

Kanawha Putnam Emergency Management Plan Functional Annex	
Mass Care Revised December 2015; Reviewed Annually	A07
NRP Coordination:	ESF #6
Primary Agency:	Local Emergency Management
Support Agencies:	<ul style="list-style-type: none"> • American Red Cross • Fire Department • Kanawha County Schools • Putnam County Schools • Salvation Army • Social Services agencies and Religious Organizations • Private Facility Owners • Restaurants, Grocery Stores, and Wholesale Distributors • Kanawha Charleston Health Department • Putnam County Health Department • Amateur Radio Emergency Services (ARES) • Public Works • Law Enforcement • Emergency Medical Services • Kanawha Valley Regional Transportation Authority • Humane Society • Senior Service Organizations • Media • Appalachian Center for Independent Living

I. Introduction

This annex describes that provisions that have been made to ensure disaster victims receive appropriate mass care services and describes the responsibilities that have been tasked to specific individuals and organizations.

A. Purpose

The purpose of the Mass Care Annex is to describe the organizational arrangements, operational concepts, responsibilities, policies and procedures to protect evacuees and others from the effects of an emergency situation by providing shelter and mass care services.

B. Scope of Work

The scope of this annex describes the responsibilities and activities of all primary and support agencies in the provision of mass care services in Kanawha and Putnam Counties.

This annex is activated whenever mass care services are needed in anticipation of, during or after a disaster incident.

C. Definitions

1. Mass Care

Providing assistance to those who have been displaced from their homes and others affected by an emergency situation or the threat of such a situation. Mass care for these individuals includes providing food, basic medical care, clothing/covering, relief from inclement weather and other essential life support services.

2. Disaster Welfare Inquiry

Disaster welfare inquiries (DWI) are requests from relatives, friends, employers, or others for information on the status of persons in an area affected or threatened by an emergency who can not be located because they have evacuated, become separated from their families, or cannot be contacted by normal means of communications. Registration of disaster victims at shelters provides some of the information needed to answer welfare inquiries. For emergency situations that extend beyond several days, the American Red Cross may activate a DWI system to handle such inquiries.

3. Shelter

Short-term lodging for evacuees during and immediately after an emergency situation. Shelters are generally located away from known hazards. Mass Care operations are typically conducted in shelters.

4. Special Needs Individuals/Groups

Includes children, elderly, medically fragile, mentally and/or physically challenged or individuals with mental illness, and the developmentally delayed. These groups may need to have specially trained health care providers to care for them, special facilities equipped to meet their needs, and may require specialized vehicles and equipment for transport. This population requires specialized assistance in meeting daily needs and may need special assistance during emergency situations.

II. Situation and Assumptions

This section provides a general assessment and overview of the existing mass capabilities in Kanawha and Putnam Counties. It focuses on the capability to provide shelter, food, bulk distribution of personal and pharmaceutical items, and information on the well-being of evacuees and disaster victims to relatives outside of the disaster area during the response and post-disaster phases. This section also addresses limitations that may degrade mass care operations. A list of approved shelters, feeding locations and bulk distribution sites is maintained by the American Red Cross and local emergency management.

A. Situation

1. Numerous threats exist in Kanawha and Putnam Counties which could create need for mass care services. These are outlined in the Hazard Annexes of this document. It is also possible that we may need to house evacuees from other jurisdictions who may seek refuge in our area.
2. Shelter and mass care needs may range from very short term operations for a limited number of people where the primary objective is to provide protection from the weather, comfortable seating, and access to rest rooms to more lengthy operations for larger numbers of people where feeding, sleeping and shower facilities are desirable and a variety of assistance must be provided to evacuees.
3. The American Red Cross has been chartered under federal law to provide mass care to victims of natural disasters. Hence, operations will normally be coordinated by American Red Cross and local emergency management.

B. Assumptions

The following assumptions are made concerning the provision of mass care services:

1. The ultimate responsibility for mass care services for citizens rests with local government.
2. Local governments, through their Offices of Homeland Security and Emergency Management, will task certain mass care responsibilities to local private organizations.
3. Shelters may have to be opened with little notice. Until trained staff arrive and assume responsibility for managing the shelter, local government personnel may have to coordinate shelter and mass care activities.

Coordination should be turned over to the American Red Cross or another designated organization as soon as possible.

4. For a large scale disaster, a Disaster Welfare Inquiry system may be implemented.
5. The organizations responsible for providing mass care services will be notified as soon as practical in order to ensure that mass care facilities are opened in time to provide shelter and other services for people that have been evacuated or otherwise are in need of mass care services.
6. Volunteers, both registered and spontaneous, play a critical role in the provision of mass care services. A suitable credentialing system will be in place.
7. All organizations that have a responsibility for the provision of mass care services have a finite capacity to deliver these services. It is necessary for all organizations to be aware of their limitations and request help as soon as they can anticipate the needs will exceed their capacities.
8. When an evacuation is recommended, approximately 80 percent of those for whom evacuation has been recommended will evacuate. The vast majority of evacuees will seek refuge with friends or relatives or go to commercial accommodations rather than a public shelter. In addition, some people who are not at risk may spontaneously evacuate and some of those individuals may seek public shelter.
9. In instances where quarantine is implemented, mass care procedures will have to be modified according the specific emergency and the principles outlined in the [Functional Annex A08 – Health & Medical](#) and [Functional Annex A17 – Biological Response](#).

III. Concept of Operations

This section describes how mass care services will be conducted in Kanawha and Putnam Counties and in cooperation with other jurisdictions, other services, and the state and federal governments.

A. General

Because Mass Care services include a number of different activities, it is essential to establish a framework for these services to work together. To ensure that the necessary planning and coordination are accomplished prior to the occurrence of a disaster and to facilitate the provision of sheltering, feeding, bulk supply distribution and other mass care services, it is essential to define the planning and coordination responsibility for all involved organizations. The leadership of these organizations is responsible for establishing activation procedures, identifying appropriate representatives for Incident Command Post and Emergency Operations Center (EOC) assignments, acquiring resources, and coordinating the delivery of services during and after a disaster event.

B. Inter-jurisdictional Relationships

Mutual aid agreements have been established to assure assistance for mass care services to and from neighboring jurisdictions, the state, and jurisdictions outside the state when necessary. Each primary and supporting agency is responsible for initiating and maintaining appropriate agreements.

C. Organizations and Assignment of Responsibilities

The following tasks are assigned to the agencies/individuals listed below.

1. Office of Emergency Management – EOC Coordinator
 - a. Designate an organization to coordinate Mass Care planning efforts.
 - b. Requests that the American Red Cross (or another group if American Red Cross is unavailable) send a Mass Care representative to the EOC when notified of an emergency situation requiring mass care services.
 - c. Designate separate sheltering and feeding coordinators if the scope of a particular incident warrants such action.
 - d. Regularly convey the status of utilities to the mass care coordinator(s).
2. American Red Cross – EOC Liaison

- a. Conveys emergency information and requests for mass care services to all organizations that can assist in the delivery of these services.
 - b. Keeps an on-going record of mass care activities.
 - c. Keeps the EOC informed of all mass care activities including sheltering, feeding, bulk supply distribution and disaster well-being services.
3. Incident Commander (or designee)
- a. Forward requests for mass care services to Emergency Operations Center.

D. Responding Agency Responsibilities

1. American Red Cross

- a. Survey and identify appropriate facilities for use as shelters in advance of disaster incidents. Obtain written agreements for the use of these facilities as shelters.
- b. Provide training to ensure sufficient and appropriate staff at shelters, feeding locations, bulk distribution centers, and to conduct DWI services.
- c. Coordinate with health and medical providers to ensure the safety of all mass care facilities and the provision of appropriate health services to shelter residents. Also, fulfill all responsibilities designated in the [Functional Annex A08 – Health and Medical](#) Annex of this plan.
- d. Register those occupying temporary public shelters.
- e. Develop and maintain a system to handle Disaster Welfare Inquiries from outside the area and provide reverse Disaster Welfare Inquiries services to evacuees to notify their family members.
- f. Maintain material resources and other supplies (i.e. cots, blankets, shelter kits, personal hygiene kits) to ensure the capacity to operate mass care facilities. Establish procedures for acquiring more mass care supplies when necessary.
- g. Purchase and ensure safety of food to be used at mass care facilities.
- h. Identify facilities for the preparation of large quantities of food for mass feeding.

- i. Provide mobile feeding as appropriate to emergency personnel and disaster victims to support recovery efforts.
 - j. Coordinate and/or provide other basic life support services for those occupying temporary shelters.
 - k. Track expenses of all mass care services.
 - l. Identify and train individuals to serve as Emergency Operations Center liaisons, including separate shelter and feeding coordinators if necessary.
2. Offices of Emergency Services
- a. Coordinate shelter and mass care efforts with other contiguous governments, as appropriate.
3. School Systems
- a. Provide facilities for use as mass care facilities (shelters, reception centers, feeding centers)
 - b. Provide transportation for evacuees
 - c. Supply US Department of Agriculture commodities and other food stock to support mass feeding as available.
 - d. Send a representative to the Emergency Operations Center as needed.
4. Salvation Army, Religious Organizations and other Community Service Organizations.
- a. Support mass care operations by providing facilities, volunteers, food and other resources as available.
 - b. Coordinate mass care services through Mass Care coordinator at Emergency Operations Center.
5. Private Facility Owners
- a. Make facility(s) available for use to provide mass care services, including shelters, kitchens and warehouses.
6. Restaurants, Grocery Stores and Wholesale Distributors

- a. Make food stocks available, by donation or purchase, to be used in the provision of mass feeding.

7. Health Departments

- a. Provide appropriate inspections of mass care facilities to ensure food safety and safety of the structure.
- b. Support the provision of healthy services in the shelters and/or reception centers.

8. Amateur Radio Emergency Services

- a. Provide communications support for all mass care facilities and services including Disaster Welfare Inquiries as necessary.

9. Public Works

- a. If available, ensure power, water supply and sanitary services to mass care facilities.

10. Law Enforcement

- a. If available, provide security for all mass care facilities.
- b. Provide traffic control for evacuees.
- c. Provide back-up communications, as needed and available

11. Emergency Medical Service

- a. Support mass care facilities with appropriate medical coverage.

12. Kanawha Valley Regional Transportation Authority

- a. Provide transportation to evacuees.

13. Humane Society

- a. Provide services for the care of pets of evacuees as appropriate.

14. Senior Services Organizations

- a. Assist in the identification of vulnerable populations.

- b. Assist in the care of individuals needing special attention in mass care facilities.
- c. Assist in the preparation of meals.

15. Media

- a. Inform the public of the locations of mass care services.

16. United Way Community Information and Referral

- a. Maintain a listing of local persons who speak languages other than English.

IV. Authorities and References

Within the National Response Framework, issued in January 2008 by the US Department of Homeland Security, the American Red Cross is designated as a Support Agency for Emergency Support Function (ESF) 6 – Mass Care, Housing and Human Services. The local office of the American Red Cross has agreed to execute this responsibility within Kanawha and Putnam Counties.