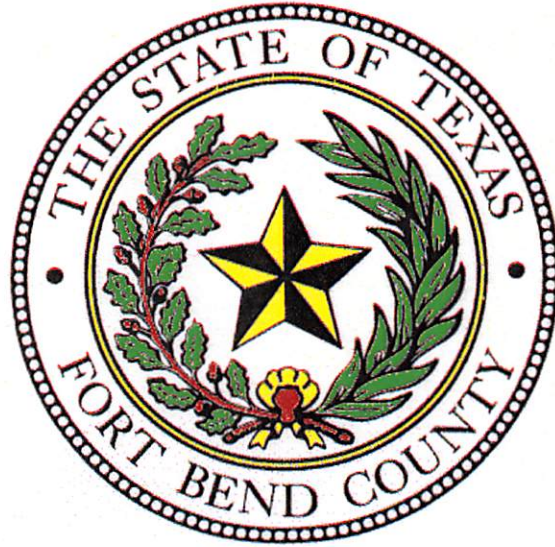


ANNEX C



SHELTER & MASS CARE

Fort Bend County

APPROVAL & IMPLEMENTATION

Annex C

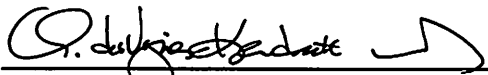
Shelter & Mass Care

This annex is hereby accepted for implementation and supersedes all previous editions.



Michel Davis
Director, Parks and Recreation Department
Fort Bend County

10/31/2017
Date



M. desVignes-Kendrick, MD
Director, Health & Human Services
Fort Bend County

10/30/2017
Date



Jeff D. Braun
Emergency Management Coordinator
Fort Bend County

10/27/17
Date

Robert E. Hebert
County Judge
Fort Bend County

Date

RECORD OF CHANGES

Annex C

Shelter and Mass Care

Change #	Date of Change	Entered By	Date Entered
1	1-27-06	D. R. Jan - Line of Succession	1-27-06
2	6/2006	Jill Boehm – NIMS Compliance	6/2006
3	12/2010	Judy Lefevers - Update	12/2010
4	10/2012	Caroline Egan and David Olinger - Update	10/2012
5	10/2017	Caroline Egan, David Olinger, Alan Spears – Update	10/2017

SHELTER & MASS CARE

I. AUTHORITY

See Basic Plan, Section I.

II. PURPOSE

The purpose of this annex is to outline organizational arrangements, operational concepts, responsibilities, and procedures to protect evacuees and others from the effects of an emergency situation by providing shelter and mass care.

III. EXPLANATION OF TERMS

A. Acronyms

ADA	Americans with Disabilities Act
AFN	Access and Functional Needs
ARC	American Red Cross
DDC	Disaster District Committee
EMC	Emergency Management Coordinator
EOC	Emergency Operations Center
DWI	Disaster Welfare Inquiry
FBC	Fort Bend County
FEMA	Federal Emergency Management Agency
HHSC	Health and Human Services Commission
NIMS	National Incident Management System
NSS	National Shelter System
PIO	Public Information Officer
PODs	Points of Distribution (Commodity)
SOPs	Standard Operating Procedures
TLETS	Texas Law Enforcement Telecommunications System
TSA	The Salvation Army
USDA	United States Department of Agriculture

B. Definitions

Access and Functional Needs (AFN) Persons who may have additional needs before, during and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities, live in institutionalized settings, are elderly, are children, are from diverse cultures, have limited English proficiency, or are non-English speaking, or are transportation disadvantaged. An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. The ADA does not specifically name all of the impairments that are covered.

Mass Care Assistance provided to those who have been displaced from their homes and others affected by a hazardous situation or the threat of such a situation. Mass care for these individuals includes sheltering, feeding operations, bulk distribution of emergency items, and collecting and providing information on victims to family members (welfare inquiries).

Commodity Point of Distribution (POD) An area selected and operated by a jurisdiction as temporary staging for distribution of basic commodities to residents following a disaster. PODs are continuous drive through sites at which the public does not get out of their vehicles; rather they drive through the site where volunteers load resources into the trunks of cars and the public can obtain information.

National Shelter System (NSS) A web-based database that is used to track and report shelter information during disasters. NSS enables emergency managers and disaster workers to identify the location, managing agency, capacity, current population, and other relevant information of all shelters operated in response to disasters. This database is maintained by the American Red Cross.

Shelter Short-term lodging for evacuees or disaster survivors during and immediately after an emergency situation that provides life-sustaining services in a congregate facility for individuals who have been displaced by an emergency or disaster. Shelters are generally located away from known hazards.

- a) **General Population Shelter** – A disaster shelter that serves individuals who can independently support their own daily living needs, including individuals with functional and access needs.
- b) **Medical Shelter** – A disaster shelter that serves individuals with chronic and/or acute physical, psychiatric disabilities, cognitive impairment conditions or other health issues, that prevent the individual from being housed in a general population shelter, but not severe enough to require hospitalization.

Welfare Inquiries Welfare inquiries are requests from relatives, friends, employers, or others for information on the status of persons in an area affected by an emergency situation who cannot be located because they have evacuated, become separated from their families, or cannot be contacted by normal means of communication. Registration of disaster victims at shelters provides some of the information needed to answer welfare inquiries. For emergency situations that extend beyond several days, the American Red Cross may activate a Welfare Inquiry system and its Safe and Well website to handle such inquiries.

IV. SITUATION AND ASSUMPTIONS

A. Situation

1. Our Hazard Summary in Section IV.A of the Basic Plan identifies a number of threats that could make necessary evacuation of some portions of Fort Bend County and its Joint Resolution Jurisdictions. Evacuees from other jurisdictions may also seek refuge in Fort Bend County. Fort Bend County, including its Joint Resolution Jurisdictions, is a pass-through county for hurricane evacuees from coastal counties in southeast Texas, such as Brazoria, Galveston and Matagorda Counties. Each of these situations may generate a need for shelter and mass care operations in our area.

2. Shelter and mass care needs may range from very short term operations for a limited number of people, where the primary objective is to provide protection from the weather, comfortable seating, and access to rest rooms, to more lengthy operations for large numbers of evacuees where feeding, sleeping, and shower facilities are required and a variety of assistance must be provided.
3. If the need should arise during a disaster situation, Fort Bend County may open and operate medical needs shelters. If the opportunity is available, this effort will be coordinated with ARC.
4. The American Red Cross (ARC) has been chartered under federal law to provide mass care to victims of natural disasters. Hence, our efforts should be coordinated with the ARC, which will normally operate general population shelters and mass care operations insofar as its capabilities permit.
 - a) The ARC signs agreements with local governments, school districts, faith-based organizations, and other organizations to use their facilities for shelter and mass care operations. The ARC identifies suitable shelter facilities based on a set of standards, maintains a list of potential shelters, maintains shelter kits, and trains shelter management personnel.
 - b) Local governments, the ARC, and other volunteer groups may also sign agreements relating to the operation of shelter, mass care, and feeding facilities when needed; such agreements detail the responsibilities of both the volunteer group and the local government. See Appendix 3 for pertinent local agreements.
5. Other volunteer organizations and religious groups may open shelters in conjunction with or separate from the American Red Cross. Some of these organizations and groups coordinate their efforts with the ARC, while others may operate these facilities themselves and assume full responsibility for their shelter.

B. Assumptions

1. Shelters may have to be opened with little notice. Until ARC personnel arrive and assume responsibility for managing such shelters, local government personnel may have to manage and coordinate shelter and mass care activities.
2. Volunteer organizations that normally respond to emergency situations will assist in shelter and mass care operations.
3. If additional resources are needed to conduct shelter and mass care operations, support may be requested pursuant to inter-local agreements and from state and federal emergency management agencies. When requested by a local jurisdiction, the Governor may authorize the use of military forces to support shelter and mass care operations.
4. Facilities planned for shelter and mass care use will be made available when needed.
5. When evacuation is recommended during an emergency situation, approximately 80 percent of those for whom evacuation has been recommended will evacuate. The vast majority of evacuees will seek refuge with friends or relatives or go to commercial accommodations rather than a public shelter. In addition, some people who are not at risk may spontaneously evacuate and some of those individuals may seek public shelter.

6. For hazards that are highly visible or extensively discussed in the media, people may evacuate prior to an official recommendation to do so. Hence, shelter and mass care operations may have to commence earlier in an emergency situation.
7. Essential public and private services will be continued during shelter and mass care operations. However, for a major evacuation that generates a large-scale shelter and mass care operation, normal activities at schools, community centers, faith-based organizations, and other facilities used as shelters may have to be curtailed.
8. Commodity Points of Distribution (PODs) may be established following a disaster in which essential infrastructure and services such as water, wastewater treatment, and electric generating facilities are not functional.
9. Residents who remain in their homes during a disaster and those returning to their homes following a disaster will require essential commodities prior to the restoration of essential infrastructure and services.

V. CONCEPT OF OPERATIONS

A. General

1. The Fort Bend County Judge and/or the Mayors or City Managers of the Joint Resolution Jurisdiction communities are responsible for developing a plan, integrating the concepts of the National Incident Management System (NIMS), for coordinating and providing mass care services to persons affected by a disaster. The requirements for services may vary depending upon the nature, type, and level of the emergency. Fort Bend County will work closely with volunteer organizations that provide shelter and mass care support to determine the availability of shelter and feeding facilities, encourage facility owners to sign agreements for use of those facilities, and encourage facility owners to allow their personnel to participate in shelter management training.
2. The Incident Commander or the emergency management staff is expected to determine the need for opening shelters and commencing mass care operations based on the emergency situation that prevails.
3. The Fort Bend County Judge and/or the Joint Resolution Jurisdiction Mayors or City Managers, or respective Emergency Management Coordinator(s) (EMCs), may request the opening of shelters and recommend the closing of shelters when they are no longer required. These actions should be coordinated with the ARC and other shelter providers. A list of potential shelters is provided in Appendix 1. The Fort Bend County Judge and/or the Joint Resolution Jurisdiction Mayors or City Managers may further assign tasks and responsibilities to support shelter and mass care efforts.
4. Fort Bend County and/or the Joint Resolution Jurisdictions, in cooperation with volunteer disaster assistance organizations, will provide temporary shelter and essential life support services for people displaced from their homes.
5. The ARC and other private organizations that may offer disaster assistance may be called upon to:
 - a) Open temporary shelters for the displaced population.

- b) Activate or organize shelter teams and provide shelter kits.
 - c) Register those occupying public shelters.
 - d) Provide feeding and basic first aid for those occupying temporary shelters.
 - e) For extended shelter operations, activate disaster welfare inquiry systems
 - f) Provide periodic reports on the status of shelter and mass care operations.
6. In some disasters, the federal government may be requested to provide emergency housing. Disaster victims will be encouraged to obtain housing with family or friends or in commercial facilities. To the extent possible, local government will assist and coordinate the post-disaster housing needs of the homeless.
7. In an effort to minimize the need for sheltering and mass care, Fort Bend County will promote personal preparedness of its residents.

B. Shelter

1. Shelter Selection. The ARC publishes standards for temporary shelters. The following criteria may be useful in screening facilities to determine which merit more detailed inspection:
- a) Must be structurally sound and in a safe condition.
 - b) Must be ADA compliant.
 - c) Must not be located in an area subject to flooding or where flooding can cut off access to the facility.
 - d) Must not be in a hazardous materials risk area.
 - e) Should have adequate sleeping space.
 - f) Should have sufficient restrooms for the population to be housed.
 - g) Should have adequate climate control systems.
 - h) Kitchen/feeding area is desirable.
 - i) Shower facilities are desirable if the facility will be used for more than three days.
 - j) Telephone service is essential.
 - k) Adequate parking is desirable.

The Shelter & Mass Care Officer should coordinate with the ARC and other volunteer organizations in identifying potential shelters and developing the shelter list in Appendix 1 to ensure that issues of interest to local government are considered in the shelter selection process. The ARC will record shelters in the National Shelter System (NSS) and will update shelter statuses as needed during a disaster.

Medical Shelters/Alternate Care Sites that will serve as shelters for medical needs individuals can be found in Appendix 2.

2. Shelter Facilities

- a) The ARC executes agreements with building owners for use of structures as shelters and normally inspects the facilities it plans to use to determine their capacities and the availability of various types of equipment. If not already assessed, both general population and medical shelter locations will be assessed within 24 hours of opening by the Shelter Manager using the Shelter Liaison Checklist (see the Texas Department of State Health Services *Response Operating Guidelines: Medical Sheltering 2012*) or the equivalent American Red Cross form.

- b) Schools are the most frequently used shelters because they generally have substantial space, a feeding capability, sufficient restrooms, and adequate climate control systems. Those who wish to utilize schools for sheltering must secure permission in writing from school officials.
- c) Community centers and faith-based organizations are also frequently used as shelters. Permission to use these facilities or any other facilities for disaster operations should also be secured in writing from the owners or operators of those facilities.
- d) In most general population shelters, evacuees must sleep on the floor -- there are generally no cots immediately available. Public information messages should highlight this situation and encourage those who plan to take refuge in a public shelter to bring bedding.

3. Shelter Operations

- a) The specific facilities that will be used for sheltering and feeding during an emergency will depend on the needs of the situation, the type of shelter needed, the status of available facilities, the location of the hazard area, and the anticipated duration of operations. Shelters are typically opened and closed based on need. When occupancy of existing shelters reaches 75 to 80 percent, consideration should be given to opening an additional facility.
- b) It is generally more effective in terms of resource utilization to operate a few medium to large shelters than a large number of small facilities.
- c) Medical shelters may be established within a general population shelter to streamline the logistical support and minimize assets needed to support shelter operations. If a medical shelter is located within a Red Cross shelter, the Red Cross will not be responsible for operating the medical shelter, but can provide mass care and logistical support. See Attachment 2 of Appendix 3 for more information.
- d) Shelters should be managed by individuals with shelter management training, preferably individuals who work in the facility on a daily basis. The ARC and the Shelter & Mass Care Officer will jointly maintain a list of trained shelter and mass care facility managers in the local area.
- e) To ensure consistency in shelter activities, it is desirable that all shelters follow a general set of operating guidelines. When the ARC opens a shelter, ARC policies guide how the facility is staffed and operated.
- f) Shelter managers are expected to provide periodic reports on the number of shelter occupants and the number of meals served to the Fort Bend County Emergency Operations Center (FBC EOC). Volunteer groups operating shelters may also be required to report this information through their organizational channels.

- g) Local government is responsible for providing the following support for shelter operations:
 - 1) Security and, if necessary, traffic control at shelters.
 - 2) Fire inspections and fire protection at shelters.
 - 3) Environmental Health inspections.
 - 4) Transportation for food, shelter supplies, and equipment if the organization operating the shelter cannot do so.
 - 5) Transportation of shelter occupants to feeding or shower facilities, if necessary.
 - 6) Basic medical attention, if the organization operating the shelter cannot do so.
- h) Evacuees normally return to their homes as soon as the danger has passed. Hence, most shelters are closed quickly and returned to normal use. However, some evacuees may be unable to return to their homes due to damage or destruction.
- i) It may be necessary to have one or more shelters remain open for an extended period until those who cannot return to their residences can be relocated to motels, rental units, mobile homes, and other types of temporary lodging. Such extended use facilities should have showers and on-site feeding; cots should be provided.

C. Mass Care

1. Registration:

The purpose of registration is to maintain a count and record of shelter residents, and may provide a means to respond to inquiries about the status of evacuees, monitor health concerns, and provide a basis for post-emergency follow-up support.

2. Intake/Triage:

As residents arrive and register at shelter locations they will be asked to complete a shelter intake form (Refer to the State of Texas *Functional Needs Support Services Toolkit* for the State of Texas form. The ARC shelter intake form can be found in the ARC *Sheltering Handbook*.) Based on the information provided the resident will be triaged using a shelter placement guide (see the Texas Department of State Health Services *Response Operating Guidelines: Medical Sheltering 2012* or equivalent ARC form) to determine appropriate placement in a general population shelter or medical shelter.

3. Feeding:

- a) Both fixed facilities and mobile units may be used for preparing and serving meals. Fixed facilities include schools, faith-based organizations, and civic buildings serving as shelters. ARC, the Salvation Army (TSA), and other disaster relief agencies may also deploy self-contained mobile feeding units to supplement fixed feeding facilities.
- b) The U.S. Department of Agriculture (USDA), through the Health and Human Services Commission (HHSC), food banks, and commercial facilities provide USDA commodities used in preparing meals or for distribution to disaster victims.

- c) If a school is used as a congregate feeding site, the school may use USDA commodities already on its shelves to prepare meals for mass care operations. USDA will replace them or credit their entitlement dollars as long as school officials provide HHSC with an itemized list of which commodities were used and daily meal counts. USDA commodities **may not** be used without prior approval from HHSC. The request must come from the ARC. Form FCS-292, which is a report of commodity distribution, must be completed by school officials within 30 days after the termination of assistance to the disaster victims. Also HHSC will arrange to have additional USDA commodities shipped to the feeding site, if necessary, either directly from USDA or one of the HHSC warehouses.

4. Shelter Surveillance:

- a) Daily surveillance for infections, diseases, and injuries will be conducted in all shelters using the Shelter Situational Report (see the Texas Department of State Health Services *Response Operating Guidelines: Medical Sheltering 2012*) or the equivalent American Red Cross form.
- b) Surveillance reports will be submitted to the Health and Medical Officer and reviewed by a local epidemiologist to identify potential public health issues occurring in shelters. During a large scale regional incident, shelter reports will be combined and submitted to the DSHS Regional Office, Health Service Region 6/5S using the Shelter Surveillance Summary Form (see the Texas Department of State Health Services *Response Operating Guidelines: Medical Sheltering 2012*).

5. Commodity Points of Distribution (PODs)

See the Fort Bend County Commodity POD Plan regarding POD operations within FBC.

6. Other Needs

In addition to the provision of shelter and mass care services, evacuees may need assistance with clothing, basic medical attention, prescription medicines, durable medical equipment, disaster mental health services, temporary housing, and other support services. Some of these services may be provided by the same volunteer organizations that are operating shelters. In other cases, the Shelter & Mass Care Officer will have to identify the needs of those in public shelters to the Human Services Officer, who may be able to arrange for assistance from other volunteer organizations and agencies. Many human services programs also serve disaster victims that have not been evacuated from their homes. A description of human services programs and procedures for requesting human services support are provided in Annex O (Human Services).

D. Access and Functional Needs

All mass care sites, including general population and medical needs shelters, must offer services to individuals with access and functional needs . For more information regarding AFN, please refer to the Texas FNSS Toolkit.

E. Medical Sheltering

1. Medical Shelters may be opened to provide shelter to individuals with chronic and/or acute physical, psychiatric disabilities, cognitive impairment conditions or other health issues, that prevent the individual from being housed in a general population shelter, but not severe enough to require hospitalization.
2. Medical shelters will be activated under the direction of the Fort Bend County Judge and/or the Joint Resolution Jurisdiction Mayors or City Managers, or respective EMCs, based on recommendations from the Health and Medical Officer.
3. Coordination of medical shelters is the responsibility of the Health and Medical Officer.
4. Based on historical information provided by the State, medical sheltering capacity needs will be determined using 5% of the population being relocated or evacuated.
5. Medical shelters will be located in facilities that are capable of providing:
 - a) A safe haven for persons who meet the medical needs criteria
 - b) Shelter for their families and/or caregivers
 - c) An appropriate level of staff to provide services and the equipment and supplies required during the time the shelter is in operation.
6. Facilities used as shelters meet the Americans with Disability Act (ADA) requirements and integrate support services for those with access or functional needs. Space allocation within medical shelters is factored at eighty (80) square feet per cot or bed to allow for additional space required for accompanying medical equipment.
7. Medical shelters will be activated and located in the following order:
 - a) Within a long term care or rehabilitation facility with a partner agency. See Appendix 2 for a list of Alternate Care Sites.
 - b) Co-location within an American Red Cross Shelter based on the memorandum of understanding with the Fort Bend County Medical Reserve Corps (see Attachment 2 of Appendix 3).
 - c) Within a County or Joint Resolution Jurisdiction facility or other location identified by the County or Joint Resolution Jurisdiction.
8. Staffing of medical shelters will occur based on available personnel from the following (in no particular order):
 - a) Medical Reserve Corps
 - b) County personnel
 - c) Jurisdictional personnel
 - d) Contract personnel

F. Other Groups

1. Facilities, including hospitals, nursing homes, group homes, and correctional institutions, are responsible for the welfare and safety of their clients, who may need specifically trained staff to care for them and special equipment and facilities to meet their needs. Institutions supporting these populations are required by state and federal regulations to

have disaster preparedness plans that provide for evacuation and relocation of the institution's population to comparable facilities in an emergency.

2. General Population Shelters or Medical Shelters are not staffed or equipped to handle these groups. Medical patients and prisoners should not be relocated to shelters used by the general public. In the event that these facilities encounter difficulty in evacuating and relocating their clients, local officials may need to assist in arranging transportation and in locating suitable reception facilities.

G. Transportation

1. Sheltering individuals requiring transportation to outside services will be assessed for the appropriate type of transportation using the Transportation Triage tool (see the Texas Department of State Health Services *Response Operating Guidelines: Medical Sheltering* 2012).
2. Transportation may take place using:
 - a) Para transit services
 - b) Public transportation
 - c) Ambulance

H. Handling of Pets

1. Evacuees who go to the homes of relatives or friends or commercial accommodations with their pets do not normally pose difficulties during an evacuation. However, evacuees with pets seeking public shelter can create potential problems. For health reasons, pets are not allowed in emergency shelters operated by the ARC and most other organized volunteer groups. However, a number of studies have indicated that some people, particularly the elderly, will not leave their homes if they cannot take their pets with them. Hence, it is desirable to make reasonable arrangements for evacuees who come to public shelters with pets. The Fort Bend County Animal Control Officer and/or Animal Control Officers of Joint Resolution Jurisdictions should coordinate these arrangements.
2. Depending on the situation, we will use one or more of the following approaches to handle evacuees arriving with pets:
 - a) Provide pet owners information on nearby kennels, animal shelters, and veterinary clinics that have agreed to temporarily shelter pets.
 - b) Direct pet owners to a public shelter that has covered exterior corridors or adjacent support buildings where pets may be temporarily housed, and kennels can be provided.
 - c) Set up temporary pet shelters at the Fairgrounds, the Stock Show barns, the Exposition Center, and/or other locations as applicable.

I. Public Information

The public information staff is expected to develop emergency public information messages to advise the public of the location of shelters, mass care facilities, POD sites, and general policies relating to the operation of these facilities/sites.

J. Welfare Inquiries

Welfare Inquiries will be handled in accordance with Section IX.E of this annex.

K. Actions by Phases of Emergency Management

1. Mitigation:

- a) Identify volunteer organizations that could assist in shelter and mass care operations and develop cooperative agreements.
- b) In coordination with volunteer organizations and the Fort Bend County Judge and/or Mayors or City Managers of the Joint Resolution Jurisdiction cities, identify suitable shelters, feeding facilities and Commodity POD locations.
- c) Sign agreements with volunteer organizations authorizing use of local government facilities for shelter and mass care operations.
- d) Encourage schools, faith-based organizations, and volunteer groups to sign written agreements for use of their facilities as emergency shelters.

2. Preparedness:

- a) Encourage those organizations or agencies that will be making their facilities available for use as shelters or POD sites to send their personnel to such training.
- b) In coordination with volunteer organizations, identify potential shelters and POD sites, and develop general shelter and mass care procedures for the local area.
- c) Coordinate basic communication and reporting procedures.
- d) Develop facility setup plans for potential shelters and POD sites.
- e) Identify population groups requiring medical and/or functional assistance during an emergency (i.e., senior citizens, functional needs, etc.) and ensure that preparations are made to provide assistance.

3. Response:

- a) Open and staff shelters, mass care facilities, and Commodity POD sites as appropriate.
- b) Provide information to the public on shelter and POD locations and policies.
- c) Assist in the registration of evacuees.
- d) Provide food, clothing, first aid, and other essential services to evacuees.
- e) Maintain communications between mass care facilities and EOC. In the case of the ARC, the EOC should contact the local ARC office or appropriate assigned Mass Care contact for communication purposes.
- f) Provide periodic reports on shelter occupancy, meals served, commodities distributed and any other items as needed.
- g) Provide information to victims needing additional services.
- h) Coordinate needs and transport individuals to receive services outside of the shelter setting.

4. Recovery:

- a) Assist evacuees in returning to their homes if necessary.
- b) Assist those who cannot return to their homes with temporary housing, if available.
- c) Demobilize shelters, mass care facilities, and POD sites and return them to normal use.
- d) Inform public of any follow-on recovery programs that may be available.

VI. ORGANIZATION & ASSIGNMENT OF RESPONSIBILITIES

A. General

- 1. Fort Bend County and its Joint Resolution Jurisdictions' normal emergency organization, described in Section VI.A of the Basic Plan and depicted in Attachment 3 to the Basic Plan, will coordinate shelter and mass care operations.
- 2. Operations will be organized in accordance with NIMS guidelines.
- 3. Fort Bend County and its Joint Resolution Jurisdictions expect to be assisted by the ARC, other volunteer organizations active in disasters, and local volunteer groups and charitable organizations in conducting shelter and mass care operations. The Shelter & Mass Care Officer is responsible for coordinating the efforts of local government, volunteer groups, and other agencies involved in shelter and mass care operations.

B. Task Assignments

- 1. The Fort Bend County Judge and/or the Mayors or City Managers of the Joint Resolution Jurisdictions will:
 - a) Direct the opening of local shelters, mass care facilities, and POD sites and the closing of such facilities when they are no longer needed.
 - b) Approve release of emergency public information materials on POD sites and shelter locations and guidance on what people should and should not bring to public shelters.
 - c) Coordinate shelter and mass care efforts with other local governments, where appropriate.
 - d) Request shelter and mass care support from other local governments or the State if local resources are insufficient.
- 2. The Emergency Management Coordinator will:
 - a) Coordinate shelter and mass care planning with the Shelter & Mass Care Officer, the Public Information Office, the Health & Medical Officer, the Human Services Officer, other local officials, and volunteer organizations.
 - b) When the situation warrants, recommend to the Fort Bend County Judge and/or Joint Resolution Jurisdiction Mayors or City Managers that shelter and mass care operations be implemented. Recommendations on the number, type, and location of facilities/sites to be activated should be coordinated if possible with the volunteer organizations that will operate those facilities/sites.
 - c) Coordinate with the appropriate lead(s) in the EOC to provide support for shelter and mass care activities.

- d) Receive reports on shelter and mass care operations from the Shelter & Mass Care Officer. During major emergencies, summarize shelter and mass care activities in the periodic Situation Report; see Annex N (Direction & Control) concerning this report.
 - e) When conditions warrant, recommend to the Fort Bend County Judge and/or the Joint Resolution Jurisdiction Mayors or City Managers that shelter and mass care facilities be closed.
3. The Incident Commander will:
- Identify requirements for shelter and mass care support needed as a result of an incident.
4. The Fort Bend County Parks & Recreation Department Director shall serve as Shelter & Mass Care Officer and will:
- a) Identify volunteer organizations that are willing to support local shelter and mass care activities. See Appendix 1 to Annex O.
 - b) In coordination with entities or volunteer organizations that normally operate shelters and mass care facilities/sites, identify potential shelter and mass care locations. See Appendix 1 and Appendix 2 for shelter locations and the Fort Bend County Commodity POD Plan for POD locations.
 - c) Develop emergency agreements with volunteer groups for the use of facilities owned by local government as shelters and mass care locations and encourage other agencies, organizations, and groups that have suitable facilities to sign similar agreements.
 - d) Develop cooperative agreements with volunteer organizations relating to shelter and mass care support.
 - e) Coordinate and disseminate common shelter operating guidelines to volunteer organizations operating shelters.
 - f) Ensure mass care locations are adequately staffed and equipped.
 - g) Coordinate mass feeding where needed..
 - h) Identify requirements for human services support for evacuees in shelters to the Human Services Officer.
 - i) Identify requirements for facility/site security and fire protection requirements for shelters and mass care locations to law enforcement agencies and the fire service.
 - j) Coordinate resource support for shelter and mass care operations.
 - k) Receive reports on shelter and mass care operations and provide summary information for inclusion in the periodic Situation Report.
 - l) Respond to disaster welfare inquiries until that function is assumed by the ARC.
 - m) Arrange transportation for shelter equipment, food, clothing, blankets, comfort kits, medications, and other shelter supplies to shelter and mass care locations.
5. Shelter Managers will:
- a) Staff and open shelters and keep them operating as long as necessary.
 - b) Register shelter occupants.
 - c) Arrange for mass feeding if required.
 - d) Identify additional resource requirements to the Shelter & Mass Care Officer.
 - e) Coordinate with the Shelter & Mass Care Officer to provide individual and family support services as needed.

- f) Submit a daily mass care facility status report to the Shelter & Mass Care Officer that indicates the number of shelter occupants, the number of meals served, and the condition of the facility, and also identifies any problem areas.
 - g) Maintain records of supplies received and expended.
 - h) When directed, terminate operations, turn in equipment and unused supplies, return the facility to its original condition, and submit a final mass care facility status report.
6. Commodity POD Managers will:
- a) Staff and open POD sites and keep them operating as long as necessary.
 - b) Arrange for feeding of POD staff if required.
 - c) Identify resource requirements to the Shelter & Mass Care Officer.
 - d) Submit a daily status report to the Shelter & Mass Care Officer that indicates the number of families/cars served, commodities distributed and commodities ordered, as well as staffing levels and any problem areas.
 - e) Maintain records of supplies received and expended.
 - f) When directed, terminate operations, turn in equipment and unused supplies, return the site to its original condition, and submit a final mass care status report.
7. The Fort Bend County Sheriff's Office and/or the Joint Resolution Jurisdiction Police Chiefs will:
- a) Provide security and law enforcement at shelter and mass care locations.
 - b) Provide back-up communications, if needed.
8. The Fort Bend County Fire Marshal and/or the Joint Resolution Jurisdictions' Fire Chiefs will:
- a) Inspect shelter and mass care locations for fire safety.
 - b) Provide and maintain shelter fire extinguishers.
 - c) Train facility/site management personnel in fire safety and fire suppression.
9. The Transportation Officer will:
- a) Arrange transportation for shelter occupants to feeding sites and/or shower facilities, if necessary.
 - b) Coordinate transportation to and from medical facilities as appropriate and needed.
 - c) Upon request, provide transportation for return of shelter occupants without vehicles to their homes within Fort Bend County.
8. The Health and Medical Officer or designee will:
- a) Maintain county functional and medical needs data through the Enable Fort Bend web portal and ensure access to data by local jurisdictions.
 - b) Coordinate basic medical assistance for individuals in mass care facilities.
 - c) Monitor health and sanitation conditions in mass care facilities.
 - d) Provide recommendations to the EMC on the need to open/close medical needs shelters.

10. The Human Services Officer will:

- a) Coordinate provision of clothing, blankets, personal care items and other items to evacuees. Refer to Annex O.
- b) Upon request, coordinate disaster mental health services for occupants of mass care locations.

11. The Public Information Officer will:

- a) Provide information to the public on the location of shelters, mass care facilities, POD sites and general policies relating to the operation of these sites.
- b) Provide updates on the emergency situation to facility/site managers to be passed on to the public at these locations.
- c) Provide public information on closure of shelters, mass care facilities and POD sites and return of evacuees to their homes.

12. The Animal Control Officer will:

- a) Coordinate arrangements for pets of shelter occupants.
- b) Be prepared to provide facility/site managers with information on procedures for handling pets of evacuees.
- c) Track pets and assist in the reunification of pets with their owners.
- d) Maintain appropriate documentation on resources received and expended.

13. The American Red Cross

Pursuant to a cooperative agreement between the ARC and Fort Bend County, the ARC has agreed to do the following:

- a) Staff and operate shelter and mass care facilities.
- b) Register evacuees.
- c) Provide mass feeding for victims and emergency workers.
- d) Provide emergency assistance for other essential needs.
- e) Process inquiries from concerned families outside the disaster area.
- f) Provide logistical support to medical needs shelters if necessary.

14. Fort Bend County School Districts will:

- a) Shelter students in school buildings when the situation warrants.
- b) Work with the Transportation Officer to coordinate use of available school district transportation assets when the situation warrants.
- c) Work with the Shelter & Mass Care Officer to coordinate use of available school facilities, equipment, and supplies when the situation warrants.

15. Fort Bend County Road & Bridge Department and Joint Resolution Jurisdiction Public Works, Engineering, and Utility Services will:

To the extent possible, ensure power, water supply, and sanitary services are operable at shelter and mass care locations during emergency conditions.

VII. DIRECTION AND CONTROL

A. General

1. The Fort Bend County Judge and/or Joint Resolution Jurisdictions' Mayors or City Managers shall establish priorities for and provide policy guidance for shelter and mass care activities.
2. The Fort Bend County Judge and/or Joint Resolution Jurisdictions' Mayors, City Managers or EMC will provide general direction to the Shelter & Mass Care Officer regarding shelter and mass care operations.
3. The Shelter & Mass Care Officer will plan and manage the conduct of shelter and mass care activities, coordinating as necessary with volunteer organizations, other departments and agencies.
4. Shelter and mass care facility managers will be responsible for the operation of their individual locations. In the case of the ARC, shelter and feeding facility managers will coordinate with the ARC Mass Care function of the ARC Disaster Relief Operation.
5. Methods of direction and control will be consistent with NIMS guidelines.

B. Line of Succession

1. The line of succession for the Shelter & Mass Care Officer is:
 - a. Director of Parks and Recreation
 - b. Assistant Director of Parks and Recreation
 - c. Area Supervisor
2. The line of succession for other shelter and mass care personnel will be in accordance with existing policies and standard operating guidelines.

VIII. READINESS LEVELS

A. Level IV: Normal Conditions

See the mitigation and preparedness activities in sections V.H.1 and V.H.2 of this annex.

B. Level III: Increased Readiness

1. Alert key staff and volunteer organizations involved in shelter and mass care activities to the potential threat.
2. Review personnel availability and assignments.
3. Assess potential shelter and mass care requirements.
4. Review and update lists of lodging and feeding facilities, POD sites, and check on the availability of such locations.

5. Monitor the situation.

C. Level II: High Readiness

1. Place staff on standby and make preliminary assignments. Identify personnel to staff the EOC when activated.
2. Update estimate of shelter and mass care requirements.
3. In coordination with volunteer organizations, check on availability of facilities/sites and identify locations that will actually be used.
4. In coordination with volunteer organizations or other departments and agencies, develop a tentative opening sequence for mass care locations.
5. Identify requirements for pre-positioning equipment and supplies.
6. Draft information for release to the public concerning shelter locations, mass care facilities and POD sites.

D. Level I: Maximum Readiness

1. Deploy selected personnel to the EOC to monitor the situation and support precautionary activities. Place other staff on-call.
2. Update estimate of shelter and mass care requirements.
3. In coordination with volunteer organizations, other departments and agencies, update potential site use plans and tentative site opening sequence.
4. In coordination with volunteer organizations other departments and agencies, develop updated staff assignments for emergency operations.
5. Consider precautionary staging of personnel, equipment, and supplies as needed.
6. Coordinate with the Communications Officer on anticipated communications requirements.
7. Coordinate with the Transportation Officer on anticipated transportation requirements.
8. If appropriate, provide the public with information about potential shelter locations, mass care facilities, and POD sites.

IX. ADMINISTRATION AND SUPPORT

A. Records

1. Shelter and mass care activity managers shall maintain a record of supplies received and expended. Copies of these records will be provided to the Shelter & Mass Care Officer, who shall maintain a consolidated file. In the case of the ARC, the ARC Mass Care Officer will maintain this file.

2. Documentation of Costs: All departments and agencies will maintain records of personnel and equipment used and supplies expended during shelter, mass care, and POD site operations as a basis for possible cost recovery from a responsible party or insurer or possible reimbursement of expenses by the state or federal government. All records should be submitted to the Logistics Chief or designated EMC upon completion.

B. Reports

1. Mass Care site managers will report occupancy, number of meals served, and/or commodities consumed to the Shelter & Mass Care Officer in the EOC daily. In the case of ARC shelters, occupancy numbers and the number of meals served will be provided by the ARC Mass Care Officer.
2. The EOC will include shelter occupancy information, meals served and/or the number of commodities consumed in the periodic Situation Report sent to the Disaster District and other agencies. Information on the Situation Report is provided in Annex N (Direction & Control).
3. The ARC and other volunteer groups may also report shelter and feeding information through their organizational channels.

C. Training & Exercises

1. The EMC will coordinate with the ARC to ensure that shelter management and other appropriate training is made available to local officials and volunteers who participate in shelter and mass care activities. All departments and organizations should ensure that their personnel are trained to accomplish the tasks assigned to them.
2. Emergency exercises shall periodically include a shelter and mass care scenario based on the hazards faced by this jurisdiction. Volunteer organizations that participate in shelter and mass care operations shall be invited and encouraged to participate in such exercises.

D. Communications

The primary communications between shelter and mass care facilities and the EOC will be by telephone/cell phone. If phones cannot be used, radios should be provided; amateur radio operators may be able to assist with communications needs.

E. Welfare Inquiries

1. The EOC will attempt to respond to disaster welfare inquiries until the ARC can establish a Welfare Inquiry system to answer requests from relatives and friends concerning the safety and welfare of evacuees or those in disaster areas. The Welfare Inquiry system uses information from shelter lists, casualty lists, hospitals, and other sources to aid in family reunification and in responding to inquiries from immediate family members from outside the affected area about the status of their loved ones. A Welfare Inquiry system may not be established in short duration emergency situations.

2. Mass care facilities assist in Welfare Inquiries by gathering information on disaster victims through registration of victims at shelters. Assistance may also include the distribution of postcards to shelter residents for their use in contacting family members outside the affected area. The organization of the Welfare Inquiry function may vary considerably. For a small-scale operation, the local ARC chapter may provide assistance. For a large operation, a Welfare Inquiry team may be established. The need for the Welfare Inquiry function and its composition depend on factors such as the number of families affected, media coverage of the event, lack of communication capabilities in the affected area, and the number deaths, injuries, and illnesses.
3. Shelter managers must be aware of the importance of confidentiality in gathering and releasing information about shelter occupants. Welfare inquiries will be addressed to the Shelter & Mass Care Officer until the ARC assumes responsibility for this function.

F. External Assistance

If shelter and mass care needs cannot be satisfied with local resources and those obtained pursuant to inter-local agreements and from volunteer organizations, authorized local officials may request state assistance from the Disaster District Committee (DDC) Chairperson. For more details on requesting state assistance, see Section V.F of the Basic Plan.

X. ANNEX DEVELOPMENT & MAINTENANCE

- A. The Fort Bend County Parks & Recreation Director shall serve as the Shelter & Mass Care Officer and is responsible for developing and maintaining this annex. Recommended changes to this annex should be forwarded as needs become apparent.
- B. This annex will be updated in accordance with the schedule outlined in Section X of the Basic Plan.
- C. Departments and agencies assigned responsibilities in this annex are responsible for developing and maintaining SOPs covering those responsibilities.

XI. REFERENCES

- A. ARC Disaster Services Program Guidance, *Disaster Response Handbook*, May 2008.
- B. ARC Disaster Services Program Guidance, *Sheltering Handbook*, May 2012.
- C. ARC Disaster Services Program Guidance, *Welfare Information Handbook*, February 2007.
- D. National American Red Cross home page: www.redcross.org. This site contains information on the American Red Cross, coverage areas, contact information, and addresses on the ARC Chapters in Texas, as well as additional disaster information.
- E. Texas Department of State Health Services, *Response Operating Guidelines: Medical Sheltering 2012*, April 2012.
- F. State of Texas, *Functional Needs Support Services Toolkit*, March 2012.

Appendices:

Appendix 1 Reception and Care Facilities – General Population

Appendix 2 Reception and Care Facilities – Medical Sheltering

Appendix 3..... Shelter & Mass Care Documents

 Attachment 1.....MOU between FBC and ARC

 Attachment 2.....MOU between MRC and ARC

Appendix 4 Hurricane Reception and Care

Appendix 1

RECEPTION AND CARE FACILITIES – GENERAL POPULATION

A list of ARC designated shelter locations is available through the National Shelter System (NSS). The National Shelter System can be accessed via the internet at <https://nss.communityos.org/cms/>. Access to NSS is password protected. To obtain a password, please contact the local American Red Cross chapter.

Appendix 2

RECEPTION AND CARE FACILITIES – MEDICAL SHELTERING

This list of Medical Shelters/Alternate Care Sites is maintained by Fort Bend County Health and Human Services.

5th Street Community Center

3310 5th Street, Stafford, TX 77477

Point of contact: Michel Davis

281-642-3716

Medical Shelter Max Capacity – 17 beds

General Population Max Capacity – 38 beds

Fort Bend County Fairgrounds

4310 Hwy 36 S, Rosenberg, TX 77471

Point of contact: Jean Hartfield

281-762-8818

Medical Shelter Max Capacity – 369 beds

General Population Max Capacity – 830 beds

Health South Rehabilitation Sugar Land

1325 Hwy 6, Sugar Land, TX 77478

Point of Contact: Brian Coppens

281-276-7576

Medical Shelter Max Capacity – 111 beds*

General Population Max Capacity – 250 beds*

*Check on availability

Bud O'Shieles Community Center

1330 Band Rd, Rosenberg, TX 77471

Point of contact: Michel Davis

281-642-3716

Medical Shelter Max Capacity – 39 beds

General Population Max Capacity – 88 beds

Stafford Center

1050 Cash Road, Stafford, TX 77477

Point of Contact: City of Stafford EMC

281-208-6900

Medical Shelter Max Capacity – 276 beds

General Population Max Capacity – 622 beds

Stafford MSD Middle School

200 Stafford Pride, Stafford, TX 77477

Point of Contact: City of Stafford EMC

281-208-6900

Medical Shelter Max Capacity – 211 beds

General Population Max Capacity – 475 beds

Attachment 1 to Appendix 3

SHELTER & MASS CARE DOCUMENTS

Memorandum of Understanding

Between

The American Red Cross

and

Fort Bend County, Texas

FOR IMMEDIATE RED CROSS ASSISTANCE

24 HOURS A DAY

7 DAYS A WEEK

866-526-8300

I. Purpose

The purpose of this Memorandum of Understanding (MOU) is to define a working relationship between The American Red Cross (hereinafter Red Cross) and Fort Bend County, Texas (hereinafter Fort Bend County), in preparing for and responding to certain disaster situations. This MOU provides the broad framework for cooperation between the Red Cross and Fort Bend County in rendering assistance and service to victims of disaster, as well as other services for which cooperation may be mutually beneficial.

II. Independence of Operations

Each party to this MOU will maintain its own identity in providing service. Each organization is separately responsible for establishing its own policies and procedures and financing its own activities.

III. Disasters Covered by this MOU

The Red Cross provides disaster services pursuant to its Bylaws and other internal policies and procedures as well as its Congressional Charter, codified at Title 36, Sections 300101-300111, of the United States Code (1998). In the Charter, Congress authorized the Red Cross "to carry out a system of national and international relief in time of peace, and apply that system in mitigating the suffering caused by pestilence, famine, fire, floods, and other great national calamities, and to devise and carry out measures for preventing those calamities."

The Red Cross role was reaffirmed in the 1974 Disaster Relief Act (Public Law 93- 288), the 1988 Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 100-707), and the Disaster Mitigation Act of 2000 (Public Law 106-390). The Federal law governing disaster relief, found in Title 42, Chapter 68 of the United States Code defines "emergencies" and "major disasters" as follows:

"Emergency" means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

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

On a local level, the Red Cross responds to all kinds of disasters, whether or not they are the subject of a presidential declaration. The disasters to which the Red Cross responds include any threatening event of such destructive magnitude and force as to dislocate people, separate family members, damage or destroy homes, or injure or kill people. A disaster produces a range and level of immediate suffering and basic human needs that cannot be promptly or adequately addressed by the affected people and impedes them from initiating and proceeding with their recovery efforts.

Some disasters are natural disasters, such as floods, tornados, hurricanes, typhoons, winter storms, tsunamis, hail storms, thunderstorms, wildfires, windstorms, epidemics, and earthquakes. Human-caused disasters, which may be intentional or unintentional, include residential fires, building collapses, transportation accidents, hazardous materials releases, explosions, and domestic acts of terrorism. All of these are within the Red Cross mission.

IV. Organization of the American Red Cross

The national headquarters of the Red Cross is located in Washington, D.C. National headquarters is responsible for implementing policies and procedures that govern Red Cross activities and providing administrative and technical supervision and guidance to the chartered units, which include chapters and blood services regions. Each chapter has certain authority and responsibility for carrying out Red Cross disaster preparedness and response activities, delivering local Red Cross services, and meeting corporate obligations within the territorial jurisdiction assigned to it. Each chapter is familiar with the hazards of the locality and surveys local resources for personnel, equipment, supplies, transportation, emergency communications, and facilities available for disaster relief. The chapter also formulates cooperative plans and procedures with local government agencies and private organizations for relief activities should a disaster occur. In carrying out their disaster preparedness and response activities, each Community Chapter coordinates with their Regional Chapter for assistance and support. The Regional Chapter coordinates their regional response with the American Red Cross Disaster Operations Center in Washington D.C. which provides immediate technical and logistical support to chapters.

Through its nationwide organization, the Red Cross coordinates its total resources for use in large disasters. Services are provided to those in need regardless of citizenship, race, religion, age, sex, disability or political affiliation. In providing disaster services, the Red Cross follows the Fundamental Principles of the International Red Cross and Red Crescent Movement.

V. American Red Cross Disaster Relief Assistance

Red Cross emergency assistance is designed to minimize the immediate suffering caused by a disaster by providing food, clothing, shelter, first aid, and other assistance to address basic human needs. Red Cross emergency assistance may be provided either as mass care, individual assistance, or a combination of the two, depending on the victims' needs. Mass care is provided through any combination of three integrated elements: 1) individual or congregate temporary public shelters; (2) fixed or mobile feeding operations, and (3) distribution of relief supplies. Individual assistance is provided to individuals and families through the purchase of needed items and/or services or referrals to other agencies and organizations that offer assistance to disaster victims at no charge. The Red Cross also processes welfare information requests. In addition to emergency assistance, the Red Cross participates in community recovery programs after major disasters.

Red Cross disaster response activities vary depending upon the nature and scope of the required response, as follows:

Mass Casualty Incidents: Mass casualty incidents are usually the result of transportation accidents, fires in high-occupancy structures, industrial accidents or similar disasters. In mass casualty disasters, the Red Cross closely coordinates with the authorities at the scene (including firefighters, police, and government agencies) and representatives of the owner/operator. Depending on the nature and scope of the disaster, the needs of the victims and workers, and the response of the owner/operator, the Red Cross may engage in a number of activities to assist victims, survivors, families of victims or survivors, emergency workers or others. These services include but are not limited to shelter, food, basic first aid, and mental health services.

Aviation Disasters: The Red Cross has a special role in major aviation disasters. Under the provisions of the Aviation Disaster Family Assistance Act of 1996 (P.L. 104-264), airlines, the National Transportation Safety Board (NTSB), and a "designated independent nonprofit organization" were given specific responsibilities with regard to coordinating the emotional care and support of the families of passengers involved in aviation disasters. The NTSB, as part of its Federal Family Assistance Plan for Aviation Disasters, has designated the Red Cross as the organization responsible for Family Care and Mental

Health. The Red Cross has accepted this role and has specially trained staff on call on its ‘Critical response Team’ (CRT) who initiate support within hours of a request from the NTSB for services.

Hazardous Material Situations: When an actual or potential hazardous material situation results in an evacuation, the Red Cross provides emergency mass care until families can return home. If public authorities deem it necessary for families to relocate permanently, the Red Cross works with other community organizations to provide temporary mass care or casework assistance.

The American Red Cross does not provide disaster assistance where government officials or agencies require building evacuation as a result of chronic deferred maintenance, code violations, radon contamination or fire hazards.

Nuclear Facility or Transportation Accidents: In the event of an evacuation due to a nuclear power plant accident or transportation accident involving radioactive materials, the Red Cross provides mass care services for the evacuees and emergency workers. The Red Cross coordinates with public health authorities with respect to health concerns and the possible need for decontamination, but the Red Cross does not engage in decontamination activities. If the Red Cross is operating evacuation shelters, evacuees and workers must undergo any necessary decontamination before they are admitted to the shelter.

Civil Disorder: Situations involving civil disorder — such as riots or hostage incidents — are not within the usual scope of the Red Cross’s disaster relief activities. Nevertheless, when basic human needs are not being met as a result of civil disorder, the Red Cross may participate in community actions to supplement the efforts of civil authorities by providing mass care and other services upon request of appropriate government authorities if Red Cross resources are available. The Red Cross will provide services only in a safe and secure area.

Catastrophic Incident: A catastrophic incident, as defined by the National Response Framework, is any natural or manmade incident, including terrorism that results in extraordinary levels of mass casualties, damage or disruption, and severely affects the population, infrastructure, environment, economy, national morale, and/or government functions. A catastrophic incident results in sustained national effects over a prolonged period. In a catastrophic incident, the Red Cross will work closely with appropriate state and local government and non-government partners to provide mass care, including shelter, feeding, first aid, and other assistance to address basic human needs in a safe environment.

Repatriation of U.S. Citizens and Dependents: During the emergency repatriation of U.S. citizens and dependents evacuated from foreign countries during emergencies, the Red Cross will, at designated ports of entry, cooperate with federal, state, local and voluntary agencies involved with their reception, temporary care and onward transportation, to provide shelter, feeding and basic first aid among other services.

Other Events or Situations: In the event of other unforeseen events or situations in which human suffering is involved, the Red Cross will coordinate with appropriate government and non-government partners to provide mass care, including shelter, feeding, first aid, and other assistance to address basic human needs, as resources are available to assist.

VI. Role of Fort Bend County in Disaster Response Activities

1. Provide guidance and direction for the emergency management program.
2. Take actions to equip and train local emergency responders and officials and to provide appropriate emergency facilities.

3. Declare a local disaster when appropriate. After such declaration, issue orders or proclamations invoking specific emergency powers of those granted the Governor in the Texas Disaster Act on an appropriate local scale to respond to and recover from the disaster.
4. Direct the local response to emergency situations using local resources, resources from other jurisdictions covered by mutual aid agreements, and any other on-call emergency resources that the local government may have contracted for.
5. Request external assistance if local resources are inadequate or inappropriate to deal with the emergency situation. The county should be the first source of external assistance for a city. Requests for state assistance should be made by the county judge to the local Disaster District Committee.
6. During emergencies, keep the public and the local Disaster District Committee informed of the situation.
7. Oversee recovery programs and related hazard mitigation programs after a disaster.
8. Encourage mutual participation and coordination of services to the community, which may include the integration of staff from multiple volunteer organizations such as the Red Cross, the Medical Reserve Corps, Community Emergency Response Teams (CERT), or other disaster volunteer groups.

VII. Cooperative Actions

The Red Cross and Fort Bend County will coordinate in rendering their respective disaster relief activities in the following manner:

1. Maintain close liaison through the use of conferences, meetings, telephone, facsimile, e-mail, and other means applicable. Share current data regarding disasters, disaster declarations, and changes in applicable legislation. Include a representative of the other party in appropriate committees and task forces formed to mitigate, prepare for, respond to, and recover from disasters and other emergencies.
2. Keep each other informed of disasters and emergency situations; the human needs created by the events, and the actions taken regarding service delivery to clients.
3. During a disaster the Red Cross will, as appropriate and at the request of Fort Bend County, provide liaison personnel to the Fort Bend County Emergency Operations Center and any district Emergency Operations Centers. Fort Bend County will provide space and other required support, such a computer, e-mail access and a designated phone line for Red Cross liaison personnel assigned to the Fort Bend County Emergency Operations Center.
4. During the time of disaster, keep the public informed of cooperative efforts through the public information offices of the Red Cross, Fort Bend County, and the Joint Information Center, if activated.
5. Support the Red Cross in conducting special appeals and campaigns for funds during times of disaster.
6. Allocate the responsibility for joint expenses only in writing and only in advance of any commitment.

7. Advocate for programs and legislation designed to mitigate disaster damage and loss of life in Fort Bend County.
8. Actively seek to determine other areas/services within the Red Cross and Fort Bend County where cooperation and support will be mutually beneficial.
9. Use or display the name, emblem, or trade marks of the Red Cross or Fort Bend County only in the case of defined projects and only with the prior express written consent of the other organization.
10. Make training, educational and other developmental opportunities available to the other party's personnel and explore joint training and exercises. Encourage all staff and volunteers to engage in training and exercises, as appropriate.
11. Explore opportunities for collaboration to provide Community Disaster Education (CDE) within Fort Bend County. Cooperative efforts could include distributing CDE materials to targeted populations within the community, preparing volunteers as CDE presenters, or jointly developing and implementing CDE plans.
12. Allow the use of each other's facilities, as available and if agreed upon in writing prior to the event, for the purpose of preparedness training, meetings and response and recovery activities.
13. Widely distribute this MOU within Red Cross and Fort Bend County departments and administrative offices and urge full cooperation.

VIII. Periodic Review

The parties will, on an annual basis, on or around the anniversary date of this MOU, jointly evaluate their progress in implementing this MOU and revise and develop new plans or goals as appropriate.

IX. Term and Termination.

This MOU is effective as of the date of execution and shall continue for a period of five years. Six months prior to expiration, the parties will meet to review the progress and success of the cooperative effort. In connection with such review, the parties may decide to extend this MOU for an additional period not exceeding five years, and if so shall confirm this in a signed writing. This MOU may be terminated by written notification from either party to the other at any time and for any reason or for no reason.

X. Miscellaneous

This MOU does not create a partnership or a joint venture. Neither party has the authority to bind the other to any obligation. It is not intended that this MOU be enforceable as a matter of law in any court or dispute resolution forum. The sole remedy for non-performance under this MOU shall be termination, with no damages or penalty. **This MOU is not a contract.**

Signature page follows.

Attachment 2 to Appendix 3

SHELTER & MASS CARE DOCUMENTS

Memorandum of Understanding

Between

The American National Red Cross

Greater Houston Area Chapter

And

The Fort Bend County Medical Reserve Corps Unit



I. Purpose

The purpose of this Memorandum of Understanding (MOU) is to define the working relationship between the Greater Houston Area Chapter of the American National Red Cross (hereinafter referred to as the Chapter or Red Cross) and the Fort Bend Medical Reserve Corps (hereinafter referred to as the Local MRC or Unit) in preparing for and responding to disaster relief situations at all levels within Fort Bend County. In this MOU, the parties express their intent to collaborate as set forth in the April 2, 2009 memorandum issued jointly by the national headquarters of the American Red Cross and the Office of the Civilian Volunteer Medical Reserve Corps, Office of the Surgeon General, Department of Health and Human Services, entitled "*Local Partnerships Between American Red Cross and Medical Reserve Corps* (hereinafter the "Joint Memorandum"). Each party shall provide its support to the other only as specifically provided for in the Joint Memorandum.

Both parties recognize the need for medical and non-medical volunteers to fulfill the requirements of their respective disaster relief operations and are able and willing to share volunteers, to the extent they are available and the conditions of the Joint Memorandum are satisfied, to provide these services.

II. Concept of Operations

Each party to this MOU is a separate and independent organization. As such, each organization retains its own identity in providing service, and each organization is responsible for establishing its own policies and financing its own activities.

The Local MRC is sponsored and supported by the Fort Bend County Health & Human Services (FBCHHS) Department. FBCHHS is solely responsible for any and all mission tasking of the Unit. To request support and activation of the Local MRC, the Red Cross will contact the FBCHHS Public Health Preparedness Program at (281) 238-3233 or through the Health & Human Services EOC Console at (281) 238-3486 during and activation.

III. Methods of Cooperation

The Red Cross and the Local MRC will collaborate on providing disaster health and mental health services to communities affected by disasters as outlined in the Joint Memorandum except as follows:

To facilitate this collaboration, the organizations have agreed to the following:

A. Mutual Support

1. Close liaison will be maintained between the Chapter and the Local MRC.

2. The parties will participate in joint planning and preparedness activities for disaster events, including selected staff training and exercises.
3. The Local MRC and the Chapter will coordinate with respect to the issuance of public information on their cooperative activities.
4. The Chapter and Local MRC may agree to co-locate a MRC medical shelter within a Red Cross shelter. If a medical shelter is located within a Red Cross shelter, the Red Cross will not be responsible for staffing the medical shelter, but can provide mass care and logistical support.

B. MRC Support of Chapter Disaster Services:

1. The Red Cross may request MRC volunteers to assist the Red Cross with providing Disaster Health Services, Disaster Mental Health, or other support services during a disaster. When making such requests, the Red Cross will provide the Local MRC with information about the type, licensure requirements, and quantity of personnel needed, as well as the assignment location.
2. The Red Cross and Local MRC will work together in advance of any disaster to process MRC volunteers through the Red Cross's volunteer intake system and train MRC volunteers on Red Cross procedures and protocols.
3. As Red Cross volunteers, MRC volunteers must adhere to Red Cross protocols and activity guidance, display Red Cross identification, and work under Red Cross supervision.

C. Chapter Support of MRC:

1. The Local MRC may request Red Cross volunteers to assist the Local MRC with providing health services during a disaster or public health event. When making such requests, the MRC will provide the Red Cross with information about the type, and quantity of personnel needed, as well as the assignment location.
2. The Red Cross and Local MRC will work together in advance of any disaster to process Red Cross volunteers through the Local MRC's volunteer intake system and train Red Cross volunteers on MRC procedures and protocols.
3. As MRC volunteers, Red Cross volunteers must adhere to MRC protocols and activity guidance, display MRC identification (and no Red Cross identification), and work under MRC supervision.

4. The Red Cross may provide mass care and logistical support to the Local MRC including supporting alternate care sites, to the extent that resources are available and to the extent that the support is consistent with the Red Cross mission (e.g., provision of food and beverages for Medical Reserve Corps personnel, administrative support of the Medical Reserve Corps through non-medical personnel, or assistance in identification of additional facilities).
5. The Chapter may coordinate with the Local MRC and other organizations for establishing plans for engaging the religious community and advocating for memorial services at the appropriate time and place.
6. The Local MRC will ensure that all Red Cross paid and volunteer staff who agree to provide mass care and logistical support services for the Medical Reserve Corps activities, will to the extent applicable to the disaster, receive the same personal protective equipment and prophylaxis (as applicable) that MRC volunteers assigned to the same task receive, at no cost to Red Cross or its personnel.

IV. Periodic Review

Representatives of the Chapter and the Local MRC will, on an annual basis, on or around the anniversary date of this agreement, jointly evaluate their progress in implementing this MOU and develop new plans or goals as appropriate.

V. Term of Memorandum of Understanding

This MOU shall be effective on **July 2, 2012** and terminate on **July 2, 2017**. Six months prior to termination, the parties shall meet to review the progress and success of the MOU and determine whether it shall be extended for an additional five years.

In no event shall any extension of this MOU be for a period exceeding five years.

It is understood by both parties that at any time this MOU may be terminated with 30 days written notification from either party to the other.

VI. Miscellaneous

This MOU does not create a partnership or a joint venture, and neither party has the authority to bind the other.

VII. Authorization

Signature: _____

Date: _____

Bill Ray, Director

Homeland Preparedness Project

Signature: _____

Date: _____

Timothy Kidwell, Regional Emergency Services Director

The American Red Cross, Greater Houston Area Chapter

Appendix 4

HURRICANE RECEPTION AND CARE

- A.** Fort Bend County is not a hurricane reception area. The shelters available in the county would likely be available for other emergencies, such as housing people temporarily forced out of their homes due to a hazardous materials spill or river flooding.
- B.** A list of ARC designated shelter locations is available through the National Shelter System (password required).

Fort Bend County is a pass-through county for category three and greater intensity hurricanes. No shelters would be opened by the ARC should a hurricane of that intensity threaten Fort Bend County. However, after damaging winds subside, then the ARC would open shelters. The location of those shelters would then depend on the structural integrity of the pre-determined buildings that were designated as possible shelters and the location of damage.

The ARC does not operate refuges of last resort. (A “refuge of last resort” is typically a “last-ditch” option for people who have been unable, through choice or circumstance, to evacuate the risk area before the onset of storm conditions. These facilities provide a place for people to seek protection from the elements, but they are not shelters. Typically they do not provide food, drink, or sleeping accommodations.) Refuges of last resort may be opened by local governmental entities.

The ARC goal is to operate shelters that will survive storms and protect the lives of those inhabiting them. After the storm has passed, ARC will staff shelters in the areas where shelters are most needed, including the risk areas.

- C.** Fort Bend County has an agreement in the form of a Memorandum of Understanding with the American Red Cross for the purpose of providing and coordinating shelter needs during emergencies or disaster events. (See Appendix 3, Attachment 1.)

Memorandum of Understanding

Between

The American Red Cross

and

County of Fort Bend, Texas

FOR IMMEDIATE RED CROSS ASSISTANCE

24 HOURS A DAY

7 DAYS A WEEK

866-526-8300

I. Purpose

The purpose of this Memorandum of Understanding ("MOU") is to define a working relationship between The American Red Cross (hereinafter "Red Cross") and the Office of **Emergency Management, Fort Bend County, Texas** its agencies, and municipalities (hereinafter **Fort Bend County, Texas**), in preparing for and responding to certain disaster situations. This MOU provides the broad framework for cooperation between the Red Cross and **Fort Bend County, Texas** in rendering assistance and service to victims of disaster, as well as other services for which cooperation may be mutually beneficial.

II. Independence of Operations

Each party to this MOU will maintain its own identity in providing service. Each organization is separately responsible for establishing its own policies and procedures and financing its own activities.

III. Disasters Covered by this MOU

The Red Cross provides disaster services pursuant to its Bylaws and other internal policies and procedures as well as its Congressional Charter, codified at Title 36, Sections 300101-300111, of the United States Code (1998). In the Charter, Congress authorized the Red Cross "to carry out a system of national and international relief in time of peace, and apply that system in mitigating the suffering caused by pestilence, famine, fire, floods, and other great national calamities, and to devise and carry out measures for preventing those calamities."

The Red Cross role was reaffirmed in the 1974 Disaster Relief Act (Public Law 93- 288), the 1988 Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 100-707), and the Disaster Mitigation Act of 2000 (Public Law 106-390). The Federal law governing disaster relief, found in Title 42, Chapter 68 of the United States Code, defines "emergencies" and "major disasters" as follows:

"Emergency" means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

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

On a local level, the Red Cross responds to all kinds of disasters, whether or not they are the subject of a presidential declaration. The disasters to which the Red Cross responds include any threatening event of such destructive magnitude and force as to dislocate people, separate family members, damage or destroy homes, or injure or kill people. A disaster produces a range and level of immediate suffering and basic human needs that cannot be promptly or adequately addressed by the affected people and impedes them from initiating and proceeding with their recovery efforts.

Some disasters are natural disasters, such as floods, tornados, hurricanes, typhoons, winter storms, tsunamis, hail storms, thunderstorms, wildfires, windstorms, epidemics, and earthquakes. Human-caused disasters, which may be intentional or unintentional, include residential fires, building collapses, transportation accidents, hazardous materials releases, explosions, and domestic acts of terrorism. All of these are within the Red Cross mission.

IV. Organization of the American Red Cross

The national headquarters of the Red Cross is located in Washington, D.C. National headquarters is responsible for implementing policies and procedures that govern Red Cross activities and providing administrative and technical supervision and guidance to the chartered units, which include chapters and blood services regions. Each chapter has certain authority and responsibility for carrying out Red Cross disaster preparedness and response activities, delivering local Red Cross services, and meeting corporate obligations within the territorial jurisdiction assigned to it. Each chapter is familiar with the hazards of the locality and surveys local resources for personnel, equipment, supplies, transportation, emergency communications, and facilities available for disaster relief. The chapter also formulates cooperative plans and procedures with local government agencies and private organizations for relief activities should a disaster occur. In carrying out their disaster preparedness and response activities, each Community Chapter coordinates with their Regional Chapter for assistance and support. The Regional Chapter coordinates their regional response with the American Red Cross Disaster Operations Center in Washington D.C. which provides immediate technical and logistical support to chapters.

Through its nationwide organization, the Red Cross coordinates its total resources for use in large disasters. Services are provided to those in need regardless of citizenship, race, religion, age, sex, disability or political affiliation. In providing disaster services, the Red Cross follows the Fundamental Principles of the International Red Cross and Red Crescent Movement.

V. American Red Cross Disaster Relief Assistance

Red Cross emergency assistance is designed to minimize the immediate suffering caused by a disaster by providing food, clothing, shelter, first aid, and other assistance to address basic

human needs. Red Cross emergency assistance may be provided either as mass care, individual assistance, or a combination of the two, depending on the victims' needs. Mass care is provided through any combination of three integrated elements: 1) individual or congregate temporary public shelters; (2) fixed or mobile feeding operations, and (3) distribution of relief supplies. Individual assistance is provided to individuals and families through the purchase of needed items and/or services or referrals to other agencies and organizations that offer assistance to disaster victims at no charge. The Red Cross also processes welfare information requests. In addition to emergency assistance, the Red Cross participates in community recovery programs after major disasters.

Red Cross disaster response activities vary depending upon the nature and scope of the required response, as follows:

Mass Casualty Incidents: Mass casualty incidents are usually the result of transportation accidents, fires in high-occupancy structures, industrial accidents or similar disasters. In mass casualty disasters, the Red Cross closely coordinates with the authorities at the scene (including firefighters, police, and government agencies) and representatives of the owner/operator. Depending on the nature and scope of the disaster, the needs of the victims and workers, and the response of the owner/operator, the Red Cross may engage in a number of activities to assist victims, survivors, families of victims or survivors, emergency workers or others. These services include but are not limited to shelter, food, basic first aid, and mental health services.

Aviation Disasters: The Red Cross has a special role in major aviation disasters. Under the provisions of the Aviation Disaster Family Assistance Act of 1996 (P.L. 104-264), airlines, the National Transportation Safety Board (NTSB), and a "designated independent nonprofit organization" were given specific responsibilities with regard to coordinating the emotional care and support of the families of passengers involved in aviation disasters. The NTSB, as part of its Federal Family Assistance Plan for Aviation Disasters, has designated the Red Cross as the organization responsible for Family Care and Mental Health. The Red Cross has accepted this role and has specially trained staff on call on its 'Critical response Team" (CRT) who initiate support within hours of a request from the NTSB for services.

Hazardous Material Situations: When an actual or potential hazardous material situation results in an evacuation, the Red Cross provides emergency mass care until families can return home. If public authorities deem it necessary for families to relocate permanently, the Red Cross works with other community organizations to provide temporary mass care or casework assistance.

The American Red Cross does not provide disaster assistance where government officials or agencies require building evacuation as a result of chronic deferred maintenance, code violations, radon contamination or fire hazards.

Nuclear Facility or Transportation Accidents: In the event of an evacuation due to a nuclear power plant accident or transportation accident involving radioactive materials, the Red Cross provides mass care services for the evacuees and emergency workers. The Red Cross coordinates with public health authorities with respect to health concerns and the possible need for

decontamination, but the Red Cross does not engage in decontamination activities. If the Red Cross is operating evacuation shelters, evacuees and workers must undergo any necessary decontamination before they are admitted to the shelter.

Civil Disorder: Situations involving civil disorder — such as riots or hostage incidents — are not within the usual scope of the Red Cross's disaster relief activities. Nevertheless, when basic human needs are not being met as a result of civil disorder, the Red Cross may participate in community actions to supplement the efforts of civil authorities by providing mass care and other services upon request of appropriate government authorities if Red Cross resources are available. The Red Cross will provide services only in a safe and secure area.

Catastrophic Incident: A catastrophic incident, as defined by the National Response Framework, is any natural or manmade incident, including terrorism that results in extraordinary levels of mass casualties, damage or disruption, and severely affects the population, infrastructure, environment, economy, national morale and/or government functions. A catastrophic incident results in sustained national effects over a prolonged period. In a catastrophic incident, the Red Cross will work closely with appropriate state and local government and non-government partners to provide mass care, including shelter, feeding, first aid, and other assistance to address basic human needs in a safe environment.

Repatriation of U.S. Citizens and Dependents: During the emergency repatriation of U.S. citizens and dependents evacuated from foreign countries during emergencies, the Red Cross will, at designated ports of entry, cooperate with federal, state, local and voluntary agencies involved with their reception, temporary care and onward transportation, to provide shelter, feeding and basic first aid among other services.

Other Events or Situations: In the event of other unforeseen events or situations in which human suffering is involved, the Red Cross will coordinate with appropriate government and non-government partners to provide mass care, including shelter, feeding, first aid, and other assistance to address basic human needs, as resources are available to assist.

VI. Role of Fort Bend County, Texas in Disaster Response Activities

1. Provide guidance and direction for the emergency management program.
2. Take actions to equip and train local emergency responders and officials and to provide appropriate emergency facilities.
3. Declare a local disaster when appropriate. After such declaration, they may issue orders or proclamations invoking specific emergency powers of those granted the Governor in the Texas Disaster Act on an appropriate local scale to respond to and recover from the disaster.

4. Direct the local response to emergency situations using local resources, resources from other jurisdictions covered by mutual aid agreements, and any other on-call emergency resources that the local government may have contracted for.
5. Request external assistance if local resources are inadequate or inappropriate to deal with the emergency situation. The county should be the first source of external assistance for a city. Requests for state assistance should be made by the county judge to the local Disaster District Committee.
6. During emergencies, keeping the public and the local Disaster District Committee informed of the situation.
7. Oversee recovery programs and related hazard mitigation programs after a disaster.

VII. Cooperative Actions

The Red Cross and the State will coordinate in rendering their respective disaster relief activities in the following manner:

1. Maintain close liaison at all levels of both the ARC and **Fort Bend County, Texas** by conferences, meetings, telephone, facsimile, e-mail, and other means. Share current data regarding disasters, disaster declarations, and changes in applicable legislation. Include a representative of the other party in appropriate committees and task forces formed to mitigate, prepare for, respond to, and recover from disasters and other emergencies.
2. Keep each other informed of disaster and emergency situations, the human needs created by the events, and the actions they have taken regarding service delivery to clients.
3. During a disaster the Red Cross will, as appropriate and at the request of **Fort Bend County, Texas**, provides liaison personnel to the **Fort Bend County, Texas** Emergency Operations Center and any district Emergency Operations Centers during a disaster. **Fort Bend County, Texas** will provide space and other required support, such a computer, e-mail access and a designated phone line for the Red Cross liaison personnel assigned to the Fort Bend County Emergency Operations Center.
4. During the time of disaster, keep the public informed of the cooperative efforts through the public information offices of the ARC, **Fort Bend County, Texas**, and the Joint Information Center, if activated.
5. Support the Red Cross in conducting special appeals and campaigns for funds during times of disaster.
6. Allocate the responsibility for joint expenses only in writing and only in advance of any

commitment.

7. Advocate for programs and legislation designed to mitigate disaster damage and loss of life in **Fort Bend County, Texas**
8. Encourage mutual participation and coordination of services to the community.
9. Actively seek to determine other areas/services within the ARC and **Fort Bend County, Texas** where cooperation and support will be mutually beneficial.
10. Use or display the name, emblem, or trade marks of the ARC or **Fort Bend County, Texas** only in the case of defined projects and only with the prior express written consent of the other organization.
11. Make training, educational and other developmental opportunities available to the other party's personnel and explore joint training and exercises. Encourage all staff and volunteers to engage in training and exercises, as appropriate.
12. Explore opportunities for collaboration to provide Community Disaster Education ("CDE") within **Fort Bend County, Texas**. Cooperative efforts could include distributing CDE materials to targeted populations within the community, preparing volunteers as CDE presenters, or jointly developing and implementing CDE plans.
13. Allow the use of each other's facilities, as available and if agreed upon in writing, prior to the event for the purpose of preparedness training, meetings and response and recovery activities.
14. Widely distribute this MOU within the ARC's and **Fort Bend County, Texas** departments and administrative offices and urge full cooperation.

VIII. Periodic Review

The parties will, on an annual basis, on or around the anniversary date of this MOU, jointly evaluate their progress in implementing this MOU and revise and develop new plans or goals as appropriate.

IX. Term and Termination.

This MOU is effective as of October 25, 2017 the date signed by the last party hereto. It expires on October 25, 2022. Six months prior to expiration, the parties will meet to review the progress and success of the cooperative effort. In connection with such review, the parties may decide to

extend this MOU for an additional period not exceeding five years, and if so shall confirm this in a signed writing. This MOU may be terminated by written notification from either party to the other at any time and for any reason or for no reason.

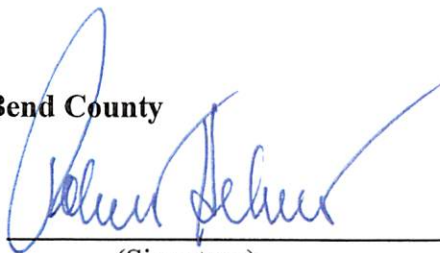
X. Miscellaneous

This MOU does not create a partnership or a joint venture. Neither party has the authority to bind the other to any obligation. It is not intended that this MOU be enforceable as a matter of law in any court or dispute resolution forum. The sole remedy for non-performance under this MOU shall be termination, with no damages or penalty. **This MOU is not a contract.**

Signature page follows.

Fort Bend County

By:



(Signature)

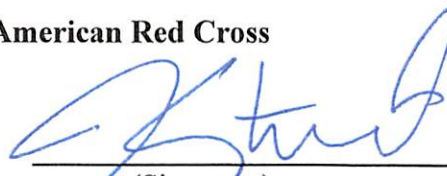
Name: **Robert Hebert**

Title: **County Judge**

Date: October 24, 2017

The American Red Cross

By:



(Signature)

Name: **Jeff Stewart**

Title: **Disaster Program Manager**

Date: 11 Oct 2017