



## **North Carolina State Operated Shelter (SOS) Annex**

**North Carolina Emergency Management**  
4236 Mail Service Center  
Raleigh, NC 27607-33

**RECORD OF CHANGES**

Change Type	Number	Date Posted	Authorized By
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**Change** – After an annual annex review, a change constitutes the least invasive of the three plan management processes and is conducted annually. A change includes but is not limited to variations in phone numbers, office symbols, locations, etc. A change, despite the level of magnitude, requires a record of changes sheet within the plan to be completed.

**Update** – After annual annex review, if less than 25% of the content within the annex requires a change, an update is constituted. An update could be minor organizational, procedural, and/or situational changes. An update, despite the level of magnitude, requires a record of changes sheet within the annex to be completed.

**Revision** – After annual annex review, if greater than 25% of the content within the annex requires a change, a revision occurs. A revision constitutes the most invasive level of change to organization, procedure, situation, overall format, and governing policy.

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## **I. INTRODUCTION**

### **A. PURPOSE**

Shelter operations in North Carolina are a local responsibility and are driven by local needs; however, multi-jurisdictional, large-scale, or extended-duration events may require support from the state. A State Operated Shelter (SOS) is a congregate shelter that may be opened as a result of an incident that overwhelms the sheltering capabilities of local governments.

### **B. SCOPE**

This annex describes the protocols, management structure, coordination mechanisms, and support requirements necessary to conduct SOS operations. Components of this annex are subject to change based on the situation. Any deviations from this annex need to be coordinated with the North Carolina Emergency Management (NCEM) Human Services Branch.

## **II. SITUATION AND ASSUMPTIONS**

### **A. SITUATION**

The initiation of the SOS Annex is anticipated primarily in response to predicted or sudden catastrophic incidents. In these scenarios, local jurisdictions are likely to experience substantial impacts, leaving them unable to provide shelter for residents. Challenges in delivering sheltering services will arise due to significant widespread impacts on North Carolina, leading to safety concerns, insufficient shelter capacity, and limited staffing/facility resources for local jurisdictions. To address the resource gap, the state will be responsible for providing shelter services during and after such incidents.

### **B. ASSUMPTIONS**

Planning assumptions represent information presumed to be true and necessary to facilitate shelter planning. This annex is based on the following assumptions:

1. A significant natural or human-caused incident will cause damages to critical infrastructure, the condemning of residential buildings, and secondary effects which may rapidly overwhelm the capability of local resources and the capacity of host shelters (when implemented).

2. The need for sheltering operations will be determined by the significance of the damage, duration of the event, and the population of the evacuated or impacted area(s).
3. Staffing of an SOS will be supported through various agencies, to include North Carolina Department of Health and Human Services (DHHS), North Carolina National Guard (NCNG), local government entities, the American Red Cross, Community Emergency Response Teams (CERT) other non-governmental organizations, the Emergency Management Assistance Compact (EMAC), and private industry vendor contracts.
4. Specialized resources, such as oxygen, accessible transportation vehicles, and medication, may be scarce following a large-scale or catastrophic event.
5. All SOS sites will be assessed by a Functional Assessment Support Team (FAST) to identify challenges to universal accessibility and provide guidance on addressing/eliminating any barriers to accessibility.
6. All SOS sites will be accessible and will have supportive services available to meet the diverse needs of sheltered residents.
7. It may be difficult to obtain exact numbers to plan for sheltering needs; decisions may be based on estimates and best guess scenarios.
8. People may arrive at a shelter with their household pets and/or service animals, and these animals will need sheltering and appropriate care.
9. All SOS will consider the needs of service, assistance, and companion animals that arrive with owners.

### **III. CONCEPT OF OPERATIONS**

#### **A. AGENCY RESPONSIBILITIES**

##### **1. NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY**

###### **NORTH CAROLINA EMERGENCY MANAGEMENT**

- a. Coordinate staffing of Incident Management Teams (IMT) for each SOS location.

- b. Coordinate fulfilling SOS staffing and resource needs through the State Emergency Response Team (SERT) at the State Emergency Operations Center (SEOC).
- c. Coordinate fulfilling SOS request following a WebEOC resource request.
- d. Negotiate and secure emergency contracts or vendor agreements for shelter resource requirements and provisions (such as cots, blankets, hygiene supplies, food services, back-up generators, communications equipment, medical equipment) at the time of shelter activation notification or pre-position as applicable.
- e. Coordinate execution of Facility Use Agreements with identified SOS sites.
- f. Facilitate pre- and post- facility walk-throughs of all buildings designated for sheltering and/or shelter support to ensure a physical assessment for the recording of any damages in agreement with the facility for SOS operations.
- g. Establish policies and procedures for financial accounting of all disaster costs incurred and appropriate methods for reporting and requesting immediate need purchasing, or disbursement from or claiming reimbursement from state/federal public assistance programs.
- h. Facilitate the timely distribution of reimbursements received under the State and/or federal public assistance programs to the facilities hosting SOS operations.
- i. Track and report status of assigned resources.
- j. Notify Local Emergency Management of the intent to setup a SOS within their jurisdiction.

## **2. NORTH CAROLINA DEPARTMENT OF ADULT CORRECTIONS**

### **DIVISION OF COMMUNITY SUPERVISION**

- a. In collaboration with the SERT, provide support staff for SOS to help fill positions related to feeding, dormitory, registration, and security.

- b. Ensure that Department of Adult Corrections identified SOS personnel complete required American Red Cross shelter training and FEMA Incident Command System training.
- c. Track and report status of assigned resources.

### **3. NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**

#### **DIVISION OF SOCIAL SERVICES**

- a. Provide a DHHS liaison contact for SOS IMTs.
- b. In collaboration with the SERT, provide support staff for SOS to help fill positions related to feeding, dormitory, and registration.
- c. To the extent possible, in advance of an incident, ensure that DHHS SOS personnel complete required American Red Cross shelter training, FEMA Incident Command System training.
- d. Track and report status of assigned resources.

#### **DIVISION OF HEALTH SERVICE REGULATION**

##### **OFFICE OF EMERGENCY MEDICAL SERVICES (OEMS)**

- a. Provide an NC-OEMS liaison contact for SOS IMTs.
- b. Ensure that SOS staffing for Healthcare Services including, but not limited to, Initial Triage, Telemedicine Coordination, Pharmaceutical Coordination, Dialysis Coordination, and On-Site Basic Life Support and First Aid, is accomplished by whatever means practical to include agency personnel, local personnel who volunteer to deploy via NC- OEMS and out-of-state personnel via EMAC.
- c. Ensure that identified personnel complete the required training, licensing or credentialing as prescribed by the NC-OEMS.
- d. Track and report status of assigned resources.

**DIVISION OF PUBLIC HEALTH****PUBLIC HEALTH PREPAREDNESS AND RESPONSE BRANCH  
(PHP&R)**

- a. Provide a PHP&R liaison contact for SOS IMTs.
- b. In coordination with the Office of the Chief Public Health Nurse, PHP&R will work with NCEM to deploy state and local public health nurses to provide public health and population-level nursing services to residents in an SOS. If needed, public health nurses may be augmented through mutual aid processes. The role of public health nurses is described in attachment B.
- c. Ensure that public health nurses staffing the SOS are able to provide nursing services that are consistent with their scope of practice in the local health department, which includes health education, nursing assessment and disease surveillance, infection control, isolation and quarantine, population health and care management.
- d. Ensure that identified personnel complete required training, licensing or credentialing and receive just-in-time-training from the Public Health Nurse (PHN) in charge of the SOS as well as from the designated shelter manager.
- e. Track and report status of assigned resources.

**OCCUPATIONAL AND ENVIRONMENTAL, EPIDEMIOLOGY BRANCH**

- a. Ensure that shelters have been evaluated using the North Carolina Shelter Assessment form prior to shelter opening, and periodically as needed during operation. See Attachment A.
- b. Communicate any public health deficiencies within the shelter to the shelter manager, Shelter Public Health Nurse and the local health director.
- c. Respond to any public health complaints regarding sanitation, outbreak, or food protection issues within the shelter.
- d. Ensure that identified personnel complete the required training, licensing or credentialing as prescribed by the Environmental Health Section.



- e. Track and report status of assigned resources.

**DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES,  
AND SUBSTANCE USE SERVICES (DMHDDSUS)**

- a. Provide a DMHDDSUS liaison contact for SOS IMTs.
- b. Coordinate behavioral health professionals and other trained behavioral health workers to:
  - Staff the SOS to provide behavioral health triage and behavioral health services.
  - Monitor and assist shelter staff and residents for acute stress reactions as a result of the crisis or disaster.
  - Provide support and services to mentally or developmentally disabled shelter residents.
  - Assist security as requested in response to disruptive behavior and/or individuals under the influence of substances.
- c. Ensure that DMHDDSUS SOS personnel complete required training, licensing or credentialing as prescribed by DMHDDSUS.
- d. Track and report status of assigned resources.

**4. NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND  
CONSUMER SERVICES (NCDA&CS)**

**EMERGENCY PROGRAMS DIVISION**

- a. Provide a NCDA&CS-EP liaison for the SOS IMTs.
- b. Work with local government and non-governmental organizations to coordinate additional companion animal shelter staff for the SOS.
- c. Coordinate supply requests for companion animal sheltering at the SOS.
- d. Track and report status of assigned resources.

**5. AMERICAN RED CROSS**

- a. Provide an American Red Cross liaison contact for SOS IMTs.

- b. In collaboration with the SERT, provide SOS staffing related to shelter management, feeding, dormitory, registration, health services, mental health services, spiritual care services, and casework.
- c. Ensure that American Red Cross SOS personnel complete required American Red Cross shelter training and Incident Command System training.
- d. Provide situational awareness information of SOS operations through provision of situation/status reports/updates to the SERT via WebEOC and email updates to NCEM Human Services Branch, when providing shelter management for a SOS.
- e. Track and report status of assigned resources.
- f. The American Red Cross will support SOS operations per the Letter of Intent (LOI) with NCEM.

## **6. THE HOST FACILITY**

- a. Provide the identified buildings as agreed upon in the Facility Use Agreement.
- b. Provide a facility point of contact for the SOS IMTs.
- c. Coordinate with the IMT Public Information Officer and Joint Information Center at the SEOC for public messaging about SOS.

## **7. THE EVACUATING JURISDICTION**

- a. Provide transportation as needed for evacuees and their household pets and service animals.
- b. Provide a roster of evacuees.
- c. Expedite damage assessment of evacuee's home to ensure fast transition.
- d. Establish shelter transition for evacuees and their household pets and service animals.

**B. “Grey Sky Operations”**

Grey Sky Operations

**C. FACILITIES**

The Human Services Branch will work with NCEM Logistics, BEOC, CERT, RCC's, DHHS and the American Red Cross to identify accessible SOS sites and conduct site surveys. Every effort will be made to identify sites and negotiate Facility Use Agreements in advance of incidents, as well as to develop site specific plans.

NCEM will notify the jurisdiction if an SOS location is identified within their borders and will communicate with shelter organizations if necessary to deconflict facility use.

**D. FEEDING**

NCEM Logistics Section will coordinate shelter feeding operations through use of disaster contract vendors, when feasible. When this is not feasible, the SOS may be added to the incident feeding plan developed by the Mass Feeding Task Force. IMTs may not negotiate food deals with any other feeding group than what is assigned to them by the Mass Feeding Task Force.

**E. SHELTER MANAGEMENT STAFF****1. HUMAN SERVICES SHELTER COORDINATOR (HSSC)**

Upon activation of the SOS Annex, NCEM may assign an HSSC to coordinate support and management of SOS operations. This includes, but is not limited to, acting as a liaison between the SEOC and SOS Unified Command (UC) staff, sharing information, fulfilling resource requests, and resolving any issues or concerns that may arise during the SOS operation. The HSSC position may be staffed by NCEM, DHHS, or other identified designees, such as an EMAC or Federal subject matter expert, and will report to the Human Services Coordinator.

**2. SHELTER MANAGEMENT AND UNIFIED COMMAND**

A Unified Command structure will be established and staffed, by one or more of the following: the American Red Cross, NCEM, DHHS. Additionally, there may be a representative on site from NCEM to assist with logistics. Based on the nature of the incident, additional positions may be staffed on-site as needed.

The on-site SOS management team is responsible for the oversight and support of mass care operations at the shelter site. SOS UC will report to the designated HSSC or NCEM Human Services Coordinator.

For large or complex shelter operations, such as those involving multiple SOS locations, a shelter IMT may be necessary. For a detailed description of shelter IMT positions, they are located in the attachment section of the North Carolina Sheltering Guide.

### **3. SHELTER STAFF**

Staff for the SOS will be provided by the American Red Cross in collaboration with DHHS, (if requested), and local departments of social services (if requested and agreed to).

For a list of recommended shelter positions to be staffed and detailed position descriptions, reference the attachment section of the North Carolina Sheltering Guide.

### **4. TRAINING**

All SOS staff should be trained using the American Red Cross shelter guidance. Just-in-time training will be provided for staff as needed.

### **5. STAFF LODGING**

NCEM Logistics Section will be responsible for lodging accommodations for shelter staff when necessary/available. Lodging accommodations may be the following. A staff shelter, sheltering within the emergency shelter, Hotel off site if available, or a base camp. Assigning agencies should be assigning of accommodations. For example, Social Services should put in requests for lodging in NC Sparta for any of their volunteers.

## **F. SHELTER OPERATIONS**

### **1. COMMUNICATION**

Voice and data communications capabilities are vital to the successful operation of an SOS. There are various ways to ensure communications with the SOS are maintained:

- Cellular Phones
- VIPER Radios

- Handheld Radios
- Licensed Amateur Radio Operators
- Email

Resource requests may also be submitted for assistance and equipment to restore cellular/communications connectivity. This may include wireless connectivity, provided by private sector partners through NCEM.

Access to these communication methods assigned by the communications branch should be limited to shelter communications only. If need be, work with the Communication branch to clear the channel.

## **2. REGISTRATION**

Shelter registration staff will use the standard American Red Cross shelter registration process. Registration documents and client information will be kept confidential and secure but may be shared with appropriate entities as requested and approved.

## **3. REPORTING REQUIREMENTS**

During an incident, requesting jurisdictions should provide evacuee estimates as soon as possible.

Upon opening a shelter, the Shelter Manager should provide shelter population counts as often as possible, preferably hourly, in order to monitor occupancy and determine the need for additional shelters. Shelter count numbers are to be entered through the “Shelters-Statewide” board on WebEOC. If the shelter is not listed on the board, the HSSC will create a new shelter profile for that incident and marking it as a State Operated Shelter. If WebEOC access is unavailable by the Shelter IMT or Shelter Manager, report shelter counts to the HSSC. At a minimum, shelter population counts must be provided at midnight and noon daily for command staff review.

Reports should include total shelter population, select demographics, evacuee jurisdiction of origin, and percentage of shelter capacity (50%, 75%, 90%).

**G. LOGISTICS****1. SHELTER SUPPLIES AND EQUIPMENT**

American Red Cross may provide Shelter Support Trailers (each serves 800 clients) for SOS operations. NCEM will determine how many will be required based on expected shelter populations and make the request through WebEOC to the American Red Cross SEOC representative. Trailers may take 24-72 hours to arrive, depending on where they are located at the time of the request.

NCEM Logistics may provide NCEM Shelter Support Trailers. The contents of these trailers can be found in the North Carolina Shelter Guide; however, the contents of these trailers may change depending on the incident.

**2. REQUESTING RESOURCES**

The on-site NCEM Logistics representative will work with SOS UC Staff to make resource requests. In the event that an NCEM Logistics representative's is not present, resource requests will be made through the HSSC or in coordination with the NCEM Logistics and Operation Sections.

**3. SHELTER SUPPORT SERVICES**

All SOS will have an open, accessible environment where all members of the community are accepted. Individuals will not be separated from service animals, medical equipment and supplies, care providers, interpreters, or family, including unrelated household members. Exceptions may be made because of space restrictions or for those with medical needs requiring privacy and/or segregation for health and safety reasons.

**4. MEDICAL SCREENING**

During the intake process all evacuees will be screened for unmet medical needs, symptoms of an infectious disease, and the need for minor or acute medical care. Regarding medical screenings, evacuees will be asked two questions:

1. Is there anything you or a member of your family needs right now to stay healthy while in the shelter? If not, is there anything you know you will need in the next 6-8 hours?

2. Do you or a family member have a health, mental health, disability, or other condition about which you are concerned?

SOS are not capable of providing acute medical care that requires treatment in a medical facility. If acute medical needs or infectious disease are discovered during the intake process, individuals will be directed to Healthcare Services staff for triage to determine the appropriate medical facility and to coordinate appropriate transportation.

## **5. HEALTHCARE SERVICES STAFF**

The SOS will utilize an EMS Provider Supported Model where healthcare services functions are carried out by credentialed EMS Providers. According to 10A NCAC 13P .0506, EMS Providers are allowed to perform up to their full scope of practice, under the direction of a physician. NC-OEMS will supervise medical operations for the SOS. An on-site Basic Life Support (or higher) Ambulance will be provided for the duration of shelter operations.

## **6. TELEMEDICINE**

NC-OEMS will coordinate and oversee telemedicine services for SOS. NC-OEMS will provide the information to on-site healthcare staff, and on-site staff will facilitate telemedicine visits for any evacuees requiring telemedicine services. NCEM holds and maintains the contract for telemedicine.

## **7. MEDICATIONS AND MEDICAL DEVICES**

Evacuees for whom medications and supplies have been prescribed are expected to bring those pharmaceuticals, supplies, and devices necessary for health maintenance with them to the shelter. These items will remain under the ownership and cognizance of the individual(s) to whom they belong. Temperature controlled secure storage will be provided on-site to store medications and access will be coordinated by healthcare services staff. If necessary, shelter residents may request replacement of prescription medications, assistance in administering medications, or operating medical equipment through on-site healthcare services staff.

Evacuees presenting with unmet medical needs for specialty equipment, assistive devices, personal care assistants, or other medical needs will be

assessed by appropriate response personnel. Additional assistance needs may be requested through on-site healthcare services staff.

## **8. MENTAL HEALTH SERVICES**

Mental health staff will be on-site to address clients' emotional health needs from pre-existing conditions or disaster related trauma. The DMHDDSUS will provide oversight for disaster mental health staff.

Shelter residents will have the opportunity to disclose any mental health needs during registration, but individuals may choose not to disclose. If an individual discloses a mental health condition, but does not have the required medication or support, they will be referred to health or mental health services for triage and assessment and referred to appropriate care as needed. If an individual requires acute mental health care, transportation to an appropriate facility will be coordinated by health or mental health services staff.

Every effort shall be made to ensure evacuees with mental health conditions are sheltered in an atmosphere conducive to their needs. To that end, where possible, shelter surveys and mapping will include the identification of quiet rooms.

## **9. ADDICTION SERVICES**

The SOS health services staff will have a supply of naloxone to administer to a shelter resident experiencing an opioid overdose. Residents may arrive at the shelter with take-home medications to treat opioid use disorders such as methadone or buprenorphine, along with naloxone, which individuals store in their own lockboxes.

## **10. ACCESS AND FUNCTIONAL NEEDS**

During a disaster, individuals with access and functional needs may seek assistance at general population shelters. Most individuals can be accommodated with appropriate support. All SOS will maintain an accessible environment, with or without modifications, in accordance with (Americans with Disabilities Act) ADA guidelines. This includes, but is not limited to, considerations for physical accessibility, communication, maintaining health and independence, and transportation needs.

During the opening process, all SOS should be assigned a Functional Assessment Support Team (FAST). FAST may be designated to support



one shelter site or may rotate through multiple sites. The shelter management team or the HSSC will request deployment of the FAST. The FAST Coordinator will dispatch a team to conduct a functional assessment and to determine the support needed to maintain all individuals' independence and safety in an emergency shelter setting.

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

## **11. SERVICE ANIMALS AND ASSISTANCE ANIMALS**

Per the ADA and state law, a service animal is a dog or miniature horse that is specifically trained to do work or perform tasks for the benefit of a person with a disability. This includes service animals in training.

An assistance animal is not a service animal; there is no restriction on the type of animal that can be considered an assistance animal. Service animals, per ADA, are not pets and will be permitted to accompany their owners anywhere the public is allowed within the shelter. Only service animals, not assistance animals, will be allowed in the general population areas of the shelter.

If a person's disability is not obvious, shelter workers may ask the handler of a service animal two questions in accordance with 28 CFR 35.136(f):

- a. Is this a service animal required because of a disability?
- b. What has it been trained to do?

## **12. PET SHELTERING**

Companion animal sheltering will be provided at the SOS utilizing space within the facility, most likely from supplies from a CAMET if available, or utilizing a Companion Animal Shelter Trailer (CAST) elsewhere on-site.

Evacuees should bring cages, food, bowls, medications, vaccination records, leashes, collars, and identification tags for their pets. Adult owners are responsible for the care of their own pets, to include walking, feeding, and cleaning up after their pets. Evacuees should not have contact with any pets that are not their own. Companion animals housed in pet shelters must be apparently healthy with no symptoms of infectious disease. In the case of illness or injury, veterinary care will be facilitated off-site at the owner's expense.

If a pet owner needs assistance due to an access or functional need, or any other extenuating circumstance, pet shelter staff will work with the pet owner to identify needs and request additional assistance if necessary.

## **H. SAFETY AND SECURITY**

Department of Adult Corrections, in collaboration with NCEM, will coordinate deployment of Community Supervision staff to provide law enforcement support/security to SOS locations. Security may also be handled by other state law enforcement agencies, mutual aid County law enforcement, or private security. The level of protection needed is based on the ground situation from the IMT Operations Section Chief, the first assigned law enforcement supervisor on scene, and the HSSC. Shelter management staff will take all reasonable actions to ensure the safety of individuals residing and working in a shelter. Every adult shelter resident and all shelter staff will be provided with the shelter rules and are expected to comply. Parents and adults within households are responsible for ensuring the compliance of their children and other minors in their households. Any person who violates shelter rules is subject to immediate removal from the shelter.

### **1. USE OF ELECTRONICS**

The use of cell phones, tablets, laptops, and personal gaming systems are permitted in the shelter. However, when using devices, residents and staff will be asked to alert others before taking pictures and/or video to protect

the privacy of other residents. Content that includes other individuals should not be posted without their consent.

## **2. WEAPONS**

Weapons are prohibited in shelters within the bounds of local, state, and federal law. SOS will not store or supervise weapons brought to the shelter by evacuees.

## **3. ALCOHOL, TOBACCO, AND ILLEGAL DRUGS**

No alcoholic beverages or illegal drugs will be allowed in the shelter.

Smoking and vaping will not be permitted inside the shelter and will only be permitted in areas outside the SOS that have been designated by the host facility on initial walk through with IMT.

## **4. ACCESS CONTROL**

All SOS entry and exit points will be staffed to ensure accountability. Access point control will direct shelter residents to the registration desk to check-in/check-out, ensuring accountability of all shelter occupants for safety purposes. Where necessary to support the overall safety of the shelter, access points may need to be staffed by sworn law enforcement.

## **5. TRAFFIC CONTROL**

Traffic control will be coordinated and staffed by the Department of Adult Correction.

## **6. MEDIA ACCESS TO THE SHELTER**

Media inquiries WILL be coordinated by the Public Information Officer and Shelter Manager. The privacy of shelter clients should be always prioritized.

## **I. TRANSITION TO RECOVERY**

Once the incident has concluded or the disaster has stabilized, affected jurisdictions will begin damage assessments and determine when it is safe to begin returning evacuees to their pre-disaster county of residence. . After an incident that displaces many households, the shelter population will likely decrease rapidly as people return home or find alternate housing arrangements. In most events or incidents, the SOS will reach a plateau, where the population does not change for several days, or the decrease

slows substantially. The remaining individuals tend to be pre-disaster homeless, pre-disaster precariously housed, and those who need significant assistance with interim housing.

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

#### **J. CLOSING THE SHELTER**

The decision to close the shelter will be made with input from NCEM Human Services, DHHS, SOS UC staff, American Red Cross, and relevant government jurisdictions.

The shelter management team will provide 48 hours notice of facility closure to the shelter clients whenever possible. Shelter residents still residing in the shelter will be given an option for relocation or recovery. A SOS may be closed with less than 48 hours notice if there are no people at the shelter or if accommodations for those present have been made in lieu of retaining the SOS.

Persons that were transported via a bus to the SOS will return via a bus by the state.

#### **IV. DEVELOPMENT, REVIEW, AND MAINTENANCE**

This annex will be reviewed or revised annually and/or following any drill, exercise, or real-world incident that indicates changes to the annex are necessary. The NCEM Human Services Branch will coordinate with shelter partners to review for any updates or changes to the document before making permanent changes to the annex. The final approved draft will be distributed to all shelter partners, and any other departmental contacts requiring or requesting annex information.



**V. ATTACHMENTS**

**A. NORTH CAROLINA SHELTER ASSESSMENT FORM**

<https://epi.dph.ncdhhs.gov/phpr/docs/ncshelterenvironassessform.pdf>

**B. SHELTER PUBLIC HEALTH NURSE JOB DESCRIPTION**

<https://www.dph.ncdhhs.gov/media/723/download?attachment>