**Capability 7: Mass Care**

**Definition:** Mass care is the ability of public health agencies to coordinate with and support partner agencies to address within a congregate location (excluding shelter-in-place locations) the public health, health care, mental/behavioral health, and human services needs of those impacted by an incident. This capability includes coordinating ongoing surveillance and assessments to ensure that health needs continue to be met as the incident evolves.

**Functions:** This capability consists of the ability to perform the functions listed below.

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

**Summary of Changes:** The updates align content with new national standards, updated science, and current public health priorities and strategies. Listed below are specific changes made to this capability.

- Incorporates content for accommodating individuals with functional and access needs within general population shelters
- Includes considerations for registration of individuals requiring decontamination or medical tracking in the event of an environmental health incident
- Coordinated content with the U.S. Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response’s (ASPR) Health Care Preparedness and Response Capabilities

**For the purposes of Capability 7, partners and stakeholders may include the following:**

- agricultural departments
- animal control
- designated safety officers
- emergency management agencies
- emergency medical services (EMS)
- fire departments
- HazMat authorities
- health care coalitions
- health care organizations
- human services organizations and providers
- human services providers
- humane societies
- law enforcement agencies
- organizations that can provide or support mass care services
- public health agencies
- radiation control authorities
- social services
- state hospital associations
- tribes and native-serving organizations

---

4 For example, Board of Animal Health and National Veterinarian Response teams
5 For example, the Federal Emergency Management Agency (FEMA)
6 For example, the American Red Cross and other voluntary organizations active in disasters (VOADs)
Function 1: Determine public health role in mass care operations

Function Definition: In coordination with Emergency Support Functions (ESFs) #6, #8, and #11 partners and stakeholders, define the public health roles and responsibilities in supporting mass care operations.

Tasks

Task 1: Identify the public health agency role in mass care operations. Determine mass care roles and responsibilities of the jurisdictional public health agency as a lead or support agency when working with collaborating organizations. Address the access and functional needs of at-risk individuals.

Task 2: Operationalize the public health agency mass care role. Coordinate with ESF #6, #8, and #11 partners to conduct infectious disease surveillance and environmental health and safety assessments, provide support for addressing the access and functional needs of at-risk individuals, and support decontamination to assist in a mass care response.

Preparedness Resource Elements

P1: (Priority) Procedures in place to coordinate with ESF #6, #8, and #11 partners, including emergency management, environmental health, and other agencies, to identify the jurisdictional public health agency lead or support role(s) for mass care. Public health agency roles and responsibilities may include

- Supporting the delivery of health care by jurisdictional partners
- Providing access to mental/behavioral health services
- Coordinating logistics for mass sheltering with the Incident Command System and other responsible entities
- Providing access to human services and other support to individuals with access and functional needs
- Conducting and reporting on human health surveillance, including investigating contagious diseases transmitted between animals and people
- Providing access to medications needed for pre-existing conditions as well as medical countermeasures, including immunization services, if appropriate, for populations being sheltered
- Overseeing environmental health and safety, to include hygiene procedures, sanitation management procedures, and food and facility safety inspections
- Providing radiological, nuclear, biological, and chemical screening and decontamination services
- Providing sanitation and waste removal, including working with entities regulating medical waste
- Providing shelter and care for service animals and pets

P2: Written agreements, such as contracts or memoranda of understanding (MOUs) with partner agencies to support the access and functional needs of at-risk populations. Accommodations for populations with access and functional needs may include

- Individual assistive services, equipment, and care, such as occupational therapy, family caregivers, and assistive technology
- Placement of individuals with disabilities and others with access and functional needs in the least restrictive environment possible
- Social services
• Use of universal design principles in signage and accessibility
• Language translators and sign language interpreters
(See Capability 1: Community Preparedness)

P3: Procedures in place to disseminate situational awareness information to jurisdictional emergency management agencies and to alert partner organizations during a response requiring mass care services based on the jurisdictional public health agency lead or support role. Recommended procedures for notification and information sharing may include
• Contact information of at least one representative from each organization
• Procedures to ensure communication will work properly during an emergency, including regularly updating contact lists and conducting notification drills
• Procedures for using redundant communications systems, such as health communication systems, cell phones, texting, satellite phones, radios, and WebEOC to be used across organizations and health care systems and within operational areas
• Methods for sending health alerts, including e-mail, text, or automated notice
• Methods for confirming receipt of health alerts
• Process for organizations to confirm their participation in the mass care response

**Function 2: Determine mass care health needs of the impacted population**

**Function Definition:** Determine the public health, health care, human services, and mental/behavioral health needs of those impacted by the incident in coordination with ESF #6, #8, and #11 partners, emergency management agencies, and other partner agencies.

**Tasks**

**Task 1:** Identify population health needs of impacted areas. Coordinate with response partners to identify population health needs in the area impacted by the incident using existing jurisdictional risk assessments; data on biological, chemical, or radiological hazards in the area; other environmental data; and health demographic data.

**Task 2:** Assess congregate locations. Coordinate with response partners to complete facility-specific environmental health and safety assessments of the pre-selected congregate locations.

**Task 3:** Ensure food and water safety at congregate locations. Coordinate with partner agencies as necessary to conduct food and water safety inspections at congregate locations.

**Task 4:** Ensure health screening and identification of access and functional needs. Coordinate with response partners to conduct health screenings and identify medical, access, and functional needs such as needs related to communication, maintaining health, independence, support, safety, self-determination, and transportation (CMIST) (as defined in the CMIST framework), of the population registering at congregate locations.
Preparedness Resource Elements

P1: (Priority) Procedures in place and assessment criteria to be used for environmental health assessments and inspections of shelters.

Recommended elements of the shelter assessment procedures may include:

- Contact information and process for contacting the lead shelter operation organization
- Public health presence in shelter decision-making entity or command center
- Equipment needed for the assessment, such as radiation detection devices
- Order of operations for assessment, including activities for prior-to-entry and post-entry
- Corrective action time frames
- Repeat assessments (initial assessment should occur within 48 hours after a site opens)

Recommended criteria for shelter inspection may include:

- Absence of barriers that restrict access for people with disabilities and others with access and functional needs
- Infrastructure redundancy, including backup power (generator) and communications equipment
- Absence of contamination, such as radiological, nuclear, biological, or chemical
- Adequate sanitation including toilets, showers, hand washing stations, and other accommodations, and waste removal including for sheltered animals
- Potable water supply
- Adequate ventilation and climate control
- Clean and appropriate location for food preparation and storage
- Absence of pests or vectors
- Separation of medical facility and general living area for privacy, confidentiality, and isolation of infectious disease
- General facility safety, including structural integrity, stairs with handrails, step-downs, and the absence of slick floors, exposed wiring, or other potential facility hazards

P2: (Priority) List of pre-identified site(s) that have undergone an initial assessment to determine their adequacy to serve as congregate locations in accordance with jurisdictional strategies for emergency operations sheltering based on the size, scope, and impact of potential incidents estimated from jurisdictional risk assessments.

(See Capability 1: Community Preparedness)

P3: Procedures in place to adopt or amend jurisdictional restaurant or food service requirements for food and water assessments at shelters or procedures for coordinating assessments of food sources. Procedures may include:

- Identifying and assessing general safety issues
- Ensuring food safety including proper storage, handling, and tracking
- Ensuring safety of potable water
- Assessing housekeeping, cleaning, and sanitation
- Ensuring proper management of wastewater and solid waste
- Ensuring that personal hygiene amenities, such as soap, hot water, and hand sanitizer are provided
- Ensuring hygiene education is provided to clients, response partners, and volunteers handling food
Capability 7: Mass Care

- Ensuring air quality control
- Identifying and assisting with vector or pest control issues
- Assessing safety and sanitation of childcare
- Coordinating with partners, if appropriate, to ensure personnel safety and security

**P4:** Procedures in place for how the public health agency, based on the jurisdictional public health agency mass care role, will coordinate with partners and stakeholders to provide specialty food items that address the nutritional needs or requirements of young children, pregnant or postpartum women and infants, older adults, and individuals with access and functional needs, such as communication, maintaining health, independence, services and support, and transportation needs (CMIST framework).

*(See Capability 13: Public Health Surveillance and Epidemiological Investigation)*

**P5:** Procedures in place to refer individuals to health services from the congregate location, medical facilities, specialized shelters, or other sites. Recommendations include coordinating with organizations assigned as responsible for transfer, such as EMS or medical transport providers, and reviewing emergency transportation strategies with jurisdictional transportation agencies.

*(See Capability 6: Information Sharing and Capability 10: Medical Surge)*

**Skills and Training Resource Elements**

**S/T1:** Access to personnel skilled in the use of and able to access geographical information systems (GIS) or other mapping systems.

**S/T2:** Personnel trained in conducting environmental health and safety assessments in shelters. Recommended trainings and tools may include

- Environmental Health Training in Emergency Response (EHTER)
- Environmental Health Shelter Assessment Tool
- Council of State and Territorial Epidemiologists (CSTE) Disaster Epidemiology Tool Repository

**S/T3:** Shelter registration personnel or health professionals trained to recognize the need to refer individuals to health services, specialized shelters, or medical facilities, as appropriate.

**S/T4:** Personnel trained in chemical, biological, and radiological decontamination.

*(See Capability 12: Public Health Laboratory Testing)*

**Equipment and Technology Resource Elements**

**E/T1:** *(Priority)* Tools and materials for health screening of individuals during shelter registration. Health screening questions may include

- Immediate medical needs
- Durable medical equipment (DME) and assistive technology needs
- Mental/behavioral health needs
- Immunization history
- Sensory deficits or other disability
- Medication use
- Need for assistance with activities of daily living
- Substance abuse
**E/T2:** Access to GIS or other system, such as zip code sorting to identify the location of at-risk individuals with access and functional needs that may be disproportionately impacted, including individuals with limited English proficiency, refugees, individuals with low income, people with chronic conditions, people with disabilities, and people living in long-term care within the jurisdiction and to compare their locations to pre-identified shelter locations and incident impact areas.

**E/T3:** Access to decontamination shelters and facilities and personnel trained on their use based on the type of shelter and facilities to be used.

---

**Function 3: Coordinate public health, health care, and mental/behavioral health services**

**Function Definition:** Coordinate with partner and stakeholder agencies to provide access to health care, mental/behavioral health, and human services; medication, immunization, and consumable medical supplies, such as hearing aid batteries and incontinence supplies; DME for the impacted population; and specialized support to address the access and functional needs of individuals who may be disproportionately impacted by the incident.

**Tasks**

**Task 1: Ensure accessibility of health care and mental/behavioral health services.** Coordinate with health care partners and other applicable providers to ensure health care, mental/behavioral health, and human services; medication, immunizations, and consumable medical supplies, such as hearing aid batteries and incontinence supplies; and DME are provided at or through congregate locations based on mass care needs.

**Task 2: Support at-risk individuals with access and functional needs impacted by the incident.** Coordinate with applicable providers to integrate the delivery of human services and necessary medication and devices that address the access and functional needs of at-risk individuals disproportionately impacted by the incident or event.

**Task 3: Support population monitoring and decontamination services.** Coordinate with jurisdictional partners, such as lead HazMat authority or other agencies to establish tracking systems and support the decontamination of contaminated or possibly contaminated, including radiological, nuclear, biological, or chemical contaminants, individuals who may enter congregate locations.

**Task 4: Provide culturally and linguistically appropriate information.** Disseminate and promote accessible and culturally and linguistically appropriate information regarding mass care health services to the public.

**Task 5: Coordinate care for service animals.** Coordinate with agencies to accommodate and provide care for service animals, including veterinary care, essential needs, and decontamination, within general shelter populations.

**Task 6: Coordinate care for household pets.** Collaborate with partner agencies to coordinate the location of human sheltering efforts with household pet sheltering efforts.

**Task 7: Return displaced individuals to pre-incident medical environments.** Coordinate with partners and stakeholders to return individuals displaced by the incident to their pre-incident medical environments, such as prior medical care provider, skilled nursing facility, or place of residence.
Capability 7: Mass Care

Preparedness Resource Elements

P1: (Priority) Written agreements, such as contracts or MOUs with organizations that support the provision of medication and administration of vaccines. Recommended provisions for agreements may include

- Requesting medication and vaccines from providers (circulating inventories or cached supplies)
- Bringing medication and vaccines to congregate locations
- Securing, storing, and distributing medication and vaccines at congregate locations
- Referring and transporting individuals to pharmacies and other providers for medication or vaccine
- Enrolling of pharmacies in the Emergency Prescription Assistance Program (EPAP)

(See Capability 8: Medical Countermeasure Dispensing and Administration, Capability 9: Medical Materiel Management and Distribution, and Capability 10: Medical Surge)

P2: (Priority) Scalable congregate location staffing models for health services, based on the incident, number of impacted individuals, resources available, competing priorities, and time frames in which interventions should occur. Staffing models may address needs and activities, which may include

- Addressing barriers that restrict individuals with disabilities and access and functional needs, as defined in the CMIST framework
- Integrating mental/behavioral health services
- Assessing environmental health standards, such as food, water, and sanitation
- Collecting, monitoring, and analyzing aggregate data
- Integrating immunization services
- Providing infection control practices and procedures
- Using data sharing agreements, such as with the American Red Cross
- Providing risk management and risk communication services to all sheltered individuals, if needed, especially if the incident involves chemical, biological, or radiological hazards

(See Capability 1: Community Preparedness and Capability 10: Medical Surge)

P3: (Priority) General population shelters that accommodate families with children, persons with disabilities, and those with access and functional needs and have procedures to transfer individuals from general shelters to specialized shelters or medical facilities. Recommended procedures for transfers may include

- Procedures to coordinate with medical and non-medical transportation partners
- Procedures for information transfer, such as age, sex, current condition, vital signs (if available), chief complaint, differential diagnosis, relevant medical history, medical supplies, and DME needs
- Procedures for physical transfer of patient and caregiver, if appropriate, to specialized shelters or medical facilities
- Procedures for tracking items transferred with the patient, such as medications, personal medical equipment, identification, and personal items
- Procedures and designated facilities to support isolation and quarantine, including transportation to proper isolation for patients with potential or confirmed exposure to certain biological agents

(See Capability 8: Medical Countermeasure Dispensing and Administration, Capability 9: Medical Materiel Management and Distribution, Capability 10: Medical Surge, and Capability 11: Nonpharmaceutical Interventions)
P4: **(Priority)** Written agreements, such as contracts or MOUs with partner and stakeholder agencies to monitor populations at congregate locations. These agreements may include

- Assistance with registering, as necessary, injured, exposed, or potentially exposed individuals for long-term health monitoring, including the use of rapid response registries and immunization information systems (IIS)
- Support for establishing separate shelter facilities for monitoring individuals at congregate locations
- Assistance with identifying, stabilizing, and referring individuals requiring immediate health care or decontamination
- Identification of designated facilities to support isolation and quarantine, including transportation to proper isolation for patients with potential or confirmed exposure to certain biological agents

*(See Capability 3: Emergency Operations Coordination)*

P5: **(Priority)** Scalable congregate location staffing matrices for radiation incidents that identify each population monitoring and decontamination response role. Roles may include

- Managing a population monitoring operation, such as leading overall Community Reception Center (CRC) operations
- Monitoring those arriving for external contamination and assessing exposure risk
- Supporting decontamination
- Assessing physical exposure and internal contamination

P6: Written agreements, such as contracts or MOUs with medical supply and medical equipment providers to support medical logistics. Agreements may include

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

*(See Capability 9: Medical Materiel Management)*

P7: Procedures in place to coordinate with response partners responsible for decontamination of individuals at congregate locations, if necessary. Procedures may include

- Identification of organizations trained in decontamination
- Establishment of decontamination stations, including stations accessible to individuals with access and functional needs
- Delivery of decontamination supplies, such as shower supplies, personal protective equipment (PPE), plastic bags to collect possibly contaminated material, and medical supplies
- Delivery of medical countermeasures for treatment
- Removal and security of stored contaminated materials away from congregate location populations

*(See Capability 8: Medical Countermeasure Dispensing and Administration, Capability 9: Medical Materiel Management and Distribution, and Capability 11: Nonpharmaceutical Interventions)*

P8: Procedures in place to account for sheltering and care for service animals and household pets at congregate locations.
Recommended procedures may include

- Pre-identified locations that can serve as temporary shelters for small and large pets and service animals
- Procedures to ensure non-discrimination for people with disabilities, including those with a service animal
- Pre-established contracts for decontamination and provision of food, water, bedding supply, and other equipment needed for designated animal shelter locations and service animals in congregate locations
- Procedures to coordinate animal medical evaluations for injuries, hazardous material exposure, diseases, and other animal health issues
- Tracking or follow-up mechanism for hazardous material exposures
- Process for the quarantine of animals
- Pre-arranged jurisdictional veterinary support from veterinary teaching hospitals, jurisdictional animal response teams, animal day care centers, and other partners via contracts or other mechanisms
- Processes and identified personnel to conduct service animal or pet decontamination at congregate locations, including washing stations for owners to conduct animal decontamination

Skills and Training Resource Elements

S/T1: Personnel trained to use PPE for all hazards, including infection control, chemical safety, and radiation safety, including management of potentially exposed persons, decontamination, and dosimetry.

S/T2: Personnel that will be involved with animal care services trained as needed. Recommended trainings may include

- Federal Emergency Management Agency (FEMA) Animals in Disaster
  - Module A: Awareness and Preparedness (IS-10)
  - Module B: Community Planning (IS-11)

(See Capability 10: Medical Surge and Capability 15: Volunteer Management)

Function 4: Monitor mass care population health

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

Tasks

Task 1: Monitor environmental health and safety at congregate locations. Conduct facility-specific environmental health and safety monitoring in coordination with partner agencies, including screening for contamination, such as radiological, nuclear, biological, or chemical contamination, and correct any identified deficiencies.

Task 2: Conduct health surveillance at congregate locations. Identify cases of illness, injury, immunization status, and exposure within mass care populations.

Task 3: Provide situational awareness of health needs at congregate locations. Identify ongoing and changing health needs as part of public health agency or jurisdictional situational awareness reports, share information with the incident management system, and request additional federal, regional, state, local, tribal, and territorial assistance.
Task 4: Demobilize mass care operations. Create and execute a health resource demobilization plan in conjunction with partner and stakeholder organizations to de-escalate the response as appropriate to the incident.

Preparedness Resource Elements

P1: (Priority) Procedures in place to conduct ongoing shelter population health surveillance. These procedures may include
- Identification or development of mass care surveillance forms and processes
- Thresholds for when to begin surveillance activities
- Procedures for contacting public health representatives in case of an emergency, such as an outbreak
- Procedures, trainings, and resources to support the use of IIS on site to assess immunization status and document immunizations administered
- Coordination of health surveillance with partner and stakeholder organizations
(See Capability 13: Public Health Surveillance and Epidemiological Investigation and Capability 15: Volunteer Management)

P2: (Priority) Templates for disaster-surveillance forms, including active surveillance and facility 24-hour report forms.

P3: Procedures in place for demobilization operations, which may include
- Processes to inform responding agencies of demobilization of health services
- Responsibilities or agreements for reconditioning and return of equipment when no longer needed
- Time frame for ending mass care health services upon shelter closure notice
(See Capability 3: Emergency Operations Coordination and Capability 10: Medical Surge)

Equipment and Technology Resource Elements

E/T1: Electronic database or other data storage system to document, at a minimum, the number and type of health needs addressed and disposition, such as whether the individual was hospitalized or sent home, of individuals using mass care health services.

E/T2: Registration systems for individuals requiring decontamination or medical tracking.