CAPABILITY 7: Mass Care

Mass care is the ability to coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location.[98] This capability includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves.

This capability consists of the ability to perform the following functions:

- **Function 1:** Determine public health role in mass care operations
- **Function 2:** Determine mass care needs of the impacted population
- **Function 3:** Coordinate public health, medical, and mental/behavioral health services
- **Function 4:** Monitor mass care population health

Function 1: Determine public health role in mass care operations

In conjunction with Emergency Support Function #6, #8, and #11 partners, emergency management, and other partner agencies, determine the jurisdictional public health roles and responsibilities in providing medical care, health services, and shelter services during a mass care incident.

Tasks

This function consists of the ability to perform the following task:

Task 1: At the time of an incident, activate pre-determined public health roles (e.g., population monitoring, environmental health and safety assessment, accessibility for populations with special needs, and need for decontamination) needed in the mass care response in coordination with Emergency Support Function #6 and #8 partners.

Performance Measure(s)

At present there are no CDC-defined performance measures for this function.

Resource Elements

*Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.*

PLANNING (P)

P1: Written plans should include a process to work in conjunction with Emergency Support Function #6 , #8, and #11 partners, emergency management, and other partner agencies (e.g., jurisdictional Safety Officer, HazMat, radiation control authority, emergency medical services, healthcare organizations, fire service, American Red Cross, Federal Emergency Management Agency, and animal control) to establish written jurisdictional strategies for mass care addressing the fulfillment of minimum roles and responsibilities at both general and functional needs shelters. Strategies may include memoranda of understanding, memoranda of agreement, or letters of agreement with partner agencies if needed. Minimum roles and responsibilities include the following elements:

- Provision of medical services
- Provision of mental/behavioral health services
- Provision of radiological, nuclear, and chemical screening and decontamination services
- Conduction of and reporting on human health surveillance
- Assessment of facility accessibility for populations with special needs
- Operation oversight, set-up, and closure of congregate location(s)
- Registration of congregate location users
- Removal of sanitation and waste
- Provision of service animal and pet shelter and care
- Provision of environmental health and safety inspections

Suggested resource

- State Radiation Control Programs: http://www.crcpd.org/Map/RCPmap.htm

(For additional or supporting detail, see Capability 8: Medical Countermeasure Dispensing, Capability 11: Non-Pharmaceutical Interventions, and Capability 13: Public Health Surveillance and Epidemiological Investigation)

Function 1: Determine public health role in mass care operations

Resource Elements *(continued)*

PLANNING (P)

P2: Written plans should include processes to address the functional needs of at-risk[99] individuals, which may include memoranda of understanding or agreement or letters of agreement with partner agencies if needed. At -risk accommodations may include but are not limited to the following elements:

- Functional and medical caregivers
- Social services
- Utilization of universal design principles in signage and accessibility
- Language and sign language interpreters

P3: Written plans should include processes to disseminate situational awareness information to emergency management and to alert partner organizations in a mass care response. Processes and information include the following elements: [100]

- Contact information of at least one representative from each organization
- Who will notify organizations
- How organizations will be notified
- How receipt of notification will be confirmed
- How organizations will confirm their participation in the mass care response.
- What procedures are in place to assure that communication will work properly during an emergency (e.g., regular updating of contact lists, regular drills)

(For additional or supporting detail, see Capability 3: Emergency Operations Coordination and Capability 6: Information Sharing)

Function 2: Determine mass care needs of the impacted population

In conjunction with Emergency Support Function #6, #8, and #11 partners, emergency management and other partner agencies, determine the public health, medical, mental/behavioral health needs of those impacted by the incident.

Tasks

This function consists of the ability to perform the following tasks:

Task 1: At the time of an incident, coordinate with response partners to utilize pre-existing jurisdictional risk assessment, environmental data, and health demographic data to identify population health needs in the area impacted by the incident. *(For additional or supporting detail, see Capability 1: Community Preparedness)*

Task 2: At the time of an incident, coordinate with response partners to complete a facility-specific environmental health and safety assessment of the selected or potential congregate locations.

Task 3: During the incident, coordinate with partner agencies to assure food and water safety inspections at congregate locations. *(For additional or supporting detail, see Capability 13: Public Health Surveillance and Epidemiological Investigation)*

Task 4: During the incident, coordinate with partners to assure health screening of the population registering at congregate locations. *(For additional or supporting detail, see Capability 10: Medical Surge)*

Performance Measure(s)

At present there are no CDC-defined performance measures for this function.

Function 2: Determine mass care needs of the impacted population

Resource Elements

*Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.*

PLANNING (P)

P1: ***(Priority)*** Written plans should include an assessment form to be used in shelter environmental health inspections, including at a minimum the following elements:

- Identification of barriers for disabled individuals
- Structural integrity
- Facility contamination (e.g., radiological, nuclear, or chemical)
- Adequate sanitation (e.g., toilets, showers, and hand washing stations) and waste removal
- Potable water supply
- Adequate ventilation
- Clean and appropriate location for food preparation and storage

Suggested resources

- CDC Environmental Health Assessment Form for Shelters: http://www.bt.cdc.gov/shelterassessment/
- Federal Emergency Management Agency Shelter Operations Management Toolkit, "Opening a Shelter" section, p.3-4: http://www.fema.gov/pdf/emergency/disasterhousing/dspg-MC-ShelteringHandbook.pdf
- CDC Disaster Surveillance Tools: http://www.emergency.cdc.gov/disasters/surveillance

P2: ***(Priority)*** Written plans should include a list of pre-identified site(s) that have undergone an initial assessment to determine their adequacy to serve as congregate locations (based on the size, scope, and nature of potential incidents and jurisdictional risk assessment).[101]

P3: Written plans should include a process and protocol to conduct facility assessments, including but not limited to the following elements:

- Process for contacting lead shelter operation organization
- Access to equipment (e.g., radiation detection devices) needed for assessment
- When the assessment will occur during set-up
- Time frame in which necessary corrective actions will be taken
- Repeat assessment after incident occurs (assessment should occur within 48 hours after a site opens)

Suggested resource

- CDC Shelter Assessment Tool: http://www.emergency.cdc.gov/shelterassessment/pdf/shelter-tool-form.pdf

P4: Written plans should include processes or written agreements, which may include memoranda of understanding or letters of agreement to adopt or amend jurisdictional restaurant/food service requirements for food and water assessments at shelters, or written processes for coordinating assessments of food and food sources. Plans should include the following processes:

- Assure food safety
- Assure safety of potable water
- Assure wastewater is properly managed
- Ensure proper management of solid waste
- Assure air quality is controlled
- Identify and assess general safety issues
- Monitor housekeeping, cleaning, and sanitation
- Identify and assist with vector/pest control issues
- Monitor safety and sanitation of childcare
- Ensure that personal hygiene amenities (e.g., soap, hot water, and hand sanitizer) are provided
- Assure hygiene education is provided to response partners and volunteers handling food

Function 2: Determine mass care needs of the impacted population

Resource Elements *(continued)*

PLANNING (P)

Suggested resources

- U.S. Food and Drug Administration Food Code for regulating restaurants and food services (e.g., at nursing homes): http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/FoodCode/FoodCode2009/default.htm
- Food service standard operating procedures (National Food Service Management Institute NFSMI/U.S. Department of Agriculture): http://sop.nfsmi.org/sop_list.php
- Accidental Radioactive Contamination of Human Food and Animal Feeds: Recommendations for State and Local Agencies, U.S. Food and Drug Administration: http://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM094513.pdf
- Red Cross Basic Food Safety Course: http://redcrossla.org/training/disaster-services-classes
- Basic Food Safety®, ServSafe: http://www.servsafe.com/foodsafety/

P5: Written plans should include procedures for how the public health agency will coordinate with the lead service agency (e.g., emergency management or social services) for the provision of specialty food items to address the nutritional needs/requirements of young children, the elderly, and other at-risk populations.

P6: Written plans should include procedures for referral of individuals to health services at the congregate location, medical facilities, specialized shelters, or other sites. *(For additional or supporting detail, see Capability 6: Information Sharing and Capability 10: Medical Surge)*

SKILLS AND TRAINING (S)

S1: Have or have access to personnel who are skilled in the use of Geographical Information Systems or other mapping systems.

S2: Personnel conducting shelter safety assessments should receive training for conducting an environmental health and safety assessment.

Suggested resources

- Federal Emergency Management Agency Environmental Health Training in Emergency Response: http://cdp.dhs.gov/resident/ehter.html.
- CDC Shelter Assessment Tool Training: http://www.emergency.cdc.gov/shelterassessment/training.asp

S3: Training for registration staff to recognize the need to make referrals to health services, specialized shelters, or medical facilities, as appropriate.

S4: Facility Assessment Training: http://www.emergency.cdc.gov/shelterassessment/training.asp

EQUIPMENT AND TECHNOLOGY (E)

E1: ***(Priority)*** Have or have access to a tool for health screening of individuals during shelter registration. The following are suggested elements for inclusion:

- Immediate medical needs
- Assistive device needs
- Mental health needs
- Sensory impairment or other disability
- Medication use
- Need for assistance with activities of daily living
- Substance abuse

Suggested resources

- Initial Intake and Assessment Tool (HHS/American Red Cross): http://www.acf.hhs.gov/ohsepr/snp/docs/disaster_shelter_initial_intake_tool.pdf
- CDC Field Triage Decision Scheme: http://www.cdc.gov/fieldtriage/pdf/triage%20scheme-a.pdf
- http://www.aap.org/disasters/pdf/Standards-Disaster-Shelter-Care.pdf

Function 2: Determine mass care needs of the impacted population

Resource Elements *(continued)*

EQUIPMENT AND TECHNOLOGY (E)

E2: Have or have access to Geographical Information System or other system (e.g., zip code sorting) to identify the location of at-risk populations (e.g., nursing homes, non-English speaking communities, populations with chronic conditions) within the jurisdiction, and to compare their locations to pre-identified shelter locations and incident impact areas.

Function 3: Coordinate public health, medical, and mental health mass care services

Coordinate with partner agencies to provide access to health services, medication and consumable medical supplies (e.g., hearing aid batteries and incontinence supplies), and durable medical equipment for the impacted population.

Tasks

This function consists of the ability to perform the following tasks:

Task 1: At the time of the incident, coordinate with healthcare partners to assure medical and mental/behavioral health services are accessible at or through congregate locations. *(For additional or supporting detail, see Capability 1: Community Preparedness and Capability 10: Medical Surge)*

Task 2: At the time of the incident, coordinate with providers to facilitate access to medication and assistive devices for individuals impacted by the incident. *(For additional or supporting detail, see Capability 8: Medical Countermeasure Dispensing, Capability 9: Medical Materiel Management and Distribution, and Capability 10: Medical Surge)*

Task 3: At the time of the incident, if applicable, coordinate with jurisdictional HazMat resources or other lead agency to assure provision of population monitoring and decontamination services, including the establishment of tracking systems of contaminated or possibly contaminated (e.g., radiological, nuclear, or chemical) individuals who may enter congregate locations. *(For additional or supporting detail, see Capability 3: Emergency Operations Coordination)*

Task 4: During an incident, disseminate and promote accessible information regarding available mass care health services to the public. *(For additional or supporting detail, see Capability 4: Emergency Public Information and Warning)*

Task 5: During an incident, coordinate with agencies to accommodate and provide care (e.g., medical care, essential needs, and decontamination) for service animals within general shelter populations.[102]

Task 6: At the time of the incident, work with partner agencies in coordinating the location of human sheltering efforts with household pet sheltering efforts.

Task 7: During and after an incident, coordinate with emergency medical services, local, state, tribal, and federal health agencies, emergency management agencies, state hospital associations, social services, and participating non-governmental organizations to return individuals displaced by the incident to their pre-incident medical environment (e.g., prior medical care provider, skilled nursing facility, or place of residence) or other applicable medical setting. *(For additional or supporting detail, see Capability 10: Medical Surge)*

Function 3: Coordinate public health, medical, and mental health mass care services

Performance Measure(s)

At present there are no CDC-defined performance measures for this function.

Resource Elements

*Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.*

PLANNING (P)

P1: ***(Priority)*** Written plans should include memoranda of understanding, memoranda of agreement, or letters of agreement with medication providers, including but not limited to the following elements:

- Requesting medication from providers
- Bringing medication to congregate locations
- Storing and distributing medication at congregate locations
- Referring and transporting individuals to pharmacies and other providers for medication

(For additional or supporting detail, see Capability 8: Medical Countermeasure Dispensing, Capability 9: Medical Materiel Management and Distribution, and Capability 10: Medical Surge)

P2: ***(Priority)*** Written plans should include a scalable congregate location staffing model based on number of individuals, resources available, competing priorities, and time frame in which intervention should occur that is incident-driven and, at a minimum, includes the ability to provide the following elements:

- Medical care services
- Management of mental/behavioral disorders
- Environmental health assessments (e.g., food, water, and sanitation)
- Data collection, monitoring, and analysis
- Infection control practices and procedures

Suggested resources

- Memoranda of understanding, memoranda of agreement, or letters of agreement with mental/behavioral health specialists to provide mental/behavioral health services to individuals registering at congregate locations (either at congregate locations or through referral)

(For additional or supporting detail, see Capability 10: Medical Surge and Capability 15: Volunteer Management)

P3: ***(Priority)*** Written plans should include procedures to coordinate with partner agencies to transfer individuals from general shelters to specialized shelters or medical facilities if needed, including the following procedural elements:

- Patient information transfer (e.g., current condition and medical equipment needs)
- Physical transfer of patient

(For additional or supporting detail, see Capability 10: Medical Surge)

P4: ***(Priority)*** Written plans should include a process to coordinate with partner agencies to monitor populations[103] at congregate locations, including but not limited to the following processes:[104]

- Establishing registries for exposed or potentially exposed individuals for long-term health monitoring
- Separate shelter facilities for monitoring individuals at congregate locations
- Identifying, stabilizing and referring individuals who need immediate medical care or decontamination
- Prioritization of at-risk populations at congregate locations that have specific needs after a radiation incident (e.g., children, elderly, and pregnant women)

Suggested resources

- Population Monitoring in Radiation Emergencies: http://emergency.cdc.gov/radiation/pdf/population-monitoring-guide.pdf
- Radiation Emergency Medical Management: http://www.remm.nlm.gov/
- Conference of Radiation Control Program Directors State Radiation Control Programs: http://www.crcpd.org/Map/RCPmap.htm

Function 3: Coordinate public health, medical, and mental health mass care services

Resource Elements *(continued)*

PLANNING (P)

P5: ***(Priority)*** Written plans should include a scalable congregate location staffing matrix identifying at least one back-up for each population monitoring and decontamination response role. Skill sets at a minimum should include the following elements:

- The ability to manage population monitoring operation
- The ability to monitor arrivals for external contamination and assess exposure
- The ability to assist with decontamination services
- The ability to assess exposure and internal contamination

Suggested resources

- Report on Workshop on Operating Public Shelters During a Radiation Emergency : http://www.naccho.org/topics/environmental/radiation/index.cfm
- Virtual Community Reception Center: http://www.emergency.cdc.gov/radiation/crc/vcrc.asp
- Population Monitoring in Radiation Emergencies: A Guide for State and Local Public Health Partners: http://www.emergency.cdc.gov/radiation/pdf/population-monitoring-guide.pdf
- Map of State Radiation Control Programs: http://www.crcpd.org/Map/RCPmap.htm
- Radiation Emergency Assistance Center Training: http://orise.orau.gov/reacts/

P6: Written plans should include memoranda of understanding, memoranda of agreement, or letters of agreement with medical supply/equipment providers, including but not limited to the following elements:

- Processes to bring supplies and equipment to the congregate locations
- Accountability for equipment during the mass care response
- Processes to return equipment to providers when no longer needed

P7: Written plans should include a process to coordinate, if requested, with response partners (e.g., HazMat, Radiation Control Authority, and Emergency Medical Services) responsible for decontamination of individuals at congregate locations. Processes should include but are not limited to the following elements:

- Coordination with organizations trained in decontamination
- Establishment of decontamination stations, including handicap-accessible stations, at congregate locations
- Delivery of decontamination supplies (e.g., shower supplies, plastic bags to collect possibly contaminated materials, medication, and medical supplies) to congregate locations
- Removal or storage of contaminated materials away from congregate location populations

(For additional or supporting detail, see Capability 11: Non-Pharmaceutical Interventions)

P8: Written plans should include agreements with response partners for animal care (e.g., service animal trainers, Board of Animal Health, and National Veterinarian Response Teams) to assist with specialized care for service animals at congregate locations.

P9: Written plans should include a process to coordinate with response partners (e.g., service animal trainers, Board of Animal Health and National Veterinarian Response Teams) for animal sheltering and care at congregate locations. Plans should include but are not limited to the following elements:

- Pre-identified locations that can serve as temporary shelters for small and large pets
- Pre-arranged contracts for food, water, bedding supply, and other equipment needed for designated animal shelter locations
- Protocols for coordination of animal medical evaluations (e.g., for injuries, HazMat exposures, and diseases)
- Plan for the quarantine of animals
- Pre-arranged jurisdictional veterinary support (e.g., from veterinary teaching hospitals, jurisdictional Animal Response Teams, and animal day care centers) via contracts or other mechanisms

Function 3: Coordinate public health, medical, and mental health mass care services

Resource Elements *(continued)*

PLANNING(P)

Suggested resource

- American Veterinary Medical Association, Emergency Preparedness and Response, http://www.avma.org/disaster/emerg_prep_resp_guide.pdf

P10: Written plans should include processes for service animal decontamination at congregate locations, including provision of washing stations for owners to conduct pet decontamination.

SKILLS AND TRAINING (S)

S1: Radiation training for mass care responders

Suggested resource

- CDC's Radiation Emergency Training and Education: http://emergency.cdc.gov/radiation/training.asp

S2: Personnel that will be involved with animal care services should have access to the following training:

- Federal Emergency Management Agency Animals in Disaster—Module A: Awareness and Preparedness (IS10) http://www.training.fema.gov/emiweb/Is/is10.asp and Animals in Disaster—Module B: Community Planning (IS11) http://training.fema.gov/EMIWEB/IS/IS11.asp
- Humane Society of the United States, 2009 Disaster Training Program: http://www.hsus.org/hsus_field/hsus_disaster_center/disaster_training_dates_2007.html

Function 4: Monitor mass care population health

Monitor ongoing health-related mass care support, and ensure health needs continue to be met as the incident response evolves.

Tasks

This function consists of the ability to perform the following tasks:

Task 1: During an incident, in coordination with partner agencies, monitor facility-specific environmental health and safety, including screening for contamination (e.g., radiological, nuclear, biological, or chemical), and assure any identified deficiencies are corrected.

Task 2: During an incident, conduct surveillance at congregate locations to identify cases of illness, injury, and exposure within mass care populations. *(For additional or supporting detail, see Capability 13: Public Health Surveillance and Epidemiological Investigation)*

Task 3: During an incident, identify updated health needs as part of the agency's/jurisdictional situational awareness update, and refer those updates through the public health incident management system for additional local, state, regional, or federal assistance as necessary. *(For additional or supporting detail, see Capability 3: Emergency Operations Coordination)*

Task 4: After an incident, in conjunction with partner agencies, de-escalate health response as appropriate to the mass care situation, including creating and executing a health resource demobilization plan. *(For additional or supporting detail, see Capability 3: Emergency Operations Coordination and Capability 10: Medical Surge)*

Performance Measure(s)

At present there are no CDC-defined performance measures for this function.

Function 4: Monitor mass care population health

Resource Elements

*Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.*

PLANNING (P)

P1: ***(Priority)*** Written plans should include a process to conduct ongoing shelter population health surveillance, including the following elements:

- Identification or development of mass care surveillance forms and processes
- Determination of thresholds for when to start surveillance
- Coordination of health surveillance plan with partner agencies' (e.g., Red Cross) activities

(For additional or supporting detail, see Capability 14: Public Health Surveillance and Epidemiological Investigation)

P2: ***(Priority)*** Written plans should include templates for disaster-surveillance forms, including Active Surveillance and Facility 24-hour Report forms.

Suggested resources

- CDC Public Health Assessment and Surveillance After a Disaster: http://www.emergency.cdc.gov/disasters/surveillance/pdf/CASPER_toolkit_508%20COMPLIANT.pdf
- Active Surveillance form, Natural Disaster Morbidity Surveillance Individual Form: http://www.emergency.cdc.gov/disasters/surveillance/pdf/NaturalDisasterMorbiditySurveillanceIndividualForm.pdf
- Facility 24-hour Report Forms, Natural Disaster Morbidity Surveillance Tally Sheet: http://www.emergency.cdc.gov/disasters/surveillance/pdf/NaturalDisasterMorbiditySurveillanceTallySheet.pdf
- Facility 24-hour Report Forms, Natural Disaster Morbidity Surveillance Summary Report Form: http://www.emergency.cdc.gov/disasters/surveillance/pdf/NaturalDisasterMorbiditySurveillanceSummaryReportForm.pdf

P3: Written plans should include demobilization procedures, including but not limited to[105] the following elements:

- Processes to inform responding agencies of demobilization
- Responsibilities/agreements for reconditioning and return of equipment when no longer needed
- Time frame for ending mass care health services upon shelter closure notice

(For additional or supporting detail, see Capability 3: Emergency Operations Coordination)

EQUIPMENT AND TECHNOLOGY (E)

E1: Have of have access to electronic database or other data storage system to document, at a minimum, the number and type of health needs addressed, and disposition (e.g., hospitalized or sent home) of individuals using mass care health services.