) and audible indicators (e.g., horns and sirens)
   b. Mass notification systems for the County and independent cities
   c. Variable message boards^{48, 49}
   d. Digital billboards^{50}
   e. Telephone (i.e., 2-1-1)
   f. Social networking, Twitter feeds, Facebook, really simple syndication (RSS) newsfeeds, Internet (e.g., EOC websites, e-mail, and short message service [SMS] text messaging)
   g. Television, including closed caption and/or sign-language interpreters at all times

^{48} Variable message boards are also known as variable message signs, CMSs, and dynamic message signs (DMSs).
^{50} There are approximately 120 digital billboards available in the City of Los Angeles.
h. Radio
i. Ham radio
j. Public address (PA) systems
k. Helicopters equipped with PA systems
l. Low-power local radios
m. Police and fire vehicles equipped with PA systems
n. Door-to-door notification

9. The following describes the process of communicating with people with disabilities and others with access and functional needs. Crises communication plans and procedures must focus on communications with all audiences by addressing language, physical, and technological challenges. Alert and notification can occur through the EAS mass notification systems and other forms that include telephone, television messages with open or closed captioning or sign language, auto-dialed TTY messages, text messages, e-mail, or direct door-to-door notification. Individual response is faster when messages are received by more than one method. People with disabilities and others with access and functional needs may require redundant communications and notification.

Local jurisdictions should also establish relationships with public and private agencies that provide home-based care provision services or work with directly with this community.

The following are general principles for communicating with people with disabilities and others with access and functional needs.

a. People in this community must be given information that is functionally equivalent in content and detail to that given to the general public, as well as accessible, understandable, and timely.

b. In addition, people in this community must be provided closed captioning, sign-language interpreters, and other methods of visual presentation for all emergency information given in audio format.

Section 508 of the Rehabilitation Act of 1973 requires that people with disabilities and others with access and functional needs who are members of the public seeking information or services from a Federal agency have access to and use of information and data that is comparable to that provided to the public who are not individuals with disabilities, unless an undue burden would be imposed on the agency.
c. Qualified individuals with diverse access and functional needs expertise and advocacy groups should be involved as part of the decision-making process in determining the most effective and appropriate communication procedures.

d. Media releases should include the concept of encouraging people to share emergency information with their families, neighbors, friends, and colleagues, especially those who may have difficulty receiving and/or understanding the information.

e. Appropriate terminology should be used by saying “people” first, followed by disability-related neutral language.
   i. “People with disabilities” should be used in lieu of “disabled.”
   ii. “People who use a wheelchair or wheelchair-user” should be used in lieu of “people confined to a wheelchair” or “wheelchair-bound.”
   iii. Generally, certain terms (e.g., “handicapped” and “mental retardation”) should not be used in any context.
      a) “Accessible” should be used in lieu of “handicapped” to refer to physical locations such as shelters, restrooms, and parking.
   iv. Easy-to-understand messages should be used to accommodate language and comprehension barriers. Messaging should be provided in an easy-to-understand format normally considered to be at an elementary comprehension level.
   v. When a voice line is provided to call for information, a staffed TTY line, e-mail address, or live online response should be provided for questions and answers.
   vi. Any announcements through televised media should include qualified sign-language interpreters. Captions are used to ensure that people who are deaf and hard of hearing have access to information.
   vii. Redundant forms of public alert and notification warnings should be used.
   viii. Messages should be repeated frequently.
f. Some cities have a mass notification system that is capable of calling large sections of populations and delivering a pre-recorded message about the current status of emergency within their areas. In some areas, Community Emergency Response Teams (CERT) are available options for making emergency notifications during an evacuation effort.

LA County uses Alert LA County and reverse telephonic technology for mass notification. These systems function throughout the OA on the request of the incident commander. Individual cities may have purchased their own system. Jurisdictions should review their EOPs or check with their Disaster Management Area Coordinator to determine other systems that are available.

Planners are encouraged to devote resources to sustain and maintain an outreach of emergency warning notification to potential users that urge people not only to register, but to register all of their devices. The system should be tested regularly and include participation and feedback from people who are deaf or hard of hearing, people who are deaf-blind, and people who are blind or visually impaired, as well as those who have cognitive disabilities.

g. The public must be provided with coordinated, frequent, and accurate information during an evacuation effort. Real-time updates that must be communicated to evacuees include the location of PUPs, EPs, and RPSs; evacuation routes; road and area closures; availability of hotels, food, fuel, medical, and other essential services; traffic conditions; and shelter locations and capacities. Other essential information to be conveyed to the public includes the security measures that are being implemented, weather conditions, reentry instructions, and any changes to evacuation plans.

Real-time informational updates should be provided to evacuees en route through emergency radio stations, television, social network sites like Facebook and Twitter, websites, 2-1-1 informational lines, digital billboards, and highway changeable message signs (i.e., Caltrans). It is also recommended that local jurisdictions consider posting signs along major evacuation transportation corridors that provide information about emergency numbers or radio stations that can be used during an emergency.

Local and OA JICs are responsible for providing informational updates to the public and to the media. Depending on the duration of the evacuation, communication methods may vary from the onset of the evacuation to the
h. Inter-jurisdictional and inter-agency coordination will be conducted through the CEOC, jurisdictional EOCs, DOCs, and incident command posts using available communication equipment and infrastructure, as well as established procedures. Agency representatives and/or liaisons should also be present in the CEOC and in impacted jurisdictional EOCs to facilitate evacuation communication between agency operation centers. Situational awareness and the development of a common operating picture in regard to evacuation status, issues, and updates will be supported through data-sharing systems as well as the integration of GIS, when available.

Emergency managers must be able to make informed decisions based on changing risks, resources, and capabilities throughout the execution of the mass evacuation. The identification of operational adjustments and alternative evacuation routes based on traffic monitoring, infrastructure damage, and other information must be effectively communicated to all impacted jurisdictions, agencies, and the public. Effective and efficient communication is essential for information sharing and status updates to all affected jurisdictions. In addition, it is critical that jurisdictional EOCs coordinate evacuation efforts with the CEOC to ensure that potential conflicts are reconciled. This may involve coordinating phased community evacuation efforts or the allocation of critical resources.

Emergency managers should consider having portable caches equipped with necessary assistive technology to assist people with disabilities and others with access and functional needs in performing job duties as needed.

B. Interoperable Communications within the LAOA

Communications interoperability is defined as the ability of public safety agencies to talk across disciplines and jurisdictions via radio communications systems, exchanging voice and/or data with one another on demand, in real-time, when needed, and as authorized. As more than 90 percent of the public safety communications infrastructure in the United States is owned and operated at the local and State level, any successful
effort to improve public safety interoperability must be driven by the local public safety community.52

1. Tactical Interoperability Channel Plan (TICP)

Gathering and coordinating radio frequencies then publishing them into an operational area TICP plays a critical role in the development of a communication plan during a large-scale emergency. Having these TICP channels pre-programmed into radios is the key to successful interoperability. The TICP is intended to be used by the first-responder disciplines that would respond to the scene of an emergency and their communications support. These include:

a. Emergency management
b. Fire service (e.g., fire suppression, EMS, HazMat, Urban Search and Rescue [USAR], and swift water rescue teams)
c. Law enforcement (e.g., emergency operations division)
d. Fire mutual-aid coordinators at the State, regional, and OA levels

2. Current communication networks

a. Cal EMA Fire and Rescue Mutual Aid Coordination Network

The Cal EMA Fire and Rescue Mutual-Aid Coordination Network is known as FIRE Net. It was formerly known as the Office of Emergency Services (OES) FIRE. FIRE Net is a dedicated radio network to support the Fire and Rescue Mutual-Aid System. Cal EMA FIRE Net supports the 65 fire operational areas and the 6 mutual-aid regions, as well as all Cal EMA fire engines and support vehicles. For sustained operations authorization, contact the Cal EMA fire and rescue duty officer via the Warning Center at 916-845-8911.

b. White Fire

There are three White channels that are designated by the FCC as intersystem channels and intended solely for interagency fire operations (i.e., mutual aid).

i. White 1 may be used under special conditions for alerting or warning and for announcements of special interest. It is command-only otherwise.

ii. White 2 and White 3 are intended for on-scene use and mobile only.

c. Fire Mutual-Aid Radio System (FIREMARS)

FIREMARS consists of 2 repeated channels (1 statewide, 1 usable in the 48 northern counties) in the 800-MHz spectrum for fire and EMS communications. Fire department ultra-high frequency (UHF) mutual aid (FDUMA) is the implementation of FIREMARS UHF in Los Angeles County. It was named to differentiate it from other FIREMARS channels without having to resort to using a numeric identifier after the channel name. Use of FDUMA is restricted to Los Angeles County.

d. Fire

All fire agencies in the LAOA coordinate and publish the Los Angeles TICP on an annual basis. The majority of fire agencies have programmed the Los Angeles TICP channels into their radios. In addition to local channels, the Los Angeles TICP also includes out-of-County, California statewide, and some mutual-aid law enforcement channels. The law and fire channel plan is referred to as the Tactical Mutual-Aid Channel (TMAC) Plan. It incorporates more than 160 very high frequency (VHF) and more than 160 UHF radio channels for all fire agencies in the Los Angeles region, as well as State of California Department of Forestry and Fire Protection and U.S. Forest Service frequencies. The TMAC is currently only used for fire agencies.

e. Law Enforcement

Law enforcement agencies have not produced a law version of a TICP and will have to rely on common operational (mutual aid) channels agreed on at the UC and/or AC levels. Law enforcement agencies have shared the VHF and UHF California Law Enforcement Mutual-Aid Radio System (CLEMARS) channels for interoperability for years. There are two VHF (154.920 and 154.935 MHz), one UHF (484.2375 MHz), and one 800-MHz (868.5125 MHz) CLEMARS channels. Many smaller law enforcement agencies in the County have participated in the LA County Sheriff’s Mutual-Aid Radio System. In 2004, the Sheriff’s Mutual-Aid Radio System was re-named the Los Angeles Regional Tactical Communication System (LARTCS, or RTC for short). This venture invited Federal, State, and local law enforcement and fire agencies, and the California National Guard to participate. The RTC, as currently operated, has
one UHF channel and five regional repeated channels. Three regional VHF channels, one low-band CHP and one low-band California National Guard channel are connected via a JPS ACU-1000 device at the sheriff’s communication center in East Los Angeles.

f. CLEMARS

CLEMARS is used by all law enforcement agencies, including certain special districts, public educational institutions, Federal law enforcement agencies, and other public entities. CLEMARS is designed for necessary day-to-day operations, provided such use does not interfere with a higher priority need in the area. The National Law Enforcement Mutual-Aid Radio System is one of the channels included within the CLEMARS pool of frequencies, allowing for communication with similarly equipped units from agencies in other parts of the United States.

Law enforcement agencies must inform other area (line-of-sight) user agencies when they are involved in high-priority usage of CLEMARS channels. Such notification should be via several of these four forms:

i. A broadcast should be made on CLEMARS.

ii. A California Law Enforcement Telecommunications System (CLETS) message should be made to adjoining CLEMARS users. Agencies may wish to use CLETS’ user group notification feature.

iii. A California Law Enforcement Radio System notification (via a point-to-point radio system) should be made.

iv. Telephone calls should be made to the area’s frequent CLEMARS users.

a) CLEMARS 20 and 21

Due to special license restrictions, this channel is available only to law enforcement agencies located north of (and including) the counties of Monterey, Kings, Tulare, and Inyo.

b) CLEMARS 22

Due to special license restrictions, this simplex channel is available only to law enforcement agencies with base stations located within 50
miles of Los Angeles City Hall (mobiles and portables are within 80 miles).

c) State, operational area, and local government EOCs

Within the OA, multiple local radio systems exist. The County-Wide Integrated Radio System (CWIRS) provides backup communication between CEOC and city EOCs. In addition, the Operational Area Response and Recovery System (OARRS) provides web-based computer linkage between the CEOC, DOCs, and city EOCs. The OA satellite information system provides linkage between the CEOC and the REOC should conventional communications fail.

3. Resources

Multiple digital broadcast media and telecommunications systems and procedures exist within Los Angeles County to facilitate the necessary region-wide communication. These interoperable resources are available to all areas of the OA region, but the protocols and procedures for activating these resources are dictated by the agencies that control each of these resources.

C. Communication Contingency Plans

In the event of total devastation to all local electronic communications, the JIC will contact Los Angeles County radio stations to broadcast emergency information to the general public in affected areas through auxiliary emergency communications methods. These methods are:

1. Radio Amateur Civil Emergency Service
2. Disaster Communications Service (DCS)
3. Amateur Radio Emergency Service

These groups have the ability to obtain a great deal of information for local governments even when other communications systems are unavailable. The amateur radio services will be heavily relied on to relay information from the incident site to the EOC.

D. Telephone Information Systems

The following numbers are location-based and will access the correct information through a landline phone or via the location of the cellular tower the mobile phone is accessing at the time:

1. 2-1-1, LA County health and human services information
2. 3-1-1, LA City local government information
3. 5-1-1, transportation and traffic information for some regions in the United States and Canada

E. Amateur Emergency Radio Sources
DCS is a volunteer organization administered by the Sheriff's Department to provide volunteer disaster relief communication for the citizens of Los Angeles County. Cities can request auxiliary communications systems through the CEOC.
VIII. EVACUATION TRANSPORTATION

A. Introduction and Purpose

As part of the evacuation planning process, jurisdictions should include their transit providers in their plans to determine available personnel, resources, and procedures. Transportation may include private vehicles, buses, rail, wheelchair-accessible vehicles, vans, ambulances, military-type transport vehicles, pedestrian evacuation, and other public or private transport. The identification of available transportation resources and coordination of those limited resources is paramount to any evacuation's success. The 2006 Nationwide Plan Review Phase 2 Report indicates that “a critical but often overlooked component of the evacuation process is the availability of timely accessible transportation—especially lift-equipped vehicles.” Establishing solid agreements with vendors and detailing specialized services and equipment needed before an event is critical.

Transportation for evacuation is recognized as one of the most important elements of the larger disaster and incident response effort. Such transportation plans may include:

1. A recommended command structure for the activated transportation branch during evacuation operations
2. Guidelines addressing personal vehicle evacuation and those needing transportation assistance
3. Strategies for using all modes of transportation
4. Recommendations for transportation PUPS, EPs, RPSs, evacuation routes, and traffic and access control
5. Specific protocols for activating and demobilizing the transportation plan
6. The integration of the potential needs and specific services for people with disabilities and others with access and functional needs populations

B. Transportation Resource Coordination

1. Evacuating jurisdictions should establish an Incident Command System (ICS)—compliant entity that is responsible for communication and coordination between responding agencies with transportation resources and personnel. In most cases, local jurisdictions should consider including:
   a. Law enforcement
   b. Transportation (e.g., highways and ports)
   c. Transit (e.g., bus and rail)
d. Social services (e.g., mass care)
e. Service organizations serving people with disabilities and others with access and functional needs
f. Private-sector representatives, as appropriate

2. To maintain consistency with the SEMS, NIMS, and NRF, it is recommended that this coordination element be assigned within the EOC under operations or planning, depending on how the jurisdiction operates. Specific sub-components focused on surface, maritime, and aviation operations may be activated, as appropriate, to support evacuation requirements.

3. The coordination element is charged with identifying transportation solutions and coordinating transportation resources to help meet evacuation and incident objectives.

4. It is recommended that the coordination element consider dispatching liaisons to the Caltrans Traffic Management Center, JIC, and affected city EOCs, as appropriate.

5. Planning should include methods to receive and route requests for transportation and other assistance, which include TTY capabilities, at response time. The inclusion of all potential transportation providers in a transportation branch is essential.

C. Evacuation Route Planning

1. Primary evacuation routes in the LAOA consist of the major interstates, highways, and prime arterials.

2. Local jurisdictions should pre-identify evacuation routes for probable hazards.

3. The jurisdictional coordination element should coordinate with the CEOC to assess the viability of identified evacuation routes in relation to real-time capacities of transportation infrastructure.

D. Vehicle Staging Areas

1. Staging areas should be established for the check-in and mobilization of transportation resources.

2. Staging areas should be pre-identified based on hazard and risk assessments and need, when possible.

3. The selection of staging areas should be made by the CEOC in coordination with transit agencies and based on incident impacts and evacuation resource needs.

E. Pick-Up Points

1. Transportation coordinators and local jurisdictions will work with law
enforcement agencies to identify and establish pick-up points (PUPs) in the event of a catastrophic incident.

2. Planners should consider using existing bus stops as PUPs during an evacuation and coordinate with local transit agencies who service those stops.
   a. Other PUPs may need to be identified and added to service routes, as needed.

3. Planners should include flexibility in plans to add locations where people are likely to congregate to serve as PUPs.

4. To the maximum extent possible, given resource limitations and risk to responders, people with disabilities and others with access and functional needs who cannot reach these PUPs should be collected curbside at their respective locations. PUPs should be accessible to all evacuees.

5. It is critical that modes of available transportation are identified that can accommodate people with disabilities and others with access and functional needs during an evacuation. Transportation that can accommodate people in wheelchairs, scooters, or other mobility aids must be made available. Some potential options can be the use of lift-equipped school buses and vans.

6. Planners should consider adding designations to locations identified as possible PUPs that could include temporary signs, permanent additions to existing signs, or some other indication that it will serve as a PUP.

F. Evacuation Points

1. Transportation coordinators and local jurisdictions should work with law enforcement agencies to identify and establish evacuation points (EPs) in the event of a catastrophic incident.

2. EPs should be established outside of threatened areas for the triage of evacuees and distribution to appropriate care facilities.

3. The number and location of EPs should be based on the population that will need transportation. EPs should be at easily identifiable locations and accessible to all evacuees.

4. Municipalities may want to consider senior centers for use as EPs, as these facilities are geographically dispersed, ADA-compliant, include many infrastructure support resources (e.g., water, bathrooms, and backup power), and are familiar to senior citizens.

5. Local rail authorities should attempt to incorporate rail into the evacuation plans in order to move large segments of the population from and within the OA as necessary.
6. Well-known sites (e.g., schools, shopping centers, and libraries) should also be considered as possible EPs. A facility considered for use as an EP should contain overhead cover and restrooms that are capable of supporting large segments of the population for extended periods of time. If schools are currently in session, their use should be coordinated with the appropriate school district before they are used.

G. Evacuee Manifesting and Tracking Process\textsuperscript{53}

1. For government-assisted evacuations, planners should collect basic information, including:
   a. Geographic location from which evacuees came
   b. Number of adults
   c. Number of children
   d. Number of people with disabilities and others with access and functional needs, including:
      i. Whether they have a guardian or caretaker present
      ii. Unaccompanied minors, any DME, and service animals

2. Further manifesting and tracking guidance can be found in the Mass Reception Processing Guide.

H. Transportation Coordination

Staging areas will be established to stage and coordinate transportation resources in support of PUP operations. This will provide the EOC the ability to coordinate these resources effectively. The appropriate EOC or incident commander will be responsible for coordinating these resources with local transit agencies. It is important that control over transportation resources be maintained by the appropriate transit agency to facilitate continued service in support of evacuation plans and response goals.

1. Local bus fleets predominantly have a limited range. Most local bus fleets consist of compressed natural gas (CNG)–powered buses, which are required to refuel at specific sites and have limited range. Local transit agencies may need to provide support services to the evacuation bus fleet, including refueling and quick turnaround maintenance to enhance evacuation capabilities.

2. Law enforcement escorts may be required to provide security in support of transportation resources, where necessary. Due to

\textsuperscript{53} Several software packages have been developed specifically to track people displaced in a disaster and have been used successfully for several large-scale disasters.
limited resources, law enforcement escorts may not always be possible. In the event that law enforcement vehicles (i.e., motor units) are used, communications should be established and maintained with the escort group via radio. Escorts can also coordinate real-time information on traffic and road conditions, EPs and PUPs, and other critical information. Information obtained should be relayed via the escort group to the EOC for analysis and dissemination, as necessary.

Overall evacuation routes must be coordinated across jurisdictional boundaries and may require sustained inter-jurisdictional coordination between evacuated and host communities along or near the evacuation routes.

I. Evacuation Route Determination

1. Evacuation Routes and Capacities

   Primary evacuation routes consist of the major interstates, highways, and prime arterials within Los Angeles County. Local jurisdictions will work with the CEOC, law enforcement officials, Caltrans, CHP, the Department of Public Works, local transit agencies, and other applicable agencies or departments to identify EPs and transportation routes. In addition, local jurisdictions need to coordinate with the EOC for RPS and shelter locations.

   It will be necessary to identify EPs before evacuation routes are announced to the public. Evacuation routes should be determined based on the location and extent of the incident and should include as many pre-designated transportation routes as possible. Important roadway characteristics and factors that should be considered when selecting an evacuation route include:

   a. Shortest route to the designated destination areas
   b. Ability of proposed routes to accommodate the mode of transportation to be used
   c. Maximum roadway capacity
   d. Ability to increase capacity and traffic flow using traffic control strategies
   e. Maximum number of lanes that provide continuous flow through the evacuation area
   f. Contra-flow plans and routes
   g. Availability of infrastructure to disseminate real-time conditions and messages to evacuees en route, such as CMSs
h. Number of potentially hazardous points and bottlenecks, such as bridges, tunnels, and lane reductions

Traffic conditions must be monitored along evacuation routes, and operational adjustments should be made as necessary to maximize throughput. Caltrans, along with several other Los Angeles City and County departments, has the ability to monitor traffic by using closed-circuit television. These assets should be used to make adjustments to evacuation routes based on real-time conditions.

2. Average Daily Traffic

Traffic volume data can provide useful information to emergency managers when determining evacuation routes and durations. Planners should understand normal traffic tendencies. This information can be used to estimate the capacity of a particular route for evacuation purposes by reviewing traffic flow patterns during heaviest usage.

3. Roadway Capacity

Roadway capacities can fluctuate based on the number of available lanes, number of traffic signals, construction activity, accidents, and obstructions. Planners should consult with local traffic engineers for a detailed understanding of how this will impact evacuation operations.

J. Transportation Strategies

There are many transportation strategies available that can be implemented during an evacuation effort to enhance traffic flow and reduce the overall evacuation time. These strategies include contra-flow, traffic signal coordination, closure of on- and off-ramps, Intelligent Transportation Systems (ITS), segregation of pedestrian and vehicle traffic, exclusive bus routes, phased evacuation, phased release of parking facilities, use of designated markings, road barriers, and use of the Los Angeles Freeway Patrol Service.

1. Contra-Flow Operations

Contra-flow is a tactic in which one or more lanes of a roadway is reversed to allow for an increase of traffic flow in one direction. Contra-flow can be implemented for highway and arterial roadways; however, the non-signaled, divided, and access-controlled configurations of highways make these roadways ideal for contra-flow operations. An important consideration in the development of contra-flow plans is the identification of inception and termination points for the corridor. Congestion at these points can significantly reduce the effectiveness of these operations. Effective implementation of these plans includes the deployment of appropriate signage, signals, and barriers, as well as the use of
CHP and law enforcement personnel. For safety considerations, contra-flow operations should only be performed during daylight hours. In addition, an emergency return lane must also be designated.

There are no current plans in the OA to implement contra-flow operations given the transportation complexity and level of resources required to implement this strategy. However, if contra-flow operations were to be used in the LAOA in an evacuation effort, it will be implemented for only small segments of roadways. Each jurisdiction will have the option to use contra-flow on their local roadways; however, the use of contra-flow on the highways will be determined by the CEOC, CHP, or the Los Angeles County Sheriff’s Department, in coordination with Caltrans.

2. Traffic Signal Coordination and Timing

Traffic signal coordination and timing plans should be synchronized to maximize traffic flow in the outbound direction during an evacuation effort. Depending on the extent of the evacuation, coordination may be necessary both locally and regionally to calibrate traffic signal systems. In addition, it is important to identify the number of non-programmed signals along evacuation routes. These signals can be plugged into non-centrally programmed traffic signal boxes, which will then generate flashing yellow and red lights to help manage traffic. Individual jurisdictions should determine whether local traffic signals can be controlled from a central location, as well as the availability and capability of backup power sources.

3. Closure of Freeway On-Ramps and Off-Ramps

Closure of outbound freeway on-ramps on designated evacuation routes will reduce congestion on these roadways resulting from traffic originating at intermediate locations between evacuation origins and destinations. In addition to reducing congestion, closure of freeway outbound on-ramps will also help eliminate entrance queuing. Closure of freeway off-ramps will ensure that evacuees remain on designated evacuation routes. These tactics will require coordination between CHP, Caltrans, local jurisdictions, and other emergency personnel to place and staff necessary barricades throughout the evacuation route.

4. Intelligent Transportation Systems

Intelligent Transportation Systems (ITSs) include a broad range of technologically based tools that enable transportation and emergency managers to monitor traffic conditions, respond to capacity-reducing events, and provide real-time road conditions.
The LAOA is equipped with numerous forms of ITS technologies, including:

a. Roadway electronic surveillance
b. Automatic vehicle location
c. CMSs
d. Highway Advisory Radio

These types of technologies provide real-time information to the Los Angeles Transportation Management Center. The Los Angeles Transportation Management Center integrates Caltrans traffic operations, Caltrans maintenance, and CHP communications into a unified, co-located communication and command center.

The Transportation Management Center functions to provide communications, surveillance, and computer infrastructure required for coordinated transportation management. For example, by using ITS technologies, the Transportation Management Center can quickly detect, verify, and respond to incidents and recommend a different evacuation route due to congestion.

5. Segregation of Pedestrian and Vehicle Traffic

This strategy will designate certain urban roadways as pedestrian only. This will provide separation between vehicles and pedestrians during an evacuation, thus reducing confusion and increasing the efficiency and safety of the evacuation. Some short-notice incidents, such as a tsunami emergency, would involve an immediate evacuation on foot versus by vehicle. Resources required to accomplish the successful implementation of vehicle and pedestrian separation on evacuation routes will include appropriate accessibility, signage, signals, barriers, and the deployment of emergency management personnel and communications equipment.

6. Exclusive Bus Routes

This strategy involves the designation of certain lanes within an evacuation route exclusively for buses or high-occupancy or large-capacity vehicles. Exclusive bus routes may also be established along alternative evacuation routes. The implementation of this strategy will help support and expedite pick-up point and evacuation point operations and can greatly increase the number of people that can be evacuated within a timeframe. This strategy will require coordination between the CEOC, local transit agencies, affected local jurisdictions, law enforcement agencies, and Caltrans.
7. Use of Designated Markings

Designated markings and signs will play a key role in accomplishing a safe and efficient evacuation. Signs, flags, and other markings can be used to provide guidance and information to evacuees en route.

8. Road Barriers

Road barriers can be used in conjunction with other transportation strategies to ensure that evacuees remain on designated evacuation routes or are blocked from entering closed areas.

9. Vehicle Support Services

Local governments provide or have contracts to provide freeway patrol services, which can be activated and used during an evacuation effort to provide services (e.g., changing tires, jump-starting vehicles, providing fuel, or towing vehicles) to disabled vehicles.
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IX. EVACUATION VIA MOTOR VEHICLE

A. Planning Considerations for Use of Motor Vehicles

1. Damage to the infrastructure may prevent motor vehicles from traveling on the highway system or roadways.

2. Debris may make roadways impassable or cause threat to safety due to materials such as nails, glass or other debris that negatively affects vehicle tires and driving.

3. Following an earthquake incident, roads and bridges will likely require inspection following each significant aftershock. This would slow the traffic and evacuation process for motor vehicles.

4. If the electricity is out, traffic signals will not be working, which would slow the motor vehicle evacuation process.

5. In the event of flooding, motor vehicles will not be able to pass through low-lying areas.

6. If there is damage to gas pipelines, vehicles may not be able to get fuel.

7. If there is no electricity (and no backup generator), the fuel will not be able to be pumped.

8. Bus facilities may be affected.

9. Schedules will have to be maintained for continuing preventative maintenance on vehicles.

10. If communications are not already available onboard the motor vehicle, some mode of communication will have to be identified, and the operators will have to be trained to use it.

11. Communications networks for gas stations may be down and pay-at-the-pump and credit or debit transactions may be unavailable. The stations may only be able to accept cash.

12. When planning for paratransit vehicles and taxis, consider that the space limitations inside those vehicles may mean that families become separated. If this is the case, family reunification will be an issue.

13. Proper record keeping is an absolute necessity to ensure that private companies and nonprofits are reimbursed for expenses they incur. It is also important that they are monitored to ensure that they are reporting correctly to avoid fraud and abuse.

14. Agreements need to be developed regarding reimbursement for the use of private transportation personnel and resources, and associated damages from operations.
a. Government agency assets will be operated under the California Statewide MAA and associated disaster declarations.

15. Appropriate safety regulations must be maintained for all vehicles obtained to assist with government-assisted evacuations.

B. Government-Assisted Motor Vehicle Transportation Resources

1. Local Transit Agencies

Transit agencies are key stakeholders in evacuation transportation. Planners should work with the local transit agency to determine the number of resources, their capabilities, and fuel requirements.

   a. Advantages include the following:

   i. Buses are readily available and have great mobility.
   ii. Buses have a relatively quick response time.
   iii. Buses are familiar to the public.

   b. Limitations include the following:

   i. Buses typically have only two wheelchair securement locations for people who use wheelchairs and mobility devices.
   ii. CNG buses are limited to fixed refueling locations.
   iii. Buses may be limited in range.

   c. Bus fleets are often comprised of 40-foot, 45-foot, and 60-foot buses that operate on CNG, gasoline, or diesel, depending on the fleet.

   i. Buses traditionally have a capacity of 40 to 45 people.
   ii. Buses can usually accommodate two wheelchairs, and a majority of the buses are lift-equipped.

2. School District Buses

   a. Planners should work with the school district to determine if school buses are owned and operated by the district, or are leased or contracted with a private vendor.

   b. Advantages include the following:

   i. Buses are readily available and have great mobility.
   ii. They have a relatively quick response time.

   c. Limitations include the following:
i. Buses have limited space for people in wheelchairs and mobility devices.

ii. Buses that use CNG instead of diesel are limited to fixed refueling points.

iii. Buses may be limited in range.

iv. During the school year, buses will already be tasked with a dedicated route.

v. During the summer and holidays, it may be harder to find and recall bus drivers.

d. School buses traditionally have a capacity of 40 to 70 people per bus under normal operations.

e. Each school bus can typically accommodate two wheelchairs.

3. Paratransit Services

a. Advantages include the following:

i. Paratransit services often have relationships with current riders.

ii. Resources are accessible by a wide variety of mobility devices.

b. Limitations include the following:

i. Vehicles often have limited space for passengers, often having small capacities of only 4 to 11 passengers.

ii. Some vehicles may not be able to accommodate mobility devices larger than the Federal requirement of 30 inches wide, 48 inches long, and 600 pounds in total weight (rider and mobility device combined). Planners should consult with the services to determine their level of capability.

iii. Paratransit services are dedicated resources for existing clients. Planners must coordinate with these resource providers to consider the impact on existing clients and a contingency plan for those who are en route to a destination or expecting to be picked up.

4. Intercity Motor Coach or Charter Buses

a. Advantages include the following:
i. Some buses are lift-equipped and wheelchair-accessible.

ii. There is an abundant supply of these buses in the LAOA.

b. Limitations include the following:

i. Some have scheduled routes, assignments, or other priorities and may not be available for service.

ii. There is limited space for people with wheelchairs or mobility devices.

iii. There may be legal restrictions on the areas they can access.

c. Motor coaches traditionally have a capacity of 35 to 57 people.

d. Charter operators in the LAOA include Greyhound, LuxBus, and Hoang Transportation.

5. Taxis

a. Advantages include the following:

i. There is an abundant supply of taxis in the area.

ii. Taxi services are licensed through local regulatory jurisdictions. Planners should work with local agencies to determine regulatory requirements, or with neighboring jurisdictions to determine standards and available resources.

b. Limitations include the following:

i. There is a public perception that passengers will have to pay for the service.

ii. Price gouging (or the perception of price gouging) may limit some residents from using this service.

iii. There is limited space for passengers.

iv. Most taxis are not wheelchair-accessible.

v. Taxis can cause congestion on roads.

vi. Because of the number of taxis available to the area, it may be difficult to coordinate this resource.

c. Taxis usually have a capacity of between two and seven passengers per vehicle.
6. Buses and Vans of Churches, NGOs, and Private Schools
   a. Advantages include the following:
      i. Some individuals in the target evacuation population will already have a relationship with the churches, NGOs, and/or private schools.
      ii. These buses and vans are already embedded in the community.
   b. Limitations include the following:
      i. These resources and organizations may be unfamiliar to some citizens.
      ii. The buses and vans may already be committed to another route or assignment.
      iii. During holiday times, it may be harder to recall drivers.
      iv. Pets may not be welcome on the buses and vans.
      v. There should be appropriate agreements and record keeping ensuring that the groups are able to receive reimbursement for expenses, including damages, drivers’ salaries, and fuel.
   c. A wide variety of motor vehicle transportation assets will be owned by churches, NGOs, and private schools. These will range from vans and shuttles to larger buses.

7. Private Shuttle Services
   a. These services often are provided by larger employers, amusement parks, and other tourist facilities, among others.
   b. Advantages include the following:
      i. Buses and vans are readily available and have great mobility.
      ii. Buses and vans have a relatively quick response time.
   c. Limitations include the following:

Franchises in the LAOA include Bell Cab, Beverly Hills Cab, Checker Cab, City Cab, Independent Taxi, United Checker Cab Company, United Independent Taxi, United Taxi of San Fernando Valley, and Yellow Cab. Planners should identify additional resources available to their jurisdiction.
i. Buses and vans have limited space for people with wheelchairs or other mobility devices.

ii. Operators may encounter physical and legal barriers. Legal barriers could include limited insurance coverage for specific passengers or geographic restraints.

iii. Operators may already have a fixed route and not be available to assist.

iv. Shuttle buses and vans usually have a capacity of 4 to 40 people.

8. Law Enforcement Transportation Resources
   a. Advantage includes the following:
      i. During a disaster, these resources and their drivers may be available.
   b. Limitations include the following:
      i. There is a public stigma or perception against transporting “free” citizens in a corrections vehicle.
      ii. These resources may already be committed to transporting or evacuating inmates.

9. Car Pool Vans
   a. Advantages include the following:
      i. These vans are already out in the community.
      ii. Vans are well marked.
   b. Limitations include the following:
      i. These vans are assigned to particular van pools so in a disaster, these vans may already be tasked with other missions.
X. EVACUATION VIA RAIL TRANSPORT

While rail evacuation is limited by track service area, right of way, and limited boarding platforms, the access constraints are offset by the potentially large numbers of passengers that are able to be moved and the ability to transport people with disabilities and others with access and functional needs. There are three rail transport providers within the LAOA: MTA, Metrolink, and Amtrak. Local planners need to determine the availability of these resources for evacuation in their jurisdiction.

A. MTA

1. Capacity, Range, and Cycle Time
   a. Urban rail car capacity is approximately 300 people each when filled to a maximum load, including standing room.
   b. The range is limited only by electric power and operable right of way.

2. Accessibility for People with Disabilities and Others with Access and Functional Needs
   a. Staging and access areas will be limited in space. Most stations are smaller than other types of rail transportation.
   b. Commuter rail stations are equipped with elevators and are generally easily accessible. During power outages and earthquakes, those who are dependent on elevators or other electrical-based means of accessing or leaving stations may be stranded or unable to access them.
   c. Cars have open areas for people with disabilities and others with access and functional needs. These areas include room for attendees, service animals, and mobility equipment.

3. Considerations
   a. The infrastructure (e.g., tracks, power source, and control devices) may be damaged by the incident.
   b. Trains that require specialized operators and electrical power are limited in range to local services but may be able to intersect with other rail systems.
   c. There are no onboard services (e.g., restrooms and water dispensers).
   d. Boarding and onboard security will be required.

4. Availability in the LAOA
   a. This resource services 62 stations and 73 miles of track.
b. Service runs through Long Beach, Pasadena, Norwalk, El Segundo, North Hollywood, and Downtown Los Angeles.

c. Los Angeles County MTA is the operator of Metro Rail in the LAOA

i. More information is available at http://www.metro.net.

B. Metrolink

1. Capacity, Range, and Cycle Time
   a. Cars have a capacity of about 145 passengers, with a maximum load of 300, depending on the configuration.
   b. The range is up to 900 miles, and Metrolink can access the Amtrak system.
   c. Loading and unloading time is approximately 10 to 20 minutes.
   d. Cycle time is minimal from arrival to departure.

2. Accessibility for People with Disabilities and Others with Access and Functional Needs
   a. Train boarding and debarking is simple and direct.
   b. Room is available for attendees, service animals, and mobility equipment.
   c. The limited restroom facilities are accessible for people with disabilities and others with access and functional needs.

3. Considerations
   a. Infrastructure (e.g., tracks, power source, and control devices) may be damaged by the event.
   b. Locomotives are diesel-powered. They do not rely on electricity for power, but will require power for signaling, switching, and communications.
   c. In addition to a crew and 2,000 gallons of fuel per locomotive, onboard security will be required.
   d. Many of the cars have restrooms, but no food- or water-dispensing capability.
   e. Many of the stations have large parking areas that may be used for staging and assembly.

4. Availability in the LAOA
   a. This resource serves 55 stations on 388 miles of track.
b. Metrolink can connect with Amtrak and can transfer with Metro Rail and San Diego lines.

c. Metrolink is a private joint-powers authority between Los Angeles, Orange, Riverside, and San Bernardino counties. It operates on Amtrak and Burlington Northern Santa Fe tracks.

C. Amtrak

1. Capacity, Range, and Cycle Time
   a. Passenger rail cars come in varying configurations.
   b. Lounge cars seat between 31 and 53 passengers, while older, single-level cars have either 60 or 84 seats.
   c. Double-deck superliner cars have 12 seats in the lower level and 62 in the upper level.
   d. The range is up to 900 miles per fuel load.
   e. Passenger loading and unloading time is approximately 10 to 20 minutes.
   f. Cycle time is minimal from arrival at the evacuation boarding point to the departure.

2. Accessibility for People with Disabilities and Others with Access and Functional Needs
   a. Room is available for attendees, service animals, and mobility equipment.
   b. The lower-level superliner coaches are accessible to individuals with access and functional needs.
   c. All restrooms are accessible.

3. Considerations
   a. Inter-city rail transport has been effectively employed in past disasters due to its ability to transport large numbers of evacuees in a single trip.
   b. Most passenger cars are equipped with a restroom, and a number of cars are configured for food and water services.
   c. Infrastructure (e.g., tracks, power source, and control devices) may be damaged by the event and may require specialized operators.
d. The locomotives require large amounts of fuel (2,500 gallons per locomotive) and have generally less passenger room than urban or light-rail services.

e. Onboard security will be required.

f. Amtrak provides shuttle services between certain locations to nearby train stations. Planners should consult with Amtrak to determine if this exists in their jurisdictions and its use during emergency operations.

g. Employment of inter-city rail services will require considerable pre-incident planning with MOUs in place to facilitate their mobilization.

h. Amtrak owns or operates the inter-city rail network in the LAOA for the State of California.
XI. **Evacuation Via Marine Transport**

A. **Overarching Considerations**

1. While all water-borne transport is limited by ports, rivers, and canals with the ability to properly dock and load, these constraints are offset by the ability to transport large numbers of passengers, including people with disabilities and others with access and functional needs.

2. Marine facilities may be isolated from damaging events that occur inland, or they may be the focal point of major damage due to a tsunami or earthquake.

3. Marine assets offer the ability to assemble a large number of evacuees in a secure environment. Resources in the LAOA vary from the large ports of Long Beach and Los Angeles to the many private marinas and dock operations. The former offers assets of ferry boats, excursion ships, and large cruise ships. The latter can provide smaller excursion and tour boats.

4. Mobilization time will vary greatly. While all private operations will require MOUs and pre-incident planning, the larger the ship and crew, the greater amount of preparation and mobilization time is required.

B. **Ferry**

1. **Capacity, Range, and Cycle Time**
   a. Ferries can transport up to 150 people per ship with a range of 100 to 300 miles.
   b. Cycle time is 15 to 20 minutes for loading.

2. **Accessibility for People with Disabilities and Others with Access and Functional Needs**
   a. Ferries have space and access facilities for mobility devices and the ability to configure space for people with disabilities and others with access and functional needs.

3. **Considerations**
   a. Ferries have been successfully employed in several major disasters.
   b. Given their flexibility and size, ferries will move large passenger loads efficiently for extended time periods.
   c. A large number of passengers may be assembled in the docking area within a secure environment.
d. Passengers may be transported via ferry to a shelter area or other means of transportation outside of the disaster impact zone.

e. Ferries require no special fuel.

f. With a qualified crew of 3 to 5 people, ferries are virtually self-sufficient.

g. Ferries require a dock area of sufficient draft and boarding capability and a security presence at the dock and onboard.

h. Most ferry boats are equipped with accessible restrooms.
i. Ferry boats operate in the Port of Long Beach, Los Angeles area Marina Del Ray, Dana Point, and San Pedro, among others.

4. Availability
a. Planners should consult with local port operations or the Coast Guard in the LAOA to determine availability and resources within the jurisdiction.

C. Excursion or Tour Boat

1. Capacity, Range, and Cycle Time
a. Excursion or tour boats can transport from 125 to as many as 500 individuals per boat with a range of 100 to 300 miles.

b. Cycle time will include 15 to 20 minutes to load and unload.

2. Accessibility for People with Disabilities and Others with Access and Functional Needs
a. Excursion or tour boats have designated access and functional needs areas and the potential for apportioned deck space.

3. Considerations
a. Excursion or tour boats are able to store and serve food and water.

b. A large number of passengers may be assembled in the docking area within a secure environment.

c. Passengers may be transported to shelter areas or to other means of transportation within a safe and secure area.

d. Excursion or tour boats require no special fuel.
e. With a crew of 3 to 5 people, excursion or tour boats are virtually self-sufficient.

f. They may require a suitable docking structure to load and unload passengers.

4. Availability
   a. Operators are available in the Port of Long Beach, Marina Del Ray, Redondo Beach, and other marine environments surrounding the LAOA.
   b. Planners should consult with local port operations or the Coast Guard in the LAOA to determine availability and resources within the jurisdiction.

D. Cruise Ships
   1. Capacity, Range, and Cycle Time
      a. Cruise ships will hold up to several thousand passengers each and are able to travel several hundred miles.
      b. They require several hours to load and unload.
   2. Accessibility for People with Disabilities and Others with Access and Functional Needs
      a. Cruise ships offer areas for medical treatment and large spaces for people with disabilities and others with access and functional needs.
      b. Cruise ships are equipped with multiple passenger and freight elevators.
   3. Considerations
      a. Cruise ships are mostly self-contained in terms of fuel, communications, food, and water.
      b. The dock loading areas are able to accommodate thousands of people in a secure environment.
      c. Cruise ships require deep draft docking areas, room to maneuver in the harbor, and large numbers of crew and support staff.
      d. While cruise ships do not need external power, they require thousands of gallons of fuel to operate.
      e. Cruise ships are amply equipped with accessible restrooms and dining facilities, as well as food services that can
accommodate people with disabilities and others with access and functional needs.

i. The comprehensive accessibility of each ship should be considered and evaluated.

f. Long Beach and San Pedro have ports that can support cruise ships.

4. Availability

a. Large-scale cruise lines operate in Long Beach and San Pedro.

b. Planners should consult with local port operations or the Coast Guard in the LAOA to determine availability and resources within the jurisdiction.
XII. **Evacuation Via Air Transport**

Air evacuation involves coordination among multiple agencies, including federal, state, and local partners, as well as private-sector air operators. In a catastrophic disaster, the aviation system may be damaged or disrupted. This may include physical damage to runways, taxiways, and ramps, and/or to the support infrastructure. Careful planning and execution is needed to ensure that the complex aviation operation system is fully functional. This includes damage assessments, immediate repairs, and the restoration of navigation services, airspace, air traffic control operations, emergency power, and lighting. In addition, in reference to Southern California earthquake planning, airports and aviation facilities may not be immediately available as an EP due to other requirements or uses.

Evacuation via air transport should not be considered unless ordered to do so. Air evacuation would normally be a federal- and state-coordinated effort. A local jurisdiction’s responsibilities will focus on arrangements to shuttle evacuees to the airport.

A. **Accessibility for People with Disabilities and Others with Access and Functional Needs**

1. In proper configuration, specialized aircraft can transport relatively large numbers of non-ambulatory individuals.

2. Mechanized lift platforms are required for civilian aircraft and, unless the unit is a specialized plane, seating is limited for people with disabilities and others with access and functional needs.

3. Military aircraft will have full dropdown ramp access and may be configured to be accessible.

B. **Considerations**

1. These resources can travel long ranges. They cover great distances in a short amount of time.

2. They require runways, dedicated crews, specialized fuel, and support.

3. Following an earthquake or tsunami, runway and ramp areas must be surveyed by a specialized damage assessment team.

4. Other required support includes ground security; shelter; water and restrooms for waiting evacuees; boarding security and passenger manifesting; communications and air traffic control systems; and sufficient supply of proper types of fuel.

5. Flow of evacuees must be closely coordinated with the aviation planning section of the IC to ensure the safe and smooth flow of air assets into and out of evacuation hubs. While the air evacuation is
the most expensive (cost per passenger) method of emergency evacuation, it offers the ability to rapidly relocate a given population of up to 300 evacuees a substantial distance. This may be appropriate in the relocation of populations to an area of appropriate care and shelter.

C. Availability in the LAOA

1. The LAOA has a number of major airport facilities.
2. The major civilian airport operations within the LAOA and neighboring jurisdictions include Los Angeles International (LAX), Orange County, Long Beach, Burbank, LA/Ontario, and Palm Springs.
3. There are at least 15 other general aviation airports with tower and ground facilities and 9 others without tower operations and minimal ground services capabilities.
4. A wide range of military and governmental aerial assets are available from Los Alamitos Joint Forces Training Base, March Joint Air Reserve Base, Coast Guard Air Station, Los Angeles (at LAX), and Naval Air Station Point Mugu.
5. A wide range of aircraft may be available from these airports. Incident-specific availability will depend on the amount and degree of damage to airfield facilities and the level and detail of pre-incident planning and agreements.

D. Operators in the LAOA

1. In addition to the civilian and military operators, a number of federal agencies operate aerial assets that are suitable for mass evacuation.
XIII. BUILDING RELATIONSHIPS WITH TRANSPORTATION PARTNERS

A. Identifying Transportation Resources

1. Identifying and fostering relationships with the myriad of transportation resources in the LAOA is essential to effective evacuation. It is recommended that jurisdictions within the LAOA develop relationships with transportation agencies, service providers, and operators within the community whose resources may be needed during an evacuation.

2. There are more than 20 transit services providers, including Metrolink, Access Services, MTA, Foothill Transit, Santa Monica Transit, Long Beach Transit, Orange County Transit Agency, the Los Angeles Department of Transportation, and other transportation providers, as well as hidden fleets that may be needed in case of evacuation orders. There are also transportation service providers that will be crucial in the movement of individuals from hospitals and care facilities.

3. An inventory of transportation assets should be developed that includes:
   a. Fleet size
   b. Types of vehicles
   c. Vehicle capacities
   d. Number of wheelchair securement locations on vehicles
   e. Fuel type and range
   f. Vehicle fueling locations
   g. Turning radius
   h. Vehicle storage or layover locations

4. It is recommended that jurisdictions identify the number of people who may be in need of evacuation transportation, and map those populations in relation to transportation assets, evacuation routes, and reception centers or shelters.

5. Local jurisdictions should seek to establish and maintain working relationships with advocacy and faith-based groups that serve the transportation-dependent members of their community.

B. Public Education

Emergency managers should prepare the public in advance for the potential of evacuations. FHWA has identified the following pieces of information that must be communicated to the public:

1. What preparations to carry out in advance (e.g., emergency ready
Los Angeles Operational Area
Mass Evacuation Process Guide

2. How an evacuation will be declared and the meaning of different types of evacuation orders
3. What support services are likely to be offered to evacuees
4. Where to get information once an evacuation is ordered
5. Where and how to get updated information once an evacuation is underway
xiv. Appendix A – Authorities and References

Evacuation orders should be issued when there is a clear and imminent threat to the health and safety of the population and it is determined that evacuation is the best option for protection. Authorities should consider describing the evacuation orders as mandatory to promote public cooperation. However, law enforcement will not use force to remove any person who remains within the affected area when directed to evacuate.

Emergency responders should clearly inform people that their failure to evacuate may result in serious physical injury or death, and future opportunities to evacuate may not exist. Once a local jurisdiction executes an evacuation order, it is critical that public information dissemination, transportation, sheltering resources, and the security of private property are provided to a level where the public feels confident that evacuation is a better option than staying behind.

A. Emergency Management Plans and Systems

Mass evacuations, like all emergency operations in the State of California, occur within the context and under the authority of mandated plans and response systems that describe response coordination within and between multiple levels of government. The Standardized Emergency Management System (SEMS) describes these levels and is reflected in State and local emergency plans and procedures. In addition, a mass evacuation requires particular attention to the coordination within and between each level of government response (e.g., field, local, operational area, regional, State, and Federal). Applicable plans and systems include:

1. National Response Framework

The Federal National Response Framework (NRF) presents the guiding principles that enable all response partners to prepare for and provide a unified national response to disasters and emergencies from the smallest incident to the largest catastrophe. This important document establishes a comprehensive, national, all-hazards approach to domestic incident response. The NRF defines the key principles, roles, and structures that organize the way the United States responds as a Nation. It describes how communities, tribes, States, the Federal Government, and private-sector and nongovernmental partners apply these principles for a coordinated, effective national response. It also identifies special circumstances where the Federal Government exercises a larger role, including incidents where Federal interests are involved and


catastrophic incidents where a State would require significant support. The NRF enables first responders, decision makers, and supporting entities to provide a unified national response.

2. **National Incident Management System**

   Homeland Security Presidential Directive (HSPD) 5 directed the development of the National Incident management System (NIMS) so that on a national basis, responders from different jurisdictions and disciplines can more efficiently respond to natural disasters and emergencies, including acts of terrorism. NIMS benefits include a unified approach to incident management; standard command and management structures; and an emphasis on preparedness, mutual aid, and resource management.

3. **California Emergency Plan**

   The California Emergency Plan, hereinafter referred to as the State Emergency Plan (SEP), is established under the authority of the Emergency Services Act (ESA) and is in force throughout the State and its political subdivisions. The SEP defines the emergency management system used for all emergencies in California. It describes the California emergency organization, which provides the Governor access to public and private resources within the State in times of emergency. This plan is supported by other contingency plans and operating procedures.

   The SEP establishes the policies, concepts, and general protocols for the implementation of SEMS. State law requires the use of SEMS during multi-agency or multijurisdictional emergency response by State agencies. Local government must also use SEMS to be eligible for reimbursement of certain response-related personnel costs. All organizations dealing with emergency activities at any level should use SEMS throughout the phases of emergencies including disaster prevention, mitigation, preparedness, and response.

4. **California Disaster and Civil Defense Master Mutual-Aid Agreement**


The State of California maintains a master mutual-aid agreement (MAA) between the State and “its various departments and agencies, and the various political subdivisions, municipal corporations, and other public agencies of the State of California.” The agreement outlines the guidelines for requesting and receiving aid, liability, reimbursement, and other legal issues that accompany the operational support of personnel and resources to other jurisdictions who fall under it.

5. Standardized Emergency Management System (SEMS)

SEMS is the system required by Government Code §8607(a) for managing response to multi-agency and multijurisdictional emergencies in California. SEMS consists of the following five organizational levels, which are activated as necessary:

a. Field response
b. Local government
c. Operational area
d. Region
e. State

SEMS incorporates the use of the Incident Command System, the Master MAA, existing discipline-specific mutual aid, the operational area concept, and multi-agency or inter-agency coordination. SEMS helps unify all elements of California’s emergency management organization into a single integrated system. The use of SEMS is required for State response agencies. Local government agencies must use SEMS to be eligible for State funding of certain response-related personnel costs resulting from a disaster. SEMS is fully integrated with NIMS.

6. Operational Area Emergency Response Plan

The County of Los Angeles Operational Area Emergency Response Plan (OAERP) was created under the authority of County Ordinance 2.68 and addresses the Operational Area’s planned response to extraordinary emergency situations associated

with natural and human-induced disasters and technological incidents. The OAERP does not address normal day-to-day emergencies or the well-established and routine procedures used in coping with them. Instead, the operational concepts reflected in the plan focus on potential large-scale disasters that can generate unique situations requiring an extraordinary emergency response. The OAERP is a preparedness document designed to be read, understood, and exercised prior to an emergency. It was developed in compliance with SEMS and is coordinated with the SEP, both of which are compliant with NIMS.

7. Mass Care Guide

The purpose of the Los Angeles Operational Area (LAOA) Mass Care Guidance for Emergency Planners is to help planners establish strategies, plans, and procedures for providing mass care support to people affected during and after a catastrophic incident or event. The guidance is intended to help departments and agencies engage in coordinated planning that will allow for more seamless multijurisdictional response to incidents and thus provide better service to the citizens of the Lkoa, who are impacted by disaster(s). Similarly, this guidance is intended to make a multi-county response to regional incidents more effective.

8. Reception Processing Guide

The purpose of the LOA Reception Processing Guidance for Emergency Planners is intended to help jurisdictions establish strategies, plans, and procedures for developing their mass reception annexes to their emergency operations plans (EOPs) and generally for the reception of an affected population in a mass evacuation environment. It is intended to assist departments and agencies of the government of Los Angeles County, the 88 municipal governments within the County, and nonprofit agencies that support disaster preparedness and response. Other operational areas and jurisdictions may also use this guidance as part of the effective development of a regional reception strategy.

B. Authorities

Planning and response considerations associated with evacuation procedures are complex. Those applicable to this LOA Mass Evacuation Process Guide (Guide) include:

1. Federal

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62 The LOA is an intermediate level of the State emergency services organization consisting of Los Angeles County and all political subdivisions within the County. See Los Angeles County Code, Chapter 2.68.050.K Definitions.
a. Presidential Policy Directive (PDD)-863
b. HSPD-564
c. NIMS65
d. NRF66
e. Mass Evacuation Incident Annex to the NRF67
f. Americans with Disabilities Act (ADA), as amended68
g. Rehabilitation Act, as amended69
h. Stafford Act, as amended70
i. Pets Evacuation and Transportation Standards (PETS) Act71
j. Title 20, United States Code, Chapter 28 – Higher Education Resources and Student Assistance, Part F, Sec. 1092

2. State
a. California Constitution72
b. California ESA, as amended73

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72 Available from: http://law.justia.com/california/constitution/.
c. **California Multi-Hazard Mitigation Plan**

d. California Code of Regulations, Title 19, Chapters 1 through 6, including:

i. **Chapter 1, SEMS**

ii. **Chapter 6, Disaster Assistance Act Regulations**

e. **California Penal Code** §409, §409.5, §409.6

   i. 409.5 of the California Penal Code has been reviewed by the Los Angeles County District Attorney's Office and by the Los Angeles County Counsel's Office and has been deemed to be the proper section to provide law enforcement and health officers the legal authority to “close and evacuate” an area.

f. **California SEP**

g. **California Disaster Medical Response Plan**

3. Local

   a. **County Code 2.68**

   b. **Operational Area Emergency Response Plan**

   c. City emergency ordinances

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76 Available from: [http://www.kintera.org/att/cl/%7BE475D1A4-FB9C-4135-AE8B-9310119C7F19%7D/CHAPTER%206%20%20CDAA.pdf](http://www.kintera.org/att/cl/%7BE475D1A4-FB9C-4135-AE8B-9310119C7F19%7D/CHAPTER%206%20%20CDAA.pdf).


d. City emergency plans
The Los Angeles Operational Area (LAOA) Mass Evacuation Process Guide (Guide) is a working document that will evolve in response to ever-changing threats and as new information becomes available. Ongoing exercises, training, evaluation, management, and maintenance of this Guide will ensure that new hazards and changes in communities can be addressed. A well-developed training and exercise program is vital to ensuring overall readiness and preparedness. Training ensures that responders and partner agencies are prepared for their roles and responsibilities. Exercises test the capabilities, resources, and working relationships of responding agencies. Maintenance addresses the need to compensate for staff turnover and changes to reference material.

Planners should consider the importance of including people with disabilities and others with access and functional needs into the training and exercise elements of the standard planning cycle to reduce potential impacts during evacuations. Twenty percent of the actors in an exercise should be representatives from this community, if possible, to more accurately evaluate capabilities and create a more realistic scenario.

A. Training

1. Personnel with a role in evacuation within the Operational Area (OA) should receive awareness training on the policies and procedures identified in their respective evacuation plan. All staff that may potentially participate in responding to emergencies in their city’s emergency operations center (EOC), the CEOC, or department operations centers (DOCs) must maintain minimum training competencies through training. Necessary training can be accomplished through classroom or internet instruction, coursework, independent study, on-the-job training, hands-on exercises, or any combination of these methods.

2. Awareness training refers to the preparation of all evacuation operations staff within the OA staff, first responders, and their agencies to react to a catastrophic disaster. These types of disasters affect the entire community, disrupting the day-to-day activities of agencies of all types, including those of first responders.

3. Designated staff within the OA and first responders have a responsibility to provide essential services in response to the impacts of the disaster on the community at large, to prevent further

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damage where possible, and to serve as a steady presence in the face of such events. To be able to provide these essential services, responders must take many of the same preparedness steps as other members of the community. Without taking the appropriate steps to prepare themselves and their families in advance of a disaster, responders will be hindered in their ability to perform their jobs when a disaster strikes, and will instead be focused on personal and family safety. Appropriate advance planning lessens the burden on responders during a response, enabling them to devote more to the task of securing the community. The Federal Emergency Management Agency has provided a comprehensive guide known as the Ready Responder toolkit (PDF) that provides the resources, templates, and information that can help agencies develop their own organizational preparedness plan, discuss procedures and decisions that could hinder response, and most importantly develop a culture of preparedness among their members. This information can be found at www.Ready.gov. (See Appendix H: Personal Preparedness for Disaster Service Workers for more information.)

B. Exercises

1. Conducting evacuation exercises will help identify areas of the Guide that require revision, enhancement, or additional detail. Exercises also help identify additional training or equipment that is necessary to improve the capabilities of response personnel to implement evacuation efforts. The Homeland Security Exercise and Evaluation Program (HSEEP) should be used for exercises. The California Emergency Management Agency (Cal EMA) provides HSEEP and exercise design training.

2. An After-Action Report (AAR) or Improvement Plan (IP) should be developed after each exercise and real-life incident requiring evacuation to assess strengths, weaknesses, and opportunities of the evacuation effort and to determine recommendations to improve evacuation response. Based on the AAR or IP, a corrective action plan and specific completion schedule should be developed. As part of the corrective action plan, recommendations identified in the AAR will then be integrated into the evacuation plans.

A. General Information about Local Emergency Proclamations

1. Definition of a local emergency: “The duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the territorial limits of a county, city and county, or city, caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestation or disease, the Governor’s warning of an earthquake or volcanic prediction, or an earthquake…or other conditions, other than conditions resulting from a labor controversy, which are or are likely to be beyond the control of the services, personnel, equipment, and facilities of that political subdivision and require the combined forces of other political subdivisions to combat…” (Section 8558(c), Chapter 7 of Division 1 of Title 2 of the Government Code)

2. Issuance

Either of the following entities may issue an emergency proclamation:

a. The governing body of the city, the county, or the city and county
b. An official designated by an adopted local ordinance (e.g., police or fire chief or the director of emergency services)

3. Purpose

An emergency proclamation:

a. Authorizes the undertaking of extraordinary police powers
b. Provides limited immunity for emergency actions of public employees and governing bodies
c. Authorizes the issuance of orders and regulations to protect life and property (e.g., curfews)
d. Activates pre-established local emergency provisions, such as special purchasing and contracting
e. Is a prerequisite for requesting a Governor’s Proclamation of a State of Emergency and/or a Presidential Declaration of an Emergency or Major Disaster.
4. Deadlines
   a. Issuance must take place within 10 days of the occurrence of a disaster if assistance will be requested through the California Disaster Assistance Act (CDAA).
   b. If issued by an official designated by the ordinance, the proclamation must be ratified by the governing body within 7 days.
   c. The following are deadlines for proclamation renewals.
      i. They must be reviewed at regularly scheduled board or council meetings until terminated.
      ii. They must be reviewed every 14 days for governing bodies that meet weekly until terminated.
      iii. No review is to exceed 21 days from the last review.
         a) Termination must take place when conditions warranting the proclamation have ended.

5. Notification Process
   a. Local governments should notify the Operational Area (OA) and provide a copy of the local emergency proclamation as soon as possible.
   b. The OA should notify the California Emergency Management Agency State Warning Center (CSWC) and provide a copy of the proclamation as soon as possible.
   c. The CSWC will notify the California Emergency Management Agency (Cal EMA) Secretary, Executive Management, and the Regional Duty Officer (RDO) via pager of a proclaimed local emergency. The RDO will be the primary contact between the Cal EMA Executive Management and the OA. The OA will act as a conduit for local jurisdictions updates and requests for assistance.
   d. The Cal EMA Secretary will respond in writing to the local government concerning the status of any requests for assistance included within the local proclamation or accompanying letter.

Please Note: A local emergency proclamation and/or Governor’s proclamation is not a prerequisite for mutual-aid assistance, American Red Cross assistance, the Federal Fire Management
Assistance Grant Program, or disaster loan programs designated by the Small Business Administration or the U.S. Department of Agriculture.

B. Levels of Disaster Assistance

1. Director's Concurrence
   a. Purpose: The CDAA authorizes the Cal EMA director, at his or her discretion, to provide financial assistance to repair and restore damaged public facilities and infrastructure.
   b. Deadline: Cal EMA must receive the request from the local government within ten days of the incident.
   c. Supporting Information Required: Supporting information includes the local emergency proclamation, initial damage estimate (IDE) prepared in the Response Information Management System (RIMS), and a request from the city mayor, administrative officer, or county board of supervisors.

2. Governor's Proclamation
   a. Purpose: This proclamation provides the Governor with powers authorized by the Emergency Services Act (ESA); authorizes the OES director to provide financial relief for emergency actions and restoration of public facilities and infrastructure; and is a prerequisite when requesting a Federal declaration of a major disaster or emergency.
   b. Deadline: Cal EMA must receive the request from the local government within 10 days of the incident.
   c. Supporting Information Required: Supporting information includes the local emergency proclamation, IDE prepared in RIMS, and a request from the city mayor, administrative officer, or county board of supervisors.

3. Presidential Declaration of an Emergency
   a. Purpose: This declaration supports response activities of the Federal, State, and local government. It authorizes Federal agencies to provide “essential” assistance, including debris removal, temporary housing, and the distribution of medicine, food, and other consumable supplies.
   b. Deadline: The Governor must submit a request on behalf of the local government within 5 days after the need for Federal emergency assistance is apparent.
c. Supporting Information Required: Supporting information includes all of the supporting information required above and a Governor’s proclamation, certification by the Governor that the effective response is beyond the capability of the State, confirmation that the Governor has executed the State’s emergency plan, information describing the State and local efforts, and the identification of the specific type and extent of Federal emergency assistance needed.

4. Presidential Declaration of a Major Disaster

a. Purpose: This declaration supports response and recovery activities of the Federal, State, and local government and disaster relief organizations. It authorizes the implementation of some or all Federal recovery programs, including public assistance, individual assistance, and hazard mitigation.

b. Deadline: The Governor must request a Federal declaration of a major disaster within 30 days of the incident.

c. Supporting Information Required: Supporting information includes all of the supporting information required above and a Governor’s proclamation, certification by the Governor that the effective response is beyond the capability of the State, confirmation that the Governor has executed the State’s emergency plan, and identification of the specific type and extent of Federal aid requested.

| Federal or State Disaster Assistance that Requires a Local Emergency Proclamation |
|---------------------------------------------------|--------------------------------------------------|
| **Local Government**                               | **Individuals and Families**                     |
| Reimbursement of extraordinary emergency costs (e.g., police overtime, debris removal, and sandbagging) | Housing assistance, such as home repairs and temporary lodging or rental assistance |
| Funds to repair damaged public facilities (e.g., buildings, roads, equipment, and utilities) | Personal property and medical or dental expenses |
| Hazard mitigation                                   | Disaster unemployment benefits                   |
|                                                   | Crisis counseling                                |
**SAMPLE PROCLAMATION**

WHEREAS, Ordinance No. __________ of the City/County of ______________________ empowers the Director of Emergency Services* to proclaim the existence or threatened existence of a local emergency when said City/County is affected or likely to be affected by a public calamity and the City Council/County Board of Supervisors is not in session, and;

WHEREAS, the Director of Emergency Services* of the City/County of ______________________ does hereby find; That conditions of extreme peril to the safety of persons and property have arisen within said city/county, caused by _____________________________ (fire, flood, storm, mudslides, torrential rain, wind, earthquake, drought, or other causes); which began on the ______th day of __________, 20______, and;

That these conditions are or are likely to be beyond the control of the services, personnel, equipment, and facilities of said City/County, and;

That the City Council/County Board of Supervisors of the City/County of ______________________ is not in session and cannot immediately be called into session;

NOW, THEREFORE, IT IS HEREBY PROCLAIMED that a local emergency now exists throughout said City/County, and;

IT IS FURTHER PROCLAIMED AND ORDERED that during the existence of said local emergency, the powers, functions, and duties of the emergency organization of this City/County shall be those prescribed by state law, by ordinances, and resolutions of this City/County, and; That this emergency proclamation shall expire in 7 days after issuance unless confirmed and ratified by the governing body of the City/County of ______________________.
Dated: __________________________
By: ______________________________
Director of Emergency Services*
Print Name: ______________________
Address: __________________________
________________________________
________________________________
________________________________

*Insert appropriate title and governing body

**Note:** It may not be necessary for a city to proclaim a local emergency if the county has already proclaimed an emergency that applies to the entire geographic county area or for a specific area that includes the impacted city or cities.

This guide is not intended to be a legal opinion on the emergency proclamation process and related programs under state law. Local governments should consult their own legal counsel when considering proclaiming a local state of emergency.
XVII. APPENDIX D – GEOGRAPHIC INFORMATION SYSTEMS

Geography plays a role in nearly every decision made during an evacuation effort. Choosing locations, targeting segments, responding to emergencies, or redrawing boundaries are all problems involving questions of geography.

The County of Los Angeles has instituted the Enterprise Geographic Information System or Enterprise GIS (EGIS). EGIS is a model for how to share and promote geographic information system (GIS) resources among the County of Los Angeles departments and outside stakeholders within the Operational Area. The County information officer, specifically the County geographic information officer, oversees the system. The program is carried out by the County Internal Services Department (ISD), Urban Research. Benefits of EGIS include:

- Increased data access and sharing
- Reduced GIS duplication and costs
- Development of GIS standards
- GIS Center of Expertise

To participate in the EGIS and access the data, departments must pay an annual subscription.

A. Overview
EGIS technology can be integrated into any information system framework. EGIS not only provides spatial analyses, but will also track resources, as well as map quantities, densities, changes, and predictions (modeling).

B. Homeland Security and Public Safety
EGIS helps to analyze and display historical events, natural and technological hazards, vulnerable populations, and critical infrastructure key to the community’s sustainability. This data can be quickly queried, analyzed, and rendered through a map; it can then be easily understood and acted on.

C. Mass Evacuation
EGIS can be used for evacuation planning and action. Census data can be used in several ways, including identifying sheltering needs and predicting traffic and road conditions due to planned and unplanned evacuation. An example of this method is the Specific Needs Awareness Planning (SNAP) Mapping System.

1. SNAP is a web-based voluntary disaster registry, designed to provide people with disabilities and others with access and functional needs the opportunity to provide their contact and disability information with Operational Area emergency
management planners and first responders.

2. SNAP is an interactive set of databases tied to geo-spatial mapping that allows first responders to collect, query, and use a wide variety of data sources to perform a number of critical disaster-related activities, both pre- and post-disaster. These functions include being able to locate, help evacuate, and/or educate people with disabilities and others with access and functional needs.

3. SNAP provides cities a tool to identify resources (e.g., paratransit, sign-language interpreters, durable medical equipment, and centralized medical equipment) that may be needed during an emergency to assist those who may need additional help. SNAP provides city emergency managers and first responders an extra “tool” in their toolbox to identify and potentially assist those residents (who registered) in their jurisdiction that have a disability and others with access and functional need, and may need assistance during a disaster.

4. Cities can use SNAP to:
   a. Identify, query, and map residents who volunteered to register in their jurisdiction who may need assistance during a disaster
   b. Generate and map a listing of registrants (both individuals and groups), in which residents can be queried by name, ZIP code, or type of accommodation requested for each city

D. Systems

EGIS is available to most emergency management, public safety, and public utility staff. The level of availability and detail differs between each jurisdiction, department, and division using a common platform, such as ArcView or digital EOC information management systems.

Many components are needed in an evacuation effort; no “one solution” is possible nor advisable. Components such as earthquake and hazardous material modeling, transportation assessment, resource (asset) tracking, and radio frequency identification tracking systems are all critical. The need for these components will be determined by the particular incident.

In the event of an emergency that affects many agencies within the Operational Area, it is recommended that EGIS systems used have cross-disciplinary and multijurisdictional capabilities.
### XVIII. APPENDIX E – PUBLIC INFORMATION OR MEDIA OUTLETS

#### A. Agency and General Information Websites

<table>
<thead>
<tr>
<th>Agency &amp; Information</th>
<th>Website Address</th>
</tr>
</thead>
</table>
| 2-1-1 (800-339-6993) County of Los Angeles | [www.211losangeles.org/](http://www.211losangeles.org/)  
  [www.211la.org/](http://www.211la.org/) |
| 2-1-1 Radio Public Service Announcement (PSA) | [http://www.211la.org/?page_id=644](http://www.211la.org/?page_id=644) |
| 2-1-1 Television PSA                       | [http://www.211la.org/?page_id=644](http://www.211la.org/?page_id=644) |
| 3-1-1 (866-4LACITY) Los Angeles Services and PSA | [http://publiccsd.lacity.org/CSD](http://publiccsd.lacity.org/CSD) |
| 5-1-1 Traveler Information Los Angeles and Orange counties | [http://go511.com/](http://go511.com/)  
| 7-1-1 California Relay Service             | [http://ddtp.cpuc.ca.gov/default1.aspx?id=1482](http://ddtp.cpuc.ca.gov/default1.aspx?id=1482) |
| American Red Cross Website                 | [http://redcrossla.org/](http://redcrossla.org/)  
| California Emergency Management Agency (Cal EMA) | [www.oes.ca.gov/](http://www.oes.ca.gov/) |
| Cal EMA Emergency Digital Information Service (EDIS) | [http://edis.oes.ca.gov/](http://edis.oes.ca.gov/) |
| California Department of Transportation (Caltrans) | [www.dot.ca.gov/](http://www.dot.ca.gov/) |
| Los Angeles Department of Mental Health ACCESS Hotline 800-854-7771 | [http://dmh.lacounty.gov](http://dmh.lacounty.gov) |
| Emergency Network of Los Angeles (ENLA)     | [http://www.enla.org](http://www.enla.org) |
| Los Angeles City Emergency Management Department | [http://emergency.lacity.org/](http://emergency.lacity.org/)  
  [http://www.readyla.org](http://www.readyla.org)  
  [http://twitter.com/readyla](http://twitter.com/readyla)  
<table>
<thead>
<tr>
<th>Los Angeles Metropolitan Transportation Authority</th>
<th><a href="http://www.metro.net/">www.metro.net/</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Traffic Information</td>
<td><a href="http://www.sigalert.com">www.sigalert.com</a></td>
</tr>
</tbody>
</table>

### B. Social Media Network Feeds as Emergency Communication Tools

Online social media networking sites could solve many of the problems that currently plague information communications and dissemination to the general public and first responders.⁸⁷ Social media network feeds, such as Facebook and Twitter, are the most practical applications available for public safety and emergency notification. In this role, social networks can provide timely information and even reconnect people who have been affected directly or indirectly by a calamity.

1. Facebook and Twitter allow individuals involved in various aspects of emergency awareness and preparedness to connect by discussing and sharing knowledge in specific fields. Twitter is one of the most practical government applications in public safety and emergency notification. For example, the Los Angeles Fire Department updates its Twitter page with bulletins about structural fires, the number of responding firefighters, and injuries and casualties.

2. Another emergency management information and dissemination site is the California Governor’s Office of Emergency Services’ Emergency Digital Information Service website, [http://edis.oes.ca.gov/](http://edis.oes.ca.gov/), which provides alerts and notifications on a statewide basis.

Several agencies within the Los Angeles Operational Area currently use social media networks. These sources can be located online through the agencies’ Facebook or Twitter pages. Planners should consider and implement social media network sources, such as Facebook and Twitter, for disseminating emergency notification to include evacuation.

### C. Limitations

Current social media networks have limitations in collaborative tools available for emergency use because they were designed with social rather than emergency efforts in mind.⁸⁸ In addition, social networking feed

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⁸⁸ Ibid.
sites require residents to provide their home and cell phone numbers and/or e-mail addresses. Other issues include the user’s ability to access and navigate to the hosting agency’s websites and feeds.

To overcome these limitations, planners should develop social media sources and establish community buy-in to engage as many residents as possible, especially people with disabilities and others with access and functional needs, and technologically challenged populations. Planners should also consider the use of pre-scripted messages and develop a messaging protocol for routine and emergency message traffic, as well as thorough distribution lists.
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APPENDIX F – CALIFORNIA EMERGENCY MANAGEMENT AGENCY
TRANSPORTATION SERVICE MEMORANDUM OF AGREEMENT TEMPLATE

Memorandum of Agreement
Transportation services for evacuation of the public, including people with access and functional needs

Between: (Name of County) County Operational Area

And (Name of Transportation Company)

A. Purpose
The purpose of this Memorandum of Agreement (MOA) is to establish a mechanism whereby through which (name of Transportation Company) (hereafter referred to as the Transportation Company) agrees to support the (name of County) County Operational Area (hereafter referred to as the OA) and work together as cooperating parties during emergency evacuations, including aiding in the safe transport of children, the elderly, and people with access and functional needs.

B. Description
The OA and the Transportation Company enter into this MOA in good faith for the provision of transportation services to support evacuation orders issued as a result of natural, technological, or human-caused disaster. The following is representative of the principal tasks the Transportation Company might be activated to accomplish:

1. Transport evacuees from at-risk areas to reception centers, shelters, or other safe havens
2. Modify existing transportation services to better serve the transportation needs of evacuees
3. Modify existing transportation policies (e.g. fare policies, pets on vehicles, and securement of mobility devices) to better accommodate the needs of evacuees (including people with access and functional needs)
4. Return evacuees from safe havens to their residences (reentry)

C. Deployment Activity
This agreement may be activated only by notification by the designated Incident Commander or his/her designee. Deployment activation, pursuant to this MOA, may occur at any time, day or night, including weekends and/or holidays; including 24/7 continuous service.

http://afntoolkit.nusura.com/resources/templates&tools/Template_MOU.doc
Upon acceptance of deployment, the Transportation Company will have equipment en route to the designated location within 120 minutes from the time it receives the official deployment notification from the Incident Commander or his/her designee. For reimbursement purposes, mission tasking will begin when the Transportation Company’s personnel check in at the incident staging area and will conclude when the deployment authorization has been met or the Incident Commander and/or his designee issues demobilization orders for the resource(s).

D. Terms
1. This agreement shall be in full force and effect beginning on the date of execution and ending on (expiration date)
2. This agreement will be renewed automatically unless terminated pursuant to the terms hereof
3. Transportation Company personnel who respond must be in good standing with the company, and up-to-date on all requisite licensing and permitting
4. Deployed Transportation Company personnel must abide by all Federal, State, and local laws
5. All deployed personnel from the Transportation Company will be properly identified by uniform and employer identification card with photo
6. The Transportation Company will only deploy staff upon receipt and under the terms of the official deployment notification(s) as described in Section 3
7. The Transportation Company must provide detailed records certifying miles and hours of service provided

E. Cost Reimbursement
In the event that this Agreement is activated and Transportation Company assets are deployed, the Transportation Company may invoice the OA based on the total allocated cost per mile and cost per hour.

F. Method for Reimbursement
1. The OA will provide a method for submitting the required information for invoicing as part of the initial notification.
2. The Transportation Company must submit accurate paperwork, documentation, receipts, and invoices to the OA within 30 days after demobilization.
3. If the OA determines that the Transportation Company has met all requirements for reimbursement, it will reimburse the
Transportation Company within 30 days of receiving a properly executed reimbursement request.

G. **Resource Estimates**
In order for the OA to properly plan for transportation needs for disaster response, the Transportation Company estimates the following resources could be made available by the Transportation Company:

1. (Vehicles that may be made available)
2. (Staff that may be made available)

H. **Contract Claims**
This Agreement shall be governed by and constructed in accordance with the laws of the State of California as interpreted by California courts. However, the parties may attempt to resolve any dispute arising under this Agreement by any appropriate means of dispute resolution.

I. **Hold Harmless/Indemnification**
The Transportation Company will hold harmless and indemnify the OA against any and all claims for damages, including all costs of defense including attorneys’ fees, all personal injury or wrongful death claims, all worker’s compensation claims, or other on-the-job injury claims arising in any way whatsoever from transportation of the public, including individuals with access and functional needs, during the disaster evacuation or reentry to their residence(s).

J. **Acceptance Agreement**
A Transportation Company offering to enter into this MOA shall fully complete this MOA with information requested herein, sign two originals of a fully completed MOA, and send both via regular U.S. mail.

In addition, a copy of the MOA, signed and fully completed by the Transportation Company, shall be faxed or sent to the OA.

As noted, by the signature (below) of the Transportation Company or its authorized agent, the Transportation Company agrees to accept the terms and conditions as set forth in this Agreement, agrees to abide by the requirements for reimbursement, and waives the right to file a claim to be reimbursed for any amount above the payment schedule amount, as outlined herein. All amendments of this MOA must be in writing and agreed to by the Transportation Company and OA.

(Name of Transportation Company)

(Address and contact information)
Signature of Company Representative or Authorized Agent

Printed Name and Title

Date

(Name of County) County Office of Emergency Services

(Address and contact information)

Signature of Operational Area Representative or Authorized Agent

Printed Name and Title

Date
XX. APPENDIX G – SUGGESTED ITEMS TO TAKE DURING AN EVACUATION

A. Individual and Family Preparedness

It is important for individuals, families, and whole communities to prepare for possible disasters and other emergencies. Disaster can strike suddenly, and those who take responsibility for their own safety will reduce the burden on themselves and first responders. A checklist of items that can be kept in an easy-to-carry emergency preparedness kit can be found on Ready.gov, a national public service advertising campaign designed to educate and empower people to prepare for and respond to emergencies, including natural and human-induced disasters. Many local public relations campaigns offer similar guidance to address the needs of the population, and the hazards for which to prepare.

Planners should remember that resources brought with evacuees may have to be left at pick-up points (PUPs) if space is not available. Clear direction and information should be made available and coordinated with local media, nongovernmental organization public affairs, and elected officials when communicating with the public about the conditions, space restrictions, and expectations of the evacuation process. Evacuees and response personnel receiving evacuees should have clear instructions about what should be brought or not brought, and how these resources will be handled. Consider how to handle bulky items, valuables, personal firearms, durable medical equipment, infant and child supplies (e.g., toys, special food, and sanitation items), luggage, and pet supplies.

The following is a list of information that evacuees should have ready and with them when they evacuate.

1. Identification

   a. People with disabilities and others with access and functional needs should carry identification cards containing the following:

      i. Personal information, such as name and address
      ii. Emergency contact information
      iii. Specific medical needs
      iv. Required medication

90 For more information on suggested items to consider for evacuation, visit http://www.ready.gov/. Also see http://www.ready.gov/america/_downloads/checklist.pdf.

Identification cards can be pinned to clothing or hung around the neck at the time of evacuation.

2. Water
   a. At least a 3- to 7-day supply of one gallon of water per person per day.

3. Food
   a. Nonperishable, easy-to-prepare, canned or packaged foods (e.g., dried fruit, nuts, and high-energy foods)

4. Personal items
   a. Toothbrush, toothpaste, and denture adhesive, if necessary
   b. Deodorant
   c. Soap
   d. Mini sewing kit
   e. Feminine supplies
   f. Sunscreen
   g. Shampoo
   h. Tissue (also used as toilet paper)
   i. Pre-moistened towelettes

5. Medical
   a. Medications in their original bottles (at least a 7-day supply)
   b. List of current prescriptions and dosage
   c. Copy of medical cards and medical records
   d. Doctor’s name and contact information
   e. Medical consent forms for dependents
   f. Extra glasses or contact lenses
   g. First-aid kit and handbook
   h. Emergency blanket
   i. Examination gloves (non-latex)

6. Baby items
   a. Diapers, formula, food, and change of clothing
7. Supplies specific to people with disabilities and others with access and functional needs (www.espfocus.org)
   a. Bring medical equipment and devices, such as dentures, crutches, or prosthesis; plan realistically for disability-specific items, such as medications, syringes, ostomy bags, catheters, and padding
   b. People having written emergency health information on them enables rescuers and others to access information about individuals who may be unable to communicate; this information should include medications, allergies, equipment (e.g., model and serial numbers of hearing aids, pacemakers, communication devices, wheelchairs, and batteries), communication limitations, current treatments, medical providers, and important contact people
   c. Prepare kits for different places and situations such as a carry-on for essential fanny-pack items, a grab-and-go kit if someone leaves home in a hurry, a home kit with all that someone needs to be self-sufficient for days at home or at an evacuation point (EP), and a bedside kit for use if someone is trapped in or near their bed and unable to move about their home
   d. Do not rely on one person to provide assistance in an emergency; build a support team that includes several people

8. Vital documents
   a. Driver’s license or photo identification
   b. Passport
   c. Deeds, titles, marriage license, and birth certificates
   d. Insurance information and policies
   e. Most recent tax returns
   f. Social security cards
   g. Government programs or services information and eligibility documents (e.g., Veterans Affairs)
   h. Will
   i. Family photos, including service animals and household pets
9. Other
   a. Car keys and a key to the location an individual is traveling to (e.g., a friend or relative’s home)
   b. Emergency cash (small bills), checks, and credit cards
   c. A list of out-of-state contacts
   d. Solar, hand-crank, or battery-powered flashlight, batteries, spare bulbs, and light sticks
   e. Solar, hand-crank, or battery-powered portable radio and batteries
   f. Dust mask
   g. Manual can opener
   h. Matches
   i. Pocket knife or multipurpose tool
   j. Whistle (to alert rescuers)
   k. Sturdy work gloves
   l. Heavy plastic garbage bags for tarp, poncho, and waste
   m. Sealable, gallon-size plastic bags
   n. 200-pound test nylon line
   o. Sturdy shoes
   p. Change of socks
   q. Comfortable, warm change of clothing
   r. Blanket or sleeping bag
   s. Local maps
   t. Non-perishable, canned or packaged foods (e.g., dried fruit, nuts, and high-energy foods)
   u. Bottled water
   v. Comfort items (e.g., writing materials, cards, teddy bears, and games)
   w. Pet care items, such as food, identification, carrier or cage, immunization records, muzzle or leash, and a recent photo
Sources

- http://www.Redcross.org
- http://www.espfocus.org
xxi. **APPENDIX H – PERSONAL PREPAREDNESS FOR DISASTER SERVICE WORKERS**

Each person needs to be responsible for his or her own personal disaster preparedness. Disaster service workers (DSWs)\(^\text{92}\) should have a personal and family preparedness plan in place.

A. **Planning Considerations in an Emergency for Response Personnel**\(^\text{93}\)

1. Response personnel may have special concerns as single parents, pet owners, or care providers for dependent loved ones.
2. Lack of preparedness at home will affect response personnel and their ability to do their job effectively and safely.
3. The family members of response personnel will likely have to survive on their own without the response personnel available to make important decisions.
4. Preparing with family members ahead of time will reduce stress and uncertainty on all family members in the event of an emergency.
5. Working with neighbors, relatives, and friends will improve the ability of response personnel to care for their loved ones following a disaster.
6. Families where both parents are responders have special circumstances. Response personnel will need to have a family support network that can care for their children, pets, property, dependents, or those with special needs, and should notify their supervisor of their family situation.
7. Communications with loved ones may be difficult.
8. Response personnel may be separated when an emergency occurs and may be unable to care for their family.
9. Response personnel may be working in very stressful conditions for extended amounts of time.
10. Response personnel may be required to work extra shifts without knowing where or how their family is.

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11. Response personnel may not know the condition of their home or other property.

DSWs are required by law to report to work in the event of a disaster. Evacuating and sheltering families ahead of time or having a preset plan when the disaster is a no-notice event is important to the DSW and the performance of his or her role. The role of fire, law enforcement, emergency medical services, and other front-line personnel is highly stressful, and personnel may not function at best efficiency if they are worried about their own families.

In establishing a family evacuation plan, special attention should be given to ensuring that the families of response personnel are out of harm’s way. When time permits, they should relocate out of the disaster area. When time does not permit, they should shelter in a safe and secure environment.

Each person needs to be responsible for his or her own personal disaster preparedness. As DSWs, staff should have a personal and family preparedness plan in place. Individual and family preparedness may include:

1. Advising that all emergency responders are required to report to work following a disaster
2. Discussing what to do in various emergencies (i.e., how to turn off gas, water, and electricity)
3. Having a list of emergency contact phone numbers available
4. Having a contact person outside of the State as a person to call to advise the status in case of separation
5. Having two meeting places established
6. Keeping vehicles with full tanks of gas

Individual DSW preparedness should include:

1. An evacuation plan
2. An out-of-area contact person
3. Enough emergency supplies to last 7 to 10 days at home.

See Appendix G – Suggested Items to Take During an Evacuation.
B. Preparedness Considerations for Agencies That Employ DSWs

1. Members may not respond if they are unsure of the safety of their families.

2. Agencies should determine disaster policies and clearly communicate them to members so there is a clear understanding of what will occur.

3. Past experience and recent studies have enforced the importance of organization-sponsored programs for agencies' members.

4. To strengthen the resiliency of responders and their families, departments and agencies can implement changes to the hiring process and internal emergency plans, such as providing a sample emergency plan at the time of hiring and/or requiring families to keep and maintain an emergency kit, such as the previous list of items. Additional considerations for department or facility preparedness may include:
   a. Training employees on notification, procedures, and communication
   b. Reviewing written plans with employees
   c. Exercising the written plans
   d. Providing a stock of emergency supplies at work locations
   e. Having sufficient food and water for employees for several days
   f. Knowing the facility floor plan
   g. Having a generator at the facility
APPENDIX I – FILE OF LIFE

PERSONAL INFORMATION

NAME/Nombre: ___________________________________________ SEX: M / F
ADDRESS/Domicilio: _______________________________________
PHONE/Teléfono: __________________________________________
DOCTOR: __________________________________________________
DOCTOR PHONE/Teléfono de doctor: ____________________________
NATIVE LANGUAGE (if not English) Idioma Materno (si no fuese el inglés):

EMERGENCY CONTACT

NAME/Nombre: ___________________________________________
ADDRESS/Domicilio: _______________________________________
PHONE/Teléfono: __________________________________________

In case of an emergency, call 911

MEDICAL DATA

AS OF/A partir del: MO./Mes __________ Yr./Año __________
BLOOD TYPE/Tipo de sangre: _______________________________
ALLERGIES/Alergias: ________________________________________

<table>
<thead>
<tr>
<th>MEDICAL PROBLEMS</th>
<th>MEDICATION</th>
<th>DOSAGE</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problemas Médicos</td>
<td>Medicamento</td>
<td>Dosis</td>
<td>Frecuencia</td>
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</table>

RECENT SURGERY/Cirugías recientes: ________________________________________

MED. INS. CO: __________________________________________________________________

MEDEX #: ____________________________
No. de póliza

MEDICAID #: ________________________
No. de Medicaid

DATE OF BIRTH: ______________________
Fecha de nacimiento

POLICY #: ____________________________________________________________________

MEDICARE #: ________________________
No. de Medicare

OTHER INS: _________________________
Otro seguro médico

RELIGION: __________________________________________________________________

MEDICAID #: ________________________
No. de Medicaid

OTHER INS: _________________________
Otro seguro médico

SPECIAL COMMENTS/REMARKS: ____________________________________________________
Problemas medicos especiales

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Template reproduced based on City of Los Angeles form found at http://aging.lacity.org/program-services/file.cfm.
## HEALTH CARE PROXY ON FILE AT ________________________ HOSPITAL
Representante para asuntos de atención médica consignado en los archivos del hospital

## LIVING WILL ON FILE AT ________________________________
Testamento en archivo en

- [ ] Pacemaker (Model #) _______
  Marcapasos (Número de modelo)
- [ ] Hearing Aid; Deaf/Dispositivo para aumentar la audición; sordo
- [ ] Eyeglasses/Lentes
- [ ] Pet/Type (Dog, Cat, Etc.) _______
  Mascota/Tipo (perro, gato, et.)
- [ ] Defibrillator (Model #) _______
  Desfibrilador (Número de modelo)
- [ ] Contact Lenses
  Lentes de contacto
- [ ] Artificial Eye/Ojo artificial
- [ ] Pet’s Name: ___________
  Nombre de mascota

## MEDICAL DATA

**CHECK ALL THAT EXIST—MARQUE SI PADECE DE ALGUNA DE LAS SIGUIENTES**

- [ ] No known medical conditions/
  Que yo no sepa, ningún problema médico
- [ ] Abnormal EKG/EKG abnormal
- [ ] Adrenal Insufficiency/Insuficiencia suprarrenal
- [ ] Alzheimer’s/Enfermedad de Alzheimer
- [ ] Angina/Angina
- [ ] Asthma/Asma
- [ ] Bleeding Disorders/Trastorno hemorrágico
- [ ] Cardiac Dysrhythmia/Arritmia cardíaca
- [ ] Cataracts/Cataratas
- [ ] Clotting Disorder/Trastornos de coagulación
- [ ] Coronary Bypass Graft/Injerto para anastomosis coronaria
- [ ] Diabetes/Insulin Dependent/Diabetes insulinodependiente
- [ ] Eye Surgery/cirugía ocular
- [ ] Glaucoma/Glaucoma
- [ ] Hearing Impaired/Problemas auditivos
- [ ] Heart Valve Prosthesis/Prótesis de la válvula del corazón
- [ ] Hemodialysis/Hemodiálisis
- [ ] Other/Otra ____________________________

- [ ] Hemolytic Anemia/
  Anemia hemolítica
- [ ] Hypertension/Hipertensión
- [ ] Hypoglycemia/Hipoglucemia
- [ ] Laryngectomy/Laringectomía
- [ ] Lymphomas/Linfomas
- [ ] Malignant Hypothermia/
  Hipotermia perniciosa
- [ ] Memory Impaired/
  Problemas de la memoria
- [ ] Myasthenia Gravis/
  Miastenia grave
- [ ] Pacemaker/Marcapasos
- [ ] Renal Failure/Insuficiencia renal
- [ ] Seizure Disorder/Crisis epileptica
- [ ] Sickle Cell Anemia/Anemia de hematíes falciformes o drepanocitemia
- [ ] Situs Inversus/Transposición visceral
- [ ] Stroke/Embolía cerebral
- [ ] Vision Impaired/Problems de la vista
## ALLERGIES

- No known Allergies/Que yo sepa, ninguna alergia
- Aspirin/Aspirina
- Barbiturates/Barbitúricos
- Codeine/Codeína
- Demerol/Demerol
- Horse Serum/Suero de caballo
- Insect Stings/Picaduras de insectos
- Latex/Látex
- Lidocaine/Lidocaína
- Morphine/Morfina
- Novocaine/Novocaína
- Penicillin/Penicillina
- Sulfa/Sulfas
- Tetracycline/Tetraciclina
- X-Ray Dyes/Que yo sepa, ninguna alergia
- Other/Otra__________________________
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XXIII. **APPENDIX J – EVACUATION OF ANIMALS**

The Pets Evacuation and Transportation Standards (PETS) Act of 2006 requires local and State emergency preparedness authorities to include in their evacuation plans how they will accommodate household pets and service animals in the event of a major disaster.  

A. **Service Animals**

Service animals are essential to the continued independence of people with disabilities and others with access and functional needs and should be evacuated with the person. The Americans with Disabilities Act requires that service animals be permitted in any area accessible to the general public. This includes public transportation, shelters, and any other location accessible to the general public.

According to the U.S. Department of Transportation, service animals are not registered in any way, so responders must trust the evacuees’ word in designating these animals as service animals.

B. **Household Pets**

When the evacuation of an area is called for, evacuees are encouraged to take their pets with them. The Humane Society of the United States (HSUS) says that “animals that are turned loose or left behind to fend for themselves are likely to become victims of starvation, predators, contaminated food or water, accidents, or exposure to the elements.” Moreover, past evacuations have shown that pet owners may refuse to evacuate their homes if they are unable to bring their pet(s) with them, or

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96 Service animal means any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the handler’s disability. Miniature horses. (i) A public accommodation shall make reasonable modifications in policies, practices, or procedures to permit the use of a miniature horse by an individual with a disability if the miniature horse has been individually trained to do work or perform tasks for the benefit of the individual with a disability. Exceptions. A public accommodation may ask an individual with a disability to remove a service animal from the premises if: (i) The animal is out of control and the animal’s handler does not take effective action to control it; or (ii) The animal is not housebroken.


will reenter disaster zones in order to retrieve animals that were left behind.

One of the most challenging issues for pet owners is finding a shelter that accepts household pets or finding a pet shelter located next to a shelter where the owner stays so that owners can care for their pets. The following points should be taken into consideration when planning for household pets and evacuation:

1. Like their owners, pets need identification, including call name, owner name, address, telephone, shot records, and medications. Plans should include providing the public with clear guidance regarding the necessity of having this information about their pets.

2. It is assumed that residents who have their own means of transportation will evacuate household pets.

3. Residents who do not have access to vehicles will need to secure their pets in cages or carriers before they use public transportation and/or arrive at the pick-up points.
   a. This strategy places responsibility on the individual owners and will need to be clearly communicated through community preparedness outreach.

4. Emergency planners should develop a tracking methodology for evacuated pets. Los Angeles Animal Services recommends that pet owners microchip their animals for identification purposes.
   a. All dogs and cats adopted in the County of Los Angeles are currently implanted with microchips.

5. Plans should address waste disposal, as well as potentially feeding and watering depending on the duration of the evacuation, during the transportation process.

6. Memorandums of understanding (MOUs) need to be formalized with other agencies or organizations, especially for the transportation of large animals, such as horses. In addition, potential volunteer resources and private groups should be identified and tracked by local emergency operations centers (EOCs).

7. Only non-emergency resources and personnel, such as public and private animal services agencies, will be used to rescue and transport animals during an evacuation effort.99

C. Livestock and Exotic Animals

Some members of the public have livestock or exotic animals as pets or economic assets. Livestock owners have the responsibility to prepare for the evacuation of their livestock in an emergency or disaster. Jurisdictions may plan to assist in the transport of these animals out of danger zones and in their sheltering. Establishing good relationships with stables and farms within jurisdictions is important. Exotic animals, such as snakes and monkeys, will need sheltering, especially if they are housed in sanctuaries that have to evacuate. Local zoos may be able to assist but may also need the local jurisdiction’s support when they have to evacuate. Ultimately, the owners or managers of zoos and wild or exotic animal sanctuaries are responsible for having an emergency response plan in place, as well as for making arrangements for the evacuation of these animals. Evacuation to sites that can accommodate particular exotic animals should be considered. Depending on the types and varieties of animals, it is likely that they will have to be distributed to the appropriate sites that meet their needs in terms of space, environment, habitat, and care.

Livestock and exotic animals that are displaced and roaming at large may create a public safety issue and should be considered in planning. The California Department of Fish and Game (CDFG), the U.S. Department of Agriculture, the U.S. Fish and Wildlife Service, and local public safety will need to be involved.101, 102

D. Evacuation of Household Pets and Service Animals

Due to the lessons learned from Hurricane Katrina, the PETS Act of 2006, which amends the Stafford Act, was established and requires evacuation plans to take into account the needs of individuals with household pets and service animals prior to, during, and following a major disaster or emergency.

1. Ensuring for the transportation, care, and sheltering of household pets and service animals is an important factor in evacuation planning. Many people will refuse to evacuate their homes if they cannot take their household pets with them. It is estimated that up to 25 percent of household pet owners will completely fail to evacuate because of their animals. Furthermore, about 30 to 50 percent of household pet owners will leave pets behind, and approximately 50 to 70 percent of those individuals who leave

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100 Under the Pets Evacuation and Transportation Standards Act of 2006, costs to a jurisdiction for transporting and sheltering livestock and exotic animals are not federally reimbursable.


animals behind will attempt to reenter an evacuated site to rescue their animals. Therefore, it is imperative that evacuation plans address household pet and service animal evacuation and sheltering procedures to protect both human and animal health and safety.

2. State and local governments that shelter evacuees from areas declared a major disaster or emergency can seek reimbursement for eligible household pet and service animal–related costs through the Federal Emergency Management Agency. The PETS Act establishes that eligible reimbursement costs include jurisdictional expenses to set up and operate pet shelters, including veterinary care and animal care staff costs.

3. The Los Angeles Animal Services has plans in place to transport and shelter pets in a disaster. Animal control officers, the HSUS, and private animal care shelters will assist in the rescue, transport, and sheltering of large and small animals. Only non-emergency resources and personnel, such as public and private animal services agencies, including volunteer groups, will be used to rescue and transport animals during an evacuation effort. Animal control officers will work with animal services agencies and volunteers to develop an animal tracking methodology.

4. It is recognized that owners may refuse to evacuate their homes if they are required to leave their pets behind. Individual jurisdictions will need to identify strategies to address pet evacuations.

5. Jurisdictions must not assume that owners will have their own means (e.g., trailers) for transporting large animals. The HSUS and Los Angeles Animal Services will provide support with the transportation of large animals. MOUs need to be formalized with other agencies or organizations for the transportation of large animals, such as horses. In addition, potential volunteer resources and private groups should be identified and tracked in the emergency information management system. Jurisdictions can also:

   a. Provide pet owners with information of nearby kennels, animal shelters, and veterinary clinics that may be able to be temporarily shelter their pets

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b. Set up temporary pet shelters at fairgrounds, parks, and other similar facilities

If local resources for evacuation become overwhelmed during the disaster response, the CEOC will request assistance through the regional EOC from the California Department of Food and Agriculture, which is the lead agency for the California Animal Response Emergency System. If necessary, the California Department of Food and Agriculture will coordinate requests for Federal assistance.

The California Animal Response Emergency System participants will activate and respond to animal rescue, emergency care and shelter, veterinary care, and general assistance for animals, at or near the facilities that are sheltering and caring for people.

6. Pet Estimates

The scope of animals addressed in the plan is based on the California Animal Response Emergency System definition, which defines “animals” as “commercial livestock, companion animals, exotic pets, and restricted species,” and further defines these terms as follows:

a. **Service Animals**: A service animal is any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the handler’s disability. Examples of work or tasks include assisting individuals who are blind or have low vision with navigation and other tasks; alerting individuals who are deaf or hard of hearing to the presence of people or sounds; providing nonviolent protection or rescue work; pulling a wheelchair; assisting an individual during a seizure; alerting individuals to the presence of allergens; retrieving items such as medicine or the telephone; providing physical support and assistance with balance and stability to individuals with mobility disabilities; and helping [people] with psychiatric and neurological

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disabilities by preventing or interrupting impulsive or destructive behaviors. The crime deterrent effects of an animal’s presence and the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition.

b. **Household Pet**[^106]: A household pet is a domesticated animal, such as a dog, cat, bird, rabbit, rodent, or turtle that is traditionally kept in the home for pleasure rather than for commercial purposes, can travel in commercial carriers, and be housed in temporary facilities. Household pets do not include reptiles (except turtles), amphibians, fish, insects or arachnids, farm animals (including horses), and animals kept for racing purposes.

c. **Livestock**: Any cattle, sheep, swine, goat, or any horse, mule, or other equine whether live or dead is considered livestock.

d. **Restricted Species**: Any animal requiring a license or permit from the CDFG is considered a restricted species.

E. **LAOA Pet Estimates**

Table J-1 shows estimates for the number of pets in the City of Los Angeles and the number of animals in selected jurisdictions within the Los Angeles Operational Area (LAOA).[^107] For more information on household pet and service animal sheltering and transport, see LAOA Mass Care Guide Appendix XXI – Pet Sheltering.


Table J-1: Pets in Los Angeles County and the City of Los Angeles.

<table>
<thead>
<tr>
<th></th>
<th>Households with Pets (%)</th>
<th>Average Number of Animals per Household</th>
<th>City of Los Angeles Pet Estimates</th>
<th>LA County Pet Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dogs</td>
<td>37.2</td>
<td>1.7</td>
<td>833,609</td>
<td>2,049,737</td>
</tr>
<tr>
<td>Cats</td>
<td>32.4</td>
<td>2.2</td>
<td>939,590</td>
<td>2,310,330</td>
</tr>
<tr>
<td>Birds</td>
<td>3.9</td>
<td>2.5</td>
<td>128,521</td>
<td>316,017</td>
</tr>
<tr>
<td>Total estimated dogs, cats, and birds</td>
<td>1,901,720</td>
<td>4,676,084</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F. Household Pet and Service Animal and Large Animal Services

Agencies are encouraged to identify additional resources in their own community through personal contact, networking, survey, and outreach. A resource list follows (Table J-2).

Table J-2: Animal Services Activated through the City and/or County EOC.

<table>
<thead>
<tr>
<th>Name of Resource</th>
<th>Location Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal Friends of the Valley</td>
<td>Temecula, Murrieta, Lake Elsinore, and Canyon Lake</td>
</tr>
<tr>
<td>(951) 674-0618 or (951) 471-8344</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.animalfriendsofthevalleys.com/">www.animalfriendsofthevalleys.com/</a></td>
<td></td>
</tr>
<tr>
<td>Los Angeles Animal Services</td>
<td>City of Los Angeles</td>
</tr>
<tr>
<td>(888) 452-7381</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.laanimalservices.com/">http://www.laanimalservices.com/</a></td>
<td></td>
</tr>
<tr>
<td>Los Angeles County Department of Animal Care and Control</td>
<td>Unincorporated Los Angeles County and some cities</td>
</tr>
<tr>
<td>(888) 636-7387</td>
<td></td>
</tr>
<tr>
<td><a href="http://animalcare.lacounty.gov/default.asp">http://animalcare.lacounty.gov/default.asp</a></td>
<td></td>
</tr>
</tbody>
</table>

G. Additional Information

Additional information related to animal evacuations includes the following:

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109 Ibid.

110 2010 U.S. Census Bureau data indicates that there are 1,318,168 households in the City of Los Angeles.

111 2010 U.S. Census Bureau data indicates that there are 3,241,204 households in Los Angeles County.
Los Angeles Operational Area  
Mass Evacuation Process Guide  
Appendix J – Evacuation of Animals

a. Approximately 500 large animals (e.g., horses and livestock) were rescued by Los Angeles Animal Services during the Topanga Fires in 2005.

b. The Los Angeles County emergency response team rescued 160 large animals in the 2007 Malibu Canyon and Buckwheat Fires.

c. The Los Angeles Zoo has its own disaster plan and is independent from Los Angeles County Department of Animal Care and Control or Los Angeles Animal Services.

d. Disposing of dead animals requires additional considerations. As carcasses decompose, materials are released that can contaminate the environment or cause disease.
XXIV. APPENDIX K – REENTRY

A. Purpose
The purpose of the reentry procedures guidance is to assist local and State agencies in developing a coordinated, safe, and orderly reentry into the impacted communities following a catastrophic event in the Los Angeles Operational Area. Reentry planning will assist in a more orderly and efficient reentry process.

B. Reentry Considerations
Several factors should be considered during the reentry process. Communication is the key to avoiding and reducing the risk of possible injury or loss of life. All branch directors should meet and confer regarding the reentry process. The final determination to reenter should be made by the unified command (UC).

Prior to reentry, a thorough assessment should be completed to ensure that the area is safe for both the emergency responders and the public. The following is a list of possible considerations:

1. Safety
   a. First responders and emergency workers supporting evacuee reentry should be equipped with the proper equipment (e.g., barricades, flares, signs, food, water, and bathrooms).
   b. Checkpoints should be identified, set up, staffed, and demobilized.
   c. Structures in the area should be assessed and tagged (e.g., habitable or condemned).
   d. Dangerous debris should be removed from access routes and public areas.

2. Security
   a. Sufficient security personnel should be made available and supporting operational plans should be implemented.
   b. An adequate number of traffic control personnel should be available and the support of operational plans should be implemented.

3. Damage Assessment
   a. Sources of aerial photos or surveys of the impacted area to assess reentry decisions should be identified.
b. Public works and necessary infrastructure repairs should be completed.

4. Restoration of Services
   a. Service of required infrastructure should be restored (e.g. gas, electric, water, or sewer) and the appropriate companies should have conducted and completed site surveys. The area should first be rendered and identified as safe for reentry.
   b. Appropriate health and safety services and first-responder disciplines should be functional (e.g., working hospitals, emergency medical technicians, and fire personnel).
   c. A timeline for repairing non-essential infrastructure should be developed.

5. Recovery of Decedents
   a. The coroner has developed and completed a plan to remove, store, and track decedents.
   b. Mental health and/or grief counselors should be available for support to the population and responders in the affected area.

6. Site Safety Assessment
   a. A reentry coordinator has been designated.
   b. The reentry area has been divided into workable grids.
   c. Ingress and egress routes have been established.

C. Planning
The reentry process should engage multi-jurisdictional entities and disciplines, including local fire departments, emergency medical services; health services; public health; law enforcement; housing departments and building and safety agencies; city, county, regional, State, and Federal agencies; faith-based, community-based, and nonprofit organizations; and the private sector. These agencies should provide a task list of responsibilities for reentry based on the type of incident that forced the evacuation.

Reentry will generally take place in stages over the course of a few weeks. Some people may return immediately, others in a few days, and others weeks or months later. Reentry may be lengthened and complicated by the fact that many residents will have decided to stay with relatives and friends in non-affected areas rather than stay at evacuation shelters. If the
evacuation operation is so large that several shelters are activated, the resulting reentry traffic control operation may also prove to be time-consuming.

Reentry should be initiated by the Emergency Operations Center (EOC) director, based on clearance from the Incident Commander (IU)/UC and the Liaison Officer of the Incident Management Team (IMT) and in consultation with the Operations Section Chief at the County Emergency Operations Center (CEOC). In the event that the Operational Area CEOC has been deactivated, the IC/UC or Liaison Officer of the IMT should initiate the reentry procedures.

D. Coordination

At each Standardized Emergency Management System (SEMS) level, the Operations Section Chief or the IC/EOC director should designate a Reentry Coordinator. The Reentry Coordinator is responsible for coordinating reentry procedures with all involved agencies and ensuring effective communication.

The planning staff for the reentry phase should consider the population that will return. The evacuated area can be divided into sections or grids, which may be the best way to facilitate an orderly reentry.

Ingress and egress routes will need to be identified and manned. Traffic control devices (e.g., barricades, flares, or portable signals) may be needed to accommodate the influx of vehicular traffic.

Other contingencies that are deemed necessary by the IC will have to be planned before a reentry is announced.

1. All City, County, and State responders should be equipped with appropriate safety equipment to assist with duty performance.

2. Law enforcement personnel should be assigned, planned for, and coordinated during the reentry phase.

3. Following a major event, an aerial survey of the impacted area should be conducted immediately to identify and prioritize the most seriously damaged areas, with a follow-up reconnaissance of ingress routes and subsequent hazards, such as downed power lines, that could impede returning evacuees.

4. Public and private utility companies should coordinate with the local public works department to identify and remove downed utility lines. Clearing teams can be used for an array of duties and functions. These teams can be designated prior to an event. This will allow departments to dual-train their employees prior to a catastrophic event.
Clearing teams can be used immediately after the incident. A clearing team should begin the process of clearing access to critical facilities and roads to facilitate the reentry process. Reentry clearing teams should not be comprised of search-and-rescue personnel and are only tasked with opening roads for search-and-rescue teams and damage assessment teams to gain access to areas of destruction.

Critical infrastructure facilities (e.g., hospitals or fire stations) should be reestablished and returned to a functional state prior to reentry, since returning evacuees may need to rely on these agencies for the protection, health, and welfare of the a recovering community.

E. **Site Safety Assessments**

The impacted areas must be thoroughly investigated to ensure the safety of residents as they return to their homes and that normal operations have been restored. This assessment should include verification that:

1. Buildings, bridges, and roadways are considered and deemed safe and other potential hazards, including unsafe trees and potential landslides, have been eliminated
2. A safety assessment has been completed
3. There are no leaking or ruptured gas lines or downed power lines
4. Water and sewer lines have been repaired
5. Search-and-rescue operations have been completed
6. There are no hazardous materials that can threaten public safety or appropriate warnings have been issued
7. Water has been deemed safe or appropriate warnings have been issued
8. Major transportation routes are passable and debris has been removed from public right-of-ways
9. There is no threat to public safety and other significant hazards have been eliminated

F. **Phased Reentry**

Reentry can proceed as recommended based on a phased reentry. This can limit primary access to essential personnel and help to manage the number of people entering the disaster area.

1. Phase I

This phase allows the reentry of agencies and groups that play key roles in restoring normal operations in the impacted area following a disaster. Phase I agencies and groups may include:
a. Law enforcement and security agencies (including private security for facilities and residential communities)
b. Urban Search and Rescue teams
c. Facility or industry emergency response teams
d. Debris-clearing and debris-removal crews
e. Infrastructure and utilities repair personnel
f. Official damage assessment teams
g. Other personnel at the direction of the EOC

2. Phase II
This phase allows for the limited reentry of other critical groups, as well as residents and business owners. The local EOC in coordination with public safety personnel should determine when it is safe to begin Phase II entry. These groups may include:
a. Relief workers
b. Commodities points of distribution teams
c. Health and human services
d. Insurance agents
e. Large box-store management and staff (i.e. Lowe’s and Home Depot)
f. Hotel or motel staff (to prepare for the receiving of State and Federal relief agencies)

3. Phase III
This phase allows for the limited reentry of only those residents who can prove they live, own, rent, lease, or otherwise need access into the restricted areas.

If the impacted area cannot support the return of evacuated residents, temporary housing may be established in non-impacted areas near the disaster area. State, county, and city authorities, in accordance with State and local emergency plans and procedures, will make decisions and coordinate the location and operation of temporary housing facilities.

For additional information on reentry and temporary housing, refer to Mass Care Guide (MCG) sections, VIII, IX, and X.
G. Checkpoints and Routes

Evacuees will return to the area following primary and secondary evacuation routes. Pre-established traffic control points and credentialing should be considered to verify residents or workers who have a need to reenter a restricted area. Local law enforcement officers will be responsible for establishing and staffing access and checkpoints for reentry into their locality.

The public should be notified of the reentry status through emergency broadcast radio, television, press releases, the Internet, informational phone lines (e.g., 2-1-1), community briefings, and informational updates at shelters.

Once evacuees are permitted to return, it is important that procedures are established to properly identify residents and critical support personnel, as well as ensure the legitimacy of contractors, insurance adjustors, and other personnel. Law enforcement personnel should staff reentry points.

Transportation resources will have to be coordinated to return evacuees that require transportation assistance from evacuation points or shelters back to their communities. The EOC, public works, and law enforcement should coordinate and establish traffic management plans for the return of evacuees, which must include the identification of preferred travel routes.

No one can legally stop someone from leaving a shelter; however, when people leave the shelters and return to their homes, there is a potential that people with disabilities and others with access and functional needs may not be able to enter their homes, especially if required ramps or other means of access have been destroyed. Due to these considerations, short-term housing should be identified that can accommodate those individuals that need additional assistance. Potential sites could be hotels or motels, apartment buildings, or portable trailers with ramps. It is also important that these temporary housing sites are located in proximity to necessary support networks. Relief agencies (e.g., the American Red Cross and public health departments) also need to work closely with residents to provide accessible information material and assistance.

Each local EOC will be responsible for making the determination that reentry has been completed for its jurisdiction and for promptly informing the CEOC. Following confirmation from all affected jurisdictions that the reentry process is complete, the CEOC should notify every local EOC in the affected area of the date and time of completion.
H. **Identification Procedures**

Identification procedures are intended to provide guidance for law enforcement personnel who may be directing access to disaster-impacted localities.

Residents should have proper identification, such as a driver’s license, voter’s registration, utility bills, proper tax receipts, or a document that proves they reside within the affected area. If, however, residents are unable to produce identification, a procedure should be established to assist returning evacuees whose identification may have been destroyed, lost, or stolen during the evacuation.

Relief workers and business owners should have a company identification card.
xxv. **APPENDIX L – COUNTY OF LOS ANGELES HOSPITAL EVACUATION POLICY**

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES  

SUBJECT: **HOSPITAL EVACUATION**  
REFERENCE NO. 1112

PURPOSE: To define the role of each hospital and the Emergency Medical Services Agency in hospital evacuation(s) and to provide guidelines for requesting and mobilizing resources during disasters that result in partial or complete hospital evacuation(s).

AUTHORITY: Joint Commission on Accreditation of Healthcare Organizations, Environment of Care, Emergency Management Standards

DEFINITIONS:

Partial Evacuation: Patients are transferred within the hospital. This can be done as a horizontal evacuation, which involves moving patients horizontally to one side of a set of fire barrier doors, or as a vertical evacuation, which involves moving patients to a safe area on another floor.

Full Evacuation: Patients are transferred from the facility to an outside area, another hospital, or other alternative facility.

PRINCIPLES:

1. Evacuation of a hospital may be necessary following an emergency, such as a facility fire, or damage from a natural disaster, such as an earthquake.
2. The decision to evacuate a hospital will be based on the ability of the hospital to meet the medical needs of the patients. Immediate threats to life, such as internal fires or unstable structures, will require emergent evacuation. Prolonged utilities disruptions may also result in the need to evacuate a hospital.

POLICY:

I. Specific Responsibilities of a Hospital Requiring Evacuation

A. Implement an emergency management plan that addresses evacuation.
B. Provide evacuation information to staff regarding their role and the process that will be used to evacuate the facility.

C. Relocate patients to an area out of “danger.”

D. If patients need to be transferred to another facility for ongoing medical care, available beds should be identified by the following procedures:
   1. Coordinate with other hospitals in the same hospital system (e.g., Kaiser, Catholic Healthcare West, etc.).
   2. Coordinate with the Disaster Resource Center or umbrella hospital organizations.
   3. If the above resources are unavailable or inadequate, request assistance from the County Department of Health Services Emergency Medical Services (EMS) Agency.
      a. Contact the Medical Alert Center (MAC) or Department Operations Center (DOC) at (866) 940-4401–Press 1.
      b. Provide the number of patients by type of bed (e.g., critical care, medical or surgical, pediatrics, etc.) that require evacuation.

E. Obtain transportation resources to effect the transportation of the evacuated patients. Available transportation resources should be identified by the following procedures:
   1. The evacuating hospital will contact their contracted ambulance provider to assist in the transportation of evacuated patients.
   2. If additional resources are needed, request assistance from the County through the EMS Agency.

F. Transferred patients should have their medical records and medications sent with them.

G. Maintain a log of transferred patients that includes the following information:
   1. Name of patient
   2. Facility transferred to
   3. Type of service (i.e., medical or surgical, intensive care unit [ICU], etc.)
   4. Equipment sent with patient (e.g., intravenous [IV] pump, ventilator, wheelchair, etc.)
   5. Mode of transportation
II. Specific Responsibilities of the EMS Agency

A. Coordinate the overall Medical and Health resources in the County.
   1. Poll all hospitals to determine their ability to take transfers or their need to evacuate their facility.
   2. Notify Public Health of pending hospital evacuation(s) at (213) 989-7140.
   3. Notify the jurisdictional fire department and law enforcement agency to coordinate and ensure that evacuation routes minimize any risks associated with the evacuation.

B. Provide transportation resources
   1. Deploy local ambulance resources. If additional resources are needed, activate the local Ambulance Strike Team (AST) or consider alternate transportation (e.g., buses).
   2. If the above is inadequate, request transportation resources from Region I and/or the State.

C. Provide the individual hospital being evacuated with the following information:
   1. Patient destination information, including the number of patients by type to each facility.
   2. Transportation resources being dispatched and the estimated time of arrival.
### Long-Term Care Resident Assessment Form

**Long-Term Care Facility Evacuation Resident Assessment Form for Transport and Destination**

Adapted from the Shelter Medical Group Report: Evacuation, Care and Sheltering of the Medically Fragile. Available at [www.emsa.ca.gov/disaster/files/medicfrag.pdf](http://www.emsa.ca.gov/disaster/files/medicfrag.pdf)

**FACILITY NAME:** ______________________

**DATE:** ____________

**COMPLETED BY:** ______________________

**TIME:** ____________

<table>
<thead>
<tr>
<th>LEVEL OF CARE</th>
<th>FACILITY TYPE</th>
<th>TRANSPORT TYPE</th>
<th>NUMBER OF RESIDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEVEL I</strong></td>
<td>Description: Patients or residents are usually transferred from inpatient medical treatment facilities and require a level of care only available in hospital or skilled nursing facilities (SNFs) or subacute care facilities.</td>
<td>Like facility Hospital</td>
<td>Advanced life support (ALS)</td>
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<td></td>
<td>Examples:</td>
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<tr>
<td></td>
<td>• Bedridden, totally dependent, difficulty swallowing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Requires dialysis</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Ventilator-dependent</td>
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<td></td>
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<tr>
<td></td>
<td>• Requires electrical equipment to sustain life</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Critical medications requiring daily or QOD lab monitoring</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Requires continuous intravenous (IV) therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Terminally ill</td>
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<td></td>
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</tbody>
</table>

| LEVEL II | Description: Patients or residents have no acute medical conditions, but require medical monitoring, treatment, or personal care beyond what is available in a home setting or public shelters. | Like facility Medical care shelter | Basic life support (BLS) |
| | Examples: | In some circumstances, may be able to evacuate to family or caregiver’s home | Wheelchair Car, van, or bus |
| | • Bedridden, stable, able to swallow | | |
| | • Wheelchair-bound requiring complete assistance | | |
| | • Insulin-dependent diabetic unable to monitor own blood sugar or to self-inject | | |
| | • Requires assistance with tube feedings | | |
| | • Draining wounds requiring frequent sterile dressing changes | | |
| | • Oxygen-dependent; requires respiratory therapy or assistance with oxygen | | |
| | • Incontinent; requires regular catheterization or bowel care | | |

**NOTE:** It is unlikely that licensed health facilities such as SNFs will have residents that fall below Level II care needs. Evacuation planning must take this into consideration. Also, consider cognitive or behavioral issues in evaluating residents’ transport and receiving location needs.

| LEVEL III | Description: Residents are able to meet their own needs or have reliable caretakers to assist with personal and/or medical care. | Like facility Home setting | Car, van, or bus |
| | Examples: | Public shelter | |
| | • Independent; self-ambulating or with walker | | |
| | • Wheelchair-dependent; has own caretaker if needed | | |
| | • Medically stable requiring minimal monitoring (i.e., blood pressure monitoring) | | |
| | • Oxygen-dependent; has own supplies (e.g., O2 concentrator) | | |
| | • Medical conditions controlled by self-administered medications (caution: refrigeration may not be available at public shelters) | | |
| | • Is able to manage for 72 hours without treatment or replacement of medications, supplies, or special equipment | | |
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## Suggested Emergency Operations Plan Components for Evacuation

*Use common sense. No planning advice can be a substitution for good judgment on the ground as a disaster is unfolding.*

<table>
<thead>
<tr>
<th>Provision</th>
<th>Description of Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Provisions:</strong> these should be part of your overall disaster plan. It is difficult to adequately plan for evacuation until you have your overall disaster plan (Emergency Operations Plan) in order.</td>
<td></td>
</tr>
<tr>
<td><strong>Hazard and Vulnerability Analysis</strong></td>
<td>Know your risk for different types of disasters. Conduct a Hazard and Vulnerability Analysis (HVA). A sample ready-to-use HVA can be found on our website, <a href="http://cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides.aspx">http://cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides.aspx</a>. If you need help with this, your local Office of Emergency Services may be able to provide guidance, or your insurance company can help.</td>
</tr>
<tr>
<td><strong>Mitigation Strategies</strong></td>
<td>After completing your HVA, take what steps are practical and necessary to reduce the severity/impact of a potential disaster. The steps you take will depend on the types of vulnerabilities you have identified. Examples include: creating a fire break around your facility; bolting large furniture to the walls in earthquake prone areas, etc.</td>
</tr>
<tr>
<td><strong>Command and Control</strong></td>
<td>Define your management for emergency operations. Determine who has the authority to order a voluntary evacuation of the facility. At least one person (and a backup) with the authority to order an evacuation should be in the facility 24/7. This means multiple people need to have this authority. <strong>Best Practice:</strong> Use a modified Hospital Incident Command System (HICS) organization chart and Job Action Sheets. A sample, modified for long term care, can be found in the Pandemic Influenza Workbook for Long Term Care, found at <a href="http://www.cahfdownload.com/cahf/dpp/CAHF_DPP_PIWB_2010.pdf">www.cahfdownload.com/cahf/dpp/CAHF_DPP_PIWB_2010.pdf</a>. For the full hospital version, go to <a href="http://www.emsa.ca.gov/hics/">www.emsa.ca.gov/hics/</a>. Local responders have the authority to order a mandatory evacuation if they see a clear threat to your population or facility. <strong>Best Practice:</strong> Using the “Unified Command” principle, have the employee in charge of decision-making at your facility (your Incident Commander), work with the first responder in charge of decision-making onsite at your facility (their Incident Commander) to ensure a smooth evacuation. Share your transportation and relocation plans with the first responder Incident Commander.</td>
</tr>
<tr>
<td><strong>Decision-Making Criteria</strong></td>
<td>Include factors to consider in deciding to evacuate or shelter-in-place. What triggers will you use in determining whether or not to evacuate?</td>
</tr>
<tr>
<td><strong>Expense Tracking</strong></td>
<td>Create a strategy for tracking any expenses (including supplies, transportation, staff overtime, clean-up, etc.), and clearly documenting your actions during a disaster. This will help you with reimbursement later. Consider what type of payment arrangement you will use with the receiving facilities (see information below on &quot;like facilities&quot; for more details).</td>
</tr>
<tr>
<td><strong>Facility Supplies</strong></td>
<td>Facilities should stockpile supplies to meet the needs of both sheltering-in-place (staying put during a disaster) and evacuating. Supplies include food, water, durable and disposable medical equipment and supplies, medication, etc. <strong>Best Practice</strong>: Designate at least one person to be responsible for ensuring that your facility has adequate supplies for both sheltering-in-place and evacuating. This key person should regularly review the supplies with the people designated as having the authority to order a facility evacuation.</td>
</tr>
</tbody>
</table>
### Community Coordination

Talk to planning partners in advance of any disaster. Partners to consider include:

- Like facilities—create Memorandums of Understanding (MOUs) with a few "like" facilities both inside and outside your risk area (as identified in your HVA). It is better to have residents go to an alternate space (cots or mattresses in common areas) in a like facility (their needs can be more easily met, in most cases) than to go to a general population shelter.
- Day programs (may be helpful for the provision of transportation and/or other services)
- Local hospitals
- Other local medical providers, such as clinics
- Local Public Health Department
- First responders (fire and law)
- Transportation providers (include contracts or agreements and have at least one backup provider. Consider all types of transport: buses, vans, cars, and ambulances)
- Food supply (does your vendor have special evacuation meals or products? Some companies will help you plan for your dietary needs in an evacuation)
- Medical supply
- Telecommunications
- Utilities (e.g., electric, water, sewage, trash, gas, etc.)
- Security
- Cleaning or repair companies (as needed for reentry after evacuation)
- Your volunteer base
- Family members
- Local groups that could help you (e.g., community and church groups)
- Local OES
- Local Emergency Medical Services Agency (LEMSA)

*Best Practice*: Share your planned relocation sites with appropriate community partners, particularly your suppliers (food, medical, medication, equipment, etc.). Establish backup resources for supplies in the event your primary vendor cannot complete deliveries. Understand how to coordinate with your Operational Area (county) Emergency Operations Center (EOC). Secure a phone number to the EOC (in San Diego County, it is called the Medical Operations Center, or MOC). This is the number you will call if you need additional resources. A master list of these numbers is available at http://www.cahf.org/public/dpp/CAHF_2_OES_County_EOC_Roster_200707a.pdf. If your Operational Area EOC is not open and you have been impacted by a disaster and need help, call 9-1-1.

**NOTE:** This is the general process in the State of California for resource requests and sharing critical information, such as the need to evacuate your facility. However, some counties may prefer that long-term care use a different point of contact than the Operational Area EOC. Only pre-planning can help you determine the best point of contact.

### Communications

Specify clear communication protocols and backup plans for communicating (internally and externally) during a disaster. Also, develop your pre-disaster risk communications strategy.

*Best Practice*: Upon admission of a resident, give the family or responsible party a fact sheet with relevant information about your disaster plan, including what a family can expect if the facility has to evacuate and steps a family member or responsible party can take in helping ensure the safety of their loved one. This could also be accomplished in presentations at regular “family sessions.”

*Best Practice*: Implement a voicemail system capable of receiving external calls on which a message can be recorded about evacuation details for residents’ families, information for staff calling in, expected evacuation sites for residents, etc.

### Staff Personal Preparedness

Encourage staff to develop disaster plans for themselves and their families. Staff are less likely to come to work or stay at work if they are unsure of their family’s safety. Visit http://cahfdisasterprep.com/PreparednessTopics/SurgeCapacity/EncouragingPersonalPreparedness.aspx for more information on personal preparedness and excellent Web resources that can help staff with their own planning and stockpiling.

### Staff Family Members

Indicate whether staff family can shelter at your facility and/or evacuate with your facility if necessary.

### Specific Resident Needs

Include lists of any special/specific resident medical and personal needs.
Create a list of any entities (such as your District L&C office, and your parent company) that will need to be notified of any change in status, such as an evacuation or admission of evacuated residents. If you cannot get through to your local district licensing office during a disaster, call the state OES Warning Center at 916-845-8911.

**Best Practice**: Call your county (Operational Area) EOC if you are evacuating. They need to know this information, and can help you with any resource requests that you may have. They may also be able to find space for your residents if necessary, or refer you to someone who can help.

Prepare and keep up-to-date contact lists for your key evacuation partners and your staff.

* Several different “like” facilities that you have MOUs with and their contact information (address, key staff, at least two different phone numbers, and e-mail). You don’t know what form of communication will be available to you in a disaster.

* Staff contact list, with addresses, phone numbers, and e-mail addresses.

**Best Practice**: Map out where your staff live. This way, you will know if they are in an affected area or may have difficulty getting to work because of road closures.

* All the key planning partners listed above in the “Community Coordination” section.

* List of residents’ family members, with alternate numbers

**Note: this is not a comprehensive list of planning elements for your overall disaster plan. For more details, visit our website at [http://cahfdisasterprep.com/PreparednessTopics/EvacuationPlanning/ResourcesPositivePractices.aspx](http://cahfdisasterprep.com/PreparednessTopics/EvacuationPlanning/ResourcesPositivePractices.aspx).**

Every employee should be aware of where the emergency “shut-off” switches or valves are located, including the location of the backup generator, fuse boxes, transformer box, etc.

In addition to other necessary emergency supplies, each facility should have at least two master wing-nut wrenches in readily accessible locations (preferably one at either end of the facility). These wrenches should be tested and appropriate for turning off the gas in a major emergency. All staff should be trained how to do this and know the locations of the wrenches. Facilities should also keep on hand an ample supply of charged/working handheld flashlights (keep extra batteries, or use hand-crank flashlights). If night staff use flashlights to perform bed checks and distribute medications, a separate “emergency only” set of flashlights should be maintained.

Develop an evacuation checklist for your facility that staff can pull out and use in an evacuation event. Train to the checklist, and ensure that staff know where to find it in a hurry. Many of the elements below can be included.

Detail contingency plans, policies, roles, responsibilities, and procedures. What are your equipment needs? How much time does it take to evacuate your residents? Who must go first? What needs to go with each resident?

Assess each resident based on their care needs. This will help to determine the type of transport needed. This will help reduce your reliance on ambulances, which will be in short supply.


Include current MOUs with like facilities, contact information, address, and key staff names. DO NOT evacuate to a partner facility without contacting them first. In a widespread disaster, they may be impacted. You also need to know how many beds they have available, and whether they can “surge” into other areas of their facility (providing cots or mattresses in common areas, dining rooms, etc.). Also, host facilities should contact their regulatory agency for emergency permissions to admit over-capacity.

**NOTE**: It is a best practice to evacuate to a like facility because they are more likely to be able to meet the needs of your special needs population with the appropriate adapters for medical equipment, kitchen for food prep, specially equipped bathrooms, physical plant design for cognitively impaired or dementia residents, etc.

Detail the areas that need to be secured (i.e., doors, windows, offices, kitchen, medical cabinets, etc.). Also consider if there will be any special security needs at the relocation site.
| Transportation | Plan for transportation of your residents, staff, equipment, food and water, medications, personal belongings and medical records (details on each are listed below)—what kind of vehicles will be needed and how many of each? Consider the use of any vehicles you currently have (plan to keep them in good repair and full of fuel), any transportation contracts you currently have, buses, staff vehicles, family member vehicles, etc.  
*Best Practice*: Plan for the transport of your support services, including dietary, nursing, laundry, and others as needed. |
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<tbody>
<tr>
<td>Equipment and Supplies</td>
<td>Understand the equipment and supply needs at the relocation site. Be sure to take adequate equipment and supplies to cover your residents' needs. Consider all aspects of supplies, such as adapters for O2 operation.</td>
</tr>
<tr>
<td>Food and Water Supply</td>
<td>Describe the amount, type and logistical support for transporting food and water. Consider that food and water may need to be accessed while in transit.</td>
</tr>
<tr>
<td>Medications</td>
<td>Describe the logistics for moving medications—including specifications for moving them under the control of a registered nurse if necessary. Consider that certain medications may need to be accessed while in transit. Consider how to secure the medications so that residents are not able to access them while in transit. Consider how to transport medications that require refrigeration.</td>
</tr>
<tr>
<td>Transfer of Medical Records</td>
<td>Detail the process for putting together and transporting the resident's medical records; describe the logistics for moving medical records. Consider taking, at minimum, the face sheet, medications record, advance directives, next of kin, and diet information.</td>
</tr>
<tr>
<td>Staffing</td>
<td>Specify procedures to ensure staff accompany evacuating residents. Understand the staffing needs at each relocation site (if evacuating to multiple sites) to ensure that adequate staff will be present. When evacuating to a like facility, some of the other facility's staff may be able to assist you with your residents. Notify your licensing body if you anticipate staffing shortages; it is possible that staffing ratios can be flexed in an emergency, at the time of the emergency.</td>
</tr>
<tr>
<td>Resident Personal Belongings</td>
<td>Include in your plan a list of any other items to accompany residents. This might include a change of clothes, toothbrush, toiletries, and possibly a small personal memento such as a picture to help the resident feel at home in their new surroundings.</td>
</tr>
</tbody>
</table>
| Evacuation Route | Identify evacuation routes and secondary (alternate) routes, includes maps and specifies anticipated travel time. Expect delays.  
*Best Practice*: If you have Internet access, check for road closures.  
*Best Practice*: An inexpensive portable global positioning system (GPS) can help you navigate around road closures and sometimes also high volumes of traffic. It may also help you locate gas stations, rest areas, etc. If you choose to use GPS, carry a map as a backup, one per vehicle. |
| Resident Evacuation and Tracking | Identify how you will track your residents, and how you will ensure that they end up at their destination. Consider how you will identify your residents (example: using an ID bracelet)  
*Best Practice*: Print out your current resident census, and have one staff person stand at the exit and check off as each resident is evacuated. Include the location to which they are being evacuated. Also include the bus/ambulance number next to the person's name to facilitate your ability to track the supplies accompanying each resident.  
*Best Practice*: Mark each resident's door with masking tape, door open, indicating that the resident has been evacuated with staff initials of who prepared the resident to ensure that all medications and other critical items were properly bagged and evacuated with the resident. |
| Communications — Equipment and Methods | Consider the types of communications equipment you will need, and your methods of communicating.  
- Pre-evacuation: How will information be disseminated pre-evacuation (i.e., accurate information and instructions to staff, residents, and families)?  
- During an evacuation: How will communications take place en route to your relocation site (consider that you will likely have multiple vehicles, and could potentially be evacuating to multiple sites—how will you coordinate logistics and provide updates)?  
- Post-evacuation: How will communications take place post-evacuation, including notifications and status reports (internal, agencies, families, media, and others)? |
| Assessment for Transfer Trauma | Ensure that each resident is medically evaluated by an appropriately licensed clinician as soon as possible during and after an evacuation. |
| Notifications | In addition to communicating with your licensing body, ensure that you have a strategy for notifying the family members or responsible parties of your residents that you have evacuated and to where their loved one has been relocated. |
## Reentry Considerations

<table>
<thead>
<tr>
<th>Reentry Preparation</th>
<th>Identify who on your staff can authorize reentry, procedures for inspecting the facility, and detail transportation from the host facility. Also include any vendors (names and contact information) that may need to be involved in cleaning, repairing, or restocking the facility.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repatriation Guidance</td>
<td>Identify who must be contacted prior to repopulating your facility (i.e. your licensing body). <em>Best Practice</em>: Prior to a disaster, establish the specific requirements that your district L&amp;C or CCL surveyors will be looking for before they allow reentry. This may be different depending on the type of disaster.</td>
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</tbody>
</table>

## Other Thoughts on Wide-Spread Evacuation

| Regional Long-Term Care (LTC) Coordination | Regional groups of LTC facilities should consider developing an “Officer of the Day” response program. This person (may be a rotating position, and should have several backups) would act in an assistive capacity in a wide-spread emergency. This person could help facilities evacuate, provide information to various partners, and help with any components of the response that were not clearly assigned to another entity. In addition, on a monthly or quarterly basis, all facilities in a specific geographic or community area should hold regular and routine meetings or conference calls to update and review the status of individual facility emergency preparations. These regular and routine discussions should include updates relative to regional transportation issues, staffing, supplies, key contact resources, and; in general serve as constant and current information sharing sessions. |
XXVIII. APPENDIX O: ADDITIONAL CARE FACILITIES

People with disabilities and others with access and functional needs of all age groups may be receiving care/assistance, including a wide range of services in private homes, facilities, activity centers, day care centers, and workplaces throughout the operational area, through formalized governmental programs or privately through home care/assistance services. Owners and operators of homes and facilities will be expected to have safety/preparedness procedures and evacuation plans in place to implement once the evacuation has commenced. This includes transportation arrangements that meet their specific requirements to effectively evacuate their clients and residents within their facilities to designated areas that they are directed to or alternative sites pre-arranged by planning and agreements that those owners/operators have done beforehand.

1. Assisted Living Facilities

Services provided at these facilities are associated with activities of daily living and include many homes, residences, and facilities with varying levels of medical care at levels just below Skilled Nursing Facilities. Although many of these facilities have residents/clients without daily medical needs or medical supervision, there are a number of facilities where the majority of their residents need continuous medical care. Assisted living facilities may be associated with nursing homes, affiliated with other similar facilities, or independently owned and operated.

2. Vocational Rehabilitation Work Centers\(^ {112} \)

These facilities employ individuals with developmental disabilities in the community through contracts with the California Department of Rehabilitation.

Community rehabilitation programs are community-based organizations that the Department of Rehabilitation contracts with to provide vocational rehabilitation services.

Individual service providers are independent contractors who assist people with disabilities and others with access and functional needs to participate in vocational rehabilitation services and to achieve and maintain an employment outcome.

3. Care Facilities

The California Department of Social Services licenses care facilities for people who cannot live alone but who do not need extensive medical services. Services typically include help with medications and assistance with personal hygiene, dressing, and grooming. Some facilities may

provide supervision and programs for individuals who have Alzheimer’s disease or other types of dementia.\(^{113}\)

- **Child Care Centers** and Family Child Care Homes\(^{114}\)
- **Children’s Residential Facilities**\(^{115}\)
- **Adult and Elderly Facilities**\(^{116}\)
- **Adult Day Programs**\(^{117}\) means any community-based facility or program that provides care to people 18 years of age or older in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of these individuals on less than a 24-hour basis.
- **Adult Residential Facilities**\(^{118}\)
- Adult Residential Facility for Persons with Special Health Care Needs\(^{119}\)
- Residential Care Facilities for the Chronically Ill\(^{120}\)
- **Residential Care Facilities for the Elderly**\(^{121}\) (RCFEs) may also be known as assisted living facilities, retirement homes, and board and care homes. These facilities can range in size from 6 beds or less to more than 100 beds. The residents in these facilities require varying levels of personal care and protective supervision.
- **Continuing Care Retirement Communities**\(^{122}\) are RCFEs where services promised in a continuing care contract are provided.
- **Social Rehabilitation Facilities**\(^{123}\) provide 24-hour non-medical care and supervision in a group setting to adults recovering from mental illnesses who temporarily need assistance, guidance, or counseling.
- **Special Agencies**\(^{124}\) are adoption and foster-family agencies.

\(^{113}\) [http://ccld.ca.gov/PG409.htm](http://ccld.ca.gov/PG409.htm)

\(^{114}\) [http://ccld.ca.gov/PG411.htm](http://ccld.ca.gov/PG411.htm)

\(^{115}\) [http://ccld.ca.gov/PG499.htm](http://ccld.ca.gov/PG499.htm)

\(^{116}\) [http://ccld.ca.gov/PG477.htm](http://ccld.ca.gov/PG477.htm)

\(^{117}\) [http://ccld.ca.gov/PG419.htm](http://ccld.ca.gov/PG419.htm)

\(^{118}\) [http://ccld.ca.gov/PG479.htm](http://ccld.ca.gov/PG479.htm)

\(^{119}\) [http://ccld.ca.gov/PG1517.htm](http://ccld.ca.gov/PG1517.htm)

\(^{120}\) [http://ccld.ca.gov/PG542.htm](http://ccld.ca.gov/PG542.htm)

\(^{121}\) [http://ccld.ca.gov/PG543.htm](http://ccld.ca.gov/PG543.htm)

\(^{122}\) [http://www.calcrc.ca.gov/](http://www.calcrc.ca.gov/)

\(^{123}\) [http://ccld.ca.gov/PG552.htm](http://ccld.ca.gov/PG552.htm)

\(^{124}\) [http://ccld.ca.gov/PG553.htm](http://ccld.ca.gov/PG553.htm)
4. Independent Living Facilities/Homes\textsuperscript{125}

Independent living is a service provided to adults with developmental disabilities that offers functional-skills training necessary to secure a self-sustaining, independent living situation in the community and/or may provide the support necessary to maintain those skills. Individuals typically live alone or with roommates in their own homes or apartments. These homes are not licensed.

5. Adult Day Care

Adult day care centers are designed to provide care and companionship for seniors who need assistance or supervision during the day. Adult social day care provides social activities, meals, recreation, and some health-related services. Adult day health care offers more intensive health, therapeutic, and social services for individuals with severe medical problems and those at risk of requiring nursing home care.

6. Community Care Facilities\textsuperscript{126}

Community care facilities (CCFs) are licensed by the Community Care Licensing Division of the State Department of Social Services to provide 24-hour non-medical residential care to children and adults with developmental disabilities who are in need of personal services, supervision, and/or assistance essential for self-protection or sustaining the activities of daily living. Based on the types of services provided and the people served, each CCF is served by a [regional center]\textsuperscript{127} and is designated using one of the following service levels\textsuperscript{128}:

a. Service Level 1: Limited care and supervision is provided for people with self-care skills and no behavior problems.

b. Service Level 2: Care, supervision, and incidental training are provided for people with some self-care skills and no major behavior problems.

c. Service Level 3: Care, supervision, and ongoing training are provided for people with significant deficits in self-help skills and/or some limitations in physical coordination and mobility and/or disruptive or self-injurious behavior.

d. Service Level 4: Care, supervision, and professionally supervised training are provided for people with deficits in self-help skills and/or severe impairment in physical coordination and mobility and/or severely disruptive or self-injurious behavior. Service Level 4 is

\textsuperscript{125} \url{http://www.dds.ca.gov/LivingArrang/IndLiving.cfm}
\textsuperscript{126} \url{http://ccld.ca.gov/PG479.htm}
\textsuperscript{127} \url{http://www.dds.ca.gov/RC/Home.cfm}
\textsuperscript{128} \url{http://www.dds.ca.gov/LivingArrang/CCF.cfm}
subdivided into levels 4A through 4I, in which staffing levels are increased to correspond to the escalating severity of disability levels.

7. Adult Residential Facilities

An adult residential facility is a facility of any capacity that provides 24-hour non-medical care for adults ages 18 through 59 who are unable to provide for their own daily needs. Adults may be physically handicapped, developmentally disabled, and/or mentally disabled.

8. Homeless Shelters

A homeless shelter is any facility that provides an individual or family with a bed/cot to sleep on for a specified number of nights. Some shelters house only a few clients, while others house hundreds. Some shelters may house clients for a single night, while others may house clients for more than 2 years. Most shelters will typically have at least one staff member on duty 24 hours a day to provide services and supervision to their clients. Homeless shelters generally serve a very diverse population, many with functional needs (e.g., mental and/or physical disabilities, substance abuse issues, and chronic health conditions). Clients will range in age from newborns to the elderly.

The decision to evacuate may be voluntary or mandated as determined by local law enforcement or fire officials.

Information about evacuations and pick-up or drop-off points can be transmitted to various homeless shelters via the Los Angeles Homeless Services Authority, public and private outreach teams, and various homeless coalitions around the City. Information regarding evacuations should be presented in languages that reflect the shelter population.

Those shelters with transportation capabilities should attempt to transport clients to evacuation facilities. Since most shelters do not have the capability to move a large number of clients, shelter staff should coordinate with local authorities and the Transportation Branch at the EOC to determine an efficient way to transport clients safely.

Information should be clearly presented as to what personal possessions and/or pets may be allowed to be taken during an evacuation. Some people may not choose to evacuate if they cannot bring their personal belongings or pets.

There are no specific State or Federal licensing requirements to operate a homeless shelter. However, facilities should be inspected prior to reentry (if there are structural concerns) by the City or County Housing Department to ensure those facilities are safe to house people.
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**xxix. Appendix P – Acronyms and Abbreviations**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AAA</td>
<td>Area Agency on Aging</td>
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<tr>
<td>AAR</td>
<td>After-Action Report</td>
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<tr>
<td>AC</td>
<td>Area Command</td>
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<tr>
<td>ACCESS</td>
<td>Access to Community Care, Effective Services and Support</td>
</tr>
<tr>
<td>ADA</td>
<td>Americans with Disabilities Act</td>
</tr>
<tr>
<td>Alliance</td>
<td>Los Angeles Critical Incident Planning and Training Alliance</td>
</tr>
<tr>
<td>ALS</td>
<td>Advanced Life Support</td>
</tr>
<tr>
<td>AM</td>
<td>Amplitude Modulation</td>
</tr>
<tr>
<td>ARF</td>
<td>Adult Residential Facility</td>
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<tr>
<td>AST</td>
<td>Ambulance Strike Team</td>
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<tr>
<td>BLS</td>
<td>Basic Life Support</td>
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<tr>
<td>Cal EMA</td>
<td>California Emergency Management Agency (formally OES)</td>
</tr>
<tr>
<td>Caltrans</td>
<td>California Department of Transportation</td>
</tr>
<tr>
<td>CBRNE</td>
<td>Chemical, Biological, Radiological, Nuclear, and Explosive Agents</td>
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<tr>
<td>CCF</td>
<td>Community Care Facility</td>
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<tr>
<td>CCRC</td>
<td>Continuing Care Retirement Community</td>
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<tr>
<td>CDAA</td>
<td>California Disaster Assistance Act</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>CDDS</td>
<td>California Department of Developmental Services</td>
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<td>California Department of Fish and Game</td>
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<tr>
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<td>California Department of Social Services</td>
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<td>County Emergency Operations Center</td>
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<td>CERT</td>
<td>Community Emergency Response Team</td>
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<tr>
<td>CHP</td>
<td>California Highway Patrol</td>
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<tr>
<td>CLEMARS</td>
<td>California Law Enforcement Mutual-Aid Radio System</td>
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<tr>
<td>CLETS</td>
<td>California Law Enforcement Telecommunications System</td>
</tr>
<tr>
<td>CME</td>
<td>Centralized Medical Equipment</td>
</tr>
<tr>
<td>CMS</td>
<td>Changeable Message Sign</td>
</tr>
<tr>
<td>CNG</td>
<td>Compressed Natural Gas</td>
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<tr>
<td>COG</td>
<td>Continuity of Government</td>
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<tr>
<td>COOP</td>
<td>Continuity of Operations</td>
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<tr>
<td>CPG</td>
<td>Comprehensive Preparedness Guide</td>
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<td>CRCF</td>
<td>Community and Residential Care Facility</td>
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<td>CSWC</td>
<td>California State Warning System</td>
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<tr>
<td>DCS</td>
<td>Disaster Communications Service</td>
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<tr>
<td>DHHS</td>
<td>U.S. Department of Health and Human Services</td>
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<tr>
<td>Acronym</td>
<td>Abbreviation</td>
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<tr>
<td>DHS</td>
<td>U.S. Department of Homeland Security</td>
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<tr>
<td>DME</td>
<td>Durable Medical Equipment</td>
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<td>DMS</td>
<td>Dynamic Message Sign</td>
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<td>DOC</td>
<td>Department Operations Center</td>
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<td>DOT</td>
<td>U.S. Department of Transportation</td>
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<td>DPH</td>
<td>Los Angeles County Department of Public Health</td>
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<td>DPSS</td>
<td>Los Angeles County Department of Public Social Services</td>
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<td>DSW</td>
<td>Disaster Service Worker</td>
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<td>EAS</td>
<td>Emergency Alert System</td>
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<tr>
<td>EDIS</td>
<td>Emergency Digital Information Service</td>
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<td>EGIS</td>
<td>Enterprise Geographic Information System</td>
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<tr>
<td>EMAC</td>
<td>Emergency Management Assistance Compact</td>
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<td>Emergency Management Department</td>
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<td>EMS</td>
<td>Emergency Medical Services</td>
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<td>EMT</td>
<td>Emergency Medical Technician</td>
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<td>ENLA</td>
<td>Emergency Network Los Angeles</td>
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<tr>
<td>EOC</td>
<td>Emergency Operations Center</td>
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<td>Emergency Operations Plan</td>
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<td>EP</td>
<td>Evacuation Point</td>
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<td>ERP</td>
<td>Emergency Response Plan</td>
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<td>ESA</td>
<td>Emergency Services Act</td>
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<td>ESF</td>
<td>Emergency Support Function</td>
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<td>FBO</td>
<td>Faith-Based Organization</td>
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<td>FCC</td>
<td>Federal Communications Commission</td>
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<td>FDUMA</td>
<td>Fire Department UHF Mutual Aid</td>
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<tr>
<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
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<td>FHWA</td>
<td>Federal Highway Administration</td>
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<td>FIREMARS</td>
<td>Fire Mutual-Aid Radio System</td>
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<td>FIRE Net</td>
<td>Cal EMA Fire and Rescue Mutual-Aid Coordination Network (formerly OES FIRE)</td>
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<td>GIS</td>
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<tr>
<td>Guide</td>
<td>Mass Evacuation Process Guide</td>
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<td>HazMat</td>
<td>Hazardous Material</td>
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<td>HICS</td>
<td>Hospital Incident Command System</td>
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<tr>
<td>HSEEP</td>
<td>Homeland Security Exercise and Evaluation Program</td>
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<tr>
<td>HSPD</td>
<td>Homeland Security Presidential Directive</td>
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<tr>
<td>HSUS</td>
<td>Humane Society of the United States</td>
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<tr>
<td>HVA</td>
<td>Hazard and Vulnerability Analysis</td>
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<td>IC</td>
<td>Incident Command</td>
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<td>ICF</td>
<td>Intermediate Care Facility</td>
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<td>ICS</td>
<td>Incident Command System</td>
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<tr>
<td>Acronym</td>
<td>Definition</td>
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<tr>
<td>ICU</td>
<td>Intensive Care Unit</td>
</tr>
<tr>
<td>IDE</td>
<td>Initial Damage Estimate</td>
</tr>
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<td>IMD</td>
<td>Institution for the Mental Diseases</td>
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<td>IMT</td>
<td>Incident Management Team</td>
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<td>IP</td>
<td>Improvement Plan</td>
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<td>ISD</td>
<td>Internal Services Department</td>
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<td>ITS</td>
<td>Intelligent Transportation System</td>
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<td>IV</td>
<td>Intravenous</td>
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<td>JIC</td>
<td>Joint Information Center</td>
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<td>LA CEOC</td>
<td>Los Angeles County Emergency Operations Center</td>
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<td>LAOA</td>
<td>Los Angeles Operational Area</td>
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<td>LAPD</td>
<td>Los Angeles Police Department</td>
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<td>LARTCS</td>
<td>Los Angeles Regional Tactical Communication System (RTC for short; formerly the Los Angeles County Sheriff's Mutual-Aid Radio System)</td>
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<td>Los Angeles International Airport</td>
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<td>LEMSA</td>
<td>Local Emergency Medical Services Agency</td>
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<td>MAA</td>
<td>Mutual-Aid Agreement</td>
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<tr>
<td>MAC</td>
<td>Medical Alert Center</td>
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<td>MACS</td>
<td>Multi-Agency Coordination System</td>
</tr>
<tr>
<td>MCG</td>
<td>Mass Care Guide</td>
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<tr>
<td>MEPG</td>
<td>Mass Evacuation Process Guide</td>
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<tr>
<td>MHz</td>
<td>Megahertz</td>
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<tr>
<td>MOA</td>
<td>Memorandum of Agreement</td>
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<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
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<td>MOW</td>
<td>Meals on Wheels</td>
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<tr>
<td>MTA</td>
<td>Los Angeles County Metropolitan Transportation Authority</td>
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<tr>
<td>NGO</td>
<td>Nongovernmental Organization</td>
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<td>NIMS</td>
<td>National Incident Management System</td>
</tr>
<tr>
<td>NRF</td>
<td>National Response Framework</td>
</tr>
<tr>
<td>OA</td>
<td>Operational Area</td>
</tr>
<tr>
<td>OAERP</td>
<td>Operational Area Emergency Response Plan</td>
</tr>
<tr>
<td>OAFN</td>
<td>Office of Access and Functional Needs</td>
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<tr>
<td>OEM</td>
<td>Office of Emergency Management</td>
</tr>
<tr>
<td>OES</td>
<td>Office of Emergency Services (now Cal EMA)</td>
</tr>
<tr>
<td>PA</td>
<td>Public Assistance</td>
</tr>
<tr>
<td>PETS</td>
<td>Pet Evacuation and Transportation Standards</td>
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<td>PIO</td>
<td>Public Information Officer</td>
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<td>PSA</td>
<td>Public Service Announcement</td>
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<td>PUP</td>
<td>Pick-Up Point</td>
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<td>RCF</td>
<td>Residential Care Facility</td>
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<tr>
<td>RCFE</td>
<td>Residential Care Facility for the Elderly</td>
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<tr>
<td>Acronym</td>
<td>Definition</td>
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<tr>
<td>RCPGP</td>
<td>Regional Catastrophic Preparedness Grant Program</td>
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<td>Riverside Emergency Animal Rescue Services</td>
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<td>Red Cross</td>
<td>American Red Cross</td>
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<td>REOC</td>
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<td>RFID</td>
<td>Radio Frequency Identification</td>
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<td>RIMS</td>
<td>Response Information Management System</td>
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<td>RPS</td>
<td>Reception Processing Site</td>
</tr>
<tr>
<td>RSS</td>
<td>Really Simple Syndication</td>
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<tr>
<td>SCVMA</td>
<td>Southern California Veterinary Medical Association</td>
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<td>SEAMS</td>
<td>Standardized Emergency Management System</td>
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<td>SEP</td>
<td>State Emergency Plan</td>
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<tr>
<td>SMS</td>
<td>Short Message Service</td>
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<td>SNAP</td>
<td>Specific Needs Awareness Planning</td>
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<td>SNF</td>
<td>Skilled Nursing Facility</td>
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<tr>
<td>SOC</td>
<td>State Operations Center</td>
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<td>SOP</td>
<td>Standard Operating Procedures</td>
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<td>TA</td>
<td>Technical Assistance</td>
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<td>TDD</td>
<td>Telecommunications Device for the Deaf</td>
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<td>TICP</td>
<td>Tactical Interoperability Channel Plan</td>
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<td>TJC</td>
<td>The Joint Commission (formally the Joint Commission on Accreditation of Healthcare Organizations)</td>
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<td>Tactical Mutual-Aid Channel</td>
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<td>Teletypewriter</td>
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<td>UC</td>
<td>Unified Command</td>
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<tr>
<td>UHF</td>
<td>Ultra-High Frequency</td>
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<tr>
<td>USAR</td>
<td>Urban Search and Rescue</td>
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<tr>
<td>USGS</td>
<td>U.S. Geological Survey</td>
</tr>
<tr>
<td>VHF</td>
<td>Very-High Frequency</td>
</tr>
<tr>
<td>Voad</td>
<td>Voluntary Organizations Active in Disasters</td>
</tr>
<tr>
<td>VRS</td>
<td>Video Relay Service</td>
</tr>
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</table>
Appendix Q – Definitions

2-1-1 County of Los Angeles: 2-1-1 is a toll-free number available 24 hours a day, 7 days a week, and is staffed by operators trained to provide callers with information and referrals for social services.

3-1-1 City of Los Angeles: 3-1-1 is a real-time direct link to the City’s state-of-the-art call center staffed every day (7 a.m. to 10 p.m.) that provides residents information and access to more than 1,500 non-emergency City services from landline phones, cell phones, and the Internet. Information is provided in English, Spanish, and more than 150 other languages and in formats accessible to individuals who are hearing- or speech-impaired.

5-1-1 Southern California is a free traveler information service that dispenses live traffic reports, transit planning, and commuter service information in the Los Angeles area via a toll-free phone number and website. Counties include Los Angeles, Orange, Riverside, San Bernardino, and Ventura.

ACCESS Information Services: Provided by the Los Angeles County Department of Mental Health, Access Community Care and Effective Services for Support (ACCESS), is a referral and information hotline.

Community and Residential Care Facility (CRCF): CRCFs are facilities supporting or housing people with disabilities and others with access and functional needs in a licensed health facility. Assisted living facilities, other group home arrangements, and non-nursing care homes may or may not be included in lists of CRCFs in different jurisdictions.

Community-Based Organization: This is a nonprofit organization that works to serve the disadvantaged in the community in which it is located. This includes both secular and faith-based organizations.

County Emergency Operations Center (CEOC): The CEOC serves a dual role: it supports emergency management activities for unincorporated cities within the County and it acts as the Operational Area Emergency Operations Center that would be activated whenever there is a need to coordinate the emergency response of County departments, agencies, and local jurisdictions in a significant event.

Decontamination Point: This is a site operating in support of, but not as part of, reception, where evacuees who are contaminated or potentially contaminated are assessed and decontaminated before being granted entrance to a reception processing site. Self-evacuees and transportation-assisted evacuees should be diverted to decontamination points as needed.
Emergency Digital Information Service (EDIS): EDIS delivers official information about emergencies and disasters to the public and the news media in California.

Emergency First Aid: Emergency first aid, consisting of basic first aid and referral to appropriate medical personnel and facilities, is provided at mass care facilities and designated sites.

Evacuation Point (EP): Located within the affected area, an EP is a central gathering location where evacuees who require transportation and/or other assistance in evacuating from an impact or at-risk area are processed and transported out of the area.

Information Point: This is an interim site that works in conjunction with other public information sources to provide shelter information to self-evacuees. This site may also include restrooms and maps.

Jurisdiction: This is an entity within a certain geographical area. For purposes of this guidance, Los Angeles County is the geographical area.

Los Angeles Operational Area (LAOA): The LAOA is an intermediate level of the State Emergency Services Organization, consisting of the County and all political subdivisions within the County.

Los Angeles County Community and Senior Services (CSS): CSS provides direct services to seniors and at-risk individuals. It is a social services agency responsible for the well-being of seniors, adults, and youth. The department also provides services through a network of more than 500 community agencies that contract with CSS to provide programs for the citizens of Los Angeles County. Within CSS, the Los Angeles County Area Agency on Aging (AAA) has an information and referral line ([800] 510-2020) that connects seniors, people with disabilities and others with access and functional needs, family members, professionals, and the public at large with assistance, referrals, education, and advocacy. More information is available at http://css.lacounty.gov/aaa.aspx.

Mutual Aid: Mutual aid is the voluntary providing of services and facilities by agencies or organizations to assist each other when existing resources prove to be inadequate.

National Incident Management System (NIMS): NIMS is a system mandated by Homeland Security Presidential Directive (HSPD)-5 that provides a consistent nationwide approach for Federal, State, local, and tribal governments, as well as the private-sector and nongovernmental organizations to work effectively and

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Los Angeles County Code Chapter 2.68.050.K Definitions.
efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity.

**Office On Aging, Care Coordination:** Seniors, people with disabilities and others with access and functional needs who want to live independently in the community often face many challenges due to increasing frailty, chronic medical conditions, functional disabilities, limited income, a stressed and overwhelmed family caregiver, depression from multiple losses, lack of knowledge of community resources and services, a limited support network, and gaps in services, all of which may limit their independence and ability to live safely in the community. Care coordination services can offer a viable alternative to institutional care and provide seniors, people with disabilities and others with access and functional needs, and family caregivers the opportunity to explore multiple community options for care in the home.

**Operational Area:** An operational area consists of a county and all political subdivisions within the county area. Operational areas coordinate inter-jurisdictional emergency operations and mutual aid.

**Paratransit:** This is a form of transportation service that is more flexible and personalized than conventional fixed-route or fixed-schedule transportation. Service is adjusted to individual needs. Examples of paratransit service include taxis, dial-a-ride, vanpools, and subscription service.

Accommodations for people with disabilities and others with access and functional needs may include modifications to programs, policies, procedures, architecture, equipment, services, supplies, and communication methods.

**Pick-up Point (PUP):** PUPs are local sites within the impact area for the pick-up of members of the evacuating population who require transportation and/or other assistance in evacuating an impact or at-risk area. PUPs may also be known as transportation or assembly points.

**Public Information Officer (PIO):** A PIO works in coordination with the joint information center to provide supporting mechanisms to develop, coordinate, and deliver messages to the public.

**Regional Center Vendors:** This term refers to a person, program, or facility approved by the State of California’s Department of Developmental Services to provide services under contract to clients of any regional center and to receive a rate of reimbursement for the provision of such services.

**Reception Areas at Shelters:** This is an area where reception activities, such as evacuee registration, may be conducted upon admittance to a shelter if this has
not already been accomplished prior to evacuees’ arrival at the shelter site, as is generally the case with self-evacuees.

**Reception Processing Site (RPS):** This is an interim site along an evacuation route for people who have been provided transportation assistance. This site may include services such as evacuee tracking, canteen or feeding, household pet reception, medical assessment, evacuee communications, and determination of shelter location to which the evacuees will be sent. See also **Evacuation Point** for a similar model in an impact area.

**Safe and Well:** This is a website provided by the American Red Cross. Those affected by a disaster may register as “safe and well,” and concerned family and friends may access the information. The Safe and Well website will display a loved one’s first and last name, a date, and safe-and-well messages from a list of standard messages, making concerned individuals aware of one’s well-being. The website can be accessed at [https://safeandwell.communityos.org/cms/index.php](https://safeandwell.communityos.org/cms/index.php).

**Service Animal**[^130]: This term means any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the handler’s disability.

- Please note: A public accommodation shall make reasonable modifications in policies, practices, or procedures to permit the use of a **miniature horse** by an individual with a disability if the miniature horse has been individually trained to do work or perform tasks for the benefit of the individual with a disability.

- Exceptions: A public accommodation may ask an individual with a disability to remove a service animal from the premises if:
  - The animal is out of control and the animal’s handler does not take effective action to control it
  - The animal is not housebroken

**Services for People with Disabilities and Others with Access and Functional Needs:** This term refers to those actions, services, accommodations, and programmatic, architectural, and communication modifications that a covered entity must undertake or provide to afford children and adults with

disabilities or any other type of access or functional need a full and equal opportunity to use and enjoy programs, services, activities, goods, facilities, privileges, advantages, and accommodations in the most integrated setting. These actions are in light of the exigent circumstances of the emergency and the legal obligation to undertake advance planning and prepare to meet the disability-related needs of people with disabilities and others with access and functional needs as defined by the Americans with Disabilities Act (ADA) Amendments Act of 2008, P.L. 110-325 and those associated with them.

**Shelter:** Emergency sheltering includes the use of pre-identified shelter sites in existing structures, creation of temporary facilities or the temporary construction of shelters, and use of similar facilities outside the incident area, should evacuation be necessary.

**Staged Evacuation:** In a staged evacuation, residents in different zones of the affected area are organized to evacuate in a sequence, whereas, in a simultaneous evacuation strategy, all residents in the affected area are instructed to evacuate simultaneously. The effectiveness is measured by the total time needed to evacuate the population in the affected area.

**Standardized Emergency Management System (SEMS):** SEMS is the system required by Government Code §8607(a) for managing response to multi-agency and multi-jurisdiction emergencies in California. SEMS consists of five organizational levels, which are activated as necessary: field response, local government, operational area, regional, and State. SEMS incorporates the use of the Incident Command System, the master mutual-aid agreement, existing mutual aid systems, the operational area concept, and multi-agency or inter-agency coordination.

**Transfer Point:** This is an interim site along transportation routes for transfer from one government-authorized transportation vehicle to another. This is most often used during extended or interstate trips where driver relief is required.
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XXXI. APPENDIX R – DOCUMENT MAINTENANCE

A. Guide Maintenance and Updates

The Los Angeles Critical Incident Planning and Training Alliance (Alliance) will ensure the maintenance and update of the Mass Evacuation Process Guide. As part of the Alliance, both the Los Angeles City Emergency Management Department and Los Angeles County Office of Emergency Management (OEM) will share responsibility for coordinating the maintenance of the Guide. The Guide will be reviewed and updated as necessary; update and review will include:

1. A review of existing evacuation procedures for all identified hazards to ensure continued accuracy and validity
2. The incorporation of new memorandums of understanding, memorandums of agreement, and resources
3. The determination of additional evacuation procedures
4. Updates of appendices information to account for information changes
5. A review for consistency with other relevant guidance documents, regional and local plans, protocols, and procedures

In addition, OEM, as the Operational Area (OA) lead emergency management agency supported by the Alliance, will work with the individual jurisdictions within the OA as they develop or update inter-jurisdictional mass evacuation plans to ensure that all plans are consistent and can be coordinated during an evacuation effort.

Changes to this Guide should be recorded in the record of changes table. A copy of each Guide should be kept as reference.
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