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Lessons Learned Information Sharing

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LESSON LEARNED

Mass Care Facilities: Disseminating Information to Maintain Behavioral Health

SUMMARY

Managers of mass care facilities should have the capacity to quickly convey important information to individuals at the facility in order to maintain behavioral health and to minimize fears. This can be achieved through the use of a public address system, messengers, and hand-written boards.

DESCRIPTION

In the fall of 2007, the Department of Homeland Security (DHS) sponsored the TOPOFF, or Top Officials, 4 (T4) exercise. T4 consisted of a full-scale exercise (FSE) that included functional and tabletop components as well. Arizona, Oregon, and Guam comprised the primary venues for the T4 FSE. Over 100 federal, state, territorial, tribal, and local agencies as well as private sector and international partners participated in the T4 exercise. The T4 FSE used a radiological dispersal device (RDD) scenario based upon National Planning Scenario 11 to test federal, state, territorial, and local capabilities. T4 exercised almost every capability within the DHS Target Capabilities List.

TOPOFF was a congressionally mandated terrorism preparedness program. It has been replaced by the National Level Exercise series of exercises.

The Multnomah County, Oregon, Health Department developed the public health component for the T4 FSE at the Oregon venue. This public health component had three principal elements. First, the county health department, in cooperation with partner organizations and jurisdictions, established a health/environmental unified command at the incident command post to manage tactical health and environmental issues at the incident site. Second, the county health department and its partners activated a medical care point (MCP) field emergency medical facility to relieve overwhelmed hospital emergency rooms. Third, they established a rapid screening point (RSP) that performed mass screenings of persons with possible radiation exposure, referral of those suffering from exposure, decontamination, initial mental health treatment, and registration of those exposed for follow-up evaluation. Over 400 players and 800 exercise actors participated in exercise events at the 3 locations.

During the FSE, verbal announcements at the MCP led some response personnel and victims to begin donning masks while others did not. Victims without masks began to express concerns about their health and safety. Behavioral health responders observed a discernable increase of fear among victims at the MCP. Further, victims who were deaf or hearing-impaired encountered problems communicating with responders and victims who had donned masks. The after-action report (AAR) recommended that MCPs and RSPs should have the capacity to simultaneously and quickly convey important messages to

relieve fear or confusion. This could be achieved through a public address system, messengers, or large boards. However, the AAR noted that any such method should consider the needs of hearing- or sight-challenged individuals.

Managers of mass care facilities should have the capacity to quickly convey important information to individuals at the facility in order to maintain behavioral health and to minimize fears. This can be achieved through the use of a public address system, messengers, and hand-written boards.

For more on behavioral health during an RDD incident, please see *the Lessons Learned Information Sharing Best Practice, Radiological Dispersal Device Incident Response Planning: Psychological Management*.

CITATION

Multnomah County, Oregon, Health Department. *After-Action Report of the 4th National Top Officials Exercise Operations of Health/Environmental Unified Command, Medical Care Point, and Rapid Screening Point at Oregon Venue: October 16 – 19, 2007* Jan 2008.

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