



Evacuee Support Planning Guide

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Introduction

This Guide is a planning resource for States that may receive a substantial number of evacuees from another State and for States that may experience a large evacuation from one area of the State to another. Hurricanes in 2005 and 2008 affected millions of households in Gulf Coast States, inflicting extensive damage on infrastructure, communities, and human service systems. These disasters revealed a need for additional planning for very large-scale mass evacuations that place a greater demand on resources (both availability and management), support structures, and provision of assistance to evacuees. The guidance provided in this document was based on lessons learned from these and other events. While this Guide focuses on those States hosting evacuees from other States, it is also a resource for most mass care planning.

There may be times when a disaster overtaxes State, local, or tribal capacities or capabilities, requiring a mass evacuation within the State or to another State. Mass evacuation is the expedited movement of a large number of people and their household pets or service animals from an area that is threatened or affected by a large-scale hazard. Some events, such as a hurricane, may allow time to evacuate a threatened population. These are often called “notice events” because the public and governmental entities have advance warning that they will occur. Events that occur without warning, such as an earthquake, may require a post-event evacuation from an uninhabitable or dangerous area. These are called “no-notice events.”

A “Host-State” is defined in FEMA Disaster Assistance Policy (DAP) 9523.18, *Host-State Evacuation and Sheltering Reimbursement*, as “a State that, by agreement with an Impact-State or the Federal Emergency Management Agency (FEMA), provides evacuation and sheltering support to individuals from another State.” An “Impact-State” is a State that has received a Federal emergency or major disaster declaration.

The length of time that evacuees will need support will depend on variables, such as the nature of the incident and the extent of the damage. This could mean several days, several months, or years. Each incident must be assessed to determine the needs of the evacuee population.

Purpose

This document includes planning considerations and strategies, planning tools, templates, information, lessons learned, best practices, and Federal and other assistance available for evacuee support. Links to various documents and organizational Web sites are also provided to connect readers to additional information. This Guide is a resource to support the planning process described in [*Comprehensive Preparedness Guide \(CPG\) 101, Developing and Maintaining State, Territorial, Tribal and Local Government Emergency Plans.*](#)

Scope

During an evacuation, those needing to leave an at-risk or impact area may be able to do so using their own transportation resources (i.e., self-evacuees), while others without their own transportation may need assistance (i.e., transportation-assisted evacuees). This document is designed to address the support needs of these evacuee populations and the planning needed by Host-States to do so. Some designs and models are those used by Federal agencies, while others have been created and implemented by States. This Guide is intended as general guidance and is not inclusive of all possible needs, options, or situations. The information should be adapted to the specific requirements of each potential or actual disaster incident and each Host-State.

Host-State Evacuee Support Planning involves all aspects of response support and recovery, from reception to return/re-entry, including determining a Host-State's capacity and capability; developing plans for supporting evacuees in the short-term (days to weeks), intermediate (weeks to months), and long-term (months to years); and being familiar with and integrating available external support.

This Guide includes the planning assumptions listed below, followed by main sections:

- Assessing Host-State Capacity and Capability
- Evacuee Support Planning for Short-Term, Intermediate, and Long-Term
- Federal and National Evacuee Support
- Process Diagrams, Glossary, Planning Support Links, and Support Web Sites

Planning Assumptions

- A Host-State Evacuee Support Plan is a supplement to the State's Emergency Operations Plan (EOP) and is intended to assist in specific evacuee support planning for situations beyond the scope of the EOP.
- The incident type, hosting duration, quantity, and condition of evacuees will determine the types and quantities of resources and services needed.
- Host-States must prepare for special needs within the evacuee population, including persons with disabilities, medical needs, household pets, and limited English proficiency.
- Host-States must prepare for individuals subject to judicial and/or legislative orders restricting their freedom of movement (e.g., sex offenders, parolees).
- Catastrophic events do not only directly affect the impact area. The extraordinary levels of damage, large number of casualties, extensive population displacement and relocation, and prolonged disruption to critical infrastructure and economy have nationwide consequences.
- Effective evacuee support planning must be applied in an Impact-State or Host-State and should be scalable to accommodate smaller-scale to catastrophic incidents.

Assessing Evacuee Support Capacity and Capability

During a catastrophic incident, a mass evacuation may overwhelm the capacity and/or capability of an affected State, local, or tribal entity, requiring support from or in Host-States. Not every State has the capacity or the capability to host large numbers of evacuees or may only have the means to support a limited number for a limited period.

Assessing evacuee hosting potential will help Host-States determine their capabilities before a catastrophic incident, allowing them to make the best determination of what they can and will offer in that role. A capacity analysis can determine the number of evacuees a Host-State can support. A capability assessment can determine the extent of its support structure and resources. Tools, such as a gap analysis, and other measures are useful for assessing capacity, resource gaps, and planning needs. Capacities and capabilities can change, so regular reassessment is important.

Factors to Assess Overall Capacity and Capability

Should a State be requested to serve as a Host-State, a variety of factors will determine its overall capability and capacity. These may include but are not limited to the following:

- Coordination and communication capabilities across jurisdictions and States
- Ability to communicate required assistance needs to support agencies
- Support for air, ground, and/or rail transportation efforts (e.g., size of airport, type of rail system/tracks, road system/access, availability of fuel along evacuation routes)
- Current Memoranda of Understanding/Memoranda of Agreement (MOU/MOA) that include assessed needs and concerns
 - MOUs/MOAs may be incident-specific and/or have specific criteria not applicable to all events; pre-existing MOUs/MOAs should be reviewed and assessed for applicability to each specific event
- Proximity of Impact-State to Host-State arrival points (e.g., airports, bus depots, railheads, Reception Processing Sites, Welcome Centers, shelters)
- Proximity of Reception Processing Sites (RPSs) and Welcome Centers to sheltering facilities and transportation resources, as needed
 - Transportation capability, including para-transit, to shelters and within the community
 - Adequate parking capacity for self-evacuees at shelter sites
- Availability, capacity, and capability of human and material resources to manage shelters, reception, and warehousing
- Availability, quantity, capacity, and location of facilities for sheltering, reception (e.g., RPSs, Welcome Centers), and warehousing

- Sufficient resources to support evacuees with special needs (e.g., unaccompanied children, people with disabilities/functional needs, the frail elderly, people with language/social/cultural differences) and/or unique circumstances (e.g., individuals subject to judicial and/or legislative orders restricting their freedom of movement)
- Feeding capacity and support (e.g., acceptable kitchen and distribution sites, support organizations for preparation and distribution, transport resources, storage, and containers)
- Tracking system for evacuees and their household pets, durable medical equipment (DME), and luggage¹
- Tracking system for patients evacuated from medical facilities and their equipment
- Medical support personnel and facilities capable of functioning as medical shelters (e.g., facilities with sufficient space, appropriate generator capacity, accessibility for individuals with disabilities)
- Shelters and support for evacuated household pets
- Requirements of and resources to support applicable State and/or local legislation or legal constraints that could affect Host-State operations (e.g., individuals subject to judicial and/or administrative orders restricting their freedom of movement)
- Decontamination capability and capacity
- Non-profit, voluntary, and community resource availability, capability, and capacity to support Host-State in providing evacuee assistance
- Ability to support the return/re-entry of evacuees to their home areas

When determining capability and capacity, the Host-State must review the historical and annual occurrences in its State. It may not be practical or possible to host an evacuee population during these times. These occurrences include but are not limited to the following:

- Cyclical natural hazards, such as hurricanes, wildfires, or flooding
- Current disaster or emergency declarations affecting the host location
- Large special or seasonal events (e.g., sporting events, fairs, and conventions)
- Seasonal shifts in travel and tourism

The Host-State must also review the effects of arriving evacuees and an increased population on its infrastructure. These may include the following:

¹ DME is defined in FEMA [DAP 9525.4](#), *Emergency Medical Care and Medical Evacuations*, as “Equipment prescribed by a physician that is medically necessary for the treatment of an illness or injury, or to prevent a patient's further deterioration. This equipment is designed for repeated use and includes items such as oxygen equipment, wheelchairs, walkers, hospital beds, crutches, and other medical equipment.”

- Impact on arrival points' regular operations (e.g., regularly scheduled flights at an airport or normal train schedules), which could exclude its use or require plan considerations to adjust for the impact on its services and customers
- Assessment of the proposed incoming modes of transportation to determine if they are compatible with Host-State arrival points (e.g., Can the receiving airport support the size and type of aircraft?)
- Impact on medical facilities – staff, equipment, and resource capacity (e.g., bed capacity, pharmaceutical supplies, DME, emergency room capacity, personnel availability and shifts, and vehicles)
- Impact on utilities and sanitation capacity
- Impact on roads, traffic patterns and flow, and public transportation systems
- Impact on Host-State and local government social services programs
- Impact on local employment availability and school capacity
- Impact on retail services and resource supply (e.g., grocery stores)
- Impact to a facility and/or community as a result of converting that facility for use in disaster support (e.g., loss of revenue from events at civic centers or fairgrounds)
- Impact on availability and cost of law enforcement for increased safety and security
- Impact of social and cultural differences between the local and evacuee populations and societal change caused by the influx of these different cultures
- Impact on interim and permanent housing capacity, such as the potential effect on the statewide housing market; the number of available units; the average percentage of units on the market at a given time; and the impact on local community housing needs

Host-States may receive both self-evacuees and/or transportation-assisted evacuees. Self-evacuees who stay in non-congregate shelter in the community (e.g., with family, friends, in a hotel/motel) rather than in shelters will often be self-sufficient; however, as their personal resources become strained, they may turn to the Host-State for a variety of support needs such as sheltering, access to social programs, and/or feeding. Host-States should factor into their analyses and plans non-congregate sheltered self-evacuees.

Utilizing additional planning and assessment tools that can be adapted to individual State use may also be helpful. Such resources include the [Evacuee Support Concept of Operations Template](#) and tools available from other States.

The State of [Georgia's Emergency Management Agency](#) (GEMA) has created a [Host Community Planning Tool](#), which could be a useful planning tool for evaluating and comparing communities.

Designation of a Lead Agency to Coordinate an Evacuation into a Host-State

Designating a lead agency for the coordination of the evacuee support plan will help to ensure integrated planning and a cohesive response. The lead agency must work with all Federal, State, and local stakeholders to develop plans, integrate communications, coordinate management of financial records, coordinate resources, and support local jurisdictional needs in a multi-agency effort. These stakeholders may include government agencies, local jurisdictions, political and community leaders, citizen groups, the private sector, and nongovernmental organizations (NGOs) (also often referred to as private non-profit organizations (PNPs)). The lead agency should be the liaison to potential Impact-States and Federal agencies to consider potential needs and resources and so that Federal agencies can prepare to fill shortfalls as requested. The lead agency may wish to create a multi-agency task force comprised of the stakeholders to evaluate the needs, requirements, and issues involved in being a Host-State.

Equally important is a robust, ongoing information exchange between Host- and Impact-States, as well as regular communication with [FEMA Regional Offices](#) and, when active, the Joint Field Office (JFO).

Hosting Duration

The incident type, scope, and magnitude will determine how long a State may need to host evacuees. The duration for hosting also depends on the extent of damage to the Impact-State, such as infrastructure, commerce, and housing resources. Additionally, the quantity of evacuees, their health and resources, and the resources required to support them are determining factors with regard to how long a State is able to host evacuees. Although each incident is different, three general timeframes can be used.

- **Short-term** Host-State evacuee support occurs as an immediate response to an evacuation event when evacuees from the Impact-State self-evacuate or are evacuated to a Host-State. These evacuees may need emergency support including congregate sheltering (e.g., general population, functional support, and/or medical support shelters; hospitals; and/or nursing homes), feeding, hydration, health/medical care, and reunification. The duration of short-term support generally is a few days to several weeks.
- **Intermediate** evacuee support could continue for up to six months (using the Federal Individual Assistance (IA) definition for transitional sheltering) and include the movement of evacuees to transitional shelters or interim housing, school enrollment, and return/re-entry to the affected area. The length of time required for intermediate evacuee support will depend on many factors, including damage to the affected area, availability of housing resources, and evacuee needs.
- **Long-term** evacuee support is assistance in excess of six months and includes those areas of support needed by evacuees unable to return to the Impact-State for an extended period of time or permanently. The length of time required for long-term evacuee support varies by circumstance; however, using the Federal definition for IA,

long-term support lasts up to 18 months, including time spent in transitional sheltering and interim housing.

Although every incident presents its own unique concerns and challenges, an analysis of potential evacuee support timeframes, needs, and resources based on the above hosting duration estimates will assist in determining overall Host-State capability and capacity. For example, a State may be able to support 5,000 evacuees for the short-term but only 1,000 for the intermediate or long-term.

Below are considerations for assessing Host-State and jurisdictional capacity and capability. Once these are determined, the State's hosting plan should include specific information as to the maximum capacity available; locations capable or not capable of accepting evacuees; resources needed to be pre-staged or accessible; resource shortfalls and actions to address them; and actions needed to support the short-term, intermediate, and long-term evacuee support timeframes.

Embarkation

While a Host-State generally will not be involved in the embarkation process of moving evacuees out of harm's way, understanding the mechanisms and processes of Embarkation is useful. This provides a Host-State with a more complete picture of how the evacuees are evacuated and what tracking information is gathered. The Host-State may also elect to adapt this process when the time comes for evacuees to return home.

An Impact-State may need to manage a mass evacuation for individuals and households who are without the transportation means to self-evacuate. To do this, Impact-States may need to establish one or more Embarkation Sites, pre-designated locations where Impact-State officials instruct evacuees who require transportation assistance to convene. Upon arrival at these sites, the evacuees may be provided with food and water and have access to restroom facilities. The evacuees may be asked medical questions to ensure that they are able to be transported with the general population and to address emergent medical needs. They also may have household pets that will need to be sheltered within the Impact-State or approved for transport to a Host-State. A tracking system may be used to capture and link information on evacuees and their household pets and belongings. Evacuees will then be added to manifests/passenger lists and directed to transportation that will move them out of the threatened or disaster-affected area. If the Impact-State cannot open and operate an Embarkation Site, the Federal government may do so at their request. In either situation, evacuation operations will be coordinated with Host-States and the [FEMA Regional Response Coordination Center](#) (RRCC).

As previously stated, Host-States generally are not expected to establish and manage Embarkation Sites; however, under rare circumstances, an Impact-State or the Federal government may request a Host-State to open and operate an Embarkation Site. The greatest likelihood for this to occur is if an impact area is so close to a Host-State border that the closest safe zone for an evacuation is in or through the neighboring State.

The process diagrams in this document provide a graphic representation of the Evacuee Process Flow for evacuation and reception, as well as diagrams of Reception Processing Sites and site designs for the return/re-entry of evacuees. FEMA also has a variety of documents and guidance to assist emergency managers with their evacuation planning. Some States have Embarkation Site plans. Review of existing documents may help in further developing plans, procedures, and protocols necessary to manage evacuees.

Evacuee Support Planning for Short-Term, Intermediate, and Long-Term Timeframes

Once an assessment of capabilities and capacities is completed, plans must be developed to support the activities and address the potential issues of serving as a Host-State. Flow diagrams for short-term support and intermediate to long-term support are located in the Process Diagrams section of this document.

Transportation

Authorities in the Impact- and Host-States will collaboratively determine and coordinate the destinations, numbers, and departure/arrival timelines of the transportation-assisted evacuees. Depending on a Host-State's proximity to the incident, it may also expect to receive self-evacuees.

Evacuees relocated to Host-States may require transportation assistance to conduct day-to-day activities such as medical appointments, banking, and shopping. Transportation may also be needed to return evacuees to their home area once it is deemed safe and accessible or to an alternative destination if their home area is uninhabitable.

Host-State arrival points are locations where evacuees first stop upon entering the Host-State. These arrival points may include Welcome Centers and Information Points for self-evacuees or Transfer Points and RPSs for transportation-assisted evacuees.

Welcome Centers or Information Points are generally State-sponsored and at points of entry into the State (e.g., rest areas, tourist centers) along evacuation routes. They provide self-evacuees with basic assistance such as information and/or directions to shelter facilities and access to restroom facilities. Self-evacuees should not arrive at an RPS; if any do, they should be directed to a Welcome Center at a separate location.

Transfer Points refer to locations where transportation-assisted evacuees move from their initial evacuation modes of transportation onto other transportation to be transported to an RPS or a shelter. Depending on drive times and/or distances, relief drivers and/or vehicles may be needed in order to comply with Federal and/or State safety regulations. If necessary, Federal resources may be provided to support Transfer Points.

An RPS is an interim site to provide mass care and other emergency services to evacuees arriving in a host location via government transportation. An RPS may be located within an Impact-State (although outside the impact area) or in a Host-State. It is intended to provide life-sustaining services, such as feeding, hydration, basic medical support, and

assignment and transportation to a shelter. Additional services may include disaster and local weather information, reunification, and crisis counseling. Temporary sleeping space may also be provided in limited capacity while needs are being evaluated or if the arrival takes place late at night, so as not to disturb evacuees already settled in shelters. Separate areas should be arranged for minors traveling alone, for people without identification, and for individuals subject to judicial and/or administrative orders restricting their freedom of movement. An RPS may also be used for processing evacuees returning to the Impact-State. An RPS diagram is included in the Process Diagrams section of this document. If necessary, Federal resources may be provided to support RPSs.

Short-Term Support

Plan Consideration: Manage the arrival and departure of evacuees

Possible Strategy: The following are possible strategies to address this consideration:

- Minimize the disruption of regular operations at arrival points (e.g., regularly scheduled arrivals and departures at airports, train stations, and bus depots, and traffic patterns along roadways to arrival points) by coordinating evacuee transportation with the Impact-State and the agencies responsible for transportation and operations at the arrival hubs
- Alert those in the public via public information systems that the State and/or community will be hosting evacuees and how this might impact Host-State travel and modes of transportation
- Communicate regularly with the Impact-State and FEMA to coordinate estimated times and locations of evacuee arrival
- These strategies should also be considered when planning and implementing the evacuees' return/re-entry to the impact area

Plan Consideration: If an interim location is used (e.g., Transfer Point or RPS), plan for the need to provide transportation-assisted evacuees with additional transportation from that location to the sheltering location

Possible Strategy: The following are possible strategies to address this consideration:

- Review vehicle types, availability, capabilities, and capacities to assist with moving evacuees' household pets, service animals, luggage, and durable medical equipment to shelters

Plan Consideration: The increased traffic along evacuation and return/re-entry routes may create traffic congestion

Possible Strategy: The following are possible strategies to address this consideration:

- Increase State and local law enforcement traffic management
- Evaluate transportation routes to consider alternative, less congested routes

- Use mobile message boards and signage along major thoroughfares to advise self-evacuees and the local community of traffic hazards, Welcome Centers, Information Points, shelters, fueling exits, and hospitals, in order to minimize traffic congestion and disruption to local communities

Plan Consideration: Determine resource requirements for short-term, local transportation support for evacuees needing transportation assistance (e.g., from shelters to medical appointments, shopping, disaster assistance resources)

Possible Strategy: The following are possible strategies to address this consideration:

- Consider placing dedicated transportation resources at shelter sites, and determine if rerouting of public transportation is possible. If shelters are on existing public transportation routes, provide shelters and shelter residents with information on existing resources. Remember to consider evacuees with disabilities when assessing which types of transportation resources are needed
- [Emergency Management Assistance Compact](#) (EMAC) and/or FEMA resources may be available to support this need if local and/or State resources are unavailable

Intermediate Support

Some of the short-term support considerations and strategies continue into the intermediate timeframe. Issues, such as public information plans and traffic management, should continue to be assessed as long as the evacuee population remains in the host community. Additional issues may arise and need to be addressed during this period.

Plan Consideration: A large influx of evacuees may create the following issues:

- Overcrowding on public transportation assets
- Traffic congestion and an increase in vehicular accidents
- Increase in traffic violations and need for law enforcement augmentation
- Quicker degradation of roads due to greater traffic use

Possible Strategy: The following are possible strategies to address this consideration:

- Begin process of creating new public transportation routes or adding assets (e.g., additional buses, subway cars) to existing routes to accommodate the added population
- Assess law enforcement staffing needs in the communities and in administrative functions, and consider additional support
- Consider additional State and local Department of Transportation and Department of Public Works staffing and

supply resources to be on alert and ready to provide maintenance for road degradation

- Identify the transportation infrastructure capacity of the Host-State to determine its capability and capacity limits to augment public transportation routes and law enforcement support
- Define requirements and request external resources through State-to-State EMAC requests or from FEMA, if necessary

Long-Term Support

Transportation considerations discussed in the short-term and intermediate evacuee support sections may continue to be applicable during long-term evacuee support.

Plan Consideration: Integrate evacuees who plan to remain in host communities long-term or permanently and those who return to the impact area

Possible Strategy: The following are some strategies to address this consideration:

- Support evacuees in identifying interim and permanent housing near commercial services or in areas equipped with adequate public or private transportation resources
- Some voluntary organizations have transportation assistance programs for essential services (e.g., doctor appointments, medical treatments) to assist the elderly and those with disabilities who have transportation needs; consult with local organizations for possible programs
- Manage the process of returning evacuees who are able to re-enter the impact area (see Return/Re-entry section)

Tracking of Evacuees

The process of tracking transportation-assisted evacuees is important in order for Host-States to receive Federal reimbursement; to track the movement of evacuees, household pets, luggage, and personal durable medical equipment; and possibly to share information between States.

Short-Term Support

Plan Consideration: Plan for possible use of an evacuee tracking system

Possible Strategy: These are some strategies to address this planning consideration:

- Some Host-States may choose to implement a system to track the movement of transportation-assisted evacuees, regardless of whether or not the Impact-State implemented one
- Host-States should expect that even if an Impact-State has a tracking process, some modes of transportation could arrive without manifests/passenger lists

- Manifests/passenger lists can be an effective tool for Host-States to:
 - Keep track of evacuees' locations when they are transported out of an Impact-State
 - Determine the transportation assets needed for return/re-entry of evacuees to the impact area
 - Move evacuees to an alternate location if they are not returning to the impact area
 - Complete Federal reimbursement requests
 - Facilitate overall planning for the return of evacuees
- If the Host-State does not have an automated tracking system, a manual system could be used
- If a Host-State has an automated system, create a contingency plan for conversion to a manual system in the event that the automated system malfunctions or is unable to be used

Plan Consideration: Develop, purchase, and/or use an existing tracking system

Possible Strategy: Determine what tracking system potential Impact-States are using, and make an effort to use the same or a compatible system or develop a mechanism to share information. Coordination with impact area officials and [FEMA](#) will assist in the decision and planning process

Plan Consideration: Select and use an evacuee tracking system

Possible Strategy: Evacuee tracking systems range from a pad of paper and a pen to a full-scale electronic system. Host-States should consider the purpose for which they are seeking information. This will better enable Host-States to select a system, if any, appropriate for their use. Considerations include:

- Equipment considerations may include the need for portability, ease of handling, user-friendliness/intuitiveness, compatibility with other systems and other States' systems, robustness of identification methods (e.g., Will wristbands withstand daily activities such as showering and hand washing? Will badge clips or lanyards be sturdy enough for extended use?), speed of data collection, and security of captured information
- Information collected may include basic personal identification (e.g., name, address, gender, and date of birth). States may also decide to request additional data such as criminal background checks, sex offender registry review, fingerprints, and/or medical information. (Note: Federal privacy laws preclude

Federal agencies from capturing much of this information. State, local, and tribal government agencies are exempt from these Federal restrictions but should consult State laws and regulations for any applicable restrictions.) Legal restrictions, if any, and the additional time and expense needed to record expanded data and the privacy issues involved may be a determinant as to the information the State can and/or chooses to collect. These considerations should guide the choosing/designing of a tracking system and be made prior to implementation of data gathering

- When developing protocols for a tracking system, Host-States should consider how they will handle:
 - Evacuees without identification
 - Evacuees who are foreign nationals and/or diplomats who have foreign identification, such as visas or passports, rather than U.S. government identification, may require alternative processing, including communication with and support from an appropriate Federal agency (e.g., U.S. State Department)
 - Evacuees unable to express themselves effectively (e.g., unaccompanied minors; those with cognitive, verbal, auditory, and/or visual impairments)
 - Security of personal information collected

Possible Strategy: Host-States should choose an evacuee tracking system, if any, that best meets their data collection objectives and resource availability (e.g., personnel trained and available to use/manage the system; budget for software and hardware purchase; hardware and server storage; peripherals; technical support and system upgrades). The tracking system chosen should be:

- Compatible with the system(s) used by potential Impact-States from which Host-States may receive evacuees
- Customizable for specific needs of the Host-State
- Capable of tracking evacuees who are transferred from a shelter to a hospital, nursing home, or other medical facility. Once admitted, these evacuees are tracked by the facility's internal patient tracking system. Should a medical facility need Federal assistance for internal tracking, it may request support from the National Disaster Medical System (NDMS)
- Examples of tracking systems and/or peripherals include:
 - Radio frequency identification (RFID) wristbands, badges, or other bar-coded items. Operation of this system would

require both electronic scanner hardware and computer software in order to operate

- Unique identifier systems versus personal data systems (evacuee is identified by a number rather than his/her name) to provide alternatives to quantity of information collected and how to address privacy or lack of identification issues

Plan Consideration: Track household pets

Possible Strategy: Information on this consideration can be found in the Household Pets section of this Guide

Short-Term, Intermediate, and Long-Term Support

Plan Consideration: Use of evacuee tracking systems for return/re-entry of evacuees once the affected area is accessible

Possible Strategy: Host-States may implement a system to track and account for transportation-assisted evacuees as they are transported back to the Impact-State or elsewhere. Consider Federal reimbursement in determining if and how this is necessary

Reception

Reception is a function that generally takes place immediately pre- and/or post-incident. If evacuation needs continue for an extended period, such as during a large-scale earthquake or Weapon of Mass Destruction (WMD) event, the reception function may be extended.

Short-Term Support

Plan Consideration: Determine locations of arrival points

Possible Strategy: The following are possible strategies to address this consideration:

- Arrival points should be located outside the impact area and accessible from main evacuation routes. They should be accessible to and should accommodate people with disabilities. Ensure compliance with the [Americans with Disabilities Act](#) (ADA), the [Architectural Barriers Act](#) (ABA), and the [Uniform Federal Accessibility Standards](#) (UFAS). There should be provisions for alternative communication formats for those with limited English proficiency and/or with visual and/or auditory limitations
- Multiple arrival points may be required to accommodate the quantity of evacuees and different modes of transportation. The support and resources needed at an arrival point will depend on the site's location and purpose, resources available, incident scope, and needs within the evacuee population (e.g.,

unaccompanied minors, those with functional or medical needs, people without identification, and individuals subject to judicial and/or administrative orders restricting their freedom of movement)

Plan Consideration: Provide basic services at arrival points

Possible Strategy: The range of services provided will depend on the incident type and magnitude, available resources and acquisition speed-to-scale, decisions by on-site management, and on the type of site (i.e., Welcome Center or RPS).² Basic services at a Welcome Center include restroom facilities and information. Additional services at RPSs could include first aid, hydration, and food. Ensure compliance with ADA/ABA/UFAS, and accommodate those with functional needs. In an RPS, establishing a dormitory area is advisable in order to provide rest for late-night arrivals. Separate areas should be arranged for minors traveling alone, people without identification, and individuals subject to judicial and/or legislative orders restricting their freedom of movement

Plan Consideration: Determine needs and plans for basic arrival point site logistics

Possible Strategy: These are some strategies to address this plan consideration:

- Develop a plan for site setup and management. This should include operations management criteria, floor plan, equipment needs, and a logistics plan with written procedures, roles, and responsibilities; timeline for setup; traffic control; supplying and resupplying resources; security needs; and communications capabilities and requirements
- Coordinate with staff at shelters and other congregate care facilities, RPSs, Transfer Points, Emergency Operations Center (EOC), and support agencies, as applicable³
- Establish a public information mechanism to disseminate current information, available in alternative formats and languages, on the affected area and describing Host-State support services
- Develop procedures for closing/decommissioning arrival points

² Speed-to-scale refers to the amount of time it takes to reach a desired goal (e.g., How fast can a State open enough shelters to house 15,000 evacuees?). Speed-to-scale analyzes which resources are necessary (e.g., facilities, cots, staff); the amount of time needed to acquire those resources (e.g., local staff versus staff flown in); and the percentage of the goal reachable at any given time up to achieving 100%. The analysis would include methods and strategies for accelerating the speed in which the goal can be reached.

³ Congregate care facilities as defined by the FEMA Mass Care Coordination Unit are general population shelters, respite centers, reception centers, heating/cooling centers, medical support shelters, other special needs shelters, as well as unconventional sheltering facilities such as berthing ships, base camps, temporary construction, etc.

Plan Consideration: Determine needs and develop plan for a possible full-service RPS

Possible Strategy: Beyond the basic logistics mentioned above, a full-service RPS should include the following:

- Medical screening and contamination monitoring, as needed
- Previously executed MOUs/MOAs with support agencies, which should be reviewed at the time of the incident to confirm that they are applicable to current needs
- Designation of separate areas for household pet reception, vehicle staging, and boarding of vehicles by evacuees
- Provision of communication equipment such as telephones and Internet accessible computers for evacuee use, if possible
- Provision of reunification support, whether through a Host-State system, a system accessed through another organization, or via the Internet
- In some situations, an RPS may be co-located with a shelter

Self-Evacuees

Self-evacuees are people who have the transportation means to evacuate from an area due to an evacuation order or an imminent threat of danger or due to an area becoming uninhabitable as a result of a disaster. While transportation-assisted evacuees route through a Transfer Point and/or an RSP, self-evacuees are guided to General Population Shelters through road signage, Welcome Centers, and other information points. Once there, if they have needs that a General Population Shelter is unable to address (e.g., medical issues or household pets), they will be directed to the appropriate resource. Although some self-evacuees have housing resources (e.g., staying with family/friends or in a hotel/motel) and their own means of transportation, which enables them to be more self-sufficient, others may need shelter and other assistance.

Short-Term Support

Plan Consideration: Assist self-evacuees who do not visit an arrival point or shelter and may not know what assistance may be available to them, such as:

- Sheltering, transitional sheltering, and/or interim housing
- Status of the impact area
- Access to phones or computers to contact their personal network
- Feeding sites
- Health and medical services
- Pharmaceuticals and/or medical care
- Referrals to Federal, State, and other assistance resources

Possible Strategy: A well-developed public information and outreach plan, including strategies for road signage and media support, will assist self-evacuees in identifying shelter locations and support activities applicable to their situation. The National Incident Management System (NIMS) [Basic Guidance for Public Information Officers](#) (PIOs) may be helpful

Intermediate Support

Self-evacuees who cannot return home within the short-term support timeframe may require assistance not sought earlier (e.g., their personal resources have been exhausted) or may need to continue receiving assistance they have accessed since evacuating, such as congregate care sheltering and feeding. Self-evacuees should be encouraged to register with FEMA and other agencies that provide financial and other types of support in the event that these evacuees find they need assistance and are eligible. Accessible public information will help them identify options for available assistance.

Plan Consideration: Ensure access for self-evacuees to assistance similar to that of transportation-assisted evacuees and in addition to that found in the Self-Evacuee Short-Term Support section

Possible Strategy: Information can be found in other sections of this Guide (e.g., Reunification, Employment, Education, Social and Community Programs)

Possible Strategy: As with short-term support, [dissemination of public information](#) plays an integral role as self-evacuees continue to weigh their options of seeking assistance or maintaining self-sufficiency. That decision may depend on the severity of damage to the impact area as a whole, the condition of their home and community, and/or the availability of necessary resources (e.g., utilities, fuel). Reunification with family members is often especially important. Information on available resources to support reunification should be included in public messaging efforts

Long-Term Support

Self-evacuees who cannot return home for the long-term may need continued assistance. Many of the same considerations and strategies apply in the long-term support timeframe as in the short-term and/or intermediate timeframes.

Plan Consideration: Support self-evacuees' personal disaster recovery plans. Self-evacuees will need to decide to return to the Impact-State, settle in the Host-State, or relocate to another State

Possible Strategy: Self-evacuees may need support for their plans

- Transportation to locate and/or move to a transitional shelter and/or interim or permanent housing

- Referrals to State social services, NGO resources, and/or Federal assistance
- Frequent status reports about the impact area
- Assistance similar to that provided to transportation-assisted evacuees, information on which can be found in other sections of this Guide

Decontamination

Gross decontamination (i.e., immediate emergency measures) will generally be performed at the impact site; however, some people may need decontamination but may not know it or may not have been identified at that point. In some instances, self-evacuees may leave an area without being decontaminated. Although it is less likely, people requiring transportation may need to be moved out of harm's way quickly, delaying decontamination. In instances such as this, decontamination should be provided as soon as it is safe to do so. Host-State EOPs should include decontamination processes and procedures. If necessary, due to the potentially larger volume of people and evacuation factors, Host-States should develop additional decontamination protocols specific to evacuee support. The Host-State should coordinate with Impact-States in the event of such plans. Flow diagrams addressing decontamination are located in the Process Diagrams section of this document.

Short-Term Support

Plan Consideration: An evacuation that results from a WMD; hazardous material; or a chemical, biological, radiological, nuclear, or high-yield explosive (CBRNE) incident may require Host-State decontamination support. Standard Operating Procedures (SOPs) implemented by the appropriate designated local or State agency should be used

Possible Strategy: The following are possible strategies to address this consideration:

- A process should be implemented for monitoring evacuees (transportation-assisted and self-evacuees) prior to entry into congregate care sites, to ensure that they have been decontaminated; if necessary, a decontamination process may be added
- Host-States should implement a plan to address the issues of contaminated household pets, service animals, luggage, and vehicles and provision of clothing to people who have been decontaminated

Possible Strategy: A robust public information campaign should be launched to educate the public about the nature of the contaminant and its symptoms and effects. This can alleviate concern and advise self-evacuees who may need medical attention. Medical facilities and providers should increase staffing to improve triage of priority patients

Intermediate and Long-Term Support

Plan Consideration: Ongoing support for those who have been contaminated

Possible Strategy: Refer evacuees who have ongoing medical and/or mental health issues to local health agencies; continue to monitor the affected population. Type and kind of contamination will determine long-term health needs, if any. Public Health agencies should be included in planning, response, and recovery activities

Sheltering and Housing

Initial evacuee support in any disaster consists primarily of mass care. Definitions and criteria for shelters vary. The Federal terms used for those within specific need categories may also differ from a State's terms. FEMA has three categories of shelters:

- General Population Shelters accommodate self-evacuees and transportation-assisted evacuees and may accommodate those with functional needs who are able to care for themselves
- Functional Needs Support Shelters (FNSS) accommodate evacuees whose special needs exceed the care able to be provided at a General Population Shelter
- Medical facilities or institutions, including hospitals, nursing homes, and Federal Medical Stations (FMS), to accommodate those with medical needs

Some States may refer to FNSS as Special Needs Shelters, Special Medical Needs Shelters, or another name and may have different admission and support criteria for each level of shelter. States may also require shelters for evacuees who are subject to judicial and/or legislative orders restricting their freedom of movement and cannot be sheltered with the general population, such as sex offenders. Additionally, States may provide shelter for household pets, if necessary.

Host-States should follow the directives of their EOP for the terminology appropriate to them and disperse this information to the response community. For the purposes of this document, "medical facilities" will include hospitals, Medical and Medical Special Needs shelters, an FMS, and other medical care facilities.

Once the immediate emergency needs have passed, some evacuees may need shelter or housing for a longer duration. This may include transitional sheltering (e.g., hotels, motels, berthing ships), or interim housing (apartments, mobile homes, detached homes).

Plan Consideration: Determine shelter facility and resource requirements and needs

Possible Strategy: The following are possible strategies to address this consideration:

- Choose sites that comply with the ADA/ABA/UFAS and, when possible, have access to transportation (public or private) and/or easy access to community services, such as post offices, banks, health clinics, pharmacies, faith-based centers, schools, and Points of Distribution (PODs)⁴ allowing for easier transition from short-term to transitional shelters, if necessary
- For design of shelter facilities, tools include:
 - FEMA 361, [Design and Construction Guidance for Community Safe Rooms](#) when building new facilities. Topics include: location, design loads, performance criteria, and human factor criteria and the U.S. Department of Justice (DOJ) [ADA Checklist for Emergency Shelters](#) to support evacuees with functional special needs
- Plan shelter space allocation based on the anticipated evacuee population. This includes quantity of showers, hot water, and restrooms; sewage; administration; recreation; media area; dormitory areas; and square footage. (Note: This is not a complete list but, rather, a representative list of areas to consider.) Consult with organizations such as the [American Red Cross](#) (Red Cross) that have existing planning tools, and review the Checklists in the [Evacuee Support Concept of Operations Template](#)
- Plan and pre-draft, if possible, equipment and supply need requests using State, local, and, if necessary, Federal resources

Short-Term Support

Short-term support includes congregate sheltering at facilities, preferably pre-selected, such as schools or churches, and provides life-sustaining services to evacuees.

Plan Consideration: Plan for speed-to-scale analysis for shelter opening and resourcing

Possible Strategy: The following are possible strategies to address this consideration:

- Determine local resource requirements, availability, quantity, and deployment time (human and material), immediately and over time, for a scaled operation (e.g., facilities, staff, and supplies)

⁴ [Points of Distribution \(PODs\) Sites](#)—As part of the logistics supply chain, these sites are defined by FEMA as temporary local facilities at which commodities are distributed directly to disaster victims. PODs are operated by the affected State and county.

- Determine external (non-local) resource availability, quantity, and estimated time of arrival for a scaled operation
- Analyze resource requirements versus availability to determine the scalable timeframes for opening and supporting shelters
- Maintain the resource supply using resource requests to local and/or State suppliers, NGOs, EMAC members, and FEMA

Plan Consideration: Develop the scope of operations that may require establishing specific and possibly separate sheltering facilities for self-evacuees, transportation-assisted evacuees, people with medical and/or special needs, and household pets

Possible Strategy: Review shelter facilities and the requirements of evacuee populations to determine what facilities can and cannot accommodate due to space restrictions, agreements with building owners (e.g., no-pet clauses), ADA accessibility, and additional registration requirements for government-transported evacuees

Plan Consideration: Plan for initial supply and resupply of shelters

Possible Strategy: The following are possible strategies to address this consideration:

- Create a comprehensive logistics plan for the initial stocking and subsequent restocking of shelter supplies, as needed, including: transportation and delivery, inventory control, pre-determined storage locations, and, if possible, pre-event staging of non-perishable supplies. Supplies and resources may include cots, blankets, food commodities, water, baby products, hygiene kits, and/or refrigeration for medical needs. Equipment may include forklifts, generators, hand trucks, and portable toilet and/or shower units
- Consider staffing requirements and staff rotation. Develop and maintain a contact list for staffing resources

Possible Strategy: A review of existing planning documents may help in developing plans, procedures, and protocols, as necessary, to manage evacuees. Guidance documents include the American Red Cross Shelter Operations Management Toolkit (see your local Red Cross Chapter or the [American Red Cross](#) National Headquarters for more information) and the DOJ [ADA Checklist for Emergency Shelters](#). These and other available templates and documents may be adapted when developing evacuee sheltering

Many States have plans developed for sheltering and mass care resources, which can be included in Host-State plan development. The [National Emergency Management Association](#) (NEMA) has collected links to various State plans, which may be useful resources and can be accessed through keyword searches on the NEMA Web site.

Plan Consideration: Develop a plan to address spontaneous shelters that open in the initial short-term timeframe of a disaster

Possible Strategy: Many spontaneous shelters arise during a disaster as an immediate quick fix (e.g., a shelter of last resort), but they are unable to provide adequate support (e.g., insufficient staff, not clean/healthy environment, limited or no available food, and/or tents rather than more permanent structures) to maintain a life-sustaining environment. Options to address these shelters are:

- Transition management of the facility to a group that can provide an appropriate environment and level of care
- Provide the necessary support to the organization/facility currently managing it, which will allow it to provide an appropriate environment and level of care
- Move the evacuees to a more appropriate facility

The plan should include development of criteria for acceptable shelters, prioritization as to how long these shelters can stay open, and who the decision makers are in determining the criteria for adequate shelter support

Plan Consideration: Maintain agreements with sheltering partners that address issues, roles, and responsibilities

Possible Strategy: Review and update facility agreements and/or contracts to meet sheltering criteria (e.g., accessibility, parking, number of toilets), space allocation and use, liability, insurance, cancellation policy, maintenance, damages clauses, parking, and security. Ensure agreements and/or contracts are in place when evacuee support guidance is implemented—or prior to that, if possible—so that there is a clear understanding of roles and responsibilities

Plan Consideration: Implement a system for tracking shelter capacity and use

Possible Strategy: Maintain and update the [National Shelter System](#) (NSS) or other sheltering database. (Note: the NSS is a secure site; requests for login IDs and passwords may be made through the State Emergency Management Agency.) The system should be able to track available facilities; the number of shelters open, closed, at 75%, and at full capacity; and daily quantity of evacuees per shelter. For States with their own shelter tracking system,

compatibility with the NSS is important in order to provide accurate current information to Federal, NGO, and other sheltering partners

Plan Consideration: Plan for childcare needs in shelters

Possible Strategy: Arrange for safe zones and childcare support

- Consult with the Host-State's Department of Social Services and relevant NGOs, such as the [Baptist Child and Family Services](#) (BCFS) and the [National Association of Child Care Resources and Referral Agencies](#) (NACCRRA) for those agencies and NGOs that have childcare missions or can provide referrals to other support organizations that do

Plan Consideration: Keep evacuees apprised of the current situation in the affected areas and of the resources available to them there for assistance

Possible Strategy: Use ongoing, regular public information mechanisms and local media outlets to disseminate up-to-date information on the impact area, recovery efforts, and support services and assistance available. All information should be available in alternative formats and languages

Plan Consideration: Address security concerns in shelters and host communities

Possible Strategy: Define security requirements, determine staffing and site needs, review State and local resources, plan shift and location needs, and, where possible, pre-draft requests for external resources through EMAC assistance requests or FEMA, if necessary. (Note: In some States, local law enforcement or the State may have to commission out-of-state persons to perform security tasks. Check State and local laws and regulations for specific requirements)

Plan Consideration: Develop communications planning

Possible Strategy: Consider developing a plan for interoperable communication among shelters, sheltering partners, and Federal, State, and local officials. Equipment may include radio systems, satellite phones and other devices

Plan Consideration: Request evacuees' assistance as shelter support volunteers

Possible Strategy: Requesting evacuees to assist in some tasks within a shelter is not unprecedented and has been successful in the past. If implementing such a strategy, tasks should be carefully selected to limit any possible risk to other evacuees (e.g., no childcare or supervisory positions, access to supplies/storerooms or personnel records, until and unless a background check is completed on the evacuee and approved by shelter management). Evacuees choosing to accept

such an assignment must also understand that they may be required to follow protocols and rules implemented by the agency/NGO managing the shelter (e.g., background check, training)

Intermediate Support

Issues, solutions, and activities identified in short-term sheltering will continue as long as congregate sheltering continues and, on some issues, into the intermediate term. Some additional concerns include the shift from congregate sheltering to transitional sheltering or interim housing. There will also be some activities that will no longer be required, such as the provision of security for shelters once those shelters close.

Plan Consideration: Provide day-to-day support to evacuees in shelters and/or possibly in transitional sheltering or interim housing situations

Possible Strategy: The following are possible strategies to address this consideration:

- Arrange for local transportation, including para-transit where necessary, to support evacuees' necessary personal needs (e.g., doctor appointments, shopping, Disaster Recovery Center (DRC) , and other recovery resources for recovery assistance)

Plan Consideration: Develop and assess needs and resources for transitional sheltering, interim housing, and permanent housing

Possible Strategy: Create a State-led Housing Solutions Task Force and possibly a Mission Planning Team to assess housing needs and develop resource options. Under a Federal disaster declaration, this Task Force will work with FEMA to determine if temporary housing units (e.g., modular homes, manufactured homes) will be used

Plan Consideration: Determine the available interim and/or permanent housing stock in proximity to community resources (e.g., public transportation, medical services, potential employment, and schools)

Possible Strategy: The following are possible strategies to address this consideration:

- Contact State realtor associations as a possible useful resource
- Develop a list for evacuee use of current housing units for rent and/or sale, rental rates, manufactured housing sources, and organizations that may be able to assist in housing needs
- Determine the capability of State and local infrastructure and resources to support transitional sheltering and/or interim housing needs by considering available housing inventory; public transportation availability; potential employment; school proximity and space availability; available pre-, after-, adult-, and daycares; accessible medical care; community services; and faith-based center proximity

- Determine the types and availability of social services, community outreach programs, and other essential services and infrastructure support

Plan Consideration: Transition evacuees out of congregate shelters and into alternative living situations

Possible Strategy: The following are possible strategies to address this consideration:

- Work with the [FEMA Regional Office](#) and/or FEMA RRCC to identify appropriate assistance, obtain FEMA documents as needed, and to determine if/when transitional sheltering is available
- For further details on sheltering and housing programs, review the Federal Support section of this Guide; the FEMA [2009 National Disaster Housing Strategy](#) (the Strategy) and the FEMA [2009 National Disaster Housing Strategy Annexes](#), FEMA [RS-2006-1](#); *Mass Sheltering and Housing Assistance*, DAP 9443.2 *FEMA Transitional Sheltering Assistance for Displaced Individuals and Households*; and the [Individuals and Households Program \(IHP\) Handbook](#). Evacuees eligible for FEMA's Transitional Sheltering and IHP assistance may receive placement assistance through FEMA. Other housing resources, such as the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Agriculture (USDA) programs, are described in the Federal Support section of this Guide
- Refer evacuees to a DRC if one is open in their area where they can receive information on Federal IA, and advise evacuees how they can apply online or via phone
- For evacuees who do not meet FEMA IA eligibility requirements, referrals to NGOs, the private sector, and State social service programs should be offered
- Develop and/or implement procedures for closing shelter facilities and returning them to their normal use

Long-Term Support

Long-term evacuee support refers to assistance provided to those evacuees who are unable to return to their primary residence in the affected area for an indefinite and/or extended period of time or not at all. The length of time required for long-term evacuee support varies depending on circumstances. Interim and permanent housing may include apartments, detached homes, town homes, and interim housing units (e.g., manufactured homes).

Plan Consideration: Assist evacuees with integrating into a new community

Possible Strategy: Provide assistance with and access to long-term housing and its support structures, including employment; education; medical care; religious communities; and social, public, and commercial services

Plan Consideration: Assist evacuees with finding permanent housing

Possible Strategy: The following are possible strategies to address this consideration:

- Create a housing task force in coordination with appropriate State and local agencies, NGOs, FEMA, HUD, and other housing organizations
- Determine the available inventory of permanent housing resources and supporting social programs available for relocating evacuees. Resources include individual insurance policies that may cover a portion of long-term support, local realtors and realtor associations, community groups, and Federal programs, such as HUD grants for eligible applicants. [National, State, and local Volunteers Active in Disaster \(VOADs\)](#); disability organizations and agencies; and community groups may have resources to assist evacuees in the development of long-term recovery plans

Many non-profit and voluntary organizations have guidelines, resources, and manuals for supporting long-term recovery. One of these is the National VOAD (NVOAD) [Long-Term Recovery Manual](#). Most of these documents can be adapted to fit the individual needs of communities and their resources.

Special and Functional Needs

An evacuating population will likely include individuals who need additional or specialized assistance, such as people who: have disabilities; live in institutionalized settings; are fragile elderly; are children; are from diverse cultures and have limited English proficiency; or need transportation assistance. The Federal definition of Special Needs includes five functional needs: communication, medical care, maintaining independence, supervision, and transportation. If a Host- or Impact-State has other definitions, these should be considered. As mentioned in the Sheltering and Housing section of this Guide, the Federal terms used for those within specific need categories may differ from a State's terms, and FEMA has three categories of shelters – General Population Shelters, FNSSs, and medical facilities or institutions, which include hospitals, nursing homes, and FMSs. Some States may refer to FNSS as Special Needs Shelters, Special Medical Needs Shelters, or another name and may have different admission and support criteria for each level of shelter. Host-States should follow the directives of their EOP for the terminology appropriate to them and disperse this information to the response community. For the purposes of this document, “medical facilities” will include hospitals, Medical and Medical Special Needs shelters, an FMS,

and other medical healthcare facilities. Flow diagrams for the reception of people with functional and/or special needs are located in the Process Diagrams section of this document.

Short-Term Support

Plan Consideration: Plan resources to support evacuees with disabilities/special needs

Possible Strategy: The following are possible strategies to address this consideration:

- Develop or engage a functional needs task force or group knowledgeable in disability and special needs issues and including subject matter experts, agencies, and NGOs who will be responsible for the planning and implementation of this operational function
- Determine resources needed, such as interpreters and translators, picture boards or talkboards, wheelchairs, and other DME, alternative format materials, specialized diets, medical cots/beds, privacy curtains, and/or shelter/RPS kit items that address special needs.⁵ These should be available at arrival points and/or shelters, if possible. An itemized list is too extensive to include in this Guide; however, lists can be acquired from many disability/special needs and sheltering NGOs. A sample checklist is included in the [Evacuee Support Concept of Operations Template](#)
- Consult State/local Social Services and Aging departments, NGOs, and disability/special needs organizations for planning assistance and guidance in supporting these populations
- Create a database of resources for interpretation, translation, and language assistance. Educate support personnel in methods for effectively interacting with evacuees with language difficulties and auditory and/or visual impairments
- Consult with behavioral/mental health and disability agencies and organizations for best practices in assisting individuals with cognitive impairments and/or mental health issues

⁵ “Picture boards” and “talkboards” – Manual or electronic devices using viewable pictures and/or letters to communicate in situations where speech, auditory impairment, or limited language proficiency hinder communication.

“Alternative format materials”—These include materials such as Braille, audio cassette, large print, computer diskette, CD-ROM, or human readers to assist those with disabilities as defined in “Guidelines for Accessing Alternative Format Educational Materials,” National Library Service for the Blind and Physically Handicapped (NLS), The Library of Congress.

- Some States have pre-registration systems for evacuees who will need special assistance during a disaster. Communicate with potential Impact-States to identify known populations that may require assistance

Plan Consideration: Develop criteria and a plan for supporting evacuees whose functional needs can be met in a General Population Shelter, and for supporting evacuees whose functional needs cannot be met in a General Population Shelter but who do not meet the criteria for admission into a medical facility

Possible Strategy: Write a special needs and functional needs population support plan

- Determine the type of care facilities available and the criteria for admission in which evacuees with special needs are able to be sheltered (e.g., General Population Shelter, FNSS, medical facility). ADA accessibility to and within the facility is necessary and should be considered when planning for support of this population
- Determine acceptable and unacceptable criteria for what assistance will or will not be provided by caregivers (e.g., feeding, showering/bathing, personal hygiene). Plan how individuals at different levels of need would be assisted with different levels of care, and in what type of shelter
 - Evacuees with functional needs who can care for themselves if resources are available (e.g., their own or available DME) can shelter in General Population Shelters
 - Evacuees with functional needs who cannot care for themselves, but for whom caregivers are available, can shelter in General Population Shelters or an FNSS
 - Evacuees whose conditions/needs exceed the level of care available in General Population Shelters or an FNSS should be sheltered in a medical facility
 - Evacuees whose conditions/needs exceed the care available at any shelter require hospital admission
- Create a Functional Needs Support Team (FNST) to provide caregiver support services to those with functional needs. This team may operate in a General Population Shelter or in an FNSS. General population sheltering organizations should be involved in the planning to determine if this team can/should be under the management of the shelter management team
- If space is available, set aside an area with sufficient space for an FNST and for DME to be loaned to evacuees as needed

- If an FNSS is opened, it should have the structure of a General Population Shelter with the addition of an FNST and DME, and consideration for any possible adjustments to the floor plan to accommodate special needs equipment. (This is also the case for State Medical Special Needs Shelters)
- Determine caregiver staffing needs to support those evacuees with functional needs who require care. This includes the ratio of caregivers to evacuees; required credentials (including for out-of-state staff) and capabilities; availability; and services they will or will not provide. Create or access a database for tracking these staff resources. Develop MOUs/MOAs with supporting agencies
- Consider potential liability issues for agency/organization providing functional needs support care services, and confirm that they will accept the assignment given those considerations
- Create a list of agency and organization contacts and their human and material resources (e.g., staff, durable medical equipment, specialized drinking or eating utensils, diapers, canes, walkers). Place copies of the list in shelter kits for shelter managers and/or shelter health services personnel in order to support individuals with disabilities
- Include in the plan provisions for sheltering and other needed support to family members and caregivers of evacuees in an FNSS or medical facility
- Engage the mental health community in planning for support of individuals with behavioral and/or mental health issues and/or prescription needs
- Review FEMA and other Federal guidance documents, such as FEMA's [*Comprehensive Preparedness Guide 301: Interim Emergency Management Planning Guide for Special Needs Populations*](#), Ready America's [*Individuals with Special Needs*](#) Web site, and the DOJ's [*ADA Checklist for Emergency Shelters*](#)⁶

Plan Consideration: Plan for the care of service animals in shelters

Possible Strategy: The following are possible strategies to support this consideration:

- Most owners of service animals will choose to care for their animals themselves, but it is possible that they will need supplies. Plan to stock or resource a supply of animal food and

⁶ FEMA support of functional and special needs is the responsibility of the Disaster Assistance Directorate Individual Assistance Division, ESF #6 Mass Care Section.

other animal care products for use in shelters and other congregate care facilities

- Coordinate with State and local veterinary services, animal support services, and the State lead agency for support of animals in disasters to address health needs of service animals
- Although service animals are trained to provide protection and care, in the high-stress and often chaotic environments of a disaster incident, evacuation, and shelter, these animals could become distressed. Consult with disability and special needs organizations and/or animal care groups for the most effective ways to support these animals and their owners

Intermediate and Long-Term Support

Plan Consideration: Transition evacuees with special needs from congregate shelters to transitional sheltering, interim housing, or permanent housing

Possible Strategy: In addition to those support considerations for evacuees in general, the following are possible strategies to address this consideration:

- Assist evacuees to find housing suitable to their specific needs (e.g., accessibility, cultural support, convenience to needed resources, handicap designed construction, access to special-needs-specific public transportation)

Health and Medical Care

As mentioned in the Sheltering and Housing and the Special Needs sections of this Guide, definitions of “medical needs,” “special needs,” “functional needs,” and “medical special needs” may vary from State to State and/or with Federal definitions. Host-States should follow the directives of their EOP for the terminology appropriate to them and disperse this information to the response community. For the purposes of this document, “medical facilities” will include hospitals, Medical and Medical Special Needs shelters, an FMS, and other medical healthcare facilities, such as nursing homes.

Each State should consider its State’s laws, directives, regulations, definitions, plans, and guidelines in planning for medical needs and adjust its plans accordingly. The State’s Public Health agency, NGOs supporting medical needs, and the special needs community should be included in this planning.

Short-Term Support

Plan Consideration: State and local Public Health agencies and health and medical NGOs work with Emergency Management to determine health and medical requirements when planning large-scale evacuee support

Possible Strategy: The following are possible strategies to address this consideration:

- Identify State agency protocols for tracking medical facility patients, available beds, surge capacity, and resource shortfalls;

and coordinate this information with support agencies to fill gaps, provide resources, and determine alternative solutions

- Determine short-term medical care requirements for evacuee population at Transfer Points, RPS, General Population Shelters, medical shelters, and medical facilities
- Monitor for, track, and contain outbreaks of illness and/or communicable diseases (e.g., flu, bacterial infections). Contact Public Health, the Centers for Disease Control and Prevention (CDC), and/or other health agencies for a suspected pandemic or other expansive extraordinary situation
- Implement plan for accessing available qualified staffing resources and recruiting more staff
- Create a process for reviewing credentials of spontaneous voluntary medical personnel. For out-of-state volunteer resources, determine the State's reciprocal agreement protocols and implement them as needed
- Develop a communications plan that links medical facilities, medical transport vehicles, RPS, and shelters for coordination of patient transfers and other needs
- Review the availability of medical support equipment and vehicles and identify gaps. Where possible, pre-script EMAC and Federal requests for support and resources with appropriate timelines for delivery in order to meet the need
- Develop a list of qualified pharmacies and pharmacists able to support expanded and expedited, as well as possibly prolonged, needs (e.g., pharmaceutical supplies, prescription refills, durable medical equipment, and staff)
- If State and local capacities are exceeded, support from Federal Emergency Support Function ([ESF](#)) #8, U.S. Health and Human Services (HHS), may be requested to fill resource needs

Plan Consideration: In a contamination event, Host-States should consider possible needs unique to this type of event

Possible Strategy: The following are strategies to address this consideration:

- Set up separate facilities for evacuees who were contaminated and may need specialized care. These may include quarantine,

palliative, and/or hospice care and their appropriate human and material resources⁷

- Host-States should consider additional need for crisis counseling and referral to longer-term mental health therapy where needed, as well as an influx of “worried well” persons overloading the health and medical system⁸
- Coordinate with the appropriate local and State authorities for decontamination DOP, and plan ongoing monitoring by the State health agency to track and follow up on evacuees who were contaminated and the overall evacuee population

Plan Consideration: Acquiring evacuee health and medical records from Impact-States during a time of disaster is a difficult process due to both strict laws about information sharing and the possible disruption of impact area health agencies in accessing their information

Possible Strategy: The following are possible strategies to address this consideration:

- Establish communication between appropriate agencies prior to an event to develop an effective strategy. Information sharing is a highly sensitive issue due to the need to maintain the privacy and confidentiality of evacuees, while having the necessary information to best support them
- Hold pre-event discussions between Host and potential Impact-States’ Departments of Health regarding records transfer, [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#) issues, and other legal and/or logistical constraints. Consider how possible lack of access to existing Impact-State patient records would inhibit the ability of host medical facilities to support evacuee healthcare needs
- Host-States should coordinate their medical patient evacuation planning with the Impact-State’s medical patient evacuation planning, if they anticipate being involved in receiving evacuated medical patients

⁷ [MedlinePlus](#), a National Library of Health and National Institutes of Health (NIH) service, defines palliative care as “the active total care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms, and of psychological, social and spiritual problems is paramount.” --*World Health Organization (WHO). Technical Report Series 804, Cancer Pain and Palliative Care. Geneva: World Health Organization 1990:11.* [MedlinePlus](#) defines hospice care as “end-of-life care provided by health professionals and volunteers. They give medical, psychological and spiritual support. The goal of the care is to help people who are dying have peace, comfort and dignity. The caregivers try to control pain and other symptoms so a person can remain as alert and comfortable as possible. Hospice programs also provide services to support a patient’s family.”

⁸ “Worried well” are people who are healthy but believe they may be sick or contaminated.

An example of a medical record storage database is Katrinahealth.org. This system was established with little notice or training in the aftermath of Hurricanes Katrina and Rita, but it has been praised as an exemplary model for record storage and access.

Plan Consideration: Criteria determination for Medical Shelters

Possible Strategy: The following are possible strategies to address this consideration:

- Assess medically necessary criteria, including but not limited to compliance with the ADA/ABA/UFAS; medical facility/equipment supportable generator requirements; hospital bed space requirements for patients and cots for their caregivers; access to and supply of medical equipment (e.g., respirators, oxygen, wheelchairs); secure space for pharmaceutical storage; qualified and credentialed medical and support staff; dietary-specific feeding plan and supplies
- Write criteria, as specific as is possible, as to what medical illnesses, conditions, and circumstances will and/or will not be admitted into Medical Shelters. This should take into account the admittance criteria of local hospitals and General Population Shelters
- Develop criteria and plan for supporting evacuees whose functional needs are greater than can be managed in a General Population Shelter but do not meet the criteria of a medical needs shelter or hospital. Some issues may not be readily apparent upon the evacuee's entrance into a General Population Shelter but may appear at a later time, resulting in a needed transfer to a facility with greater resources for care
- For designs of a Medical Shelter, consider reviewing plans created by other States and/or FEMA

The State of Florida Department of Health has created [Standard Operating Guidelines](#) "to provide a planning structure and support tools for the activation, operations, and deactivation of Special Needs Shelters during a disaster incident."

Plan Consideration: Set up Medical Shelters

Possible Strategy: The following are possible strategies to address this consideration:

- Due to the higher cost and longer ramp-up time, opening these facilities in a pre-identified sequenced plan is more effective
- Medical shelters have very specialized needs in both setup and management. Arrange for credentialed and appropriately trained staff to manage the facility. (Note: This may mean shelter-trained personnel to manage the shelter and medical-trained personnel to support the evacuees. Consult with

sheltering organizations to determine if they would consider such a plan and, if so, include them in the planning)

Plan Consideration: Health and medical conditions that exist before the incident

Possible Strategy: The following are possible strategies to address this consideration:

- Many medical conditions are monitored and maintained through regular outpatient treatment and prescription medication (e.g., diabetes, dialysis). Interruption in treatment due to an evacuation can exacerbate a medical condition. Evacuees with pre-existing medical issues may require immediate access to medical care, such as dialysis or critical pharmacological care
- It is important to confirm evacuee health needs at an arrival point and/or at the evacuee's final destination. Evacuee health issues should be assessed and addressed at the first opportunity
- Develop a list and/or database of trained and credentialed personnel and resources for use in conducting medical screenings at RPSs and shelters
- Determine the need for and ability to provide specialized services and housing options for persons with special needs and/or behavioral or mental health illnesses
- Consider establishment of exceptions to or waivers of the [HIPAA](#) restrictions to permit flexible access to and use of medical and pharmacy records in emergencies

Plan Consideration: Logistical support for medical patient evacuees

Possible Strategy: The following are possible strategies to address this consideration:

- Identify host community medical transport capabilities
- Seek a partnership with specialized services providers (e.g., dialysis providers, chemotherapy providers, eye doctors)
- Determine an identification method for evacuees who are without their Medicaid identification. [Medicaid](#) is a Federal program administered by States. Develop a plan for identifying, tracking, and assigning Medicaid cards to new Medicaid beneficiaries without any of the standard mechanisms in place
- Review pharmacist, hospital, and institutional pharmacy policies to dispense a one-time, emergency prescription medication refill for evacuees who need it

- Coordinate with State agencies for tracking of patients, fatalities, and medical facility capacity to include communications protocol for sharing patient information

Plan Consideration: Use of out-of-state and Federal resources

Possible Strategy: Request that EMAC, FEMA, Medical Reserve Corps (MRC), and HHS provide resources such as staff to augment evacuee health services and support local and State medical facilities and infrastructure. Resources may include but are not limited to [EMAC](#) support and/or Federal support, such as Federal medical agency personnel, generators, medical caches, FMS, [Disaster Medical Assistance Teams](#) (DMAT), or other support resources as needed. (See NDMS for more details on Federal medical resources)

Plan Consideration: Anticipate high levels of stress and other emotional and psychological issues that are associated with the potential degree of trauma affecting significant numbers of evacuees

Possible Strategy: Plan behavioral and mental health support accordingly

- State mental health authorities, State health departments, and NGOs often have resources for both immediate trauma support and referral to long-term therapy resources
- Provide support for crisis counseling to address behavioral and mental health issues
- In large-scale evacuations, a portion of evacuees may have pre-existing mental health and substance abuse issues that may be exacerbated by displacement and may require behavioral health screening and intervention
- Anticipate that stress, distress due to high exposure to trauma, and, in some cases, depression and Post Traumatic Stress Disorder (PTSD)⁹ may also affect the response and response support worker community. Plan for mental health resources to provide confidential and convenient crisis counseling, and make referral to longer-term therapy as needed. These resources can be the same as those used for evacuees but should not occur in proximity to evacuees

⁹ PTSD is an anxiety disorder that can occur after someone has been through a traumatic event. Scared, confused, or angry feelings linger or intensify post-event. Symptoms may disrupt a person's life, making it hard to continue with daily activities. For more information, go to the National Center for Post Traumatic Stress Disorder and the National Institute of Mental Health (NIMH) Web sites.

As a result of the widespread nature of the evacuee population following Hurricanes Katrina and Rita in 2005, a need was recognized to expand disaster-specific crisis counseling and provide a program in Host-States, as well as Impact-States. The program was designed for the Impact-State to be the sponsor of a Federal grant and implement the program to support the Host-State. Local resources in Host-States were used to implement the services. In future disasters, similar programs may be implemented specific to each disaster's needs. [The Crisis Counseling Assistance and Training Program](#) (CCP) is an HHS Substance Abuse and Mental Health Services Administration (SAMHSA) program implemented by FEMA under ESF #6 on a disaster-specific basis.

Plan Consideration: Credentialing of health and medical personnel

Possible Strategy: Confirm Host-State laws regarding healthcare provider credential review and tracking system for spontaneous healthcare volunteers. Develop a plan for accrediting them. All agencies should be aware of which credentials are acceptable

The Louisiana Department of Health and Hospitals, Office of Public Health, created the [Louisiana Volunteers in Action](#) (LAVA) program "to recruit, credential, train, manage, and deploy volunteers (medical and non-medical) to assist during emergencies and day-to-day activities by providing additional staff to meet health/medical surge needs."

Intermediate Support

Plan considerations and suggested solutions for the intermediate healthcare of evacuees are similar to those for short-term support but include continuous re-evaluation of evacuee medical needs. Planning should evolve into longer-term considerations once host communities have better awareness of evacuees' needs and their anticipated return/re-entry dates.

Plan Consideration: Long-term behavioral and mental health support

Possible Strategy: If displacement is longer than 30 days, some evacuees may be at risk for more significant psychological reactions, such as the development of depression or PTSD. (Note: Some evacuees may have these conditions pre-existing this incident and may exhibit reactions and behaviors sooner than the intermediate timeframe.) Plan for referral to long-term behavioral and mental health support

Plan Consideration: Consider healthcare staff and responder “burnout”¹⁰ and stress when considering the capability and capacity of medical facilities to support longer-term care

Possible Strategy: Resource planning, EMAC and Federal requests for support, and reviewing rotation schedules may provide some support. Crisis counseling programs among responders may also be useful

Plan Consideration: Determine how to support evacuees who develop symptoms of contamination after arrival at a facility

Possible Strategy: Federal agencies are unlikely to be able to provide onsite decontamination support; they may be limited to guidance and monitoring. State and local health agencies should have SOPs for addressing and containing a public health hazard outbreak. This process should be adapted to incorporate evacuee populations, especially in congregate care situations where the spread of an illness or contamination could be accelerated. Strong communication between shelter managing agencies and State and local health departments will assist in addressing issues quickly

Plan Consideration: Contamination follow-up

Possible Strategy: As mentioned in the Decontamination section of this Guide, a process for monitoring and triaging evacuees should occur prior to evacuees entering a facility. Follow-up for any contamination after-effects or late-occurring symptoms should be implemented by the health and medical functions monitoring shelters and other evacuee sites

Possible Strategy: Have pre-event discussions with the State and local health department as to their plans for handling communicable disease outbreaks, implementing quarantines or isolations, PODs for mass provision of medication, and other containment processes

Plan Consideration: Examine the logistics of quarantine, should it be necessary, to be able to adequately implement quarantine measures involving both individuals and populations in the event of a pandemic or quarantine situation

Possible Strategy: Planning should include the impact on supply quantities and/or decontamination of supplies (e.g., if food containers are sent into a quarantined area, either supply of containers must be increased or the containers must be isolated and decontaminated prior to reuse impacting the time and resources needed)

¹⁰ “Burnout” refers to long-term exhaustion and diminished interest, usually in the work context, often as the result of expending too much effort at work while having too little recovery.

Long-Term Support

Plan considerations and suggested solutions in short-term and intermediate support may continue. Planning should evolve to longer-term considerations once host communities have better knowledge of the needs and anticipated return/re-entry dates of evacuees.

Plan Consideration: Considerations should be made for how to support long-term medical care needs within the evacuee population

Possible Strategy: The following are possible strategies to address this plan consideration:

- Determine the long-term medical care facility capabilities, as well as the need for permanent staffing additions
- Plan for patient tracking, as patients are moved to other facilities for ongoing treatment or for reunification purposes
- Plan for transfer and access to medical records, as needed

Plan Consideration: Medical, behavioral, and mental health issues may arise within the evacuee and local communities as a result of the disaster incident. This could be a result of the larger population increasing overall health issues, such as a rise in flu outbreaks. It could result in an increase in health issues specifically related to the disaster incident, such as instances of contamination-related illnesses

Possible Strategy: The following are possible strategies to address this consideration:

- Healthcare providers should be vigilant of rises in health issues or an influx of a specific health concern. Develop new protocols or use existing protocols, and refer concerns to Federal health agencies, if necessary

Feeding

The feeding of an evacuee population should include short-term emergency resources and a transition plan to move to longer-term feeding support, if necessary. Feeding operations may begin as much as 72 hours prior to a “notice” event and continue until no longer needed. Initial feeding resources will generally be commercial vendor-provided meals, shelf-stable meals¹¹, and/or food supplies normally used in schools.

Short-Term Support

Plan Consideration: Plan for feeding support of the evacuee population

Possible Strategy: The following are possible strategies to address this consideration:

- NGOs and/or agencies/organizations responsible for feeding should create or adapt MOUs/MOAs with the USDA Food and

¹¹ Shelf-stable meals are commercial ready-to-eat meals with an extended shelf life.

Nutrition Service (FNS) food programs¹² for disaster feeding support specifically for Host-State evacuees

- Pre-script Action Request Forms (ARFs) for Federal feeding resources and/or support
- Consult with organizations managing shelters to determine if they can/will manage feeding, and determine their sustainability
- Consult with organizations whose missions include mass feeding support in disaster events, including [Southern Baptist Disaster Relief](#), [Red Cross](#), [The Salvation Army](#) (TSA), [Feeding America](#) (formerly America's Second Harvest), and [Feed the Children](#) to discuss their feeding capability and capacity and to develop MOUs/MOAs where possible
- Locate commercial food vendors or contact existing vendors capable of supporting the necessary feeding operation
 - Determine if the vendors have existing commitments with response organizations so as not to undermine or overburden existing feeding plans
 - Determine the vendors' capacity to manage new or additional feeding requirements
- Consider pre-positioning feeding resources (e.g., shelf-stable meals, water) at or near prospective shelters for immediate emergency needs; monitor expiration dates; provide warehouse space; and maintain inventory control
- Consider the need for mobile kitchens
 - If a need exists, review available sites (at shelters and in the community for self-evacuees); warehouse space; site egress/ingress; pavement adequacy for truck, trailer, and forklift use; adequate drainage, water availability, and electricity; staff housing; and security
- Request assessment and activation of FEMA resources, human and/or material, to support feeding operations, if needed

Plan Consideration: Feeding self-evacuees not in congregate shelters and/or evacuees in transitional sheltering situations in a community

Possible Strategy: The following are possible strategies to address this concern:

¹² The USDA retains pre-positioned food supplies throughout the United States to support public schools. The USDA will often create MOUs/MOAs with disaster support agencies to use these supplies during response for emergency needs.

- As previously stated, discuss feeding options with organizations that support or provide feeding operations
 - Arrange for a feeding site or sites to distribute food
 - Plan site design and location (e.g., drive-by pickup, commodity POD-designed, walk-ins, or for those for whom transportation is provided by the host operation)
 - Ensure that sites are accessible to people with disabilities and functional and/or special needs
 - Identify site egress and ingress for effective service delivery and limited impact on local community traffic patterns
 - Determine site security needs during operating and closed hours
 - Plan how to distinguish evacuees from local community members (driver's licenses, identification cards, license plate from the Impact-State). (Note: this may not work for all; some do not have a license, identification, or vehicle)

Plan Consideration: Planning for feeding of those with special dietary needs

Possible Strategy: Consider specialized dietary needs for evacuees with special needs and/or in Medical Shelters; design supply plans accordingly

- Specialized diets may be cultural as well as medical
- Attention to emergency needs may take priority over supporting specialized dietary requests, such as at the onset of an operation

Intermediate Support

Many of the issues, solutions, and activities found in short-term feeding may continue into the intermediate term. Feeding concerns should not be expected to continue into a long-term timeframe.

Plan Consideration: Continuing need to feed evacuee population

Possible Strategy: If shelters remain open longer than immediately pre- and post-incident, plan for day-to-day support

Possible Strategy: Self-evacuees who have been self-sustaining during the short-term support period may find themselves needing feeding support as the personal and financial resources of the evacuees and/or their hosts diminish or run out

- Possible Strategy: If necessary, replace short-term feeding plan (e.g., shelf-stable meals, small local organization) with sustained plan
- Contact voluntary feeding organizations for support
 - Contract with long-term feeding vendor with necessary capacity
 - Request FEMA new or continued human and/or material resources

Reunification of Evacuees

Generally, during an evacuation, focus is on supporting immediate emergency needs; thus, reunification may not be a priority until after the initial movement of evacuees is complete. This may be in the short-term or intermediate timeframes. Reuniting children separated from their parents and evacuees separated from a required caregiver, however, will be a priority.

Short-Term and Intermediate Support

Plan Consideration: Support reunification of evacuees

- Possible Strategy: The following are possible strategies to address this consideration:
- Arrange for communication capability (e.g., telephone, Internet access) so evacuees can contact their personal networks
 - Use public information outlets to disseminate available assistance and reunification program information in various formats and languages to accommodate persons with disabilities and/or limited English proficiency
 - Provide access to Internet-based reunification systems, such as the [American Red Cross Safe and Well](#)
 - Other independent reunification programs or systems may appear at the time of a disaster. Internet-based informational Web sites with voluntary evacuee-entered information that indicates that they are alive and well and/or discloses their whereabouts may be used at the discretion of the evacuee; however, these systems require computer and Internet accessibility and operability, which Host-States and other organizations assisting evacuees may need to provide
 - Many private sector organizations and NGOs provide support for reunification as well

Plan Consideration: Support separated unaccompanied minors or adults requiring care with their parents, guardians, or caregivers

- Possible Strategy: The following are possible strategies to address this consideration:
- For disaster-related missing children or those separated from their families, the [National Emergency Child Locator Center \(NECLC\)](#) operated by the [National Center for Missing and Exploited Children \(NCMEC\)](#) is available. The NECLC will deploy staff to shelters to coordinate reunification efforts with law enforcement and human services agencies, as well as assist shelter staff to ensure the safety of unaccompanied minors
 - Consider involving Host-State and child/adult welfare groups and agencies in disaster protocol development, planning, preparedness, response, and recovery to address these needs
 - Consider the use of volunteer pilot groups, such as [Mercy Medical Airlift](#) and [Angel Flight](#), to arrange air transportation in response to healthcare and other compelling human needs. They can be a valuable resource for reunification

Plan Consideration: Care for unaccompanied minors or adults requiring care until they are reunited with their caregivers

- Possible Strategy: The following are possible strategies to address this consideration:
- Work with the appropriate law enforcement and legal authorities (e.g., police, juvenile court system, foster care system, State social services agency, local sheriff's office, childcare NGOs) to develop a disaster protocol for temporary care of unaccompanied children/minors or adults requiring care until their parents, guardians, or caregivers can be located and they are reunited
 - Child and adult care support groups, non-profit, and faith-based groups, such as the [BCFS](#) and the [NACCRRA](#), may provide assistance or referrals to support organizations who may provide care until parents, guardians, or caregivers can be located or other long-term arrangements are made

Household Pets

A Host-State should also prepare for the possible need to support household pets, which may arrive with evacuees or be evacuated directly to shelters in the Host-State at the request of the Impact-State or the Federal government. Facilities for use as Household Pet shelters should be pre-identified as appropriate for that purpose, and the shelter capacity and supporting resource requirements should be determined for specific numbers and types of household pets.

Some studies have shown that individuals with household pets are less likely to evacuate if they cannot bring their household pets with them, and allowing evacuees to shelter with their household pets may increase the number of residents who seek safety. While these

studies may be true, sheltering household pets with their owners may not be possible or practical. There are several different possible sheltering options for household pets. Determining which is most effective and feasible will depend on the capabilities of the Host-State.

Under Federal law, States are required, to the best of their ability, to take into account the needs of individuals with household pets and service animals prior to, during, and after a disaster incident. Host-States are eligible for reimbursement for costs incurred for household pet sheltering when under a mutual aid agreement, an emergency declaration, or at FEMA's request. For reimbursement purposes, with a Federal major emergency or disaster declaration, FEMA will only consider costs associated with "emergency pet evacuation and sheltering activities" for animals, as defined in FEMA [DAP 9523.19](#), *Eligible Costs Related to Pet Evacuations and Sheltering*. States may choose to expand services for other animals, such as exotic pets; however, costs associated with them will not be eligible for Federal reimbursement.

The FEMA definition for household pets is listed below; however, the State-specific definition could differ. States should consider how adding other animals to their definition or plan could make their ability to provide pet support more complex and plan accordingly. Each State should also consider its State laws, regulations, guidelines, and definitions, as well as those of the Impact-State, in planning for these needs and adjust their plans accordingly.

[Household pets](#) are defined by FEMA, in [DAP 9523.19](#), as "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/arachnids, farm animals (including horses), and animals kept for racing purposes."

The Federal regulations for service animals differ from those for a household pet. FEMA acknowledges the definition of a [service animal](#) as provided in ADA as "Any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability including, but not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items."¹³ Service animals are not considered household pets and will remain with their owners through all phases of disaster relief and recovery activities. Despite this difference, considerations should be given to their care and feeding should it become necessary. More information on support for service animals can be found in the Special and Functional Needs section.

¹³ ADA, 42 USC 1201 et seq, implementing regulations at 28 CFR § 36.104.

Short-Term Support

Plan Consideration: Choosing and opening sheltering facilities in a Host-State for arriving household pets

Possible Strategy: Planning for household pet sheltering in host locations should include identifying sufficient space for household pets in one of the following situations:

- Pet-friendly shelters in which people and household pets are co-located in the same facility or complex, though not necessarily in the same room
- Household pet shelters co-located next to, adjacent to, or in close proximity to a human sheltering facility
- Household pet shelters not in close proximity to a human sheltering facility

Plan Consideration: Co-location of people and household pets may require management practices to minimize any health threats. All measures should be taken to deter any health threat to humans that co-location may create. This concerns service animals as well

Possible Strategy: Strategies to address this planning concern:

- If humans and animals are sheltered in the same building, provide separate locations with separate ventilation systems if possible
- Warn evacuees and staff, including healthcare providers, of the presence of household pets
- Implement effective hygiene and sanitation procedures to reduce the potential for any transmission of infectious diseases between people and household pets
- Consult local Animal Control agency for assistance in dealing with aggressive animal issues

Plan Consideration: Most owners of birds, rabbits, rodents, and turtles will provide species-specific enclosures for their household pets in which these pets will remain throughout their sheltering. Dog and cat owners are less likely to provide species-specific enclosures that are of sufficient size to allow for housing or confinement beyond transport

Possible Strategy: Strategy options for this consideration include:

- Plan to have enclosures of sufficient quantity and a size variety to accommodate the diversity of size and type of potential household pets to be sheltered

- A consideration might be to use enclosures in only two sizes to ensure accommodation for both smaller and larger animals, such as using medium and large kennels/cages. This may facilitate simpler shelter setup by using consistently sized enclosures (stackable to economize space) that accommodate placing multiple smaller animals (in their small enclosures) into the larger enclosure to conserve space, if necessary. Providing adequate space for each household pet is necessary for the animal's well-being to reduce disaster-induced stress and for disease control

Plan Consideration: Standards of care and procedures for household pet management

Possible Strategy: Create or acquire standardized forms and Standards of Care for Household Pets for use in the reception and sheltering of household pets. The National Animal Rescue and Sheltering Coalition (NARSC), which is made up of many animal care organizations, and FEMA may assist in providing planning tools and resources to select, design, and manage household pet shelters. The members of NARSC are organizations found in the Support Web sites sections of this document

Plan Consideration: Identifying and stocking resources and supplies for the care and maintenance of sheltered household pets

Possible Strategy: Incorporate animal care agencies and resources (e.g., veterinarians, local animal control agencies, NGOs, animal shelters, State Animal Resource Teams (SART), and Community Animal Resource Teams (CART)) in the planning process to determine which resources and supplies are necessary for immediate and short-term care of household pets. The need for appropriate staffing and veterinary support should be considered

The first SART model was developed in North Carolina after Hurricane Floyd in 1999. While SART programs vary substantially from State to State, in general, they "are interagency State [affiliated or State-managed] organizations dedicated to the support of animal and/or agricultural emergency issues, including preparation, planning, response, and recovery." Local communities may also create CART programs that provide similar support to SARTs at a local level. SART brings together government agencies, NGOs, and the private sector to address the issues of care of animals during disasters. "SART programs train participants to facilitate a safe, environmentally sound and efficient response to animal emergencies on the local, county, State and Federal level. The teams are organized under the auspices of State and local emergency management utilizing the principles of the Incident Command System (ICS)."

Plan Consideration: Determining the basic support needs within household pet shelters

Possible Strategy: Both [Florida](#) and [North Carolina](#) have pet shelter guidelines available on the Internet. Basic support of household pet sheltering includes the following:

- Designate temporary holding areas at a transfer point or an RPS, pending transport to household pet shelters should there be incidents in which household pets arrive with their owners
- Identify husbandry, feeding, and veterinary care necessary to support sheltering
- Develop protocols for care or transfer of household pets belonging to evacuees who have transferred to a medical facility, or who remain in a General Population Shelter but are unable to care for their household pet
- Review FEMA's [Information for Pet Owners](#) Web site for more information

Plan Consideration: Tracking of household pets

Possible Strategy: The following are possible strategies to address this consideration:

- Develop protocols for tracking, transportation, processing, and reunification of household pets in coordination with local animal control authorities, the State Department of Agriculture, and humane organizations. Partner roles and responsibilities should be included
- Household pet tracking is generally incorporated into the evacuee tracking process and implemented by the Impact-State as the animals are being evacuated. It is not an independent system or process. Utilizing an evacuee tracking system, a Host-State can choose to register, track, and identify household pets to facilitate reunification with their owners
- Several other tracking processes have been used to identify pets and facilitate their reunification with their owners:
 - Some owners have implanted microchips in their household pets to track and identify the animal if it becomes lost
 - Some States have used a photo of the household pet with its owner placed on the pet carrier/kennel for added ownership identification capability (Note: this is not considered an effective primary identification method.)
- Appoint a liaison at RPSs to provide household pet status and well-being updates to pet owners
- Coordinate and track household pets of evacuees in medical care facilities

Intermediate Support

Plan Consideration: Reuniting household pets with their owners who are returning to the impact area or moving to interim housing

Possible Strategy: The following are possible strategies to address this consideration:

- Host-States should develop plans for a variety of possible reunification scenarios:
 - Reuniting household pets with their owners in the Host-State for those moving to transitional sheltering, interim housing, resettling, or relocating to another State. This process should include information regarding the reunification site location and hours of operation; appropriate identification to verify owners; updated tracking/records documenting that pet and owner have been reunited; and any health records transfers needed
 - Transporting household pets back to the Impact-State for reunification with their owners there; communicate with the Impact-State regarding the plan for reuniting evacuees and their household pets upon their return home
- Through an ongoing public information process, keep evacuees in congregate shelters, transitional sheltering, interim, or permanent housing informed of the process and timelines for retrieving their household pets

Long-Term Support

There should not be many long-term requirements for the sheltering and care of household pets. The focus should be to reunite owners with their household pets. In addition to the above, long-term considerations should include the following.

Plan Consideration: Develop a plan for those evacuees with pets who are moving to transitional shelters or interim housing

Possible Strategy: Refer evacuees to community and support organizations for assistance in locating housing options (e.g., hotels, interim housing, long-term housing) that allow pets

Plan Consideration: Addressing shelter closure and unclaimed or abandoned pets

Possible Strategy: There are many reasons why a household pet may not be reunited with its owner, but resolving this issue can be very sensitive. The following are possible strategies to address this consideration:

- North Carolina has a series of [pet sheltering planning documents and templates](#) that includes policies to address the “unclaimed” animal issue:

- Shelter policies include requiring proper identification on sheltered household pets at all times; signed agreement to remove the household pet at the time of shelter closure; and registration and animal intake forms completed at time of sheltering
- An animal or household pet abandonment policy:
 - Defines “abandonment”
 - Publishes the location where “abandoned” animals will be sheltered
 - Coordinates reunification of owners with household pets rescued from an affected area (including location and status of rescued animal and dissemination of “Lost Animal Alert” to rescuers)
 - Obtains health regulation waivers, if applicable
- State and local statutes pertaining to unclaimed animals and lost property are a source of legal uncertainty in many States. In some States, pets displaced by a disaster are considered lost property, and the owner may retain extended rights to reclaim his/her property. However, most communities do not have the resources to hold unclaimed lost pets for an extended period of time. States and local communities should research these issues and accommodate existing statutes within their plans
- Fostering policies include posting timelines from “abandoned” to fostering to adopted, and credentialing protocol for animal fostering
- A systematic household pet shelter plan should include sheltering stages (short-term, intermediate, and closure); reunification guidelines and timelines; determination of if and where to move “unclaimed” household pets; and references to local adoption services and agencies. Bringing the public information office into the planning process may alleviate some possible issues

Education

Educational needs will arise during the intermediate and long-term periods. Once emergency needs are met, the evacuees’ focus will be on the process of enrolling their children in schools.

Note: This planning is concerned with K–12 education. For post-high school education, evacuees should consult with their home educational institution, one within the immediate area, and/or NGOs that may be able to assist with referrals or information.

[Campus Compact](#), is a nationwide consortium of colleges and universities. In Louisiana, Campus Compact implemented a statewide disaster program called Ready Campus, the focus of which, according to Dr. Stephen T. Hulbert, President of Nicholls State University, is to “Do all that is possible to shield students, faculty, and staff from the effects of natural and manmade disasters and emergencies.”

The [Louisiana Campus Compact](#) affiliate office seeks to develop a statewide DisasterCorps program using AmeriCorps that “Provides a unique opportunity to integrate service and disaster and emergency preparation,” according to Dr. Stuart Stewart, Executive Director for Louisiana Campus Compact. “Through Ready Campus, it is our goal to create a ‘culture of preparedness’ among campuses where students, faculty, and staff are equipped with the skills to respond in times of emergency or disaster,” added Stewart.

[Campus Community Emergency Response Team \(C-CERT\) Train-the-Trainer Program](#) is designed to enhance the all-hazards preparedness of campus communities nationwide. C-CERT training adds to the emergency response capability on college and university campuses of all types and sizes and institutionalizes citizen preparedness within these educational communities. Michigan State University, under a FEMA training grant, conducts C-CERT train-the-trainer training to prepare campus public safety and security personnel to recruit and train C-CERT members.

Intermediate and Long-Term Support

This function will generally fall into the intermediate and long-term timeframes since it takes place after immediate emergency needs have been addressed and evacuees can again focus more on day-to-day concerns.

Plan Consideration: Determine if school enrollment should be considered

Possible Strategy: If school is in session, students will need to return to their existing schools or enroll in new schools within a specified period of time based on State and/or local regulations. The Host-State’s Department of Education and local public school systems can assist with information and enrollment. If school is not in session, evacuees should be prompted to consider their options in the event they are in interim housing when school begins

Plan Consideration: Determination of which schools can/should host evacuee children

Possible Strategy: The following are possible strategies to address this consideration:

- Schools closest to congregate sheltering, transitional sheltering, and/or interim housing locations are the best choices for attendance by evacuee children. Schools in these areas should be considered first; however, these schools may be strained by or unable to accommodate this additional population, so all options should also be considered
- Evaluate the host location for school and school transportation capacity and capability, including the ability to accommodate children with disabilities and special needs

- Develop a scalable strategy, based on population numbers, to hire additional teachers and counselors to meet the needs of long-term or relocating evacuees, including for possible special programs specific to evacuee needs
- Consider support for students with physical, mental health, and/or cognitive needs (e.g., accessibility; equipment; and specialty instructors, classrooms, or schools)

Plan Consideration: School enrollment considerations

Possible Strategy: The following are possible strategies to address this consideration:

- Develop public information outreach regarding school information
- Develop a plan to inform host schools of the affected area's school curriculums and/or specialized programs (e.g., advanced placement or individual education plans) in which evacuee students were enrolled. This will give host schools greater awareness of evacuee student needs and abilities
- Develop a plan to transfer student records, including grades, test scores, immunizations, disabilities, and placement. Consider methods for accurate school placement if records are unavailable
- Provide social services to evacuee youth, including trauma, crisis, behavioral, and/or grief counseling; referrals to long-term therapy; and assistance in meeting immediate family needs
- Consider how an evacuee student population can receive the necessary school supplies, clothing, and other necessities. Some NGOs support this type of assistance in their casework process. Clothing, school supplies, and other items may be replaced as an eligible FEMA expense under [IHP](#) for evacuees who are eligible applicants

Plan Consideration: Regular social programs providing educational support

Possible Strategy: The U.S. [Department of Education](#) (ED) offers a State-implemented [Assistance for Homeless Youth program](#), which includes a section on counseling evacuees on the problems experienced by evacuee students, and provides Homeless Liaisons to support the program

Employment

Employment may not be an immediate need for some evacuees as they prioritize emergency needs, but most evacuees will search for employment, eventually. The scope of the disaster and emerging information on the status of the Impact-State will guide evacuees' decisions as to where they will live and when/if they need to find employment.

Intermediate and Long-Term Support

This function will generally fall into the intermediate and long-term timeframes, since it takes place after immediate emergency needs are addressed and evacuees can again focus on more day-to-day concerns.

Plan Consideration: Consider that some evacuees may not seek or obtain jobs for various reasons, including:

- Limited employment opportunities in the host location
- Lack of transportation and/or child and/or adultcare resources
- Lack of accessible modes of transportation for those with disabilities
- Preoccupation with emergency needs
- Inability to focus on next steps
- Delaying a job search until they find permanent housing
- Lack of job skills or required education and training; or skills do not match local opportunities
- Trauma and demoralization due to the incident and disruption in their lives
- Lack of understanding of the unemployment system
- Chronic unemployment

Possible Strategy: Develop an employment support plan to include the following:

- [State Unemployment Insurance](#). The Federal-State Unemployment Insurance Program provides unemployment benefits to eligible workers who are unemployed through no fault of their own (as determined under State law) and meet other eligibility requirements of State law
- [Disaster Unemployment Assistance](#) (DUA). DUA provides financial assistance to individuals whose employment or self-employment has been lost or interrupted as a direct result of a major disaster declared by the President of the United States
- Identify employment counseling agencies/organizations to assist with referrals, résumé writing, and career marketing. Identify available job skills training classes and provide access

to computers, job fairs, and other support services to assist evacuees, including those with disabilities, with job searches

- Identify accessible transportation, childcare, and adultcare assistance for evacuees' support during job searches and while they are employed and seeking housing
- Create or implement Long-Term Recovery Committees¹⁴ (LTRCs) for assistance in supporting evacuee unmet needs and personal disaster recovery plans
- Employment support services should be accessible to and accommodate people with disabilities and special needs, including alternative formats and languages

Social and Community Programs

During post-disaster recovery, there can often be a gap between assistance and an individual's personal resources.

Immediate and Long-Term Support

Plan Consideration: Consider how various organizations may assist in supporting and addressing disaster-caused unmet needs, which may include:

- Healthcare, including replacement of dental and/or vision items, prescription medications, and/or durable medical equipment lost in the disaster, and disaster-affected or related behavioral and mental health needs
- Education and job training
- Housing
- Transportation
- Childcare
- Unemployment assistance (coordinated between Host- and Impact-State offices)
- Legal assistance (primarily donated time/services offered through voluntary organizations)
- Reconnection to social services benefits
- Supplemental Nutrition Assistance Program (SNAP) or Disaster-Supplemental Nutrition Assistance Program (D-SNAP)¹⁵

¹⁴ LTRCs are networks of community-based organizations and PNPs working in cooperation and coordination with Federal, State, and local agencies to address the unmet needs of those affected by disasters. LTRCs vary by State and community.

¹⁵ SNAP and D-SNAP were formerly referred to as the Food Stamp and Disaster Food Stamp programs.

- Funeral assistance
- Respite care for parents, guardians, and/or caregivers

Possible Strategy: The purpose of disaster casework and case management is to assist individuals or families who have been affected by a disaster. Disaster recovery assistance and/or disaster casework takes a variety of forms and is offered by various organizations and agencies, including NGOs and those of the Federal, State, and local governments. The commonality among these services is that they are intended to assist evacuees in accessing the resources necessary to support their recovery and address unmet needs

Intermediate and Long-Term Support

Plan Consideration: Provide resources to support evacuee disaster-caused unmet needs

Possible Strategy: The following are possible strategies to address this consideration:

- NGOs, community organizations, LTRCs, the private sector, and/or State and local agencies are the primary resources for supporting unmet needs. They do this by assisting in gathering information, determining potential resources, and, when possible, providing financial assistance or referrals
- Assistance may be available from various governmental agencies, such as public health, local housing agencies, unemployment, and education departments, which may be accessed on an individual basis or through the host community
- Some community groups may offer useful services to evacuees (e.g., realtor associations and legal service offices)

Plan Consideration: Use electronic systems to support recovery assistance

Possible Strategy: There are organizations that use computerized systems as part of their casework and case management assistance programs

- NGOs, such as [United Methodist Committee on Relief \(UMCOR\)](#), [Lutheran Social Services Disaster Response \(LSS\)](#), [Red Cross](#), [Church World Service \(CWS\)](#), and others use such systems

The [Coordinated Assistance Network \(CAN\)](#), used by the above agencies, is a multi-organizational partnership among NGO disaster relief organizations working together with State and local relief agencies. The CAN system provides a client registry of demographics, needs, and assistance that can be reviewed, with client permission, among organizations and agencies. It includes an electronic document-sharing system so critical documents, such as death certificates, can be shared among agencies; a resource database, with information and services provided by agencies; web-based training; and a collaboration tool kit.

Plan Consideration: Use of Federal and State human and social services programs to address unmet needs

Possible Strategy: The following are possible strategies to address this consideration:

- Refer evacuees to State social services agencies and programs, including parenting classes, SNAP, special needs assistance, departments on aging, and other resources
- Direct evacuees to apply for FEMA assistance; evacuees can go to www.fema.gov/assistance or www.disasterassistance.gov for disaster-related assistance
- Refer evacuees to NGOs that may offer disaster assistance casework
- Coordinate with the Impact-State for transfer of evacuee records to host areas to access existing benefits or fulfill required reporting (e.g., parolee reporting, court-ordered child support payment or receipt, social security benefits)
- Some local legal offices offer free legal advice, information, or support to evacuees. The [Young Lawyers Division of the American Bar Association](#) (ABA) has an agreement with FEMA to provide free disaster-related legal services to low-income disaster victims
- FEMA defines case management as assisting evacuees using short-term or one-stop resources in a comprehensive approach to supporting evacuees' disaster recovery goals. FEMA may provide grant assistance to States to support case management requirements

Evacuee Return/Re-entry

Evacuees who leave an affected area will likely wish to return to the area as soon as possible following the incident to assess any property damage, determine whether it is or is not feasible to return permanently, and make plans for their future. Regardless of what type of evacuee is receiving return/re-entry assistance, it is most effective when approached as a shared Federal and State responsibility. Local impact jurisdictions in coordination with the Impact-State emergency management agency, the Governor's office, and, if there is a Federal declaration, FEMA, will assess affected areas and determine if and when it is safe to allow evacuees to reenter an area. Once an impact area is declared safe and accessible based on the infrastructure (e.g., police, fire, emergency medical technician (EMT), utilities) being operational and the area being determined safe and livable (e.g., access to food, potable water, medical services), evacuees from the area will be allowed to return. Some evacuees may be able to return sooner than others. Self-evacuees will generally begin to leave the Host-State as soon as possible. Transportation-assisted evacuees and some self-evacuees may need transportation or financial assistance for return/re-entry.

An RPS process may be used, with some adaptations based on sheltering/housing considerations, in the plan to return evacuees to their home areas. A flow diagram for an RPS is included in the Process Diagrams section of this document. Return/re-entry transportation is coordinated between Federal, State, and local resources.

Short-Term and Intermediate Support

Plan Consideration: Plan for return/re-entry of transportation-assisted evacuees

Possible Strategy: Planning should include three potential scenarios. Each offers different challenges and may require different support strategies

- Scenario 1: Evacuee home areas are unaffected or minimally damaged and evacuees can be returned immediately *en masse* using transportation such as that in which they evacuated
- Scenario 2: Evacuee home areas are affected to differing degrees where some can reoccupy pre-disaster homes and others cannot. Evacuees can be returned *en masse* or in phases on a case-by-case basis using public transportation, based on the levels of damage and rebuilding of infrastructure
- Scenario 3: Evacuee home areas are affected to the extent that the majority of the evacuees cannot reoccupy their pre-disaster homes (e.g., no more than 20% of the total population can return). Evacuees will return or relocate on a case-by-case basis using public transportation

Plan Consideration: Develop a plan for returning evacuees to their home areas

Possible Strategy: Evacuee return/re-entry or relocation issues may include:

- If the impact area is accessible, but evacuees are unable to return to their pre-disaster homes immediately, efforts may be made to relocate them to congregate or transitional shelter closer to the impact area
- Host- and/or Impact-States may decide to consolidate shelters for remaining evacuees
- As they receive situation status updates about the impact area, evacuees must decide to return to their pre-disaster home area once able to do so, permanently resettle in the Host-State, or relocate to another location. These decisions will also affect the Host-State's transportation needs and plans
- Self-evacuees will return home or relocate to another location by their own means; however, some may need transportation assistance (e.g., their personal resources are exhausted, they evacuated with others who are no longer in the area). Such assistance should be reviewed on a case-by-case basis

- Those who are unable to return to their pre-disaster dwellings may need assistance to relocate to another State or to resettle in the Host-State

Plan Consideration: Provide ongoing public information so evacuees can make informed decisions about their return/re-entry

Possible Strategy: The following are possible strategies to address this consideration:

- Develop a comprehensive public information plan, including alternative formats for people with disabilities and special needs, regarding the conditions and status of the impact area
- Develop a plan for communication between the Host- and Impact-States' PIOs and State and local EOCs regarding return/re-entry issues

Plan Consideration: Federal assistance for the return/re-entry of evacuees

Possible Strategy: The following are possible strategies to address this consideration:

- [Evacuees relocated by the Federal government](#) may receive return transportation assistance coordinated by FEMA. If an area is deemed safe, habitable, and out of danger, evacuees are returned to their points of origin through modes of transportation similar to those used during the evacuation
- Self-evacuees who are eligible for IA may be reimbursed for eligible costs related to their return/re-entry

Volunteer and Donations Management

Volunteer and donations management strategies based on the State's Volunteer and Donations Annex to its EOP will reduce problems and more effectively use offers of unsolicited donated goods and unaffiliated volunteer services.

Volunteer Management

Short-Term Support

Plan Consideration: Spontaneous, unaffiliated volunteers will present themselves and may or may not have skills and/or training in disaster operations

Possible Strategy: An early implementation of a comprehensive volunteer management process, in cooperation with NGO disaster relief groups, will provide resources, referrals, and coordination for large numbers of volunteers

Managing Spontaneous Volunteers in Times of Disaster: The Synergy of Structure and Good Intentions is a concise compilation of effective practices, checklists, and models for managing unaffiliated volunteers. It was developed by the Volunteer Management Committee of the NVOAD and updated in 2008. Contact disastervolunteering@pointsoflight.org for copies or more information.

Another valuable resource is *Heralding Unheard Voices, The Role of Faith-Based and Non-Governmental Organizations During Disaster*. This report was developed by the [Homeland Security Institute](#) (HSI) following Hurricanes Katrina and Rita and is based on research of the roles, services, challenges, and beneficial impact of faith-based and NGOs during those disasters. For more information, contact the HSI.

Plan Consideration: Develop an effective method for coordinating a mass influx of spontaneous, unaffiliated volunteers at the time of an incident

Possible Strategy: Create and/or implement a strategically located Volunteer Reception Center(s) (VRC), including mobile VRCs capable of receiving and processing volunteers and potential volunteers. It should include:

- A trained management team capable of operating a VRC
- A site large enough to manage movement and processing of a large number of volunteers in a one-stop shop design

The [Ohio Citizen Corps](#) developed a [VRC manual](#) to address the need for a “planned, systematic, and professional approach to incorporating spontaneous, unaffiliated volunteers into disaster response.” They modeled their process after [Volunteer Florida](#), and then tailored it to meet the needs of their own communities.

- Incorporate existing volunteer management systems, such as a call center, 211, or volunteer center, for referrals to the VRC, NGOs, and/or other volunteering resources
- Develop a registration process to capture key information on volunteers as described in the guidelines for VRCs available from State Volunteer and Donations Coordinators, a State or local VOAD member, or through the NVOAD. Information may include: general personal information, availability, training/skills/certification/education, background check, and desired affiliation, if any
- Plan a process for identifying and not accepting a volunteer who is inappropriate (e.g., sex offenders in shelters)
- Create or use standardized registration forms including background check releases, confidentiality agreements, and medical information/health status agreements

- Postings in registration area of potential volunteering opportunities and activities (Note: Clearly post that these change regularly and may or may not always be available)
- Areas for referrals to non-profit organizations, badging, credentialing, check-in/out, assignment, orientation and situation updates, and canteen (if desired)
- Develop assignment prioritization procedures in the event that there are limited volunteers and multiple agencies are seeking volunteers, and develop a joint process for volunteer distribution based on need, offered skills, and projects
- Plan for security and, if available, behavioral and mental health support

Plan Consideration: Manage those who, pre-event, seek to volunteer for the State

Possible Strategy: Create or direct them to a State or local [Citizen Corps](#) Council or Citizen Corps Partner program, such as [Community Emergency Response Team](#) (CERT) and other associated programs; to a State or local VOAD member organizations; or to other local voluntary organizations

Possible Strategy: Coordinate and support volunteer resource development pre-event

- Referrals to volunteer management hubs such as www.HelpInDisaster.org, [VolunteerMatch](#), VOADs, and volunteering organizations
- Process to include training, certification, affiliation, availability updates, and contact information

Possible Strategy: Direct specialized volunteers, such as those with medical credentials, to the State MRC or, if available, to a State or local health agency volunteer database. Their credentials can be verified and captured electronically. If creating a government-managed database, it should be:

- Scalable to address incident size/type/threat; able to support spontaneous unaffiliated volunteers and affiliated volunteers
- Coordinated with VOADs and non-profit organizations to ensure volunteers are not shifted from existing voluntary organizations and to deter duplication of efforts/services

Possible Strategy: Coordination between agencies and organizations is important in order to avoid overlap in the use of volunteers or volunteers who might be “loaned” between organizations. Agencies/organizations should also convey specific skill sets they are seeking

Many States and communities are using 2-1-1 systems in disaster preparedness and response.¹⁶ The City of Tulsa, Oklahoma, uses its 2-1-1 system as a referral agency for those seeking information on volunteering. Persons interested in volunteering can call 2-1-1, which provides information on and referrals to voluntary organizations.

- Possible Strategy:** Implement and develop new private sector/business partnerships with those seeking to support disaster response and recovery
- Plan Consideration:** Access to some locations to which volunteers are deployed may be restricted for safety or security reasons, such as during the 9/11 incidents
- Possible Strategy:** Coordinate transportation assets and necessary personnel to assist with transporting registered and assigned volunteers from VRCs to secure sites if needed
- Plan Consideration:** Manage expectations by those offering their services as volunteers (e.g., shelter workers vs. debris removal support)
- Possible Strategy:** Disseminate volunteering needs and information to media outlets including: publication of a universal phone number, television “crawls,” voluntary organization phone numbers (coordinate with organizations first to determine their capacity to support high call volume), pre-written press releases, and information regarding VRC locations and hours

Intermediate and Long-Term Support

- Plan Consideration:** In the intermediate and long-term recovery periods, the need for volunteer assistance may continue. Experienced local, State, and/or national voluntary organizations will primarily support these needs and be the focal point for volunteerism
- Possible Strategy:** The following are possible strategies to address this consideration:
- Coordinate with NGOs as to how best to support their resource requirements. Scale support for volunteer management to intermediate and long-term needs. Most volunteers will affiliate with specific NGOs by this time
 - Volunteers with skills that are not usable pre-event or during an event may be valuable assets during the recovery phase (e.g., individuals with carpentry skills may not be needed at the onset of an incident but could be useful during recovery). Coordinate ongoing interaction and communication with voluntary

¹⁶ 2-1-1 is a nationally implemented telephone information service that connects people with important community services and volunteer opportunities. 2-1-1 is not currently available in all States. More information may be found at www.211.org.

organizations, PIOs, and media outlets to determine and present volunteer needs and activities

Plan Consideration: Capture feedback from volunteers

Possible Strategy: Plan debriefs and After-Action Reviews with volunteers and/or NGOs to gather feedback

Donations Management

Short-Term Support

Plan Consideration: Unsolicited deliveries of donated goods and the need to evaluate, unload, sort, store, and/or dispose of large amounts of unsolicited goods may compete with the personnel and resource demands of other response activities, possibly with greater priority

Possible Strategy: Activate and/or create either or both of the following:

- A toll-free donations hotline advising what, where, and how to donate cash or in-kind goods and/or services
- A web-based application for the coordination of offers of goods and services

Possible Strategy: Coordinate with PIO and the media to nationally publicize methods for effective donating such as:

- Promote financial contributions to voluntary organizations
- Advise how offers of donated goods and volunteer service can be made (e.g., toll-free number, Web site, referral to organizations that accept goods and/or services)
- Information regarding donations and services that may or may not be needed at any given time in an operation

Many States have plans developed for sheltering and mass care that can be resources in Host-State plan development. [NEMA](#) has collected links to various [State Donations Management](#) plans that may be useful resources and can be accessed through a key word search on their Web site.

Plan Consideration: Warehouse space will be needed for donated goods

Possible Strategy: Coordinate with NGOs and the private sector for possible available space and/or contract to acquire government warehouse space for storage of pre-deployed assets and for donated goods during a disaster. Coordinate with vendors and support agencies to identify and secure agreements or contracts for warehouse space, preferably with access to major transportation routes

Possible Strategy: If there is an overwhelming flow of unsolicited donated goods coming into the area, work with the State Donations Coordinator to identify possible multi-agency warehouse space for distribution as needed and to keep the incoming goods not immediately needed from interfering with disaster response operations

Plan Consideration: Warehouse sites will need security in and around them. While this may be addressed in a State EOP, the potential for significantly greater volume of goods and expanded warehousing resulting from a catastrophic event may require expansion on the EOP requirements

Possible Strategy: The following are possible strategies to address this consideration:

- Coordinate with law enforcement/security agencies prior to influx of donated goods to secure safety and security personnel in scalable plan for possible need to increase resources
- Do not publicize warehouse or storage sites to the general public and arrange separate locations for warehousing sites from donation and evacuee service sites

Intermediate Support

Plan Consideration: Ongoing need for donations after initial influx of evacuees

Possible Strategy: Maintain relationships with donors for ongoing donations, especially in-kind donations and services (e.g., healthcare, daycare services, supplies) to support evacuees

Long-Term Support

Plan Consideration: Demobilize donations management function at the end of the operation, and determine disposition of remaining commodities

Possible Strategy: Contact NGOs for their possible ongoing need for unused donated items; contact donors for return of unused donated items

Plan Consideration: Complete documentation for accounting and reimbursement

Possible Strategy: Maintain all necessary documents and receipts regarding equipment or facility rental, agreements, and cost statements for possible reimbursements; maintain records and accounting of cash and in-kind donations for financial auditing and records of donors for shows of appreciation or recognition

Possible Strategy: Develop a database/inventory to track donated goods and services

Use of Internet-based technology for donations management is available and useful. Information on a system supported by FEMA and adopted by some States can be found at www.fema.gov/donations.

Finance, Administration, and Reimbursement

Short-Term, Intermediate, and Long-Term Support

Tracking and maintenance of financial records should begin immediately and continue throughout the evacuee support operation.

Costs related to providing emergency assistance such as mass care may be reimbursable through FEMA's [Public Assistance \(PA\) program](#). Reimbursement would be applicable to cover costs that support emergency protective measures (i.e., short-term measures to support evacuees).

Plan Consideration: Develop knowledge and understanding of FEMA PA programs and Federal policies that affect Host-States

Possible Strategy: The following are possible strategies to address this consideration:

- State and local emergency managers and their staffs should know and understand Federal and State assistance policies in order to effectively manage the reimbursement process
- [FEMA Regional Offices](#) can be valuable resources for information, training, documents, and practical advice on Federal assistance and reimbursement

Possible Strategy: [DAP 9523.18](#) establishes a method by which States outside of the designated area can seek reimbursement for evacuation and sheltering support. States that receive evacuees from areas covered by a Federal disaster declaration may seek reimbursement as Host-States for eligible sheltering and evacuation support costs through one of the following:

- In determining eligibility for direct reimbursement, FEMA will consider whether the Host-State will accept evacuees via any mode of transportation and whether it will provide at least 10 percent of identified available sheltering capacity within the Host-State to support Impact-State evacuees
- Reimbursement from the Impact-State via established mutual aid agreements with the Impact-State (including EMAC)

Plan Consideration: Access Federal resources for guidance and information on Federal assistance and Host-State reimbursement policies and processes

Possible Strategy: Specific policy regulations, criteria, and guidance can be found on the FEMA [PA](#) Web site, including the following FEMA DAP references:

- [DAP 9523.18](#), *Host-State Evacuation and Sheltering Reimbursement*, describes reimbursement for eligible Host-State costs in evacuation and sheltering through mutual aid agreements or direct reimbursement
- [DAP 9523.6](#), *Mutual Aid Agreements for Public Assistance and Fire Management Assistance*, for reimbursement criteria/policy

Plan Consideration: Reimburse qualified NGOs for eligible disaster-related expenses

Possible Strategy: Local and State governments are eligible applicants for PA; in order for NGOs to receive reimbursement, they must have an established agreement or contractual arrangement with a host government agency stating that disaster-related work was performed at the direction of the State or local government

Federal and National Support

Host-State evacuee support may be required in the event the Host-State receives a request for assistance from EMAC, an Impact-State, or FEMA under a Federal disaster declaration or emergency declaration. This would occur when the response to an imminent or actual catastrophic incident results in evacuees from an affected State moving or being moved to a host community. Such an evacuation would likely require, at a minimum, mass care/emergency assistance services and health/medical care assistance.

Should an Impact-State or FEMA request assistance from a Host-State or jurisdiction, the Federal government may provide the following support to a Host-State:

- Coordination and communication among jurisdictions
- Support of transportation efforts for air, ground, and/or rail
- Ensuring fuel availability along evacuation routes, including Host-State routes
- Support of and/or operation of Host-State arrival points
- Sheltering, feeding, reunification, and other congregate care activities for evacuees
- Sheltering, care, and return of household pets
- Medical and medical sheltering support
- Providing for public safety and security, including traffic management
- Decontamination services and support
- Support for return of transportation-assisted evacuees to their home areas

Refer to the National Response Framework (NRF), [NRF Annexes](#) (both may be found in the online [NRF Resource Center](#)), and other current FEMA policies for more information concerning available support from FEMA. Note: Disaster planning and response are ever-changing. Guidance and information are subject to change as lessons are learned, new requirements are instituted, and more effective methods are found to support people with

disaster-caused needs. For the most current version of any information and/or guidance, refer to the producing agency or organization.

Eligible individuals and families from a State that has received a Federal disaster or emergency declaration may receive FEMA [IA](#) for short-term and intermediate evacuee support, but IA is not available for long-term evacuee support. If a Host-State has large numbers of evacuees and/or government transportation-assisted evacuees, the State may request a [DRC](#) in the host community through the [FEMA Regional Office](#). A DRC is a readily accessible facility or mobile office where applicants may go for information about FEMA or other disaster assistance programs, for questions related to individual cases, or for other assistance to support IA registration.

Eligible public entities may apply for FEMA [PA](#) program support for emergency protective measures (i.e., short-term measures to support evacuees). Additionally, [DAP 9523.6](#) provides information on reimbursement from FEMA for costs incurred through mutual aid agreements. Refer to [DAP 9523.18](#) for information on pre-event Host-State agreement reimbursement policy.

State and local governments may request FEMA resource assistance to support essential services. FEMA may choose from a variety of options to determine the most effective human resources available, including FEMA headquarters or regional employees, FEMA reservist Disaster Reserve Work Force (DRWF), private-sector contracts, and/or personnel from other Federal agencies. FEMA also has a variety of options for material resources in contracts and caches available throughout the country. These human and material services may include shelter support, shelter security, emergency food services, logistical support, and medical, health, and social services support. Host-States may request FEMA resource support through their [FEMA Regional Office](#).

National-level PNP and private sector organizations, including the [Red Cross](#), [TSA](#), [UMCOR](#), [Lutheran Disaster Response \(LDR\)](#), [CWS](#), and [Business Executives for National Security](#), may provide disaster support to applicants ineligible for Federal assistance or who require assistance beyond what FEMA is able to provide. Many national-level NGOs have local chapters/offices involved with disaster relief activities.

The NIMS [Basic Guidance for Public Information Officers](#) may assist in developing public information methodology.

[FEMA Regional Offices](#) may provide guidance and technical assistance to State, local, and tribal governments in the development of host jurisdiction plans.

Embarkation

In the event of an evacuee return/re-entry process in a Host-State, or if an Impact-State is unable to open an Embarkation Site for an evacuation (e.g., due to the nature or proximity of an incident or insufficient resources), the Federal government may assist in the mass evacuation embarkation process. Regardless of who is managing an Embarkation Site,

operations will be coordinated between Impact- and Host-States and/or, if necessary or requested, through the FEMA [RRCC](#).

[NIMS/ICS](#) principles dictate that Federal support to mass evacuation operations are geared to the lowest possible organizational level and scaled to the incident. For example, the State Emergency Operations Center (SEOC) or a JFO may support evacuation within a single State. Multi-state incidents may be coordinated from an RRCC. For evacuee support assistance, the Host-State should coordinate with the [FEMA Regional Office](#), the RRCC, and/or the JFO.

Transportation

Under PA Category B, [Emergency Protective Measures](#), a Host-State may be eligible to receive reimbursement for emergency public transportation costs incurred while providing short-term evacuee support during an emergency or disaster declaration, upon request from an Impact-State or FEMA, or under a FEMA/Host-State Agreement.

The [U.S. Department of Transportation](#) (DOT) has posted [documents and tools](#) to aid local and State planners in maximizing the use of the highway network in the development and execution of evacuation plans for their communities, States, or regions.

Tracking of Evacuees

Some States have or are developing mass evacuation tracking systems designed to track the movement of evacuees, household pets, luggage, and DME. A system may also be designed to share data with other States. The relevant [FEMA Regional Office](#) should provide coordination support upon request from a host jurisdiction or in the event of a Federally assisted mass evacuation. Advance coordination between Host- and potential Impact-States can help to determine the most appropriate tracking system for compatibility. It is important for both operational management and for financial reimbursement to document evacuees using government assistance.

Reception

If requested by the Host-State during a Federally declared disaster or emergency declaration, FEMA will provide Federal resources and/or personnel to support the operations of RPSs and Transfer Points for transportation-assisted evacuees during a Federally assisted mass evacuation. When this occurs, Federal personnel will integrate into the State's organizational structure and Concept of Operations and will integrate with State personnel or operate solely with Federal personnel, as requested. Reference to the FEMA [Evacuee Support Concept of Operations Template](#) may also be helpful.

Self-Evacuees (and Transportation-Assisted Evacuees)

Self-evacuees seeking assistance can access [FEMA's Web site](#) or call FEMA's toll free number, (800) 621-FEMA (3362), to learn about FEMA's IA program.

Decontamination

Most decontamination capabilities reside with State and local entities. Federal agencies can support decontamination efforts through technical assistance and mapping but are

unlikely to be on-site. Federal agencies that may support decontamination efforts include the [HHS](#), the [Environmental Protection Agency \(EPA\)](#), [Local Emergency Planning Committees \(LEPC\)](#) through the EPA, the [National Oceanic and Atmospheric Administration \(NOAA\)](#), the [CDC](#), the [Nuclear Regulatory Commission \(NRC\)](#), the [National Guard Bureau \(NGB\)](#), and the [Department of Defense \(DoD\)](#).

Sheltering and Housing

Federal support of evacuee emergency sheltering and mass care/emergency assistance services will be coordinated through FEMA [ESF #6](#) in support of the State's ESF #6 mass care function. [ESF #8](#) supports evacuees sheltered in hospitals or nursing homes.

According to the FEMA's National Disaster Housing Strategy, for emergency sheltering "in addition to traditional shelters, specific types of emergency sheltering provided include medical support shelters, functional needs shelters or units, household pet shelters, and shelters for use in major or catastrophic disasters. Shelters for use in major or catastrophic disasters include cruise ships, tents, vacant buildings, military barracks, dormitories, pre-fabricated structures, campgrounds, stadiums, and convention centers. These facilities may receive federal assistance, or may be operated under FEMA's direction, upon request by a State, under certain conditions."

Relevant FEMA guidance on transitional sheltering, interim housing, and permanent housing, as well as the many Federal housing assistance programs available, includes the [NRF](#), FEMA [PA](#) program, [RS-2006-1](#), Section 408 of the [Robert T. Stafford Disaster Relief and Emergency Assistance Act \(Stafford Act\)](#), and the FEMA [2009 National Disaster Housing Strategy](#) and the FEMA [2009 National Disaster Housing Strategy Annexes](#). Details on Host-State protocols and guidelines can be found in the Strategy Annex 2, p.67. These sheltering and housing options are only viable if resources are available. Constraints should be fully considered prior to implementation.

Eligible evacuees can apply for two forms of FEMA intermediate housing –Transitional Sheltering and Interim Housing:

- **Transitional Sheltering Assistance (TSA)** continues up to six months and is defined by FEMA in the *National Disaster Housing Strategy* as shelter "which provides lodging for disaster victims by paying hotels and motels directly for rooms to be used by pre-qualified individuals from designated disaster areas." [DAP 9523.15, Eligible Costs Related to Evacuations and Sheltering](#), states, "Transitional sheltering, if authorized, will be implemented and managed directly by FEMA through a contract agent. FEMA will not reimburse State or local governments for providing transitional housing to displaced disaster victims." The FEMA [2009 National Disaster Housing Strategy](#), [2009 National Disaster Housing Strategy Annexes](#), and DAP 9443.2 detail the conditions for use of transitional sheltering. It is used if:
 - **An evacuee is awaiting approval for FEMA's [IHP](#).** If the pending status continues beyond 30 days, transitional sheltering may be extended on a case-by-case basis. If an evacuee is found ineligible, transitional sheltering may continue for a short time while the evacuee finds other housing and/or assistance.

- **An evacuee is eligible for FEMA’s IHP but no interim housing is available.** In some circumstances, FEMA may place evacuees in transitional sheltering until interim housing becomes available. IHP funds spent in a transitional shelter will be deducted from the total allowable an evacuee receives for interim housing.
- **An evacuee may be eligible for FEMA’s IHP but IHP has not been implemented yet.** In some circumstances, FEMA may place evacuees in transitional sheltering until the IHP is set up and active.
- **Interim Housing** is defined in the *National Disaster Housing Strategy* as an “intermediate period of housing assistance that covers the gap between sheltering and the return of disaster victims to permanent housing. Generally, this period may span from the day after the disaster is declared through up to 18 months.” This allows eligible evacuees to receive financial assistance under FEMA’s IHP and provides a bridge until evacuees can return to permanent housing. Interim Housing may include apartments, detached homes, and manufactured homes. For more information, review FEMA [RS-2006-1](#), the FEMA [2009 National Disaster Housing Strategy](#) and the FEMA [2009 National Disaster Housing Strategy Annexes](#), and the [IHP Handbook](#).
- **Time spent in Transitional Sheltering may shorten an evacuee’s funded time in Interim Housing.** IHP funds spent in a transitional shelter will be deducted from the total allowable an evacuee receives for interim housing under the IHP.
- **An evacuee may receive assistance locating and acquiring Interim Housing.** Evacuees eligible for FEMA’s Transitional Sheltering and IHP assistance may receive placement assistance through FEMA.

HUD may provide housing inventory information, grant support, and critical housing and community development resources to aid disaster recovery. HUD has numerous grant programs for eligible applicants (individuals and communities) for longer-term housing options and to support those in HUD housing pre-event.

An example of HUD assistance is found in the 2007 HUD *Fact Sheet: HUD Providing Long-Term Housing Assistance Affected by Southern California Wildfires*, which states, “HUD field office staff is already on site to establish housing assistance points in designated shelters. HUD disaster recovery teams will be deployed in selected shelters to help locate available housing resources that can significantly expedite the recovery process. These trained staff members will offer displaced families critical housing information through HUD’s [National Housing Locator](#).” More information is available on the [HUD Web site](#).

The USDA provides housing through their [Housing and Community Facilities Programs \(HCFP\)](#), which “helps rural communities and individuals by providing loans and grants for housing and community facilities...[and] provide[s] funding for single family homes, apartments for low-income persons or the elderly, housing for farm laborers, childcare centers, fire and police stations, hospitals, libraries, nursing homes, schools, and much more.”

Special and Functional Needs

FEMA [ESF #6](#) will support Federal, State, local, and tribal agencies and NGOs in addressing the functional and/or special needs of evacuees. Functional needs support may include assisting an individual in maintaining independence and providing communication, transportation, caregivers, and/or medical assistance before, during, and after an incident.

Relevant FEMA guidance documents include the [Comprehensive Preparedness Guide 301: Interim Emergency Management Planning Guide for Special Needs Populations](#) and the [Evacuee Support Concept of Operations Template](#). FEMA's Mass Care section is responsible for special and functional needs.

Health and Medical Care

[HHS ESF #8](#) will assist State, local, and tribal governments in short-term and interim health-related areas. Their role, as found in the [Disasters and Emergencies section](#) of the HHS Web site, is to provide "Federal public health medical assistance [which] consists of medical materiel, personnel, and technical assistance. These resources may provide response capability for the triage, treatment, and transportation of victims or persons with special medical needs; evacuation of patients; infection control; mental health screening and counseling; environmental health services; and other emergency response needs." This can include:

- [U.S. Public Health Service \(USPHS\) Commissioned Corps](#): Teams include Rapid Deployment Force (RDF), Applied Public Health Team (APHT), and Mental Health Team (MHT)
- [NDMS](#): Teams include DMAT, Disaster Mortuary Operational Response Team (DMORT), National Veterinary Response Team (NVRT), and the National Medical Response Team (NMRT)
- [Strategic National Stockpile \(SNS\)](#): A national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, intravenous (IV) administration and airway maintenance supplies, and medical/surgical items
- [FMS](#): Deployable healthcare platforms that can deliver large-scale primary healthcare services anywhere in the United States
- [MRC](#): Organized medical and public health professionals who serve as volunteers to respond to natural disasters and emergencies
- Assets from the Department of Veterans Affairs (VA), DoD, and other Federal assets

Mental health support under a Federal disaster declaration may include the [CCP](#) and an [HHS SAMHSA](#) program implemented by FEMA under ESF #6 on a disaster-specific basis. When activated, this program authorizes (§416 of the Stafford Act) FEMA to provide supplemental funding to States' short-term crisis counseling services for those affected by disaster.

The HHS [Medicaid/Medicare Web site](#) provides an overview of its program and information on its regional offices.

The HHS Web site contains information about [HIPAA](#). ESF #8 may also be able to provide support and/or information on [HIPAA](#) during the short-term and interim.

FEMA's [DAP 9525.4, *Emergency Medical Care and Medical Evacuations*](#), "identifies the extraordinary emergency medical care and medical evacuation expenses that are eligible for reimbursement under the *Category B, Emergency Protective Measures* provision of the Federal Emergency Management Agency's (FEMA) Public Assistance Program." This includes definitions and policy information on DME and EMAC support.

To receive FEMA assistance for long-term health-related support, individuals and families must register for IA and meet eligibility requirements.

Reunification of Evacuees

The [Red Cross Safe and Well](#) system and other systems like it are designed for evacuees to advise their personal network of their well-being. They are designed to provide current location information about an evacuee to persons an evacuee has designated or to provide general information that an evacuee is well but does not reveal his or her specific whereabouts. The NCMEC works to locate missing children and is working with FEMA to setup the [NECLC](#) to operate during major disasters and emergencies to locate children and reunify them with their families.

Household Pets

Host-States are eligible for reimbursement under section 403(a) of the Stafford Act (42 USC 5170b(a)) and [DAP 9523.19](#) for short-term and intermediate costs incurred while sheltering household pets under mutual aid agreements or at FEMA's request. With a Federal disaster declaration, household pet and service animal issues will be coordinated jointly among ESF #6, ESF #8, and ESF #11. The NRF ESF #6 Annex states: "ESF #6 ensures coordination of mass care services to provide for the safety and well-being of household pets and service animals during evacuations and sheltering. ESF #8 and ESF #11 - Agriculture and Natural Resources will ensure support to ESF #6 through an integrated response. ESF #11, under ESF #6, coordinates Federal support services for household pets and service animals during disasters. When requested by the State, ESF #6 will collaborate with ESF #8 and ESF #11 to ensure coordination of support to household pets and service animals."

Household pets are defined by FEMA in [DAP 9523.19](#) as any "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/arachnids, farm animals (including horses), and animals kept for racing purposes."

[ESF #11](#) is the Federal lead function for providing assistance to the local veterinary community in the care of animals, veterinary oversight, and advice concerning animal-related issues and public health during a disaster or following a request from an appropriate agency.

The [American Veterinary Medical Association](#) (AVMA) developed the [Disaster Preparedness and Response Guide](#) with disaster resource information designed for veterinarians, veterinary technicians, emergency managers, and others interested in planning for animals in disaster. The [Humane Society of the United States](#) (HSUS) has developed a manual to aid communities with incorporating care for animals into their disaster plans. Also available is guidance on household pet sheltering and care produced in 2005 by the CDC, [Interim Guidelines for Animal Health and Control of Disease Transmission in Pet Shelters](#).

States and local entities have the primary responsibility for development and implementation of emergency plans to address the needs of people with household pets and service animals. Another resource is the [National Alliance of State Animal and Agricultural Emergency Programs](#) (NASAAEP). NASAAEP was formed to facilitate the ability of stakeholders to collaborate and coordinate more effectively to address issues related to household pets and service animals nationwide.

Other organizations working with FEMA on disaster planning and/or response issues pertaining to household pets include: [American Humane](#), the [American Society for the Prevention of Cruelty to Animals](#) (ASPCA), [Best Friends Animal Society](#), [Code 3 Associates](#), the [International Fund for Animal Welfare](#), [The National Animal Control Association](#), [Noah's Wish](#), the [Society of Animal Welfare Administrators](#), and [United Animal Nations](#).

Security

Additional law enforcement assets to support evacuees may be requested through ESF #13: Public Safety and Security under a Federal Emergency and/or Disaster Declaration. Eligible costs for security are reimbursable in accordance with [DAP 9523.18](#) and other applicable FEMA policies.

Education

The FEMA PA program considers some educational institutions eligible for assistance within specific criteria. PA provides for repair, restoration, and replacement of public buildings and equipment in accordance with regulations and policies. Details can be found in the [FEMA Public Assistance Guide](#).

The ED may provide assistance to schools for evacuee students who were affected by disaster. The [National Center for Homeless Education](#) (NCHE) provides research, resources, and information to enable communities to address evacuee educational needs. Funded by the ED, the NCHE Web site provides educators and community agencies with resources for addressing the needs of students displaced by disasters.

The [McKinney-Vento Homeless Education Assistance Improvements Act of 2001](#) states that homeless children and youth shall have access to public education in their current area of residence. Under the Act, the homeless are defined as children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.

Employment

[DUA](#) provides financial assistance to eligible individuals whose employment or self-employment has been lost or interrupted as a direct result of a disaster under a Federal disaster declaration. DUA benefits are part of the FEMA [IA](#) Program. The Impact-State must request DUA—even if it is administered by the State where the eligible applicant is located.

The [U.S. Department of Labor](#) (DOL) funds job training programs to improve the employment prospects of adults, youth, and dislocated workers.

The DOL and Social Security Administration (SSA) have jointly established and funded the [Disability Program Navigator \(DPN\) Initiative](#) to “promote comprehensive services and work incentive information for SSA beneficiaries and other people with disabilities, through the One Stop system. The Initiative focuses on developing new and ongoing partnerships to achieve seamless, comprehensive, and integrated access to services, creating systemic change, and expanding the workforce development system's capacity to serve customers with disabilities and employers.” It is administered by States and provides “Navigators” (i.e., caseworkers) to assist clients. This is not a disaster-specific program; it is an ongoing social program.

Social and Community Programs

In 2006, FEMA received authority to administrate Disaster Case Management (DCM) assistance as stated in [Section 689f of the Post-Katrina Emergency Management Reform Act of 2006 \(PKEMRA\)](#). In October 2007, the HHS Administration for Children and Families (ACF) entered into an Interagency Agreement with FEMA to pilot a DCM program. At the same time, FEMA developed a different implementation model for a second DCM pilot program. Both DCM pilots are designed to address eligible evacuees’ disaster-caused unmet needs. Program activities may include:

- Developing a comprehensive, evacuee-specific disaster recovery plan tailored to individual unmet needs
- Providing referrals for needed services
- Monitoring and coordinating applicants’ access to human services programs
- Monitoring client progress
- Ensuring that clients’ rights are protected
- Linking clients to other available disaster-specific services

The [Disaster Legal Services Program](#) is an agreement between FEMA and the [Young Lawyers Division of the ABA](#) to provide free legal assistance to disaster victims under a Federal disaster declaration. These services are offered to low-income individuals who, prior to or because of the disaster, are unable to secure legal services to meet disaster-caused needs. The legal advice is limited to cases that will not produce a fee, as these attorneys work without payment. Cases that may generate a fee are turned over to the local lawyer referral service. Assistance may include insurance claims (e.g., life, medical, property); counseling on landlord/tenant problems; consumer protection matters, remedies, and procedures; and replacement of wills and other important legal documents destroyed in the disaster.

Evacuee Return/Re-entry

FEMA may coordinate return/re-entry transportation assistance for [evacuees relocated by the Federal government](#) if an area is deemed safe, habitable, and out of danger. Evacuees will be returned to their points of origin through modes of transportation similar to those used during the evacuation or, if displacement continues for an extended period, via transportation determined on a case-by-case basis.

Section 425, Transportation Assistance to Individuals and Households (42 U.S.C. 5189c) of the [Stafford Act](#) (Public Law 93-228) as amended, details the Federal government's commitment to supporting the return of evacuees.

Reimbursement issues and information for Host-States include costs incurred as a result of return/re-entry of evacuees. Host-State Federal reimbursement information includes:

- Eligible return/re-entry costs incurred by the Host-State may include the provision of shuttle service to a return/re-entry Embarkation Site or commercial or mass transportation (i.e., air, rail, bus) to the Impact-State.
- Host-States generally pay for evacuee return/re-entry transportation costs up front and then submit a request for FEMA reimbursement. Host-States should review reimbursement policies for evacuee return.
- Transportation providers should maintain and provide thorough and accurate transportation manifests to the Host-State.

Volunteer and Donations Management

The [Volunteer and Donations Management Support Annex](#) of the NRF outlines Federal support in the area of unaffiliated volunteer and unsolicited donations management to "...support the affected jurisdictions in close collaboration with the voluntary organizations, in an effort to manage the overall influx of offers of goods and services to the Federal Government, States, tribes, local governments, voluntary organizations, and other entities before, during, and after an incident."

[DAP 9525.2](#), *Donated Resources*, can be referenced to determine how certain specific donated resources are eligible to offset the non-Federal share of eligible Category A and B costs if they meet certain criteria.

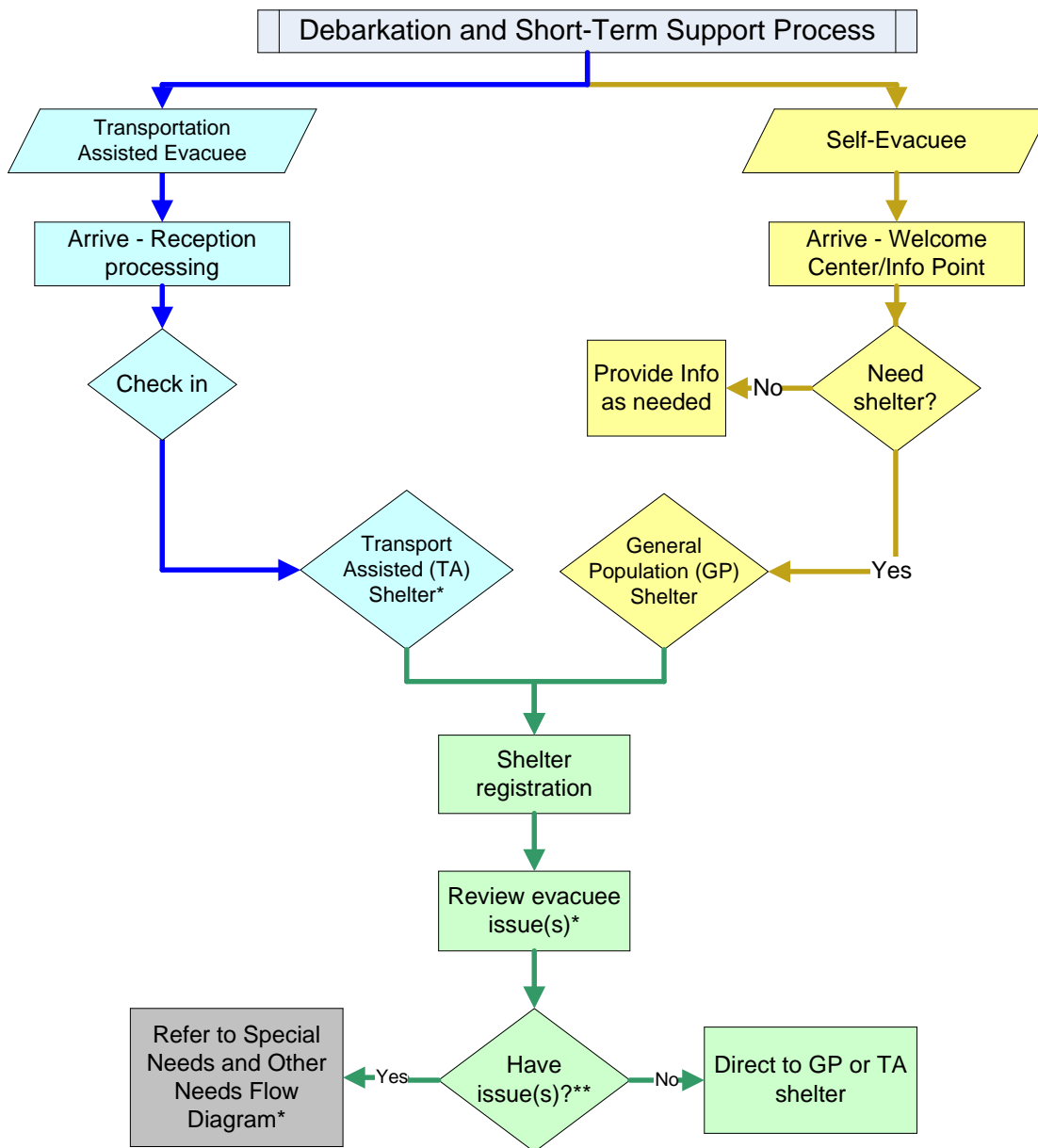
Finance, Administration, and Reimbursement

As mentioned previously, eligible public entities may apply for FEMA [Public Assistance](#) program support for emergency protective measures (i.e., short-term measures to support evacuees). Refer to [DAP 9523.6](#) and [DAP 9523.18](#).

Process Diagrams, Glossary, Planning Support Links, and Support Web Sites

Process Diagrams

The following diagrams are general guidance and are not inclusive of all possible needs, options, or situations; adapt accordingly to the specifics of each State and incident.



Transportation-assisted evacuees and self-evacuees may reside in the same shelter or in separate shelters based on specific shelter requirements and services (e.g., background/security checks) and plan for opening facilities (reserved shelter space versus sequentially opened based on arrivals.) If separate shelters are used initially, they may be consolidated for an ongoing operation.

All transportation-assisted evacuees including those in the general population, medical needs, special/functional needs, and those with other issues will be received through the standard reception process before being directed to specific shelters or other accommodations, as needed.

Figure 1: Debarcation and Short-Term Support Process Flow Diagram

* Medical and Special Needs Flow Diagram is Figure 3 in this document

** The same facility may shelter self-evacuees and transportation-assisted evacuees

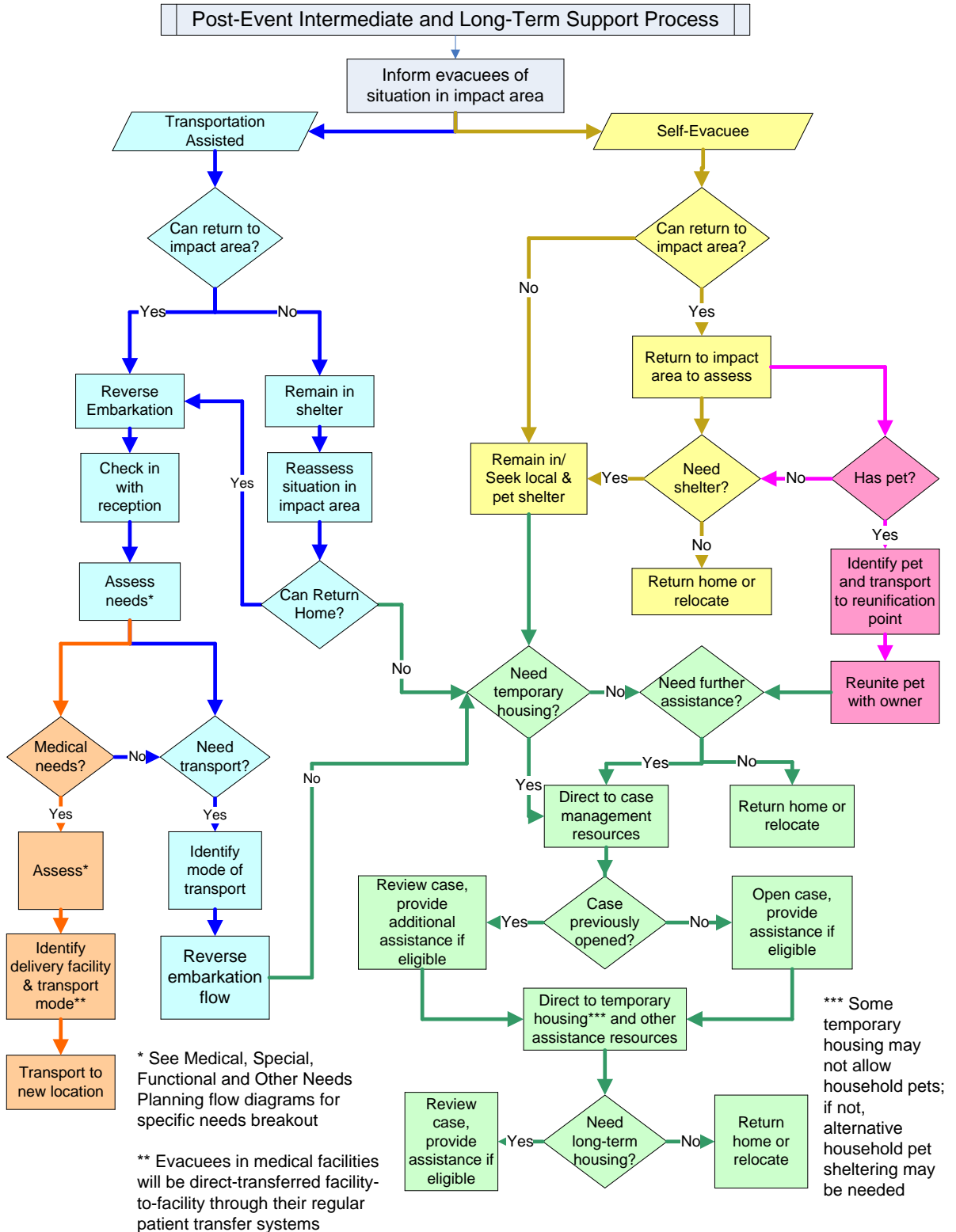
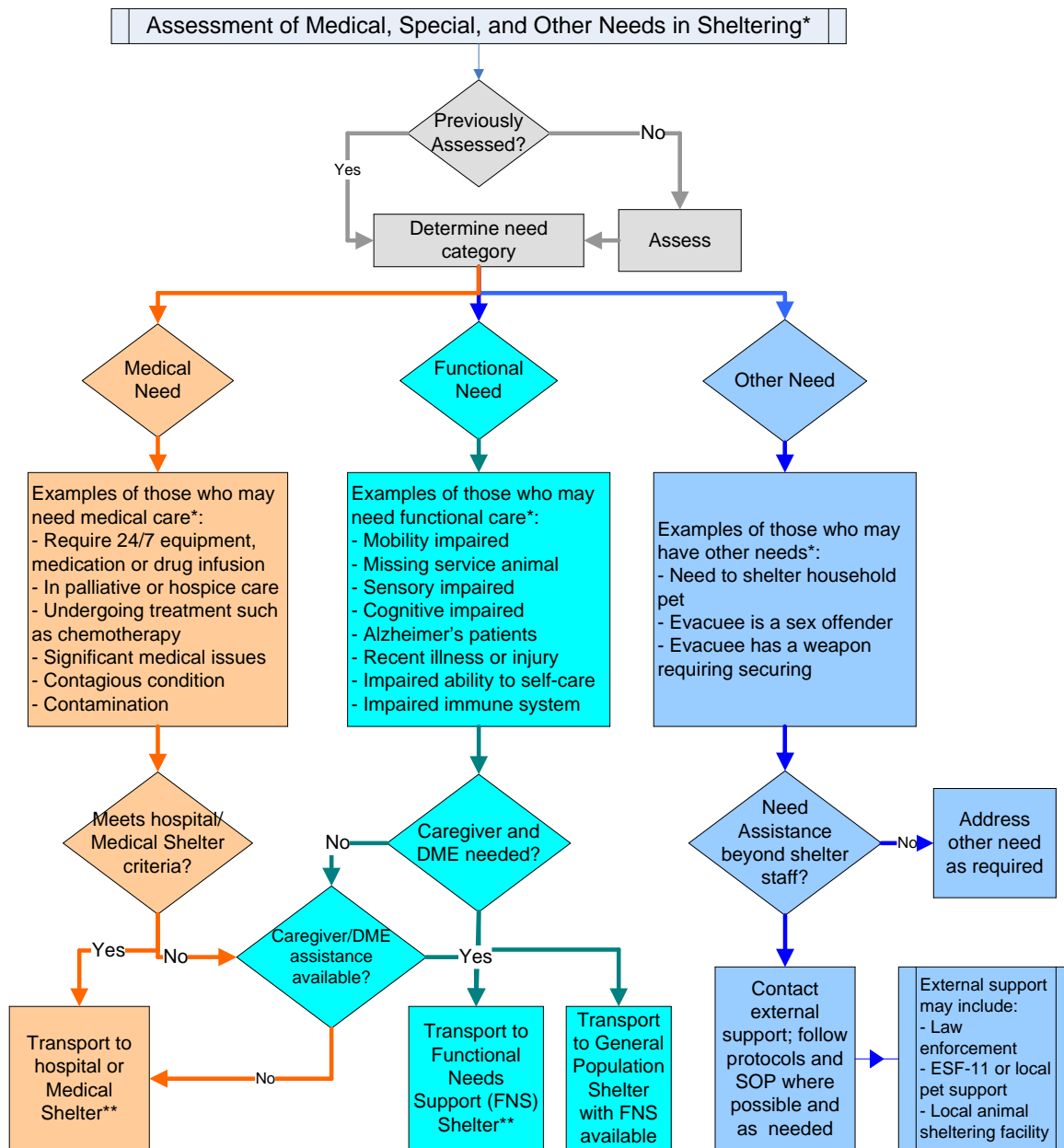


Figure 2: Intermediate and Long-Term Support Process Flow Diagram

* Medical and Special Needs Flow Diagram is Figure 3 in this document



*This should not be considered a comprehensive list of all possible medical, functional or other needs. It is intended as a general overview. State and local emergency management planning should include criteria and Standard Operating Procedures for each area. In an incident, trained and qualified medical, special needs, animal care, and/or security personnel should conduct assessments of the specific issue(s) and/or need and adjust the response and care accordingly.

** Medical, Special Needs, and Functional Needs may be supported by various types of healthcare institutions including hospitals, nursing homes, Medical Shelters, Medical Special Needs Shelters, Functional Needs Support Shelters and/or Federal Medical Stations. State, local, and Federal definition and criteria may vary. The type of shelter support should be designed based on the needs of evacuees with the name, definition, and admission criteria disseminated to the support community.

Figure 3: Assessment of Medical, Special, and Other Needs Support Process Flow Diagram

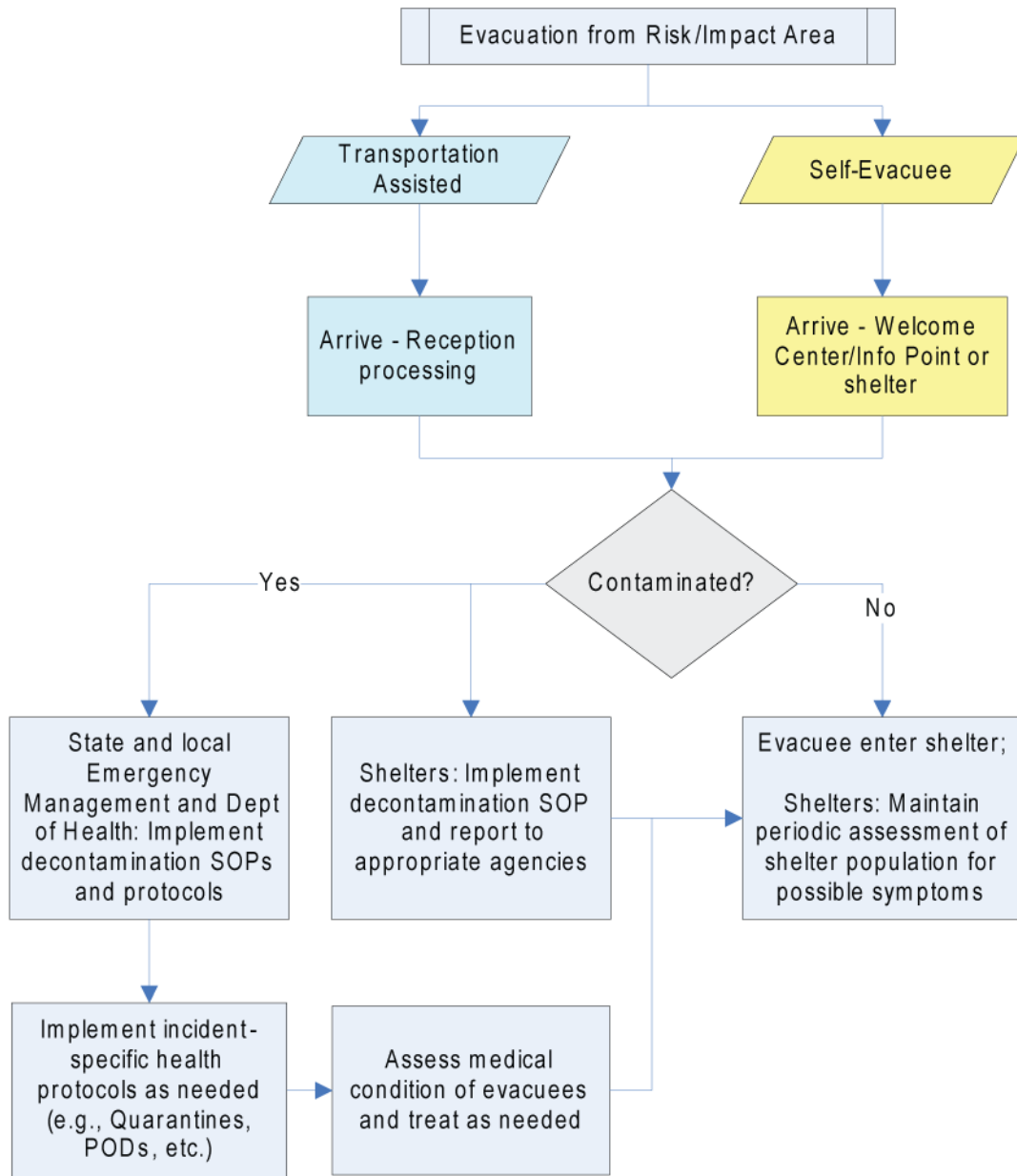


Figure 4: Decontamination of Evacuees Flow Diagram

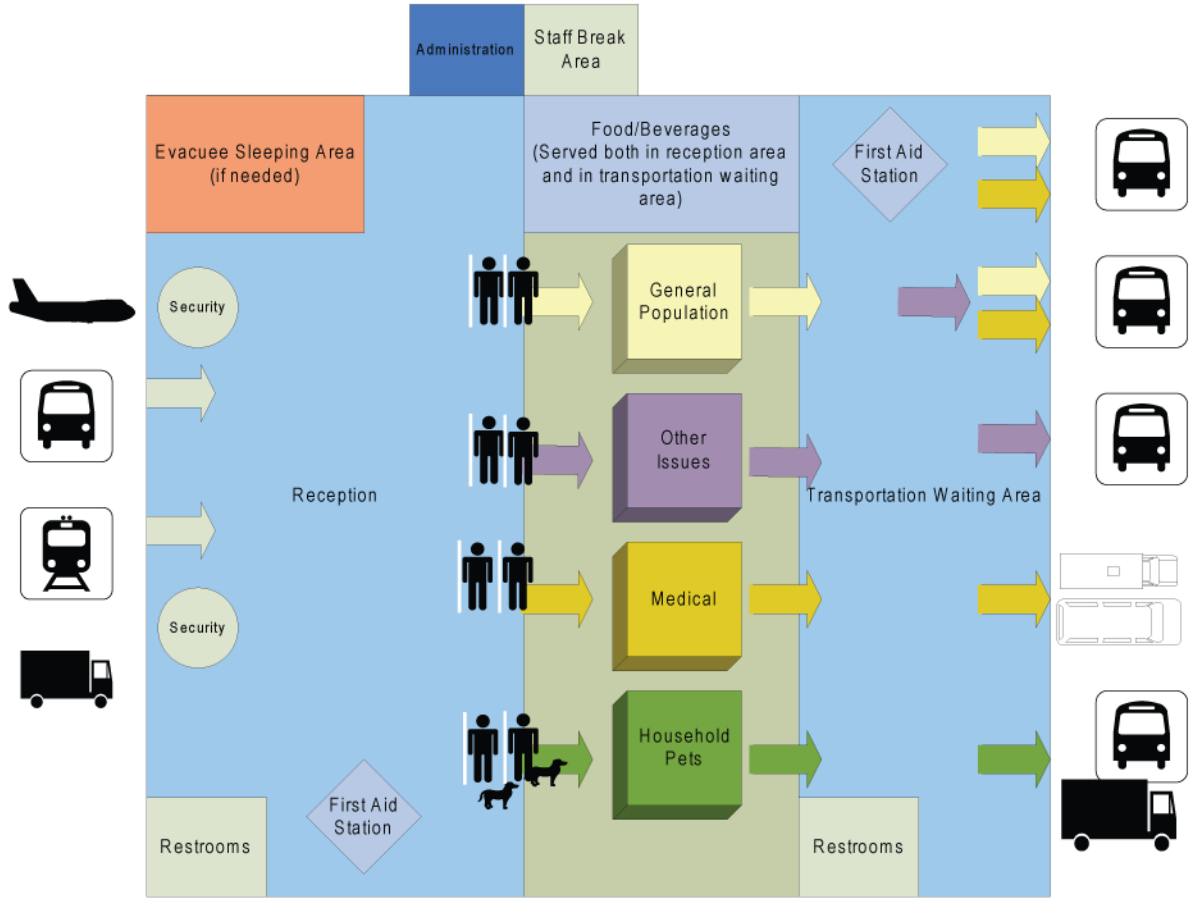


Figure 5: Reception Processing Site Diagram

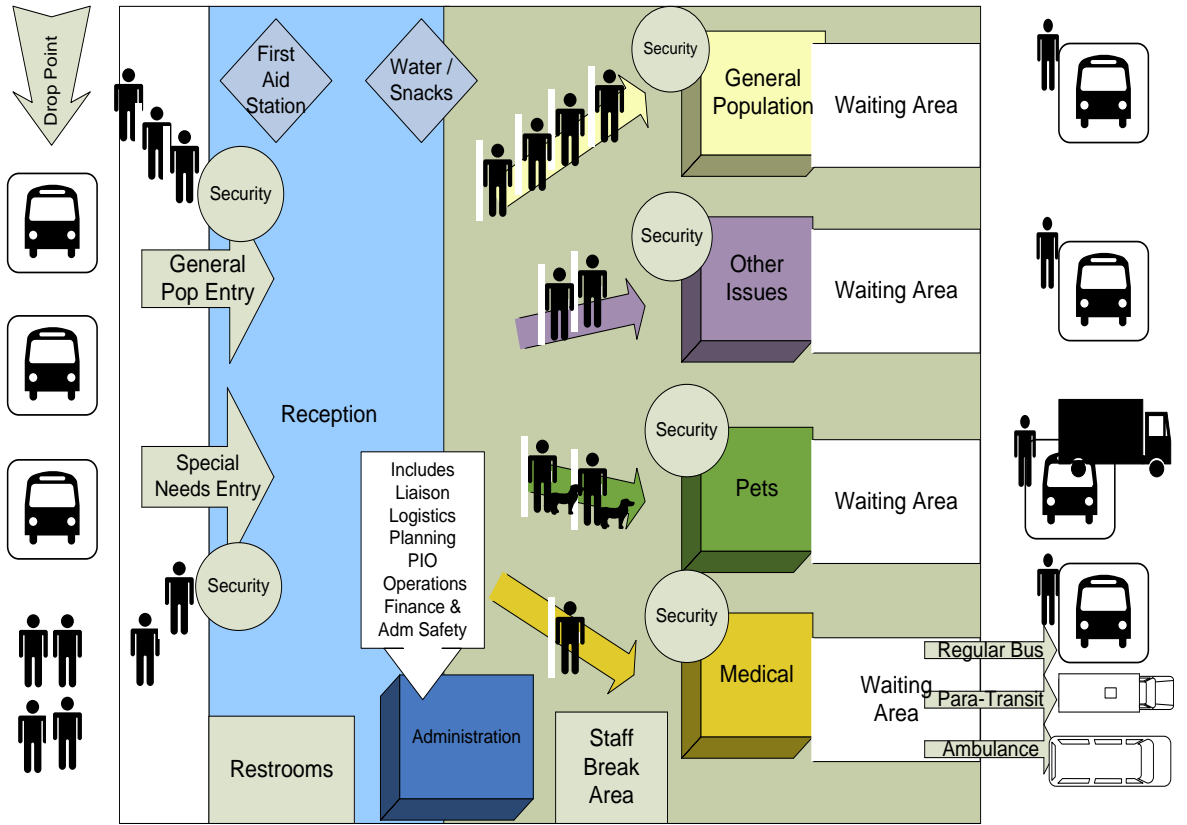


Figure 6: Returning Evacuees from Host-States

Glossary

The following definitions are based on or taken from Federal assistance and guidance documents and written in the context of Host-State evacuee support.

Arrival Point. Any facility or point of entry into a Host-State or jurisdiction that provides assistance to evacuees. This includes transfer points, RPSs, Welcome Centers, Information Points, shelters, and other congregate facilities.

Capability. Measurement of the ability of an entity (e.g., State and local government, local community, NGOs) to provide disaster operation support based on the amount of available human and material resources (e.g., sheltering facilities, personnel, medical support, housing, food supply) and the time needed to deploy, sustain, and resupply them.

Capacity. The maximum amount that can be accommodated to rapidly and substantially increase the provisioning and infrastructure for evacuee support—food, water, medicine, shelter and housing, medical care, security, staffing, and other resources.

Catastrophic Event (Disaster, Incident). Any natural or man-made disaster that results in extraordinary levels of casualties, damage, or disruption severely affecting the population (including mass evacuations), infrastructure, environment, economy, national morale, or government functions in an area.

Congregate Care. The provision of essential mass care and emergency assistance to evacuees in a collective setting due to the impact of a disaster or emergency.

Congregate Care Activities. Life-sustaining activities include, but are not limited to, sheltering, feeding, distribution of emergency/essential and/or life-sustaining items, reunification services, emotional support and counseling services, information and referral, first aid in congregate care facilities, and additional activities identified in the NRF as “Emergency Assistance Services.”

Congregate Care Facilities. Defined by the FEMA Mass Care Coordination Unit, these facilities are General Population Shelters, respite centers, reception centers, heating/cooling centers, medical support shelters, other special needs shelters, and also including unconventional sheltering facilities such as: berthing ships, base camps, and temporary construction.

Debarcation Site. Site designated to receive transportation-assisted evacuees. Means of transportation may be by air, rail, bus, or maritime, as needed.

Declared Event. A major disaster or emergency that receives a Presidential Declaration of Major Disaster or Emergency as directed by the Stafford Act.

Disaster Case Management. FEMA Disaster Case Management identifies long-term disaster-caused unmet needs and assists an individual or household in developing a disaster recovery plan.

Disaster Casework. Disaster casework may be provided by various organizations and may include financial support, referrals, and resource assistance.

Disaster Recovery Center (DRC). A readily accessible facility or mobile office where applicants may go for information about FEMA or other disaster assistance programs or for questions related to their case. Some of the services that a DRC may provide include:

- Guidance regarding disaster recovery
- Clarification of any written correspondence received
- Housing Assistance and Rental Resource information
- Answers to questions, resolutions to problems, and referrals to agencies that may provide further assistance
- Status of applications being processed by FEMA
- U.S. Small Business Administration (SBA) program information if there is an SBA Representative at the DRC site
- Evacuees can also register for assistance at a DRC, online or via telephone

Displaced Person. An individual unable to return to his/her place of residence due to an emergency or major disaster.

Eligible Applicant (Individual). Any applicant who resides within an area that has received a Federal disaster declaration of emergency or major disaster, upon registration with FEMA and completion of identity verification, is determined to be eligible for FEMA Individuals and Households Program (IHP) assistance under Section 408 in accordance with the provisions (including relevant regulatory guidance) of the Stafford Act.

Embarkation Site. Intake, processing, and departure site designated for the movement of government transportation-assisted evacuees, their household pets, their luggage, and/or their durable medical equipment (DME). Embarkation modes of transportation may include air, rail, bus, or maritime.

Emergency Management Assistance Compact (EMAC). Administered by the National Emergency Management Association (NEMA), EMAC is a congressionally ratified organization that provides form and structure to interstate mutual aid. Through EMAC, a disaster-affected State can request and receive assistance from other member States quickly and efficiently, resolving two key issues up front: liability and reimbursement. All 50 States, Puerto Rico, the U.S. Virgin Islands, and the District of Columbia have ratified EMAC.

Emergency Medical Care. Medical treatment or services provided for disaster-related injuries, illnesses, and conditions requiring non-deferrable medical treatment or services.

Emergency Support Function (ESF). Under the NRF, ESFs provide the structure for coordinating Federal interagency support for a Federal response to an incident. They are mechanisms for grouping functions most frequently used to provide Federal support to States and Federal-to-Federal support, both for declared disasters and emergencies under the Stafford Act, as well as for non-Stafford Act incidents. These terms are often used by States, as well, in their emergency management and incident command structures.

ESF #6 (Mass Care, Emergency Assistance, Housing, and Human Services). Under the NRF ESF #6 Annex, ESF #6 coordinates the delivery of Federal mass care, emergency assistance, housing, and human services when State, local, and tribal response and recovery needs exceed their capabilities.

- **Mass Care:** Includes sheltering, feeding operations, emergency first aid, bulk distribution of emergency items, and collecting and providing information on victims to family members.
- **Emergency Assistance:** Assistance required by individuals, families, and their communities to ensure that immediate needs beyond the scope of the traditional “mass care” services provided at the local level are addressed. These services include: support to evacuations (including registration and tracking of evacuees); reunification of families; provision of aid and services to special needs populations; evacuation, sheltering, and other emergency services for household pets and service animals; support to specialized shelters; support to medical shelters; nonconventional shelter management; coordination of donated goods and services; and coordination of voluntary agency assistance.
- **Housing:** Includes housing options such as rental assistance, repair, loan assistance, replacement, factory-built housing, semi-permanent and permanent construction, referrals, identification and provision of accessible housing, and access to other sources of housing assistance. This assistance is guided by the FEMA [2009 National Disaster Housing Strategy](#) and the FEMA [2009 National Disaster Housing Strategy Annexes](#).
- **Human Services:** Includes the implementation of disaster assistance programs to help disaster victims recover their non-housing losses, including programs to replace destroyed personal property, and help to obtain disaster loans, food stamps, crisis counseling, disaster unemployment, disaster legal services, support and services for special needs populations, and other Federal and State benefits.

ESF #8 (Public Health and Medical Services). Under the NRF ESF #8 Annex, ESF #8 provides the mechanism for coordinated Federal assistance to supplement State, local, and tribal resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential health and medical emergency. Public Health and Medical Services include responding to medical needs associated with mental health, behavioral health, and substance abuse considerations of incident victims and response workers. Services also cover the medical

needs of members of the “at risk” or “special needs” population described in the Pandemic and All-Hazards Preparedness Act and in the NRF Glossary, respectively. These include a population whose members may have medical and other functional needs before, during, and after an incident. Support coordination also includes National Disaster Medical System (NDMS), Federal Medical Stations (FMS), Disaster Medical Assistance Teams (DMAT), Medical Support Corps (MSC), and others. ESF #8 provides supplemental assistance to State, local, and tribal governments in the following core functional areas:

- Assessment of public health/medical needs
- Health surveillance
- Medical care personnel
- Health/medical/veterinary equipment and supplies
- Patient evacuation
- Patient care
- Safety and security of drugs, biologics, and medical devices
- Blood and blood products
- Food safety and security
- Agriculture safety and security
- All-hazard public health and medical consultation, technical assistance, and support
- Behavioral healthcare
- Public health and medical information
- Vector control
- Potable water/wastewater and solid waste disposal
- Mass fatality management, victim identification, and decontaminating remains
- Veterinary medical support

ESF #11 (Agriculture and Natural Resources). Under the NRF ESF #11 Annex, ESF #11 supports State, local, and tribal authorities and other Federal agency efforts to provide nutrition assistance; control and eradicate, as appropriate, any outbreak of a highly contagious or economically devastating animal/zoonotic (i.e., transmitted between animals and people) disease, or any outbreak of an economically devastating plant pest or disease; ensure the safety and security of the commercial food supply; protect natural and cultural resources and historic properties (NCH) resources; and provide for the safety and well-being of household pets during an emergency response or evacuation situation. The U.S. Department of Agriculture (USDA) is the coordinator for Federal ESF #11. It organizes and coordinates the capabilities and resources of the Federal Government to facilitate the delivery of services, technical assistance, expertise, and other support for incidents requiring a coordinated Federal response.

ESF #13 (Public Safety and Security). Under the NRF ESF #13 Annex, ESF #13 coordinates support, including, but not limited to, force and critical infrastructure protection, security planning and technical assistance, technology support, and general law enforcement assistance in both pre-incident and post-incident situations. ESF #13 is activated in situations requiring extensive public safety and security and where State, local, and tribal government resources are overwhelmed or are inadequate, or for Federal-to-Federal support or in pre-incident or post-incident situations that require protective solutions or capabilities unique to the Federal Government.

Evacuation. Organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas.

Evacuee. A person who is departing or has departed a danger zone due to the threat or occurrence of a natural or man-made incident.

Expedited Assistance. As defined under FEMA's Individuals and Households Program (IHP) Other Needs Assistance (ONA), the Expedited Assistance Program, when implemented, provides for an eligible applicant to receive an expedited payment of no more than \$500 for serious emergency needs and necessary expenses in advance of a Small Business Administration (SBA) loan determination. The program may be implemented in catastrophic disasters and when eligible applicants lack access to funds for immediate needs from their own or other sources. It requires the consent of the State, and assistance will only be provided in the form of a mailed check or electronic funds deposit.

Federal Medical Station (FMS). An HHS deployable healthcare 250-patient platform that can deliver large-scale primary healthcare services nationwide using a 100-person team, a 3-day supply of medical and pharmaceutical resources, and can sustain stable primary care-based patients. It may also provide mass ambulatory vaccination services, ambulatory prophylactic medication administration, and/or pre-hospital triage and initial stabilization in a mass casualty.

Gap Analysis. Determines the ability and capacity of States and local jurisdictions to support short-term, intermediate, and long-term evacuee needs. Useful for assessing resources and planning needed.

Host-State. A State, Territory, Commonwealth, or tribe that, by agreement with another State or FEMA, provides evacuation and sheltering support to evacuated individuals.

Household Pet(s) (Federal Definition). 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 can be housed in temporary facilities. Household pets do not include reptiles (except turtles), amphibians, fish, insects/arachnids, farm animals (including horses), and animals kept for racing purposes. (For the State's definition, contact the State ESF lead agency responsible for pets.)

Household Pet Shelter. Any private or public facility that provides disaster-related refuge to the household pets of evacuees. Examples include animal rescue shelters, humane societies, veterinary offices, boarding kennels, and breeder facilities.

Impact-State. A State that has received a Federal emergency or major disaster declaration in response to the threat or occurrence of a natural or man-made incident.

Individual Assistance (IA) – FEMA. FEMA's Individuals and Households Program (IHP) can help homeowners and renters affected by the disaster with housing needs and necessary expenses. These expenses may include disaster-related temporary housing, home repair, home replacement, permanent housing construction, and Other Needs Assistance (ONA). ONA may include medical, dental, funeral, personal property, transportation, moving and storage, and other expenses that are authorized by law. Assistance from ONA is cost-shared between FEMA (75%) and the State (25%).

Ineligible Applicant (Individual). Any applicant within an area that has received a Federal disaster declaration who, upon registration with FEMA, is determined to be ineligible for IHP assistance in accordance with the provisions of the Stafford Act. The applicant may receive congregate and transitional sheltering assistance (through a State) under the 403 Public Assistance (PA) program.

Interim Housing. Any facility intended to provide living accommodations for an extended period of time. Interim Housing includes single-family homes, multi-family homes, apartments, and manufactured homes.

Joint Field Office (JFO). The primary Federal incident management field structure. The JFO is a temporary Federal facility that provides a central location for the coordination of Federal, State, local, and tribal governments and private-sector and nongovernmental organizations (NGOs) with primary responsibility for response and recovery. The JFO structure is organized, staffed, and managed in a manner consistent with National Incident Management System (NIMS) principles and is led by the Unified Coordination Group. Although the JFO uses an Incident Command System (ICS) structure, the JFO does not manage on-scene operations. Instead, the JFO focuses on providing support to on-scene efforts and conducting broader support operations that may extend beyond the incident site.

Local Government.

1. County, municipality, parish, city, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under State law), regional or interstate government entity, or agency or instrumentality of a local government
2. Native American tribe, tribal nation, authorized tribal organization, or Alaska Native village or organization

3. Rural community, unincorporated town or village, or other public entity, for which an application for assistance could be made by a State or political subdivision of a State

Major Disaster (in the United States). Any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought) or, regardless of cause, any fire, flood, or explosion in any part of the United States, which, in the determination of the President, causes damage of sufficient severity and magnitude to warrant major disaster assistance to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

Mass Care. Provision of immediate shelter, feeding, basic first aid, bulk distribution, and related services to persons affected by disaster. See Congregate Care Activities.

Mass Evacuation. Movement of a large number of individuals, their household pets, and essential personal property from a danger area due to the threat or occurrence of a natural or man-made incident.

Natural Disaster. Any hurricane, tornado, storm, flood, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, drought, fire, or other catastrophe which causes, or which may cause, substantial damage or injury to civilian property or persons.

Nongovernmental Organization (NGO). As defined in the NRF, an NGO is an entity with an association based on interests of its members, individuals, or institutions. It is not created by a government, but it may work cooperatively with government. Such organizations serve a public purpose, not a private benefit. NGOs, including voluntary and faith-based groups, provide relief services to sustain life, reduce physical and emotional distress, and promote the recovery of disaster victims. Often these groups provide specialized services that help individuals with disabilities. NGOs and voluntary organizations play a major role in assisting emergency managers before, during, and after an emergency. See also Private Non-Profit Organization (PNP).

Persons with Disabilities. The Americans with Disabilities Act (ADA) of 1990 defines an individual with a disability as a person who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

Post Traumatic Stress Disorder (PTSD). An anxiety disorder that can occur after someone has been through a traumatic event.

Private Non-Profit Organization (PNP). The FEMA Public Assistance (PA) Program defines a private non-profit, when used in the context of emergency management, as a 501(c)(3) (IRS tax exempt) non-profit organization that either has a disaster mission in one or more phases of emergency management—preparedness, response, recovery,

and/or mitigation, or is a 501(c)(3) non-profit organization drawn into disaster response and recovery coordination due to its location in a disaster-affected area. (See also Nongovernmental Organization (NGO)).

Private Sector. Organizations and entities not part of any governmental structure. The private sector includes for-profit and non-profit organizations, formal and informal structures, commerce, and industry.

Public Assistance (PA) —FEMA. With an Emergency Declaration, Disaster Declaration, or request from an Impact-State or FEMA, a Host-State (if eligible) may receive reimbursement under Public Assistance Category B, Emergency Protective Measures. Emergency protective measures are actions taken by applicants before, during, and after a disaster to save lives, protect public health and safety, and prevent damage to improve public and private property. Emergency communications, emergency access, and emergency public transportation costs may also be eligible. Examples of eligible emergency protective measures include: warning devices (barricades, signs, and announcements); search and rescue; security forces (police and guards); construction of temporary levees; provision of shelters or emergency care; sandbagging; bracing/shoring damaged structures; provision of food, water, ice, and other essential needs; emergency repairs; emergency demolition; and removal of health and safety hazards.

Public Facility. A facility owned by a State or local government.

Reception Processing Site (RPS). A site established as entry point into Host-State or jurisdiction to track and process government transportation-assisted evacuees; provide mass care services; assign evacuees to congregate care facilities; provide health screening; and provide for the general support of other needs; may or may not be co-located with a Debarkation Site.

Regional Response Coordination Centers (RRCCs). Located in each FEMA region, these multiagency coordination centers are staffed by ESFs in anticipation of a serious incident in the region or immediately following an incident. Operating under the direction of the FEMA Regional Administrator, the RRCCs coordinate Federal regional response efforts and maintain connectivity with State EOCs, State fusion centers, Federal Executive Boards, and other Federal and State operations and coordination centers that have potential to contribute to development of situational awareness.

Response. Activities that address the short-term, direct effects of an incident; immediate actions to save lives, protect property, and meet basic human needs; execution of emergency operations plans (EOPs) and mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes.

Self-Evacuee. Individuals and/or households with the personal transportation means to evacuate from a potentially dangerous area prior to, during, or after a disaster incident.

Service Animal. As defined by the ADA, a service animal is any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability, including, but not limited to, assisting individuals with impaired vision, hearing, or mobility; providing minimal protection; or rescue work. Service animals are not pets and will remain with their owners at all times.

Shelter(s). Facilities providing safe, sanitary, and secure refuge before, during, and after disaster incidents. (Note: This may also include some facilities that provide immediate necessary safe haven sheltering during an incident, but are not capable of ongoing operations once other options are available.) Shelters may include General Population Shelters, Functional Needs Support Shelters (FNSSs), Medical Shelters, Household Pet shelters, and other specialized shelters (e.g., for individuals subject to judicial and/or legislative orders restricting their freedom of movement). See also Congregate Care Facilities.

Special Needs. A population whose members may have additional needs before, during, and after an incident, in one or more of the following functional areas: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who: have disabilities; live in institutionalized settings; are elderly; are children; are from diverse cultures, have limited English proficiency, or are non-English speaking; or are transportation disadvantaged.

Standard Operating Procedure (SOP). Reference document or operations manual that provides the purpose, authorities, duration, and details for the preferred method of performing a single function or a number of interrelated functions in a uniform manner.

State. As defined by The Stafford Act, “State” means any of the United States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

Transfer Point. Location where transportation-assisted evacuees are moved from one mode of transportation to another.

Transitional Shelter. Any private or public facility that, by design, provides a short-term lodging function and an increased degree of privacy over congregate shelter. Examples include hotels, motels, and cruise/berthing ships. FEMA [DAP 9523.15](#) states, “Transitional sheltering, if authorized, will be implemented and managed directly by FEMA through a contract agent. FEMA will not reimburse State or local governments for providing transitional housing to displaced disaster victims.”

Transportation-Assisted Evacuees. Individuals requiring transportation assistance to leave a potentially dangerous or disaster-affected area and/or to comply with an evacuation order. Also may be referred to as: Transportation-Dependent Evacuees, Transportation-Dependent Population, Critical Transportation Needs Population, or Transportation-Disadvantaged Population.

Voluntary Organization. An entity that accepts individuals to work in a voluntary capacity, provides community social services, and supports relief and recovery operations for those affected by an emergency or disaster. See also Private Non-Profit Organization.

Welcome Center/Information Point. Located on or near main evacuation routes, interstate highways, and State lines; may provide self-evacuees with maps and information on congregate care facilities and refueling site locations.

Planning Support Links

Following is a list of references, planning tools, templates, guides, authorities, organizations, and articles that may be helpful in planning evacuee support. When possible, links have been included for access to the information or organization.

Host-State Planning

Evacuee Support Concept of Operations Template – FEMA

Template, used in conjunction with this Evacuee Support Planning Guide, to assist States and local jurisdictions to create an evacuee support ConOps.

Location: Contact the FEMA Regional Office

Host Community Planning Survey and Tool – Georgia Emergency Management Agency (GEMA)

Survey and worksheet to evaluate evacuee support capability and capacity (from local community to State/territory).

Location:

<http://www.gema.ga.gov/ohsgemaweb.nsf/1b4bb75d6ce841c88525711100558b9d/db9c66e31cff72a485257554006a2683?OpenDocument>

Evacuation and Short-Term Sheltering

Catastrophic Incident Annex to the National Response Framework (NRF-CIA) – November 2008

The NRF-CIA establishes the context and overarching strategy for implementing and coordinating an accelerated, proactive national response to a catastrophic incident.

Location: http://www.fema.gov/pdf/emergency/nrf/nrf_CatastrophicIncidentAnnex.pdf

Emergency Management Assistance Compact (EMAC)

A congressionally ratified organization that provides form and structure to interstate emergency management and support mutual aid.

Location: <http://www.emacweb.org/>

Emergency Transportation Operations Program – Department of Transportation, Federal Highway Administration (DOT-FHWA)

Documents created and/or compiled by the FHWA to improve the management of emergencies that take place within or affect the transportation network infrastructure.

Location: <http://www.ops.fhwa.dot.gov/opssecurity/>

Mass Evacuation Incident Annex – November 2008

FEMA Draft Mass Evacuation Incident Annex to the NRF.

Location: http://www.fema.gov/pdf/emergency/nrf/nrf_massevacuationincidentannex.pdf

Mega-Shelter Best Practices, 2006

The International Association of Assembly Managers, Inc., (IAAM) Life Safety Council guide for planning, activating, and operating a mega-shelter. (Purchasable from IAAM.)

Location: <http://www.iaam.org> and <http://www.lulu.com/content/306071>

National Shelter System (NSS)

A comprehensive Web-based data system developed by the American Red Cross and FEMA to support sheltering agencies/organizations responsible for disaster shelter management to identify, track, analyze, and report shelter data.

Location: <https://nss.communityos.org/>

State of Texas Hurricane Evacuation and Mass Care Plan, June 5, 2007

This plan applies to emergency management operations during hurricane evacuations and shelter operations.

Location: ftp://ftp.txdps.state.tx.us/dem/plan_state/hurr_evac_shelter_state_plan.pdf

Special Needs and People with Disabilities

Americans with Disabilities Act (ADA) and Emergency Shelters: Access for All in Emergencies and Disasters

Discusses some of the key issues that emergency managers and shelter operators need to address in order to comply with the ADA when they plan for and provide shelter during emergencies and disasters.

Location: <http://www.ada.gov/pcatoolkit/chap7shelterprog.htm>

Americans with Disabilities Act (ADA) of 1990

Text of the Americans with Disabilities Act as amended in 1990.

Location: <http://www.usdoj.gov/crt/ada/pubs/ada.htm>

Americans with Disabilities Act (ADA) Shelter Guide – U.S. Department of Justice (DOJ)

ADA guide for local governments to assist “in making community emergency preparedness and response programs accessible to people with disabilities.”

Location: <http://www.ada.gov/emergencyprepguide.htm>

Service Animal Definition and Guidance – U.S. Department of Justice (DOJ)

Guidelines and ADA requirements regarding service animals.

Location: <http://www.usdoj.gov/crt/ada/svcanimb.htm>

Special Needs Plan Considerations for Service and Support Providers Course – IS-197.SP, FEMA Emergency Management Institute (EMI)

To provide representatives of the special needs service and support system with the basic information and tools to develop their own emergency plans. This course is designed for

people who work with the elderly and people with disabilities, and will teach how to partner with local Emergency Management and better prepare for all phases of an emergency.

Location: <http://training.fema.gov/EMIWeb/IS/is197SP.asp>

Special Needs Shelter Program – Florida Department of Health

A standardized, comprehensive, county and regional approach to Special Needs Shelter operations, which ensures continuity in services and quality care to clients, care givers, and staff during their stay in a Special Needs Shelter.

Location: <http://www.doh.state.fl.us/PHNursing/SpNS/SpecialNeedsShelter.html>

Medical Care, Services, and Needs

Crisis Counseling Training and Assistance Program Guidance

Guidance produced by the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration, National Mental Health Information Center (DHH-SAMHSA) regarding the Federal Crisis Counseling Program (CCP).

Location: <http://mentalhealth.samhsa.gov/cmhs/EmergencyServices/progguide.asp>

Health Insurance Portability and Accountability Act (HIPAA) Web Site

Resources, information, and links for medical care professionals.

Location: <http://www.hipaa.org/>

Hospital Preparedness Program (HPP), U.S. Department of Health and Human Services (HHS)

HPP enhances the ability of hospitals and healthcare systems to prepare for and respond to bioterrorism and other public health emergencies. Current program priority areas include interoperable communication systems, bed tracking, personnel management, fatality management planning, and hospital evacuation planning.

Location: <http://www.hhs.gov/aspr/opeco/hpp/>

Medical Surge Capacity and Capability (MSCC) Handbook, U.S. Department of Health and Human Services (HHS)

Helps promote a common management system for all response operations – public and private – that may be involved in major emergencies.

Location: http://www.hhs.gov/aspr/opeco/documents/mscc_handbook.html

National Center for Post Traumatic Stress Disorder (PTSD)

Location: <http://www.ncptsd.va.gov/ncmain/index.jsp>

National Institute of Mental Health (NIMH)

Scientific organization dedicated to research focused on the understanding, treatment, and prevention of mental disorders and the promotion of mental health.

Location: <http://www.nimh.nih.gov/index.shtml>

National Mental Health Information Center

U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration Information site.

Location: <http://mentalhealth.samhsa.gov/>

Reunification Information

American Red Cross (Red Cross) Safe and Well

Location: <https://disastersafe.redcross.org>

Location:

<http://www.redcross.org/portal/site/en/menuitem.d8aaecf214c576bf971e4cfe43181aa0/?vgnextoid=d9e51a53f1c37110VgnVCM1000003481a10aRCRD&vgnextfmt=default>

National Center for Missing and Exploited Children (NCMEC)

Serves as a national resource center for information about missing and exploited children, and facilitates the deployment of the National Emergency Child Locator Center (NECLC) during national disasters.

Location: <http://www.missingkids.com/>

Phone: 1-800-THE-LOST (for missing child intake reports and leads)

National Emergency Child Locator Center (NECLC)

Established to help reunite children with families from whom they have become separated as a result of a Federally declared emergency or disaster. NECLC is mandated under the Stafford Act, and operations are managed by NCMEC, with FEMA support.

Location: www.missingkids.com/

Location: http://www.fema.gov/media/fact_sheets/dad.shtm

Phone: 1-866-908-9570

Household Pets and Animals

Interim Guidelines for Animal Health and Control of Disease Transmission in Pet Shelters

Centers for Disease Control and Prevention (CDC) guidelines intended to provide guidance for the care of animals entering shelters and for persons working with or handling the animals in response to natural disasters. October 2005.

Location: <http://www.bt.cdc.gov/disasters/animalhealthguidelines.asp>

Pet Evacuation and Transportation Standards (PETS) Act of 2006 – (Public Law 109-308 [H.R. 3858])

Amendment to the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) to ensure that State and local emergency preparedness operational plans address the needs of individuals with household pets and service animals following a major disaster or emergency.

Location: [http://frwebgate.access.gpo.gov/cgi-](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_public_laws&docid=f:publ308.109.pdf)

[bin/getdoc.cgi?dbname=109_cong_public_laws&docid=f:publ308.109.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_public_laws&docid=f:publ308.109.pdf)

Pet-Friendly Shelter Guide – FloridaPet.net

2008 volunteer-operated Web site with guidance on where evacuees and their pets can go if they must evacuate from their home or vacation property during hurricanes, wildfires, or other disasters in Florida.

Location: <http://www.floridapets.net/petfriendlyshelters.html>

Pet-Friendly Shelter Presentation – Marion County, Florida

Presentation on the setup and operation of a pet-friendly shelter.

Location:

<http://www.ncagrgis.com/sheltering/files/Additional%20Resources/Sheltering%20Florida.pdf>

Pet Sheltering Planning Tools and State Animal Response Teams (SART) – North Carolina

Various resources designed to help communities develop animal sheltering capabilities from the North Carolina Emergency Management Web site. SARTs are interagency State organizations dedicated to preparing, planning, responding, and recovering during animal emergencies in the United States

Location: <http://www.ncagrgis.com/sheltering/#Proposed>

Location: <http://www.ncsart.org/>

Long-Term Recovery

FEMA 2009 Disaster Housing Plan

This plan describes FEMA’s approach to working with Federal partners, States, tribes, local communities and individual disaster survivors to meet disaster related sheltering and temporary housing needs.

Location: http://www.fema.gov/emergency/disasterhousing/disaster_housing_plan.htm

National Voluntary Organizations Active in Disaster (NVOAD) Long-Term Recovery Manual

Assists communities with collaborating effectively on long-term recovery with an overview of successful models for organizing long-term recovery structures including samples, tools, and informative appendices.

Location: <http://www.nvoad.org/Portals/0/LTRManualFinalApr232004a.doc>

Transitional Sheltering Assistance for Displaced Individuals and Households – DAP 9443.2

FEMA information on transitional sheltering program. Contact the Public Assistance (PA) section of the FEMA Regional Office

Location:

<http://www.gema.ga.gov/ohsgemaweb.nsf/1b4bb75d6ce841c88525711100558b9d/db9c66e31cff72a485257554006a2683?OpenDocument>

FEMA Reimbursement

Code of Federal Regulations (CFR) – 44 CFR 206.35, 206.223(a)(2), and 206.225

Code of Federal regulations for emergency management and assistance.

Location: http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=b9a54d958a461fc8fae05cd16074eb67&tpl=/ecfrbrowse/Title44/44cfr206_main_02.tpl

Direct Reimbursement for Host-State Evacuation and Sheltering Reimbursement Disaster Process and Disaster Aid Programs

Declaration process for receiving reimbursement from FEMA.

Location: <http://www.fema.gov/hazard/dproc.shtm>

Eligible Costs Related to Evacuations and Sheltering – DAP 9523.15

Identifies the expenses related to State and local emergency evacuation and sheltering activities that are eligible for reimbursement under the *Category B, Emergency Protective Measures* provisions of FEMA's Public Assistance (PA) program, following an emergency or major disaster declaration.

Location: http://www.fema.gov/government/grant/pa/9523_15.shtm

Eligible Costs Related to Pet Evacuation and Sheltering – DAP 9523.19

Identifies the expenses related to State and local governments' emergency pet evacuation and sheltering activities that may be eligible for reimbursement following a major disaster or emergency declaration.

Location: http://www.fema.gov/government/grant/pa/9523_19.shtm

Emergency and Expedited Major Disaster Declaration Requests - DAP 1004

Establishes how FEMA will process a gubernatorial request to the President for an Emergency or expedited Major Disaster Declaration.

Location: <http://www.fema.gov/hazard/guidance.shtm>

Host-State Evacuation and Sheltering Reimbursement – DAP 9523.18

Identifies the procedures for reimbursing Host-States for the cost of evacuation and sheltering support they provide to Impact-States, when requested to provide such support by the Impact-State or FEMA. DAP 9523.18 is a Public Assistance (PA) reimbursement policy rather than Individual Assistance (IA) [44 CFR Part 206, Subparts B, G and H].

Location: http://www.fema.gov/government/grant/pa/9523_18.shtm

Mass Sheltering and Housing Assistance – RS-2006-1

A strategy for providing sheltering and housing assistance in support of a Federal disaster declaration involving a mass evacuation. This high-level strategy will be supported by separate and more detailed policies addressing the provisions herein.

Location: <http://www.fema.gov/pdf/media/2006/rs-2006-1.pdf>

Mutual Aid Agreements for Public Assistance (PA) and Fire Management Assistance – DAP 9523.6

Specifies criteria by which FEMA will recognize the eligibility of costs under the Public Assistance (PA) Program and the Fire Management Assistance Grant (FMAG) Program incurred through mutual aid agreements between applicants and other entities.

Location: http://www.fema.gov/government/grant/pa/9523_6.shtm

Pre-Disaster Emergency Declaration Requests – FEMA DAP 1001

Establishes the circumstances under which a State's request to declare an emergency, in advance of the impact of an incident that threatens such destruction as could result in a major disaster, will be considered for a Federal emergency declaration.

Location: <http://www.fema.gov/hazard/guidance.shtm>

Authorities, Laws, and Directives

Age Discrimination Act of 1975

Act to prohibit discrimination on the basis of age in programs or activities receiving Federal financial assistance.

Location: http://www.dol.gov/oasam/regs/statutes/age_act.htm

Americans with Disabilities Act (ADA) and Sections 504 and 508 of the Rehabilitation Act of 1964

Information on complying with the ADA and the Rehabilitation Act.

Location: <http://www.usdoj.gov/crt/ada/>

Location: <http://www.section508.gov/index.cfm?FuseAction=Content&ID=15>

Location: <http://www.section508.gov/index.cfm?FuseAction=Content&ID=14>

Civil Rights Act – Title VII and Executive Order 13166

Civil rights legislation – Title VII was passed in 1964 to enforce constitutional rights and protect people against discriminatory practices based on an individual's race, color, religion, gender, or national origin. Executive Order 13166 improves “access to Federally conducted and Federally assisted programs and activities for persons who, as a result of national origin, are limited in their English proficiency (LEP).”

Location: <http://www.eeoc.gov/policy/vii.html>

Location: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2000_register&docid=fr16au00-137.pdf

Health Insurance Portability and Accountability Act (HIPAA)

Enacted to amend the Internal Revenue Code of 1986 to improve portability and continuity of health insurance coverage in the group and individual markets, to combat waste, fraud, and abuse in health insurance and health care delivery, to promote the use of medical savings accounts, to improve access to long-term care services and coverage, to simplify the administration of health insurance, and for other purposes.

Location: <http://aspe.hhs.gov/admsimp/p1104191.htm>

Homeland Security Act of 2002, as amended

Established by the U.S. Department of Homeland Security (DHS), as an executive department of the United States within the meaning of title 5, U.S. Code, with the primary mission to (A) prevent terrorist attacks within the United States; (B) reduce the vulnerability of the United States to terrorism; and (C) minimize the damage, and assist in the recovery, from terrorist attacks that do occur within the United States.

Location: http://www.dhs.gov/xabout/laws/law_regulation_rule_0011.shtm

National Incident Management System (NIMS)

Provides a systematic, proactive approach guiding departments and agencies at all levels of government, the private sector, and nongovernmental organizations to work seamlessly to prepare for, prevent, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life, property, and harm to the environment.

Location: <http://www.fema.gov/pdf/emergency/nrf/nrf-nims.pdf>

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. The NRF establishes a comprehensive, national, all-hazards approach to domestic incident response.

Location: <http://www.fema.gov/pdf/emergency/nrf/nrf-core.pdf>

Post-Katrina Emergency Management Reform Act of 2006 (PKEMRA)

PKEMRA Title VI of DHS Appropriations Act, 2007, Pub. L. 109-295, 120 Stat. 1355 (2006), clarified and modified the Homeland Security Act with respect to the organizational structure, authorities, and responsibilities of FEMA and the FEMA Administrator. In addition to these modifications, PKEMRA made changes, some of which have been codified in the Homeland Security Act and some in the Stafford Act.

Location: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_public_laws&docid=f:publ295.109.pdf

Privacy Act of 1974, U.S.C. §552a

A law regarding records maintained on individuals and the sharing and disclosure of such information.

Location: <http://www.usdoj.gov/oip/privstat.htm>

Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) (Public Law 93-288) as amended

Robert T. Stafford Disaster Relief and Emergency Assistance Act, PL 100-707, signed into law November 23, 1988; amended the Disaster Relief Act of 1974, PL 93-288. This Act constitutes the statutory authority for most Federal disaster response activities, especially as they pertain to FEMA and FEMA programs, as amended, and Related Authorities, as of June 2007.

Location: <http://www.fema.gov/about/stafact.shtm>

Volunteer and Donation Management

AidMatrix

A national disaster relief coordination system funded by FEMA, The UPS Foundation, Accenture, and the Aidmatrix Foundation, Inc. It is intended to manage unsolicited donations and unaffiliated volunteers and connect State and local governments with donors, State VOADs, NVOAD, and FEMA through Web-based tools.

Location: <http://www.aidmatrixnetwork.org/fema/>

Heralding Unheard Voices: The Role of Faith-Based and Non-Governmental Organizations During Disaster, Final Report, 18 December 2006

Research conducted by the Homeland Security Institute (HSI) on the roles, services, challenges, and beneficial impact of these organizations.

Location: www.homelandsecurity.org

Managing Spontaneous Volunteers in Times of Disaster: The Synergy of Structure and Good Intentions

Compilation of best practices, checklists, information, and models for managing spontaneous unaffiliated volunteers developed by the Volunteer Management Committee of the National Voluntary Organizations Active in Disaster (NVOAD).

Location: DisasterVolunteering@PointsofLight.org

Miscellaneous Planning Documents

Basic Guidance for Public Information Officers (PIO)

Developed by FEMA in coordination with Federal, State, local, and tribal PIOs. The goal of this publication is to provide operational practices for performing PIO duties within the Incident Command System (ICS). It offers basic procedures to operate an effective Joint Information System (JIS).

Location: <http://www.fema.gov/library/viewRecord.do?id=3095>

Best Strategies for Effective Mass Care and Shelter Planning – California Department of Social Services, April 2003

Guidance to writing a mass care and shelter plan.

Location: <http://www.cdsscounties.ca.gov/coplanners/res/pdf/doc8.pdf>

Comprehensive Preparedness Guide (CPG) 101, Developing and Maintaining State, Territorial, Tribal and Local Government Emergency Plans.

Provides general guidelines on developing Emergency Operations Plans (EOPs).

Location: <http://www.fema.gov/about/divisions/cpg.shtm>

Design and Construction Guidance for Community Safe Rooms - FEMA

Information about the design and construction of community shelters that will provide protection during tornado and hurricane events.

Location: <http://www.fema.gov/library/viewRecord.do?id=1657>

Homeland Security National Preparedness Guidelines, September 2007

All-hazard guidelines, including supporting Target Capabilities List (TCL), that supersede the Interim National Preparedness Goal and define what it means for the nation to be prepared for all hazards.

Location: http://www.dhs.gov/xlibrary/assets/National_Preparedness_Guidelines.pdf

Joint Field Office (JFO) Activation and Operations – Interagency Integrated Standard Operating Procedures (SOP)

Provide a comprehensive national all-hazards process for activating, establishing, operating, and demobilizing a JFO across a spectrum of activities including prevention, preparedness, response, and recovery. The SOP provides field-level procedures for implementation of a JFO Concept of Operations.

Location: http://www.fema.gov/pdf/emergency/nrf/NRP_JFO_SOP.pdf

Location Annexes: http://www.fema.gov/pdf/emergency/nrf/NRP_JFO_SOPAnnexes.pdf

Joint Field Office (JFO) Field Operations Guide (FOG)

Easy reference designed to assist personnel assigned to a JFO during response operations.

Location: http://www.fema.gov/pdf/emergency/nrf/NRP_JFO_FOG.pdf

National Center for Homeless Education (NCHE)

The Center provides research, resources, and information enabling communities to address the educational needs of children and youth experiencing homelessness.

Location: <http://www.serve.org/nche/>

National Incident Management System (NIMS) Resource Center

Information and documents about the NIMS and Incident Command System (ICS).

Location: <http://www.fema.gov/emergency/nims/>

Support Web Sites

Support Web sites include those of agencies, organizations, institutes, departments, and services with information related to Host-States, disaster planning, and disaster-affected individuals and families.

Alliance of Information and Referral Systems (AIRS)

<http://www.airs.org/>

American Humane Society (AHA)

<http://www.americanhumane.org/>

American Red Cross (Red Cross)

<http://www.redcross.org/>

American Society for the Prevention of Cruelty to Animals (ASPCA)

www.asPCA.org

American Veterinary Medical Association, The (AVMA)
<http://www.avma.org>

Angel Flight
<http://www.angelflight.com/>

Animal and Plant Health Inspection Service (APHIS)
<http://www.aphis.usda.gov/>

Best Friends Animal Society
www.bestfriends.org

Business Executives for National Security (BENS)
<http://www.bens.org/home.html>

Centers for Disease Control and Prevention (CDC)
<http://www.cdc.gov/>

Church World Service (CWS)
<http://www.churchworldservice.org/>

Citizen Corps
<http://www.citizencorps.gov/>

Code 3 Associates
www.code3associates.org

Community Emergency Response Teams (CERTs)
<http://www.citizencorps.gov/cert>

Corporation for National & Community Service
<http://www.nationalservice.org/>

Department of Agriculture, U.S. (USDA)
<http://www.usda.gov/wps/portal/usdahome>

Department of Defense, U.S. (DoD)
<http://www.defenselink.mil/>

Department of Education, U.S. (ED)
<http://www.ed.gov/index.jhtml>

Department of Health and Human Services, U.S. (HHS)
<http://www.hhs.gov/>

Department of Homeland Security, U.S. (DHS)

<http://www.dhs.gov/index.shtm>

Department of Housing and Urban Development, U.S. (HUD)

<http://www.hud.gov/>

Department of Labor, U.S. (DOL)

<http://www.dol.gov/>

Department of Transportation, U.S. (DOT)

<http://www.dot.gov/>

Department of Transportation – Emergency Transportation Operations, U.S.

<http://www.ops.fhwa.dot.gov/opssecurity/>

DogFriendly.com

<http://www.dogfriendly.com>

Emergency Management Assistance Compact (EMAC)

<http://www.emacweb.org>

Emergency Management Institute (EMI)

<http://training.fema.gov/>

Environmental Protection Agency, U.S. (EPA)

<http://www.epa.gov/>

Federal Emergency Management Agency (FEMA)

<http://www.fema.gov/>

Florida Division of Emergency Management (FDEM)

<http://www.floridadisaster.org/>

Georgia Emergency Management Agency (GEMA)

<http://www.gema.state.ga.us/>

Humane Society of the United States – Disaster Center Resources (HSUS)

http://www.hsus.org/hsus_field/hsus_disaster_center/resources/

International Fund for Animal Welfare (IFAW)

www.ifaw.org

Local Emergency Planning Committee (LEPC)

http://www.epa.gov/earth1r6/6sf/pdf/washington_lepc_handbook.pdf

Louisiana Volunteers in Action – LA Department of Health (LAVA)
www.lava.dhh.louisiana.gov

Lutheran Disaster Response (LDR)
<http://www.ldr.org/>

Medical Services Corps – U.S. Army
<http://medicalservicecorps.amedd.army.mil/>

Mercy Medical Airlift
www.mercymedical.org/

National Alliance of State Animal and Agricultural Emergency Programs (NASAAEP)
<http://www.cosart.org/documents/NASAAEPQ-Afinal.pdf>

National Animal Control Association (NACA)
<http://www.nacanet.org/>

National Center for Homeless Education (NCHE)
<http://serve.org/nche/>

National Emergency Management Association (NEMA)
<http://www.nemaweb.org/>

National Guard Bureau (NGB)
<http://www.ngb.army.mil/default.aspx>

National Oceanic and Atmospheric Administration (NOAA)
<http://www.noaa.gov/>

National Response Framework (NRF) Resource Center
<http://www.fema.gov/emergency/nrf/index.htm>

National Voluntary Organizations Active in Disaster (National VOAD)
<http://www.nvoad.org/>

Noah's Wish
www.noahswish.org

North Carolina Division of Emergency Management
<http://www.nccrimecontrol.org/Index2.cfm?a=000003,000010>

Nuclear Regulatory Commission, U.S. (NRC)
<http://www.nrc.gov/>

PetFriendlyTravel.com
<http://www.petfriendlytravel.com>

PetsWelcome.com
<http://www.petswelcome.com>

Salvation Army, The
http://www.salvationarmyusa.org/usn/www_usn.nsf

Society of Animal Welfare Administrators (SAWA)
<http://www.sawanetwork.org/>

TravelPets.com
<http://www.travelpets.com>

United Animal Nations (UAN)
www.uan.org

United Methodist Committee on Relief (UMCOR)
<http://new.gbgm-umc.org/umcor/>

United Way of America
<http://www.unitedway.org/>

Veterinary Medical Assistance Teams (VMAT)
<http://www.vmat.org/>

Voluntary Organizations Active in Disaster (VOAD), State and Local
Click on Members tab for State and Local organizations <http://www.nvoad.org/>