

Mass Care (Sheltering Feeding Related Services)

Resource	S/W	Comments
People	S	<ul style="list-style-type: none"> • The ARC is the mass care provider for the NRC and they have ample volunteers to handle mass care situations. (2) • There are established partnerships within the NCR to provide coordinated training, recruitment, and retention activities for volunteers. (1)
	W	<ul style="list-style-type: none"> • Need to dramatically increase mass care capability, including volunteer staff. • Shelters are not special needs accessible and staffs do not know how to accommodate people with special needs. (8) • Need to recruit, train, and credential volunteers to help in mass care situations such as staffing shelters. (8) • Need to work more closely with NGO's (Red Cross, etc.) to make sure all resources are coordinated. (5) • Need to increase number of behavioral health specialist trained in stress management techniques in shelter situations. This staff should undergo cross jurisdictional credentialing. (2) • Further outreach to community based medical personnel to get them to engage in surveillance activity is important. • Need to increase MRC levels to provide medical care for short term and home visits. • Need to integrate private sector resources. • Need to educate people on how to access mass care services during time of emergency. • Need better understanding of exact needs of agencies. • Need trained animal care teams for pets. • Need to support drinking water stockpiles with additional staff. • Need continuation of UASI'05 funding to prepare for spontaneous volunteers. • MRC resources are inadequate. We need more volunteers.
Equipment	S	<ul style="list-style-type: none"> • HAN and other information distribution systems are in place, but need to be maintained and expanded • Room Secure system could be adapted to meet missing person tracking/recertification needs
	W	<ul style="list-style-type: none"> • Need basic supplies for mass sheltering; there is presently a shortfall (11) • Need safe and adequate food supply for populace,

	<p>including special needs populations (6)</p> <ul style="list-style-type: none">• Lack of suitable shelters for potential numbers of people, especially those with special needs (6)• Need to ensure back-up power generation for shelters (3)• Need to replace left-behind wheelchairs and other durable medical equipment (3)• Tracking systems need to be implemented for people and supplies (2)• Need infrastructure to coordinate and recruit the thousands of volunteers needed to respond to the needs of the masses. (2)• Need alert and information system (2)• Need equipment to focus on public education; there needs to be a greater focus on self sufficiency and a partnership with the business community• Inadequate security staff funding• Need plan for medication supply and access• Many of special population do not have means to shelter in place• Need communications equipment to connect ESF 6 with emergency management (ESF 5) and incident commanders• Need family reunification system• Need equipment and facilities to shelter pets and take care of service animals• Need child care equipment and supplies• Need greater capacity to transport people with special needs to shelters• Need system to credential volunteers• Vehicles needed/identified for gaps supporting department of human services• Need to include companion animals/pets in facility planning• Need better, regular sources of medicines special diets• Need accessible communication in shelters for PLOSN (blind, deaf, other disabilities)• Stockpile of supplies for PLOSN• NCR has limited capability to provide emergency drinking water supplies during the first 72 hours• More assistive technology is needed to meet the mass care needs of people with disabilities.• Need a real-time system that allows for management, storage and capacity for food and shelter• Need all types of additional equipment in order to
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		<p>shelter and feed a large number of people</p> <ul style="list-style-type: none"> • Need centralized system for citizens to register and assist selves with locating missing persons and/or recertification.
Training	S	<ul style="list-style-type: none"> • Updated and on-going training on WMD for community based physicians and other medical professionals is necessary. Some initial work has been done. • American Red Cross (ARC) has developed a regional training initiative to train ARC personnel in mass care related activities. Geared towards the capacity building of ‘leaders’ to supervise spontaneous volunteers. • MCR volunteers and Citizen Corp volunteers are trained and ready to be mobilized in NCR • DC Armory experience with Katrina provided good training but there were still problems with communications; many messages were sent based on different protocols • Training is available year round
	W	<ul style="list-style-type: none"> • It is not possible to train people where to seek help if these locations have yet to be identified. (3) • Need Joint Training with ESF 6 and other ESFs (2) • To support this capability outcome, the NCR emergency responders require sufficient training to support transportation systems and resources. Currently sufficient training has not occurred due to a lack of sufficient resources. • Shelters are not available to conduct pre-training • Training for providers in NCR to understand and use FAC Plan developed for NCR with 03 funds • Same as before – more training is needed in all-hazards environment NCR must work • Information not shared with SNP • No training specifically for SNP • Training volunteers/staff on what is necessary to provide mass care at a 15% population number • Those responsible for organizing and providing mass care lack the training to identify needs of people with disabilities and provide for accessibility • Need to expand use of special need NGO’s in preparing PLOSN to shelter and evacuation, and to provide planned, practiced transportation to shelters. • There has been no regional training for mass care function

		<ul style="list-style-type: none"> • There hasn't been much training at the local levels on sheltering operations • Good base, but need for greater number of trained volunteers • Need to have ongoing volunteer training. Need to better define what we need people to do and develop training. • Need for integrated training opportunities across ESFs and across jurisdictions throughout NCR. To exercise opening multiple shelters across NCR. • Most training centers focus around response and immediate needs, not long term. • Need additional training in mass care feeding and sheltering • Need just in time training in mass care for spontaneous volunteers • Need cross training of ESF 6 and other VOAD and citizen corps programs • Must be able to credential volunteers ASAP across the NCR. • Not ready to deploy MRC volunteers across the region need for regional coordinator • Universal design and procedures are needed to ensure full accessibility • Train many more staff (local government, NGO, faith communities, volunteer) in shelter management/operations • Do not have training of people working in shelters and training for shelterees • Not enough focus on training • Katrina after action report to be released soon will be helpful • Mass care, health services communities need to be included in the major exercises • Business sector needs to be better utilized and included into the planning phase • Lack of access during surge situations • Training to address behavioral health impacts of disaster victims living in shelters need be provided to those staffing the shelters
Exercises/Evaluation	S	<ul style="list-style-type: none"> • ARC currently exercises with MWAA at Dulles Airport, Regan National Airport, and the Pentagon yearly • Exercises are available
	W	<ul style="list-style-type: none"> • Have not held any regional, multi-disciplinary mass

		<p>care exercises (don't even have a framework) (4)</p> <ul style="list-style-type: none"> • Insufficient inclusion of special needs populations in planning and execution of exercises (3) • Frequency of exercises inadequate (2) • Need accessible multiple practice events, plans for accessing multiple shelters and evacuating communities/locales (2) • Draw on all ESF6 partners to exercise and test mutually developed plans both via table-top and full-scale exercises (2) • People do not take advantage of available exercises • No general population exercise • No system-wide HAN test has been done since 2003 • NCR emergency responders have not exercised the Metro System mass care scenario due to lack of sufficient resources • Evaluations don't include realistic after-action follow-up • Exercises focus on response, not events that require mass care in recovery (i.e., post-24 hours) • Exercises need to include objectives for providing drinking water and sanitation • Pets are a significant reason people do not evacuate; must be a component of exercises (60% of people have pets) • 211 system is not advertised as an emergency information system • No funds for exercise and evaluation of NCR FAC plan • Need to exercise Call-up and processing for spontaneous volunteers • More training needed in NCR all-hazards environment • Need to encourage NGOs to conduct exercises on their own • Need joint exercises within ESF6 • Involve consumers/customers in planning and execution • Include volunteers in exercises
Plans, Policies and Procedures	W	<ul style="list-style-type: none"> • Incorporate the following groups into mass care plans; business sector, nonprofits, American Red Cross, Medical Reserve Corp, and hospitals and public health, MWAA, Loudon and Fairfax cities, federal government, military, non-affiliated volunteers. Need mutual support and consistency. (14) • Need a coordinated mass care plan for a diverse

		<p>population including special needs (disabled, non-English speakers, etc.) (8)</p> <ul style="list-style-type: none">• Family assistance centers and reunification systems are identified, but not implemented in the NCR. Also require funding (7)• Pet friendly shelters or alternative pet arrangements needed/MOUs with humane society, etc. (4)• 211 centralized call center with connection to emergency information is needed (2)• Need patient tracking integrated with family assistance plans (2)• Need to work on logistics, basic supplies, location for mass sheltering.• Need a solid cohesive regional plan/rely heavily on American Red Cross for sheltering• Need food, bottled water, and ice plans (acquisition, storage, and distribution)/transport plans for supplies including pharmaceutical stockpiles/backup power plan for shelters• Need a transition plan from mass care to long-term care/recovery (1-5 years)
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