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# Mass Care Functional Annex Development Toolkit

For Long-term Health Care Facilities in Colorado

This toolkit is designed to help Long-term Health Care Facilities in the State of Colorado develop the Mass Care procedures to include in an Emergency Operations Plan (EOP). It is intended for use in conjunction with the other planning resources available online from the Colorado Department of Public Health & Environment at [www.healthfacilities.info](http://www.healthfacilities.info) under the Emergency Planning Resources link.

**November 2008**  
Version 01.LTC.C



CDPHE-HFEMSD

## INTRODUCTION:

This Toolkit helps a facility create a Mass Care Functional Annex. It is designed for use in conjunction with the other emergency planning toolkits provided by the Colorado Department of Health and Environment (available online at [www.healthfacilities.info](http://www.healthfacilities.info) under the Emergency Planning Resources link) but it may also be used independently. However, the Hazard-Specific Appendices Toolkit and the other Functional Annex Toolkits will greatly compliment this toolkit and facilities are strongly encouraged to use them together.

A Mass Care Annex is a critical component to a facility's EOP. Mass Care plans are required under Colorado regulations 6 CCR 1011.1, Chapter 5, part 13.3. Completion of this toolkit helps a facility fulfill the requirements outlined in these regulations.

This toolkit uses the standards in the Interim Comprehensive Planning Guide (CPG 101) and the Interim Emergency Management Planning Guide for Special Needs Populations (CPG 301). More information about the CPG including the full text of CPG 101 can be found at the Federal Emergency Management Agency (FEMA) website at <http://www.fema.gov/about/divisions/cpg/shtem>). Some of the guidelines offered in this toolkit also draw on Attachment F of the Guide for All-Hazards Emergency Operations Planning (SLG 101) which the CPG standard guidelines are replacing. Text drawn directly from any of these documents appears in *italics* with parenthetical citations at the end of the selection indicating the source. All other informational text appears as normal print. Where applicable, sample text is also provided. Sample text appears **[bracketed and bolded]** and is suitable for use in the facility's Mass Care Functional Annex. Other examples are available to download from the electronic Mass Care Functional Annex Development Toolkit at [www.healthfacilities.info](http://www.healthfacilities.info) under the Emergency Planning Resources link.

## DEFINING A FUNCTIONAL ANNEX

The following information appears in the CPG 101 (pages 4-7) and clarifies the definition of a Functional Annex:

*Functional, Support, Emergency Phase, or Agency-Focused Annexes add specific information and direction to the EOP. They all focus on critical operational functions and who is responsible for carrying them out. These Annexes clearly describe the policies, processes, roles, and responsibilities that agencies and departments carry out before, during, and after any emergency. While the Basic Plan provides broad, overarching information relevant to the EOP as a whole, these Annexes focus on specific responsibilities, tasks, and operational actions that pertain to the performance of a particular emergency operations function. These Annexes also establish preparedness targets (e.g., training, exercises, equipment checks, and maintenance) that facilitate achieving function-related goals and objectives during emergencies and disasters.*

Since an Annex is a stand-alone addition to an EOP only the most overarching and critical response tools for the facility are categorized as Annexes. Realistically, a long-term care facility must make one of the three decisions in the face of a disaster: **evacuate** away from the danger, **shelter in place** through the disaster, or provide **mass care** because of the disaster. Functional



Annex toolkits for each of these options are available on the Health Facilities resources page at [www.healthfacilities.info](http://www.healthfacilities.info), under the Emergency Planning Resources link.

## CONTENT

A Functional Annex should mimic the layout of the Basic Plan as closely as possible. When complete, the Mass Care Functional Annex should be applicable to any disaster that requires mass care at the facility for any length of time. Therefore, the contents of the Annex should be simultaneously clear, concise and flexible. Supporting documents such as maps, facility floor plans, diagrams of utility boxes, HVAC units, or back-up generators, checklists for facility staff, responsibility assignments and diagrams, and incident command forms may all be used to provide clarity for the Annex. These documents are included at the end of the Annex as **Tabs (Section 9)**. The Mass Care Functional Annex Development Toolkit lists materials in the order recommended by the CPG 101 (refer to pages 3-6, 4-10, and 4-11 in CPG 101.)

## INSTRUCTIONS

1. Assemble the Collaborative Planning Team (CPT) and distribute this toolkit to each member for review.
2. Collect the following information:
  - The facility's **Hazard Analysis Toolkit** or similar documentation
  - The facility's **Basic Plan** document (see the **Basic Plan Toolkit** online for more help)
  - The existing mass care procedures for the facility
  - A copy of the facility's floor plan
  - Other relevant documents
3. Read the entire toolkit and use the information collected here to develop a **Mass Care Functional Annex** for the facility's EOP.
4. Work each section in the toolkit in order. As with the other toolkits, each section of the plan draws on the section previous for clarification and focus.
5. Complete the entire toolkit.
6. Stop to check work often with facility, local, state and federal guidelines. The checkmark in the margins will help identify good stopping points.
7. Remember:
  - Most of the italicized text is drawn directly from the federal guidelines, CPG 101, CPG 301, or the SLG 101.
  - **[Bolded, bracketed text]** indicates sample text suitable for use in a facility's Annex.
  - Be sure to address all of the suggestions under each section before moving on.

## DEVELOPING THE ANNEX

The CPT is now ready to begin developing the **Mass Care Functional Annex**. The Annex is broken down into nine sections. Each section comes with a brief explanation, several best practices to help the CPT develop the content, and, where applicable, sample text or documents. Remember to work the entire toolkit.



In a large mass care event, this facility has two basic choices: Shelter in Place, or Evacuate to a Special Needs Mass Care Shelter at the direction of local or state authorities. It is reasonable to assume the facility will choose the Shelter in Place option, unless the State orders this facility to move. Since the American Red Cross (ARC) does not provide for Special Needs at its Mass Care Shelters, the Colorado Department of Human Services (CDHHS) will inform citizens and this where they should go, via local authorities. It is imperative that the facility read the State Emergency Operations Plan Annex on Mass Care (ESF #6), [http://www.dola.state.co.us/dem/operations/seop2007/esf6\\_masscarehousing&humanservices.pdf](http://www.dola.state.co.us/dem/operations/seop2007/esf6_masscarehousing&humanservices.pdf)

This facility should keep a copy of this ESF # 6 plan in this facility's emergency operation plan for reference. It is also important to partner with local authorities to make this facility's needs known in case there is a large-scale event. Once the CPT develops this Annex, they should practice it in conjunction with the **Evacuation Functional Annex and the Shelter in Place Functional Annex**.

Mass care is handled on a local level. The **state** Mass Care Annex would only be activated in very large disasters. In the event of a state-wide emergency necessitating mass care, it is assumed that the state will direct and coordinate response, and the federal government either will be on stand-by, or also be directly involved in the response. If this facility's **local** community is not directly impacted by the disaster, the facility may be notified to Shelter in Place by local authorities.

The facility would also use the Mass Care Annex in disasters impacting a very large portion of the local population, such as a blizzard. If highways are closed, and travelers are stranded, the community may call on the facility to shelter and feed others. Local authorities could contact the facility requesting assistance to travelers, or victims may just show up at the door requesting shelter or help.

If the **Mass Care Functional Annex** is triggered, the facility's **Evacuation Functional Annex, Shelter in Place (SHIP) Functional Annex, or a Lockdown Appendix** may also be triggered. It is important to share the facility's Functional Annexes with local authorities such as the Emergency Manager, Fire Chief, and Police Chief BEFORE an emergency occurs so authorities know what the facility is capable of and what assistance it may require from the community or local government during a local event or a catastrophic event.

Most facilities prefer to Shelter in Place even during a mass care event. But since mass care events are handled on the local level, it is wise to know the state mass care plan and to be in contact with local officials about this facility's planning.



## Section One: Purpose, Scope, Situations and Assumptions

This is the brain of the Annex. The material establishes the intent and usage of the Annex and provides direction, clarity and context for the response procedures outlined. The content here is more specific than the counterparts located in the **Basic Plan** because it focuses exclusively on mass-care driven scenarios. Consider this section as the implementation instructions. When complete, the section should provide the following information:

- What events or hazards can trigger the Annex
- What facility personnel have the authority to order the activation of the Annex
- How long the Annex can be in effect
- What other aspects of the EOP, if any, should be activated with the Annex
- List what scenarios or assumptions are included in the Annex
- Assume that in a Mass Care event people/residents will die. What will that look like for this facility?

1. **Purpose:** Much like the thesis statement of a paper or article, this paragraph establishes the overarching theme and intent of the Annex. All other aspects of the Annex should flow logically from this statement.

**[Sample text: To shelter and feed any victims of an event, such as a blizzard, who may be stranded in this locale until the emergency is past. This includes residents, staff, staff family members and walk-in victims of the event. This Mass Care Annex describes the provisions that have been made to ensure disaster victims receive the appropriate services when at a mass care shelter. This facility will also be prepared to handle casualties of this event.]**

2. **Scope:** This paragraph establishes how much the Annex is intended to do. In other words, this section must clarify at what point before or during a disaster the Annex goes into effect and how far into or past the event the Annex is intended to function. Include the titles of who is responsible for what function and an assessment of the responsible area. Maps, facility floor plans, or other graphics may be helpful to include as **Tabs (Section 9)** for reference and clarification.

**[Sample text: This Annex shall be functional only for the duration of the emergency, which may be up to 96-hours. In the event of a large disaster, normal functions at this facility may be delayed or abbreviated to accommodate additional temporary residents, and meal delivery may be changed appropriately to feed more people. Medical care of residents will continue to function on best possible levels.]**

**Instructions:** It may not be optimal to house and feed additional people, but it may be necessary for a short period of time. The facility shall determine what it can handle during such an emergency and add those determinations here. A 96-hour capability is recommended. Use the **Hazard Analysis Toolkit** and other plan aids to develop this section. Be flexible and not too detailed when stating the purpose and scope; revisit those sections of the annex after talking with local authorities about the mass care annex.



**3. Situation Overview:** Provide an overview of how a mass care event is expected to impact the facility and the larger community. The level of detail in this section is up to the CPT. Relevant maps, including local area maps and facility floor plans, or parking areas, may be included as **Tabs (Section 9)** for reference and clarification.

**Instructions:** The CPT decides how many additional people the facility could shelter, and for what length of time, and what extra provisions are on hand to do so. Policies should be in place in the event that there is an infectious outbreak at the facility, in which case NO ONE could be admitted for shelter, or if there would be other circumstances in which this facility could NOT help the community in such an event. This section should identify the emergency conditions that could occur which would require the activation of mass care operations. In order to fill in the situation overview, take the steps outlined below. ICS forms 201 and 202 may help the CPT team in planning. They may also be adapted to the facility's specific needs, or the team may make their own forms to suit this Annex.

**1. Hazard Analysis Summary:**

- Besides infectious outbreak, would there be any other medical reason this facility should not be used to shelter additional victims?
- Would there be restrictions as to the type of victim, or the type of emergency? Use the Hazard Analysis to determine which hazards could cause Mass Care situations.
- The planning team should discuss and add information critical to this facility here.
- Talk with the local authorities who are doing community planning to discuss options, especially in the event of mass casualties.
- Add additional considerations in the Situation Overview section, addressing unknowns of the emergency situation that are associated with mass care. Such assumptions focus on the probable operational situations under disaster conditions, cover unanticipated contingencies, and establish the parameters within which the planning for mass care will take place.

**2. Capability Assessment:**

This section discusses the abilities of the facility to conduct a mass care event. This is a good place to include the assessment of the facility's storage capabilities and to note any Mutual Aid Agreements (MAAs) the facility has in place to procure additional resources for residents, staff, supplies and equipment. It also includes a timeline for the mass care event, and resources already on hand. Other points to discuss are:

- The CPT shall decide how many additional people the facility could house temporarily. Is extra bedding available? Space?
- Could it take pets? Is pet food available?
- Is there a local occupancy number (check with the fire chief) or life safety code that needs to be considered?
- Can the kitchen feed the extra people? For how long?



- Are there medical/other factors, including being able to isolate, protect and store dead bodies? Where? For how long?
- Determine what this facility is capable of in a mass care emergency that would require it to take in more people and add that information in this section. Use the 96-hour Resource Guide online and other plan aids. Refer to department checklists.

### 3. **Mitigation Overview:**

Provide the steps the facility takes to prevent or mitigate the necessity of a mass care event here. Think creatively and address the variety of ways a facility keeps residents and staff safe in the building. These include life-safety measures, training and exercise, building construction types, and temporary preventative measures. Specific things to include might be:

- What can the facility do now in preparation for a mass care emergency that could involve temporarily sheltering more people later?
- Are extra blankets or bedding available? Could more be stored? Are food supplies adequate for 10 extra people? For 20?
- For how many days could this facility adequately shelter and feed them?
- Does the facility have special menus for emergencies?
- Is there extra storage space available for pet food?
- Can the facility designate a sleeping room or an activity room for additional people? Where will it put them?
- If the incoming population is also considered Special Needs, how will that be handled?
- Check with local authorities about occupancy codes, and about mass casualty preparations. Does this facility have body bags?

### 4. **Planning Assumptions:**

Identify and list facts or what the CPT assumes to be true during the planning. Obvious assumptions should be included. When the plan is activated during a real disaster, alterations to the assumptions collected here should be noted and the plan should be revised following the conclusion of the disaster.

Assume there is a community emergency that would require this facility to mass shelter additional people. **Example:** Blizzard hits; the roads close. People are stranded in town. The back-up generator needs fuel. Hint: Prepare for the worst, hope for the best. Consider the planning assumptions below and summarize others the CPT agrees on.

- Assume this facility will Shelter in Place for the duration of the emergency. For how long can it be self-sufficient? (96 hours is the federal standard) Is this facility ready? Why not? **Example:** The pandemic hits, schools and businesses are closed. Hospitals are full.
- Assume personnel on duty cannot get home, and other personnel cannot get to the facility. **Example:** Assume the roads are closed. Check with local authorities (the emergency manager, police chief, fire chief) to determine how many people are stranded in the community. Assume the local mass care shelter site is reaching capacity, but there are more travelers who need shelter



and food. Assume there is one four-wheel drive vehicle available to the facility.

- Assume it is necessary to move to a Special Needs Facility that would be set up by the state. Refer to the state Mass Care Annex of the EOP, and then plan how this facility will accomplish that evacuation.
- Assume people will die. Assume this facility will have to keep the bodies until local authorities can retrieve them.

## 5. Hazard Analysis Summary

Facilities should summarize here the specific hazards identified in the **Hazard Analysis Toolkit** that might require a mass care event. Remember to include disasters that may cause mass care as a secondary action, in addition to those which require a primary mass care response.

### [Example:

Primary: **Pandemic Flu, blizzard, tornado, fire**

Secondary: **Explosion at local factory, which has cause surge at local medical facilities. The community needs beds and minor medical care. This facility is tasked with sheltering and feeding workers from the factory.]**

**Note:** Examples should address the risk of the hazard, why mass care might be selected, and who makes the determination to enact the Annex. This information should be consistent between the **Functional Annexes** and any **Hazard-Specific Appendices** the CPT develops.



## SECTION COMPLETE!

Take a few moments to review the work so far. Examine any questions, comments, or sections requiring follow up. Note that much of this material will change before the development process is done, so be sure to check back often.

## Section Two: Concept of Operations (CONOPS)

In a Functional Annex, the CONOPS section defines what the function is and how the facility intends to accomplish the function. For clarification purposes, then, a CONOPS sections consists first of a general overview and then a series of more detailed explanations that identify the specific response steps of a mass care event. Facilities may also wish to include the specific procedures as checklists, operating instructions, job action sheets, or other handouts, either as **Tabs (Section 9)** or as part of this section.

This section specifies the conditions under which mass care services will be provided and describes the methods that will be used to activate and manage mass care facilities. There are several factors which must be considered when planning for a mass care operation. Among these are the characteristics of the hazard or threat. The magnitude, intensity, spread of onset, duration, and impact on the local community all are significant elements to be considered. They will determine the number of people that will need to receive mass care services. ICS forms online



may help the CPT with this section. Forms 202, 206 and 215 may be adapted to specific facility needs.

**This section:** Describes the working relationship the facility has with the American Red Cross and other nonprofit, public service, or private-sector organizations that have responsibility for managing mass care facilities.

Mass Care Shelter duties include:

- Opening the facility
- Staff composition and management structure.
- Provisions for registering and tracking location of each evacuee
- Specific services provided to evacuees
- Communications procedures
- Reporting requirements
- Termination of services and closure of the facility

How the facility accomplishes the above could be determined by answering the questions below.

- A. **Assess and Control Hazards.** *(These tasks normally take place at the scene for an emergency or disaster. Not all emergency and disaster situations have a scene, so these tasks apply to many, but not all, hazards. The first task, however --- examine the situation --- applies to all hazards. CPG 101)* For each hazard identified in the Hazard Analysis, determine if mass care could be a result, then answer similar questions pertaining to each hazard from the format below.
- B. **Examine the situation**
1. Local authorities are warning the community to be prepared for the hazard.
  2. Is there a weather radio for the facility? Who knows how to operate it?
  3. How else does the facility stay informed?
  4. How does the facility contact local authorities for information?
  5. Will people/residents die?
- C. **Assess the hazard**
1. How bad will it be?
  2. How much time is there to prepare?
  3. Is this facility ready now?
  4. Could more people show up because of this?
- D. **Select the control strategy**
1. Could this be a potential mass care situation, where travelers get stranded and seek shelter here?
  2. Is staff ready to stay for the duration if needed or stranded? What about their families?
  3. If people/residents die, how will the facility handle the bodies?
- E. **Control the hazard**
1. Is there time to order extra food or medical supplies?
  2. Is there a room that can be designated for sleeping for travelers? For activities?)
  3. Are there enough body bags on hand for deaths?
- F. **Monitor the hazard.**
1. What other steps can be taken now, and by whom in this facility, to prepare for this emergency?



2. Who will do the monitoring?

**G. Select Protective Actions.**

*Instructions:* Determine **who** will do this. Who has the authority to trigger this Annex, and what are the first steps to take? Write that information here.

**1. Analyze the hazard**

- Gather information from the local emergency manager, police chief, fire chief, local health department, others.
- State here the first steps to take for mass sheltering in this facility and what that would involve.
- Discuss mass casualty planning with county authorities.

**2. Determine the protective action**

- Call staff?
- Remind them to bring extra clothing, personal supplies, to last 96 hours?
- Contact the local authorities in order to be included in the community response?
- Is this a point at which to delegate duties and begin emergency preparations? What will this facility's protective action be, and include? Each department could have a checklist for this step.

**3. Determine who to warn**

- Residents' families?
- Staff?
- Local authorities?
- Local health department?
- Vendors?
- Is there a written script to follow? Should one be drafted and approved?

**4. Determine the protective action implementation plan**

- What will the facility do during this emergency?
- Is this a "local" mass care event, or a "large" mass care event?

If the CPT team decides that at this point the facility should shift to the Shelter in Place Annex, note that here. Note any plans for mass casualty in the CONOPs section.

**5. Conduct Public Warning**

*Instructions:* The CPT should determine who the facility needs to warn about the emergency. A communication plan should be in place as part of the **Basic Plan**.

- Who will this facility have to contact in the event of a mass care emergency?
- Are there scripted and approved messages for different scenarios?
- Is there a written list of people that this facility should contact so it is easily resourced?

Note: There may be other steps in this section, such as providing evacuation support, isolating a dangerous area, providing decontamination support, providing medical treatments, providing support to special populations, and providing search and rescue. In a large-scale event, this section could expand.

**6. Implement Short-term Stabilization**

- Conduct shelter operations
- Unite families
- Provide continued medical treatment/mass casualty implementation



- Increase security, and
  - Stabilize the affected areas
- 7. Implement Recovery**
- Implement the exit of the extra people in the facility
  - Implement return to normal activities



**SECTION COMPLETE!**

Take a few moments to review the work so far. Examine any questions, comments, or sections requiring follow up. The material developed in the last section is critical to the Annex, so be sure it makes sense. Revisit the procedures drafted here frequently and re-work them as required.

## Section Three: Organization and Assignment of Responsibilities

Facilities identified ten departments directly involved with the daily operation of Long Term Care Facilities. These departments are convenient ways to divide up and assign the responsibilities of the mass care procedures in an organized manner. The department titles will vary from one facility to the next, and some may have more or less. Remember the CPT should tailor this section to reflect the unique capabilities of the facility. This is the section that says who will do what, and when. It describes who has tactical and operational control of response assets. It discusses how this facility could coordinate with outside agencies and the processes to do that. It describes how this facility will run its “command center.”

- It also shows horizontal coordination with departments in the facility.
- It should be broad enough to be flexible. If more details are necessary for departments, they should be addressed in separate Standard Operating Procedures (SOPs). **Example:** It may show how administration will give extra buying authority to the department head to purchase additional food for the extra people in the facility, or how Security will control ingress and egress, parking, or added staff for the duration of the disaster.
- It could also show vertical integration with the local authorities, other agencies, and the state. **Example:** If the CPT is part of the local emergency planning team, and the emergency manager is aware that this facility will be sheltering stranded travelers, add a paragraph about the Memorandum of Understanding (MOU) that this facility has with local agencies (a church, for instance, that will be providing extra meals). It is important to write these plans and MOUs down.
- The CPT should discuss what the facility needs to get done during this Mass Care Annex, and how to control this situation. That information goes here. Also, it should be noted that as this process develops, the Scope and Organization and Assignment of Responsibilities may change or may need to be revisited and revised. After exercising this annex, the team may find other parts that should be changed, dropped, added to, or that worked well.
- Begin by reviewing the corresponding Organization and Assignment of Responsibilities section developed in the Basic Plan.



- Identify which duties between the **Basic Plan** and the **Mass Care Functional Annex** are the same and, if possible, assign the same department to those responsibilities.
- Fill in the rest of the responsibilities using the titles or department names. DO NOT use names of individuals.
- When determining what role to assign each department, consider the specific needs of a mass care event. Recognize that while some duties will be the same between the Basic Plan and the Mass Care Functional Annex, some of them will be very different.
- Pick the best fit for the job.
- List at least two alternates, by title, for each responsibility
- Remember the span of control --- no one person should oversee more than seven people, and everyone should report to only one person



**Hint:** Print out a blank Incident Command System chart available online and fill it in as the CPT completes this section. ICS forms 203, 204, 207 and 215a may help the CPT with this section. Don't forget they can be changed to fit what the facility needs. Put that chart or forms in the **Tabs section (Section 9)**. A clear understanding of the Incident Command System (ICS) will assist a facility in successfully implementing disaster organizational requirements, including the appropriate assignment of responsibilities. As emphasized in both the **Hazard Analysis Toolkit** and the **Basic Plan Toolkit**, the critical staff must complete basic ICS training. This training is available from the State ([www.dola.state.co.us/dem/index.html](http://www.dola.state.co.us/dem/index.html)) as classroom training, or as online training from FEMA (<http://www.training/fema.gov/IS/>) After completing the ICS training, this section should be much clearer for both the CPT and the facility staff.



### **SECTION COMPLETE!**

Take a few moments to review the work so far. Examine any questions, comments, or sections requiring follow up. Remember that the organization of responsibilities is indicated by title, not by name, and should be flexible. Note that much of this material will change before the development process is done, so be sure to check back often.

## **Section Four: Disaster Intelligence**

*This section will identify the type of information needed during a mass care situation, how the information is shared, the format for providing the information, and any specific times the information is needed. The contents of this information are best provided in a tabular format. This section may be expanded as a separate annex, or it may be included as an appendix or tab in the Direction, Control and Coordination section. (CPG 101)*

This section may include situation reports, weather reports, staff and volunteer rosters, and other status reports. Remember to collect both the general information for the **Basic Plan** and the specific information for the **Mass Care Functional Annex**. Further specific information requirements may also appear in the **Hazard Specific Appendices**. There are three basic components of Disaster Intelligence; gathered, incoming, and outgoing.

**Example:** If the Incident Commander needs to know the status of incoming transportation bringing victims to this facility for shelter, the name and telephone number of the transportation contact should be listed in a tabular form for immediate access.



- Maybe that is the local emergency manager, or the police chief. Who would be giving this facility that kind of information? Talk to the local authorities about this.
- If the mayor of the community is the contact point for local operations, data about that person should be listed.
- If the vendor(s) who is trying to make an emergency delivery of food supplies to the facility needs to be on this list, add them here.
- The planning team decides, in this Mass Care situation, **what** the critical information is, and **who** will supply it. Put that information here.
- There could also be a separate log sheet that all incoming information is noted on.

Have adequate home, office, and cell phone information for contacts, including addresses, emails, etc. Whomever answers the phone should keep a running log of incoming calls, including date, time, subject matter or purpose of the call, and initials or name of person receiving the message. Check the online ICS forms available. ICS forms 209, 210, 213 and 214 may help the CPT with information gathering and collection. The forms may also be adapted to the facility's needs.

**Gathered intelligence:**

Situation Reports  
Weather Reports  
Health Reports/Medical Examiner/Others  
Facility Specific Information

Staff managers, department heads, etc.:

**Outgoing intelligence:**

Police:  
Mayor:  
Fire:  
Corporate:  
Public:  
Staff:  
Utility Providers:  
Transportation providers:  
Health Department:  
Hospital:

**Incoming intelligence:**

Police:  
Mayor:  
Fire:  
Corporate:  
Utility providers:



**SECTION COMPLETE!**

Take a few moments to review the work so far. Compare the **Mass Care Functional Annex** to the **Basic Plan** and see if the two plans compliment one another. Examine any questions, comments, or sections requiring follow up.

**Section Five: Communications**

*This section describes the response organization-to-response organization communication protocols and coordination procedures used during emergencies and disasters. It discusses the framework for delivering communications support and how the jurisdiction's communications integrate into the Regional or National disaster communications network. It does not describe communications hardware or specific procedures found in departmental SOPs. Separate interoperable communications plans should be identified*



and summarized. This section may be expanded as an annex and is usually supplemented by communications SOPs. (CPG 101).

- How will this facility communicate with outside agencies during a mass care crisis?
- Who will handle communications? This may or may not be a public information officer (PIO).
- Consider all the methods of communication available to the facility (example: cell phones, landline telephones, radios, email, web pages, television, radio, written communications, local media, weather radio, community resources) and decide which are likely to be impacted and therefore unavailable during the disaster.
- Select a method of communication that is portable or flexible enough for use with a mass care event. Also select a backup method of communication.
- Establish communication protocols for the facility both during and after a disaster. Establish alternative points of contact if the primary facility staff is out of communication during a disaster.  
Partner with local emergency personnel to ensure relevant communication about the disaster is passed onto the facility.
- Train staff on the use of communication equipment. Use the equipment in all exercises.
- Radios may not work well in very large buildings or around lots of concrete.
- Cell phones are generally unreliable during disasters.
- Land-line, corded telephones work during power outages.
- Walkie-talkies have limited range.
- ICS forms 216 and 217 may give the CPT ideas for this section.



### **SECTION COMPLETE!**

Partner with local emergency personnel to ensure relevant communication about the disaster is passed onto the facility. Some material might have changed over the development process so re-read the Annex and make any adjustments necessary to the document. Revisit any unanswered questions or comments before moving on.

## **Section Six: Administration, Finance, and Logistics**

*This section covers general support requirements and the availability of services and support for all types of emergencies, as well as general policies for managing resources. The following should be addressed in this section of the plan:*

- *References to Mutual Aid Agreements, including the Emergency Management Assistance Compact (EMAC) (this is more important for facilities who are in urban areas, or perhaps close to state borders; check with local emergency manager)*
- *Authorities for and policies on augmenting staff by reassigning public employees and soliciting volunteers, along with relevant liability provision*
- *General policies on keeping financial records, reporting, tracking resource needs, tracking the source and use of resources, acquiring ownership of resources, and compensating the owners of private property used by the facility (CPG 101)*

This section addresses the administrative and general support requirements associated with completing mass care tasking. As explained in the **Organization and Assignment of**



**Responsibilities (Section 3)**, these functions are already used in the facility for day-to-day operations. This section will look similar to the same section in the **Basic Plan**. Overall, this section will include specific policies for managing mass-care related resources, list mass-care specific Mutual Aid Agreements (MAAs) or other pre-determined sources of assistance, and re-list the policies for keeping financial records, tracking, reporting, using, and compensating the use of resources, and other policies detailing what records must be kept.

Specific administrative to be addressed could include:

Records and reports associated with tracking the status of mass care operations. Attach a listing that includes the following:

- Facility's location
- People capacity/Mortuary capacity
- Quantity and type of kitchen
- Beds available
- Stock levels of medical and sanitation supplies,
- Food and water supplies
- Sleeping bags, bedding
- Restroom facilities
- Vehicle parking capacity
- Communication systems available
- List of telephone numbers
- List the type of emergency power available to the facility and how long it will be operational

1. **Administration:** Detail the scope of duties and information the administration coordinator will be accountable for during and after the disaster. This section will look similar to the one in the **Basic Plan**. Duties could include:
  - a. Records and reports associated with tracking the status us mass care events
  - b. Lists of patients and staff and their relative locations before, during, and after the event
  - c. Oversee assignment of staff and volunteers for specific duties
  - d. ICS forms for this section could include 201, 202, 203, 204, 206, 207, 208, 221
2. **Finance:** Establish the method of tracking all financial expenditures, including resource procurement and expenditure, personnel hours, and patient insurance billing requirements. Assign accountability for the maintenance and safekeeping of these records during and after the mass care event. Include corporate, public, staff, utility providers, vendors, and other sources this facility may need or use. ICS forms for this section could include 214, 215, 216, and 218.
3. **Logistics:** Outline the responsibilities and procedures for all physical resource allocation, implementation, overview or movement of supplies during the mass care event. This includes the coordination of resources at a different shelter point should the facility be told to evacuate to a different mass care site. For these types of events, logistics gains the complication of establishing the portability of resources. Account for all resources currently available to the facility and those borrowed, loaned, rented, purchased or otherwise acquired during and after the mass care event. ICS forms that could be used for this section include 210, 211, 214, 216, 217, and 218. They may be modified.



Paying bills, keeping track of people resources (timekeeping) and physical resources is a big job during a disaster. This is an important function, and is required for re-imbursement from the state or federal governments when disasters are declared by the governor. Online ICS forms 210, 211, 214 and 218 may help the CPT stay organized.



### **SECTION COMPLETE!**

Evaluate the progress so far by comparing the Annex to other emergency planning documents, including the Basic Plan. Think carefully about the facility's organizational structure and make sure the Annex compliments it. Work to emphasize the strengths of the facility staff.

## **Section Seven: Plan Development and Maintenance**

*The overall approach to planning and the assignment of plan development and maintenance responsibilities are discussed in this section. This section should:*

- Describe the planning process, participants in that process, and how development and revision of different "levels" of the EOP (Basic Plan, annexes, appendices, and SOPS) are coordinated during the preparedness phase;
- Assign responsibility for the overall planning and coordination to a specific person; and
- Provide for a regular cycle of testing, reviewing, and updating the EOP (CPG 101)

An emergency plan, at any level of development, is a living document. Changes will be needed. This is the section that will explain how and when the Annex will be tested, updated, changed and reviewed. With staff changes, training, and exercises of the plan, it is only natural that it will need revision. There are samples of the pages used to denote revisions to the plan. Surveyors may reference revision pages as well. The facility also needs a schedule for exercising this Annex. Keep track of changes made after the exercises. A sample Exercise Calendar is available in the **Hazard Analysis Toolkit**. ICS form 221 online may help the CPT with this section as well.

- Coordinate this section the Basic Plan.
- Identify and describe the reference manuals used to develop the plan including software, toolkits, contractors, interview, planning tools and development guides.
- Coordinate with local or state emergency management resources for review and commentary on the plan.
- Include an exercising and review schedule, with a method for tracking progress.
- Describe how this plan was coordinated with EOPs from other facilities in the county and region, local emergency plans, and mutual aid partners.



Hint: This is not the time to actually plan an exercise. Instead, make plans for when the facility will practice evacuations. The actual development of exercises is discussed in the **Adult Care Facilities Tabletop Exercise Toolkit**.

### **SECTION COMPLETE!**



The facility can minimize workload by planning to review the entire plan, including the Annex, at the same time. Take a moment now to review this section and ensure compatibility between the maintenance schedules for each part of the plan.



## Section Eight: Authorities and References

This section provides the legal basis for emergency operations and activities. This section of the plan includes the following:

- Lists of laws, statutes, ordinances, executive orders, regulations, and formal agreements relevant to emergencies;
- Specification of the extent and limits of the emergency authorities granted to the person in charge, including the conditions under which these authorities become effective, and when they would be terminated;
- Pre-delegation of emergency authorities (i.e., enabling measures sufficient to ensure that specific emergency-related authorities can be exercised by the elected or appointed leadership or their designated successors); and
- Provisions for the continuity of operations (e.g., the succession of decision-making authority and operational control) to ensure that critical emergency functions can be performed. (CPG 101)

It is important during an emergency that whoever is in charge has the authority to make decisions on behalf of the facility. Having this authority in writing BEFORE the emergency lends credibility to the plan, and members of the planning team and staff know that it is a real, useable document and format for emergency response. It also gives authority and responsibility to staff. If outside agencies or authorities need to be involved in the execution of the plan, they will see at a glance why and how they will be following the plan. If the incident commander goes off shift, and another takes his/her place, it is also important for them to have the same authority. That authority, and any applicable law, is listed here.

1. **Authorities:** Collect the specific guidelines governing mass care in the facility, as well as legal documents that apply only during scenarios that may alter Standard Operating Procedures (SOPs) regarding patient care, confidentiality, transportation, etc. One particularly important example of such an authority relates to the HIPAA laws. This example is included for facility use in the event part of the Mass Care Annex results in evacuation to a Special Needs Shelter, but the CPT should also include additional resources suited to the needs of the facility. See the online link to the HIPAA example.
2. **References:** These resources may help the facility clarify portions of the mass care plan, serve as additional information points during a disaster, or provide citation for examples the facility chooses to include in their plan. Additional resources are widely available on the internet and through local, state and federal agencies. The CPT is encouraged to review each of these references, and include any other important references they identify.
  - a. The state Mass Care Plan, ESF #6, and other state plans  
[http://www.dola.state.co.us/dem/operations/seop2007/seop\\_2007.htm](http://www.dola.state.co.us/dem/operations/seop2007/seop_2007.htm)
  - b. The Colorado Disaster Act of 1992,  
<http://dola.colorado.gov/dem/Publications/ANACT.pdf>
  - c. The national disability preparedness website  
<http://www.disabilitypreparedness.gov/>
  - d. Supporting special needs and vulnerable populations in disaster  
<http://www.preparenow.org/prepare.html>
  - e. FEMA has a wealth of information online at [www.fema.gov](http://www.fema.gov)





## SECTION COMPLETE!

The majority of the Annex is now complete. Re-read for content, clarity and format and identify any sections that require specific informational additions such as maps, checklists, job action sheets, call lists or scripts or other developmental tools.

### Section Nine: Tabs

Tabs are an excellent means of gathering important procedural information for the Annex where it can easily be accessed and distributed to staff, volunteers, or first responders during an emergency. Remember that Functional Annexes are stand-alone additions to the EOP; so much of the information collected here may also appear in other parts of the EOP. Including the information in multiple places reduces the time it takes to reference the plan during a disaster. Suggested tabs are included here, but the CPT should expand this section to suit the particular needs of the facility.

#### 1. Maps and Diagrams

Any maps, diagrams, charts, floor plans, building schematics, or graphic forms of information should also be stored here. This allows for the fastest, easiest reference of the materials during a disaster. It is particularly important that maps of the facility, supply routes or evacuation routes be maintained and accurate. Possible types of materials to include here are:

- a. Several different types of facility maps, including floor plans, evacuation routes, location of HVAC/electrical/gas/water systems, and the grounds
- b. Charts depicting the organizational structure of the facility staff.
- c. Step-by-step picture instructions for various tasks such a turning off utility switches
- d. Job action sheets
- e. Methods of communicating around language barriers, including those who are deaf or do not speak English

#### 2. Transportation Plan

- a. Types of vehicles
- b. Support Staff for vehicles
- c. Transport assistance

#### 3. Shelter Plan

- a. Facility Specifics
- b. Resident Care Protocols
- c. Medical Reports, Records, Policies
- d. Feeding and Sheltering Protocols
- e. Staff Support Protocols

#### 4. Policies, Administration Documents

#### 5. Demobilization Information



## SECTION COMPLETE!

This Annex is complete. Take a few moments for the team to review the Annex in conjunction with the Basic Plan. Although some materials may be redundant, it is better to have information in several places during a disaster so it is easily accessible. ALL of these parts will change as they are exercised and reviewed. The important thing is to have a plan to follow, and for staff to understand it, know how to access it, and to know what their individual roles are during the



disaster. Disasters are chaotic. It is better to follow the plan, and adapt it as you go, than to make all decisions on the fly.

## Moving On

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Now that the CPT has developed the **Mass Care Functional Annexes**, take a few moments to review what the facility has accomplished for emergency planning:

- A Hazard Analysis
  - Whether completed via the **Hazard Analysis Toolkit** offered by the Health Department or from another source, the facility should now have a clear idea of what hazards are most critical to plan for
- A Projected Exercise Schedule
  - If the facility completed the **Hazard Analysis Toolkit**, they now also have a projected plan for exercising the EOP
- A Collaborative Planning Team
  - The facility has identified a team designed to create the facility's EOP. This team draws on the expertise and insight from a variety of agencies in the community to create the most inclusive, flexible and scalable EOP possible
- Basic Orientation to Emergency Planning for Critical Facility Staff
  - The facility, having also identified the critical staff, should now also be training that staff on the basic of emergency planning. This includes completing the following courses available from the FEMA Emergency Management Institute:
    - IS 100.HC: Introduction to the Incident Command System for Healthcare/Hospitals
    - IS 197.SP: Special Needs Planning Considerations
    - IS 200.HC: Applying ICS to Healthcare Organizations
    - IS 700: National Incident Management System
  - The staff should also begin completing the additional training for their particular role during a disaster, based on the organization and responsibilities divisions of the staff
- A **Basic Plan**
  - The **Basic Plan** outlines the intended general response of the facility to disasters on a broad scale. it is a living document and will undergo many more changes and evaluations as the facility's emergency planning matures
- A **Mass Care Functional Annex**
  - The **Mass Care Functional Annex** of the EOP relates to the specific situation of sheltering-in-place and perhaps adding temporary residents to the facility, or evacuating to a Special Needs Shelter. It works in conjunction with the **Basic Plan**, but could also work with the **Evacuation Annex** or the **Shelter-in-Place Annex**.





From here, the facility and the CPT should select one of the following actions:

1. Finish developing the critical **Functional Annexes** (recommended).
  - a. The **Shelter-in-Place** and **Evacuation** toolkits are available online.
2. Begin developing the eight **Hazard-Specific Appendices** (recommended).
3. Download and complete the **Adult Care Facility Tabletop Exercise Toolkit** [www.healthfacilities.info](http://www.healthfacilities.info), under Emergency Planning Resources.

