Interim Emergency Management Planning Guide for Special Needs Populations

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

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FEMA

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CONTENTS

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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 wildfires[1] 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.

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

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

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

During the Nationwide Plan Review, emergency managers consistently requested technical assistance in identifying and incorporating special needs populations into emergency planning. As described later in this planning guide, defining the term "special needs" is a critical initial step in the planning process. The Federal Government introduced, within the National Response Framework (NRF), a definition of special needs populations that State, Territorial, Tribal, and Local governments may adopt for use in their EOP development. It is important 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.

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

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

NATIONAL PERSPECTIVE

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

- The NRF includes guidance for defining the term "special needs populations," and special needs considerations have been woven into the appropriate operational protocols.

- In the revision of NIMS, emphasis is being placed on the accessibility of emergency communications, effective outreach to special needs populations, and the addition of a special needs advisor within the incident command structure.

- Pursuant to the 2007 Homeland Security Appropriations Act, the Federal Emergency Management Agency (FEMA), in partnership with the U.S. Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties and an interagency work group, developed a guidance document, *Accommodating Individuals with Disabilities within Disaster Mass Care, Housing, and Human Services*.

- Homeland Security Grants Program guidance is being reviewed and updated to place greater emphasis on planning for special needs populations within states and urban areas.

- DHS's *Comprehensive Preparedness Guide 101* (formerly known as *State and Local Guide 101*) reinforces the importance of special needs considerations and provides a bridge to the details offered in this planning guide.

III. DEFINING "SPECIAL NEEDS"

Emergency management takes into consideration planning for the safety of every person in the community during and following a disaster. Taking into consideration populations historically considered "vulnerable," "at risk," or "special needs" ultimately improves the overall community's post-disaster sustainability.

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

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

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

- *Maintaining independence*
- *Communication*
- *Transportation*
- *Supervision*
- *Medical care*

[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.

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

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

The definition focuses on the following function-based aspects:

- **Maintaining Independence –** Individuals requiring support to be independent in daily activities may lose this support during an emergency or a disaster. Such support may include consumable medical supplies (diapers, formula, bandages, ostomy supplies, etc.), durable medical equipment (wheelchairs, walkers, scooters, etc.), service animals, and/or attendants or caregivers. Supplying needed support to these individuals will enable them to maintain their pre-disaster level of independence.

- **Communication –** Individuals who have limitations that interfere with the receipt of and response to information will need that information provided in methods they can understand and use. They may not be able to hear verbal announcements, see directional signs, or understand how to get assistance due to hearing, vision, speech, cognitive, or intellectual limitations, and/or limited English proficiency.

- **Transportation –** Individuals who cannot drive or who do not have a vehicle may require transportation support for successful evacuation. This support may include accessible vehicles (e.g., lift-equipped or vehicles suitable for transporting individuals who use oxygen) or information about how and where to access mass transportation during an evacuation.

- **Supervision –** Before, during, and after an emergency individuals may lose the support of caregivers, family, or friends or may be unable to cope in a new environment (particularly if they have dementia, Alzheimer's or psychiatric conditions such as schizophrenia or intense anxiety). If separated from their caregivers, young children may be

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

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

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

IV. PERSONAL PREPAREDNESS

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

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

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

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

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

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

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

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

V. PLANNING CONSIDERATIONS

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

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

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

- Establish a rigorous public education program with an emphasis on personal preparedness. Make sure information is available in accessible formats and languages to reach the entire community.

- Collaborate with stakeholders (such as the local Citizen Corps Council, if one exists) and with representatives of special needs populations. No agency should work in isolation, and the emergency manager must establish partnerships to better understand community resources and prevent each agency from "reinventing the wheel."

- Ensure the plans are "living documents" and are updated with a predetermined frequency and after any major event.

- Establish mutual-aid agreements and memorandums of understanding with neighboring communities that can provide additional emergency resources.

- Communicate the emergency plan to response and community stakeholders.

- Ensure all stakeholders are trained on the plan.

- Ensure all exercises include members of special needs populations.

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

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

A. Planning Networks and Roles

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

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

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

PLANNING NETWORKS

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

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

- Health departments (State, Territorial, Tribal, and Local as appropriate).
- Departments of education.
- Health and human services agencies (including child welfare).
- 2-1-1 Human Services Information and Referral Services
- HUD or other rent-subsidized multi-family complexes.
- HUD or otherwise subsidized non-licensed supervised living facilities.
- Nursing homes.
- Media
- Home healthcare organizations.
- Medical service and equipment providers (including durable medical equipment providers).
- Pharmaceutical providers.
- Agencies on alcohol and drug addiction.
- Job and family service agencies.
- Vocational rehabilitation agencies.
- Independent living centers.
- Behavioral health and mental health agencies.
- Commissions on the deaf and hard of hearing and the blind and visually impaired.
- Governor's committees on individuals with special needs and/or disabilities (as applicable).
- Translation and interpretation service agencies.
- Transportation service providers (including those with accessible vehicles).
- Utility providers.
- Colleges and universities.

- Faith-based organizations.
- Schools.
- Child care facilities (both center-based and home-based).
- Parents.
- Veterinary resources.
- Individuals with special needs.

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

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

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

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

PLANNING ROLES

STATE, TERRITORIAL, TRIBAL, OR LOCAL EMERGENCY MANAGER

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

LEAD AGENCY FOR COORDINATING SPECIAL NEEDS CONSIDERATIONS

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

SPECIAL NEEDS ADVISORY COMMITTEE

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

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

SPECIAL NEEDS ADVISOR

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

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

B. Assessments and Registries

Assessments

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

- U.S. Census data
- Social services listings (dialysis centers, Meals on Wheels, etc.)
- Paratransit providers
- Bureau of Motor Vehicles (accessible parking permit holders)
- Health departments (State, Territorial, Tribal, or Local as applicable)
- Utility providers
- Job access services
- Congregate settings
  - Group homes
  - Nursing homes
  - Long-term care facilities
  - Assistive living units
  - Summer camps
  - Residential schools
  - Hospice facilities

- Schools (especially those with a significant number of students with disabilities or students enrolled in English as Second Language programs)
- County emergency alert list serves
- Medicaid
- Hospitals
- Day care centers (for children or senior citizens)
- Places of worship
- Homeless shelters

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

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

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

REGISTRIES OF INDIVIDUALS

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

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

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

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

LIABILITY AND EXPECTATIONS

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

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

registrant be strictly protected. The identities of the registrants should not be shared with anyone but emergency response personnel on a need-to-know basis. Additionally, registrants should be informed 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. State, Territorial, Tribal and Local officials are advised to consult with legal counsel regarding the applicability of HIPAA and State and Local laws and regulations that govern the confidentiality of information maintained in the registry.

SCALABILITY

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

REGISTRY MAINTENANCE

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

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

OTHER CONSIDERATIONS

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

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

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

- Back-up power sources are needed to access the registry during a power outage.

- Registries do not include individuals who develop disabilities or health or mental health conditions as a result of the emergency itself.

- Many individuals register using their home address, but these people might be at school, work, or elsewhere during the day (making the home address of little use should an emergency occur). Registries that seek to provide emergency services should include a question about the location of the registrant during daytime hours.

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

GEOGRAPHIC INFORMATION SYSTEM

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

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

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

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

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

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

C. Emergency Communication and Public Information

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

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

Delivery Mechanisms

Emergency Alert System

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

- Broadcast radio, television, and cable systems to send and receive emergency information quickly and automatically, even if their facilities are unattended.

- Authorized Local and State personnel to distribute important emergency information.

- The State emergency manager to send out public warnings through major radio stations in his or her State.

- Direct monitoring of the National Weather Service for Local weather and other emergency alerts. Local broadcast stations, cable systems, and other EAS participants can then rebroadcast the alerts, providing an almost immediate relay of Local emergency messages to the public.

- Automatic interruption of regular programming and relaying of the emergency messages in languages used by the EAS participant.

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

EAS Impact on Special Needs Populations

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

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

NON-EAS ALERT BROADCASTS

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

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

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

9-1-1 EMERGENCY CALLING

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

[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 Degree, DA 06-2052, 21 FCC Rcd. 13364 (released November 17, 2006).*

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

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

Automated Dialing Programs (Emergency Telephone Notification)

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

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

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

Phone Tree

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

[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.

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

TEXT MESSAGING

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

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

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

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

Web-Sites

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

Door-to-Door Warning Systems

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

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

Additional Considerations

In addition to Federal laws, the following communication considerations are important[7]:

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

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

- Not all blind individuals are aware that one of the functions of the audible beeps on television is to signal the text of an emergency alert message and to cue the listener to tune into a radio broadcast for more information. .

- Technology used to communicate with special needs populations should be exercised regularly. Deaf, hard-of-hearing, and blind populations can be reached through alternative means. Alternative means include closed captioning, qualified sign language interpreters, Braille, text messaging, TTY, large print, and audio tape. Under Title II of the Americans with Disabilities Act, emergency management agencies must be reachable by alternative means such as TTY or video relay capabilities.

- Some communities with high rates of limited English proficiency use bilingual staff or interpreters at radio and television stations to communicate information.

- Organizations serving ethnic or senior communities, are ideal sources for promising practices, cooperative collaborations, and resource sharing.

- Pictorial representations, where appropriate, can provide quick and easily understood instruction to many individuals within special needs populations, including children, individuals with limited English proficiency, and some individuals with cognitive disabilities.

- It is helpful to use a spokesperson who is easily identifiable as representing the organization or population.

MESSAGE CONTENT

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

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

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

D. Sheltering and Mass Care

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

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

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

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

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

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

Specialized Shelters

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

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

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

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

TRIAGE

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

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

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

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

SERVICE ANIMAL POLICY

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

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

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

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

E. EVACUATION

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

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

- A system for evacuating pre-identified individuals who require assistance (with a particular emphasis on accessible transportation).

- Pre-identified, accessible sheltering sites.

- Recognition of the need to keep people with disabilities of any age with their families and/or caregivers.

- Recognition of the need to keep people with disabilities and their mobility devices, other durable medical products, and/or service animals together.

- Establishment of a mechanism to track equipment when life safety requires separation from the owner during evacuation.

- Recognition of the need to keep children and their parents or guardians together.

- Recognition that at any point in time unaccompanied minors within the community may be unable to understand the scope of the emergency, access information, or know where to go for help.

- Consideration regarding the provision of services to undocumented immigrants, by providing basic life safety intervention such as shelter and food.

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

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

EVACUATION FROM HAZARDOUS AREAS TO SAFE AREAS WITHIN A JURISDICTION

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

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

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

EVACUATION FROM ONE JURISDICTION TO ANOTHER JURISDICTION

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

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

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

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

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

EVACUATION VERSUS SHELTERING IN PLACE

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

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

WORKPLACES AND PUBLIC VENUES

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

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

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

EVACUATION OF SCHOOLS

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

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

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

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

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

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

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

F. TRANSPORTATION

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

INDIVIDUALS NEEDING TRANSPORTATION ASSISTANCE

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

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

IDENTIFICATION OF TRANSPORTATION RESOURCES

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

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

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

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

EMERGENCY TRANSPORTATION CONSIDERATIONS

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

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

- If an evacuation takes place during a school day, school bus drivers may not be available to assist with the evacuation because they will be driving children to or from home. Additionally, these drivers are typically not trained or contracted for emergencies and may not be available to provide assistance to some special needs individuals. Establish alternative agreements to account for this possibility.

- Establish shelter policies to ensure transportation providers have specific information on evacuation routes and shelter locations.

- Develop procedures for reimbursing transportation providers for expenses they incur during an evacuation, to ensure their assistance in the future.

- Transportation providers will be less likely to assist if they are concerned about liability issues. Where possible, State, Territorial, Tribal, and Local jurisdictions should work to establish agreements that reduce the liability of transportation providers in case of an accident or injury.

- In addition to transportation resources, consideration should be given to the availability of support equipment such as portable oxygen, special needs cots, accessible portable toilets, drinking straws, and communication devices for the evacuation process.

- Make provisions for transporting persons with disabilities and their service animals as a unit without separating the persons/animals from each other or segregating them from the general population.

LEGAL CONSIDERATIONS

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

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

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

G. Human Services and Medical Management

Human Services

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

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

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

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

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

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

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

MEDICAL RESOURCES

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

POTENTIAL SHORTAGE OF STAFF

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

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

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

CREDENTIALING

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

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

PHARMACEUTICALS AND DURABLE MEDICAL SUPPLIES

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

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

PATIENT TRACKING

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

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

H. CONGREGATE SETTINGS

PLANNING

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

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

RESIDENTIAL HEALTHCARE FACILITIES

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

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

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

MEDICAL RECORDS

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

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

I. RECOVERY

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

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

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

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

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

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

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

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

[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

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

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

J. TRAINING AND EXERCISES

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

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

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

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

- Work with special needs communities to determine the best way to involve them in the process. Work with the special needs advisory committee, government agencies, and other voluntary organizations to ensure effective and meaningful participation.

- Identify a representative sample of the population to be involved in the onset to help develop goals and objectives for the programs.

- Be sure to involve special needs communities in all aspects: development, testing/piloting, implementation, and evaluation.

TRAINING

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

- First responder training (fire, law enforcement, EMS)—this is ongoing through a first responder's career.

- Community-based training and education (e.g., community disaster preparedness and outreach).

- Volunteer training (American Red Cross, The Salvation Army, CERT, etc.)

- Emergency management agency training on specific hazard annexes/plans (e.g., hurricane, evacuation, sheltering, pandemic flu, HazMat, terrorism, etc.).

- Cross-training. It is important to provide training on emergency preparedness issues (command structure, evacuation, sheltering, etc.) for special needs populations, and equally important to train the emergency preparedness community on special needs issues. This will help foster a better understanding of each perspective.

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

EXERCISES

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

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

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

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

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

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

- *Emergency Transportation and Individuals with Disabilities.* U.S. Department of Transportation. http://www.disabilityprep.dot.gov

- *Health Care Language Services Guide.* https://hclsig.thinkculturalhealth.org/user/home.rails

- I Speak Cards. http://www.ocjs.ohio.gov/Publications/Pocket%20Card.pdf

- LEP Resources. http://www.lep.gov/resources/resources.html

- *Lessons Learned Information Sharing System (LLIS).* Department of Homeland Security. http://www.llis.gov

- National Association of Judicial Interpreters and Translators. http://www.najit.org/DisasterRelief.html

- *Nationwide Plan Review, Phase II Report*. U.S. Department of Homeland Security. https://www.dhs.gov/xlibrary/assets/Prep_NationwidePlanReview.pdf

- *Preparedness Focus Areas: Pediatric Preparedness, Pediatric Disaster Tool Kit* New York City Department of Health and Mental Hygiene. http://www.nyc.gov/html/doh/html/bhpp/bhpp-focus-ped-toolkit.shtml

- *OK WARN: Weather Alert Remote Notification for the Deaf and Hard of Hearing*. NOAA National Severe Storms Laboratory. http://www.nssl.noaa.gov/edu/safety/pagers.html

- *The Paradigm Shift in Planning for Special-Needs Populations*. http://www.DisabilityPreparedness.gov

- *Public Health Workbook to Define, Locate and Reach Special, Vulnerable, and At-Risk Populations in an Emergency (Draft*). U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. http://www.bt.cdc.gov/workbook/#download

- *Saving Lives: Including People with Disabilities in Emergency Planning.* National Council on Disability. http://www.ncd.gov/newsroom/publications/2005/saving_lives.htm

- *Special Population Planner.* http://sourceforge.net/projects/spc-pop-planner

- *Tips for First Responders*. New Mexico Department of Health. http://www.health.state.nm.us/ohem/first-responders.htm

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

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

- *Emergency Preparedness: Taking Responsibility for Your Safety—Tips for People with Activity Limitations and Disabilities.* Los Angeles, County Office of Emergency Management, Emergency Survival Program (2006). http://www.cert-la.com/education/EmergencyEvacuationPreparedness.pdf

- *Evacuation Preparedness Guide*. Center for Disability Issues in the Health Professions. http://www.cdihp.org/evacuation/toc.html

- *Family Readiness Kit.* American Association of Pediatrics. http://www.aap.org/family/frk/frkit.htm

- *Guide to Disaster Preparedness for People with Disabilities.* American Red Cross/FEMA. http://www.redcross.org/images/pdfs/preparedness/A4497.pdf.

- Index of Printable Hurricane and Flood Materials (multiple languages). CDC. http://www.bt.cdc.gov/disasters/hurricanes/printindex.asp

- Individual Emergency Preparedness for People with Disabilities, Their Families and Support Networks. http://www.jik.com/disaster-individ.html#Guides

- Listo.gov. Department of Homeland Security. www.listo.gov

- *Nobody Left Behind: Disaster Preparedness for People with Mobility Disabilities*. University of Kansas. http://www2.ku.edu/~rrtcpbs/resources

- *OK WARN: Weather Alert Remote Notification for the deaf and hard of hearing*. NOAA National Severe Storms Laboratory. http://www.nssl.noaa.gov/edu/safety/pagers.html

- *Parent to Parent of New York State: Disaster Preparedness for Families of Children with Special Needs* http://www.parenttoparentnys.org/Family2Family/F2FHICs_HelpingFamilies.pdf

- *Preparedness Information for Seniors and People with Disabilities*, American Red Cross. http://www.redcross.org/services/disaster/0,1082,0_603_,00.html

- *Protect Your Family and Property*. Federal Emergency Management Agency. http://www.fema.gov/plan/prepare/specialplans.shtm

- *Ready New York for Seniors and People with Disabilities*. New York City Office of Emergency Management. http://www.nyc.gov/html/oem/html/ready/seniors_guide.shtml

- *Ready New York Household Preparedness Guide* (multiple languages). New York City Office of Emergency Management. http://www.nyc.gov/html/oem/html/ready/household_guide.shtml

- *Ready.gov.* U.S. Department of Homeland Security. http://www.ready.gov

- *Supporting Special Needs and Vulnerable Populations in Disaster*. Prepare Now Partners. http://www.PrepareNow.org

- *Why and How to Include People with Disabilities in Your Planning Process?* Nobody Left Behind. http://www.nobodyleftbehind2.org/findings/why_and_how_to_include_all.shtml

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

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

AARP - http://www.aarp.org

American Academy of Pediatrics - http://www.aap.org

American Association on Health and Disability - http://www.aahd.us/page.php

American Council of the Blind - http://www.acb.org/

American Hospital Association - http://www.aha.org/aha/about/

American Public Health Association - http://www.apha.org

American Red Cross – www.redcross.org

Association of Maternal and Child Health Programs - http://www.amchp.org/

Association of State and Territorial Health Officials - http://www.astho.org/

Boat People SOS – http://www.bpsos.org

The Children's Health Fund - http://www.childrenshealthfund.org/

Emergency Nurses Association - http://www.ena.org/

Independent Living Research Utilization (ILRU) - http://www.ilru.org/disaster-preparation.html

The Joint Commission - http://www.jointcommission.org/PublicPolicy/ep_home.htm

National Alliance on Mental Illness - http://www.nami.org/

National Association of Children's Hospitals - http://www.childrenshospitals.net

National Association of County and City Health Officials - http://www.naccho.org/

National Association for the Deaf - http://www.nad.org/

National Association of State EMS Officials - http://www.nasemsd.org/

National Center for Disaster Preparedness, http://www.ncdp.mailman.columbia.edu/

National Center on Immigrant Integration Policy - http://www.migrationinformation.org/integration/language_portal/

National Disability Rights Network – http://www.napas.org

National Organization for Victim Assistance - http://www.trynova.org/

National Organization on Disability - http://www.nod.org/

National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Communities - www.diversitypreparedness.org

National Spinal Cord Injury Association - http://www.spinalcord.org/

Paralyzed Veterans of America - http://www.pva.org/

Safety First, Easter Seals Disability Services - http://www.easterseals.com/site/PageServer?pagename=ntl_safety_first

Save the Children USA - http://www.savethechildren.org/

Telecommunications for the Deaf and Hard of Hearing (TDI) – https://www.tdi-online.org

The Arc of the United States - http://www.thearc.org/

The Salvation Army - http://www1.salvationarmy.org

Think Cultural Health - http://thinkculturalhealth.org/

United Cerebral Palsy Association - http://www.ucp.org/

APPENDIX D – HIPAA PRIVACY RULE AND DISCLOSURES IN EMERGENCY SITUATIONS

http://www.hhs.gov/ocr/hipaa/KATRINAnHIPAA.pdf

September 2, 2005

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

HURRICANE KATRINA BULLETIN:
HIPAA PRIVACY and DISCLOSURES IN EMERGENCY SITUATIONS

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

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

- ✓ **TREATMENT. *Healthcare providers can share patient information as necessary to provide treatment*.**
  - o Treatment includes:
    - Sharing information with other providers (including hospitals and clinics).
    - Referring patients for treatment (including linking patients with available providers in areas where the patients have relocated).
    - Coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services).
  - o Providers can also share patient information to the extent necessary to seek payment for these healthcare services.

- ✓ **NOTIFICATION. *Healthcare providers can share patient information as necessary to identify, locate and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.***

  - o The healthcare provider should get verbal permission from individuals, when possible; but, if the individual is incapacitated or not available,

providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.
    - Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify, or otherwise notify family members and others as to the location and general condition of their loved ones.

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

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

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

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

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

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.

http://monroecofl.virtualtownhall.net/Pages/MonroeCoFL_Social/Form1SNSregistryFillable.pdf.

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

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

[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.

Response

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

Recovery

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

The following sections present specific civil rights considerations related to individuals with disabilities and individuals having limited English proficiency.

Individuals with Disabilities

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

- Rehabilitation Act of 1973, as amended
- Americans with Disabilities Act of 1990
- Fair Housing Act of 1968, as amended
- Architectural Barriers Act of 1968
- Communications Act of 1934, as amended
- Individuals with Disabilities Education Act (IDEA) of 1975, as amended

The above statutes require accessibility and prohibit discrimination against people with disabilities in all aspects of emergency mitigation, planning, response, and recovery. To

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

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

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

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

4. Inclusion – People with disabilities have the right to participate in and receive the benefits of emergency programs, services, and activities provided by governments, private businesses, and nonprofit organizations.

   - Inclusion of people with various types of disabilities in planning, training, and evaluation of programs and services will ensure this population is given appropriate consideration during emergencies.

5. Integration – Emergency programs, services, and activities typically should be provided in an integrated setting.

   - The provision of services such as sheltering, information intake for disaster services, and short-term housing in integrated settings keeps individuals connected to their support system and caregivers and avoids the need for disparate service facilities.

6. Physical Access – Emergency programs, services, and activities should be provided at locations that all people can access, including people with disabilities.

   - People with disabilities should be able to enter and use emergency facilities and access the programs, services, and activities that are provided. Facilities typically required to be accessible include parking, drop-off areas, entrances and exits, security screening areas, toilet rooms, bathing facilities, sleeping areas, dining facilities, areas where medical care or human services are provided, and paths of travel to and between these areas.

7. Equal Access – People with disabilities should be able to access and benefit from emergency programs, services, and activities equal to the general population.

   - Equal access applies to emergency preparedness, notification of emergencies, evacuation, transportation, communication, shelter, distribution of supplies, food, first aid, medical care, housing, and application for and distribution of benefits.

8. Effective Communication – People with disabilities should be given information comparable in content and detail to that given to the general public, as well as accessible, understandable, and timely.

   - Auxiliary aids and services may be needed to ensure effective communication. These may include pen and paper or sign language interpreters through on-site or video interpreting for individuals who are deaf, deaf-blind, hard of hearing or have speech impairments. Individuals who are blind, deaf-blind, have low vision, or have cognitive disabilities may need large print information or people to assist with reading and filling out forms.

9. Program Modifications – People with disabilities should have equal access to emergency programs and services, which may entail modifications to rules, policies, practices, and procedures.

- Service staff may need to change the way questions are asked, provide reader assistance to complete forms, or provide assistance in a more accessible location.

10. No Charge – People with disabilities may not be charged to cover the costs of measures necessary to ensure equal access and nondiscriminatory treatment.

    - Examples of accommodations provided without charge to the individual may include ramps, cots modified to address disability-related needs, a visual alarm, grab bars, additional storage space for medical equipment, lowered counters or shelves, Braille and raised letter signage, a sign language interpreter, a message board, assistance in completing forms, or documents in Braille, large print, or audio recording.

Resources

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

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

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

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

The Nationwide Plan Review also noted significant problems in the majority of States such as limited numbers of medical personnel, inadequate capabilities to track patients, weaknesses in evacuation planning, and a lack of functional annexes that address special needs populations. The report is available at https://www.dhs.gov/xlibrary/assets/Prep_NationwidePlanReview.pdf or in HTML version at 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

- **Guidelines for Accommodating Individuals with Disabilities in Disaster**
  The guidelines synthesize the array of existing accessibility requirements into a user friendly tool for use by response and recovery personnel in the field. The Guidelines are available at http://www.fema.gov/oer/reference/.

- **Disability and Emergency Preparedness Resource Center**
  A Web-based "Resource Center" that includes dozens of technical assistance materials to assist emergency managers in planning and response efforts related to people with disabilities. The Resource Center, is available at http://www.disabilitypreparedness.gov.

- **Lessons Learned Information Sharing (LLIS)**
  A resource for planners at all levels of government, non-governmental organizations, and private-sector entities, the resource page on Emergency Planning for Persons with Disabilities and Special Needs provides more than 250 documents, including lessons learned, plans, procedures, policies, and guidance, on how to include citizens with disabilities and other special needs in all phases of the emergency management cycle.

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

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

governments on emergency management and individuals with disabilities. *The Best Practice Toolkit* is located at http://www.ada.gov/pcatoolkit/chap7emergencymgmt.htm.

Individuals with Limited English Proficiency (LEP)

Overview

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

Limited English Proficiency—LEP

Who is a Limited English Proficient Person?

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

Who Must Comply?
All programs and operations of entities that receive assistance from the Federal Government (i.e., recipients), including:

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

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

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

Legal Authority

Recipients:
Title VI of the 1964 Civil Rights Act
"No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."
—42 U.S.C. § 2000d.

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

Recipients and Federal Government:
Executive Order 13166
This Order, "Improving Access to Services for Persons with Limited English Proficiency," directed federal agencies to:

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

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

Obligations

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

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee/recipient;

2. The frequency with which LEP individuals come in contact with the program;

3. The nature and importance of the program, activity, or service provided by the program to people's lives; and

4. The resources available to the grantee/recipient and costs.

Elements of an Effective LEP Policy

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

- Identifying LEP persons who need language assistance
- Identifying ways in which language assistance will be provided
- Training staff
- Providing notice to LEP persons
- Monitoring and updating LEP policy

Examples of Language Assistance Services

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

Resources

General LEP information: www.LEP.gov

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

National Association of Judicial Interpreters and Translators, Disaster Assistance Information: http://www.najit.org/DisasterRelief.html

Department of Justice LEP Guidance Document for Recipients of Federal Financial Assistance: http://www.usdoj.gov/crt/cor/lep/DOJFinLEPFRJun182002.pdf

Health and Human Services LEP Guidance Document for Recipients of Federal Financial Assistance: http://www.usdoj.gov/crt/cor/lep/hhsrevisedlepguidance.pdf

Chapter 1 of Department of Justice's "Executive Order 13166 Limited English Proficiency Resource Document: Tips and Tools from the Field:" http://www.lep.gov/lepdoc%20chapter1.htm

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APPENDIX G – GLOSSARY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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