

# 6

## ESF 6 – Mass Care

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ESF 6 Tasked Agencies	
<b>Primary Agencies</b>	Department of County Human Services
<b>Supporting Agencies</b>	Health Department Department of County Assets Multnomah County Emergency Management Department of Community Services – Animal Services Multnomah County Sheriff’s Office (MCSO) Library
<b>Cooperating Agencies</b>	Non-governmental Organizations <ul style="list-style-type: none"> <li>• American Red Cross</li> <li>• Salvation Army</li> <li>• Oregon Food Bank</li> <li>• Faith Based Organizations</li> <li>• Other local non-profit service organizations</li> </ul>

## 1 Introduction

### 1.1 Purpose and Scope

Emergency Support Function (ESF) 6 coordinates the delivery of mass care, emergency assistance, temporary housing, and human services. Example mass care activities include, but are not limited to sheltering, feeding operations, emergency first aid, bulk distribution of emergency items, and family reunification support.

Emergency shelter includes the use of pre-identified shelter sites in existing structures, creation of temporary facilities or shelters, and use of other facilities outside the incident area, should evacuation be necessary. Food is provided to victims through a combination of fixed sites, mobile feeding units, and bulk distribution. Emergency first aid, consisting of basic first aid and referral to appropriate medical personnel and facilities, is provided at mass care/sheltering facilities. Bulk distribution of emergency relief items, such as food, pre-packaged water, and ice, is managed and coordinated via established sites within the county. If applicable, family reunification is coordinated between local government and non-governmental organizations. .

Additional functions of ESF 6 include:

- Providing assistance for victims’ short- and long-term housing needs.
- Supporting and coordinating resources required for crisis counseling and other mental health–related services immediately following an emergency, particularly as services are needed at shelters.
- Coordinating and identifying individuals with access and functional needs within the impacted area. Access and

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functional needs may be characterized by age (children and elderly), physical and/or mental disabilities, language (non-English-speaking), existing disease/medical conditions, dependency on service animals, and any other condition or threat that could warrant special considerations under emergency circumstances.

**1.2 Relationship to Other ESF Annexes**

ESF 6 often works closely with other County ESFs as a part of coordinated response and recovery activities. The following ESFs support mass care activities:

- **ESF 1 Transportation** - Transportation to and from the shelter for all people with all abilities.
- **ESF 3 Public Works** – Public works, utilities, and sanitation at shelters.
- **ESF 7 Resource Support** - Provides support by helping secure personnel, equipment, and supplies to execute response operations as well as establish logistical support capabilities.
- **ESF 8 Health and Medical** - Provides shelter population monitoring, disaster behavioral health, verifies shelter sanitation, facilitates medical special needs sheltering activities, and supports responder health and safety.
- **ESF 11 Food and Water** – Food and water needs within shelters.
- **ESF 14 Public Information** – Information sharing with the public about shelter locations, services, and needs.
- **ESF 15- Volunteer and Donations** - Manages and oversees volunteers supporting mass care initiatives. Coordinates the receipt of physical and non-physical donations.
- **ESF 16 Law Enforcement** – Coordination with on-site security and 911 assistance, as needed, at shelters.
- **ESF 17 Animal Services** - Animal shelter, large and small, within the shelter

**1.3 Policies and Agreements**

The following policies and agreements are currently in place to guide and support mass care activities during an emergency:

- Pets Evacuation and Transportation Standards Act of 2005 (H.R. 3858).

## **2 Situation and Assumptions**

### **2.1 Situation**

- Hazards most likely to cause a need for mass care operations in the County include, but are not limited to, earthquake, fire, flood, and hazardous materials emergencies. Such emergencies in neighboring jurisdictions could prompt evacuations into the community as well.
- The County recognizes that it has ultimate responsibility for providing shelter and other mass care services to protect local residents displaced from their homes and others who evacuate into the jurisdiction due to emergency situations.
- Mass care needs may range from very short term operations for a limited number of people where the primary objective is to provide protection from the weather, comfortable seating, and access to rest rooms to more lengthy operations for large numbers of evacuees where feeding, sleeping, and shower facilities are desirable and a variety of assistance must be provided to evacuees.
- The American Red Cross (Red Cross) independently provides mass care to disaster victims as part of a broad program of disaster relief, as outlined in charter provisions enacted by the United States Congress Act of January 5, 1905, and the Disaster Relief Act of 1974. The Red Cross also assumes primary agency responsibility under the National Response Framework to coordinate Federal response assistance to the mass care response of state and local governments, and the efforts of other voluntary agencies, including Red Cross relief operations.
- Multnomah County has established a criteria, in coordination with the Red Cross, for large scale disasters. This criteria has been used to pre-identify possible shelter locations. In smaller events we will still rely on a combination of Red Cross and DCHS shelter locations. The Red Cross signs agreements with local governments, school districts, churches, and other organizations to use their facilities for shelter and mass care operations. The Red Cross identifies suitable shelter facilities based on a set of standards, maintains a list of potential



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shelters, maintains shelter kits, and trains shelter management personnel.

- Disaster conditions are likely to require that domestic animals and livestock be evacuated and cared for. Multnomah County will ensure pets are collocated with shelters serving their owners. The care of those animals will be the responsibility of the owners.
- The County's response during incidents, emergencies, or disasters is based on the availability of resources. If the response requirements exceed local capabilities, mutual aid, State, and/or Federal assistance should be requested.

## 2.2 Assumptions

- Emergencies and disasters may occur without warning at any time of day or night and may cause mass casualties.
- Widespread damages may necessitate the relocation of victims and the need for mass care operations.
- Some victims will go to shelters, while others will find shelter with friends and relatives. Some may stay with or near their damaged homes.
- Shelters may have to be opened with little notice. Until Red Cross personnel arrive and assume responsibility for managing such shelters, local government personnel may have to manage and coordinate shelter and mass care activities.
- The demand for shelters may prove to be higher than what is available.
- If Red Cross services are not available, other volunteer organizations and religious groups may open shelters. Some of these organizations and groups coordinate their efforts with the Red Cross, while others may operate these facilities themselves and assume full responsibility for them.
- Essential public and private services will be continued during mass care operations. However, for a major evacuation that generates a large-scale shelter and mass care operation, normal activities at schools, community centers, churches, and other facilities used as shelters may have to be curtailed.
- Volunteer organizations that normally respond to emergency situations will assist in mass care operations.

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- Large numbers of spontaneous volunteers may emerge, which will require planning and training before volunteers can be released to field operations.
- Emergency operations for most human services organizations (mass care, individual assistance, sheltering, special medical needs, and special needs) will be an extension of normal programs and services.

### 3 Roles and Responsibilities

The roles and responsibilities for each department in support of emergency services will vary depending on the type of resource, the length of the warning period, and the duration of the incident.

#### 3.1 Primary Agency

The primary agency for each ESF is assigned based upon the agencies coordinating responsibilities, authorities, functional expertise, resources, and capabilities in managing incident activities. The primary agency may not be responsible for all elements of a function and will work with supporting agencies and community partners to ensure a coordinated response. The primary agency for ESF 6 is DCHS.

##### 3.1.1 Department of County Human Services (DCHS)

- Assess the situation and identify the mass care needs of the impacted community.
- Mobilize plans and resources that support this ESF and address the mass care needs of the impacted community.
- Assess impacts to and needs of existing DCHS clients.
- Coordinate the delivery of food, shelter, transportation and other mass care needs to the public.
- Coordinate emergency assistance to vulnerable populations and citizens with special needs.
- Provide assessment and emergency-related case management services.
- Identify elderly clients and clients with disabilities who may be affected by the emergency, and respond as needed.
- Coordinate programs that provide housing options for those with special needs.
- Coordinate the delivery of health and welfare services.

- Coordinate assistance for individuals with special health or medical needs.

### **3.2 Supporting Agencies**

Supporting agencies for each ESF are those County entities that have substantial support roles during major incidents. Supporting agencies that support ESF 3 include:

#### **3.2.1 Health Department**

- Provides shelter population monitoring, disaster behavior health, verifies shelter sanitation, facilitates medical special needs sheltering activities, and supports responder health and safety.

#### **3.2.2 Multnomah County Emergency Management**

- Provides planning support.
- Oversees and activates the County Emergency Operations Center (EOC)
- Ensure 24 hour Duty Officer readiness to employ emergency alert systems and initiate notifications to critical partners.

#### **3.2.3 Department of Assets (DCA)**

- Assist in acquiring suitable space to perform mass care activities such as shelters, reception centers, points of distribution, reunification sites, etc.
- Employ County facilities, fleet and distribution resources to establish a logistical supply chain for the mass care operations.

#### **3.2.4 Department of Community Services (DCS) – Animal Services Division**

- Provide animal care services to pets of owners receiving mass care services.
- To the greatest extent possible, support the collocation of pets with their owners at shelters.
- Provide disaster shelter options for pets, service animals, and coordinate animal relief efforts with local animal rescue organizations.
- Provide reunification services for pets and pet owners.

### 3.2.5 Multnomah County Sheriff's Office (MCSO)

- Coordinate site security for all locations hosting mass care activities.
- Provide security for special populations affected by the emergency.

### 3.2.6 Library

- Provide shelter staff to County-managed shelters as required.
- Support the distribution of commodities to the general public.
- Library staff, volunteers and facilities may be requested to support disaster recovery operations.

## 3.3 Cooperating Agencies

The County is supported by a variety of cooperating agencies that provide support through coordination of emergency functions within their own authority/jurisdiction, or are able to provide additional resources to support County response activities. Cooperating agencies that support ESF 6 include:

### 3.3.1 Non-governmental Organizations

- American Red Cross
- Oregon Food Bank
- Southern Baptists
- Salvation Army
- OR-VOAD

## 4 Concept of Operations

### 4.1 General

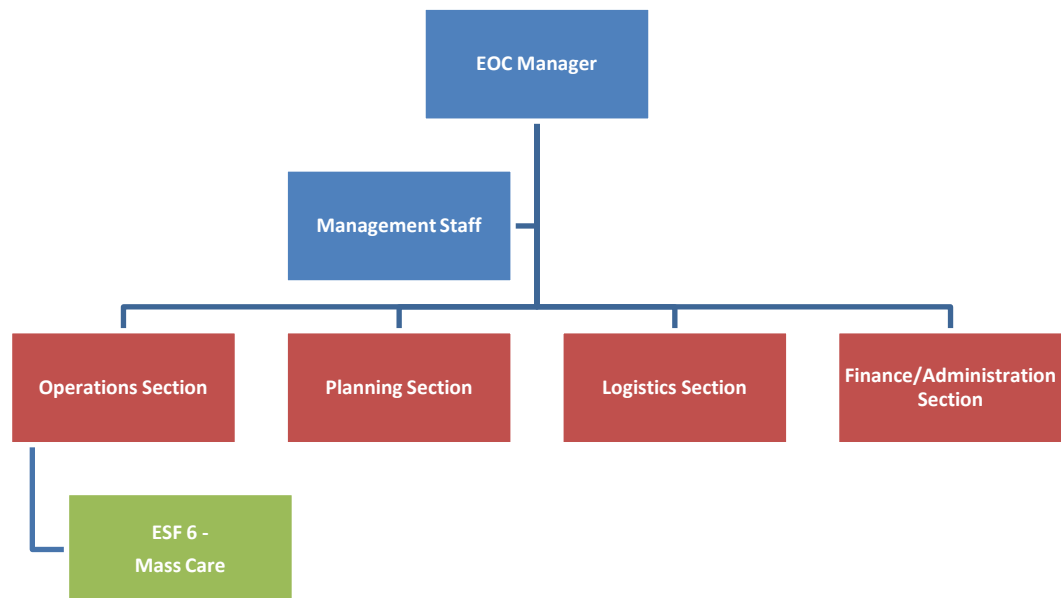
- In accordance with the Basic Plan and this ESF Annex, the Department of County Human Services (DCHS) is the agency responsible for coordinating mass care activities. Plans and procedures developed by the primary and supporting agencies provide the framework for carrying out those activities.
- Requests for assistance with mass care, emergency assistance, housing, and human services resources will be generated one of two ways: they will be forwarded to the County Emergency

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Operations Center (EOC), or they will be issued in accordance with established mutual aid agreements.

- The County EOC will provide guidance for the coordination of mass care, emergency assistance, housing, and human services resources.
- Mass care, emergency assistance, housing, and human services support requirements that cannot be met at the local level should be forwarded to the State for assistance. If needed, Federal assistance may be requested by the Governor.

**Table 1 Multnomah County ESF6 Organization**



**4.2 Notifications**

- The Duty Officer will notify DCHS and supporting agencies of EOC activations and request that representatives report to the EOC to coordinate mass care activities and staff ESF 6 if activated.
- As additional EOC staffing needs become apparent, other support and partnering agency personnel may be asked to report to the EOC to assist with mass care activities.

### 4.3 Actions by Phase of Emergency Management

#### 4.3.1 Preparedness

- Identify mass care facilities (temporary lodging and emergency feeding sites) and protective shelters.
- Obtain the cooperation of facility owners for use as mass care facilities and protective shelters.
- Develop facility setup plans for potential shelters.
- Identify emergency feeding supplies.
- Recruit and train volunteers for mass care operations.
- Develop a liaison with other community service organizations for providing mass care to the public.
- Identify population groups requiring special assistance during an emergency (e.g., senior citizens, those with access and functional needs, etc.) and ensure that preparations are made to provide assistance.
- Appoint a representative to assist in the Multnomah County EOC.
- Implement a public education campaign regarding the importance family disaster plans and 72-hour preparedness kits.
- Develop and test emergency plans and procedures.
- Participate in emergency management training and exercises.

#### 4.3.2 Response

The following actions should be taken by the Red Cross and the appropriate State, County, and local agencies to support reception, sheltering, and mass care activities during a period of potential or imminent threat of disaster or emergency:

- Notify key personnel to allow immediate review and implementation of plans and checklists.
- Request partial or full activation of the County EOC, if necessary.
- Open designated mass care shelters and begin to stock them with food, water, medical supplies, cots, blankets, and administrative supplies.

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- Notify Health Department officials of potential staff needs to assist personnel at mass care shelters.
- Coordinate with local law enforcement for security at the shelter locations.
- Provide trained staff as appropriate at reception centers and shelter(s).
- Establish primary and back-up communications between the mass care shelters and the Red Cross District Office or the County EOC if shelters are managed by the County.
- Coordinate with law enforcement to ensure appropriate traffic control measures are on evacuation routes to reception centers and mass care shelters.
- Coordinate the release of public information announcements and advisories regarding the need to evacuate, evacuation routes, reception center locations, and personal items to be brought to the shelters.
- Arrange transportation to shelters for those experiencing access and functional needs and for those without transportation.
- Alert hotels and motels in neighboring unaffected jurisdictions so that those facilities can prepare for an influx of evacuees not wishing to utilize public mass care shelters.

The following actions should be taken after the onset of a disaster or emergency:

- Take the actions listed above, if they have not yet been accomplished.
- Maintain communications between reception centers, mass care shelters, the Red Cross District Office and the EOC.
- Advise the EOC of the number and condition of the evacuees housed in each shelter.
- Provide the following for those in the affected area who are not housed in mass care shelters:
  - Emergency supplies of food, water, clothing, and first aid
  - Temporary congregate feeding facilities, if necessary
- Provide food and water for emergency workers.

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- Coordinate the release of public announcements concerning:
  - The condition and whereabouts of persons in or evacuated from disaster areas
  - The availability of emergency supplies of food, water, and clothing
  - The locations of reception centers and mass care shelters.
- Assist with registration of evacuees and victims

#### 4.3.3 Recovery

- Activate family reunification systems, such as the Red Cross Safe and Well Website or FEMA's National Emergency Family Registration and Locator System, as soon as possible.
- Continue to utilize multiple means of communicating public information and education.
- Ensure the availability of mental and behavioral health professionals.
- Continue EOC operations until it is determined that EOC coordination is no longer necessary.
- Provide public information regarding safe re-entry to damaged areas.
- Assist evacuees in returning to their homes if necessary.
- Help provide temporary housing for those who cannot return to their homes.
- Deactivate shelters and mass care facilities and return them to normal use.
- Clean and return shelters to their original condition; keep detailed records of any damages.
- Consolidate mass care shelter(s) costs and submit these statements to the EOC Finance and Administration Section for possible reimbursement.
- Coordinate Individual Assistance. Inform the public of any follow-up recovery programs that may be available.



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- Form a long-term recovery assistance team to help ensure that individuals and families affected by the disaster continue to receive assistance for serious needs and necessary expenses.
- Return staff, clients, and equipment to regularly assigned locations. Provide critical payroll and other financial information for cost recovery through appropriate channels.
- Participate in after-action critiques and reports.
- Update plans and procedures based on critiques and lessons learned during an actual event.

#### 4.3.4 Mitigation

- Participate in the hazard identification process and take steps to correct deficiencies in the mass care, housing, and human services function.
- Implement a public education campaign regarding the importance of having adequate homeowners and renters insurance.
- Encourage shelter considerations in architectural design.
- Conduct training and education.
- Conduct practice drills.
- Convey public information in multiple formats and languages.
- Identify volunteer organizations that could assist in shelter and mass care operations and develop cooperative agreements.

#### 4.4 Access and Functional Needs Populations

Provision of mass care, emergency assistance, housing, and human services in the County will take into account populations with access and functional needs.

The needs of children and adults who experience disabilities and others who experience access and functional needs shall be identified and planned for as directed by policy makers and according to State and Federal regulations and guidance. DCHS and other human service agencies or organizations will assist in coordinating the emergency housing, sheltering, and feeding of Access and Functional Needs Populations. The following is a detailed description of the types of support individuals within each functional need category may require:

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- **Maintaining Independence.** Individuals requiring support to be independent in daily activities may lose this support during an emergency or a disaster. Such support may include consumable medical supplies (diapers, formula, bandages, ostomy supplies, etc.); durable medical equipment (wheelchairs, walkers, scooters, etc.); service animals; and/or attendants or caregivers. Supplying needed support to these individuals will enable them to maintain their pre-disaster levels of independence.
- **Communication.** Individuals who have limitations that interfere with their receipt of and response to information will need that information provided in methods they can understand and use. They may not be able to hear verbal announcements, see directional signs, or understand how to obtain assistance due to hearing, vision, speech, cognitive, or intellectual limitations, and/or limited English proficiency.
- **Transportation.** Individuals who cannot drive or who do not have vehicles may require transportation support for successful evacuation. This support may include accessible vehicles (e.g., lift-equipped vehicles or those suitable for transporting individuals who use oxygen) or information about how and where to access mass transportation during an evacuation.
- **Supervision.** Before, during, and after an emergency, individuals may lose the support of caregivers, family, or friends or may be unable to cope in a new environment (particularly if they have dementia, Alzheimer's disease, or psychiatric conditions such as schizophrenia or intense anxiety). If separated from their caregivers, young children may be unable to identify themselves and when in danger, they may lack the cognitive ability to assess the situation and react appropriately.
- **Medical Care.** Individuals who are not self-sufficient or who do not have adequate support from caregivers, family, or friends may need assistance with managing unstable, terminal, or contagious conditions that require observation and ongoing treatment; managing intravenous therapy, tube feeding, and vital signs; receiving dialysis, oxygen, and suction administration; managing wounds; and operating power-dependent equipment to sustain life. Such individuals require the support of trained medical professionals.

#### 4.4.1 Children and Disasters

The County recognizes the varying and special requirements of children and is committed to ensuring that the physical and mental health needs of children will be appropriately addressed and that children will remain with

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their families or caregivers to the maximum extent possible during evacuation, transport, sheltering, or the delivery of other services.

Whenever possible the County will consider preparedness, evacuation, shelter operations, and public outreach and education activities that identify issues particular to children. Such issues may include:

- **Preparedness.** Program and planning activities that relate to the needs of children. This includes involving members of the community familiar with children's issues.
- **Evacuation.** Identifying where children are located (such as schools and daycares) and how they will be evacuated.
- **Shelter.** Identifying resources for diapers, formula and food appropriate for all ages, and portable cribs and playpens, as well as staffing resources needed to supervise unaccompanied children.
- **Public Outreach and Education.** Promoting personal preparedness among families with children as well as at local schools and daycares.

#### 4.4.2 Household Pets and Service Animals

Previous disasters throughout the nation have shown that individuals are less likely to evacuate or seek shelter if they are unable to bring their pets. As such, whenever possible the County will consider preparedness, evacuation, shelter operations, and public outreach and education activities that identify issues particular to household pets and service animals. In particular, these issues may include:

- **Preparedness.** Program and planning activities that relate to the needs of household pets and service animals. This includes involving members of the community familiar with pet and service animal issues.
- **Shelter.** Identifying resources for food, crates, and staffing resources needed to supervise household pets.
- **Public Outreach and Education.** Promoting personal preparedness among families with pets and at local pet rescue agencies.

## 5 ESF Annex Development and Maintenance

The Department of County Human Services will be responsible for coordinating regular review and maintenance of this ESF Annex. Each

primary and supporting agency will be responsible for developing plans and procedures that address assigned tasks.

## **6 Supporting Plans and Procedures**

The following plans and procedures are currently in place:

### **Multnomah County**

- Multnomah County Emergency Operations Plan

### **State of Oregon**

- State of Oregon Emergency Operations Plan
  - ESF 6 – Mass Care

### **Federal**

- National Response Framework
  - ESF 6 – Mass Care, Emergency Assistance, Housing, and Human Services

## **7 Appendices**

None at this time.