

# Iowa Access and functional needs Planning Toolkit



Developed by the  
Iowa Access and functional needs Planning  
Committee

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# Access and functional needs Planning Committee Members

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PREFACE

Formation of the Iowa Access and Functional Needs Planning Committee and the development of this toolkit were made possible through the FFY 2008 Homeland Security Grant Program.

The mission of the committee was to gather all the varying data from a multitude of sources regarding access and functional needs populations and bring it together into a single source for the use of Iowa's emergency management coordinators.

The result of this work is the enclosed toolkit. The toolkit has been developed to be integrated into the county's comprehensive emergency operations plans in the emergency support function format. The toolkit also has several plan templates if the coordinator chooses to develop a separate document. Also included are multiple sources of support data organized for easy access.

Each section provides information specific to an emergency support function of the county comprehensive emergency operations plan. The toolkit was developed so that each county can use the information to incorporate access and functional needs into their plan that is responsive to their county's unique characteristics. The toolkit also makes the tie-ins and transitions from federal to state to local jurisdictions as simple and as seamless as possible.

Although the toolkit provides a tremendous amount of useful data, it is still the responsibility of each county coordinator to use this information to incorporate access and functional needs into the county emergency operations plan.

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2. Access and Functional Needs Populations Planning Resources
3. State, Territorial, Tribal, and Local Community Preparedness Resources
4. Personal Preparedness Resources
5. Examples of National Organizations Having Resources for Access and Functional Needs and Emergency Preparedness
6. HIPAA Privacy Rule and Disclosures in Emergency Situations
7. Sample Brochures
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## **I. INTRODUCTION**

## **State of Iowa Definition of Access and Functional Needs**

To align with the National Response Framework, the definition of Access and Functional Needs for the State of Iowa shall be as follows:

“Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to:

- Maintaining independence
- Communication
- Transportation
- Supervision
- Medical Care

Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are frail elderly; who are children; who are from diverse cultures; who have limited or are non-English speaking; or who are transportation disadvantaged.”

## **Purpose of this Toolkit**

Comprehensive and thoughtful planning is the key to effective response to the needs of persons with access and functional needs during an emergency event, especially large scale events. To provide information and resources to assist in planning for these populations, the Access and Functional Needs Project Planning Committee was formed to identify and catalogue resources in the form of a CD library or toolkit. This tool kit is to be used by emergency planners, whether they are associated with municipal or county government, hospitals, public health or other organizations active in disaster response. This toolkit was developed not to provide a completed Access and Functional Needs plan for the user, but to provide multiple sources of information and examples.

## **Disclaimer**

The toolkit is not an indication of a mandatory directive. The decision to, or not to incorporate access and functional needs is the decision of the user alone. The information provided in this toolkit is for informational purposes only and should not be interpreted as an endorsement. Planning for access and functional needs populations does not replace personal responsibility by individuals or their families. It is important to encourage personal emergency planning by families and persons with access and functional needs.

## **How to Use This Toolkit**

The first step in incorporating access and functional needs populations is to know the demographic profile of your community. Iowa's overall population is 14.8% frail elderly and 15.9% of those 5-65 report having a disability. You can find your county demographic profile by going to <http://data.iowadatacenter.org/browse/countydp2000.htm>. Agencies that provide access and functional needs support services can identify their client numbers but this will not include those living in the county that are not receiving but might need access and functional needs services. There may also be duplication in the numbers if a person uses multiple agencies for services.

Once you have collected the demographic information have the planning team analyze the data and then begin your planning based on those results.

Since personal preparedness is a large factor in access and functional needs planning the toolkit will also provide several examples of brochures, pamphlets, and other suggestions for media campaigns. Also included for your use is a public service announcement (PSA) recorded by Shawn Johnson, the Olympic Gold Medalist.

Access and functional needs advocacy groups may become an invaluable asset during the planning process. These groups and people with disabilities can provide many resources and expertise that will assist with your emergency operations plan. Some examples of their value include:

- Identifying other people with disabilities or who are aging to serve as committee members on individual planning activities,
- Participate themselves on planning committees,
- Maintain essential services to support their clients,
- Provide services as a special needs shelter (MAY STILL BE CALLED "SPECIAL NEEDS SHELTERS") or provide staff to assist at a special needs shelter,
- Assist with training, notification, evacuation, sheltering and recovery activities.

The following is a list of community services or agencies to help in the planning process:

- Area Agency on Aging
- Centers for Independent Living (CIL). Be aware that only about 1/3 of the counties are covered by a CIL and that there may not be an office in your county although CIL services are provided.
- Home Health Care: These may be not-for-profit and profit agencies, based out of hospitals or the county public health office.
- Community Mental Health Services.
- Disability supported living and employment services.
- County case managers
- Transportation: city and county transit and Para-transit, school and religious organizations, assisted living, nursing home and disability/aging community services.
- Parent Educator Connection or PEC: based out of the Area Education Agency, staffs are parents and can identify other parents of children with disabilities.
- Hands and Voices: parents of children with hearing loss or deafness.
- Paralyzed Veterans Association or other Veteran's organizations.
- Frail elderly Housing, Assisted Living and Nursing Homes.

### **The Pros and Cons of Registries for People with Access and functional needs**

The initial concept of special needs registries or “access and functional needs registries” was for planning purposes to determine or identify those who may need assistance with evacuation. To date they have grown to include transportation, medication, medical needs, diet and assistive technology. Further, these registries have included personal care attendants, providers, family members, assistive technology and service animals. Through this process, emergency planners and responders have come to know that their communities are unique and diverse, and that the “one size fits all” planning approach leaves roughly 30% of their population out of the equation.

If local, county, and state emergency management decide to create a registry there are many considerations that should be addressed before moving forward. The purpose of this section is to look at registries in addition to the pros and cons to determine if this type of planning would be beneficial.

### **Outcome**

The first step is to identify clear goals and objectives of the registry and the expectations of both emergency responders and people on the registry.

These questions could help determine the purpose of the registry.

Is it:

- To identify the number of people that will need assistance?
- To alert people of the hazard?
- To know their location for evacuation?
- To know the type of accessible transportation needed?
- To allocate resources that includes medication, durable medical equipment and consumable medical goods?
- To arrange shelters and/or staging areas that are physically accessible and can meet access and functional needs?

### **Participation**

People **must** have a clear understanding of what assistance, if any, will be available during an emergency. Current registries are voluntary, meaning participation is a personal choice. Most, if not all, registries have a disclaimer stating that the purpose is for resource only and that it does not guarantee that emergency responders will be able to provide any of the services listed on the application or provide rescue/evacuation. Registries may be perceived as a promise or guarantee, and even with the disclaimer people have a false sense of security that all their needs will be met because of their participation. In addition to legal concerns, who is first on the list of those evacuated or served? The more information that is gathered on the registry the more assistance people assume they will receive. Additionally, registries can also provide a false assumption that the registrants are the only population that will need and be given priority assistance.

Registries represent an individual instead of the whole demographic. This leaves the emergency planners believing that they have an accurate “count” of people needing assistance within their jurisdiction. Even though county emergency managers are resource managers, their focus is not meeting the specific needs of a particular individual. They work on a larger and broader scale of planning, response and recovery. County emergency managers can find themselves in the role of service providers or case managers in addition to their response and recovery duties.

People with disabilities are less likely to participate in registries because they are unwilling to give their personal information to a government entity. They are also concerned with appearing that they are unable to care for themselves and will be sent to assisted living or a care facility. Independence, privacy and confidentiality keep the participation numbers very low with registries. There is also the dichotomy of telling individuals not to give out their personal information to anyone they do not know, but they should trust providing their health history, personal identification and insurance numbers for a “just in case” proposition into a data base. Some elders may not see themselves as needing any assistance and not make application which would also limit accurate data.

### **Accuracy**

If registries only capture home addresses; there is the presumption that people on the list are always at home. Disasters happen throughout the day and there would require a foot print of the registrant’s lifestyle. This would include family and friends’ addresses, work addresses, notices of vacation, and locations where they spend time or when they are leaving the area. This alone puts huge gaps in the effectiveness of the registries. Maintaining current and up-to-date information would require a geographic information system (GIS) tracking system or something similar.

To remain effective, registries need to have up-to-date information, requiring renewal at least annually. This can be done internally by the agency maintaining the registry or be the sole responsibility of the applicant. Even with maintenance it must be understood that registries will always be out of date. Registries are extremely labor intensive and can be costly even with volunteers working to keep it current.

### **Eligibility**

Most registries do not have eligibility or screening processes. There are no income guidelines or assessments made to determine eligibility. Anyone can participate even though they may have their own form of transportation, resources for food, water, medication and other health aides. This places an even larger responsibility on emergency response personnel and available resources.

Due to the fact there are no registry standards, a large portion of the population is overlooked but should be considered. For example, frail elderly, children, those with limited English language proficiency, those with diverse cultures, undocumented workers, and transportation disadvantaged. Another concern is large groups of people in the area for an event or visitors that have little

understanding on alerting systems, evacuation or sheltering. Other considerations include planning for people in the hospital, care facilities, group homes, inmates and children in state's custody for placement.

### **Capability**

Registries have the potential of putting an unrealistic expectation of the first responder's capability. The general public views response through a 9-1-1 lens. Typically routine emergency response is very efficient because the infrastructure remains intact, human resources are available and there is hand off capabilities i.e. hospitals and clinics. Large disasters change the response capabilities dramatically which limit the availability of human capital for individual evacuation. Back-up power sources are also needed to access the registry during a power outage.

### **Data Reporting and Collection**

Who provides the information or "data"?

Is it-

- self reporting
- family members
- home health care providers/physicians
- neighborhood associations
- local social service agencies
- churches or civic groups

Many organizations could provide information, however a release of information would be required. People cannot be placed on registries without their knowledge or consent. If someone is unable to provide consent a legal guardian or representative would be required. Options for marketing of the registry can be done through preparedness fairs, flyers in utility bills, senior centers and public service announcements for example. The data collection can also be through mail in registration forms, online applications and phone in systems, and then be entered into a data base. Throughout this process confidentiality must be preserved.

### **Data Center of Iowa**

The State Data Center of Iowa maintains Iowa statistics at state, county and local level. [www.iowadatacenter.org](http://www.iowadatacenter.org) goes to data, - data tables' counties, - disabilities. This will list sensory, physical, mental and self-care in percentages. Even these statistics may not reflect the population with precision; they do provide statistics or

percentages for planning. These numbers only include non-institutionalized age six and up. Planners need to include people living in care facilities, group homes and assisted living for more accurate percentage.

### **Sample Registration Formats – See Attachment 1**

## **Incorporating Access and Functional Needs into the County Comprehensive Emergency Management Plan**

When incorporating access and functional needs into the county comprehensive emergency management plan, the use of the Federal Emergency Management Agency's (FEMA's) Comprehensive Preparedness Guide (CPG) 101 is an excellent resource. Material unique to functional has been incorporated into the ESF for which it is most appropriately (i.e., information regarding transportation needs is in ESF-1, etc.).

### **ESF 1 - Transportation**

#### **Individuals Needing Transportation Assistance:**

Populations that will require transportation assistance during an emergency (response and recovery) include: (1) individuals who do not have access to a vehicle but can independently arrive at a pick-up point; (2) individuals who do not have access to a private vehicle and will need a ride from their home; (3) individuals who live in a group setting or assisted living environment and will need a ride from such facilities; (4) individuals who are in an in-patient medical facility or nursing home; and (5) individuals who are transient, such as people who are homeless, and have no fixed address, (60) individuals sheltering.

Evacuation plans should outline procedures to ensure the availability of sufficient and timely, accessible transportation to evacuate facilities or neighborhoods with a high concentration of residents who need additional assistance. These locations include nursing homes, group homes, assisted living facilities, clusters of home-based care clients, retirement communities, and other locations where individuals with disabilities use accessible transportation. When possible, emergency managers should arrange for staff and volunteers to be placed at staging areas and within transportation vehicles to offer assistance. To match available resources to projected needs for various types of transportation, emergency managers should use their access and functional needs population assessments and registries (if a registry has been created), as well as GIS mapping options.

### **Identification of Transportation Resources:**

Emergency managers should be aware that approximately 64 federal programs support transportation services for access and functional needs populations on a daily basis. Of these programs, approximately 34 operate vehicles or contract for services. Examples of these programs include local area agencies on the aging, mental health day habilitation programs, and vocational rehabilitation programs. It is important for emergency planners to collaborate with these routine transportation providers to identify individuals who might require transportation assistance during and evacuation. This will help determine appropriate forms of transportation and enhance coordination among multiple providers.

Some communities have public transportation resources, such as fixed route and paratransit services, as required by the Americans with Disabilities Act (ADA). Human service agencies such as aging networks and Medicaid also own vehicles through a variety of federally funded programs. Emergency managers should determine whether the areas existing fleet of low-floor and accessible buses, school buses, over-the-road buses, or light rail, heavy rail vehicles could be used to evacuate people without access to personal vehicles. Private schools, taxi services, nonprofit, and other private charter bus companies are also important partners for identification of vehicles with and without lift equipment. Busses equipped with two-way radios capable of communication with a dispatcher and/or emergency management agency greatly aids evacuation coordination. Although these resources will be critical during an emergency, the extent to which they will be able to provide transportation assistance will depend on:

- The nature and type of the incident, such as whether the incident is a no-notice or advance-notice event.
- The time of day and day of the week the incident takes place.
- Whether the transportation network sustained damage in the incident.
- The location of the incident relative to the location of transit vehicles and routes.
- Whether people need to be evacuated over long distances.

### **Emergency Transportation Considerations:**

The following considerations are critical to avoid pitfalls in emergency transportation planning:

- Transportation providers may have pre-arranged agreements with multiple facilities-essentially “double-“ or “triple-booking” - risking insufficient services should an emergency affect an entire state or region.

- Many contracts between transportation providers and facilities have a provision that allows the transportation company to opt out at the last minute. Although this is standard contract language because buses may be on a trip and unavailable, it leaves the facility without transportation.
- Many jurisdictions have contracts in place for buses and must have pre-designated drivers. Transportation plans should include the workers, which often involve union rules, and the requests made to these workers should be detailed. For example, does the plan allow for the bus driver to take his or her family on the bus?
- Identifying where individuals are located, particularly during the day, can be problematic especially when people are served by multiple transit providers.
- If an evacuation takes place during a school day, school bus drivers may not be available to assist with the evacuation because they will be driving children to or from home. Additionally, these drivers are typically not trained or contracted for emergencies and may not be available to provide assistance to some functional need individuals. Establish alternative agreements to account for this possibility.
- Establish shelter policies to ensure transportation providers have specific information on evacuation routes and shelter locations.
- Develop procedures for reimbursing transportation providers for expenses they incur during and evacuation, to ensure their assistance in the future.
- Transportation providers will be less likely to assist if they are concerned about liability issues. Where possible, state and local jurisdictions should work to establish agreements that reduce the liability of transportation providers in case of an accident or injury.
- In addition to transportation resources, consideration should be given to the availability of support equipment such as portable oxygen, accessible cots, accessible portable toilets, drinking straws, and communication devices for the evacuation process.
- Make provisions for transporting persons with disabilities and their service animals as a unit without separating the person/animals from each other or segregating them from the general population

### **Legal Considerations:**

State, territorial, tribal, and local jurisdictions must take into consideration a variety of legal and regulatory requirements when coordinating emergency transportation. As discussed earlier, planners should make use of available guidance from the Department of Health and Human Services Office for Civil

Rights, about how the Health Insurance Portability and Accountability (HIPAA) Privacy Rule permits covered entities to disclose identifiable health information for planning purposes.

Some public and private-sector transportation providers are reluctant to provide service without memorandums of agreement (MOA) with the state, territorial, tribal, or local jurisdiction regarding liability and reimbursement. Such agreements typically require time, money, and legal representation-resources governments may not have readily available. Additionally, private transportation providers often will not provide transportation without formal sheltering arrangements being in place to eliminate unexpected complications. As this point illustrates, the transportation, evacuation and sheltering of access and functional needs individuals does not exist in a vacuum-each component of an emergency plan affects and is inextricably linked to the other components.

## **ESF 6 – MASS CARE, EMERGENCY ASSISTANCE, HOUSING, AND HUMAN SERVICES**

### **SHELTERING, MASS CARE**

Life safety and the health of individuals are the primary goals of emergency sheltering. It is important to accomplish these goals while simultaneously respecting civil rights. For individuals with access and functional needs, this means focusing on appropriate assistance and integration into the system.

Disability civil rights laws require physical accessibility of shelter facilities, effective communication using multiple methods, full access to emergency services, and reasonable modification of programs where needed. In accordance with Title II of the ADA, general population shelters should offer individuals with disabilities the same benefits provided to those without disabilities. These benefits include safety, comfort, food, medical care, and the support of family and friends. For detailed information on the ADA's application to emergency sheltering, see the guidance issued by the Department of Justice in July 2007. This guidance includes a shelter accessibility assessment tool, (Attachment 11). In addition, FEMA has issued a Web-based reference guide to federal civil rights laws and their application to Accommodating Individuals with Disabilities in Mass Care, Housing, and Human Services, available at <http://www.fema.gov/oer/reference>.

General accessible population shelter staff should make appropriate accommodations for individuals with Access and functional needs. These

accommodations may include physical accessibility, modifications to facilities, pictogram signage language and sign language interpreters, and volunteers to help frail elderly and/or other individuals who need minimal assistance with daily living activities. Historically NGO's (such as the American Red Cross) manage general population shelter services following a disaster. However, because no jurisdiction can depend on one source to supply all personnel and resources necessary, emergency managers should draw from the skills and resources within access and functional needs planning networks.

Accessible general population shelter plans should also outline how to obtain resources such as durable medical equipment (i.e., wheelchairs, walkers, canes, etc.), personal hygiene supplies, skilled staff, etc. Children will need items such as diapers, formula, baby food, toys, etc. access and functional needs advocates can work with emergency managers to secure these resources from the state, territorial, tribal, or local government, non-governmental organizations (NGOs), and the private sector.

Systems should be in place for managing shelter staff and volunteers, including a process for identifying and training personnel, verifying credentials and screening for security risk. As with triage staff, shelter staff should have access to language assistance services to assist persons who are limited or are non-English speaking and individuals who are deaf or low hearing. When possible, agreements should be created ahead of time, and critical partnerships and roles should be established between relevant agencies and service providers.

### **Specialized Shelters**

Based on the nature of the emergency and the needs of the community, state, territorial, tribal, and local governments have sometimes established specialized shelters that provide a level of service beyond the general population shelter level of care. Specialized shelters may be co-located within a general population shelter, a unit within a medical shelter, or a stand alone entity. These specialized operations offer assistance to individuals who require intensive assistance with daily life activities and individuals who have needs for on-site professional medical care. Plans, staff, and resources for specialized shelters, even when co-located with a general population shelter, are a state, territorial, tribal, or local government responsibility. Once again, an integrated planning approach for shelter management and resources is essential, and emergency planners should focus on coordinating with Access and functional needs planning networks.

Specialized shelter plans that rely on assistance from accompanying caregivers should qualify the assumption that such help will be forthcoming. Although family caregivers are essential, they will depend on shelter staff for function-based needs. They may have other family members, such as children, with whom they are concerned. Furthermore, clients may have no family caregiver present, or the family caregivers could have significant medical conditions themselves.

Individuals needing acute medical care should be taken to medical shelters or hospitals.

### **Triage**

Triage is the method by which individuals are prioritized for assistance and is the key for placing individuals in appropriate shelters. An assessment process should be established by qualified staff to ensure individuals are placed in shelters with an appropriate level of resources. Triage procedures should reflect the importance of placing individuals in shelters that meet their needs in the least restrictive manner possible. As such, triage staff should:

- Receive basic training on how to communicate with a wide range of populations.
- Have access to language and sign language interpreters as needed to assist populations that have limited or are non-English speaking and deaf or hard-of-hearing individuals.
- Have access to medical and behavioral health personnel (registered nurses, doctors, social workers, or other practitioners) who can determine which individuals need medical care.

Individuals who require minimal support or assistance should not be directed to a shelter that provides a greater level of support services than what they need. For example, an frail elderly individual who functions without assistance in his or her home may be confused and in need of assistance in the shelter environment. A person with a cognitive or psychiatric disability may need direction with the change in daily routine. These individuals may be accommodated with minimal assistance in an accessible general population shelter. Likewise, individuals with access and functional needs should be kept with their family caregiver. Keeping these individuals unified with their caregivers can help them function in a general population shelter with minimal support from shelter staff.

Triage staff should acknowledge the need for family-centered care. Parents are usually unwilling to be separated from their children for any reason, including

medical treatment. Additionally, staff members should be prepared for the needs of children who are not accompanied by a caregiver. For more information see Attachment 9 – Access and functional needs-Emergency Shelters Template.

### **Service Animal Policy**

The absence or presence of a service animal can mean the difference between a person who requires regular assistance from shelter staff and a person who can function independently. The ADA defines “service animal” as any “guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability.” Service animal jobs include:

- Guiding individuals with no to low vision.
- Alerting individuals who are deaf or low hearing (to intruders or sounds such as a baby’s cry, the doorbell, and fire alarms).
- Pulling a wheelchair.
- Fetching dropped items.
- Alerting people to impending seizures.
- Assisting people with mobility disabilities with balance or stability.

Service animals are not household pets or companion animals (household pets are typically not allowed into shelters) but it can be difficult for first responders and shelter staff to delineate between the two because service animals do not have to be licensed or certified. (They have to be trained to perform a task specific to the individuals disability). A service animal may be excluded from a place ONLY if behavior is a direct threat to the health or safety of people, or if it is not housebroken.

A service animal is expected to accompany its owner in rescue/evacuation vehicles and to shelters, clinics, and any other facility related to the emergency (for example a Disaster Recovery Center).

### **HUMAN SERVICES**

Human services promote the economic and social well-being of families, children, individuals, and communities by providing the public with such services as welfare, food stamps, social services, child support, economic assistance, rehabilitation, and other supports for individuals with disabilities, or other access and functional needs. These services are provided through federal, state, territorial, tribal, or local governments, and non-governmental entities, including private

and/or nonprofit organizations, and faith-based and community organizations. They serve as a safety net for people and communities with limited personal and/or economic resources and provide immediate, short term, assistance in meeting basic needs. Individuals with access and functional needs may rely on human services to maintain their independence, supplement their economic resources, and receive medical care (particularly for chronic conditions).

A regional incident may adversely impact the availability of the human services routinely used by individuals with access and functional needs. A number of critical activities and programs delivering human services could be adversely affected by damage to, or excessive demand placed on, key components of the human services resource infrastructure. Potentially affected activities in human services include transportation, child care, child support, respite, developmental disabilities services, foster care, refugee programs, homeless shelters, social services programs, and aging services. Medicare/Medicaid benefits may not be immediately available if affected areas are evacuated, mail service is interrupted, or persons who live in the community are relocated to an institutional setting.

A regional incident could also create significant new demands for human services, thus necessitating the need for increased flexibility in the provision of these services. Individuals who did not routinely use human services, including individuals whose health conditions are exacerbated by the incident or who develop a disability as a result of the event, may find themselves in need of these services. Individuals who have limited or non-English speaking may become more isolated if the incident leaves them without their familiar social and cultural network. Persons with chronic medical conditions who live in their own homes, including children, may find themselves in life-threatening situations as the availability of in-home healthcare becomes limited as a result of the incident.

Many people will need assistance, including individual case management support, with reestablishing and applying for human services programs and benefits. They may not be aware of the full array of services available to them as disaster victims and may need assistance completing forms, understanding eligibility requirements, and arranging for continuity of services. Local collaboration between planners and providers will be necessary to quickly and effectively reestablish human services support for persons with access and functional needs. In addition, important information relating to the agency and recipient civil rights obligations, assistance options, and resources for those experiencing difficulty in accessing services, should be provided in multiple languages and formats.

Planning for the reestablishment of the human services infrastructure and alternate arrangements is best achieved during the initial stages of emergency planning with input from a local human services network. Keep in mind that local human service providers will need assistance when developing their agency's emergency plans as well as their constituents.

During a Presidentially declared disaster, FEMA, as primary agency for ESF 6 – Mass Care, Emergency Assistance, Housing and Human Services, is responsible for ensuring the needs of disaster-impacted populations. FEMA will implement programs to assist with the replacement of destroyed personal property, food stamps, crisis counseling, disaster unemployment, case management, and other federal benefits.

## **ESF 8 - Public Health and Medical Services**

### **Medical Resources**

Emergency plans should identify personnel and pharmaceuticals available in the jurisdiction to support a surge in the number of individuals needing ongoing medical support. Medical resources available within the NGO and private sector should not be overlooked. Trained professionals who have experienced working with access and functional needs populations should be identified as part of the planning process to offer health services, including mental health services and services for children.

### **Potential Shortage of Staff**

Perhaps the most difficult resource to acquire during a disaster is additional staffing. When establishing agreements between shelters and/or medical facilities and health care professionals, it is important to ensure multiple facilities are not all depending on the same personnel. Each hospital or congregate setting should have carefully detailed contingency plans for calling in off-duty personnel (especially at night) to provide surge capacity at their institutions. Some hospitals have developed memorandums of understanding (MOU) with institutions outside the region to provide care to transferred patients, or to provide supplies and personnel. Emergency managers should encourage private medical sector personnel to make these connections with other healthcare institutions.

Additionally, state, territorial, or tribal governments that are signatories to the Emergency Management Assistance Compact (EMAC) should be aware that their jurisdiction will recognize the out-of-state licenses and professional certifications of professionals sent to assist in emergency response and recovery efforts. EMAC

is a congressionally ratified compact that offers state-to-state assistance during governor-declared states of emergency. EMAC offers a responsive and straightforward system to send personnel and equipment to help disaster relief efforts in other states. When resources are overwhelmed, EMAC helps to fill the shortfalls. It establishes a firm legal foundation. Once the conditions for providing assistance to a requesting state have been set, the terms constitute a legally binding contractual agreement that makes affected states responsible for reimbursement. In order for EMAC to be activated, the designated official of the aid-requesting state or territory must request the type of assistance he or she needs from the aid-rendering state(s). Currently, all fifty states, Puerto Rico, the District of Columbia, and the U.S. Virgin Islands are signatories to EMAC. For more information about EMAC, go to [www.emac.org](http://www.emac.org).

Local planners should also look for, and promote the formation of, medical surge programs such as the Medical Reserve Corps (MRC). MRC is a program with more than 680 local units and 121,000 volunteers whose mission is to establish teams of local volunteer medical and public health professionals to contribute their skills and expertise throughout the year, as well as during time of community need. Local planners should encourage practitioners with experience with access and functional needs populations, such as pediatricians, to join these MRCs.

### **Credentialing**

In 2002, Congress authorized the development of the Emergency System for Advanced Registration for Volunteer Health Professional (ESAR-VHP). The goal of ESAR-VHP is to assist grant awardees of the Federal National Bioterrorism Hospital Preparedness Program Cooperative Agreements in establishing a pre-registration system for emergency volunteer health professionals. This system is state-based and will, when complete, form a national system that will organize the use of health professional volunteers in emergencies. The system will provide verifiable, up-to-date information regarding the volunteer's identity and credentials to hospitals or other medical facilities in need of the volunteer's services. Each state's ESAR-VHP system is intended to be built to standards that will allow quick and easy exchange of health professionals with other States, thereby maximizing the size of the population able to receive services during a time of a declared emergency.

### **Pharmaceuticals and Durable Medical Supplies**

Public and private insurance programs limit the amount of prescription drugs people can order at one time. This restriction therefore limits individuals who may need to fill prescriptions immediately following an emergency. Once a

jurisdiction's population assessment is complete, emergency planners should identify resources for medical supplies necessary to support individuals during an emergency. This determination should include pharmaceuticals used by children as well as pediatric-sized and extra large equipment. State, territorial, tribal, and local governments should develop agreements for pharmaceuticals and durable medical equipment, keeping in mind they might need supplies not typically found in emergency facilities or on ambulances.

### **Patient Tracking**

During an emergency, many individuals are separated from family members and loved ones because they are confused, non-communicative, or otherwise unable to provide information about themselves. Many individuals also become separated from the hospitals or facilities where they receive care. For these reasons, tracking individuals is crucial and should be written into the standard operating procedures for all relevant entities (health departments, medical care facilities, emergency medical services (EMS), etc.).

As a result of the stress associated with an emergency incident, some people may have difficulty identifying, and/or providing basic information to authorities. People with pre-existing mental health conditions may be particularly vulnerable to stress-induced behavioral changes, and symptoms could become exacerbated as a result of the incident. Some facilities have implemented an electronic tracking system using bracelets. Electronic bracelets are useful because they reduce risk of identity theft and can hold a great deal of information. Bracelets do not have to be electronic, however, and may simply display the person's name, date of birth, and, for people dependent on the care of others, the residence or facility where they were located. Consideration of where to place the bracelet should be based on the behavior being exhibited by the person. For example, a person who is extremely agitated may wear the bracelet around the ankle to deter removal. For people dependent on the care of others, inclusion of photographic identification can be helpful. Likewise, durable medical equipment, wheelchairs in particular, should be labeled for owner identification. Identification mechanism should be durable and created as quickly and easily as possible.

### **ESF 14 - Long-Term Community Recovery**

The recovery phase of a disaster is never easy, and the difficulties can be compounded for individuals with access and functional needs. In addition to personal losses and injuries, individuals with access and functional needs might

lose vital connections with personal care providers, service animals, community liaisons, public transportation, neighbors, and other people integral to their everyday support network. These disconnections create disruptions in services that people with access and functional needs rely on to participate in daily life.

Jurisdictions most successful at recovery from disasters have established formal relationships with a variety of community organizations that provide a link to the access and functional needs populations they serve. By working together on an ongoing basis to develop a joint plan of recovery, government agencies and community organizations will be better able to identify not only assets and capabilities, but also opportunities for improvement and cooperation. The players in this process should consider developing mutual aid agreements and MOUs that cover procedures for sharing resources. Proactively forming partnerships with community organizations can lead directly to improved community recovery for the whole community.

In the early stages of recovery, a coherent system for the reunification of support networks and to reunite children with their parents or guardians or frail elderly persons with their caregivers is essential. The system should take into account adults and children who are wounded, nonverbal, or who have limited or are non-English speaking, as well as potential legal issues regarding custody (in the case of children). To assist with reunification of families and other caregivers, state, territorial, tribal, and local jurisdictions may also wish to establish a system to collect, organize, and report information about the status and location of displaced persons. The American Red Cross recently launched the Safe and Well Web site to provide families with a tool to exchange welfare information with loved ones and friends in the immediate aftermath of a disaster. The Safe and Well Web site, accessible via [www.redcross.org](http://www.redcross.org), allows disaster victims to select and post standard messages for friends and family that indicate they are safe and well at a shelter, home, or hotel and will contact when they are able. In addition, FEMA has developed the National Emergency Family Registration and Locator System (NEFRLS) as required by the Post-Katrina Emergency Management Reform Act of 2006 to assist families with locating missing loved ones during a declared disaster. More information on NEFRLS is available in Part E of Section V.

Developing a priority facility restoration list will expedite the recovery process. Hospitals should be the number one priority for restoration of services, as should dialysis facilities to keep hospital intake levels as low as possible. The next facility priority may be schools and day care centers because they are necessary to help get people back to work and stimulate the economy.

Adequate support mechanisms should be planned to meet mental and behavioral health needs in the weeks and months following a disaster. Previous disasters have demonstrated that these stressful situations often lead to dramatic increases in suicide, domestic violence, and child abuse, as well as exacerbations of pre-existing physical and mental health issues. Mental health resources should be available and organizations serving individuals with access and functional needs should be made aware of the availability of such resources and the means of accessing them. Ideally, assistance should be provided in familiar settings, such as schools, service provider offices, and community healthcare provider offices.

Each facility should provide translation and interpreter services to support the disaster assistance application process, medical care, and other services needed as a result of the disaster. Volunteer assistance provided by individuals with access and functional needs can also help disaster victims receive the level of support they require during recovery operations. This support of individual resiliency is a vital part of any successful recovery plan.

Long-term sheltering, in particular, can be a significant challenge for some segments of the access and functional needs population—particularly children, individuals with disabilities, and individuals with healthcare needs. Accessibility of both temporary and permanent housing is crucial. Timely allocation of adequate stock of accessible housing safeguards against individuals with disabilities (e.g., physical impairments) having to remain in a shelter environment longer than others or being inappropriately relocated to a congregate setting. Congregate settings should, whenever possible, have memorandums of agreement in place with facilities in neighboring states or jurisdictions to house displaced residents. In addition, emergency housing provided through federal funding, and state and local housing subject to the Fair Housing Act, is required to meet physical accessibility requirements. For more information about these requirements, see Appendix F, as well as the FEMA Reference Guide at <http://www.fema.gov/oer/reference>.

As federal and/or state funding is received, the jurisdiction should recognize its obligations to involve access and functional needs populations in the planning for community restoration

### **ESF 15 – External Affairs**

Communication is the cornerstone of successful planning and response. Emergency communication, as well as preparedness and mitigation information,

should be accessible for people with disabilities, have limited or are non-English speaking, and to members of diverse cultures. People who are deaf, low hearing, deaf-blind, or cannot hear radio, television, sirens, or other audible alerts. Similarly individuals who are blind or who have low vision may not be aware of visual cues, such as flashing lights and scrolling emergency information on television. Emergency plans should not rely on a single source of general notification for the community-multiple methods are necessary.

Emergency communication involves two closely interrelated aspects-delivery mechanisms and content messaging. The following sections provide points for consideration related to these two areas.

### **Delivery Mechanisms**

Emergency Alert System (EAS)- The national EAS was designed to ensure that if one link in the dissemination of alert information is broken, the public has alternate sources for warning. EAS provides capacity for:

- Broadcast radio, television, and cable systems to send and receive emergency information quickly and automatically, even if their facilities are unattended.
- Authorized local and state personnel to distribute important emergency information.
- The Iowa Homeland Security and Emergency Management Division to send out public warnings through major radio stations in the State.
- Direct monitoring of the National Weather Service (NWS) for local weather and other emergency alerts. Local broadcast stations, cable systems, and other EAS participants can then rebroadcast the alerts, providing an almost immediate relay of Local emergency messages to the public.
- Automatic interruption of regular programming and relaying of the emergency messages in languages used by the EAS participant.

EAS network participants are mandated to broadcast national EAS alerts. However, use of EAS for State and Local broadcasting is encouraged, but not mandatory.

### **EAS Impact on Access and functional needs Populations**

In October 2005, the Federal Communications Commission (FCC) expanded the EAS rules to require EAS participation by digital television broadcasters, digital

cable television providers, digital broadcast radio, Digital Audio Radio Service, and Direct Broadcast Satellite systems. The FCC's EAS rules require that EAS provide access to people with disabilities by providing both visual and aural alerts. Under the rules, a visual EAS alert does not have to be an exact transcription of an audio alert, but must be "any method of visual presentation which results in a legible message conveying the essential emergency information". In the future, EAS will be based on a Common Alerting Protocol that will transmit EAS messages so they can be received by equipment in voice, text, data, or video formats.

Many communities also use the NOAA Ton-Alert or Specific Area Message Encoder to provide warning for any community emergency. These inexpensive receivers issue alerts for emergency messages only, increasing the probability of a message being noticed.

### **Non-EAS Alert Broadcasts**

Not all broadcasts of emergency information trigger the EAS. In 47 Code of Federal Regulations (CFR) 79.2, the FCC requires that any information intended to further the protection of life, health, safety, or property, such as immediate weather situations, civil disorders, evacuation orders, school closings, relief assistance, etc., be accessible to persons with disabilities. These rules apply to all local broadcasters, cable operators, and satellite television services.

There are no exemptions to FCC rules regarding accessibility of emergency broadcast information. Television and broadcast stations must provide emergency public information in a visual format, such as open captions, scrolls, or even hand-lettered signs, accessible to persons with hearing disabilities. The critical details must also be provided in an aural format, meaning that spoken information must be accessible to persons with vision disabilities. If the emergency information is provided in the video portion of programming that is not a regularly scheduled newscast that interrupts regular programming, this information must be accompanied by an aural tone. If crawls or scrolls are provided during regular programming, an aural tone is required to indicate to persons who are blind or who have low vision that emergency information is being provided. Additionally, if television stations run a text message crawl across the bottom of the screen, they should ensure it does not interfere with the area reserved for closed captioning. Camera operators and editors need to include the sign language interpreter in the picture if one is interpreting next to the emergency spokesperson. (Title IV of the Americans with Disabilities Act also requires closed captioning of federally funded public service announcements.)

### **9-1-1 Emergency Calling**

9-1-1 emergency calling, as well as reverse 9-1-1, should be accessible to persons with hearing, speech, and vision disabilities. Currently, persons with hearing or speech disabilities can use a teletypewriter (TTY) or telecommunications device for the deaf (TDD) to directly call 9-1-1 through wireline phones and analog wireless phones. TTYs and TDDs are machines that allow people with hearing or speech disabilities to communicate over the phone in text using a keyboard and viewing screen. The FCC encourages TTY users to call 9-1-1 directly for immediate service, as all 9-1-1 Public Safety Answering Points (PSAPs) must be equipped to directly receive TTY calls. If TTY users choose to contact a 9-1-1 PSAP via Telecommunications Relay Service (TRS), the caller may experience delay because the caller's number must be forwarded to an appropriate PSAP by the TRS center. This feature is automatic for traditional TRS; however, it presents a challenge for the newer Internet-based forms of TRS until PSAPs are upgraded to be Internet-based.

Ideally, planners should designate an alternate 9-1-1 PSAP that is more than 200 miles away to answer calls when the primary and secondary PSAPs are inoperable. These back-up PSAPs should be fully equipped and trained to handle calls from deaf and hard-of-hearing individuals, including the many types of telecommunication relay calls.

### **Automated Dialing Programs** - (Emergency Telephone Notification)

The automatic dialing program allows the delivery of prerecorded messages, which is particularly beneficial in instances where staffing is limited. However, some disadvantages with this notification system are:

- Persons may be confused and even frightened if they only hear part of the message.
- Many individuals may not understand what the message is saying.
- A prerecorded message cannot respond to requests to speak louder or to repeat or clarify a message.

Automatic dialing programs are more effective if augmented by a designated person to contact specific, pre-identified individuals. This method also allows the caller to ask the individual for assistance if needed.

### **Phone Tree**

Phone trees allow emergency managers to disseminate information to a wide audience with just a few phone calls. Patterned after existing call-down systems, a

phone tree can “multiply outreach and response capabilities while minimizing the number of staff needed to activate the tree at any time.” A phone tree begins when emergency managers contact “branch managers,” or the top-level contacts (such as residential care facility administrators, utility company officials, staff members of community organizations, senior housing complex managers, or other government officials). These officials and personnel will contact smaller “branches” who will, in turn, contact even smaller “branches.” Emergency managers should be mindful that the phone tree system will not work as well at night, when many of the “branches” do not have personnel at work. This system is built upon planning network resources.

### **Text Messaging**

Text messaging provides participants, including deaf and low hearing individuals, a potentially life-saving tool to receive emergency notification and ongoing updates on an emergency situation. Often referred to as Community Alert Systems, text messaging is used to transmit emergency notifications, updates, and other important information to individuals who register for the service. Registration generally is done via Web-based application and, once established, is available to anyone in the community. Some communities have extended this service to individuals who have limited or are non- English speaking as well, providing an option of selecting an alternative language for the message during the sign-up process. Alert types may include life safety, fire, weather, accidents involving utilities or roadways, team activation notifications, or disaster notification such as a terrorist attack. Text messages can appear on computers, personal digital assistants (PDAs), and pagers.

### **E-Mail Notification**

E-mail may be more reliable when telephone lines, wire line, or wireless systems do not operate or are overloaded during an emergency. The Internet uses share (rather than dedicated) transmission facilities, so e-mail transmissions are deliverable even during heavy transmission periods, albeit more slowly. Computer users who have dedicated Internet access can generally get through to their e-mail system, although dial-up Internet users may experience some difficulty when dialing their Internet Service Provider (ISP), either because the local telephone system is congested or all the ISPs lines are busy. E-mail is also useful because the recipient does not have to be available at the same time as the sender and can retrieve messages at his or her convenience.

At the same time, even if email is readily accessible, people may not check it regularly or remember to check it for emergency information. As well all other

means of communications, email should be used in conjunction with other available methods.

### **WEB-Sites**

Web-sites that are fully accessible can also be used to provide emergency information to individuals with access and functional needs. Facilities/businesses should include information about Web sites as part of their public education campaigns, so people know the Web address to access emergency information. Like email, this method allows the user to access information at his or her convenience. Foreign language content on Web sites should be made easily noticeable to persons who have limited or are non-English speaking and are accessing the site, and the information should be displayed in a simple format. The Web site should be accessible to visitors with a wide range of vision, dexterity and cognitive disabilities. Free on-line tools are available to check the accessibility of the site.

### **Door-to-Door Warning Systems**

Door-to-door warning, or neighborhood canvassing, is a last resort option when other modes of communications have failed. It is prudent to begin with congregate settings, where notification of a staff member will benefit a large number of residents. A jurisdiction will need to draw information from its registry, or from utilities and other service providers, to identify individuals living alone.

If notifying individuals, first responders should consider the cultural diversity of the neighborhoods. For example, communicating with non-English speaking population will require translators or responders who speak the language or understand what is considered acceptable interaction. Non-text signs such as pictograms also are useful when communicating with individuals who are deaf or hard of hearing or who do not speak English. Additionally, individuals who are homeless may require personal notification. This method is also most efficient for notifying concentrated populations of homeless persons.

### **Additional Considerations**

In addition to federal laws, the following communication considerations are important:

- Consider providing emergency messages in languages other than English on public access channels and working cooperatively with non-English radio and television stations to provide emergency information.
- For the benefit of individuals with cognitive disabilities, the most pertinent information should be repeated frequently using simple vocabulary.

- Not all people with low to no vision are aware of the functions of the audible beeps on television is to signal text of an emergency alert message and to cue the listener to tune into a radio broadcast for more information.
- Technology used to communicate with access and functional needs populations should be exercised regularly. Deaf, hard-of-hearing, and blind populations can be reached through alternative means. Alternative means include closed captioning, qualified sign language interpreters, Braille, text messaging, TTY, large print, and audio tape. Under Title II of the Americans with Disabilities Act, emergency management agencies must be reachable by alternative means such as TTY or video relay capabilities.
- Some communities with high rates of limited or non- English speaking populations use bilingual staff or interpreters at radio and television stations to communicate information.
- Organizations serving ethnic or senior populations, are ideal sources for promising practices, cooperative collaborations, and resource sharing.
- Pictorial representations, where appropriate, can provide quick and easily understood instruction to many individuals within access and functional needs populations, including children, individuals who have limited or non-English speaking, and some individuals with cognitive disabilities.
- It is helpful to use a spokesperson that is easily identifiable as representing the organization or population.

### **Message Content**

The content of a message is just as important as its effective delivery. It is essential to include access and functional needs individuals, as well as agencies and representatives of each segment of the access and functional needs population, in the message development process. Because of their experience and understanding of pertinent issues, they can advise emergency managers and public information officers on how best to communicate effectively with populations requiring alternate communications.

Messages delivered during an emergency should provide specific information about transportation, evacuation, and sheltering locations. Message content should include, when appropriate, incident facts, health risk concerns, pre-incident and post-incident preparedness recommendations, and where to access assistance in a format or language that a broad spectrum of the community can understand. Where necessary, the base content of these messages should be composed and translated into other languages in advance (with opportunity for collaboration and input from

all interested stakeholders), leaving placeholders to insert the specifics of each emergency situation and the protective actions recommended.

## **CONGREGATE SETTINGS**

### **Planning**

Emergency Managers should be familiar with the emergency plans and regulations of congregate settings (e.g., nursing homes, adult homes, group homes, children's day care centers, daytime activity centers, rehabilitation centers) within their jurisdiction. Although there are no uniform plans in place for congregate settings, they are typically responsible for their own evacuation and sheltering. A state, territorial, or tribal planning template and open forum about what assistance the government can provide will help facilities with the planning process. Likewise, in the event power is lost and must be restored in stages, it is recommended that state, territorial, tribal, and local jurisdictions prioritize congregate settings where individuals are dependent on life-sustaining equipment.

### **Residential Healthcare Facilities**

Residential Healthcare Facilities (RHCF), such as hospitals, should have comprehensive shelter-in-place, evacuation, and continuity of operations plans in place. When sheltering-in-place, RHCFs are responsible for the provision of services to their clients and staff. When not sheltering-in-place, the RHCF should have plans established for "like-to-like" evacuations, where on residential care facility evacuates to one or more facilities that provide the same type and level of specialized care. Doing so helps prevent the hospital system from becoming overburdened and promotes a safe transfer of people that are medically fragile. The reality, however, is that a transfer of an entire facility is complex, labor and resource intensive, and the process rarely results in a 1:1 facility ratio. Further, these plans should take into account the transfer of the client base, the care staff (and their families too if necessary), as well as medical/case records, equipment and supplies, linens, and food. RHCFs are responsible for all aspects of their evacuations, but it is highly likely they will request government assistance—a consideration emergency managers should factor into emergency planning.

Although RHCFs should have emergency evacuation plans and facility agreements in place, there have been instances where RHCFs have transferred their clients to general population shelters

Whether planning for sheltering in place, moving clients from one similar facility to another, or being prepared to take care and manage individuals from facilities that failed to adequately plan for emergencies, the planning process should be comparable to the development of the access and functional needs and shelter planning. RHCFs, local emergency management and health departments, and community and faith-based organizations should all work together to ensure RHCF plans are realistic and appropriate.

### **Medical Records**

It is critical that local planners encourage the public and private medical sectors (primary care physicians and specialty clinics at tertiary care centers) to develop mechanisms for redundant medical records. Records should be available in paper form and if possible, electronically. Local planners should also advocate for statewide immunization registries that would remain intact even if paper records are destroyed. Further, local planners should promote as part of its personal preparedness campaign medical record storage on CDs, and through private medical information services. During a disaster paper medical records may be lost; electronic medical records will safeguard against this loss and could prove invaluable.

## **EVACUATIONS**

Local emergency managers, along with government officials and service providers, should consider the demographic composition of the community, the transportation necessary for evacuation, and the capacity to provide shelters that meet the range of needs that exist within the community. Evacuation planning should take into account regulations, licensing, and other mandated responsibilities as well as resources, hazard analyses, and evaluation of emergency circumstances.

Although an evacuation plan must include clear steps for all evacuation procedures for the entire population, particular attention should be paid to the following:

- Clear policies defining the roles and responsibilities of first responders.
- Written agreements for procuring services during an emergency.
- Transportation and equipment resources that must be identified, coordinated, and incorporated at all levels of government planning.
- A system for evacuating pre-identified individuals who require assistance (with a particular emphasis on accessible transportation).

- Pre-identified, accessible sheltering sites.
- Recognition of the need to keep people with disabilities of any age with their families and/or caregivers.
- Recognition of the need to keep people with disabilities and their mobility devices, other durable medical equipment, and/or service animals together.
- Establishment of a mechanism to track equipment when life safety requires separation from the owner during evacuation.
- Recognition of the need to keep children and their parents or guardians together.
- Recognition that at any point in time unaccompanied minors within the community may be unable to understand the scope of the emergency, access information, or know where to go for help.
- Consideration regarding the provision of services to undocumented workers, by providing basic life safety intervention such as shelter and food.

Based on the nature of the incident and resources available, local governments should make every possible effort to provide evacuation services to individuals who need it. State, territorial, tribal, and local governments should also make full use of federal funding assistance, from the Department of Homeland Security (DHS) and other agencies, which can be directed at strengthening evacuation planning for access and functional needs populations.

Because resources during an emergency will be in great demand, individuals requesting assistance, particularly at the onset of an emergency, should understand resources will likely be limited. Therefore, personal preparedness is essential, and individuals with access and functional needs and their caregivers should make personal evacuation plans. They should also identify themselves to the local emergency management agency if they will require evacuation assistance and/or special equipment, including transportation to evacuation staging areas. Be mindful, however, that evacuation assistance may not always be available.

### **Evacuation from Hazardous Areas to Safe Areas Within a Jurisdiction**

Evacuations within a jurisdiction typically take place in the advent of incidents with little or no warning (e.g., wildfires, floods, tornados, industrial accidents, terrorist attacks) and affect only a portion of the population. Emergency managers may be able to facilitate a successful evacuation by calling on accessible transportation resources currently operating within the area such as fixed route buses, Paratransit vehicles, or school buses. Additional transportation can also be

provided by private entities (e.g., taxis, coach buses), non-profit entities (e.g., hospitals, advocacy organizations, social services), and/or schools. A system should be established connecting shelter staff, vehicle drivers, and emergency managers to ensure individuals are evacuated to appropriate pre-identified shelters or facilities, including those with physical access, medical care, and language assistance within the jurisdiction.

In addition to transportation plans for access and functional needs populations, metropolitan areas should have clear policies for evacuating the frail elderly and individuals with disabilities from high-rise buildings. For example, the City of Chicago implemented standards in 2002 requiring all commercial and residential structures more than 800 feet high to have evacuation plans for people with disabilities.

### **Evacuation from One Jurisdiction to Another Jurisdiction**

Evacuation from one jurisdiction to another usually takes place in advance of an emergency with a certain degree of predictability. In planning for such catastrophic incidents, states, territories, and tribes should facilitate collaboration across jurisdictions to ensure that capabilities for supporting access and functional needs populations are defined (e.g. transportation and receiving shelters).

The demands of multiple-trip and long-distance travel will be especially challenging for some individuals-both physically and mentally. Emergency managers should designate and advertise staging areas for long-distance transportation and provide additional transportation in the form of over-the-road buses, school buses, or intercity rail to shelter locations outside the jurisdiction. In general, over-the-road motor coaches rather than school buses, city bused, or Paratransit vehicles are preferred for evacuating people between metropolitan areas. In many cases, there will be individuals living in the community who will not be able to get to designated staging areas on their own. Given available resources, plans should include mechanisms to assist these individuals. Once individuals are transported from their initial location to a pick-up point, adequate accessible vehicles should be available to transport them to the designated shelter location.

Emergency managers should ensure individuals are not separated from their mobility aids, medication, equipment, service animals, personal care providers, or family members. Likewise, it is critical that children are not separated from their caregivers and that plans are in place to care for unsupervised children. Emergency planners should also anticipate that some individuals may require supervision and

assistance during a long-distance evacuation, especially if the evacuation is prolonged by traffic congestion. Planners should ensure persons traveling in a long-distance evacuation have the opportunity to receive food, water, and non-emergency medical care such as assistance with taking prescription medication

Sustaining individuals awaiting evacuation is also critical. No jurisdiction has the capability to simultaneously evacuate its entire population. Therefore, if a phased evacuation is implemented and some individuals must wait for 12 or more hours, the jurisdiction should determine how they will be sustained during that period. Besides food and water, this may include assistance in obtaining medicines, durable medical equipment, electricity, oxygen, or other resources and shelter from the weather.

### **Evacuation Versus Sheltering in Place**

The decision to evacuate a congregate setting and individuals with access and functional needs residing in private residences requires careful planning and assessment of the risk. In most states, residential facilities are required to have plans in place for emergencies. Medical and nursing home facilities choose to shelter in place-finding it the safest and most comfortable option for their residents. To make sheltering in place more feasible, many congregate settings have been hardening their facilities by installing approved shutters, generators, etc. Although the facilities are ultimately responsible for their residents, the facility's emergency operations plan should pre-identify these facility locations and have an estimate of the number of individuals residing in each. It is also recommended that emergency managers work with these facilities whenever possible to help ensure their plans adequately and realistically address hazards and emergencies common to that location.

When advanced warning permits and when sheltering in place poses a greater risk to the individual than evacuation, individuals who require acute medical care should be evacuated 24 hours before the general population. Facilities in neighboring jurisdictions should be ready to receive those displaced individuals (agreements should be in place before the incident), and proper resources, including medical supplies and appropriate staff, should be in place at the receiving facilities.

### **Workplaces and Public Venues**

For emergencies that cannot be anticipated, members of the community will be going about their daily life activities when the incident occurs. Although business and public venue managers have the responsibility of developing plans to be

prepared for an emergency, the local emergency manager will be involved as part of the response to an actual crisis. In addition, emergency management professionals can strengthen community preparedness through advanced planning with local employers. As part of the emergency planner's preparedness message to employers, emphasis should be placed on:

- The necessity for commitment to emergency preparedness from senior-level management within an organization;
- The importance of timely and accurate emergency communications that are accessible to all employees and visitors, including individuals with access and functional needs;
- A two prong planning process that combines clear guidelines for all occupants of the premises, while being customizable to meet the unique circumstances of employees and visitors with access and functional needs;
- Rigorous and regular practice of the employer's emergency plan, providing opportunities to evaluate procedures and keeping the issue in the minds of agency managers and employees.

### **Evacuation of Schools**

Like the evacuation of residential facilities, the evacuation of schools should be thoroughly planned prior to an emergency. Some school districts have district-wide emergency operations plans that are developed in collaboration with community partners (e.g., fire, police, and emergency medical services

The school-based emergency operations plan should include procedures and processes for ensuring the full-participation of students and staff with disabilities in the event of an evacuation, lockdown, or shelter-in place. Each school-based emergency operations plan should identify how to best address access and functional needs.

Communities should have plans in place to manage traffic around a school as panicked parents attempt to reach their children. Urban school children often arrive on foot, by car, or on public transportation, none of which may be viable options during an emergency. Suburban or rural schools may not be located within a reasonable distance of a suitable evacuation site. Additionally, plans must ensure the transportation being used is appropriate for the transportation of students with disabilities. For example, school buses will not work for individuals using wheelchairs if the buses do not have lifts. The drivers of these vehicles must also know how to operate wheelchair lifts, use tie downs, and transfer individuals who have disabilities or who are frail. Should an entire community require a

simultaneous evacuation; most school districts do not have enough buses to provide concurrent service. Likewise, some private and non-public schools may rely on public school buses for transportation during normal operations.

The emergency operations plan should also identify an evacuation site that is accessible to students and staff with disabilities. For example, an evacuation route that involves climbing over a hill may be difficult for those using wheelchairs and other mobility devices. The evacuation site should have procedures for receiving students with disabilities. Working with law enforcement, mental health agencies, non-governmental agencies, and area businesses will help to provide supplies and support for the reunification sites. For example, the police can help control traffic and maintain order. Other partners can help feed hungry students, care for students with medical needs, calm parents' anxiety, and counsel traumatized parents.

The plan should also outline procedures for reunifying the students with their parents at a pre-identified reception site. The parent/child reunification process is often a highly emotional and chaotic event, and having staff with the appropriate skill sets to manage such situations is critical.

## **TRAINING AND EXERCISES**

Emergency plans and procedures are only useful when accompanied by comprehensive training and exercise programs. These programs are meant to strengthen the overall effectiveness of plans by “testing” all or some components of the plan, identifying strengths and weaknesses, and identifying solutions to improve existing procedures and protocols. From past experience, it is clear that if included individuals with access and functional needs can:

- Assist emergency managers with incorporating access and functional needs in the county emergency operations plan and addressing these issues with their communities.
- Identify weaknesses and gaps in plans that require further development.
- Help develop solutions and identify resources within the community that can support the emergency management system.
- Articulate emergency needs within their communities.
- Encourage overall greater collaboration, coordination, and communication before, during, and after disasters.

- Provide/identify opportunities to build awareness about access and functional needs and emergency preparedness issues.

Emergency management agencies and other response agencies should partner with access and functional needs populations to identify how to incorporate these issues in existing training/exercise, and make it a matter of protocol to include them in such programs.

There are creative ways to include people with access and functional needs in training and exercise programs. Some key considerations are as follows:

- Work with access and functional needs populations to determine the best way to involve them in the process. Work with the access and functional needs advisory committee, government agencies, and other voluntary organizations to ensure effective and meaningful participation.
- Identify a representative sample of the population to be involved in the onset to help develop goals and objectives for the programs.
- Be sure to involve access and functional needs communities in all aspects: development, testing/piloting, implementation, and evaluation.

### **Training**

People with access and functional needs have been involved several different aspects of emergency management training as developers, trainers, and participants. In the emergency management spectrum, there are several types of training that should be inclusive and incorporate access and functional needs issues, these include:

- First responder training (fire, law enforcement, EMS).
- Community-based training and education (e.g., community disaster preparedness and outreach).
- Volunteer training (CERT, etc.)
- Emergency management agency training on specific hazard annexes/plans (e.g., evacuation, sheltering, pandemic flu, HazMat, terrorism, etc.)
- Cross-training. It is important to provide training on emergency preparedness issues (incident command structure, evacuation, sheltering, etc.) for access and functional needs populations, and equally important to train the emergency preparedness community on access and functional needs issues. This will help foster a better understanding of each perspective.

The Department of Homeland Security's Emergency Management Institute (EMI) offers a free, online Independent Study Courses and classroom instruction offered by states. Visit the Iowa Homeland Security and Emergency Management Division's State Training Officer Web site.

The Department of Homeland Security's Emergency Management Institute (EMI) offers access and functional needs courses that are Independent Study Courses (online) or can be classroom instructed (offered by each state). For more information about these courses, go to <http://training.fema.gov/index.asp> or contact the Iowa Homeland Security and Emergency Management Division's State Training Officer at (515) 725-3231.

### **Exercises**

Exercises and drills are used to test the effectiveness of plans. The DHS's Homeland Security Exercise and Evaluation Program (HSEEP) identifies seven types of exercises: seminars, workshops, tabletop exercises, games, drills, functional exercises, and full-scale exercises. This variety provides options to best suit the need. DHS-funded exercises are required to follow HSEEP, and most localities, states, and tribes now adhere to it as well. Supporting HSEEP are the Target Capabilities and the Exercise Evaluation Guides derived from them. Those responsible for integrating access and functional needs into exercises and exercise programs should be conversant in this material.

When developing an exercise, take the following points into consideration:

- Be knowledgeable of the HSEEP and the Target Capabilities.
- It is important to include subject matter experts (SMEs) and/or representatives from access and functional needs populations as active participants in emergency exercises (as planners, controllers, evaluators, and participants).
- It is vital that all facilities chosen for purposes of conducting an exercise be accessible. This will ensure players, observers, staff, and members of the public will be able to fully participate and receive any necessary services. In addition, transportation, communication, instructions should be provided in alternate formats to ensure access.
- Rather than have actors "play" the role of people with disabilities, include people who have actual disabilities. Living with the disability daily, these individuals have valuable perspectives and are more readily able to identify issues and to provide ideas for effective solutions.

- Include people with different types of access and functional needs to enable the collection of invaluable information about the effectiveness of plans. This affords responders first-hand exposure to people with access and functional needs in a disaster and emergency situations.
- Involve the access and functional needs advisory committee, and include other agencies and organization that provide services to or advocate for access and functional needs populations.
- Carefully consider the inclusion of children in exercises. Children often cannot distinguish between an exercise and actual event, which may result in unintended emotional trauma.

After an exercise or drill, an after action report (AAR) should be developed to capture the exercise successes, needed improvements, and points of failure, and to determine steps for corrective action. Work with the specific access and functional needs communities to review gaps or issues that were identified in exercises identifying workable solutions.

## GLOSSARY

**Access and Functional Needs Populations** – Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are frail elderly; who are children; who are from diverse cultures; who have limited or are non-English speaking; or who are transportation disadvantaged.

**Accessible** - Having the legally required features and/or qualities that ensure entrance, participation, and usability of places, programs, services, and activities by individuals with a wide variety of disabilities.

**Agency** - A division of government with a specific function offering a particular kind of assistance. In the Incident Command System (ICS), agencies are defined either as jurisdictional (having statutory responsibility for incident management) or as assisting or cooperating (providing resources or other assistance). Governmental organizations are most often in charge of an incident, though in certain circumstances private-sector organizations may be included. Additionally, nongovernmental organizations may be included to provide support.

**Centers for Independent Living (CILs)** - Community-based, non-residential organizations that help create opportunities for, and eliminate discrimination against, people with disabilities.

**Children** - Encompasses individuals from birth through age 18, covering the entire spectrum of developmental stages.

**Closed Captioning** - The display of text coinciding with the audio portion of a television broadcast that allows persons with hearing disabilities to have access to these broadcasts.

**Disability (individual with)** - A person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having an impairment.

**Durable Medical Equipment** - Certain medical equipment for use in home, such as walkers and wheelchairs.

**Emergency** - An incident, whether natural or manmade, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency means any occasion or instance for which, in the determination of the President, federal assistance is needed to supplement state and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

**Emergency Operations Plan (EOP)** - The ongoing plan maintained by various jurisdictional levels for responding to a wide variety of potential hazards.

**Emergency Support Function (ESF)** - Present the missions, policies, structures, and responsibilities of federal agencies for coordinating resource and programmatic support to states, tribes, and other federal agencies or other jurisdictions and entities when activated to provide coordinated federal support during an incident.

**Federal** - Of or pertaining to the federal government of the United States of America.

**Geographic Information System (GIS)** - A system for capturing, storing, analyzing and managing data and associated attributes which are spatially referenced to the earth. In the strict sense, it is a computer system capable of integrating, storing, editing, analyzing, sharing, and displaying geographically-referenced information.

**Limited Or Non-English Speaking** - Persons who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. These individuals may be entitled to language assistance with respect to a particular type of service, benefit, or encounter.

**Mutual Aid and Assistance Agreement** - Written or oral agreement between and among agencies/organizations and/or jurisdiction that provides a mechanism to quickly obtain emergency assistance in the form of personnel, equipment, materials, and other associated services. The primary objective is to facilitate rapid, short-term deployment of emergency support prior to, during, and/or after an incident.

**National** - Of a nationwide character, including the federal, state, local, and tribal aspects of governance and policy.

**National Response Framework (NRF)** - Guides how the Nation conducts all-hazards response. The Framework documents the key response principle, roles, and structures that organize national response. It describes how communities, states, federal government, and private-sector and nongovernmental partners apply these principles for a coordinated, effective national response. It also it describes special circumstances where the federal government exercises a larger role, including incidents where federal interests are involved and catastrophic incidents where a state would require significant support. It allows first responders, decision makers, and supporting entities to provide a unified national response.

**Nongovernmental Organization (NGO)** - An entity with an association that is based on interests of its members, individuals, or institutions. It is not created by a government, but it may work cooperatively with government. Such organizations serve a public purpose, not a private benefit. Examples of NGOs include faith-based charity organizations and the American Red Cross. NGOs, including voluntary and faith-based groups, provide relief services to sustain life, reduce physical and emotional distress, and promote the recovery of disaster victims. Often these groups provide specialized services that help individuals with disabilities. NGOs and voluntary organizations play a major role in assisting emergency managers before, during, and after an emergency.

**National Voluntary Organizations Active in Disaster (National VOAD)** - A consortium of more than 30 recognized national organizations active in disaster relief. Their organizations provide capabilities to incident management and response efforts at all levels. During major incidents, National VOAD typically sends representatives to the National Response Coordination Center to represent the voluntary organizations and assist in response coordination.

**Paratransit** - The family of transportation services which falls between the single occupant automobile and fixed route transit. Examples of paratransit include taxis, carpools, vanpools, minibuses, jitneys, demand responsive bus services, and specialized bus services for the mobility impaired or transportation disadvantaged.

**Preparedness** - Actions that involve a combination of planning, resources, training, exercising, and organizing to build, sustain, and improve operational capabilities. Preparedness is the process of identifying the personnel, training, and

equipment needed for a wide range of potential incidents, and developing jurisdiction-specific plans for delivering capabilities when needed for an incident.

**Private Sector** - Organizations and entities that are not part of an governmental structure. The private sector includes for-profit and not-for-profit organizations, formal and informal structures, commerce, and industry.

**Reasonable Accommodation/Reasonable Modification** - In general, an accommodation is any change to the rules, policies, procedures, environment or in the way things are customarily done that enables an individual with a disability to enjoy greater participation. A requested accommodation is unreasonable if it poses an undue financial or administrative burden or a fundamental alteration in the program or service.

**Recovery** - The development, coordination, and execution of service and site restoration plans; the reconstruction of government operations and services; individual, private-sector, nongovernmental, and public-assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post-incident reporting; and development of initiatives to mitigate the effects of future incidents.

**Religious Entity** - A religious organization, including a place of worship.

**Resources** - Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Under the National Incident Management System, resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an emergency operations center.

**Response** - Activities that address the short term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also included the execution of EOPs and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation, or

quarantine; and specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity, and apprehending actual perpetrators and bringing them to justice.

**Service Animal** - The ADA defines service animal as any “guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability’.

**Sign Language Interpreter** - A person who has been trained to use a system of conventional symbols or gestures made with the hands and body to help people who are deaf, are hard of hearing, or have speech impairments communicate.

**Telecommunications** - The transmission, emission, or reception of voice and/or data through any medium by wire, radio, other electrical electromagnetic or optical means. Telecommunications includes all aspects of transmitting information.

**Telecommunication Relay Service (TRS)** - A telephone service that uses operators, called communications assistants (CAs), to facilitate telephone calls between people with hearing and speech disabilities and other individuals. TRS providers-generally telephone companies-are compensated for the costs of providing TRS from either a state or federal fund. There is no cost to the user.

**Video Relay** - Form of Telecommunications Relay Service that enables people who are deaf, are hard of hearing, or have speech disabilities who use American Sign Language (ASL) to communicate with voice telephone users through video equipment, rather than through typed text.