

# Mass Care/Emergency Assistance Planning During a Pandemic

## Individual Assistance/ESF #6 Conference

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Red Cross**



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# Presenters

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**American Red Cross**



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# Why Pandemic Planning ?

➤ History

➤ Federal Planning Efforts

## Pandemic versus H1N1 Planning



# Pandemic Scenarios

- ◆ **Potential Pandemic that could affect communities**
- ◆ **A Pandemic occurring at the same time as a natural or man-made disaster such as a hurricane**



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# Focus of the Planning

- **Mass Care/Emergency Assistance unique planning considerations**
- **Needs that States would have to support their planning requirements**



# How the Guidance Was Developed

40 stakeholders representing:

- **Health and Human Services: ESF 8 (Health & Medical) and CDC**
- **USDA Food and Nutrition Services and Animal Plant Health and Inspection Services**
- **States**
- **FEMA**
- **Voluntary Organizations**



# Federal Legislation

- Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended
- Direct Federal Assistance for H1N1
- Public Health Services Act

## Other Considerations

- Emergency Management Assistance Compact



# References

- ❖ **CDC Guidance for Emergency Shelters for the 2009 – 2010 Flu Season**
- ❖ **Disaster Assistance Policy, 9523.17, Emergency Assistance for Human Influenza**



# Products

- ❖ **Guidance in Support of Mass Care/Emergency Assistance Functions during a Pandemic Period**
- ❖ **CDC Guidance for Emergency Shelters for the 2009-2010 Flu Season**
- ❖ **State Plan Annexes to Mass Care Plan**



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# Emergency Shelter Operations

## *Role of Public Health During a Pandemic*



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# Objectives

- ❖ **Definitions and overview of influenza**
- ❖ **Describe the role of public health officials during disaster shelter operations**
- ❖ **Describe factors that may contribute to outbreaks in facilities**
- ❖ **Discuss the CDC Guidance for Emergency Shelters**



# Influenza H1N1

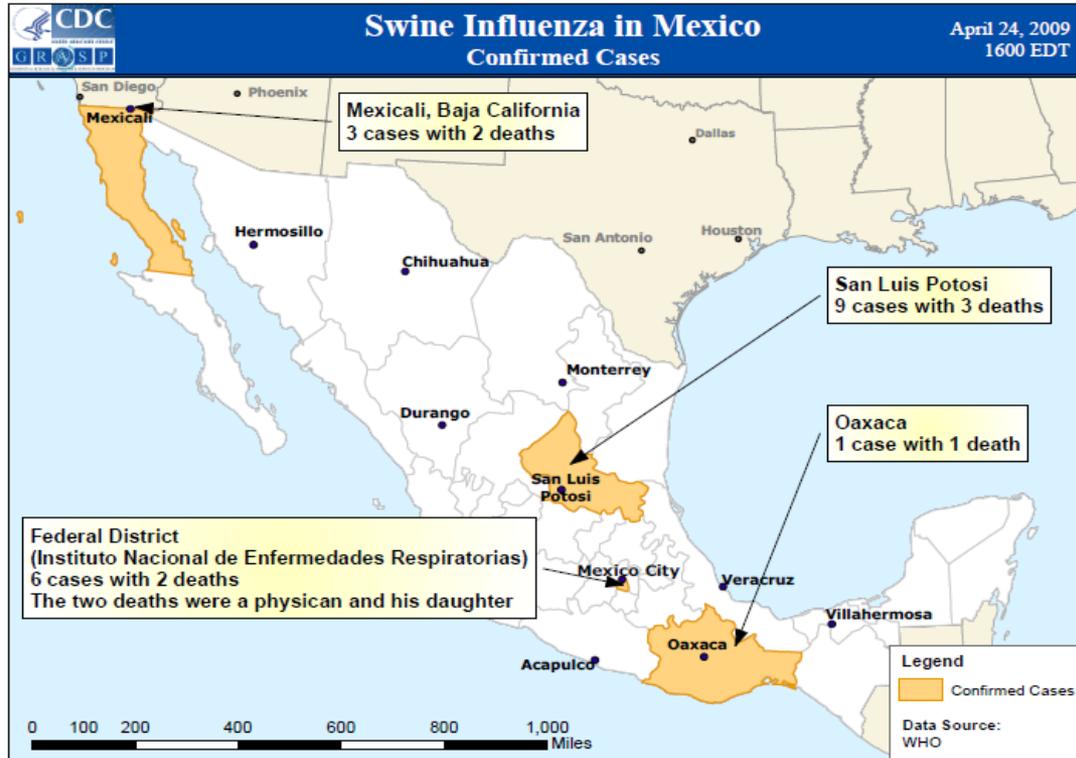
- ❖ **Viral illness**
- ❖ **Symptoms:**
  - **Fever, cough, sore throat, runny nose, aches, chills, and sometimes diarrhea and vomiting**
- ❖ **Transmission:**
  - **Person to person**
  - **Contact with objects and surfaces**



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# Epidemic

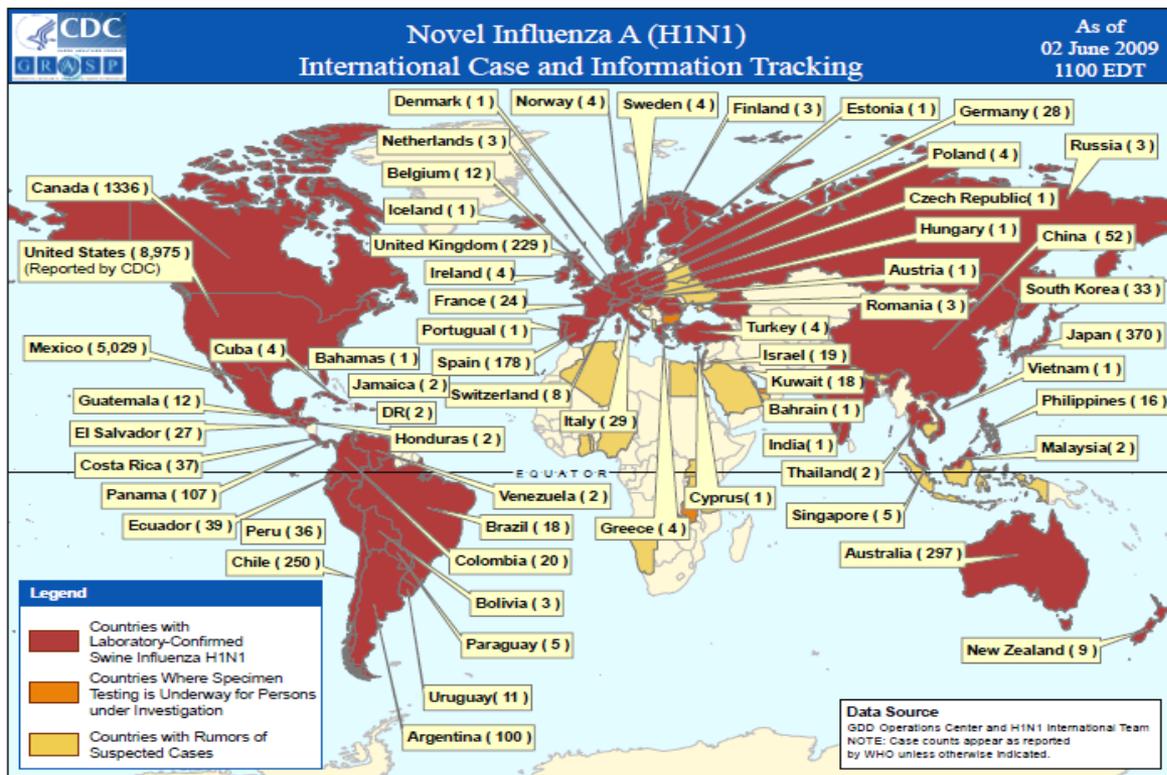
*A disease epidemic occurs when there are more cases of that disease than normal.*



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# Pandemic

*A pandemic is a worldwide epidemic of a disease.*



MKD: pr21455\_CA\_Swine\_FluData\CASE\_COUNTS\INTERNATIONAL\Case\_Counts\_International\_Case\_Reporting\_20090206\_1100.mxd



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# Public Health Consequences of Disasters

## ❖ Impacts:

- Injury and mortality
- Disruption of services
  - Public health
  - Medical and mental health
- Environmental
- Nutritional
- Critical infrastructure
- Population displacements



# Public Health Myth

**“Post-disaster conditions can cause outbreaks of disease”**

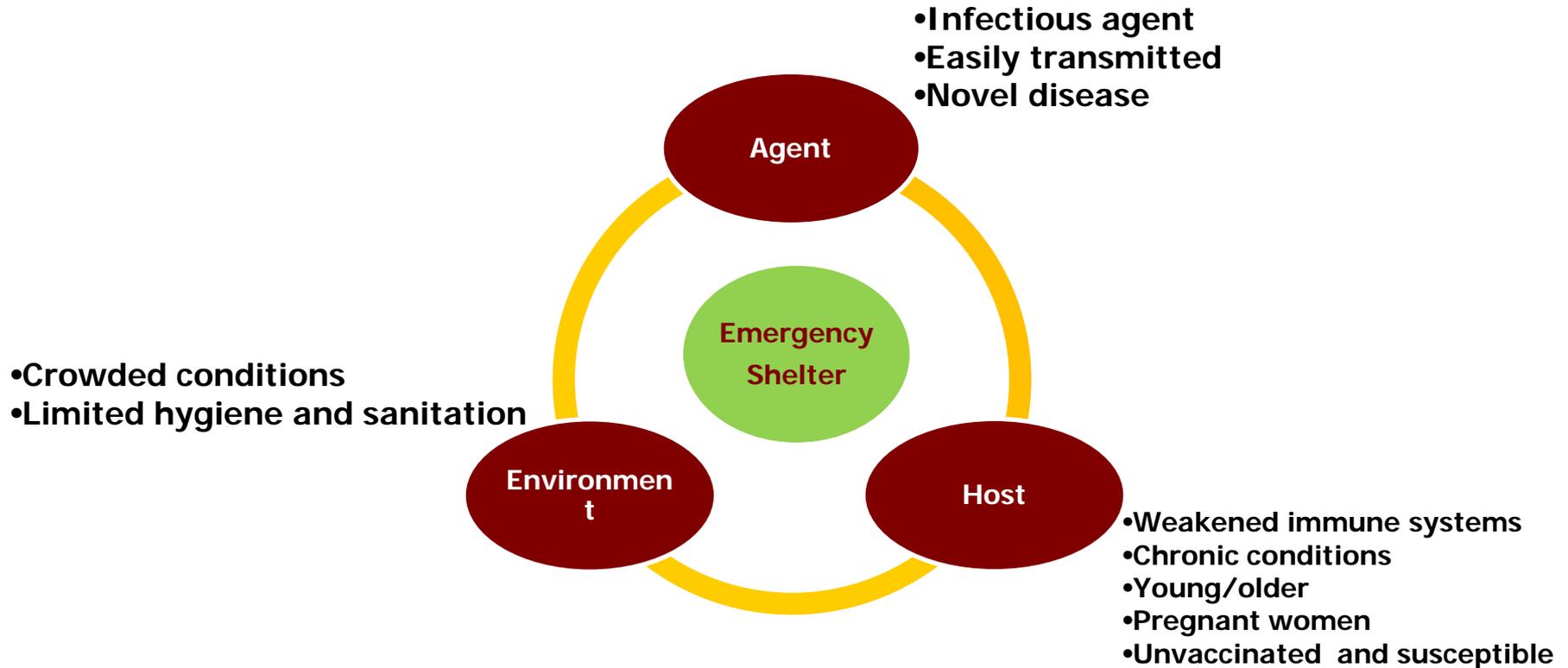
- Noji. The public health consequences of disasters



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# Public Health Triad

## Emergency Shelter Example



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# Outbreaks of Communicable Diseases in Congregate Facilities

- ❖ Military Barracks
- ❖ Colleges/universities
- ❖ Day care facilities
- ❖ Nursing homes
- ❖ Hotels
- ❖ Emergency shelters
- ❖ Other facilities



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# Public Health Role in Emergency Shelters

## ❖ Activities:

- Environmental and health needs assessments
- Disease monitoring activities
- Health information and education
- Infection control



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# CDC Guidance for Emergency Shelters for the 2009-2010 Flu Season

Located at:

[http://www.cdc.gov/h1n1flu/guidance/  
emergencyselters.htm](http://www.cdc.gov/h1n1flu/guidance/emergencyselters.htm)

[http://www.flu.gov/professional/community/  
emergencyselters.html](http://www.flu.gov/professional/community/emergencyselters.html)



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# Why a Guidance Document for Emergency Shelters ?

- ❖ H1N1 pandemic
- ❖ Disasters can occur at any time



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# Strategies for Influenza Prevention in Shelters\*

- ❖ Get vaccinated
- ❖ Hygiene and sanitation
- ❖ Infection control
- ❖ Education
- ❖ Keep ill workers out of shelter
- ❖ Referral to care
- ❖ Screening and isolation of ill persons
- ❖ Increase distancing between residents
- ❖ Additional health staffing
- ❖ Health supplies
- ❖ Limit access and traffic

\* CDC Guidance for Emergency Shelters for the 2009-2010 Flu Season



# Summary

- ❖ Communicable diseases including H1N1 may be introduced in emergency shelters
- ❖ CDC has developed a guidance document for emergency shelters
- ❖ Guidance scope is limited but useful for planning purposes
- ❖ Public health plays very important role in maintaining the health and safety of shelter residents and shelter workers



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# State Considerations

## ❖ Unique Planning considerations:

- Staffing considerations
- Material resources
- Feeding
- Sheltering



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# Unique Planning Considerations

- ❖ A pandemic may cause severe disruption of infrastructure and essential services
- ❖ With natural/man-made disaster, access to essential supplies may be limited or cut off
- ❖ Medically needy, elderly and other fragile persons may have to be temporarily placed in congregate shelters
- ❖ With a natural/man-made disaster, assistance from other localities may not be possible



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# Staffing Considerations

- ❖ Massive reductions in workforce
- ❖ Staff may not be available, or may be unwilling to work in some pandemic environments
- ❖ Screening of staff for disease symptoms
- ❖ Policies regarding screening, hiring, and termination of staff, as well as use of volunteers



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# Material Resources

- ❖ **Pandemic alone: movement & accessibility of resources**
- ❖ **With natural/man-made disaster, not only access and movement, but actual availability**
- ❖ **With a natural/man-made disaster, assistance from other localities may not be possible**



# Feeding

- ❖ **Delivery of food**
  - Schools closed
  - Transportation
  - Staff to assist in delivery
- ❖ **Man-made disaster**
  - Some foods rendered inedible
  - Access (e.g. movement of food to people, or people to food)
  - Water supply
- ❖ **Distinctive Populations**
  - Infants, the elderly, and people on special diets (medical)



# Sheltering

## ❖ CDC guidelines

- Adequate supplies
  - Personal Protection Equipment (PPE): masks, sanitizer, gloves
  - screening
  - cots
- Policy re: Minor children – unaccompanied
- Policy re: need for medical help vs. religious beliefs
- Pets
- Infants, the elderly, and people on special diets (medical)



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# Voluntary Organizations: Initial Actions

- ❖ Planning
- ❖ Information gathering
- ❖ Coordination of public information
- ❖ Leadership decisions
- ❖ Notification of field units and partners



# Voluntary Organizations: Roles

- ❖ **Activation of Resources for a Pandemic**
  - Is this an appropriate role?
  - Who can fill community needs?
  - What is needed to prompt or sustain action (funding, declaration, mission assignment, contract)?
- ❖ **Responding to disasters within a pandemic environment**
  - Red Cross has a Congressional charter mandating disaster relief activities
  - ... but a commitment to protecting the health and safety of volunteers



# Voluntary Organizations: Needs

## ❖ Guidance

- Internal leadership guidance
- External scientific partner guidance
- ... CDC! FEMA! States!

## ❖ Lead role

- Responsibility to partner with other SMEs to provide sheltering framework
- Share collaborative product with field partners



# Voluntary Organizations: Unique Considerations

## ❖ Availability of volunteers

- Ability to respond (competing demands)?
- Willingness to work
- ... excess willingness to work

## ❖ Availability of resources

- Personal protective equipment (guidance, training, stockpiles)
- Additional shelter supplies (hand sanitizer, cleaning fluids)
- Additional medical supplies for health workers and shelter managers (gloves, gowns, draping)



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# Voluntary Organizations: Protective Measures in Congregate Care Settings

- ❖ Implement applicable local and state public health guidance as well as CDC guidance.
- ❖ Increase screening and surveillance.
- ❖ Minimize the number of people directly exposed to a potentially ill person.
- ❖ Provide education to clients and staff.



# Personal Protective Equipment (PPE)

## ❖ CDC guidance

- For Community settings ( a shelter like environment)
- For Occupational settings ( Health Care delivery)

## ❖ Preparedness

- N-95 fit testing and training of testers
- Partnerships with PHD's or local hospitals for testing

## ❖ Pre-positioning

- Supplies
- Logistics



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Questions?

Thank you for participating!



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