

# Alexander County Mass Care/Sheltering Plan



**Created: August 2024**

### Revisions

| <b>Revisions</b> | <b>Date</b> | <b>Person Making Changes</b> | <b>Changes Made</b> |
|------------------|-------------|------------------------------|---------------------|
| 1                | 8/26/24     | D. Fox                       | Initial Plan        |
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**I. PURPOSE AND SCOPE**

Alexander County shelters may be opened for a variety of reasons, including but not limited to inclement weather, prolonged utility outages, and hazardous materials incidents. These events may be “notice” or “no-notice” events and this plan is written to address both types of sheltering operations. Alexander County is vulnerable to many no-notice events such as flash flooding, tornadoes, and hazardous materials incidents preventing pre-staging of equipment and resources for many events. Alexander County estimates shelter capacity planning should account for 5% of the county population based on historical data and recommended guidance. The guidance set forth in this plan is intended to address these planning considerations.

**II. AUTHORITIES AND REFERENCES**

- Alexander County Emergency Management Ordinance, *Chapter 31, June 2024.*
- Alexander County Emergency Operations Plan, *October 2018.*
- Alexander County Sheltering MOUs with Shelter Locations.
- American Red Cross, *RC View NSS: Shelter Building Short Survey, April 2021.*
- American Red Cross, *Sheltering Standards & Procedures, July 2016.*
- American Red Cross, *Hurricane Evacuation Shelter Selection Standards, June 2018.*
- Americans with Disabilities Act of 1990, as amended.
- Americans with Disabilities Act of 1990; *Title II, Section 35.136: Service Animals.*
- Americans with Disabilities Act of 1990; *Title III, Section 36.104: Service Animals.*
- Civil Rights Act of 1968; *Title VIII: Fair Housing Act.*
- FEMA, *National Disaster Housing Strategy, January 2009.*
- FEMA, *Planning Considerations: Disaster Housing, May 2020*
- Homeland Security Act of 2002.
- Homeland Security Presidential Directive 5.
- National Mass Care Strategy, *American Red Cross Shelter Forms.*
- NC DHHS, *Memorandum of Understanding between the North Carolina Department of Health and Human Services and County Department of Social Services*, pursuant to NCGA 108A-74.
- NCEM, *North Carolina Coastal Region Evacuation and Sheltering Standard Operating Guide, August 2019.*
- NCEM, *North Carolina State Coordinated - County Hosted Sheltering Plan, July 2023.*
- NCEM, *North Carolina State Operated Shelter Plan, July 2023.*
- NCEM, *Procuring and Requesting Shelter Interpreters Standard Operating Guide, July 2021.*
- North Carolina Emergency Operations Plan, *December 2022.*
- North Carolina Office of Emergency Medical Services, *State Medical Support Shelter Plan, January 2020.*
- Pets Evacuation and Transportation Standards Act of 2006.
- Post-Katrina Emergency Management Reform Act of 2006.
- Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, and Related Authorities.
- State of North Carolina, *Chapter 27A Sex Offender and Public Registration Programs §14-208.18 Sex offender unlawfully on premises.*
- State of North Carolina, *Chapter 166A: North Carolina Emergency Management Act.*
- State of North Carolina, *Chapter 168: Persons with Disabilities.*

**III. ACRONYMS AND DEFINITIONS**

- a. AED: Automated External Defibrillator
- b. AHIMT: All Hazards Incident Management Team
- c. ARC: American Red Cross
- d. ACSO: Alexander County Sheriff's Office
- e. ADA: Americans with Disabilities Act
- f. CAMET: Companion Animal Management Equipment Trailer
- g. CAST: Companion Animal Shelter Trailer
- h. CERT: Community Emergency Response Team
- i. CDC: Centers for Disease Control
- j. COOP: Continuity of Operations Plan
- k. CPR: Cardiopulmonary Resuscitation
- l. CRES: Coastal Region Evacuation and Sheltering
- m. DHHS: Department of Health and Human Services
- n. DSS: Department of Social Services
- o. EMAC: Emergency Management Assistance Compact
- p. EMS: Emergency Medical Services
- q. EMT: Emergency Medical Technician
- r. EOC: Emergency Operations Center
- s. EOP: Emergency Operations Plan
- t. ESF: Emergency Support Function
- u. ETBC: East Taylorsville Baptist Church
- v. FAST: Functional Assessment Support Team
- w. FEMA: Federal Emergency Management Agency
- x. IAP: Incident Action Plan
- y. IC: Incident Commander
- z. IMT: Incident Management Team
- aa. JIC: Joint Information Center
- bb. LME/MCO: Local Management Entities/Managed Care Organizations
- cc. MD: Medical Doctor
- dd. MOA: Memorandum of Agreement
- ee. MOU: Memorandum of Understanding
- ff. NCEM: North Carolina Emergency Management
- gg. OEMS: Office of Emergency Medical Services
- hh. PA: Physician's Assistant
- ii. PH: Public Health
- jj. PHN: Public Health Nurse
- kk. PHP&R: Public Health Preparedness and Response
- ll. RN: Registered Nurse
- mm. SEOC: State Emergency Operations Center
- nn. SERT: State Emergency Response Team
- oo. TPD: Taylorsville Police Department

#### **IV. ASSUMPTIONS**

1. The Mass Care/Sheltering Plan is not intended as a stand-alone sheltering and evacuation guide; it is intended to support in-county response and operations as required to prevent the loss of life and/or property.
2. Elements of the Mass Care/Sheltering Plan may be used for all hazards.
3. The primary focus of the plan is on response to "notice" and "no-notice" events for evacuation and sheltering operations.

4. Incidents are managed at the lowest possible organizational and jurisdictional level. Alexander County will respond to emergencies and disasters using local resources to the maximum extent possible.
5. Alexander County Emergency Management will make requests for mutual aid and state assistance through the State EOC, Area Coordinator, Western Branch Office, and/or WebEOC.
6. This plan is activated by the Emergency Management Coordinator or his/her designee.
7. A State of Emergency will be requested if not already in place with the activation of this plan by the Emergency Management Coordinator according to Chapter 31 of the Alexander County Emergency Management Ordinance.
8. Significant storm threats may require the activation of this plan, a State of Emergency, and coordination of state and mutual aid assistance.
9. The evacuation of large numbers of people from vulnerable areas will stress the capabilities of road networks, potentially increasing the time necessary to evacuate the threatened risk area.
10. The county will coordinate significant information-sharing across multiple jurisdictions and between the public and private sectors to assist in key decision-making efforts regarding evacuation, shelter operations, and dissemination of public information.
11. All references to low-intensity, high-intensity, and categorized storms are used for planning and operational guidance. It is recognized any storm system may threaten the loss of life and or property to the extent of exceeding local capabilities and as such the implementation timelines in this plan are not limited to such a category. Responsible parties should base decision-timing on the threat and needs of their populations.
12. Local transportation assets for persons with access and functional needs are not sufficient. The State may be requested to supplement local jurisdictions with accessible transportation resources for evacuees with access and functional needs.
13. Threats from significant storm systems will result in numerous displaced people, disruption of normal life support systems, significant congestion of transportation networks, and stress on local and state transportation resources.
14. Those seeking shelter will be forced from their homes, and some will not possess the resources or support networks to secure safe accommodations.
15. Sheltering operations will be limited within the county. The state may provide coordination and assistance in activating host county shelter operations to assist if capabilities are overwhelmed.
16. Significant incidents will require prolonged incident management operations and support activities, including the use of the Incident Command System at all levels.
17. Departments and agencies at all levels of government and certain non-government organizations, such as the American Red Cross, will likely be required to deploy resources on short notice to provide timely and effective mutual aid and/or intergovernmental assistance.

## V. TRIGGERS AND TIMELINES

Alexander County is 260 square miles with a population of 36,491 making up approximately 13,496 households. Approximately 20 percent of the county's population is Under 18, 60 percent 18 to 64, and 19 percent is 65 and older. English is the primary language at 94 percent with Spanish making up 4 percent. Approximately 11.6 percent of citizens live below the poverty line which is slightly less than the state's 13.7 percent. Additional census demographics of Alexander County can be found at the following links:

- Census Data: <https://censusreporter.org/profiles/05000US37003-alexander-county-nc/>

Alexander County Emergency Management, in conjunction with Alexander County Management and Alexander County DSS, determines the activation of this plan is necessary, shelter locations will be

determined based on the anticipated need, and potential shelter population. Shelter staff shall be notified via Hyper-Reach and/or internal phone trees. Alexander County may have to be able to operate shelters with local support only for up to 72 hours before additional state and federal resources are available.

Shelters may be required due to the following events:

- Tornadoes
- Flash Flooding
- Long-Term Power Outages
- Hazardous Materials Incident
- Wildfire

Decisions will be made to open shelters as close to the affected area as possible but ensure to set up outside of the affected area at one of the designated shelter sites. FEMA’s Resilience Analysis and Planning Tool (RAPT) will be utilized to determine potentially affected populations and the number of needed shelter locations.

**VI. AGENCY RESPONSIBILITIES**

- a. Lead Agency: Alexander County Department of Social Services
- b. Lead Technical Agency: Alexander County Department of Social Services
- c. Lead Support Agency: Alexander County Emergency Management

|   |   |
|---|---|
| <i>American Red Cross</i>                             | Will provide assistance according to their Letter of Intent. The updated Letter of Intent is in Attachment F..  |
| <i>Alexander County Animal Control</i>                | <ul style="list-style-type: none"> <li>• Lead agency in caring for pets and animals during a shelter event.</li> <li>• Track and maintain accountability of pets and animals throughout the duration of the shelter.</li> </ul>   |
| <i>Alexander County Department of Public Health</i>   | <ul style="list-style-type: none"> <li>• Provide information on communicable disease control.</li> <li>• Work with Public Health Regional Surveillance Teams.</li> <li>• Coordinate the deployment of additional health personnel to support shelters.</li> <li>• Provide health oversight in disaster situations requiring expedient supply of food and water.</li> <li>• Coordinate with mental health services for evacuees and staff.</li> </ul>  |
| <i>Alexander County Department of Social Services</i> | <ul style="list-style-type: none"> <li>• Lead agency for Mass Care and Emergency Assistance under the Alexander County EOP.</li> </ul>  |
| <i>Alexander County Emergency Management</i>          | <ul style="list-style-type: none"> <li>• Responsible for determining the need for sheltering and activation of Mass Care/Sheltering Plan.</li> <li>• Provide State of Emergency ready for signature to the Chairman of BOCC.</li> <li>• Activation of the processes which will allow for reimbursement for personnel and services provided to the sheltering program.</li> <li>• Direct county EOC overseeing logistic and personnel requests through WebEOC and provide situational reports to county management and state representatives.</li> <li>• Coordinate with the Joint Information Center (JIC) on press releases about shelter locations and public education.</li> </ul> |
| <i>Alexander County EMS</i>                           | <ul style="list-style-type: none"> <li>• Transports patients to higher echelon of care if deemed necessary.</li> </ul>  |

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|  | <ul style="list-style-type: none"> <li>Assists with medical evaluation and triage when staffing allows.</li> </ul>   |
| <i>Alexander County Public Schools</i>                       | <ul style="list-style-type: none"> <li>Provides buses to transport evacuees from evacuation sites to overnight shelters.</li> <li>Provides shelter locations with high school and middle schools.</li> </ul> |
| <i>Alexander County Sheriff's Office and Taylorsville PD</i> | <ul style="list-style-type: none"> <li>Provides security at shelter locations.</li> <li>Provides security and assist with escorting transportation resources when transporting evacuees.</li> </ul>          |
| <i>Mental Health Care Provider</i>                           | Assist LCSW at Alexander Public Health with triaging and caring for mental health needs within the shelter.  |
| <i>NC Emergency Management</i>                               | Support staff within Emergency Operations Center. Advise on Human Services Resources.  |
| <i>VOAD/COAD/CERT</i>  | Support DSS in filling staffing voids if needed.   |

**VII. CONCEPT OF OPERATIONS**

**Shelter Types**

A Shelter is an accessible facility set up to provide comfort, food, water, information, and sleeping accommodations to meet the immediate disaster-caused needs of individuals, families, and communities. Core services are provided in every shelter, and situational services are provided based on the needs of the clients. All services are programmatically and physically accessible to all clients. Shelters can be divided up into congregate and non-congregate shelters.

- I. Congregate shelters are the most common shelter type setup. They are generally established in large open settings that provide little to no individual privacy in facilities that normally serve other purposes, such as schools, churches, community centers, and armories.
  - a. Emergency Evacuation Shelter is an accessible facility set up in the event of a rapid evacuation or to provide a safe place to congregate while a major storm passes. Emergency evacuation shelters typically allow less space per person in order to maximize the number of clients that can be accommodated.
  - b. General population shelter is an accessible facility set up to provide shelter for everyone in the community, including individuals with access and functional needs, including those with disabilities requiring supportive services to maintain independence and utilize the shelter and its programs and services.
    - i. Standard/short-term shelter is a general population shelter typically lasting two weeks or less.
    - ii. Long-term shelter is a general population shelter typically lasting more than two weeks.
  - c. Medical Shelters are shelters that support individuals who have medical issues requiring care beyond the capability of a general population shelter. They are established in coordination with public health and social services agencies.
- II. Non-congregate shelters provide alternatives for incidents when conventional congregate sheltering methods are unavailable or overwhelmed, or longer-term temporary sheltering is required. Typically, facilities that are used provide a higher level of privacy than conventional congregate shelters. Non-congregate shelters may include hotels, dormitories, and converted buildings, staying with family or friends, or other facilities with private sleeping spaces but possibly shared bathrooms and/or cooking facilities.

**Facilities**



Shelter locations are listed in Attachment D and in WebEOC. Facilities have been selected based on size capabilities and geographical locations covering the western, central, and eastern parts of the county. Each facility should be reviewed annually and the American Red Cross Shelter Facility Survey updated. Shelter Facility Surveys will be updated in WebEOC and kept on file at the Alexander County Emergency Management Office. Memorandum of Agreements will also be updated annually during site visits and maintained in Attachment E. These facilities will be involved in planning, training, and exercises when available to ensure readiness and increase capabilities.

### **Shelter Staff**

- I. Shelter Manager
  - a. Roles:
    - i. Shelter Management and oversees all shelter operations.
    - ii. Interfaces with managing organizations
    - iii. Reports shelter statistics
    - iv. Approves expenditures
    - v. Approves and makes resources and personnel requests to EOC
    - vi. Maintains timesheets and other associated documentation
  - b. Provided by: Alexander County DSS
  - c. Staffing levels: One Manager per Shelter
  - d. Recommended Training: IS-100, IS-200, IS-700, IS-800, G300, G400, American Red Cross Shelter Manager Training, and K0419 Mass Care Emergency Assistance Shelter Field Guide Training.
- II. Registration
  - a. Roles:
    - i. Sets up and maintains registration area
    - ii. Schedules staff for registration
    - iii. Maintains records
    - iv. Refers residents to health and mental health services as needed
    - v. Maintains awareness of shelter population at all times
  - b. Provided by: DSS. Could be assisted by volunteers.
  - c. Staffing levels: One per 165 residents, minimum of 1
  - d. Recommended Training: IS-100, IS-200, IS-700, American Red Cross Shelter Manager Training, and K0419 Mass Care Emergency Assistance Shelter Field Guide Training.
- III. Dormitory Management
  - a. Roles:
    - i. Sets up and maintains dormitory area
    - ii. Schedules dormitory staff
    - iii. Refers residents to health and mental health services as needed
    - iv. Maintains the inventory of blankets, cots, hygiene kits, and comfort kits
    - v. Works with residents to develop and enforce dormitory rules.
  - b. Provided by: DSS
  - c. Staffing levels: One per 100 residents, minimum of 1
  - d. Recommended Training: IS-100, IS-200, IS-700, American Red Cross Shelter Manager Training, and K0419 Mass Care Emergency Assistance Shelter Field Guide Training.
- IV. Feeding
  - a. Roles:
    - i. Sets up and maintains kitchen according to local food safety regulations
    - ii. Schedules kitchen and meal service staff

- iii. Works with residents to understand dietary needs and ensures food preference can be met
  - iv. Prepares menus
  - v. Oversees meal preparation and meal service
  - vi. Ensures adequate food inventory is available.
  - b. Provided by: DSS. Can be assisted by Incident Logistic Section Chief if assigned.
  - c. Staffing levels: One per 110 residents, minimum of 1
  - d. Recommended Training: IS-100, IS-200, IS-700, American Red Cross Shelter Manager Training, and K0419 Mass Care Emergency Assistance Shelter Field Guide Training, Food safety awareness.
- V. Staffing
- a. Roles:
    - i. Obtains staff
    - ii. Maintains staff records
    - iii. Resolves human resource issues.
  - b. Provided by: DSS
  - c. Staffing levels: One per shelter. May serve as the supervisor over registration, dormitory, and feeding or dual role of the Shelter Manager.
  - d. Recommended Training: IS-100, IS-200, IS-700, IS-800, G300, American Red Cross Shelter Manager Training, and K0419 Mass Care Emergency Assistance Shelter Field Guide Training.
- VI. Logistics
- a. Roles:
    - i. Procures facility
    - ii. Procures needed supplies
    - iii. Maintains records
    - iv. Security
    - v. Facility Maintenance
  - b. Provided by: DSS. Can be assisted by Incident Logistic Section Chief if assigned.
  - c. Staffing levels: One per 500 residents, Minimum of 1
  - d. Recommended Training: IS-100, IS-200, IS-700, IS-800, G300, G400, American Red Cross Shelter Manager Training, and K0419 Mass Care Emergency Assistance Shelter Field Guide Training.
- VII. Functional Needs Supervisor
- a. Roles:
    - i. Provides health screenings to residents
    - ii. Arranges for health and mental health care as needed.
    - iii. Arranges for prescriptions, durable medical equipment and health assistants as needed.
    - iv. Provides nursing services commensurate with the scope of practice of available staff
    - v. Ensures shelter operation meets health codes
  - b. Provided by: Alexander County Public Health
  - c. Staffing levels: One per 200 residents, Minimum of 1
  - d. Recommended Training: IS-100, IS-200, IS-700, K0419 Mass Care Emergency Assistance Shelter Field Guide Training, medical certification for scope of practice requested.
- VIII. Public Health Officer
- a. Roles:

- i. Monitors shelter environment health and safety, including air, water, food, sanitation, structural, contamination, wastes, etc.
  - ii. Addresses and advises on public health issues as needed
  - iii. Works closely with local Boards of Health, the Department of Public Health, and the Center for Disease Control to monitor public health
  - b. Provided by: Alexander County Public Health
  - c. Staffing levels: One per shelter
  - d. Recommended Training: IS-100, IS-200, IS-700, K0419 Mass Care Emergency Assistance Shelter Field Guide Training, medical certification for scope of practice requested.
- IX. Animal Shelter Manager
- a. Roles:
    - i. Oversight and coordination of all animal shelter services
    - ii. Monitors animal shelter capacity and needs
  - b. Provided by: Alexander County Animal Services
  - c. Staffing levels: One per shelter
  - d. Recommended Training: IS-100, IS-200, IS-700, CAMET training

| Standard Short-Term Emergency Shelters          |         |                  |              |                                      |  |
|---|---------|------------------|--------------|--------------------------------------|--|
| Staffing Per Shift*<br>(Based on 200 residents) | Manager | # of Supervisors | # of Workers | Scaling Factor Per Population        | Notes  |
| Shelter Management                              | 1       |                  | 1            |                                      | Worker is administrative support person/staffing |
| Client Registration                             |         |                  | 1            | 1 for every 165 residents, minimum 1 |  |
| Dormitory                                       |         | 1                | 2            | 1 for every 100 residents, minimum 1 |  |
| Feeding   |         |                  | 2            | 1 for every 110 residents, minimum 1 |  |
| Health & Mental Health Services                 |         |                  | 1            | 1 for every 200 residents, minimum 1 | Accredited professional                          |
| Logistics                                       |         | 1                | 2            | 1 for every 500 residents, minimum 1 |  |

\*For total staffing numbers, multiply by the number of shifts with the exception of the shelter manager of which there is only one.

Staffing levels and scaling factors are guidelines. Staffing for each shelter is situational dependent. Additional staff may be necessary based on the demographics and needs of the shelter residents. Examples of additional staff might include security personnel, janitorial services and staff for children's areas.

**Shelter Operations**

*Communication*

Communication will be paramount throughout shelter operations to ensure the safety of staff and residents. Communications should flow from shelter staff to the Shelter Manager. The shelter manager will communicate with the Emergency Operations Center (EOC) via a DSS EOC representative.

Communications PACE Plan:

- Primary: Cell Phone
- Secondary: VIPER Radio and assigned channel.
- Contingency: Land Line or VHF of emergency responders at Shelter
- Emergency: Runner

### *Reporting*

The Shelter Manager should maintain routine communications with the EOC and report incidents, personnel and supply requests, the number of residents, and meals served. The EOC should maintain situational awareness of the incident and shelter status in order to report to senior management, elected officials, and NCEM. Shelter counts should be completed and EOC updated at 1000 and 2200 (10:00 am and 10:00 pm) via the designated communications means. More routine updates may need to be made during the initial event and/or demobilizing the shelter. EOC staff will maintain these numbers on a situational report and within WebEOC.

### **Logistics**

Alexander County has limited supplies to support sheltering. Food, water, hygiene items, and clothing may have to be requested or donated through a donation manager.

Alexander County Emergency Management maintains the following equipment which could benefit shelter operations:

- 55 KW Generator
- Mass Care Trailer
- Companion Animal Mobile Equipment Trailer (CAMET)
- Light Towers
- Message Boards
- Mass Casualty Incident (MCI) Trailer
- Various portable lights (battery and plug-in)
- Various portable generators

American Red Cross houses a Shelter Support Trailer that is accessible by Alexander County Emergency Management with cots and blankets for 50 personnel.

North Carolina Emergency Management may be requested to support with the following.

- Generators
- Light Towers
- Shower Trailers
- Rest Room Trailers
- Laundry Trailers
- Functional Assessment Support Team (FAST)
- Incident Management Team (IMT) staff

Piedmont Healthcare Coalition could be requested through NCEM to support with the following:

- Trailer-mounted generators
- Shower Trailer
- Restroom Trailer
- Tents
- Heating, Ventilation, and Air Condition (HVAC) units
- Light Towers

### **Shelter Feeding**

Feeding operations will need to be established soon after a decision to set up a shelter is made. Alexander County should assume the first two meals will need to be provided through coordination with local restaurants. Feeding operations can then be supported through a current MOU with NC Department of Adult Corrections (AXCI). AXCI can support meal preparation of 2,000 meals for four days at \$2.14 a meal. Additional food may need to be ordered if the incident is extended past four days. Containers for the food and transport will be the responsibility of Alexander County. Food transport will be coordinated by the Logistic Section Chief if assigned and/or the feeding manager of the shelters.

Feeding resources could be requested through NCEM and supported by non-profit and/or faith-based organizations.

### **Shelter Support Services**

- *Medical Screening:* During the intake process all evacuees will be screened for unmet medical needs, symptoms of an infectious disease, and the need for minor or acute medical care. Evacuees will be asked two questions:
  1. Is there anything you or a member of your family needs right now to stay healthy while in the shelter? If not, is there anything you know you will need in the next 6-8 hours?
  2. Do you or a family member have a health, mental health, disability, or other condition about which you are concerned?

Alexander County operated shelters are not capable of providing acute medical care that requires treatment in a medical facility. If acute medical needs are discovered during the intake process, individuals will be directed to Health Services staff for triage to determine the appropriate medical facility and to coordinate appropriate transportation.

- *Health Services:* In the event that a shelter is opened in Alexander County, at least one ACHD PHN will be required to be on site. The ACHD also can pull AC School nurses to assist as well (from the contract with AC School System). AC Hospice has also verbalized willingness to participate. Staffing levels will depend on the number of people housed in the shelter and the medical needs present. Additional staff may need to be requested through emergency management to ensure appropriate staffing levels.
- *Public Health Nurses:* The ACHD will provide PHNs. The role of nurses in the shelter would be consistent with the routine scope of practice within the health department (health promotion, disease education, health histories, nursing assessments, and triage for referrals to medical facilities based on presenting acuity of care). Duties may include assisting with activities of daily living, assisting with medication administration (opening the containers and viewing the medication but not administering) and provide emotional support.
- *Telemedicine:* Alexander County is unable to provide Telemedicine services. NCOEMS in conjunction with NCEM may assist with the coordination and overseeing of telemedicine services. NCEM holds and maintains the contract for telemedicine and could be requested through Alexander County Emergency Management.
- *Medical Support Shelters:* Medical Support Shelters would not be adequately provided by Alexander County. Assistance from Piedmont Health Care Coalition and SMAT 500 would be required to fulfill these needs. Once this need is determined Alexander County EM will coordinate with state resources to provide these services.

- *Medication and Medical Devices:* Evacuees for whom medications and supplies have been prescribed are expected to bring those pharmaceuticals, supplies, and devices necessary for health maintenance with them to the shelter. These items will remain under the ownership and cognizance of the individual(s) to whom they belong. Temperature controlled secure storage may be provided on-site to store medications and access will be coordinated by health services staff. If necessary, replacement of prescription medications, assistance in administering medications, or operating medical equipment may be requested through on-site health services staff. Replacement of prescriptions will be coordinated with local pharmacies and American Red Cross. Evacuees presenting with unmet medical needs for specialty equipment, assistive devices, personal care assistants, or other medical needs will be assessed by appropriate response personnel and assistance needs may be requested through on-site health services staff. On-site health services would triage the needs and coordinate needed resources with local providers and pharmacies.
  - *Cold Storage:* Alexander County Health Department has two long-term medication storage coolers that could be deployed if necessary. A small refrigerator may need to be requested for medication or stored off-site for long-term shelters.
- *Mental Health Services:* Shelter residents will have the opportunity to disclose any mental health needs during registration, but individuals may choose not to disclose. If an individual discloses a mental health condition but does not have the required medication or support, they will be referred to health or mental health services for triage and assessment and referred to appropriate care as needed. The ACHD LCSW can provide mental health services that are within the scope of their license and that are under the scope of care that is listed in their job description. If an individual requires acute mental health care, transportation to an appropriate facility will be coordinated by health or mental health services staff.
- *Addiction Services:* Health Services staff may have a supply of naloxone to administer to a shelter resident experiencing an opioid overdose. Emergency services should be activated for this type of overdose as follow-on care or additional Naloxone may be needed. Residents may arrive at the shelter with take-home medications to treat opioid use disorders such as methadone or buprenorphine,
- *Language Interpreters:* The ACHD Spanish Interpreter can provide interpretation services that are within the scope of services that are listed in their job description. Signage can be created by ACHD Interpreter

### **Access and Functional Needs**

- During a disaster, individuals with access and functional needs may seek assistance at general population shelters. Most individuals can be accommodated with appropriate support. Alexander County will attempt to maintain an accessible environment, with or without modifications, per ADA guidelines. This includes but is not limited to, considerations for physical accessibility, communication, maintaining health and independence, and transportation needs.
- During the opening process, a Functional Assessment Support Team (FAST) may be requested through Alexander County Emergency Management. FAST may be designated to support one shelter site or may rotate through multiple sites. The FAST Coordinator will dispatch a team to conduct a functional assessment and to determine the support needed to maintain all individuals' independence and safety in an emergency shelter setting.

- It is every shelter worker's responsibility to continuously maintain an accessible shelter environment and to report any issues or concerns related to accessibility to the shelter management team. Any shelter worker can request supportive services and equipment through the shelter manager. The "ADA Checklist for Emergency Shelters" can be used to help identify ADA-compliant facilities and will be utilized by the shelter management team to identify accessibility concerns. If an issue or concern is identified, the shelter management team will address it by requesting shelter modifications or resources through WebEOC. This includes requesting the assistance of the Functional Assessment Support Team. Additionally, the "Access and Functional Needs Toolkit" can be used to assess and address the needs of shelter residents with access and functional needs.

### **Pet Sheltering**

Alexander County Animal Services will be the lead agency on pet sheltering after a disaster. They are located at 116 Waggin Trl Dr, Taylorsville, NC 28681 just North of Taylorsville on NC HWY 16N. This location will be the primary sheltering location if pet sheltering is necessary. The facility is already set up for animal intake, care, feeding, bathing, and provides adequate sheltering.

Animal Services will be contacted when a shelter needs to be opened. Staff will respond to assist with animal intake, registration, and specialized paperwork for pet sheltering. Staff will work together to transport animals from the shelter site to the Animal Services facility for continued care. Animal transport will take place through Animal Services staff and volunteers utilizing their county van with travel crates and/or Animal Control trucks.

Animal Sheltering capabilities will be dependent on numerous factors. Type of animal, size of animal, number of animals capable of being housed together, and medical concerns are a few of the factors that will play into sheltering capabilities. Animal Services could potentially house an additional 60 pets at their current facility with equipment; however, additional staffing would be needed. It is recommended to have one staff member per ten pets creating a 1:10 ratio. Shelter temperatures must also remain between 50 and 80 degrees.

In the event of a large scale disaster additional sheltering sites may need to be set up utilizing the county's CAMET and/or state's CAST and CAMET resources. Additional staffing would need to be utilized to fulfill these needs through non-profit organizations and volunteers. The ideal scenario will continue to be to house animals on the Animal Service facility property to provide the best care.

### **Safety and Security**

Safety will be a priority of staff throughout the duration of the shelter. Safety will be maintained by establishing and enforcing shelter rules and a security presence. Security will be provided by Alexander County Sheriff's Office and Taylorsville Police Department. Additional officers may be requested through mutual aid agreements to fulfill needed staffing levels.

Security will be maintained by limiting the number of public entrances and exits, internal and external roving, the establishment of "off-limit" areas, and identification bands if available.

Shelter Rules will consist of:

- No drugs, alcohol, or weapons are permitted within or on shelter property.

- Use of tobacco products, matches, and/or lighters is prohibited within or on shelter property. Shelter locations outside of educational facilities may provide a designated smoking area if permitted by the property owner.
- Parents are responsible for keeping track of and controlling the actions of their children. Do not leave children unattended.
- Shelter staff cannot assume responsibility for belongings. Valuables should be kept on one's person, locked up, and/or kept out of sight.
- Sleeping areas are quiet areas at all times of the day and night. Quiet hours with lights out are enforced in the sleeping areas between the posted hours.
- Residents leaving the shelter for any period of time must sign out and sign in at the registration area.
- Areas should be kept clean at all times
- Food and drinks, other than water, are not allowed in the sleeping area.
- Be respectful and courteous to others at all times. Loud boisterous and disruptive behavior is not permitted.
- Immediately report all health or safety concerns to shelter staff.

*Access Control and Visitors:* Visitors should check in with registration and sign in and out providing their name and who they are visiting.

*Media:* Media should be coordinated through the Emergency Operations Center or Joint Information Center (JIC) if one is established. If media arrives at a shelter location they should be referred to the JIC or designated PIO.

### **Transition to Recovery**

Once the event has concluded or the disaster has stabilized, Alexander County will begin damage assessments and determine when it is safe to begin returning evacuees to their home jurisdictions. After an event that displaces many households, the shelter population will likely decrease rapidly as people return home or find alternate housing arrangements. In most events, the shelter capacity will reach a plateau, where the population does not change for several days, or the decrease slows substantially. The remaining individuals tend to be pre-disaster homeless, pre-disaster precariously housed, and those who need significant assistance with interim housing.

Recovery, like sheltering, is a local responsibility, but events that are larger in magnitude and involve multiple jurisdictions will overwhelm local resources. To assist survivors with the transition out of the SOS and into a more permanent recovery plan as soon as possible, Multi-agency Shelter Transition (MAST) Teams may be utilized. MAST teams will work with local jurisdictions and disaster survivors to identify more permanent housing solutions or provide information on local, state, and federal programs designed to assist disaster survivors throughout the recovery process.

### **Closing the Shelter**

The decision to close the shelter will be made with input from the Incident Commander/Unified Commander, Alexander County Management, Alexander County Emergency Management, Alexander County DSS, American Red Cross, and other participating agencies.



The shelter management team will provide 48 hours' notice of facility closure to the shelter clients whenever possible. Shelter clients should make every effort to work with Transition Teams to have a plan in place for relocation or recovery. Shelter clients still residing in the shelter will be required to have arrangements at the time of the shelter closing.

**VIII. DEVELOPMENT, REVIEW, AND MAINTENANCE**

This plan will be revised annually and/or following any drill, exercise, or real-world event that indicates changes to the Plan are necessary. Alexander County Emergency Management will coordinate with partners to review for any updates or changes to the document before making permanent changes to the plan. The final, approved draft will be distributed to all relevant partners with a role in the plan and any other departmental contacts requiring or requesting plan information.

**IX. ATTACHMENTS**

- Attachment A: Shelter Facility Surveys
- Attachment B: Opening and Closing Checklist
- Attachment C: Job Action Sheets
- Attachment D: Shelter Locations
- Attachment E: Shelter MOUs
- Attachment F: LOI with ARC

# **Attachment A: Shelter Facility Surveys**

# **Attachment B: Opening and Closing Checklist**

# **Attachment C: Job Action Sheets**

# **Attachment D: Shelter Locations**

# **Attachment E: Shelter MOUS**

# **Attachment F: Letter of Intent with American Red Cross**