MASs CARE

PRIMARY AGENCY: Ohio Emergency Management Agency (OEMA)

SUPPORT AGENCIES: American Red Cross (ARC)
Ohio Department of Aging (ODAge)
Ohio Department of Alcohol and Drug Addiction Services (ODADAS)
Ohio Department of Development (ODOD)
Ohio Department of Education (ODE)
Ohio Department of Health (ODH)
Ohio Department of Job and Family Services (ODJFS)
Ohio Department of Mental Health (ODMH)
Ohio Department of Developmental Disabilities (DODD)
Ohio State Independent Living Council (Ohio SILC)
The Salvation Army (TSA)
Ohio Voluntary Organizations Active in Disasters (Ohio VOAD)

I. INTRODUCTION

A. Purpose

1. ESF-6 addresses, coordinates and reports on emergency mass care activities of state-level organizations responsible for providing guidance to local jurisdictions on sheltering, feeding, counseling, first aid, and related social services and welfare activities that are required to assist incident victims.

2. Certain ESF-6 agencies are responsible for collecting and reporting local daily mass care activity through the use of a Shelter Status Board in the State of Ohio’s Emergency Operations Center (SEOC) software (OpsCenter or WebEOC) and the National Shelter System.

3. ESF-6 agencies support local mass care activity through the provision of information, guidance, coordination and supplies.

4. Daily information on the provision of local mass care activity support will be shared via briefings and written reports for the duration of an incident.
B. Scope

1. Mass Care includes a complex array of daily life support activities, including sheltering or sheltering-in-place, feeding, providing water, first aid-level medical care, transportation, counseling, and the storage and distribution of supplies and equipment.

2. In 2005, Hurricane Katrina highlighted the need for addressing functional needs, especially those of elders, the very young, and persons with physical challenges.

3. The changing incident-response environment has necessitated the creation of standards to ensure that those who require mass care services receive the best possible assistance. In November 2010, the Federal Emergency Management Agency issued a document, *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters*, to guide emergency managers and shelter operators on the provision of support services to those with functional needs who present themselves to general population shelters.

4. Tab A to ESF-6 describes the state’s approach to addressing functional needs.

5. The federal government expects states to be prepared to provide mass care services resulting from in-state and out-of-state catastrophic incidents. Because of this, mass care in Ohio can no longer be thought of as providing sheltering and other mass care support only to Ohio citizens.

   In response to these federal expectations, the State of Ohio is producing the *Ohio Mass Evacuation Support Plan*, which will become Tab C to ESF-6. The plan will provide direction for the evacuation of large populations due to both man-made and natural incidents. The plan will provide direction for the evacuation of persons within the state, from within the state to another state, from outside the state to the state, and from outside the state through the state to another state.

6. Certain ESF-6 agencies provide direction in response to federal requirements for local jurisdictions to be able to provide for the immediate provision of the rescue, sheltering, feeding and medical care of pets.

II. SITUATION

A. Incidents can occur without warning.

B. Shelters, first aid, mass care, cooling, heating, comfort and feeding sites may be needed with little-or-no warning or advance notice.
C. Slowly developing incidents, such as slow-rising flood waters, may allow more time for warning and evacuation, but might cause the displacement of a large population. Such hazards may necessitate opening shelters and conducting mass care activities outside of the impacted area(s).

D. Sheltering-in-place and restriction of movement may be required to prevent the spread of contagious diseases or to protect the population from a chemical, radiological or nuclear incident. These actions may necessitate the establishment of sustenance sheltering operations that would provide people with the means to effectively shelter-in-place for long periods of time.

Sustenance sheltering operations (support services, such as the provision of food, water and medicine, etc.) would primarily be a local responsibility, but may require support via state-level resources throughout its duration.

E. Some people may be reluctant or may refuse to evacuate their homes because of their pets. Local jurisdictions and private citizens need to plan ahead for the rescue, evacuation, sheltering and feeding of a portion of the pet population.

F. Institutionalized populations may need special consideration in evacuation and sheltering situations. These considerations may include security, special housing and other needs.

G. In-state and out-of-state hazards could result in catastrophic damage that could necessitate the evacuation, movement and sheltering of a large population (both Ohio residents and residents of other states who have evacuated to Ohio), possibly for an extended period. Ohio’s Catastrophic Incident Response Annex describes the State’s approach to addressing catastrophic incidents.

H. Medical sheltering considerations are covered to some extent through agreements with local hospitals to set aside beds and other resources during an emergency that causes a medical surge. In addition, resources may need to be identified to respond to the requirements of those who seek emergency shelter and depend on mechanical medical devices to maintain life. The Mass Casualty/Medical Surge Plan, Tab F to ESF-8, describes the State’s approach to addressing mass casualty incidents.

III. ASSUMPTIONS

A. Local mass care providers and local jurisdictions have emergency response plans for mass care operations.

B. Local mass care providers will have the resources to adequately respond to mass care needs during an incident’s initial stages.

C. People may evacuate an area before evacuate orders are given.
D. Some persons will resist or ignore evacuation orders.

E. Persons with functional needs that cannot be adequately addressed in a non-medical shelter may present themselves to non-medical shelters and may need to either be treated on-site or referred and/or transported to another site.

F. An influx of mass care professionals and volunteers may strain support resources and may require state-level coordination in an impacted area.

G. ESF-6 Agencies will work closely with state and federal Agencies the SEOC and at the site of the emergency throughout response and recovery operations in order to ensure the provision of coordinated and consistent services to the affected population.

H. Responding state agencies will have adequate procedures, checklists and guidelines that correspond to the responsibilities assigned to them under this Plan.

I. Local law enforcement agencies will be able to address crowd control and security missions at mass care facilities for at least the first 72 hours of an incident.

IV. CONCEPT OF OPERATIONS

A. General Considerations

1. As the lead agency for ESF-6, OEMA will coordinate the monitoring and reporting of mass care activities throughout the response phase.

2. ESF-6 incorporates federal mass care requirements as detailed in the Department of Homeland Security’s Version 2 list of ESF-6 Mass Care Target Capabilities.

3. ESF-6 Agencies work closely with other state and federal Agencies in the SEOC and at the site of an incident throughout response and recovery operations to ensure coordinated and consistent service to the affected population.

4. When ESF-6 agencies are presented with mass care mission assignments, the primary agency for ESF-6 will meet with ESF-6 support agencies and they will determine together which state agency(ies) has (have) the best available resources to respond to the mission assignment.

5. When ESF-6 agencies have expended all of their available resources and are unable to respond to a mission assignment, ESF-6 agencies will work with the Ohio EOC to secure resources via the Emergency Management
Assistance Compact (EMAC), or other federal, private sector, etc. sources to meet mission requirements.

6. Each ESF-6 support agency has internal standard operating procedures to respond to each of their Assignments of Responsibility under this Plan.

7. ESF-6 agencies will be notified of SEOC activation by Ohio EMA. Activation will be based upon incident requirements for emergency response and recovery and each agency’s’ capabilities and resources.

8. ESF-6 Primary and Support Agencies will provide personnel to staff the Ohio EOC in accordance with the Ohio EOP. Actual levels of response and staffing requirements will be determined at the time of the incident and will be based on need.

B. Local Sheltering and Evacuation Support

9. ESF-6 Agencies work as a team in the SEOC and at the site of a incident to address the mass care needs of Ohio citizens and victims of out-of-state incidents who are evacuated within, to or out of Ohio, and work in concert with other ESFs to provide or arrange for services and materials to those who are impacted by both man-made and natural incidents and are in need of food, shelter, emergency medical care, protection or counseling.

10. ESF-6 Agencies provide direction and support for mass care operations in response to catastrophic events both inside and outside the State of Ohio that may necessitate the evacuation and sheltering of large populations for extended periods of time.

11. Certain ESF-6 Agencies assist OEMA in the population and maintenance of the National Shelter System that provides information on shelter capabilities and the provision of services at established local shelters.

12. ESF-6 Agencies assist in the dissemination of information to affected citizens regarding both local and destination sheltering operations outside their immediate area in catastrophic events.

13. Some ESF-6 Agencies create, communicate and implement consistent mass care standards and sheltering training across the state, and coordinate planning between many levels of government for the provision of integrated mass care services.

14. ESF-6 Agencies support local mass care operations during incidents that may include the support of Points of Distribution (POD) operations, the support of local sustenance sheltering, the sustainment of local shelter-in-place operations, and the support of local treatment facilities and alternate-care medical facilities during pandemic and/or mass casualty incidents.
15. ESF-6 Agencies address, coordinate and report on the emergency mass care activities of state-level organizations responsible for sheltering, feeding, counseling, providing first aid, related social services activities that are required to assist incident survivors.

16. ESF-6 Agencies may provide direction and/or support to local jurisdictions for shelter-in-place, restriction of movement, non-congregate and sustenance sheltering operations.

C. Functional Needs Support

17. ESF-6 Agencies provide guidance and support to local jurisdictions regarding the provision of support services to persons with functional needs that will require special services and considerations in a sheltering or evacuation situation, while maintaining family unity.

18. ESF-6 Agencies provide guidance and support to local jurisdictions regarding the provision of services to institutionalized populations that may need special considerations in sheltering and evacuation situations, including security, special housing and other special needs.

19. Certain ESF-6 Agencies work with ESF-8 agencies, local hospitals and local health treatment facilities to manage the set-aside of hospital beds and other resources during an emergency, and to identify resources to be able to respond to the requirements of those who may seek emergency shelter and/or may depend on mechanical medical devices (durable medical equipment) to maintain and/or support life.

20. In November 2010, the Federal Emergency Management Agency (FEMA) released a document entitled, Guidance on Planning for Integration of Functional Needs Support Services (FNSS) in General Population Shelters. The document provides planning guidance for meeting federal regulations that impact access and functional needs and the sheltering of children and adults with functional support needs in general population shelters. This guidance has been developed to support local, tribal, State and Federal governments to integrate children and adults with and without disabilities who have access and functional needs into every aspect of emergency shelter planning and response.

21. The document defines FNSS as services that enable individuals to maintain their independence in a general population shelter. FNSS include: Reasonable modification to policies, practices, and procedures; Durable medical equipment (DME); Consumable medical supplies (CMS); Personal assistance services (PAS); and Other goods and services as needed.

22. Children and adults requiring FNSS may have physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Others that may benefit from
FNSS include women in late stages of pregnancy, elders, and people needing bariatric equipment.

23. Planning for FNSS in general population shelters includes the development of mechanisms that address the needs of children and adults in areas such as:

a. Communication assistance and services when completing the shelter registration process and other forms or processes involved in applying for emergency-related benefits and services including Federal, State, tribal, and local benefits and services

b. DME, CMS, and/or PAS that assist with activities of daily living

c. Access to medications to maintain health, mental health, and function

d. Available sleeping accommodations (e.g., the provision of universal/accessible cots or beds and cribs; the placement, modification, or stabilization of cots or beds and cribs; the provision and installation of privacy curtains)

e. Access to orientation and way-finding for people who are blind or have low vision

D. EMAC Support

24. ESF-6 Agencies coordinate the application of EMAC-based mass care resources and other out-of-state support services for both catastrophic and non-catastrophic events, and facilitate and coordinate interstate cooperation during mass care operations.

E. Recovery Function Interaction

25. ESF-6 Agencies coordinate with ESF-14 (Community Recovery and Mitigation) to ensure that mass care response operations support the initiation, development, and coordination of recovery operations.

F. Local Animal Rescue Support

26. Some ESF-6 Agencies provide guidance and support to local jurisdiction animal rescue, relocation, care and reunion operations, providing support to local jurisdictions for the immediate provision of the sheltering, feeding and medical care of pets.
G. Relationships between Levels of Government

1. Federal

Ohio’s ESF-6 Agencies will coordinate closely with federal ESF-6 Agencies when those Agencies are activated. The federal ESF-6 team is made up of the following organizations and may be active in Ohio following a Presidential Disaster Declaration.


c. Support Agencies:

   Department of Agriculture
   Department of Defense
   Department of Health and Human Services
   Department of Homeland Security
   Department of Housing and Urban Development
   Department of the Interior
   Department of Justice
   Department of Labor
   Department of Transportation
   Department of the Treasury
   Department of Veterans Affairs
   General Services Administration
   Small Business Administration
   Social Security Administration
   U.S. Postal Service
   American Red Cross
   Corporation for National and Community Service
   National Voluntary Organizations Active in Disaster
   Other voluntary agency and nongovernmental support organizations

2. State

   a. State ESF-6 agencies work with federal- and local-level agencies during emergencies. See chart, below.

3. Local

   a. Local mass care organizations at the site of the emergency coordinate their activities with the County Emergency Management Agency and the local EOC in their jurisdiction.
b. Local ARC Chapters and Salvation Army Divisions have first line responsibility for the provision of disaster services within local jurisdictions. Each ARC Chapter and Salvation Army Division maintains their plans, resources and an operational structure adequate to ensure an effective response.

c. Local mass care organizations coordinate with state-level organizations to define needs, state and federal mission assignment requests, and to provide necessary updates on local mass care activities, including real-time sheltering information.

### Comparison Chart for ESF-6 Organizations

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<td>Sheltering and Mass Care organizations</td>
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<tr>
<td></td>
<td>Federal Emergency Management Agency</td>
<td>Local Emergency Management Agencies</td>
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<tr>
<td>American Red Cross</td>
<td>American Red Cross</td>
<td>Local Chapters of the American Red Cross</td>
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<td>Ohio Department of Aging</td>
<td>U.S. Administration on Aging</td>
<td>Area Agencies on Aging</td>
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<td>Ohio Department of Agriculture</td>
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<td>Ohio Department of Job and Family Services</td>
<td>U.S. Department of Agriculture, U.S. Department of Health and Human Services U.S. Department of Labor</td>
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<tr>
<td>Ohio Department of Mental Health</td>
<td>Substance Abuse and Mental Health Services Administration</td>
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<td>State Independent Living Councils</td>
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<td>U.S. Department of Defense</td>
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<td>U.S. Department of the Interior</td>
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<td>U.S. Department of Justice</td>
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V. ORGANIZATION AND ASSIGNMENTS OF RESPONSIBILITY

A. Organization

The Ohio Emergency Management Agency (OEMA) is the Primary Agency for ESF-6. It maintains a constant overview of ESF-6 activities, resolves conflicts and questions related to ESF-6, and develops Action Request Forms for the federal ESF-6 Team in coordination with state ESF-6 team members.

Ohio ARC coordinates with its national parent organization for support of its state and local operations as needed, as well as making requests through the State ESF-6. Missions including other ESF partner agencies will be coordinated through the Ohio EOC.

When ESF-6 agencies are presented with mass care mission assignments, the primary agency for ESF-6 will meet with ESF-6 support agencies and they will determine together which state agency (ies) has (have) the best set of available resources to respond to the mission assignment.

The following organizations have specific responsibilities for mass care and maintain close coordination with each other from CAS I through CAS III emergency levels. All organizations maintain their own internal command and control structures during emergency operations.

B. Assignments of Responsibility

1. Ohio Emergency Management Agency

   a. Coordinate with all support agencies on the ESF-6 team to provide accurate overviews of ESF-6 activities to Ohio EOC personnel.

   b. Coordinate and report on emergency mass care activities of state-level organizations responsible for sheltering, feeding, counseling, providing first aid, and related social services and welfare activities that are required to assist the victims of an incident.
c. Request other resources (EMAC, federal, private sector, etc.) to fulfill mission requirements when ESF-6 response resources have been exhausted.

d. Provide support for mass care operations in response to catastrophic events both inside and outside the State of Ohio that necessitate the evacuation and sheltering of large populations for extended periods of time.

e. Assist in the coordination of family reunification operations.

f. Facilitate and coordinate the application of EMAC-based resources and other out-of-state support services for both catastrophic and non-catastrophic events, and facilitate and coordinate interstate cooperation during mass care operations.

g. Provide direction and support to local jurisdictions for the provision of sheltering and feeding operations.

h. Provide support for mass care operations in response to catastrophic events both inside and outside the State of Ohio that necessitate the evacuation and sheltering of large populations for extended periods of time.

i. Facilitate and coordinate the application of mass care resources provided to, or received in response to, EMAC system requests.

j. Facilitate and coordinate interstate cooperation of non-EMAC mutual aid during mass care operations.

k. Assist in the dissemination of information to affected citizens regarding both local and destination sheltering operations outside their immediate area in catastrophic events.

l. Create, communicate and implement consistent mass care standards and sheltering training across the state, and coordinate planning between many levels of government for the provision of integrated mass care services.

m. Provide direction and support to local jurisdictions for their immediate provision of the rescue, sheltering, feeding and medical care of pets.

n. Support local-level animal relocation, care and reunification operations.

o. Support mass care operations during the activation of the Ohio Strategic National Stockpile Plan, including sustenance support (food, water, cots, etc.) of the public and the staff at SNS Point of Dispensing
Sites (SNS PODS); planning for the support of local sustenance and sustainment of local shelter-in-place operations; and the support of local treatment facilities during pandemic situations.

p. Provide support and coordination for the evacuation of large populations to destination shelters due to both man-made and natural incidents.

q. Provide direction and support to local jurisdictions for shelter-in-place, restriction of movement, non-congregate and sustenance sheltering operations that result from pandemic and other incidents.

2. American Red Cross (ARC)
   a. Open and staff shelters in response to local needs.
   b. Provide ARC information releases to the Joint Information Center.
   c. Provide fixed feeding, mobile feeding and snacks to incident victims and responders.
   d. Provide first aid and related health services to sheltered victims and victims at the scene.
   e. Distribute appropriate bulk materials for disaster relief.
   f. Provide Disaster Welfare Information (DWI) services when requested.
   g. Support the operation of local shelters that are established to provide mass care services to the victims of both in-state and out-of-state incidents, in response to both man-made and natural incidents.
   h. Support for mass care operations in response to catastrophic events both inside and outside the State of Ohio that necessitate the evacuation and sheltering of large populations for extended periods of time.
   i. Assist in the planning for the support of local sustenance sheltering.
   j. Assist in the creation, communication and implementation of consistent mass care standards and sheltering training across the state.
   k. Support the provision of services to respond to the medical and functional needs of shelter residents while maintaining family unity.
   l. Provide support and coordination for the evacuation of large populations to destination shelters due to both man-made and natural incidents.
3. Ohio Department of Aging (ODAge)

a. Work with Area Agencies on Aging to identify and address unmet needs among elderly populations in the incident area.

b. Work with Area Agencies on Aging to support the provision of services to respond to the medical and functional needs of shelter residents while maintaining family unity.

c. Work with Area Agencies on Aging to support local service providers for shelter-in-place, restriction of movement, non-congregate and sustenance sheltering operations that result from pandemic and other incidents.

d. Work with Area Agencies on Aging to support local service providers for the provision of services to institutionalized populations that need special considerations in sheltering and evacuation situations, including security, special housing needs, and other special needs.

4. Ohio Department of Alcohol and Drug Addiction Services (ODADAS)

a. Provide shelter to and address the needs of persons receiving alcohol and drug addiction services in the incident area.

b. Provide direction and support to local service providers for shelter-in-place, restriction of movement, non-congregate and sustenance sheltering operations that result from pandemics and other incidents.

c. Provide direction and support to local service providers for the provision of services to institutionalized populations that need special considerations in sheltering and evacuation situations, including security, special housing needs, and other special needs.

5. Ohio Department of Development (ODOD)

a. Assist with the identification of available housing in communities impacted by an incident and coordinate referrals of incident victims to appropriate emergency housing to meet short and long-term needs.

b. Upon request by Ohio EMA, assist with the identification of available housing in communities affected by emergencies and provide referrals to incident victims for housing and related services.

c. Maintain support to persons in emergency shelters and temporary housing through local Community Action Agencies and other non-profit agencies.
6. Ohio Department of Education (ODE)
   a. Coordinate and support local school districts and private schools involved in mass care operations.
   b. Provide listings of schools that can be used for shelters or to support shelter activities to local sheltering organizations and emergency management officials when requested.
   c. Coordinate and support local food preparation services involved in mass care operations.
   d. Provide direction and support to local jurisdictions for shelter-in-place, restriction of movement, non-congregate and sustenance sheltering operations that result from pandemic and other incidents.

7. Ohio Department of Health (ODH)
   a. Coordinate and support local health departments with shelter inspections to ensure that shelters comply with health standards, including those that affect special needs populations.
   b. Coordinate with local health districts to support sheltering of those with functional needs.
   c. Provide support and coordination to local health districts for medical needs in the event of the evacuation of large populations to destination shelters due to both man-made and natural incidents.
   d. Provide direction and coordination to local jurisdictions for the provision of public health services to institutionalized populations that need special considerations in sheltering and evacuation situations, housing needs, and other special needs.
   e. Identify and procure regional, state and federal resources to assist local public health respond to the requirements of those who seek emergency shelter and depend on special medical needs to maintain life.
   f. Provide assets, such as the Modular Emergency Medical System (MEMS), to local partners to provide for medical needs of those in shelters.
   g. Coordinate provision of medical supplies to shelters that are addressing medical needs.
8. Ohio Department of Job and Family Services (ODJFS)
   
a. Coordinate with local departments of job and family services for the implementation of disaster assistance programs, including:
   
i. Assistance to eligible families with an emergent need due to the incident with use of available Temporary Assistance to Needy Families (TANF) funds
   
ii. Assistance to eligible elderly or disabled individuals with an emergent need to the incident with use of available non-TANF (state-only) funds
   
iii. Federal disaster emergency food stamp program
   
iv. Medical assistance programs
   
v. Provision of departmental representatives as needed to give advice & assistance to impacted persons.
   
b. Provide Federal Disaster Unemployment and Re-Employment Assistance.
   
c. Assist private relief organizations and/or public agencies in distributing emergency supplies, as necessary.
   
d. Assist employees in solving special employment problems that may arise as the result of a incident.

9. Ohio Department of Mental Health (ODMH)
   
a. Coordinate necessary activities to provide staff, supplies and resources to treat victims suffering from incident-related mental disorders.
   
b. Coordinate and monitor state behavioral health activities to address victim needs.
   
c. Provide behavioral health clinical consultation services to SEOC staff.
   
d. Provide representatives to assist local mental health and/or joint ADAMH Services Boards and Regional, County and Community Mental Health Centers in providing supportive services and treatment to incident victims.
   
e. Provide temporary shelter in behavioral healthcare facilities as available.

10. Ohio Department of Developmental Disabilities (DODD)
    
a. Provide shelter to and address the needs of persons with developmental disabilities who reside in the State-run developmental
centers, and assist in coordinating resources for unmet needs among the developmental disabilities population in the incident area.

b. Provide direction and support to for shelter-in-place, restriction of movement and sustenance sheltering operations.

c. Provide direction and support to local jurisdictions for the provision of services to institutionalized populations that need special considerations in sheltering and evacuation situations, including security, special housing needs, and other special needs.

11. Ohio State Independent Living Council (Ohio SILC)

a. Address the shelter and mass care needs of persons with disabilities who must be relocated to emergency shelters and temporary housing.

b. Provide direction and support to local jurisdictions for shelter-in-place, restriction of movement and sustenance sheltering operations.

c. Provide direction and support to local jurisdictions for the provision of services to institutionalized populations that need special considerations in sheltering and evacuation situations, including security, special housing needs, and other special needs.

12. The Salvation Army (TSA)

a. Provide support for the operation of local shelters that are established to provide mass care services to the victims of both in-state and out-of-state incidents, in response to both man-made and natural incidents.

b. Provide support for mass care operations in response to catastrophic events both inside and outside the State of Ohio that necessitate the evacuation and sheltering of large populations for extended periods.

c. Create, communicate and implement consistent mass care standards and sheltering training across the state, and coordinate planning between many levels of government for the provision of integrated mass care services.

d. Provide support and coordination for the evacuation of large populations to destination shelters due to both man-made and natural incidents.

e. Provide direction and support to local jurisdictions for shelter-in-place, restriction of movement, non-congregate and sustenance sheltering operations that result from pandemic and other incidents.
13. Ohio Voluntary Organizations Active in Disasters (Ohio VOAD)

a. Provide services and material support to incident victims in emergency shelters and temporary housing through member organizations at the site of the emergency.

VI. RESOURCE REQUIREMENTS OF ESF-6 – MASS CARE

A. Each ESF-6 organization maintains internal standard operating procedures and checklists that detail the logistical and administrative support arrangements internal to its organization.

B. Additional material and personnel support needs during an emergency may be requested through ESF #7, Resource Support.