



Mass Care

PURPOSE

The purpose of this annex is to make provisions for providing human services support to people who require food, clothing, mental health services, and victim's compensation in the aftermath of an emergency. The services described in this annex may be needed in the aftermath of incidents of limited scale as well as major emergencies and disasters.

EXPLANATION OF TERMS

A. Acronyms

ARC	American Red Cross
CCP	Crisis Counseling/Crisis Counseling Program
CISM	Critical Incident Stress Management
CVC	Crime Victim's Compensation
DDC	Disaster District Committee
KDEM	Kansas Department of Emergency Management
DRC	Disaster Recovery Center
EMS	Emergency Medical Services
EOC	Emergency Operations or Operating Center
FEMA	Federal Emergency Management Agency
OAG	Office of the Attorney General
SCC	State Crisis Consortium
SOP	Standard Operating Procedure
KDHE	Kansas Department of Health & Environment
TSA	The Salvation Army

B. Definitions

1. Crime Victim's Compensation. A state program that provides monetary assistance victims of crime. Assistance may include paying for hospital care, traditional counseling, burial, and/or other appropriate expenses that are incurred as a result of a crime. The Crime Victim's Compensation Division of the Office of the Attorney General (OAG) coordinates this program.
2. Crisis Counseling. A short-term therapeutic intervention process that utilizes established mental health techniques to lessen adverse emotional conditions that can be caused by sudden and/or prolonged stress. Crisis Counseling is designed for "normal individuals who have experienced an abnormal event." Crisis counseling is not traditional therapy and is often delivered within the victim's home environment. Crisis counseling is normally set up for victims and secondary responders who have been involved in an emergency situation, while CISM is designed for first responders.
3. Crisis Counseling Program. These are short and long term programs funded by FEMA and the Center for Mental Health Services. The programs utilize traditional and non-traditional mental health practices with the disaster-impacted area.

4. Critical Incident Stress Management. CISM is a comprehensive, integrated, and multi-component crisis intervention system for the reduction and control of the harmful effects of stress. This process is primarily intended and usually designed for first responders such as law enforcement, fire, and EMS personnel. CISM is normally conducted by peers with guidance and oversight by mental health professionals.
5. Disaster Mental Health Services. Disaster mental health services include crisis counseling, CISM, and victim's services. This includes assessing short and long-term mental health needs, assessing the need for additional mental health services, tracking on-going support needs, providing disaster mental health training programs, and identifying disaster worker stress issues and needs.
6. Disaster Recovery Center. A location established in a disaster area that houses federal, state, and local agencies that deal directly with the needs of the individual victim. In general, DRCs are established only after a major disaster or emergency declaration by the President.
7. Special Needs Individuals/Groups. Includes the elderly, medically fragile, mentally and/or physically challenged or handicapped, individuals with mental illness, and the developmentally delayed. These individuals may need specially trained health care providers to care for them, special facilities equipped to care for their needs, and specialized vehicles and equipment for transport in order to meet their daily needs and maintain their health and safety during emergency situations.
8. CISM Network. The CISM Network was established to assist emergency service personnel who have experienced a critical incident. These team are composed of peers, clergy, and mental health professionals, all of whom are volunteers. Teams are available on a 24-hour basis and individual teams respond on the basis of availability.

C. ORGANIZATION & ASSIGNMENT OF RESPONSIBILITIES

General.

1. We have the general responsibility for ensuring the welfare of our citizens and will develop a capability to provide appropriate human services during emergency situations.
2. A Human Services Officer will be appointed to coordinate with local human services organizations and organized volunteer disaster assistance organizations to ensure basic human services are provided in the aftermath of an emergency.
3. We shall establish working relationships with and will call on the American Red Cross, The Salvation Army, other organized volunteer disaster assistance organizations, and church and civic groups to provide support for disaster victims.
4. Some emergency situations will not require implementation of large-scale mass care operations, but instead generate a need for a limited amount of emergency food and clothing. For these situations, our Human Services Officer will coordinate with the county staff, volunteer organizations, and church groups to identify sources for this assistance.
5. Like other disaster victims, special needs groups may require assistance to meet their needs for food, clothing, housing, and medical care. Local human service organizations are expected to identify any special needs groups that need assistance in the aftermath of an emergency.
6. We will request state human services support if our local resources prove inadequate.

Phases of Emergency Management

1. Mitigation

Identify population groups who may require special assistance during an emergency (i.e., senior citizens, handicapped, etc.).

2. Preparedness

- a) Identify volunteer groups that can provide emergency food and clothing in the aftermath of emergency situations and other sources of emergency food and clothing.
- b) Identify agencies or groups that can provide disaster mental health services and victims services during and in the aftermath of emergency situations.
- c) Identify and train human services representatives who will staff the EOC.
- d) Conduct emergency planning with human services agencies and organized volunteer groups active in disasters and develop appropriate SOPs and execute agreements where appropriate.
- e) Determine tentative emergency assignments for available personnel and volunteers.

- f) Encourage volunteer groups active in disasters to participate in emergency exercises.
- g) Review and update this annex and related SOPs.

3. Response

- a) Provide food and clothing to disaster victims as needed.
- b) Register evacuees or victims or assist volunteer groups in performing this task.
- c) Provide contact information to victims who need human services assistance.
- d) Provide human services staff support for the EOC.

4. Recovery

- a) Assess needs of victims and provide assistance, including, but not limited to, temporary housing, food, clothing, clean-up services, minor home repairs, and other support.
- b) Coordinate with the Public Information Officer to inform the public of the availability of human services programs.
- c) Assess the need for disaster mental health services for emergency responders and disaster victims. Coordinates and arranges for such support if required.
- d) Provide human services personnel to staff the Disaster Recovery Center (DRC), if one is activated.

Readiness Levels

Level 1: Normal Conditions

See the mitigation and preparedness activities.

Level 2: Increased Readiness

1. Review plans and procedures and update them if needed.
2. Meet with local human service agencies to determine possible human services requirements based on the threat and assess resources on hand.
3. Determine the availability of human services personnel and equipment for emergency duty.

Level 3: High Readiness

4. Alert and brief human services personnel for possible emergency operations.

5. Identify personnel that will staff the EOC.
6. Identify and alert external resource sources.

Level 4: Maximum Readiness

7. Put human services staff on call.
8. Consider precautionary staging of personnel, equipment, and supplies.
9. Provide trained staff to the EOC if it is activated.

F. Organization

1. Our emergency organization as described in Executive Operations annex shall carry out the function of providing human services in emergency situations
2. The Chairman of the County Commissioners shall provide policy guidance with respect to emergency human services operations. The Human Services Officer will manage the human services function during emergency operations.
3. Human services will be provided through the coordinated efforts of local human services professionals, human service agencies, local volunteer groups, the ARC, TSA, and other volunteer organizations.
4. State and federal agencies may be requested to assist in human services activities conducted in the aftermath of a major emergency or disaster.

G. Direction and Control.

1. The County Commissioners shall establish priorities for and provide policy guidance for human services programs conducted after a disaster.
2. The Emergency Manager will provide direction to the Human Service Officer regarding human services operations in the aftermath of an emergency.
3. The Human Services Officer and staff will plan, coordinate, and carry out human services program activities.
4. All human services activities will be coordinated through the Human Services Officer in the EOC.

Line of Succession

The line of succession for the Human Services Officer is:

1. County Emergency Manager
2. Health Department Director
3. Deputy Director of the Health Department

H. Responsibilities & Task Assignments

1. The Chairman of the County Commissioners will:

- a) Ensure that a human services program for emergency situations is developed.
- b) Provide general guidance and direction for human services operations during emergencies.

2. The Emergency Manager will:

- a) Identify volunteer groups and agencies that can provide goods and services to satisfy human services needs and develop agreements with them.
- b) In the aftermath of emergencies, solicit and coordinate distribution of clothing, food, and services by various agencies and organizations.
- c) Coordinate the registration of evacuees/victims.
- d) Coordinate with the Shelter Officer to provide for human services needs of evacuees in shelters.
- e) Coordinate human services support for special needs groups.
- f) Coordinate the provision of disaster mental health services for disaster victims, emergency workers, and others suffering trauma due to the emergency situation.
- g) Coordinate local staffing at Disaster Recovery Centers, if needed.
- h) Work with the Transportation Officer to coordinate transportation assistance for those who need it.

3. The Health Department Director will:

- a) Coordinate the provision of disaster mental health services to disaster victims, emergency workers, and others suffering trauma due to an emergency situation.

4. The Transportation Officer will:

- a) Coordinate transportation support for human services operations.
- b) Coordinate transportation for food, clothing, drinking water, and other supplies, if the agency providing these materials is unable to do so.
- c) When requested by the Human Services Officer, coordinate transportation for those who need transportation assistance such as those without vehicles, special needs, etc.

5. The Shelter & Mass Care Officer will:

- a) Identify the requirements for human services assistance to those housed in shelters to the Human Service Officer.

6. The Public Information Officer will:

- a) Coordinate the release of information to the media and public about assistance programs available for disaster victims.

7. Volunteer Groups and Charitable Organizations will:

- a) Provide human services assistance identified by the Human Services Officer upon request. See Appendix 1 to this annex for a list of groups and organizations that may be able to assist and the types of services they provide.

I. Shelter

1. **Shelter Selection.** The ARC publishes standards for temporary shelters. The following criteria may be useful in screening facilities to determine which merit more detailed inspection:

- a) Must be structurally sound and in a safe condition.
- b) Must not be located in an area subject to flooding or where flooding can cut off access to the facility.
- c) Must not be in a hazardous materials risk area.
- d) Should have adequate sleeping space.
- e) Should have sufficient restrooms for the population to be housed.
- f) Should have adequate climate control systems.
- g) Kitchen/feeding area is desirable.
- h) Shower facilities are desirable if the facility will be used for more than one day.
- i) Telephone service is essential.
- j) Adequate parking is desirable.

The Shelter Officer should coordinate with the ARC and other volunteer organizations in identifying potential shelters and developing the shelter list in the Appendix to ensure that issues of interest to local government are considered in the shelter selection process.

2. Shelter Facilities:

- a) The ARC executes agreements with building owners for use of structures as shelters and normally inspects the facilities it plans to use to determine their capacities and the availability of various types of equipment.
- b) Schools are the most frequently used shelters because they generally have substantial space, a feeding capability, sufficient restrooms, and adequate climate control systems. Those who wish to utilize schools for sheltering must secure permission in writing from school officials.

- c) Community centers and churches are also frequently used as shelters. Permission to use these facilities or any other facilities for disaster operations should also be secured in writing from the owners or operators of those facilities.
- d) In most shelters, evacuees must sleep on the floor -- there are generally no cots immediately available. Public information messages should highlight this situation and encourage those who plan to take refuge in a public shelter to bring bedding.

3. Shelter Operations

- a) The specific facilities that will be used for sheltering and feeding during an emergency will depend on the needs of the situation, the status of available facilities, the location of the hazard area, and the anticipated duration of operations. Shelters are typically opened and closed based on need. When occupancy of existing shelters reaches 75 to 80 percent, consideration should be given to opening an additional facility.
- b) It is generally more effective in terms of resource utilization to operate a few medium to large shelters than a large number of small facilities.
- c) Shelters should be managed by individuals with shelter management training, *preferably individuals who work in the facility on a daily basis*. The ARC and the Shelter Officer will jointly maintain a listing of trained shelter and mass care facility managers in the local area.
- d) To ensure consistency in shelter activities, it is desirable that all shelters follow a general set of operating guidelines. When the ARC opens a shelter, ARC policies guide how the facility is staffed and operated.
- e) Shelter managers are expected to provide periodic reports on the number of occupants and the number of meals served. Volunteer groups operating shelters may also be required to report this information through their organizational channels.
- f) Local government is responsible for providing the following support for shelter operations:
 - 1) Security and, if necessary, traffic control at shelters.
 - 2) Fire inspections and fire protection at shelters.
 - 3) Transportation for food, shelter supplies, and equipment if the organization operating the shelter cannot do so.
 - 4) Transportation of shelter occupants to feeding facilities, if necessary.
 - 5) Basic medical attention, if the organization operating the shelter cannot do so.

F. Feeding (Emergency Food)

In the aftermath of an emergency, local residents may be unable to obtain food from normal sources, preserve perishable food, or prepare meals due to damage to their homes and food stores or the loss of electrical or gas service. Food may be provided to disaster victims in a variety of ways, depending on the situation in the local area in the aftermath of a disaster. Among the options are:

1. Mass feeding at fixed sites, using operable kitchen facilities at schools, community centers, churches, and other community facilities.
2. Mass feeding at fixed sites using transportable kitchens operated by volunteer groups.
3. Distribution of prepared food using mobile canteens operated by volunteer groups.
4. Distribution of foodstuffs obtained from food banks that can be used by disaster victims to prepare meals.
5. Distribution of restaurant or grocery store vouchers.
 - a) Both fixed facilities and mobile units may be used for preparing and serving meals. Fixed facilities include schools, churches, and civic buildings serving as shelters. The ARC, TSA, and other disaster relief agencies may also deploy self-contained mobile feeding units to supplement fixed feeding facilities.
 - a) The U.S. Department of Agriculture (USDA), through the Texas Department of Human Services (DHS), food banks, and commercial facilities provides USDA commodities used in preparing meals or for distribution to disaster victims.
 - c) If a school is used as a congregate feeding site, the school may use USDA commodities already on its shelves to prepare meals for mass care operations. USDA will replace them or credit their entitlement dollars as long as school officials provide DHS with an itemized list of which commodities were used and daily meal counts. USDA commodities **may not** be used without prior approval from DHS. The request must come from the ARC. Form FCS-292, which is a report of commodity distribution, must be completed by school officials within 30 days after the termination of assistance to the disaster victims. Also DHS will arrange to have additional USDA commodities shipped to the feeding site, if necessary, either directly from USDA or one of the DHS warehouses.

G. Emergency Water Supplies

1. Water is essential to maintain life and preserve public health. If water supply systems are disrupted in an emergency, timely provision must be made to provide water to local residents whose normal supply has been disrupted. Appendix 2 to this annex outlines a number of options for providing emergency water supplies.

H. Coordination

1. **Volunteer Agencies**—All volunteer agencies assisting with mass care and shelter operations will be responsible for coordinating their efforts and actions. Volunteer organizations active in disaster may be able to assist in meeting a number of the needs of needs of disaster victims, including:
 - a) Basic clothing
 - i. Basic furnishings and household goods
 - ii. Job-related tools
 - iii. Transportation
 - iv. Home clean up and debris removal
 - v. Home repairs

See Appendix to this annex for a list of volunteer organizations active in disasters that operate in many areas of the state and the services they may be able to provide during an emergency.

2. **Public Information Officer**—Coordination of emergency public information regarding availability and location of mass care facilities is the responsibility of the Emergency Manager.
3. **Other Jurisdictions**—Pottawatomie County has been designated as a host area for other jurisdictions in their planning efforts. Circumstances may require the use of shelters in our County.

I. **Post-Disaster Shelter System**

The type of post disaster shelters in this section are intended to provide short-term shelter for individuals displaced from their homes.

1. **Shelter Facilities**--A list of pre-designated shelters can be found as an appendix 1 to this annex. Selection is based on location, size of facility, accessibility and suitable accommodations.
2. **Estimated Shelter Capacity:** The estimated short-term capacity of the facility based on 40 square feet per person.
3. **Estimated Feeding Capacity:** The estimated number of people for which the facility can prepare food e.g. three simple meals per day
4. **Reception Operations.** As soon as possible, each shelter will be provided with "Shelter Kits" provided by the American Red Cross. The kit will contain appropriate forms, handbook and identification needed.
 - a) **Registration**—Forms and information regarding registration of shelterees can be found in the kits. Specific forms may be required for use in these shelters so that people utilizing the facilities can be tracked and process for further assistance. The kit forms include:
 - i. Shelter Registration Form
 - ii. Shelter Inventory Record
 - iii. Shelter Log
 - iv. Shelter Loading Report
 - b) **Sanitation**—Requirements such as trash disposal, restroom facilities and general cleanliness will be the responsibility of the American Red Cross Volunteer (or other persons) who is in charge of the facility.
 - c) **Contamination Screening**—The designation of a screening team to determine if shelterees are contaminated will be the responsibility of the Health Department in coordination with the Emergency Manager and American Red Cross official.
 - d) **Security**—The Sheriff's Office will be in charge of securing facilities which can be delegated in coordination with the American Red Cross and Emergency Manager.
 - e) **Reporting**—The interface with the EOC will be via telephone and where possible amateur radio operators will provide additional support. Capacities of the shelters will be reported to the EOC on a 12 hour schedule during the emergency and thereafter 24 hour reports will be sufficient. Should capacities fluctuate either way a call will be made immediately to the EOC.
 - f) **Emergency Child Care.** Arrangements for providing child care during emergencies will be the responsibility of the American Red Cross.

- g) **Facility Safety.** Inspection of the facilities will be the responsibility of the Health Department in coordination with the Emergency Manager and American Red Cross. Any deficiencies noted will be corrected as soon as possible. A "Fire Watch" system may have to be implemented during the night time if the facilities do not have automatic fire detection or suppression systems where evacuees sleep.

J. Other Services.

1. In addition to the provision of shelter and mass care services, evacuees may need assistance with clothing, basic medical attention, prescription medicines, disaster mental health services, temporary housing, and other support services. Some of these services may be provided by the same volunteer organizations that are operating shelters. In other cases, the Shelter Officer will have to identify the needs of those in public shelters to the Human Services Officer, who may be able to arrange for assistance from other volunteer organizations and agencies. Many human services programs also serve disaster victims that have not been evacuated from their homes. A description of human services programs and procedures for requesting human services support are provided in the Public Health annex.

K. Mental Health Services

1. Crisis Counseling for Disaster Victims

- a) Some disaster victims and emergency responders may need mental health services in the aftermath of a disaster. Many seeking such help can obtain aid from existing local mental health programs and religious groups. As the demand for such services may increase significantly after a disaster and some local providers may become disaster victims, there may be a need for additional mental health resources.
- b) If existing local resources are inadequate to meet the need for disaster mental health services, KDHE through the appropriate Mental Health Authority (State Hospital or Community MHMR Center) can provide disaster victims emergency counseling services. Local mental health professionals and members of the local ministerial association, and other local support groups] may augment these services.
 - 1) The SCC is designed to ensure that all mental health resources are coordinated in an appropriate manner. The purpose of the team is to support local government through:
 - (b) Assessing both short and long-term support needs of responders and victims.
 - (c) Assessing the unmet needs and the need for outside additional support.
 - (d) Working with local entities including government, local service providers, and local/regional agency offices to assure a coordinated response.
 - 2) When the incident results in a federal declaration, the SCC will work with local government and support agencies to:
 - (b) Track costs and resources allocated to relief efforts.
 - (c) Track the need for referrals and on going support needs.
 - (d) Coordinate private, federal, and voluntary resources.

- c) In addition to local and state mental health providers, some volunteer organizations active in disasters can provide crisis counseling to disaster victims. For a description of the services that can be provided by various organizations, see Appendix 1.

2. Mental Health Support for Emergency Responders

The Kansas CISM Network was established to assist emergency service personnel who have experienced critical incidents such as line of duty deaths, mass casualties, multiple fatalities, and local disasters. CISM teams are available upon request on a 24-hour basis regardless of whether a state or federal disaster has been declared.

3. Requesting State Disaster Mental Health Services

Local government requests for state crisis counseling, CISM, and victim's services assistance should be made by the County Emergency Manager to KDEM.

4. Where emergencies result in federal emergency or major disaster declarations by the President, disaster victims may be eligible for specific human services programs as part of the recovery process. See Recovery annex, for further information.

J. Food Adulteration.

1. The County Health Department is responsible for enforcing public health requirements for the protection of food stores and processing, sanitation of facilities and other items necessary to maintain a healthy environment for the evacuees.

K. Critical Resources.

1. Resources necessary for supplying the shelters are maintained by the American Red Cross and the County's resource inventory can be found in the "Resource Management" annex contained in the EOP.

Evaluation. Due to the timeframe involved since the last National Facility Survey in the County and the completion of the Community Shelter Plan, the entire shelter program should be updated. This will be accomplished in the very near future.

L. Records Maintenance

1. All records generated during an emergency will be collected and filed in an orderly manner so a record of events is preserved for use in determining response costs, settling claims, and updating emergency plans and procedures.

M. Preservation of Records

1. Vital human services records should be protected from the effects of a disaster to the maximum extent possible. Should records be damaged during an emergency situation, professional assistance preserving and restoring those records should be obtained as soon as possible.

N. Training & Exercises

- 1. Human services personnel who will participate in EOC operations will receive training on the operation of facility. The Human Services Officer is responsible for arranging that training.
- 2. Volunteer organizations and groups that could be providing human services support during emergency situations shall be invited and encouraged to participate in emergency drills and exercises where appropriate.

O. State and Federal Assistance

- 1. If state or federal assistance is required, The Human Services Officer will brief the Chairman of the County Commissioners on the assistance required. The Chairman or his/her designee will make the request for assistance to KDEM.

P. Development

- 1. The Emergency Manager is responsible for developing and maintaining this annex.

Q. Maintenance

- 1. This annex will be reviewed annually and updated in accordance with the schedule outlined in the Executive Operations portion of the Basic Plan.

REFERENCES

- A. ARC/FEMA brochure: *Food & Water in an Emergency*, ARC-5055 & FEMA L-210.
- B. ARC Fact Sheet: *Water Storage Before Disaster Strikes*.
- C. ARC Fact Sheet: *Water Treatment After Disaster Strikes*.
- D. FEMA brochure, *Emergency Food & Water Supplies*, FEMA-215.
- E. Kansas American Red Cross website: www.redcrossKansas.org. This site provides information on the service areas for the Kansas ARC chapters and addresses and phone numbers for those chapters.

APPENDICES

Appendix 1 Volunteer Groups
Appendix 2 Emergency Water Supplies

VOLUNTEER GROUPS

1. Local Organizations and Groups

The following is a list of local groups and organizations that have indicated that may be able to provide human services support during emergency situations.

GROUP/ORGANIZATION	SERVICES PROVIDED
Veterans of Foreign Wars Phone: (785) 272-6463	Commercial kitchen facilities
American Legion Phone: (785) 232-9315	Gathering Hall Commercial kitchen facilities
Wamego Senior Citizens Center Phone: 456-2260	Commercial kitchen facilities Gathering Hall
Westy Prayer & Share Group Phone: 456-4551	Food and Refreshment

2. State & National Organizations and Groups

The following state and national organizations and groups may be able to provide human services support during emergency situations.

GROUP/ORGANIZATION	SERVICES PROVIDED
American Red Cross Pottawatomie Chapter Phone: 537-2180 Wamego: Lois Cook 456-7476	<ul style="list-style-type: none"> • Shelter & mass feeding operations • Provision of first aid in shelters • Damage assessment • Cleaning supplies, comfort kits, food, & clothing • Funds for emergency transportation, rent, temporary home repairs, & replacement of job-related tools. • Operates disaster welfare inquiry system
The Salvation Army Phone:	<ul style="list-style-type: none"> • Fixed & mobile feeding • Temporary shelter • Counseling and morale building services • Medical assistance • Temporary home repairs • Warehousing and distribution of donated goods including food, clothing, and household items

EMERGENCY WATER SUPPLIES

1. In general, emergency water supplies cannot replace normal water distribution systems. In an emergency situation, people must be provided sufficient potable water for drinking and personal hygiene.
 - a. The typical planning factor for emergency water supplies of potable water is 3 gallons per person per day. If it is extremely hot, that planning factor should be increased.
 - b. Tankers carrying water intended for human consumption must be carefully inspected and sanitized. There may be a health risk in using tanker that do not normally transport potable water. When in doubt, seek advice from a public health professional.
 - c. Water is quite heavy and it is difficult for many people to carry more than 2 gallons of bottled water per trip.
2. If water supply outages are localized, the following options may be suitable:
 - a. Establish water supply points in outage areas where those who need water can fill their own containers.
 - 1) This normally requires one or more tankers and a temporary storage tank, pump, and some sort of distribution equipment – typically plastic pipe and spigots – at each site. As potable water tankers are generally in short supply, you cannot usually afford to tie up a tanker as a stationary water source; hence, the need for a storage tank and pump at each site.
 - 2) May need to provide containers for those who do not have them.
 - 3) If electrical power is out, may need generators to power pumps.
 - b. Establish water supply points in outage areas for distribution of bottled water. Emergency supplies of bottled water may be:
 - 1) Purchased from retailers, distributors, or commercial vendors (Walmart, Dyers).
 - 2) Donated by corporations, such as grocery chains.
 - 3) Obtained from stocks held by volunteer groups active in disasters (ARC).
 - 4) Requested from the State through KDEM, National Guard has potable water capabilities.

Bottled water is normally distributed in one-gallon plastic jugs.

- c. Distribute bottled water from trucks in affected areas on an established route/schedule.
- d. Identify water supply points in unaffected areas and have those without water go to these points to fill their containers.

- 1) If significant numbers of people do not have transportation to get them to the water supply points outside their neighborhood, this option is unworkable.
 - 2) You may need to provide containers for those who do not have them.
3. If the water supply outage affects the entire community, options a, b, and c above remain viable, but option d may be unworkable if there are no nearby water sources that are operable.
 4. It is generally necessary to provide attendants at temporary water distribution sites to keep operations running smoothly.
 5. For slowly-developing emergency situations, emergency public information announcements advising citizens to fill and store water containers in advance of the arrival of hazardous conditions may reduce later requirements for emergency water distribution.