

**FRANKLIN COUNTY
HEALTH DEPARTMENT**

**WATER, SANITATION, AND HYGIENE – RELATED EMERGENCIES
AMONG PEOPLE EXPERIENCING HOMELESSNESS**

ANNEX

APRIL 2023

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Water, Sanitation, and Hygiene – Related Emergencies Among People Experiencing Homelessness Annex

1. Purpose, Situation, and Assumptions

1.1 Purpose

The purpose of the Water, Sanitation, and Hygiene - Related Emergencies Among People Experiencing Homelessness Annex is to outline how the Franklin County Health Department will respond to water, sanitation, and hygiene (WASH) – related emergencies among people experiencing homelessness (PEH). The plan establishes the framework within which Franklin County Health Department (FCHD) staff will work to ensure that appropriate and coordinated public health measures are implemented in a timely and effective manner in meeting the specialty needs of people experiencing homelessness during a WASH-related emergency associated with drinking water, sanitation, and/or hygiene due to pathogens, chemicals, toxins, natural disaster or infrastructure failure.

WASH-related emergencies can create situations in which people experiencing homelessness are at a greater risk than the general population. Anticipating and planning for the specialty needs of PEH during WASH – related emergencies allows for more efficient and effective response to those needs and increases the agency’s ability to protect the public’s health. Therefore, the ultimate goal is to decrease the public’s burden of mortality and morbidity during any WASH-related emergency in Franklin County.

This annex establishes the key policies and defines the roles and responsibilities necessary to conduct Public Health Emergency Operations during a WASH-related emergency. The annex is designed to accomplish the following:

1. Guide strategic organization before, during, and after a WASH-related emergency.
2. Identify specific Public Health hazards and vulnerabilities within the jurisdiction during a WASH emergency, as well as outline the Health Department’s role in reducing the impact of those events in Franklin County.
3. Establish the systems and coordination that allows for optimal response to and recovery from a WASH emergency.
4. Outline the procedure for ensuring that PEH receives needed services during and after a WASH emergency.
5. Acknowledge the necessity of flexibility in disaster response and allow creative and innovative approaches to address the complex problems presented by disasters.

1.2 Situation Overview

WASH is the collective term for water, sanitation and hygiene. While each is a separate field of work, they are interdependent. Complex WASH emergencies trigger emergency responses.

Emergencies related to WASH can cause community-wide disruption and illness. Franklin County is vulnerable to many WASH-related emergencies. These can be created by natural disasters such as tornados, floods, earthquakes, and droughts; man-made disasters, such as chemical spills; or waterborne disease outbreak.

PEH exist within all jurisdictions of Franklin County. Homelessness is the result of complex emotional and socio-economic circumstances. People experience homelessness in a range of different ways, for a range of different reasons, with a range of different attitudes and mental/physical health effects.

In this annex, those who are experiencing homelessness include:

- An individual or family who lacks a fixed, regular, and adequate nighttime residence, as defined by the McKinney-Vento Homeless Act, such as those living in emergency shelters, transitional housing, or places not meant for habitation.
 - "Fixed" means stationary, permanent, and not subject to change
 - "Regular" means nighttime residence available on a predictable or routine basis
 - "Adequate" means the residence is sufficient for both the physical and psychological needs typically met in home environment, including adequate and quiet space for studying
- An individual or family who will imminently lose their primary nighttime residence (within 14 days), provided that no subsequent housing has been identified and the individual/family lacks support networks or resources needed to obtain housing.
- Unaccompanied youth under 25 years of age, or families with children and youth who qualify under other Federal statutes, such as the Runaway and Homeless Youth Act, have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.
- An individual or family who is fleeing or attempting to flee domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing.

The extent of PEH and their specific needs varies throughout the year. The specific special needs of PEH are challenging to identify, plan for, and prepare for until the incident occurs. The nature of homelessness introduces barriers to individual emergency preparedness.

Barriers to undertaking individual emergency preparedness measures may include:

- Limited resources
- Limited capacity to stockpile essential supplies
- Social isolation
- Lack of access to housing and other materials needed
- Lack of access to transportation

- High prevalence of disabilities, chronic physical conditions, and behavioral health needs

Given the wide variety of needs that may need to be met, this annex highlights the most likely special needs for PEH in a WASH-related emergency, but flexibility must be maintained for unexpected and unique circumstances.

1.3 Special Circumstances and Considerations

Re-traumatization - PEH often experience trauma as part of homelessness, and they may also have histories of trauma prior to becoming homeless. Because disasters and emergencies may also induce trauma, they can cause these individuals to be re-traumatized, which can involve intense reactions. It is vital to be informed about trauma and re-traumatization and connect with those who have expertise in providing services to those experiencing homelessness.

Families - Families who are homeless, especially those with young children, must be prioritized and kept together for unity and comfort. A single parent and children may become homeless when they flee domestic violence. Resources for those suffering from housing instability or intimate partner violence should be readily available for these individuals.

LGBTQ+ - Although youth who are lesbian, gay, bisexual, or transgender (LGBT) account for up to 40% of youth experiencing homelessness, LGBT and queer or questioning individuals of all ages often experience violence and discrimination in ways that keep them from accessing necessary shelter and services. Homelessness service programs and facilities with funding from the U.S. Department of Housing and Urban Development's Office of Community Planning and Development must adhere to the Equal Access Rule to provide safe and welcoming accommodations for LGBTQ+ individuals. These accommodations can include creating inclusive signage and intake forms, establishing protective written policies and procedures, and adopting inclusive language.

Older Adults - Older adults who are homeless may not have accessible shelters available if they develop access or functional needs, as many people do as they age. Experiencing homelessness may accelerate the aging process, increasing the chances of developing health problems. Older adults experiencing homelessness must be taken into consideration when providing appropriate services and support.

Companion Animals - Some PEH have companion animals. It is preferable to keep these individuals and their pets together as a family unit, as having a companion animal can reduce stress and enhance resilience.

1.4 Planning Assumptions

The following assumptions are considered when planning and responding to a WASH-related emergency.

- The Franklin County Health Department regularly monitors the health status of the community through health surveillance.

- WASH-related emergencies may come with or without prior warning.
- Most WASH-related emergencies in Franklin County are localized.
- The unique needs of PEH require special response by Franklin County first responders, public health, and/or Disaster and Emergency Services during a WASH-related emergency.
- Ordinary procedures routinely utilized by responders, and Disaster and Emergency Services may not suffice nor be appropriate for those who are experiencing homelessness during a WASH-related emergency.
- People experiencing homelessness may experience significant challenges in accessing and acquiring information and relevant resources during a WASH-related emergency.
- Outside public health resource support will be available to assist the County's public health staff.
- Federal resources generally will not be available for 24-72 hours from the time of request.
- Physicians, nurses and other medically trained residents will volunteer to assist. They may do so through the Missouri Emergency System for Advance Registration of Volunteer Health Professionals (MO-ESAR-VHP) also known as Show-Me Response or in a spontaneous, non-affiliated way. However, concerns about personal safety and/or family welfare may limit the number of medical personnel willing to volunteer in certain incidents.
- Residents will volunteer to assist. However, concerns about personal safety and/or family welfare may limit the number of volunteers willing to provide assistance.

2. Concept of Operations

The decision points that follow are the responsibility of incident management, which in this plan is the FCHD. Note that not all decision points may be necessary, and some decision points may be combined during rapidly escalating situations.

Decision Point: Plan activation

A situation or event in Franklin County may lead to a WASH – related public health emergency. The general threshold for an EOP activation is when an event has occurred that exceeds normal day-to-day department capabilities, indicators are present that there is an imminent a public health emergency, or a notification to activate has been issued by an appropriate authority, such as the Missouri Department of Health and Human Services. Upon notification, a conference will be held between the Health Administrator, Emergency Planner, and County Executives in order to evaluate the situation. This conference will determine whether a partial or a full activation is necessary (an Activation Matrix can be found in the full FCHD ERP). Potential WASH-related events that could overwhelm normal response agencies and justify an activation are:

- Major disaster such as an earthquake or flood that damages community infrastructure (hospitals, transportation system, utilities, etc.) causing major public health impacts
- Unexpected severe and acute occurrences of biologic, chemical, radiological, or environmental disease or injury
- Any event that could lead to extreme or undue burden on PEH

Once the decision to activate has been made, the Health Emergency Operations Center (HEOC) will be set up (more information on the HEOC is located in the FCHD ERP). Along with the activation of the EOC a determination will be made by the Incident Commander and Elected Officials to establish a Joint Information Center (JIC), a Joint Information System (JIS) or an alternate means of addressing the public information needs. During activation of the HEOC, communication links will be established for subordinate locations such as dispensing sites, reception centers, and support sites. The Command staff will begin the planning process and issue an Incident Action Plan (IAP) using the appropriate ICS forms. Once response operations have begun, situation reports, administration and finance logs will be completed.

Decision Point: People Experiencing Homelessness

After the plan has been activated, the Command Staff will determine whether there are people with special needs within the area affected by the WASH emergency. For this plan, special needs refer to PEH. This determination will be made by the Command Staff after discussions about the affected area. Staff will also contact the PEH Outreach Team for assistance in determining the level of response needed (further information regarding the PEH Outreach Team found in Section 3).

Decision Point: Evacuation

In some instances, evacuation of PEH in an affected area may be required. This will be decided by the Command Staff in collaboration with the PEH Outreach Team.

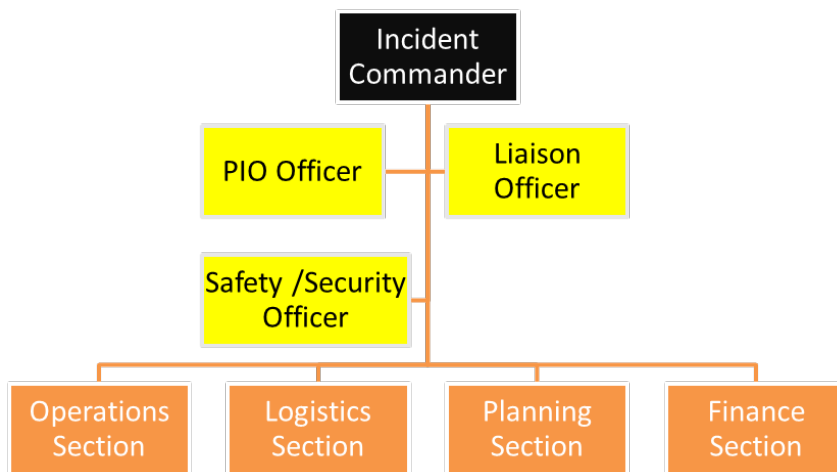
3. Organization and Assignment of Responsibilities

3.1 Incident Management System

This plan follows the principles and processes outlined in the National Incident Management System (NIMS) framework, and as a result utilizes a command structure and reporting procedure consistent with the Incident Command System (ICS). Use of the NIMS framework, and ICS forms enables the FCHD to integrate seamlessly with the Franklin County Emergency Management agency, as well as other emergency response agencies and jurisdictions.

The NIMS and the ICS are implemented for command, control and coordination of a response to any incident occurring in Franklin County, and this applies during WASH emergencies. This system coordinates efforts of individuals and agencies as they work toward the goal of stabilizing a WASH emergency, while protecting life, property and the environment. For more details related to NIMS and ICS in Franklin County, refer to the Franklin County EOP.

When responding to incidents the FCHD will employ the following ICS structure, with the Health Department Director assuming the command function and determining the personnel required to manage the incident.

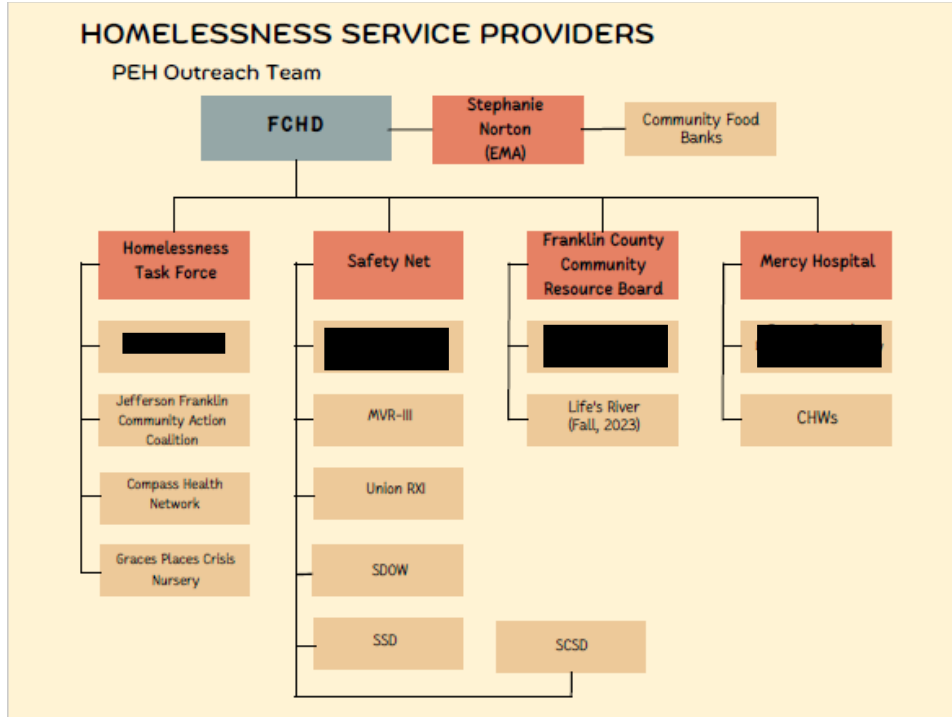


The Health Department Director is the primary Incident Commander for Public Health incidents originating within the jurisdiction, succeeded by the Deputy Director, and then the Emergency Planner, or other staff as designated by the County Commission. The State Emergency Response center will be contacted for necessary guidance concerning activation level and for subject matter expert consultation. For Public Health incidents originating outside Franklin County, or for events falling under the responsibility of the Emergency Management Agency, the Health Department will provide sufficient staffing for the ESF-8 desk at the appropriate EOC.

3.2 PEH Outreach Team

To address the specific needs of PEH during a WASH-related emergency, the PEH Outreach Team will be utilized. This team includes organizations that are homeless service providers and those that work with PEH regularly. After activation of the plan, the PEH Outreach Team will be utilized during and after the response to the emergency to provide insight on the specific needs of PEH. The PEH Outreach Team falls under the Operations Section of the ICS structure. The

image below shows the PEH Outreach Team. A full list of names and contact information for the PEH Outreach Team is in Attachment 2.



During response to an emergency, closed PODs will be used to distribute resources to PEH. The Franklin County Community Resource Board building will be used as the primary closed POD for the distribution of resources to PEH. Other closed PODs will be utilized when necessary. Utilizing closed PODs at organizations PEH are familiar with and trust make it more likely that resources will be distributed to as many PEH as possible. The closed PODs are listed below.

Franklin County Community Resource Board

501 West End Avenue
 Union, MO 63084

Mercy Hospital Washington

901 E 5th St
 Washington, MO 63090

Grace’s Place Crisis Nursery

302 Lafayette St
 Washington, MO 63090

4. Direction, Control, and Coordination

Additional information emergency operations direction, control, and coordination is found in the FCHD ERP.

In the event of a WASH-related emergency affecting PEH, the PEH Outreach team will be included in the Continuity of Operations strategy. The PEH team will help to coordinate closed PODS to distribute resources to PEH.

5. Public Information and Communications

Information regarding the general public information function can be found in the FCHD ERP. In the event of a WASH-related emergency, essential information is disseminated using established pathways of communication, such as local radio and TV broadcasts, social media outlets, and newsprint. Inter-agency communication is also crucial during a WASH emergency. Land lines, cellular phones, e-mail, and text messages will be used to communicate within the agency. In some instances, such as during large scale events, the need to coordinate using radio, satellite phone, or other alternate methods of communication may also be necessary.

A primary and alternate Public Information Officer (PIO) should be designated to develop and deliver public information messages, as well as coordinate with outside agencies and jurisdictions to ensure those messages are unified, accurate, and timely. A Job Action Sheet should be used to outline the expectations and responsibilities of the primary and alternate PIO (**Attachment 2 of the FCHD ERP**). Messaging templates, developed pre-event, allow for rapid information distribution (**Attachment 3 of the FCHD ERP**), and the networks used to disseminate information should be maintained in a high state of readiness (**Attachment 4 of the FCHD ERP**). The Health Department PIO will operate under the County EOP when the EOC is operational. Coordinated media briefings will be conducted as needed.

5.1 Outreach Team

Communications with outside agencies are particularly important when ensuring information reaches PEH, as these individuals will often not have access to the traditional means of communications. After activation of the ICS and situation assessment, an initial brief will be distributed to key members of the PEH Outreach Team. When exchanging information during an incident, care should be exercised to ensure only authorized individuals and agencies are receiving information and that messages include guidance on the re-release of information to ensure the protection of information. When possible secure platforms, such as WebEOC or the Health Alert Network, should be used to share information. Communication should take place through authorized individuals, such as an external affair or liaison officer.

No assumptions will be made about agencies receiving notifications from alternate sources, and each of the following agencies will be contacted by the HEOC liaison, or designated personnel.

Key messages for providing information to the public on WASH-related emergencies are found in **Attachment 1**.

6. Administration, Finance, and Logistics

6.1 Finance/Administration

After activation of the plan and once emergency response operations have begun, situation reports, administration and finance logs will be completed in order to maintain proper documentation and potentially qualify for Federal reimbursement if authorized. ICS forms and a sample IAP are provided in **(Attachment 1 of the FCHD ERP)** and blank ICS forms can be accessed electronically at:

[Emergency Management Institute | ICS Fillable Forms \(fema.gov\)](https://www.fema.gov/emergency-management-institute/ics-fillable-forms)

6.2 Logistics

For additional information on disaster and emergency logistics, see the FCHD ERP.

7. Plan Evaluation and Maintenance

The policies and procedures of this plan should be evaluated and improved by conducting drills and exercises. Depending on the size and complexity of the exercise the appropriate HSEEP documentation will be completed, to include an after-action report and improvement plan. Further details on the procedure for exercising the plan can be found in the FCHD ERP.

8. References

8.1 References

Centers for Disease Control and Prevention. (2022). Water, Sanitation, & Hygiene (WASH)-related Emergencies & Outbreaks. Retrieved from <https://www.cdc.gov/healthywater/emergency/index.html>

Mantell R, Hwang YIJ, Radford K, Perkovic S, Cullen P, Withall A. Accelerated aging in people experiencing homelessness: A rapid review of frailty prevalence and determinants. *Front Public Health*. 2023 Mar 16;11:1086215. doi: 10.3389/fpubh.2023.1086215.

Missouri Department of Higher Education and Workforce Development. (2023). Homeless Youth and the McKinney-Vento Act. Retrieved from <https://dhewd.mo.gov/ppc/homelessyouth.php>

8.2 Acronyms

EOP: Emergency Operations Plan

FCHD: Franklin County Health Department

FCHD EOP: Franklin County Health Department Emergency Operations Plan

HEOC: Health Emergency Operations Center

IAP: Incident Action Plan

ICS: Incident Command System

JIC: Joint Information Center

JIS: Joint Information System

NIMS: National Incident Management System

PEH: People Experiencing Homelessness

PIO: Public Information Officer

WASH: Water, Sanitation, and Hygiene

9. Attachments

Attachment 1: Key Messages

The following key messages will be communicated to the public in the event of a WASH-related emergency:

The public will be informed about comprehensive preventative strategies and activities (community education, surveillance, etc.) to address the threat of WASH-related emergencies and to minimize exposure.

The public will be advised to follow drinking water, and water use advisories.

The public will be advised of the importance of personal hygiene and sanitation practices during a WASH-related emergency.

The public will be informed of the nature of WASH-related emergencies and the signs and symptoms of WASH-related diseases. Protective measures that can be taken include access to a sufficient quantity of safe water to meet their drinking and domestic needs, practicing adequate hand and personal hygiene, and safe solid waste management.

The following key messages will be communicated to homeless service providers and people experiencing homelessness:

Homeless service providers will be made aware of WASH-related emergencies and will be provided with comprehensive preventative strategies and activities that are relevant to people experiencing homelessness.

Homeless service providers will be provided with information to share with clients (Potable water promotion, hygiene promotion, sanitation promotion, emergency shelter locations, emergency water distribution sites, emergency hygiene facility locations, transportation services).

Messaging will be delivered face-to-face through outreach teams to known or suspected encampments.

Deployment of Outreach Teams

Outreach teams are comprised of FCHD staff and homeless service providers.

[Attachment 2: PEH Outreach Team Contact List](#)