



Catastrophic Incident Annex (CIA)

Tab B: Mass Care Services

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Purpose

This Tab is intended to provide detailed information on the Mass Care Services core capability and reflects the catastrophic planning that has taken place across the state of Washington for the associated Critical Tasks. Mass Care Services response considerations addressed in this Tab include: Shelter, Feeding, Hydration, and Bulk Distribution.

Strategic Goals

Life Safety

Priority Activities¹

1. Provide assistance with local and Tribal sheltering needs through available state resources and facilities.
2. Provide assistance with feeding and hydration for local and Tribal needs through procurable resources².
3. Provide assistance with the bulk distribution of disaster supplies ³to impacted communities through existing government programs and services.
4. Facilitate the movement of mass care resources from donated, procured, and federal sources into local and Tribal staging areas.

Incident Stabilization

Situational Awareness

1. Monitor shelter conditions across all activated shelters.
2. Monitor and assess sheltering shortfalls for capacity, personnel, equipment, supplies, accessibility, and specialty needs.
3. Continuously assess sheltering needs, food and hydration availability, and bulk distribution through local and Tribal situation reports, the shelter manager or the regional shelter manager/supervisor⁴.
4. Monitor supply chain deficiencies for mass care resources (as reported by local and Tribal jurisdictions, vendors involved in state procurement, and federal logistics support).

¹ Priority Activities should emphasize those activities and locations which are along state and local Priority Routes to ensure alignment with Critical Transportation planning. See Tab A for information regarding Priority Routes.

² The state does not maintain these resources and would have to procure resources using contracts and private vendors to support impacted communities.

³ Future planning for the Public Health, Healthcare, and EMS core capability will address medical disaster supplies (e.g., medical devices and supplies, medications, etc.).

⁴ This could include the Red Cross liaison or mass care lead at the local level.



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Situation Overview

General

Mass Care activities post-catastrophic incident will be one of the greatest challenges facing the state, Tribal partners, and local jurisdictions. These challenges are centered on the following factors:

- Limited capabilities to purchase and store mass care resources (i.e., food, water, supplies)
- Few internal personnel with training and experience to manage mass care incidents (when compared to the demand of a catastrophic incident)
- Reliance on NGOs and VOADs to perform mass care functions (who may not be able to access disaster areas or be victims themselves)
- Potential transportation limitations degrading or preventing the movement of outside resources to affected areas
- Specialized resources necessary to support AFN populations will have difficulty addressing the full need

Incident impacts can very quickly exceed the capacity for local jurisdictions to respond and sustain mass care functions. Even with support from vertical partners and mutual aid, the need for services will outweigh the capabilities at all levels to support initial operations.

There will be an immediate need to conserve, prioritize, and deconflict resource requests across the state to both meet the immediate needs of life safety and sustainment operations taking place. If the incident is significant enough, and covers a large geographical region, it is likely that many requestors will be unaware of their reliance on the same resource vendors and will request assistance from the state for mass care activities very early after the occurrence of the incident.

Mass care sheltering activities require a specialized set of planning to identify multiple locations for sheltering, facilities capable of providing a wide range of services (e.g., AFN, service animals & pets, basic first aid, etc.), trained staff that can be provided to support operations, communications support for facilities, infrastructure support (i.e., power and water), fuel support for generators, and transport access for both population access and resource support.

Mass care bulk distribution also require a specialized set of planning to identify multiple locations for setting up Community Points of Distribution⁵ (CPODs) and other sites where communities may need to access to receive food, water, and supplies. Larger sites such as

⁵ Also referred to as Commodity Points of Distribution



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CPODs need to account for transportation access for both the population and for the resources moving into the area, which are in turn supported through either local staging access or state staging areas⁶.

The state does not maintain a supply of mass care food, water, or sheltering resources available to support local jurisdiction resource requests and if a request is made for these resources, a combination of private sector contracts, intrastate mutual aid through the Washington Intrastate Mutual Aid System (WAMAS), state to state mutual aid through the Emergency Management Assistance Compact (EMAC), and federal support (if a federally declared disaster) will need to be employed to meet the need. Acquiring and moving of these resources will take several days to reach disaster areas and will require that local jurisdictions to address immediate needs by utilizing every appropriate local resource in the surrounding areas.

Mass Care Service Needs

Disaster survivors will fall into several categories based on incident type, location, and the severity of the disaster. Each category of survivors has their own set of considerations to address for incident planning.

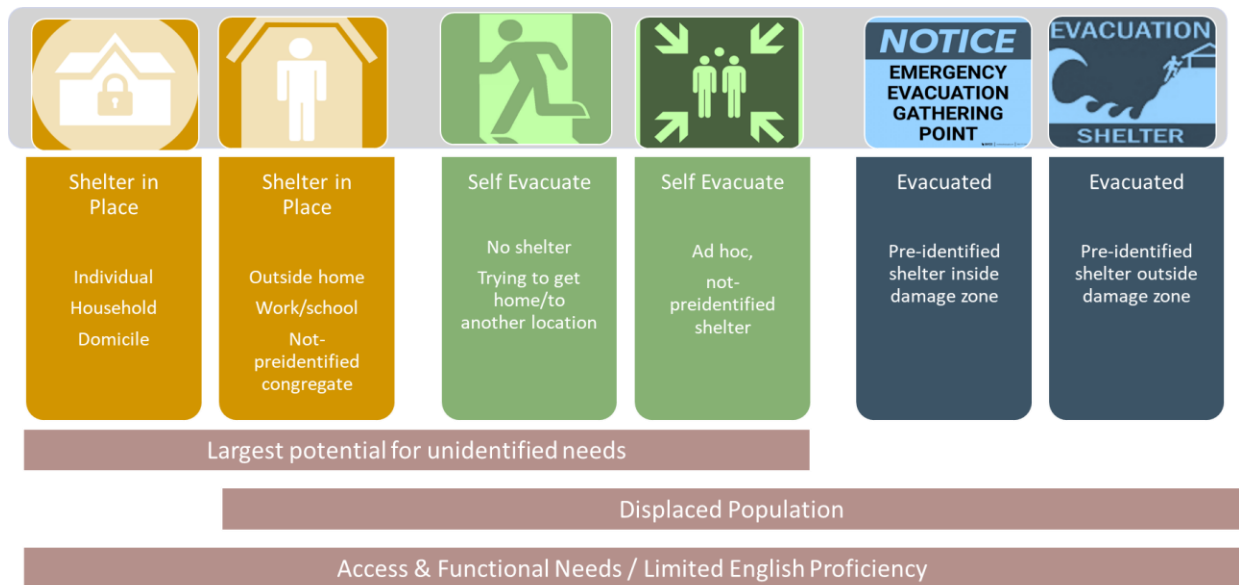


Figure 1 - Mass Care Service Needs

⁶ The desirable outcome for these activities is for state staging areas to supply local staging areas to maximize resource movement and the transportation resources necessary to move those resources.



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Planning Assumptions and Response Considerations

General

- Pre-designated mass care sites may suffer damage and require cleaning and repairs before being utilized.
- Some designated shelter facilities may be retrofitted and/or have emergency backup power.
- Disaster survivors may self-relocate rather than stay in shelters.
 - Mass care services will need to be provided to survivors relocating to host jurisdictions.
 - Displaced populations may choose to stay on or close to their properties by camping in parks, RVs, or trucks located in parking lots and other open spaces
 - They will require sanitation, feeding, and medical support.
- There is the potential that disaster survivors will be afraid to seek shelter in buildings after a catastrophic earthquake.
 - It will be necessary to ensure the public knows the buildings have been inspected for structural integrity.
 - Major aftershocks may result in the need for additional building inspections or re-inspections before a facility can be used or continue operations
- A small percentage of the rural population is self-sufficient for a short period of time, but the larger, more metropolitan populations are not.
- During multi-state and catastrophic disasters, limited communications and inconsistent legal requirements across jurisdictions will pose challenges for the reunification of unaccompanied minors.
- Communication to shelters from jurisdictions; between responders/ volunteers/ vendors; and to the population will be essential to ensure population resources match population needs.
- Crowding is common in populations displaced by natural disasters and can facilitate the transmission of communicable diseases (e.g., measles, COVID 19, and meningococcal meningitis).
- Unaffiliated volunteers and unsolicited donations on-scene will absorb scarce resources to manage and coordinate and may potentially confuse or obstruct coordinated response and recovery efforts.
- Coordination with SAR will be necessary to ensure rescued survivors are provided food, water, and shelter.
- Assistance from outside the impacted area will take time to organize and mobilize, leaving only internal community resources available for response.



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Life-Safety

- Depending upon the number and condition of shelters in the impacted area, damage to infrastructure, access to communication and life-sustaining resources and services and other factors, there will be a need to evacuate disaster survivors to host jurisdictions.
- The inability to get messages to the public about mass care resources and services; and communication between response stakeholders will decrease the ability for the state to perform mass care
 - Unified mass communication ability will be grossly diminished from county to county.
- There might be people who have Sheltered in Place at home, who may need additional care/resources when their resources run out.
 - These resources will run out at various times after a disaster.
 - There is the potential for those sheltering in place to have unmet needs that will need to be addressed.
- There is the potential for critical lifesaving services to be unavailable to the population for a period.
- There is the potential that essential information (sex offender registries, medical charts, pharmacy med lists) will be inaccessible.
- There will be areas that, due to a loss of some or all of the community lifelines, mass care operations will be unable to be performed due to issues surrounding survivor and responder safety, and/or inaccessibility.
- Disaster survivors arriving at mass care sites may present with minor injuries, pre-existing chronic or contagious diseases, or other medical conditions that require evaluation and treatment, isolation or quarantine, or referral.⁷

Sheltering

- There will not be enough trained shelter staff to support all operations.
 - Shelter staff will be disaster victims themselves and will require the same services and resources as those in the shelters.
- Within impacted areas, there will not be officially managed shelter facilities if the damage to the area is beyond the ability to provide life sustaining resources.
- Ad hoc shelters/undesignated, impromptu shelters will be established and there will be a need to identify those shelters.
- Some sheltering locations (official and ad-hoc) which were ADA compliant, may not be compliant after sustaining damage from an incident.
- Impacted communities will open independent/spontaneous shelters to provide for the needs of disaster survivors, but they will lack sufficient trained staff and

⁷ Future planning efforts for the Public Health, Healthcare, and EMS will address this consideration.



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- resources (e.g., baby formula, diapers, cots, blankets, durable medical equipment, consumable medical supplies) to support the needs of the shelter population.
- Some shelter locations may or may not be approved to store fuel and fuel delivery will need to be prioritized by the state response
 - Some shelter locations may or may not have backup generator capabilities.
 - Some shelter locations may or may not have a transfer switch.
 - Displaced residents will bring their household pets and service animals to shelters.
 - Emergency shelters must be equipped and capable of providing a broad range of services to meet the needs of the affected populations including the following:
 - People of diverse cultures, races, and nations of origin
 - People who don't read, have limited English proficiency, or are non-English speaking
 - People living in institutionalized settings—this includes individuals who live in the community and individuals who live in institutions or facilities
 - Older adults with or without disabilities
 - People with pharmacological dependency
 - People with developmental, intellectual, or physical disabilities
 - People with chronic or mental health conditions
 - People with injuries caused during the disaster
 - Children
 - People who are experiencing late-stage pregnancy
 - People who are experiencing homeless and/or transportation disadvantaged

Feeding & Hydration

- Mass care service providers will be challenged to acquire and receive food to serve shelter populations and to prepare it without continuous coordination and support. Additional challenges include:
 - Meeting diverse cultural and dietary needs (e.g., food allergens, medically-required limitations⁸, vegetarian/vegan, halal, kosher) of the affected population
 - Providing appropriate feeding for service animals and household pets.
- It will be essential to work with the counties and local jurisdictions on coordination of water systems. Counties will have various resource capabilities to serve their populations.
- Disaster-related interruption of services may disrupt water treatment and supply facilities, increasing the risk of waterborne diseases.

⁸ Among others, this may include such restrictions as low sodium and low fat. This may also include those who are unable to eat or drink by mouth and require Total Parenteral Nutrition (TPN).



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- Disruption of water, power, communications, transportation and other critical infrastructure sectors will impact people's ability to move to sheltering locations and receive or go to goods and services.

Bulk Distribution⁹

- Resources to support household pets and service and assistance animals in the impacted area will be insufficient (e.g., appropriate vehicles, cages, food, and veterinary care).
- The scarcity of appropriate vehicles (e.g., ambulances, paratransit, canteens, box trucks, refrigerated trucks, passenger vans/buses) to provide mass care services will hamper the delivery of life-sustaining services and the coordination of response and recovery activities to disaster survivors.

Capability Targets

a. Phase 2a (Initial Response)

1. Within **(X) (days)** of an incident, provide emergency sheltering, food, and water for **(XXX)** people requiring shelter and **(XXX)** people requiring food and water, including **(XXX)** people with access and functional needs (requiring accessible shelter) and **(XXX)** people with access and functional needs (requiring food and water), and **(XXX)** animals requiring shelter, food, and water. Maintain for **(XX) (days)**.

b. Phase 2c (Transition to Recovery)

1. Within **(#) (time)** of an incident, move **(#)** people requiring temporary, non-congregate housing, including **(#)** people with access and functional needs (requiring accessible, temporary, non-congregate housing), from congregate care to temporary housing.

Non-Standardized Targets

Shelter

- a) Within **(XXX) days** of an incident, assess **(XXX)** pre-identified shelter facilities within each zone for survivability and potential shelter facility requirements, including minor facility repairs or unsuitability of use based on damage or resource shortfalls. After an earthquake, reassess after each aftershock greater than **(XXX) Magnitude**.

⁹ Bulk Distribution is also referred to as Commodities Distribution. Bulk distribution is a functional area within the MCS core capability, while Commodities Distribution is a federal LOE. For the purposes of this plan, they are complimentary.



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- b) Within **(XXX) days** of an incident, acquire **(XXX)** additional credentialed workers to staff the shelter; add **(XXX)** additional shifts; or provide temporary relief for **(XXX) shelter workers** for **(XXX) shifts/weeks/rotations**. Review staffing needs **every (XXX) days/every (XXX) Operational Period**.

Food and Water

- a) Within **(XXX) days** of an incident establish bulk distribution of emergency relief items for **(xxx) people** to meet urgent needs through POD sites established within the affected area(s). Maintain for **(XXX) months**.
- b) Within **(XXX) hours/days of incident/(XXX) hours of shelter establishment**, assess feeding needs at shelter, including cultural and age-appropriate meals for **(XXX) sheltered**. Reassess feeding needs every **(XXX) days/operational period**.
- c) Within **(XXX) hours of shelter establishment** procure the supplies necessary for shelter feeding using standard procurement practices.

Animal Response

- a) Within **(XXX) days/hours** of evacuation, register and track **(XXX)** household pets and animals and provide disaster welfare information. Maintain for **(XXX) months**.

Evacuation¹⁰

- a) Within **(XXX) days/hours** of an incident assist¹¹ jurisdictions in providing an organized, phased, and supervised withdrawal, dispersal, or removal of **(XXXXX) disaster victims** from dangerous or potentially dangerous areas. Reassess evacuation needs every **(XXX) operational period or every (XXX) days**.
- b) Within **(XXX) days/hours** of evacuation, register and track **(XXX)** evacuees and provide disaster welfare information. Maintain for **(XXX) months**.
- c) Within **(XXX) days/hours** of evacuation identify the location of **(XXX)** alternate fuel vehicle sites along mapped routes and communicate these alternative fuel sites as part of the evacuation response. Review these sites every **(XXX) operational period or every (XXX) days**.¹²

¹⁰ The role of MCS in evacuation, as described, is to provide the temporary support necessary for evacuees in-transit. This target will be directly affected by the capability to evacuate disaster victims as future planning addresses this function within Tab A: Critical Transportation.

¹¹ The state holds no authority to mandate evacuation and can only assist local jurisdictions and Tribal partners upon request.

¹² This target is more closely aligned with Tab C: Infrastructure Systems (Fuel); however, that portion of the plan is under development, and this target serves as a placeholder.



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- d) Within **(XXX) days/hours** of evacuation perform an assessment of the evacuee population to identify specific individual or family group needs. Maintain an accurate population assessment every **(XXX) operational period or every (XXX) days**.

Reunification

- a) Within **(XXX) days/hours** of an incident assist **(XXX)** displaced disaster survivors, including **(XXX)** children, in voluntarily reestablishing contact with family and friends who have been separated. Maintain for duration of incident or until sheltering operations have ceased.

Disaster Assistance Programs

- a) Within **(XXX) (months)** of an incident, implement and offer disaster program services to **(XXX)** people including programs to repair or replace damaged personal property, assistance with disaster loans, food, cash, and medical assistance, crisis counseling, disaster unemployment, and disaster legal services support and to **(XXX)** people with access and functional needs. Maintain for duration of recovery or maintain for **(XXX)** months.

Concept of Operations

General

Incidents which significantly cause damage to homes, communities-at-large, or limit/impair access to life-sustaining resources will necessitate the immediate coordination of state resources at all levels to prevent loss of life. At local levels, mass care resources will need to be assessed (public and private) and begin to be deployed to some degree within 24 hours to locations accessible to impacted populations. At the state level, agencies and departments will need to assess the availability of resources that have not been impacted by the incident and can be deployed to assist in local jurisdiction's operations. Federal resource located within the state will require time to deploy to disaster areas and establish operations. Federal resources not located within the state are anticipated to take several days before they begin to arrive.¹³ If the incident is significant enough, then the movement of resources take place at Federal Staging Areas (FSA) and then into State Staging Areas (SSA) before being sent to Local Staging Areas (LSA).

¹³ Whether or not the resources are located in the state or not, there is no assumption that a non-state resource is available for deployment until they have been released to the state. This process is outlined within Tab H: Logistics and Supply Chain Management and within the ESF 7 Annex to the CEMP.



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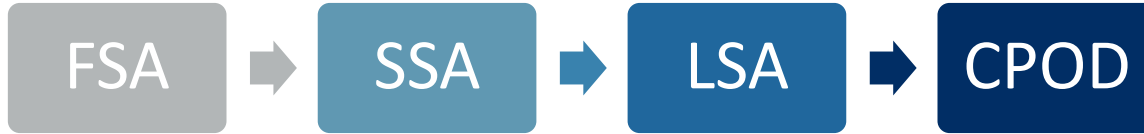


Figure 2 - Resource movement from Federal to Local

Any vertical movement of resources into local jurisdictions will require a high level of coordination and time, thus requiring local jurisdictions to provide the maximum level of support until outside resources begin to enter affected areas.

Many of the actions undertaken by state agencies and departments will represent an amplification of existing services that will require policy decisions to provide authorities, additional funding, and resource support to accomplish.

Priority Functions of Mass Care for Life Sustainment

The following table in Figure 2 depicts those functions which have the greatest likelihood of saving and sustaining life when needs and demands for resources and services are high, but resources are scarce. Incident planning and objectives which address these functions will aid in moving the incident from an initial response to incident stabilization and a sustained response.

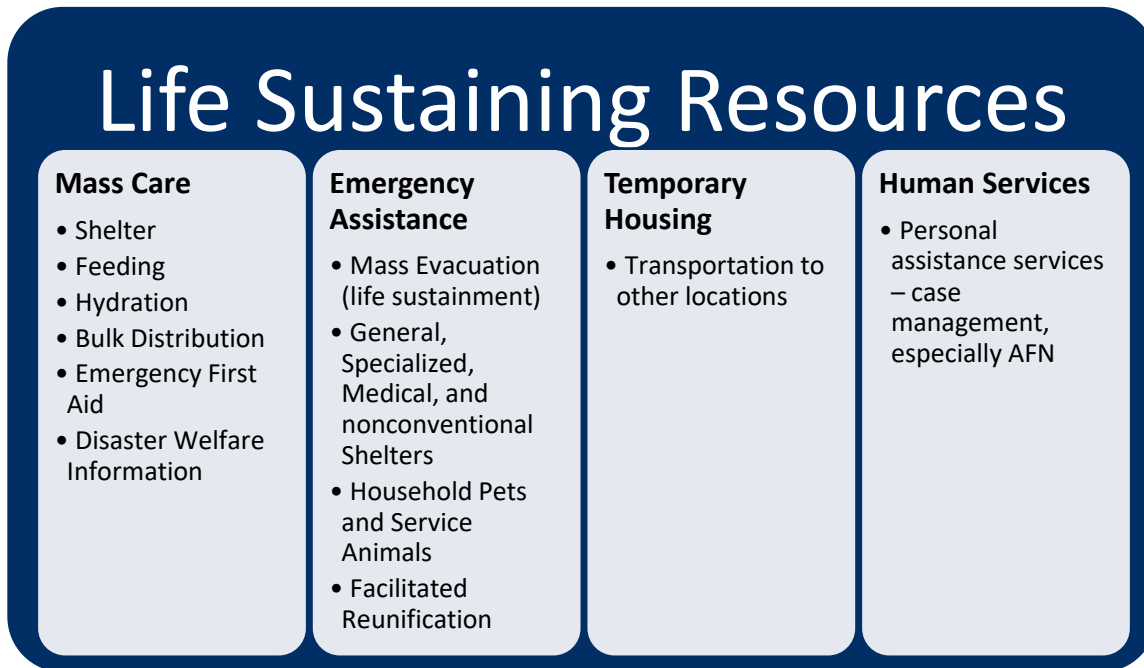


Figure 3 - Life Sustaining Resource Breakdown



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American Red Cross National Shelter System Database

This database can be employed to identify the potential areas which can be utilized for shelter options. This database is managed by ARC in support of disaster operations to identify all locations that have entered into an agreement to temporarily provide shelter for impacted and displaced communities. This database provides sheltering options that must be vetted against:

- Available resources to support
- Assessed for capacity
- Identification of the capabilities the site can provide
- Access to Priority Routes¹⁴

WebEOC Shelter Status Dashboard

This dashboard provides situational awareness on on-going sheltering activities across the state to provide an overview of activated shelters. ESF 6: Mass Care, Emergency Assistance, Temporary Housing and Human Services monitors this dashboard and utilizes it as a tool in providing support to local and Tribal jurisdictions.

Primary Core Capability

Mass Care Services

Objective:

Provide life-sustaining and human services to the affected population, to include hydration, feeding, sheltering, evacuee support, reunification, and distribution of emergency supplies.

Expected Outcome:

To assist in resource coordination to provide life-sustaining and human services after a catastrophic incident. Priority services will focus on those that enable local jurisdictions to perform hydration, feeding, sheltering, and the bulk distribution of emergency supplies.

Critical Tasks:

1. Request, acquire, move and deliver resources and capabilities to meet the needs of disaster survivors, including individuals with Access and Functional Needs (AFN).

Supporting Core Capabilities

Operational Coordination

Objective:

¹⁴ Information on Priority Routes can be found in Tab A: Critical Transportation



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The National Preparedness Goal defines operational coordination as the ability to establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities.

Critical Tasks:

1. Mobilize all critical resources and establish command, control, and coordination structures within the affected community, which may no longer be defined by established jurisdictional boundaries as needed throughout the duration of an incident.
2. Enhance and maintain command, control, and coordination structures (C3), consistent with the National Incident Management System (NIMS), to meet basic human needs, stabilize the incident, and facilitate the integration of restoration and recovery activities.

Operational Communication

Objective:

Ensure the capacity for timely communications in support of security, situational awareness, and operations by any and all means available, among and between affected communities in the impact area and all response forces.

Critical Tasks:

1. Ensure the capacity to communicate with both the emergency response community and the affected populations and establish interoperable voice and data communications between the Federal, tribal, state, and local levels through primary and redundant communications technology and protocols.
2. Re-establish sufficient communications infrastructure within the affected areas to support ongoing life-sustaining activities, provide basic human needs, and facilitate the integration of recovery activities.
3. Re-establish critical information networks, including cybersecurity information sharing networks, to inform situational awareness, enable incident response, and support the resilience of key systems.

Situational Assessment

Objective:

Provide all decision makers with decision-relevant information regarding the nature and extent of the hazard, any cascading effects, and the state of the response.

Critical Tasks:

1. Deliver information sufficient to inform decision making regarding immediate lifesaving and life-sustaining activities, and engage governmental, private, and civic sector



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resources within and outside of the affected area to meet basic human needs and stabilize the incident.

2. Deliver enhanced information to reinforce ongoing lifesaving and life-sustaining activities, cascading impacts, and engage governmental, private, and civic sector resources within and outside of the affected area to meet basic human needs, stabilize the incident, and facilitate the integration of recovery activities.

Logistics and Supply Chain Management

Objective:

Deliver essential commodities, equipment, and services in support of impacted communities and survivors, to include emergency power and fuel support, as well as the coordination of access to community staples. Synchronize logistics capabilities and enable the restoration of impacted supply chains.

Critical Tasks:

1. Mobilize and deliver governmental, nongovernmental, and private sector resources within and outside of the affected area to save lives, sustain lives, meet basic human needs, stabilize the incident, and facilitate the integration of recovery efforts, to include moving and delivering resources and services to meet the needs of disaster survivors.
2. Enhance public and private resource and services support for an affected area.

Organization

Mobilization

Following an incident in which it is determined that mass care functions will need to be coordinated, the SEOC Supervisor will activate ESF 6 in accordance with the established ESF 6 Annex and SOP. Should the need exceed the standard operating procedures, then this portion of the CEMP should be employed to reduce loss of life and sustain impacted communities which are experiencing degraded or damaged mass care response capabilities.

Unlike many other emergency management functions, there is no one state agency that is responsible for, or has the capability to, lead all tactical level operations and activities associated with mass care. Rather, there are agencies and departments which can lead the operational coordination of activities for those participating.

Accomplishing the tasks and functions outlined in this section of the plan will require that the Human Services Branch of the Operations Section be activated to manage the activities taking place across multiple ESFs.



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Structure

Mass Care Services is a collection of functions that directly influences and supports community health and wellbeing. The success of mass care operations relies on the coordination of many public and private organizations and partners. The organizational structure displayed in Figure 3 shows at a high level where this structure begins, but as situational awareness is established and sustained, it will change to reflect the current conditions of communities. Figure 3 also does not display the coordination with the other ESFs and response sections. This coordination is essential to the accomplishment of incident objectives, as mass care activities can occur under many conditions and during a catastrophic incident will likely require the collaboration with every ESF at some point. The following is a sample list of mass care activities that could occur:

ESF 1	Evacuation operations support
ESF 2	Shelter communications support
ESF 3	Assisting with infrastructure support to shelters
ESF 4	Personnel support
ESF 5	Re-entry operations
ESF 6	Leads mass care efforts and operations
ESF 7	Mass care resource procurement
ESF 8	Medical support at mass care sites
ESF 9	Transfers rescued disaster survivors to mass care sites
ESF 10	Identifies hazardous material conditions and concerns for mass care operations
ESF 11	Feeding operations support
ESF 12	Energy coordination and support for mass care facilities
ESF 13	Protection and security for mass care operations
ESF 14	Transitioning from short-term mass care to long-term solutions
ESF 15	Public messaging for mass care
ESF 20	Provides personnel to assist in mass care operations

Figure 4 - Sample ESF Activities for Mass Care Services



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Within the activities of the Branch and under ESF 6, it should be determined (and reassessed) if Strike Teams and Task Forces will need to be deployed to provide services to impacted communities. Through the employment of Strike Teams and Task Forces, the state may best be able to deploy limited and specialized services with a more efficient and effective approach.

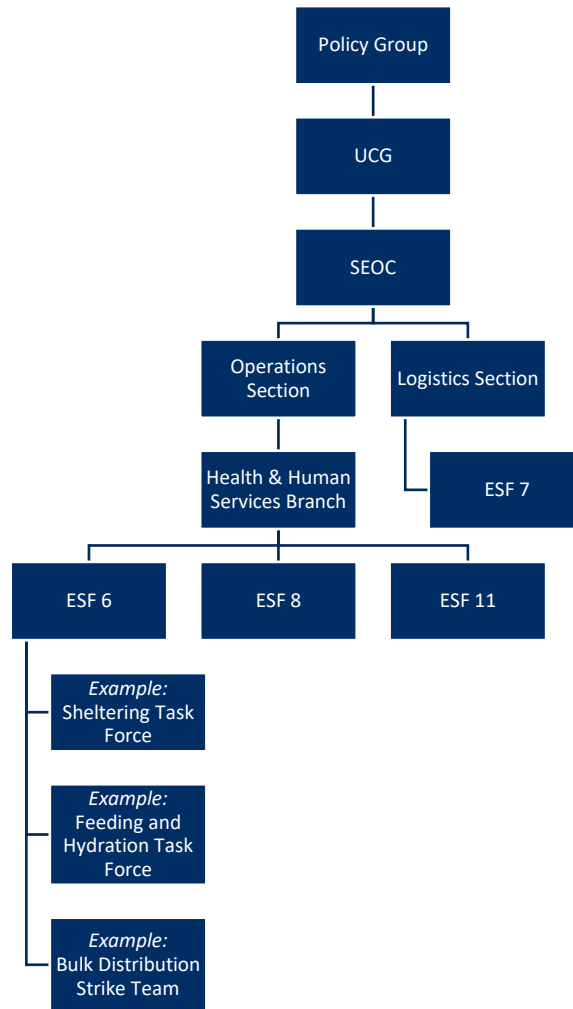


Figure 5 - ICS Structure for Mass Care Services Operations



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Direction, Control & Coordination

General

Any hazard and incident types can put communities at risk and present the opportunity for loss of life beyond the initial impact of the hazard itself. State-led mass care operations will rely heavily on coordination between other agencies and departments, as well as federal resource support.

The primary concern for mass care operations is the time delay that will occur from the occurrence of the incident to when outside aid can meaningfully enter the affected areas to offer support and provide mass care resources. Resources on-hand, gathered or procured by the state, may take several days before they are able to enter impacted areas. Other outside resources may take longer.

As resources become available, the challenge at all levels will be to maintain situational awareness to address resource needs for shelters, feeding and hydration, and bulk distribution. CPODs and shelters are the appropriate mechanism at local levels to directly provide assistance to the public, but local emergency management may require assistance with establishing and maintaining the operational coordination required to ensure they are able to continuously operate with the appropriate resources.

Unified Coordination Group and Policy Group

The UCG and Policy Group will be responsible for providing the overall direction of Mass Care Services priorities and should clearly establish and communicate leadership's intent and strategic goals to response personnel.

Coordination between state agencies through the UCG will be essential in providing the input for a sustained response to first address basic needs to save and sustain lives. While some activities may take place which fall into all-hazards mass care or align with providing the community essential services, only after it is proven that incident stabilization has occurred for providing food, water, and shelter, should these group begin to address other functions of mass care. Adding additional services on top of life safety and sustainment run the risk of straining resources and reducing the coordination which a whole of government response requires.

Coordination with federal agencies will be essential to provide additional mass care resources to the state. The UCG will be used to collect and coordinate information on federal and state mass care activities and make resource prioritization and allocation decisions.

Through the information collection of the UCG, mass care activities can prioritize those communities most in need, keep apprised of AFN considerations, understand resource



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limitations and constraints, and develop long-term objectives which move out of incident stabilization into a sustained response and eventual recovery operations.

Incidents involving Isolated Communities

Considerations should account for individuals who are provided initial and sustained services at different times over the course of the response. For example, those who are provided mass care services during the first few days of a response will have different needs than those who are provided the same services weeks later as communities that have been cut-off or isolated are accessed.

The provision of services for other functional areas of mass care is not addressed within this plan¹⁵ (due to the focus on life safety and sustainment) can be accomplished through the employment of Task Forces or Strike Teams as the resources to establish them become practical and do not adversely impact lifesaving activities. These considerations should be addressed within the Policy Group to best direct resources and address potential political concerns.

¹⁵ For information on other functions of mass care, refer to the CEMP's ESF 6 Annex: Mass Care, Emergency Assistance, Temporary Housing, and Human Services.



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Federal Lines of Effort (LOE)

A Line of Effort (LOE) is a focused area of critical action that is required for stabilizing or restoring a specific Community Lifeline. Lifelines therefore identify the source of service instability while LOEs address the specific solutions required to resolve lifeline instability¹⁶. Note that these Lines of Effort are a component of FEMA Region 10 plans and are presented here for reference and identification of the actions and activities undertaken through a federal response.

Line of Effort	Purpose	End State	State Phase
Commodities Distribution ¹⁷	Coordinate support for the distribution of resources at appropriate sites (State Staging Areas [SSAs], points of distribution [PODs], etc.)	Commodity distribution is no longer required; private sector distribution systems are re-established.	2a
Mass Care – Food and Water	Support food and water operations for the impacted populations.	Federal assistance is no longer required to support food and water distribution	2b
Sheltering Operation	Support sheltering operations for impacted populations.	Federal assistance is no longer required to support sheltering.	2b
Housing Solutions	Provide temporary housing solutions to eligible survivors.	All eligible survivors are provided relocation assistance and/or interim housing solutions.	2c

¹⁶ This information is a selection from the FEMA Region 10 CSZ Earthquake and Tsunami Plan (2022). While information in this Tab is not incident-specific, it is likely that these LOEs would be employed following approval for federal assistance concerning Mass Care Services operations.

¹⁷ Commodities Distribution is also referred to as Bulk Distribution. Bulk distribution is a functional area within the MCS core capability, while Commodities Distribution is a federal LOE. For the purposes of this plan, they are complimentary.



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Information Collection, Analysis, & Dissemination

The following section outlines the Essential Elements of Information (EEI) needed to determine the effects on Community Lifeline subcomponents. The status of lifeline subcomponents directly affects the condition of the main lifeline. After the lifeline conditions are assessed, they can be used to inform activated ESFs to determine impacts and develop courses of action for an operational period’s objectives. The conditions of the lifelines can also be developed into Senior Leadership Briefs (Tiers 1 & 2) to inform response personnel and senior leadership/decision-makers.

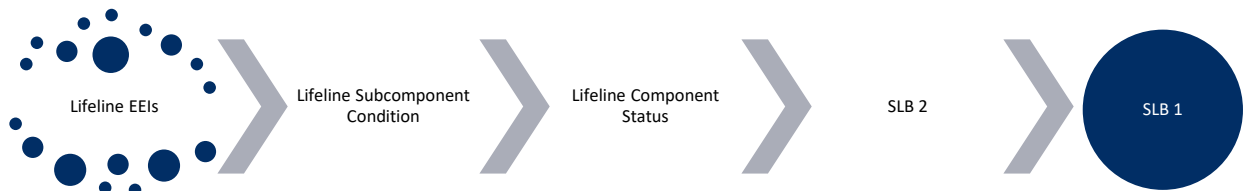


Figure 6 - Information Collection and Dissemination

Information Collection

General Essential Elements of Information (EEIs)

Community Lifeline	Lifeline Component	Lifeline Subcomponent	Essential Element of Information
Food, Water, Sheltering	Food	Commercial Food Distribution	<ul style="list-style-type: none"> • Integrity of distribution centers
		Commercial Food Supply Chain	<ul style="list-style-type: none"> • Available Stockpiles • Private sector businesses open • Status of grocery stores • Restaurant food services
		Bulk Distribution	<ul style="list-style-type: none"> • # CPODs Open – capacity, throughput • #PPODs Open – capacity, throughput • Location, type, operation status of local distribution sites • Resource needs • Location/Type/Operation Status of Federal, State, & Local Staging Areas



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Community Lifeline	Lifeline Component	Lifeline Subcomponent	Essential Element of Information
	Water	Food Distribution Programs	<ul style="list-style-type: none"> • # Emergency Food Assistance Program • # Food Distribution Program • # TANF Applications • # TANF Applications Pending • # Applications pending, and filled needs for SNAP, DSNAP, F2FP
		Commercial Water Supply Chain	<ul style="list-style-type: none"> • Integrity of utility systems & pipelines • # those without services • Integrity of distribution centers • Available Stockpiles • Private sector businesses open • Status of grocery stores in affected area • Potable water staging areas • Other water staging areas? • Boil orders d/t impacts on water treatment plants; services and testing required assuring safety of private water supplies upon power restoration
		Bulk Distribution	<ul style="list-style-type: none"> • Locations/Type/Operation status of: PODs for distribution of food, water, other bulk commodities (lat/long, Branch, DIV, County) • What resources are available on hand and where? • Location/Type/Operation Status of Federal, State, & Local Staging Areas
		Commercial Water Supply Chain	<ul style="list-style-type: none"> • Damage to and list of cascading effects • # affected/Type affected; Cascading impacts to Mass Care Services: Bulk Distribution
	Shelter	Sheltering Needs	<ul style="list-style-type: none"> • Potential shelter requirements and planning assumptions • # shelters open • Location, population & shortfalls of shelters • #/location ADA compliant



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Community Lifeline	Lifeline Component	Lifeline Subcomponent	Essential Element of Information
			<ul style="list-style-type: none"> • Co-location of pets; status of pet shelters (location, population, & shortfalls) • Unmet AFN requirements & specialty needs • Accessibility resources, language services, specialty equipment • Calculate food needs for evacuees, household pets/service animals, other locations (such as nursing homes/ALFs) • Dietary requirements/limitations, children and infants • Calculate shelter hydration/ice needs for evacuees, pets, and service animals
		Sheltering Operations	<ul style="list-style-type: none"> • List of pre-identified sheltering locations, services offered, and sheltering shortfalls • Locations of Ad-Hoc sheltering locations; services offered; resources required; and sheltering shortfalls • Shelter capacity
		Shelter Facilities	<ul style="list-style-type: none"> • Inspection/Re-Inspection Status • Emergency Backup Power: Renewable & Generator • Fuel: Storage & Consumption • Site safety and security needs • Unmet staffing needs • # unmet staffing types • Credentialed staff available • Organization running shelter
		Shelter in Place	<ul style="list-style-type: none"> • # wrap around service needs • Type of wrap around service needs • Capabilities needed • # sheltering in place in Zone 1 areas • # of Emergency welfare inquiries into dispatch • # homes affected • Potential estimated population affected



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Community Lifeline	Lifeline Component	Lifeline Subcomponent	Essential Element of Information
		Temporary Shelter Requirements	<ul style="list-style-type: none"> • Temporary housing and roofing requirements based on initial damage reports • Utilities available (heat, electricity) • Food & water available
	Agriculture	Animals and Agriculture	<ul style="list-style-type: none"> • #/location of livestock • Livestock food, shelter, water, and other needs
Health and Medical	Medical Care	Pharmacies	<ul style="list-style-type: none"> • # sheltered needing pharmacy services • Pharmacy services available post disaster • Limitations in service
		Long-Term Care Facilities	<ul style="list-style-type: none"> • # impacted and/or evacuated survivors with disabilities and others with AFN • # facilities needing assistance with relocation • # electrically dependent and ambulatory persons (medical equipment or AFN) evacuated and unable to return
		Veterinary Services	<ul style="list-style-type: none"> • # of veterinary services needed within shelters • # veterinary services available for community
		Behavioral Health	<ul style="list-style-type: none"> • # participants seeking crisis counseling – immediate service impacts • # services needed • Gaps in ability to provide services at shelter locations
	Community Safety	Protective Actions	<ul style="list-style-type: none"> • Boil orders d/t impacts on water treatment plants • Messaging going to public regarding shelter in place, evacuation, and/or decontamination



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Information Analysis

Figure 6 displays the relationship of ESFs associated with information collection and analysis activities. Information collected through impacts to Community Lifelines can then be analyzed by these ESFs to inform new or ongoing response objectives.

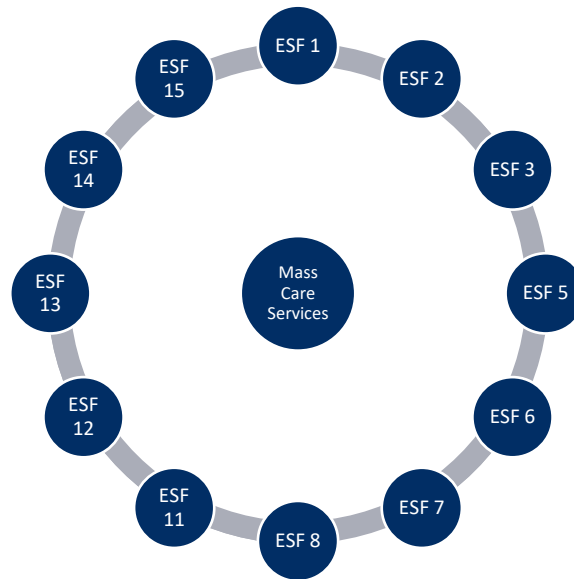


Figure 7 – Mass Care Services Information Analysis

Information Dissemination

Information analysis will result in contributions to the Tier 1: Disaster Summary, Senior Leadership Brief (SLB) provided to the UCG. Additionally, the more detailed information not necessary for executive level response decision making will be supplied for the creation of the Tier 2: Lifeline Overview SLB for use in tracking conditions and informing response personnel.



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Tab B: Mass Care Services

Responsibilities

The table below outlines the responsibilities of the entities involved with this Tab. These actions are tied to executing the Critical Tasks noted in the Concept of Operations section, which contribute to the primary and supporting Core Capabilities.

Phase 1 (Prepare)

Phase 1	
Mass Care Services	Provide life-sustaining and human services to the affected population, to include hydration, feeding, sheltering, temporary housing, evacuee support, reunification, and distribution of emergency supplies.
Operational Coordination	
<ul style="list-style-type: none"> • Identify and build relationships with the key leaders, staff, and organizations from the whole community of state, local, tribal, and federal community who will provide resources, and/or coordinate, and conduct mass care operations in the state of Washington • Develop plans & procedures and recommend policies for the delivery of mass care services to all persons in the impacted areas or evacuating to non-impacted areas in coordination with all responsible agencies • Develop and implement training and exercise programs for mass care personnel involved in the decision-making, planning, coordination, or delivery and operations for sheltering, feeding and bulk distribution for the entire population, including those with disabilities, and access and functional needs issues • Participate in local and regional mass care planning initiatives and projects • Coordinate with Private Sector partners in the development of plans • Coordinate with NGOs and VOADs in the development of plans 	
Operational Communications	
<ul style="list-style-type: none"> • Identify communications systems used at local levels to coordinate operations and resource management • Identify communication requirements and coordination involved between state agencies and local jurisdictions • Identify shortfalls and communication barriers for state and local operations 	
Logistics and Supply Chain Management	
<ul style="list-style-type: none"> • Identify the locations of local CPODs and other mechanisms of distribution for life saving and sustaining resources • Identify the locations of shelters likely to be used and supported during a catastrophic incident • Identify the capacity of jurisdictions and Tribes to support local communities following an overwhelming demand on services • Identify the anticipated mass care resource needs from each HLS Region 	



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Tab B: Mass Care Services

<i>Situational Assessment</i>
<ul style="list-style-type: none"> • Conduct assessments of mass care needs, capabilities, and expectations. <ul style="list-style-type: none"> ○ Leverage hazard identifications, risk assessments, and consequence analysis to support pre-planning efforts ○ Identify and socialize essential elements of information for damage and impact assessments from impacted partners (ISNAP, situation reports, damage/impact summaries) • Identify local, regional, Tribal, and state resource gaps <ul style="list-style-type: none"> ○ Share gap analysis of feeding, hydration, and sheltering • Input shelters, CPOD/P-POD information into GIS for use in all phases <ul style="list-style-type: none"> ○ Mass care sites should be designated by capacity type and use • Pre-identify locations of where mass care may be impractical to support due to hazard impacts and anticipated impacts to Community Lifelines

Phase 2a (Initial Response)

Phase 2a	
Mass Care Services	Provide life-sustaining and human services to the affected population, to include hydration, feeding, sheltering, temporary housing, evacuee support, reunification, and distribution of emergency supplies.
<i>Operational Coordination</i>	
<ul style="list-style-type: none"> • Establish contact with impacted jurisdictions to identify shelters in use <ul style="list-style-type: none"> ○ Identify shelter types ○ Identify sheltering staff shortfalls ○ Identify shelter resource deficiencies • Identify mass care-related ICS positions needed to staff the Human Services Branch and ESF 6 based on sheltering needs identified by local jurisdictions • Alert and notify all mass care response partners in accordance with procedures • Receive situation reports from activated ESFs participating in mass care activities concerning the condition and availability of their resources • In coordination with ESF 1 and other Critical Transportation partners, determine the status of routes which align with Priority Routes <ul style="list-style-type: none"> ○ Assess the ability of resources to access shelters and inform local jurisdictions • In coordination with ESF 8, identify medical support capabilities for shelters • In coordination with ESF 12, identify energy infrastructure impacts which affect sheltering operations • In coordination with ESF 15, assist local jurisdictions in providing or amplifying public information and warning to impacted communities • In coordination with ESF 20, provide personnel to support local mass care operations 	



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Tab B: Mass Care Services

Operational Communications

- Assess and establish communications ability with all mass care response partners
- Assess and establish communications ability with all impacted jurisdiction's mass care operations
- In coordination with ESF 2, identify any communications barriers with state, Tribal, and local mass care operations and begin identifying solutions
- In coordination with ESF 15, monitor for community-based communications concerning mass care

Logistics and Supply Chain Management

- Coordinate with local emergency management logistics to identify anticipated resource shortfalls and needs
- Assist local jurisdictions in identifying vendors for resource requests
- Compile resource needs and identify trends to provide to policy group for resource request funding
- Identify scarce resources
- Begin to develop prioritization methodology in coordination with UCG and policy group
- Identify vendors in non-impacted areas who have water and shelf stable food inventories on-hand

Situational Assessment

- Monitor WebEOC Shelter Status Dashboard
- Conduct ongoing assessment of mass care needs
- Estimate initial mass care needs by type and capability
- Provide quantitative mass care services data to Planning and Logistics Sections, and other ESFs that require accurate data for response logistics
- Implement a daily counting and reporting system for sheltering, feeding, and bulk distribution items delivered
- Identify initial conditions of the Food, Water, Shelter & Health and Medical community lifelines



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Tab B: Mass Care Services

Phase 2b (Employment Resources)

Phase 2b	
Mass Care Services	Provide life-sustaining and human services to the affected population, to include hydration, feeding, sheltering, temporary housing, evacuee support, reunification, and distribution of emergency supplies.
<i>Operational Coordination</i>	
<ul style="list-style-type: none"> • Integrate with external support operations that are participating in mass care operations <ul style="list-style-type: none"> ○ Identify active external mass care participants to include in the SEOC ICS structure (to include the Private Sector) • Assist and support local jurisdictions in coordinating safe, secure, and effective feeding and sheltering operations • In coordination with ESF 1, prioritize assessment and repair resources which align with mass care operations and Priority Routes • In coordination with ESF 3, identify government facilities that can be utilized for mass care activities • In coordination with ESF 4, identify personnel resources that can be utilized to fill local mass care operations (as appropriate and feasible) • In coordination with ESF 5, <ul style="list-style-type: none"> ○ Request resource support from mutual aid and federal sources ○ Ensure that meaningful reporting is occurring from local sources to aid in mass care support (i.e., EEI or Community Lifeline reporting) • In coordination with SEOC Logistics and ESF 7, identify and procure (if approved) resources to support local mass care operations • In coordination with ESF 11 <ul style="list-style-type: none"> ○ Identify feeding support available for local communities ○ Provide nutrition assistance ○ Ensure the safety of food supplies ○ Provide for the safety and well-being of pets during emergency response operations and evacuations. • In coordination with ESF 13, identify resources available to protect mass care operations (as needed based on credible concerns) 	
<i>Operational Communications</i>	
<ul style="list-style-type: none"> • Sustain communications ability with all mass care response partners • Sustain communications ability with all impacted jurisdiction’s mass care operations • In coordination with ESF 2, <ul style="list-style-type: none"> ○ Identify communications solutions to address barriers with state, Tribal, and local mass care operations. ○ Identify available resources that can help support local jurisdiction’s mass care field operations 	



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Tab B: Mass Care Services

- In coordination with ESF 15, monitor for community-based communications concerning mass care

Logistics and Supply Chain Management

- Integrate resources deployment for delivery of key supplies and response personnel alongside related activities
- Coordinate with appropriate agencies to determine bulk distribution needs of affected population
- Conduct ongoing assessment of mass care needs
- Provide quantitative mass care services data to Planning and Logistics Sections, and other ESFs that require accurate data for response logistics
- Re-evaluate system established for daily counting and reporting system for sheltering, feeding, and bulk distribution items delivered
- In coordination with ESF 1 and ESF 7, identify barriers and limitations in moving resources through transportation corridors which support mass care operations
- In coordination with ESF 7,
 - Identify state contracts for requested resources
 - Identify resources for bulk purchases that support mass care
 - Prepare to receive donations which are needed for bulk distribution
 - Support local jurisdictions with coordination and delivery of water and shelf stable food to meet immediate needs (pre-CPOD deployment)
- In coordination with ESF 11, identify needs to provide emergency supplies for pets and service animals
 - Coordinate with agencies receiving donations for service and companion animals
- In coordination with ESF 12,
 - Identify fuel support for power generation at shelters and other mass care delivery sites
 - Identify fuel support for evacuation operations
- In coordination with ESF 15, establish messaging for donations (wanted and unwanted)

Situational Assessment

- Conduct ongoing assessment of mass care needs
 - Analyze mass care operational reports for regional impacts and trends
 - Share summary information with partners both vertically and horizontally
 - Identify unmet needs
 - Identify resource deficiencies in AFN support
- Monitor on-going conditions of the Food, Water, Shelter & Health and Medical community lifelines
 - Identify impacted areas where life safety or sustainment present significant challenges and require additional actions to occur
- Sustain sheltering awareness through the WebEOC Shelter Status Dashboard



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Tab B: Mass Care Services

- Sustain quantitative mass care services data for the Planning and Logistics Sections, and other ESFs that require accurate data for response logistics
- Sustain a daily counting and reporting system for sheltering, feeding, and bulk distribution items delivered
 - Move to weekly reporting as appropriate

Phase 2c (Transition to Recovery)

Phase 2c	
Mass Care Services	Provide life-sustaining and human services to the affected population, to include hydration, feeding, sheltering, temporary housing, evacuee support, reunification, and distribution of emergency supplies.
Operational Coordination	
<ul style="list-style-type: none"> • In coordination with ESF 14, identify conditional requirements for long-term response solutions and for transition to recovery • In coordination with ESF 6 and ESF 14, coordinate transition to temporary housing options • Transition response activities from ESFs to Recovery Support Functions (RSF) • Transition response from the CIA to ESF 14 and actions outlined in the Washington Restoration Framework (WRF) • In coordination with ESF 14, provide information on known available disaster assistance programs to disaster survivors 	
Operational Communications	
<ul style="list-style-type: none"> • Ensure the capabilities to communicate with recovery personnel and field operations 	
Logistics and Supply Chain Management	
<ul style="list-style-type: none"> • Coordinate demobilization of mass care resources with participating agencies. • Close out State Staging Areas • Coordinate resource acquisition to support transition to short-term and temporary housing (e.g., identification of temporary trailers) • Coordinate resources to support transition to recovery 	
Situational Assessment	
<ul style="list-style-type: none"> • Maintain reporting statuses of lifelines until all lifelines are stabilized • In coordination with ESF 15, monitor for community-based communications concerning mass care and recovery needs 	



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Tab B: Mass Care Services

References and Supporting Guidance

The Red Cross National Shelter System (NSS)

This system allows emergency managers and disaster workers to identify the location, managing agency, capacity, current population, and other relevant information of all shelters operated in response to disasters. NSS information assists the Red Cross, FEMA, state and local emergency management, and non-government organizations in developing strategies to ensure prompt and effective mass care services. NSS also serves as an emergency shelter planning tool and serves as a centralized database of all pre-surveyed facilities that could be used as shelters within the United States.

Terms and Definitions

Ad-Hoc Shelters

Unplanned or independent congregate facilities established, without coordination with local emergency management, by groups who historically have not participated in community disaster congregate care planning and/or who have not previously held a traditional disaster sheltering role. These shelters may provide surge capacity for large-scale disasters and as public accommodations must comply with applicable laws

Congregate Shelter

Generally provided in large open settings that provide little to no privacy in facilities that normally serve other purposes such as schools, churches, community centers, and armories.

Non-Congregate Shelter

Provides alternatives for incidents when conventional congregate sheltering methods are unavailable or overwhelmed, or longer term temporary sheltering is required. Typically, facilities that are used provide a higher level of privacy than conventional congregate shelters, hotels, and cruise ships, other facilities with private sleeping spaces but possibly shared bathroom /cooking facilities, dormitories, and/or converted buildings, or staying with friends/family.

Nonconventional/Transitional Shelters

Facilities not traditionally used for congregate care activities— ships, tent shelters or temporarily constructed accommodations, mega shelters typically in large-scale venues, etc., are considered to fall under this category. These shelters may provide additional capacity for large-scale disasters and as public accommodations must comply with applicable laws.

Reunification Services

Services that provide mechanisms to help displaced disaster survivors, including children, reestablish contact with family and friends.