

Annex M – Access and Functional Needs Population

PURPOSE

This annex develops a plan for essential communications, evacuation and mass care/specialized care services involving persons affected by an emergency who have disabilities or activity limitations. This population includes but is not limited to:

- Children
- Elderly
- Homeless individuals
- Jail inmates
- Minority groups
- People with physical and/or developmental disabilities
- People without access to transportation or vehicles
- People with serious mental illnesses
- People with special dietary needs
- Pregnant women
- Non-English speaking residents
- Single working parents

The overall responsible party for implementing and amending this annex is Public Health.

STANDARD OPERATING GUIDELINES

Oftentimes during a disaster, those with access and functional needs tend to be forgotten. Houston County recognizes that there are many people who may have barriers to communication, warning, evacuation, and sheltering. This annex looks to recognize those people and find solutions to these barriers prior to an incident's occurrence.

SITUATION AND ASSUMPTIONS

SITUATION

Houston County contains people with disabilities and activity limitations that may require individual and/or special assistance in the event of a disaster or other emergency. Roughly 40-50% of Houston County may require additional assistance during an all-hazard event. The table below lists some special considerations for people with disabilities and activity limitations.

Special Need	Considerations
Visually impaired	May be extremely reluctant to leave familiar surroundings when the request for evacuation comes from a stranger. A guide dog could become confused or disoriented in a disaster. People who are blind or partially sighted may have to depend on others to lead them, as well as their dog, to safety during a disaster.
Hearing impaired	May need to make special arrangements to receive warnings.
Mobility impaired	May need special assistance to get to a shelter. Some may need additional health and medical equipment if their devices are destroyed during an emergency.
Single working parent	May need help to care for children.

Non-English speaking persons	May need assistance planning for and responding to emergencies. Community and cultural groups may be able to help keep people informed.
People without vehicles	May need to make arrangements for transportation.
With special dietary needs	Should take special precautions to have an adequate emergency food supply.
With medical conditions	They should know the location and availability of more than one facility if dependent on a dialysis machine or other life-sustaining equipment or treatment. Some may need additional medications.
With mental retardation	May need help responding to emergencies, understanding instructions, and getting to a shelter.
People with dementia	May need help responding to emergencies, understanding instructions and getting to a shelter. They should be registered in the Alzheimer's Association Safe Return Program.
Jail Inmates	May need to be securely transported to another facility.

ASSUMPTIONS

- Chief Elected Officials of local governments are obligated to provide for the public safety and welfare of all citizens in their jurisdictions.
- People with disabilities and activity limitations like the elderly and the Amish may not receive or be able to respond to public warning messages.
- People with disabilities and activity limitations may have difficulty communicating with response and recovery personnel.
- People with disabilities and activity limitations or the organizations providing their care should have preparedness plans in place for all-hazard events.
- Some citizens may not have the ability to self-evacuate from a threat area due to lack of transportation and financial resources necessary for self-evacuation.
- Emergency incidents may threaten or affect facilities that care for people with access and functional needs and activity limitations such as schools, child day care centers, or nursing homes. These facilities may lack the resources to effectively evacuate without assistance.
- Any person with access and functional needs or activity limitations for whom care can be provided by that person or by family members should be accepted in the shelter serving their family and community. Red Cross will divert clients that need higher level medical care such as transfusions, dialysis, surgery, etc.
- Sheltering of people with disabilities and activity limitations will be unique to the county and specific all-hazard event. A shelter specific for these needs may be located in a separate designated area of a building housing a mass care shelter or in a separate facility depending on the resources available in the county.

- Private and government operated residential facilities caring for people with disabilities or activity limitations, such as nursing homes, rest homes, group homes for the mentally ill or developmentally disabled, etc., are responsible for their clients' continual care during and after the time an evacuation is authorized to include financial responsibility.
- Private and government operated facilities caring for people with disabilities or activity limitations for less than 24 hours, such as day care, pre-school, day health, are responsible for their clients' continual care during and after an evacuation is authorized until or unless the client is released to a parent or a responsible adult.

CONCEPT OF OPERATIONS

Coordinating the needs of people with disabilities and activity limitations will be accomplished through the joint efforts of family members, volunteer groups, private facilities, governmental agencies, and county-to-county mutual aid agreements.

Any public safety or government agency personnel seeing the potential need for access and functional needs assistance to the public will immediately notify their supervisor, who shall pass that information to Incident Commander. The Incident Commander will order the activation of this annex, as needed.

The needs of people with disabilities and activity limitations should be met through normal procedures when possible. Appropriate options include:

- Individual's needs met by a family member, relative or qualified caregiver. Qualified caregiver means any person who, by mutual agreement, can assume care and temporary custody of the individual
- Individual can be connected with an organization or established facility that can meet their needs
- Individual can be transported to a skilled nursing facility, extended care facility, group home, day care facility, or similar facilities with appropriate staff, management, and available space

There are three main categories of importance when working with people with disabilities or activity limitations:

- Communication and Warning
- Evacuation
- Sheltering

COMMUNICATION AND WARNING

The Houston County Sheriff's Department is the communications hub for Houston County. The main communication plan is contained in Annex B and the evacuation plan in Annex E.

PREPAREDNESS

Houston County will make every possible attempt to work with organizations and entities that serve people with disabilities and activity limitations prior to an event. Contacts for these agencies will be included in the county resource database. These organizations and entities will

also be offered education, encouragement to develop all-hazard plans coordinated with the county plan, and opportunities to participate in trainings and exercises.

RESPONSE

People with disabilities and activity limitations will be notified about emergencies through regular communication channels that are indicated in the communication plan contained in Annex B. These methods may include but are not limited to printed materials, mass mailings, radio, television, Internet, e-mail, or face-to-face interaction. When possible, emergency information will also be provided to care providers or other organizations that care for people with disabilities and activity limitations. This information will then be relayed to people with disabilities and activity limitations by their care provider or regular community resource. Any gaps in service will be identified by the community and notification of the Incident Commander will take place. The Incident Commander will seek out additional resources to assist these clients.

RECOVERY

During recovery, people with disabilities and activity limitations will be provided with crucial information through their conventional means of communication. The same techniques implemented for response will also take place for the recovery phase.

EVACUATION

The Houston County Sheriff and local police departments are responsible for evacuation once the Incident Commander decides an evacuation is warranted. The main evacuation plan is contained in Annex C. Law enforcement will coordinate with private and public facilities to coordinate the evacuation of people with disabilities or activity limitations.

Houston County will reach out to ABLE, Inc and other local facilities to produce a mutual aid agreement to receive people with access and functional needs.

SHELTERING

The Houston County Human Services Director is responsible for mass care coordination. The Mass Care annex lays out the responsibilities for sheltering the general public if needed.

The American Red Cross will be the lead authority for management of an access and functional needs shelter.

Houston County Public Health Department will work with other health and medical providers to coordinate medical and public health care in an access and functional needs shelter.

In order to provide for proper care and protect the rights of residents, the access and functional needs shelter may segregate residents into three or more classes, including:

- Residents in need of medical care who may be sent to a medical facility for care
- Residents who are generally healthy and have no immediate need beyond customary mass care resources
- Minor children not presently in the custody of their parents or guardians

In the event that any care facility is evacuated to an access and functional needs shelter, staff of that facility shall accompany their residents/charges and shall bring appropriate resident documentation. All documentation shall be treated as confidential, shared only with qualified medical personnel, and must be kept with the person to whom it belongs.

Under no circumstances should a person be denied admittance to an access and functional needs shelter unless:

- They present a significant threat to the safety or health of the shelter population
- They fail to exhibit a qualifying special need beyond a reasonable doubt

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

Houston County Public Health Department will coordinate services for people with disabilities or activity limitations. The Public Health Director will:

- Coordinate this annex with Annexes B, C, E and any other relevant parts of this plan
- Provide advice to the Incident Commander regarding people with disabilities or activity limitations
- Serve as the lead coordinating agency for purposes of providing health and medical care and resources
- Identify the need for and request professional mental health assistance for shelters in cooperation with the Social Services Director
- Identify and request resources, as needed, for effective health and medical care
- Coordinate the need for interpretation or translations services for the shelter
- Keep resource listings up-to-date

The Emergency Manager will:

- Coordinate with all pertinent providers of services to assure that plans are in place for people with disabilities and activity limitations. Private facilities will be responsible for the evacuation and/or sheltering of their patients to include transport to and from shelters

The American Red Cross will:

- Identify the location of an appropriate access and functional needs shelter and facilitate proper and timely activation of the facility
- Request any additional resources as needed to effectively operate the shelter
- Make notifications to family members of residents to advise them of the resident's location and status
- Maintain communications with EOC personnel. EOC staff shall determine method of communications

The Incident Commander will:

- Ensure warnings are issued to special populations in accordance with this annex and the Houston County EOP

- Coordinate with the Sheltering Agency to determine the need for appropriate location of an access and functional needs shelter
- Coordinate communication activity between shelters and Emergency Operations Center
- Insure adequate security is provided for the shelter location

Emergency Medical Service (EMS) will:

- Provide onsite availability of basic and advanced life support services and emergency transportation from the shelter to hospitals
- Assist in evacuation of people with disabilities and activity limitations to shelter locations, as requested
- Assist with shelter medical operations, as needed

Law Enforcement will:

- Process 911 calls for service from persons requesting assistance per internal policy
- Provide 911 TTDY services
- Identify and coordinate needed language translation services resources for emergency communications at dispatch

ADMINISTRATION AND LOGISTICS

This section specifies the records that are required to be maintained, identifies the organizations and agencies that have reporting responsibilities, indicates the frequency for reporting, and describes the types of reports that are to be submitted. Typical tasking may include: The requirement for agency heads to submit reports to the EOC relating to their agency's expenditures and obligations during emergency conditions.

PLAN DEVELOPMENT AND MAINTENANCE

Houston County Public Health along with their coordinating partners will be responsible for coordinating revision of the this annex, keeping attachments current, and ensuring that SOPs and other necessary implementing documents are developed.

AUTHORITIES AND REFERENCES

None.

Appendix A

Access and Functional Needs Registry

Last Name: _____ First Name: _____ Middle Initial: _____

Physical Address: _____

Mailing Address (If different): _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone _____

Do you plan to evacuate to a public shelter? Y _____ N _____

If you live in your home, do you need Houston County to transport you to a shelter?

Y _____ N _____

(If you answered no to both of the above, you will not be registered and do not need to continue.) If you do not have a phone, you must list a neighbor’s phone number that we may use to contact you.

Gender: M _____ F _____

Date of Birth: _____ Social Security _____

If married: Name of Spouse _____

Spouse registered? Y _____ N _____

Residence type (Please check one): Single Family Home/Duplex _____ Apartment _____

Mobile Home _____ Campground/RV _____ Other _____

Spanish-speaking only? Y _____ N _____

Number of Pets in the home: Dog _____ Cat _____ Other (Type & #) _____

(NOTE: Pets are not allowed in shelters, this information is for census only)

Category storm you need transportation for 1 _____ 2 _____ 3 or higher _____ All _____

Are you a year round resident _____ or a seasonal resident _____. Name months you are in county _____

Can you sit up and ride in a bus or van? Y _____ N _____

Do you need a wheelchair lift? Y _____ N _____

Do you require an ambulance for transportation? Y _____ N _____

(If yes, you will be contacted by Emergency Medical Services to assess your condition.)

Are you receiving home health care? Y _____ N _____ If yes, name the agency: _____

If you have a required caregiver, please list their name and phone number.

Name: _____ Phone number: _____

Total number of people that will accompany you to a shelter:

You must give name and phone number of a neighbor or friend that we may use for an alternate contact: This person must live in your area and must be aware that they are listed as an alternate contact!

Name: _____ Phone number: _____

Please check all that apply about your condition::

Are you dependent on any of the following:

- | | |
|-------------------------------------|-----------------------------|
| No disabilities | Catheters |
| Blind / Hearing or Speech Impaired | DRESSING CHANGES |
| Alzheimer's | Dialysis |
| Epilepsy | Electricity |
| On special diet | Insulin |
| Heart Condition | I.V. Medication |
| Full Paralysis | Medication |
| Back Injury | Oxygen |
| Severe arthritis | Respirator |
| Terminal condition | About Your Mobility: |
| Contagious disease (please specify) | Walker/Cane/Crutches |
| High blood pressure | Wheelchair |
| Pregnant, in 7th month or more | Ambulatory (Can get around) |
| Mental Illness (Please specify) | Ambulatory with assistance |
| Shelter Assistance Needed For: | Non-Ambulatory (Bedridden) |
| Communications | Feeding |
| Other Disabilities: | |

Comments: _____

The information contained herein is true and correct to the best of my knowledge. I have read the information sheet attached and I understand the limitation on the services and level of care available. I understand that assistance will be provided only for the duration of the emergency and that alternative arrangements should be made in advance in the event I am not able to return to my home. I also understand that I will be responsible for any charges and costs associated with hospital or other medical facility care or medical transportation. I grant permission to medical providers and transportation agencies and others as necessary to provide care and disclose any information necessary to respond to my needs. I also grant permission to emergency personnel to enter my home following an emergency if deemed necessary by proper authorities. I understand that this registration is voluntary and hereby request registration in the Access and Functional Needs Program. I understand that all information given will be held in strict confidence and will be used for emergencies only.

X _____ Date _____

Signature of Client

Date of Signature