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Interim Emergency Management Planning Guide for Special Needs Populations

**Federal Emergency Management Agency and
DHS Office for Civil Rights and Civil Liberties**

Version 1.0 (August 15, 2008)



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I. ABOUT THIS PLANNING GUIDE

This guide is intended as a tool for State, Territorial, Tribal, and Local emergency managers in the development of emergency operations plans (EOPs) that are inclusive of the entire population of a jurisdiction of any size. It provides recommendations for planning for special needs populations. The recommendations can be implemented now, no matter how much, or how little a jurisdiction has completed up to this point. Creating “the perfect” plan before undertaking steps toward implementing these strategies is not feasible. An emergency manager’s main concern will be to include all essential information in the EOP, developing immediate capabilities, and building capacity over time.

This guide offers scalable recommendations to meet the needs of different jurisdictions based on factors such as size, risks, and hazards. A town with a population of 2,000 citizens, for example, will plan differently for special needs populations than will an entire State or urban area. Furthermore, each jurisdiction must decide for itself which responsibilities will be handled at the State level and which responsibilities will be handled at the Local level.

The information in this document is universal in its application and tied to national planning policies and guidance such as the National Response Framework (NRF), National Incident Management System (NIMS), and Comprehensive Preparedness Guide 101 (currently under development).

II. INTRODUCTION

BACKGROUND

Throughout the history of emergency management planning, considerations for special needs populations have often been inadequate. From the 1930s, when disaster response was ad hoc and largely focused on the repair of damaged infrastructure, through the present day, emergency management culture of “readiness,” special needs populations were often given insufficient consideration. This fact was evident in 2003 during the California wildfires¹ and when Hurricane Katrina devastated the Gulf Coast in 2005. During these events,

¹ *The Impact of Southern California Wildfires on People with Disabilities*, California State Independent Living Council, April 2004.

1 some individuals with special needs did not receive appropriate warning, were
2 unable to access shelters, or went without medical intervention. During the 2006
3 Nationwide Plan Review, a sample of emergency management plans was
4 reviewed by subject-matter experts (SMEs) on disability and aging. The review
5 confirmed that emergency plans from various regions in the United States
6 continue to overlook these populations. The Nationwide Plan Review Phase 2
7 Report concluded that “substantial improvement is necessary to integrate people
8 with disabilities in emergency planning and readiness.”

9 Numerous “lessons learned” reports that followed Hurricane Katrina also pointed
10 out there is a large segment of the U.S. population who may not be able to
11 successfully plan for, and respond to, an emergency with resources typically
12 accessible to the general population. The current general population is one that
13 is diverse, aging, and focused on maintaining independence as long as possible.
14 The popularity of living situations that provide an “as needed” level of care in the
15 least restrictive manner is fast becoming the norm. Consideration should
16 therefore be given to people who may be able to function independently under
17 normal situations, but who may need assistance in an emergency situation.

18 For example, it is estimated that about 13 million individuals age 50 or older in
19 the United States will need evacuation assistance, and about half of these
20 individuals will require such assistance from someone outside of their
21 household.² There are well over 1 million people in the United States receiving
22 home healthcare according to 2000 data cited by the National Center for Health
23 Care Statistics. Populations such as these should be considered when
24 emergency plans are developed to accurately assess the resources needed to
25 adequately respond when a disaster strikes. The 2000 Census reported that 18
26 percent of those surveyed speak a language other than English at home. This
27 highlights the need to ensure the effectiveness of emergency communications.
28 Populations described as “transportation disadvantaged”—those who do not
29 have access to a personal vehicle or are precluded from driving—may also
30 require assistance during emergencies. The 2000 Census reports that in the top-
31 ten car-less cities, between 29 and 56 percent of the households are without a
32 vehicle. These examples serve to demonstrate community emergency planning
33 should go beyond traditional considerations. For a list of resources available for
34 emergency planning, see Appendix A.

35 During the Nationwide Plan Review, emergency managers consistently
36 requested technical assistance in identifying and incorporating special needs
37 populations into emergency planning. As described later in this planning guide,
38 defining the term “special needs” is a critical initial step in the planning process.
39 The Federal Government introduced, within the National Response Framework
40 (NRF), a definition of special needs populations that State, Territorial, Tribal, and
41 Local governments may adopt for use in their EOP development. It is important
42 to note that though this terminology may appear ambiguous, it is well established

² We Can Do Better; Lessons Learned for Protecting Older Persons in Disaster, AARP, 2006.

1 in the emergency management vocabulary and when clearly defined,
2 strengthens the planning process.

3 Although it is recognized that significant emergency planning should be done for
4 incarcerated populations, these groups cannot be integrated into general
5 population planning. Individuals in correctional settings are institutionalized to
6 protect other members of society; people who are institutionalized in health
7 related settings are there for their own protection and well being. Emergency
8 management planning for incarcerated populations requires additional
9 consideration such as law enforcement and coordination between emergency
10 managers, the Department of Corrections, and prison superintendents to ensure
11 safety of the prisoners and the public. For these reasons, incarcerated
12 populations are not included in the NRF definition of “special needs,” which is the
13 same definition used in this planning guide.

14 NATIONAL PERSPECTIVE

15 At the national level, several key policy and planning initiatives are currently in
16 development. These efforts are aimed at ensuring the health and safety of
17 individuals with special needs.

- 18 • The NRF includes guidance for defining the term “special needs
19 populations,” and special needs considerations have been woven
20 into the appropriate operational protocols.
- 21 • In the revision of NIMS, emphasis is being placed on the accessibility
22 of emergency communications, effective outreach to special needs
23 populations, and the addition of a special needs advisor within the
24 incident command structure.
- 25 • Pursuant to the 2007 Homeland Security Appropriations Act, the
26 Federal Emergency Management Agency (FEMA), in partnership with
27 the U.S. Department of Homeland Security (DHS) Office for Civil
28 Rights and Civil Liberties and an interagency work group, developed a
29 guidance document, *Accommodating Individuals with Disabilities within
30 Disaster Mass Care, Housing, and Human Services*.
- 31 • Homeland Security Grants Program guidance is being reviewed and
32 updated to place greater emphasis on planning for special needs
33 populations within states and urban areas.
- 34 • DHS’s *Comprehensive Preparedness Guide 101* (formerly known as
35 *State and Local Guide 101*) reinforces the importance of special needs
36 considerations and provides a bridge to the details offered in this
37 planning guide.

1 III. DEFINING “SPECIAL 2 NEEDS”

3
4 Emergency management takes into consideration planning for the safety of every
5 person in the community during and following a disaster. Taking into
6 consideration populations historically considered “vulnerable,” “at risk,” or
7 “special needs” ultimately improves the overall community’s post-disaster
8 sustainability.

9 Before drafting emergency plans, it is recommended that a statewide definition
10 for the term “special needs” be developed and used to guide State, Territorial,
11 Tribal, and Local jurisdictions in the planning process. A consistent use of
12 terminology will result in improved communication and coordination of resources
13 across State, Territorial, Tribal, and Local entities.

14 The NRF definition for “special needs” provides a function-based approach for
15 planning and seeks to establish a flexible framework that addresses a broad set
16 of common function-based needs irrespective of specific diagnosis, statuses, or
17 labels (e.g., children, the elderly, transportation disadvantaged).³ In other words,
18 this function-based definition reflects the capabilities of the individual, not the
19 condition or label. Governments that choose to align their language to the NRF
20 definition will improve inter-government communication during an incident. The
21 definition of “special needs populations” as it appears in the NRF is as follows:

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

- 24 • *Maintaining independence*
- 25 • *Communication*
- 26 • *Transportation*
- 27 • *Supervision*
- 28 • *Medical care*

³ The concept of a function-based approach to defining special needs populations has been developed by June Isaacson Kailes. See Kailes, J. and Enders, A. in “Moving Beyond ‘Special Needs’ A Function-Based Framework for Emergency management Planning,” *Journal of Disability Policy Studies*, Vol/No. 44/2007/pp. 230-237.

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

5 At first glance, it may appear that each of the above groups (and a
6 disproportionately large percentage of the population) is automatically classified
7 as having special needs, but this is not the case. The definition indicates these
8 groups *may* often include individuals who have special needs and, in the event of
9 an emergency, may need additional assistance or specialized resources. For
10 example, in a city like New York where less than half of all households own a car,
11 transportation-dependence is not necessarily a “special need.” A special need in
12 this instance is an inability to access the transportation alternatives defined by
13 the EOP. It is important to remember that special needs populations have needs
14 that extend beyond those of the general population.

15 The definition focuses on the following function-based aspects:

- 16 • **Maintaining Independence** – Individuals requiring support to be
17 independent in daily activities may lose this support during an
18 emergency or a disaster. Such support may include consumable
19 medical supplies (diapers, formula, bandages, ostomy supplies, etc.),
20 durable medical equipment (wheelchairs, walkers, scooters, etc.),
21 service animals, and/or attendants or caregivers. Supplying needed
22 support to these individuals will enable them to maintain their pre-
23 disaster level of independence.
- 24 • **Communication** – Individuals who have limitations that interfere with
25 the receipt of and response to information will need that information
26 provided in methods they can understand and use. They may not be
27 able to hear verbal announcements, see directional signs, or
28 understand how to get assistance due to hearing, vision, speech,
29 cognitive, or intellectual limitations, and/or limited English proficiency.
- 30 • **Transportation** – Individuals who cannot drive or who do not have a
31 vehicle may require transportation support for successful evacuation.
32 This support may include accessible vehicles (e.g., lift-equipped or
33 vehicles suitable for transporting individuals who use oxygen) or
34 information about how and where to access mass transportation during
35 an evacuation.
- 36 • **Supervision** – Before, during, and after an emergency individuals may
37 lose the support of caregivers, family, or friends or may be unable to
38 cope in a new environment (particularly if they have dementia,
39 Alzheimer’s or psychiatric conditions such as schizophrenia or intense
40 anxiety). If separated from their caregivers, young children may be

1 unable to identify themselves; and when in danger, they may lack the
2 cognitive ability to assess the situation and react appropriately.

- 3 • **Medical Care** – Individuals who are not self-sufficient or who do not
4 have adequate support from caregivers, family, or friends may need
5 assistance with: managing unstable, terminal or contagious conditions
6 that require observation and ongoing treatment; managing intravenous
7 therapy, tube feeding, and vital signs; receiving dialysis, oxygen, and
8 suction administration; managing wounds; and operating power-
9 dependent equipment to sustain life. These individuals require support
10 of trained medical professionals.

11 The above examples illustrate function-based needs that may exist within the
12 community.

13 14 IV. PERSONAL PREPAREDNESS

15
16 Public education is one component of an overall personal preparedness strategy.
17 Encouraging individuals with special needs to take responsibility for their own
18 safety and security will benefit emergency managers and responders during an
19 incident. Preparedness material should stress the message of personal
20 preparedness planning and be conveyed via advertising (e.g., Public Service
21 Announcements (PSAs) on television and/or radio, billboards, etc.), outreach
22 materials (e.g., brochures, fact sheets, etc.), and through special needs networks
23 within the community.

24 The message of personal preparedness should include information on where
25 individuals can access tools and guidance in creating a personal plan. There are
26 many cost-free sources of personal preparedness information for the elderly,
27 individuals with disabilities, children, and individuals with limited English
28 proficiency. For information on personal preparedness measures recommended
29 by the Ready Campaign, American Red Cross and others, see Appendix B.

30 The message of personal preparedness is particularly important for those who
31 care for children, the elderly, or individuals with disabilities. Parents or
32 caregivers should be encouraged to:

- 33 • Keep an information form (such as the Emergency Information Form,
34 found at <http://www.aap.org/advocacy/epquesansw.htm>) with the
35 individual at all times. This form should include information on all
36 diagnoses, medications and dosages, developmental level, physician

1 and specialist names and contact information, vital signs when the
2 individual is well, and emergency contact information.

- 3 • Contact the utility companies to inform them there is someone with a
4 disability or with health needs in the home. This action is especially
5 critical if the individual is dependent on an uninterrupted power supply
6 for life-sustaining equipment such as a ventilator.

- 7 • Notify local emergency medical services and, where possible, ask
8 them to place the individual's information in the computer-aided
9 dispatch system.

- 10 • Create a personal support network of people who can assist in the
11 event of an emergency. Develop a personal preparedness plan with
12 those people. Compile an emergency go-kit. For individuals who are
13 unable to plan for themselves or their family members, caregivers
14 should coordinate with nongovernmental organizations (NGOs), such
15 as Meals on Wheels and Voluntary Organizations Active in Disaster
16 (VOADs), and local government through their Citizen Corps Council to
17 provide assistance.

18

19 V. PLANNING

20 CONSIDERATIONS

21

22 Planning for special needs populations is fundamental to the development of an
23 EOP and each jurisdiction has distinct populations for which to plan. For
24 example, some jurisdictions may need to focus their efforts on developing
25 communication plans for neighborhoods of diverse cultures, while others will
26 need to prepare for a large elderly population with no transportation. Effective
27 planning involves engaging special needs partners throughout the process and
28 building special needs considerations into the plans themselves. Strategies to
29 maximize the abilities of these individuals not only provide for their needs, they
30 also maximize limited resources during a disaster.

31 Developing emergency plans that consider all populations addresses certain core
32 elements. In particular, emergency managers should:

- 33 • Know the demographic profile of the community and understand the
34 type of assistance that may be required by various populations during
35 an emergency.

- 1 • Establish a rigorous public education program with an emphasis on
2 personal preparedness. Make sure information is available in
3 accessible formats and languages to reach the entire community.
- 4 • Collaborate with stakeholders (such as the local Citizen Corps Council,
5 if one exists) and with representatives of special needs populations.
6 No agency should work in isolation, and the emergency manager must
7 establish partnerships to better understand community resources and
8 prevent each agency from “reinventing the wheel.”
- 9 • Ensure the plans are “living documents” and are updated with a
10 predetermined frequency and after any major event.
- 11 • Establish mutual-aid agreements and memorandums of understanding
12 with neighboring communities that can provide additional emergency
13 resources.
- 14 • Communicate the emergency plan to response and community
15 stakeholders.
- 16 • Ensure all stakeholders are trained on the plan.
- 17 • Ensure all exercises include members of special needs populations.

18 There are two effective strategies to incorporate provisions for special needs
19 populations into EOPs. It is critical to integrate special needs considerations
20 throughout each of the EOP components (e.g., within each ESF, if the jurisdiction
21 is using that format). Integrating provisions for various function-based needs into
22 each ESF ensures special needs considerations are part of overall planning. In
23 addition, some jurisdictions find it beneficial to develop an annex devoted
24 specifically to special needs populations to simplify the communication of special
25 needs planning elements with stakeholders.

26 If a State, Territorial, Tribal, or Local government is unprepared, public
27 confidence and community sustainability may be compromised. Effective
28 planning is an ongoing process, and to be successful, plans must receive regular
29 periodic review and be updated to reflect demographic shifts, changes in service
30 levels, and new or increased hazard risks. The following sections provide points
31 for consideration based on lessons learned and best practices identified by an
32 array of governmental and nongovernmental subject matter experts (SMEs).

33 A. PLANNING NETWORKS AND ROLES

34 Jurisdictions with the most success at planning for special needs populations
35 have established relationships with a variety of stakeholders. No single agency
36 can provide all of the expertise needed for comprehensive planning. An inclusive
37 approach should use expertise from the individuals, organizations, and agencies

1 discussed in this section. These groups and individuals should be involved in all
2 stages of the planning process, including the initial assessment of plan purpose,
3 situational needs and assumptions, and the development of a draft concept of
4 operations. Members of this planning network should assess how their efforts
5 can be coordinated.

6 The planning process should also focus on improving the understanding of
7 agency-based assets, capabilities, and limitations as well as identifying
8 opportunities for improvement and cooperation. Agencies that participate in an
9 integrated planning process should be encouraged to work together on an
10 ongoing basis to develop a joint response. They should also be encouraged to
11 develop mutual-aid agreements and memorandums of understanding regarding
12 procedures for sharing resources during emergency events.

13 PLANNING NETWORKS

14 Consistent with the principles within the Comprehensive Preparedness Guide
15 101, emergency managers should prioritize the development of relationships that
16 will result in an effective planning network. The following entities may be
17 instrumental partners in developing the planning network:

- 18 • State, Territorial, Tribal, or Local emergency management agencies.
- 19 • Citizen Corps Councils and Program Partners (Community Emergency
20 Response Teams (CERT), Medical Reserve Corps (MRC), Fire Corps,
21 Volunteers in Police Service (VIPS) and Neighborhood Watch).
- 22 • Local Emergency Planning Committees (LEPCs).
- 23 • Local first responders (i.e., police, fire, EMT).
- 24 • Metropolitan Medical Response System (MMRS),
- 25 • Local government and nongovernment disability agencies.
- 26 • Developmental disabilities networks and service providers.
- 27 • Protection and advocacy agencies.
- 28 • Departments of aging and social services.
- 29 • Hospitals and hospices.
- 30 • Culturally or language-based community groups.
- 31 • VOADs such as the American Red Cross and The Salvation Army.

- 1 • Health departments (State, Territorial, Tribal, and Local as
2 appropriate).
- 3 • Departments of education.
- 4 • Health and human services agencies (including child welfare).
- 5 • 2-1-1 Human Services Information and Referral Services
- 6 • HUD or other rent-subsidized multi-family complexes.
- 7 • HUD or otherwise subsidized non-licensed supervised living facilities.
- 8 • Nursing homes.
- 9 • Media
- 10 • Home healthcare organizations.
- 11 • Medical service and equipment providers (including durable medical
12 equipment providers).
- 13 • Pharmaceutical providers.
- 14 • Agencies on alcohol and drug addiction.
- 15 • Job and family service agencies.
- 16 • Vocational rehabilitation agencies.
- 17 • Independent living centers.
- 18 • Behavioral health and mental health agencies.
- 19 • Commissions on the deaf and hard of hearing and the blind and
20 visually impaired.
- 21 • Governor's committees on individuals with special needs and/or
22 disabilities (as applicable).
- 23 • Translation and interpretation service agencies.
- 24 • Transportation service providers (including those with accessible
25 vehicles).
- 26 • Utility providers.
- 27 • Colleges and universities.

- 1 • Faith-based organizations.
- 2 • Schools.
- 3 • Child care facilities (both center-based and home-based).
- 4 • Parents.
- 5 • Veterinary resources.
- 6 • Individuals with special needs.

7 In addition to these groups, there are national organizations that have expertise
8 in emergency planning with specific segments of special needs populations. For
9 a sample list of these national organizations, see Appendix C. For information on
10 how to select the right individuals for this task, please read *Why and How to*
11 *Include People with Disabilities in Your Planning Process?* at
12 http://www.nobodyleftbehind2.org/findings/why_and_how_to_include_all.shtml.

13 As a whole, the responsibilities of agencies, groups, and individuals participating
14 in the planning network include:

- 15 • Promoting and sustaining independence and self-determination of
16 people in evacuation and sheltering situations.
- 17 • Maintaining and upholding human and civil rights policies, procedures,
18 laws, and regulations.
- 19 • Providing access to resources to support people's needs.
- 20 • Ensuring programs and services are accessible to, accommodate, and
21 are inclusive of people with functional limitations.
- 22 • Documenting and promoting the use of proven best practices.
- 23 • Promoting the establishment of mutual-aid agreements that integrate
24 Local agency resources into emergency plans and response
25 strategies.
- 26 • Monitoring shelter and evacuation activity, temporary housing, and
27 other emergency and disaster assistance centers.
- 28 • Assessing shelter, evacuation, and housing intake forms and
29 questions.

- 1 • Assisting in the training of evacuation, shelter, and emergency housing
2 agency personnel to effectively address and respond to special needs
3 populations.

4 PLANNING ROLES

5 STATE, TERRITORIAL, TRIBAL, OR LOCAL EMERGENCY MANAGER

6 The emergency manager is responsible for developing a partnership with the
7 lead coordinating agency for special needs considerations. The emergency
8 manager should work closely with the lead agency (see below) to identify what
9 resources will be needed for special needs populations during an emergency, as
10 well as the support services that are available within the community. If the need
11 for services and resources is greater than the availability, the emergency
12 manager is responsible for managing the process of augmenting available
13 resources and/or identifying alternative solutions.

14 LEAD AGENCY FOR COORDINATING SPECIAL NEEDS CONSIDERATIONS

15 A common theme among emergency management professionals is the need for
16 better coordination between jurisdictions and within special needs communities,
17 as well as stronger special needs planning networks. It is highly recommended
18 that one agency be designated as the lead for coordinating special needs
19 planning throughout the government entity. Some jurisdictions have selected
20 their social services agency to assume the leadership role.

21 SPECIAL NEEDS ADVISORY COMMITTEE

22 It is recommended that jurisdictions draw from the Planning Network to establish
23 a special needs advisory committee. The committee should consist of individuals
24 with special needs who reside in the jurisdiction, as well as representatives from
25 the Local emergency management agency, disability and special needs provider
26 organizations, advocacy groups, and Local government agencies.

27 Each jurisdiction can shape the committee to meet its particular needs. The
28 committee can be a stand-alone group of people, connected with the Local
29 disaster planning group (i.e. LEPC), or sponsored by the local Citizen Corps
30 Council. The special needs advisory committee should meet as frequently as
31 necessary to enable committee members to become familiar with one another,
32 exchange information, and coordinate their efforts. Committee meetings also
33 provide a forum for presentations and for the review of relevant reports.

34 SPECIAL NEEDS ADVISOR

35 Increasingly, emergency management agencies are hiring permanent staff
36 and/or contracting SMEs to provide focused special needs expertise for the
37 emergency planning process. Similarly, many emergency managers recognize

1 the importance of enhancing their capacity to respond to special needs
2 populations by establishing a special needs advisor staff role within the incident
3 command structure. This individual functions within the command structure (e.g.,
4 the immediate staff of the Incident Commander, the Planning Section, and/or the
5 Operations Section).

6 B. ASSESSMENTS AND REGISTRIES

7 ASSESSMENTS

8 Assessments and registries are sometimes mistakenly considered the same
9 when in fact they are different. To begin planning, State, Territorial, Tribal, and
10 Local governments should have an accurate assessment—an informed estimate
11 of the number and types of individuals with special needs residing in the
12 community. Emergency planners should base their assessments on lists and
13 information collected from multiple relevant sources wherein individuals with
14 special needs are represented, such as:

- 15 • U.S. Census data
- 16 • Social services listings (dialysis centers, Meals on Wheels, etc.)
- 17 • Paratransit providers
- 18 • Bureau of Motor Vehicles (accessible parking permit holders)
- 19 • Health departments (State, Territorial, Tribal, or Local as applicable)
- 20 • Utility providers
- 21 • Job access services
- 22 • Congregate settings
 - 23 – Group homes
 - 24 – Nursing homes
 - 25 – Long-term care facilities
 - 26 – Assistive living units
 - 27 – Summer camps
 - 28 – Residential schools
 - 29 – Hospice facilities

- 1 • Schools (especially those with a significant number of students with
2 disabilities or students enrolled in English as Second Language
3 programs)
- 4 • County emergency alert list serves
- 5 • Medicaid
- 6 • Hospitals
- 7 • Day care centers (for children or senior citizens)
- 8 • Places of worship
- 9 • Homeless shelters

10 State, Territorial, Tribal and Local officials may need more information about the
11 impact of the Health Insurance Portability and Accountability Act's (HIPAA's)
12 Privacy Rule on their ability to obtain data from agencies and private groups
13 serving special needs communities. The Privacy Rule controls the use and
14 disclosure of protected health information held by "covered entities" (healthcare
15 providers who conduct certain transactions electronically, healthcare
16 clearinghouses, and health plans). The Privacy Rule permits covered entities to
17 disclose information for public health and certain other purposes. Transportation
18 and social service providers are not likely to be subject to the Privacy Rule and
19 may be permitted to disclose the number of individuals they serve. For more
20 information on how the Privacy Rule applies to disclosures during emergency
21 situations, see Appendix D.

22 If emergency managers compile the numbers from various lists, often referred to
23 as the "list of lists" concept, they will have an estimate of the number of
24 individuals residing in their communities, which will benefit planning for sufficient
25 transportation and sheltering. There may be duplication of numbers, where one
26 person is on multiple lists. On the other hand, some individuals who require
27 assistance during an emergency will not use these service providers or agencies.
28 Together these lists can provide raw numbers vital to understanding the
29 magnitude of the community's requirements. Emergency managers should also
30 gather as much information as possible regarding the types of services these
31 individuals require, so emergency staff can be adequately trained and resource
32 needs can be met.

33 Again, the key to the "list of lists" is cultivating relationships between agencies
34 *before* the disaster. It is also essential to keep these lists updated, conducting
35 new assessments at least annually.

1 REGISTRIES OF INDIVIDUALS

2 A registry is a database of individuals who voluntarily sign up and meet the
3 eligibility requirements for receiving emergency response services based on a
4 need (the criteria for which should be established by the State, Territorial, Tribal,
5 or Local jurisdiction). Because registries are voluntary, not everyone who
6 requires assistance during an emergency will enroll. People may be reluctant to
7 sign up for assistance, in part, because they do not want to disclose their
8 personal data for the following reasons:

- 9 • They fear their financial assets will be taken.
- 10 • They fear legal consequences (in the case of undocumented workers).
- 11 • They think the privacy of their medical information will not be protected,
12 making them targets of crime and fraud.
- 13 • Their function-based or medical needs are new, temporary, or incurred
14 as a result of the disaster.
- 15 • They do not believe they have a need for assistance.

16 Registries therefore do not identify every individual who needs assistance during
17 an emergency and should not be used as a master tool for first responders.
18 Furthermore, participation in a special needs registry program does not take the
19 place of personal preparedness. All special needs registry participants—and
20 everyone in general—should have a personal preparedness plan.

21 In addition, it is recommended that registries be reserved for individuals living in
22 their own homes and not in congregate settings (such as residential healthcare
23 facilities). These facilities are responsible for developing emergency plans and
24 providing for their residents. Rather than registering facility residents,
25 jurisdictions should coordinate with each facility as an entire entity, working to
26 understand the numbers and needs of the people they serve.

27 LIABILITY AND EXPECTATIONS

28 It is important to ensure the expectations of the registrants match the types of
29 emergency services offered. Some people believe that entering their name and
30 information into a registry means the government will automatically provide
31 transportation or sheltering for them in the event of an emergency. The
32 jurisdiction responsible for the registry should be clear in communicating
33 limitations of liability for the jurisdiction that sponsors the registry, as well as
34 limitations in service that might be present under various emergency situations.

35 As mentioned, potential registrants may be hesitant to give their personal
36 information to the government. **It is imperative the confidentiality of the**

1 **registrant be strictly protected.** The identities of the registrants should not be
2 shared with anyone but emergency response personnel on a need-to-know
3 basis. Additionally, registrants should be informed that the process is completely
4 voluntary, and the information provided to the government will not be
5 disseminated or used for anything other than emergency assistance. State,
6 Territorial, Tribal and Local officials are advised to consult with legal counsel
7 regarding the applicability of HIPAA and State and Local laws and regulations
8 that govern the confidentiality of information maintained in the registry.

9 SCALABILITY

10 The smaller the community, the more effective the registry. It is also possible for
11 a registry to be effective without serving the entire breadth of the population as
12 defined by a function-based model. A jurisdiction can target a registry to a
13 segment or segments of the population considered to be at higher risk. For
14 example, a jurisdiction might begin by registering only those individuals who will
15 require transportation assistance during an emergency.

16 REGISTRY MAINTENANCE

17 The long-term maintenance of a special needs registry is an important
18 consideration in planning a registry system. The needs and whereabouts of
19 people are constantly changing; therefore, keeping a registry updated with
20 accurate information is both continuous and costly (on-going funding is
21 essential). The costs and resources necessary to keep the registry current
22 should be factored into a jurisdiction's decision about establishing such a system.
23 It is recommended that appropriate funding should be provided to a designated
24 agency to manage and update the registry at least once a year.

25 The registry update and management process (method, frequency, etc.) that a
26 jurisdiction chooses should be dictated by the type of population covered by the
27 registry, the mobility of the population, and the frequency of hazards that confront
28 the jurisdiction. Individuals should register annually and should be periodically
29 contacted to determine if they still require the registry's services. Some
30 communities have asked their Citizen Corps volunteers to help gather registry
31 information by going door-to-door to the houses of individuals who identify
32 themselves as having special needs.

33 OTHER CONSIDERATIONS

34 Although registries can provide important information about a community's
35 special needs populations, the following concerns arise and should be kept in
36 mind:

- 37 • Providing individuals on the registry with emergency information is not
38 enough. Jurisdictions should have a method for reaching everyone in

1 the community before, or during, an emergency. This concept will be
2 discussed at greater length in the Emergency Communication and
3 Public Information section of this guide.

- 4 • Back-up power sources are needed to access the registry during a
5 power outage.
- 6 • Registries do not include individuals who develop disabilities or health
7 or mental health conditions as a result of the emergency itself.
- 8 • Many individuals register using their home address, but these people
9 might be at school, work, or elsewhere during the day (making the
10 home address of little use should an emergency occur). Registries
11 that seek to provide emergency services should include a question
12 about the location of the registrant during daytime hours.

13 (See Appendix E for more detail on considerations related to developing a
14 special needs registry.)

15 GEOGRAPHIC INFORMATION SYSTEM

16 A Geographic Information System (GIS) can be of great value to State,
17 Territorial, Tribal, and Local governments for coordinating and mapping disaster
18 resources across agency and jurisdictional boundaries. As one scholar puts it, “It
19 is too late to collect data when the water rises and the earth shakes.”⁴

20 Demographic information related to natural population clusters (e.g., cultural,
21 language, seniors, or children) or registry information entered into a database
22 management program can provide the means to quickly assess populations
23 impacted by a disaster. For example, computer-generated maps (with icons
24 identifying specific demographic or resource information) allow the operator to
25 view all data collected for that site. In addition, each potential hazard site can be
26 mapped. In the event of a hazardous material release from a fixed facility, for
27 example, the GIS operator can quickly create a plume model of the surrounding
28 vicinity to determine the vulnerability of schools, day care centers, senior centers,
29 group homes, etc.

30 Efforts in Alabama provide illustration of how GIS technology can be used in
31 planning for special needs populations. Argonne National Laboratory developed
32 the Special Population Planner (SPP) in cooperation with the Alabama
33 Emergency Management Agency and six Alabama counties. The SPP is the first
34 GIS-based software tool designed to facilitate emergency planning for special
35 needs populations. The SPP enables users to map communities, facilities, and

⁴ *Using Geographic Information System Technology to Improve Emergency Management and Disaster Response for People with Disabilities.* Alexandra Enders and Zachary Brandt, *Journal of Disability Policy Studies*, Vol. 17/No. 4/2007/pp.223–229.

1 households where persons with special needs reside relative to response assets
2 and hazard scenarios. Expandable for broader planning applications, the
3 SPP initially includes tools to accomplish five main activities:

- 4 • Creating and updating a voluntary special needs population registry of
5 key personal data.
- 6 • Creating and updating area GIS information, including assigning map
7 locations to registered persons based on street addresses.
- 8 • Automatically generating reports and maps.
- 9 • Analyzing data in the context of planning zones and scenarios for
10 preparing response plans.
- 11 • Organizing emergency response plans for quick retrieval and updates.

12 With this information emergency managers, law enforcement officials,
13 firefighters, and transportation officers can efficiently identify individuals needing
14 assistance during an evacuation, facilitate steps to shelter in place, and take
15 other response actions as needed. The SPP (including its user guide) may be
16 downloaded as a free open-source application from the following website:
17 <http://sourceforge.net/projects/spc-pop-planner/>.

18 C. EMERGENCY COMMUNICATION AND PUBLIC INFORMATION

19 Communication is the cornerstone of successful planning and response.
20 Emergency communication, as well as preparedness and mitigation information,
21 should be accessible for people with disabilities, limited English proficiency, and
22 to members of diverse cultures. People who are deaf, deaf-blind, or hard of
23 hearing cannot hear radio, television, sirens, or other audible alerts. Similarly
24 individuals who are blind or who have low vision may not be aware of visual
25 cues, such as flashing lights and scrolling emergency information on television.
26 Emergency plans should not rely on a single source of general notification for the
27 community—multiple methods are necessary.

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

31 DELIVERY MECHANISMS

32 EMERGENCY ALERT SYSTEM

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

- 1 • Broadcast radio, television, and cable systems to send and receive
2 emergency information quickly and automatically, even if their facilities
3 are unattended.
- 4 • Authorized Local and State personnel to distribute important
5 emergency information.
- 6 • The State emergency manager to send out public warnings through
7 major radio stations in his or her State.
- 8 • Direct monitoring of the National Weather Service for Local weather
9 and other emergency alerts. Local broadcast stations, cable systems,
10 and other EAS participants can then rebroadcast the alerts, providing
11 an almost immediate relay of Local emergency messages to the public.
- 12 • Automatic interruption of regular programming and relaying of the
13 emergency messages in languages used by the EAS participant.

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

17 EAS Impact on Special Needs Populations

18 In October 2005, the Federal Communications Commission (FCC) expanded the
19 EAS rules to require EAS participation by digital television broadcasters, digital
20 cable television providers, digital broadcast radio, Digital Audio Radio Service,
21 and Direct Broadcast Satellite systems. The FCC's EAS rules require that EAS
22 provide access to people with disabilities by providing both visual and aural
23 alerts. Under the rules, a visual EAS alert does not have to be an exact
24 transcription of an audio alert, but must be "any method of visual presentation
25 which results in a legible message conveying the essential emergency
26 information." In the future, EAS will be based on a Common Alerting Protocol
27 that will transmit EAS messages so they can be received by equipment in voice,
28 text, data, or video formats.

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

33 NON-EAS ALERT BROADCASTS

34 Not all broadcasts of emergency information trigger the EAS. Accordingly, the
35 FCC adopted separate requirements to meet the needs of persons with
36 disabilities in cases where radio and television broadcasters and cable service
37 providers provide non-EAS emergency announcements and alerts. In 47 Code
38 of Federal Regulations (CFR) § 79.2, the FCC requires that any information

1 intended to further the protection of life, health, safety, or property, such as
2 immediate weather situations, civil disorders, evacuation orders, school closings,
3 relief assistance, etc., be accessible to persons with disabilities. These rules
4 apply to all Local broadcasters, cable operators, and satellite television services.⁵

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

23 9-1-1 EMERGENCY CALLING

24 9-1-1 emergency calling, as well as reverse 9-1-1, should be accessible to
25 persons with hearing, speech, and vision disabilities. Currently, persons with
26 hearing or speech disabilities can use a teletypewriter (TTY) or
27 telecommunications device for the deaf (TDD) to directly call 9-1-1 through
28 wireline phones and analog wireless phones. TTYs and TDDs are machines that
29 allow people with hearing or speech disabilities to communicate over the phone
30 in text using a keyboard and viewing screen. The FCC encourages TTY users to
31 call 9-1-1 directly for immediate service, as all 9-1-1 Public Safety Answering

⁵ The FCC's Enforcement Bureau has enforced these requirements by issuing Notices of Apparent Liability for Forfeiture (NAL) regarding video programming distributors. These NALs cite numerous apparent violations of the FCC's Section 79.2 rule in which information broadcast in October 2003, about wildfires throughout southern California was not made accessible via captioning or other visual presentation in timely fashions. Examples of information about this emergency situation that were not made accessible include information on road closures and evacuations, location of emergency shelters, and advisories to viewers on possible health concerns from air pollution caused by the wildfires. These FCC actions were the first in the Commission's history regarding its accessibility to emergency programming rules, codified at 47 CFR § 79.2. Since that original action, there have been additional NALs filed and two have resulted in consent decrees that provide a valuable set of best practices for television stations to assist them in complying with the requirements for accessibility. See *In the Matter of Fox Television Stations, Inc. Licensee of WTTG-TV Washington, DC, Order and Consent Decree, DA 06-2052, 21 FCC Rcd. 13364 (released November 17, 2006)*.

1 Points (PSAPs) must be equipped to directly receive TTY calls. If TTY users
2 choose to contact a 9-1-1 PSAP via Telecommunications Relay Service (TRS),
3 the caller may experience delay because the caller's number must be forwarded
4 to an appropriate PSAP by the TRS center. This feature is automatic for
5 traditional TRS; however, it presents a challenge for the newer Internet-based
6 forms of TRS until PSAPs are upgraded to be Internet-based.

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

12 AUTOMATED DIALING PROGRAMS (EMERGENCY TELEPHONE NOTIFICATION)

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

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

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

24 PHONE TREE

25 Phone trees allow emergency managers to disseminate information to a wide
26 audience with just a few phone calls. Patterned after existing call-down systems,
27 a phone tree can “multiply outreach and response capabilities while minimizing
28 the number of staff needed to activate the tree at any time.”⁶ A phone tree
29 begins when emergency managers contact “branch managers,” or the top-level
30 contacts (such as residential care facility administrators, utility company officials,
31 staff members of community organizations, senior housing complex managers,
32 or other government officials). These officials and personnel will contact smaller
33 “branches” who will, in turn, contact even smaller “branches.” Emergency
34 managers should be mindful that the phone tree system will not work as well at

⁶ Adapted in part from the National Organization on Disability Emergency Preparedness Initiative, *N.O.D. Guide on the Special Needs of People with Disabilities*. Page 19.

1 night, when many of the “branches” do not have personnel at work. This system
2 is built upon planning network resources.

3 TEXT MESSAGING

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

17 The State of Oklahoma has developed a system called the Oklahoma Weather
18 Alert Remote Notification System (OK-WARN), which alerts citizens with hearing
19 loss to weather hazards and other emergencies. Alerts originate with the NOAA
20 National Weather Service and are transmitted via satellite to software within the
21 Oklahoma Department of Civil Emergency Management’s Paging Alert System.
22 The software condenses the information and sends it to Local paging companies,
23 which, in turn, sends the information to pagers, cell phones, personal digital
24 assistants (PDAs), etc. For more information, visit
25 <http://www.nssl.noaa.gov/edu/safety/pagers.html>.
26 .

27 E-MAIL NOTIFICATION

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

38 At the same time, even if email is readily accessible, people may not check it
39 regularly or remember to check it for emergency information. As with all other
40 means of communications, email should be used in conjunction with other
41 available methods.

1 WEB-SITES

2 Web-sites that are fully accessible can also be used to provide emergency
3 information to individuals with special needs. Jurisdictions should include
4 information about Web sites as part of their public education campaigns, so
5 people know the Web address to access emergency information. Like email, this
6 method allows the user to access information at his or her convenience. Foreign
7 language content on Web sites should be made easily noticeable to persons with
8 limited English proficiency accessing the site, and the information should be
9 displayed in a simple format. The Web site should be accessible to visitors with
10 a wide range of vision, dexterity and cognitive disabilities. Free on-line tools are
11 available to check the accessibility of the site.

12 DOOR-TO-DOOR WARNING SYSTEMS

13 Door-to-door warning, or neighborhood canvassing, is a last resort option when
14 other modes of communications have failed. It is prudent to begin with
15 congregate settings, where notification of a staff member will benefit a large
16 number of residents. A jurisdiction will need to draw information from its registry,
17 or from utilities and other service providers, to identify individuals living alone.
18 See Section B on Registries to learn more about obtaining this information.

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

27 ADDITIONAL CONSIDERATIONS

28 In addition to Federal laws, the following communication considerations are
29 important⁷:

- 30 • Consider providing emergency messages in languages other than
31 English on public access channels and working cooperatively with non-
32 English radio and television stations to provide emergency information.

- 33 • For the benefit of individuals with cognitive disabilities, the most
34 pertinent information should be repeated frequently using a simple
35 vocabulary.

⁷ Adapted in part from the National Organization on Disability Emergency Preparedness Initiative, *N.O.D. Guide on the Special Needs of People with Disabilities*. Page 19.

- 1 • Not all blind individuals are aware that one of the functions of the
2 audible beeps on television is to signal the text of an emergency alert
3 message and to cue the listener to tune into a radio broadcast for more
4 information. .
- 5 • Technology used to communicate with special needs populations
6 should be exercised regularly. Deaf, hard-of-hearing, and blind
7 populations can be reached through alternative means. Alternative
8 means include closed captioning, qualified sign language interpreters,
9 Braille, text messaging, TTY, large print, and audio tape. Under Title II
10 of the Americans with Disabilities Act, emergency management
11 agencies must be reachable by alternative means such as TTY or
12 video relay capabilities.
- 13 • Some communities with high rates of limited English proficiency use
14 bilingual staff or interpreters at radio and television stations to
15 communicate information.
- 16 • Organizations serving ethnic or senior communities, are ideal sources
17 for promising practices, cooperative collaborations, and resource
18 sharing.
- 19 • Pictorial representations, where appropriate, can provide quick and
20 easily understood instruction to many individuals within special needs
21 populations, including children, individuals with limited English
22 proficiency, and some individuals with cognitive disabilities.
- 23 • It is helpful to use a spokesperson who is easily identifiable as
24 representing the organization or population.

25 MESSAGE CONTENT

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

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

1 collaboration and input from all interested stakeholders), leaving placeholders to
2 insert the specifics of each emergency situation and the protective actions
3 recommended.

4 D. SHELTERING AND MASS CARE

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

9 Disability civil rights laws require physical accessibility of shelter facilities,
10 effective communication using multiple methods, full access to emergency
11 services, and reasonable modification of programs where needed. In
12 accordance with Title II of the Americans with Disabilities Act (ADA), general
13 population shelters should offer individuals with disabilities the same benefits
14 provided to those without disabilities. These benefits include safety, comfort,
15 food, medical care, and the support of family and friends. For detailed
16 information on the ADA's application to emergency sheltering, see the guidance
17 issued by the Department of Justice in July 2007. This guidance includes a
18 shelter accessibility assessment tool available at
19 <http://www.usdoj.gov/crt/ada/pcatoolkit/chap7shelterchk.htm>. In addition, FEMA
20 has issued a Web-based reference guide to Federal civil rights laws and their
21 application to *Accommodating Individuals with Disabilities in Mass Care,*
22 *Housing, and Human Services*, available at <http://www.fema.gov/oer/reference>.

23 General population shelter staff should make appropriate accommodations for
24 individuals with special needs. These accommodations may include physical
25 accessibility, modifications to facilities, pictogram signage language and sign
26 language interpreters, and volunteers to help elderly and/or other individuals who
27 need minimal assistance with daily living activities. Historically, VOADs (such as
28 the American Red Cross) manage general population shelter services following a
29 disaster. However, because no jurisdiction can depend on one source to supply
30 all personnel and resources necessary, emergency managers should draw from
31 the skills and resources within special needs planning networks (discussed in
32 Part A of Section V).

33 Shelter plans should also outline how to obtain resources such as durable
34 medical equipment (i.e., wheelchairs, walkers, and canes), personal hygiene
35 supplies, skilled staff, etc. Children will need items such as diapers, formula,
36 baby food, toys, etc. Special needs advocates can work with emergency
37 managers to secure these resources from the State, Territorial, Tribal, or Local
38 government, NGOs, and the private sector.

39
40 Systems should be in place for managing shelter staff and volunteers, including a
41 process for identifying and training personnel, verifying credentials and screening
42 for security risk. As with triage staff, shelter staff should have access to

1 language assistance services to assist persons with limited English proficiency
2 and individuals who are deaf or hard of hearing. When possible, agreements
3 should be created ahead of time, and critical partnerships and roles should be
4 established between relevant agencies and service providers.
5

6 Specialized Shelters

7 Based on the nature of the emergency and the needs of the community, State,
8 Territorial, Tribal, and Local governments have sometimes established
9 specialized shelters that provide a level of service beyond the general population
10 shelter level of care. Specialized shelters may be co-located within a general
11 population shelter, a unit within a medical shelter, or a stand alone entity. These
12 specialized operations offer assistance to individuals who require intensive
13 assistance with daily life activities and individuals who have needs for on-site
14 professional medical care. Plans, staff, and resources for specialized shelters,
15 even when co-located with a general population shelter, are a State, Territorial,
16 Tribal, or Local government responsibility. Here again, an integrated planning
17 approach for shelter management and resources is essential, and emergency
18 planners should focus on coordinating with special needs planning networks.
19

20 Specialized shelter plans that rely on assistance from accompanying caregivers
21 should qualify the assumption that such help will be forthcoming. Although family
22 caregivers are essential, they will still depend on shelter staff for function-based
23 needs. They may have other family members, such as children, with whom to be
24 concerned. Furthermore, clients may have no family caregiver present, or the
25 family caregivers could have significant medical conditions themselves.
26

27 In support of the NRF, FEMA in collaboration with Federal and nongovernmental
28 partners, is developing the Functional Needs Support Unit (FNSU). Once the
29 program is in place, a FNSU can be deployed as a “plug-in” to a mass-care
30 shelter and, when necessary, can be a stand-alone shelter. Trained and certified
31 shelter staff will be assigned to the FNSU to serve as caregivers and provide the
32 assistance normally supplied by a family member or attendant. Specific
33 information regarding FNSUs and other sheltering considerations will be outlined
34 in a guidance document that is expected for release in 2008. When completed,
35 this document is also intended to serve as a template for developing sheltering
36 plans.
37

38 Individuals needing acute medical care should be taken to medical shelters or
39 hospitals. Consideration should be given to a mechanism for transferring
40 patients to the appropriate location, taking into account the transportation and
41 sheltering needs of their caregiver and/or family members.
42

1 TRIAGE

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

- 8 • Receive basic training on how to communicate with a wide range of
9 populations.
- 10 • Have access to language and sign language interpreters as needed to
11 assist limited English proficient populations and deaf or hard-of-hearing
12 individuals.
- 13 • Have access to medical and behavioral health personnel (registered
14 nurses, doctors, social workers, or other practitioners) who can
15 determine which individuals need medical care.

16 Individuals who require minimal support or assistance should not be directed to a
17 shelter that provides a greater level of support services than what they need. For
18 example, an elderly individual who functions without assistance in his or her
19 home may be confused and in need of assistance in the shelter environment. A
20 person with a cognitive or psychiatric disability may need direction with the
21 change in daily routine. These individuals may be accommodated with minimal
22 assistance in a general population shelter. Likewise, individuals with special
23 needs usually function best when kept with their family or caregiver. Keeping
24 these individuals united with their caregivers can help them function in a general
25 population shelter with minimal support from shelter staff. To avoid the
26 inappropriate placement of individuals, plans for general population shelters
27 should also take into account possible resources to supply durable medical
28 equipment or medication for those who require these basic resources.

29 Triage staff should acknowledge the need for family-centered care. Parents are
30 usually unwilling to be separated from their children for any reason, including
31 medical treatment. Additionally, staff members should be prepared for the needs
32 of children who are not accompanied by a caregiver.

33 SERVICE ANIMAL POLICY

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

- 1 • Guiding individuals with impaired vision.
- 2 • Alerting individuals who are deaf or hard of hearing (to intruders or
- 3 sounds such as a baby's cry, the doorbell, and fire alarms).
- 4 • Pulling a wheelchair.
- 5 • Fetching dropped items.
- 6 • Alerting people to impending seizures.
- 7 • Assisting people with mobility disabilities with balance or stability.

8 Service animals are *not* household pets or companion animals (household pets
9 are typically not allowed into shelters) but it can be difficult for first responders
10 and shelter staff to delineate between the two because service animals do not
11 have to be licensed or certified by the government. Likewise, the Americans with
12 Disabilities Act (ADA) does not require service animals to have specific training.
13 A service animal may be excluded from a place ONLY if its behavior is a direct
14 threat to the health or safety of people.

15 During a disaster, a service animal is expected to accompany its owner in
16 rescue/evacuation vehicles and shelters, clinics, and any other facility related to
17 the emergency (such as a Federal Recovery Center). FEMA will be issuing
18 additional guidance on the management of both household pets and service
19 animals.

20 E. EVACUATION

21 Local emergency managers, along with government authorities and service
22 providers, should consider the demographic composition of the community, the
23 transportation necessary for evacuation, and the capacity to provide shelters that
24 meet the range of needs that exist within the community. Evacuation planning
25 should take into account regulations, licensing, and other mandated
26 responsibilities as well as resources, hazard analyses, and evaluation of
27 emergency circumstances. Although an evacuation plan must include clear
28 steps for all evacuation procedures for the entire population, particular attention
29 should be paid to the following:

- 30 • Clear policies defining the roles and responsibilities of first responders.
- 31 • Written agreements for procuring services during an emergency.
- 32 • Transportation and equipment resources that must be identified,
33 coordinated, and incorporated at all levels of government planning.

- 1 • A system for evacuating pre-identified individuals who require
2 assistance (with a particular emphasis on accessible transportation).
- 3 • Pre-identified, accessible sheltering sites.
- 4 • Recognition of the need to keep people with disabilities of any age with
5 their families and/or caregivers.
- 6 • Recognition of the need to keep people with disabilities and their
7 mobility devices, other durable medical products, and/or service
8 animals together.
- 9 • Establishment of a mechanism to track equipment when life safety
10 requires separation from the owner during evacuation.
- 11 • Recognition of the need to keep children and their parents or
12 guardians together.
- 13 • Recognition that at any point in time unaccompanied minors within the
14 community may be unable to understand the scope of the emergency,
15 access information, or know where to go for help.
- 16 • Consideration regarding the provision of services to undocumented
17 immigrants, by providing basic life safety intervention such as shelter
18 and food.

19 Based on the nature of the incident and resources available, Local governments
20 should make every possible effort to provide evacuation services to individuals
21 who need it. State, Territorial, Tribal, and Local governments should also make
22 full use of Federal funding assistance, from DHS and other agencies, which can
23 be directed at strengthening evacuation planning for special needs populations.

24 Because resources during an emergency will be in great demand, individuals
25 requesting assistance, particularly at the onset of an emergency, should
26 understand resources will likely be limited. Therefore, personal preparedness is
27 essential, and individuals with special needs and their caregivers should make
28 personal evacuation plans. They should also identify themselves to the Local
29 emergency management agency if they will require evacuation assistance and/or
30 special equipment, including transportation to evacuation staging areas.

31 EVACUATION FROM HAZARDOUS AREAS TO SAFE AREAS WITHIN A 32 JURISDICTION

33 Evacuations within a jurisdiction typically take place in the advent of incidents
34 with little or no warning (e.g., wildfires, floods, tornados, industrial accidents,
35 terrorist attacks) and affect only a portion of the population. Emergency

1 managers may be able to facilitate a successful evacuation by calling on
2 accessible transportation resources currently operating within the area such as
3 fixed route buses, paratransit vehicles, or school buses. Additional transportation
4 can also be provided by private entities (e.g., taxis, coach buses), non-profit
5 entities (e.g., hospitals, advocacy organizations, social services), and/or schools.
6 A system should be established connecting shelter staff, vehicle drivers, and
7 emergency managers to ensure individuals are evacuated to appropriate pre-
8 identified shelters or facilities, including those with physical access, medical care,
9 and language assistance within the jurisdiction.

10 In addition to transportation plans for special needs populations (which will be
11 discussed at greater length in the next section), metropolitan areas should have
12 clear policies for evacuating older persons and individuals with disabilities from
13 high-rise buildings. For example, the city of Chicago implemented standards in
14 2002 requiring all commercial and residential structures more than 80 feet high to
15 have evacuation plans for people with disabilities.

16 EVACUATION FROM ONE JURISDICTION TO ANOTHER JURISDICTION

17 Evacuation from one jurisdiction to another usually takes place in advance of an
18 emergency with a certain degree of predictability, such as a hurricane. In
19 planning for such catastrophic incidents, States, Territories and Tribes should
20 facilitate collaboration across jurisdictions to ensure that capabilities for
21 supporting special needs populations are defined (e.g. transportation and
22 receiving shelters).

23
24 The demands of multiple-trip and long-distance travel will be especially
25 challenging for some individuals—both physically and mentally. Emergency
26 managers should designate and advertise staging areas for long-distance
27 transportation and provide additional transportation in the form of over-the-road
28 buses, school buses, or intercity rail to shelter locations outside the jurisdiction.
29 In general, over-the-road motor coaches rather than school buses, city buses, or
30 paratransit vehicles are preferred for evacuating people between metropolitan
31 areas. In many cases, there will be individuals living in the community who will
32 not be able to get to designated staging areas on their own. Given available
33 resources, plans should include mechanisms to assist these individuals. Once
34 individuals are transported from their initial location to a pick-up point, adequate
35 accessible vehicles should be available to transport them to the designated
36 shelter location.

37
38 Emergency managers should ensure individuals are not separated from their
39 mobility aids, medication, equipment, service animals, personal care providers,
40 or family members. Likewise, it is critical that children are not separated from
41 their caregivers and that plans are in place to care for unsupervised children.
42 Emergency planners should also anticipate that some individuals may require
43 supervision and assistance during a long-distance evacuation, especially if the

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

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

12 EVACUATION VERSUS SHELTERING IN PLACE

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

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

33 WORKPLACES AND PUBLIC VENUES

34 For emergencies that cannot be anticipated, members of the community will be
35 going about their daily life activities when the incident occurs. Although business
36 and public venue managers have the responsibility of developing plans to be
37 prepared for an emergency, the Local emergency manager will be involved as
38 part of the response to an actual crisis. In addition, emergency management
39 professionals can strengthen community preparedness through advanced

1 planning with Local employers. As part of the emergency planner's
2 preparedness message to employers, emphasis should be placed on:

- 3
- 4 • The necessity for commitment to emergency preparedness from
5 senior-level management within an organization;
- 6 • The importance of timely and accurate emergency communications
7 that are accessible to all employees and visitors, including individuals
8 with special needs;
- 9 • A two prong planning process that combines clear guidelines for all
10 occupants of the premises, while being customizable to meet the
11 unique circumstances of employees and visitors with special needs.
- 12 • Rigorous and regular practice of the employer's emergency plan,
13 providing opportunities to evaluate procedures and keeping the issue
14 in the minds of agency managers and employees.

15 EVACUATION OF SCHOOLS

16 Like the evacuation of residential facilities, the evacuation of schools should be
17 thoroughly planned prior to an emergency. Most school districts have district-
18 wide emergency management plans that are developed in collaboration with
19 community partners (e.g., fire, police, and emergency medical services). Each
20 school within a district is responsible for developing a school-based emergency
21 management plan that is based on the unique architectural, geographical, and
22 student population characteristics of the school. This plan is developed by
23 establishing a school-based emergency management team that may include
24 community partners and school-based personnel such as facilities managers,
25 cafeteria managers, nurses, disability specialists, counselors, teachers and
26 administrators.

27

28 The school-based emergency plan should include procedures and processes for
29 ensuring the full-participation of students and staff with disabilities in the event of
30 an evacuation, lockdown, or shelter-in-place. Each school-based emergency
31 management plan should identify how to best address a variety of disabilities—
32 including visual, hearing, mobility, cognitive, attention and emotional—to
33 adequately consider their needs and vulnerabilities.

34 Communities should have plans in place to manage traffic around a school as
35 panicked parents attempt to reach their children. Urban school children often
36 arrive on foot, by car, or on public transportation, none of which may be viable
37 options during an emergency. Suburban or rural schools may not be located
38 within a reasonable distance of a suitable evacuation site. Additionally, plans
39 must ensure the transportation being used is appropriate for the transportation of
40 students with disabilities. For example, school buses will not work for individuals

1 using wheelchairs if the buses do not have lifts. The drivers of these vehicles
2 must also know how to operate wheelchair lifts, use tie downs, and transfer
3 individuals who have disabilities or who are frail. Should an entire community
4 require a simultaneous evacuation, most school districts do not have enough
5 buses to provide concurrent service. Likewise, some private and non-public
6 schools may rely on public school busses for transportation during normal
7 operations

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

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

22 Likewise, the use of the **National Emergency Family Registry and Locator**
23 **System (NEFRLS)** can be of great benefit. The NEFRLS toll-free number allows
24 disaster victims without access to the Internet to register or search the system on
25 their own or with the help of NEFRLS call center staff. In the absence of a
26 presidentially-declared disaster, the NEFRLS posts a recorded message that
27 refers callers to appropriate local authorities, the American Red Cross, the
28 National Center for Missing and Exploited Children or the National Emergency
29 Child Locator Center for further assistance.

30 F. TRANSPORTATION

31 Transportation is the core component of evacuation. Identification of available
32 transportation resources and coordination of those limited resources is
33 paramount to the evacuation's success. The Nationwide Plan Review Phase 2
34 Report indicated that, "a critical but often overlooked component of the
35 evacuation process is the availability of timely accessible transportation—
36 especially lift-equipped vehicles." Establishing solid agreements with vendors,
37 and detailing specialized services and equipment needed before an event is
38 critical.

1 INDIVIDUALS NEEDING TRANSPORTATION ASSISTANCE

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

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

21 IDENTIFICATION OF TRANSPORTATION RESOURCES

22 Emergency managers should be aware that approximately 64 Federal programs
23 support transportation services for special needs populations on a daily basis. Of
24 these programs, approximately 34 operate vehicles or contract for services.
25 Examples of these programs include Local area agencies on the aging, mental
26 health day habilitation programs, and vocational rehabilitation programs. It is
27 important for emergency planners to collaborate with these routine transportation
28 providers to identify individuals who might require transportation assistance
29 during an evacuation. This will help determine appropriate forms of
30 transportation and enhance coordination among multiple service providers.

31 Many communities have public transportation resources, such as fixed route and
32 paratransit services, as required by the ADA. Human service agencies such as
33 aging networks and Medicaid also own vehicles through a variety of federally
34 funded programs. Emergency managers should determine whether the area's
35 existing fleet of low-floor and accessible buses, school buses, over-the-road
36 buses, or light rail, heavy rail, or intercity rail vehicles could be used to evacuate
37 people without access to personal vehicles. Private schools, taxi services, non-
38 profit, and other private charter bus companies are also important partners for
39 identification of vehicles with and without lift equipment. Buses equipped with
40 two-way radios capable of communication with a dispatcher and/or Emergency
41 Management Agency greatly aids evacuation coordination. Although these

1 resources will be critical during an emergency, the extent to which they will be
2 able to provide transportation assistance will depend on:

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

10 EMERGENCY TRANSPORTATION CONSIDERATIONS

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

- 13 • Transportation providers may have pre-arranged agreements with
14 multiple facilities—essentially “double-” or “triple-booking” them—
15 risking insufficient services should an emergency affect an entire State
16 or region.
- 17 • Many contracts between transportation providers and facilities have a
18 provision that allows the transportation company to opt out at the last
19 minute. Although this is standard contract language because buses
20 may be on a trip and unavailable, it leaves the facility without
21 transportation.
- 22 • Many jurisdictions have contracts in place for buses and must
23 predesignate drivers. Transportation plans should include the workers,
24 which often involve union rules, and the requests made to these
25 workers should be detailed. For example, does the plan allow for the
26 bus driver to take his or her family on the bus?
- 27 • Identifying where individuals are located, particularly during the day,
28 can be problematic especially when people are served by multiple
29 transit providers.
- 30 • In some jurisdictions, there are laws limiting where buses may go and
31 neighboring counties may be off limits. If this is the case, it is
32 recommended that laws be adjusted to allow for exceptions during
33 emergencies.

- 1 • If an evacuation takes place during a school day, school bus drivers
2 may not be available to assist with the evacuation because they will be
3 driving children to or from home. Additionally, these drivers are
4 typically not trained or contracted for emergencies and may not be
5 available to provide assistance to some special needs individuals.
6 Establish alternative agreements to account for this possibility.
- 7 • Establish shelter policies to ensure transportation providers have
8 specific information on evacuation routes and shelter locations.
- 9 • Develop procedures for reimbursing transportation providers for
10 expenses they incur during an evacuation, to ensure their assistance in
11 the future.
- 12 • Transportation providers will be less likely to assist if they are
13 concerned about liability issues. Where possible, State, Territorial,
14 Tribal, and Local jurisdictions should work to establish agreements that
15 reduce the liability of transportation providers in case of an accident or
16 injury.
- 17 • In addition to transportation resources, consideration should be given
18 to the availability of support equipment such as portable oxygen,
19 special needs cots, accessible portable toilets, drinking straws, and
20 communication devices for the evacuation process.
- 21 • Make provisions for transporting persons with disabilities and their
22 service animals as a unit without separating the persons/animals from
23 each other or segregating them from the general population.

24 LEGAL CONSIDERATIONS

25 State, Territorial, Tribal, and Local jurisdictions must take into consideration a
26 variety of legal and regulatory requirements when coordinating emergency
27 transportation. As discussed earlier, planners should make use of available
28 guidance from the Department of Health and Human Services Office for Civil
29 Rights about how the HIPAA Privacy Rule permits covered entities to disclose
30 identifiable health information for planning purposes

31 Some public- and private-sector transportation providers are reluctant to provide
32 service without memorandums of agreement with the State, Territorial, Tribal, or
33 Local jurisdiction regarding liability and reimbursement. Such agreements
34 typically require time, money, and legal representation—resources governments
35 may not have readily available. Additionally, private transportation providers
36 often will not provide transportation without formal sheltering arrangements being
37 in place to eliminate unexpected complications. As this point illustrates, the
38 transportation, evacuation and sheltering of special needs individuals does not

1 exist in a vacuum—each component of an emergency plan affects and is
2 inextricably linked to the other components.

3 G. HUMAN SERVICES AND MEDICAL MANAGEMENT

4 HUMAN SERVICES

5 Human services promote the economic and social well-being of families,
6 children, individuals, and communities by providing the public with such services
7 as welfare, food stamps, social services, child support, economic assistance,
8 rehabilitation, and other supports for individuals with disabilities, or other special
9 needs. These services are provided through Federal, State, Territorial, Tribal, or
10 Local governments, and non-governmental entities, including private and/or
11 nonprofit organizations, and faith-based and community organizations. They
12 serve as a safety net for people and communities with limited personal and/or
13 economic resources and provide immediate, short term, assistance in meeting
14 basic needs. Individuals with special needs may rely on human services to
15 maintain their independence, supplement their economic resources, and receive
16 medical care (particularly for chronic conditions).

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

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

37 Many people will need assistance, including the provision of individual case
38 management support, with reestablishing and applying for human services
39 programs and benefits. They may not be aware of the full array of services
40 available to disaster victims and they may need assistance in completing forms,

1 understanding eligibility requirements, and arranging for continuity of services.
2 Local collaboration between planners and providers will be necessary to quickly
3 and effectively reestablish human services support for persons with special
4 needs. In addition, important information relating to the agency and recipient civil
5 rights obligations, assistance options, and resources for those experiencing
6 difficulty in accessing services, should be provided in multiple languages.

7 Planning for the reestablishment of the human services infrastructure and
8 alternate arrangements is best achieved during the initial stages of emergency
9 planning with input from a Local human services network. Keep in mind that
10 Local human service providers will need support in developing emergency plans
11 for themselves as well as their constituents.

12 During a presidential disaster declaration, FEMA, as coordinator for ESF 6 –
13 Mass Care, Emergency Assistance, Housing and Human Services, is
14 responsible for ensuring the needs of disaster-impacted populations are
15 addressed by coordinating Federal assistance. FEMA will implement programs
16 to assist with the replacement of destroyed personal property, and obtain
17 disaster loans, food stamps, crisis counseling, disaster unemployment, case
18 management, and other Federal and State benefits. FEMA will also support the
19 specialized sheltering, as discussed in Part D of Section V.

20 MEDICAL RESOURCES

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

28 POTENTIAL SHORTAGE OF STAFF

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

1 Additionally, State, Territorial, or Tribal governments that are party to the
2 Emergency Management Assistance Compact (EMAC) should be aware that
3 their jurisdiction will recognize the out-of-state licenses and professional
4 certifications of professionals sent to assist in emergency response and recovery
5 efforts pursuant to EMAC. EMAC is a congressionally ratified compact that
6 provides for member jurisdictions to exchange assistance in the form of
7 equipment, resources, and personnel during a governor-declared emergency. In
8 order for EMAC to be activated, the designated official of the aid-requesting State
9 or Territory must request the type of assistance he or she needs from the aid-
10 rendering State(s). Currently, all fifty states, Puerto Rico, the District of
11 Columbia, and the U.S. Virgin Islands are parties to EMAC.

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

19 CREDENTIALING

20 Systems should be in place to identify and validate the credentials of health
21 service staff, particularly medical personnel, who volunteer their services during
22 an emergency. Ideally, Federal, State, Territorial, and Tribal systems should be
23 similar to incorporate medical volunteers, regardless of their affiliation, into
24 emergency operations.

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

38 PHARMACEUTICALS AND DURABLE MEDICAL SUPPLIES

39 Public and private insurance programs limit the amount of prescription drugs
40 people can order at one time. This restriction therefore limits individuals who may

1 need to fill prescriptions immediately following an emergency. Once a
2 jurisdiction's population assessment is complete, emergency planners should
3 identify resources for medical supplies necessary to support individuals during an
4 emergency. This determination should include pharmaceuticals used by children
5 as well as pediatric-sized and extra large equipment. State, Territorial, Tribal,
6 and Local governments should develop pre-agreements for pharmaceuticals and
7 durable medical equipment, keeping in mind they might need supplies not
8 typically found in emergency facilities or on ambulances.

9 PATIENT TRACKING

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

17 As a result of the stress associated with an emergency incident, some people
18 may have difficulty identifying themselves and/or providing basic information to
19 authorities. People with pre-existing mental health conditions may be particularly
20 vulnerable to stress-induced behavioral changes, and symptoms could become
21 exacerbated as a result of the incident. Some jurisdictions have implemented an
22 electronic tracking system using bracelets. Electronic bracelets are useful
23 because they reduce the risk of identity theft and can hold a great deal of
24 information. Bracelets do not have to be electronic, however, and may simply
25 display the person's name, date of birth, and, for people dependent on the care
26 of others, the residence or facility where they were located. Consideration of
27 where to place the bracelet should be based on the behavior being exhibited by
28 the person. For example, a person who is extremely agitated may wear the
29 bracelet around the ankle to deter removal. It may also be useful to call this
30 bracelet "your ticket home" to remind people of its purpose. For people
31 dependent on the care of others, inclusion of photographic identification can be
32 helpful. Likewise, durable medical equipment, wheelchairs in particular, should
33 be labeled for owner identification. Identification mechanism should be durable
34 and created as quickly and easily as possible.

35 H. CONGREGATE SETTINGS

36 PLANNING

37 Emergency managers should be familiar with the emergency plans and
38 regulations of congregate settings (e.g., nursing homes, adult homes, group
39 homes, children's homes, daytime activity centers, rehabilitations centers) within
40 their jurisdiction. Although there are no uniform plans in place for congregate

1 settings, they are typically responsible for their own evacuation and sheltering. A
2 State, Territorial, or Tribal planning template and open forum about what
3 assistance the government can provide will help facilities with the planning
4 process. Likewise, in the event power is lost and must be restored in stages, it is
5 recommended that State, Territorial, Tribal, and Local jurisdictions prioritize
6 congregate settings where individuals are dependent on life-sustaining
7 equipment.

8 RESIDENTIAL HEALTHCARE FACILITIES

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

25 Although RHCFs are supposed to have emergency evacuation plans and facility
26 agreements in place, there have been instances where RHCFs have transferred
27 their clients to general population shelters. The State of Florida has legislation
28 that makes it illegal for RHCFs to leave individuals who are in their care at
29 nonmedical shelters or hospital emergency rooms.

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

37 MEDICAL RECORDS

38 It is critical that Local planners encourage the public and private medical sectors
39 (primary care physicians and specialty clinics at tertiary care centers) to develop
40 mechanisms for redundant medical records. Records should be available in

1 paper form and if possible, electronically. Local planners should also advocate
2 for statewide immunization registries that would remain intact even if paper
3 records are destroyed. Further, Local planners should promote as part of its
4 personal preparedness campaign medical record storage on CDs, USB drives,
5 and through private medical information services. During a disaster paper
6 medical records may be lost; electronic medical records will safeguard against
7 this loss and could prove invaluable.

8 I. RECOVERY

9 The recovery phase of a disaster is never easy, and the difficulties can be
10 compounded for individuals with special needs. In addition to personal losses
11 and injuries, individuals with special needs might lose vital connections with
12 personal care providers, service animals, community liaisons, public
13 transportation, neighbors, and other people integral to their everyday support
14 network. These disconnections create disruptions in services that people with
15 special needs rely on to participate in daily life.

16 Jurisdictions most successful at recovering from disasters have established
17 formal relationships with a variety of community organizations that provide a link
18 to the special needs populations they serve. By working together on an ongoing
19 basis to develop a joint plan of recovery, government agencies and community
20 organizations will be better able to identify not only assets and capabilities, but
21 also opportunities for improvement and cooperation. The players in this process
22 should consider developing mutual aid agreements and memoranda of
23 understanding (MOUs) that cover procedures for sharing resources. Proactively
24 forming partnerships with community organizations can lead directly to improved
25 community recovery for all affected segments of special needs populations.

26
27 In the early stages of recovery, a coherent system for the reunification of support
28 networks and to reunite children with their parents or guardians or elderly
29 persons with their caregivers is essential. The system should take into account
30 adults and children who are wounded, nonverbal, or have limited English
31 proficiency, as well as potential legal issues regarding custody (in the case of
32 children). To assist with reunification of families and other caregivers, State,
33 Territorial, Tribal, and Local jurisdictions may also wish to establish a system to
34 collect, organize, and report information about the status and location of
35 displaced persons. The requirements of this database are similar to those of a
36 registry in that State, Territorial, Tribal, and Local governments must determine
37 who will establish, update, and fund the database. The American Red Cross
38 recently launched the Safe and Well Web Site to provide families with a tool to
39 exchange welfare information with loved ones and friends in the immediate
40 aftermath of a disaster. The Safe and Well Web Site, accessible via
41 www.redcross.org, allows disaster victims to select and post standard messages
42 for friends and family that indicate they are safe and well at a shelter, home, or
43 hotel and will make contact when they are able. In addition, FEMA has
44 developed the National Emergency Family Registration and Locator System

1 (NEFRLS) as required by the Post-Katrina Emergency Management Reform Act
2 of 2006 to assist families with locating missing loved ones during a declared
3 disaster. More information on NEFRLS is available in Part E of Section V.

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

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

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

25 Long-term sheltering, in particular, can be a significant challenge for some
26 segments of the special needs population—particularly children, individuals with
27 disabilities, and individuals with healthcare needs. Accessibility of both
28 temporary and permanent housing is crucial. Timely allocation of adequate stock
29 of accessible housing safeguards against individuals with disabilities (e.g.,
30 physical impairments) having to remain in a shelter environment longer than
31 others or being inappropriately relocated to a congregate setting.⁸ Congregate
32 settings should, whenever possible, have memorandums of agreement in place
33 with facilities in neighboring States or jurisdictions to house displaced residents.
34 In addition, emergency housing provided through Federal funding, and State and

⁸ The Supreme Court's ruling on June 22, 1999 (*Olmstead v. L.C.*) upheld the ADA's requirement that persons with disabilities should be integrated into their communities whenever possible. The ruling concluded that "unjustified isolation" (e.g. institutionalization when a doctor finds community treatment of equal benefit) to be discrimination. Several States (such as California, Delaware, New Hampshire, New Mexico, New York, Oklahoma, Vermont, and Virginia), have created task forces as a result of this legislation. For more information on State responses to this court decision, go to: <http://www.ncsl.org/programs/health/forum/olmsreport.htm>

1 Local housing subject to the Fair Housing Act, is required to meet physical
2 accessibility requirements. For more information about these requirements, see
3 Appendix F, as well as the FEMA Reference Guide at
4 <http://www.fema.gov/oer/reference>.

5 As Federal and/or State funding is received, the jurisdiction should recognize its
6 obligations to involve special needs populations in the planning for community
7 restoration (see Appendix F.) In instances where critical infrastructure is
8 destroyed, the recovery process presents an opportunity for urban planners to
9 ensure new buildings meet accessibility requirements, where perhaps the old
10 buildings did not. This should be considered as part of the long term mitigation of
11 future impacts on the community.

12 J. TRAINING AND EXERCISES

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

- 19 • Assist emergency managers in developing plans that take into
20 consideration special needs issues within their community.
- 21 • Identify weaknesses and gaps in plans that require further
22 development.
- 23 • Help develop solutions and resources within the community that can
24 support the emergency management system.
- 25 • Articulate emergency needs within their communities.
- 26 • Encourage overall greater collaboration, coordination, and
27 communication before, during, and after disasters.
- 28 • Provide opportunities to build awareness about special needs and
29 emergency preparedness issues.

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

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

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

9 TRAINING

10 People with special needs have been involved in all different aspects of
11 emergency management training as developers, trainers, and participants. In the
12 emergency management spectrum there are several types of training that should
13 be inclusive and incorporate special needs issues, these include:

- 14 • First responder training (fire, law enforcement, EMS)—this is ongoing
15 through a first responder’s career.
- 16 • Community-based training and education (e.g., community disaster
17 preparedness and outreach).
- 18 • Volunteer training (American Red Cross, The Salvation Army, CERT,
19 etc.)
- 20 • Emergency management agency training on specific hazard
21 annexes/plans (e.g., hurricane, evacuation, sheltering, pandemic flu,
22 HazMat, terrorism, etc.).
- 23 • Cross-training. It is important to provide training on emergency
24 preparedness issues (command structure, evacuation, sheltering, etc.)
25 for special needs populations, and equally important to train the
26 emergency preparedness community on special needs issues. This
27 will help foster a better understanding of each perspective.

28 The FEMA Emergency Management Institute (EMI) offers a free, online
29 Independent Study course (IS 197) and classroom instruction offered by States
30 (G 197), “Emergency Planning and Special Needs Populations.” Visit the EMI
31 Web site <http://training.fema.gov/index.asp> or contact EMI for more details.

32 EXERCISES

33 Exercises and drills are used to test the effectiveness of plans. The DHS
34 Homeland Security Exercise and Evaluation Program (HSEEP) identifies seven

1 types of exercises: seminars, workshops, tabletop exercises, games, drills,
2 functional exercises, and full-scale exercises. This variety provides options to
3 best suit the need. DHS-funded exercises are required to follow HSEEP, and
4 most Localities, States, and Tribes now adhere to it as well. Supporting HSEEP
5 are the Target Capabilities and the Exercise Evaluation Guides derived from
6 them. Those responsible for integrating special needs into exercises and
7 exercise programs should be conversant in this material.

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

- 9 • Be knowledgeable of the HSEEP and the Target Capabilities.
- 10 • It is important to include SMEs and/or representatives from special
11 needs populations as active participants in emergency exercises (as
12 planners, controllers, evaluators, and participants).
- 13 • It is vital that all facilities chosen for purposes of conducting an
14 exercise be accessible. This will ensure players, observers, staff, and
15 members of the public will be able to fully participate and receive any
16 necessary services. In addition, transportation, communication,
17 instructions should be provided in alternate formats to ensure access.
- 18 • Rather than have actors “play” the role of people with disabilities,
19 include people who have actual disabilities. Living with the disability
20 daily, these individuals have valuable perspectives and are more
21 readily able to identify issues and to provide ideas for effective
22 solutions.
- 23 • Include people with different types of special needs to enable the
24 collection of invaluable information about the effectiveness of plans.
25 This affords responders first-hand exposure to people with special
26 needs in disaster and emergency situations.
- 27 • Involve the special needs advisory committee, and include other
28 agencies and organizations that provide services to or advocate for
29 special needs populations.
- 30 • Carefully consider the inclusion of children in exercises. Children often
31 cannot distinguish between an exercise and actual event, which may
32 result in unintended emotional trauma.

33 After an exercise or drill, an after action report should be developed to capture
34 the exercise successes, needed improvements, and points of failure, and to
35 determine steps for corrective action. Work with the specific special needs
36 communities to review gaps or issues that were identified in exercises identifying
37 workable solutions.

1 APPENDICES

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APPENDIX A – STATE, TERRITORIAL, TRIBAL, AND LOCAL COMMUNITY PREPAREDNESS RESOURCES

- *Accommodating Individuals with Disabilities in the Provision of Disaster Mass Care, Housing, and Human Services Reference Guide*. FEMA.
<http://www.fema.gov/oer/reference/index.shtm>
- *ADA Best Practices Tool Kit for State and Local Governments*. U.S. Department of Justice. <http://www.usdoj.gov/crt/ada/pcatoolkit/chap7shelterchk.htm>
- *An ADA Guide for Local Governments—Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities*. U.S. Department of Justice. <http://www.usdoj.gov/crt/ada/emergencyprep.htm>
- *At Risk Populations and Pandemic Influenza. Planning Guidance for State, Territorial, Tribal, and Local Health Departments*. Association of Territorial and Health Officials (ASTHO).
http://www.astho.org/pubs/ASTHO_ARPP_Guidance_June3008.pdf
- Center for Disability and Special Needs Preparedness.
<http://www.disabilitypreparedness.org>
- *Disability Preparedness Resource Center*. U.S. Department of Homeland Security. <http://www.DisabilityPreparedness.gov>
- Disabled People and Disaster Planning, DP2. <http://www.citycent.com/dp2>
- *Emergency Assistance Guide*. U.S. Department of Health and Human Services, Administration on Aging.
http://www.aoa.gov/PRESS/preparedness/pdf/Attachment_1357.pdf
- *Emergency Evacuation Planning Guide for People with Disabilities*. National Fire Protection Association.
<http://www.nfpa.org/assets/files//PDF/Forms/EvacuationGuide.pdf>
- *Emergency Information Form*. American Academy of Pediatrics.
<http://www.aap.org/advocacy/epquesansw.htm>
- *Emergency Planning and Special Needs Populations*. FEMA Emergency Management Institute. <http://training.fema.gov/index.asp>
- *Emergency Preparedness for Individuals with Disabilities, Part 1 & Part 2*. IAEM Bulletin March and April 2005. International Association of Emergency Managers. <http://www.iaem.com>

- 1
- 2 • *Emergency Transportation and Individuals with Disabilities*. U.S. Department of
- 3 Transportation. <http://www.disabilityprep.dot.gov>
- 4
- 5 • *Health Care Language Services Guide*.
- 6 <https://hclsig.thinkculturalhealth.org/user/home.rails>
- 7
- 8 • I Speak Cards. <http://www.ocjs.ohio.gov/Publications/Pocket%20Card.pdf>
- 9
- 10 • LEP Resources. <http://www.lep.gov/resources/resources.html>
- 11
- 12 • *Lessons Learned Information Sharing System (LLIS)*. Department of Homeland
- 13 Security. <http://www.llis.gov>
- 14
- 15 • National Association of Judicial Interpreters and Translators.
- 16 <http://www.najit.org/DisasterRelief.html>
- 17
- 18 • *Nationwide Plan Review, Phase II Report*. U.S. Department of Homeland
- 19 Security. https://www.dhs.gov/xlibrary/assets/Prep_NationwidePlanReview.pdf
- 20
- 21 • *Preparedness Focus Areas: Pediatric Preparedness, Pediatric Disaster Tool Kit*
- 22 New York City Department of Health and Mental Hygiene.
- 23 <http://www.nyc.gov/html/doh/html/bhpp/bhpp-focus-ped-toolkit.shtml>
- 24
- 25 • *OK WARN: Weather Alert Remote Notification for the Deaf and Hard of Hearing*.
- 26 NOAA National Severe Storms Laboratory.
- 27 <http://www.nssl.noaa.gov/edu/safety/pagers.html>
- 28
- 29 • *The Paradigm Shift in Planning for Special-Needs Populations*.
- 30 <http://www.DisabilityPreparedness.gov>
- 31
- 32 • *Public Health Workbook to Define, Locate and Reach Special, Vulnerable,*
- 33 *and At-Risk Populations in an Emergency (Draft)*. U.S. Department of Health and
- 34 Human Services, Centers for Disease Control and Prevention.
- 35 <http://www.bt.cdc.gov/workbook/#download>
- 36
- 37 • *Saving Lives: Including People with Disabilities in Emergency Planning*. National
- 38 Council on Disability.
- 39 http://www.ncd.gov/newsroom/publications/2005/saving_lives.htm
- 40
- 41 • *Special Population Planner*. <http://sourceforge.net/projects/spc-pop-planner>
- 42
- 43 • *Tips for First Responders*. New Mexico Department of Health.
- 44 <http://www.health.state.nm.us/ohem/first-responders.htm>
- 45

- 1 • *Why and How to Include People with Disabilities in Your Planning Process?*
2 Nobody Left Behind.
3 http://www.nobodyleftbehind2.org/findings/why_and_how_to_include_all.shtml
- 4 • *Working Conference on Emergency Management and Individuals with*
5 *Disabilities and the Elderly*. U.S. Department of Health and Human Services and
6 U.S. Department of Homeland Security. <http://www.add-em-conf.com/index.htm>
7

APPENDIX B – PERSONAL PREPAREDNESS RESOURCES

- Arizona Office for Americans with Disabilities Emergency Preparedness Check List. <http://www.azada.gov/EmergCkList/Cklist.asp>
- *Be Prepared - American Red Cross Preparedness Information*. American Red Cross. http://www.redcross.org/services/disaster/0,1082,0_500_,00.html
- *Centers for Disease Control*. <http://www.cdc.gov/other/languages/>
- *Disability Preparedness Resource Center*. Department of Homeland Security, Office for Civil Rights and Civil Liberties. <http://www.DisabilityPreparedness.gov>
- DisabilityInfo.gov. U.S. Department of Labor, Office of Disability Employment Policy. www.disabilityinfo.gov
- *El Condado de Orange lanza ListoOC Para Animar La Comunidad Latina a Prepararse En Caso de Una Emergencia*. Orange County, CA. <http://www.listooc.org>
- *Emergency Evacuation Planning Guide for People with Disabilities*. NFPA. <http://www.nfpa.org/categoryList.asp?categoryID=824&cookie%5Ftest=1>
- *Emergency Information Form*. American Academy of Pediatrics. <http://www.aap.org/advocacy/epquesansw.htm>
- *Emergency Management Be Prepared Kit: for Ohioans with Daily Functioning Needs*. Ohio Legal Rights Service. <http://olrs.ohio.gov/beprepared/beprepared.htm>
- *Emergency Power Planning for People Who Use Electricity and Battery Dependent Assistive Technology and Medical Devices*. <http://www.jik.com/disaster-individ.html#Guides>
- *Emergency Preparedness and People with Disabilities*. U.S. Department of Labor, Office of Disability Employment Policy. <http://www.dol.gov/odep/programs/emergency.htm>
- *Emergency Preparedness and Response*. CDC. (English) <http://emergency.cdc.gov/>; (Spanish) <http://emergency.cdc.gov/spanish>
- Emergency Preparedness Initiative, National Organization on Disability. <http://www.nod.org/index.cfm?fuseaction=Page.viewPage&pageId=11>

- 1 • *Emergency Preparedness: Taking Responsibility for Your Safety—Tips for*
2 *People with Activity Limitations and Disabilities.* Los Angeles, County Office of
3 Emergency Management, Emergency Survival Program (2006). [http://www.cert-](http://www.cert-la.com/education/EmergencyEvacuationPreparedness.pdf)
4 [la.com/education/EmergencyEvacuationPreparedness.pdf](http://www.cert-la.com/education/EmergencyEvacuationPreparedness.pdf)
5
- 6 • *Evacuation Preparedness Guide.* Center for Disability Issues in the Health
7 Professions. <http://www.cdihp.org/evacuation/toc.html>
8
- 9 • *Family Readiness Kit.* American Association of Pediatrics.
10 <http://www.aap.org/family/frk/frkit.htm>
11
- 12 • *Guide to Disaster Preparedness for People with Disabilities.* American Red
13 Cross/FEMA. <http://www.redcross.org/images/pdfs/preparedness/A4497.pdf>
14
- 15 • Index of Printable Hurricane and Flood Materials (multiple languages). CDC.
16 <http://www.bt.cdc.gov/disasters/hurricanes/printindex.asp>
17
- 18 • Individual Emergency Preparedness for People with Disabilities,
19 Their Families and Support Networks. [http://www.jik.com/disaster-](http://www.jik.com/disaster-individ.html#Guides)
20 [individ.html#Guides](http://www.jik.com/disaster-individ.html#Guides)
21
- 22 • Listo.gov. Department of Homeland Security. www.listo.gov
23
- 24 • *Nobody Left Behind: Disaster Preparedness for People with Mobility Disabilities.*
25 University of Kansas. <http://www2.ku.edu/~rrtcpbs/resources>
26
- 27 • *OK WARN: Weather Alert Remote Notification for the deaf and hard of hearing.*
28 NOAA National Severe Storms Laboratory.
29 <http://www.nssl.noaa.gov/edu/safety/pagers.html>
30
- 31 • *Parent to Parent of New York State: Disaster Preparedness for Families of*
32 *Children with Special Needs*
33 http://www.parenttoparentnys.org/Family2Family/F2FHICs_HelpingFamilies.pdf
34
- 35 • *Preparedness Information for Seniors and People with Disabilities,* American Red
36 Cross. http://www.redcross.org/services/disaster/0,1082,0_603_,00.html
37
- 38 • *Protect Your Family and Property.* Federal Emergency Management Agency.
39 <http://www.fema.gov/plan/prepare/specialplans.shtm>
40
- 41 • *Ready New York for Seniors and People with Disabilities.* New York City Office of
42 Emergency Management.
43 http://www.nyc.gov/html/oem/html/ready/seniors_guide.shtm
44
45

- 1 • *Ready New York Household Preparedness Guide* (multiple languages). New
2 York City Office of Emergency Management.
3 http://www.nyc.gov/html/oem/html/ready/household_guide.shtml
4
- 5 • *Ready.gov*. U.S. Department of Homeland Security. <http://www.ready.gov>
6
- 7 • *Supporting Special Needs and Vulnerable Populations in Disaster*. Prepare Now
8 Partners. <http://www.PrepareNow.org>
9
- 10 • *Why and How to Include People with Disabilities in Your Planning Process?*
11 *Nobody Left Behind*.
12 http://www.nobodyleftbehind2.org/findings/why_and_how_to_include_all.shtml

1 APPENDIX C – EXAMPLES OF NATIONAL ORGANIZATIONS
2 HAVING RESOURCES FOR SPECIAL NEEDS AND EMERGENCY
3 PREPAREDNESS

4
5 The following are examples of national organizations having Web-based resources
6 specific to special needs populations and emergency preparedness. This list is not
7 exhaustive, but provides initial resources in this topic area. This list will be further
8 developed with succeeding revisions to this planning guide.

- 9
10
11 AARP - <http://www.aarp.org>
12 American Academy of Pediatrics - <http://www.aap.org>
13 American Association on Health and Disability - <http://www.aahd.us/page.php>
14 American Council of the Blind - <http://www.acb.org/>
15 American Hospital Association - <http://www.aha.org/aha/about/>
16 American Public Health Association - <http://www.apha.org>
17 American Red Cross – www.redcross.org
18 Association of Maternal and Child Health Programs - <http://www.amchp.org/>
19 Association of State and Territorial Health Officials - <http://www.astho.org/>
20 Boat People SOS – <http://www.bpsos.org>
21 The Children’s Health Fund - <http://www.childrenshealthfund.org/>
22 Emergency Nurses Association - <http://www.ena.org/>
23 Independent Living Research Utilization (ILRU) - [http://www.ilru.org/disaster-](http://www.ilru.org/disaster-preparation.html)
24 [preparation.html](http://www.ilru.org/disaster-preparation.html)
25 The Joint Commission - http://www.jointcommission.org/PublicPolicy/ep_home.htm
26 National Alliance on Mental Illness - <http://www.nami.org/>
27 National Association of Children’s Hospitals - <http://www.childrenshospitals.net>
28 National Association of County and City Health Officials - <http://www.naccho.org/>

- 1 National Association for the Deaf - <http://www.nad.org/>
- 2 National Association of State EMS Officials - <http://www.nasemsd.org/>
- 3 National Center for Disaster Preparedness, <http://www.ncdp.mailman.columbia.edu/>
- 4 National Center on Immigrant Integration Policy -
5 http://www.migrationinformation.org/integration/language_portal/
- 6 National Disability Rights Network – <http://www.napas.org>
- 7 National Organization for Victim Assistance - <http://www.trynova.org/>
- 8 National Organization on Disability - <http://www.nod.org/>
- 9 National Resource Center on Advancing Emergency Preparedness for Culturally
10 Diverse Communities - www.diversitypreparedness.org
- 11
- 12 National Spinal Cord Injury Association - <http://www.spinalcord.org/>
- 13 Paralyzed Veterans of America - <http://www.pva.org/>
- 14 Safety First, Easter Seals Disability Services -
15 http://www.easterseals.com/site/PageServer?pagename=ntl_safety_first
- 16 Save the Children USA - <http://www.savethechildren.org/>
- 17 Telecommunications for the Deaf and Hard of Hearing (TDI) – <https://www.tdi-online.org>
- 18 The Arc of the United States - <http://www.thearc.org/>
- 19 The Salvation Army - <http://www1.salvationarmy.org>
- 20 Think Cultural Health - <http://thinkculturalhealth.org/>
- 21 United Cerebral Palsy Association - <http://www.ucp.org/>
- 22
- 23
- 24

1 APPENDIX D – HIPAA PRIVACY RULE AND DISCLOSURES IN
2 EMERGENCY SITUATIONS

3 <http://www.hhs.gov/ocr/hipaa/KATRINAnHIPAA.pdf>
4
5

6 September 2, 2005
7
8

9 **U.S. Department of Health and Human Services Office for Civil Rights**
10

11 **HURRICANE KATRINA BULLETIN:**
12 **HIPAA PRIVACY and DISCLOSURES IN EMERGENCY SITUATIONS**
13

14 Persons who are displaced and in need of healthcare as a result of a severe disaster—
15 such as Hurricane Katrina—need ready access to healthcare and the means of
16 contacting family and caregivers. We provide this bulletin to emphasize how the HIPAA
17 Privacy Rule allows patient information to be shared to assist in disaster relief efforts,
18 and to assist patients in receiving the care they need.
19

20 **Providers and health plans covered by the HIPAA Privacy Rule can share patient**
21 **information in all the following ways:**
22

- 23 ✓ **TREATMENT. Healthcare providers can share patient information as**
24 **necessary to provide treatment.**
25 ○ Treatment includes:
26 ■ Sharing information with other providers (including hospitals and
27 clinics).
28 ■ Referring patients for treatment (including linking patients with
29 available providers in areas where the patients have relocated).
30 ■ Coordinating patient care with others (such as emergency relief
31 workers or others that can help in finding patients appropriate
32 health services).
33 ○ Providers can also share patient information to the extent necessary to
34 seek payment for these healthcare services.
35
36
37 ✓ **NOTIFICATION. Healthcare providers can share patient information as**
38 **necessary to identify, locate and notify family members, guardians, or**
39 **anyone else responsible for the individual's care of the individual's**
40 **location, general condition, or death.**
41
42 ○ The healthcare provider should get verbal permission from individuals,
43 when possible; but, if the individual is incapacitated or not available,

1 providers may share information for these purposes if, in their professional
2 judgment, doing so is in the patient's best interest.

- 3 ▪ Thus, when necessary, the hospital may notify the police, the
4 press, or the public at large to the extent necessary to help locate,
5 identify, or otherwise notify family members and others as to the
6 location and general condition of their loved ones.

- 7
- 8 ○ In addition, when a healthcare provider is sharing information with disaster
9 relief organizations that, like the American Red Cross, are authorized by
10 law or by their charters to assist in disaster relief efforts, it is unnecessary
11 to obtain a patient's permission to share the information if doing so would
12 interfere with the organization's ability to respond to the emergency.

- 13
- 14 ✓ **IMMINENT DANGER.** Providers can share patient information with anyone as
15 necessary to prevent or lessen a serious and imminent threat to the health and
16 safety of a person or the public—consistent with applicable law and the
17 provider's standards of ethical conduct.

- 18
- 19 ✓ **FACILITY DIRECTORY.** Healthcare facilities maintaining a directory of patients
20 can tell people who call or ask about individuals whether the individual is at the
21 facility, their location in the facility, and general condition.

22

23 Of course, the HIPAA Privacy Rule does not apply to disclosures if they are not made
24 by entities covered by the Privacy Rule. Thus, for instance, the HIPAA Privacy Rule
25 does not restrict the American Red Cross from sharing patient information.

26

27 For guidance on how personal health information may be shared for emergency
28 preparedness planning, visit <http://www.hhs.gov/ocr/hipaa/decisiontool/tool/>. The
29 decision tool addresses when and how a covered entity may disclose the number of
30 individuals it serves, as well as other data for planning purposes.

31

APPENDIX E – SPECIAL NEEDS REGISTRY INFORMATION

This appendix provides points for consideration related to establishing a special needs registry.

If the State, Territorial, Tribal, or Local jurisdiction decides to create a registry, the first step should be the identification of clear outcomes and objectives. It cannot be stressed enough that expectation management is crucial—the person registering should have appropriate feedback and a clear understanding of what assistance, if any, he or she will receive during an emergency.

Potential registrants will likely be hesitant to give their personal information to the government. **It is imperative the confidentiality of the registrant be strictly protected. DO NOT** share the identities of the registrants of your program with anyone but emergency response personnel on a need-to-know basis. Emphasize to registrants that the process is completely voluntary, and the information provided to the government will not be disseminated or used for anything other than emergency assistance. Consult with legal counsel regarding the applicability of HIPAA and State, Territorial, Tribal, and Local laws and regulations that govern the confidentiality of information maintained in the registry.

In addition to addressing the registry objectives, State, Territorial, Tribal, and Local jurisdictions should also answer the following questions before establishing a registry:⁹

- If the registry system is developed, will it be approved by the Local authorities?
- What will be the criteria for inclusion in the registry?
- Who will review applications for inclusion and make eligibility determinations?
- What allowances and accommodations will be made for people who are temporarily disabled, including those in long-term rehabilitation, recovering from a serious illness or hospitalized?
- What safeguards will be put in place to protect registrants' privacy and the confidential information they provide? When, how and with whom can this information be shared?
- Who will maintain it? Who will fund it?

Registration can be accomplished by providing cards to be filled out and returned to the emergency management agency by special needs individuals (or social services staff representing special needs individuals). Annual distribution of the registration cards can be sent by mail, listed in the newspaper, delivered with annual telephone books, or distributed by social service organizations, churches, or medical facilities. An example of a registry application, used by Monroe County, FL, can be found at

⁹ National Organization on Disability Emergency Preparedness Initiative; N.O.D.

1 http://monroecofl.virtuالتownhall.net/Pages/MonroeCoFL_Social/Form1SNSregistryFillable.pdf.

2
3
4 In lieu of registration cards, individuals may register over the telephone with emergency
5 management officials or through the customer service number for a Local entity such as
6 a utility company. Some jurisdictions have used community service agencies or
7 community information hotlines to collect information, and others offer registration as an
8 option during hospital or congregate setting discharge or admittance. When one
9 member of an elderly household has entered a congregate setting, it may be prudent to
10 register the person still living in the home.¹⁰

11
12 There should be no fee charged for the service nor should there be a requirement for a
13 physician's statement-of-need in order to participate. Individuals must simply be willing
14 to come forward and inform the emergency management agency that in the event of an
15 emergency they will need additional support or assistance.
16

¹⁰ Note: Registries are for individuals living in the community. Owners/managers of nursing homes and assisted living facilities are responsible for the evacuation and care of their residents.

APPENDIX F – CIVIL RIGHTS CONSIDERATIONS RELATED TO SPECIAL NEEDS PLANNING

Introduction

Building upon the freedoms guaranteed by the Constitution, Congress and the President have enacted several laws aimed at protecting the civil rights of populations who historically have been subjected to discrimination. Federal civil rights legislation prohibits discrimination based on characteristics, including the individual’s race, color, national origin, religion, sex, age, and disability. Key civil rights legislation includes the landmark Civil Rights Act of 1964, the Fair Housing Act of 1968, the Higher Education Amendments of 1972, the Age Discrimination Act of 1975, the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.

Federal civil rights laws apply to emergency management agencies, as they operate within the governmental and nongovernmental sectors. Discrimination during Presidentially declared disasters is also specifically prohibited by Sections 308–309 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, as amended.

It is important to note that proactive attention to civil rights considerations during all phases of emergency management can lead directly to enhanced life safety and health outcomes for impacted segments of the special needs population. The following are some examples:

Mitigation and Preparedness

- Partnering with independent living, consumer service, and advocacy organizations can extend the outreach to individuals with disabilities, helping them to plan ahead for sheltering in place or evacuating from the home, school, workplace, or community venue.
- Conveying public information in the primary languages of community members can greatly increase the impact of preparedness messages. Likewise, conveying information in pictures or with simple words can improve communication with individuals who have little or no literacy abilities.
- Engaging leaders from distinct cultures can build community understanding, trust, mitigate backlash discrimination, and improve the investigation following a terrorist incident.
- Pre-selecting accessible mass care shelter sites can ensure individuals with mobility limitations are not misdirected to medical shelters.

1 **Response**

- 2
- 3 • Issuing emergency alerts in visual and aural formats, as required by FCC
 - 4 regulations, can convey critical and time sensitive information to community
 - 5 members who are deaf and who are blind.
 - 6 • Forging agreements with transit providers can ensure accessible vehicles will be
 - 7 available for evacuation of individuals with physical disabilities and the elderly.
 - 8 • Making advance arrangements with suppliers of pharmaceuticals and durable
 - 9 medical equipment can enable individuals who require this support to function
 - 10 independently in the immediate aftermath of a disaster.
 - 11 • Training emergency responders to be vigilant in protecting children separated
 - 12 from their parents or guardians can reduce the chance that a child would become
 - 13 victim of a predator or that any medical condition would go unnoticed.

14

15 **Recovery**

- 16
- 17 • Coordinating in advance with community organizations can help to ensure case
 - 18 management, mental health services, and accessible housing are immediately
 - 19 available to individuals rebuilding their lives following the disaster.
 - 20 • Partnering with Local aging agencies can ensure elders have access to
 - 21 advocacy services that protect them from exploitation.
 - 22 • Consulting architects who have expertise in Americans with Disabilities Act
 - 23 standards can ensure reconstruction of destroyed municipal buildings will be fully
 - 24 accessible for all members of the community.

25

26 The following sections present specific civil rights considerations related to individuals

27 with disabilities and individuals having limited English proficiency.

28

29 **Individuals with Disabilities**

30

31 The primary Federal non-discrimination legislation related to individuals with disabilities

32 includes:

- 33
- 34 • Rehabilitation Act of 1973, as amended
 - 35 • Americans with Disabilities Act of 1990
 - 36 • Fair Housing Act of 1968, as amended
 - 37 • Architectural Barriers Act of 1968
 - 38 • Communications Act of 1934, as amended
 - 39 • Individuals with Disabilities Education Act (IDEA) of 1975, as amended

40

41 The above statutes require accessibility and prohibit discrimination against people with

42 disabilities in all aspects of emergency mitigation, planning, response, and recovery. To

1 comply with these laws, people responsible for notification protocols, evacuation and
2 emergency operations plans, shelter identification and operations, emergency medical
3 care facilities and operations, human services, and other emergency response and
4 recovery programs should:

- 5
- 6 • Have sound working knowledge of the accessibility and nondiscrimination
7 requirements applicable under Federal disability rights laws;
- 8 • Be familiar with the demographics of the population of people with disabilities
9 who live in their community;
- 10 • Involve people with different types of disabilities in identifying the communication
11 and transportation needs, accommodations, support systems, equipment,
12 services, and supplies that residents and visitors with disabilities will need during
13 an emergency; and
- 14 • Identify existing and develop new resources within the community that meet the
15 needs of residents and visitors with disabilities during emergencies.
- 16

17 The following are key nondiscrimination concepts applicable under Federal law and
18 examples of how these concepts apply to all phases of emergency management.

- 19
- 20 1. Self-Determination – People with disabilities are the most knowledgeable about
21 their own needs.
 - 22 – Whenever choices are available, people with disabilities have the right to
23 choose their shelter location, what type of services they require, and who will
24 provide them.
- 25 2. No “One Size Fits All” – People with disabilities do not all require the same
26 assistance and do not all have the same needs.
 - 27 – Many different types of disabilities affect people in different ways.
28 Preparations should be made for individuals with a variety of function-based
29 needs, including individuals who use mobility aids, require medication or
30 portable medical equipment, use service animals, need information in
31 alternate formats, or rely on a caregiver.
- 32 3. Equal Opportunity – People with disabilities should have the same opportunities
33 to benefit from emergency programs, services, and activities as people without
34 disabilities.
 - 35 – Emergency recovery services and programs should be designed to provide
36 equivalent choices for people with disabilities as they do for individuals
37 without disabilities (including) choices about short-term housing or other
38 short- and long-term disaster support services.

- 1 4. Inclusion – People with disabilities have the right to participate in and receive the
2 benefits of emergency programs, services, and activities provided by
3 governments, private businesses, and nonprofit organizations.
- 4 – Inclusion of people with various types of disabilities in planning, training, and
5 evaluation of programs and services will ensure this population is given
6 appropriate consideration during emergencies.
- 7 5. Integration – Emergency programs, services, and activities typically should be
8 provided in an integrated setting.
- 9 – The provision of services such as sheltering, information intake for disaster
10 services, and short-term housing in integrated settings keeps individuals
11 connected to their support system and caregivers and avoids the need for
12 disparate service facilities.
- 13 6. Physical Access – Emergency programs, services, and activities should be
14 provided at locations that all people can access, including people with disabilities.
- 15 – People with disabilities should be able to enter and use emergency facilities
16 and access the programs, services, and activities that are provided. Facilities
17 typically required to be accessible include parking, drop-off areas, entrances
18 and exits, security screening areas, toilet rooms, bathing facilities, sleeping
19 areas, dining facilities, areas where medical care or human services are
20 provided, and paths of travel to and between these areas.
- 21 7. Equal Access – People with disabilities should be able to access and benefit
22 from emergency programs, services, and activities equal to the general
23 population.
- 24 – Equal access applies to emergency preparedness, notification of
25 emergencies, evacuation, transportation, communication, shelter, distribution
26 of supplies, food, first aid, medical care, housing, and application for and
27 distribution of benefits.
- 28 8. Effective Communication – People with disabilities should be given information
29 comparable in content and detail to that given to the general public, as well as
30 accessible, understandable, and timely.
- 31 – Auxiliary aids and services may be needed to ensure effective
32 communication. These may include pen and paper or sign language
33 interpreters through on-site or video interpreting for individuals who are deaf,
34 deaf-blind, hard of hearing or have speech impairments. Individuals who are
35 blind, deaf-blind, have low vision, or have cognitive disabilities may need
36 large print information or people to assist with reading and filling out forms.
- 37 9. Program Modifications – People with disabilities should have equal access to
38 emergency programs and services, which may entail modifications to rules,
39 policies, practices, and procedures.

- 1 – Service staff may need to change the way questions are asked, provide
2 reader assistance to complete forms, or provide assistance in a more
3 accessible location.
- 4 10. No Charge – People with disabilities may not be charged to cover the costs of
5 measures necessary to ensure equal access and nondiscriminatory treatment.
- 6 – Examples of accommodations provided without charge to the individual may
7 include ramps, cots modified to address disability-related needs, a visual
8 alarm, grab bars, additional storage space for medical equipment, lowered
9 counters or shelves, Braille and raised letter signage, a sign language
10 interpreter, a message board, assistance in completing forms, or documents
11 in Braille, large print, or audio recording.

12 **Resources**

13 The U.S. Department of Homeland Security has several resources available to assist
14 emergency managers in planning and response efforts related to people with disabilities
15 and to ensure compliance with Federal civil rights laws:

16 • **Individuals with Disabilities in Emergency Preparedness – Executive Order** 17 **13347**

18 The Department of Homeland Security (DHS) Office for Civil Rights and Civil
19 Liberties oversees the implementation of Executive Order 13347, Individuals with
20 Disabilities in Emergency Preparedness, which was signed by President Bush in
21 July 2004. This Executive Order is designed to ensure the safety and security of
22 individuals with disabilities in all-hazard emergency and disaster situations. To
23 this end, the Executive Order created an Interagency Coordinating Council (ICC)
24 on Emergency Preparedness and Individuals with Disabilities. The ICC
25 comprises senior leadership from more than 20 Federal departments and
26 agencies. Its mission is to ensure people with disabilities and their specific
27 needs are fully integrated into all aspects of our nation's emergency management
28 system, including mitigation, preparedness, response, and recovery. The
29 Secretary of Homeland Security is the Chair of the ICC, and he has delegated
30 that role to the DHS Officer for Civil Rights and Civil Liberties. The Executive
31 Order may be found at
32 <http://www.whitehouse.gov/news/releases/2004/07/20040722-10.html>

33 • **Nationwide Plan Review Phase 2 Report**

34 In June 2006, DHS, in cooperation with the U.S. Department of Transportation,
35 released the Nationwide Plan Review Phase 2 Report, including an assessment
36 of the degree to which state and urban areas integrate disability-related issues
37 into their emergency planning. The DHS Office for Civil Rights and Civil Liberties
38 disability specific review revealed major fragmentation, inconsistencies, and
39 critical gaps throughout the plans. Few plans demonstrated in-depth planning
40 and proactive thinking in preparing to meet the needs of people with disabilities
41 before, during, and after emergencies. Most plans delegated critical

1 responsibilities to third parties or other governmental entities without adequate
2 coordination, oversight, or assurance of resources. Most plans contain no
3 indication that a delegated function will be executed in a timely and effective
4 manner. Nearly 29 percent of American families include at least one person with
5 a disability according to the 2000 U.S. Census. Because family members,
6 caregivers, and/or dependents of people with disabilities feel they cannot or they
7 do not want to be separated during a disaster, there are a substantial number of
8 Americans affected by inadequate disability-related emergency planning.”

9 The Nationwide Plan Review also noted significant problems in the majority of
10 States such as limited numbers of medical personnel, inadequate capabilities to
11 track patients, weaknesses in evacuation planning, and a lack of functional
12 annexes that address special needs populations. The report is available at
13 https://www.dhs.gov/xlibrary/assets/Prep_NationwidePlanReview.pdf or in HTML
14 version at
15 http://64.233.167.104/search?q=cache:_qqM5L9j0fUJ:https://www.dhs.gov/xlibrary/assets/Prep_NationwidePlanReview.pdf+Nationwide+Plan+Review+Phase+2+Report&hl=en&ct=clnk&cd=1&gl=us
16
17

18 • **Guidelines for Accommodating Individuals with Disabilities in Disaster**

19 The guidelines synthesize the array of existing accessibility requirements into a
20 user friendly tool for use by response and recovery personnel in the field. The
21 Guidelines are available at <http://www.fema.gov/oer/reference/>.

22 • **Disability and Emergency Preparedness Resource Center**

23 A Web-based “Resource Center” that includes dozens of technical assistance
24 materials to assist emergency managers in planning and response efforts related to
25 people with disabilities. The Resource Center, is available at
26 <http://www.disabilitypreparedness.gov>.

27 • **Lessons Learned Information Sharing (LLIS)**

28 A resource for planners at all levels of government, non-governmental organizations,
29 and private-sector entities, the resource page on Emergency Planning for Persons
30 with Disabilities and Special Needs provides more than 250 documents, including
31 lessons learned, plans, procedures, policies, and guidance, on how to include
32 citizens with disabilities and other special needs in all phases of the emergency
33 management cycle.

34 LLIS.gov is available to emergency response providers and homeland security
35 officials from the Local, state, and federal levels. To access the resource page,
36 log onto www.LLIS.gov and click on Emergency Planning for Persons with
37 Disabilities and Special Needs under Featured Topics. After meeting the
38 eligibility requirements for accessing Lessons Learned Information Sharing,
39 individuals can request membership by registering online.

40 In addition, the U.S. Department of Justice, which has enforcement authority over the
41 Americans with Disabilities Act, has posted best practice guidance for State and Local

1 governments on emergency management and individuals with disabilities. *The Best*
2 *Practice Toolkit* is located at <http://www.ada.gov/pcatoolkit/chap7emergencygmt.htm>.

3 **Individuals with Limited English Proficiency (LEP)**

4 **Overview**

5 The Federal Government and those receiving assistance from the Federal Government
6 must take reasonable steps to ensure limited English proficient (LEP) persons have
7 meaningful access to the programs, services, and information those entities provide.
8 This will require agencies to develop creative solutions to address the needs of this
9 ever-growing population of individuals whose primary language is not English.

10 Limited English Proficiency—LEP

11 *Who is a Limited English Proficient Person?*

12 Persons who do not speak English as their primary language and who have a limited
13 ability to read, speak, write, or understand English can be limited English proficient, or
14 “LEP.” These individuals may be entitled to language assistance with respect to a
15 particular type of service, benefit, or encounter.

16 *Who Must Comply?*

17 All programs and operations of entities that receive assistance from the Federal
18 Government (i.e., recipients), including:

- 19 • State agencies.
- 20 • Local agencies.
- 21 • Private and nonprofit entities.
- 22 • Subrecipients (entities that receive Federal funding from one of the recipients
23 listed above) also must comply.

24 Recipients of Federal financial assistance operating in jurisdictions in which English has
25 been declared the official language are subject to Federal nondiscrimination
26 requirements, including those applicable to the provision of federally assisted services
27 to persons who are LEP.

28 All programs and operations of the Federal Government also must comply.

1 Legal Authority

2 Recipients:

3 Title VI of the 1964 Civil Rights Act

4 “No person in the United States shall, on the ground of race, color or national origin, be
5 excluded from participation in, be denied the benefits of, or be subjected to
6 discrimination under any program or activity receiving federal financial assistance.”

7 —42 U.S.C. § 2000d.

8 Different treatment based on a person's inability to speak, read, write, or understand
9 English may be a type of national origin discrimination.

10

11 **Recipients and Federal Government:**

12 **Executive Order 13166**

13 This Order, “Improving Access to Services for Persons with Limited English
14 Proficiency,” directed federal agencies to:

- 15 ○ Publish guidance on how their recipients can provide access to LEP persons.
- 16 ○ Improve the language accessibility of their own Federal programs.
- 17 ○ Break down language barriers by implementing consistent standards of language
18 assistance across Federal agencies and amongst all recipients of Federal
19 financial assistance.

20 The Order covers all Federal and federally assisted programs and activities.

21 Obligations

22 *Four-Factor Analysis*

23 Recipients of Federal financial assistance have an obligation to reduce language
24 barriers that can preclude meaningful access by LEP persons to important benefits,
25 rights, programs, information, and services. (The Federal Government has the same
26 obligations as a result of Executive Order 13166.) The starting point is an individualized
27 assessment that balances the following four factors:

- 28 1. The number or proportion of LEP persons eligible to be served or likely to be
29 encountered by the program or grantee/recipient;
- 30 2. The frequency with which LEP individuals come in contact with the program;
- 31 3. The nature and importance of the program, activity, or service provided by the
32 program to people’s lives; and
- 33 4. The resources available to the grantee/recipient and costs.

1 *Elements of an Effective LEP Policy*

2 Elements that may be helpful in designing an LEP policy or plan:

- 3 • Identifying LEP persons who need language assistance
- 4 • Identifying ways in which language assistance will be provided
- 5 • Training staff
- 6 • Providing notice to LEP persons
- 7 • Monitoring and updating LEP policy

8

9 *Examples of Language Assistance Services*

- 10 • Direct foreign language communication by fluent bilingual staff
- 11 • Interpretation (oral), conducted in-person or via telephone by qualified
- 12 interpreters
- 13 • Translation (written) by qualified translators

14

15 **Resources**

16

17 General LEP information: www.LEP.gov

- 18 • This site acts as a clearinghouse, providing and linking to information, tools, and
- 19 technical assistance regarding Limited English Proficiency and language services
- 20 for Federal agencies, recipients of Federal funds, users of Federal programs and
- 21 federally assisted programs, and other stakeholders.

22

23 National Association of Judicial Interpreters and Translators, Disaster Assistance

24 Information: <http://www.najit.org/DisasterRelief.html>

25

26 Department of Justice LEP Guidance Document for Recipients of Federal Financial

27 Assistance: <http://www.usdoj.gov/crt/cor/lep/DOJFinLEPFRJun182002.pdf>

28

29 Health and Human Services LEP Guidance Document for Recipients of Federal

30 Financial Assistance: <http://www.usdoj.gov/crt/cor/lep/hhsrevisedlepguidance.pdf>

31

32 Chapter 1 of Department of Justice's "Executive Order 13166 Limited English

33 Proficiency Resource Document: Tips and Tools from the Field:"

34 <http://www.lep.gov/lepdoc%20chapter1.htm>

35

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1 APPENDIX G – GLOSSARY

2
3 **Accessible.** Having the legally required features and/or qualities that ensure entrance,
4 participation, and usability of places, programs, services, and activities by individuals
5 with a wide variety of disabilities.
6

7 **Agency.** A division of government with a specific function offering a particular kind of
8 assistance. In the Incident Command System, agencies are defined either as
9 jurisdictional (having statutory responsibility for incident management) or as assisting or
10 cooperating (providing resources or other assistance). Governmental organizations are
11 most often in charge of an incident, though in certain circumstances private-sector
12 organizations may be included. Additionally, nongovernmental organizations may be
13 included to provide support.
14

15 **Centers for Independent Living (CILs).** Community-based, non-residential
16 organizations that help create opportunities for, and eliminate discrimination against,
17 people with disabilities.
18

19 **Children.** Encompasses individuals from birth through age 18, covering the entire
20 spectrum of developmental stages.
21

22 **Citizen Corps.** Administered by the Department of Homeland Security/Federal
23 Emergency Management Agency, Citizen Corps brings government and community
24 members and organizations together to involve community members in all-hazards
25 emergency preparedness, planning, mitigation, response and recovery. Citizen Corps
26 includes a network of local, State, and Tribal Councils, which increase community
27 preparedness and response capabilities through public education, outreach, training,
28 and volunteer service.
29

30 **Closed Captioning.** The display of text coinciding with the audio portion of a television
31 broadcast that allows persons with hearing disabilities to have access to these
32 broadcasts.
33

34 **Disability (individual with).** A person who has a physical or mental impairment that
35 substantially limits one or more major life activities, a person who has a history or record
36 of such an impairment, or a person who is perceived by others as having such an
37 impairment.
38

39 **Durable Medical Equipment.** Certain medical equipment for use in the home, such as
40 walkers or wheelchairs.
41

42 **Emergency.** Any incident, whether natural or manmade, that requires responsive action
43 to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency
44 Assistance Act, an emergency means any occasion or instance for which, in the

1 determination of the President, Federal assistance is needed to supplement State and
2 Local efforts and capabilities to save lives and to protect property and public health and
3 safety, or to lessen or avert the threat of a catastrophe in any part of the United States.
4

5 **Emergency Operations Plan (EOP).** The ongoing plan maintained by various
6 jurisdictional levels for responding to a wide variety of potential hazards.
7

8 **Emergency Public Information.** Information that is disseminated primarily in
9 anticipation of an emergency or during an emergency. In addition to providing
10 situational information to the public, it also frequently provides directive actions required
11 to be taken by the general public.
12

13 **Emergency Support Function (ESF) Annexes.** Present the missions, policies,
14 structures, and responsibilities of Federal agencies for coordinating resource and
15 programmatic support to States, tribes, and other Federal agencies or other jurisdictions
16 and entities when activated to provide coordinated Federal support during an incident.
17

18 **Federal.** Of or pertaining to the Federal Government of the United States of America.
19

20 **Geographic Information System (GIS).** A system for capturing, storing, analyzing and
21 managing data and associated attributes which are spatially referenced to the earth. In
22 the strictest sense, it is a computer system capable of integrating, storing, editing,
23 analyzing, sharing, and displaying geographically-referenced information.
24

25 **Limited English Proficiency.** Persons who do not speak English as their primary
26 language and who have a limited ability to read, speak, write, or understand English.
27 These individuals may be entitled to language assistance with respect to a particular
28 type of service, benefit, or encounter.
29

30 **Local Government.** A county, municipality, city, town, township, Local public authority,
31 school district, special district, intrastate district, council of governments (regardless of
32 whether the council of governments is incorporated as a nonprofit corporation under
33 State law), regional or interstate government entity, or agency or instrumentality of a
34 Local government; an Indian tribe or authorized Tribal entity, or in Alaska a Native
35 Village or Alaska Regional Native Corporation; a rural community, unincorporated town
36 or village, or other public entity. See Section 2 (10), Homeland Security Act of 2002,
37 P.L. 107-296, 116 Stat. 2135 (2002).
38

39 **Mitigation.** Activities providing a critical foundation in the effort to reduce the loss of life
40 and property from natural and/or manmade disasters by avoiding or lessening the
41 impact of a disaster and providing value to the public by creating safer communities.
42 Mitigation seeks to fix the cycle of disaster damage, reconstruction, and repeated
43 damage. These activities or actions, in most cases, will have a long-term sustained
44 effect.
45

1 **Mutual Aid and Assistance Agreement.** Written or oral agreement between and
2 among agencies/organizations and/or jurisdictions that provides a mechanism to quickly
3 obtain emergency assistance in the form of personnel, equipment, materials, and other
4 associated services. The primary objective is to facilitate rapid, short-term deployment
5 of emergency support prior to, during, and/or after an incident.
6

7 **National.** Of a nationwide character, including the Federal, State, Local, and Tribal
8 aspects of governance and policy.
9

10 **National Incident Management System (NIMS).** System that provides a proactive
11 approach guiding government agencies at all levels, the private sector, and
12 nongovernmental organizations to work seamlessly to prepare for, prevent, respond to,
13 recover from, and mitigate the effects of incidents, regardless of cause, size, location, or
14 complexity, in order to reduce the loss of life or property and harm to the environment,
15 supporting technologies, and the maintenance for these systems over time.
16

17 **National Response Framework (NRF).** Guides how the Nation conducts all-hazards
18 response. The Framework documents the key response principles, roles, and structures
19 that organize national response. It describes how communities, States, the Federal
20 Government, and private-sector and nongovernmental partners apply these principles
21 for a coordinated, effective national response. And it describes special circumstances
22 where the Federal Government exercises a larger role, including incidents where
23 Federal interests are involved and catastrophic incidents where a State would require
24 significant support. It allows first responders, decisionmakers, and supporting entities to
25 provide a unified national response.
26

27 **Nongovernmental Organization (NGO).** An entity with an association that is based on
28 interests of its members, individuals, or institutions. It is not created by a government,
29 but it may work cooperatively with government. Such organizations serve a public
30 purpose, not a private benefit. Examples of NGOs include faith-based charity
31 organizations and the American Red Cross. NGOs, including voluntary and faith-based
32 groups, provide relief services to sustain life, reduce physical and emotional distress,
33 and promote the recovery of disaster victims. Often these groups provide specialized
34 services that help individuals with disabilities. NGOs and voluntary organizations play a
35 major role in assisting emergency managers before, during, and after an emergency.
36

37 **National Voluntary Organizations Active in Disaster (National VOAD).** A
38 consortium of more than 30 recognized national organizations active in disaster relief.
39 Their organizations provide capabilities to incident management and response efforts at
40 all levels. During major incidents, National VOAD typically sends representatives to the
41 National Response Coordination Center to represent the voluntary organizations and
42 assist in response coordination.
43

44 **Paratransit.** The family of transportation services which falls between the single
45 occupant automobile and fixed route transit. Examples of paratransit include taxis,

1 carpools, vanpools, minibuses, jitneys, demand responsive bus services, and
2 specialized bus services for the mobility impaired or transportation disadvantaged.

3
4 **Preparedness.** Actions that involve a combination of planning, resources, training,
5 exercising, and organizing to build, sustain, and improve operational capabilities.
6 Preparedness is the process of identifying the personnel, training, and equipment
7 needed for a wide range of potential incidents, and developing jurisdiction-specific plans
8 for delivering capabilities when needed for an incident.

9
10 **Private Sector.** Organizations and entities that are not part of any governmental
11 structure. The private sector includes for-profit and not-for-profit organizations, formal
12 and informal structures, commerce, and industry.

13
14 **Reasonable Accommodation/Reasonable Modification.** In general, an
15 accommodation is any change to the rules, policies, procedures, environment or in the
16 way things are customarily done that enables an individual with a disability to enjoy
17 greater participation. A requested accommodation is unreasonable if it poses an undue
18 financial or administrative burden or a fundamental alteration in the program or service.

19
20 **Recipients of Federal Financial Assistance.** All types of entities that receive Federal
21 financial assistance, regardless of whether they are a governmental agency, a private
22 organization, or a religious entity.

23
24 **Recovery.** The development, coordination, and execution of service- and site-
25 restoration plans; the reconstitution of government operations and services; individual,
26 private-sector, nongovernmental, and public-assistance programs to provide housing
27 and to promote restoration; long-term care and treatment of affected persons; additional
28 measures for social, political, environmental, and economic restoration; evaluation of
29 the incident to identify lessons learned; post-incident reporting; and development of
30 initiatives to mitigate the effects of future incidents.

31
32 **Religious Entity.** A religious organization, including a place of worship.

33
34 **Resources.** Personnel and major items of equipment, supplies, and facilities available
35 or potentially available for assignment to incident operations and for which status is
36 maintained. Under the National Incident Management System, resources are described
37 by kind and type and may be used in operational support or supervisory capacities at an
38 incident or at an emergency operations center.

39
40 **Response.** Activities that address the short term, direct effects of an incident.
41 Response includes immediate actions to save lives, protect property, and meet basic
42 human needs. Response also includes the execution of EOPs and of mitigation
43 activities designed to limit the loss of life, personal injury, property damage, and other
44 unfavorable outcomes. As indicated by the situation, response activities include
45 applying intelligence and other information to lessen the effects or consequences of an
46 incident; increased security operations; continuing investigations into nature and source

1 of the threat; ongoing public health and agricultural surveillance and testing processes;
2 immunizations, isolation, or quarantine; and specific law enforcement operations aimed
3 at preempting, interdicting, or disrupting illegal activity, and apprehending actual
4 perpetrators and bringing them to justice.

5
6 **Service Animal.** The ADA defines “service animal” as any “guide dog, signal dog, or
7 other animal individually trained to provide assistance to an individual with a disability.”
8

9 **Sign Language Interpreter.** A person who has been trained to use a system of
10 conventional symbols or gestures made with the hands and body to help people who
11 are deaf, are hard of hearing, or have speech impairments communicate.
12

13 **Special Needs Populations.** Populations whose members may have additional needs
14 before, during, and after an incident in functional areas, including but not limited to:
15 maintaining independence, communication, transportation, supervision, and medical
16 care. Individuals in need of additional response assistance may include those who have
17 disabilities; who live in institutionalized settings; who are elderly; who are children; who
18 are from diverse cultures; who have limited English proficiency or are non-English
19 speaking; or who are transportation disadvantaged.
20

21 **State.** When capitalized, refers to any State of the United States, the District of
22 Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American
23 Samoa, the Commonwealth of the Northern Mariana Islands, and any possession of the
24 United States. See Section 2 (14), Homeland Security Act of 2002, Public Law 107-
25 296, 116 Stat. 2135 (2002).
26

27 **Telecommunications.** The transmission, emission, or reception of voice and/or data
28 through any medium by wire, radio, other electrical electromagnetic or optical means.
29 Telecommunications includes all aspects of transmitting information.
30

31 **Telecommunications Relay Service (TRS).** A telephone service that uses operators,
32 called communications assistants (CAs), to facilitate telephone calls between people
33 with hearing and speech disabilities and other individuals. TRS providers—generally
34 telephone companies—are compensated for the costs of providing TRS from either a
35 state or a federal fund. There is no cost to the user.
36

37 **Telecommunications Service Priority (TSP) Program.** The National
38 Security/Emergency Preparedness (NS/EP) TSP program is the regulatory,
39 administrative, and operational program authorizing and providing for priority treatment
40 (i.e., provisioning and restoration) of NS/EP telecommunications services. As such, it
41 establishes the framework for NS/EP telecommunications service vendors to provide,
42 restore, or otherwise act on a priority basis to ensure effective NS/EP
43 telecommunications services.
44

45 **Tribal.** Referring to any Indian tribe, band, nation, or other organized group or
46 community, including any Alaskan Native Village as defined in or established pursuant

1 to the Alaskan Native Claims Settlement Act (85 Stat. 688) [43 U.S.C.A. and 1601 et
2 seq.], that is recognized as eligible for the special programs and services provided by
3 the United States to Indians because of their status as Indians.

4
5 **Video Relay.** Form of Telecommunications Relay Service that enables people who are
6 deaf, are hard of hearing, or have speech disabilities who use American Sign Language
7 (ASL) to communicate with voice telephone users through video equipment, rather than
8 through typed text.

9
10 **Voluntary Agency.** Any chartered or otherwise duly recognized tax-exempt Local,
11 State, or national organization or group that has provided or may provide needed
12 services to the States, Local governments, or individuals in coping with an emergency
13 or a major disaster.

14