

State of Texas Local Sheltering Quick Guide



TDEM
THE TEXAS A&M UNIVERSITY SYSTEM

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Introduction

The purpose of this guide is to provide local jurisdictions with an overview of expectations and essential functions for the operation of a locally-activated shelter. This guide assists a local jurisdiction with basic sheltering operations; outlining roles and responsibilities, capabilities, and actions that can be taken to facilitate smooth operations and coordination.

The information in this guide may or may not be applicable to all sheltering situations, however, it's an educational tool to provide guidance and allow for planning.

Sheltering evacuees can be challenging, especially if the need arises unexpectedly local jurisdictions should utilize this guide and other resources in their planning stage. Coordination with local police, fire, EMS, county/city staff, churches, and nonprofits can assist in these operations. The local jurisdictions should be able to establish and operate sheltering activities for approximately 72 hours. If sheltering operations are required beyond the initial 72 hours or the need for sheltering outweighs the capabilities of the local jurisdiction, there are mechanisms for requesting assistance from the state.

BEFORE OPENING A SHELTER



- ① An evacuation notice/order is in place when applicable
- ② How are evacuees getting to a shelter? Transportation considerations for individuals with disability, access and functional needs should be planned for to include timing considerations.
- ③ Tracking evacuees, pets, and assets may be necessary for accountability and will allow the shelter managers to meet the needs of the sheltered population. A sign-in sheet can work initially, however, local jurisdictions have access to a tool through the state called ETN(emergency tracking network) that can aid in this tracking.

- ✓ Activate local agreements and pre-identified locations.
- ✓ Personnel is activated and deployed to locations.
- ✓ Disseminate official notifications on shelter locations to the community, including those able to self-evacuate.

- Local Jurisdictions should pre-plan and establish:**
- ④
 - Shelter Site Assessments
 - Scope of Shelter Services Needed
 - Establish Site Layout and Setup
 - Review Shelter Rules
 - Evaluate Staffing Needs
 - Establish Safety and Security Protocols
 - Evaluate Disability, Access and Functional Needs Support Services
 - Assist with Emergency Tracking Network (ETN)

The state can provide support and aid a local jurisdiction through these during the planning process.

DETERMINING SHELTERING NEEDS

Once the need for a coordinated shelter is identified, there are several items to consider prior to opening the shelter to the public.

- Congregate vs. Non-Congregate
- Cohabitation vs. Co-Located vs. Animal-Only Shelter, for pets.
- Americans with Disabilities Act (ADA) compliance.
- Disability Access and Functional Needs (DAFN) Accommodations
- Spatial Requirements (Congregate vs. Non-Congregate).
 - 20-60 square feet per person (Congregate)
 - 80 square feet per person (DAFN)
 - 110 square feet per person (Pandemic Congregate)
- Restrooms, showers, and laundry facilities
- First-aid supplies, toiletries, comfort items, etc.
- Food vendor contracts and accommodations for diet restrictions.

LOGISTICAL NEEDS

Acquisition of materials, equipment, and services is a necessity for sheltering operations and evacuees' comfort. Logistical needs may vary per incident.

- Potable Water
- Communications Equipment (Phones, Computers, etc.)
- Food and Food Service Supplies
- Sanitation Supplies/Equipment
- Children/Infant Supplies
- Universal/Accessible Cots/Beds
- Blankets/Pillows
- Showering Facilities
- Personal Hygiene Supplies
- Towels
- Durable Medical Equipment (Wheelchairs, Oxygen, etc.)
- Administrative Supplies
- Tables and Chairs
- Consideration of Laundry Needs and Supplies

SITE ASSESSMENT

In order to ensure a safe and healthy sheltering environment, congregate or non-congregate, conduct a site inspection of the pre-identified facility prior to opening the shelter to the public. Consider liability, safety, and security issues and take as many photos as possible, before, after, and during sheltering operations.

- ☐ Is the facility in a safe location/away from the affected area?
- ☐ Is the facility clean, neat, and orderly?
- ☐ Are restrooms functioning properly and ADA Compliant?
- ☐ Are the building systems working? Electrical, Water, Sewer System, HVAC
- ☐ Are all fire extinguishers and smoke detectors in working order?
- ☐ Are all indoor/outdoor walkways free of hazards?
- ☐ Are first aid kits readily available, fully stocked, and easily accessible?
- ☐ Are protective measures/barriers in place to accommodate specific needs?
- ☐ Is the site ADA compliant? or can it be retrofitted or supported with ADA compliant services or goods on the property?
- ☐ Are there hazardous materials on-site? If so, are they secured properly?
- ☐ If power fails, is there automatic emergency power available on site?
- ☐ Do you have an established facility use agreement and staff readily available to support facility management and access?

SITE SETUP

When allocating space in the shelter, consider establishing the following areas as well as controlling the level of access to each area, especially if operating during a pandemic environment.

- Parking
- Drop-off Location(s)
- Waiting Area
- Registration
- Case Work Area
- Bereavement Area
- Dormitory Area
- Household Pet Area
- Dining Area
- Food Serving Area
- Food Production Area
- Storage Area
- Medical Services Area
- Mental Health Service
- Shelter Management
- General Staff Area
- Recreation/Lounge
- Showering Area
- Sanitizing Area



Site Plan Example

Considerations for establishing a congregate shelter during a pandemic environment can be found on page 16 of this quick guide "Congregate Pandemic Shelter Spacing,".

SHELTER RULES

Shelter rules should be clearly posted throughout the facility, in multiple languages, and communicated to all residents. Consistent enforcement helps ensure a safe, sanitary, and secure environment for everyone.

- Highly recommend ETN wristbands should be worn at all times.
- No drugs, alcohol, or illegal substances are permitted on the premises of any shelter operation. Firearms and other weapons must follow all rules established by the shelter-managing organization, applicable laws, and any facility agreements governing the site. Appropriate signage should be posted, and staff should follow established procedures to ensure compliance.
- Pets are only permitted in designated areas when a shelter is operating with co-located or co-habiting pet sheltering. Except for service animals, all pets remain the full responsibility of their owners at all times.
- Use of all tobacco products, matches, or lighters inside the shelter is prohibited.
- All children should be accompanied by an adult and parents/guardians are fully responsible for the actions of their children.
- Personal Belongings - Shelter staff cannot assume responsibility for any personal belongings.
- Quiet Hours - Specific quiet hours should be posted throughout the facility (e.g., 10:00 PM-6:00 AM).
- Residents leaving the shelter for any period of time must sign out and sign in at the registration area.
- Keep your assigned room or space clean and dispose of trash properly. Evacuees may not self-assign or change shelter locations.
- Be respectful and courteous to others. Loud, boisterous, and disruptive behavior is not permitted.
- Residents are subject to be held accountable for damages or stolen property.
- Immediately report all health or safety concerns to shelter staff.
- Photography of shelter evacuees and private areas is not authorized.
- In the event of an emergency, call 911.

SAFETY AND SECURITY

Providing the safety and well-being of shelter residents is an essential aspect of sheltering operations. Below are some items to consider for the overall safety of evacuees staying at the shelter.

Assessing Shelter Security

- 24 hour, 7 days a week security.
- Demographics
- Number of Residents
- Elderly Adults
- Individuals with Disabilities, Access and Functional Needs
- Children
- Physical Layout of the Shelter
- Coordination of Needs to EOC
- Consistent Communication with Law Enforcement

Potential Security Issues

- Sale or use of illegal drugs and/or alcohol.
- Firearms/Weapons
- Prostitution
- Gang Activities
- Fights and/or Altercations
- Damage to Shelter Facilities
- Theft of Personal Property

Security Precautions

- Require residents to display identification (wristbands) at all times.
- Perform identification checks at all doors.
- Limit the number of public entry and exit routes.
- Monitoring restrooms.
- Relocating problem residents.
- Establish "off-limits" areas.
- Posting security personnel throughout the shelter.

DISABILITY, ACCESS AND FUNCTIONAL NEEDS SERVICES

Shelters must address the needs of children and adults with disability access and functional needs. All shelter residents should have equal access to programs, services, and activities provided by the shelter. Some may be fully independent, while others may require minimal to moderate assistance in the shelter.

Identification of these specific needs should be recorded at registration and made known by sheltering staff to ensure accommodations are consistently provided. Access and functional needs support services may include the following:

- **Communication** - Individuals with communication needs may not be able to hear announcements, see signs, understand messages, or verbalize their needs or concerns. Use of picture boards, etc., may be useful.
- **Equipment and Personal Assistance** - This population includes individuals that may need medical equipment or personal assistance. Accommodations for this group may vary from wheelchairs, oxygen tanks, or caregivers.
- **Supervision** - This population may include children or adults with cognitive intelligence, and/or mental health disabilities.
- **Visual Disabilities** - Printed information may need to be made available in braille or ADA-compliant font.
- **Deaf or Hard of Hearing** - A sign language interpreter should be on-site at all times to accommodate the needs of this population.
- **Mobility Disabilities** - Ensure ADA compliance throughout the facility for individuals that require mobility assistance for equal access to programs/amenities within the shelter. Additionally, some residents may require assistance moving from beds, restrooms, etc.
- **Cognitive, Intellectual, and/or Mental Health Disabilities** - These individuals may have issues processing information unless presented in a specific manner. While much of this population will have someone with them to help, it is important to take this population into consideration.

Refer to www.ada.gov for any additional compliance considerations.

STAFFING ROLES AND RESPONSIBILITIES

Staffing requirements will be addressed and determined by Sheltering Management Lead for each facility for the duration of sheltering operations.

The roles and responsibilities within a shelter are scalable and will vary depending on the shelter population and type of shelter. Listed below are suggested staffing positions required to properly operate a typical shelter. Other possible positions may be amended as needed.

Shelter Manager

- Responsible for all services, information, and operations from activation to demobilization.
- Provide supervision and administrative support.
- Ensures that all needs of residents and sheltering operations are met.
- Maintain reporting and communication with EOC and Command staff.

Assistant Shelter Manager/Shift Supervisor

- Monitor, coordinate, and schedule staff.
- Liaison to Shelter Manager and delegates tasks accordingly.
- Conduct briefings, JIT, and staff meetings.
- Scheduling 12-hour shifts, with overlap for transitional briefings.

Safety Officer

- Monitor and maintain the safety of the facility and all residents and staff.
- Liaison with public health and law enforcement.
- Maintain reporting and communication with command staff.

Registration Staff/ETN Lead

- Must have high-level knowledge of ETN.
- Maintains accountability and record of all residents from arrival to discharge.
- Serve as help desk and liaison for information to residents.

Mass Care Manager

- Responsible for shelter operations oversight to include: feeding, dormitory, and health services provided..
- Disaster Casework
- Volunteer Management
- Donation Management
- Maintain communication with Shelter Manager.

Health Services

- Responsible for providing and provision of basic mental and physical health services to residents.
- Maintain communication with Mass Care Manager.
- provision for Triage of residents
- Responsible for oversight and the providing of basic healthcare services.

Logistics

- Responsible for maintaining inventory of shelter supplies, equipment, technology, and materials.

Janitorial/Maintenance

- Responsible for routine maintenance and sanitization of facilities.

Animal Shelter Lead

- Coordinates all animal sheltering operations and needs.
- Enforce rules and policy for household pets in; cohabitated, co-located, and/or animal-only shelters.

NON-CONGREGATE SHELTER CONSIDERATIONS

Non-congregate sheltering (NCS) may include hotels, motels, dormitories, or other facilities that allow individuals or households to be safely separated. The decision to use NCS rests with the local jurisdiction and should reflect logistical and fiscal awareness, as well as the specific needs of survivors.

NCS may be used when survivor needs cannot be adequately met in a congregate or medical shelter, or when case-by-case circumstances require an alternative placement. Jurisdictions should document and track the rationale for selecting NCS over congregate sheltering, including factors such as location, size of the impacted community, or local preference. Health officials or qualified personnel may also recommend NCS placement when a health risk is identified.

Populations Appropriate for Non-Congregate Sheltering May Include:

- Individuals who test positive for a transmissible illness or disease (e.g., COVID-19 or other outbreaks).
- Individuals with confirmed illness requiring isolation but not hospitalization.
- Individuals with high-risk comorbidities or underlying health conditions—including those over age 65—who do not meet medical shelter criteria.
- Survivors of domestic violence requiring confidential or secure placement.
- Other case-by-case needs supported by appropriate documentation.

Operational Requirements

Non-congregate shelters must provide the same core services as congregate shelters, including:

- Safety, Security, and Sanitary locations
- Feeding
- Mental, Physical, and Spiritual Care
- Pet sheltering (as applicable)
- Registration and tracking of each survivor/household, preferably using ETN or a similar system

CONGREGATE SHELTERING TYPES

Congregate Shelter - Private or public facilities that provide refuge to evacuees such as schools, stadiums, and churches. Congregate shelters provide a safe, sanitary and secure environment to temporarily house people displaced by disasters and emergencies.

Temporary Evacuation Point (TEP) - Provides initial, immediate, and a safe location from a disaster or incident. The primary function of these TEP is to keep people in a secure location until they are able to return home or be reunified. After it is safe to do so with the guidance from local officials. This type of location is hours and limited services such as parking and restrooms with minimal support.

Evacuation Shelter - Provides immediate and a safe refuge from a disaster or incident. The primary function of these shelters is to keep people in a secure location until they are able to return home usually from 72 HRS to 7 days if mass evacuated. After the incident occurs or safe to be returned closer to home, this type of shelter may evolve into other types of shelters as local needs are assessed.

General Population Shelter - Serves everyone in the community that does not require the level of medical care provided by a Federal Medical Station (FMS) and/or a State/locally operated medical support shelter.

Emergency Shelter - Unplanned shelters that are opened by organizations that may not be part of the community's disaster response operations. These shelters may or may not be open to the public.

Medical Shelter - Shelters that support individuals who have medical issues requiring care beyond the capability of a general population shelter. They are established by local, state, or tribal governments in coordination with public health and social services agencies.

Pet/Animal Shelter - Specialized shelters to meet the needs of the communities pets and/or animals while they are displaced. May be co-habitated, co-located, or independent animal shelter sites with care services.

OPENING A SHELTER

CONGREGATE OR NON-CONGREGATE

Mass Evacuation Considerations

①

All evacuees will arrive at the sheltering jurisdiction's reception center/ embarkation point to be assigned to a designated, transportation, shelter location, given a wristband, and tracked within ETN.



②

All evacuees arriving to designated sheltering location will check-in at the reception area to be tracked in ETN and assigned a sleeping area or room.



③

Onsite resident registration "check-in" is facilitated utilizing ETN and ETN lead.

④

The state may support the following operations for mid-term to long-term emergency sheltering:

- Shelter Management
- Security and Access Control
- Parking and Traffic Control
- Public Messaging and Communications
- Food Service
- Public Health, Medical, and Mental Health
- Spiritual Care
- Emergency Household Pet Sheltering
- Information Technology
- Recovery Information and Resident Messaging
- Donations and Volunteer Management
- Laundry Service

SCHEDULE FOR DAILY ACTIVITIES

Schedules should be established for staff shift transitions as well as daily activities taking place at the sheltering locations. These activities may include, but are not limited to; showering time allotments (congregate), laundry time allotments (congregate), daily check-ins, meal times, lights out/quiet hours, daily briefings, pet feeding/visiting hours (co-located shelters).

- **Bulletin Boards** - Should be posted virtually or in the common area of the shelter where staff can post messages/information for residents, shelter rules, daily schedules/routines, time allotments for showering, and systematic pet visiting/feeding times. Allowing residents to sign up on their own is also an efficient way to organize shower facility use
- **Showering Schedule**- Specifically for congregate sheltering, it is recommended that residents' showering times should be allotted by the last name and/or dormitory section.
- **Pet Feeding/Visiting** - For co-located animal shelters, owner visiting/feeding hours should be established to control access to the animals. It is recommended that the number of people accessing the co-located animal shelter at one time should be mitigated by assigning allotments by the last name and/or by dormitory section.
- **Daily Staff Meetings** - Daily staff meetings should be established to aid the transition of shifts, updates on sheltering population, updates on daily focus/missions, any challenges or issues that may need to be addressed.

Special accommodations such as routine testing, regular sanitization, and controlled feeding schedules should be established for sheltering in a pandemic environment.

RESIDENT REGISTRATION

CONGREGATE

①

Self-vacated evacuees and those arriving on provided transportation will arrive at designated shelter locations.

(If utilizing ETN, have a local representative trained in ETN be pre-positioned at the shelter location(s) to assist with the registration process.)



②

At check-in, each individual, asset, and/or pet that will be staying at the shelter should receive an ETN wristband and entered into the ETN system.

- Wristbands will be required to be worn at all times.
- In the event the wristband is damaged a new band can be issued.

③

Evacuees will be asked to provide the following information at check-in.

- Name (Photo form of identification for adults over 18) and ages of each resident.
- Affected Home Address
- Primary Phone Number
- Email Address
- Pet Information
- Asset Information
- Acknowledgment of Shelter Rules
- Provide any special accommodations or needs.

④

Evacuees information will be processed and an appropriate number of cots and additional accommodations will be assigned.

- Evacuee may receive an informational shelter guide to relay information about the facility, location, and available services.
- Additional screenings that may need to be provided include Health Screenings (COVID-19 Testing), Mental Health Screening (to determine special needs/accommodations/domestic violence victims).
- Victims of domestic violence should be allocated to a specific sheltering location.
- Evacuees that are determined to be ill, should be isolated in a specific/pre-identified sheltering location.

RESIDENT REGISTRATION

NON-CONGREGATE

- ① Self-vacated evacuees and those arriving on provided transportation will arrive at designated shelter locations.**

State employees may be pre-positioned at the shelter location(s) to assist with the registration process.
- ② Upon arrival at the shelter, each individual, asset, and/or pet will receive an ETN wristband and entered/updated in the ETN system.**
 - Wristbands should be worn at all times.
 - In the event the wristband is damaged, a new wristband can be provided.
- ③ Evacuees will be asked to provide the following information at check-in.**
 - Name (Photo form of identification for adults over 18) and ages of each resident.
 - Affected Home Address
 - Primary Phone Number
 - Email Address
 - Pet Information
 - Asset Information
 - Acknowledgment of Shelter Rules
 - Provide any special accommodations or needs.
- ④ The evacuee's information will be processed and an appropriate number of room reservations will be assigned.**
 - In addition to a Drivers License or ID, a Credit Card will be placed on file.
 - Evacuees may receive an informational shelter guide to relay information about the facility, location, and available services.
 - Once the registration process is complete and residents are entered into the ETN, residents will be provided with room keys.
 - Additional screenings that may need to be provided include Health Screenings (COVID-19 Testing), Mental Health Screening (to determine special needs/accommodations/domestic violence victims).
 - Victims of domestic violence should be allocated to a specific sheltering location.
 - Evacuees that are determined to be ill, should be isolated in a specific/pre-identified sheltering location.



CONGREGATE PANDEMIC SHELTER SPACING

During a pandemic environment where congregate sheltering is required, there are many safety precautions that should be taken into consideration.

For example, space allotted for each resident will be reduced dramatically, barriers should be put in place, where possible, mask requirements and self-distancing rules should be posted throughout the facility, handwashing/sanitization states should be set up throughout the facility, and routine sanitization of facilities should take place.

Additionally, isolated areas should be identified and used for regular testing of the residents and plan to quarantine, contact-trace, and remove residents who have tested positive.

TASK	Standard Shelter	Pandemic Shelter
Cot Spacing	80 sf for Wheelchair 20/60+ sf per Person	110 sf per Person
Barriers	N/A	Suggested use of physical boundary between survivors to mitigate spread.
Isolation Area	N/A	Assign appropriate personal to work area and provide PPE.
Surveillance	Inappropriate Activity	Inappropriate Activity & Signs of Illness
Registration	Standard Process	COVID-19 screening of residents and staff, provide PPE, and enforce PPE use and physical distancing.

DAILY SHELTER "CHECK-IN"

NON-CONGREGATE

- ① Point of contact for each room is required to come to the front desk in person to re-check in manually or scan QR Code to secure room for another night prior to standard hotel check-out time. Any room that is not re-registered may be considered vacant and locked.
- ② All evacuees that leave the premise will be scanned back in with a temperature check upon re-entry.
- ③ A wristband will be required for all food services provided to evacuees. Evacuees will only be allowed to pick up food for their room and the number of people in their registered party. If assistance with food delivery is needed, arrangements should be made with shelter management in advance.
- ④ If social services or casework is available, evacuees should be effort to participate in the program.

Evacuees are expected to follow CDC COVID-19 guidance and wear proper PPE, covering the mouth and nose in all public areas of the sheltering location.

DAILY SHELTER "CHECK-IN"

CONGREGATE

- ① Evacuees will be required to check out and check in every time they leave the shelter. Wristbands will be required for re-entry to the shelter.
- ② Shelter staff will conduct an initial check-in requiring ID, Disaster address, name, contact information, and members traveling with you. The intake form will be used to process your place in the shelter.
- ③ Nightly headcounts will be made at the shelter. If the evacuee is unaccounted for during the check the evacuee will be taken off the list and lose access to the shelter. It will be assumed the evacuee has gone home or has found other lodging.
- ④ If social services or casework is available evacuees should make every effort to participate in the program.

Evacuees are expected to follow CDC COVID-19 guidance and wear PPE covering mouth and nose in all public areas of the sheltering location.

An experienced Shelter Manager is integral to properly operate and maintain a safe and healthy environment. Shelter Managers may have a broad range of responsibilities and may vary per disaster. Shelter Managers are expected to provide periodic situation reports to the EOC on the status and number of occupants, resources needed, any problems, and the number of meals being provided.

Shelter Managers:

- Maintain communications between the shelter, EOC, DDEOC and/or SOC as appropriate.
- Supervise and coordinate all shelter staff and activities.
- Identify and assign sheltering roles and responsibilities.
- Ensure shelter staff is properly trained.
- Track and maintain shelter staff.
- Define and assign shifts and transitions.
- Mitigate any issues that may arise using the available resources.
- Maintain and monitor the building and equipment being used for shelter operations.
- Ensure that meals are being provided and tracked.
- Provide a private area appropriate personnel for bereavement.
- Ensure that pet owner responsibilities are being fulfilled.
- Enforce sheltering rules and policy.
- Encourage and maintain morale among staff and residents.
- Ensure thorough documentation for all activities.
- Oversee and coordinate the safety of staff and residents.
- Provide, confirm, and distribute information relative to sheltering operations to staff and residents.

COMMUNICATIONS

Timely and accurate information sharing and communication are essential to an efficient shelter operation and providing quality service to the residents.

Information to Communicate

Shelter Information

Shelter rules, schedules, mealtimes, meeting times, activities, services available, etc.

Safety and evacuation information.

Confirmed shelter closing plans. (Do not discuss any tentative closing plans.)

Disaster Information

Factual information about the disaster and its effects.

Information and communication to be shared within the shelter populations should be vetted prior to distribution.

Recovery Information

Where and how to access recovery services.

The locations, hours and contact information of service delivery sites and other organizations that offer assistance.

Modes of Communication and Messaging



- Shelter Meetings/Briefings
- Pre-Recorded Phone Messages
- Mass Text Messaging
- Printed Signs and Posters
- Resource Guides or Newsletters
- Television, Radio, and Newspapers
- Social Media
- 211



Accommodate for disabilities and different languages (both written and verbally). Messaging should be tailored to the audience (Residents, Staff, Media, SOC/EOC, and/or Other Officials).

FOOD SERVICE

Food services should be provided at each sheltering location and consist of three meals per day. Food provided should follow the recommended Food and Drug Administration guidelines for nutrition and calorie intake for adults and children. Below are some items to consider when providing food at the sheltering location.

- Diet restrictions should be accommodated. Restrictions may be based on preference, cultural, or religious needs.
- Three, nutrient sufficient, meals each day should be offered. If operating in a pandemic environment, shelf-stable meals or individually wrapped meals should be provided.
- A wristband or tracking code process is recommended to track meals.
- Ensure that there is only one meal per person being distributed, during feeding time.
- Accommodations should be made for individuals that may need assistance in retrieving their meals and do not have anyone in their group to help them.
- Meal counts should be tracked and reported daily to local jurisdiction. DDEOC and/or SOC.
- Snacks, food boxes, and water may be provided by NGOs, VOAD, faith-based, or food pantry organizations throughout the day.

MENTAL AND PHYSICAL HEALTH

Physical Health

Shelters may be asked to provide basic medical assistance to accommodate a wide variety of needs such as; first aid, transportation to essential services such as dialysis, provide medical triage, prescription assistance, and provide guidance for general public health concerns. Any complex medical needs should be outsourced and/or transported to a hospital.

- If possible, Shelter Managers should designate a private area for basic medical activities to be conducted.
- Residents tested and/or appearing to be ill, should be isolated in a pre-determined location within the shelter or relocated to a medical shelter.
- Additionally, public health may require testing for any health risk throughout the evacuation, transportation, and shelter operations.

Mental Health

Shelter management should coordinate with existing faith-based, governmental, and private organizations to establish immediate mental health services to be offered to those affected by the disaster and staff.

Emotional and spiritual care providers may partner with mental health efforts in caring for individuals affected by the disaster. However, when partnering with spiritual care providers, it is essential that they do not impose their personal beliefs onto the resident and into the bereavement processes as a mode of mental or emotional healing.

Mental and Physical Health Supportive Actions:

- Meeting Basic Needs
- Liaison/Advocacy
- Offering Initial/Emergency Support/Intervention
- Transportation
- Social Support
- Provide Bereavement
- Providing Pertinent Information, etc.
- Mental/Medical Triage

The Mass Care Section should coordinate with Long-Term Recovery Groups, governmental, non-governmental organizations, private organizations, and faith-based communities to provide spiritual care to a variety of religions to support a diverse population.

The ability to identify common crisis reactions, accurately assess emotional and spiritual/religious needs, and offer appropriate advice is a prerequisite to any organization offering spiritual care.

Spiritual Care should be offered to all that are affected by the disaster, in addition to all staff, including other mental health and spiritual care workers.

Shelter managers, if possible, should designate a private area for these activities to be conducted.

Supportive Actions:

- Meeting Basic Needs
- Spiritual and Religious Interventions
- Liaison/Advocacy
- Provision of Social Support
- Providing Pertinent Information, etc.
- Provide Bereavement

HOUSEHOLD PET SHELTERING

Generally, shelters allow the cohabitation of evacuees and household pets, not including exotic animals. Non-congregate shelter pet services will follow the facility pet policies.

- Many areas operate regional animal care facilities and their plans and facilities should be utilized to expand operations in large-scale events.
 - Consider transferring animals not involved with the event to other nonimpacted shelter areas to make room for temporary housing.
 - Deploy multiple-sized cages for use at congregate shelter areas to help animal management during shelter occupancy
 - Utilize resources such as rescue groups and special teams for larger household animals.
- Owners with service animals are fully responsible for the cleaning, feeding, and exercising of their animals.
- Animals with, or without, owners present will be provided nutritional support twice daily. Food can be provided via donations or request to local kennels, feed, or animal supply stores.
- All pets should be tracked in Texas Emergency Tracking Network (ETN).

Types of Animal Shelters:

- Cohabitation - Pets are allowed to stay with their owners within the shelter. Residents are held responsible for the care of their pet.
- Co-Located - Pets are not allowed into the shelter, but have a shelter at the same location. Residents are responsible for the care of their pets.
- Off-Site Animal Only - Pets are sheltered away from the general population shelter. Residents will require transportation to care for their pets.

DONATIONS MANAGEMENT

Shelters may experience some common inventory management challenges and request donations or may have to mitigate spontaneous donations.

Donation Management is an inevitable part of any disaster. Below are some items, relative to donation management, to consider when establishing/operating a shelter.

- In-Kind Donations - Should not be accepted at any shelter without coordination from the shelter manager, donations manager, or leadership approval.
- The Shelter Manager, may be responsible for coordinating the distribution of donated goods and communicating the process to shelter residents in coordination with the Donations Manager.
- Bulk distribution can be facilitated by; monitoring widespread needs for specific items, reporting these needs to the Shelter Manager, and referring residents to the distribution areas.
- Voluntary Agency Liaisons work with local, state and national agencies/organizations to secure needed donations.

Example In-Kind Donated Items:

- Any Non-Cash Donations
- Food and Snack Boxes
- Weather Appropriate Clothing
- Comfort Items (Blankets, Pillows, etc.)
- Baby & Children's Items:
 - Formula
 - Diapers
 - Kid-friendly snacks



VOLUNTEER MANAGEMENT

Having adequate support staff within a shelter is essential for operations. To accommodate staffing needs, volunteers may be requested, vetted, and assigned. Volunteers' personal information, hours worked, and assignment should be thoroughly tracked, recorded, and reported.

Upon request, the state may support volunteer management by:

- Requesting a Volunteer Management Team/Support
- Supporting a Volunteer Reception Center (VRC)
- Support Vetting/Training volunteers and/or volunteer groups.
- Requesting the activation of Texas Community Recovery (TCR) System
- Tracking volunteers and volunteer hours through TCR
- Determining specific needs for volunteer assistance
- Determine the use and extent of resident volunteers, if necessary
- Incorporate existing local volunteer management systems
- Incorporate the use of a call center and/or 211

Potential Volunteering Opportunities:

- Shelter Worker
- Traffic/Parking Control
- Emotional and Spiritual Care
- Translators (All Languages/Special Needs)
- Donation Distribution
- Information Distribution/Outreach
- Administrative Assistance
- Animal Shelter Assistance



CLOSING A SHELTER

As residents are able to return to their homes, the sheltering population will organically begin to decrease. Below are some items to consider during demobilization:

- Communication of the closing/demobilization plan should be provided to shelter support prior to public distribution.
- Prior to returning home, ALL residents should be discharged within ETN when utilized.
- Closure notice should be given to all residents as soon as possible, through multiple avenues of communication.
- Ensure that residents are aware of any relevant information such as exact closure dates, discharge procedures, shelter relocation, transportation services, and assistance resource information.
- Residents in need of transportation should register for departure and tracked within ETN.
- Requests for special accommodations (oxygen, wheelchair, etc.) should be made prior to the date of transportation.
- Residents requesting a shelter extension due to extenuating circumstances should make those requests upon the closure notice. All requests for extension should be considered by local jurisdictions leadership.
- Prior to demobilization, multiple photos should be taken of the facility for documentation purposes and to record any damages.

REPORTING REQUIREMENTS

CONGREGATE

Sheltering facilities are required to provide daily reports **no later than 0700** every day that include:

- Names of each resident.
- Home address and shelter assignment for each resident.
- Number of occupants at the shelter.
- Number of meals provided.
- Daily menu of meals provided.
- All issues or incidents reported.
- Any unmet logistical needs.

Discrepancies found in any area of reporting should be corrected by the responsible party, immediately.

Voluntary Organizations providing direct assistance (gift cards, gas cards, rental assistance, etc.) to survivors will be requested to provide a daily/weekly report of:

- The number of individuals served.
- Services provided.
- The names of individuals served and what services were provided to them.
- Room number or dormitory assignment.

If casework is being conducted within the shelter, by a voluntary organization, it is requested that the organization notify shelter management within 24-hours whether or not the survivor is eligible for assistance.

REPORTING REQUIREMENTS

NON-CONGREGATE

Hotels/Facilities providing non-congregate sheltering should provide a daily report **no later than 0700 every day** identifying:

- Number of occupied rooms.
- Number of vacant/available rooms.
- Name(s) of residents occupying each room, paired with the assigned room number.
- Lists of all rooms/residents that have excepted or denied housekeeping.
- Any issues reported (noise, damage, complaints, etc.).
- Reports of what food was served and the number of meals served per room.
- Any discrepancies in any area of reporting will need to be corrected by the responsible party immediately.

Non-Governmental Organizations (NGO's) providing casework and support services will be required to provide a report of:

- Services provided each day.
- The quantity of individuals served each day.
- The names of the residents served and what services were provided.
- Any unmet needs or issues.

CONSIDERATIONS FOR SHELTERING DURING A PANDEMIC

Sheltering in a pandemic environment will require the amendment of multiple protective measures. These protective measures must include; regular temperature checks, physical distancing, and mask requirements. Additionally, these safety precautions should be enforced and posted throughout the facility.

Supplies:

- Thermometers - Temperature checks should be completed upon entry to the shelter and throughout the day for all staff and residents.
- Facemasks - Should be worn at all times and should be provided by the shelter (1 per person, per day).
- Sanitization Supplies - Hand sanitizer, hand soap, wipes, spray, sanitization stations, and industrial cleaning supplies for routine sanitization of facilities.
- Gloves - To provide to staff conducting testing and staff/residents that request them.
- Gowns - To provide to staff conducting testing and staff/residents that request them.
- BinaxNOW COVID-10 Ag Card Kits - Quantity of tests required will depend on the population of the shelter, but should allow for the regular testing of staff and evacuees electing to do so.

Site Setup:

- Isolation Area - Established locations within the facility to conduct daily testing.
- Sanitization Stations - Should be placed throughout the shelter and should include hand sanitizer, hand soap, disinfecting wipes & spray.

Testing:

Routine COVID-19 testing will be made available throughout the evacuation and sheltering process. Testing will required prior to transportation, upon arrival to the sheltering location, and throughout residents' stay at the shelter.

Evacuees that have tested positive for COVID-19 will be required to quarantine in a designated location and shelter staff will notify the local health department of the potential exposure.

TEXAS EMERGENCY TRACKING NETWORK (ETN)

The Emergency Tracking Network (ETN) allows state and/or local jurisdictions to easily track evacuees, their dependents or group members, pets, and assets throughout the evacuation and sheltering process; from embarkment to discharge. In addition to tracking the movement of individuals and their assets, ETN also allows jurisdictions to track the status of state-provided evacuation vehicles and shelters.

General ETN Use:

- Adding/Updating Sheltering Locations
- Adding/Updating Evacuation Vehicles
- Adding/Updating Evacuees, Dependents, Pets, and Assets.
- Barcodes can be generated for evacuees, evacuation vehicles, and shelters that will allow ETN Users to easily scan evacuees into vehicles and shelter locations.
- Pre-Registration QR Codes can be generated to speed up the evacuee registration process and generate a unique barcode, specific to each evacuee.

Non-Congregate:

Shelters providing non-congregate sheltering will be required to track evacuees coming into their location. Evacuees being assigned a room must produce a unique barcode or provided wristband.

WebEOC Texas ETN Board:

The Texas ETN Board located on WebEOC manages all data within ETN. This dashboard will be managed by Mass Care Coordinators and designated TDEM staff. All evacuees, shelters/locations, and vehicles are tracked through this mechanism. In addition, allow simple generation of barcodes, placards, and QR codes.



TEXAS EMERGENCY TRACKING NETWORK (ETN)

The Texas Emergency Tracking Network (ETN) devices should be fully set up and ready to use with all vehicles and sheltering locations loaded to the devices prior to evacuation, transportation, and shelter operations, by TDEM staff.

Designated TDEM staff and/or the ETN Lead will have specialized, high-level knowledge, pertaining to ETN and the capability to add locations and/or vehicles to the devices if permitted. Prior to adding a location or vehicle, these designated individuals should communicate with command staff to ensure that the location or vehicle have not already been created within the ETN. Creating additional/multiple locations and/or vehicles within the ETN can severely and negatively affect overall operations.

The ETN is to be used at all points during evacuation and sheltering operations. Evacuees', shelters', and vehicles' statuses should be regularly updated throughout the processes until discharge and demobilization.

1. Evacuation/Embarkation

- a. Evacuee Registration
- b. Vehicle Assignment
- c. Shelter Assignment

2. Sheltering

- a. Evacuee Registration (for self-vacated/new evacuees)
- b. Evacuee Update (used for receiving registered evacuees or when using pre-registration QR codes).
- c. Discharge
 - i. All residents must be discharged from ETN prior to leaving the shelter and returning home.

3. Return Home/Repatriation

- a. Discharge from Shelter
- b. Vehicle Assignment
- c. Discharge from Vehicle/ETN

ETN Training Video: <https://vimeo.com/162836913>

For ETN assistance contact your ETN POC or TDEM Critical Information Systems Staff:
(512)-424-5333 / Support@soc.texas.gov

REFERENCES

Tex. Gov. Code Ch.418:

The Texas Division of Emergency Management (TDEM) is the primary entity designated to coordinate Statewide Mass Care under the State Emergency Management Plan.

Emergency Support Function 6 (ESF-6):

Addresses, coordinates, and reports on emergency mass care activities of state-level organizations responsible for providing guidance to local jurisdictions on sheltering, feeding, counseling, first aid, and related social services and welfare activities that are required to assist incident victims.

Emergency Support Function 6 (ESF-6) Support Agencies:

Are responsible for collecting and reporting local daily mass care activities through the use of the ETN Board in the State of Texas Emergency Operations Center (State EOC) WebEOC software and the Texas Mass Care Shelter System. ESF-6 support agencies support local mass care activities through the provision of information, guidance, coordination, and supplies.

Texas Health and Safety Code Sec. 531.002:

Defines the local mental health authority and its responsibility within a specified region for planning, policy, development, coordination, and resource development and allocation to ensure the provision of mental health services in the most appropriate and available setting.

Texas Health and Safety Code Ch. 778:

Describes the Emergency Management Assistance Compact.

REFERENCES

- **Americans with Disabilities Act (ADA):**
ada.gov
- **ETN 2.0 Training:**
preparingtexas.org
- **FEMA ESF-6 Mass Care:**
fema.gov/pdf/emergency/nrf/nrf-esf-06.pdf
- **National Mass Care Strategy – Sheltering Resources:**
nationalmasscarestrategy.org/sheltering
- **Texas A&M Veterinary Emergency Team (TAMU VET):**
vetmed.tamu.edu/vet
- **Texas AgriLife Extension:**
agrilifeextension.tamu.edu
- **Texas Animal Health Commission (TAHC):**
tahc.texas.gov
- **Texas Department of Family and Protective Services (DFPS):**
dfps.state.tx.us
- **Texas Department of State Health Services (DSHS):**
dshs.state.tx.us
- **Texas Health and Human Services (HHS):**
hhs.texas.gov
- **Texas Voluntary Organizations Active in Disaster (TXVOAD):**
txvoad.org
- **Texas Emergency Management Basic Plan - ESF 6 - Mass Care:**
tdem.texas.gov/preparedness/state-planning