



Mass Care/Emergency Assistance Pandemic Planning Considerations

For State, Local, Tribal, Territorial and Non-Government Organizational Planners, Providers and Support Agencies

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FEMA

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1. Introduction

When a pandemic occurs concurrent to a natural, technological or human-caused disaster, and the mass care and emergency assistance needs are beyond the capacity of the state, territory or tribe, whole community partners work together to collectively address the needs of the affected population.

During disasters, including pandemics, governors, tribal chief executives and their emergency management staff are responsible, with or without federal assistance, for the coordination of mass care and emergency assistance within the affected state, tribe or territory. Coordination occurs through the appropriate Emergency Support Function (ESF) and the state, local, tribal or territorial's government's mass care lead agency. Additionally, nongovernmental organizations (NGOs), which traditionally deliver mass care and emergency assistance during a disaster, may respond to a pandemic with available resources in accordance with the requirements of their internal policies and in cooperation with emergency management officials.

Federal departments and agencies may provide support to an affected state, tribe or territory under their own scope of authority and funding. The Secretary of the U.S. Department of Health and Human Services (HHS) has broad legal authority to render assistance and promote research, investigations, demonstrations and studies into the causes, diagnosis, treatment, control and prevention of physical and behavioral illnesses and impairment of humans. (Section 301 of the Public Health Service Act; State Request for Non-Stafford Act Assistance, dated June 9, 2009). HHS support focuses on public health issues, including the establishment of public health actions, guidance, recommendations and systems for monitoring and protecting the health of affected populations.

This document examines the unique considerations when developing mass care and emergency assistance plans associated with a pandemic scenario. The processes discussed can be implemented by the jurisdiction without federal assistance or when federal assistance is requested and available. In this document, "jurisdiction" refers to local, state, tribe or territory, insular area and federal governments.

When a pandemic occurs concurrent to a natural, technological or human-caused disaster and the mass care and emergency assistance needs are beyond the capacity of the state, tribe or territory, whole community partners work together to collectively address the needs of the affected population. FEMA aids affected survivors when a [Stafford Act declaration of emergency or major disaster](#) is authorized by the president. HHS works closely with FEMA and responds under its own statutory authority.

After a presidential emergency or major disaster declaration, FEMA assistance includes the coordination and provision of life-sustaining mass care and emergency assistance services, including sheltering, feeding, distribution of emergency supplies, reunification, mass evacuee support, support for survivors with disabilities and/or access and functional needs and support for household pets, service animals and support animals.

The state, local, tribal or territorial mass care lead agency will be a major component within the first line of defense during a pandemic emergency.

The mass care lead agency has the primary responsibility to identify potential shortfalls and ensure that adequate resources and services are properly identified and coordinated, in an effort to meet the disaster-related requirements of the population affected during a pandemic outbreak.

2. Purpose, Scope, Planning Assumptions

2.1. Purpose

This document is intended to provide planning considerations for jurisdictions that are a) responding to a pandemic or b) responding to a pandemic occurring concurrently with a natural, technological and/or human caused disaster.

2.2. Scope

The scope of this document includes only mass care and emergency assistance functions and the unique planning considerations in the context of a pandemic.

The delivery of mass care and emergency assistance during a pandemic event may vary due to the unique health and safety planning requirements promulgated by HHS and the Centers for Disease Control and Prevention (CDC).

2.3. Planning Assumptions

Mass care and emergency assistance planners, providers and support agencies should consider the geographic scope and severity of the pandemic event, as pandemic events have different and more complex planning elements that must be considered to ensure a safe and successful delivery of mass care resources and services. The following is a list of assumptions and conditions that have a significant impact on the success of the planning and response activities:

The National Response Framework (NRF), 4th Edition (October 29, 2019) Annex for ESF #6, Mass Care, Emergency Assistance, Temporary Housing and Human Assistance includes the following mass care and emergency assistance components:



Table 1: List of assumptions and conditions

Pandemic	Pandemic Concurrent with a Disaster
A viral pandemic has spread across the globe, significantly impacting the U.S. and a multitude of other countries and territories.	Natural, technological or human-caused disasters will occur concurrently within a pandemic event.
Many government authorities have established and enforced health and safety measures and guidelines, including screening, quarantining, social distancing and stay at home orders in an effort to monitor, mitigate and prevent the further spread of illness.	The need for human and material resources will quickly exceed the capability of any one agency or organization. This occurrence will require a combination of resources provided by state, local, tribal, territorial governments, the federal government, private sector and NGOs to deliver mass care and emergency assistance to affected populations.

Pandemic	Pandemic Concurrent with a Disaster
Under federal statute, HHS is authorized to take measures to prevent the entry and spread of communicable diseases from foreign countries into the United States and between states.	A pandemic event has different and more complex planning elements that must be considered to ensure a safe and successful delivery of mass care resources and services.
A large number of personnel responsible for operating critical infrastructure, including utilities, supply and distribution channels (i.e. food, pharmaceuticals, etc.), and transportation have been stricken with pandemic illness, taking care of sick family members, exercising social distancing and/or unable to perform their duties.	Mass care and emergency assistance planners, providers and support agencies should consider the geographic scope and severity of the pandemic event.
Supply chains and municipal services have been significantly disrupted due to restrictions and/or quarantines.	Many jurisdictions do not have adequate plans for responding to a natural, technological or human-caused disaster in a pandemic environment.
Currently there is a shortage of adequate medical supplies, medical personnel and volunteers.	In the event of a natural disaster, delivery of supplies to individuals who may be sheltering in place could be hindered for various reasons including debris blocking roads and access to sites, lack of signage and public health measures such as social distancing guidance.
Transportation restrictions and disruptions substantially slow the movement of essential supplies to their business and end-user customers.	<p>Mass care practitioners must identify ways to provide virtual support for some activities to ensure compliance with health and safety measures and guidelines (i.e. social distancing, isolation).</p> <p>Mass care practitioners will work closely with public health officials in an effort to identify, monitor, prevent and control outbreaks of pandemic illness or other diseases in shelter settings.</p>

2.3.1. Mass Care/Emergency Assistance

The delivery of mass care and emergency assistance during a pandemic in conjunction with a natural, technological or human-caused disaster will need to be modified to maintain the health and well-being of survivors and workers.

- The safety and security of all mass care responders is priority.
- Shelf-stable meals can be used to supplement initial feeding requirements and may become the primary option for feeding in a pandemic environment if other wrapped meal options are not available.
- Some survivors and households who require sheltering will arrive at the shelter without medical equipment, medical prescriptions and/or supplies, personal assistance services (caregivers) and personal protective equipment (PPE).
- When a disaster occurs concurrent with a pandemic, congregate sheltering will not always be advisable, due to social distancing or isolation/quarantine requirements.
- Traditional shelter space will be reduced drastically as a result of social distancing requirements.
- Planning will include alternate options, such as sheltering-in-place or non-congregate shelters such as hotel/motels, renovated facilities or campgrounds.
- Planning will include alternate feeding strategies for those sheltering-in-place and those located in non-congregate shelters.
- Due to the impact of a pandemic, augmentation of a jurisdiction's mass care and emergency assistance capabilities may take longer to arrive. There is a correlation between quantity of resources needed and time to mobilize due to distance and availability.

2.3.2. NGOs, Community Based Organizations and the Private Sector

- Due to the effects of a pandemic, the ability of local voluntary organization staff and volunteers to support mass care and emergency assistance functions will be strained.
- Insufficient quantities of PPE for both workers and survivors may stop or impede response activities.
- Community-based organizations such as local churches, civic clubs and local businesses may respond spontaneously to a pandemic that affects their jurisdiction.
- Jurisdictions should provide NGOs and community groups with pandemic-related guidance and include these organizations in planning to help facilitate their support of survivors in need of mass care and emergency assistance.
- The ability of local voluntary organization staff and volunteers to support mass care and emergency assistance functions will be strained due to the pandemic affecting them, their family members and/or friends.

- NGOs will not be able to maintain an adequate level of service delivery without appropriate quantities of PPE and volunteer staff.
- Staff from additional service providers, including food servers and security, should be monitored for signs of pandemic illness when working in or making deliveries to a mass care and emergency assistance facility.

2.4. Authorities and References

2.4.1. Authorities

- FEMA: Sections 403(b) and 502 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act". The Robert T. Stafford Disaster Relief and Emergency Assistance Act, as Amended (2013) (Public Law 93-288).
- The Public Health Service Act (42 U.S.C. § 201, et seq. (2007). The Federal Food, Drug, and Cosmetic Act, 21 U.S.C. 301, et seq. (2007).
- The Economy Act (31 U.S.C. §§ 1535;1536). Americans with Disabilities Act of 1990 as amended, 42 U.S.C. 12101, et seq in 2008. The Rehabilitation Act of 1973, 29 U.S.C. 701, et seq. The Fair Housing Act of 1968. The Fair Housing Amendments Act of 1988.

2.4.2. References

- Screening individuals for respiratory infection symptoms at entry to homeless shelters, [Screening Clients at Homeless Shelters | CDC](#)
- Public Assistance: non-congregate sheltering delegation of authority, [Public Assistance: Non-Congregate Sheltering Delegation of Authority | FEMA.gov](#)
- Interim guidance for homeless service providers to plan and respond to coronavirus disease 2019, [Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\) | CDC](#)
- Immediate Expansion of Eligible Ordering Activities Under Federal Supply Schedule (FSS), August 17, 2009, [multimedia.3m.com/mws/media/6011990/grantee-access-to-federal-supply-schedules.pdf](#)
- Checklist for Emergency Shelters, American Disabilities Act (ADA), [ADA Checklist for Emergency Shelters](#) (Department of Justice, Civil Rights Division, Disability Rights Section)

- ESF #6, ESF #8, Memorandum of Understanding (MOU) between FEMA and American Red Cross as Co-Leads for Mass Care, and The National Infrastructure Protection Plan (NIPP), https://www.dhs.gov/xlibrary/assets/nipp_consolidated_snapshot.pdf

3. Concept of Operations

This concept of operations is based on two (2) types of events: a pandemic without a disaster event and a pandemic during a disaster event.

3.1. Scenarios: Response to a Pandemic Event Only

Viruses may cause moderate to severe illness and spread easily from person to person. Due to the pandemic outbreak, a range of actions have been established to prevent further spread of the disease, including social distancing, shelter-in-place, travel restrictions and cancellation of large gatherings.

A jurisdiction may experience an outbreak of disease that is beyond the capacity of the state, tribe, territory or affected local government. The affected jurisdiction should initially seek state or tribal assistance. If a state or tribe is unable to provide adequate resources, the state or tribe should request federal assistance.

Homeless populations residing in congregate shelters across the country are at risk, due to lack of space for social distancing and increased risk of cross contamination

FEMA recognizes that non-congregate sheltering will be necessary during a pandemic in an effort to save lives, to protect property and public health and to ensure public safety, as well as to lessen or avert the threat of a catastrophe. In accordance with section 502 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, eligible emergency protective measures taken to respond to a pandemic emergency at the direction or guidance of state, local, tribal and territorial public health officials may be reimbursed under Category B of FEMA's Public Assistance program.

3.2. Scenario: Response to Concurrent Pandemic and Disaster Event(s)

A natural, technological or human-caused disaster has occurred in an area disproportionately affected by a pandemic outbreak or a pandemic event emerges during disaster response.

As a direct result of the natural or human-caused disaster, it is necessary to provide mass care and emergency assistance services to affected individuals and emergency responders. In addition, evacuations may be necessary to a neighboring jurisdiction(s) as well as the provision of public health and medical services to individuals affected by the pandemic. This could place an additional burden on neighboring states or tribes providing mass care to the affected populations. Some jurisdictions may not be willing to accept survivors who have, or potentially have been, infected by illness.

NOTE: Depending on the magnitude of the disaster event, a Stafford Act declaration for major disaster may be issued to provide federal financial assistance to the state or tribe and affected survivors in accordance with existing regulations.

3.3. Request for Federal Resources Decision Tree Process

Most disasters are managed successfully by local, state, tribal, or territorial governments with the assistance of voluntary agencies and private agencies. However, a pandemic presents challenging health risks that may have a significant impact on staffing capabilities across the country.

Federal resources are usually requested when the resources of local, state, tribe, territory and NGOs have been (or will soon be) exhausted. Local voluntary, community and faith-based organizations are encouraged to work with local emergency managers in an effort to synchronize response efforts and avoid duplication of services. Voluntary, community and faith-based organizations should establish relationships with emergency management agencies to report activities and resource shortfalls based on service delivery and the needs of the community.

When the combined resources of the various service providers and the impacted jurisdictions are insufficient to meet the actual or projected need, it is recommended that a standardized process or method for allocating resources be used.

One such method for determining resourcing solutions is to use the SAMPLE Figure in Appendix 7 Request for Federal Resources Decision Tree Process.

1. Local jurisdictions should attempt to fulfill resource requests and resolve logistical issues using existing local capabilities. Once a need is identified by a local, county or parish jurisdiction and a determination has been made that it cannot be met at that level, the jurisdiction should consider the following options:
 - a. Can an NGO help satisfy the request? Can a local vendor (e.g. restaurant/caterer, staffing agency etc.) satisfy the request?
 - b. If it has been determined that the need cannot be met through the local jurisdiction's own network of resources, including NGOs, then coordinate with state, tribe or territory to examine

- options with national level NGOs and other NGO partners that are not part of the state network to meet the requirement.
- c. NGOs providing relief services may seek resources from the state, tribe or territory to supplement their efforts.
2. If determined that the request cannot be met at the local level, local jurisdictions should consider the following options:
 - a. Can the state or tribe satisfy a portion of the request?
 - b. Can the state or tribe satisfy a part of the request before other resources are used? The state evaluates its own resources (e.g., state agencies, logistics, contracts, etc.) and those of local NGOs in the state's coordinated resource network, which may include donated goods.
 3. If the state, tribal or territorial government is unable to fulfill the resource request using their assets, the request should be elevated to their respective FEMA and HHS regions.
 4. For resource requests in support of a pandemic, FEMA and HHS regional authorities will work closely together in an effort to review and determine the appropriate funding and mechanism to support requests for federal support.
 5. A Resource Request Form (RRF) for federal assistance is prepared and approved by the state and forwarded to the FEMA Region or Joint Field Office (JFO). (STTs requesting Direct Federal Assistance may be subject to a cost share of up to 25% depending on the nature of the declaration).
 6. Federal resources, once sourced, are provided to the requesting state, tribe or territory which will work closely with the federal government to determine the best method of distributing resources.

3.4. Organizations and responsibilities for both scenarios

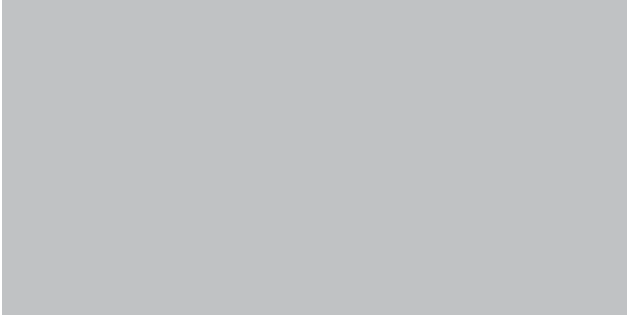
Table 2: Mass and Emergency Care

AGENCY OR ORGANIZATION	RESPONSIBILITY
State Mass Care Lead Agency	<ul style="list-style-type: none"> ▪ Coordinates state mass care program and works with local units in providing services for impacted populations ▪ Determines capability and capacity of state, local, private sector and NGO partners ▪ Coordinates and collaborates with FEMA on federal support, requests and requirements ▪ Validates NGO requests for federal support and determines whether other state, tribe or territory resources or donated goods can support the request

Federal ESF #6, Mass Care, Emergency Assistance, Temporary Housing and Human Services	<ul style="list-style-type: none"> ▪ Provides technical assistance, planning support and guidance to states as requested ▪ Supports state, tribe or territory mass care and emergency assistance requests ▪ Coordinates with Voluntary Organizations Active in Disaster (VOADs), to develop service delivery strategies and assess the ability of voluntary organizations to support MC/EA activities ▪ Coordinates federal resources requested to support mass care and emergency assistance services
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Table 3: Logistical Management and Resource Support

AGENCY OR ORGANIZATION	RESPONSIBILITY
Federal/State ESF #7, Logistics	<ul style="list-style-type: none"> ▪ Provides Direct Federal Assistance (DFA) resource support as requested and approved ▪ State, local, tribal and territorial governments, including instrumentalities, may access General Service Administration (GSA) Supply Schedules for purchase of needed items in both the planning and response phase
Federal ESF #6, Mass Care, Emergency Assistance, Temporary Housing and Human Services	<ul style="list-style-type: none"> ▪ Conduct screenings, triage and assess health needs in shelters and manage isolation areas ▪ Determines shelter environmental and public health needs ▪ Establishes surveillance system for detecting pandemic-like illness and other communicable and non-communicable diseases among shelter residents and staff ▪ Assists local jurisdictions in development of sheltering public health countermeasures and strategies for detecting, controlling, preventing and minimizing the spread of communicable diseases among shelter residents and staff ▪ Monitors, develops and communicates public health messages to providers, local jurisdictions, other state agencies and the public


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- States and tribal nations have law enforcement authority and personnel to control the spread of disease and protect the health, safety, and welfare of persons within their jurisdiction. This includes enforcing the use of shelter-in-place, isolation and quarantine requirements. In most states, breaking a quarantine order is a criminal misdemeanor

4. Appendices


The first six (6) appendices in this document provide a quick reference for mass care and emergency assistance operations provided during a pandemic response. These appendices are organized by the types of locations where mass care and emergency assistance is typically provided: non-congregate sheltering and shelter-in-place. Federal, state and local governments have encouraged the implementation of social distancing in an effort to limit the spread of illness. Due to these measures, it is not advisable to set up congregate shelters without proper consultation and coordination with public health officials during a pandemic event.

The type and level of services that can be provided in each of the settings and the considerations for the provision of those services will vary.


Types of sheltering defined:



Congregate Shelter: Temporary refuge provided in congregate facilities (e.g., schools, stadiums, churches) for people who have been displaced by disasters and emergencies



Non-Congregate: Typically provide a higher level of privacy than conventional congregate shelters. Examples include building with single room occupancy (SRO), hotels and other facilities with private sleeping spaces, but possibly shared bathroom/cooking facilities, dormitories and/or converted buildings



Shelter-in-Place: private dwellings, offices, shopping malls or other sites that provide life-saving protection from emergent natural and/or technological/human caused disaster hazards

Table 4: Appendix Table Definitions

TITLE	DESCRIPTION
Activity	The general category of similar tasks that must be completed as part of the planning process
Tasks	Specific actions that must be addressed
Standard/Current Procedures	Normal disaster procedures for fulfilling mass care and emergency assistance services
Guidance for Pandemic	Unique mass care and emergency assistance planning procedures required for a pandemic
Jurisdiction Action	How the local, state, tribal, territorial or insular area will meet or implement the pandemic planning consideration

TITLE	DESCRIPTION
Federal Support / Action	<p>Federal support for a pandemic will generally be based on a public health emergency with HHS as the lead. Stafford Act Declaration in support of a pandemic event will be determined at that time</p> <p>Federal assistance for a natural and/or human caused disaster will generally be based on a Stafford Act Declaration of a major disaster. If a pandemic event occurs in another area of the jurisdiction it would require a separate declaration request</p>

APPENDIX A: SHELTERING

With respect to social distancing measures that have been put in place by various states across the country, it is not advisable to set up congregate shelters in an environment heavily impacted by a pandemic. However, under any circumstance it is recommended that all jurisdictions work very closely with and follow the guidance of their local and state public health departments. The following are recommendations and measures to be considered in an effort to prevent the spread of pandemic illness in locations currently conducting congregate sheltering (i.e., homeless shelters).

Congregate Sheltering

Table 5: Activity – Facility Selection

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
Determine capacity per facility	<ul style="list-style-type: none"> Current space requirements of 20/60+ sf Ensure facilities can accommodate people with disabilities and/or others with access and functional needs. 	<ul style="list-style-type: none"> Coordinate with appropriate SLTT and federal health officials to ensure compliance with current guidance For long-term sheltering, provide 110 square feet per person, based on CDC guidelines Sheltering space will be reduced drastically 	<ul style="list-style-type: none"> Reevaluate the jurisdiction's shelter plan and adjust number of available shelter spaces based on pandemic guidelines and identify additional facilities, if required Factor in an additional 10,000-15,000 square feet for other activities (e.g., 	<p>CDC Interim Guidance for Homeless Shelters</p> <p>www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html</p>

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
			<p>registration, quarantine etc.)</p> <ul style="list-style-type: none"> ▪ Increase sheltering capacity and capability, (including a process to rapidly identify and survey spontaneous shelter sites during activations) ▪ Utilize shelter tracking system designated by jurisdiction to track shelter population and determine available space 	

Table 6: Activity - Facility Maintenance and Engineering

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/ SUPPORT ACTION
Ensure facility meets all local code and legal requirements	<ul style="list-style-type: none"> ▪ No change from existing local guidance (N/A) 	<ul style="list-style-type: none"> ▪ Coordinate with appropriate SLTT and federal health officials to ensure compliance 	<ul style="list-style-type: none"> ▪ Ensure the building has been inspected by the fire department and environmental health services, and that the facility meets ADA requirements 	N/A
Facility Engineering	N/A	<ul style="list-style-type: none"> ▪ Ensure that the facility has adequate air exchange systems and service particularly in areas designated for ill survivors 	<ul style="list-style-type: none"> ▪ Work with the building owner to meet the CDC recommendations ▪ Procure supplies, services and equipment using qualified vendors and/or suppliers 	N/A

Table 7: Activity: Facility Set Up Considerations: Social Distancing

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
Creation of quarantine and isolation area	N/A	<ul style="list-style-type: none"> Assign dedicated staff to work only in the isolation area Provide personal protective equipment (PPE) for responding staff 	<ul style="list-style-type: none"> Coordinate with state and local health officials to ensure compliance with current guidance When identifying shelter facilities, ensure that there are separate areas available for symptomatic and non-symptomatic survivors identified symptomatic for non- survivors and areas for survivors exhibiting symptoms 	See CDC Guidance https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html
Temporary barriers (e.g., privacy screen)	N/A	<ul style="list-style-type: none"> To be used as a physical boundary between survivors for privacy and to mitigate the risk of cross contamination Coordinate with state and local health officials to ensure compliance with current guidance 	<p>Procure supplies, services and equipment using:</p> <ul style="list-style-type: none"> Local vendors and/or suppliers Sponsoring organization Donations State submits RRF for federal support Ensure that privacy screens are available for shelters 	<p>GSA Multiple Award Schedule (MAS) Purchasing Programs</p> <ul style="list-style-type: none"> Disaster purchasing Public Health Emergency (PHE) Cooperative Purchasing 1122 Program <p>www.gsa.gov/buying-selling/purchasing-programs/gsa-schedules/schedule-buyers/state-and-local-governments</p>
Cot spacing	<ul style="list-style-type: none"> Current space requirement of 20/60+ sf per person 	<ul style="list-style-type: none"> Head-to-toe placement 	<ul style="list-style-type: none"> Coordinate with state and local health officials to ensure 	<ul style="list-style-type: none"> See CDC Interim Guidance www.cdc.gov/coronavirus/2019

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
Surveillance	must be increased significantly	<ul style="list-style-type: none"> For long-term sheltering, provide 110 square feet per person, based on CDC guidelines 100+ sf per person for medical equipment (i.e. wheelchairs) 	compliance with current guidance	-ncov/community/homeless-shelters/index.html
	N/A	<ul style="list-style-type: none"> Coordinate with state and local health officials to ensure compliance with current guidance Monitor residents and staff for signs of illness 	<ul style="list-style-type: none"> Establish reporting and immediate investigation protocols with local public health officials Establish reporting mechanisms for ill residents and staff 	See CDC Interim Guidance www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html

Table 8: Activity: Respite Care for Children

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
Personal Assistance Services (PAS) staff	<ul style="list-style-type: none"> Personal Assistance Services are formal and informal services usually provided by paid personnel, friends, family and volunteers that enable individuals to maintain their independence outside of an 	<ul style="list-style-type: none"> Coordinate with state and local officials for appropriate guidance Staffing shortages are likely due to illness. As such, identification of other resources during the planning phase is critical 	<ul style="list-style-type: none"> Identify organizations with specialized volunteer staff Determine capability and capacity of local NGOs and state agencies Establish contracts with local 8(A) businesses and staffing agencies 	<ul style="list-style-type: none"> Mission Assignment Federal contracts GSA Multiple Award Schedule (MAS) Purchasing Programs Disaster purchasing Public Health Emergency (PHE) Cooperative purchasing

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
Staff health	institutional setting		<ul style="list-style-type: none"> Request state/federal resource support 	<ul style="list-style-type: none"> 1122 Program www.gsa.gov/buying-selling/purchasing-programs/gsa-schedules/schedule-buyers/state-and-local-governments
	<ul style="list-style-type: none"> Universal Precautions 	<ul style="list-style-type: none"> Medical triage of all staff each time they arrive for a shift Monitor health of all staff Additional PPE and specific equipment for staff must be considered 	<ul style="list-style-type: none"> Coordinate with state and local health officials to ensure compliance with current guidance Communicate regularly with staff to monitor for conditions of fatigue and stress 	<p>CDC Medical Countermeasures 508 www.cdc.gov/cpr/readiness/mcm.html</p>

Table 9: Activity: Registration

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
Shelter Registration	<ul style="list-style-type: none"> Standard shelter registration process (e.g., name, address, phone number) 	<ul style="list-style-type: none"> Provide separate registration areas for those who self-identify as being ill Conduct an initial screening of all staff and residents Monitor and record occurrence of pandemic illness-like symptoms and report to local officials Provide any person presenting symptoms (cough, fever) a surgical mask Ensure staff is briefed on safety and security procedures and precautions prior to triage of, and interaction with, residents Secondary screening to include a more detailed examination 	<ul style="list-style-type: none"> Coordinate with state and local health officials Ensure that there is sufficient registration staff Train staff on use of forms and referral to medical triage Prior to medical screening, provide separate waiting areas for registrants who are not ill and those who self-identify as ill prior to medical screening Set up hand-hygiene station in registration areas Provide barriers between pre-registration areas Increase use of technology for registration process 	<ul style="list-style-type: none"> Provide Technical support to SLTT partners Mission Assignment Federal contracts

Table 10: Activity: Staffing

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
Staffing	<ul style="list-style-type: none"> Staffing shortages are likely to occur due to illness. As such, 	<ul style="list-style-type: none"> Identify other sources of volunteers including 	<ul style="list-style-type: none"> Ensure there are enough materials and human resources 	<ul style="list-style-type: none"> Mission Assignment

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
	identification of other volunteer resources during the planning phase is critical, as well as provision of training specific to operations during a pandemic event	<p>Independent Living Centers and protection and advocacy staff</p> <ul style="list-style-type: none"> Utilize shelter residents to perform duties unrelated to ICA management Consider pre-deployment of additional health-care workers and behavioral health personnel 	<ul style="list-style-type: none"> to meet the jurisdiction requirements Determine capability and capacity of local NGOs and state agencies (assess sustainability of current resources) <p>Procure supplies, services and equipment using:</p> <ul style="list-style-type: none"> Qualified local (8a) and national staffing services State submits RRF for Federal support 	<ul style="list-style-type: none"> Federal contracts

Table 11: Activity: Security

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
Crowd control	<ul style="list-style-type: none"> Local law enforcement Local and State emergency management 	<ul style="list-style-type: none"> Notable increase in registration/intake time due to health-related questions and concerns and frustration 	<ul style="list-style-type: none"> Develop procedures to speed up registration (e.g. use of technology, self-registration, Microsoft forms etc.) If required, ensure law enforcement protection is available 	<ul style="list-style-type: none"> Mission Assignment (i.e., ESF #13) Federal contracts

Table 12: Activity: External Affairs

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
Provide infant and child feeding and hygiene support	N/A	<ul style="list-style-type: none"> Coordinate with state and local health officials to ensure compliance with current guidance 	<ul style="list-style-type: none"> Coordinate with lead child support state agency to identify all supplies needed for child health support <p>Procure supplies, services and equipment using:</p> <ul style="list-style-type: none"> Local vendors and/or suppliers Sponsoring organization Donations State submitted RRF for Federal support 	<ul style="list-style-type: none"> FEMA CUSI Catalog https://national-masscarestrategy.org/wp-content/uploads/2019/09/CUSI-SL-Catalog_September-2019.pdf USDA-FNS-Child Nutrition Programs (COVID-19) www.fns.usda.gov/disaster/pandemic/covid-19 Mission Assignment Federal contracts

Non-Congregate Sheltering (e.g. Hotel/Motel, dormitories, converted building space)

Table 13: Activity – Facility Selection - When implementing non-congregate shelter options, jurisdictions should obtain an official order signed by a SLTT public health official.

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
Identification of Facilities Identification of Facilities	<ul style="list-style-type: none"> Vacant hotel/ motel, retreat center, dorm, assisted living facility or converted building space Facilities may be fully private or include use 	<ul style="list-style-type: none"> Documented through an official order signed by a SLTT public health official Coordinate with state and local health officials to ensure 	<ul style="list-style-type: none"> Identify vacant government- or privately- owned property Work with local real estate or property management firm 	<ul style="list-style-type: none"> Mission Assignment Federal contracts www.fema.gov/media-library-data/1584386517416-40bc24e5a2c4154c1

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
	of communal bathing or feeding areas	compliance with current guidance		ee44ed143e6491b/Procurement During EE Circumstances Fact Sheet 508 AB.pdf <ul style="list-style-type: none"> Federal surplus property https://disposal.gsa.gov/s/PBC#negotiate

Table 14: Activity – Facility Maintenance and Engineering

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
Ensure facility meets all local code and legal requirements	N/A	<ul style="list-style-type: none"> Coordinate with state and local health officials to ensure compliance with current guidance 	<ul style="list-style-type: none"> Ensure that building has been inspected by the fire department and environmental health, and that the facility meets ADA requirements 	N/A

Table 15: Activity – Facility Resource Considerations

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
Cots/Beds, Blankets, toiletries	N/A	<ul style="list-style-type: none"> Coordinate with HHS and CDC officials for appropriate guidance 	Procure supplies, services and equipment using: <ul style="list-style-type: none"> Local vendors and/or suppliers Sponsoring organization 	<ul style="list-style-type: none"> FEMA CUSI Catalog https://national-masscarestrategy.org/wp-content/uploads/2019/09/CUSI-SL-Catalog-September-2019.pdf

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
Personal Assistance Services (PAS) staff			<ul style="list-style-type: none"> ▪ Donations ▪ State submitted RRF for federal support 	<ul style="list-style-type: none"> ▪ Mission Assignment ▪ Federal contracts
	<ul style="list-style-type: none"> ▪ Personal Assistance Services are formal and informal services usually provided by paid personnel, friends, family members and volunteers that enable children and adults to maintain their independence outside of an institutional setting 	<ul style="list-style-type: none"> ▪ Staffing shortages are likely due to illness. As such, identification of other resources during the planning phase is critical 	<ul style="list-style-type: none"> ▪ Identify organizations with specialized volunteer staff ▪ Determine capability and capacity of local NGOs and state agencies (assess sustainability of current resources) ▪ Establish contracts with local 8(A) businesses and staffing agencies <p>State submits RRF for support</p>	<p>GSA Multiple Award Schedule (MAS) Purchasing Programs</p> <ul style="list-style-type: none"> ▪ Disaster purchasing ▪ Public Health Emergency (PHE) ▪ Cooperative purchasing ▪ 1122 Program www.gsa.gov/buying-selling/purchasing-programs/gsa-schedules/schedule-buyers/state-and-local-governments ▪ Mission Assignment ▪ Federal contracts
Staff health	<ul style="list-style-type: none"> ▪ Universal Precautions 	<ul style="list-style-type: none"> ▪ Medical triage of all staff each time they arrive for a shift ▪ Monitor health of all staff ▪ Additional PPE and specific equipment for staff must be considered 	<ul style="list-style-type: none"> ▪ Coordinate with state and local health officials to ensure compliance with current guidance ▪ Communicate regularly with staff to monitor for conditions of fatigue and stress 	<ul style="list-style-type: none"> ▪ CDC Medical Countermeasures 508 www.cdc.gov/cpr/readiness/mcm.html

Table 16: Activity – Facility Resource Considerations

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
Shelter Registration	<ul style="list-style-type: none"> Standard shelter registration process (e.g., name, address, phone number) Implementing shelter registration in a non-congregate environment can be complex and requires a very organized approach to identifying and maintaining some level of visibility on the status of residents 	<ul style="list-style-type: none"> Provide separate registration areas for those who self – identify as being ill Conduct an initial screening of all staff and residents Monitor and record occurrence of COVID pandemic illness-like symptoms and report to the local officials Provide any person with symptoms (cough, fever) with a surgical mask Ensure staff is briefed on safety and security procedures and precautions prior to triage of and interaction with, residents Secondary screening to include a more detailed examination Establish social distancing 6ft apart 	<ul style="list-style-type: none"> Coordinate with state and local health officials Ensure that there is a sufficient number of registration staff Train staff on use of forms and referral to medical triage Provide separate waiting areas for registrants who are not ill and those who self-identify as ill prior to medical screening Set up hand-hygiene station in registration areas Provide barriers between preregistration areas Increase use of technology for registration process. Identify and establish an automated shelter registration process (i.e., kiosk) as needed 	<ul style="list-style-type: none"> Provide Technical support to STT partners Mission Assignment Federal contracts

Table 17: Activity – Security

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
Crowd control	N/A	Coordinate with HHS/CDC	<ul style="list-style-type: none"> Coordinate with local law enforcement Establish state and local security contract 	<ul style="list-style-type: none"> Arrange for additional security support (ESF #13) if requested by the state

Table 17: Activity – Health Support Services

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
Provide infant and child feeding and hygiene support	<ul style="list-style-type: none"> Coordinate with state and local health officials to ensure compliance with current guidance 	<ul style="list-style-type: none"> Ensure contracts are prepared for supplies of infant feeding support Coordinate with lead child support state agency to identify all supplies needed for child health support 	Procure supplies, services and equipment using: <ul style="list-style-type: none"> Local vendors and/or suppliers Sponsoring organization Donations State emergency management 	<ul style="list-style-type: none"> FEMA CUSI Catalog https://national-masscarestrategy.org/wp-content/uploads/2019/09/CUSI-SL-Catalog-September-2019.pdf Mission Assignment Federal contracts www.fns.usda.gov/cn/covid-19-meal-times-nationwide-waiver
Medical Personnel	<ul style="list-style-type: none"> On-call health and mental health practitioners 	<ul style="list-style-type: none"> Multiple health professionals 	<ul style="list-style-type: none"> Pre-identify organizations with specialized volunteer staff Determine capability and capacity of local non-governmental organizations (NGOs) and state 	<ul style="list-style-type: none"> Mission Assignment (i.e., HHS) Disaster Medical Assistance Teams (DMAT)

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
Crisis Counseling			agencies (assess sustain- ability of current resources) <ul style="list-style-type: none"> Establish contracts with local 8(A) businesses and staffing agencies 	
	<ul style="list-style-type: none"> On-call behavioral health professionals/crisis counselors 	<ul style="list-style-type: none"> Coordinate with state and local health officials to ensure compliance with current guidance Increase psychoeducational training and services for survivors Establish virtual capability to practice social distancing. Examples: hotline or video conferencing for delivery of services 	<ul style="list-style-type: none"> Identify organizations with specialized staff to include volunteer Determine capability and capacity of state and local agencies and NGOs (assess sustainability of current resources) Consider establishing a virtual capability for community health programs, voluntary agencies and faith-based programs with a focus on behavioral health issues including bereavement counseling to provide mental health services 	<ul style="list-style-type: none"> Provide technical assistance and funding through federal awards so that the state, tribe or territorial government may augment existing crisis counseling services to those impacted by the declared disaster

Table 18: Activity – Custodial Services

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
Environmental cleaning	N/A	<ul style="list-style-type: none"> Provide laundry equipment or services to allow 	Contracting for local environmental cleaning services	<ul style="list-style-type: none"> GSA Multiple Award Schedule

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
Waste management collection: garbage / infectious waste		<p>linens (such as bed sheets, blankets, and towels) to be washed in hot water. Provide laundry soap and tumble dry on a hot setting</p> <ul style="list-style-type: none"> Provide information about infection control and safe handling of contaminated linens to laundry workers 	should be considered	<p>(MAS) Purchasing Programs</p> <ul style="list-style-type: none"> Disaster purchasing Public Health Emergency (PHE) Cooperative purchasing 1122 Program www.gsa.gov/buying-selling/purchasing-programs/gsa-schedules/schedule-buyers/state-and-local-governments See CDC Interim Guidance www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html
	<ul style="list-style-type: none"> Separate standard garbage collection from medical waste. Dispose of regulated medical waste in appropriate waste receptacle (e.g., needles or other sharp objects in puncture-proof sharps container labeled with 	<ul style="list-style-type: none"> Increase frequency of garbage collection Place certified infectious waste disposal in a “DO NOT TOUCH” waste receptacle/plastic trash bag. ALL WASTE SHOULD BE TREATED AS “INFECTIOUS” 	<ul style="list-style-type: none"> Contracting for infectious waste disposal should be considered for shelters with an Isolated Care Area 	<p>GSA Multiple Award Schedule (MAS) Purchasing Programs</p> <ul style="list-style-type: none"> Disaster purchasing Public Health Emergency (PHE) Cooperative purchasing 1122 Program www.gsa.gov/buying-selling/purchasing-programs/gsa-schedules/schedule-buyers/state-and-local-governments

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
	bio- hazard sticker)			<ul style="list-style-type: none"> See CDC Interim Guidance www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html

Table 19: Activity – Shelter-In-Place: Activity External Affairs

TASK	STANDARD/ CONCURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL/SUPPORT ACTION
Messaging	N/A	<ul style="list-style-type: none"> Messaging should be provided in various languages and forms (closed-captioning, Braille, etc.) to meet various needs and in settings to reach survivors with disabilities and/or access and functional needs 	<ul style="list-style-type: none"> Develop a messaging plan prior to incident to ensure timely distribution of information to the public Use health messages and materials developed by credible public health sources, such as local and state public health departments or the Centers for Disease Control and Prevention (CDC) 	<ul style="list-style-type: none"> Coordination through External Affairs ESF #15

Additional Information

MEDICAL SUPPORT TO SHELTERS

Medical surge has been a focus since April 2009, and much of the work in surge has involved HHS guidance to states, Emergency Medical Treatment and Labor Act (EMTALA) regulations.

In addition, HHS has several mechanisms in place to help meet state requests for medical personnel after all other options (e.g., Emergency Management Assistance Compact (EMAC), Voluntary Organizations Active in Disaster (VOAD)) have been exhausted. These include the National Disaster Medical System (NDMS), United States Public Health Services (USPHS) Commissioned Corps, Medical Reserve Corps, and the Veterans Administration (VA). However, many of these resources come from the same communities that would be affected by a pandemic; therefore, the ability of the federal government to meet multiple state requests for assistance could be very limited.

CDC LINK FOR CLEANING REQUIREMENTS

www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

APPENDIX B: FEEDING

Non-Congregate Sheltering

NON-CONGREGATE: (Hotel, motel, dormitories, converted building space)

Table xx: Activity – Health and Safety

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Establish agreements with food surveyors	N/A	N/A	<ul style="list-style-type: none"> Establish formal agreements or contracts with food banks to provide necessary food commodities Determine capability and capacity of local NGOs and state agencies (assess sustainability of current resources) Establish contracts with local vendors 	<ul style="list-style-type: none"> Provide technical support to STT partners

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Personal protective equipment requirements	<ul style="list-style-type: none"> Follow current federal and state regulations including hairnets, gloves, and masks 	<ul style="list-style-type: none"> Coordinate with HHS and CDC officials for appropriate guidance related to PPE 	<ul style="list-style-type: none"> Ensure that the appropriate environmental health professionals inspect feeding vehicles and equipment 	<p>CDC Guideline for optimizing PPE and equipment supply www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</p>
Dietary needs	<ul style="list-style-type: none"> Coordinate with health services staff 	<ul style="list-style-type: none"> Shelf stable meals may not be appropriate for survivors affected by the pandemic. Light broths, drinks with electrolytes, and “bland” foods that are easily digested should be considered 	<ul style="list-style-type: none"> Ensure jurisdictions have immediate access to required supplies Coordinate with state and local health officials to ensure compliance with current guidance 	<p>USDA/FNS review inventory to determine what commodities may be available to meet the needs of individuals and families</p>
Supplemental Nutrition Assistance Program (SNAP)	N/A	<ul style="list-style-type: none"> Coordinate with state and local health officials to ensure compliance with current guidance 	<ul style="list-style-type: none"> Submit approval request to FNS. Ability to administer program if social distancing is required Cooperation among state and local SNAP agencies, the state education agency, and local educational agencies will be required 	<p>USDA-FNS COVID-19 www.fns.usda.gov/disaster/pandemic/covid-19</p> <p>USDA_FNS CNP 60 Waiver www.fns.usda.gov/cn/waiver-60-day-reporting-requirements</p>

Table 20: Activity – Staffing

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Food servers	N/A	<ul style="list-style-type: none"> Number of personnel needed will depend on the type of feeding being considered 	<ul style="list-style-type: none"> Ensure that there are sufficient staffing sources to meet the increased need for food servers 	<ul style="list-style-type: none"> Coordinate with federal agencies for staffing support
Security	<ul style="list-style-type: none"> Local law 	<ul style="list-style-type: none"> Public reaction to diminished food supplies may necessitate additional security at congregate feeding sites 	<ul style="list-style-type: none"> Ensure sufficient law enforcement protection 	<ul style="list-style-type: none"> Mission Assignment (i.e. ESF #13 if requests for additional security support is requested)

Table 21: Activity – Food Distributors

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Food Banks	<ul style="list-style-type: none"> Secures donations from national food/grocery manufacturers, retailers, growers, government agencies and other organizations 	<ul style="list-style-type: none"> Food banks will encounter staff/volunteer shortfalls due to illnesses Food banks may experience a significant decrease in donations due to Food supply shortages 	<ul style="list-style-type: none"> Establish agreements with food banks Coordinate with food banks and programs to distribute meals to seniors, homebound families and those in congregate shelters 	<ul style="list-style-type: none"> Provide technical support to STT partners with development of feeding plans

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Restaurant	<ul style="list-style-type: none"> ▪ Provide discounted meals and/or coupons 	<ul style="list-style-type: none"> ▪ Restaurants may close due to ill employees 	<ul style="list-style-type: none"> ▪ Ensure that there are multiple restaurants in the area where hotels may be used to house symptomatic survivors 	<ul style="list-style-type: none"> ▪ Determine whether restaurant meals would be an eligible expense through the Public Assistance program
Caterers	<ul style="list-style-type: none"> ▪ May be asked to deliver meals to hotels/motels 	<ul style="list-style-type: none"> ▪ Caterers may have difficulty delivering meals due to COVID-19 	<ul style="list-style-type: none"> ▪ Ensure there are multiple mobile feeding capabilities 	<ul style="list-style-type: none"> ▪ Coordinate contracts for vendor support
Mobile Food Distributors	N/A	<ul style="list-style-type: none"> ▪ Coordinate with state and local health officials to ensure compliance with current guidance ▪ Distribution of emergency food and supplies for survivors who are isolated or quarantined in their homes in accordance with local community plans ▪ Monitor these mobile personnel for pandemic like-illness 	<ul style="list-style-type: none"> ▪ Coordinate with local NGOs and volunteers ▪ Determine capability and capacity of local NGOs and state agencies (assess sustain-ability of current resources) ▪ State submits RRF for Federal support 	<ul style="list-style-type: none"> ▪ Provide technical support to jurisdictions with development of feeding plans ▪ Mission Assignment ▪ Federal contracts

Table 22: Activity – Household Pet and Service Animal Feeding

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Household Pet and Support Animal Feeding	N/A	<ul style="list-style-type: none"> Use shelf-stable, easily digestible feed when possible to avoid gastrointestinal problems and have more palatable perishable feeds on hand for stressed animals who are reluctant to eat 	<ul style="list-style-type: none"> Establish agreements with pet food providers Determine capability and capacity of local NGOs and state agencies (assess sustain- ability of current resources) <p>Procure supplies, using:</p> <ul style="list-style-type: none"> Local vendors and/or suppliers Donations State submits RRF for Federal support 	<ul style="list-style-type: none"> Mission Assignment Federal contracts

Table 23: Shelter-In-Place/Activity – Unique Feeding Considerations

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Caterers Coordination with localities	<ul style="list-style-type: none"> Maintain awareness of active feeding programs, e.g. Meals on Wheels, school lunch program 	<ul style="list-style-type: none"> Determine availability of the various programs and preparedness for maintaining capacity level and distribution means 	<ul style="list-style-type: none"> Survey short-falls and trigger points to identify possible need for jurisdiction support with food stuffs 	<ul style="list-style-type: none"> FEMA provide technical assistance to state and local governments
Mobile	N/A	<ul style="list-style-type: none"> Coordinate with state and 	<ul style="list-style-type: none"> Coordinate with local 	<ul style="list-style-type: none"> Provide technical

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Dietary		<ul style="list-style-type: none"> local health officials to ensure compliance with current guidance ▪ Distribute emergency pet food and supplies to survivors who are isolated or quarantined in their homes in accordance with local community plans ▪ Monitor these mobile personnel for signs of illness 	<ul style="list-style-type: none"> NGOs and volunteers ▪ Determine capability and capacity of local NGOs and state agencies Assess sustainability of current resources ▪ State submits RRF for Federal support 	support to state, tribal and territorial partners with development of feeding plans
	N/A	<ul style="list-style-type: none"> ▪ Survivors with symptoms of illness may not be able to tolerate or want typical shelf stable meals. They will need light broths, drinks with electrolytes, and foods that are easily digested 	<ul style="list-style-type: none"> ▪ Ensure that the programs providing mobile feeding services have foods that will support those in quarantine who may be symptomatic 	<ul style="list-style-type: none"> ▪ USDA/FNS review inventory to determine what commodities/ programs may be available to meet the needs

Additional Information

USDA FEEDING PROGRAMS <https://www.nationalmasscarestrategy.org/wp-content/uploads/2014/07/cusi-catalog-as-of-march-2013-v2.pdf>

APPENDIX C: HOUSEHOLD PETS, SERVICE AND SUPPORT ANIMALS

CONGREGATE/NON-CONGREGATE

NOTE: Household pet shelters may be stand-alone (pets only), cohabitation (pets and humans in same facility), or co-located (pets and humans in nearby facilities).

Service and support animals will remain with their owners at all times and will have access to the same level of care and resources as household pets

Table 24: Activity – Facility Selection

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Determine capacity per facility	<ul style="list-style-type: none"> Based on animal size, layout, and facility size 	<ul style="list-style-type: none"> Coordinate with HHS and CDC officials for appropriate guidance 	<ul style="list-style-type: none"> Reevaluate number of available shelter spaces based on pandemic guidelines and identify additional collocation facilities, if required 	<ul style="list-style-type: none"> Provide technical support to STT partners Mission Assignment Federal contracts

Table 25: Activity – Staffing

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Volunteers	<ul style="list-style-type: none"> Local or state volunteer organizations are identified and trained for animal emergency shelter work 	<ul style="list-style-type: none"> Due to likely staffing shortages, identification of other volunteer resources during the planning 	<ul style="list-style-type: none"> Identify local volunteer sources Utilize shelter residents to perform duties in animal shelter 	<ul style="list-style-type: none"> FEMA, USDA/ APHIS provides guidance for more sources of volunteers Mission Assignment Federal contracts

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
		phase is critical		

Table 26: Activity – Registration

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Shelter registration (coordinated with human registration)	<ul style="list-style-type: none"> Standard shelter registration process (e.g. name, address, phone number) Identify pets needing medical care 	<ul style="list-style-type: none"> Identify pets needing medical care Evaluate shelter residents to evaluate readiness to provide care for their pets 	<ul style="list-style-type: none"> Ensure there are sufficient health assessment registration forms Train staff on use of forms and referral to veterinary medical triage Train staff in animal handling, including safety protocols Provide hand hygiene station in registration areas Establish automated shelter registration process (i.e., kiosk) as needed 	<ul style="list-style-type: none"> Provide technical assistance and guidance Mission Assignment Federal contracts

Table 27: Activity – External Affairs

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Internal messaging (residents, staff)	<ul style="list-style-type: none"> Whiteboards, public announcements, flyers, braille, auditory assistance 	<ul style="list-style-type: none"> Consider additional forms of communication (e.g., video screens, internet feeds) 	<ul style="list-style-type: none"> Develop process for providing information Technology (IT)/Audio Visual (AV) equipment 	<ul style="list-style-type: none"> FEMA EA/APHIS relay updated pertinent information to Joint Information Center for dissemination to states

Table 28: Activity – Security

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Restricted Areas	<ul style="list-style-type: none"> Barriers for pet containment including survivor crates for animals Security protocols to prevent unauthorized visits to animal shelter 	<ul style="list-style-type: none"> Barriers for pet containment Security protocols to prevent unauthorized visits to animal shelter 	<ul style="list-style-type: none"> Ensure sufficient law enforcement protection Establish contract with local security firm 	<ul style="list-style-type: none"> Mission Assignment (i.e., ESF #13) if requested for additional security support Federal contracts

Table 29: Human Health and Safety

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Infection Control	<ul style="list-style-type: none"> Basic animal shelter best practice 	<ul style="list-style-type: none"> Increase cleaning of commonly used areas where 	Procure supplies, services and	<ul style="list-style-type: none"> Mission Assignment

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
	<ul style="list-style-type: none"> For additional information, see the links to specific articles under additional information at the end of household pet's worksheet 	<ul style="list-style-type: none"> bodily fluids, droplets and other airborne particles may reside Provide staff with guidance on cleaning procedure and safe disposal of pet waste Place hand sanitizer and portable hand hygiene stations at the entrance and throughout the facility Prevent ill persons from visiting/working Offer alternatives to owner visits if owner is ill (e.g., daily verbal confirmation or digital photo that pet is safe) 	<ul style="list-style-type: none"> equipment using: <ul style="list-style-type: none"> Local vendors and/or suppliers State submits request for Federal support 	<ul style="list-style-type: none"> National Veterinary Response Teams (NVRT's) spell out accepted role as public veterinary health mobile lab Federal contracts

TABLE 30: Activity - Wraparound Services

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
General cleaning	<ul style="list-style-type: none"> General sanitary and infection control measures 	<ul style="list-style-type: none"> Routinely clean (e.g., daily, before/ after meals and immediately when visibly soiled and all areas and items that are more likely to have frequent hand contact (like doorknobs, faucets, hand-rails) use recommend use of EPA registered household disinfectant. Coordinate with state and local health officials to ensure compliance with current guidance 	<ul style="list-style-type: none"> Procure supplies, services and equipment using: <ul style="list-style-type: none"> Local vendors and/or suppliers Sponsoring organization Donations 	<p>GSA Multiple Award Schedule (MAS) Purchasing Programs</p> <ul style="list-style-type: none"> Disaster purchasing Public Health Emergency (PHE) Cooperative purchasing 1122 Program www.gsa.gov/buying-selling/purchasing-programs/gsa-schedules/schedule-buyers/state-and-local-governments See CDC Interim Guidance www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html
Laundry	<ul style="list-style-type: none"> General sanitary and infection control measures 	<ul style="list-style-type: none"> Linens (bed sheets, blankets, and towels) should be washed in hot water using laundry soap and tumble-dried on a hot setting. Survivors handling linens should use PPE 	<ul style="list-style-type: none"> Ensure sufficient supplies and cleaning contracts 	<ul style="list-style-type: none"> See CDC Interim Guidance www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html
Waste management collection: garbage /	<ul style="list-style-type: none"> Standard garbage collection with separate 	<ul style="list-style-type: none"> Increased frequency in garbage collection 	<ul style="list-style-type: none"> Contracting for certified infectious waste disposal should be 	<ul style="list-style-type: none"> See CDC Interim Guidance www.cdc.gov/coronavirus/2019-ncov/community/

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
infectious waste	collection of infectious waste managed by a biohazard specialist	<ul style="list-style-type: none"> Include certified infectious waste disposal 	considered for shelters	homeless-shelters/index.html

Table 31: Activity - Veterinary Medical Services

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Veterinary Services	<ul style="list-style-type: none"> Veterinarian and technicians available to shelter 	<ul style="list-style-type: none"> Veterinary and technicians trained in pandemic control available to shelter 	<ul style="list-style-type: none"> Contract for veterinarians and technicians 	<ul style="list-style-type: none"> ESF #11 Animal and Plant Health Inspection Service (APHIS) Coordinate support if needed

Table 32: Activity - Shelter Supplies and Materials

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Supplies, trash receptacles, crates	N/A	<ul style="list-style-type: none"> Increased inventory of supplies related to infection control 	<ul style="list-style-type: none"> Cache of animal shelter supplies, or contract for supplies 	<ul style="list-style-type: none"> ESF #11 Animal and Plant Health Inspection Service (APHIS) coordinates support if needed

Table 33: Activity – Pet Feed

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Pet feed	N/A	<ul style="list-style-type: none"> Use shelf-stable, nutritious, easily digestible feed when possible to avoid gastrointestinal problems, and have more palatable perishable feeds on hand for stressed animals who are reluctant to eat 	<ul style="list-style-type: none"> Develop/Implement Mutual Aid Agreements (e.g., Emergency Management Assistance Compact [EMAC]) between jurisdictions and/or private industry 	<ul style="list-style-type: none"> Facilitate emergency assistance agreements between states and/or private industry

Table 34: Shelter-In-Place: Activity – External Affairs

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Messaging	<ul style="list-style-type: none"> Each jurisdiction has messaging unique to their capabilities 	<ul style="list-style-type: none"> Messaging should be provided in various languages and forms (closed-captioning, braille, Spanish, etc.) to meet various needs and to reach survivors with access or functional support needs 	<ul style="list-style-type: none"> Consider a plan for shelter-in-place 	<ul style="list-style-type: none"> APHIS coordinates support if needed

Additional Information

Compendium of Measures to Prevent Disease Associated with Animals in Public Settings, 2009, www.cdc.gov/mmwr

CDC GUIDELINES

- CDC's up-to-date Guidance for COVID-19: www.cdc.gov/coronavirus/2019-ncov/
- Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (COVID-19) Exposure in Travel- associated or Community Settings www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html
- Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for 2019 Novel Coronavirus (COVID-19) www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html
- Frequently Asked Questions (including COVID-19 and Animals) www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID-19-and-Animals
- CDC's Healthy Pets, Healthy People Website www.cdc.gov/healthypets/index.html
- Compendium of Measures to Prevent Disease Associated with Animals in Public Settings www.cdc.gov/mmwr/preview/mmwrhtml/rr5805a1.html
- Petting Zoo Guidelines, February 2007 www.public.health.wa.gov.au/cproot/2222/2/Petting%20Zoo%20Guidelines%202009.pdf
- NASPHV Compendium of Veterinary Standard Precautions for Zoonotic Disease Prevention in Veterinary Personnel www.nasphv.org/documentsCompendiaVet.html
- World Health Organization (WHO) Website external icon www.who.int/
- World Organization for Animal Health (OIE) Q & A Website www.oie.int/scientific-expertise/spec-ificinformation-and-recommendations/questions-and-answers-on-2019novel-coronavirus/

APPENDIX D: DISTRIBUTION OF EMERGENCY SUPPLIES

Non-Congregate Sheltering

NON-CONGREGATE: (Hotel, motel, dormitories, converted building space)

Table 35: Activity – Points of Distribution

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Establishment of PODs	<ul style="list-style-type: none"> State and local responsibility to establish PODs Availability of public transportation may be limited, as a result of quarantine restrictions put in place 	<ul style="list-style-type: none"> PODs may need to be established with consideration on how staffing may impact recommended social distancing measures 	<ul style="list-style-type: none"> Consider strategically placing PODs in close proximity to where survivors are being housed 	<ul style="list-style-type: none"> FEMA provides technical assistance to State and local governments on disaster management and control, and provides assistance for the purchase, and distribution of consumable supplies Mission Assignment Federal contracts

Table 36: Activity – Distribution of Emergency Supplies

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Distribution	<ul style="list-style-type: none"> Individuals and families-visit PODs for supplies 	<ul style="list-style-type: none"> Accessible drop-off sites should be considered 	<ul style="list-style-type: none"> Determine alternate means to distribute emergency supplies 	<ul style="list-style-type: none"> FEMA provides technical assistance to state and local governments on disaster management and control
Transportation	<ul style="list-style-type: none"> Survivors go to PODs for supplies 	<ul style="list-style-type: none"> Organizations may need to support the distribution of goods to specific locations 	<ul style="list-style-type: none"> Identify alternate delivery options 	<ul style="list-style-type: none"> FEMA provides technical assistance to state and local governments on disaster management and control

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
		<ul style="list-style-type: none"> ▪ Accessible transportation to POD's must be available. 		<ul style="list-style-type: none"> ▪ The U.S. Postal Service is resource, available to serve the needs of jurisdictions

Shelter-In-Place

Table 37: Activity – Distribution of Emergency Supplies

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Distribution	<ul style="list-style-type: none"> ▪ PODs have been the primary means of distribution for emergency operations 	<ul style="list-style-type: none"> ▪ Survivors may be confined to their homes or other isolated settings 	<ul style="list-style-type: none"> ▪ Consider the delivery and drop off of emergency items or drive-through PODs with limited human to human interaction 	<ul style="list-style-type: none"> ▪ FEMA provides technical assistance to state and local governments on disaster management and control, and provides assistance for the purchase, and distribution of consumable supplies
Provide for survivors sheltering in place	<ul style="list-style-type: none"> ▪ Not a standard procedure 	<ul style="list-style-type: none"> ▪ Emergency supplies include survivor packaged meals and other essential items: toilet paper tissues, over-the-counter medicine, detergent 	<ul style="list-style-type: none"> ▪ Look at having voluntary organizations provide resources and handle distribution of goods 	<ul style="list-style-type: none"> ▪ FEMA provides technical assistance to state and local governments on disaster management and control, and provides assistance for the purchase, and distribution of consumable supplies. FEMA can assist with the movement of supplies and persons

Table 38: Distribution Considerations (Shelter-In-Place Distribution of Emergency Supplies)

TASK	DESCRIPTION
Distribution considerations	<ul style="list-style-type: none"> ▪ Collaborate with the U.S. Postal Service, commercial delivery companies and other community agencies (foodbanks, etc.) to deliver food and supplies ▪ Identify available resources and facilities that can be used and shared ▪ Map your service delivery area to determine which agencies currently service which neighborhoods ▪ Identify areas without current service and solicit agreement/commitment to provide service ▪ Establish agreements and accounts, as necessary, with commercial vendors to provide service in un-serviced and remote areas ▪ Coordinate delivery of bulk supplies to points of distribution (e.g. drop off food and supplies to a building or neighborhood, allowing residents to handle neighborhood distribution rather than going door-to-door) ▪ Secure cooperation/agreement with facility owners/managers ▪ Plan to use a “knock and leave” drop-off method for home deliveries using disposable equipment when possible ▪ Identify vendors and set up accounts for supplies and services that will be required to establish large food and supply distribution programs ▪ Ensure the availability of “DO NOT TOUCH” waste receptacle/plastic trash bags and disinfectant ▪ Ensure there is a security system in place

APPENDIX E: MASS EVACUEE SUPPORT

Evacuation Areas (Mass care areas)

Table 39: Activity – Staffing and Registration

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Staffing	<ul style="list-style-type: none"> Voluntary organizations and local response teams support the mass care and emergency assistance site activities 	<ul style="list-style-type: none"> Coordinate with local and state public health officials for appropriate guidance 	<p>Coordinate with local voluntary organizations to determine capability and capacity to sustain operations</p> <p>Procure:</p> <ul style="list-style-type: none"> Local staffing services State submits RRF for Federal support. 	<ul style="list-style-type: none"> Mission Assignment Federal contracts
Shelter Registration	<ul style="list-style-type: none"> Standard shelter registration process (e.g., name, address, phone number) 	<ul style="list-style-type: none"> Provide separate registration areas for those who self – identify as being ill Conduct an initial screening of all staff and residents Monitor and record occurrence of pandemic like symptoms and report to the local officials. Provide any person with symptoms (cough, fever) with a surgical mask 	<ul style="list-style-type: none"> Coordinate with state and local health officials Ensure that there is a sufficient number of registration staff Train staff on use of forms and referral to medical triage Provide separate waiting areas for registrants who are not ill and those who self-identify as ill prior to medical screening. Set up hand-hygiene station in registration areas 	<ul style="list-style-type: none"> Provide technical support to SLTT partners Mission Assignment Federal contracts

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
		<ul style="list-style-type: none"> Ensure staff is briefed on safety and security procedures and precautions prior to triage of, and interaction with, residents Secondary screening to include a more detailed examination Ensure appropriate measures for social distancing are put in place (6ft or more space provided) 	<ul style="list-style-type: none"> Provide barriers between preregistration areas Increase use of technology for registration process 	

Table 40: Activity – Site Sanitation

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Site sanitation	N/A	<ul style="list-style-type: none"> Recommend use of EPA-registered household disinfectant Frequency of cleaning and janitorial services should be used, with special attention to high-touch areas such as tables, doorknobs, light switches, countertops, handles, desks, phones, 	<ul style="list-style-type: none"> Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing Provide alcohol-based hand sanitizers that contain at least 60% alcohol <p>Procure supplies, services and equipment using:</p>	<p>GSA Multiple Award Schedule (MAS) Purchasing Programs</p> <ul style="list-style-type: none"> Disaster purchasing Public Health Emergency (PHE) Cooperative purchasing 1122 Program www.gsa.gov/buying-selling/purchasing-programs/gsa-schedules/schedule-buyers/state-and-local-governments

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Waste management collection: garbage / infectious waste		keyboards, toilets, faucets, sinks, etc.	<ul style="list-style-type: none"> Local vendors and/or suppliers Sponsoring organization Donations State submission of RRF for Federal support 	<ul style="list-style-type: none"> See CDC Interim Guidance www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html
	<ul style="list-style-type: none"> Separate standard garbage collection from medical waste Dispose of regulated medical waste in appropriate waste receptacle, e.g., needles or other sharp objects in puncture-proof sharps container labeled with biohazard sticker 	<ul style="list-style-type: none"> Increase frequency of garbage collection Dispose of certified infectious waste in a “DO NOT TOUCH” waste receptacle/plastic trash bag. ALL WASTE SHOULD BE TREATED AS “INFECTIOUS” 	<ul style="list-style-type: none"> Contracting for certified infectious waste disposal should be considered for shelters with an Isolated Care Area (ICA) 	<p>GSA Multiple Award Schedule (MAS) Purchasing Programs</p> <ul style="list-style-type: none"> Disaster purchasing Public Health Emergency (PHE) Cooperative purchasing 1122 Program www.gsa.gov/buying-selling/purchasing-programs/gsa-schedules/schedule-buyers/state-and-local-governments See CDC Interim Guidance Homeless Populations COVID-19 CDC

Table 41: Activity – Emergency Supplies

TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Comfort/ Hygiene kits	<ul style="list-style-type: none"> Comfort kits containing hygiene items such as toothpaste, 	<ul style="list-style-type: none"> Modify hygiene kits to include hand sanitizer and face masks if available 	<p>Procure supplies, services and equipment using:</p> <ul style="list-style-type: none"> Local vendors and/or suppliers 	<p>FEMA CUSI Catalog https://national-masscarestrategy.org/wp-content/uploads/2019/09/</p>

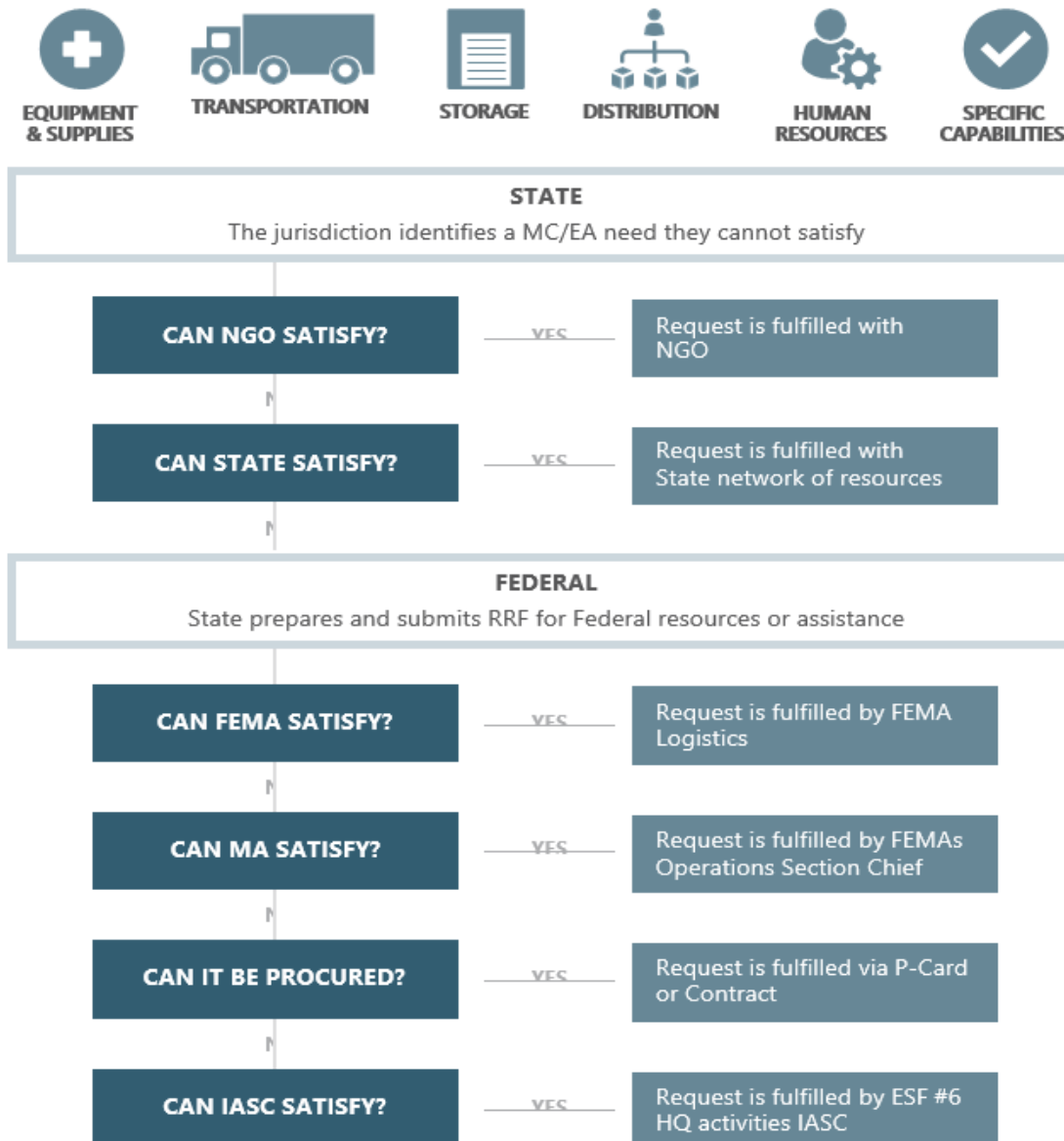
TASK	STANDARD/ CURRENT PROCEDURE	GUIDANCE FOR PANDEMIC	JURISDICTION ACTION	FEDERAL SUPPORT/ACTION
Tracking equipment	brush and tissues		<ul style="list-style-type: none"> Donations State submits RRF for Federal support 	CUSH-SL-Catalog September-2019.pdf
	<ul style="list-style-type: none"> Tracking material to include forms, computers, bracelets, etc. 	<ul style="list-style-type: none"> Increase frequency of equipment cleaning 	<ul style="list-style-type: none"> Procure supplies, services and equipment using: <ul style="list-style-type: none"> Local vendors and/or suppliers Donations State submits RRF for federal support 	<ul style="list-style-type: none"> Mission Assignment Federal contracts
PPE (for shelter residents and shelter staff)	N/A	<p>Coordinate with state and local health officials to ensure compliance with current guidance</p> <p>Equipment includes:</p> <ul style="list-style-type: none"> Hand sanitizer Gloves Masks and respirators Hand hygiene stations Eye protection 	<p>Procure supplies, services and equipment using:</p> <ul style="list-style-type: none"> Local vendors and/or suppliers Donations State submission of RRF for Federal support Develop jurisdictional guidance on distribution of appropriate PPE 	<p>CDC- Optimizing PPE Supplies www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</p> <ul style="list-style-type: none"> Mission Assignment Federal contracts

Table: 42 Evacuation Planning Considerations During a Pandemic Outbreak

Assumptions	Pre-Disaster	Operational
<ul style="list-style-type: none"> Due to the threat of pandemic illness, many jurisdictions have implemented social distancing measures in an effort to reduce further spread of the virus 	<ul style="list-style-type: none"> Assess community demographics and potential high-risk impact areas Conduct evacuee support planning that includes identifying non-congregate 	<ul style="list-style-type: none"> Assess community demographics and potential high-risk impact areas Reevaluate the jurisdiction's evacuation/shelter plan and adjust number of available

Assumptions	Pre-Disaster	Operational
<ul style="list-style-type: none"> ▪ A large disaster event could displace thousands of residents ▪ Many residents do not have other options for sheltering ▪ Some jurisdictions may not have a sufficient number of non-congregate sheltering options to accommodate the potentially impacted population ▪ Congregate shelters may be required in order to provide a safe location for those in the path of an impending disaster ▪ A pandemic will impact the availability of paid staff and volunteers that traditionally provide support and services to evacuees 	<p>facilities: (hotels/motels, dorms, vacant facilities with survivor room set-up) Determine capacity and functionality of sites</p> <ul style="list-style-type: none"> ▪ Layout/floor plans should include space considerations for quarantine and screening of staff and survivors ▪ Include considerations for people with disabilities and others with access and functional needs ▪ Consult with ESF #8 (Public Health) experts to receive guidance on addressing pandemic related issues ▪ Determine logistics and resource requirements to support government- assisted evacuations ▪ Determine logistics for conducting registration and providing wrap-around services to populations that will stay in non-congregate shelters ▪ Increase and establish agreements with NGOs, agencies, volunteers and private sector vendors that will be needed for evacuee support ▪ Develop host jurisdiction agreements 	<p>reception center/shelter spaces based on CDC shelter guidelines</p> <ul style="list-style-type: none"> ▪ Increase sheltering capacity and capability (including a process to rapidly identify and survey spontaneous shelter sites during activations) ▪ Layout/floor plans should include space considerations for quarantine and screening of staff and survivors ▪ Include considerations for people with disabilities and others with access and functional needs ▪ Consult with ESF #8 (Public Health) experts to receive guidance for addressing pandemic related issues ▪ Determine logistics and resource requirements to support government assisted evacuations ▪ Determine logistics for conducting registration and providing wrap-around services to populations that will stay in non-congregate shelters ▪ Increase and establish agreements with NGOs, agencies, volunteers and private sector vendors that will be needed for evacuee support ▪ Develop host jurisdiction agreements

APPENDIX F: MASS CARE/EMERGENCY ASSISTANCE RESOURCE REQUEST PROCESS



MASS CARE/EA RESOURCE REQUEST PROCESS

The above process can be used by Mass Care/Emergency Assistance (MC/EA) practitioners at any level to examine options to acquire, store, transport, and distribute supplies. It can also be used as a means to obtain human resources. A request may be satisfied with an survivor or a combination of local, State, non-governmental organization (NGO), private sector and Federal resources.

» For example, the State resources may be used to acquire cleaning kits, and local or NGO resources used to distribute them (e.g., at Points of Distribution – PODs).

STATE | Once a need is identified by a local or county level jurisdiction, and a determination is made it cannot be met at that level, the staff should ask the following questions:



» For example, shelter residents in a General Population Shelter may lack basic needs, such as cots and blankets, and the mass care staff would support the State in writing the RRF.

Can an NGO SATISFY the acquisition request?

Can a local NGO satisfy a storage, transportation or distribution request? If the State determines that the need cannot be met through its own network of resources, including NGOs, the mass care staff works with the State to examine the options with national level NGOs or NGOs that are not part of the State network to meet the requirement.

» For example, does an NGO have a supply of cots, and

Can the STATE SATISFY the acquisition request? If not all, part of the request (e.g., storage, transportation, or distribution)?

The State coordinator for mass care asks for Federal support for only what is beyond the State's capacity.

IF THE STATE CANNOT MEET THE NEED, THE MC/EA STAFF SHOULD CONSIDER THE FOLLOWING:

FEDERAL | If NGOs can't satisfy the request, the State prepares and approves a Resource Request Form (RRF) for Federal resources or assistance; the RRF receives Federal concurrence. To continue with the options on the Decision Tree, federal partners the following questions:

[illegible]

MASS CARE/EA RESOURCE REQUEST PROCESS

Can FEMA LOGISTICS SATISFY the acquisition request with available resources? Can FEMA Logistics satisfy a storage, transportation, or distribution request?

- FEMA Logistics may fulfill the request through a variety of resourcing methods, to include existing or new contracts.
- If FEMA Logistics acquires the needed resource (for example, cots, blankets, linen), staff must have a plan for the storage and distribution of the items. An NGO may be identified by the State to store and distribute, and the MC/EA staff would coordinate the hand-off between FEMA Logistics and the NGO partner.



IF FEMA LOGISTICS CANNOT FULFILL THE REQUEST, THEN THE FOLLOWING QUESTIONS ARE DETERMINED BY FEMA:

Can a MISSION ASSIGNMENT (MA) SATISFY the acquisition request? Can an MA satisfy a storage, transportation, or distribution request?

- An MA is the method by

which FEMA can task another Federal agency to fulfill the request. The mass care staff will work with other FEMA elements to identify the Federal agency that may be able to fulfill the MA.

» *For an example, to fulfill the State's need for cots and blankets, the U.S. Forest Service could be mission assigned, in which case they may be able to provide for transportation, storage and distribution. If not, another agency or organization could be mission assigned for these purposes.*

IF A MA CANNOT SATISFY THE ACQUISITION REQUEST, FEMA THEN DETERMINES:

Can the FEMA Joint Field Office (JFO) or Regional staff procure the requested resource through local funding vehicles?

Can one of these methods satisfy a storage, transportation, or distribution request? This could be through use of a P-card and/or a contract.

IF NONE OF THE ABOVE RESOURCES CAN SATISFY THE REQUEST, THEN FEMA DETERMINES:

Can a FEMA INDIVIDUAL ASSISTANCE SUPPORT CONTRACT (IASC) SATISFY the request?

IASC are contracts developed by FEMA to support Mass Care/Emergency Assistance identified shortfalls. If a decision is made to use the contract, then the contract is activated by FEMA Headquarters.



APPENDIX G: GLOSSARY AND ACRONYMS

Glossary

TERM	DEFINITION
Access and Functional needs	Individuals with access and functional needs may include, but are not limited to, people with disabilities, older adults, and individuals with limited English proficiency, limited access to transportation and/or limited access to financial resources to prepare for, respond to and recover from the emergency. Federal civil rights law and policy require nondiscrimination, including on the bases of race, color, national origin, religion, sex, age, disability, English proficiency and economic status. Many individuals with access and functional needs are protected by these provisions.
Barriers	Include self-standing structures that create separation between cots providing privacy and a small measure of isolation. Commercial privacy screens would suffice, but in a pandemic incident resources may be scarce and privacy screens may be unavailable. Providers may have to construct barriers from readily available materials.
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.
Consumable medical supplies (cms)	Medical supplies (e.g., medications, diapers, bandages, etc.) that are ingested, injected or applied and/or are one time use only.
Distribution of emergency supplies (des)	Provide emergency supplies and/or the resources to distribute them.
Durable medical equipment (dme)	Medical equipment (e.g., walkers, canes, wheelchairs, etc.) used by persons with a disability to maintain their usual level of independence.

TERM	DEFINITION
Emergency	Any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement state and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States. See section 102(1) of the Stafford Act.
Feeding	Provide food to sustain the health of survivors/families while they are being sheltered or sheltered-in-place.
Household pet	<p>A domesticated animal, such as a dog, cat, bird, rabbit, rodent or turtle that is traditionally kept in the home for pleasure rather than commercial purposes, can travel in commercial carriers and be housed in temporary facilities. Household pets do not include reptiles (except turtles), amphibians, fish, insects/arachnids, farm animals (including horses) and animals kept for racing purposes. Source DAP 9523.19.</p> <p>NOTE: FEMA's definition is solely to make judgments about eligibility of costs associated with household pets and service animals and does not limit a jurisdiction's prerogative to plan for sheltering other animals.</p>
Isolation	The process of separating individuals who have become ill with a contagious disease from people who are not sick.
Incident	An occurrence or event, natural or human caused that requires a response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wild land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war- related disasters, public health and medical emergencies and other occurrences requiring an emergency response. Source: National Response Framework.

TERM	DEFINITION
Individual with a disability	Individual who has a physical or mental impairment that substantially limits one or more major life activities (an “actual disability”), or a record of a physical or mental impairment that substantially limits a major life activity (“record of”), or an actual or perceived impairment, whether or not the impairment limits or is perceived to limit a major life activity, that is not both transitory and minor (“regarded as”).
Major disaster	Any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm or drought) or, regardless of cause, any fire, flood, or explosion in any part of the United States that, in the determination of the President, causes damage of sufficient severity and magnitude to warrant major disaster assistance under the Stafford Act to supplement the efforts and available resources of states, local governments, and disaster relief organizations in alleviating the damage, loss, hardship or suffering caused thereby. See section 102(2) of the Stafford Act.
Medical counter measures (mcm)	Medicines, devices, or other medical interventions that can lessen the harmful effects of a pandemic.
National center for missing and exploited children (ncmec)	Has a legislative mandate from the Congress of the United States to provide assistance to agencies and families in finding missing children and reducing child sexual exploitation.
National emergency child locator center (neclc)	Was established in collaboration with the National Center for Missing and Exploited Children (NCMEC) to support SLTT governments and law enforcement agencies in tracking and locating children who have become separated from their parents or guardians as a result of a Presidentially-declared disaster. See 6 U.S.C. Section 774.

TERM	DEFINITION
Non-congregate	Sheltering that provides alternatives for incidents when conventional congregate sheltering methods are unavailable or overwhelmed or when longer-term temporary sheltering is required. Typically, facilities that are used to provide a higher level of privacy than conventional congregate shelters are, hotels, cruise ships, dormitories and/or converted buildings, or staying with friends/family and other facilities with private sleeping spaces but possibly shared bathroom /cooking facilities.
Nongovernmental organization (ngo)	An entity with an association that is based on interests of its members, survivors, or institutions. It is not created by a government, but it may work cooperatively with government. Such organizations serve a public purpose, not a private benefit. Examples of NGOs include faith-based charity organizations and the American Red Cross. NGOs, including voluntary and faith-based groups, provide relief services to sustain life, reduce physical and emotional distress, and promote the recovery of disaster survivors. Often these groups provide services that help survivors with disabilities. NGOs and voluntary organizations play a major role in assisting emergency managers before, during and after an emergency.
Private sector	Organizations and entities that are not part of any governmental structure. The private sector includes for-profit and not-for-profit organizations, formal and informal structures, commerce and industry.
Quarantine	The process of separating and restricting the movement of people who were/or potentially have been exposed to a contagious disease as a precaution to assess their condition and prevent the spread of disease.
Service animal	A dog (or miniature horse) that is trained to do work or perform tasks for survivors with disabilities. A support animal that only functions to provide comfort or emotional support is not a service animal. Household pets, support animals and service animals all receive support services under ESF #6.

TERM	DEFINITION
Shelter-in-place	Survivors required to shelter in place, either in private dwellings, offices, shopping malls, or other sites that provide an isolated setting for either the survivor's safety or for the safety of others.
Social distancing	Social distancing, also "physical distancing," is the practice of keeping space between yourself and other people at least 6 feet (2 meters) outside of your home.

Acronyms

ADA	Americans with Disabilities Act
APHIS	Animal and Plant Health Inspection Service
ARC	American Red Cross
AV	Audio Visual
CBO	Community Based Organizations
CDC	Centers for Disease Control and Prevention
CMS	Consumable Medical Supplies
CNCS	Corporation for National and Community Service
CNP	Child Nutrition Programs
CUSI	Commonly Used Shelter Items
DC	Distribution Centers
DOD	Department of Defense
DME	Durable Medical Equipment
DFA	Direct Federal Assistance
D-SNAP	Disaster-Supplemental Nutrition Assistance Program

EMAC	Emergency Management Assistance Compact
EMTLA	Emergency Medical Treatment and Labor Act
EOC	Emergency Operating Center/ Emergency Operation Center
EPA	Environmental Protection Agency
ESAR	Emergency System for Advance Registration of Volunteer Health Professionals
ESF	Emergency Support Function
FBO	Faith-Based Organizations
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
FNS	Food and Nutrition Services
GSA	General Service Administration
HHS	Health and Human Services
HQ	Headquarters
HVAC	Heating, Ventilating, and Air Conditioning
IA	Individual Assistance
IASC	Individual Assistance — Support Contracts
ICA	Isolated Care Area
ISB	Incident Support Bases
IT	Information Technology
JFO	Joint Field Office
JIC	Joint Information Center
LEA	Local Educational Agencies
MA	Mission Assignment
MAS	Multiple Award Schedule

MC/EA	Mass Care/Emergency Assistance
MOU	Memorandum of Understanding
NCMEC	National Center for Missing and Exploited Children
NDMS	National Disaster Medical System
NECLC	National Emergency Child Locator Center
NEMIS	National Emergency Management Information System
NGO	Non-Governmental Organization
NPSC	National Processing Service Center
NRF	National Response Framework
NSS	National Shelter System
NASPHV	National Association of Public Health Veterinarians
NVRT	National Veterinary Response Teams
OIE	World Organization for Animal Health
P-SNAP	Pandemic Supplemental Nutrition Assistance Program
PAS	Personal Assistance Services
PHE	Public Health Emergency
PIO	Public Information Officer
POD	Point of Distribution
PPE	Personal Protective Equipment
RRF	Resource Request Form
SLTT	State, Local, Tribal, and Territorial
SME	Subject Matter Expert
SNAP	Supplemental Nutrition Assistance Program
STT	State, Tribal, Territorial

TSA	Transitional Shelter Assistance, The Salvation Army
USDA	U.S. Department of Agriculture
VOAD	National Voluntary Organizations Active in Disaster
WHO	World Health Organization

APPENDIX H: INTERNET LINKS

Primary Government Pandemic Internet Link

- CDC Webpage regarding Legal Authorities for Isolation and Quarantine www.cdc.gov/quarantine/aboutlawsregulationsquarantineisolation.html
- CDC Fact Sheet: Quarantine Stations www.hsdl.org/?abstract&did=11748

Other Useful Websites

AMERICANS WITH DISABILITIES ACT

- Chapter 7 Addendum 2: The ADA and Emergency Shelters: Access for All in Emergencies and Disasters www.ada.gov/pcatoolkit/chap7shelterprog.pdf

AMERICAN RED CROSS

- www.redcross.org/about-us/news-and-events/news/2020/coronavirus-safety-and-readiness-tips-for-you.html
- SEVERAL RESOURCES ARE IN BOTH ENGLISH AND SPANISH. People affected by disaster and/or evacuating can register their status as “safe and well.” Worried loved ones can then search for these posted messages. This site is available 24/7. Supported registration is also available via the Red Cross disaster services call center at 800-RED-CROSS (800-733- 2767) or (866) 438-4636 www.redcross.org/safeandwell Available in Spanish at www.sanoysalvo.org.

ASSOCIATION FOR PROFESSIONALS IN INFECTION CONTROL AND EPIDEMIOLOGY (APIC)

- www.apic.org/Resource_/TinyMceFileManager/Practice_Guidance/Emergency_Preparedness/Shelters_Disasters.pdf

CENTERS FOR DISEASE CONTROL AND PREVENTION

- www.cdc.gov

- CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf#page=53>
- www.cdc.gov/coronavirus/2019-ncov/index.html
- Hand Hygiene www.cdc.gov/handhygiene/index.html
- <http://emergency.cdc.gov/disasters/evacccenters.asp>

ENVIRONMENT PROTECTION AGENCY (EPA)

- Created for the purpose of protecting human health and the environment by writing and enforcing regulations based on laws passed by Congress www.epa.gov

FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA)

- www.ready.gov/pandemic
- FEMA Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters. November 2010 www.fema.gov/pdf/about/odc/fnss_guidance.pdf
- COVID-19 Pandemic Operational Guidance for the 2020 Hurricane Season <https://www.fema.gov/media-library/assets/documents/188203>

FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA), NRC RESOURCE CENTER

- The National Response Framework (NRF) Resource Center provides ready access to information and tools needed for all response partners to fulfill their roles under the Framework www.ready.gov/sites/default/files/2019-06/national_response_framework.pdf

GENERAL SERVICES ADMINISTRATION

- GSA serves a breadth of government needs, assists a range of businesses, and provides citizens and consumers with a wealth of information and services www.gsa.gov
- State, local, regional and tribal governments, including instrumentalities may access GSA Multiple Award Schedule (MAS) (also known as Federal Supply Schedules) for purchase of need supplies and services under the following programs: Cooperative Purchasing, Disaster Purchasing, Public Health Emergency purchasing and the 1122 program. Information on each of these programs, including resources to support COVID-19 purchasing under MAS, can be found at www.gsa.gov/buying-selling/purchasing-programs/gsa-schedules/schedule-buyers/state-and-local-governments

NATIONAL RESTAURANT ASSOCIATION

- Guidance documents for survivors, businesses, and communities involved with the restaurant business [www.restaurant.org/Manage-My-Restaurant/ Business-Operations/preparedness/Covid19](http://www.restaurant.org/Manage-My-Restaurant/Business-Operations/preparedness/Covid19)

NATIONAL VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTERS

- Provides a list of national VOAD members and links to their websites www.nvoad.org

OCCUPATIONAL HEALTH AND SAFETY OFFICE

- Provides employers with worker safety and health guidance to reduce the impact of COVID-19 outbreak conditions on its workers, customers, and the public. www.osha.gov/coronavirus

READY.GOV

- Provides information about preparing for disasters such as a pandemic. www.ready.gov

U.S. DEPARTMENT OF AGRICULTURE

- Guidance for COVID-19 www.usda.gov/coronavirus

WORLD HEALTH ORGANIZATION

- Guidance documents for survivors, communities, prevention and mitigation in low resources communities, ethical considerations in developing a public health response, and management in air transportation www.who.int/emergencies/diseases/novel-coronavirus-2019