

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR COLUMBIA COUNTY, OREGON**

In the Matter of Adopting the Columbia)
County Mass Care and Sheltering Plan)

Order No. 43-2024

WHEREAS, the Columbia County Emergency Management Director has worked with Coordinated Consulting Services, LLC to develop and prepare a Mass Care and Sheltering Plan ("Plan"), including conducting stakeholder meetings and testing the Plan through a tabletop exercise; and

WHEREAS, County Departments and the Columbia County Homeland Security Emergency Management Committee have reviewed the proposed Plan and the same is ready for adoption;

NOW, THEREFORE, IT IS HEREBY ORDERED as follows:

1. The Board of County Commissioners hereby adopts the Mass Care and Sheltering Plan, attached hereto as "Exhibit 1" and incorporated herein by this reference.
2. "Exhibit 1" supersedes any previously adopted Mass Care and Sheltering Plan, including any and all amendments thereto.

DATED this 4th day of September, 2024.

**BOARD OF COUNTY COMMISSIONERS
FOR COLUMBIA COUNTY, OREGON**

By: [Signature]
Casey Garrett, Chair

By: [Signature]
Kellie Jo Smith, Commissioner

By: [Signature]
Margaret Magruder, Commissioner

Approved as to form

By: [Signature]
Office of County Counsel

Columbia County Department of Emergency Management

Mass Care and Sheltering Plan

July 2024



Prepared By:



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1. Introduction

Purpose

The purpose of this Mass Care and Sheltering ESF-6 Plan is to effectively coordinate and provide emergency assistance and services to individuals displaced by a disaster or emergency situation. This plan includes provisions for sheltering, mass feeding, and other human services to affected populations. It helps ensure that necessary resources and support are available to help those in need during and after an emergency or disaster.

Scope

This Plan applies to all types of emergencies and disasters, both natural and human-caused, within the borders of Columbia County. It also applies to emergencies and disasters occurring outside of Columbia County that cause displaced persons to seek shelter or other mass care related services within Columbia County borders. This plan applies to the whole community including individuals with disabilities and other access and functional needs (DAFN) and vulnerable populations.

Relationship to Whole Community

The Federal Emergency Management Administration (FEMA)'s *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters* offers guidance that assists shelter planners in understanding the requirements related to sheltering people with disabilities and other access and functional needs. This guidance is intended to be used with shelter standard operating procedures (SOPs) to ensure equal benefit to the whole population in general populations shelters. It includes the legal foundation for the guidance, specific legal authorities, and references and key considerations for shelter planning, operations and recovery.

Shelter planners must consider the whole community, including meeting the needs of people with DAFN. Specifically, planners must ensure that people with access and functional needs are integrated into general population shelters. This requires ongoing collaboration and coordination with various agencies and organizations who provide services, supplies, and advocacy for these populations. The following list was developed in alignment with the definition of individuals who may need additional response assistance as presented by the Secretary of Health and Human Services and within the Pandemic and All-Hazards Preparedness

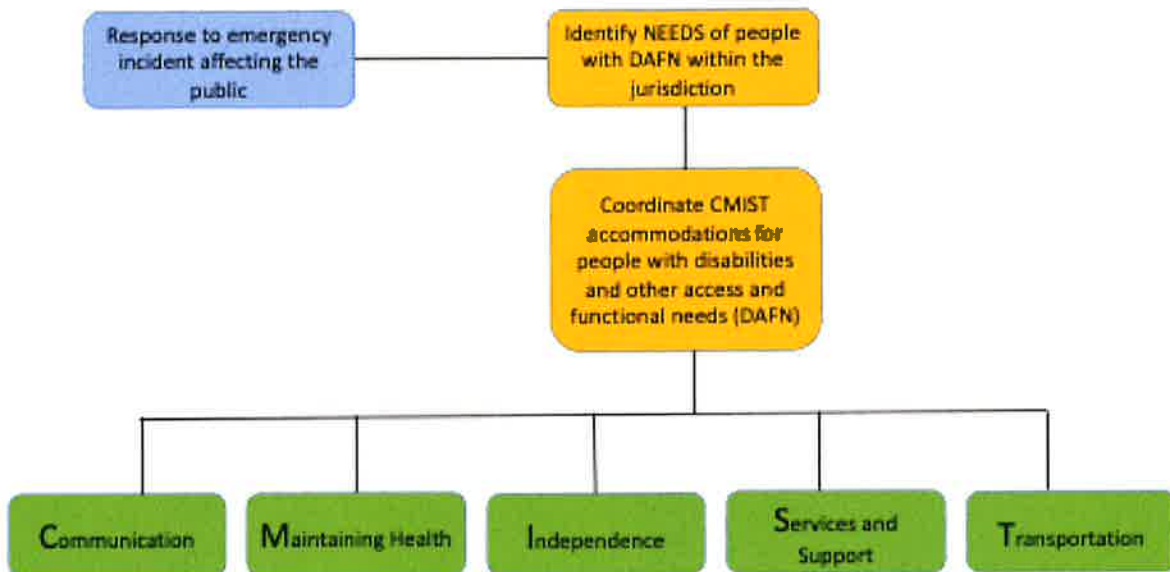
Act (PAHPA), 42 § U.S.C. 300hh-16. People with Disabilities and other Access and Functional Needs (DAFN) include those who:

- Have limited ability to speak, see, hear, or comprehend
- Use American Sign Language (ASL)
- Have limited English Proficiency (LEP) or are non-English speaking
- Have developmental, intellectual, sensory, or physical disabilities
- Are currently injured or under medical care
- Have chronic health conditions, including mental illness
- Have pharmacological dependencies
- Are pregnant
- Are older adults or children
- Rely on electricity-dependent medical equipment
- Are low-income
- Are homeless
- Live in institutional settings
- Are transportation disadvantaged

One planning model that has been designed to assist emergency planners in this work is the CMIST Framework. CMIST provides a flexible framework for emergency planning and response that addresses the needs of individuals rather than their diagnoses or labels, emphasizing the “person first” paradigm. The CMIST (Communication, Maintaining Health, Independence, Services and Support, and Transportation) framework addresses the needs of people who may need additional assistance during emergency responses through functional support and services.

Figure 1 illustrates the CMIST framework and the coordination process with community agencies to meet the needs of the population during an emergency response. Appendix I of this plan includes a *Quick Reference CMIST Sheltering Considerations* document that includes definitions of the CMIST categories of need, types of needs and people who may present at shelters, technology, tools, and services, and potential partner organizations.

Figure 1: CMIST Framework



Below is an explanation of CMIST resource categories. The list of resources under each CMIST category is not intended to be exhaustive but is intended to provide examples of the types of resources that may be available to meet the needs of people who may be considered at-risk. Additional resources may be available locally, through MOUs, or through state and federal sources.

- **Communication:**

Individuals with communication needs may:

- Speak American Sign Language (ASL)
- Have limited English proficiency (LEP)
- Use braille print
- Use other auxiliary aids and devices to communicate or navigate their environment
- Have limited ability to hear announcements, see signs, understand messages, or verbalize their concerns

- **Maintaining Health: Individuals requiring assistance with maintaining health may require:**

- Specific medications, supplies, or services

- Durable medical equipment (DME)
 - Electricity for life-maintaining equipment
 - Breastfeeding and infant/childcare, or nutrition
 - Personal Assistance Services (or personal care assistance) in maintaining their activities of daily living such as eating, dressing, grooming, transferring, and toileting
- **Independence:** Individuals who have needs related to maintaining their independence may function independently if they have their assistive devices, such as:
 - Consumable medical supplies (e.g., diapers, formula, bandages, ostomy supplies)
 - Vision and communication aids
 - Durable medical equipment (e.g., wheelchairs, walkers, scooters); and/or service animals

When relocating adults with disabilities to medical care settings and when discharging them home or into the community, it is crucial to ensure continuity of access to necessary mobility devices or assistive technology, vision and communication aids, and services animals that assist the individual in maintaining their independence.

- **Services and Support: Individuals with Services and Support needs may:**
 - Experience higher levels of distress and need support for anxiety, psychological, or behavioral health needs, including conditions such as dementia, Alzheimer's disease, schizophrenia, other mental illness.
 - Require a trauma-informed approach or support for personal safety, health, and welfare post-discharge
 - Need additional personal care assistance
 - Be pregnant, nursing mothers
 - Be infants or children

Early identification and planning for AFN can help to reduce the negative impacts of a public health emergency on individuals' self-determination and general well-being. Some people may have lost caregiver assistance during a hospital stay and require additional support post-discharge; some individuals may find it difficult to cope in a new or strange environment or have difficulty understanding or remembering; and some individuals may have experienced trauma or be victims of abuse.

- **Transportation:** Individuals with transportation needs may:
 - Lack access to personal transportation

- Be unable to drive due to decreased or impaired mobility that may come with age and/or disability, temporary conditions, injury, addiction, legal restriction
- Not have access to a vehicle
- Need transportation options in some communities as individuals may be inhibited from accessing services and staying connected
- Require coordination to ensure access to mass transit and accessible vehicles such as paratransit service

2. Situation and Assumptions

Situation

The following section is divided up into general, sheltering, feeding, and human services considerations.

General

- There are multiple identified hazards that would require a mass care response in Columbia County including wildfire, extreme weather, earthquake, and flooding.
- The type of mass care assistance needed will vary depending on the situation. The population affected could range from very few in an isolated event, to large numbers if the incident impacts a highly populated area in the county or neighboring jurisdiction.
- The American Red Cross (ARC) supports shelter operations for counties by providing temporary shelter, food, clothing, and other basic necessities to individuals and families affected by disasters or emergencies.
- ARC works closely with local officials and community partners to set up shelters quickly and efficiently, ensuring that those in need have a safe place to stay during crises.
- ARC offers disaster mental health services, health and medical services, and recovery assistance to help individuals and communities rebuild and recover after a disaster.
- Supplies and equipment needed to support a mass care response (e.g., blankets, cots, water, food, etc.) may be provided by ARC, the Salvation Army, and other volunteer organizations active in disasters (VOADs) as available and appropriate.
- Private sector and local government resources may also be used to augment local VOAD capabilities.
- If mass care needs exceed the capability of local and regional resources, assistance with staffing, feeding, and supplies may be provided by the state and federal government.
- According to 2020 Census data, there are 52,589 residents in Columbia County with 21,697 households.

- According to the data, 16.6% of Columbia County residents have a disability with 5.9% reporting hearing difficulty, 2.4% reporting vision difficulty, 7.7% with cognitive difficulty, 8.4 with ambulatory difficulty, 3.9 with self-care difficulty, and 7.4 with independent living difficulty. These rates are somewhat higher than the statewide average, which illustrates the need for coordinating resources for individuals with DAFN during mass care operations.
- Approximately 95.7 percent of residents report speaking English at home with 2.8% speaking Spanish and less than 2.0% speaking other languages. Despite the fact that these percentages are substantially lower than the state average, translation and interpreting services will need to be available during mass care operations.

Sheltering

- Columbia County is served by the Northwest Oregon Chapter of the ARC, which has the greatest capability in the area for sheltering people affected by disasters. In most instances, the ARC will be the primary external organization supporting the opening and management of shelters in the county.
- ARC has identified and maintains agreements with multiple facilities in Columbia County that could be used as mass care shelters.
- ARC maintains two trailers in Columbia County (Clatskanie and Vernonia) with 50 cots and 100 blankets each.

Feeding

- ARC can provide a variety of mass feeding options in Columbia County. The Northwest Oregon Chapter of the ARC has agreements in the region for food services in support of shelters.
- The Northwest Oregon Chapter has vehicles that can be used for mobile feeding.

Human Services

- ARC, the Salvation Army, other VOADs, and governmental agencies will need to work together to provide human services during mass care operations.
- Human Services may include any unmet disaster-caused needs including supplemental nutrition assistance, crisis counseling, disaster case management, disaster legal services, disaster unemployment.

Planning Assumptions

The following section is divided up into general, sheltering, feeding, and human services planning assumptions.

General

- During a disaster, families and individuals may be unable to provide their own shelter, food, water, clothing, and basic medical needs.
- Family members may become separated and unable to locate each other during a disaster. This may result in unaccompanied minors who will need assistance finding their family members (family reunification).
- It will likely be difficult to estimate the mass care and sheltering needs of the population.
- Some displaced individuals will not have the ability, information, or resources to remain independent. As a result, government agencies and VOADs will need to provide basic mass care services (shelter, feeding, hydration) and other human services.
- ARC Northwest Oregon Chapter, the Salvation Army, and other VOADs are ready to assist with mass care and human services operations.
- There may be situations where Columbia County will provide mass care and sheltering support for families and individuals who have been affected by disasters in other jurisdictions.
- Local resources are available to meet most sheltering, mass feeding, hydration, human services, and animal care requirements.
- Major disasters may exceed local capabilities and/or exhaust local resources, in which case the state and federal government will provide assistance.
- People requiring shelter services may include individuals under judicial or administrative orders limiting their freedom of movement, such as sex offenders and parolees.
- People with DAFN at shelters include those who do not need medical support but will require support to access services or function independently in a new environment.
- People with DAFN at shelters include those in home or congregate settings and their caregivers.
- There may be a major surge in donations and spontaneous volunteers, which may require significant resources to manage.

Sheltering

- Depending on the type of disaster and areas impacted, it is estimated that 15-25% of the dislocated population will seek shelter at general population shelters.

- Most displaced people will stay with family or friends or go to a hotel instead of staying at a public shelter. The majority of displaced people may initially be self-sufficient. However, as the duration of the disaster progresses, more people will seek assistance.
- Some pre-identified shelter locations will be available during the initial stages of a disaster, with additional pre-identified shelters becoming available at a later date.
- The type of emergency shelter provided may vary based on the disaster type. Ideally, shelters will have access to food, water, cots, blankets, first-aid supplies, etc.
- In some scenarios a shelter may only provide protection from the elements and/or be used as a temporary shelter of last resort.

Feeding

- Emergency or disaster conditions may restrict the ability of suppliers to deploy mobile or fixed feeding equipment to the impacted area.
- The disaster might prevent people from getting to the food supply and may require alternate feeding solutions.
- Food options will need to account for dietary restrictions or preferences among the shelter population, such as allergies, cultural considerations, or medically necessary or religious dietary requirements.
- The county health department may perform inspections of food services at shelter locations to help ensure food safety. This includes food storage, preparation, and serving practices.

Human Services

- Displaced persons may require assistance gaining access to medical and public health services including basic medical care, first aid, and access to necessary medications.
- Mental health and psychosocial support may include facilitating counseling and emotional support to individuals experiencing trauma or stress.
- Family reunification services may include assisting in reconnecting separated family members and loved ones.
- Social services may include helping with access to information, referrals, and assistance with benefits and resources.
- Childcare and education services may include providing a safe environment for children and ensuring their educational needs are addressed.
- Language and cultural support services may include offering translation services and addressing cultural considerations to ensure effective communication and support for all shelter residents.

3. Concept of Operations

As documented in the *Columbia County Basic Emergency Operations Plan (EOC)*, the county will utilize the Incident Command System (ICS) to coordinate inter-agency command and control functions across organizations and jurisdictions. Columbia County Department of Emergency Management is the primary local agency for ESF-6 Mass Care and will work with the coordinating and supporting agencies outlined in this plan to fulfill the ESF-6 mission.

During a response requiring mass care operations, it is presumed that the County Emergency Operations Center (EOC) will be activated and that the ESF-6 Team will be in place under the Operations Coordination Section along with other required ESFs.

The mission of the ESF-6 Team is to ensure the provision of mass care required to meet the needs generated by a disaster affecting Columbia County. The ESF-6 Team will orchestrate the countywide coordination required to fulfill this mission. The following steps (1 - 10) provide an overview of the basic actions required to activate and operate a mass care shelter. FEMA's *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters, 2010* provides specific considerations for each phase of shelter planning, including shelter set-up, shelter operations, and transition/recovery. This document provides guidance, tools, examples of resources, stakeholders and other specific guidance designed to assist shelter planners in ensuring all members of the community, with or without disabilities and other access and functional needs, are integrated into general population shelters.

Please see the Roles and Responsibilities section of this plan for a detailed list of responsibilities for each of the primary, coordinating, and supporting agencies. Steps 1 - 10 include:

1. Assessment and Planning
 - a. Conduct a needs assessment to determine the scope of the emergency and the requirements of the affected population.
 - b. Identify potential shelter locations based on proximity to the impacted area, accessibility, capacity, and available resources.
 - c. Develop a sheltering plan outlining roles, responsibilities, and procedures for setting up and managing the shelter.
2. Coordination and Communication
 - a. Establish communication channels with VOADs, community partners, other government agencies, joint information system, and media partners.
 - b. Coordinate with ESF-1 Transportation to facilitate the movement of evacuees to the shelter as required.

- c. Inform the public about shelter locations, availability, and registration procedures through various communication channels in conjunction with ESF-15 Public Information.
3. Site Selection and Preparation
 - a. Select a suitable facility that meets safety, accessibility, and capacity requirements for sheltering evacuees.
 - b. Set up the shelter layout, including sleeping areas, sanitation facilities, dining areas, medical stations, and administrative areas.
 - c. Ensure the facility meets safety and accessibility standards, including compliance with fire codes and Americans with Disabilities Act (ADA) regulations.
4. Resource and Staffing
 - a. Work with VOADs and other response partners to acquire necessary resources such as cots, bedding, blankets, hygiene kits, food, water, and medical supplies.
 - b. Recruit and train shelter staff and volunteers to assist with registration, security, logistics, medical services, and other essential functions.
 - c. Establish procedures for managing donations, inventory, and distribution of resources within the shelter.
5. Registration and Intake Procedures
 - a. Set up registration areas to document evacuee information, including names, contact details, medical needs, and special requirements.
 - b. Conduct health screenings to assess the well-being of evacuees and identify any immediate medical needs.
 - c. Assign sleeping accommodations and provide orientation to evacuees on shelter rules, services, and available resources.
6. Security and Safety Measures
 - a. Implement safety and security protocols to protect evacuees, staff, and shelter facilities.
 - b. Establish procedures for managing access control, monitoring activities within the shelter, and addressing potential safety concerns.
 - c. Coordinate with local law enforcement for additional security support if needed.
7. Services and Support
 - a. Provide essential services such as meals, water, sanitation facilities, medical assistance, mental health support, and access to information.
 - b. Establish family reunification services to help evacuees locate missing loved ones and receive support in reuniting with family members.
 - c. Offer cultural and spiritual support services to address the emotional and psychological needs of evacuees.
8. Documentation and Reporting

- a. Maintain accurate records of shelter operations, including evacuee demographics, services provided, volunteer hours, and resource utilization.
 - b. Establish reporting mechanisms to track shelter capacity, needs, issues, and outcomes for coordination with emergency management authorities.
9. Continuity of Operations
- a. Develop plans for managing the shelter operations over an extended duration, including shift schedules, rest areas for staff, and transitional housing options.
 - b. Establish procedures for transitioning evacuees from the shelter to more permanent housing solutions as the emergency situation resolves.
10. Evaluation and Improvement
- a. Conduct debriefing sessions with staff, volunteers, and partners to evaluate the effectiveness of shelter operations.
 - b. Document strengths, lessons learned, challenges faced, and areas for improvement in an After Action Report and Improvement Plan (AAR/IP) to enhance preparedness for future sheltering operations.
 - c. Update this document based on feedback, recommendations, and best practices identified during mass care operations.

By following these key steps in setting up and operating a mass care shelter, the Columbia County ESF-6 Team, VOADs, and other partners can help ensure a well-organized, safe, and supportive environment for individuals seeking refuge during times of crisis.

Shelter Organizational Structure

The ARC follows a structured organizational model when setting up and managing shelters during disasters or emergencies. It is assumed that ARC staff from the Northwest Oregon Chapter or surrounding areas would be brought in to fill these roles or others as needed. It may also be the case that non-ARC personnel or volunteers receive just-in-time training to fill these roles during mass care operations. The organizational structure of an ARC shelter may include the following key positions and roles.

- **Shelter Manager**
 - Coordinates with the County EOC through the Operations Coordination Section and the ESF-6 Team.
 - Oversees the overall operations of the shelter and ensures that all activities are conducted in line with Red Cross guidelines and standards.
 - Responsible for ensuring the safety, security, and well-being of shelter residents and staff.

- Shelter Supervisor
 - Assists the Shelter Manager in coordinating and supervising shelter operations.
 - Manages staff and volunteers assigned to specific roles within the shelter.

- Client Casework Supervisor
 - Coordinates client intake, registration, and provides assistance to shelter residents in meeting their immediate needs.
 - Works closely with shelter residents to ensure they have necessary resources and support.

- Health Services Supervisor
 - Oversees the provision of basic healthcare services within the shelter, including first aid, medication distribution, and mental health support.
 - Coordinates with external healthcare partners as needed.

- Mental Health Supervisor
 - Facilitates the provision of mental health support services to shelter residents experiencing emotional distress.
 - May offers counseling, emotional support, and crisis intervention as needed.

- Disaster Services Technology (DST) Supervisor
 - Coordinates technology and communication services within the shelter, including maintaining communication equipment and systems with ESF-2 Communications.
 - Supports data management, registration, and information sharing among shelter staff.

- Logistics Supervisor
 - Manages the logistics and supply chain operations within the shelter, including inventory management, distribution of resources, and facility maintenance in coordination with ESF-7 Resource Support
 - Liaises with external partners for additional resource support.

- Volunteer Coordinator
 - Recruits, trains, and supervises volunteers for various roles within the shelter in coordination with ESF-15 Volunteers and Donations.

- Ensures that volunteers are effectively utilized and supported in their responsibilities.
- Security Supervisor
 - Coordinates security measures within the shelter to ensure the safety of residents and staff with ESF-16 Law Enforcement
 - Monitors access control, enforces shelter rules, and addresses any security concerns.
- Public Affairs/Public Information Officer (PA/PIO)
 - Coordinates with the Joint Information System/Center if activated and ESF-14 Public Information.
 - Handles external communications, interacts with media outlets, and facilitates public information releases related to the shelter operations.
 - Crafts messaging, updates the public and stakeholders on shelter activities, services, and needs.

This structured organizational model helps ARC efficiently manage shelter operations, provide essential services to shelter residents, and ensure a safe and supportive environment during disaster response. Each position plays a vital role in the overall functioning of the shelter and contributes to the ARC mission of providing assistance to individuals and communities in times of need.

Shelter Activation

During the summer months, the EOC is typically at Level 3 (three) activation during which shelter activation procedures may be initiated, including notification of the ARC. The ARC is always at Level 1 Evacuation Readiness during the summer. At Level 2 (two), the EOC may notify public health for mass care and shelter support when necessary. As described in the *Columbia County Basic EOP*, under the EOC Activation Authority section, a shelter may also be activated during a Level 1 Emergency, which is an incident that exceeds the County's normal response capabilities. When the EOC goes to level 1 (one) activation, there will be a disaster declaration and public health will always be notified to support mass care and sheltering operations.

Service Animals in Shelters

Service animals play a crucial role in providing assistance and support to individuals with DAFN. When it comes to accommodating service animals in shelters, it is important for emergency

management organizations, shelters, and staff to be aware of and comply with the Americans with Disabilities Act (ADA) guidelines. Here are some key considerations regarding service animals in shelters:

Definition of Service Animals: According to the ADA, service animals are defined as dogs that are individually trained to perform tasks for people with disabilities. Service animals are not considered pets and are allowed to accompany their handlers in all areas where the public is normally allowed.

Types of Service Animals: While dogs are the most common type of service animal, other animals such as miniature horses can also qualify as service animals under specific circumstances.

Accommodation and Access: Individuals with disabilities who rely on service animals must be allowed to bring their service animals into emergency shelters, regardless of pet policies. Shelters cannot exclude service animals or segregate individuals with disabilities and their service animals from other shelter residents.

Responsibilities of Service Animal Handlers: Service animal handlers are responsible for the care, supervision, and behavior of their service animals while in the shelter. Handlers must ensure that their service animals are under control, well-behaved, and do not pose a threat to others in the shelter.

Identification and Verification: Shelters may ask service animal handlers to provide documentation of their disability and the service animal's training, but they cannot require demonstration of the task the animal performs. Service animals do not need to wear special vests or badges to be recognized as service animals.

Accommodations for Service Animals: Shelters should provide appropriate accommodations for service animals, including a designated area for relieving the animal, access to water and food, and a safe resting place for the animal and handler. Shelters may need to make reasonable modifications to policies and procedures to accommodate the needs of service animal handlers. If a service animal has been separated from its handler, shelter staff should take measures to reunify the animal with its handler immediately.

Training and Preparedness: Shelter staff and volunteers should receive training on ADA requirements related to service animals and understand how to interact with service animals and their handlers respectfully. Emergency plans and procedures should include provisions for accommodating service animals and ensuring their safety and well-being during shelter operations.

By adhering to ADA guidelines and understanding the importance of accommodating service animals in shelters, emergency management organizations can ensure that individuals with disabilities who rely on service animals receive the support and assistance they need during emergencies and disasters.

Sheltering Animals

To the extent possible, efforts will be made to utilize shelter facilities that allow for pet and owner co-location or close proximity sheltering capabilities. The table below provides the number of households by animal type for households in Columbia County. This information can be used during a mass care response to estimate the number of households with animals that might require shelter. Additional estimations will be required to determine potential numbers and types of animals. Pets will likely be sheltered along with their owners. Horses and cattle will need to be sheltered separately in conjunction with ESF-17 (Agriculture and Animal Protection) partners at the County Fairgrounds.

Table 1: Animals per Household in Columbia County

| Animal | Percent of Households with Pet | Number of Housing Units in County | Estimated Households |
|------------------|--------------------------------|-----------------------------------|----------------------|
| Dogs* | 63.0 % | 22,377 | 14,098 |
| Cats* | 42.0 % | 22,377 | 9,398 |
| Freshwater Fish* | 11.0 % | 22,377 | 2,461 |
| Bird* | 5.0 % | 22,377 | 1,119 |
| Small Animal* | 5.0 % | 22,377 | 1,119 |
| Reptiles* | 4.5 % | 22,377 | 1,007 |
| Horses* | 2.0 % | 22,377 | 448 |
| Cattle** | 0.8 % | 22,377 | 179 |

*Source: As of 2019-2020, the American Pet Products Association (APPA) reported the following statistics regarding pet ownership in the United States

**Source: United States Department of Agriculture (USDA) National Agricultural Statistics Service, approximately 0.8% of U.S. households own cattle.

Volunteer and Donations Management

Volunteer and donations management will be overseen by the Columbia County Department of Emergency Management in coordination with VOADs See ESF-15 Volunteers and Donations in the Columbia County EOP for more information. Ideally, volunteer coordination and donations management should occur at a separate facility. Public messages about acceptable donations will be required and will necessitate coordination with ESF-14 Public Information.

Resident Evacuation

There are several emergency situations that might require Columbia County residents to re-locate or “evacuate” to a safe area. Small-scale, localized evacuations might be needed because of flooding, hazardous materials accident, major structure fire, wildfire, or transportation accident. Mass evacuation could be required in the event of dam failure or other major flood events. Additionally, evacuation planning is necessitated for site specific hazards such as chemical facilities.

All residents should be familiar with the hazards and corresponding safe areas in their community. Additionally, should a resident decide it is in their best interest to evacuate voluntarily, they should know the primary and alternate routes available.

Only law enforcement, after a disaster declaration, has the authority to order a mandatory evacuation of an area. If such an order is issued, it will generally be followed by instructions about safe routes to use.

Primary Evacuation Routes

There are five major highways and one major railroad in Columbia County.

- The railroad is mainly a north and south arterial near the Columbia River.
- Three highway systems are mainly north and south arterials (30, Apiary Rd., 47).
- Two highways (202, Scappoose Vernonia Road (SV)) are mainly east-west routes.
- Routes west of Hwy 30 could be restricted by landslides/washouts especially along the entire length of SV Road and the northern part of 47. Highway 30 between Rainier and Deer Island is highly subject to slides.
- The Crown Zellerbach Trail parallels most of the SV Road and is the alternate route the County may open if the SV Road is blocked.
- Routes will be selected by immediate needs and expediency.
- Evacuation routes must be heavily policed and disciplined.
- Any blockages of traffic patterns will be cleared by any means necessary to insure normal traffic flow.

- If at all possible, two-way traffic will be maintained on all evacuation routes to allow continued access for emergency vehicles.
- Traffic control devices such as signs and barricades will be provided by the Public Works Department.

Designating Evacuation Routes

It is anticipated that the primary evacuation mode will be in private vehicles. Actual evacuation movement efforts will be controlled by the law enforcement agencies involved.

- Evacuation routes will be selected by law enforcement officials and approved by the Incident Commander at the time of the evacuation decision “Critical Routes” maps should be utilized, if available). Movement instructions will be part of the warning and subsequent public information releases.
- Providing routes for evacuees from cities or other counties passing through to predesignated relocation areas will need to be a coordinated effort with local and state agencies.

Basic County Evacuation Assumptions

- Evacuating hazardous areas is the most effective action for protecting people in many disaster or disaster-threat situations.
- It is assumed that the public will receive and understand official information related to evacuation. Most of the public will act in its own interest and evacuate dangerous areas when advised to do so by local government authorities.
- Some disaster events are slow-moving and provide ample reaction time. The worst-case assumption is that there will be little or no warning of the need to evacuate, and it may be necessary day or night.
- There may not be time to obtain manpower support from outside resources. Local government resources could be severely stressed, particularly on-duty police and fire personnel.
- Shelter facilities and food will need to be provided for evacuees although many may seek shelter with relatives and friends or motels rather than use designated shelter facilities which will normally be provided by the Red Cross. The Columbia County Fairgrounds is a designated County Shelter.
- Most evacuees will use private transportation means; however, transportation may need to be provided for some evacuees.

Appendix D includes a series of evacuation maps that provide an overview of primary and alternate routes in the County. In some instances, bypass routes, such as the Crown Zellerbach Trail, may be used to avoid a hazard. Because unusual routing may be necessary during an evacuation, it is necessary to pay close attention to temporary signs or workers at intersections guiding people to the correct path. For a more thorough description of Columbia County's evacuation strategy, see the *Evacuation Management Support Annex* in the *Columbia County Basic EOP*.

Shelter Communications

Communications for mass care operations will be conducted according to procedures contained in the Columbia County EOP (see ESF-2 Communications Annex for more information). This includes ensuring that the ESF-6 Team and shelter staff have the equipment, systems, and connectivity required to communicate with the County EOC and other response partners during mass care operations. Columbia County Department of Emergency Management, Columbia County ARES, along with other primary, and secondary agencies will all play an important role in establishing and maintaining communications.

Public information and warning will also be conducted in accordance with the EOP, specifically ESF-14 Public Information. It will be especially important to develop and disseminate information that is accessible for individuals with DAFN and lesser English proficiency populations. The ESF-6 Team will need to work with EOC staff and the Joint Information System/Center (if activated for the response) to ensure that messages are developed in formats that are appropriate for individuals with vision and hearing impairments and in commonly spoken languages other than English. It is also imperative that messages are written at a 5th grade reading level to ensure that they are easily comprehensible for individuals at most reading levels, and that instructions are easy to follow during times of stress.

Shelter communications (i.e., communications systems and equipment for shelter occupants and other displaced persons at the mass care site) will be facilitated by ESF-2 Communications and ESF-7 Resource Support. This may include the provision of phones (either landline or cellular), charging stations, Internet access, and amateur radio operators (if traditional communication systems are not available). Additional resources may need to be made available for individuals with visual and hearing impairments (pocket talker, braille format documents).

Transportation

- Columbia County Department of Emergency Management will partner with ESF 1 Transportation to coordinate the movement of people, equipment, and supplies. They

will coordinate local access to facilities such as banks, health care facilities, pharmacies, faith-based facilities, schools, points of distribution (PODs), and post offices.

- Columbia County Department of Emergency Management will coordinate with ESF 1 to assist displaced persons with travel to mass care facilities or reception centers.
- The Crown Zellerbach Trail and other evacuation routes may be used to support transportation to shelter sites across the County (see the Columbia County *Memorandum of Understanding, Emergency Transportation Route* for more information). Maps of primary and alternate evacuation routes are provided in Appendix D.

4. Roles and Responsibilities

Table 2. ESF-6 Team

| Emergency Operations Center (EOC) ESF-6 Team | |
|--|---|
| Primary Agency | <ul style="list-style-type: none"> ● Columbia County Department of Emergency Management |
| Coordinator Agencies | <ul style="list-style-type: none"> ● Columbia County Public Health Department, including Environmental Health (ESF-8) ● American Red Cross (ARC) (ESF-6) |
| Secondary Agencies | <ul style="list-style-type: none"> ● Columbia County Community Emergency Response Team (CERT) ● Columbia Board of County Commissioners (BOCC) ● Columbia County Fair Board ● Columbia County Fire Defense Board (ESF-4) ● Columbia County Fire Districts (ESF-4) ● Columbia County Homeland Security and Emergency Management Commission ● Columbia County Land Use and Development ● Columbia County Non-Governmental Organizations (NGOs) such as VOAD, religious organizations, Columbia County Grange, Community Action Team, senior centers, and sports camps ● Columbia County Board of County Commissioners (BOCC) Office (Public Information Officer) (ESF-14) ● Columbia County Sheriff's Office (ESF-16) ● Oregon Department of Health Services (ODHS), Office of Resilience and Emergency Management (OREM) ● Regional Disaster Preparedness Organization (RDPO) |
| Core Capabilities | <p>Mass Care Services</p> <p>Mission Area: Response</p> |

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| | <p>Description: Provide life-sustaining services to the affected population with a focus on hydration, feeding, and sheltering to those who have the most need, as well as support for reunifying families.</p> <ul style="list-style-type: none"> ● Support local, tribal, territorial, and insular area governments and Nongovernmental Organizations (NGOs) in the coordination and provision of mass care, emergency assistance, temporary housing, and human services resources, programs, and services. ● Provide life-sustaining services to the affected population, including hydration, feeding, and sheltering, as well as support for reunifying families. ● Support the establishment, management, and operation of congregate and non-congregate care facilities. ● Coordinate with local, tribal, territorial, and insular area governments and NGOs to facilitate the return of evacuees to their pre-disaster or alternate locations. ● Develop an initial temporary housing strategy to transition survivors from congregate to non-congregate care alternatives and provide relocation assistance or interim housing solutions for households unable to return to their pre-disaster residence. ● Anticipate and identify current and future ESF-6 requirements in coordination with local, state, tribal, territorial, insular area, and Federal governments, NGOs, and private sector partners. ● Acquire, transport, and deliver ESF-6 resources and services to meet the needs of disaster survivors, including children and individuals with functional and access needs. ● Provide general care for separated/unaccompanied minors until they are placed in the care of appropriate authorities. ● Support nontraditional congregate care facilities ● Provide technical assistance for the development of local, state, tribal, territorial, insular area, federal, NGO, and private sector operational plans for mass care, emergency assistance, temporary housing, and human services. |
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| <p>Preparedness</p> | <ul style="list-style-type: none"> ● Review the ESF-6 Plan annually and update or revise as needed. ● Evaluate regularly the capabilities required to accomplish the ESF-6 mission, identify any gaps, and leverage resources to address them. ● Participate in the resolution of ESF-6 after-action improvement planning. ● Develop and/or participate in ESF-6 related planning, training, and exercise activities at the local, regional, state, and/or federal level. ● Ensure necessary supplements to the ESF-6 Plan are developed and maintained (such as emergency contact lists, shelter lists, resource lists). ● Ensure representatives from the ESF-6 Team agencies are fully trained and prepared to respond. |
| <p>Response</p> | <ul style="list-style-type: none"> ● Establish and maintain operational awareness of mass care through direct communications links with operational units (ARC, OR VOAD, etc.) in the field and/or their appropriate coordinating entities. ● Conduct mass care disaster impact and needs assessments, prioritize ESF-6 operational objectives in alignment with the EOC Incident Action Plan (IAP), and coordinate ESF-6 county-wide response activities. ● Collect and analyze information relevant to ESF-6 and report in Everbridge and EOC documents including Incident Action Plans and Situational Reports. ● Receive, manage, and track resource requests for ESF-6. ● Ensure full coordination of activities with other groups within the EOC to assist in the development and maintenance of a common operating picture. ● Coordinate with ESF-14 Public Information to provide accessible public information for dissemination. |

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| <p>Recovery</p> | <ul style="list-style-type: none"> ● Coordinate the ESF-6 support of recovery activities. ● Coordinate the restoration of ESF-6 resources and/or capabilities for involved agencies as needed. ● Ensure ESF-6 Team participants and/or their agencies provide to Columbia County Department of Emergency Management appropriate records of costs incurred. ● Participate in the ESF-6 after action review. |
| <p>Mitigation</p> | <ul style="list-style-type: none"> ● Identify and implement mitigation activities to prevent or lessen the impact of future incidents. |

Table 3. ESF-6 Coordinator Agency Responsibilities

| Columbia County Public Health Department (ESF-8) | |
|---|--|
| Preparedness | <ul style="list-style-type: none"> ● Ensure each of the preparedness responsibilities identified for the ESF-6 Team are accomplished. ● Maintain an inventory of agency resources. ● Participate in ESF-6 planning, training, and exercise activities. ● Develop and maintain a public health Mass Care plan that includes addressing the resource needs of people with disabilities and other access and functional needs. ● Provide current emergency contact information to Columbia County Department of Emergency Management. |
| Response | <ul style="list-style-type: none"> ● Provide public health mass care support in emergencies/disasters, in accordance with departmental operations guides, plans, and protocols, existing MOUs and agreements, and the ESF-6 Mass Care Plan. ● Coordinate with Columbia County Department of Emergency Management to receive, manage, and track requests for mass care assistance until activation of the ESF-6 Team. ● Provide situational awareness to the Columbia County Department of Emergency Management and Commissioners. ● Ensure each of the ESF-8 public health response responsibilities identified for the ESF-6 Team above) are accomplished regardless of the activation/staffing level of the County EOC. ● Ensure that public health services are available and accessible to disaster survivors and people residing in shelter situations. ● Provide other public health support as per ESF-8. Including working with volunteers and coordinating health information with the Columbia County PIO. ● Provide public health, health care, and behavioral health information and guidance to the Columbia County Joint Information Center and/or Public Information Officer for distribution to the public. ● Provide environmental health and food inspections. ● Conduct disease surveillance and control activities. |

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| | <ul style="list-style-type: none"> ● Arrange for appropriate public health staffing of the ESF-6 Team. |
| Recovery | <ul style="list-style-type: none"> ● Coordinate ESF-6 public health support of recovery activities. ● Coordinate the restoration of ESF-6 public health resources and/or capabilities as needed. ● Ensure ESF-6 Team members provide appropriate records of costs incurred. |
| Mitigation | <ul style="list-style-type: none"> ● Identify and implement mitigation activities to prevent or lessen the impact of future incidents. |
| American Red Cross (ARC) | |
| Preparedness | <ul style="list-style-type: none"> ● Assist with ESF-6 Team preparedness activities. ● Maintain an inventory of agency resources. ● Participate in ESF-6 planning, training, and exercise activities. ● Provide current emergency contact information to Columbia County Department of Emergency Management. |
| Response | <ul style="list-style-type: none"> ● Provide mass care support in emergency/disasters, in accordance with ARC departmental operations guides and protocols, existing MOUs and agreements, and the ESF-6 Mass Care Plan. ● Coordinate response activities with the ESF-6 Team in support of the ESF-6 mission. ● Send agency representatives to the Columbia County EOC when requested. ● Provide safe shelters, water, and food until families can return home. ● Connect loved ones separated after a disaster via services such as Safe and Well. ● Ensure people with disabilities receive the resources they need. ● Build emergency shelters. ● Provide mental health support, including counseling. ● Provide first aid and medical care for people in need. ● Provide guidance, emotional support, and comfort to the community. ● Distribute relief supplies. ● Work with families in developing recovery plans. |

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| Recovery | <ul style="list-style-type: none">● Coordinate the restoration of ARC agency resources and/or capabilities as needed.● Participate in county-wide recovery planning and activities.● Participate in after action reviews. |
| Mitigation | <ul style="list-style-type: none">● Identify and implement mitigation activities to prevent or lessen the impact of future incidents. |

Table 4. ESF 6 Primary Agency Responsibilities

| Columbia County Department of Emergency Management | |
|--|---|
| Preparedness | <ul style="list-style-type: none"> ● Coordinate with partners the review of the ESF-6 Plan annually and update or revise the plan as needed. ● Evaluate regularly the capabilities required to accomplish the ESF-6 mission, identify any gaps, and leverage resources to address them. ● Manage the resolution of ESF-6 after-action improvement planning. ● Develop and/or participate in ESF-6 related planning, training, and exercise activities at the local, regional, state, and/or federal level. ● Ensure necessary supplements to the ESF-6 Plan are developed and maintained (such as emergency contact lists, shelter lists, resource lists). ● Work with supporting agency partners to ensure representatives are fully trained and prepared to respond to the Columbia County EOC. |

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| Response | <ul style="list-style-type: none"> ● Determine the need for a disaster declaration for county and individual assistance. ● Verify county and survivor disaster-related losses for disaster relief purposes. ● Coordinate with ESF-6 partners and the private sector to provide the services listed below. <ul style="list-style-type: none"> ○ Accessible temporary shelters, including congregate, non-congregate, and transitional sheltering ○ Feeding operations ○ Emergency first aid ○ Reunification services ○ Distribution of emergency supplies ○ Rescue ○ Transportation ○ Medical and behavioral health care and assistance ○ Shelter and essential needs of household pets, service animals, and livestock ○ Mass evacuation ○ Support non-medical assistance resource needs of people with disabilities and other access and functional needs in shelter facilities and those who are sheltering-in-place (SIP) ○ Warehousing and distribution of donations ○ Emergency residential roof covering ○ Emergency repair of primary residences damaged as the result of a disaster ● Identify available and physically accessible housing resources and provide this information to survivors. ● Coordinate information with state and federal agencies for disaster relief assistance. ● Provide other needs assistance, such as medical, dental, personal property, funeral, legal, counseling, moving and storage, and other critical needs assistance. |
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| Recovery | <ul style="list-style-type: none">● Coordinate the ESF-6 support of recovery activities.● Coordinate the restoration of ESF-6 resources and/or capabilities for involved agencies as needed.● Ensure the ESF-6 Team participants and/or their agencies provide to the Columbia County Department of Emergency Management appropriate records of costs incurred.● Conduct the ESF-6 after action review. |
| Mitigation | <ul style="list-style-type: none">● Identify and implement mitigation activities to prevent or lessen the impact of future incidents. |

Table 5. ESF-6 Secondary Agency Responsibilities

| Columbia County Community Emergency Response Team (CERT) | |
|---|--|
| Preparedness | <ul style="list-style-type: none"> ● Assist with ESF-6 Team preparedness activities. ● Maintain an inventory of agency resources. ● Participate in ESF-6 planning, training, and exercise activities. ● Provide current emergency contact information to Columbia County Department of Emergency Management. |
| Response | <ul style="list-style-type: none"> ● Provide basic first aid as needed. ● Provide neighborhood support. ● Support local emergency centers and shelters. ● Serve meals as requested. ● Connect disaster survivors to resources. |
| Recovery | <ul style="list-style-type: none"> ● Coordinate the restoration of CERT resources and/or capabilities as needed. ● Participate in county-wide recovery planning and activities. ● Participate in after action reviews. |
| Mitigation | <ul style="list-style-type: none"> ● Identify and implement mitigation activities to prevent or lessen the impact of future incidents. |
| Board of County Commissioners (BOCC) | |
| Preparedness | <ul style="list-style-type: none"> ● Maintain awareness of ESF-6 Team preparedness activities. ● Support Emergency Management and other Columbia County Department resources. |
| Response | <ul style="list-style-type: none"> ● Provide executive and legislative authority and support for Columbia County to assure that the response functions of the county proceed with efficiency, integrity, sound judgment, and best practices. ● Participate in the EOC Policy Group. |
| Recovery | <ul style="list-style-type: none"> ● Provide executive and legislative authority and support for Columbia County recovery activities to assure that the recovery functions of the county proceed with efficiency, integrity, sound judgment, and best practices. |

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| Mitigation | <ul style="list-style-type: none"> ● Identify and implement mitigation activities to prevent or lessen the impact of future incidents. |
| Columbia County Fair Board | |
| Preparedness | <ul style="list-style-type: none"> ● Assist with ESF-6 Team preparedness activities. ● Maintain an inventory of agency resources. ● Provide current emergency contact information to Columbia County Department of Emergency Management. |
| Response | <ul style="list-style-type: none"> ● Oversee the use and maintenance of the Columbia County Fairgrounds for human and animal shelter activities. ● Ensure that access to human and animal shelters are accessible and safe. |
| Recovery | <ul style="list-style-type: none"> ● Oversee recovery and restoration of the Columbia County Fairground facilities following ESF-6 activities. ● Report costs related to ESF-6 to the Columbia County Department of Emergency Management. ● Participate in county-wide recovery planning and activities. ● Participate in after action reviews. |
| Mitigation | <ul style="list-style-type: none"> ● Identify and implement mitigation activities to prevent or lessen the impact of future incidents. |
| Columbia County Fire Defense Board (ESF-4) | |
| Preparedness | <ul style="list-style-type: none"> ● Assist with ESF-6 Team preparedness activities. ● Maintain an inventory of agency resources. ● Participate in ESF-6 planning, training, and exercise activities. ● Provide opportunities for engagement, education, and organization across fire departments and emergency service fields. ● Provide current emergency contact information to Columbia County Department of Emergency Management. |
| Response | <ul style="list-style-type: none"> ● Assist and coordinate fire and EMS information across responding fire districts during response activities as per the ESF-4 Firefighting Annex. ● Provide other Fire Defense Board support as per ESF-4. |

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| Recovery | <ul style="list-style-type: none"> ● Assist and coordinate fire and EMS information across responding fire districts during recovery activities. |
| Mitigation | <ul style="list-style-type: none"> ● Identify and implement mitigation activities to prevent or lessen the impact of future incidents |
| Columbia County Fire Districts - (ESF-4) | |
| Preparedness | <ul style="list-style-type: none"> ● Assist with ESF-6 Team preparedness activities. ● Maintain an inventory of agency resources. ● Participate in ESF-6 planning, training, and exercise activities. ● Provide current emergency contact information to Columbia County Department of Emergency Management. |
| Response | <ul style="list-style-type: none"> ● Provide situational information to the EOC. ● Provide emergency triage and assessments at shelter facilities. ● Provide emergency medical transportation from shelter facilities to healthcare facilities as needed. ● Provide other fire agency support as per ESF-4. |
| Recovery | <ul style="list-style-type: none"> ● Coordinate the restoration of fire and EMS agency resources and capabilities as needed. ● Participate in countywide recovery planning and activities. ● Prepare the documentation required to become eligible for reimbursement as appropriate. ● Participate in after action reviews. |
| Mitigation | <ul style="list-style-type: none"> ● Identify and implement mitigation activities to prevent or lessen the impact of future incidents. |
| Columbia County Homeland Security and Emergency Management Commission | |
| Preparedness | <ul style="list-style-type: none"> ● Assist with ESF-6 Team preparedness activities. ● Prepare for unexpected emergencies and unforeseen situations. ● Participate in ESF-6 planning, training, and exercise activities. ● Work with partners to provide continuity to and coordinate emergency response throughout Columbia County. ● Provide current emergency contact information to Columbia County Department of Emergency Management. |

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| Response | <ul style="list-style-type: none"> ● Advise the Board of County Commissioners and the Columbia County Department of Emergency Management. ● Participate in the EOC Policy Group. |
| Recovery | <ul style="list-style-type: none"> ● Advise the Board of County Commissioners and the Columbia County Department of Emergency Management. ● Participate in the Policy Group. |
| Mitigation | <ul style="list-style-type: none"> ● Identify and implement mitigation activities to prevent or lessen the impact of future incidents. |
| Columbia County Land Use and Development | |
| Preparedness | <ul style="list-style-type: none"> ● Assist with ESF-6 Team preparedness activities. ● Maintain an inventory of agency resources. ● Participate in ESF-6 planning, training, and exercise activities. ● Provide current emergency contact information to Columbia County Department of Emergency Management. |
| Response | <ul style="list-style-type: none"> ● Provide mass care support in emergencies/disasters, in accordance with departmental operations guidelines and protocols, existing MOUs and agreements, and the ESF-6 Mass Care Plan. ● Coordinate response activities with the ESF-6 Team in support of the ESF-6 mission. ● Send agency representatives to the Columbia County EOC when requested. |
| Recovery | <ul style="list-style-type: none"> ● Coordinate the restoration of agency resources and capabilities as needed. ● Participate in countywide recovery planning and activities. ● Prepare the documentation required to become eligible for reimbursement. ● Participate in after action reviews. |

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| Mitigation | <ul style="list-style-type: none"> ● Identify and implement mitigation activities to prevent or lessen the impact of future incidents. |
| Columbia County Non-Governmental Organizations (NGOs) | |
| Preparedness | <ul style="list-style-type: none"> ● Assist with the ESF-6 Team preparedness activities. ● Maintain an inventory of agency resources. ● Participate in ESF-6 planning, training, and exercise activities. ● Provide current emergency contact information to Columbia County Department of Emergency Management. |
| Response | <ul style="list-style-type: none"> ● Provide mass care support in emergencies/disasters, in accordance with organizational guidelines and protocols, existing MOUs and agreements, and the ESF-6 Mass Care Plan. ● Coordinate response activities with the ESF-6 Team in support of the ESF-6 mission. ● Facilitate utility restoration in areas with shelter facilities (People’s Utility District (PUD)). ● Facilitate support for people temporarily residing in shelters (e.g., Community Action Team (CAT)). ● Send organizational representatives to shelter facilities’ ESF-6 Team, when requested. |
| Recovery | <ul style="list-style-type: none"> ● Coordinate the restoration of agency resources and capabilities as needed. ● Participate in countywide recovery planning and activities. ● Prepare the documentation required to become eligible for reimbursement, if appropriate. ● Participate in after action reviews. |

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| <p>Mitigation</p> | <ul style="list-style-type: none"> ● Identify and implement mitigation activities to prevent or lessen the impact of future incidents. |
| <p>Board of County Commissioners (BOCC) Office, Public Information Officer (ESF 14)</p> | |
| <p>Preparedness</p> | <ul style="list-style-type: none"> ● Assist with ESF-6 Team preparedness activities. ● In collaboration with the Department of Emergency Management and the Public Health Department, develop accessible boilerplate messaging that is relevant to ESF-6 activities. ● Maintain an inventory of agency resources. ● Participate in ESF-6 planning, training, and exercise activities. ● Provide current emergency contact information to Columbia County Department of Emergency Management. |
| <p>Response</p> | <ul style="list-style-type: none"> ● Provide public information mass care support in emergencies/disasters, in accordance with organizational guidelines and protocols and the ESF-6 Mass Care Plan. ● Coordinate public information response activities with the ESF-6 Team and EOC in support of the ESF-6 mission. ● Activate a Joint Information System or Joint Information Center to support accessible ESF-6 public information activities, as needed. ● Provide other public information support as per ESF-14. ● Provide an agency representative to shelter facilities, when requested. |
| <p>Recovery</p> | <ul style="list-style-type: none"> ● Coordinate the restoration of agency resources and capabilities as needed. ● Participate in countywide recovery planning and activities. ● Prepare the documentation required to become eligible for reimbursement, if appropriate. ● Participate in after action reviews. |

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| Mitigation | <ul style="list-style-type: none"> ● Identify and implement mitigation activities to prevent or lessen the impact of future incidents. |
| Columbia County Sheriff's Office - (ESF-16) | |
| Preparedness | <ul style="list-style-type: none"> ● Assist with ESF-6 Team preparedness activities. ● Maintain an inventory of agency resources. ● Participate in ESF-6 planning, training, and exercise activities. ● Provide current emergency contact information to Columbia County Department of Emergency Management. |
| Response | <ul style="list-style-type: none"> ● Provide security for shelter facilities ● Provide traffic and parking control for shelter facilities. ● Coordinate and direct evacuation activities. ● Provide other law enforcement support as per ESF-16. |
| Recovery | <ul style="list-style-type: none"> ● Coordinate the restoration of agency resources and capabilities as needed. ● Participate in countywide recovery planning and activities. ● Prepare the documentation required to become eligible for reimbursement, if appropriate. ● Participate in after action reviews. |
| Mitigation | <ul style="list-style-type: none"> ● Identify and implement mitigation activities to prevent or lessen the impact of future incidents. |
| Oregon Department of Health Services (ODHS), Office of Resilience and Emergency Management (OREM) | |
| Preparedness | <ul style="list-style-type: none"> ● Assist with ESF-6 Team preparedness activities. ● Maintain an inventory of agency resources. ● Participate in ESF-6 planning, training, and exercise activities. ● Provide current emergency contact information to Columbia County Department of Emergency Management. |

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| <p>Response</p> | <ul style="list-style-type: none"> ● In collaboration with Columbia County Department of Emergency Management and the Columbia County Public Health Department, support ESF-6 nonmedical mass care (food, water, shelter), emergency assistance (first aid, distributing supplies), assessing human services needs, coordinating human services and reducing barriers, and addressing language needs for people with limited English proficiency. ● Provide an agency representative to shelter facilities, when requested. ● Provide mass care support in emergencies/disasters, in accordance with organizational guidelines and protocols, existing MOUs and agreements, and the ESF-6 Mass Care Plan. ● Coordinate response activities with the ESF-6 Team in support of the ESF-6 mission. |
| <p>Recovery</p> | <ul style="list-style-type: none"> ● Coordinate the restoration of agency resources and capabilities as needed. ● Participate in countywide recovery planning and activities. ● Prepare the documentation required to become eligible for reimbursement, if appropriate. ● Participate in after action reviews. |
| <p>Mitigation</p> | <ul style="list-style-type: none"> ● Identify and implement mitigation activities to prevent or lessen the impact of future incidents |
| <p>Regional Disaster Preparedness Organization (RDPO)</p> | |
| <p>Preparedness</p> | <ul style="list-style-type: none"> ● Assist with ESF-6 Team preparedness activities. ● Maintain an inventory of agency resources. ● Participate in ESF-6 Mass Care planning, training, and exercise activities. ● Coordinate disaster preparedness projects related to community resilience, public health, healthcare systems, infrastructure, supply chains, communications, emergency management, law enforcement, public works, and fire and EMS. ● Provide current emergency contact information to Columbia County Department of Emergency Management |
| <p>Response</p> | <ul style="list-style-type: none"> ● Assist and facilitate coordinated response information. |

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| Recovery | <ul style="list-style-type: none">● Coordinate the restoration of agency resources and capabilities as needed.● Participate in countywide recovery planning and activities.● Prepare the documentation required to become eligible for reimbursement, if appropriate.● Participate in after action reviews. |
| Mitigation | <ul style="list-style-type: none">● Identify and implement mitigation activities to prevent or lessen the impact of future incidents. |

5. Plan Maintenance

Plan Review and Maintenance

At a minimum, this plan will be formally reviewed and re-promulgated every two years to comply with Emergency Management Performance Grant requirements. Reviews will be coordinated by the County Emergency Manager and may include participation by members from each of the departments assigned as primary, coordinator, and secondary agencies as well as DAFN subject matter experts (SMEs).

The review will:

- Verify contact information;
- Review the status of resources noted in the plan;
- Evaluate the procedures outlined in this plan to ensure their continued viability; and
- Incorporate tactical improvement plans generated from post exercise or actual occurrence After Action Reviews.

Recommended changes should be forwarded to:

Columbia County Emergency Management

ATTN: Emergency Manager

230 Strand Street

St. Helens, OR 97051

Plan Maintenance Documents

All updates and revisions to the plan will be tracked and recorded in the following table. This process will ensure that the most recent version of the plan is disseminated and implemented by emergency response personnel.

Record of Plan Changes

All updates and revisions to the plan will be tracked and recorded in the following table. This process will ensure that the most recent version of the plan is disseminated and implemented by emergency response personnel.

Table 6. Record of Changes

| Record of Changes | | |
|-------------------|------------|--------------------------------|
| Date | Change No. | Summary of Changes |
| June 2024 | update | Full update of ESF-6 Mass Care |
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Plan Distribution List

Copies of this plan have been provided to the following jurisdictions, agencies, and persons. Updates will be provided, when available. Recipients will be responsible for updating their respective Mass Care Plans when they receive changes. The County Emergency Manager is ultimately responsible for all plan updates.

Table 7. Plan Distribution

| Plan Distribution | | |
|-------------------|---------------|----------------------------|
| Date | No. of Copies | Jurisdiction/Agency/Person |
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Appendix A. Glossary

Table 8. Glossary

| Glossary | |
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| Accessible | Accessible refers to a feature of a facility that is approachable and usable by persons with disabilities. |
| Access and Functional Needs | See Whole Community section of this plan for a detailed description of the CMIST framework, which is a functional approach to address the needs of individuals. |
| American Red Cross (ARC) | The American Red Cross is a humanitarian organization, led by volunteers, which provides relief to victims of disasters and helps people prevent, prepare for, and respond to emergencies. It does this through services that are consistent with its Congressional Charter and the Principles of the International Red Cross Movement. https://www.fema.gov/pdf/plan/glo.pdf |
| CMIST | CMIST is the acronym for the Communication, Maintaining Health, Independence, Services and Support, Transportation Framework. This function-based approach avoids generalizations and assumptions that are based on unhelpful medical labels. Functions look at the capabilities and the needs of the individual, not their diagnostic labels. https://disasterstrategies.org/blog-post/defining-functional-needs-updating-cmist-by-june-isaacson-kailes-disability-policy-consultant/ |
| Communications | Process of transmission of information through verbal, written, or symbolic means. |
| Community Emergency Response Team (CERT) | The Community Emergency Response Team (CERT) Program educates people about disaster preparedness for hazards that may affect their area and trains them in basic disaster response skills. |
| Damage Assessment | The process used to appraise or determine the number of injuries and deaths, damage to public and private property, and the status of key facilities and services such as hospitals and other health care facilities, fire and police stations, communications networks, water and sanitation systems, utilities, and transportation networks resulting from a man-made or natural disaster |
| Disaster | An occurrence of a natural catastrophe, technological accident, or human caused event that has resulted in severe property damage, deaths, and/or multiple injuries. As used in this Guide, a “large-scale disaster” is one that exceeds the response capability of the local jurisdiction and requires State, and potentially Federal, involvement. As used in the Stafford Act, a “major disaster” is “any natural catastrophe [...] or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the |

| | |
|---|---|
| | <p>President causes damage of sufficient severity and magnitude to warrant major disaster assistance under [the] Act 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.”</p> <p>https://www.fema.gov/pdf/plan/glo.pdf</p> |
| Emergency | <p>Any occasion or instance--such as a hurricane, tornado, storm, flood, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, fire, explosion, nuclear accident, or any other natural or man-made catastrophe--that warrants action to save lives and to protect property, public health, and safety.</p> <p>https://www.fema.gov/pdf/plan/glo.pdf</p> |
| Emergency Environmental Health Services | <p>Services required to correct or improve damaging environmental health effects on humans, including inspection for food contamination, inspection for water contamination, and vector control; providing for sewage and solid waste inspection and disposal; clean-up and disposal of hazardous materials; and sanitation inspection for emergency shelter facilities.</p> <p>https://www.fema.gov/pdf/plan/glo.pdf</p> |
| Emergency Health Services | <p>Services required to prevent and treat the damaging health effects of an emergency, including communicable disease control, immunization, laboratory services, dental and nutritional services; providing first aid for treatment of ambulatory patients and those with minor injuries; providing public health information on emergency treatment, prevention, and control; and providing administrative support including maintenance of vital records and providing for a conduit of emergency health funds from State and Federal governments.</p> <p>https://www.fema.gov/pdf/plan/glo.pdf</p> |
| Emergency Medical Services | <p>Services, including personnel, facilities, and equipment required to ensure proper medical care for the sick and injured from the time of injury to the time of final disposition, including medical disposition within a hospital, temporary medical facility, or special care facility, release from site, or declared dead. Further, emergency medical services specifically include those services immediately required to ensure proper medical care and specialized treatment for patients in a hospital and coordination of related hospital services.</p> <p>https://www.fema.gov/pdf/plan/glo.pdf</p> |
| Emergency Operating Center | <p>The protected site from which State and local civil government officials coordinate, monitor, and direct emergency response activities during an emergency.</p> <p>https://www.fema.gov/pdf/plan/glo.pdf</p> |

| | |
|----------------------------|--|
| Emergency Operations Plan | <p>A document that: describes how people and property will be protected in disaster and disaster threat situations; details who is responsible for carrying out specific actions; identifies the personnel, equipment, facilities, supplies, and other resources available for use in the disaster; and outlines how all actions will be coordinated.</p> <p>https://www.fema.gov/pdf/plan/glo.pdf</p> |
| Emergency Support Function | <p>In the Federal Response Plan, a functional area of response activity is established to facilitate the delivery of Federal assistance required during the immediate response phase of a disaster to save lives, protect property and public health, and to maintain public safety. ESFs represent those types of Federal assistance which the State will most likely need because of the impact of a catastrophic or significant disaster on its own resources and response capabilities, or because of the specialized or unique nature of the assistance required. ESF missions are designed to supplement State and local response efforts.</p> <p>https://www.fema.gov/pdf/plan/glo.pdf</p> |
| Evacuation | <p>Organized, phased, and supervised dispersal of people from dangerous or potentially dangerous areas.</p> <ul style="list-style-type: none"> ● Spontaneous Evacuation. Residents or citizens in the threatened areas observe an emergency event or receive unofficial word of an actual or perceived threat and without receiving instructions to do so, elect to evacuate the area. Their movement, means, and direction of travel is unorganized and unsupervised. ● Voluntary Evacuation. This is a warning to persons within a designated area that a threat to life and property exists or is likely to exist in the immediate future. Individuals issued this type of warning or order are NOT required to evacuate; however, it would be to their advantage to do so. ● Mandatory or Directed Evacuation. This is a warning to persons within the designated area that an imminent threat to life and property exists and individuals MUST evacuate in accordance with the instructions of local officials. <p>https://www.fema.gov/pdf/plan/glo.pdf</p> |
| Evacuees | <p>All persons removed or moving from areas threatened or struck by a disaster.</p> <p>https://www.fema.gov/pdf/plan/glo.pdf</p> |
| Incident Command System | <p>A standardized organizational structure used to command, control, and coordinate the use of resources and personnel that have responded to the scene of an emergency. The concepts and principles for ICS</p> |

| | |
|------------------------------|--|
| | include common terminology, modular organization, integrated communication, unified command structure, consolidated action plan, manageable span of control, designated incident facilities, and comprehensive resource management. https://www.fema.gov/pdf/plan/glo.pdf |
| Joint Information Center | A central point of contact for all news media near the scene of a large-scale disaster. News media representatives are kept informed of activities and events by public information officials who represent all participating Federal, State, and local agencies that are collocated at the JIC. https://www.fema.gov/pdf/plan/glo.pdf |
| Joint Information System | Under the Federal Response Plan, connection of public affairs personnel, decision-makers, and news centers by electronic mail, fax, and telephone when a single Federal State-local JIC is not a viable option. https://www.fema.gov/pdf/plan/glo.pdf |
| Mass Care | The actions that are taken to protect evacuees and other disaster victims from the effects of the disaster. Activities include providing temporary shelter, food, medical care, clothing, and other essential life support needs to those people that have been displaced from their homes because of a disaster or threatened disaster https://www.fema.gov/pdf/plan/glo.pdf |
| Public Information Officer | A Federal, State, or local government official responsible for preparing and coordinating the dissemination of emergency public information. https://www.fema.gov/pdf/plan/glo.pdf |
| Recovery | The long-term activities beyond the initial crisis period and emergency response phase of disaster operations that focus on returning all systems in the community to a normal status or to reconstitute these systems to a new condition that is less vulnerable. https://www.fema.gov/pdf/plan/glo.pdf |
| Resource Management | Those actions taken by a government to identify sources and obtain resources needed to support disaster response activities; coordinate the supply, allocation, distribution, and delivery of resources so that they arrive where and when most needed; and maintain accountability for the resources used. https://www.fema.gov/pdf/plan/glo.pdf |
| Standard Operating Procedure | A set of instructions constituting a directive, covering those features of operations which lend themselves to a definite, step-by-step process of accomplishment. SOPs supplement EOPs by detailing and specifying how tasks assigned in the EOP are to be carried out. https://www.fema.gov/pdf/plan/glo.pdf |

Appendix B. Acronyms

Table 9. Acronyms

| Acronyms | |
|----------|---|
| AAR/IP | After Action Report/Improvement Plan |
| ADA | Americans with Disabilities Act |
| ARC | American Red Cross |
| ARES | Amateur Radio Emergency Services |
| ASL | American Sign Language |
| CAT | Community Action Team |
| CERT | Community Emergency Response Team |
| CMIST | Communication, Maintaining Health, Independence, Services and Support, Transportation |
| DAFN | Disabilities and Other Access and Functional Needs |
| EMS | Emergency Medical Services |
| EOC | Emergency Operations Center |
| EOP | Emergency Operations Plan |
| ESF | Emergency Support Function |
| FEMA | Federal Emergency Management Agency |

| Acronyms | |
|----------|---|
| IAP | Incident Action Plan |
| LEP | Limited English Proficiency |
| MOU | Memorandum of Understanding |
| NGO | Non-Governmental Organization |
| ODHS | Oregon Department of Health Services |
| OREM | Office of Resilience and Emergency Management |
| OR | Oregon |
| PAHPA | Pandemic and All-Hazards Preparation Act |
| POD | Point of Distribution |
| PUD | People's Utility District |
| RDPO | Regional Disaster Preparedness Organization |
| SIP | Sheltering-In-Place |
| SME | Subject Matter Expert |
| SOP | Standard Operating Procedure |
| SV | Scappoose-Vernonia |
| VOAD | Volunteer Organizations Active in Disasters |

Appendix C. Fairgrounds Location Maps

Figure 2. Fairgrounds Aerial View



Figure 3. Fairgrounds Fair Layout Diagram

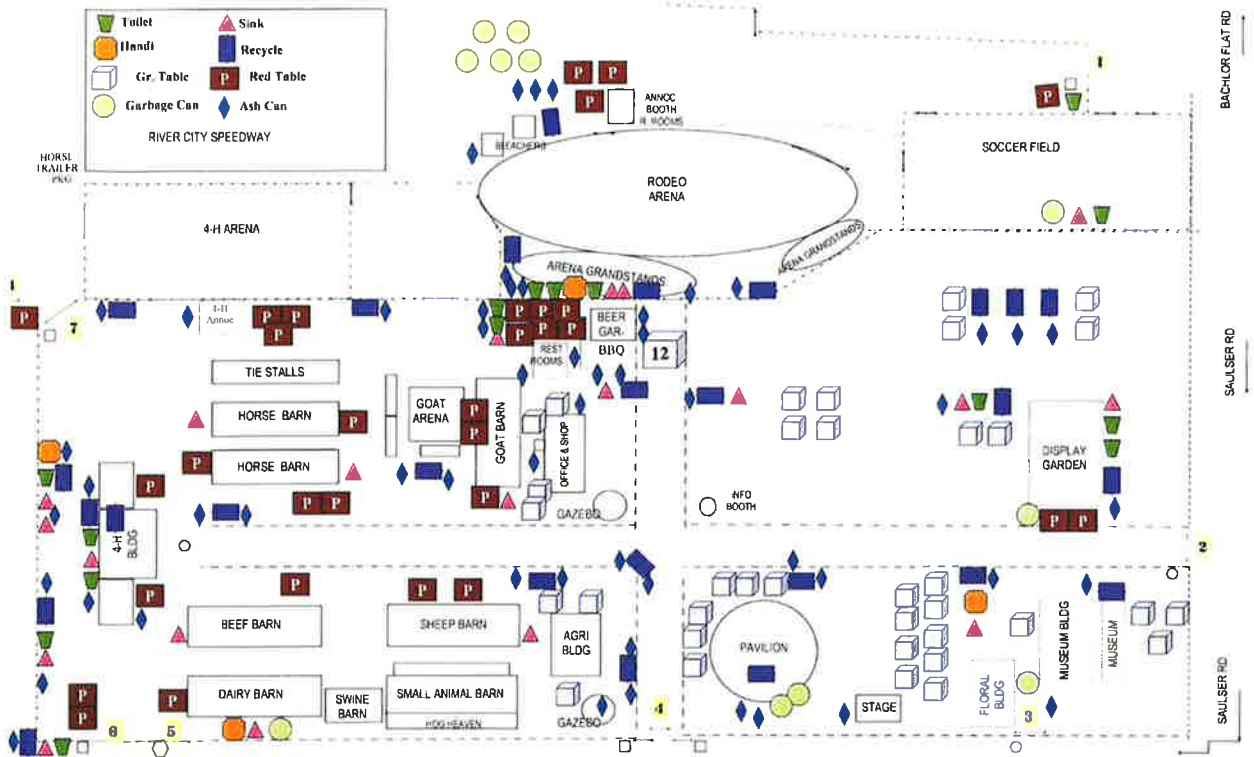
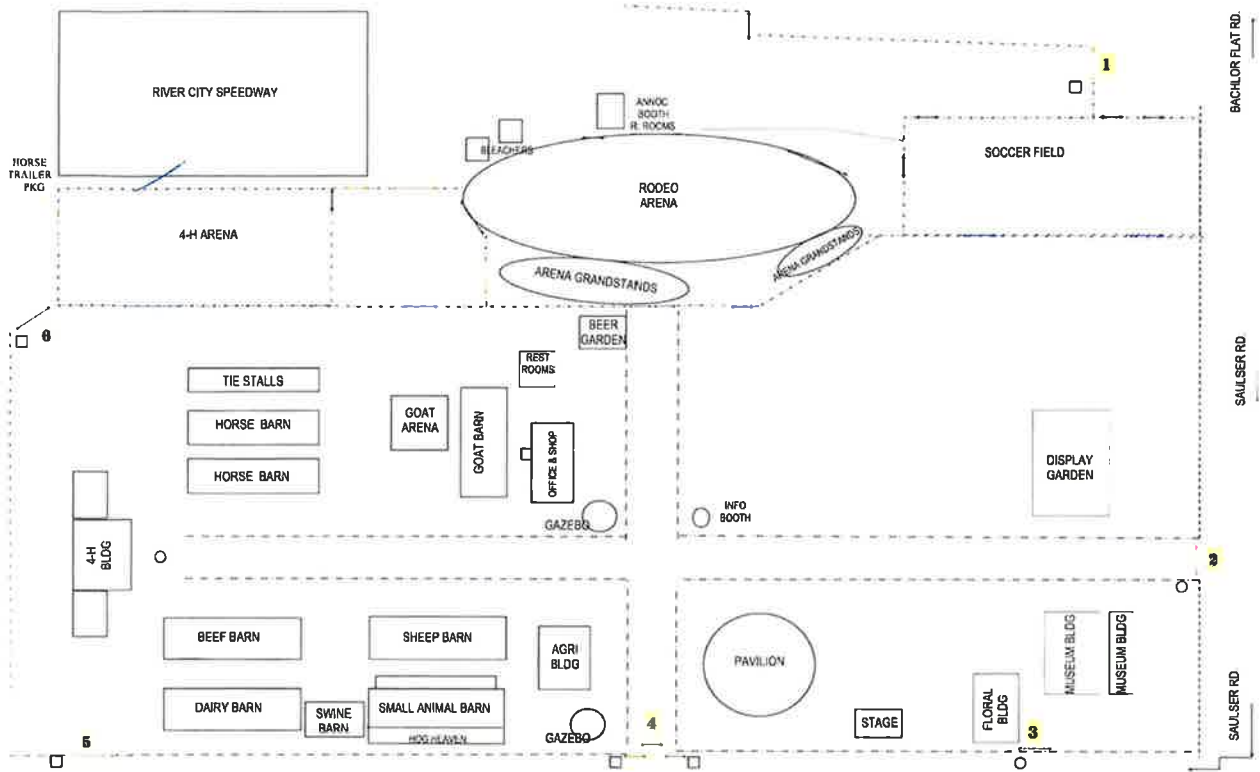


Figure 4. Fairgrounds Diagram



Appendix D. Evacuation Routes

Figure 5. Columbia County Map 1

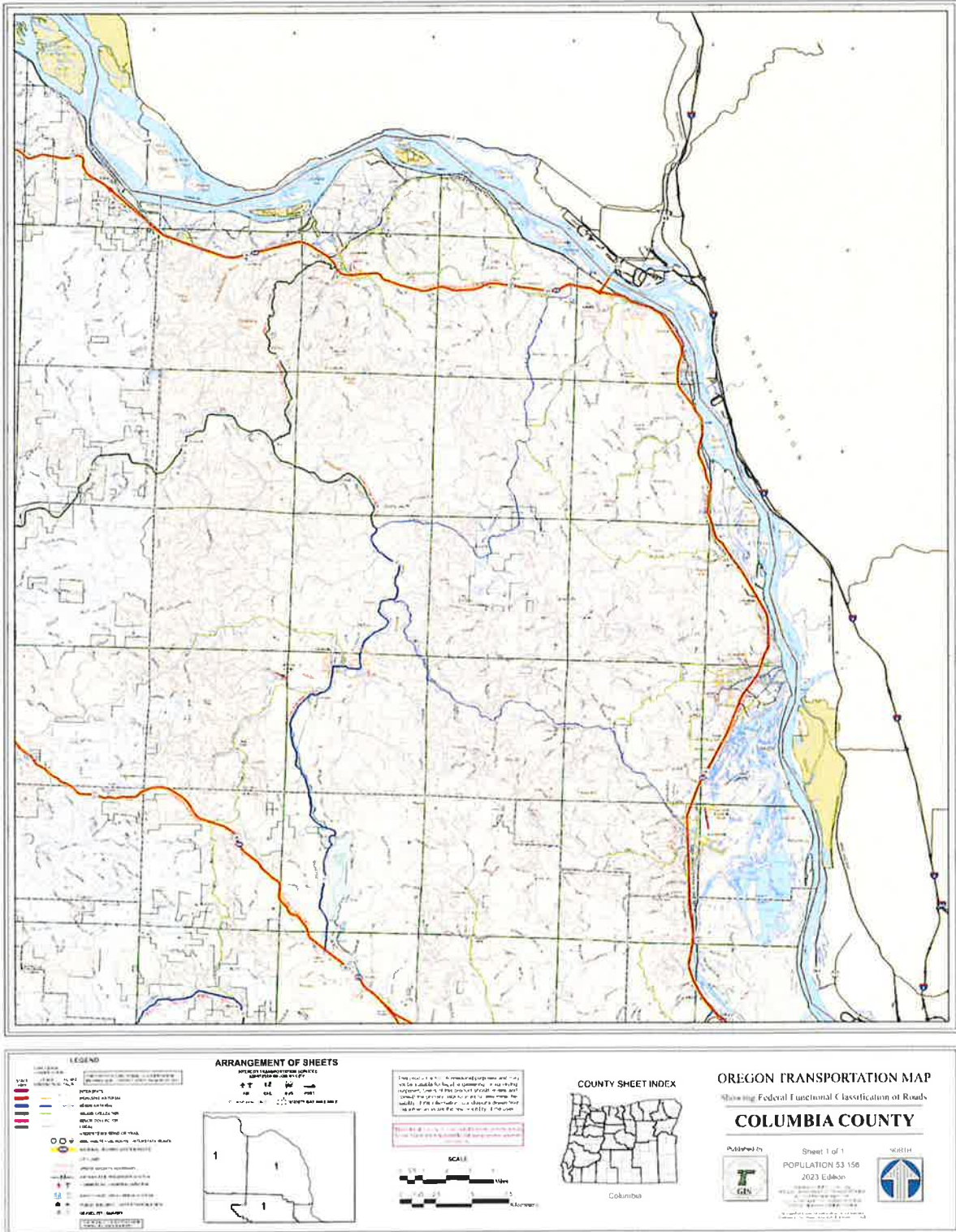


Figure 6. Columbia County Evacuation Route Map 2

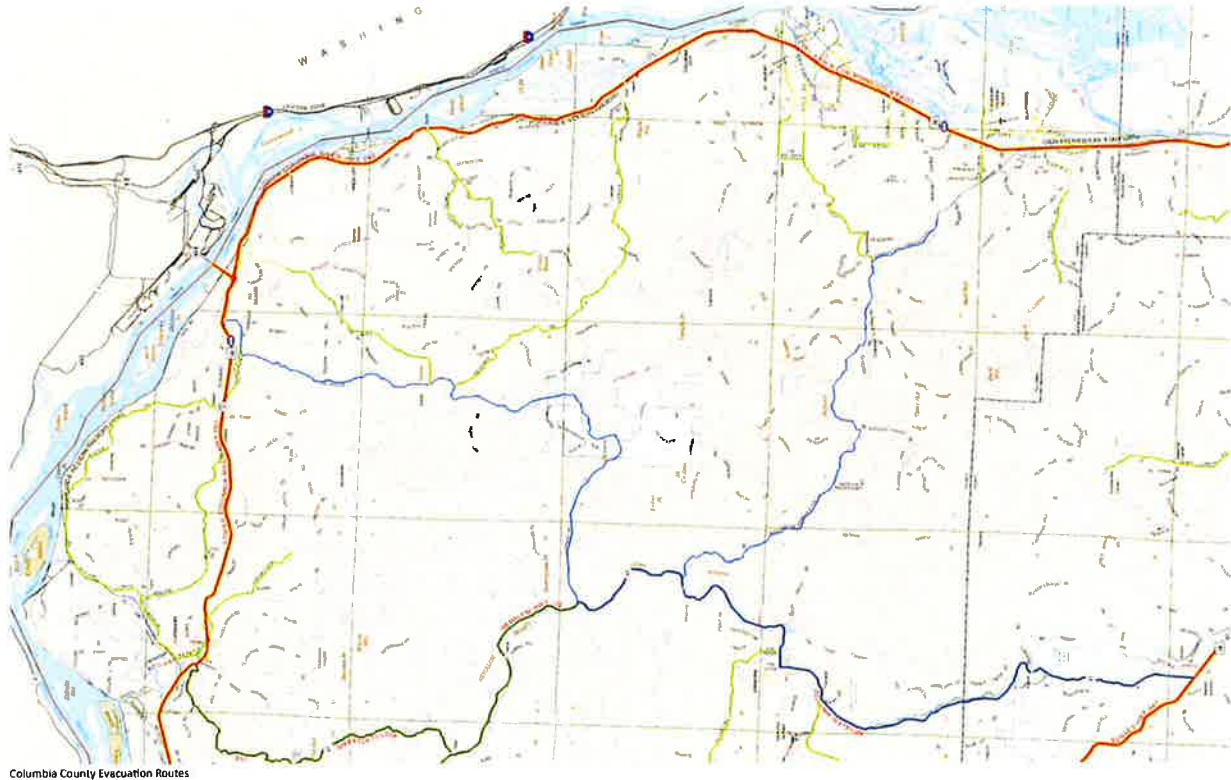
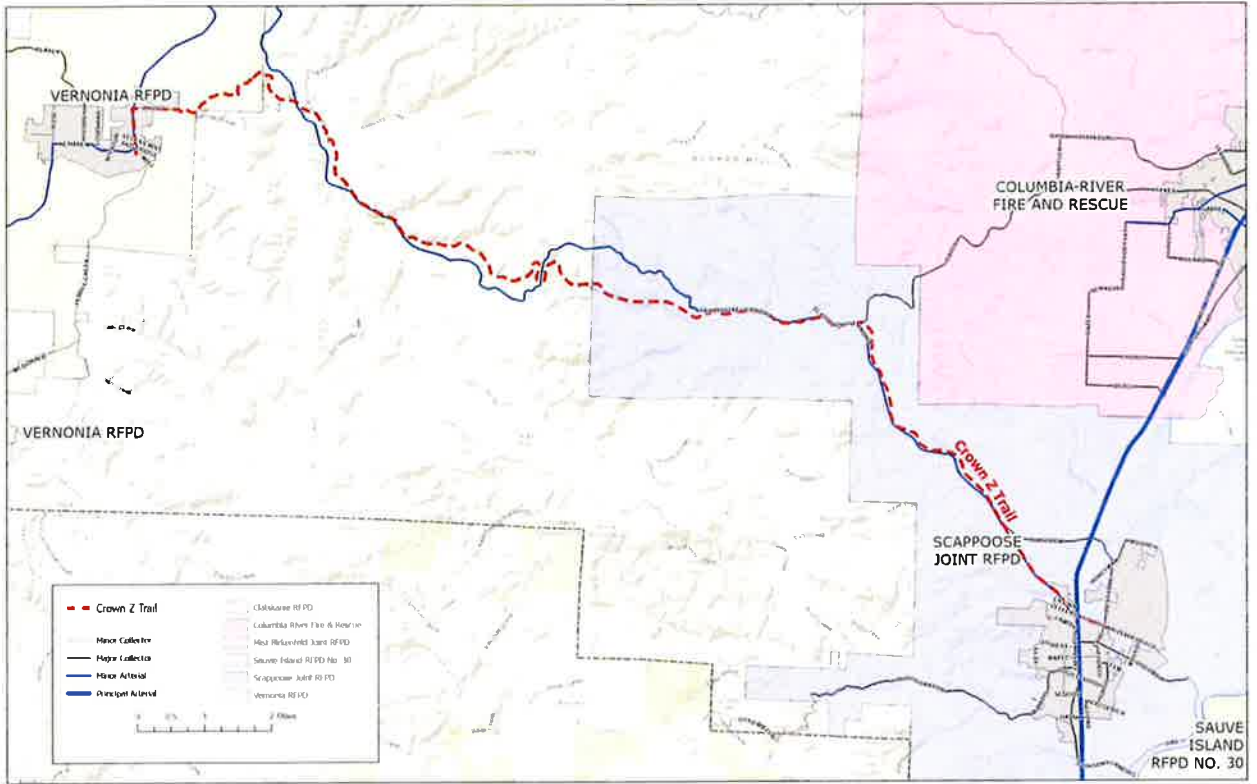


Figure 7. Columbia County Crown Zellerbach Trail Evacuation Route Map



Appendix E. Shelter Checklists

This appendix includes resources with helpful information, such as checklists, to aid in mass sheltering initiation and operations.

Table 10. Shelter Checklists

| Sources | Links |
|--|---|
| <i>ADA Best Practices Tool Kit for State and Local Governments Chapter 7 Addendum 2, The ADA and Emergency Shelters: Access for All in Emergencies and Disasters</i> | ADA Tool Kit: Appendices 1 and 2, ADA Accessibility Survey Forms and Instructions |
| <i>ADA Checklist for Emergency Shelters</i> | ADA Checklist for Emergency Shelters |
| <i>Best Practices Checklist for Emergency Shelters, National Center for Disaster Preparedness, Earth Institute, Columbia University</i> | Microsoft Word - Best Practices Checklist for Emergency Shelters Final 041121.docx (rcrctoolbox.org) |
| <i>CMIST Framework</i> | At-Risk Individuals (hhs.gov) |
| <i>Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters, November 2010</i> | Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters (fema.gov) |
| <i>Shelter Field Guide, FEMA P-785</i> | Shelter Field Guide FEMA P-785 (nationalmasscarestrategy.org) |
| <i>Sheltering Handbook Disaster Services, ARC 2012</i> | Sheltering Handbook (crcog.org) |
| <i>Shelter Operations Management Toolkit, Operational Tips, Checklists and Best Practices for Shelter Managers, ARC National Headquarters, Mas Care unit, May 2008</i> | Shelter Operations Management Toolkit (training-source.org) |

Appendix F. American Red Cross Shelter Model Option List

The table below represents the American Red Cross (ARC) Shelter Model Option List which includes responsibilities per shelter model type: * In conjunction with the ARC guidance for sheltering criteria, it is the policy of Columbia County that all shelters operate with adherence to the ARC Disaster Code of Conduct. In addition, it is required that all emergency shelters coordinate all actions and meet all reporting and communications expectations of the EOC.

Table 11. American Red Cross Shelter Models

| ROLES AND RESPONSIBILITIES | | | | |
|--|--|--|--|---------------------------------------|
| | MODEL 1 | MODEL 2 | MODEL 3 | MODEL 4 |
| | Red Cross Shelters | Red Cross / Partner Shelters | Red Cross Supported Shelters | Independently Managed Shelters |
| Administrative Control | <i>Red Cross</i> | <i>Red Cross</i> | <i>Community Agency</i> | <i>Community Agency</i> |
| Shelter Operations Expenses | <i>Red Cross</i> | <i>Red Cross</i> | <i>Red Cross Assisted</i> | <i>Community Agency</i> |
| Adheres to Disaster Code of Conduct | <i>Yes</i> | <i>Yes</i> | <i>Yes</i> | <i>No</i> |
| Red Cross Branding | <i>Red Cross Only</i> | <i>Co-logo: "In Cooperation with"</i> | <i>"Supported by Red Cross"</i> | <i>None</i> |
| Liability | <i>Shared</i> | <i>Shared</i> | <i>Shared</i> | <i>Community Agency</i> |
| Reporting and Communication | <i>Yes</i> | <i>Yes</i> | <i>Yes</i> | <i>No</i> |
| Agreement to Use | <i>Standard Red Cross Shelter Agreement*</i> | <i>1) Welcome Letter of Agreement 2) Standard Red Cross Shelter Agreement*</i> | <i>Shelter Support Services Agreement for Community Agencies</i> | <i>None</i> |

Appendix G. Shelter Contact Lists

(to be developed)

Appendix H. American Red Cross Memoranda of Understanding

(to be developed)

Appendix I. Quick Reference CMIST Sheltering Considerations

Shelter Considerations for People with Disabilities and other Access and Functional Needs

Definition of Disabilities and other Access and Functional Needs:

The following list was developed in alignment with the definition of individuals who may need additional response assistance as presented by the Secretary of Health and Human Services and within the Pandemic and All-Hazards Preparedness Act (PAHPA), 42 § U.S.C. 300hh-16. People with Disabilities and other Access and Functional Needs (DAFN) include those who:

- Have limited ability to speak, see, hear, or comprehend
- Use American Sign Language (ASL)
- Have limited English Proficiency (LEP) or are non-English speaking
- Have developmental, intellectual, sensory, or physical disabilities
- Are currently injured or under medical care
- Have chronic health conditions, including mental illness
- Have pharmacological dependencies
- Are pregnant
- Are older adults or children
- Rely on electricity-dependent medical equipment
- Are low-income
- Are homeless
- Live in institutional settings
- Are transportation disadvantaged

CMIST Framework

The CMIST (Communication, Maintaining Health, Independence, Services and Support, and Transportation) framework addresses the essential needs of people who may need additional assistance during emergency responses via functional supports and service delivery. CMIST provides a flexible framework for emergency planning and response that addresses the needs of individuals rather than their diagnoses or labels, emphasizing the “person first” paradigm.

Each beginning letter of CMIST is defined as follows:

(C)ommunication: Individuals who may have limitations that interfere with the receipt of and response to information require information be provided in an appropriate and accessible format. This can include individuals who are deaf or hard of hearing, individuals who use American Sign Language, individuals who have limited or no English proficiency, individuals who are blind or have low vision, and individuals who have cognitive or physiological disabilities.

(M)aintaining Health: Individuals who may require Personal Assistance Services (or personal care assistance) in maintaining their activities of daily living such as eating, dressing, grooming, transferring, and toileting, and those who rely on critical medications.

(I)ndependence: Individuals who function independently by means of specialized assistive devices, such as consumable medical supplies (diapers, formula, wound care products, urological/ostomy supplies, etc.), durable medical equipment (wheelchairs, walkers, scooters, etc.), and/or service animals. This also includes independent physical access to any locations providing services or support.

(S)upport, Safety & Self-Determination: Ensuring equal access to all programs and services made available to the public. Includes support for individuals with behavioral health needs, those who have psychiatric conditions (such as dementia, Alzheimer's disease, Schizophrenia, severe mental illness), pregnant women, nursing mothers, infants, and children. Such access recognizes and preserves individuals' right to make their own decisions regarding the receipt of given services and support.

(T)ransportation: Individuals with transportation needs because of age, disability, temporary injury, poverty, addiction, legal restriction, or those who do not have access to a vehicle. This requires coordination to ensure access to mass transit, accessible vehicles such as paratransit, or vehicles used under agreement with partners such as schools or hospitals.

Potential partner organizations for meeting the unique needs of the community include:

- Animal services agencies
- Childcare organizations
- Local public health departments
 - Communicable disease programs
 - Chronic disease programs
 - Environmental health programs
 - Infection Control programs
 - Immunization programs
 - Disease monitoring and surveillance programs
- Community coalitions/workgroups/advisory councils

- Local emergency management offices
- Emergency Medical Services (EMS)
- Fire and rescue departments
- Organizations serving populations with access and functional needs
- Public Fiduciary's Office
- Adult care Homes
- Healthcare Coalitions
- Healthcare system and providers
- Housing and sheltering authorities
- Human services providers
- Law enforcement agencies
- Media organizations
- Mental/behavioral health providers
- Schools and school districts
- Social service agencies
- State office of aging or equivalent
- Volunteer organizations

The following table provides an overview and quick reference guide of CMIST Sheltering Considerations, including a list of the types of needs/people, technology and tools to consider, and potential partners.

Quick Reference CMIST Sheltering Considerations

Table 12. CMIST Sheltering Considerations

| CMIST Category | *Types of Needs/People | **Technology/Tools/Services | Potential Partners |
|----------------------|---|---|--|
| Communication | People who: <ul style="list-style-type: none"> · Are deaf or hard-of-hearing · Are blind or have low vision · Have low English proficiency · Have developmental, intellectual, or sensory disabilities · Have mental illness | <p><i>General</i></p> <ul style="list-style-type: none"> · Translation services (for specific languages) · Personal Assistant as Employees (PAS) · Behavioral health services · Documents in simple language · Large print · Accessibility kits <hr/> <p><i>For people who are deaf or hard-of-hearing</i></p> <ul style="list-style-type: none"> · ASL Interpretation · Video Remote Interpretation (VRI) · Video Relay Service (VRS) · Auxiliary aids (Braille, TTY/TDD, hearing aid-compatible phones) | <ul style="list-style-type: none"> · County Public Fiduciary · Refugee Resettlement Programs · CBOs that serve people with Limited English Proficiency (LEP) · English as a Second Language (ESL) programs · Faith-based organizations · Other community-based organizations that serve people with development or intellectual disabilities, people who are blind or have low vision, or are deaf or hard-of-hearing · Behavioral/mental health service providers · Media organizations |

| CMIST Category | *Types of Needs/People | **Technology/Tools/Services | Potential Partners |
|----------------|------------------------|---|--------------------|
| | | <ul style="list-style-type: none"> · Email, text, landlines, radio, TV, and social media · Amplified listening devices (Pocket Talkers) | |
| | | <p><i>For people who are blind or have low vision</i></p> <ul style="list-style-type: none"> · Braille printers · Screen readers · Large Print | |

| CMIST Category | *Types of Needs/People | **Technology/Tools/Services | Potential Partners |
|----------------------------------|--|--|--|
| <p>Maintaining Health</p> | <p>People who:</p> <ul style="list-style-type: none"> · Are taking medications, · Need services, medical supplies, and/or durable medical equipment · Are breastfeeding or need infant/child nutrition · Use electricity-dependent equipment such as ventilators, oxygen concentrators, powered mobility · Are on dialysis treatment · Have acute, chronic, or short-term injuries | <ul style="list-style-type: none"> · Supplies (e.g., glucose test strips, urological, ostomy, insulin, wound care) · Nutrition (e.g., allergy-safe food, clean water, infant formula) · Behavioral health, substance abuse, and stress management services · Personal Assistants as Employees (PAS) · Maintaining medical and outpatient services | <ul style="list-style-type: none"> · Community health clinics · Healthcare coalitions · Hospitals and other Healthcare system partners · Pharmacies · Behavioral/mental health providers · Crisis Teams · Medical supply vendors · Emergency Medical Services (EMS) · Community paramedicine (mobile integrated health) |

| CMIST Category | *Types of Needs/People | **Technology/Tools/Services | Potential Partners |
|---|--|--|--|
| Independence | People who use assistive devices, assistants, and/or service animals to maintain their activities of daily living (ADL) | <ul style="list-style-type: none"> • Communication (hearing aids, text messages, amplified phones, pocket talkers) • Vision (magnifiers, screen readers) • Mobility (wheelchairs, walkers, scooters, canes, crutches, prosthetic devices) • Replacement equipment (wheelchairs, walkers, canes, batteries, nebulizers) • Personal Assistants as Employees (PAS) • Service animals • Transportation services • Accessibility kits | <ul style="list-style-type: none"> • Home Healthcare Agencies • Community paramedicine (mobile integrated health) |
| Support, Safety & Self-Determination | People who: <ul style="list-style-type: none"> • Have difficulty understanding and remembering • Have been separated from caregivers or who have lost family, friends, or caregivers | <ul style="list-style-type: none"> • Accessibility kits | <ul style="list-style-type: none"> • 2-1-1 connects support services such as housing, food, social services, and health care • Area Agencies on Aging • Centers for Independent Living • Developmental Disability Councils • Protection and Advocacy Agencies • Head Start and Childcare |

| CMIST Category | *Types of Needs/People | **Technology/Tools/Services | Potential Partners |
|-----------------------|---|--|--|
| | <ul style="list-style-type: none"> Need support for activities of daily living | | <ul style="list-style-type: none"> Domestic Violence Services Programs Homeless Service Providers Behavioral Health Authority School Districts |
| Transportation | <p>People who:</p> <ul style="list-style-type: none"> Are unable to drive due to damaged personal transportation, limited funds, lack of physical, or cognitive capacity Need transportation to and from for medical care or treatment, non-medical appointments, and accessible shelters or transitional housing | <ul style="list-style-type: none"> Vehicles with ramps or lifts Properly maintained and applied tie-downs for wheelchairs and scooters (mobility equipment must be secured during travel) Trained drivers who are aware of people with limited capability to stabilize upper body and who have sound disability etiquette | <ul style="list-style-type: none"> 2-1-1 connects support services such as housing, food, social services, and health care |

Additional Types of Needs/People Details

For Support, Safety & Self-Determination, these are people who:

- Have difficulty understanding and remembering
- Have been separated from caregivers or who have lost family, friends, or caregivers
 - Higher levels of distress and anxiety
 - Psychological or behavioral health needs
 - Trauma-informed support for personal safety
 - Children especially vulnerable to mental health issues
- Need support for activities of daily living:
 - Chronic limitations (dementia, Alzheimer's, intellectual or developmental disability)
 - Behavioral health needs or chronic mental illness
 - Homelessness (limited resources, trauma, substance abuse, etc.)
 - Victims of domestic violence, human trafficking, or other abuse)

**Additional Technology, Tools, and Services Details

To write documents in simple language, consider:

- Writing for the public at the third grade level
- Short sentences and simple words
- Using Microsoft Word
 - To conduct a "Readability" check (located within the spelling and grammar preferences)
 - To calculate the Flesch Reading Ease, Flesch-Kincaid Grade Level, and percentage of passive sentences

Accessibility Kit contents may include (at a minimum):

- Pocket Talkers
- Readers
- Magnifying glasses
- Whiteboards
- Clear masks/face shields
- Brochures or public materials in Braille

ASL Interpretation:

- Ensure planners have an account/relationship with a local service
- Ensure media includes an interpreter in-frame or an inset

Video Remote Interpretation:

- In-person interaction
- Requires an account and installation on a laptop or tablet
- Staff training in its operation
- Etiquette training

Video Relay Service:

- A federally mandated service required of all phone systems
- Telephone use only
- Instruct staff on what it sounds like

Braille Printers:

- Print from a digital file or live via keyboard
- Cost from \$2,000 to \$80,000 depending on speed and volume
- Centers for Independent Living (CILs) or Blind Associations/Foundation nearby service providers who may have one

Screen Readers

- According to Section 508 standards
- Tag Word documents for export to PDFs

Website standards: Web Content Accessibility Guidelines (WCAG):

- Large Print
 - Minimum 20 pt type
 - Sans Serif recommended – easier to read
 - 1.5 leading line spacing
 - Matte or dull finish paper to reduce glare
 - Reduce use of or remove graphic design elements
 - More detailed large print guidelines on American Council of the Blind

Appendix J. Shelter Layout Example

[To be developed]

Appendix K. Authorities and References

Table 13. Authorities and References

| Authority/Reference | Link |
|---|--|
| The Americans with Disabilities Act (ADA), U.S. Department of Justice Civil Rights Division | The Americans with Disabilities Act ADA.gov |
| American Red Cross Contact Loved Ones website | Contact Loved Ones Disaster Aid Red Cross |
| Federal plain language guidelines for the Plain Writing Act of 2010 | Federal plain language guidelines |
| Pandemic and All-Hazards Preparedness Act (PAHPA), Public Law No. 109-417. | E:\PUBLAW\PUBL417.109 (congress.gov) |
| Post-Katrina Emergency Management Reform Act of 2006 | S.3721 - 109th Congress (2005-2006): Post-Katrina Emergency Management Reform Act of 2006 Congress.gov Library of Congress |

Additional resources for shelter planning and guidance are listed in Appendix E. Shelter Checklists in this document.

The Columbia County Basic EOP details additional Policies, Authorities, and References.