



**Los Angeles
Operational Area**

Reception Processing Guidance

**For Emergency
Planners**

August 26, 2011



Executive Summary

This document is guidance to assist the 88 municipalities within the Los Angeles Operational Area (LAOA) and its regional partners in the development of operational plans for large-scale, disaster-related reception activities.

Reception is the component of an evacuation process in which individuals within the evacuating population requiring assistance are identified, assessed, tracked, and directed to an appropriate destination, such as a shelter outside of the impact area. This guidance is intended to help agencies and departments engage in coordinated planning that will allow for a scalable reception operation and more effective and seamless multi-jurisdictional and potentially regional response to incidents, thus providing better service to the citizens of the LAOA who are impacted by disasters.

This guidance includes a description of the types of hazards facing the LAOA, the various types of reception sites, the functions to be performed at those sites, the agencies responsible for completing those functions, and various other tools to provide jurisdictions with a better understanding of the types of reception activities that may be necessary to perform in the event of a catastrophic incident. In order to successfully integrate reception into the continuum of evacuation and sheltering activities, a regional approach is most effective to coordinate the activities of all of the participating jurisdictions. Many of the concepts included in this guidance will apply across multiple jurisdictions, but each jurisdiction's plan should be customized to achieve local goals and conform to local laws and regulations.

Nothing in this document alters or impedes local, State, Federal, and/or tribal nation government agencies from carrying out their specific authorities or performing their responsibilities under all applicable laws, executive orders, and directives, nor does it convey any new authorities upon any local, State, or Federal official.

This page intentionally left blank.

Table of Contents

I.	INTRODUCTION	I-1
	A. OVERVIEW	I-1
	B. DOCUMENT PURPOSE	I-3
	C. SITUATION	I-4
	D. ASSUMPTIONS	I-6
	E. PURPOSE OF RECEPTION	I-9
	F. SCOPE	I-10
II.	TYPES OF RECEPTION SITES	II-13
	A. PICKUP POINT (PUP).....	II-13
	B. EVACUATION POINT (EP).....	II-13
	C. TRANSFER POINT.....	II-13
	D. INFORMATION POINT	II-13
	E. RECEPTION PROCESSING SITE (RPS)	II-13
	F. RECEPTION AREA AT SHELTER	II-13
III.	CRITICAL COORDINATION POINTS	III-15
	A. DECONTAMINATION POINTS.....	III-15
	B. MEDICAL TRIAGE SITES.....	III-15
	C. FAMILY ASSISTANCE CENTERS (FACs)	III-15
	D. MULTI-USE ALTERNATE SITE	III-15
	E. LOCAL ASSISTANCE CENTERS.....	III-16
	F. VOLUNTEER RECEPTION CENTERS (VRCs)	III-16
	G. NON-GOVERNMENTAL ORGANIZATIONS.....	III-16
IV.	REGIONAL PLANNING CONSIDERATIONS	IV-17
V.	ROLES AND RESPONSIBILITIES	V-19
	A. AREAS OF RESPONSIBILITY	V-19
	B. PARTICIPATING AGENCIES WITH ROLES IN THE RECEPTION PROCESS.....	V-28
VI.	CONCEPT OF OPERATIONS, PLANNING CONSIDERATIONS, AND STRATEGIES	VI-29
	A. RECEPTION SITE LOCATIONS	VI-29
	B. RECEPTION SERVICE CONSIDERATIONS	VI-33
	C. RECEPTION SERVICE DELIVERY OR SCALABLE OPERATIONAL DESIGN	VI-34
	D. EXTENDED STAYS AT RECEPTION SITES.....	VI-35
	E. FUNCTIONS	VI-36
	F. RECEPTION ADMINISTRATION AND FINANCE.....	VI-63
	G. RECEPTION LOGISTICS.....	VI-63
	H. EVACUEE RETURN AND RE-ENTRY CONSIDERATIONS	VI-65
VII.	APPENDIX 1: AUTHORITIES AND REFERENCES	1-67
	A. FEDERAL.....	1-67
	B. STATE	1-68
	C. LOS ANGELES OPERATIONAL AREA.....	1-71
VIII.	APPENDIX 2: ACRONYMS AND ABBREVIATIONS	2-74
IX.	APPENDIX 3: DEFINITIONS	3-78
X.	APPENDIX 4: PREHOSPITAL HAZMAT INCIDENT FLOWCHART	4-84

Los Angeles Operational Area
Reception Processing Guidance for Emergency Planners

XI. APPENDIX 5: U.S. HEALTH AND HUMAN SERVICES INTAKE AND ASSESSMENT FORM5-86
.....

XII. APPENDIX 6: SAMPLE EMERGENCY COMMUNICATIONS6-88

XIII. APPENDIX 7: ADDITIONAL SERVICE DELIVERY LEVELS.....7-92

I. INTRODUCTION

A. Overview

The Los Angeles Operational Area¹ (LAOA) Reception Processing Guidance for Emergency Planners is intended to help planners establish strategies, plans, and procedures for providing mass reception support to people affected during and after a catastrophic incident or event. This guidance is intended for use by agencies and departments of the government of Los Angeles County, the 88 municipal governments located within the county, and the non-profit and private-sector organizations that support disaster operations. It may also be effectively implemented by operational areas, jurisdictions, and organizations outside of the LAOA, independently or as part of a regional strategy. Features of this guidance document may not apply to all potentially affected jurisdictions, but it may have elements that can be adapted to meet the needs of individual cities and that may be formative in establishing cooperative arrangements between planning regions.

During or under the imminent threat of a disaster incident, local and State governments have a responsibility to protect the health and safety of their citizens, which may include evacuation and sheltering. As part of their emergency assistance under the Code of Federal Regulation, 44CFR 206.61g and 206.223, the responsible agencies and departments may determine that a reception process is also necessary to support the evacuation and sheltering operations.²

The guidance is intended to help agencies, organizations, and departments engage in coordinated planning that will allow for a more effective, scalable, and seamless multi-jurisdictional and potentially regional response to incidents, thus providing better service to the citizens of the LAOA who are impacted by disasters. In an effort to clarify the various aspects of an incident supported by reception operations, areas from which citizens may be evacuated and those to which they may go are defined as follows:

1. An **impact area** is the area significantly affected, or under threat of being significantly affected, by the disaster, often experiencing a disruption in basic services needed to sustain life and requiring evacuation to host areas. An **impact state** is defined in the Federal Emergency Management Agency (FEMA) Disaster Assistance Policy (DAP) 9523.18, *Host-State Evacuation and Sheltering*

¹The Los Angeles County Operational Area is an intermediate level of the State Emergency Services Organization, consisting of Los Angeles County and all political subdivisions within the county. *Los Angeles County Code*. Chapter 2.68.050.K Definitions. Los Angeles County.

²*Code of Federal Regulation*, Title 44, Section 206.61g, Emergency Assistance, and Section 206.223, Public Assistance Eligibility. http://www.access.gpo.gov/nara/cfr/waisidx_02/44cfr206_02.html.

Reimbursement, as “a State that has received a Presidential emergency or major disaster declaration” as a result of a significant level of damage.³ Impact states may request assistance from other states through the Emergency Management Assistance Compact (EMAC) by direct agreement. Impact states may also request assistance from the Federal Government under a Federal disaster declaration.

2. A **host area** is an area within the impact state or in another state that serves as a safe haven and offers support to an evacuating population. A **host state** is defined in DAP 9523.18 as “a State that, by agreement with an Impact-State or...FEMA, provides evacuation and sheltering support to individuals from another State.”

In an incident requiring a reception operation or multiple operations, it will be advantageous for neighboring jurisdictions to share knowledge and resources to more efficiently meet the critical needs of the affected populations. Regional coordination and planning allows jurisdictions to share their own projected needs and capabilities to better prepare to assist one another and to reduce the impact on the population. This guidance may aid the reception planning process by guiding operational areas, and the jurisdictions within them, to assess and define needs, resources, and capabilities and to consider strategies for processes and procedures that can be used in the response phase.

In addition, local jurisdictions should consider resource and personnel requirements for reception operations and how those necessitate the review or establishment of memorandums of understanding (MOUs), memorandums of agreement (MOAs), or mutual aid agreements (MAAs). Existing MOUs, MOAs, MAAs, emergency operations plans, automatic aid, or the California Disaster and Civil Defense Master Mutual Aid Agreement may provide coverage for these considerations.⁴ Local planners should also consider whether additional resources or personnel would be necessary and take appropriate action to ensure that agreements are established, with both public and private entities, to fill those resource or personnel requirements.

This guidance is designed to be consistent with the Standardized Emergency Management System (SEMS), National Incident Management

³ Federal Emergency Management Agency (FEMA) Disaster Assistance Policy (DAP) 9523.18, “Host-State Evacuation and Sheltering Reimbursement.”

<http://www.fema.gov/pdf/government/grant/pa/policy.pdf>.

⁴ California Office of Emergency Services, “California Disaster and Civil Defense Master Mutual Aid Agreement.”

[http://www.oes.ca.gov/Operational/OESHome.nsf/PDF/California%20Master%20Mutual%20Aid%20Agreement/\\$file/CAMasterMutAid.pdf](http://www.oes.ca.gov/Operational/OESHome.nsf/PDF/California%20Master%20Mutual%20Aid%20Agreement/$file/CAMasterMutAid.pdf).

System (NIMS), and all relevant county, State, and Federal laws.⁵ It is part of a set of documents designed to provide comprehensive guidance in planning for the mass evacuation, care, and sheltering of a population. Other documents include the LAOA Mass Evacuation Guide and the LAOA Mass Care Guide, which includes annexes for medical and health support, animal services, non-traditional sheltering operations, and transportation management.

This document is a product of ongoing catastrophic planning efforts and was developed in the context of a catastrophic event. As defined in the National Response Framework (NRF), a catastrophic incident is “any natural or manmade incident, including terrorism, that results in extraordinary levels of mass casualties, damage, or disruption severely affecting the population, infrastructure, environment, economy, national morale, and/or government functions.”⁶ Planning for, responding to, recovering from, and mitigating potential damages of a catastrophic disaster:

1. Requires a fundamental shift in traditional methods and thinking.
2. Requires an honest assessment of policies and laws that could hinder a coordinated and expedient response and recovery.
3. Promotes the integration of multiple risks and hazards to verify key concepts.
4. Includes the whole community, including survivors, in all phases of disaster management.
5. Benefits from the inclusion of the private sector in all phases of disaster management.

B. Document purpose

The reception process is part of an overall response continuum. Reception is the component of an evacuation process in which individuals within the evacuating population requiring assistance can be identified, assessed, tracked, and directed to transportation to an appropriate destination, such as a shelter outside of the impact area. This guidance should be used in conjunction with the evacuation and mass care guides to ensure continuity.

This guidance includes an overview of the reception process, reception sites, and their operations to assist planners in developing comprehensive evacuation reception operations to ensure the needs of all evacuees, including people with disabilities and others with access and functional

⁵ SEMS, NIMS, and other terms are defined in the Definitions section.

⁶ *National Response Framework*. Department of Homeland Security Federal Emergency Management Agency. January 2008. <http://www.fema.gov/pdf/emergency/nrf/nrf-core.pdf>.

needs, were accounted for and addressed throughout the process. Its considerations and strategies include, but are not limited to, the following:

1. Identify conditions that could necessitate the need for reception.
2. Define the reception process and the types of reception sites.
3. Establish baseline criteria for reception site operation.
4. Describe the structure and layout of each type of reception site.
5. Develop procedures for processing transportation-assisted evacuees.
6. Define the roles and responsibilities of reception operations staff.
7. Identify the coordination, communications, and resources needed to process evacuees.

C. Situation

The LAOA, a densely populated and complex region, faces a wide range of natural and manmade threats and hazards. The planning posture of the LAOA is that a threat scenario that will result in the displacement of the entire or majority of the operational area population is unlikely. However, in a catastrophic incident, it is expected that large, heavily populated areas may need to be evacuated, generating a demand for significant reception, mass care, and sheltering services to address the direct and indirect effects of the emergency or disaster.

Demographic details of the LAOA include the following:

1. The LAOA has a population of over 10 million people, terrain of approximately 4,100 square miles, and multiple government jurisdictions, including 88 individual cities with separate political entities.⁷
2. Approximately two-thirds of the land area of Los Angeles County is unincorporated and contains around 10% of the population (i.e., more than a million people).⁸
3. 49% of residents are homeowners.⁹
4. It is estimated that 33% of the population may have some type of disability or other access and functional need, including transit-dependency.¹⁰

⁷ *Los Angeles County Government Geography and Statistics*. Los Angeles County Government. Accessed March 30, 2011. <http://bit.ly/hUHbM9>.

⁸ *Ibid.*

⁹ *Los Angeles County QuickFacts*. U.S. Census Bureau. Accessed March 30, 2011. <http://quickfacts.census.gov/qfd/states/06/06037.html>.

5. 6% of the Los Angeles County population is transit-dependent, but that figure rises to as high as 50% in some portions of the City of Los Angeles.¹¹
6. The population densities vary significantly in different areas of the LAOA.¹²
7. The county has a diverse cultural base in which 224 known languages are spoken.¹³
8. The number of people within of the LAOA will vary depending on the time of day, week, or year, due to non-resident populations (e.g., commuters, tourists, and conventioners).
9. Geographic considerations in the LAOA include beaches, mountains, waterways, islands, and floodplains.
10. Manmade structural considerations in the LAOA include freeways, viaducts, tourism venues, commercial and industrial facilities containing hazardous materials (HazMat), airports, ports, buildings, and transit systems.
11. Individual jurisdictions may have additional considerations unique to their location.

A number of catastrophic events in the United States and the world have resulted in the need for the mass evacuation of a population. These events include Hurricanes Katrina, Rita, Gustav, and Ike in 2005 and 2008; China's earthquakes in 2008 and 2010; the Haiti and Chile earthquakes in 2010; and Japan's earthquake and tsunami in 2011. These events and ongoing catastrophic planning efforts in southern California and other parts of the United States have focused attention on the importance of planning for large-scale disaster events. Table 1 adds additional perspective to this planning need by representing the collective

¹⁰ The U.S. Census Bureau estimates there were more than 36 million people in California in 2008. In August 2008, the Governor's Office of Emergency Services, Office for Access and Functional Needs estimated that by 2010, there would be more than 11 million people with access and functional needs. *Guidance on Planning and Responding to the Needs of People with Disabilities and Older Adults*. Governor's Office of Emergency Services, Office for Access and Functional Needs. August 2008. <http://bit.ly/eLNBSO>.

¹¹ *MTA Board Gives Green Light To Eastside Light Rail Transit Project*. Los Angeles County Metropolitan Transportation Authority. May 24, 2005. http://www.metro.net/news/simple_pr/mta-board-gives-green-light-eastside-light-rail-tr/.

¹² *Population Density Ranking – Mapping L.A.* Los Angeles Times. Accessed March 30, 2011. <http://projects.latimes.com/mapping-la/neighborhoods/population/density/neighborhood/list/>.

¹³ *Language Spoken At Home by Individual Los Angeles Communities Persons 5 years and over*. Los Angeles Almanac. Accessed March 30, 2011. <http://www.laalmanac.com/LA/la10b.htm>.

impacts of Hurricanes Katrina, Rita, and Wilma in 2005 compared to recent catastrophic consequence estimates for Southern California.

Table 1: Historical and Projected Catastrophic Event Consequences

Hurricanes Katrina, Rita, and Wilma (2005) ^{14,15}	Catastrophic Event Estimates ¹⁶
<ul style="list-style-type: none"> ▪ 3.4 million overnight stays in 1,100 shelters across 27 states ▪ 6.8 million overnight hotel stays were provided by the FEMA-funded American Red Cross special accommodations program ▪ 225,000 trained relief workers ▪ 800,000 people received Red Cross disaster mental health services ▪ 30 million hot meals and 34 million snacks were served by the Red Cross and Southern Baptist Convention ▪ 300,000 homes were destroyed or made unlivable by Hurricane Katrina ▪ 1,833 deaths were caused by Hurricane Katrina 	<ul style="list-style-type: none"> ▪ Over 986,000 uninhabitable dwellings ▪ 542,000 people will require shelter (from destruction itself or fear of indoor areas) ▪ 2,500,000 people will require feeding support ▪ 38% of the population will suffer some level of distress

D. Assumptions

1. Operational considerations

- a) The Los Angeles Operational Area Emergency Operations Center (LAOA EOC) will be activated following its standard operating procedures (SOPs) for incidents, including events requiring reception. Consistent with the LAOA Emergency Response Plan (OAERP), the LAOA EOC will coordinate and facilitate between local governments to support operational area response.
- b) The duration and scope of local, State, and Federal involvement will be scalable to the situation’s severity and the assistance required by the affected population.

¹⁴ *Red Cross Disaster Statistics*. American Red Cross in Greater New York. Accessed March 30, 2011. http://www.nyredcross.org/?nd=disaster_statistics.

¹⁵ *Hurricane Katrina History and Numbers (Infographic)*. Live Science. August 24, 2010. <http://www.livescience.com/11148-hurricane-katrina-history-numbers-infographic.html>.

¹⁶ Catastrophic event estimates are drawn from the Southern California Catastrophic Earthquake Response Plan data, the Great Shakeout Scenario, and the American Red Cross Southern California Earthquake Concept of Operations.

- c) Resources will be extremely limited following a disaster in which there has been widespread damage. Local jurisdictions will develop their own local resource base and identify vendors within their jurisdictions and the operational area to support respite efforts.
- d) In accordance with SEMS and NIMS, resources and assistance from outside the local jurisdiction will be available to city governments through the operational area and to the operational area through the region.
- e) Reception operations can take place in impact and host areas and will be scalable to accommodate various levels and types of incidents.
- f) Reception processing sites (RPSs) will be needed for as long as government-assisted evacuation occurs and for the mass return and re-entry of transportation-assisted evacuees to the affected area when possible.
- g) The type of event (e.g., notice events), proximity to the impact area, and service needs will impact the time needed and ability to acquire resources for reception sites.
- h) Self-evacuees (e.g., people with their own means of evacuation) are expected to arrive only at information points.

2. Infrastructure limitations

- a) The availability of external resources from unaffected jurisdictions, the State, and the Federal Government will depend on considerations such as the operability of the transportation infrastructure and access to the affected area.
- b) Many roads will be compromised, either structurally or due to traffic congestion.
- c) Some percentage of community infrastructure (e.g., power sources, water, sewers, and hospitals) will be inoperable, inaccessible, damaged, or destroyed, and will be unavailable to support response and reception operations.
- d) Some buildings used for response operations (e.g., reception) will be damaged and will require inspection prior to use; others will be unusable.

3. External factors

- a) Weather will play a factor in reception operations and locations.
- b) In a HazMat incident and other contamination events, some people and their possessions will be contaminated. Decontamination will occur as necessary before affected

people, possessions, equipment, or household pets will be admitted to reception sites. If necessary, quarantine or isolation will be implemented.

4. Staffing issues
 - a) Staff availability will be dramatically reduced by a catastrophic event.
 - b) Some staff will be sought for use by other functions in addition to reception (e.g., sheltering and medical facility support) and not be available for the reception operation.
 - c) Spontaneous volunteers and unsolicited donations will be offered, arriving rapidly and in large quantities.
5. Public education and information issues
 - a) Pre-event public education will be used to manage the expectations, create realistic goals, and build awareness of response, including support for people with disabilities and others with access and functional needs.
 - b) Public information and outreach will be necessary during the evacuation and reception process.
 - c) Media interest will escalate during the response.
6. Populations
 - a) A percentage of the population will seek shelter in congregate care facilities.¹⁷
 - b) Families will become separated and will need reunification.
 - c) It is estimated that approximately 33% of those seeking evacuation assistance and sheltering will have disabilities and others with access and functional needs. Populations may have members with additional needs before, during, and after an incident such as maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities, live in institutionalized settings, are elderly, are mentally ill, are children, are from diverse cultures, have limited English

¹⁷ Congregate care facilities as defined by the FEMA Mass Care Coordination Unit are general population shelters, respite centers, reception centers, heating/cooling centers, and medical support shelters, as well as unconventional sheltering facilities, such as berthing ships, base camps, and temporary construction.

proficiency or are non-English speaking, or are transportation disadvantaged.¹⁸

- d) A percentage of the population will have chronic health or mental health conditions that will need maintenance medications or further assessments or referrals upon arrival at general population shelters following their movement through reception sites.
- e) Some evacuees will have medical needs or conditions caused or exacerbated by the disaster and will need medical attention, further assessment, or referral through the evacuation and reception process.
- f) Special considerations will be needed for unaccompanied minors and dependent adults.
- g) Service animals will remain with their owners.
- h) Some evacuees will have household pets that require shelter and/or care, and some evacuees will be resistant to being separated from their household pets.
- i) Undocumented immigrants will be hesitant to participate in the reception process.
- j) A percentage of the population will be subject to judicial and/or legislative orders restricting their freedom of movement geographically or in proximity to specific individuals (e.g., sex offenders or people under court orders).

E. Purpose of reception

Reception is the process of supporting an evacuation by receiving and preparing evacuees to be moved to sheltering locations, and can be performed pre- and/or post-incident. The process of “reception” may be implemented in various forms and for a variety of reasons, both in the impact area at the start of an evacuation process or in an interim or host jurisdiction as evacuees move toward a shelter environment. If evacuation needs continue for an extended period of time, such as during a large-scale earthquake or weapon of mass destruction (WMD) event, the reception function extends throughout that process.

Reception typically involves one or more of the following:

1. Receiving people from an impact area who require assistance to evacuate or are in the process of evacuating.

¹⁸ *National Response Framework Glossary/Acronyms*. FEMA. Accessed March 30, 2011. <http://www.fema.gov/emergency/nrf/glossary.htm>.

2. Identifying people who require greater care, such as people with disabilities and others with access and functional needs, medical needs, or household pets.
3. Providing a site for the gathering, transferring, and/or respite of an evacuating population.
4. Registering and tracking the population to:
 - a) Begin or support the process of reuniting separated families.
 - b) Coordinate the tracking of assisted evacuees with their household pets, durable medical equipment (DME), or personal items (e.g., luggage) that have been moved or sheltered separately from them.
 - c) Support Federal reimbursement documentation requirements regarding evacuee return to impact areas.

F. Scope

The scope of this guidance consists of the evacuee reception and processing mission, from the initial reception of an evacuating population in an impact area until their arrival at shelters, or alternate temporary or permanent disposition. This guidance is all-hazards in nature, meaning that it applies to any hazard that may generate a demand for evacuee reception and reception processing.

At the Federal level, as defined by the NRF, reception falls within Emergency Support Function (ESF) #6, Mass Care, Emergency Assistance, Housing, and Human Services. At the local and State level, it may be the responsibility of a different response agency with support from ESF #6, mass care, or other functions. Basic reception services could simply be directions to shelters at information points. At sites with additional services, essential services may include basic first aid, food, water, support for people with disabilities and others with access and functional needs, and sanitation facilities. Depending on the type of site, reception services could also include the registration and tracking of evacuees, medical and mental health assessment, reunification of families, and support of the evacuation of household pets and service animals.

The basic flow of the evacuee support process, depicted in Figure 1, indicates where reception falls within the response continuum. If the LAOA is the impacted area, the process begins with the disaster and continues through recovery. If the LAOA serves as the host area, involvement begins with reception and continues through the recovery phase when evacuees are returned to their home jurisdictions or find permanent disposition elsewhere.

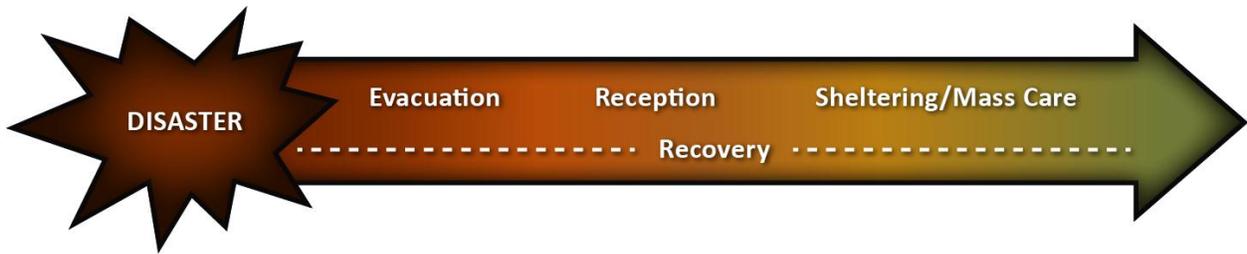


Figure 1: Evacuee Support Process

This page intentionally left blank.

II. TYPES OF RECEPTION SITES

A reception site is any site that receives members of an evacuating population. This may include one or all of the following sites.

A. Pickup point (PUP)

PUPs are local sites within the impact or at-risk area designated for the pickup and transport of the evacuating population, who require transportation or other assistance in evacuating, to a central location in the impact area.

B. Evacuation point (EP)

Located within the impacted area, this site is a central gathering location in which evacuees who require transportation and/or other assistance in evacuating are processed and transported out of the area. This site may include services such as evacuee tracking, canteen or feeding, household pet evacuation, medical or mental health assessment, and direction of evacuees to various modes of transportation. It may also include diversion to a decontamination site or medical triage site, if necessary, before arrival at or instead of an RPS.

C. Transfer point

This is an interim site along transportation routes for the transfer of evacuees from one government-provided transportation vehicle to another. This is most often used during extended or interstate trips where driver relief is required.

D. Information point

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

E. Reception processing site (RPS)

This is an interim site along an evacuation route for people who have been evacuated by way of government-provided transportation. This site may include services such as evacuee tracking, canteen or feeding, medical first aid, health assessment, and local transportation to shelters. This site may be used when assessments and evacuee processing could not be accomplished or completed prior to leaving the impact area or if reassessment or processing is necessary prior to arrival at shelter locations.

F. Reception area at shelter

Reception activities, such as evacuee registration, may be conducted upon admittance to a shelter if this has not already been accomplished

prior to arrival at the shelter site, as is generally the case with self-evacuees.

Figure 2 depicts examples of the expected flow of evacuees through the various types of evacuation, reception, and shelter sites. Transportation-assisted evacuees are those using government-provided transportation to evacuate from the impacted area. The dotted lines and red boxes represent optional coordinating functions. Not all coordination points are included.

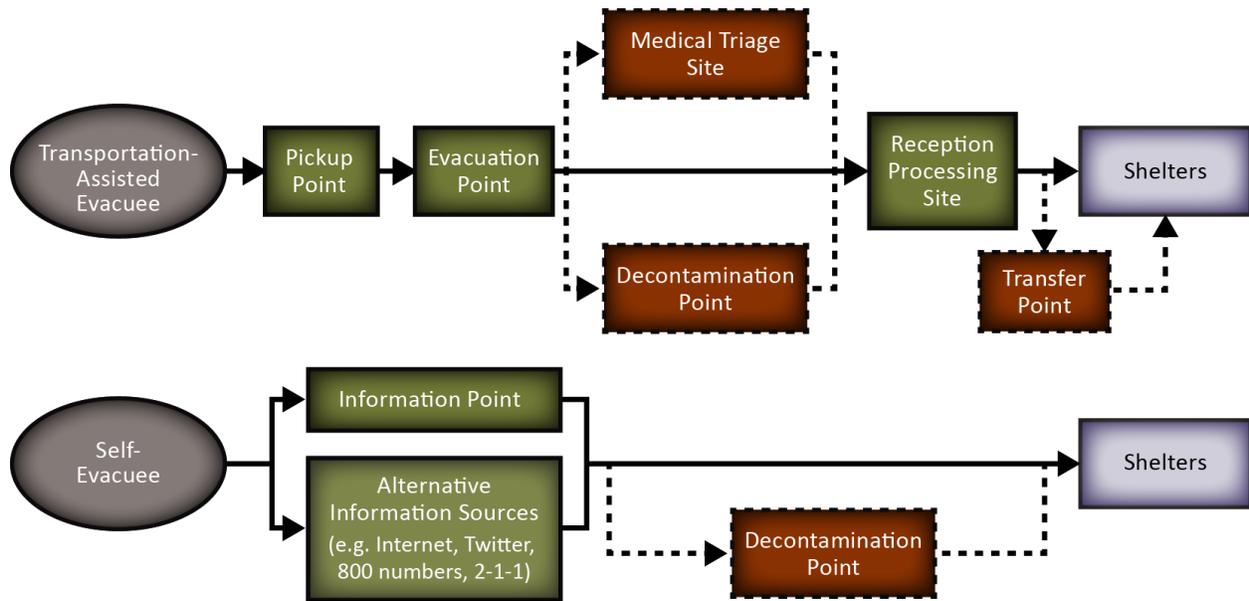


Figure 2: Reception Process Model

Except for PUPs and shelters, each site includes both embarkation and debarkation processes; use of these terms should be avoided when possible. If possible, terminology should be coordinated with State and Federal terminology to support stronger consistency and understandability across jurisdictions and different levels and types of governmental and non-governmental response operations.

III. CRITICAL COORDINATION POINTS

A critical coordination point is a site or function that could impact members of an evacuating population during the reception process. The reception planning team should consider these sites or functions, the roles they play, and the need to integrate them into reception operations.

A. Decontamination points

Decontamination points will be used in a mass contamination event, such as a radiological dispersion device (RDD) detonation. This is a site operating in support of, but not as part of, reception, where evacuees who are contaminated or potentially contaminated are assessed and, if necessary, decontaminated before being granted entrance to a reception site. Medical and mental health triage and/or assessment may also be required after decontamination. Self-evacuees and transportation-assisted evacuees should be diverted to decontamination points as needed. A decontamination point may be close to a reception site. It is strongly recommended that jurisdictions require that evacuees be decontaminated before entering reception sites to avoid the spread of contamination. See Appendix 4 for more information on HazMat incidents.

B. Medical triage sites

This interim site operates in support of, but not as part of, reception. Some transportation-assisted evacuees and evacuees from medical facilities may be sent to a medical triage site in lieu of or in addition to a reception site for more robust medical assessment and care. From a medical triage site, evacuees will be sent to a reception site, shelter, or medical facility depending on their medical condition and need. A medical triage site may be located near a reception site.

C. Family assistance centers (FACs)

Family assistance centers are used during mass casualty events as safe and secure locations for families of missing victims to wait for or receive information regarding their family member(s) (e.g., the victim is deceased, has been admitted to a hospital, or is still missing). They are also places at which families may provide information to authorities and FAC personnel in order to assist in identifying victims, receive updates regarding incident recovery, and receive emotional support, spiritual care, and health and social services as requested and available.

D. Multi-use alternate site

To limit congestion at an EP or RPS, one or more multi-use alternate sites close to an EP or RPS may be set up. Such a site could be used to allow self-evacuees to enter the assisted transportation system or for evacuees ready to leave reception by their own transportation means (e.g., picked up by a relative).

E. Local assistance centers

Local assistance centers serve as hubs for information related to city, county, and State assistance available for those affected by a disaster; applications for rental assistance and information on local housing options; referrals to organizations for assistance with immediate unmet needs; and a variety of other available resources. Local assistance centers generally open during the recovery phase, and coordination may only be needed during return and re-entry.

F. Volunteer reception centers (VRCs)

VRCs function as centralized hubs for spontaneous volunteers to offer their services, become affiliated with organizations, and provide information for application, security and credential checks (e.g., Emergency System for Advance Registration of Volunteer Health Professionals [ESAR-VHP]), and other affiliated tasks, as applicable.

If organizations are in agreement, pre-identified affiliated volunteers may also be directed to this hub rather than individual non-governmental organization (NGO) offices or operations centers. At this location, the affiliated volunteers will report in, coordinate with NGOs (e.g., Medical Reserve Corps [MRC] and the American Red Cross), and receive orientations, assignments, training, and briefings. If the affected area is in a secured location, such as in a terrorism incident, volunteers may be transported in groups from a VRC into the affected area.

In coordination with logistics at the emergency operations center (EOC), these locations should be clearly communicated to the public so spontaneous volunteers know where to report. To limit congestion at an EP or RPS and direct volunteers and donations to the appropriate location, if members of the public or community arrive at a reception site seeking to volunteer or provide a donation, they are directed to these sites.

G. Non-governmental organizations

NGOs, community-based organizations (CBOs), and private-sector stakeholders could support reception planning and response by providing planning expertise, personnel, and/or material resources to support the general population and people with disabilities and others with access and functional needs.

IV. REGIONAL PLANNING CONSIDERATIONS

Multi-agency and multi-jurisdictional coordination, planning and discussion, agreements, and MOUs for mutual aid, as well as vendor agreements, should be negotiated and established well in advance of potential situations.

Issues among regional partners include communications and notification. Receiving jurisdictions should be kept abreast of changing conditions, such as the numbers of evacuees they should expect to receive, through regular contact with evacuating jurisdictions. Contact may occur through a variety of means, including conference calls and reports. Additional regional issues that will contribute to situational awareness include the following:

- A. Common understanding of operational definitions among coordinating jurisdictions.
- B. Understanding resource requests and benchmarking.
- C. Deconflicting the use of common vendors.
- D. Early notification of conditions, actions, and needs.
- E. Knowledge of available services among all regional partners.
- F. Consistency of emergency public information through the local media and the Joint Information Centers (JICs) (e.g., plans and messaging).
- G. Tracking system for evacuees should be useable, rapid, and inter-operable between agencies, jurisdictions, and the region.
- H. Monitoring of resource distribution points and movement of needed supplies, goods, and equipment to their intended destinations in support of reception requirements.

This page intentionally left blank.

V. ROLES AND RESPONSIBILITIES

A. Areas of responsibility

The following areas of responsibility are important to the execution of reception operations. Each area is described, its role is delineated, and the responsible function agency, or organization, and responsibilities are listed. The sections are scalable and should be organized, assigned, and staffed based on the need of the overall reception operation.

1. Reception operations management

The operational management of individual reception sites and of the overall reception process is essential to the efficient flow of evacuees from an affected area to interim sites and host areas.

a) Role

- (1) To coordinate overall operations management of the reception process as a whole and the operations of each EP or RPS.

b) Responsible function, agency, or organization

- (1) Onsite: EP/RPS manager
- (2) Primary: Social or human services agency or organization
- (3) Support: LAOA EOC management and all onsite operations
- (4) Coordinating: Evacuation branch, medical and health branch or function, logistics branch or function, and safety and security function

c) Responsibilities

- (1) General oversight of all operational functions of reception process and/or site, opening or closing of operation or sites, and staffing issues and needs.
- (2) Communicate with LAOA EOC for ongoing cross-jurisdictional coordination.
- (3) Request support from coordinating branches and/or functions for updates on operational activities, status, and needs.
- (4) Manage resolution of issues and concerns.
- (5) Oversee all accommodations possible to support people with disabilities and others with access and functional needs across all functions of reception.

- (6) Determine necessary liaisons for the coordination of reception operations with other departments and agencies.
- (7) Oversee coordination with sites related to or supporting reception operations.
- (8) Identify and assign a safety officer who will conduct initial and ongoing site safety inspections, determine needs, and advise requirements (e.g., smoke detectors and trip hazards).
- (9) Oversee and manage, or delegate administration and financial reception requirements.

2. Evacuee processing and tracking

The processing and tracking of evacuees should occur as soon as is practical and feasible. It may be initiated or reiterated at various stages of the evacuation and reception process. Several agencies, functions, and organizations may be involved in supporting it both within reception site functions and/or as general support to a reception site.

a) Role

- (1) To implement and manage the registration and tracking of each evacuee entering the government-provided transportation evacuation process using the designated or backup tracking system.

b) Responsible function, agency, or organization

- (1) Onsite: Registration function within the reception site
- (2) Primary: Human services or care and shelter branch
- (3) Support: Communications, logistics, and health and medical
- (4) Coordinating: Transportation

c) Responsibilities

- (1) Coordinate with communications or logistics functions for access to and the activation of tracking system equipment.
- (2) Train EP or RPS tracking or processing staff in using the system equipment (pre-event if possible).
- (3) Coordinate with logistics for setting up the registration area and tracking system in the EP or RPS (e.g., rope or stanchion lines, tables, and tracking equipment).

- (4) Coordinate with health and medical for health assessment, medical and health support, and mental health support.
- (5) Coordinate with security or law enforcement for support, as needed.
- (6) Coordinate with animal services for support and evacuation of household pets, if necessary.
- (7) Process and gather registration information from arriving evacuees.
- (8) Maintain secure storage of all evacuee information.
- (9) Link the tracking of evacuee families, household pets, personal property, and DME, as needed.
- (10) Collect information regarding missing and separated family members and forward to the appropriate function at the LAOA EOC.
- (11) Direct evacuees through the reception process and to support functions and areas, as needed (e.g., support for people with disabilities and others with access and functional needs, canteen, departing transportation, health and medical, and security).
- (12) Direct people subject to judicial and/or legislative orders restricting their freedom of movement geographically or in proximity to specific individuals (e.g., sex offenders or people under court orders) to security or EP or RPS management.
- (13) At EP or RPS close, return all equipment to logistics and secure all evacuee paperwork.

3. Public safety and security

Public safety and security as a function can be provided by law enforcement personnel, private security, or designated government resources. This function will be scalable and flexible based on the needs of the incident and availability of resources.

a) Role

- (1) To implement and oversee public safety and security operations in and surrounding a reception site.

b) Responsible function, agency, or organization

- (1) Onsite: Public safety and security personnel
- (2) Primary: Local law enforcement or onsite private security, and law enforcement branch

- (3) Support: External local, county, State, Federal law enforcement or designated government resources, or private security, if necessary
 - (4) Coordinating: Onsite RPS management, transportation, registration, and respite functions; LAOA EOC security branch; and local fire and rescue
- c) Responsibilities
- (1) Coordinate with site management for public safety and security needs (e.g., perimeter control and security, point of entry control, and security issues).
 - (2) Coordinate with external resources for security personnel, shift schedules (regular time and overtime), and specific skill sets (e.g., traffic control).
 - (3) Coordinate site traffic control plans.
 - (4) Manage and control security of the reception site environment and evacuee population.

4. Respite

The respite function focuses on providing support for the human services of an evacuating population. Its operation is scalable based on need and available resources, and is implemented as soon as is practical and feasible. It will provide ongoing services throughout the reception process and may have more than one agency or organization involved in its operations.

- a) Role
- (1) To support the mass care needs of the evacuee population including rest, food, water, personal hygiene supplies, and necessary mass care support for people with disabilities and others with access and functional needs.
- b) Responsible function, agency, or organization
- (1) Onsite: Human services or care and shelter function
 - (2) Primary: Social or human services department
 - (3) Support: Red Cross, voluntary organizations active in disaster (VOADs), and other NGOs
 - (4) Coordinating: Onsite RPS management, registration, security, medical and health functions, and LAOA EOC human services branch

- c) Responsibilities
 - (1) Set up and maintain mass care functions (e.g., respite area, hydration, food, and DME storage).
 - (2) Acquire and manage trained personal care providers.
 - (3) Coordinate with logistics for resources (e.g., water, food, and shade equipment), DME and other equipment or supplies to support people with disabilities and others with access and functional needs, and other identified supplies. Coordinate with the medical and health function for the support of medical issues, as needed.
 - (4) Coordinate with the medical and health function, as needed, for the support of people with disabilities and others with access and functional needs.
 - (5) Manage EP or RPS mass care staff (e.g., respite staff assignments, tasks, and schedules; supply maintenance and requests; and sanitation of equipment).
 - (6) Support the registration function, as needed.

5. Communications

Communication and coordination are key elements in the successful planning and implementation of an EP or RPS and its integration into a response operation. To increase coordination with supporting organizations and agencies, an EP or RPS should have communication technology and plans consistent with those of the response operation (e.g., inter-jurisdictional, inter-operable, and redundant).

- a) Role
 - (1) To coordinate communications within a reception site and with external supporting and coordinating agencies, and identifying all necessary communications equipment for the site.
- b) Responsible function, agency, or organization
 - (1) Onsite: RPS management or communication coordinator
 - (2) Primary: Communications function
 - (3) Support: Logistics, LAOA EOC communications branch
 - (4) Coordinating: Transportation, medical and health, and mass care, social and human services

c) Responsibilities

- (1) Coordinate with logistics functions for access to and the activation of communications equipment (e.g., radios and telephones).
- (2) Train staff in the use and care of equipment as needed.
- (3) Repair or replace equipment as needed.
- (4) Set up and maintain Internet connectivity and equipment if available and used.
- (5) Communicate with the LAOA EOC communications function for ongoing interoperability and cross-jurisdictional coordination.
- (6) Provide communications equipment to support people with disabilities and others with access and functional needs in coordination with the logistics branch, and in consultation with social and human services functions, as needed, and as available.

6. Medical, health, and mental health

Expediency is of primary importance when providing medical, health, and mental health support for evacuees. Support may be initiated or repeated at different points in the reception process and should be scalable for different operational needs, and availability of time and resources. More than one organization or function may be involved in supporting it. Support may be provided by an offsite resource.

a) Role

- (1) To assess the health of evacuees and support the basic and emergency health and mental health needs of evacuees and reception site staff.
- (2) To support the health and medical needs of people with disabilities and others with access and functional needs.
- (3) To conduct other medical and health activities, as necessary.

b) Responsible function, agency, or organization

- (1) Onsite: Healthcare provider(s) (e.g., nurse, other healthcare practitioner, or Red Cross health services)
- (2) Primary: Public health

- (3) Support: Red Cross health services, emergency medical services (EMS), logistics, and local fire and rescue departments
 - (4) Coordinating: Transportation, registration, and respite
- c) Responsibilities
- (1) Assess the immediate health of life-saving needs of evacuees and site staff.
 - (2) Provide basic first aid support to evacuees and staff, as available.
 - (3) Conduct basic health assessments of evacuees referred by registration or more extensive triage or assessment of acute medical or psychological needs, and address as needed.
 - (4) Assist in the support of people with disabilities and others with access and functional needs as necessary.
 - (5) Coordinate medical assistance and transport via basic life support (BLS) or advanced life support (ALS) ambulances, appropriate to the level of need.
 - (6) Provide psychological first aid and crisis management mental health support as needed.
 - (7) Oversee and address health concerns (e.g., clean and healthy environment and hazards) at reception sites in coordination with the safety officer and reception management.
 - (8) Coordinate with the LAOA EOC regarding health-related issues or needs of evacuees and the EP or RPS.
 - (9) Provide EP or RPS management with general basic health information (e.g., communicable disease control and health advisories).
 - (10) Coordinate with logistics for medical supplies and equipment as needed and return them at the end of the operation.
 - (11) Submit requests for additional staffing and material resources in consultation with onsite management and the medical and health branch at the LAOA EOC.
 - (12) Coordinate with local first responder agencies, public health officers, and area health facilities likely to be impacted by referrals to their facilities.

- (13) Coordinate with the transportation branch for appropriate vehicles to accommodate evacuees with medical needs.
- (14) Pre-event, identify qualified volunteers and staff for reception sites, and pre-credential and deconflict their use in other areas by working with voluntary staffing agencies in the community.

7. Transportation

Ensuring transportation is available to evacuees who need to be transported is critical to supporting their safety and well-being. Transportation operations will be continuous throughout an evacuation and may be supported by a variety of modes.

a) Role

- (1) To coordinate and support the movement of evacuees who require transportation assistance to and from reception sites by various means.

b) Responsible function, agency, or organization

- (1) Onsite: Transportation coordinator
- (2) Primary: LAOA EOC transportation branch
- (3) Support: Public safety and security, EP or RPS traffic management or control, transportation department, public and private transportation resources, and local fire departments
- (4) Coordinating: Registration, respite, site safety, medical and health, and the LAOA EOC human services branch (sheltering)

c) Responsibilities

- (1) Coordinate with the evacuation branch for modes of transportation to move evacuees from EPs in affected areas to RPSs outside of affected areas.
- (2) Coordinate with the transportation department and/or transportation branch at the LAOA EOC for transportation to support the movement of evacuees from RPSs to shelters.
- (3) Coordinate with registration and medical and health functions to direct people with disabilities and others with access and functional needs to appropriate modes of transportation, and provide assistance with boarding and disembarkation as needed.

- (4) Coordinate the receipt of information on inbound evacuees and modes of transportation through the LAOA EOC transportation branch.
- (5) Coordinate the transmission of information about outbound evacuees and transportation modes through the LAOA EOC transportation branch to the human services branch (sheltering).
- (6) Coordinate with EP or RPS traffic management, public safety and security, and the safety officer for the movement of vehicles around the EP or RPS.

8. Animal services

Support for household pets and other animals may be a function of a reception site, depending on when household pets are separated from their owners for evacuation. Coordinating the animal and human services operations within the reception process is important for effectively reuniting owners with their household pets at a later time.

a) Role

- (1) To manage the registration, evacuation, and care of household pets belonging to people in the evacuating population.

b) Responsible function, agency, or organization

- (1) Onsite: Animal services coordinator
- (2) Primary: Animal services branch
- (3) Support: Veterinary services, transportation branch, registration function, private organizations, and NGOs
- (4) Coordinating: LAOA EOC evacuation branch and LAOA EOC animal services branch

c) Responsibilities

- (1) Coordinate with the evacuation branch and transportation function for evacuation of household pets.
- (2) Coordinate with the registration function for linked registration of household pets with their owners.
- (3) Manage micro-chipping and other means of identifying evacuated household pets.
- (4) Manage the health assessment of evacuating household pets.

- (5) Support the needs of service animals remaining with evacuees.

B. Participating agencies with roles in the reception process

Agencies with primary or support roles in reception at various points in the evacuation process (e.g., evacuating, receiving, and hosting) may include the following:

1. Emergency management
2. Social services
3. Aging services
4. Public health
5. Mental health
6. Spiritual care
7. EMS
8. Fire
9. Law enforcement
10. Animal services
11. Public works
12. Recreation and parks
13. General services
14. Waste management
15. Information technology (IT)
16. Transportation agencies, industry, resources, and advocates
17. Building and safety
18. Education/Schools (k–12 and universities)
19. Public information officer (PIO) and JIC
20. NGOs (e.g., Red Cross and Emergency Network Los Angeles [ENLA])
21. Private sector

VI. CONCEPT OF OPERATIONS, PLANNING CONSIDERATIONS, AND STRATEGIES

A. Reception site locations

Reception activities can take place at a variety of different sites. PUPs may be set up at public parks, bus stops, or other locations where the public will congregate after a disaster. EPs and RPSs could be set up at schools, convention centers, public parks, or other large, open locations to allow for the rapid and efficient movement of people. The choice of venue should be reflective of the anticipated throughput of people, so planning a scalable design is advised. The primary difference between an EP and an RPS, which can offer the same services at different points in the process depending on circumstances and resources, is location. An EP is set up within the impacted area, and an RPS is located outside of the impact area. Plans should take into consideration that under some circumstances, a PUP may be converted into an EP.

The affected population should be encouraged to self-evacuate, if possible. Information points for self-evacuees may be set up at existing State or community welcome centers, tourist information stops, rest stops, or other locations with easy ingress and egress to and from evacuation routes. If possible, these sites should include sanitation facilities. These sites are intended to supplement—not replace—public information via other outlets such as traditional media and social media. Communication to these sites and other media outlets should be made in real time in order to maintain current information regarding shelters that are open and have available space or have reached maximum capacity.

Reception may also take place directly at a shelter site. In the case of self-evacuees, registration for those seeking shelter would take place at the shelter. Space availability and traffic management considerations would be necessary.

EPs and RPSs should be of sufficient size and designed to support the anticipated quantity throughput of the affected population. A possible example of a site layout designed to accommodate high volume throughput and accessibility would be a point of distribution (POD) site. EPs and RPSs should be accessible to and should accommodate people with disabilities and others with access and functional needs in compliance with the [Americans with Disabilities Act \(ADA\)](#),¹⁹ [Architectural](#)

¹⁹ *The Americans with Disabilities Act of 1990*. U.S. Congress. July 26, 1990.
<http://www.ada.gov/statute.html>.

[Barriers Act \(ABA\)](#),²⁰ and [Uniform Federal Accessibility Standards \(UFAS\)](#).²¹

Multiple EPs or RPSs in different locations may be required to accommodate the affected population from a variety of modes of transportation.

1. Site selection considerations

Locations to be used as reception sites should be identified, surveyed, and inspected pre-event. Selections should be coordinated with other groups who might also have plans to use the sites and discussions held to deconflict and prioritize their various planned uses. During and after an event, once locations are identified, a request should go to the local EOC and LAOA EOC to again deconflict their use and arrange updated safety inspections. A reception site plan, staffing plan, and layout should be created pre-event in a scalable design.

The following considerations should be made when choosing an EP or RPS location:

a) General

- (1) Availability of facility
- (2) Availability of staffing appropriate to support facility size and design
- (3) Current level of readiness and time required for facility to be operational
- (4) Overview of building and site type needs
- (5) Required actions (e.g., inspection, MOUs, facility use agreements, and lease agreements)
- (6) Process for activation and access (e.g., through the EOC, local emergency manager [EM], or building owner)

b) Geographic location

- (1) Location in relation to impact area and additional or different threats
- (2) Location in relation to other response support facilities (e.g., medical triage and decontamination site)

²⁰ *The Architectural Barriers Act (ABA) of 1968*. U.S. Access Board. Accessed March 30, 2011. <http://www.access-board.gov/about/laws/aba.htm>.

²¹ *Uniform Federal Accessibility Standards (UFAS)*. U.S. Access Board. Accessed March 30, 2011. <http://www.access-board.gov/ufas/ufas-html/ufas.htm>.

- (3) Geography (e.g., congested urban area, rural area, and physical accessibility)
- (4) Proximity to evacuation transportation routes and/or modes of evacuation transportation
 - (a) Major ground evacuation routes
 - (b) Railways (if using rail evacuation)
 - (c) Airports (if using air evacuation)
 - (d) Waterways (if using water evacuation)
- c) Exterior site features
 - (1) Ingress and egress capabilities
 - (2) Traffic flow design, transport parking needs, and embarkation and debarkation plans
 - (3) Security and access control
 - (4) Parking for staff
 - (5) Covered and uncovered areas (for operations where evacuees may be outdoors for any length of time)
- d) Interior site features
 - (1) Size (e.g., usable square footage)
 - (2) Structural floor plan (e.g., open space, multiple rooms, hallways, and multi-story; if outdoor, ground surfacing and hills)
 - (6) Multiple rooms or ability to partition space
 - (7) Waste management (e.g., dumpsters and trash service)
 - (8) Restrooms or portable toilets and hand-washing stations in quantities appropriate to anticipated population capacity numbers
 - (9) Area for household pet evacuation operation, if necessary
 - (10) Seating area
 - (11) Accessibility for people with disabilities and others with access and functional needs
 - (12) Network connectivity and communications capability
 - (13) Power and backup power

- (14) Structural integrity and building and safety inspection (pre-event and ongoing)
- (15) Perimeter (e.g., fencing and security)

2. Site design and layout

A full-service, stand-alone EP or RPS may include areas for evacuee reception, household pet reception, registration and tracking, canteen or feeding, restrooms, vehicle staging, administration, storage, medical assessment, evacuee reunification communications (e.g., Internet-accessible computers and phones), safety and security, mass transportation embarkation and debarkation, parking, maintenance, logistics, and designated areas for children, unaccompanied minors, and dependent adults. Figure 3 depicts a sample RPS layout, with designated queues and areas highlighted.

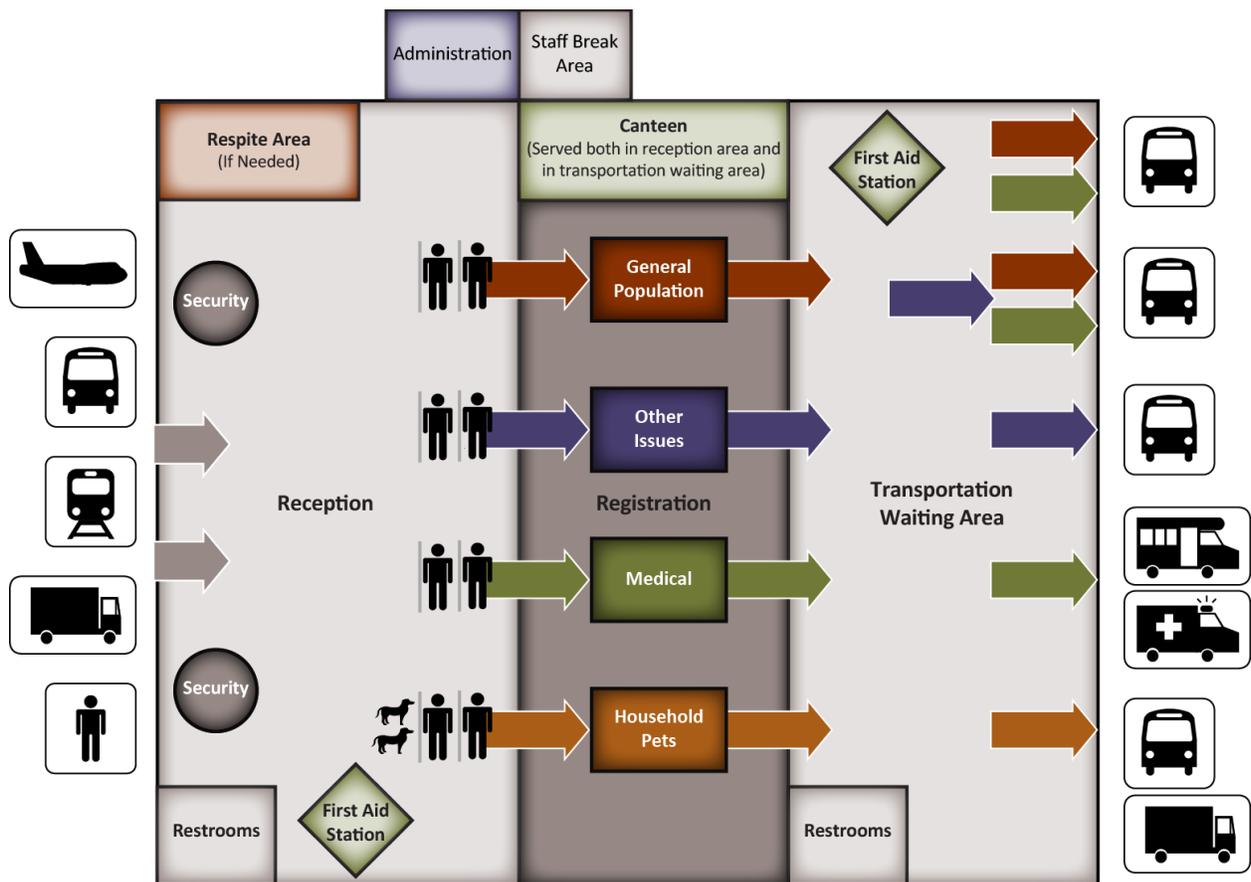


Figure 3: RPS Basic Reception Center Layout

An RPS should be designed in a way that promotes the efficient movement of evacuees through the facility while addressing the unique needs of all evacuees. Rope lines and stanchions should be

used to guide evacuee flow, with RPS personnel directing evacuees to the proper stations along the route. After an initial security screening, evacuees will enter the queue. Once they reach the front of the line, they will be evaluated and directed to a line for general population, medical issues, evacuees with household pets, or other issues based on their individual needs. They will then be registered, processed, and directed to the appropriate mode of transportation.

In another design, household pets are separated from their owners prior to evacuees entering the reception facility and queuing process. A household pet is registered, the owner and animal are separated, and the pet is put on a household pet transport while its owner enters the facility and queuing process.

The plan for the flow of evacuees should be evaluated to determine necessary adjustments. Potential issues include points in the queue that may cause backups or stalls, lines forming in undesignated areas, and weather conditions impacting queues outside facilities. Rest areas should be established along parts of the evacuee queue where longer wait times are expected.

B. Reception service considerations

The range of services provided will depend on the incident type and magnitude, available resources and acquisition speed-to-scale, decisions by onsite management, operation size and scale considerations, and the type of site (i.e., EP, RPS, PUP, and information point).²²

The support and resources needed at any specific reception site will depend on the site's location in relation to the affected area, resources available (e.g., human and material), incident scope, and the quantity and needs of the affected population (e.g., unaccompanied minors, people with disabilities and others with access and functional needs, those with medical needs, and individuals subject to judicial and/or administrative orders restricting their freedom of movement geographically or in proximity to specific individuals).²³

Self-evacuees should be routed directly to information points, then shelters, or directly to shelters. Only transportation-assisted individuals should be directed to or allowed entry into PUPs, EPs, and RPSs.

²² Speed-to-scale refers to the amount of time it takes to reach a desired goal (e.g., How fast can a state open enough shelters to house 15,000 of the affected population?). Speed-to-scale analyzes: which resources are necessary (e.g., facilities, cots, and staff); the amount of time needed to acquire those resources (e.g., local staff versus staff flown in); and the percentage of the goal reachable at any given time up to achieving 100%. The analysis would include methods and strategies for accelerating the time in which the goal can be reached.

²³ This language should be checked with the legal department.

During a HazMat event, the decontamination of evacuees should occur before their arrival at an RPS; however, plans should account for the possibility that evacuees may arrive at reception sites without having been decontaminated. When faced with evacuees who require decontamination, reception personnel should coordinate with the EOC to either request decontamination resources for evacuees prior to granting them entrance to reception sites or information regarding procedures if contaminated evacuees have already entered the site.

C. Reception service delivery or scalable operational design

Service delivery will vary according to the resources of the EP or RPS jurisdiction, the type of event, the population affected, and the time from the event. Once the reception process begins, the complexity of the process (e.g., inclusion or not of household pet reception, tracking, and respite) and availability of external assets, like transportation, will affect the time it takes to open and set up a site as well as the services it would provide.

On a time-scale basis, the longer people spend at a site, the more expanded the services provided need to be. The goal of a reception site is to move people through the process in the least amount of time possible. This not only minimizes the time an evacuee must remain in an environment with limited services, but also maintains effective and swift evacuation and reception processes.

The most basic services at a reception site include registration, basic first aid, basic health assessment, information regarding eventual destination, and support for people with disabilities and others with access and functional needs. These may be all that are needed or feasible.

Table 2: Medical, Health, Meals, and Hydration Services by Length of Stay

Length of Stay	Meals and Hydration	Medical and Health Considerations	Mental Health Considerations
0–4 hours	<ul style="list-style-type: none"> ▪ Snacks and water only 	<ul style="list-style-type: none"> ▪ Basic first aid ▪ Brief primary health assessment ▪ Support for people with disabilities and others with access and functional needs 	<ul style="list-style-type: none"> ▪ Psychological first aid as needed for evacuee population and/or staff

Food, hydration, expanded public information, psychological first aid, and tracking may be added functions and services if time and resources allow, and registration and health assessment may be reduced to minimal service levels if immediate evacuation for safety reasons is essential. If resources are available, other services may also be offered such as increased surveillance and assessment of health, medical, and mental health needs; expanded food services; childcare support; cots (including medical cots); urgent-only replacement medication (for required major chronic conditions); and reunification equipment and support (e.g.,

computers connected to the Internet). The necessity of increased staffing and material resources to support these services should be assessed to determine if it is an operationally value-added benefit in an intended short duration site.

D. Extended stays at reception sites

If a situation occurs, in which the transportation that moves people out of a reception site to shelters becomes unavailable or shelters become full, considerations should be made as to how this affects the reception site.

1. With evacuees continuing to arrive, but none leaving, the maximum capacity of the site will quickly be reached, likely turning the reception site into a short-term shelter.
2. For transportation issues, the evacuation branch and/or transportation branch at the EOC will need to be informed that either outbound transportation needs to be resumed to move people from reception to shelters or all inbound transportation will need to be stopped or rerouted elsewhere.
3. For shelter capacity issues, the human services branch at the EOC will need to be advised to locate expanded shelter space or to prepare to support the transitioned reception site as a shelter.
4. If the movement of evacuees through the system halts for either of these reasons, expanded support for the population within the facility should be considered. This will include:
 - a) Sleeping arrangements: Due to the minimal resources at a standard reception site, there will be either no cots for sleeping or a minimal number of cots intended for respite only. This quantity will be the maximum capacity of the reception-turned-shelter unless additional supplies are delivered.
 - b) Feeding planning will need to occur for full meals rather than snacks only, or shelf-stable meal resources will need to be provided.
 - c) Expanded personal hygiene resources, such as providing access to showers, will be necessary.
 - d) Expanded health and medical care may be required, including:
 - (1) Medical care beyond basic first aid, to include appropriately licensed personnel, treatment area and resources in consultation with ESF #8 and local public health officials and facilities.
 - (2) Secondary health assessment.

- (3) Medical cots for people with disabilities and others with access and functional needs.
- (4) Consumable medical supplies.
- (5) Replacement dose of essential chronic or other medication plus a method and schedule for re-dose and follow-up (e.g., color-coded bracelets).
- (6) Potential nursing assessment or clinician station or nursing triage.
- (7) Partial Functional Assessment Service Team (FAST) designate, Red Cross volunteer, public health nurse, trained Community Emergency Response Team (CERT) member, or personal assistance providers.

See Appendix 7 for additional services to be considered if extended stays at reception centers become necessary.

E. Functions

Depending on needs and resource availability, an RPS should support some or all of the following functions.

1. Reception operations management

Oversight, direction, and control will be maintained by a representative supporting reception at the local EOC and onsite by an onsite management structure. The EOC representative will maintain an overarching view of the reception process, while onsite management at an EP or RPS will coordinate with the EOC, provide oversight of site operations, and address immediate issues. The EOC representative will oversee the planning function to include expanding or contracting the reception operation, determining the need for additional reception sites and the demobilization of the operation.

EP or RPS management should coordinate with the overarching disaster operation through their EOC(s). As applicable, the reception structure should follow an Incident Command System (ICS) design. Refer to Section V: Roles and Responsibilities for a list of the functions needed to staff a reception site. Some positions or functions may not be necessary or essential in every EP or RPS, and staff may not be available immediately for all positions. The list of functions is scalable and should be adapted to fit the needs and capabilities of each event, jurisdiction, and specific EP or RPS. Figure 4 depicts one potential structure for the organization and management of an EP or RPS.

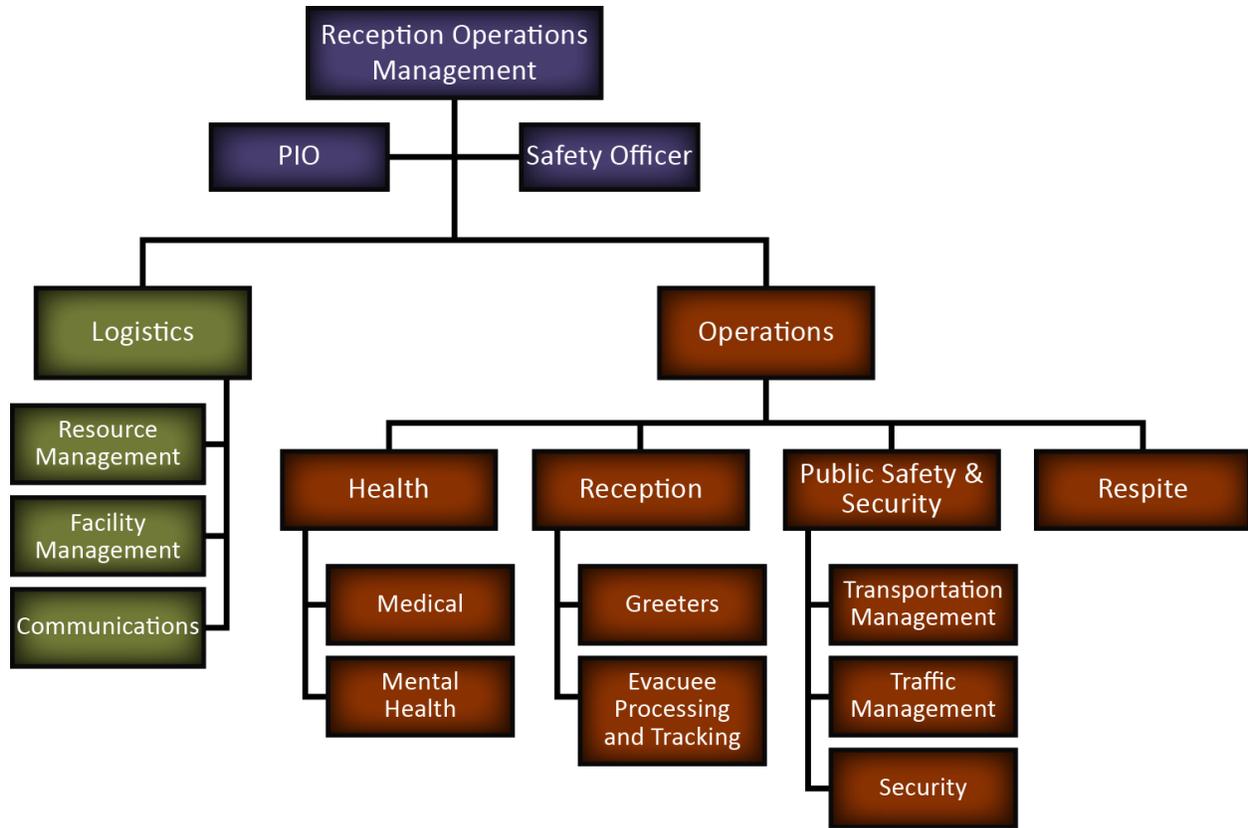


Figure 4: Sample RPS Organization

The safety of site personnel, responders, and infrastructure is coordinated by a safety officer and, if available, deputy. They are responsible for addressing onsite safety issues and hazards, conducting safety briefings to personnel, evaluating sites for safety concerns (e.g., smoke detectors and blocked exits), assessing nearby hazards (e.g., nuclear plants and floodplains), and developing occupancy language for facilities and outdoor parks. Unsafe conditions and practices should be reported to RPS safety personnel. The safety officer coordinates with the onsite facility manager, EP or RPS manager, or site representatives (e.g., school principals) regarding issues, problems, or concerns.

A structural engineer or building inspector should evaluate sites for safety post-incident in coordination with the safety officer. Signs displaying safety precautions should be posted throughout the facility to denote emergency exits, access-ways, and restrooms. Information signage should be in alternate formats and multiple languages to accommodate people with disabilities and others with access and functional needs. Audio translation via public address (PA) system or other speaker or interaction of the signage information should be provided for people with disabilities and others with access and functional needs. Additional safety issues

include weather considerations, availability of and access to contingency power supplies (e.g., generators), emergency lighting, proper grounding of contingency resources, and internal hazards, such as tripping hazards (e.g., uneven floor), obstacles (e.g., protruding water fountain), narrow doors, and other considerations for people with disabilities and others with access and functional needs.

2. Evacuee processing and tracking

For tracking purposes, information should be collected from each evacuee arriving at the EP or RPS to help determine the appropriate mode of transportation for that evacuee; maintain tracking with personal possessions, household pets, DME, and family members; and provide essential information to receiving jurisdictions (e.g., number and condition of arriving evacuees). Tracking can also be used to support the reunification of unaccompanied minors and dependent adults with their guardians or caregivers.

Tracking systems should be coordinated across jurisdictions to ensure compatibility. Tracking could potentially be integrated with the National Disaster Medical System (NDMS)'s Joint Patient Assessment and Tracking System (JPATS). Development of FEMA's National Mass Evacuation Tracking System (NMETS) is on hold, and will not be available in the short term.

Contingency systems for registering and tracking evacuees should be in place in the event that the primary system fails or is unavailable. These systems may be electronic or manual. If feasible, information gathering could begin on buses while the evacuees are in transit to the EP or RPS; however, considerations should be made for ensuring evacuee privacy by keeping any collected information secure and confidential, both during transport and in passing information to the appropriate personnel upon arrival. Additionally, to avoid the unnecessary duplication of efforts and undue burden on evacuees, the information collection process should also be designed to request tracking information as few times as possible.

A tracking system may be in the form of manual data captured using pen and paper or other systems, such as bar code readers or radio frequency identification (RFID). A single unique identifier, such as a tracking number or barcode, RFID system, or photo identification card, could be assigned to all family members, household pets, and equipment (e.g., DME and personal items.); however, while these tools may increase identification and security, and provide information, some people may be reluctant to volunteer information to the government and identifiers may be lost,

damaged, traded, stolen, or misplaced. Additionally, reception sites and service providers may not have the capability to produce or read the information on the identifier. The positives and negatives of different systems should be considered in the planning stage and, if implemented, awareness of the potential issues should be recognized.

An optimal electronic tracking system has features that expedite the proper identification of people and their possessions, family members, household pets, and DME. This could include the information fields listed under primary essential information. The tracking system chosen by the evacuating jurisdiction should be consistent and interoperable with the systems of receiving jurisdictions. In addition, a web-based system can allow the sharing of quantitative information across regions to give planners situational awareness and need for resources.

Considerations include defining the information that is needed or practical to capture from evacuees at various points in the evacuation process. These data points should be established pre-event. Tracking should not impede the evacuation process. Data collection elements may be more or less detailed based on the phase of evacuation and resources available.

If time is limited, two or three essential pieces of information should be identified, with others added as time allows.

- a) Primary essential information
 - (1) Personal information
 - (a) Name
 - (b) Date of birth
 - (c) Names of family members, guardians, unaccompanied minors, and dependent adults
 - (d) Pre-disaster address or point of origin
 - (e) DME, service animals, and personal luggage
 - (f) Immediate medical issues (Note: This information may assist in redirecting those requiring additional care from the main processing area to medical triage and/or specialty transport and sheltering or care facilities; it may also allow for the notification to shelters that they will be receiving people with specific medical issues; medical information must be collected and stored in accordance with the Health Insurance Portability and

Accountability Act [HIPAA] regulations on
privacy²⁴)

- (2) Household pet information
 - (a) Household pets should be tagged, micro-chipped, and matched with their owners; it is recommended that pet owners make preparations for their household pets prior to the occurrence of a disaster, to include micro-chipping
- b) Additional data that may be collected if time permits
 - (1) Post-disaster contact phone number
 - (2) Emergency contact numbers
 - (3) Current housing status (e.g., homeowner or renter)
 - (4) Names of family members residing in the local host area
 - (5) Checkbox or disclaimer allowing information to be shared with other disaster response organizations

The following considerations should guide the selection and use of a tracking system:

- a) Forms should be available in multiple languages based on the demographics of the jurisdiction.
- b) If a paper tracking system is decided on, consideration should be given to the labor hours and resources required for data entry of the collected information.
- c) Logistics planners should be consulted to ensure that the approach is realistic and can be accomplished.
- d) Color-coded systems may be used to determine particular transportation methods or unique personal needs.
- e) The tracking process continues until people return home or to a self-sustaining location (i.e., housing). At that point, a checkout process should be implemented.

²⁴The U.S. Department of Health and Human Services (HHS) issued the Privacy Rule to implement the requirement of HIPAA. The Privacy Rule standards address the use and disclosure of individuals' health information—called "protected health information" by organizations subject to the Privacy Rule (i.e., "covered entities")—as well as standards for individuals' privacy rights to understand and control how their health information is used. *Summary of the HIPAA Privacy Rule*. HHS. Last revised May 2003. <http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html>.

Once the reception operation has commenced, the following tasks for tracking should occur:

- a) Set up and staff tracking function.
- b) Process and gather information from evacuees through the system.
- c) Coordinate with other functions to link tracking information (e.g. household pets or luggage with owners).
- d) Notify law enforcement when any weapons are encountered for their tracking and safeguarding.
- e) Coordinate with the medical and mental health function, as necessary.
- f) Direct processed evacuees to appropriate outgoing transportation.

3. Public safety and security

Ensuring the safety and security of evacuees and reception personnel is essential. Public safety or security personnel are responsible for ensuring the safety and security of individuals in and around a reception site. This includes evacuees and staff. In addition to the traditional law enforcement issues that arise with any large gathering and at large venues, reception site safety and security personnel will face additional issues.

A specific security plan should be established at each reception site. The plan should use local jurisdictional law enforcement personnel and/or other venue security personnel as needed according to operational factors, such as the size of the reception operation, hours of operations, specific threats or hazards, and available resources.

Elements that should be included and addressed in the overall security plan include:

- a) Staffing plan (including considerations of regular and overtime pay as related to reimbursement)
- b) Staffing levels (in coordination with other disaster response facilities and regular community operations)
- c) Personnel types
 - (1) Specialty training or experience (e.g., traffic control)
 - (2) Required certifications and training
- d) Interior and exterior security plan
- e) Traffic management
 - (1) Defined roles and limitations

f) Facility security

Law enforcement or authorized security personnel should provide internal and external security, as well as traffic control, directing arriving and departing vehicles. Volunteers and CERT personnel could potentially be used to perform some security functions in order to release law enforcement personnel for their other responsibilities. Bag screening stations, metal detectors, magnetometers, and other security procedures or devices may be used as necessary and available. Law enforcement or authorized security personnel should be present at all ingress and egress points, and conduct roving patrols throughout the interior and exterior of the facility. If limited personnel are available, they should be stationed at the main ingress and egress points, and conduct roving patrols. Additional law enforcement resources, if needed, should be requested through the EOC.

Criminal activity of any nature should be reported to and handled by sworn law enforcement officers. For medical and law enforcement emergencies, personnel should contact 9-1-1 and site security, safety, or medical personnel.

Unaccompanied minors shall be escorted by trained and credentialed caregivers to an access-controlled, highly visible location and monitored for safeguarding and reunification. If they cannot be reunited with a parent or guardian within a reasonable amount of time (typically 4–6 hours), law enforcement or child protective services shall be contacted to take the minor into protective custody. See California Penal Code Section 290 and 11166, and Welfare and Institution Code 300(g) for additional information regarding protective custody requirements.

Senate Amendment 4615, the “Vitter Amendment,” to the U.S. Department of Homeland Security (DHS) Appropriations Act (Public Law 109-295), amends the Robert T. Stafford Disaster Relief and Emergency Assistance Act to “prohibit the confiscation of firearms during certain national emergencies.” The intent of the law is to govern the allowance of weapons in various disaster response sites (e.g., reception sites and shelters); prohibiting the confiscation of a firearm during an emergency or major disaster if the possession of such firearm is not prohibited under Federal or State law. The temporary surrender of a firearm could be required as a condition for entry into any reception site and onto any mode of transportation used for rescue or evacuation.²⁵

²⁵ *Bill Summary & Status, 109th Congress (2005–2006), S.AMDT.4615.* Library of Congress. Accessed March 30, 2011. <http://thomas.loc.gov/cgi-bin/bdquery/z?d109:SP04615>.

Identified, registered sex offenders shall be processed in a way that protects the public and them, in accordance with State and local statutes. Planners should consult with local law enforcement legal departments to identify applicable laws. Sex offenders are required to self-identify; however, other methods may be employed to verify their identity. Law enforcement should be diligent in watching for prohibited or suspicious activities.

4. Respite

Respite includes essential human services that evacuees will require in the first four hours at the RPS. Some respite services may be available at PUPs or EPs prior to evacuee arrival at RPSs. The duration of stay will help determine the services required. Generally, as discussed in the Service Delivery section, basic services only are provided. If evacuees remain in an EP or RPS for longer periods, expanded services may be necessary.

The onsite coordinator of the respite operations should coordinate with logistics and reception management to acquire, staff, operate, and resupply the components of respite. The setup and preparation of respite services should be done in accordance with the site survey and design as discussed during the assessment of the facility.

The following respite support should be considered:

- a) Primary support
 - (1) Hydration
 - (2) Snacks
 - (3) Toilets and handwash stations
 - (4) Seating and resting areas
 - (5) Shade or cover
 - (6) Cooling or warming station
 - (7) Support for people with disabilities and others with access and functional needs
 - (8) Relief and water for service animals
- b) Additional support if extended reception operations occur
 - (1) Greeter or ambassador and/or orientation to explain available services and next steps
 - (2) Expanded feeding services (e.g., meals ready-to-eat [MREs], hot or cold meals, and people with disabilities and others with access and functional needs)

- (3) Access-controlled and visible childcare area with trained staff, authorized by the reception site management.
 - (4) Climate-controlled area
 - (5) Situational awareness information
 - (6) Cots for short-term use (including specialty cots for people with disabilities and others with access and functional needs)
- c) Respite considerations
- (1) Credentialing or background checks for individuals providing personal assistance should be performed as required.
 - (2) Dependent adults may require more care than is available in the respite area. Consider arranging support from the faith-based community, local community groups, non-profit groups, or national organizations to provide services, including child and dependent adult care services. Appropriate credentialing, reference checks and/or authorization by site management may be necessary.
 - (3) It is advisable to establish a short-term dormitory area to provide rest for evacuees as necessary. Respite staff will need to clean and sanitize cots between uses, rotate the cot supply, or replace cots after each use. If blankets and/or pillows are provided, a sufficient initial supply or resupply for single use will be necessary.
 - (4) Separate areas with appropriate security and monitoring should be arranged for unaccompanied minors and individuals subject to judicial and/or legislative orders restricting their freedom of movement.

5. Communications

A reception plan's communications section should describe required communications functions, who needs to communicate, and the method for enabling that communication, though not necessarily details and specifics, as availability of different communication resources during an event may be limited and subject to change. Communications plans should reflect and be consistent with local and county plans and should refer to applicable tactical interoperable communications plans. Guidance should include sample communications ideas (see Appendix 6), as

well as considerations and equipment for people with disabilities and others with access and functional needs.

Effective lines of communication provide the ability to coordinate across functions, jurisdictions, and forms of transportation, and with non-traditional responders (e.g., CERTs and voluntary agencies).

The reception process involves three communications phases:

- a) Communications during the evacuation phase, while moving evacuees from the hazard area to reception (see the Mass Evacuation Guide)
- b) Communications within the reception environment
- c) Communications between the reception environment and coordinating entities (e.g., EOC) to the mass care environment (e.g., shelters)

Figure 5 displays the communications framework for an evacuation operation. EPs, RPSs, and shelters do not communicate directly with one another. Rather, communications are funneled up to the EOC level, where the functional branches have a higher-level view of the operation and are better equipped to make decisions regarding incident operations based on information they are receiving from different areas, sites, and functions. The impact area EOC will communicate with the EPs and the host area EOC. The host area EOC will communicate with the RPSs, and its mass care branch will communicate with the shelters. Both the impact area and host area EOCs will communicate with information points.

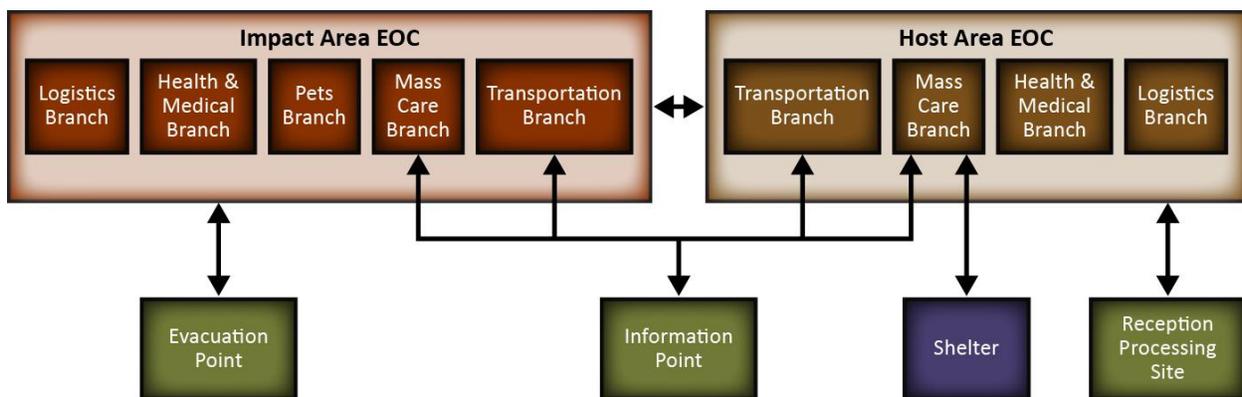


Figure 5: Communications Flowchart

- a) Communications for people with disabilities and others with access and functional needs

Many people in the LAOA, particularly those with disabilities and others with access and functional needs, lack regular access to media outlets and general information sources.

Reception-related information should be broadcast in real time, using alternate formats and in multiple languages to reach as many people as possible. Communications methods should include a variety of outlets: telephone, television messages with closed captioning or sign language, auto-dialed teletypewriter messages, text messages, e-mail, social media, 2-1-1, reverse 9-1-1, door-to-door alerts, and/or signage. PIO messaging should encourage the sharing of emergency information among neighbors, especially for people with disabilities and others with access and functional needs. Local jurisdictions should establish relationships with public and private home-based care services agencies and work directly with representatives of this community.

Reception center personnel should ensure they are able to communicate with people with disabilities and others with access and functional needs. Translation services (including sign language), visual signage, auditory announcements, and, where necessary, direct one-on-one assistance should be provided at RPSs where possible. Jurisdictions should work with local educational and community organizations to identify individuals who speak languages other than English and who might be available to assist in the reception process.

b) Communications among responders (internal communications)

Communication among responders, or internal communication, is essential to ensuring a coordinated, organized response. This includes communications among or with:

- (1) Reception onsite personnel
- (2) Coordination points at the EOC, LAOA EOC, incident command (IC), unified command (UC), or area command (AC) regarding:
 - (a) Out-bound modes of transportation or evacuee populations
 - (b) In-bound modes of transportation or evacuee populations
 - (c) Degrading or existing health and medical concerns of inbound or onsite evacuees
 - (d) Logistics for supplies or resupply of resources

- (e) Shelter locations for out-bound evacuee population

(3) Private vendors

Communication capabilities should be redundant, and the following internal communications methods should be considered:

- (1) Radio systems (e.g., 800 MHz)
- (2) Short message service (SMS)
- (3) Amateur radio (e.g., Auxiliary Communications Services [ACS] and Disaster Communications Service [DCS])
- (4) Satellite telephones
- (5) Internet (e.g., reunification systems and social media)
- (6) Landline telephones
- (7) Mobile cellular repeaters
- (8) Communications on Wheels (COWs)
- (9) Government Emergency Telecommunications Service (GETS) cards and Wireless Priority System (WPS)
- (10) Plain Old Telephone System (POTS)—hard-wired landlines that do not rely on electricity
- (11) Wireless hotspots
- (12) Two-way radios

Following the principle of speed-to-scale, simple two-way radios can be used at the opening of reception sites until more sophisticated communications equipment can be acquired. Planners should determine the number of radios that would be needed for a particular site, including the functional areas of perimeter, internal and external security, traffic, and command staff.

c) Public information (external communications)

In addition to internal communications, reception staff should also develop methods for communicating with the evacuees at reception sites. This function can be achieved through the use of a site PIO or through collaboration with the EOC PIO. The steps of the evacuation process, services provided, and destination information should be explained to evacuees as they move through the process at PUPs and EPs with additional information provided as needed at RPS. Updates should be communicated as information changes.

Public information should be provided to self-evacuees at information points along the evacuation route, as well as through a variety of other means, including the radio, television, Internet (e.g., Twitter and Facebook), 1-800 numbers, and 2-1-1.

If resources are available, greeters or ambassadors can be placed in RPSs to manage the expectations of the RPS population, and volunteer resources can be used to communicate plans and destinations. RPS locations are typically not made public. Self-evacuees should instead be directed to shelters.

All information should be accessible to people with disabilities and others with access and functional needs, in alternate formats, and/or in various languages when possible. The following methods can be used to disseminate information within EP or RPS:

- (1) Megaphones
- (2) Loudspeakers and PA system
- (3) Print format for those with hearing or sight impairment
- (4) Signage and handouts
- (5) Public announcements, including translators or interpreters, if available
- (6) Local radio stations can broadcast emergency information to the general public in the affected areas
- (7) Direct interpersonal communication from staff to evacuees, if required
- (8) Talk or picture boards (see Figure 6)

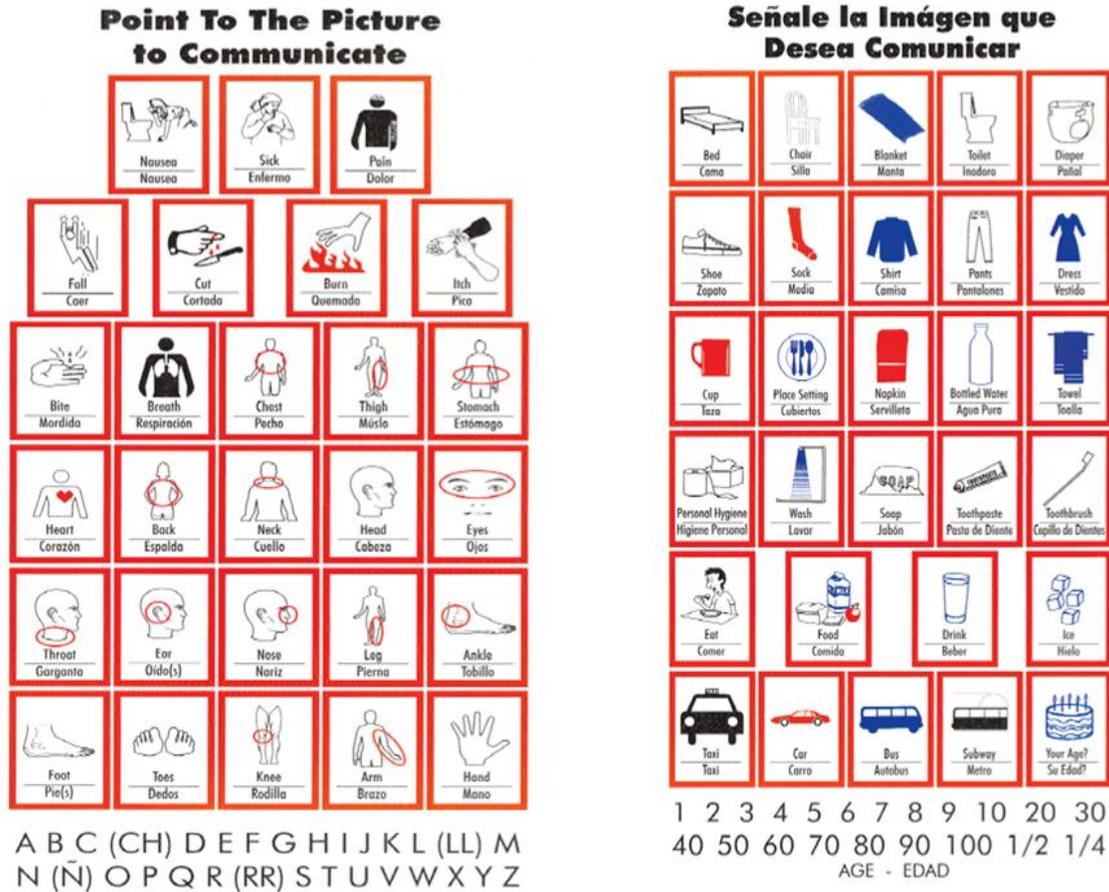


Figure 6: Sample Talk Boards

Providing evacuees with the means of communicating with their relatives and loved ones will ease the stress associated with an evacuation, and potentially enable them to secure their own necessities or rides to safe shelter. Generally, these will be provided at shelter locations. If resources and time are available, the following communication resources may be implemented at an EP or RPS:

- (1) Internet (e.g., Safe and Well website for family reunification)
 - (2) Landlines
 - (3) Mobile cellular repeaters
6. Medical, health, and mental health

The focus of the medical and mental health function should be on handling the segment of the evacuating population who arrive at an EP or RPS in need of basic health assessment, basic first aid, or immediate emergency medical or mental health care only.

Emergency care may be due to an immediate health issue, health degradation after entering the RPS, or a previously unknown injury or illness that becomes evident at the EP or RPS. Jurisdictions should determine the type and extent of medical assessment and medical support that will be offered at reception sites. Given the limited timeframe of reception, at a minimum, a brief health questionnaire may be offered or a brief primary assessment or survey for immediate or urgent medical and health needs. The following health and medical strategies should be considered:

- a) General considerations for medical and health assessments
 - (1) If a life-threatening condition arises, RPS staff should immediately call 9-1-1 and contact onsite healthcare personnel, if available.
 - (2) Consistency in the level of assessment and types of support among EP or RPS sites and regionally across jurisdictions will provide equal and balanced health support to all evacuees. The assessment system should account for both mental and physical health, which may have to be assessed separately. At a minimum, it should summarize the apparent condition of the individual using terminology commonly used by first-responders, such as: 1) immediate (i.e., life-threatening), 2) delayed (i.e., serious but not life-threatening), and 3) minor (i.e., walking wounded).
 - (3) For conditions beyond basic first aid or psychological first aid that are not immediately life-threatening, consider referral to an available medical facility or temporary treatment site for further medical evaluation.
 - (4) If medical needs assessment information is obtainable and can be handled securely, it should be provided or accessible to medical treatment sites, medical shelters, or general population shelters prior to or as soon as possible after the arrival of evacuees, so they can anticipate, prepare for, and support the needs of evacuees. This information may also be sent with the evacuee and provided to the shelter healthcare staff upon arrival. Transfer of confidential information should be consistent with HIPAA. Considerations should be made for HIPAA exemptions during incident response. See the Los

Angeles County Operational Area Family Assistance Center Plan for more discussion on exemptions.²⁶

- (5) Some information such as tracking the anticipated need for DME, medications, or other specific population needs may be valuable in helping receiving jurisdictions to understand support requirements.
 - (6) Initial health intake forms with questions regarding an evacuee's medications and medical service needs (e.g., home health and daily living assistance) can be useful in providing advance notice to shelters, allowing them additional time to prepare for the needs of evacuees. Tracking can also document the level of health services provided or supplies distributed to an individual at reception during the course of the disaster and thus provide a continuity of record for that individual's continued care.
- b) Specific considerations for types of assessments
- (1) Primary triage (also known as primary survey) is a rapid, initial examination to recognize and manage all immediate life-threatening conditions based on a preliminary assessment or observation. That may be all that is practically possible in most reception sites and therefore will be performed by paramedics, which must be requested from offsite locations. Triage establishes priorities for those who may need further medical evaluation for physical and/or mental conditions. This can be useful in diverting individuals to medical sites where further evaluation and monitoring may be necessary instead of reception sites where medical services will be minimal.
 - (2) Initiating any level of triage from a basic primary survey to a more comprehensive triage should be expected to have an impact on the volume and flow of evacuee processing in any facility or venue. Extensive medical triage may be difficult to perform, follow up on, or support without significant effects on hourly evacuee throughput through the reception site. The sustainment of triage operations with medical staffing and supplies also will diminish the resources that can best be applied in more definitive sites, such as

²⁶ HIPAA: L.A. County Family Assistance Center Plan, March 31, 2010, version 1.

shelters, potential medical shelter, or other treatment sites.

- (3) Those not requiring emergency care may be given a self-administered health questionnaire to be filled out en route to or within the reception area.²⁷ A health questionnaire may be followed by a health assessment process. This assumes there is medical staffing onsite to evaluate the responses given in the questionnaire. This will not likely be available in most reception sites.
- (4) Time permitting, more extensive general health assessments can be conducted and may include a physical or psychological exam and/or more extensive interview by a health professional. For examples of medical assessment forms, planners should consult with local public health and medical, and mental health departments.
- (5) Most RPSs or EPs will have minimal medical services or the time to perform services. At a full-service EP or RPS, it may be possible for a nurse or other healthcare professional to routinely review each health questionnaire and perform a general assessment. The nurse will refer those judged to be acutely ill or those whose health questionnaire reveals potential issues either directly to an onsite clinician or EMS or recommend that the evacuee be transferred to a medical triage site, medical facility, or medical needs shelter. If the screening reveals no concerns, the evacuee will be directed to a general shelter.
- (6) A medication assessment will be necessary as many evacuees will have not evacuated with any of the medicines they regularly take for chronic conditions, or only a limited supply. Due to the lack of medical monitoring and follow up capabilities in reception sites, dispensing out of a medical cache is discouraged.

If planners choose to provide a medical cache, it may be used to provide certain urgent-only pharmaceuticals (e.g., oxygen, insulin, asthma inhalers, high blood pressure pills, and psychotropic

²⁷ The Los Angeles Katrina Resettlement Plan (2005) contains sample health assessment forms that planners could consider consulting for more information.

medications) to individuals to prevent their chronic condition from deteriorating. This would be a temporary urgent-only cache, not a pharmacy, and should be administered by trained and credentialed medical or health staff only. A system to provide follow-up doses and monitor for side effects will likely not be available in a reception site, and, therefore, it is recommended that medications (if different from what the person already has taken regularly) be deferred to a medical facility or designated medical site.

- c) Basic mental health assessment and triage
- (1) If space allows, quiet areas away from the areas of major activity for use by mental health personnel will be implemented. Privacy partitions will be considered for use if they are available and would not pose a security or safety risk or issue.
 - (2) All mental health services will be coordinated through the Los Angeles County Department of Mental Health. Mental health support would ideally be provided by clinicians, such as psychologists, psychiatric social workers, and crisis counselors. Licensed or crisis-experienced mental health professionals are preferred.
 - (3) Mental health personnel resources, which may include jointly staffed mental health law enforcement resources, may be requested through agency protocols or the local EOC or LAOA EOC to assist in situations in which individuals appear to pose a danger to themselves or others.
 - (4) Spiritual support could be provided to address spiritual needs if staff resources allow. Spiritual staff should be made aware that their support falls within the mental health function and should be non-denominational, non-proselytizing, and non-intrusive to evacuees.
 - (5) Consider initiating the general health assessment process with an established assessment tool, such as the U.S. Department of Health and Human Services (HHS) Shelter *Initial Intake and Assessment Tool*, which can be carried in-hand to the next reception site or general population shelter.
 - (6) If a person entering the reception area appears to pose a danger to themselves or others, mental health

personnel and law enforcement should be called immediately. If it is determined that the individual is not an immediate danger but may require greater mental health care than offered at an EP, RPS, or shelter, they can be referred to a clinician for further assessment or transferred to a hospital.

d) Decontamination concerns

Medical support will play a different role if contamination is a concern. Surveillance, screening, possible medical examination, and education of evacuees would be necessary, depending on the nature of the contaminant and route of exposure. A dedicated medical shelter or facility, or an area separate from the main reception areas, may be needed to conduct medical and health screenings related to the exposure.

7. Transportation and traffic management

Transportation resources are intended to move individuals requiring transportation assistance from geographically dispersed areas in threatened or impacted areas to a central evacuation location (i.e., EP) from which they can be safely evacuated to RPS and shelter locations. The traffic management section of a reception plan describes the flow of vehicles to and from an RPS. At an RPS, site security and law enforcement are responsible for executing the traffic management plan to address ingress, egress, and access of transportation modes and traffic around the facility or site. The EOC transportation branch can also assist with traffic management at reception sites. Amusement parks, coliseums, and arenas are good resources for ideas or concepts on handling large venue-type traffic management and signage.

EP or RPS traffic management plans should include information regarding the following:

- a) Control of an outer perimeter, including surrounding streets leading to the facility
- b) Designated arrival and drop-off points
- c) Ingress and egress areas
 - (1) Evacuee arrival and departure
 - (2) Supplies, deliveries, and personnel
- d) Donation redirection to donation sites
- e) Volunteer redirection to VRCs or NGOs
- f) Parking for transportation modes

- g) Checkpoints for re-direction to other locations of unauthorized people (e.g., self-evacuees and media personnel) to prevent traffic congestion around the facility
- h) Tow truck services for obstructing cars (pre-staged or on call)
- i) Emergency response and medical transportation
- j) Traffic and directional signage

An individual should be assigned at each EP or RPS to be responsible for coordinating the ingress process, and should work with the EOC to monitor incoming transport, organize departing transport, and advise of departure times and numbers. If possible, separate individuals in each EP or RPS should be responsible for coordinating with the mass care and shelter branch at the EOC to determine available shelter space and locations, choreograph the movement of evacuees onto and off of various forms of transportation, and provide information regarding the evacuees (e.g., health information and children) for the receiving location.

Each type of reception site has different traffic management requirements. As EP or RPS locations are not publicly broadcast like shelters are, few self-evacuees are expected to show up at EPs or RPSs, and the public should not have access to the site unless they are being transported. Site security staff can be given emergency authority over public roads and intersections around the site to enforce this rule.

To limit congestion at an RPS, personnel may choose to set up one or more multi-use alternate site(s). At this site, self-evacuees could enter the system for assisted transportation or evacuees ready to leave reception by their own transportation means could be picked up. Shuttle buses can take people back and forth from the RPS to this alternate site.

The LAOA should pre-identify the means for transporting evacuees to and from reception sites. However, in a catastrophic event, this transportation may be significantly impacted. See the LAOA Evacuation Guide for more information on evacuation transportation.

The RPS will not control fueling, but should coordinate with existing processes for any transportation support they require. Personnel should follow the chain of command and contact the appropriate operations center to access fuel resources.

If an evacuee voluntarily exits a bus mid-route to a reception site, this should be noted by the bus driver or operational personnel on the vehicle and passed on to be noted in the tracking system when the bus arrives at its destination.

8. Animal services

The Pets Evacuation and Transportation Standards (PETS) Act of 2006 requires jurisdictions to make reasonable accommodation for household pets during evacuations. FEMA Disaster Assistance Policy 9523.19 defines household pets as, “A domesticated animal, such as a dog, cat, bird, rabbit, rodent, or turtle that is traditionally kept in the home for pleasure rather than for commercial purposes, can travel in commercial carriers, and be housed in temporary facilities. Household pets do not include reptiles (except turtles), amphibians, fish, insects/arachnids, farm animals (including horses), and animals kept for racing purposes.”²⁸ FEMA will only reimburse jurisdictions under a Presidential disaster declaration for animal services that meet these criteria.

Jurisdictions should decide what types of animals they can and will accommodate and shelter, as well as where in the evacuation and reception process to separate household pets from their owners. Some may elect to conduct this process at an EP. Generally, pets should be separated before arrival at an RPS. In the event they are not, contingency plans should be developed.

Planners should consider how to manage household pet evacuation at a reception site. If an evacuee arrives at an EP with an animal, the owner and animal should be routed into a designated pet owner registration line. Upon registration, household pets should be separated from their owners and transported separately. Although it is expedient to have the household pet evacuation process at the same site as the human evacuation, the separation could be conducted outside of the EP so the household pets never enter the building. The jurisdiction can then take control of the animals, vaccinate and microchip them, put them into temporary carriers or cages, and transport them to animal shelters. It is recommended that animal shelters be set up near human shelters if possible so owners can provide basic care for their animals where possible.

Estimated numbers of pet shelter spaces available in surrounding jurisdictions should be measured against estimated needs. Once these spaces are exhausted, additional assistance may be requested from other jurisdictions, the State and, if needed, Federal Government. Determining pre-event the household pet evacuation and shelter capacity and capability in host areas is helpful to jurisdictions seeking to plan for the reception and movement of

²⁸ FEMA DAP9523.19. FEMA. October 24, 2007.
<http://www.fema.gov/pdf/government/grant/pa/policy.pdf>.

household pets. Jurisdictions should also determine sources for household pet supplies (e.g., crates, leashes, and bowls).

Animal services and traffic management should coordinate to manage incoming and outgoing pet transportation vehicles. Animals with special needs may be treated by animal care personnel, if available. Water will be required for animals in the reception process as directed by animal services personnel. Food is a less immediate need, but supplies and use should be determined by animal services. Cages will need to be cleaned as well. Expanded care for animals should be considered in extended reception operations.

Jurisdictions should consider whether carriers will be required for animals, as conflicts will arise when animals interact with one another. Considerations for handling pets that exhibit aggressive behavior should be made.

Owners of exotic animals (e.g., lions and tigers) should plan for the evacuation of their animals, which may be posed as a requirement through an exotic animal permitting process. If owners arrive at an EP with exotic animals, the local agency or jurisdiction should determine how they will handle the situation.

Owners of smaller animals that fall outside the FEMA definition (e.g., snakes and iguanas) may be accepted and processed like household pets at the decision and discretion of the local agency and jurisdiction.

Service animals are not considered household pets and will not be separated from their owners. There should be a registration process for service animals, just as with people.

If contamination is an issue in a specific disaster event, animal decontamination should be performed prior to entering the reception process.

Animals should be vaccinated immediately, and cages should be cleaned with a bleach solution every time a new animal is placed in the cage. Animals will not be bathed up front due to time constraints.

9. Support for individuals with disabilities and others with access and functional needs

People with disabilities and others with access and functional needs, as defined by the NRF, may include, but are not limited to, maintaining independence, communication, transportation, supervision, and medical care. In addition to general health needs, some individuals will have disabilities or other access and functional needs that should be taken into account. Such needs may include the following:

Los Angeles Operational Area
Reception Processing Guidance for Emergency Planners

- a) Support for unaccompanied minors or adults requiring supervision or personal care
- b) Transportation assistance
- c) DME and supplies²⁹
- d) Older adults requiring assistance³⁰
- e) Chronic health conditions (optional, as this may be addressed through assessment)
- f) Developmental and other cognitive disabilities
- g) Hearing or vision impairment
- h) Mental health needs
- i) Physical or mobility disabilities
- j) Substance abuse issues
- k) Limited English proficiency
- l) Compliance with requirements of the ADA

Planners and responders should consult with their social services to determine the best course of action to support people with disabilities and others with access and functional needs at an RPS or EP including whether to refer the individual to more extensive services.

Due to the short duration of stay in reception centers, it is unlikely that requests for more than basic DME, consumable medical supplies (CMS), or access needs can be accommodated. Pre-staging of such equipment and supplies would be possible only in pre-determined sites and limited in quantity; however, pre-determined sites may or may not be available at the time of a disaster depending on the location or type of disaster(s) present and the type and duration of operations present. It would also need to be determined if pre-staged or acquired DME is considered on loan or will remain with the evacuee to whom it is provided. It may be more efficient to use the short duration of stay to begin

²⁹ DME is defined in FEMA DAP 9525.4 as, "Equipment prescribed by a physician that is medically necessary for the treatment of an illness or injury, or to prevent a patient's further deterioration. This equipment is designed for repeated use and includes items such as oxygen equipment, wheelchairs, walkers, hospital beds, crutches, and other medical equipment."

³⁰ "Older adults" is the preferred term for Los Angeles County Area Agency on Aging. However, the Department of Community and Senior Services, generally uses the term "seniors" because they operate Senior Centers and Service Centers. "Senior" is often used when trying to designate between senior (65+) and "dependent adult" who is between the age of 18 and 64.

identifying those individuals who may need further evaluation and/or support at shelter locations.

Although specifically designed to support general shelters, a full or partial FAST could potentially assess the priority needs for people with disabilities and others with access and functional needs, work shifts at reception sites, and begin the resource request process for DME and other equipment through the LAOA EOC using local MOUs or vendors, or the State lead agency. Although this equipment may not arrive at the reception site immediately, it may be efficient to prepare resource requests in advance of arrival by evacuees in an effort to provide as many resources as possible. The consideration for deploying any representative of the FAST (or disability representative from the hosting jurisdiction) will be contingent on the predominant needs of the population at the site, and the duration of stay, which will affect activities of daily living.

While these strategies may be useful as operational considerations during the response phase, public awareness and personal preparedness will be highly useful in mitigating the impact on populations. Planners should advocate for personal preparedness through the use of a "File of Life," a paper form with vital medical and contact information, or similar solution; jurisdictions may accomplish this through the use of an expansive public information campaign and interactive training sessions in the community.

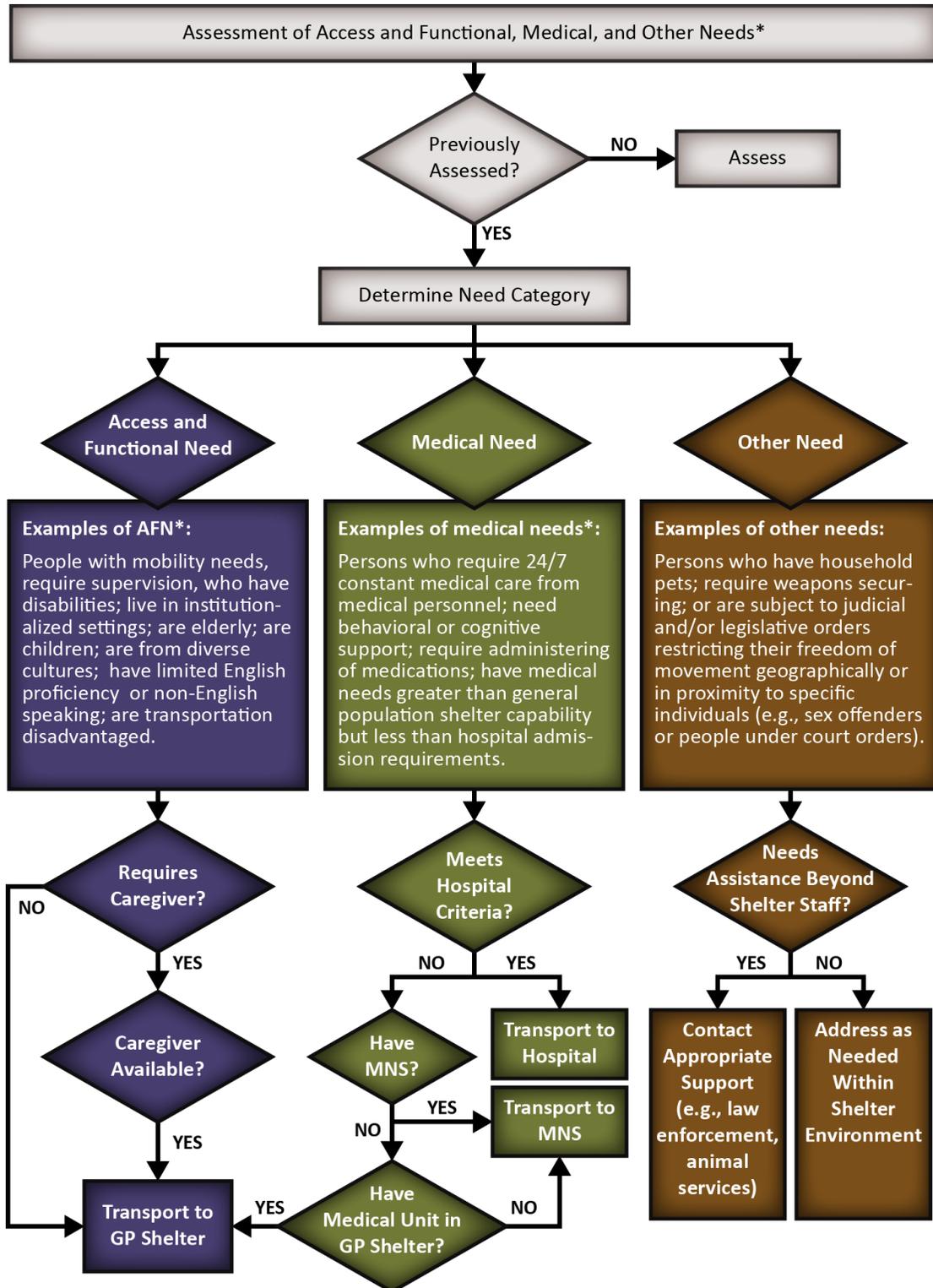
As discussed in the medical section, some individuals will arrive at a reception site in need of medical care due to health degradation, a previously unassessed injury, illness that is evident during evacuation, or a new illness that becomes evident at the time of the reception health assessment. If they require immediate attention, the acute care system will be accessed. If the need is not immediate, their condition should be evaluated and the evacuee should be diverted to a medical triage site, medical facility, or general population shelter with awareness of their need forwarded to that facility.

When assessment is possible, decision points can be made to determine the best location that most favors that person's health needs. Attempts should be made to accommodate many, if not most, people with disabilities and others with access and functional needs in a general population shelter. Where there are medical needs or access and functional needs that cannot be met adequately or safely in a general shelter, other strategies can be considered in consultation with departments and agencies, and the community to address those needs.

Should a California In-Home Supportive Services (IHSS) client arrive at an EP or RPS without a caregiver, consider advising the

shelter to which they are directed to notify IHSS, which may enable services to be resumed for the client.

All efforts to comply with the ADA, ABA, and UFAS should be made at locations where reception operations are occurring. Figure 7 depicts a flow chart for the potential assessment and direction of evacuees with medical, access and functional, and other needs.



GP = General Population MNS = Medical Needs Shelter

* Medical Needs, and access and functional needs may be supported by various types of healthcare institutions: hospitals, nursing homes, medical needs shelters, or medical needs support services units in general population shelters.

Figure 7: Assessment of Access and Functional, Medical, and Other Needs in Sheltering

10. Reception volunteer management

Spontaneous volunteers who arrive at an EP or RPS should be redirected to a VRC or recognized volunteer organization.

Volunteers can be a great asset to the reception process, but only if they are properly assessed, vetted, coordinated, and assigned.

Affiliated volunteers from organizations such as MRC, CERT, and Red Cross will be immediately requested to support reception sites.

Once spontaneous volunteers have been through an application process and are affiliated, they may become part of the reception support as well. Various voluntary organizations in the Los Angeles area can help provide assessment and screening of spontaneous unaffiliated volunteers. A spontaneous volunteer plan is currently under development.

Reception can use volunteers that are affiliated with recognized organizations in a variety of ways:

- a) Reception site management: These volunteers would need to be affiliated with an approved response organization and trained in response operations and site management.
- b) General administrative support: These volunteers would not interact with evacuees or have access to confidential information, or secure supplies (e.g., pharmaceuticals).
- c) Facility maintenance volunteers: These volunteers would not interact extensively with evacuees, would require minimal training, and have no access to confidential information.
- d) Registration or tracking, respite, and other reception function support: Volunteers filling these positions need background verification and must meet other standard affiliation requirements.
- e) Personal assistance providers or caregivers for individuals in need of assistance and children: People filling these positions need background verification, but not necessarily professional skills; however, the support they provide should be clearly defined. For expanded service provision, more extensive training and credentialing may be required.
- f) Pharmacists, health, or mental health professionals: The credentials of health professionals will be more difficult to verify. Individual health departments may be able to assist.

Volunteers should only be allowed to support the area or function in which they have been trained and assigned.

F. Reception administration and finance

Reception operations management should coordinate with the EOC finance and administration section regarding any policies, procedures, and requirements for managing and submitting financial documentation.

FEMA disaster assistance policies regarding reimbursement can be found at: <http://www.fema.gov/government/grant/pa/9500toc.shtm>.

FEMA's public assistance grant policies can be found at: <http://www.fema.gov/government/grant/pa/index.shtm>.

Reception management should also review State and local laws and statutes for reimbursement and financial issues affecting reception operations.

G. Reception logistics

Logistical requirements depend on the needs and services of the site or facility type (e.g., PUP, EP, and RPS), and the existing infrastructure at the site. Reception logistics broadly includes:

1. Resource management
2. Facility management
3. Communications

The site setup plan should include:

1. Equipment needs
2. Logistics plan with written procedures, roles, and responsibilities
3. Timeline for equipment arrival and setup
4. Supplying and resupplying resource procedures
5. Communications equipment

The following considerations should also be made:

1. Review existing MOUs or MOAs with support agencies for resources needed for reception as a part of preparedness activities. Confirm availability of current resource needs under agreement at the time of disaster. Request and acquire as needed. State, Federal, and NGO resources may also be available.
2. Plan for appropriate local transportation support to move evacuees from RPSs to shelters (e.g., buses and paratransit) and coordinate with the LAOA EOC transportation branch for continued support during an operation.
3. Plan for optional bulk resources if available (e.g., sunscreen, blankets, umbrellas for personal shade, and tents or canopies if the reception site or site staging for the entrance is outdoors and/or exposed to inclement weather).

4. Deconflict the use of facilities (e.g., schools during the school year when classes are in session or other operational uses).
5. Supply or create site signage, both procedural and informational (e.g., contact information, important numbers, and operating hours). Messaging should be available in multiple languages and alternative formats. Consider the primary languages of the area being evacuated. Coordinate pre-event with reception planning to determine signage content.
6. Acquire and provide supplies to support people with disabilities and others with access and functional needs, as needed.

The following supplies and the speed at which they can be attained should be considered when establishing an EP and/or RPS. Planners should keep speed-to-scale principles in mind; not all of the items in this list will be immediately available or the service may not be offered until an evacuee reaches a shelter. As supplies become available and the response time for receiving them improves, additional or expanded services may be offered.

Essential resources include:

1. Power availability (e.g., generators, fuel, lighting, and electricity)
2. Basic communication capability (e.g., telephones)
3. Consumables (e.g., water, food, and first-aid supplies)
4. Tracking systems hardware or software
5. Office supplies
6. Tables and chairs
7. Respite area supplies
8. Medical support, including secure storage of emergency medications and medical records, DME, emergency transportation, and supplies
9. Site maintenance staff and supplies (e.g., toilet paper and hand soap)
10. Waste management
11. Local transportation support
12. Staff resources (e.g., registration, respite, and medical)

Additional resources to be considered may include:

1. Golf carts or Segways (for the movement of personnel, equipment, and supplies)
2. Communication capability (e.g., computers with Internet connectivity for access to the Red Cross Safe and Well website)

H. Evacuee return and re-entry considerations

Once the at-risk or impact area has been stabilized and authorities advise it is permissible and feasible for evacuees to return, reception operations will recommence to accommodate the mass return and re-entry of evacuees to their home jurisdictions. The reception services required will depend on the timeframe in which return occurs, the number of evacuees returning home, and other factors. Figure 8 provides guidelines on the reception services needed under a variety of circumstances.

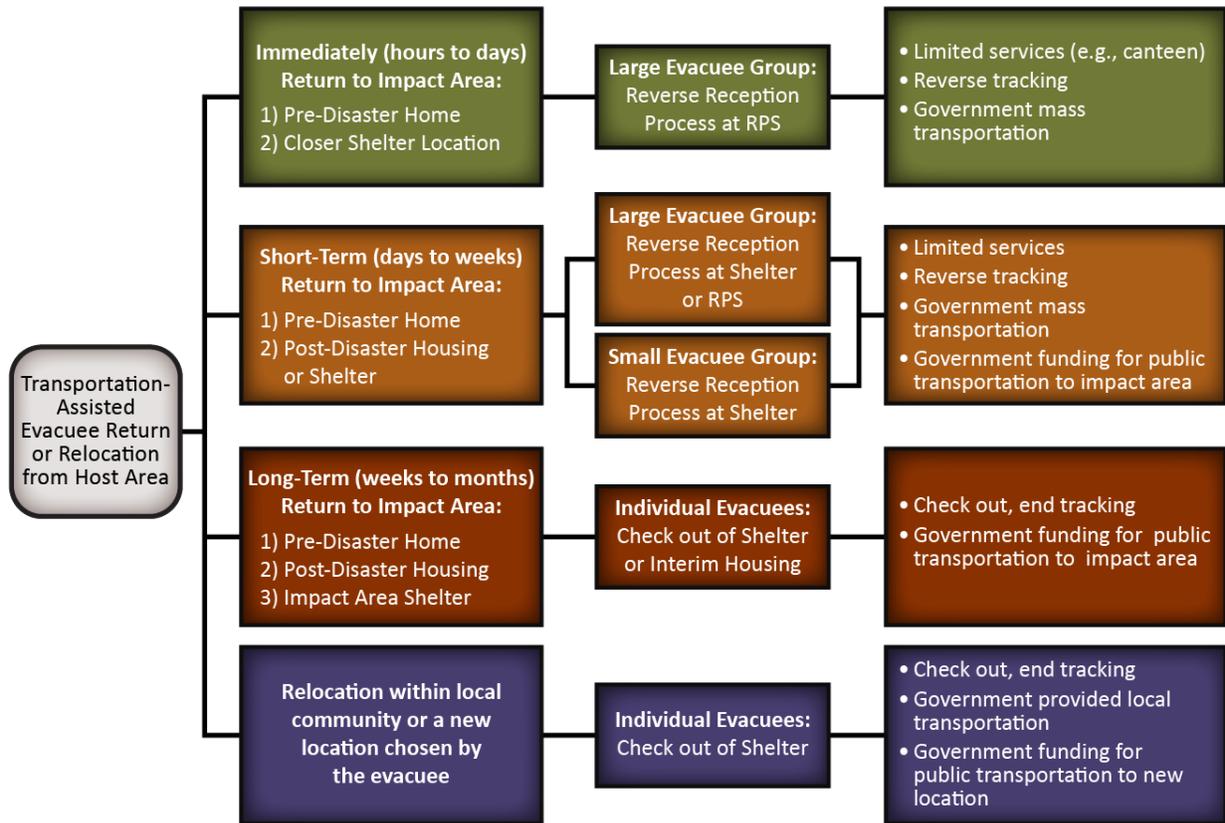


Figure 8: Evacuee Re-Entry Process

This page intentionally left blank.

VII. APPENDIX 1: AUTHORITIES AND REFERENCES

This guidance was developed in accordance with the following authorities and references.

A. Federal

1. [Americans with Disabilities Act \(ADA\)](#), as amended³¹
 - a) Authority: 5 U.S.C. 301; 28 U.S.C. 509, 510; 42 U.S.C. 12134. § 35.101 (U.S. Department of Justice)
 - b) § 35.136 Service animals
2. [Architectural Barriers Act \(ABA\)](#)³²
3. [Homeland Security Presidential Directive-5 \(HSPD-5\)](#)³³
4. Incident Command System (ICS)/[National Incident Management System \(NIMS\)](#)³⁴

HSPD-5 directed the development of NIMS so that on a national basis, responders from different jurisdictions and disciplines can more efficiently respond to natural disasters and emergencies, including acts of terrorism. NIMS benefits include a unified approach to incident management, standard command and management structures, and emphasis on preparedness, mutual aid, and resource management.

5. [Mass Evacuation Incident Annex to the National Response Framework \(NRF\)](#)³⁵

6. [National Response Framework \(NRF\)](#)³⁶

The NRF presents the guiding principles that enable all response partners to prepare for and provide a unified national response to disasters and emergencies, from the smallest incident to the largest

³¹ *The Americans with Disabilities Act of 1990*. U.S. Congress. July 26, 1990.
<http://www.ada.gov/statute.html>.

³² *The Architectural Barriers Act (ABA) of 1968*. U.S. Access Board. Accessed March 30, 2011.
<http://www.access-board.gov/about/laws/aba.htm>.

³³ *Homeland Security Presidential Directive 5: Management of Domestic Incidents*. DHS. February 28, 2003. http://www.dhs.gov/xabout/laws/gc_1214592333605.shtm.

³⁴ *National Incident Management System*. DHS. December 2008.
http://www.fema.gov/pdf/emergency/nims/NIMS_core.pdf.

³⁵ *NRF Mass Evacuation Incident Annex*. DHS. June 2008.
http://www.fema.gov/pdf/emergency/nrf/nrf_massevacuationincidentannex.pdf.

³⁶ *National Response Framework*. DHS. January 2008. <http://www.fema.gov/pdf/emergency/nrf/nrf-core.pdf>.

catastrophe. This important document establishes a comprehensive, national, all-hazards approach to domestic incident response. The NRF defines the key principles, roles, and structures that organize the way the Nation responds. It describes how communities, tribes, states, the Federal Government, and private-sector and non-governmental partners apply these principles for a coordinated, effective national response. It also identifies special circumstances where the Federal Government exercises a larger role, including incidents where Federal interests are involved and catastrophic incidents where a State would require significant support. The NRF enables first responders, decision makers, and supporting entities to provide a unified national response.

7. [Pets Evacuation Transportation Standards \(PETS\) Act](#)³⁷
8. [Section 504, Rehabilitation Act of 1973](#) (Pub. L. 93-112, 87 Stat. 394 [29 U.S.C. 794]), as amended
9. [Stafford Act](#), as amended³⁸
10. [Uniform Federal Accessibility Standards \(UFAS\)](#)³⁹

B. State

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

1. California Code of Regulations, Title 19, Chapters 1 through 6, including:
 - a) Chapter 1, [SEMS](#)⁴⁰

³⁷ Public Law 109–308. U.S. Congress. October 6, 2006. http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_public_laws&docid=f:publ308.109.pdf.

³⁸ Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, and Related Authorities. FEMA. June 2007. http://www.fema.gov/pdf/about/stafford_act.

³⁹ Uniform Federal Accessibility Standards (UFAS). U.S. Access Board. Accessed March 30, 2011. <http://www.access-board.gov/ufas/ufas-html/ufas.htm>.

⁴⁰ Standardized Emergency Management System (SEMS) Regulations. State of California. Accessed March 30, 2011.

SEMS is the system required by [Government Code §8607](#)⁴¹ (a) for managing response to multi-agency and multi-jurisdictional emergencies in California. SEMS consists of the following five organizational levels, which are activated as necessary:

- (1) Field response
- (2) Local government
- (3) Operational area
- (4) Region
- (5) State

SEMS incorporates the use of ICS, the Master Mutual Aid Agreement, existing discipline-specific mutual aid, the operational area concept, and multi-agency or inter-agency coordination. SEMS helps unify all elements of California emergency management into a single integrated system. The use of SEMS is required for State response agencies. Local government agencies must use SEMS to be eligible for State funding of certain response-related personnel costs resulting from a disaster. SEMS is fully integrated with NIMS.⁴²

2. [California Constitution](#)⁴³
3. [California Emergency Plan](#)⁴⁴
 - a) The California Emergency Plan, also known as “the State Emergency Plan” (SEP), was established under the authority of the Emergency Services Act (ESA) and is enforced throughout the State and its political subdivisions. The SEP defines the emergency management system used for all emergencies in California. It describes the California emergency organization, which provides the Governor

[http://www.oes.ca.gov/WebPage/oeswebsite.nsf/ClientOESFileLibrary/Laws%20and%20Regulations/\\$file/Ch1_SEMS.pdf](http://www.oes.ca.gov/WebPage/oeswebsite.nsf/ClientOESFileLibrary/Laws%20and%20Regulations/$file/Ch1_SEMS.pdf).

⁴¹ *California Government Code Section 8607*. State of California. Accessed March 30, 2011.

<http://law.onecle.com/california/government/8607.html>.

⁴² *Ibid.*

⁴³ *California Constitution*. State of California. Accessed March 30, 2011.

<http://law.justia.com/california/constitution/>.

⁴⁴ *State of California Emergency Plan*. State of California. July 2009.

[http://w3.calema.ca.gov/Operational/OESHome.nsf/PDF/California%20Emergency%20Plan/\\$file/CEP-05.pdf](http://w3.calema.ca.gov/Operational/OESHome.nsf/PDF/California%20Emergency%20Plan/$file/CEP-05.pdf)

access to public and private resources within the State in times of emergency. This plan is supported by other contingency plans and operating procedures.

- b) The SEP establishes the policies, concepts, and general protocols for the implementation of SEMS. Law requires the use of SEMS during multi-agency or multi-jurisdictional emergency response by State agencies. Local government must also use SEMS to be eligible for the reimbursement of certain response-related personnel costs. All organizations dealing with emergency activities at any level should use SEMS throughout the phases of emergencies, including disaster prevention, mitigation, preparedness, and response.
4. [California Emergency Services Act](#), as amended⁴⁵
 - a) [Chapter 6, Disaster Assistance Act Regulations](#)⁴⁶
 5. [California Penal Code](#) §290⁴⁷, §409⁴⁸, §409.5⁴⁹, §409.6⁵⁰, §11166⁵¹
 6. California Welfare and Institutions Code §300(g)⁵²

⁴⁵ *California Emergency Services Act*. State of California. 2006.

[http://www.oes.ca.gov/Operational/OESHome.nsf/PDF/California%20Emergency%20Services%20Act/\\$file/ESA-all8-06-final.pdf](http://www.oes.ca.gov/Operational/OESHome.nsf/PDF/California%20Emergency%20Services%20Act/$file/ESA-all8-06-final.pdf).

⁴⁶ *California Code of Regulations, Title 19. Public Safety, Division 2. Office of Emergency Services, Chapter 6. Disaster Assistance Act*. State of California. Current through March 6, 2009.

<http://www.kintera.org/atf/cf/%7BE475D1A4-FB9C-4135-AE8B-9310119C7F19%7D/CHAPTER%206%20%20CDAA.pdf>.

⁴⁷ *California Penal Code Section 290*. State of California. Accessed August 4, 2011.

<http://law.onecle.com/california/penal/290.html>.

⁴⁸ *California Penal Code Section 409*. State of California. Accessed March 30, 2011.

<http://law.onecle.com/california/penal/409.html>.

⁴⁹ *California Penal Code Section 409.5*. State of California. Accessed March 30, 2011.

<http://law.onecle.com/california/penal/409.5.html>.

⁵⁰ *California Penal Code Section 409.6*. State of California. Accessed March 30, 2011.

<http://law.onecle.com/california/penal/409.6.html>.

⁵¹ *California Penal Code Section 11166*. State of California. Accessed August 4, 2011.

<http://law.onecle.com/california/penal/11166.html>.

⁵² *California Welfare and Institutions Code Section 300*. State of California. Accessed August 4, 2011.

<http://law.onecle.com/california/welfare/300.html>.

C. Los Angeles Operational Area

1. [Operational Area Emergency Response Plan](#)⁵³ (OAERP)

The County of Los Angeles OAERP was created under the authority of County Ordinance 2.68 and addresses the operational area's planned response to extraordinary emergency situations associated with natural and manmade disasters and technological incidents. The OAERP does not address normal day-to-day emergencies or the well-established and routine procedures used in coping with them. Instead, the operational concepts reflected in the OAERP focus on potential large-scale disasters that can generate unique situations requiring an extraordinary emergency response. The OAERP is a preparedness document designed to be read, understood, and exercised prior to an emergency. It was developed in compliance with SEMS and is coordinated with the SEP, both of which are compliant with NIMS.

2. Los Angeles County Code 2.68⁵⁴

The Los Angeles County Code is a compilation of county ordinances of a general nature that have been codified, chaptered, and indexed. The current version of this Code has been updated through July 5, 2011.

3. LAOA Mass Care Guide

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

4. LAOA Mass Evacuation Guide

The Mass Evacuation Guide describes the overall process for conducting mass evacuations in the LAOA. It outlines critical policy, coordination, and planning, as well as logistical issues, processes, and decision support tools. It is designed to assist decision makers,

⁵³ *Los Angeles County Operational Area Emergency Response Plan*. Los Angeles County. February 17, 1998. <http://lacoa.org/PDF/OA%20ERP.pdf>.

⁵⁴ *Los Angeles County Code*. Los Angeles County. Accessed March 30, 2011. <http://search.municode.com/html/16274/index.htm>.

coordinators, and planners in implementing a mass evacuation process by developing specific mass evacuation plans and procedures in response to applicable hazards and local conditions. This guide concentrates on developing a comprehensive, standardized approach to mass evacuations within and/or between operational areas. The guide outlines strategies, procedures, recommendations, and organizational structures that can be used to develop inter-jurisdictional mass evacuation plans and/or implement a coordinated evacuation effort within the LAOA and among operational areas.

This page intentionally left blank.

VIII. APPENDIX 2: ACRONYMS AND ABBREVIATIONS

ABA	Architectural Barriers Act
AC	Area Command
ACCESS	Access Community Care and Effective Services for Support
ADA	Americans with Disabilities Act
ALS	Advanced Life Support
BLS	Basic Life Support
CBO	Community-Based Organization
CERT	Community Emergency Response Team
CMS	Consumable Medical Supplies
COW	Communications on Wheels
CSS	Community and Senior Services
DAP	Disaster Assistance Policy
DCS	Disaster Communications Service
DHS	U.S. Department of Homeland Security
DME	Durable Medical Equipment
DPSS	Department of Public Social Services
EDIS	Emergency Digital Information Service
EM	Emergency Manager
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
ENLA	Emergency Network Los Angeles, Inc.
EOC	Emergency Operations Center
EP	Evacuation Point
ERP	Emergency Response Plan
ESA	Emergency Services Act
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
ESF	Emergency Support Function
FAC	Family Assistance Center
FAST	Functional Assessment Service Team

FEMA	Federal Emergency Management Agency
FNSS	Functional Needs Support Services
GETS	Government Emergency Telecommunications Service
HazMat	Hazardous Material
HHS	U.S. Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HOPE	Homeless Outreach Psychiatric Evaluation
HSPD	Homeland Security Presidential Directive
IC	Incident Command or Incident Commander
ICS	Incident Command System
IHSS	California In-Home Supportive Services
IT	Information Technology
JIC	Joint Information Center
JPATS	Joint Patient Assessment and Tracking System
LAOA	Los Angeles Operational Area
LAOA EOC	Los Angeles Operational Area Emergency Operations Center
MAA	Mutual Aid Agreement
MET	Mental Evaluation Team
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
MRE	Meals Ready-to-Eat
NDMS	National Disaster Medical System
NGO	Non-governmental Organization
NIMS	National Incident Management System
NMETS	National Mass Evacuation Tracking System
NRF	National Response Framework
OAERP	Operational Area Emergency Response Plan
PA	Public Address
PETS	Pets Evacuation Transportation Standards
PIO	Public Information Officer
POD	Point of Distribution

Los Angeles Operational Area
Reception Processing Guidance for Emergency Planners
Appendix 2: Acronyms and Abbreviations

POTS	Plain Old Telephone System
PUP	Pickup Point
RACES	Radio Amateur Civil Emergency Service
Red Cross	American Red Cross
RDD	Radiological Dispersion Device
RFID	Radio Frequency Identification
RPS	Reception Processing Site
SEMS	Standardized Emergency Management System
SEP	State Emergency Plan
SMART	Systemwide Mental Assessment Response Team
SMS	Short Message Service
SOP	Standard Operating Procedure
UC	Unified Command
UFAS	Uniform Federal Accessibility Standards
VOAD	Voluntary Organization Active in Disasters
VRC	Volunteer Reception Center
WMD	Weapon of Mass Destruction
WPS	Wireless Priority System

This page intentionally left blank.

IX. APPENDIX 3: DEFINITIONS

2-1-1 Los Angeles County: 2-1-1 is a toll-free number available 24 hours a day, seven days a week, and is staffed by operators trained to provide callers with information and referrals for social services.

3-1-1: 3-1-1 is a citywide toll-free number that provides immediate access to information and more than 1,500 non-emergency city services. Call takers provide information or refer calls for service to the correct city agency the first time.⁵⁵

ACCESS Information Services: Provided by the Los Angeles County Department of Mental Health, Access Community Care and Effective Services for Support (ACCESS) is a referral and information hotline.

Community-based organization: A non-profit organization that works to serve the disadvantaged in the community in which it is located. This includes both secular and faith-based organizations.

Emergency Digital Information Service (EDIS): EDIS delivers official information about emergencies and disasters to the public and the news media in California.

Emergency first aid: Emergency first aid, consisting of basic first aid and referral to appropriate medical personnel and facilities, is provided at mass care facilities and at designated sites.

Evacuation point (EP): A site established in an impact area for gathering and processing people in the evacuating population who require transportation assistance or other support that precludes them from self-evacuating. Services may include sorting of the population based on their needs (e.g., household pets and medical needs), initiating tracking and processing, medical screening, and embarkation onto government-assisted transportation to a host area. See also Reception Processing Site for a similar model in a host area.

Federal Emergency Support Function (ESF) #6 (Mass Care, Emergency Assistance, Housing, and Human Services), National Response

Framework: Coordinating the delivery of Federal mass care, emergency assistance, housing, and human services when State, local, and tribal response and recovery needs exceed their capabilities.

- **Mass Care:** Includes sheltering, feeding operations, emergency first aid, bulk distribution of emergency items, and collecting and providing information on victims to family members.
- **Emergency Assistance:** Assistance required by individuals, families, and their communities to ensure that immediate needs beyond the scope of the

⁵⁵ 3-1-1. City of Los Angeles Department of Recreation and Parks. Accessed March 30, 2011. <http://www.laparks.org/311.htm>.

traditional “mass care” services provided at the local level are addressed. These services include support to evacuation processes (including registration and tracking of evacuees); reunification of families; provision of aid and services for people with disabilities and others with access and functional needs; evacuation, sheltering, and other emergency services for household pets and service animals; support to specialized shelters; support to medical shelters; non-conventional shelter management; coordination of donated goods and services; and coordination of voluntary agency assistance.

- **Housing:** Includes housing options, such as rental assistance, repair, loan assistance, replacement, factory-built housing, semi-permanent and permanent construction, referrals, identification and provision of accessible housing, and access to other sources of housing assistance. This assistance is guided by the *Federal Emergency Management Agency (FEMA) 2009 National Disaster Housing Strategy* and the *FEMA 2009 National Disaster Housing Strategy Annexes*.
- **Human Services:** Includes the implementation of disaster assistance programs to help disaster victims recover their non-housing losses, including programs to replace destroyed personal property, and help to obtain disaster loans, food stamps, crisis counseling, disaster unemployment, disaster legal services, support and services for people with disabilities and others with access and functional needs, and other Federal and State benefits.⁵⁶

Functional needs support services (FNSS): Services that enable individuals to maintain their independence in a general population shelter.⁵⁷

Information point: Point at which the self-evacuating population can receive information regarding open shelter locations.

Jurisdiction: An entity within a certain geographical area. For purposes of this guidance, Los Angeles County is the geographical area.

Los Angeles County Community and Senior Services (CSS): CSS provides direct services to seniors and at-risk individuals. It is a social services agency responsible for the well-being of seniors, adults, and youth. The department also provides services through a network of over 500 community agencies that contract with CSS to provide programs for the citizens of Los Angeles County.⁵⁸ Within CSS, the Los Angeles County Area Agency on Aging has an information

⁵⁶ *Evacuee Support Planning Guide* (FEMA P-760/Catalog No. 09049-2). FEMA. July 2009. http://www.fema.gov/pdf/government/evacuee_support_guide.pdf.

⁵⁷ *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters*. FEMA. November 2010. http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf.

⁵⁸ Los Angeles County Community and Senior Services. Accessed March 30, 2011. <http://css.lacounty.gov/>.

and referral line that connects seniors, adults with disabilities, family members, professionals, and the public at large with assistance, referrals, education, and advocacy.

Los Angeles Operational Area (LAOA): The LAOA is an intermediate level of the State Emergency Services Organization, consisting of the county and all political subdivisions within the county.⁵⁹

Mutual aid: Mutual aid is the voluntary provision of services and facilities by agencies or organizations to assist each other when existing resources prove to be inadequate.

National Incident Management System (NIMS): NIMS is a system mandated by Homeland Security Presidential Directive-5 (HSPD-5) that provides a consistent nationwide approach for Federal, State, local, and tribal governments, the private sector, and non-governmental organizations (NGOs) to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity.

Office On Aging, Care Coordination: Seniors and people with disabilities wanting to live independently in the community often face many challenges due to increasing frailty, chronic medical conditions, functional disabilities, limited income, a stressed and overwhelmed family caregiver, and depression from multiple losses. Lack of knowledge of community resources and services, a limited support network, and gaps in services are among many factors that may limit their independence and ability to live safely in the community. Care coordination services can offer a viable alternative to institutional care and provide seniors, people with disabilities, and family caregivers the opportunity to explore multiple community options for care in the home.⁶⁰

Operational area: An operational area consists of a county and all political subdivisions within the county area. Operational areas coordinate inter-jurisdictional emergency operations and mutual aid.

Paratransit: A form of transportation service that is more flexible and personalized than conventional, fixed-route or fixed-schedule transportation. Service is adjusted to individual needs. Examples of paratransit service include taxis, dial-a-ride, vanpool, and subscription service.

People with disabilities and others with access and functional needs: Access and functional needs, as defined by the National Response Framework (NRF), may be present before, during, or after an incident in one or more areas and may include, but are not limited to, maintaining independence, communication, transportation, supervision, and medical care. Use ESF #6 to

⁵⁹ *Los Angeles County Code*, Chapter 2.68.050.K Definitions. Los Angeles County.

⁶⁰ *Programs and Services*. Riverside County Office on Aging. Accessed March 30, 2011.
http://www.rcaging.org/opencms/Programs_Services/index.html.

coordinate assistance without regard to race, ethnicity, religion, nationality, gender, age, disability, English proficiency, or economic status of those who are seeking assistance as a result of a disaster.

Pickup point (PUP): Refers to a designated location where evacuees will be picked up; established, known routes for survivors to be picked up to be taken to EPs. May also be known as a transportation or assembly point.

Public information officer (PIO): Works in coordination with the Joint Information Center (JIC) to provide a supporting mechanism to develop, coordinate, and deliver messages to the public.

Reception processing site (RPS): An RPS is a site established in a host area to track and process evacuees arriving from an impact area. These sites generally have an expanded set of services offered beyond other more simple reception sites (e.g., information point and PUP). This site may assign evacuees to congregate care facilities, provide medical assessments, and provide for the general support of other needs. See also Evacuation Point for a similar model in an impact area.

Regional center vendors: A person, program, or facility approved by the State of California, Department of Developmental Services, to provide services under contract to clients of any regional center and to receive a rate of reimbursement for the provision of such services.

Safe and Well website: The Safe and Well website is provided by the American Red Cross. Those affected by a disaster may register as “safe and well,” and concerned family and friends may access the information. The Safe and Well website will display a loved one’s first and last name, a date, and “Safe and Well” messages from a list of standard messages, letting them know of the person’s well-being. The website can be accessed at:
<https://safeandwell.communityos.org/cms/index.php>.

Service animal: The Americans with Disabilities Act (ADA) defines a service animal as any “guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability.”

Shelter: Emergency shelter includes the use of pre-identified shelter sites in existing structures, creation of temporary facilities or the temporary construction of shelters, and the use of similar facilities outside the incident area, should evacuation be necessary.

Staged evacuation: In a staged evacuation, residents in different zones of the affected area are organized to evacuate in a sequence; however, in the simultaneous evacuation strategy, all residents in the affected area are informed to evacuate simultaneously. The effectiveness is measured by the total time needed to evacuate the population in the affected area.

Standardized Emergency Management System (SEMS): SEMS is the system required by Government Code §8607(a) for managing response to multi-agency

and multi-jurisdiction emergencies in California. SEMS consists of five organizational levels, which are activated as necessary. They are: 1) field response; 2) local government; 3) operational area; 4) regional; and 5) State. SEMS incorporates the use of the Incident Command System (ICS), the Master Mutual Aid Agreement, existing mutual aid systems, the operational area concept, and multi-agency or inter-agency coordination.

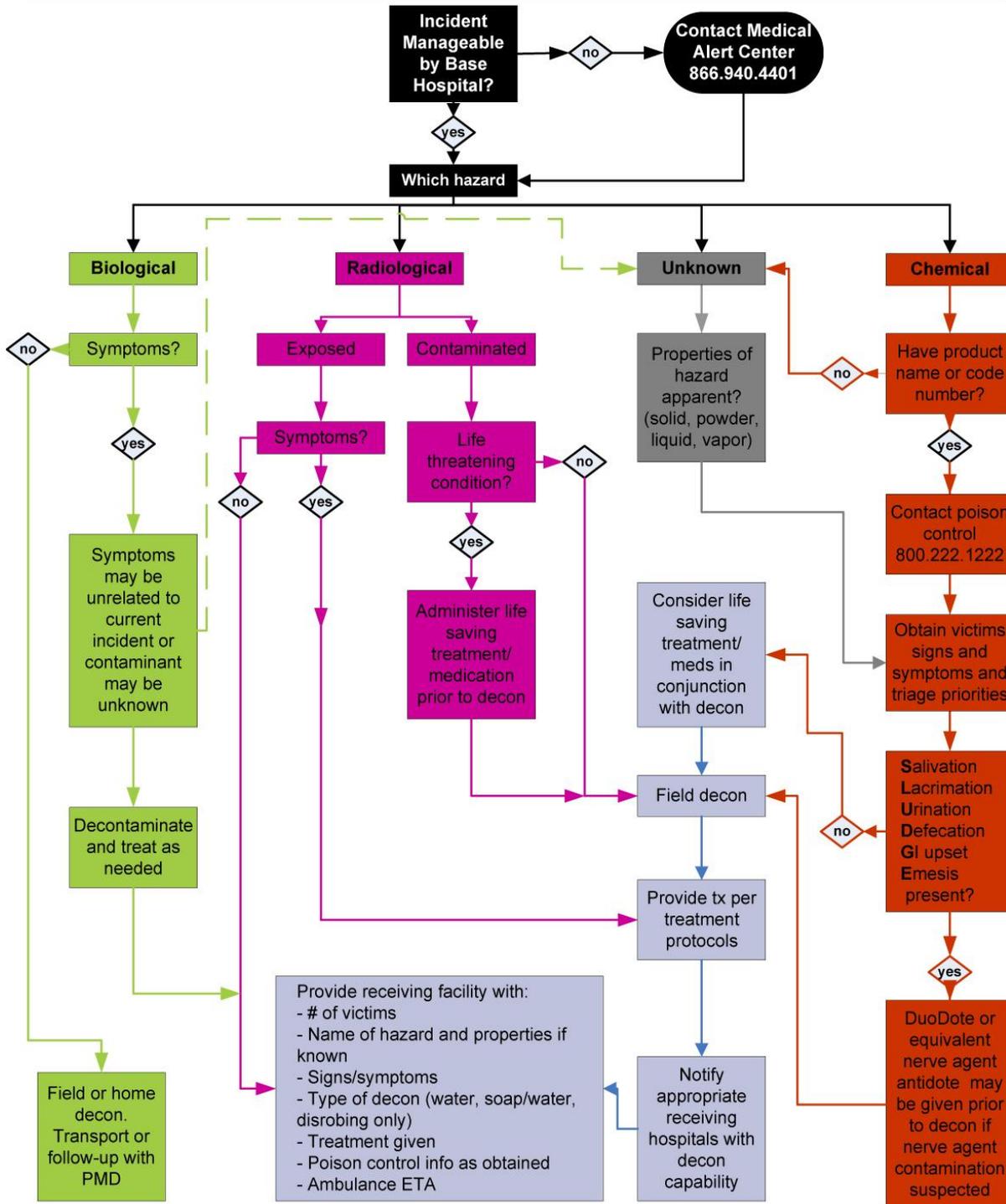
This page intentionally left blank.

X. APPENDIX 4: PREHOSPITAL HAZMAT INCIDENT FLOWCHART

DEPARTMENT OF HEALTH SERVICES
 COUNTY OF LOS ANGELES

(HOSPITAL, PARAMEDIC, MICN)
 REFERENCE NO. 807.1

SUBJECT: PREHOSPITAL HAZMAT INCIDENT FLOWCHART



3-04-10

This page intentionally left blank.

DRAFT

XI. APPENDIX 5: U.S. HEALTH AND HUMAN SERVICES INTAKE AND ASSESSMENT FORM

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Date/Time: _____ Shelter Name/City/State: _____ DRO Name/#: _____			
Family Last Name: _____			
Primary language spoken in home: _____			Does the family need language assistance/interpreter?: _____
Names/ages/genders of all family members present: _____			
If alone and under 18, location of next of kin/parent/guardian: _____ If unknown, notify shelter manager & interviewer initial here: _____			
Home Address: _____			
Client Contact Number: _____		Interviewer Name (print name): _____	
INITIAL INTAKE	Circle	Actions to be taken	Include ONLY name of affected family member
1. Do you need assistance hearing me?	YES / NO	If Yes, consult with Disaster Health Services (HS).	
2. Will you need assistance with understanding or answering these questions?	YES / NO	If Yes, notify shelter manager and refer to HS.	
3. Do you have a medical or health concern or need right now?	YES / NO	If Yes, stop interview and refer to HS immediately. If life threatening, call 911.	
4. Observation for the interviewer: Does the client appear to be overwhelmed, disoriented, agitated, or a threat to self or others?	YES/ NO	If life threatening, call 911. If yes, or unsure, refer immediately to HS or Disaster Mental Health (DMH).	
5. Do you need medicine, equipment or electricity to operate medical equipment or other items for daily living?	YES / NO	If Yes, refer to HS.	
6. Do you normally need a caregiver, personal assistant, or service animal?	YES / NO	If Yes, ask next question. If No, skip next question.	
7. Is your caregiver, personal assistant, or service animal inaccessible?	YES / NO	If Yes, circle which one and refer to HS.	
8. Do you have any severe environmental, food, or medication allergies?	YES / NO	If Yes, refer to HS.	
9. Question to interviewer: Would this person benefit from a more detailed health or mental health assessment?	YES / NO	If Yes, refer to HS or DMH.	*If client is uncertain or unsure of answer to any question, refer to HS or DMH for more in-depth evaluation.
STOP STOP HERE! STOP		REFER to: HS Yes <input type="checkbox"/> No <input type="checkbox"/> DMH Yes <input type="checkbox"/> No <input type="checkbox"/>	Interviewer Initial _____
DISASTER HEALTH SERVICES/DISASTER MENTAL HEALTH ASSESSMENT FOLLOW-UP			
ASSISTANCE AND SUPPORT INFORMATION	Circle	Actions to be taken	Comments
Have you been hospitalized or under the care of a physician in the past month?	YES / NO	If Yes, list reason.	
Do you have a condition that requires any special medical equipment/supplies? (Epi-pen, diabetes supplies, respirator, oxygen, dialysis, ostomy supplies, etc.)	YES / NO	If Yes, list potential sources if available.	
Are you presently receiving any benefits (Medicare/Medicaid) or do you have other health insurance coverage?	YES / NO	If Yes, list type and benefit number(s) if available.	
MEDICATIONS	Circle	Actions to be taken	Comments
Do you take any medication(s) regularly?	YES / NO	If No, skip to the questions regarding hearing.	
When did you last take your medication?		Date/Time.	
When are you due for your next dose?		Date/Time.	
Do you have the medications with you?	YES / NO	If No, identify medications and process for replacement.	

Los Angeles Operational Area
 Reception Processing Guidance for Emergency Planners
 Appendix 5: U.S. Health and Human Services Intake and Assessment Form

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
HEARING	Circle	Actions to be taken	Comments
Do you use a hearing aid and do you have it with you?	YES / NO	If Yes to either, ask the next two questions. If No, skip next two questions.	
Is the hearing aid working?	YES / NO	If No, identify potential resources for replacement.	
Do you need a battery?	YES / NO	If Yes, identify potential resources for replacement.	
Do you need a sign language interpreter?	YES / NO	If Yes, identify potential resources in conjunction with shelter manager.	
How do you best communicate with others?		Sign language? Lip read? Use a TTY? Other (explain).	
VISION/SIGHT	Circle	Actions to be taken	Comments
Do you wear prescription glasses and do you have them with you?	YES / NO	If Yes to either, ask next question. If No, skip the next question.	
Do you have difficulty seeing, even with glasses?	YES / NO	If No, skip the remaining Vision/Sight questions and go to Activities of Daily Living section.	
Do you use a white cane?	YES / NO	If Yes, ask next question. If No, skip the next question.	
Do you have your white cane with you?	YES / NO	If No, identify potential resources for replacement.	
Do you need assistance getting around, even with your white cane?	YES / NO	If Yes, collaborate with HS and shelter manager.	
ACTIVITIES OF DAILY LIVING	Circle	Ask all questions in category.	Comments
Do you need help getting dressed, bathing, eating, toileting?	YES / NO	If Yes, specify and explain.	
Do you have a family member, friend or caregiver with you to help with these activities?	YES / NO	If No, consult shelter manager to determine if general population shelter is appropriate.	
Do you need help moving around or getting in and out of bed?	YES / NO	If Yes, explain.	
Do you rely on a mobility device such as a cane, walker, wheelchair or transfer board?	YES / NO	If No, skip the next question. If Yes, list.	
Do you have the mobility device/equipment with you?	YES / NO	If No, identify potential resources for replacement.	
NUTRITION	Circle	Actions to be taken	Comments
Do you wear dentures and do you have them with you?	YES / NO	If needed, identify potential resources for replacement.	
Are you on any special diet?	YES / NO	If Yes, list special diet and notify feeding staff.	
Do you have any allergies to food?	YES / NO	If Yes, list allergies and notify feeding staff.	
IMPORTANT! HS/DMH INTERVIEWER EVALUATION			
Question to Interviewer: Has the person been able to express his/her needs and make choices?	YES / NO	If No or uncertain, consult with HS, DMH and shelter manager.	
Question to Interviewer: Can this shelter provide the assistance and support needed?	YES / NO	If No, collaborate with HS and shelter manager on alternative sheltering options.	
NAME OF PERSON COLLECTING INFORMATION:	HS/ DMH Signature:		Date:

This following information is only relevant for interviews conducted at HHS medical facilities: Federal agencies conducting or sponsoring collections of information by use of these tools, so long as these tools are used in the provision of treatment or clinical examination, are exempt from the Paperwork Reduction Act under 5 C.F.R. 1320.3(a)(5).

The authority for collecting this information is 42 USC 300hh-11(b) (4). Your disclosure of this information is voluntary. The principal purpose of this collection is to appropriately treat, or provide assistance to, you. The primary routine uses of the information provided include disclosure to agency contractors who are performing a service related to this collection, to medical facilities, non-agency healthcare workers, and to other federal agencies to facilitate treatment and assistance, and to the Justice Department in the event of litigation. Providing the information requested will assist us in properly triaging you or providing assistance to you.

XII. APPENDIX 6: SAMPLE EMERGENCY COMMUNICATIONS



Jerry Brown *Governor of California*
Mike Dayton *Acting Secretary*

3650 Schriever Avenue • Mather, CA 95655
ph (916) 845.8510 • fx (916) 845.8511 www.calema.ca.gov

PRESS RELEASE **For Immediate Release** March 11, 2011

Contact: Jordan Scott
Office of Media Relations and Public Information
(916) 825-6544
or media@calema.ca.gov

Cal EMA Activates State Operation Center in Response to Japan Earthquake and Tsunami Warning

MATHER – The California Emergency Management Agency (Cal EMA) has activated the State Operations Center (SOC) its Coastal and Southern Regional Emergency Operations Centers (REOC) in response to the Tsunami Warning for the California coast following the 8.9 earthquake that occurred off the coast of Japan.

"It's important that we're closely coordinating with coastal communities and state agencies here in California to ensure they have the information they need to warn the public and prepare for any effects of this tsunami," said Acting Secretary Mike Dayton.

A "Tsunami Warning" is issued as a means of providing an advance alert to areas that could be severely impacted by destructive tsunami waves.

Cal EMA emergency managers are working closely with local, state and federal partners to monitor the tsunami activity and to coordinate resources should response assistance be requested.

As the situation develops, residents along California's coastline are urged to do the following:

- Stay tuned to your local radio, marine radio, NOAA Weather Radio, or television stations during a tsunami emergency
- Give your fullest cooperation and follow instructions of your local emergency management office, police, fire and other emergency organizations
- Never go down to the beach to watch for a tsunami! Do not linger or "sightsee" in an area if told to evacuate
- Know tsunami evacuation routes

California Emergency Management Agency Actions

- The California State Operations Center (SOC) in Sacramento has been activated
- The Coastal Emergency Operations Center in Oakland and Southern Region Operations Center in Los Alamitos are also open to coordinate with coastal counties and emergency management officials

Los Angeles Operational Area
Reception Processing Guidance for Emergency Planners
Appendix 6: Sample Emergency Communications



Jerry Brown *Governor of California*
Mike Dayton *Acting Secretary*

3850 Schriever Avenue • Mather, CA 95655
ph (916) 845.8510 • fx (916) 845.8511 www.calema.ca.gov

- Cal EMA is participating in conference calls with the West Coast Alaska Tsunami Warning Center (WCATWC) periodically during this event
- The California State Warning Center continues to monitor the situation and has made all required notifications to state and local public safety agencies

Learn your risk of impact from tsunami at Cal EMA's MyHazards website at <http://myhazards.calema.ca.gov/>, or visit Cal EMA's Tsunami Program page at http://cms.calema.ca.gov/prepare_prepare_for_tsunami.aspx.

###

DRAFT



Jerry Brown Governor of California
Mike Dayton Acting Secretary

3650 Schriever Avenue • Mather, CA 95655
ph (916) 845.8510 • fx (916) 845.8511 www.calema.ca.gov

PRESS RELEASE
For Immediate Release

March 11, 2011

Contact: Jordan Scott
Office of Media Relations and Public Information
(916) 825-6544
or media@calema.ca.gov

**Cal EMA Urges Vigilance and Preparedness Following Japan
Earthquake and Tsunami Warning**

MATHER – Following the 8.9 magnitude earthquake off the coast of Japan and subsequent Tsunami Warning for the California coast, the California Emergency Management Agency (Cal EMA) is urging residents to take appropriate measures to ensure their safety and take steps to prepare for such emergencies.

If you live or work in a coastal community, it is recommended you take the following steps to prepare.

- Know if you live, work, or play in a tsunami hazard zone.
- Learn what the recommended tsunami evacuation routes are in your city, county and region. Identify safety zone(s) near you, and decide on your primary and secondary evacuation routes.
- Give your fullest cooperation and follow instructions of your local emergency management office, police, fire and other emergency organizations
- If you live or work in a tsunami hazard zone get a NOAA weather radio with the public alert feature for your home and office. It will alert you even if turned off.
- Assemble a small evacuation kit with essential documents, medications, a flashlight, a portable NOAA weather radio and batteries, water, snacks and warm clothes. Include a silver "space blanket" in your kit – it can be used to signal your location to air search teams. Keep your evacuation kit by the door so you can "grab & go".
- Walk your route – consider what you would do at night or in stormy weather.
- Make a reunification plan with your loved ones. Decide when and where you will meet if you are separated, and what out of state relative or friend you will call if it is not possible to meet at your pre-designated reunification spot.
- Discuss plans with family, coworkers and neighbors.

Los Angeles Operational Area
Reception Processing Guidance for Emergency Planners
Appendix 6: Sample Emergency Communications



Jerry Brown *Governor of California*
Mike Dayton *Acting Secretary*

3850 Schriever Avenue • Mather, CA 95655
ph (916) 845.8510 • fx (916) 845.8511 www.calema.ca.gov

- Make plans for how to address any functional needs or disabilities you might have. If you need help evacuating, prearrange assistance from neighbors including transport of mobility devices and durable medical equipment. If you are mobility impaired, account for the extra time that you may need.
- Decide on the best strategy for protecting your pets.
- Prepare to be on your own for several days or longer.

Learn your risk of impact from tsunami at Cal EMA's MyHazards website at <http://myhazards.calema.ca.gov/>, or visit Cal EMA's Tsunami Program page at http://cms.calema.ca.gov/prepare_prepare_for_tsunami.aspx.

###

DRAFT

XIII. APPENDIX 7: ADDITIONAL SERVICE DELIVERY LEVELS

Table 3: Meals, Hydration, Medical, and Health Services by Length of Stay

Length of Stay	Meals and Hydration	Medical and Health Considerations	Mental Health Considerations
Short-Term Stay: 0–4 hours	Snacks and water only	<ul style="list-style-type: none"> ▪ Basic first aid ▪ Brief primary health assessment using the U.S. Department of Health and Human Services (HHS) Shelter intake form ▪ Support for people with disabilities and others with access and functional needs 	<ul style="list-style-type: none"> ▪ Psychological first aid as needed for evacuee population and/or staff
Medium-Term Stay: 4–8 hours (These services are in addition to those in the Short-Term Stay section)	If resources are available, one full meal and/or additional cold or hot liquids	<ul style="list-style-type: none"> ▪ Advanced first aid ▪ If resources are available (onsite or offsite), advanced life support (ALS) ambulance ▪ Consider special cots and consumable medical supplies (CMS) for people with disabilities and others with access and functional needs ▪ Replacement dose of essential chronic medication (at mealtime for medications that must be taken with food [i.e., insulin]) plus a method and schedule for re-dose; color-coded bracelet for follow-up later ▪ People with chronic medications in-hand will continue with their daily regimens ▪ Assistance with daily living needs may arise; supplemental staff may be needed to assist with providing basic needs 	<ul style="list-style-type: none"> ▪ Continue psychological first aid as needed for evacuee population and/or staff ▪ If possible, establish separate privacy area

Los Angeles Operational Area
 Reception Processing Guidance for Emergency Planners
 Appendix 7: Additional Service Delivery Levels

Length of Stay	Meals and Hydration	Medical and Health Considerations	Mental Health Considerations
Long-Term Stay: 8–12 hours (These services are in addition to those in the Short-Term Stay section)	If resources are available, two full meals and/or additional cold or hot liquids	<ul style="list-style-type: none"> ▪ Consider initial nursing assessment/clinician station ▪ Partial functional assessment service team (FAST) designate, American Red Cross (Red Cross) volunteer, public health nurse, or trained community emergency response team (CERT) member, caregivers, or personal assistants ▪ Replacement dose of medications plus method and schedule for re-dose; color-coded bracelet for follow-up later ▪ Consult with public health to monitor general living conditions within the facility and to assist with public health education ▪ People with chronic medications in-hand that must be taken with meals, not just snacks(e.g., insulin), should continue self-administration of dosing with meals ▪ People with disabilities and others with access and functional needs will need more direct support for activities of daily living; for example, people with experience as a health aide or personal caregiver experience (consider a disability representative or representative from County Social Services to be requested and available through the county emergency operations center [LAOA EOC] to support operations within the reception site) 	<ul style="list-style-type: none"> ▪ Continue psychological first aid as needed for evacuee population and/or staff

Los Angeles Operational Area
 Reception Processing Guidance for Emergency Planners
 Appendix 7: Additional Service Delivery Levels

Length of Stay	Meals and Hydration	Medical and Health Considerations	Mental Health Considerations
Extended Stay: 12+ hours (These services are in addition to those in the Short-Term Stay section)	Meals at regular intervals if meals are available; full respite support	<ul style="list-style-type: none"> ▪ Consider nursing triage ▪ Consider extension of public health nurse staffing into extended hours ▪ Increased need for Red Cross and community-based volunteers, volunteer health professionals, volunteers with health knowledge or backgrounds, CERT members with first-aid experience, experienced caregivers, home-health aids, and experienced personal assistants ▪ Consider initial nursing assessment or clinician station to screen for emerging chronic health issues due to lack of chronic medications (if onsite health services are available) ▪ Documentation (prescription bottles or pharmacy records) will be needed to support replenishment of a missed dose(s) of selective medications or chronic medication(s) plus method and schedule for re-dose; color-coded or bar-coded bracelet for follow-up later (if onsite health services are available) ▪ Consider a disability representative from county social services to be requested and available; a FAST representative or disability expert to assist people with disabilities and others with access and functional needs may be needed onsite ▪ Will likely need special cots or beds for certain individuals, and durable medical equipment (DME) (replacements) and CMS on hand for extended stays 	<ul style="list-style-type: none"> ▪ Continue to provide psychological first aid as needed for evacuee population and/or staff

This page intentionally left blank.