Lesson 2: Mass Care and Emergency Assistance Activities

Lesson Overview
The purpose of this lesson is to provide an overview of the mass care and emergency assistance (MC/EA) activities, including the types of support that are provided throughout these activities.

Upon completion of this lesson, you will be able to:

- Explain the importance of providing support to the affected community.
- Identify the seven MC/EA activities.
- Describe the types of support that are provided throughout all of the MC/EA activities.

This lesson should take approximately 30 minutes to complete.

Voluntary Agency Liaison (VAL) Support
Before you learn more about MC/EA activities, it is important to remember that throughout the provision of these support activities, there should be close coordination and collaboration with Voluntary Agency Liaisons (VALs).

Their role is to identify and develop relationships with the voluntary organizations. MC/EA then utilizes the organizations’ capabilities to meet and support the needs of the community, including assisting the jurisdictions with volunteer and donations management.

Mass Care Activities
There are four mass care and three emergency assistance activities described in the National Response Framework, ESF #6 Annex: Mass Care, Emergency Assistance, Temporary Housing, and Human Services.

The mass care activities include:

- Sheltering
- Feeding
- Distribution of Emergency Supplies
- Reunification Services

In this lesson, you will learn more about each of these activities and how the services are delivered.
**Sheltering**
Sheltering is the provision of life-sustaining services in a safe, sanitary, and secure environment for survivors who have been affected by disasters and people who evacuate before a disaster strikes.

Sheltering includes:
- Identifying facilities
- Providing life sustaining and essential services
- Supporting the closing of shelters and placement of shelter residents into other congregate (general shelters) or non-congregate (hotels and motels) housing solutions

**Voices from the Field: Sheltering**
As a Mass Care Specialist during a hurricane last summer, I assisted the local church that was being used as shelter with finding an organization capable of providing child care services.

It was important that we were able to provide a quiet area for the really young children within each of the shelters. The stress that is created during and after a disaster is often increased as a result of the noisy and crowded conditions of a shelter.

Without access to a quiet room or space, some people such as parents with very young children will be unable to function in a shelter environment.

**Feeding**
Feeding is the provision of food, snacks, and hydration to the affected population and emergency workers.

It often begins with the whole community, starting with the local food banks, restaurants, and caterers and then transitioning to non-profit organizations that are noted for their disaster feeding expertise.

Feeding can be provided at fixed and mobile sites. Feeding requirements are based on the demographic, cultural, dietary, and the ethnic diversity of a community.
Voices from the Field: Feeding
As a Mass Care Crew Leader assigned to a State Emergency Operations Center, I assist the State in completing a situational analysis of the area to determine the demographics of the community.

Once we have completed a situational analysis, we are better able to determine the best feeding options for that community. For example, if we learn that there’s a large elderly population in the community, then we might establish a mobile feeding route or coordinate with the local meals on wheels program. This helps us make sure that we reach that demographic.

We also make sure we consider any dietary restrictions that certain individuals might have, such as people with diabetes.

Distribution of Emergency Supplies
Emergency supplies are divided into three categories:

- Life sustaining
- Comfort
- Other essential supplies

MC/EA activities include acquiring and delivering life-sustaining resources, hygiene items, and clean-up items to meet the urgent needs of disaster victims. Additional support includes transportation, warehousing, equipment, technical assistance, and other mission-critical services.

Categories of Emergency Supplies

Life sustaining
Life sustaining supplies include food, water, non-prescription medicine, and first aid kits.

Comfort
Supplies that provide comfort include hygiene kits including items such as toothpaste, towels, wash cloth, soap, and toothbrushes.

Other essential supplies
Other essential supplies including but not limited to shovels, masks, gloves, lanterns, lantern fuel, tents and sheeting, sleeping bags, household kits, cots, blankets, cooking kits, comfort kits, household pet and service animal needs, and clean-up kits (detergents, bucket, sponges, mop, trash bags, disposable gloves).
Voices from the Field: Distribution of Emergency Supplies
In a recent disaster, I collaborated with the Voluntary Agency Liaison, or VAL, to identify organizations that could help gather comfort supplies quickly.

We identified an organization that assembled comfort kits including toothpaste, tooth brushes, and soap.

Reunification Services
Reunification services provide mechanisms that help displaced disaster survivors reestablish contact with family and friends. This service is critical for the personal reconnection of disaster survivors and their relatives who may have limited means to communicate and reunify.

Communities can help constituents who are separated from family and friends, by developing and implementing a comprehensive and integrated reunification services program.

Reunification services should include:
- Awareness of mechanisms, e.g. social media as a means of communication
- The physical reunification, especially for missing and unaccompanied children

Voices from the Field: Reunification Services
Families may need help locating loved ones after any emergency. And, if disaster strikes while parents are at work and children are at school, or when everyday communications are unavailable, the challenge becomes even greater.

In our community outreach program, we emphasize the importance of communication plans as part of every family emergency plan. We also develop an outreach strategy to inform people of what help will be available to them in locating family members and pets after a disaster.

In addition, we put agreements in place with our partners that outline what types of information will be needed and how it will be shared so we can reunite families as quickly as possible.

Emergency Assistance Activities
Now that you have learned about the four mass care activities, you will learn about the three emergency assistance activities described in the National Response Framework, ESF #6.

The emergency assistance activities include:
- Support of People with Disabilities and Other Access and Functional Needs
- Household Pet and Service Animal Support
- Mass Evacuation Support
Planning for and responding to any disaster, MC/EA needs to:

“...consider the needs of all members of the whole community, including children; individuals with disabilities and others with access and functional needs; those from religious, racial, and ethnically diverse backgrounds; and people with limited English proficiency. The potential contributions of all these individuals toward delivering core capabilities during incident response (e.g., through associations and alliances that serve these populations) should be incorporated into planning efforts. Staff must also consider those who own or have responsibility for animals both as members of the community who may be affected by incidents and as a potential means of supporting response efforts. This includes those with household pets, service and assistance animals, working dogs...”

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**Support of People with Disabilities and Other Access and Functional Needs**

Providing support to people with disabilities and other access and functional needs includes assisting individuals in maintaining independence in congregate care settings and when receiving mass care and emergency assistance services.

The American Disabilities Act and its amendments require that all facilities not only be accessible to everyone, but it also requires them to make reasonable accommodations to meet individuals’ needs in order that they may maintain their independence.

**People with Disabilities and Other Access and Functional Needs**

**People with Disabilities**
It is important to remember that all services available for the general population need to be available for all individual; that means equal access to programs, physical access and effective communication systems.

**Children**
Children represent approximately 25% of our nation’s population, and their specific needs (different than the general population) must continue to be identified and addressed throughout all planning and guidance documents.

It is recommended that individuals responsible for mass care planning and services recognize “children and children with disabilities and other access and functional needs” specifically, rather than bulking them in with the overall population.

Specific needs related to mass care “response” include, but are not limited to:

- Evacuation and sheltering for all children and families, to include those with disabilities and other access and functional needs and/or medical needs
• Inclusion of infant and toddler supplies, durable medical equipment, and consumable medical supplies
• Emotional/mental health needs, to include bereavement counseling
• Reunification with family members or guardians

**Household Pet and Service Animal Support**
Household pet and service animal support is about people and their pets, not people and pets separately as previously practiced.

The MC/EA role in providing household pet and service animal support is supporting the needs of individuals with household pets and service animals during evacuation, rescue, and coordination of veterinary care.

The Stafford Act, as amended, places the primary responsibility for addressing the needs of owners and their household pets and service animals on the State, Tribal, Territory, or local jurisdictions.

Prior to legislation in 2006, there were no specific Federal authorities related to pet evacuation, rescue, or shelter and a limited number of states had laws addressing these issues. When Congress passed, and the President signed, the Pet Evacuation and Transportation Standards (PETS) Act and the Post-Katrina Emergency Management Reform Act (PKEMRA) into law in October 2006 they established FEMA's authority for household pets and service animals by amending the Stafford Act.

Although Federal law has created new authorities for FEMA regarding household pets and service animals, the responsibility for planning, and execution of response and recovery actions to ensure evacuation, rescue, and care of household pets is primarily a State/Territory role (or jurisdictionally dependent – e.g., in Texas evacuation and sheltering of household pets is a local/county responsibility).

**Service Animal Support**
The ADA mandates that service animals remain with a person with a disability through all phases of disaster response and recovery.

Mass care providers should consider how they may need to collaborate to address a service animal's needs (feeding, veterinary care, routine exercise) within a general population shelter.

**Mass Evacuation Support**
MC/EA does not provide for the physical evacuation of individuals. The State (or local jurisdiction) is responsible for evacuation of their citizens and for making arrangements with host states for sheltering individuals if the affected state does not have sufficient shelter space.
MC/EA supports the government assisted evacuees with the provision of congregate care support and registering and tracking services when requested by the State. There are multiple systems in place to assist MC/EA in providing mass evacuation tracking support, which you’ll learn more about in Lesson 3.

Voices from the Field: EA Activities

My team recently supported the State with a mass evacuation event by providing tracking services. During events like these, it’s absolutely critical that we consider the needs of people with disabilities and other access and functional needs as well as people with household pets and service animals.

One way we were able to do so was by using the National Mass Evacuation Tracking System, or NMETS. This software was developed by FEMA to help us provide tracking support to States that have yet to implement an evacuation system. This system has the capability of tracking people and their family members, household pets and service animals, and also other items like necessary medical equipment.

Keeping track of all of these items in the same system helps us better assist individuals with different needs.

Lesson Summary

Let’s summarize what you have learned in this lesson:

- Voluntary Agency Liaisons (VAL) identifies and develops relationships with the voluntary organizations and MC/EA utilizes the organizations capabilities to meet and support the needs of the community.
- Sheltering includes identifying facilities and providing life sustaining services in a safe, sanitary, and secure environment.
- Feeding begins with the whole community and then move to a more organized approach.
- Distribution of Emergency Supplies includes identifying life sustaining and essential supplies and the means to distribute them.
- Reunification Services provide systems and mechanisms to allow individuals that are separated to contact one another and facilitate the reunification of children with their parents or guardians.
- MC/EA supports the government assisted evacuees in Mass Evacuation with the provision of congregate care support and registering and tracking services when requested by the State.
- The MC/EA role in providing Household Pet and Service Animal Support is supporting the needs of individuals with household pets and service animals during evacuation, rescue, and coordination of veterinary care.
- Providing support to People with Disabilities and Other Access and Functional Needs includes assisting individuals in maintaining independence in congregate care settings and when receiving MC/EA services.