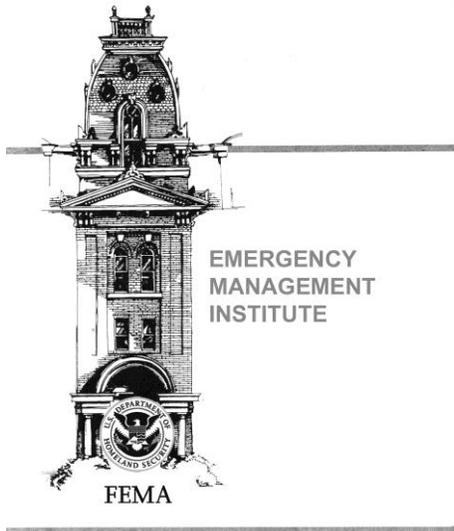


UNIT 2: INTRODUCTION TO MASS CARE AND EMERGENCY ASSISTANCE SERVICES

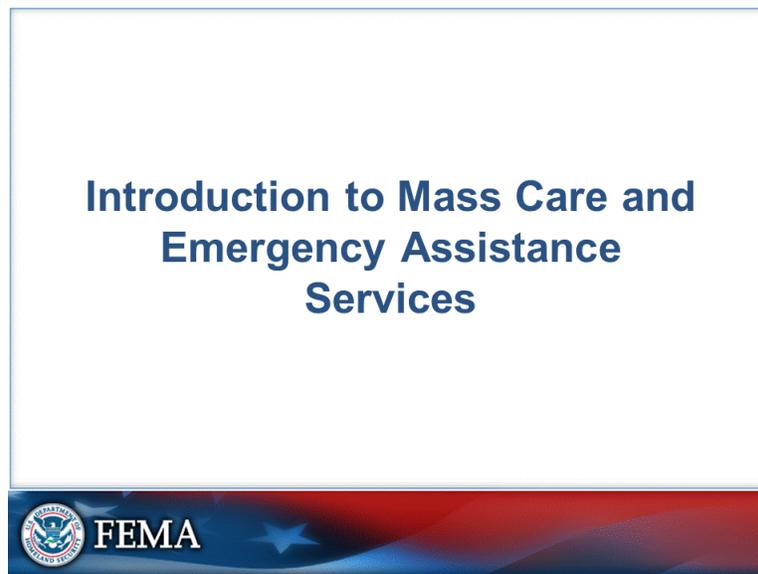
Student Manual

Federal Emergency Management Agency
Emergency Management Institute



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MASS CARE AND EMERGENCY ASSISTANCE INTRODUCTION



Communities are responsible for coordinating and providing resources to assist disaster survivors with life-sustaining services because disasters begin and end locally. Mass Care and Emergency Assistance is the umbrella term used for the services, such as sheltering, that may be needed by the citizens of your community that have been affected by disaster.

Your local community will need to be prepared to provide Mass Care and Emergency Assistance services prior to, or at the onset, of a disaster as well as after.

OBJECTIVES

Unit Objectives

- **Define the four Mass Care and Emergency Assistance services as discussed in this course.**
- **Explain the importance of Mass Care and Emergency Assistance.**
- **Describe the resource categories and additional considerations related to providing these services.**



At the conclusion of this unit, you will be able to:

- Define the four Mass Care and Emergency Assistance services as discussed in this course.
- Explain the importance of Mass Care and Emergency Assistance.
- Describe the resource categories and additional considerations related to providing these services.

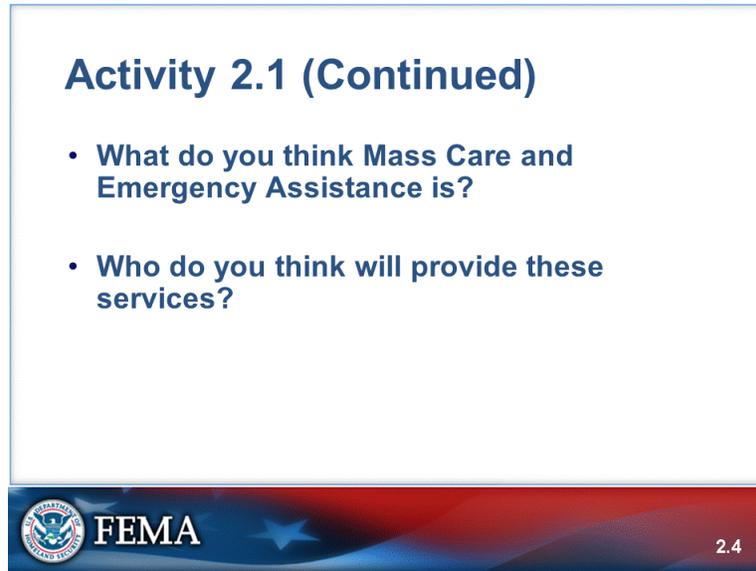
ACTIVITY 2.1

Activity 2.1

1. List hazards that affected your community and led to a disaster.
2. Record three or four disaster events for discussion.



2.3

ACTIVITY 2.1 (Continued)A slide titled "Activity 2.1 (Continued)" with a blue border. It contains two bullet points: "• What do you think Mass Care and Emergency Assistance is?" and "• Who do you think will provide these services?". At the bottom of the slide is a banner with the FEMA logo on the left, the text "FEMA" in the center, and the number "2.4" on the right. The banner has a red and blue background with a white star.

Activity 2.1 (Continued)

- What do you think Mass Care and Emergency Assistance is?
- Who do you think will provide these services?

FEMA 2.4

As we discussed in Unit 1, over the years, Mass Care and Emergency Assistance has evolved from simply opening up buildings for shelters and providing a meal. As some of you just described, Mass Care and Emergency Assistance is sheltering, feeding, and distribution of emergency supplies. More recently, events have reinforced that reunification of individuals and families, support for people with disabilities and other access and functional needs, addressing the unique needs of children in disasters, and support to individuals and families with household pets and services animals are just as important.

As Mass Care and Emergency Assistance have changed, so have the ideas and strategies regarding how to prepare, respond, recover, and mitigate. Today the emergency management community recognizes that a government-centric approach to disasters is not adequate, especially for catastrophic incidents. From this realization has come the concept of *Whole Community*.

The concept of *Whole Community* is not new, but it provides a more defined picture for empowering, and leveraging, collective emergency management teams that include not only government, but also non-profit and voluntary organizations, faith- and community-based groups as well as the private sector (business and industry). This notion applies equally as well to local communities because it provides a framework for collectively recognizing not only the needs and make-up of a community, but also the existing resources within a community. In turn, this can help build more a resilient community with strengthened institutions, assets, and networks.

MASS CARE AND EMERGENCY ASSISTANCE SERVICES



In this course, we will be discussing the following MC/EA services: sheltering, feeding, distribution of emergency supplies, and reunification.

We will also discuss providing support for:

- people with disabilities and access and functional needs
- children in disasters
- basic first aid
- people and their household pets and service animals
- mass evacuation

It is important that your community become aware of the importance of family and individual preparedness. The more families in the community who are prepared for a disaster, the more efficiently Mass Care and Emergency Assistance services can be provided. Remember, you can't help others if you need help too.

SHELTERING

Fundamental objectives of sheltering include:

- Providing a safe, sanitary, and secure setting for sheltering to individuals and households in the community displaced by a disaster.
- Shelter workers respect and comply with the principles of confidentiality of shelter resident information.
- The accommodation of varying cultural and faith-based preferences of the residents, which could include variations in sleeping, eating, and living spaces, and the provision of space to meet and honor individuals' practice of their faith.
- Accommodating people with disabilities and access and functional needs and those who support them. This includes taking steps to ensure individuals with disabilities can fully use, be comfortable in, and be integrated into programs, services, activities, distribution of goods, facilities, privileges, advantages, or accommodations provided by the shelter operator and any agencies supporting them.

FEEDING

Feeding is providing food and hydration to sustain the health and well-being of individuals and/or emergency workers impacted by the disaster. Effective feeding operations also include establishing where and how to obtain food and commodities, and preparing and distributing meals and commodities.

Meals should strive to be as healthy and nutritious as possible (e.g., menus that are low sodium, low fat, and low sugar). Those that prepare meals and snacks should anticipate and be able to provide menus for persons with specific dietary requirements (e.g., vegetarian meals, gluten-free meals, meals appropriate to a cultural or faith-related need, meals for people with food allergies).

DISTRIBUTION OF EMERGENCY SUPPLIES

In the context of Mass Care and Emergency Assistance, these emergency supplies can be divided into three categories:

1. Life sustaining (e.g., food, water, tents, durable medical equipment)
2. Comfort (e.g., blankets, clothing)
3. Other essential supplies (e.g., shovels, masks, and cleaning supplies)

Keep in mind that, depending on the situation, any item could be listed in a different category. For instance, a blanket could be life sustaining or a comfort item.

Considerations for delivery and distribution of emergency supplies include:

- Procurement
- Transportation
- Storage and warehousing
- Distribution

The distribution sites for this service typically include:

- Fixed—such as near where other Mass Care and Emergency Assistance services are being provided
- Mobile—such as out of a vehicle

Emergency supplies can be purchased/donated and distributed by government agencies, non-profit and voluntary organizations, faith-and community based groups, and the private sector (business and industry). Local restaurants and caterers may prepare and donate food and provide feeding commodities to be distributed at Points of Distribution (POD) sites, and local voluntary organizations may provide the human resources to staff the sites as well.

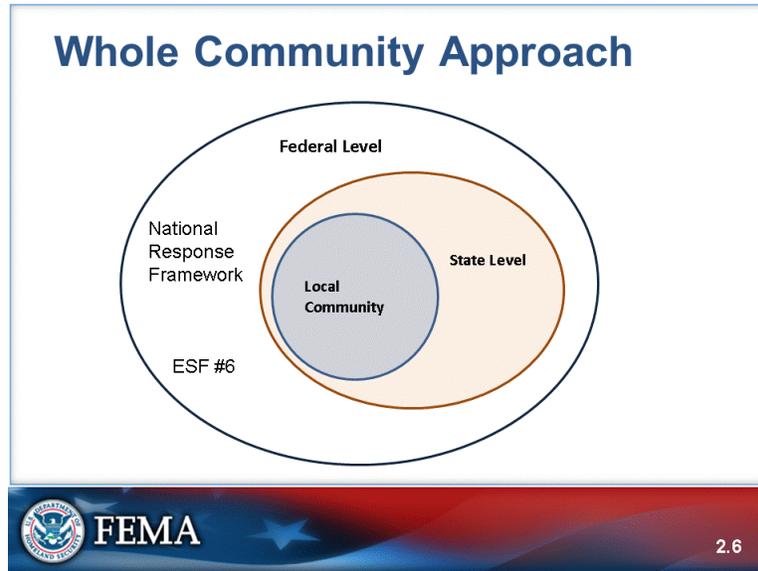
Big box stores may be able to procure, transport, and store items at their warehouses.

REUNIFICATION

Following a disaster, reunification services provide resources for communication and the physical reunification of individuals who are separated by disaster, especially for displaced and unaccompanied children.

This service is critical for the personal recovery of disaster survivors and their relatives and friends, who may have limited means to communicate and reunify. State and local governments as well as non-profit and voluntary organizations, faith- and community-based groups, and the private sector (business and industry) can help survivors who are separated from family and friends by developing and implementing a comprehensive and integrated reunification plan.

WHOLE COMMUNITY



The concepts you learn in this course that you take back with you will affect people's lives in your community.

As you learned earlier in the unit, the *Whole Community* approach involves leveraging community resources collectively to prepare, respond, recover, and mitigate. The concept can be broken down into three parts: Understand, Engage/Empower, and Strengthen. Understanding the whole community is the first and it focuses on assessing what needs to be accomplished. The second is identifying potential stakeholders and resources to meet the identified needs. The third is bringing together stakeholders and resources to build and strengthen the relationships and networks. As you can see, this is a flexible and scalable process that can address all sizes and complexities of disasters.

To learn more about Whole Community, please go to:
<http://www.fema.gov/about/wholecommunity.shtm>.

The *National Response Framework* (NRF) presents the guiding principles that enable all response partners to prepare for and provide a unified national response to disasters and emergencies—from the smallest incident to the largest catastrophe.

This key document establishes a comprehensive, national, all-hazards approach to domestic incident response. It currently consists of the main document, 15 Emergency Support Function (ESF) Annexes and 6 Supporting Annexes.

The ESFs provide the structure for coordinating Federal interagency support for a Federal response to an incident. They are mechanisms for grouping functions most frequently used to provide Federal support to States and Federal-to-Federal support.

Emergency Support Function (ESF) #6 – Mass Care, Emergency Assistance, Housing, and Human Services coordinates the delivery of Federal Mass Care, Emergency Assistance, Housing, and Human Services when State, local, and tribal response and recovery needs exceed their capabilities of these entities.

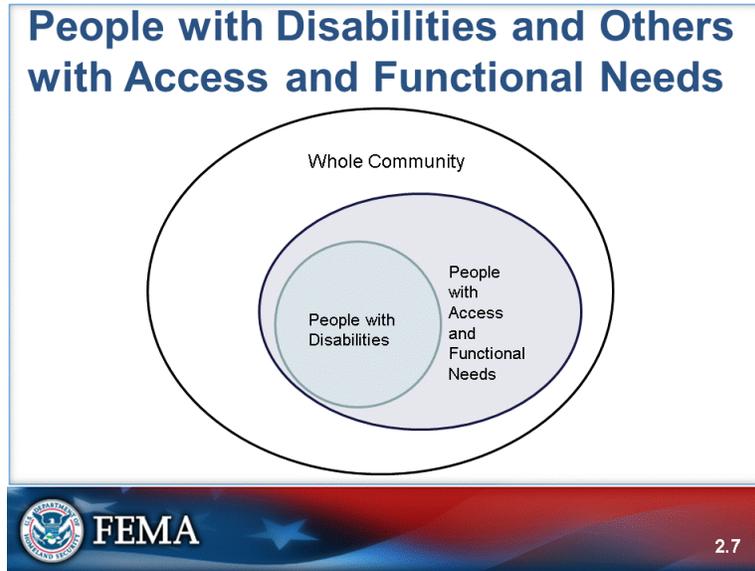
Also, at the national level, is the National Mass Care Council, whose mission is to support the development and promulgation of the *National Mass Care Strategy*. The National Mass Care Council is co-led by the American Red Cross (ARC), National Voluntary Organizations Active in Disasters (VOAD), National Emergency Management Association (NEMA), and FEMA. The Mass Care Strategy can be found at: <https://nationalmasscarestrategy.org/>

The *National Mass Care Strategy* will:

- Provide a framework to enhance coordination, pool expertise, and strengthen response capacity of Mass Care throughout the Nation.
- Establish common goals, foster collaborative planning, and identify resource needs to build national Mass Care capability.
- Provide educational tools and resources.
- Establish common technology, terminology, and standards.

Residents and all sectors of the community have a critical role and shared responsibility to take appropriate actions to protect themselves, their families and organizations, and their properties. Planning that engages and includes the whole community serves as the focal point for building a collaborative and resilient community.

PEOPLE WITH DISABILITIES AND OTHERS WITH ACCESS AND FUNCTIONAL NEEDS



Access and Functional Needs Support is defined as services and/or equipment and supplies that enable children and adults with disabilities or access and functional needs to maintain their health, safety, and independence. They may have physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance.

Narrow definitions of disability are not appropriate. Adopting a broad definition of disability and expanding it to include others with access and functional needs leaves no one behind and shows intent to include a broad range of people. Access and functional needs can apply to single working parents, people without vehicles, pregnant women, homeless persons, and people with specific dietary needs or limited English proficiency.

People with disabilities and others with access and functional needs are in the community, living independently in their homes or with in-home services provided. In addition to the legal aspect, there is a moral and practical responsibility to provide these services to everyone in the community.

While developing plans to meet access and functional needs, you should collaborate with all relevant stakeholders including:

- People who require the services
- Emergency Management
- Agencies and organizations that provide the services
- Agencies and organizations that advocate for the rights of people who require them

There is training available to help you plan for and address access and functional needs support services. Please contact your State Office of Emergency Management or State Department/Division/Office on Disabilities for information.

Communities should ensure that anywhere Mass Care services are provided, Americans with Disabilities Act (ADA) requirements, standards for accessible design, and State accessibility codes are met. FEMA's *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters* is a good reference for providing detailed information for supporting access and functional needs requirements.

http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf

Develop provider agreements with non-profit and voluntary organizations, faith- and community-based groups, as well as the private sector (business and industry) to ensure that necessary staff, equipment, and supplies will be available during an emergency or disaster (such as sign language interpreters, Personal Assistance Services (PAS), and coordination of accessible transportation, etc.).

For more resources to obtain the most up-to-date information, check with your State's Disability Office or your State or local Community Disability Coordinator, if there is one, to identify ADA and other civil rights laws and assist with solutions. For more information on providing emergency sheltering in an ADA-compliant manner, review the Department of Justice ADA Checklist for Emergency Shelters at:

<http://www.ada.gov/pcatoolkit/chap7shelterchk.htm>

You can also check the FEMA Office of Disability Integration and Coordination web site at:

<http://www.fema.gov/about/odc>

FUNCTIONAL AREAS: C-MIST



Emergency planners as well as local stakeholders should identify what needs should be addressed within the local community.

The C-MIST framework can help with that process. It incorporates five functional areas:

- **C**ommunication;
- **M**aintaining health;
- **I**ndependence;
- **S**afety, support, and self-determination; and
- **T**ransportation and evacuation.

Communication access means providing information in ways that are understood, utilized, and trusted by the community. Concerns may include literacy rate, English not being the first language, and people with speech disabilities. Translators and sign language interpreters may be needed.

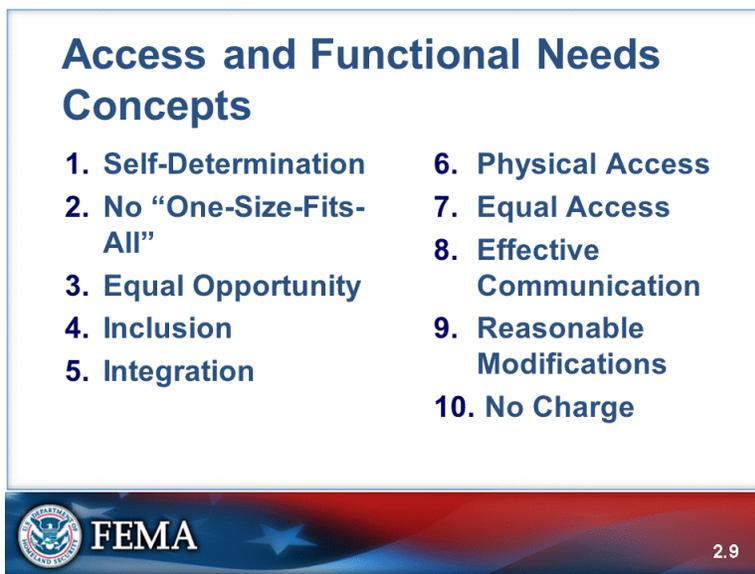
Health issues may include the availability of refrigeration for any medications requiring it.

Independence may include PAS.

Planning considerations must include accessible transportation to evacuate from hazardous areas to safe areas within a jurisdiction, evacuation from one jurisdiction to another, and evacuation versus sheltering-in-place.

It is always a best practice to keep people with disabilities and others with access and functional needs connected to their service providers.

ACCESS AND FUNCTIONAL NEEDS CONCEPTS



To comply with Federal law, those involved in emergency management and shelter planning should understand the concepts of accessibility and non-discrimination and how they apply in emergencies. The following are key non-discrimination concepts applicable under Federal laws, and examples of how these concepts apply to all phases of emergency management.

1. **Self-Determination** – People with disabilities are the most knowledgeable about their own needs.
2. **No “One-Size-Fits-All”** – People with disabilities do not all require the same assistance and do not all have the same needs.
3. **Equal Opportunity** – People with disabilities must have the same opportunities to benefit from emergency services, programs and activities as people without disabilities.
4. **Inclusion** – People with disabilities have the right to participate in and receive the benefits of emergency services, programs, and activities provided by governments, private businesses, and non-profit organizations.
5. **Integration** – Emergency services, programs, and activities must be provided in an integrated setting.
 - The provision of services such as sheltering, information intake for disaster services, and short-term housing in integrated settings keeps individuals connected to their support systems and personal attendants and avoids the need for disparate service facilities.
6. **Physical Access** – Emergency services, programs, and activities must be provided at locations that are accessible to all people.

7. **Equal Access** – People with disabilities must be able to access and benefit from all emergency services and programs.
8. **Effective Communication** – People with disabilities must be given information that is equal in content and detail to that given to the general public, and must be accessible, understandable, and timely.
 - Auxiliary aids and services may be needed to ensure effective communication. Examples include pen and paper or sign language interpreting for individuals who are deaf, deaf-blind, hard of hearing, or have speech disabilities. Individuals who are blind, deaf-blind, have low vision, or have learning disabilities may need large-print information or assistance with reading and filling out forms.
 - Provide clear and easy-to-read signage to survivors.
 - Provide support for filling out forms.
9. **Reasonable Modifications** – Reasonable modifications are defined in the ADA as a change to policy, practice, or procedure, which allows people with disabilities to have equal access to programs, services, and activities. This is applicable during an emergency, as well as the Response and Recovery phases that follow.
10. **No Charge** – People with disabilities may not be charged to cover the costs of measures necessary to ensure equal access and non-discriminatory treatment.

There is a FEMA online reference guide related to integrating people with disabilities. The guide is titled *Accommodating Individuals With Disabilities in the Provision of Disaster Mass Care, Housing, and Human Services*; the URL is:

<http://www.fema.gov/accommodating-individuals-disabilities-provision-disaster-mass-care-housing-human-services>

HOUSEHOLD PETS AND SERVICE ANIMALS

Household Pets and Service Animals

An “all-hazards/all-species” approach to planning for animal issues will facilitate smoother management of animal populations and the response issues they present.

For Mass Care and Emergency Assistance, there are two classifications of animals:

- Household pets
- Service animals



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Many community members have a strong human-animal bond with their household pets and/or service animals. This bond is often heightened in times of stress, including disasters. When society’s “normal” state is undermined, people naturally cling to family, which for many includes the animals in their lives.

As with any aspect of personal preparedness, the primary responsibility for making provisions in advance for household pets and service animals resides with their owners.

Recognizing this, why do we address household pets and service animals in Mass Care? There are two primary reasons.

1. **Life-safety.** When evacuating due to disasters, people are more inclined to cooperate with responder instructions when provisions are made to safeguard their animals. Communities should develop provisions to address the needs of humans with household pets in sheltering and other Mass Care situations. If provisions are not made, and pets are left behind, people may attempt to enter unsafe areas to retrieve them, placing themselves and responders in jeopardy.
2. **Survivor Resiliency.** There is ample literature based on valid psychiatric or psychological findings that suggests that animals and household pets help people overcome trauma. Children, in particular, suffer psychological trauma differently than adults. The use of animals, whether they be family pets or animals used in animal-assisted therapy, can be extraordinarily beneficial to the recovery of all, but particularly children. Providing options for families to maintain their household intact during a disaster (including their pets) may facilitate a better recovery process and aid the mental emotional well-being of the family members.

Understanding the full range of animal issues in the community, and the risks these issues pose, as well as engaging the whole community animal resources that are present within your community, will ensure that your community has planned to address the animal issues ranging from meeting the needs of owners and their household pets to survivor and responder safety.

In this course, we focus on household pets and service animals in the context of MC/EA services; in many communities, there are other animal issues related to animal exhibitors, agricultural activity, or other animal-related enterprises. For further information on broader animal response issues, please consult your jurisdiction's Emergency Operations Plan (EOP) to determine what agency(s) have responsibility for animal response, to pursue the issues with them.

According to the Federal legislation, the Robert T. Stafford Act, as amended by the *Pets Evacuation and Transportation Standards Act 2006* (PETS Act), State and Local Emergency Preparedness Operational Plans are required to "take into account the needs of individuals with household pets and service animals prior to, during, and following a major disaster or emergency." The purpose of this legislation is to enable families to safely evacuate and seek emergency shelter in order to get out of harm's way when disaster strikes.

In the case of a federally declared disaster, communities may seek reimbursement for support of sheltering animals. At this time, purely for the purpose of reimbursement, FEMA defines Household Pets as a domesticated animal such as a dog, cat, bird, rabbit, rodent, or turtle that is traditionally kept in the home for pleasure rather than for commercial purposes that can travel in commercial carriers and be housed in temporary facilities. Household pets do not include reptiles (except turtles), amphibians, fish, insects/arachnids, or farm animals (including horses and animals kept for racing purposes).

State and local jurisdictions may define household pets more broadly, and you may want to explore how such modifications will affect reimbursement, but that's not a level of detail we will address in this course.

Your State may have similar legislation that predates or builds upon the Household Pets and Service Animal provision of the Stafford Act. For more information about these provisions, access the Stafford Act at: http://www.fema.gov/pdf/about/stafford_act.pdf and review Sections 403, 611, and 613.

Your community's EOP should address household pets and service animals. You may want to research the definition for household pets as defined by your jurisdiction.

As an example, during a recent hurricane, local community leaders encountered first-hand what can happen if plans to provide Mass Care do not include household pets. Townspeople, when faced with the requirement to evacuate, went only as far as the Town Hall and it became the de facto "pet-friendly shelter" in the community because

the people refused to leave until provisions were made for sheltering them and their pets.

In this case, the jurisdiction had not planned to address the needs of owners and their household pets, but they recognized the imperative to accommodate these members of the community. They improvised, allowing them to shelter right there in the Town Hall. While they had not thought of the issue in advance, they responded in a humane and appropriate way, and you can imagine this jurisdiction has a different plan in place today.

What is the distinction between a household pet and a service animal?"

Answer: The distinction between household pets and service animals is that service animals must remain with their owner (or the person with a disability the animal serves), while household pets must be accommodated, but do not, by law, need to be sheltered in the same shelter space as their owners. Accommodations for sheltering household pets will be dependent on community resources and the characteristics of the building where the general population will be provided emergency shelter.

“A dog that is individually trained to do work or perform tasks for people with disabilities. Examples of such work or tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, or performing other duties. Service animals are working animals, not pets. The work or task a dog has been trained to provide must be directly related to the person’s disability.”

As a result of the ADA Amendments Act of 2008, the Department of Justice revised regulations and clarified that only dogs are now considered service animals. There is a narrowly scripted exception for miniature horses to be recognized as service animals as well.

See Department of Justice Fact Sheet at:
http://www.ada.gov/service_animals_2010.htm

Animals whose function is to provide comfort or emotional support do not qualify as service animals under the ADA. However, comfort animals are allowed in shelters under provision of the Fair Housing Act. The Department of Justice has said that “particularly in the context of residential settings and employment,” which aren’t governed by the ADA, “there may be compelling reasons to permit the use of animals whose presence provides emotional support to a person with a disability.”

Some State and local laws define service animals more broadly than the ADA does. In order to find the most up-to-date information, check with your State’s Disability Office, the Attorney General’s Office, or your State or local Community Disability Coordinator, if there is one, to identify ADA and other civil rights laws and to assist with solutions.

It is important to coordinate with organizations in your area, such as the animal control agency, veterinarians, animal welfare or humane organizations, and other voluntary organizations that deal with animals, in order to address needs such as: rescue, sheltering, feeding, veterinary care, transportation, tracking during evacuations, and messaging to owners regarding the welfare of their household pets and service animals.

You should seek information, resources, or training from your County Animal Response Team (CART) or State Animal Response Team (SART), if there is one.

CARTs have a role in emergency needs for all types of animals (dependent on their capabilities). Some CARTs may not be prepared to address some exotic animals kept as pets; you may need to consider contacting organizations such as 4-H, species-specific rescue groups, or a zoological park, or County Extension Office.

For more information about emergency animal sheltering and related issues, refer to the Additional Resources section in the Appendix of the Student Manual.

MASS EVACUATION

Mass Evacuation

Mass Care and Emergency Assistance services during evacuation include the care and support, and tracking of evacuees.

What might be some examples of mass evacuation services?





FEMA

2.11

Mass Care and Emergency Assistance services during evacuation include the care, support, and tracking of evacuees. It's about providing congregate care, not transporting evacuees.

You should work with your county or State to support the evacuation of your community or prepare to shelter evacuees from other nearby communities, counties, or States. Your community may become part of a State plan should the decision to evacuate occur.

Local communities should prepare to receive and accommodate, to the best of their resource capabilities, the influx of evacuees from other areas (nearby communities, or from within or outside their State if they are on major evacuation routes) as part of a larger evacuation plan.

When identifying the requirements for providing Mass Care support of mass evacuation you will need to address your community's role in the evacuation. Your community may be the evacuating community, a host community, or providing support for survivors who are traveling from the affected area to a host community. This is why it is important to coordinate with emergency management and neighboring jurisdictions on who will provide services should an evacuation become necessary.

Not only will your community need to plan for an organized evacuation effort (e.g., a community busing a large number of evacuees), you will need to plan for others who will evacuate on their own. This can drastically change the number of people who will need other Mass Care and Emergency Assistance services.

BASIC FIRST AID

Basic First Aid

Includes:

- **Provision of basic first aid at Mass Care delivery sites**
- **Only working to the level of your training**
- **Beyond basic first aid or your level of training, referring to appropriate medical personnel and facilities**



Includes:

- Provision of basic first aid at Mass Care delivery sites
- Only working to the level of your training
- Beyond basic first aid or your level of training, referring to appropriate medical personnel and facilities

Shelter staff must plan to have basic first aid assistance available at the shelter. People will come to the shelter with minor injuries.

Basic first aid is the initial treatment of an ill or injured person. First aid is used to lessen complications and to offer physical and emotional comfort to the individual. Basic first aid is performed to lessen an individual's pain and suffering until higher levels of trained personnel (EMT/Paramedic) arrive on the scene.

Many communities find it advantageous to enlist the help of local medical professionals to quickly mobilize emergency first aid support to shelter sites during an emergency. It is imperative that first aid providers not exceed their level of training.

RESOURCE CATEGORIES

Resource Categories

- **Facilities**
Physical locations to provide service
- **Supplies/Equipment**
Goods that are needed
- **Staff Roles/Responsibilities**
Tasks to provide service
- **Coordination**
Individuals and entities that will help provide service

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Throughout this course, you will use a worksheet to identify requirements for your community in preparation for a disaster. This worksheet will be handed out in the next unit.

There are four categories of resources and then multiple requirements for each resource.

- What are some facilities you will need in order to provide services?

- What type of supplies/equipment are needed?

- What staff roles/responsibilities are needed to provide services? Several tasks might be done by one person, and there does not need to be one person for each task. Tasks may include:

- What types of coordination include the individuals and entities you should coordinate with in order to provide the services?

RECAP

Unit 2 Recap

You should now be able to:

- Define the four Mass Care and Emergency Assistance services as discussed in this course.
- Explain the importance of Mass Care and Emergency Assistance.
- Describe the resource categories for Mass Care and Emergency Assistance services.



You should now be able to:

- Define the four Mass Care and Emergency Assistance services as discussed in this course.
- Explain the importance of Mass Care and Emergency Assistance.
- Describe the resource categories for Mass Care and Emergency Assistance services.

The resources we've discussed represent the Whole Community approach and making the community more resilient. Again, this is the purpose of the training: the "what's in it for my community" moment.

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