

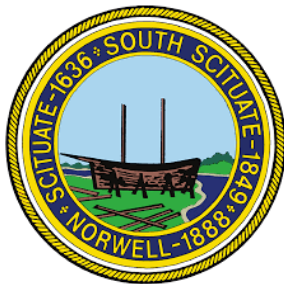
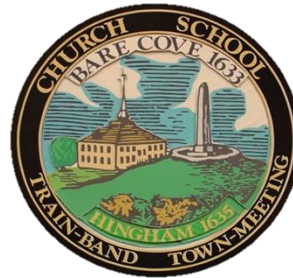
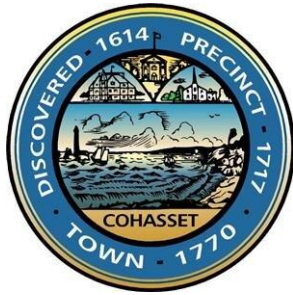


South Shore Regional Shelter Plan

April 2023

South Shore Regional Shelter Plan

A collaborative effort between



**American
Red Cross**



**South Shore
Health**



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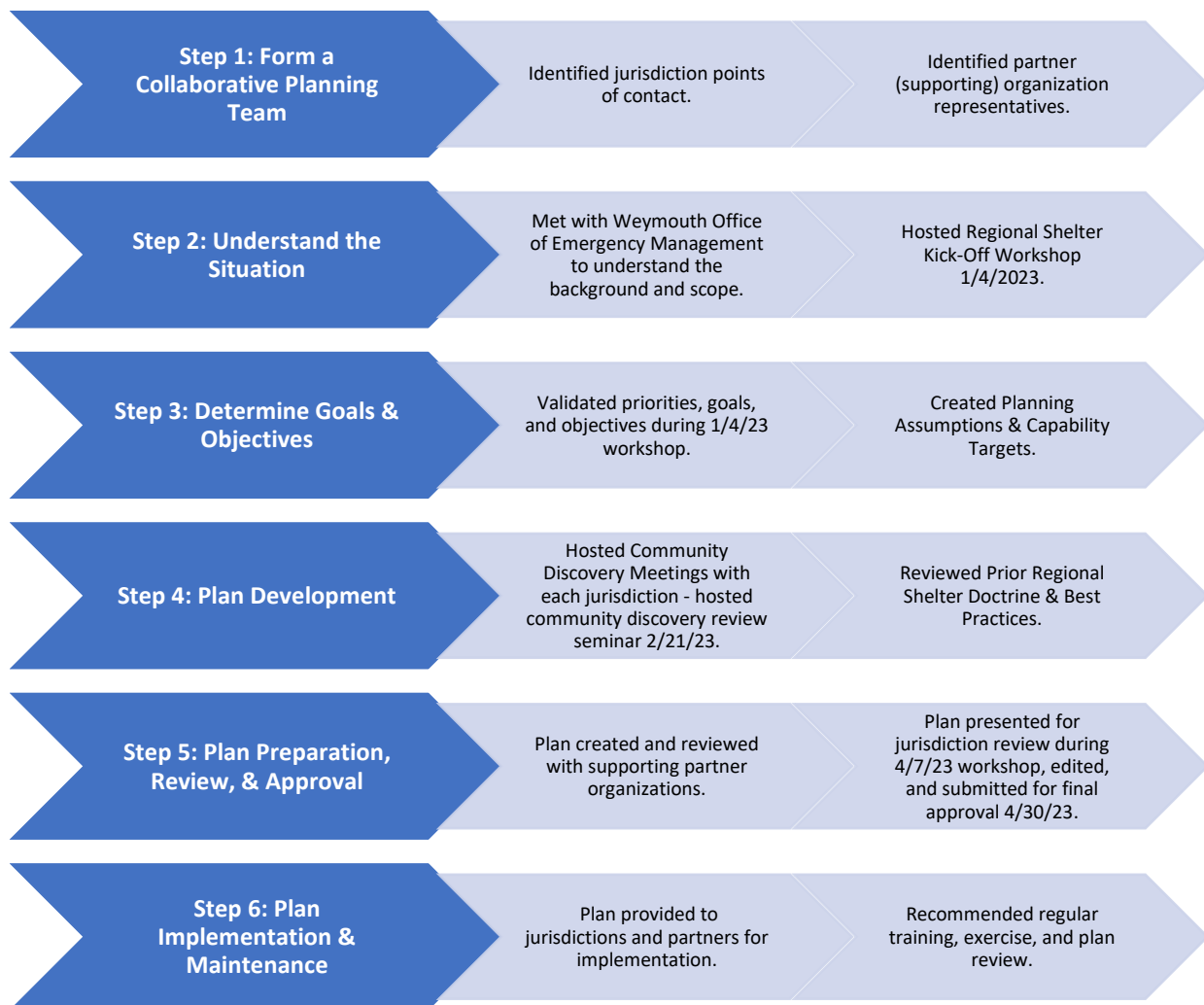
Plan Overview & Development

Background and Scope

In Fall 2022, The Metropolitan Area Planning Council (MAPC), on behalf of the South Shore Regional Shelter Task Force (SSRSTF) solicited an open Request for Proposal (RFP) to update the Weymouth (South Shore) Regional Shelter Plan and associated Memorandum of Understanding (MOU) for eight communities in Southeast Massachusetts. The RFP included six task-based deliverables to support regional sheltering operations. The RFP was awarded to Emergency Management by Design, a non-profit organization that supports rural and resource-constrained community preparedness. Participating organizations and jurisdictions are identified in the Planning Section of this document.

Plan Development

The South Shore Regional Shelter Plan was created following the Planning Process outlined in the FEMA Comprehensive Preparedness Guide (CPG) 101.



Planning Assumptions

1. This plan and supporting resources will be flexible based on the needs of clients and the communities facilitating its execution.
2. All relevant stakeholders will be involved in the decision-making process for when the Regional Shelter Plan is activated.
3. Supporting organizations and communities will proactively communicate the facility's opening for pre-planned events; for unplanned incidents, advanced notice may be limited, impacting the ability to communicate proactively.
4. This plan will be implemented where there is an anticipated or confirmed need for regional shelter operations (referenced by MEMA as a Local-Initiated Multi-Community Shelter). This need can result from a natural disaster, a human-caused incident, or a technologically based emergency.
5. Public sheltering and mass care services before, during, and after a disaster or emergency is a shared responsibility between the government and its citizens.
6. While all clients are welcome at the regional shelter, the clients predominantly served by this shelter will be residents from the following communities: Cohasset, Hanover, Hingham, Hull, Norwell, Rockland, Scituate, and Weymouth.
7. In Massachusetts, approximately three to five percent of the population would visit a local shelter for disasters such as snowstorms, tornadoes, and flooding.
8. All participating and supporting agencies will develop internal procedures and train personnel to perform the duties and responsibilities outlined in this plan to include mobilization of facilities, supplies, and staff. This is critical to the success of any shelter operations and the proper execution of this plan.
9. The locations identified in this plan are accessible and available.
10. At least 80% of the shelter clients will need additional client services such as Disaster Spiritual Care, Disaster Mental Health, and/or Disaster Health Services.
11. At least 50% of clients will have a disability.
12. Approximately 5% of the clients will seek shelter with some pet or domestic animal.
13. Partners identified in this plan will be available and support the execution of the plan. The incident may impact volunteers and staff members, who may be delayed in rendering timely support.
14. Volunteer and partner resources may be limited during larger and/or prolonged incidents.

Planning

The South Shore Regional Shelter Plan is divided into four functional sections that outline the regional shelter's planning, opening, operating, and closing phases. This section of the plan outlines the planning efforts by the South Shore Regional Shelter Task Force (SSRSTF) and supporting agencies to develop, establish, and maintain regional shelter capabilities.

Historical Background

Establishing a Regional Shelter

Following several storms between 2013-2015, eight communities on the south shore of Massachusetts, including Cohasset, Hanover, Hingham, Hull, Norwell, Rockland, Scituate, and Weymouth, identified a need to develop and support regional shelter capabilities. Weymouth and Hanover have identified two facilities within their jurisdictions that can be used for regional shelter operations, these facilities are supported by SSRSTF, Massachusetts Emergency Management Agency (MEMA), local Medical Reserve Corps (MRC), Massachusetts Department of Public Health (MDPH), the Salvation Army, the American Red Cross (ARC), and other stakeholders.

Agreement to Support Shelter Operations

SSRSTF organizations collectively agreed, through an existing memorandum of understanding (MOU), that the regional shelter is not intended to replace each communities' capabilities to open, operate, and close a local shelter for emergencies or disasters where the regional shelter is not activated. The Memorandum of Understanding (MOU) section of this plan provides additional details regarding existing MOUs, the process for renewing MOUs, and the process for incorporating additional jurisdictions into regional shelter operations. The MOU establishes that jurisdictions and supporting agencies will voluntarily coordinate mutual aid services and support the efforts of public safety agencies.

Training and Exercise

Since establishing the regional shelter program, the SSRSTF and supporting agencies have exercised capabilities to open, operate, and close the regional shelter. Most notable, in 2016, SSRSTF and supporting agencies, including South Shore Hospital, Fallon Ambulance, ARC, MRC, MEMA, MDPH, and Linden Ponds participated in a tabletop exercise (TTX) designed to evaluate and improve the regional shelter plan and public information and warning techniques. Capability targets for the exercise centered around public information and warning, operational coordination, and mass care services. Exercise objectives included evaluating the jurisdictions' abilities to coordinate the activation of the regional shelter and successful transition from a local response to a regional response, ensuring consistent information, resource, and personnel sharing, and ensuring the ability to communicate with members of the public. Though this exercise was held in 2016, the capabilities tested remain vital to the successful opening, operating, and closing of the regional shelter.

Real-World Incidents & Events

In March 2018, the South Shore Regional Shelter Plan was activated for a severe weather event that was projected to be comparable to the Blizzard of 1978 and a significant snow incident of 1991. The event was expected to result in moderate to major coastal flooding due to the number of expected high tide cycles, snow and rain, and strong winds. To respond to the anticipated impacts, several communities

within SSRSTF, including Hull, Weymouth, and Scituate, activated warming shelters at local senior centers and high schools. The regional shelter at Weymouth High School was activated on March 2nd and staffed by MRC and community emergency response teams (CERT) members. The Salvation Army provided food, and durable medical equipment was provided by South Shore Community Hospital and Clinical 1. The Regional Shelter remained operational for several days before deactivating on March 6th. The 2018 activation demonstrated the importance of establishing a procedure for opening the shelter, sharing information, resources, and personnel, and collaborating with supporting agencies, like the MRC and Salvation Army, all of which are incorporated throughout the opening, operating, and closing phases of this plan.

Stakeholders

South Shore Regional Shelter Task Force (SSRSTF)

Maintaining a regional shelter program and sheltering capabilities requires support from all participating jurisdictions. Participating jurisdictions include:

- Cohasset
- Hanover
- Hingham
- Hull
- Norwell
- Rockland
- Scituate
- Weymouth

Supporting Agencies

In addition to reviewing the Regional Shelter Program within SSRSTF, it is critical that SSRSTF reviews the Regional Shelter Program and Plan with partner and supporting agencies, which include:

- American Red Cross (ARC)
- Community Emergency Response Teams (CERT)
- Massachusetts Department of Public Health (MDPH)
- Massachusetts Emergency Management Agency (MEMA)
- Salvation Army
- South Shore Hospital

Successfully opening, operating, and closing the regional shelter requires close coordination and communication, sharing resources, information and personnel management, and a clear understanding of roles and responsibilities. The Task Force will work with all stakeholders to review this plan bi-annually to maintain and enhance sheltering capabilities. New communities and supporting agencies participating in the program should be added to this plan.

Memorandum of Understanding (MOU)

The South Shore Regional Shelter Program and Plan were created to ensure a fair and equitable approach to establishing regional shelter capability. All jurisdictions with SSRSTF have agreed to coordinate mutual aid services voluntarily. The MOU was not created to burden or impair the response capabilities of an individual community.

All communities within SSRSTF signed a memorandum of understanding (MOU) to ensure that all communities acknowledged that the opening of a regional shelter is not intended to replace local

community shelter plans and that the opening and operating of a regional shelter is a shared responsibility.

Fundamental Principles

Fundamental principles of the existing MOU include:

- All participating communities may request assistance from each other.
- If an emergency or disaster exceeds the capabilities of an individual jurisdiction, that jurisdiction may contact others for assistance.
- If the scope of an incident is so severe that a jurisdiction cannot meet its community's needs through existing resources and partnerships, that jurisdiction may request regional assistance following the procedures outlined in the *Opening* section of this plan.
- Jurisdictions will not be required to provide treatment, care, medical supplies, equipment, services, or personnel if such provision reasonably prevents that jurisdiction from meeting its own needs (existing or anticipated).
- The MOU does not replace each jurisdiction's Comprehensive Emergency Management Plan (CEMP) or adversely affect existing community agreements.

Resource Sharing

The regional shelter is a shared responsibility across all SSRSTF organizations and should not unfairly or disproportionately impact any one jurisdiction or organization. By signing the MOU (Appendix A) all communities and partners agree to share the following:

- Shelter equipment, including cots, blankets, and hygiene/comfort kits
- Medical equipment and support devices
- Animal shelter supplies
- Snacks or bottled water
- Disaster staffing assistance
- Other necessary services and supplies
- Transportation resources

SSRSTF Jurisdictions

All SSRSTF jurisdictions participating in the Regional Shelter Program should review and re-sign the existing MOU bi-annually. SSRSTF will appoint a lead jurisdiction or organization to facilitate the review and update process. Jurisdictions are asked to endorse the MOU within the agreed-upon timeframe.

Newly Participating Jurisdictions or Supporting Agencies

As the Regional Shelter Program progresses and regional sheltering capabilities are enhanced, additional jurisdictions or supporting agencies may be identified. As new partners are identified, the lead jurisdiction or organization will provide a copy of the Regional Shelter MOU in Appendix A for review and endorsement.

Regional Shelter Locations

Many types of facilities make suitable shelter locations. Optimal shelter facilities will have the following:

- Accessibility and usability for clients and staff with disabilities and access and functional needs.
- Sufficient floor space and areas for administration, dormitory, storage, food preparation and serving, and recreation.
- Enough toilets and shower facilities for the projected number of clients.
- Sufficient parking for all projected activities at the facility.
- Properly working (and redundant) heating and ventilation systems.
- Electricity (to include regularly tested generators).

It is imperative to pre-identify potential shelter locations before disasters or emergencies occur to minimize delays in opening following an incident. The American Red Cross (ARC) has developed several tools and resources to help identify appropriate shelter locations within a community, including Facility Use Agreements, Shelter Surveys, Shelter Operations Forms, and a centralized database to archive this information known as the National Shelter System (NSS).

Primary and Alternate Shelter Locations

The SSRSTF has designated Weymouth High School as the primary regional shelter location. If Weymouth High School is unable for any reason, Hanover High School has been selected as the secondary shelter location. If Weymouth and Hanover High Schools cannot function as regional shelters, the SSRSTF may decide to identify another shelter facility within the region.

Facility Use Agreements

The American Red Cross (ARC) requires the shelter building/facility owner to complete a Facility Use Agreement. Weymouth High School and the American Red Cross have signed a Facility Use Agreement for Weymouth High School. These documents should be regularly reviewed and updated by The American Red Cross.

Types of Shelters and Use Cases

For the purposes of this plan, the regional shelter will be referred to as an American Red Cross Managed or Partner-Managed Shelter. These shelter types are defined as:








- **American Red Cross Managed Shelter:** The ARC manages the shelter in cooperation with various partners. Partners may include facility owners and other agencies that provide niche services, supplies, and equipment, or staff members willing to participate as Red Cross workers support the clients within the shelter.
- **Partner Managed Shelter:** A non-Red Cross organization manages the shelter following Red Cross principles and in cooperation with the American Red Cross. The ARC often supports partner-managed shelters with human and material resources, subject-matter expertise, and in some circumstances, reimbursement for associated costs.

Primary Shelter Use Cases

The Regional Shelters are intended to provide a variety of services to clients. These facilities can be activated as an **American Red Cross Managed** or **Partner Managed** Shelter. For an American Red Cross Managed Shelter, SSRSTF may assist the American Red Cross by providing services, supplies, and equipment to ARC (as able and requested). Partner Managed Shelter operations imply the SSRSTF will manage the shelter following ARC sheltering principles with human and material resources supplied by ARC (as able and requested) and other SSRSTF organizations. The section below outlines potential alternative use cases for regional shelter facilities.

Alternative Use Cases

While the regional shelter is primarily intended for overnight dormitory accommodations, considerations for the following use cases have also been identified.

| Use Case | Definition |
|---|---|
|  Evacuation Center | A location that provides a temporary safe place to gather or stay for those ordered to leave a particular area. Since these locations must open quickly, providing a cot and blankets for each person may not be possible, and moving in supplies for such a short term may not be practical. |
|  Lodging (Shelter) | A location that provides a safe space for clients to stay overnight. This typically also serves as a location to get food, water, snacks, and take showers. |
|  Emergency Dispensing Site | A location used to quickly give out medicine or vaccinations to the public during or after an emergency. EDS locations do not offer routine medical care. |
|  Point of Distribution | A location in an impacted area where survivors pick up life-sustaining relief supplies following a disaster or emergency. |
|  Reunification Center | A location where family members can connect as quickly as possible following a disaster or emergency. |
|  Service Delivery Site | A location where community members can gather to connect with specific services during or after an emergency. Common sites include Feeding, Human Services, Multi-Agency Resource Centers, Family Assistance Center, or Children Services. |
|  Warming / Cooling Center | A location where clients can seek temporary relief from the elements. Often these locations have charging banks, shower facilities, and recreation activities. |

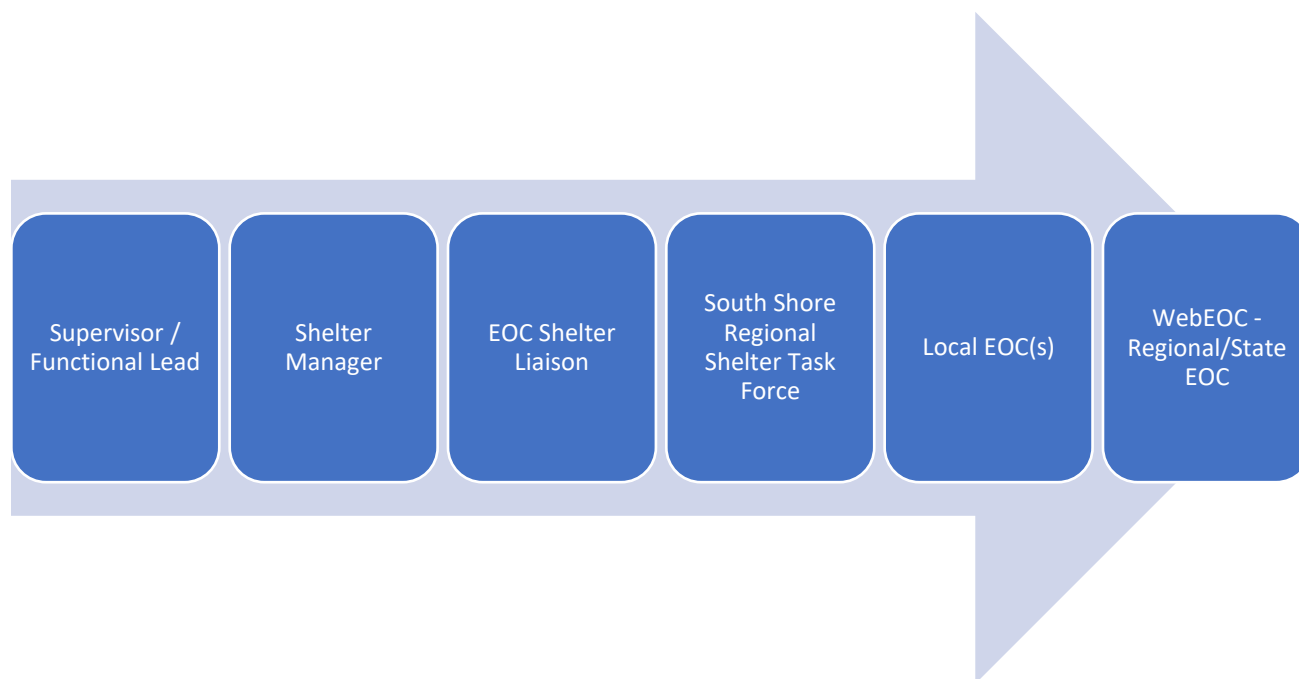
Shelter Operations Resources

Several jurisdictions throughout the region maintain staff and material resources that may be used to support shelter operations.

Resource Requests

All requests for shelter material supplies, equipment, and staff should be made to the associated supervisor or functional lead within the shelter. The supervisor or lead will do their best to fulfill the request and then escalate to the Shelter Manager if unfilled. The Shelter Manager should then do their best to manage these requests with already assigned and available resources. If the request cannot be fulfilled within the shelter, the Shelter Manager will reach out to the EOC Liaison and make a request. Shelter staff should acknowledge that these resource requests could take more than 72 hours to procure.

The EOC Shelter Liaison should work with other SSRSTF organizations and jurisdictions to fulfill the request within the Task Force. If the Task Force cannot satisfy the request, it should be escalated to the appropriate EOC position for fulfillment. This may require resourcing staff or supplies from other organizations, including submitting a resource request to the Regional / State Emergency Operations Center (EOC) through WebEOC.



Staffing Resources

Communities, including Cohasset, Norwell, Hanover, Rockland, Scituate, and Hingham, maintain Community Emergency Response Teams (CERTs) that may be available to support regional shelter operations. In addition to local CERTs, members of local health boards and public works, Medical Reserve Corps (MRC), and other agencies may be able to support operations. See Appendix C for a list of potential resources that may be available to staff shelter positions.

Material Resources

Most communities within SSRSTF maintain supplies that may be available for regional shelter operations. Supplies maintained by local communities may include cots, passenger vans, durable medical equipment (DME), blankets, hygiene kits, and regional shelter trailers. For a list of material supplies by town, see Appendix D.

Feeding Resources

If the regional shelter operates as a Red Cross Managed Shelter, The American Red Cross will follow its established policies, plans, and procedures to provide feeding resources and support operations. If the shelter operates as a Partner Managed Shelter, shelter leadership will coordinate feeding operations.

Durable & Consumable Medical Equipment (DME/CME) Resources

Clinical 1 can provide the regional shelter with same-day delivery of durable and consumable medical equipment (DME/CME). This includes resources like hospital beds, wheelchairs, commodes, walkers, canes, crutches, and oxygen. Additional resources can be acquired through the process outlined in the resource request section of this plan.

Volunteer Management

Volunteers

American Red Cross Managed:

The American Red Cross maintains a volunteer roster to support Red Cross Managed Shelters. The American Red Cross will follow established protocols to staff the shelter and support regional shelter operations.

Partner Managed:

Shelter operations are a shared responsibility amongst all SSRSTF jurisdictions and supporting agencies. The SSRSTF has established a Shelter Volunteer Response Team (SVRT) to support Partner Managed Shelter operations. Additional volunteers may come from other organizations and groups or member jurisdictions.

Shelter Volunteer Response Team (SVRT):

The SVRT is an informal group of volunteer members from the SSRSTF jurisdictions and supporting agencies. These volunteers originate from existing organizations and have been trained in Advanced Regional Shelter Operations. This can include members from Community Emergency Response Teams (CERTs), local boards of health, the Medical Reserve Corps (MRC), etc. SVRT members can carry out tasks individually and/or assist other shelter personnel that are less familiar with shelter operations, serving as a shelter subject matter expert or force multiplier.

Partner Volunteer Organizations:

Volunteer organizations outside of SSRSTF may be enlisted to support regional shelter operations. These organizations can include Lions Clubs, civic and senior organizations, or private industry. Volunteers deployed through another partner organization, department, or group should be vetted through their

primary organization. These volunteers should not be put in primarily “client-facing” positions (i.e., working a registration desk, providing dormitory supervision, etc.) and should not be in contact with minors.

Community Volunteers:

Community members may be willing to assist with shelter operations following an emergency or disaster. These individuals will likely be untrained in shelter operations and require close supervision but may be helpful with unskilled labor-related tasks. These volunteers should not be put in primarily “client-facing” positions (i.e., working a registration desk, providing dormitory supervision, etc.) and should not be in contact with minors and are intended to serve on a temporary basis.

Training

American Red Cross Managed:

American Red Cross volunteers will be trained in shelter operations plans, policies, and procedures as established and required by the American Red Cross.

Partner Managed:

SSRSTF maintains two training levels to support shelter operations:

- **Advanced Regional Shelter Operations** - A detailed training program enabling members of SVRT to carry out tasks individually or lead a group of volunteers less familiar with shelter operations during regional activations. Training focuses on leadership positions within shelter operations.
- **Basic Regional Shelter Operations** - A short or just-in-time training that provides a basic overview of regional operations to members of other volunteer organizations or groups or community members. This training is not designed to train volunteers for leadership positions.

Credentialing and Vetting

American Red Cross Managed:

American Red Cross volunteers activated for shelter operations are vetted and credentialed according to American Red Cross standards.

Partner Managed:

SSRSTF should establish a credentialing process to verify that volunteers are eligible for a position within regional shelter operations. The credentialing process will differ depending on the volunteer type:

- **SVRT Team Members** - Are vetted and credentialed according to their primary organizations’ vetting and credentialing process.
- **Partner Organization Volunteers** – Are vetted and credentialed according to their primary organizations’ vetting and credentialing process.
- **Community Volunteers** - Individuals who are not vetted or credentialed but have been approved to support shelter operations on a temporary basis.

Scheduling

The respective Supervisor or Functional Lead and Shelter Manager are responsible for scheduling staff.

Volunteer Matrix

| Volunteer Type | Description | Recommended Training Level | Credentialed | Shelter Role |
|--|--|---|--|--|
| Red Cross Volunteer | Volunteers maintained by the American Red Cross for Red Cross Managed Shelters. | Trained according to American Red Cross doctrine | Credentialed according to American Red Cross processes, | As directed by American Red Cross Shelter Manager |
| Shelter Volunteer Response Team Member | <p>Pre-identified members of SSRSTF jurisdictions and supporting agencies specifically trained to support regional operations.</p> <p>It may include members from local CERTS, boards of health, police, fire, EMS, and MRC.</p> | <p>Advanced Regional Shelter Operations</p> <p>AND</p> <p>Basic Regional Shelter Operations OR Red Cross Shelter Fundamentals</p> | <p>Vetted according to their primary agency or organization.</p> <p>Credentialed through SSRSTF.</p> | A force multiplier may serve in leadership positions, including Shelter Manager, Shelter Lead, Supervisor, etc. |
| Partner Organization Volunteer | Pre-identified partner organization staff that have organized to support shelter operations. | <p>Basic Regional Shelter Operations</p> <p>OR</p> <p>Red Cross Shelter Fundamentals</p> | May be vetted and credentialed by SSRSTF depending on the time of activation. | <p>Support SVRT members placed in leadership roles with shelter operations.</p> <p>Skilled or unskilled labor that requires minimal to no on-the-job experience (e.g., deploying cots, serving food, etc.)</p> |
| Community Volunteer | Just-In-Time member looking to help support the community following activation. | N/A | Will most likely not be vetted or credentialed. | Unskilled labor that requires minimal to no on-the-job experience (e.g., deploying cots, serving food, etc.) |

Shelter Emergency Action Plan

A Shelter Emergency Action Plan should be completed for the shelter when it is opened. The Shelter Emergency Action Plan is intended to provide shelter staff and occupants with emergency response information, including a process for notifying shelter operations leadership of an emergency and emergency exit. The Shelter Emergency Action Plan is an available template from the American Red Cross.

Access & Functional Needs Considerations

Regional shelters must be prepared to accommodate community members with access and functional needs. SSRSTF is committed to providing all clients with the same level of services to the greatest extent possible. Functional needs support services (FNSS) are defined by the Federal Emergency Management Agency (FEMA) as services that enable individuals to maintain their independence in a general population shelter. FNSS includes the following:

- Reasonable modification to policies, practices, and procedures
- Provisions for durable medical equipment (DME)
- Provisions for consumable medical supplies (CMS)
- Provisions for personal assistance services (PAS)
- Other goods and services (as required)

SSRSTF believes that Weymouth and Hanover High School meet the requirements to support clients requiring or requesting the services above.

Program Management

To successfully execute this plan's planning, opening, operating, and closing phases, regional shelter operations must be incorporated into a program under the responsibility of the SSRSTF.

Program Responsibility

It is a joint responsibility for both jurisdictions that host Regional Shelter locations and the American Red Cross to ensure the facilities and capabilities in this plan can be executed. These activities may include, but are not limited to:

- Circulating the plan for review bi-annually to SSRSTF and supporting agencies.
- Maintaining the Shelter Volunteer Response Team (SVRT).
- Training and exercising shelter opening, operating, and closing through discussion and operations-based exercises.
- Documenting after-action reports following exercises and actual events, including the creation of improvement plans with specific, measurable, achievable, realistic, and timely (SMART) goals.

Training and Exercise

Training and exercises are essential to ensure SSRSTF leadership and volunteers are familiar with the Regional Shelter Plan and shelter operations. SSRSTF is responsible for ensuring that the communities are trained on the plan and that all communities participate in regional exercises to socialize the plan and test the capabilities outlined in Appendix F of this document.

Opening

The South Shore Regional Shelter Plan is divided into four functional sections that outline the regional shelter's planning, opening, operating, and closing phases. This section of the plan outlines the procedures for opening the shelter.

Authority to Open

No single jurisdiction has the authority to open regional shelters. The decision to open is made by the taskforce, who will assess an incident and the region's needs and make the final determination to open. Each jurisdiction gets a single vote that may be cast during the decision to open. Any ties will result in the shelter opening. Support agencies strictly operate in an advisory capacity and do not get a "vote" in the decision to open. The SSRSTF includes representatives from the following jurisdictions and supporting agencies:

- Cohasset
- Hanover
- Hingham
- Hull
- Norwell
- Rockland
- Scituate
- Weymouth
- American Red Cross
- Salvation Army
- MDPH
- MEMA
- South Shore Hospital

Incident Recognition

It is assumed that a jurisdiction or supporting agency within SSRSTF will recognize when an advance warning incident or a no-notice incident meets the criteria to:

1. Review the incident with Weymouth or Hanover Emergency Management (which host the primary and secondary shelter locations).
2. Escalate the incident to SSRSTF for review.

Opening Triggers

Identifying all the potential incidents and impacts that may require activating the South Shore Regional Shelter Plan is impossible. When deciding to escalate an incident to the SSRSTF and to open the shelter, considerations should include the following:

- **Incident and anticipated impacts** - What type of incident is it? (e.g., Natural, Technological, Man-Made) What are the anticipated impacts? (e.g., coastal flooding, utility outages, etc.)
- **Scope** - Is the incident going to impact one community adversely? If so, can resources be deployed to assist that community? Is the incident going to affect the majority of SSRSTF jurisdictions?
- **Duration** - How long is the incident expected to last? (e.g., hours, days, weeks, months, etc.)

Specific examples of pre-identified incidents include hurricane watches and warnings, moderate to major coastal flooding, blizzard watches and warnings, ice storms, high winds, and widespread power outages.

Opening Process

The shelter opening process is outlined in *Figure 1: Order of Operations*. Each phase of the opening process is described in the table following Figure 1.

(Figure 1: Order of Operations)



| Order of Operations Table | |
|---------------------------------------|--|
| Incident Recognition | Identification/notification of an incident that may warrant activation of regional shelter operations. |
| Notification | Review the incident with Weymouth Office of Emergency Management by calling: (781) 340-5048 . A member of Weymouth OEM will initially assess the incident and determine if the incident should be reviewed by the South Shore Regional Shelter Task Force. |
| HHAN Activation | Upon identifying the need to convene the SSRSTF, a member of Weymouth OEM will contact the MEMA Local Coordinator and request activation of the SSRSTF Health & Homeland Alert Network (HHAN) notification. The MEMA Local Coordinator will facilitate this request. <i>*If the MEMA Local Coordinator is not available, a member of the Weymouth OEM will activate the HHAN Alert.</i> |
| Task Force Briefing & Vote | The SSRSTF will convene virtually and review the incident following the agenda outlined in Appendix G . Taskforce representatives will vote on activating the regional shelter or continuing to standby or monitor. |

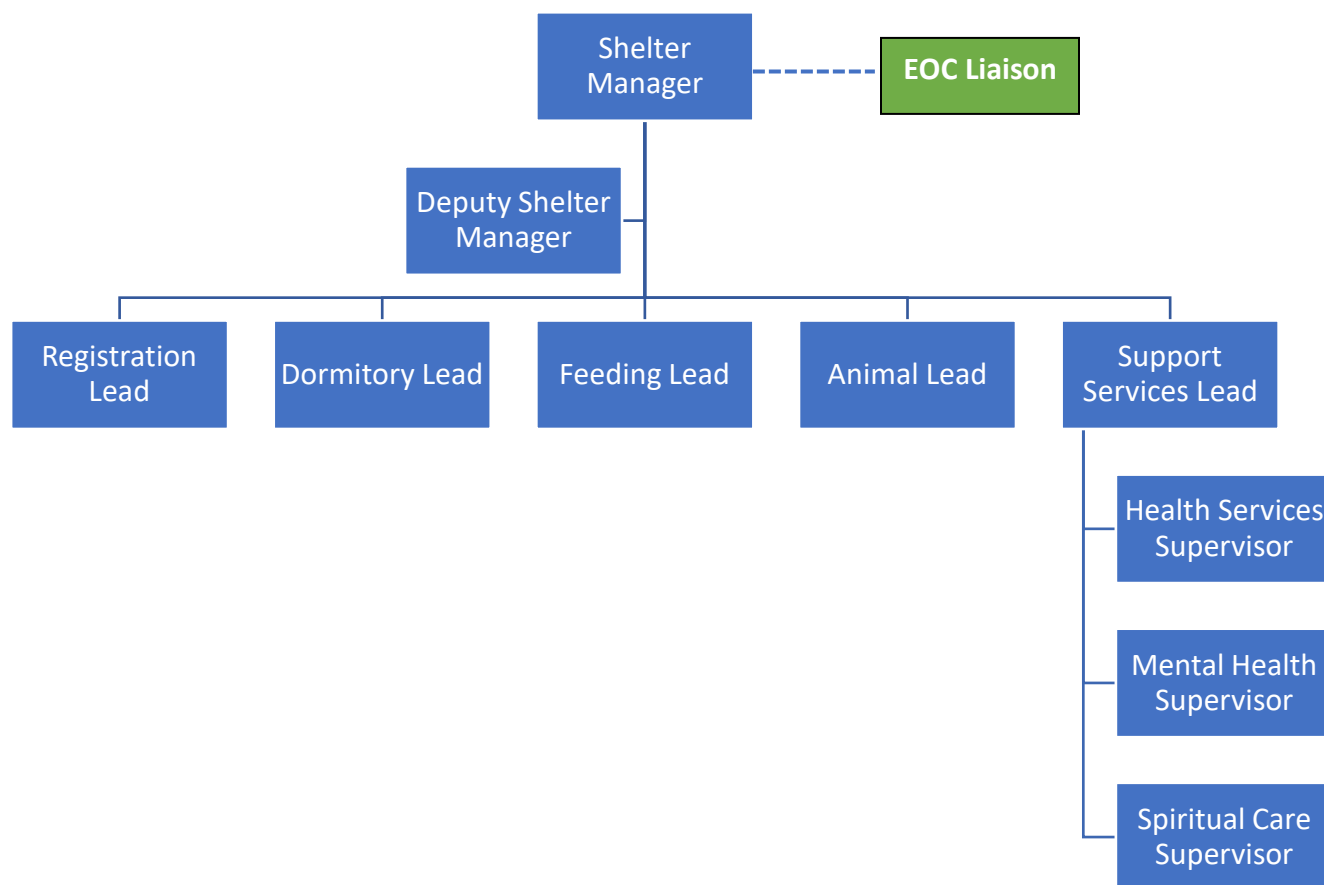
Staffing

American Red Cross Managed:

The shelter will be staffed according to American Red Cross established plans, policies, and procedures. The host jurisdictions' EOC Liaison or Mass Care group will support the American Red Cross Shelter Manager with staffing as able.

Partner Managed:

Figure 2: Regional Shelter Operations Command Structure outlines positions that support the activation of a Partner Managed Shelter. Shelter staffing will depend on the reason for activation and the needs of clients - see [Types of Shelter and Use Cases](#). The structure in figure 2 should be used as a modular, scalable, and flexible framework.



(Figure 2: Regional Shelter Operations Command Structure)

The table in the [Command Structure Roles and Responsibilities](#) section briefly describes the position's responsibilities identified in figure 2.

Shelter Command Structure Roles and Responsibilities

| Role: | Reports To: | Responsibility: |
|----------------------------|--|--|
| Shelter Manager | EOC Liaison | <ul style="list-style-type: none"> Oversees and manages shelter operations |
| Deputy Shelter Manager | Shelter Manager | <ul style="list-style-type: none"> Assists Shelter Manager with overseeing and managing operations Provides Shelter Manager with coverage as needed (e.g., overnights, etc.) |
| EOC Liaison | EOC Manager / Mass Care Chief / ESF-6 Lead | <ul style="list-style-type: none"> Serves as the connection between the regional shelter and the jurisdictional Emergency Operations Center (EOC) |
| Registration Lead | Shelter Manager | <ul style="list-style-type: none"> Manages client registration operations and registration/intake for staff Ensures appropriate procedures are followed |
| Dormitory Leader | Shelter Manager | <ul style="list-style-type: none"> Manages set up of dormitory - including cots, linens, dividers, etc. - and dormitory setup staff |
| Feeding Lead | Shelter Manager | <ul style="list-style-type: none"> Manages feeding operations, ensuring that clients can access meals, snacks, and beverages |
| Animal Lead | Shelter Manager | <ul style="list-style-type: none"> Manages operations to support lodging and care of animals brought by clients to shelter |
| Support Services Lead | Shelter Manager | <ul style="list-style-type: none"> Identifies support services needed to best support clients Works with the Shelter Manager to ensure appropriate resources are requested Manages established support services |
| Health Services Supervisor | Support Services Lead | <ul style="list-style-type: none"> Facilitates health services - ensures that emergency medical services are contacted for clients seeking medical services but are experiencing medical emergencies |
| Spiritual Care Supervisor | Support Services Lead | <ul style="list-style-type: none"> Facilitates spiritual services for clients of different faiths |
| Mental Health Supervisor | Support Services Lead | <ul style="list-style-type: none"> Facilitates mental health services to clients seeking assistance |

Shelter Support Staff

When activating the regional shelter, a member of the SSRSTF will trigger an alert to the Shelter Volunteer Response Team (SVRT), notifying the team of activating the South Shore Regional Shelter Plan and opening the regional shelter. Available SVRT members will be asked to support shelter opening if available. SSRSTF jurisdiction's points of contact and supporting agencies will also notify organizations within their jurisdiction for additional volunteer support.

Resource Mobilization

American Red Cross Managed:

The American Red Cross will mobilize staff and material resources according to established plans, policies, and procedures.

Partner Managed:

Initial resources required to support clients will be determined during the activation call. Resources mobilized will be based on the shelter's intended use and the client's needs. As the incident progresses and clients' needs are further identified, the Shelter Manager will request resources from SSRSTF jurisdictions and support agencies.

Staff and material resources are outlined in Appendices [C](#) and [D](#).

Safety & Security

American Red Cross Managed:

Management of the safety and security of staff, clients, and the facility will follow established American Red Cross plans, policies, and procedures.

Partner Managed:

It is best practice always to have physical security onsite to support the safety of staff, clients, and the facility. Security can be provided by local law enforcement or a private security company. In some circumstances, obtaining physical security onsite may be challenging. In those circumstances, the Shelter Manager, with the EOC Liaison, should see if on-duty law enforcement officers can regularly stop into the shelter.

Regardless, safety and security are the responsibility of all individuals in the shelter, including clients. All individuals within the shelter should adhere to the "if you see something, then say something" philosophy and report suspicious activity or behavior.

Communications & Notifications

Health and Homeland Alert Network (HHAN) Groups

The SSRSTF and Shelter Volunteer Response Team (SVRT) will be notified through existing Health and Homeland Alert Network (HHAN) groups. SSRSTF will maintain these groups at least bi-annually.

Community Notifications

Before opening the regional shelter, the SSRSTF will create a shelter opening communications plan. The communication should include the following:

- Time and date of opening.
- Location (address, town, zip code).
- Information on what supplies to bring (e.g., clothes, medications, blankets, pillows).
- Information for individuals preparing to bring animals.
- Other information that is believed to be necessary.

SSRSTF jurisdictions and supporting agencies may be asked to amplify messages through existing emergency notification systems, public information officers, or other mediums.

Area Setup

American Red Cross Managed:

The American Red Cross will follow established plans, policies, and procedures for setting up the shelter for operations.

Partner Managed Shelter:

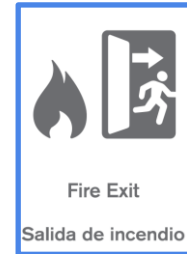
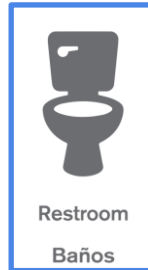
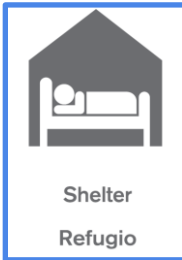
The Shelter Manager and Leads will adhere to the procedures outlined in the following sections:

Facility Walkthrough

The Shelter Manager (or designee) must inspect areas designated for regional shelter use. These individuals will walk through areas to verify that the areas are in good standing. Any damaged area, equipment, or utility should be photographed, documented, and shared with the Facility Point of Contact (POC). While it is recommended that, at minimum, photos are taken of damage, it is best practice to record the entirety of the facility walkthrough. Recordings can be made on cell phones and sent to the EOC Shelter Liaison for archiving.

Signage

The American Red Cross established a Service Delivery Site Pictogram Signage document to serve clients best. Examples of pictograms from this document include:



As the Shelter Manager and other shelter staff prepare to open the facility, the American Red Cross signage should be used to identify designated shelter areas and facility amenities.

Registration

Before the shelter opens, the registration and intake process must be established to ensure that all clients appropriately complete intake forms as outlined in the [Registration and Intake](#) section. Set up of the registration and intake area includes:

1. Registration / Intake staff
2. Table and chairs
3. Appropriate forms and writing utensils
4. Other necessary resources (e.g., laptops, tablets, etc.)

Dormitory

The setup of the dormitory will depend on the configuration of the space. The Dormitory Lead is responsible for coordinating set-up efforts and ensuring that the cot layouts have been approved by the Shelter Manager. Resources include cots, linens, pillows, and other supplies deemed necessary.

Feeding

The Feeding Lead will set up the feeding operation locations. Depending on the incident, it may not be necessary to fully set up all meal locations before allowing clients to enter the shelter. It is best practice to have snacks and water available for clients as they enter the facility.

Recreation

Recreation space may be limited depending on the location and number of clients accessing the facility. Identifying and setting up recreational spaces should not prevent the shelter from opening if the registration and intake process has been established and is ready for clients. It is best practice to develop a recreation space for families and children. Recreation spaces should be supervised, and minors should only be allowed to enter areas with a guardian. The Shelter Manager and shelter staff should work to identify a recreation space as time allows.

Operating

Registration and intake

Depending on the type of shelter opened, the registration and client intake process will be handled by either American Red Cross or the Shelter Volunteer Response Team.

American Red Cross Managed:

The standard shelter client intake process should be followed, which includes one registration (*Shelter Dormitory Registration*) form filled out per family. Additionally, the *Regional Shelter Client Registration Form* should be completed for clients that do not consent to share information through the standard ARC *Shelter Dormitory Registration Form*. This allows the Shelter Manager (or their designee) to share client information with social services and other agencies and organizations that can support client recovery.

Partner Managed Shelter:

The *Regional Shelter Intake Form* should be completed for all clients (one per family). The registration table should be set up at the entrance of the shelter facility and staffed 24x7 when the shelter is operational.

Unaccompanied minors and separated children.

Unaccompanied minors are defined by ARC as an unemancipated child younger than 18 who has been separated from both parents, legal guardians, other relatives, schools, and childcare providers and is not being cared for by an adult who, by law or custom, is responsible for doing so.

Separated child - A separated child is a child who is separated from both parents or from their previous legal guardian or customary primary caregiver, but not necessarily from other family members.

For all shelter types – the standard unaccompanied minor and separated children process will be followed. At no time should the minor(s) be left unattended. The best practice is for the minor(s) to be placed in a supervised separate room of the shelter. No shelter staff member or worker should be one-on-one with any minor or separated child for any reason.

1. Immediately notify the Shelter Manager, who will promptly inform the EOC Shelter Liaison.
2. If law enforcement officers are on-site, they will be notified and asked to investigate and assist with caring for the unaccompanied minor/separated child and their reunification.
3. If law enforcement officers are not on site, the Emergency Operations Center (EOC) will notify law enforcement, who will dispatch a patrol officer to the shelter to take appropriate action.
4. The Shelter Manager or their designee will complete the ARC Unaccompanied Minor & Separated Child Report Form.

Clients required to register with government agencies.

Some clients seeking shelter may be required to register with government agencies. Upon identifying individuals, the registration worker should immediately report this to the Shelter Manager. The Shelter Manager will work with the client to determine the circumstances around the reporting requirement.

The Shelter Manager should involve the EOC Liaison and local law enforcement in identifying the most appropriate strategy to house the client. This may include offsite housing or alternative shelter facility space.

Feeding Operations

A feeding area should be established separately from the dormitory area. This space should regularly be cleaned. A “Snack Area” with healthy snacks and refreshments should be provided and available 24x7. This is critical for ensuring that clients with health service needs can maintain the proper nutrients they need to regulate.

American Red Cross Managed:

The American Red Cross will lead and facilitate feeding operations (for clients and staff) to include breakfast, lunch, dinner, and snacks.

Partner Managed Shelter:

A Shelter Feeding Lead should be assigned for the duration of the incident. The Feeding Lead is responsible for planning and coordinating meals (breakfast, lunch, dinner, and snacks). The Feeding Lead should coordinate with the Registration Lead, Health Services Staff, and the Shelter Manager to identify any special dietary, religious, or cultural needs or considerations for clients.

The Shelter Feeding Lead may be a position assigned within the shelter or a role assigned to a member of the local Emergency Operations Center (EOC). The Feeding Lead should have an established budget and work within that budget.

Three primary strategies exist for coordinating shelter feeding operations:

- 1. Partnering with another organization to deliver meals.**

External organizations, particularly non-profits like the Salvation Army, Meals on Wheels, or American Red Cross, can be leveraged to help coordinate feeding operations for shelter clients/staff. This model requires the Shelter Feeding Lead to coordinate with the partner(s) who will deliver meals before the scheduled mealtime.

- 2. Resourcing meals through commercial or catering vendors.**

This includes purchasing meals prepared by commercial kitchens and/or local restaurants. Several options are available near both regional shelter locations.

- 3. Partnering with another organization to prepare meals on-site.**

Some organizations can be leveraged to prepare meals onsite.

This model requires the Shelter Feeding Lead to coordinate the purchase of supplies and groceries. Staff preparing onsite food should be trained in SERV Safe (or equivalent safe food handling). Food should be stored according to safe food storage and handling practices.

Predesignated Facility Feeding Spaces

Weymouth High School

| Space | Notes |
|----------------|------------------------|
| Gold Cafeteria | Primary feeding area |
| Wildcat Cafe | Secondary feeding area |

Hanover High School

| Space | Notes |
|----------------|-----------|
| Main Cafeteria | Cafeteria |

Dormitory Operations

American Red Cross Managed:

Red Cross will facilitate dormitory operations according to their established standards and procedures.

Partner Managed Shelter:

A Shelter Dormitory Lead should be identified. This lead coordinates the setup and assigns sleeping areas within the dormitory space. Additionally, the Dormitory Lead is responsible for maintaining a safe and quiet environment for clients to sleep and rest.

Ideally, the Dormitory Lead will designate spaces within the dormitory area based on the following groups: families, single women, single men, and other requirements (religious, cultural, etc.) A map/grid of cot spaces should be established with these areas identified, and each cot should be assigned a unique identifier that can be provided to clients when they register.

The American Red Cross recommends allocating 40 square feet of space per client in the dormitory area. Individuals using mobility devices or other support equipment may require 80-100 square feet. Additionally, perimeter cots should be reserved for those with access and functional needs and/or those requiring proximity to electrical outlets for medical assistance devices.

Sample Floor Plans for Weymouth & Hanover High Schools are available for local review.

Predesignated Dormitory Spaces

Weymouth High School

| Space | Notes |
|--------------------|--|
| Gold Cafeteria | Can also serve as a feeding area. |
| Wildcat Cafe | Typically serves as a staff dormitory space. |
| Allied Health Area | Could serve as a space for clients with Access & Functional Needs. |
| Maroon Gym | Space requires walking a fair distance to access and is upstairs. |
| Humanities Space | Wide open room with tables and chairs that can be reconfigured. |

Hanover High School

| Space | Notes |
|-------|-------|
| Gym | N/A |

Specialty Services

Translation Services

American Red Cross Managed:

Red Cross will facilitate translation services according to their established standards and procedures.

Partner Managed:

Occasionally, translation services will be required to support the needs of clients. These services can be facilitated by calling the local Emergency Operations Center and following the standard request process through WebEOC. Additional resources may be available through internet-based translation services or the local school department or by calling Massachusetts 2-1-1.

Health Services

American Red Cross Managed:

The American Red Cross will facilitate Disaster Health Services operations according to their established standards and procedures.

Partner Managed Shelter:

Health Services are critical to ensuring shelter clients' and staff's safety and well-being. The purpose of health services within the shelter environment is to assist clients in *maintaining independent living* and *responding to acute medical emergencies*. The Health Services function within the shelter is not intended to serve as a medical aid station for community members or a place for advanced life support or treatment. Clients with health services needs that extend beyond their (or their families) ability to care for themselves should be referred by the Shelter Manager to other housing arrangements (up to and including admittance to the hospital or another healthcare facility).

A designated health services professional should always be on site when the shelter is operational. The Shelter Manager should coordinate the scheduling of Health Service workers with the local Emergency Operations Center (EOC), which may formally request staff or support from partner agencies and organizations. The following resources have been identified and may be available to support health service operations within the shelter.

- American Red Cross Health Services
- Hanover Visiting Nurses Association
- Medical Reserve Corps
- Municipal Fire/EMS Coverage
- Municipal Health Service Workers - Hanover Visiting Nurses Association, Hull Board of Health, Rockland Board of Health, Scituate Board of Health
- South Shore Hospital: South Shore Hospital VNA and other Health Care System staffing

Spiritual Care

American Red Cross Managed:

The American Red Cross will facilitate Spiritual Care Service operations according to their established standards and procedures.

Partner Managed:

Spiritual Care services may benefit some clients during their stay at the shelter. The Shelter Manager may invite clergy members and other spiritual care resources into the shelter to meet with clients. Regardless of what resources are invited to participate, they should respect all clients and be non-denominational in their approach to service delivery. At no time should the shelter be used to promote one specific denomination or religion. The following resources have been identified and may be available to support spiritual care operations within the shelter.

- American Red Cross - Spiritual Care
- Salvation Army - Emotional & Spiritual Caregivers
- Local Religious Organizations

Mental & Behavioral Health

American Red Cross Managed:

The American Red Cross will facilitate Disaster Mental Health operations according to their established standards and procedures.

Partner Managed Shelter:

Mental and Behavioral Health Services are critical to ensuring shelter clients' and staff's safety and well-being. The purpose of mental and behavioral health services within the shelter environment is to assist clients in *maintaining independent living*. Clients with mental and behavioral health services needs that extend beyond the client's (or their families) ability to care for themselves should be *immediately referred* to the Shelter Manager, who, in turn, should notify law enforcement and Emergency Medical Services (EMS).

The Shelter Manager should coordinate mental and behavioral health resource scheduling with the local Emergency Operations Center (EOC), which may formally request staff or support from partner agencies and organizations. The following resources have been identified and may be available to support the shelter's mental and behavioral health operations.

- American Red Cross - Disaster Mental Health
- Medical Reserve Corps
- Municipal Health Service Workers - Hanover Visiting Nurses Association, Hull Board of Health, Rockland Board of Health, Scituate Board of Health
- South Shore Hospital Staff

Access & Functional Needs Accommodations

For all shelter types:

All clients are welcome in both American Red Cross and Regional Shelters. All shelter staff members should make efforts to reasonably accommodate clients with access and functional needs, not just health services staff. Some clients may arrive at the shelter without needed Durable Medical Equipment (DME). In these instances, the health service worker should coordinate with the Shelter Manager to facilitate a request to the local Emergency Operations Center (EOC) to procure the necessary equipment promptly. Possible partners for the procurement of DME supplies have been identified below.

- American Red Cross
- Clinical 1 - DME is not the focus of their business; however, does have an extensive line of products. The Weymouth warehouse is ready for same-day delivery.
- Massachusetts Emergency Management Agency (MEMA)
- Massachusetts Department of Public Health (MDPH)
- Municipal Durable Medical Equipment Caches - Hanover Visiting Nurses Association, Hull Board of Health, Rockland Board of Health, Scituate Board of Health
- South Shore (or other) Hospitals

Animal & Pet Services

Sheltering Operations

All shelter types:

Except as outlined below, clients and staff are not permitted to possess animals within the client shelter. A reasonable effort should be made to co-locate pet sheltering operations on the same grounds as the client shelter facility. An Animal Shelter Lead should be appointed to coordinate animal sheltering. The purpose of animal shelter operations is not to care for the animals but to provide a safe space where clients can easily access and care for their animals while they stay at the shelter.

The animal owner's responsibility is to care for their animal(s) while at the animal shelter. This includes, but is not limited to:

- Regularly feeding and watering their animal(s)
- Cleaning up after the animal(s)
- Taking the animal(s) out for regular walks, free time, and bio-breaks
- Providing medical services and treatment as needed

All animals in the animal shelter should be up to date on their vaccinations and be registered with the appropriate authorities. All animals must be always under the control of the owner. Any animal deemed a risk to other animals or humans by the Animal Shelter Lead may be removed after proper notification to the owner has been made.

The primary animal shelter space for Weymouth High School will be the Automotive Shop. The secondary/backup location has been identified as a makeshift classroom space.

The primary animal shelter space for the Hanover High School will be the hallway immediately to the left of the main entrance. The secondary/backup location has been identified as a makeshift classroom.

Possible partners to support animal shelter operations include:

- Massachusetts Emergency Management Agency - May have capacity to make referrals and requests to other partners that can assist.
- Municipal Animal Control Officers
- SMART - State of Massachusetts Animal Response Team - A network of organizations, agencies, and individuals committed to the needs of the animal population in disaster situations throughout Massachusetts.

Service Animals

The United States Department of Justice Americans with Disability Act (ADA) defines service animals as dogs (or, in some instances, miniature horses) that are individually trained to do work or perform tasks for people with disabilities. The shelter must make reasonable accommodations for the service animal to remain with the handler, provided the animal remains under control. Under the ADA, State and local governments, businesses, and nonprofit organizations that serve the public generally must allow service animals to accompany people with disabilities in all areas of the facility where the public is allowed to go.

A service animal must be under the control of its handler. Under the ADA, service animals must be harnessed, leashed, or tethered unless the individual's disability prevents using these devices or these devices interfere with the service animal's safe, effective performance of tasks. In that case, the individual must maintain control of the animal through voice, signal, or other effective controls.

Only limited inquiries are allowed when it is not obvious what service an animal provides. Staff may ask two questions: (1) *is the dog a service animal required because of a disability*, and (2) *what work or task has the dog been trained to perform?* Staff cannot ask about the person's disability, require medical documentation, require a special identification card or training documentation for the dog, or ask that the dog demonstrate its ability to perform the work or task.

- Allergies and fear of dogs are not valid reasons for denying access or refusing service to people using service animals. When a person who is allergic to dog dander and a person who uses a service animal must spend time in the same room or facility, for example, in a school classroom or at a homeless shelter, they both should be accommodated by assigning them, if possible, to different locations within the room or different rooms in the facility.
- A person with a disability cannot be asked to remove his service animal from the premises unless: (1) the dog is out of control and the handler does not take effective action to control it or (2) the dog is not housebroken. When there is a legitimate reason to ask that a service animal be

removed, staff must offer the person with the disability the opportunity to obtain goods or services without the animal's presence.

- Establishments that sell or prepare food must generally allow service animals in public areas even if state or local health codes prohibit animals on the premises.
- People with disabilities who use service animals cannot be isolated from other patrons, treated less favorably than other patrons, or charged fees that are not charged to other patrons without animals.
- Staff are not required to care for or supervise a service animal.

Emotional Support Animals

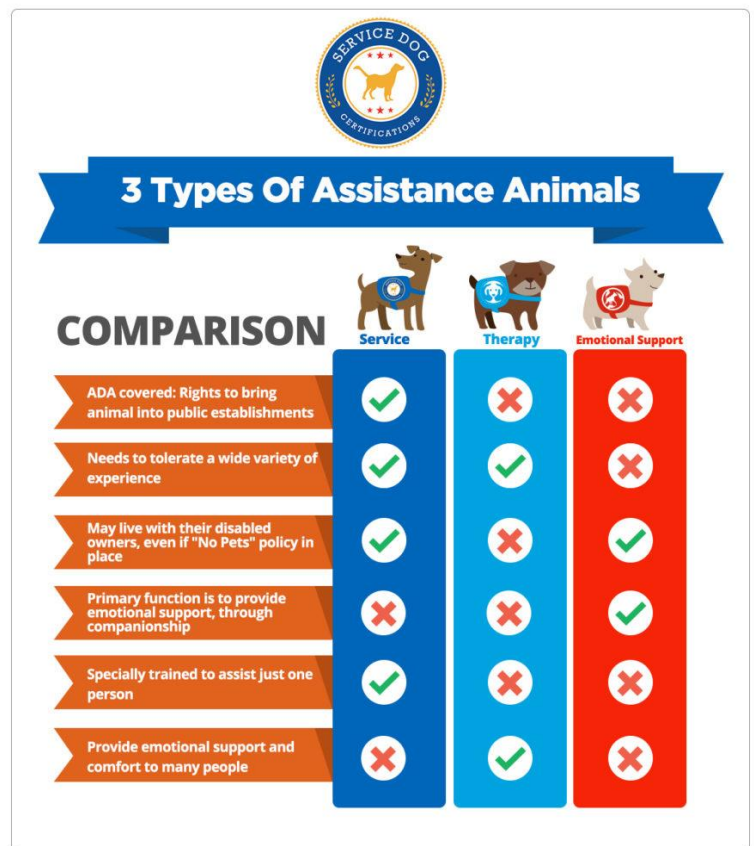
An emotional support animal (ESA) solely supports an individual through companionship. Specialized training is not required. The emotional support animal doesn't need to meet any specific requirements regarding training or registration and doesn't have to be a specific type of animal. The owner of an ESA benefits from having the animal nearby rather than having them complete certain tasks.

Not all animals that individuals with a disability rely on meet the definition of a service animal for purposes of ADA. According to the U.S. Department of Housing and Urban Development (HUD), an emotional support animal is any animal that provides emotional support alleviating one or more symptoms or effects of a person's disability. Emotional support animals provide companionship, relieve loneliness, and sometimes help with depression, anxiety, and certain phobias, but do not have special training to perform tasks that assist people with disabilities. Emotional support animals are not limited to dogs.

For shelter operations Emotional Support Animals will not be permitted in the shelter. An effort to co-locate animal sheltering operations near the client shelter will be made, however, is not always possible.

Therapy or Comfort Animals

Both animals, typically dogs, work in situations with high-stress levels. Comfort animals work during active crises. They offer a calming distraction to those impacted by an active disaster or emergency. Therapy animals provide people with healing contact, typically in an institutional or clinical setting, to improve their physical, social, emotional, or cognitive functioning. While these types of animals receive



The infographic features a circular logo at the top with a dog silhouette and the text 'SERVICE DOG CERTIFICATIONS'. Below it, a blue banner reads '3 Types Of Assistance Animals'. The main table compares three types of animals: Service (blue column), Therapy (light blue column), and Emotional Support (red column). Each type is represented by a dog icon with a specific vest: a blue vest with a white symbol for Service, a blue vest with a white symbol for Therapy, and a red vest with a white symbol for Emotional Support. The table lists six criteria on the left, with corresponding checkmarks (green for 'yes') or crosses (red for 'no') in the columns.

| COMPARISON | Service | Therapy | Emotional Support |
|---|---------|---------|-------------------|
| ADA covered: Rights to bring animal into public establishments | ✓ | ✗ | ✗ |
| Needs to tolerate a wide variety of experience | ✓ | ✓ | ✗ |
| May live with their disabled owners, even if "No Pets" policy in place | ✓ | ✗ | ✓ |
| Primary function is to provide emotional support, through companionship | ✗ | ✗ | ✓ |
| Specially trained to assist just one person | ✓ | ✗ | ✗ |
| Provide emotional support and comfort to many people | ✗ | ✓ | ✗ |

extensive training and may interact with all sorts of people, including an individual with a disability, they are not trained to perform a specific task for an individual with a disability.

For shelter operations Therapy/Comfort Animals will not be permitted in the shelter dormitory, feeding, or other shelter space unless it is a coordinated activity by the Shelter Manager or their designee. This typically requires a partnership with a third-party organization specializing in Therapy Animal Services. Clients should not have Therapy or Comfort Animals in the shelter. An effort to co-locate animal sheltering operations near the client shelter will be made.

Media Management

American Red Cross Managed:

The American Red Cross will facilitate media operations according to its established standards and procedures.

Partner Managed:

Close coordination with the media is critical to the success of any shelter operation. Upon their arrival, the Shelter Manager (or designee) should be notified. The EOC Shelter Liaison should be notified of the encounter, and the media representatives' contact information should be shared. The EOC should be invited to send a Public Information Officer or representative to greet the media onsite.

With approval from the EOC Shelter Liaison, members of the media may be invited to participate in an *escorted tour* of the shelter. Filming or photography of the shelter or clients is prohibited.

With approval from the EOC Shelter Liaison, the Shelter Manager may be invited to speak about the shelter's services within the community. Shelter staff should never disclose a client's personally identifiable information (PII). The Shelter Manager should only speak to information they know to be accurate and never speculate.

Information Management & Reporting

American Red Cross Managed:

The American Red Cross will lead and facilitate reporting methods through the local Emergency Operations Center and enter data into the National Shelter System (NSS).

Partner Managed:

The Shelter Manager (or designee) and the EOC Shelter Liaison conduct a daily conference call with SSRSTF members and Emergency Management Directors (or their designees) from communities that have clients in the shelter. This sync call should address the following questions/topics:

1. Current shelter client count (preferably a breakdown by client hometown).
2. Important issues the shelter is experiencing, and any client needs not being met.
3. Confirming clients have adequate access to health services, mental health, spiritual care, and recovery services.
4. Client and shelter workers' safety, morale, and well-being.
5. Reviewing the current staffing plan/model and 72-hour outlook.
6. Reviewing the current material needs (or anticipated).
7. Modifications to shelter services within the next 48 hours.

The host jurisdictions EOC should report the number of shelter clients to the involved jurisdictions through their EOC or Emergency Management Director. The host jurisdiction EOC will coordinate with the American Red Cross to ensure the shelter is entered into the National Shelter System and the status and population is regularly updated.

Closing

Triggers for Closure

Initial triggers for closure should be considered during the Planning and Opening phases. Clear thresholds should be established between the SSRSTF and the host community. Triggers for shelter closure can include (but are not limited to):

- The incident/event has concluded, and clients can return home.
- A significant decrease in the client population.
- Alternative housing solutions have been identified for remaining clients.
- The facility is no longer available for use.

Closure Plan

It is best practice to complete and communicate the Shelter Closure Plan to the staff and clients at least 48 hours before the facility's closure. The Closure Plan can follow the template provided, but at a minimum should include the following components:

- A communications plan to notify staff, clients, and the larger community.
- A transportation plan for clients requiring it.
- Arrangements for cleaning and demobilizing resources.
- Scheduling of Shelter Closure Walkthrough with a facility representative.
- An After-Action / Debrief process to capture lessons learned and areas for improvement.

****Clients arriving at the shelter after the closure has been announced should be referred to the Shelter Manager and EOC Liaison.***

Transportation

It is assumed that most clients will arrive at the shelter using their personally owned vehicle. Some clients may arrive by ambulance, taxi, or through other methods. While transportation arrangements are primarily the client's responsibility, some clients may require assistance leaving the shelter.

Before the shelter's closing, the Shelter Manager or EOC Liaison will work with the host jurisdictions EOC to coordinate transportation arrangements for clients requiring it. This coordination should be made at least 48 hours in advance. Potential methods of transportation that could be leveraged to support client transportation have been identified below.

- Municipal Transportation Resources – Ambulance, Fire/Police Cars, Vans/Busses
- Taxi/Ride Sharing Apps – Uber, Lyft

Demobilization

Planning for demobilization should begin during the *Planning* and *Opening* phases. The Shelter Manager is responsible for working with the EOC Liaison to ensure all proper supplies, materials, and equipment are cleaned and returned to their appropriate storage locations. Consumable supplies should be accounted for and reported to the EOC Liaison for ordering and restocking.

Cleaning the facility and breakdown of supplies and equipment can begin after clients have been notified that the shelter will be closing. Clients should not be rushed to exit the shelter before closing.

Any damaged facility, equipment, or supplies should be reported to the EOC Shelter Liaison following a final Closing Facility Walkthrough.

After Action & Continuous Improvement

Following the closing of any regional shelter, an After-Action review should be initiated. It is the responsibility of the host jurisdiction to facilitate the After-Action process, which should include the following:

- **Debrief** - Scheduling of an After-Action Workshop to identify strengths, areas for improvement, and potential best practices. Members of this workshop should include The Shelter Manager, the Emergency Operations Center Liaison, the host jurisdiction Emergency Management Director, and EMD/Mass Care representatives from impacted communities. This session should occur within 30 days of closing the facility.
- **After-Action Report** - Consolidation of observations into an After-Action Report. This document should be published within 60 days of closing the facility.
- **Action Plan** (formerly Improvement Plan) - Each observation should also include agreed-upon courses of action (COAs) assigned to responsible stakeholders following a discussion or Action Planning Workshop. The Action Plan can be included as an Appendix to the AAR or in a separate document. This document should be published within 90 days of closing the facility.

Appendix A - Memorandum of Understanding (MOU)

MEMORANDUM OF UNDERSTANDING

As of March 1, 2023, the listed Participants, by affixing their signatures to this Memorandum of Understanding (“MOU”), agree in principle that in the event of a Disaster, each Participant will voluntarily coordinate mutual aid services with each of their respective communities and will support the efforts of those public safety agencies.

Definitions: For the purposes of this MOU, the following definitions will apply:

- ❑ **Participants:** The participating communities are listed in Appendix A.
- ❑ **Host Community:** The community that is identified as hosting a regional shelter.

I. SCOPE AND APPLICABILITY

All Participants who have signed this MOU agree that in the event of a declared or undeclared Event, (“Disaster”), affecting the region as a result of a natural, human, or technological cause, or an incident that impacts the operational capabilities of any other Participant, the affected Participant(s) may request assistance from other Participants.

In the event of a Disaster exceeding the capabilities of an individual Participant, that Participant will first contact other local Participants. When the scope of the incident exceeds the local Participants’ capabilities, the MOU is activated by following the procedures detailed in the South Shore Activation Procedures.

Each Participant agrees to follow the guidelines set forth herein to the extent possible. There will be no cause of action or basis of liability for breach of this MOU by any Participant(s) against any other Participant(s).

Each Participant will agree to take all appropriate actions during a Disaster without regard to race, color, creed, national origin, sex, gender orientation, religion or handicap and to assist all Participants to the extent possible.

No Participant will be required to provide treatment, care, medical supplies, equipment, services, or personnel if such provision may reasonably inhibit that Participant from meeting its own needs, existing or anticipated, or is beyond its own resources.

This MOU is not intended to replace each community’s Disaster Plan, nor is it to adversely affect existing agreements between communities. This MOU is intended to support those plans and agreements. Each Participant will incorporate the MOU into its Disaster Plan consistent with the principles agreed to herein.

II. GUIDELINES

A. EMERGENCY RESPONSE

Each Participant agrees to provide some type of assistance, as available within its reasonable capabilities, including, but not limited to:

1. Providing shelter equipment to supplement regional supplies. This could include cots, blankets, and hygiene /comfort kits.
2. Providing medical shelter equipment to supplement regional supplies. This could include durable medical equipment and consumable medical supplies, such as oxygen tanks.
3. Providing medical support services.
4. Providing animal shelter supplies for pets. This could include crates, bowls, leashes, etc.
5. Providing support feeding services, such as snacks and bottled water.
6. Providing disaster staffing assistance. This could include: CERT volunteers, Public health officials, animal control officers, fire, police, paramedics, and EMTs.
7. Providing other services that may be necessary and requested.
8. Facilitating transportation as available and requested by other Participants.
9. Notifying the Participants when vacancies or resources no longer exist.

Prior to deployment, all assistance will be coordinated with the Emergency Management Director of the Host Community of the regional shelter.

III. EFFECTIVE DATE; TERM

This MOU shall become effective on March 1, 2023 and will remain in effect for a period of three years. This document will be reviewed at least annually to ensure that it continues to meet the needs of the Participants.

This MOU is in no way meant to affect any of the Participants' rights, privileges, titles, claims or defenses provided under Federal, State, or Common law.

Any Participant may terminate its participation in this Memorandum of Understanding by providing a thirty (30) day, written notice to all Participants

IN WITNESS THERE OF, we have set our hands on the date below written.

Emergency Management Director
Town of Weymouth

Regional Disaster Officer Date
American Red Cross of Massachusetts

Community Date

Emergency Management Director

APPENDIX A: Participating Communities / Disaster NGOs

Cohasset
Hanover
Hingham
Hull
Norwell
Rockland
Scituate
Weymouth
American Red Cross
Salvation Army

Appendix B – Contact Roster

| Organization | First Name | Last Name | Email | Phone |
|--|------------|---------------|--|--------------|
| American Red Cross | Sharifa | Troutman | sharifa.troutman@redcross.org | XXX-XXX-XXXX |
| American Red Cross | Scott | Tsopas | scott.tsopas@redcross.org | XXX-XXX-XXXX |
| American Red Cross - Dispatch (24X7) | | | | XXX-XXX-XXXX |
| Cohasset BOH | Pam | Fahey | pfahey@cohassetma.org | XXX-XXX-XXXX |
| Cohasset BOH | Mary | Goodwin | mgoodwin@cohassetma.org | XXX-XXX-XXXX |
| Cohasset EM | Richard | Hynes | | XXX-XXX-XXXX |
| Cohasset EM | Glenn | Pratt | | XXX-XXX-XXXX |
| FEMA | Sam | Harvey | samuel.harvey@fema.dhs.gov | XXX-XXX-XXXX |
| FEMA | James | Segerson | James.Segerson@fema.dhs.gov | XXX-XXX-XXXX |
| Hanover BOH | Kim | Dixon | kim.dixon@hanover-ma.gov | XXX-XXX-XXXX |
| Hanover BOH | Nancy | Funder | nancy.funder@hanover-ma.gov | XXX-XXX-XXXX |
| Hanover BOH | Joseph | Stack | Joseph.stack@hanover-ma.gov | XXX-XXX-XXXX |
| Hanover BOH | Derek | Vozzella | Derek.Vozzella@hanover-ma.gov | XXX-XXX-XXXX |
| Hanover EM | Carol | Mattes | | XXX-XXX-XXXX |
| Hanover EM | Rick | Mattes | | XXX-XXX-XXXX |
| Hanover EM / FD | Jason | Cavallaro | jason.cavallaro@hanover-ma.gov | XXX-XXX-XXXX |
| Hanover Fire | Fred | Freeman | fred.freeman@hanover-ma.gov | XXX-XXX-XXXX |
| Hingham BOH | Kathleen | Crowley | crowleyk@hingham-ma.gov | XXX-XXX-XXXX |
| Hingham BOH | Betty | Nee | neeb@hingham-ma.gov | XXX-XXX-XXXX |
| Hingham CERT | John | Barbuto | | XXX-XXX-XXXX |
| Hingham EHO | Susan | Sarni | sarnis@hingham-ma.gov | XXX-XXX-XXXX |
| Hingham EM | Lou | LaChance | lachancel@hingham-ma.gov | XXX-XXX-XXXX |
| Hingham EM | Steve | Murphy | murphys@hingham-ma.gov | XXX-XXX-XXXX |
| Hull BOH | Joan | Taverna | jtaverna@town.hull.ma.us | XXX-XXX-XXXX |
| Hull EM | William | Frazier | wfrazier@town.hull.ma.us | XXX-XXX-XXXX |
| Hull EM | Janice | Lichtenberger | jlichtenberger@town.hull.ma.us | XXX-XXX-XXXX |
| Hull EM | Chris | Russo | crusso@town.hull.ma.us | XXX-XXX-XXXX |
| Hull EM | Craig | Wolf | | XXX-XXX-XXXX |
| Hull Fire | William | Frazier | wfrazier@town.hull.ma.us | XXX-XXX-XXXX |
| Hull Senior Center | Kelly | Reilly | kreilly@town.hull.ma.us | XXX-XXX-XXXX |
| MADPH MRC Coordinator & Sr. Preparedness Planner Reg 4A/B Hospitals | Liz | Foley | Liz.Foley@state.ma.us | XXX-XXX-XXXX |
| Mass League | Tina | Wright | twright@massleague.org | XXX-XXX-XXXX |

| Organization | First Name | Last Name | Email | |
|--|------------|-------------|--|--------------|
| Massachusetts Department of Public Health - On-Call Pager (24x7) | | | | XXX-XXX-XXXX |
| Massachusetts Emergency Management Agency | Bill | Fisher | William.Fisher@mass.gov | XXX-XXX-XXXX |
| Massachusetts Emergency Management Agency | James | Mannion | James.A.Mannion@MassMail.State.MA.US | XXX-XXX-XXXX |
| Massachusetts Emergency Management Agency | Heather | Smith | heather.smith@mass.gov | XXX-XXX-XXXX |
| Massachusetts Emergency Management Agency – Dispatch (24X7) | | | | XXX-XXX-XXXX |
| Metro Regional Preparedness Coalition - Program Manager | Kerry | Dunnell | kcdunnell@challiance.org | XXX-XXX-XXXX |
| Norwell CERT | Arthur | Joseph | | XXX-XXX-XXXX |
| Norwell CERT | Andy | Mahony | | XXX-XXX-XXXX |
| Norwell EM | David | Kean | dkean@norwellfire.org | XXX-XXX-XXXX |
| Norwell Fire | William | Milne | bmilne@norwellfire.org | XXX-XXX-XXXX |
| Rockland EM | Scott | Duffey | firechief@rockland-ma.gov | XXX-XXX-XXXX |
| Rockland EM | Jerry | Eramo | | XXX-XXX-XXXX |
| Salvation Army | Chris | Farrand | Chris.Farrand@USE.SalvationArmy.Org | XXX-XXX-XXXX |
| Salvation Army | Emily | Mew | Emily.Mew@USE.SalvationArmy.Org | XXX-XXX-XXXX |
| Scituate ACO | Kim | Stewart | | XXX-XXX-XXXX |
| Scituate BOH | Andrew | Scheele | ascheele@scituatema.gov | XXX-XXX-XXXX |
| Scituate BOH | Joan | Schmid | jschmid@scituatema.gov | XXX-XXX-XXXX |
| Scituate EM | Elena | Cheverie | | XXX-XXX-XXXX |
| Scituate EM | Jeff | Kalla | jkalla@scituatema.gov | XXX-XXX-XXXX |
| Scituate EM | John | Murphy | jmurphy@scituatema.gov | XXX-XXX-XXXX |
| Scituate FD | Al | Elliott | aelliott@scituatema.gov | XXX-XXX-XXXX |
| Scituate PD | Ken | Bates | kbates@scituatema.gov | XXX-XXX-XXXX |
| South Shore Health EMS | Brian | Pomodoro | | XXX-XXX-XXXX |
| South Shore Hospital | Joan | Cooper-Zack | Jcooperzack@southshorehealth.org | XXX-XXX-XXXX |
| South Shore Hospital | Timothy | Quigley | TQuigley@southshorehealth.org | XXX-XXX-XXXX |
| South Shore Hospital - Director of Emergency Medical Services | Eugene | Duffy | Eduffy@southshorehealth.org | XXX-XXX-XXXX |
| South Shore Hospital - Executive Director of Public Safety and Site Management | Jim | Doyle | Jdoyle@southshorehealth.org | XXX-XXX-XXXX |
| South Shore VNA | Deb | Doherty | ddoherty@southshorehealth.org | XXX-XXX-XXXX |
| Weymouth BOH | Anne-Marie | Devaney | adevaney@weymouth.ma.us | XXX-XXX-XXXX |

| Organization | First Name | Last Name | Email | |
|--------------|------------|------------|--|--------------|
| Weymouth BOH | Julie | Long | jlong@weymouth.ma.us | XXX-XXX-XXXX |
| Weymouth BOH | Dan | McCormack | dmccormack@weymouth.ma.us | XXX-XXX-XXXX |
| Weymouth EM | Andrew | Enos | AEnos@weymouth.ma.us | XXX-XXX-XXXX |
| Weymouth EM | Charlotte | Jenkins | Cjenkins@weymouth.ma.us | XXX-XXX-XXXX |
| Weymouth EM | John | Mulveyhill | jmulveyhill@weymouth.ma.us | XXX-XXX-XXXX |
| Weymouth EM | Chris | Davern | cdavern@weymouth.ma.us | XXX-XXX-XXXX |

Appendix C - Staffing Resources

The table below outlines staffing resources identified during community discovery meetings. Depending on the size, scope, and severity of an emergency or disaster, the staffing resources outlined may or may not be available for regional shelter operations. The table below intends to provide SSRSTF with a list of staffing resources that **may be available** to support shelter operations, not to guarantee staff.

| Community | Community CERT | Potential Resources |
|-----------|----------------|---|
| Cohasset | Yes | <ul style="list-style-type: none"> • Senior Center / Council on Aging • Working w/ Boy Scouts of America (BSA) • Working w/ schools to get storm assignments for staff |
| Hanover | Yes | <ul style="list-style-type: none"> • Leveraged BSA previously to support operations • On 7/1/23 Visiting Nurses Association will be under Fire Department • DPW/custodians may have the capacity |
| Hingham | Yes | |
| Hull | No | <ul style="list-style-type: none"> • Board of Health can be deployed |
| Norwell | Yes | |
| Rockland | Yes | <ul style="list-style-type: none"> • FD/PD can likely deploy • Some community groups • Board of Health workers can deploy |
| Scituate | Yes | <ul style="list-style-type: none"> • (4) Medical Reserve Corps (MRC) Volunteers through Health Department |
| Weymouth | No | |

Appendix D - Material Resources

The table below outlines material resources identified during community discovery meetings. Depending on the size, scope, and severity of an emergency or disaster, the staffing resources outlined may or may not be available for regional shelter operations. The table below intends to provide SSRSTF with a list of material resources that **may be available** to support shelter operations, not to guarantee resources.

| Community | Potential Resources |
|-----------|--|
| Cohasset | <ul style="list-style-type: none">• 75 cots |
| Hanover | <ul style="list-style-type: none">• Regional (MEMA) shelter trailer |
| Hingham | <ul style="list-style-type: none">• 15 Passenger vans• 20 Cots• Small cache of DME equipment |
| Hull | <ul style="list-style-type: none">• 100 cots• Small cache of DME equipment |
| Norwell | <ul style="list-style-type: none">• Small number of cots |
| Rockland | <ul style="list-style-type: none">• 100 Cots, blankets, hygiene kits, bariatric cots |
| Scituate | <ul style="list-style-type: none">• 20 Cots |
| Weymouth | |

Appendix E - Capability Targets

Planning

| Capability Area | Capability Target |
|--|--|
| Identification of Use Cases | <i>The South Shore Regional Shelter Working Group can identify the use cases required for the facility.</i> |
| Shelter Survey & Agreements | <i>The South Shore Regional Shelter Working Group can leverage the American Red Cross to conduct shelter surveys as needed and maintain current Facility Use Agreements.</i> |
| Memorandum of Understanding | <i>The South Shore Regional Shelter Working Group can draft and maintain a regional shelter MOU updated every five years with all participating communities and organizations.</i> |
| Pre-Planning | <i>The South Shore Regional Shelter Working Group can meet quarterly to review and update this plan and resources to include Job Action Sheets.</i> |
| New Partnerships | <i>The South Shore Regional Shelter Working Group can review new partnership agreements and requests from other communities or jurisdictions to join the regional shelter initiative.</i> |
| Credentialing | <i>The South Shore Regional Shelter Working Group has a process to credential volunteers and staff supporting Regional Shelter Operations and verify partner credentials.</i> |
| Training and Exercise | <i>The South Shore Regional Shelter Working Group can conduct annual training and exercise for relevant stakeholders and partners. This includes municipalities, American Red Cross, Community Emergency Response Teams (CERT), Salvation Army, and Medical Reserve Corps (MRC) volunteers and staff.</i> |
| Access & Functional Needs Considerations | <i>The South Shore Regional Shelter Working Group considers clients' anticipated access and functional needs and can make reasonable accommodations to the plans and facilities.</i> |

Opening

| Capability Area | Capability Target |
|-------------------------------|--|
| Activation | <i>The South Shore Regional Shelter Working Group can convene a conference call within fifteen minutes with applicable representatives and identify the services required.</i> |
| Staffing & Structure | <i>Within thirty minutes from the decision to activate, the South Shore Regional Shelter representatives can draft a table of organization and preliminary staffing plan based on the anticipated number and type of staff needed.</i> |
| Staffing & Structure | <i>Within thirty minutes from the decision to activate, the South Shore Regional Shelter representatives can draft a table of organization and preliminary staffing plan based on the anticipated number and type of staff needed.</i> |
| Resource mobilization | <i>Within one hour of the decision to open, the City of Weymouth can deploy the shelter trailer to the facility.</i> |
| Resource mobilization | <i>Within three-six hours of the decision to open, the appropriate material resources can be deployed by partners to the facility.</i> |
| Safety & Security | <i>Within thirty minutes of the decision to activate, the South Shore Regional Shelter representatives can identify and operationalize plans to address any special safety and security considerations.</i> |
| Communications & Notification | <p><i>The South Shore Regional Shelter representatives can quickly (decision to activate T (time) + 60 minutes) and effectively communicate with the following stakeholders:</i></p> <ul style="list-style-type: none"> ● Regional Shelter Team ● Volunteers ● Supporting organizations: <ul style="list-style-type: none"> a) American Red Cross b) Salvation Army c) MEMA d) MDPH |
| Communications & Notification | <i>Within two hours of the decision to open, community Public Information Officers can initiate communications with residents and community members.</i> |
| Initial Setup | <i>Within 15 minutes of arrival on site, staff can set up a reception desk to begin intake and registration of clients.</i> |
| Initial Setup | <i>Within two hours of arrival on site, staff can set up a dormitory.</i> |
| Initial Setup | <i>Within one hour of on-site arrival, staff can set up a cafeteria area with refreshments.</i> |

Operating

| Capability Area | Capability Target |
|------------------------------------|---|
| Registration & Intake | <i>A reception desk will always be staffed while the facility is operational. The registration worker(s) should be capable of registering clients promptly (<10 minutes per family) and serve as an initial point of contact for client issues or questions.</i> |
| Registration & Intake | <i>The site has a process for identifying and managing unaccompanied minors.</i> |
| Feeding | <i>While operational, the shelter will provide three meals daily and snacks and refreshments for clients and workers. *May be adjusted based on the needs of the clients and operation.</i> |
| Dormitory | <i>While operational, the shelter will provide clients with a clean and safe environment to sleep and relax.</i> |
| Client Services | <p><i>While operational, the facility may serve as a location for clients and community members to receive the following services: *May be adjusted based on the client's needs and operation.</i></p> <ul style="list-style-type: none"> • Health Services • Spiritual Care • Mental & Behavioral Health • Access & Functional Needs Accommodations • Pet Services |
| Alternative Use Operations | <p><i>The facility may alternatively be leveraged as a space for clients and community members to receive the following services: *Will be determined based on the client's needs and incident.</i></p> <ul style="list-style-type: none"> • Overnight lodging • Warming & Cooling Center • Point of Dispensing • Point of Distribution • Evacuation Center • Service Delivery Site: <ul style="list-style-type: none"> a) Feeding b) Human Services c) Multi-Agency Resource Center d) Family Assistance Center e) Children Service |
| Transportation | <i>While operational, the onsite staff identifies a plan for reasonably accommodating clients with transportation-related challenges.</i> |
| Information Management & Reporting | <i>While operational, the facility can report the number of clients served to the Weymouth EOC at noon and midnight.</i> |
| Information Management & Reporting | <i>While operational, the facility conducts regular sync calls with the Weymouth EOC. These will likely be undertaken every six hours, but another timeframe may be established.</i> |
| Information Management & Reporting | <i>While operational, the shelter manager (or their designee) conducts a daily client meeting/briefing and posts this information to a central area for clients unable to attend.</i> |

Closing

| Capability Area | Capability Target |
|---------------------------------------|--|
| Triggers for Closure | <i>The shelter or site manager (or their designee) collaborates with the South Shore Regional Shelter Working Group and host jurisdiction EOC to establish triggers for closing the shelter.</i> |
| Planning | <i>The shelter or site manager (or their designee) collaborates with the South Shore Regional Shelter Working Group and host jurisdiction EOC to create a comprehensive plan for closing the shelter and demobilizing resources.</i> |
| Planning | <i>The shelter or site manager has an established process for identifying what the client needs to return home or transition out of the shelter to post-disaster living accommodations.</i> |
| Planning | <i>The supporting communities have an established collaboration process with other jurisdictions and shelter agencies to support transition and/or closure operations.</i> |
| Communicating the closure plan | <i>When feasible, the shelter or site manager (or their designee), South Shore Regional Shelter Working Group, and host jurisdiction EOC have an established process for communicating the shelter closure plan 24 hours before closure to relevant stakeholders, providing enough advanced notice for stakeholders to take appropriate actions.</i> <ul style="list-style-type: none"> • Partners • Clients • Residents/community members |
| Demobilization | <i>The shelter/facility staff can replenish supplies and other resources within 12 hours following closure to return the facility and supplies to pre-use condition.</i> |
| After-Action & Continuous Improvement | <i>Within 90 days following the facility's closure, The South Shore Regional Shelter Working Group can conduct an After-Action review process to include the publication of an After-Action Report and Continuous Improvement plan.</i> |

Appendix F: Assessment Call Agenda

| | |
|---|---|
| <i>Roll Call:</i> | |
| Jurisdictions | Cohasset, Hanover, Hingham, Hull, Norwell, Rockland, Scituate, Weymouth |
| Supporting Agencies | American Red Cross, MDPH, MEMA, Salvation Army, South Shore Hospital |
| <i>Review of Incident</i> | |
| Type of incident/disaster | |
| Impacts (local, regional, statewide) | |
| Estimated # of people impacted | |
| Expected Duration | |
| Availability of shelter locations, resources, equipment, and personnel | |
| <i>The decision to Activate Regional Shelter</i> | |
| Discussion by SSRSTF to open and operate shelter - | |
| <i>Next Steps</i> | |
| If no | |
| Triggers for pulling SSRSTF back for further assessment | |
| Proactively schedule a follow-up meeting. | |
| If yes | |
| Confirm the time and date of activation. | |
| Identify and assign critical roles. | |
| Identify and begin mobilization of resources. | |
| Coordinate communications cascade: Facility location to be used, staff, and citizens. | |

Appendix G: Recommended Next Steps

Planning:

1. Complete The American Red Cross Facility Use Agreement and Shelter Survey for Hanover, Rockland, and Cohasset shelter venues.
2. Review the Planning section of the Regional Shelter Plan and crosswalk with current capabilities to address gaps.
3. Establish a mechanism for regular review and updates of this plan and associated documents, including identification of program managers or leads.
4. Create an Integrated Preparedness Plan (IPP) or Multi-Year Training and Exercise Plan (MYTEP) for the South Shore Regional Shelter Task Force and Shelter Volunteer Response Team.
5. Conduct a review of feeding resources and associated feeding capability targets. Address any identified gaps.

Organizing:

1. Identify a mechanism for cost-sharing for resources and shelter support between South Shore Regional Shelter Task Force organizations.
2. Establish a process for onboarding, vetting, and credentialing shelter volunteers.
3. Review and refine insurance coverage and practices for supporting regional shelter operations.
4. Work with pet and animal response teams to ensure timely and organized response to regional shelter activations.

Equipping:

1. Conduct an inventory review and audit of all equipment and supplies that would be used to support regional shelter operations. Ensure each jurisdiction has a process for mobilizing this equipment.
2. Procure shelter identifiers (vests, shirts, IDs) for shelter volunteers and workers.

Training:

1. Conduct a Regional Shelter Plan Seminar for South Shore Regional Task Force members.
2. Create a Basic Regional Shelter Operations Course. Deliver to partner organizations and volunteers.
3. Create an Advanced Regional Shelter Operations Course. Deliver to Shelter Volunteer Response Team members.

Exercising:

1. Conduct a Tabletop Exercise for South Shore Regional Task Force members.
2. Conduct a Tabletop Exercise for Shelter Volunteer Response Team members.
3. Conduct a Functional Exercise for Shelter Volunteer Response Team members.
4. Conduct a Full-Scale Exercise for the primary (Weymouth) and secondary (Hanover) Regional Shelters venues.