

Capacity-Building Toolkit for including Aging & Disability Networks in Emergency Planning



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AUTHORED BY THE NATIONAL ASSOCIATION OF
COUNTY AND CITY HEALTH OFFICIALS (NACCHO)
AND THE ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS (ASTHO) IN COLLABORATION WITH
THE HHS OFFICE OF THE ASSISTANT SECRETARY FOR
PREPAREDNESS AND RESPONSE (ASPR) AND THE HHS
ADMINISTRATION FOR COMMUNITY LIVING (ACL)

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Introduction

As natural and human-caused emergencies increase, the nation works to address the reality that emergencies do not discriminate in terms of impacted populations. Using the social determinants of health, it is possible to predict which populations are less likely to be prepared to effectively respond to, cope with, and recover from an emergency based on preexisting vulnerabilities.¹ Examples of pre-emergency vulnerabilities that align with the social determinants of health include availability of resources to meet daily needs, access to healthcare services, transportation options, socioeconomic conditions, etc.² Research studies published after Hurricane Sandy underscore the reality that pre-emergency vulnerabilities translate into post-emergency recovery challenges for at-risk individuals.^{3,4} For example, emergency departments saw increased numbers of older adults requiring dialysis, experiencing electrolyte disorders, and needing prescription refills after Hurricane Sandy.

In the following pages, the authors use the term “access and functional needs,” which is increasingly common in emergency planning vocabulary, to broadly describe populations that may need assistance due to any condition (temporary or permanent) that limits their ability to take action, or may limit their ability to access or receive medical care before, during, or after an emergency. For example, older adults and people with disabilities are considered populations with access and functional needs for emergency planning purposes. *Access* refers to the accessibility of information, services, and support during an emergency that is critical to keeping the community healthy and safe. *Function* refers to restrictions or limitations an individual may have that requires assistance before, during, and/or after an emergency.

Federal law, including Section 2814 and 2802 of the Public Health Service Act (2013), describes requirements to address the needs of at-risk individuals, including older adults and people with disabilities, in the event of a disaster or public health emergency.⁵ Furthermore, lessons learned from recent emergencies highlight the need to better integrate local community-based organizations (CBOs) with programs that support populations with access and functional needs, including older adults and people with disabilities, into emergency planning.

Increasingly, older adults and people with disabilities live and work in varied settings; many rely on programs through CBOs to ensure independent living in the least restrictive setting. In 1999, the U.S. Supreme Court’s landmark decision in [Olmstead v. L.C.](#) found it is unlawful to keep people with disabilities in segregated settings, when they can receive services and live in the least restrictive, community-based settings.^{6,7} This transition to increase availability of community-based services allows more people to live independently in the community. Likewise, emergency planning must address the access and functional needs of older adults and people with disabilities who live in the least restrictive, community-based setting, and receive supportive services.

¹ Office of Disease Prevention and Health Promotion (ODPHP). (n.d.). Social Determinants of Health. Retrieved August 28, 2018 from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

² Cutter, S. L., & Finch, C. (2008). Temporal and spatial changes in social vulnerability to natural hazards. *Proceedings of the National Academy of Sciences of the United States of America*, 105(7), 2301–2306. Retrieved August 28, 2018, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2268131/>

³ Lee, D.C., Gupta, V.K., Carr, B.G., Malik, S. Ferguson, B., Wall, S.P., et al. (2016). Acute post-disaster medical needs of patients with diabetes: emergency department use in New York City by diabetic adults after Hurricane Sandy. *BMJ Open Diabetes Research & Care*. Retrieved August 28, 2018, from <https://www.ncbi.nlm.nih.gov/pubmed/27547418>

⁴ Malik, S., Lee D.C., Grudzen, C.R., Worthing, J. Portelli, I., Goldfrank, L.R., et al (2018) Vulnerability of Older Adults in Disasters: Emergency Department Utilization by Geriatric Patients After Hurricane Sandy. *Disaster Medicine and Public Health Preparedness*. Retrieved August 28, 2018 from <https://www.ncbi.nlm.nih.gov/pubmed/28766475>

⁵ U.S. House of Representatives Office of the Legislative Counsel. (n.d.). *Public Health Service Act*. Retrieved December 5, 2018, from <https://legcounsel.house.gov/Comps/PHSA-merged.pdf>

⁶ Department of Health and Human Services. (2018). Serving People with Disabilities in the Most Integrated Setting: Community Living and Olmstead. Retrieved December 3, from <https://www.hhs.gov/civil-rights/for-individuals/special-topics/community-living-and-olmstead/index.html>

⁷ Olmstead v. L.C., 527 U.S. 581 (1999).

Through inclusive emergency planning, the “[whole community](#)” approach ensures that communities are better prepared when they engage the capacity of the private and nonprofit sectors and other community partners to work together to address access and functional needs.⁸ The whole community approach, which includes residents, emergency management, public health, organizational and community leaders, and government officials, promotes collective understanding and assessment of community needs to determine the best ways to organize and strengthen assets, capacities, and interests. Implementing the whole community approach to emergency planning should include CBOs that serve older adults and people with disabilities, either as direct service providers or advocates, as well as consumers. To enhance community [resilience](#), or the ability to withstand and rapidly recover from disruption due to emergencies and adapt to changing conditions, CBOs should be recognized as emergency planning partners, working to collaborate with consumers, emergency management, public health, and healthcare stakeholders to ensure that older adults and people with disabilities are able to withstand and recover from adversity.

The purpose of the *Capacity-Building Toolkit for Including Aging and Disability Networks in Emergency Planning* (hereafter, the “Toolkit”) is to serve as a resource to guide the aging and disability networks in increasing their ability to plan for and respond to public health emergencies and disasters. For organizations already engaged in emergency planning, this Toolkit can help expand and improve their capabilities. For organizations new to emergency planning, this Toolkit will help orient them to the process. Both goals are accomplished through content that guides programs that serve people with access and functional needs, including older adults and people with disabilities, through the emergency planning process of preparedness, response, recovery, and mitigation activities.⁹

Throughout the Toolkit, the authors use the term “consumers” to broadly describe the population of older adults and people with disabilities that live independently in the least restrictive, community-based settings, including individuals who receive person-centered programs and services through the aging and disability networks. This population includes consumers currently engaged with the aging and disability networks, as well as individuals not yet connected to local CBO programs, who could potentially be at greater risk during emergencies. The authors wish to acknowledge that in addition to being consumers, older adults and people with disabilities are also self-determined individuals who are active participants in decisions about their safety and well-being.

This Toolkit comprises two sections. Section I addresses Readiness Assessments and Emergency Planning, and Section II addresses Working in Tandem with Consumers to address a range of considerations that arise before, during, and after an emergency. Supplemental tools and suggested resources are included at the end of each module. To help members of the aging and disability networks understand the terms used by emergency managers and public health officials, a Glossary of Terms is included in the Toolkit appendix. These terms will be hyperlinked to the Glossary so that readers can easily jump to the definition if they come across a term that is unfamiliar to them.

The primary audience for this Toolkit is organizations within the aging and disability networks that receive funding from the HHS Administration on Community Living, most of whom provide advocacy and/or programs to older adults and people with disabilities. However, other CBOs that support emergency planning will also find the Toolkit helpful. In addition, emergency managers and public health officials using this Toolkit may find it helpful on two fronts. First, it can expand understanding of the unique challenges facing older adults and people with disabilities during emergencies. Second, this Toolkit can help emergency managers and public health officials to understand the capabilities and expertise of CBOs within the aging and disability networks and welcome their partnership in emergency planning activities.

⁸ Federal Emergency Management Agency. (2011). *A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action*. Retrieved August 31, 2011, from https://www.fema.gov/media-library-data/20130726-1813-25045-0649/whole_community_dec2011_2_.pdf

⁹ There are alternate terms to describe “disaster planning” using various combinations of terminology including: disaster, emergency, preparedness, planning, readiness; and incorporating various stages of the disaster cycle: preparedness, response, recovery, and mitigation. For the purposes of this toolkit, the term “disaster planning” is used throughout for simplicity and consistency.

Section I: Assessments and Emergency Planning



Module One: Early Planning

Emergencies can occur without warning, so advance planning ensures that your community is both ready and able to respond effectively. As described in the introduction, through inclusive whole community planning, emergency and public health planners think broadly about emergency planning for the local population, including individuals with [access and functional needs](#). This concept does not consider people based on a diagnosis or label; rather, it provides a crosscutting approach to ensuring access (e.g., to [programs or medications](#) to maintain health) and for addressing functional limitations that may exist before, during, or after an emergency. [Populations with access and functional needs include, but are not limited to, older adults, children with special healthcare needs, and people with disabilities.](#) Individuals with access and functional needs includes people with temporary disabilities (such as recovering from knee replacement surgery) and people who may not self-identify as having a disability, chronic health condition, or other circumstances that may limit their ability to take action or interfere with their ability to access or receive medical care before, during, or after an emergency.

While many older adults and people with disabilities use programs or services on [blue sky days](#) (i.e., non-emergency or steady-state circumstances), in certain emergency situations, individuals with access and functional needs may require additional assistance beyond that of the general population. Those circumstances will depend on each individual's unique access and functional needs, the conditions of the emergency, and the type of response deployed.

A useful approach for addressing the access and functional needs of [older adults and people with disabilities](#) in your community is the [CMIST Framework](#). It provides a structure to identify and address access and needs; and therefore, it builds competencies for emergency managers, public health officials, and CBOs towards implementing inclusive emergency planning. The CMIST Framework provides a flexible, crosscutting approach to addressing access and functional needs by avoiding generalizations and assumptions. The CMIST Framework is an acronym that organizes access and functional needs into five crosscutting categories:

- **C – Communication:** Individuals who speak sign language, who have limited English proficiency (LEP), who have limited ability to speak, see, hear, or understand.
- **M – Maintaining health:** Individuals who require specific medications, supplies, services, durable medical equipment, electricity for life-maintaining equipment, breastfeeding and infant/childcare, nutrition, etc.



- **I – Independence:** Individuals who function independently with assistance from mobility devices or assistive technology, vision and communication aids, service animals, etc.
- **S – Support and Safety:** Some individuals may become separated from caregivers and need additional personal care assistance; may experience higher levels of distress and need support for anxiety, psychological, or behavioral health needs; may require a trauma-informed approach or support for personal safety.
- **T – Transportation:** Individuals who lack access to personal transportation, are unable to drive due to decreased or impaired mobility that may come with age and/or disability, temporary conditions or injury, or legal restriction.

The CMIST Framework is helpful when engaging with emergency managers and public health planners by providing a streamlined approach to address emergency planning for individuals with access and functional needs. The CMIST Framework facilitates more targeted emergency planning by identifying specific categories of access and functional needs during an emergency.

For more information on implementing the CMIST Framework, a helpful resource in understanding the disaster-related access and functional needs is a publication from the National Center for Disaster Medicine and Public Health: *Caring for Older Adults in Disasters: A Curriculum for Health Professionals*.¹⁰ [Lesson 4-2, Access and Functional Needs](#) provides examples of access and functional needs for each of the five CMIST Framework categories and emergency planning considerations. Additionally, this document includes seven modules that provide in-depth information about key topics including conditions present in the older adult population that have an impact on their emergency preparedness, response, and recovery; emergency types: special considerations for the older adult population in emergencies; and caring for older adult populations during preparedness, response, recovery, and mitigation.

Figure 1 – The Phases of Emergency Management



The life cycle of an emergency is a four-phase process that includes: 1) preparedness; 2) response; 3) recovery; and 4) mitigation. Other descriptions of emergency-related activities often refer to support provided “before, during, and after” emergencies. Preparedness involves the actions taken before an emergency to save lives and conduct response and rescue operations. This can include developing and testing plans, training staff, and educating consumers. Response refers to the

¹⁰ National Center for Disaster Medicine & Public Health. (n.d.). *Caring for Older Adults in Disasters: A Curriculum for Health Professionals*. Retrieved August 28, 2018, from <https://www.usuhs.edu/ncdmph-learn/KnowledgeLearning/2015-OAC.htm>

actions taken during an emergency to save and preserve lives and prevent further property damage. Recovery involves both the short-term and long-term efforts to restore affected communities following a disaster, including establishing temporary housing for displaced persons. Mitigation includes any activities that reduce the loss of life and property and to lessen the impact of a disaster, such as purchasing flood insurance. It is important to note that the emergency cycle phases are interconnected, and activities conducted in one phase influence and may happen alongside those of another phase; e.g., beginning recovery operations while a response continues.

Section 1: Readiness Assessments and Metrics

An initial step in the early emergency planning process is to conduct a hazard identification and risk assessments for your CBO. A risk assessment is a process for identifying the potential hazards in a community and evaluating what could happen and who would be affected if an event occurs. Conducting a formal risk assessment may not be required, but it will be advantageous for your CBO to consider the hazard events that could occur, and the vulnerabilities that would make your organization and consumers susceptible to danger or damage. This assessment process brings staff to the table, creates awareness, and helps the organization think through the impacts of potential events and how they might affect the community, the CBO, and consumers. If your CBO is not familiar with conducting risk assessments, consider partnering with your local American Red Cross or emergency management agency; these organizations have experience conducting assessments in the community.

Healthcare coalitions (HCCs) help communities address emergency preparedness and response challenges that cannot be managed by individual organizations or agencies acting alone.

When thinking through potential hazards and risks, take into account the CBO and consumers' physical proximity, the *likelihood* of the hazard event occurring, and the *extent* and *severity* of the potential short and long-term impacts. Your organization's databases and records of consumer information may be useful when conducting a hazard identification and risk assessment and implementing emergency planning. Make note of consumers' risks and how they could be vulnerable to certain hazards. These include, for example, individuals who, in the event of a heat emergency, do not have air conditioning, or individuals who rely on electricity-dependent durable medical equipment and/or assistive technology during an evacuation or power outage. Understanding and documenting potential hazards and risks, and how your organization and consumers may be vulnerable, will be beneficial as your CBO begins to create or refine its emergency plans.

Questions to Consider: *What are the key threats facing your community, organization, and the people served? Is your building or are consumers' homes located in a flood plain; are tornadoes typical in the area; is there a nuclear power plant nearby, etc.? In the past, what has your community, CBO, and consumers done during local emergencies, such as flooding or a heat emergency? Has your CBO been involved with local emergency planning? What are some ways to become more involved?*

After identifying relevant hazards and the potential risks they present to your CBO and consumers, begin to assess organizational readiness. The National Association of State Directors of Developmental Disabilities Services (NASDDDS) created an Emergency Response Preparedness Self-Assessment Instrument for organizations to assess their emergency plans and capacity to address the needs of consumers.¹¹ This instrument is used to assess the level at which your existing emergency plans and continuity of operations processes address the varying and unique needs of older adults and people with disabilities during the different phases of the emergency cycle: preparedness, response, and recovery. The gaps identified by this instrument can help to develop or improve your Emergency Operations Plan (EOP).

¹¹ National Association of State Directors of Developmental Disabilities Services. (n.d.). *Emergency Response Preparedness Self-Assessment Instrument*. Retrieved August 28, 2018, from <https://rtc3.umn.edu/erp/main/using.asp>

Section 2: Identifying Community Partners

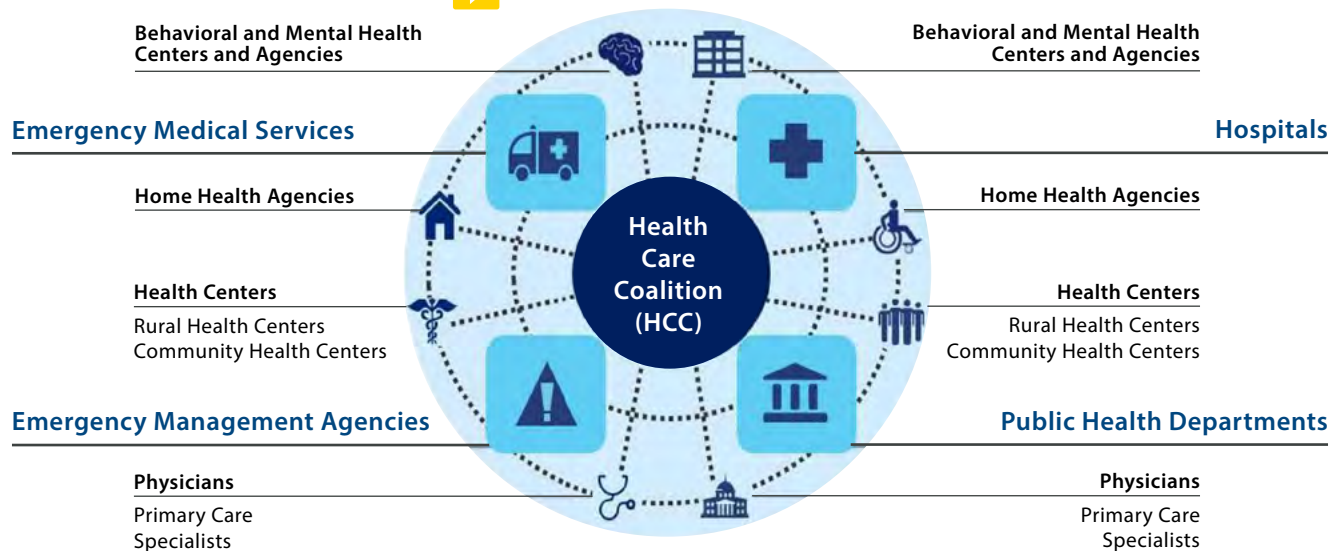
A CBO can enhance its capacity to address the access and functional needs of consumers by working in tandem with community partners. CBOs must establish these important relationships well in advance of a disaster. After identifying potential hazards and risks, and assessing your organization's readiness level, an **important next step is to identify community partners with whom you can collaborate to address the disaster-related access and functional needs of older adults and people with disabilities.** Start conversations about emergency planning with existing partners, then see how you can expand to engage new partners. CBOs providing programs to older adults and people with disabilities have the responsibility to protect and advocate both along with and behalf of consumers. Therefore, empowering consumers' self-determination and person-centered planning for emergencies requires seeking out and partnering with a full spectrum of response entities. **These include local government; first responders, including law enforcement, fire and Emergency Medical Services (EMS); state and local emergency management offices; community organizations; churches and religious organizations; social services; healthcare coalitions; public health agencies; and other relevant partners.** Older adults and people with disabilities should engage in emergency planning and become familiar with organizations that are involved in emergency planning and response within their communities.

There are many national organizations and agencies that have extensive knowledge of the access and functional needs of older adults and people with disabilities in emergency planning; however, these organizations may be unknown to the local aging and disability networks. Prospective national partners may include organizations that fund or partner with smaller CBOs and connecting to local chapters of national organizations may be helpful in fostering strong working relationships. Partnering with your local United Way or American Red Cross would be a good first step. **Also, reaching out to the healthcare coalition (HCC) in your area can be a beneficial starting point in identifying community partners.**



HCCs are often regional networks within a state. They typically consist of healthcare agencies (e.g., hospitals), public health, emergency management, and public and private partners that work together to prepare for, respond to, and help people recover from emergencies. Many HCCs are inclusive, allowing various health and other agencies and organizations to join. A national directory of HCCs, funded by the Hospital Preparedness Program, is available online from HHS ASPR.¹² Consider the many benefits that HCCs offer to participating organizations and the communities they serve. They often give partners the opportunity to actively participate and help guide regional emergency planning; access to timely information and resources during a response; advice from public officials on policy matters; information on best practices and protocols among participating agencies; and information on how to improve and build processes and trainings.¹³ The following infographic (Figure 2) provides a more detailed overview of the organizations typically engaged in a local HCC.

Figure 2 - Healthcare Coalition Organizations



Even if your CBO chooses not to join the local HCC, consider the HCC's member agencies and organizations as potential community partners that may be able to assist your organization in drafting or completing its EOP.

Questions to Consider: *What kinds of community partners does your organization already work with? What best practices does your organization use in getting novel partners to the table and educating them on consumers' needs? What can your organization offer to current and new partners? What would you like current and new partners to offer in return? What new partnerships would help your emergency planning?*

¹² U.S. Department of Health and Human Services. (n.d.). *HPP in your state*. Retrieved August 28, 2018 from <https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx>

¹³ Courtney, B., Toner, E., Waldhorn, R., et al. (2009). Healthcare Coalitions: The New Foundation for National Healthcare Preparedness and Response for Catastrophic Health Emergencies. *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science*. Retrieved August 28, 2018 from <http://online.liebertpub.com/doi/pdfplus/10.1089/bsp.2009.0020>

Section 3: Forging Relationships

As you identify prospective partners, make appointments to meet key contacts to introduce yourself and your CBO. Seek out new partners involved in their organization's emergency planning and response work and ask whether you can contact them when an emergency occurs.

Remember that prospective partners may also have concerns about spreading resources too thin!

You may already have a good understanding of the critical role that other organizations play in assisting older adults and people with disabilities during a disaster. If you are not sure, ask the organizations you engage to describe their roles and responsibilities in disasters. In either case, be sure to offer reciprocal assistance to community partners, if possible. This could include offering to share your CBO's information, resources, expertise, and/or connections with other organization. For example, when speaking with local government agencies or organizations that identify and run emergency shelters for the general population, you may want to ask them to explain or identify a few locations that may be used in the event of an emergency (i.e., for general population shelters, cooling or heating centers, etc.). These emergency shelters are distinct from shelters providing services for individuals experiencing homelessness or domestic violence. Your CBO may wish to consider the benefit of offering to conduct walk-throughs of emergency shelter locations in advance of and during an event to identify challenges and obstacles to addressing the access and functional needs of older adults and people with disabilities. In compliance with federal laws, all emergency shelters using federal funding must be accessible to older adults and people with disabilities.¹⁴

Suggested Topics to Help Facilitate Discussion

- Participate in or review the results of a disaster shelter assessment
- Establish long-term goals and objectives of the proposed new partnership
- Identify others who should be a part of the discussion, their roles, and contact information
- Consider how partner organizations might contribute to assisting older adults and people with disabilities during an emergency

Once your CBO identifies a prospective emergency planning partner, both entities may enter into an agreement to solidify the terms of the partnership. Informal "handshake" agreements with partners can be a good starting point but creating formal agreements can ensure that partners take an active role in working with your CBO in emergencies. A "handshake agreement" is often just a verbal commitment created by at least two parties. A key downside to these agreements is that they sometimes make it hard to determine legal liability due to a lack of documentation of the terms of the partnership. Formal agreements reduce this liability by describing the nature of the partnership and tips for executing the agreement.

¹⁴ Pursuant to Section 504 of the Rehabilitation Act of 1973, providers of emergency shelters that receive federal financial assistance are responsible for ensuring that their programs are both physically and programmatically accessible for persons with disabilities. Title II of the Americans with Disabilities Act (ADA) extends the mandates of Section 504 to all state and local government funded programs, regardless of whether they receive federal funds. Title II applies to any emergency shelter that is operated by or receives funding from a state or local government and prohibits discrimination in the form of excluding an otherwise qualified person with a disability (i.e., a person who would qualify for the program or activity but for her disability) from participating in programs or activities. Pursuant to Title II, providers are required to make reasonable accommodations in policies and practices and to make reasonable modifications in physical structures to ensure equal access to the programs.

There are several types of formal agreements that your organization may enter into with a partner agency, including:

- **Memoranda of Understanding (MOUs):** Established to document agreements to collaborate, communicate, respond, and support one another during a disaster or other public health emergency.
- **Mutual Aid Agreements (MAA):** An agreement between or among two or more parties that address the processes and policies in place for requesting and sharing staff, equipment, and consumable resources, as well as payment for services or material provided.
- **Disaster-Specific MOUs:** An agreement used by federal, state, local, tribal, or territorial agencies to define relationships and increase communication, collaboration, and transparency among agencies and organizations in the event of an emergency. The disaster-specific MOU should be customized to reflect the resources devoted by all parties, as well as each party's disaster-specific needs in order to address the unique circumstances that parties may face while coordinating response and recovery efforts.¹⁵

Use MOUs as a way to clarify roles and solidify a partnership. They are not meant to exclude any partners.

The most important part of forging and creating these relationships is long-term sustainability. Efforts to maintain a connection should include updating partners on your respective emergency planning activities and successes, staff turnover, and key CBO transitions. Building a mechanism or creating a process to maintain and update partner contact information is important. It may also be helpful to provide brief, regular updates on your work's progress through e-mail, mail, or telephone calls. When providing updates, it will be useful to ask partners to inform your organization of upcoming planning meetings and future drills and exercises. As resources allow, you may even want to share your CBO's newsletters and other updates to keep partner organizations connected, informed, and responsive.

To identify potential partner organizations:

- Reach out to the preparedness coordinator at your local health department
- Check town, city, or county websites
- Research national directories of disability and aging organizations with state or local branches

Questions to Consider: Overall, how familiar are potential partners with these types of agreements? Do you need to do outreach? What barriers do you foresee that may prevent establishing formal agreements between and among partners?

¹⁵ Federal Emergency Management Agency. (n.d.). *Disaster-Specific Memorandum of Understanding*. Retrieved August 28, 2018 from https://www.fema.gov/media-library-data/1416583062704-86cb8bebe23906b594ce14860d86f8af/Disaster-Specific_MOU_updated_weblinks.pdf

Module One: Tools and Resources

Referenced in module:

[Caring for Older Adults in Disasters: A Curriculum for Health Professionals \(National Center for Disaster Medicine and Public Health\)](#) – A curriculum designed for educators who work with health professionals who may serve older adults before, during, and after a disaster

[Emergency Response Preparedness Self-Assessment Instrument \(National Association of State Directors of Developmental Disabilities Services\)](#) – A tool used to provide state developmental disabilities officials an evaluation of their existing preparedness plans and how they address the unique characteristics and needs of people with intellectual and developmental disabilities during disasters

[Serving People with Disabilities in the Most Integrated Setting: Community Living and Olmstead \(HHS\)](#) – An overview of the Supreme Court's decision in *Olmstead v. L.C.* and promoting community living for people with disabilities

Additional Resources and Tools:

[Continuity of Operations for Community-based Organizations \(Volunteer Florida\)](#) – Curriculum designed to introduce community-based organizations to continuity of operations

[Defining Functional Needs - Updating CMIST By June Isaacson Kailes, Disability Policy Consultant \(The Inclusive Partnership for Inclusive Disaster Strategies\)](#) – An overview of the history, as well as updates to the CMIST Framework

[Directory of Centers for Independent Living \(CILs\) and Associations \(Independent Living Research Utilization\)](#) – An interactive map that lists contact information for CILs and Associations at the state and territory level

[Directory of Community-Based Organizations Serving People with Disabilities \(NACCHO\)](#) – An overview of community-based organizations that serve people with disabilities in communities across the country, and includes information about the populations they serve and how these organizations can complement local health department efforts



Module Two:

Preparedness Planning

Section 1: Creating an Emergency Operations Plan (EOP)

Once your organization has completed its risk assessment and has community partnerships in place, the next step is to develop or refine your EOP. This plan should include a general response and recovery component based on existing emergency planning tools and templates, which partners can often provide.

A beneficial resource to help you create an EOP is the [Centers for Medicare & Medicaid Services \(CMS\)](#) Emergency Preparedness Rule, which went into effect in November 2017.¹⁶ The rule requires that 17 types of healthcare providers that receive Medicare or Medicaid funding develop an all-hazards emergency plan. For organizations not explicitly required to comply with the CMS Emergency Preparedness Rule – such as the aging and disability networks – the four core elements of the CMS rule provide a useful guideline to adapt and borrow from, as you develop your organization's EOP.

The CMS Emergency Preparedness Rule outlines four core elements that CMS considers “central to an effective and comprehensive framework of emergency preparedness”:

- **Risk assessment and emergency planning:** Using an “all-hazards” approach to planning, facilities must assess all of the potential risks that could impede operations and develop emergency plans to mitigate these risks.
- **Development of policies and procedures:** A facility must develop policies and procedures that outline how it plans to address the threats identified during the risk assessment process.

¹⁶ The Assistant Secretary for Preparedness and Response. (n.d.) *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Supplies*. Retrieved October 2, 2018 from <https://asprtracie.hhs.gov/cmsrule>



- **Creation of a communications plan:** A facility must develop a comprehensive communications plan. As detailed in the final rule, communications during emergencies “must be well-coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management agencies and systems to protect patient health and safety in the event of an emergency.”
- **Establishing a training and testing process:** This helps to ensure that facility staff are aware of emergency response protocols and can effectively implement them in an actual emergency.

In developing a specific EOP to help your CBO meet the needs of consumers with access and functional needs, RAND Corporation¹⁷ offers helpful recommendations in the form of a five-step process:

1. Specify the population group(s) you intend to support;
2. Determine the size of the group(s) and their geographic distribution within the community;
3. Identify potential programs and best practices in the community to address the disaster-related needs of populations at risk (where a practice is based on a body of professional research or has been proven effective in emergency scenarios);
4. Assess the options and make a selection.
5. Tailor the program or practice to your organization’s capabilities and your community’s needs.

When executing RAND steps one and two, it will be important that the aging and disability networks take into consideration their programs and the populations they serve. It is also important for organizations to plan for those individuals that are presently unknown to them. While CBOs maintain databases of existing consumers, in order to better understand the total number of older adults and people with disabilities that may need additional assistance in the event of an emergency or public health emergency, including those unknown to you, see [Module Four, Section One: Determine size of aging population and people with disabilities in your community who may need support](#).

Other activities organizations could consider supporting emergency planning include:

- Integrate emergency planning into day-to-day operations both internally and externally, such as educational moments during staff meetings, adding emergency trainings to new employee orientation;
- Establish a leadership position and/or committee for emergencies and public health emergency planning¹⁸; and
- Create an organized program that includes both initial training for new staff and recurring update sessions for existing staff to maintain awareness of current emergency and public health emergency policies and procedures.

As you develop or update your EOP, remember that consumers are a key consideration in planning. The planning process must be transparent and should include representatives from the population being served, with special attention paid to address the access and functional needs of traditionally marginalized and disenfranchised groups, including people with limited English proficiency.

¹⁷ RAND Corporation. (2009). *Enhancing Public Health Emergency Preparedness for Special Needs Populations*. Retrieved August 28, 2018 from https://www.rand.org/pubs/technical_reports/TR681.html

¹⁸ Department of Homeland Security. (n.d.) *Training*. Retrieved August 28, 2018 from <https://www.ready.gov/business/implementation/training>

Section 2: Roles and Responsibilities

In the event of a disaster, there may be a disruption in your organization's steady-state operating process and an updated EOP will be key to successfully functioning during an emergency. A key component of this plan is employee readiness.

EMPLOYEE READINESS AND TRAINING

An emergency may disrupt an organization's steady-state operations. To ensure successful implementation, after establishing or updating an EOP, the CBO staff must receive education and training on the preparedness and response processes and their specific roles. It can be helpful for the CBO to provide employees with resources on how to develop a personal family/household emergency plan. If staff have not developed plans to take care of themselves, their families, and their homes during a disaster, they will not be able to fulfill their responsibilities to effectively continue care for consumers.

Outlining employee response roles in an emergency is a key element of EOP. To help employees identify their "critical job functions and how they would plan to carry them out under unusual circumstances," consider having employees complete the *Individual Job Continuity Planning Worksheet* ([Worksheet 2.1](#)). When all employees complete this worksheet, it provides a helpful picture across the entire organization of individual roles and their execution during an emergency. This perspective can inform your EOP by documenting functions that will continue or be suspended during an emergency. It can also highlight employee training needs.

If your organization is new to emergency planning, training should be provided to familiarize staff with the general principles. More specific training might also be required to help employees understand the protocols detailed in your EOP and their respective responsibilities in implementing the plan. FEMA has helpful information that can guide an organization to determine the level of training for individual employees.¹⁹ Training should focus on employee roles designed to keep your organization safe, business continuity, emergency planning and response, and emergency support for consumers.

FEMA offers helpful resources for personal family/household disaster planning at its [Ready.gov website](#).

In the event of a disaster, some employees will need to work overtime. According to federal law, overtime wages must still be paid during response and recovery efforts. Be sure to review your state laws regarding overtime pay, as they may differ from federal law.

For more information, see the U.S. Department of Labor Fact sheet [#72: Employment & Wages Under Federal Law During Natural Disasters and Recovery](#) and [Hurricane Irene Pay and Leave Related Questions](#)

¹⁹ Department of Homeland Security. (n.d.) *Training*. Retrieved August 28, 2018 from <https://www.ready.gov/business/implementation/training>

FEMA recommends that team leaders receive a higher level of training, including incident command systems training (described below), to help them better lead their teams.

THE IMPORTANCE OF INCIDENT COMMAND SYSTEMS

It is important that your staff and partners know how to respond in accordance with key principles of emergency planning. The [National Incident Management System](#) (NIMS), established by FEMA, includes the [Incident Command System](#) (ICS). NIMS is the incident management standard for all public agencies and at all levels in the United States; it provides a common, nationwide standard for the whole community to work together to manage all threats and hazards. Your organization may want to incorporate an ICS as part of your EOP. ICS will assist with coordination and planning with local emergency services and explain how local emergency personnel is organized to respond to a disaster. It will provide a personnel structure for your CBO to use when responding to a disaster. The ICS structure (Figure 3) is designed to expand and contract depending on the event; not all ICS positions will need to be active in every emergency. The ICS positions and some of the main roles and responsibilities are described in Table 1. FEMA offers courses on the ICS structure, including online courses. While most organizations are not required to complete these trainings, it is recommended that at least ICS Trainings 100 and 700 be completed to ensure a baseline understanding of key concepts and principles. These free online courses are available for all and can enhance your understanding of the language often used in [Emergency Operation Centers](#) (EOCs). It may also be beneficial to consult with your community partners on trainings that may be useful in understanding the structure used in your jurisdiction. *For more information on the ICS structure and the trainings mentioned, refer to the Tools and Resources section at the end of the module.*

Depending on the size of your organization, there may be only one person charged with the responsibility of disaster planning, but it will be important that the staff is familiar with the ICS positions and responsibilities, in case they are asked to fill roles in the event of a disaster.

Figure 3 - Incident Command System (ICS)

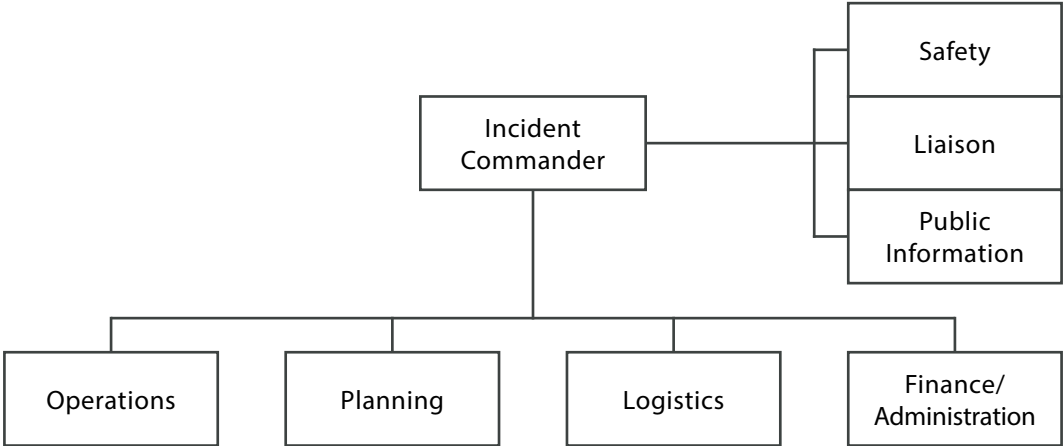


Table 1 - Incident Command System (ICS) Positions and Responsibilities

ICS Position*	Role/Responsibility
Incident Commander	Leads organization's on-scene response; establish incident objectives
Safety Officer	Ensure personnel safety; prepare safety plan; ensure safety messages are communicated; stop unsafe acts; correct unsafe conditions
Liaison Officer	Point of contact with outside agencies and companies; monitors operations to identify inter-organizational problems; facilitate inter-agency situational awareness
Public Information Officer	Develop information for use in media briefings; conduct periodic media briefings
Operations Section	Manage all tactical operations during the incident; ensure safe tactical operations for all responders
Planning Section	Conduct and facilitate planning meetings; assess current and potential impacts on people, property, environment
Logistics Section	Provides resources to stabilize the incident and support personnel, systems, and equipment
Finance/ Administration Section	Manages all financial aspects of the incident; provides financial and cost analysis information as requested

** This chart includes only the ICS positions likely to apply to a community organization*

UNDERSTANDING THE EMERGENCY SUPPORT FUNCTION FRAMEWORK OF EMERGENCY PREPAREDNESS

In addition to understanding the NIMS and ICS, organizations within the aging and disability network that plan to engage more actively in emergency planning will find it helpful to understand the broader framework that guides emergency preparedness and response activities in the U.S.

A key element of this broader framework is the [Emergency Support Function](#) (ESF) system, established by the Department of Homeland Security to create an organizational structure for a grouping of 15 governmental and certain private sector capabilities.



The ESF structure is intended to provide support, resources, program implementation, and services that are most likely needed to save lives, protect property and the environment, restore essential services and critical infrastructure, and help victims and communities return to normalcy following domestic incidents. Each ESF is supported by two coordinating councils – government and private sector – working closely together to ensure an effective public-private partnership to advance resiliency. The following ESFs are a helpful reference to the resources already in place to help members of the aging and disability networks ensure effective coordination to address access and functional needs:

Table 2 - Emergency Support Functions and Coordinating Agencies

Emergency Support Functions (ESFs)	Coordinating Agency
ESF #1 – Transportation	Department of Transportation
ESF #6 – Mass Care, Emergency Assistance, Temporary Housing, and Human Services	Department of Homeland Security (Federal Emergency Management Agency)
ESF #8 – Public Health and Medical Services	Department of Health and Human Services
ESF #13 – Public Safety and Security	Department of Justice
ESF #14 – Long-term Community Recovery and Mitigation (<i>now superseded by the National Disaster Recovery Framework</i>)	Department of Commerce Department of Health and Human Services Department of Housing and Urban Development U.S. Army Corps of Engineers Department of Interior
ESF #15 – External Affairs	Department of Homeland Security

Section 3: Testing Plans/Exercises

A common gap identified after many emergencies is that older adults, people with disabilities, their families, and CBOs did not participate in creating a local emergency plan; therefore, the plan did not address consumers' access and functional needs. When the right people are not included in planning, there can be "many trickle-down effects on the ability of not only providers to respond, but on the community's response overall."²⁰ The aging and disability networks can serve as critical partners to ensure that local communities include people with access and functional needs in planning meetings, exercises, drills, and emergency notification networks. Partnerships can increase inclusive whole community planning. It is important to identify community partners, including those in public health and emergency management, and forge relationships far in advance of a disaster. Building these relationships will help CBOs integrate into the planning process in the early stages to ensure a community-wide response in the event of an emergency. (For more information, refer to [Module One: Section 2, Identifying Community Partners](#) and [Section 3, Forging Relationships](#)).

Another helpful approach to increase CBO involvement in exercises and drills is to engage with partners that are required to conduct these activities. As noted in Section 1, the CMS Emergency Preparedness Rule requires 17 Medicare and Medicaid provider types to establish an all-hazards emergency plan, this includes training and testing processes to help ensure that facility staff are aware of emergency response protocols and can effectively implement these protocols in an actual event. While the aging and disability networks are not required to comply with the CMS Emergency Preparedness Rule, CBOs may have relationships with some of the provider types that are required to implement emergency planning. If appropriate for the CBO, establishing relationship with some of these provider types may be helpful to participate in local exercises and drills including:

²⁰ National Association of County and City Health Officials. (2016) *Hurricane Sandy Recovery Workshop Summary Report*.

- Programs of All-Inclusive Care for the Elderly (PACE)
- Community Mental Health Centers (CMHCs)
- Home Health Agencies (HHAs)
- Hospices
- Hospitals
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
- Psychiatric Residential Treatment Facilities (PRTFs)
- Federally Qualified Community Health Centers (FQCHC) and Rural Health Clinics (RHC)

You can also increase participation by strengthening coordination and communication with partners and programs within your community's aging and disability network, leveraging knowledge and connections to ensure a "seat at the table" when exercises are being discussed, planned, and implemented. Participating in these exercises can prove beneficial by providing insights to improve your organization's own exercise planning.

Exercises are often convened and facilitated by local emergency management and/or public health departments. Encourage your local emergency manager and public health planners to hold inclusive exercises. To be effective, exercises should incorporate community members and organizations that reflect the whole community. These exercises are a great way to engage community partners to understand their roles and evaluate their current emergency plans. There are three types of exercises that can assess and validate plans and procedures: [tabletop exercises](#), [functional exercises](#), and [full-scale exercises](#). (See box below for definition of these types of exercises.) In all three types, the inclusion of CBOs, as well as consumers, is essential to ensure that emergency plans address the access and functional needs of older adults and people with disabilities. If you have built relationships with emergency management and public health early on, it will be easier to advocate for including your CBO and consumers in future exercises.

Remember to advocate for consumers to be included in exercises!

Consumers may want to volunteer to be "victims" during exercises.

Seek opportunities to participate in planning meetings to serve as experts with lived experience.

Three Common Types of Exercises:

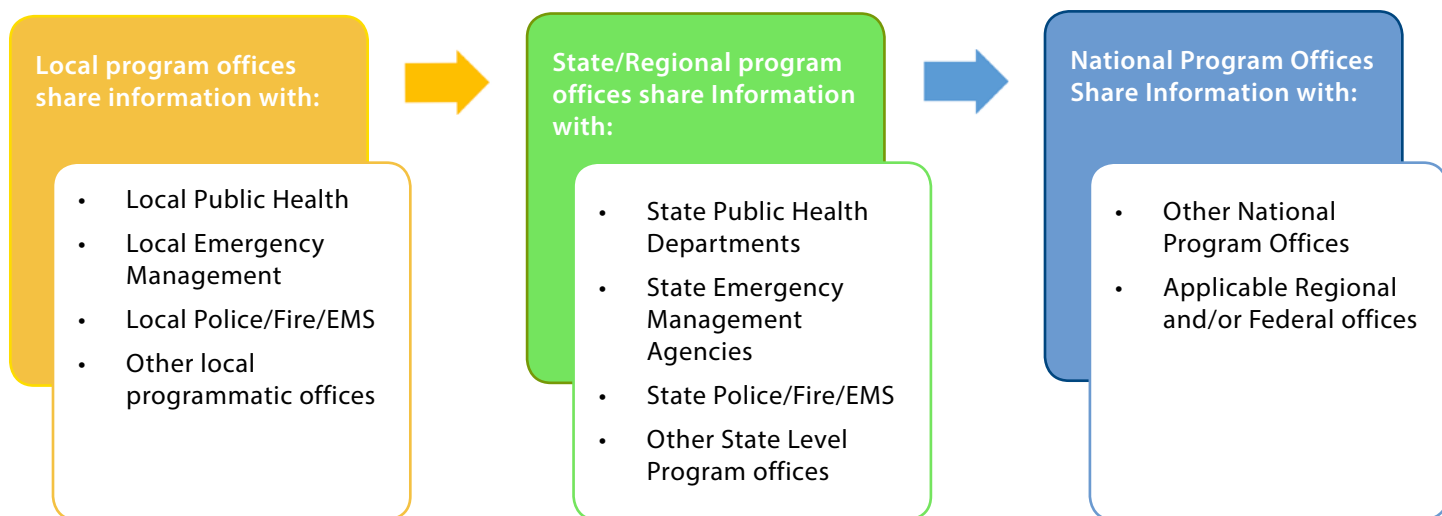
- [Tabletop exercises](#) – discussion-based sessions to review everyone's roles during an emergency and their responses to emergency situations
- [Functional exercises](#) – occur in a simulated operational environment, where plans and readiness are tested by performing actual duties
- [Full-scale exercises](#) – a lengthy exercise that often takes place on location with the same equipment and personnel that would be present during a real event

Section 4: Communications

Clear, timely, and accurate communication is a vital component of emergency planning. Messaging efforts must inform, educate, and mobilize community members to follow orders issued by local officials. Communication plans should be developed and tested regularly during steady-state periods in order to identify and resolve gaps before an emergency occurs. This is necessary to identify gaps or areas for improvement within your communications systems and processes. Your organization should also establish redundant, or alternate communication methods, in the event that your primary communications methods are inaccessible or rendered inoperable during an emergency. Some examples of alternative communication systems include text messaging, walkie-talkies, telephone calling trees/networks, HAM or battery-powered radios, and 2-1-1 telephones. Local emergency planners may also have access to systems and equipment to communicate with your organization and consumers, such as mass notification systems. Work with your partners to determine how you can integrate your CBO into existing communication and alert systems.

Ahead of a disaster, work with your partners to identify critical information that should be shared in the community. Creating bi-directional communication channels and procedures with community partners is critical and should be executed during all phases of a disaster. As recipients of federal funding, the aging and disability networks may be asked to engage in communication at multiple levels in emergencies. Sharing information with both new and existing partners at the state, local, tribal, territorial, and federal levels (as appropriate) can reduce barriers and mitigate challenges facing consumers and the community. The communication matrix (Figure 4) details how emergency information is shared at different levels.

Figure 4 - Communication Matrix



Module Two: Tools and Resources

Referenced in module:

[Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers \(ASPR TRACIE\)](#)

– Links to resources that can help provider and suppliers comply with the recently released Centers for Medicare and Medicaid Emergency Preparedness Rule

[Enhancing Public Health Emergency Preparedness for Special Needs Populations](#) (RAND) – A toolkit that includes the most relevant strategies, practices, and resources from a range of sources (e.g., peer-reviewed research and government reports) to identify “priority populations” and strategies for addressing their public health emergency needs

[Fact Sheet #72: Employment & Wages Under Federal Law during Natural Disasters and Recovery](#) (Department of Labor) – A fact sheet that provides basic Q&A regarding employment and wages during natural disasters and recovery. Also available in [Spanish](#), [Chinese](#), and [Vietnamese](#)

[Hurricane Irene Pay and Leave Related Questions \(Department of Labor\)](#) - A webpage that provides basic resources and information regarding pay and leave following disasters

[Program Coordinator & Committee](#) (DHS) – Fact sheet regarding the roles and responsibilities of a program coordinator and program committee as they relate to emergency preparedness

[Training](#) (DHS) – Fact sheet and additional resources specific to training, including what personnel require trainings, and suggested trainings

Additional Resources and Tools:

[Disaster Planning Guide for Home Health Care Providers \(DHS\)](#) – A guide that provides simple measures home health care providers can implement to ensure personal readiness for their consumers and for themselves

[Emergency Preparedness Toolkit for Community Health Centers & Community Practice Sites \(Columbia University, New York Consortium for Emergency Preparedness Continuing Education\)](#) – A toolkit intended to be used by leadership of community practice sites (including community health centers, group practices, and specialty care practices) to assess vulnerability; create an emergency preparedness plan; train staff to the plan; and evaluate the staff’s readiness through participation in drill and exercises

[Home Health Emergency Preparedness: A Handbook to Assist Home Health Care Providers in Emergency Preparedness Planning \(Michigan Department of Health and Human Services\)](#) – This handbook can help assist home care agencies in writing, augmenting, and evaluating their emergency preparedness plans, based on best practices

[ICS Resource Center \(FEMA\)](#) – A resource page that includes baseline and additional courses that introduce or provide advanced learning on the National Incident Management System and Incident Command System

[Tabletop Exercise Guide for Community Based and Faith Based Organizations](#) (King County) – An introductory guide to tabletop exercises that includes information such as format, a materials checklist, logistics, and suggestions

Module Three:

Preparing for Public Health Emergencies

Using an [all-hazards approach](#) is an effective way to conduct emergency planning. As you know from conducting the risk assessment referenced in Module One, there are many potential hazards and risks that could have an impact on your community, CBO, and consumers. Your EOP should be flexible enough for use in all events, as many hazards have similar effects; for example, both hurricanes and floods may require evacuation.²¹ Similarly, many of your emergency planning activities, including your ICS and communication plan, will be used regardless of the scenario. CBOs should also document how they will respond to hazards that pose the greatest risk to your community through use of hazard-specific appendices to your EOP. This module will provide an overview of the types of public health emergencies and disasters you may encounter, and planning considerations for your CBO.

Section 1: Maintaining Situational Awareness and General Preparedness

One of the most important CBO responsibilities is to “maintain [situational awareness](#)” by staying up-to-date on potential hazards and threats for your organization and consumers. Building relationships with public health and emergency management and participating in planning groups and exercises ahead of an emergency will help you become aware of these hazards and threats. Public health and emergency management agencies monitor various information and surveillance systems for potential threats and will promote emergency planning for the community. State and local health departments also have staff, including epidemiologists or public health nurses, that monitor potential disease threats and patterns in a jurisdiction. When a disease has the potential to impact an area or has gained public interest, health departments often develop and/or share educational materials with partners and the public. You can also receive updates and notifications by asking your local health department to add your CBO to electronic distribution lists or alert systems.

²¹ Federal Emergency Management Agency. (2010) *Comprehensive Preparedness Guide. Developing and Maintaining Emergency Operations Plans*. Retrieved August 28, 2018 from https://www.fema.gov/media-library-data/20130726-1828-25045-0014/cpg_101_comprehensive_preparedness_guide_developing_and_maintaining_emergency_operations_plans_2010.pdf



A lack of information or misinformation can lead to significant confusion and fear in a community during an emergency. Be sure to share information with staff and consumers that is issued from a reputable source, like your local public health department, emergency management agency, or Health and Human Services (HHS). CBOs should consider how to best share health and safety messaging with staff and consumers before, during, and after an emergency. This may include sharing fact sheets, placing signs or posters on building doors and in common areas, and speaking to consumers, their caregivers, and family members about prevention practices and safety measures.

Establish your organization as a reliable and trusted source of information ahead of a disaster. This will increase the likelihood that consumers and staff will see the information you share as credible and take appropriate action during a disaster.

As you engage with your local emergency partners during planning meetings, ensure that community planning efforts incorporate the needs and perspectives of consumers and others with access and functional needs, including older adults and people with disabilities who are currently unknown to your CBOs. An example of this would be using the CMIST Framework to develop messaging that addresses the communication needs of individuals who speak sign language, and have limited English proficiency (LEP), or limited ability to speak, see, hear, or understand. If you need additional information or resources for your community, reach out to your local health department or check their website.

Section 2: Natural Disasters and Severe Weather

Natural disasters include several threats including winter weather, extreme heat, flooding, earthquakes, and wildfires. Your CBO's hazard identification and risk assessment will illustrate the specific hazards and threats that are most probable for your community. Even if you have not yet completed your risk assessment, you may have some idea of the hazards that are more likely to have an impact on your community by considering emergency responses over the past few years. Previous emergency responses can also serve as an indication of where your CBO should create or update emergency plans to better prepare for future incidents.

To read more on specific natural disasters and how to prepare, visit [CDC's Natural Disasters and Severe Weather site](#)

There are health and safety concerns that are common in many disasters. Examples include, but are not limited to:

- **Animal and insect-related hazards:** Increased numbers of mosquitoes due to rainfall or flooding and increased possibility of contact with rodents or snakes that seek new shelter
- **Food and water safety:** Disruption or contamination of food and water supply, food spoilage
- **Carbon monoxide (CO):** Increased numbers of CO poisoning resulting from use of alternate fuel or electricity sources
- **Illness and injury prevention:** Injuries resulting from post-event hazards (e.g., flooded roads, downed power lines) and accidents during clean up (e.g., unsafe chain saw use, falls). Illnesses may result from sewage disruptions, contaminated foods and water, and infectious diseases
- **Safe clean-up:** Injuries and illnesses resulting from a lack of or incorrect use of safety gear, overexertion, mold, or contact with dangerous materials
- **Power outages:** Exposure to temperature extremes, downed power lines, lack of power for durable medical equipment and assistive technology

- **Post-emergency trauma:** Stress reactions including difficulty concentrating, sleeping problems and nightmares, anxiety, and exacerbation of chronic health problems

Make sure your staff, consumers, their caregivers, and family members are aware of these potential hazards and understand how to take the precautions needed to protect themselves. In the event of an impending natural disaster, consider rescheduling non-urgent appointments until after the event has occurred and promote the importance of having emergency supplies (e.g., food, water, and extra medications) to consumers and their families. Follow up with consumers to assess their well-being post-disaster, and work with your emergency response partners for assistance in addressing urgent needs.

Section 3: Infectious Disease Fundamentals

The National Institutes of Health estimates that “infectious diseases account for about 1 in 4 deaths worldwide.”²² Over the past decade, major epidemics and pandemics such as H1N1 (2009), Ebola (2014–2016), and Zika virus (2015–2016) have emphasized the need for well-planned and coordinated responses to infectious disease for all organizations. The social determinants of health – such as health and healthcare access and the social and community context in which people live – can also influence the rates and effects of infectious diseases, as well as their perception and acceptance of related-prevention messaging. As you develop your infectious disease plans, be sure to consider the implications of the social determinants of health on your consumers and their family members.

An epidemic is a disease that occurs more frequently than is expected for a population in an area. The term outbreak has the same definition as epidemic but refers to a more limited geographic area. If the disease affects many people and spreads across several countries or continents, it becomes a pandemic.²³ These threats often pose a major toll on the health of a population. Some populations with access and functional needs, such as older adults or people with disabilities, can be more vulnerable to the impacts of a disease, including increased likelihood of death or severity of injury. The threat is even greater when planning and prevention efforts do not account for older adults and individuals with access and functional needs. Your organization should train staff and consumers to protect themselves and their families by ensuring situational awareness of disease threats, how they spread, their impacts, and ways that community members can keep themselves safe.

Infectious diseases spread when bacteria, viruses, or other germs are shared among people. When faced with a potential outbreak or epidemic, it is important to equip staff, consumers, caretakers, and family members with information to reduce their risk of acquiring or transferring the disease. Although there are several ways this can occur, disease transmission falls into two main categories: direct and indirect transmission.

²² National Institutes of Health. (2016). *Infectious Diseases*. Retrieved August 28, 2018 from <https://www.nih.gov/about-nih/what-we-do/nih-turning-discovery-into-health/infectious-diseases>

²³ Centers for Disease Control and Prevention. (2012). *Principles of Epidemiology in Public Health Practice, Third Edition. An Introduction to Applied Epidemiology and Biostatistics*. (Section 11). Retrieved August 28, 2018 from <https://www.cdc.gov/ophss/csels/dsepd/ss1978/lesson1/section11.html>.

Direct Transmission

- **Direct contact:** Spread through skin-to-skin contact, kissing, sexual intercourse, or contact with contaminated soil or vegetation (e.g., mononucleosis)
- **Droplet spread:** Spread through the spray produced by sneezing, coughing or even talking. Direct spray transmits a disease over a few feet before the droplets hit the ground (e.g., Influenza)

Indirect Transmission

- **Airborne:** Spread through dust or by small particles suspended in air. These particles may remain in the air for long periods in time and be transmitted over great distances (e.g., tuberculosis)
- **Vehicle:** Spread through contact with an inanimate object such as food, water, blood, bedding or medical equipment (e.g., hepatitis A, botulism)
- **Vector:** Spread through animals including ticks, mosquitos, and fleas (e.g., West Nile Virus)²⁴

Section 4: Infectious Disease Prevention and Response

Your local health department and other public health experts like the CDC promote actions, such as hand washing or receiving a vaccination, which will reduce your chances of acquiring or spreading disease. Use this guidance to establish processes to prevent the spread of disease in the workplace, including promoting or requiring employee vaccination, and cleaning surfaces that people frequently touch with their hands. In addition to disease prevention information, these agencies will usually provide an email or phone number to contact if an individual has questions or is experiencing symptoms of a disease during an outbreak, epidemic, or pandemic. Comply with any disease reporting requirements in your state and notify your local health department if you suspect your organization may be experiencing a disease outbreak.

Epidemics and pandemics take a toll on the healthcare system and CBO programs. Healthcare providers may experience a decrease in available staff due to illness and large increases in patients at healthcare delivery sites. This may also lead to shortages in medical supplies or disruptions in healthcare services and CBO programs. As your organization conducts its risk assessments, be sure to document critical supply and vendor needs, inform public health and emergency management partners of these needs during planning meetings, and develop strategies that address potential gaps.

For more information about infection control precautions, visit CDC's [Infection Control Basics site](https://www.cdc.gov/infectioncontrol/)

²⁴ Centers for Disease Control and Prevention. (2012). *Principles of Epidemiology in Public Health Practice, Third Edition. An Introduction to Applied Epidemiology and Biostatistics*. (Section 10). Retrieved from <https://www.cdc.gov/opphss/csels/dsepd/ss1978/lesson1/section10.html>

Another challenge that healthcare and CBOs may face during a public health emergency is employee absenteeism. When significant numbers of the population are affected by an illness, CBOs should prepare for increased employee absenteeism due to staff and their family members becoming sick. Staff, consumers, caretakers, and family members may need to implement [social distancing](#), which involves keeping a physical distance from other individuals to avoid spreading a disease or wearing protective gear like masks or gloves during a visit. The type of precautions needed depend on the disease, so it is important to refer to your local health department for specific infection control guidance. CBOs should plan to continue essential functions during a period of significant staff loss, and when social distancing or other infection control practices are necessary. [Worksheet 3.1](#) is an ADA compliant pre-pandemic survey that will help organizations plan for employee absenteeism during a pandemic.

Section 5: Human-caused Hazards

Human-caused hazards are a result of human activity or a failure of a built system. These hazards can be accidental, such as a chemical spill from an overturned truck, or intentional, such as a cyber-attack, armed assailant, or terrorism. Unlike most natural disasters, human-caused hazards are largely unpredictable. However, there may be some hazards that are more likely to occur based on the characteristics of your community. For example, if your organization is close to an active train station or major highways, it may be beneficial to consider the impact that a transportation-related accident would have on your organization and consumers.

As with other types of hazards, CBOs should work with local emergency management and public health planners to prepare your organization and consumers for these types of hazards and threats. Advocate for inclusion of your CBO, consumers, as well as older adults and people with disabilities who are unknown to your organization, into jurisdictional emergency plans and exercises to ensure that response activities can address their access and functional needs. Assessing the vulnerabilities of your organization, personnel, consumers, supply chain, and addressing emerging gaps can also help mitigate the effects of a human-caused emergency. Your local emergency managers will be a valuable resource in determining how to target your planning efforts and prepare for various human-caused hazards.

The CDC offers resources to help your organization and your consumers learn about and prepare for various disasters, both natural and human-caused. For more information, please see their [Information on Specific Types of Emergencies](#) site.



Module Three: Tools and Resources

Referenced in Module:

[Developing and Maintaining Emergency Operations Plans \(FEMA\)](#) – Guidelines on developing whole community emergency operations plans and includes best practices and suggestions for plan development

[Infection Control Basics \(CDC\)](#) – A webpage that includes recommended precautions to prevent the spread of infections in healthcare settings

[Information on Specific Types of Emergencies \(CDC\)](#) – Informational tools and resources on specific types of emergencies, including recent outbreaks and incidents, natural disasters and severe weather, radiation emergencies, chemical emergencies, bioterrorism, and pandemic influenza

[Natural Disasters and Severe Weather \(CDC\)](#) – A webpage that includes information related to specific types of natural disasters and severe weather, including information on health and safety concerns, disaster resources, and information for specific groups

Additional Resources and Tools:

[Be Informed \(DHS\)](#) – A collection of links to learn about different disasters and hazards that could affect you and your family where you live, work, and go to school

[Building Older Adults' Resilience by Bridging Public Health and Aging-in-Place Efforts \(RAND\)](#) – This toolkit contains information and activities to encourage the resilience of older adults to natural and human-caused threats

[Faith-Based & Community Organizations Pandemic Influenza Preparedness Checklist \(CDC\)](#) – A checklist for religious organizations, social services agencies that are faith-based, and community organizations for developing and/or enhancing pandemic influenza preparedness and response plans. Also available in Spanish

[Health and Safety Concerns \(CDC\)](#) – Informational tools and resources on the health and safety concerns for all disasters including animals and insects, food and water safety, power outages, and more

[Home Health Care Services Pandemic Influenza Planning Checklist \(CDC\)](#) – A checklist that can help public and private healthcare organizations assess and better their pandemic influenza preparedness and planning



Section II: Working in Tandem with Consumers



With organizational risk assessments complete and organizational emergency planning underway, your CBO should be ready to engage with older adults and people with disabilities to assist consumers with personal emergency planning. Section II provides guidance to help CBOs maximize capacity to address the access and functional needs of older adults and people with disabilities, including emergency planning, evacuation, housing, legal considerations, and recovery issues.

Module Four: Identifying Older Adults and People with Disabilities

If you used the RAND five-step emergency planning process outlined in Module Two, you'll have a clear understanding of your CBO's capacity to support older adults and people with disabilities in emergencies. This support will likely include one or more of the following services:

- Emergency Planning Support
- Evacuation and Transportation Support
- Sheltering and Housing Assistance
- Legal Advocacy Referral or Services
- Emergency Benefits Support
- Healthcare Referral
- Adaptive Equipment/Assistive Technology Referral or Services



A critical step in assessing your organizational capacity to support consumers' additional needs in emergencies by delivering additional services is identifying the number of consumers who may need emergency support.

Section 1: Determine population size of older adults and people with disabilities in your community who may need emergency support

In recent years, significant work at the federal, state, local, tribal, and territorial levels has been invested to better estimate the number of older adult and people with disabilities in communities who may need additional support during emergencies.^{25,26}

While your CBO and staff frequently interact with consumers through programs and services, it is important to understand current efforts to locate and reach older adults and people with disabilities who may not be part of an established support system, network, or known to CBOs. These individuals may be on waiting lists for programs or live on their own with the support of informal networks. As subject matter experts, and in collaboration with other partners, CBOs can use data, tools, frameworks, and partnerships to ensure that whole community emergency planning not only engages your consumers, but also reaches individuals that are currently unknown to the local aging and disability networks.

Understanding the total number of older adults and people with disabilities who may have access and functional needs will help you to determine the percentage of the total population that you and other organizations are collectively trying to reach. Using the CMIST Framework during this process will help to identify individuals in your community with access and functional needs who may require additional support during a disaster; for example, older adults or people with disabilities with chronic health conditions who need additional assistance to maintain their health. (For more information, [see Module One: Early Planning](#)).

KEY DATA SETS

The following examples of tools and datasets are available to estimate the total number of older adults and people with disabilities with access and functional needs that live independently in your community:

1. Using your CBO's database, note information on the types of support consumers may need in emergencies and be able to provide estimates of the population; for example, people with disabilities who require face-to-face communication to receive information. Having population counts by zip code or other identifiable region is also useful for planning purposes.

²⁵ Office of Public Health Preparedness and Response (OPHPR). (n.d.). Public Health Workbook to Define, Locate and Reach Special, Vulnerable, and At-Risk Populations in an Emergency. Retrieved from https://emergency.cdc.gov/workbook/pdf/ph_workbookfinal.pdf

²⁶ Ringel, J., Chandra, A., Williams, M.V., Ricci, K., Felton, A., Adamson, D.M., et al. (2009). *Enhancing Public Health Emergency Preparedness for Special Needs Populations: A Toolkit for State and Local Planning and Response*. Retrieved October 2, 2018 from https://www.rand.org/pubs/technical_reports/TR681.html

2. Compare your information with partners' data to get a better sense of the total population being collectively served. As appropriate and depending on your relationship with other organizations, you may also want to address potential duplication of individuals with access and functional needs and assign lead responsibility for emergency planning.
3. Review national and community datasets including:
 - a. [HHS emPOWER Map](#) – The HHS emPOWER_Map is an excellent tool that provides information on the number of Medicare beneficiaries in your community relying on electricity-dependent durable medical equipment in their homes. This public and interactive map provides de-identified, monthly Medicare claims data and National Oceanic and Atmospheric Administration (NOAA) severe weather data at the zip code level. *(NOTE: HHS emPOWER data is a helpful benchmark but does not reflect the total number of Medicaid or privately insured at-risk individuals relying on electricity-dependent durable medical equipment, thus additional outreach may be necessary).*²⁷
 - b. [U.S. Census Bureau's American Community Survey \(ACS\) Data](#) – The ACS is an ongoing survey that provides vital information on a yearly basis about our nation and its people. The ACS provides estimates for a range of demographic data, including population over 60 years of age and disability for smaller subgroups of the population. Disabilities tracked by the ACS include hearing, vision, cognitive, ambulatory, self-care, and independent living difficulties. ACS allows the user to refine a data search by topic and location.²⁸

For more information about how to use the American Community Survey and its search functions, review the following:

[Understanding and Using American Community Survey Data: What all Data Users Need to Know](#)

[How Disability Data are Collected from the American Community Survey](#)

[When to Use 1-year, 3-year, or 5-year Estimates*](#)

*3-year estimates have been discontinued as of 2013

²⁷ U.S. Department of Health and Human Services. *HHS emPOWER Map 3.0*. Retrieved August 28, 2018 from <https://empowermap.hhs.gov/>

²⁸ U.S. Census Bureau. *American FactFinder*. Retrieved August 28, 2018 from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>



Section 2: Identify individuals who may need support and determine how your organization can provide it

GATHERING DATA

Your CBO likely maintains accurate information on the locations where consumers live and work. While CBOs have expertise in supporting older adults and people with disabilities living in the community, consumers may leave their homes during an emergency to stay with family or friends or go to emergency shelters. They may be at work or elsewhere in the community when an emergency strikes. Ask consumers for their day and night contact information and an emergency contact in case the CBO cannot reach them directly. The ability to contact consumers will be especially important if your organization plans to conduct safety checks. Make sure you are familiar with the [Privacy Act and HIPAA](#) and how they operate during emergencies. It is important to be clear about how and when consumers' information will be used and with whom it will be shared; this should be confirmed with appropriate consumer consent in advance. If this type of information is not currently gathered, consider modifying your intake process to ensure that you collect this information for your database when a person first engages with your CBO. In addition to information about how and where to reach consumers during emergencies, this intake process should capture information about consumers' emergency plans, and the support they may need to address access and functional needs in the event of an emergency. Share with consumers the emergency services the CBO or partners will likely provide, which steady-state programs are likely to be closed or modified, and how to contact the organization during a disaster.

Note: Databases and listings require continual maintenance to be useful.

Awareness of opportunities to locate and conduct outreach to people the aging and disability networks do not currently serve is critical to understanding how to identify and deliver support to older adults and people with disabilities in the community before, during, and after an emergency. A helpful resource is the CDC's [Public Health Workbook To Define, Locate and Reach Special, Vulnerable and At-Risk Populations in an Emergency](#).²⁹ In addition to determining ways to locate and conduct outreach to older adults and people with disabilities who may or may not be served by the aging and disability networks, consider the ways your CBO could publicize available emergency services.

Questions to Consider: *Will there be print information posted on the entrance? Recorded phone messages? Social media? Does the organization's brochures and website currently describe organization emergency services and contact information?*

The following frameworks provide examples of how older adults and people with disabilities who do not receive services from the aging and disability networks can be identified, located, and reached before, during, and after an emergency.

²⁹ Centers for Disease Control and Prevention. (n.d.) Public health workbook to define, locate, and reach, special, vulnerable, and at-risk populations in an emergency. Retrieved August 28, 2018 from https://emergency.cdc.gov/workbook/pdf/ph_workbookfinal.pdf

1. **Community Outreach Information Network (COIN):** Ask your local or state public health agency if a Community Outreach Information Network (COIN) currently exists in the community, or if there are plans to develop one. A COIN is an innovative process created by public health officials and other organizations to identify, locate, and reach people with access and functional needs before, during, and after an emergency. As a grassroots network of community residents and trusted community leaders, a COIN can assist with emergency planning and the delivery of information to individuals with access and functional needs before, during, and after an emergency. The process of creating a COIN is described in the CDC's *Public Health Workbook to Define, Locate and Reach Special, Vulnerable and At-Risk Populations in an Emergency*. If you find that other organizations are actively engaged in establishing a COIN, avoid duplication of effort by focusing on how your CBO can support current work to locate and reach older adults and people with disabilities.

To see communities that embraced the COIN approach, visit the [Kentucky](#) and [Pasco County \(FL\)](#) sites for more information.

2. **Aging and Disability Networks:** Your CBO may have existing relationships with other members of the aging and disability network. For those CBOs seeking additional partners, or for emergency managers or public health officials looking to partner with the aging and disability networks, HHS's Administration for Community Living (ACL) provides grant funding to government and nonprofit organizations for programs that provide access to services to support the access functional needs of older adults and people with disabilities so they can remain in their homes and communities. Many of these programs have knowledge, experience, and expertise in working with vulnerable populations in emergencies and can assist with identifying their access and functional needs, and providing outreach to older adults, people with disabilities, their caregivers, and family members. These ACL grantees play a vital role in emergency planning, the most important of which is subject matter expertise to ensure that consumers have access to community services, supports, and emergency assistance. These grantees are valuable partners in their communities for emergency planning and are important partners to engage.

Aging Network Partners

- [State Units on Aging \(SUAs\)](#)
- [Area Agencies on Aging \(AAAs\)](#)

Disability Network Partners

- [Centers for Independent Living \(CILs\)](#)
- [Statewide Independent Living Councils \(SILCs\)](#)
- [State Councils on Developmental Disabilities \(DD Councils\)](#)
- [Protection and Advocacy Systems \(P&A\)](#)
- [University Centers for Excellence in Developmental Disabilities \(UCEDDs\)](#)
- [State Grants for Assistive Technology \(AT\) Programs](#)

3. **Community Organizations:** Other community partners can provide valuable information about older adults and people with disabilities that are unknown to your organization. Beyond the aging and disability network, the following entities are potential partners for identifying older adults and people with disabilities with access and functional needs. When establishing partnerships, ask other organizations how your CBO can help expand their outreach for emergency planning, as you do the same. CBOs should request permission before sharing consumers' names with other entities to determine whether they are served by multiple organizations. Understanding whether multiple organizations are serving the same individual can help to determine which organization will have lead responsibility for outreach during a disaster, as well as for preserving limited resources by avoiding duplication of effort.

Additional community partner organizations may include:

- Accessible transportation providers
- Adopt-a-Grandparent programs
- Civic organizations such as Lion's Club, Rotary Club, Junior League, Masons
- Early childhood, in-home, and school-based special education services
- Faith-based organizations
- Habitat for Humanity
- Health insurance providers
- Home health agencies such as visiting nurses, hospice, etc.
- Local Park Districts/Senior Centers
- Mail order pharmacy services
- National and local medical, disability or disease specific support groups
- National Voluntary Health Agencies
- Medical Reserve Corps
- Paratransit providers
- Public and private entities providing personal assistance services
- Professional organizations
- Senior Corps
- Silver Sneakers
- Suppliers of durable medical equipment
- Veterans Organizations

Legal Consideration – CBO that maintain personally identifying information about the access and functional needs of older adults or people with disabilities, either by receiving data from other organizations or by developing this data for their purposes, need to be mindful of legal considerations regarding privacy protections. Your organization may require or may be asked to enter into legal agreements binding privacy protection for any shared information.

- 4. Identifying Individuals with Temporary Access and Functional Needs** – Consumers recovering from surgery or injuries may face temporary access and functional needs that could inhibit their ability to address their emergency safety needs. To address consumers' access and functional needs, members of the aging and disability networks may wish to partner with hospitals, ambulatory surgery centers, rehabilitation, and similar organizations to include education on whole community emergency planning and contact information for relevant agencies in the discharge consultations of consumers and other patients with short-term access and functional needs.

5. **Local Registries:** To support emergency planning, some communities implement registries to identify individuals with access and functional needs. Information on examples of registries for emergency planning are included below for your situational awareness. In recent years, registries have become unpopular for a number of reasons and many of the aging and disability networks do not support the creation of registries for emergency planning. There are multiple reasons that registries are considered problematic; it is recommended to consider the range of challenges with registries before implementing this approach (See [Figure 5: An Important Word about At-Risk/Special Needs Registries](#)).
- i. **Medical Needs/Access and Functional Needs Registries** – Some state and local emergency management and public health departments maintain registries of individuals with unique medical needs, as well as access and functional needs during emergencies.
 - ii. **Transportation or Evacuation Registries** – Some states, counties, and local communities maintain transportation registries to help identify people with mobility limitations or individuals who require assistance in evacuating during an emergency.
 - iii. **Utility Registries for Customers Relying on Electric-Powered Medical Equipment** – Some local utilities maintain registries for customers who rely on life-sustaining, electric-powered, durable medical equipment. These registries are used to alert a utility to the location of at-risk residential customers to enable notification of planned electricity shut-offs. In some cases, utilities use this information to prioritize restoration decisions. It is important for individuals providing their names to the utility registry to clearly understand what the utility is and is not promising – such as prioritized power restoration – to avoid unmet expectations and failure to have personal emergency plans. It is also important for the CBOs to understand any promises being made. For example, if a CBO is located in an area served by a utility where consumers prioritized restoration is unlikely or unavailable, the organization could: (1) redouble efforts to identify, locate, and reach older adults and people with disabilities who rely on electric-powered durable medical equipment and assistive technology; and (2) assist individuals in identifying alternative power sources and equipment, such as a generator at a shelter or other location, extra batteries, extra supplies, or equipment not dependent on power (e.g., manual wheelchair). Additionally, the aging and disability networks should consider periodically verifying the planned use of utility registries on behalf of consumers who may be included in a utility registry or who may consider signing up.

MAPPING DATA

Now that you have added to your consumer database of older adults and people with disabilities, mapping this data using a geographic information system (GIS) can help facilitate better planning and outreach. GIS mapping can provide a visual representation of data by mapping helpful resources and depicting geographic vulnerabilities that may exist in your community.

In some states and communities, government GIS experts may be available to help organizations map their data. When overlaid with other area assets including clinics, pharmacies, healthcare facilities, and other places frequently used by consumers, the maps can inform planning for outreach and education activities and resource deployment.

The National States Geographic Information Council may be able to help you [locate a government GIS specialist](#) in your area.³⁰

Legal consideration: Any organization working with local government to establish GIS mapping of older adults, people with disabilities, and individuals with access and functional needs should be mindful of privacy protections relating to the individuals whose homes are identified on a GIS map.

Figure 5 - An Important Word About At-Risk/Special Needs Registries

An Important Word About At-Risk/Special Needs Registries

The effectiveness of registries in helping people with access and functional needs receive evacuation assistance or other support during emergencies is an area of concern. Key issues about registries include:

Cost: There is a significant cost in collecting, protecting, and organizing personal identifying information to develop and maintain a registry.

Maintenance: Keeping the data up to date requires sophisticated resources and technical skills; it must be managed and maintained to ensure utility and accuracy.

Utility: Many communities and counties provide an opt-in registry. To be useful, however, the data must be verified and kept up to date. These opt-in registries run the risk of being incomplete and out of date.

Resources: Risk of sending responders to registry locations that are out of date expends valuable time and resources.

Resident Assumptions: Residents who opt-in for a registry may falsely assume that someone will come for them and as a result, may not take responsibility for their personal emergency planning.

Ineffective: Many communities do not have the capability or capacity to effectively operationalize or disaggregate registry data to produce local situational awareness of their access and functional needs population. In addition, registries often focus on places of residence, to the exclusion of other places of daily activities.

Privacy Concerns: Privacy concerns related to securely storing the information and the protocols for sharing the information have been raised.

Reinforcing these drawbacks to registries can help underscore the importance of consumers having personal emergency plans in place.

³⁰ National States Geographic Information Council. Retrieved August 28, 2018 from <https://nsgic.memberclicks.net/>

LIMITATIONS IN IDENTIFYING INDIVIDUALS WITH ACCESS AND FUNCTIONAL NEEDS REQUIRING ADDITIONAL EMERGENCY SUPPORT

There is a collective effort among organizations to identify individuals with access and functional needs who may require additional support in the event of an emergency. These efforts can go a long way in identifying a significant number of these individuals, however, it is unrealistic to expect that all older adults and people with disabilities can be identified. CBO efforts to build partnerships and advocate with and behalf of older adults and people with disabilities helps create awareness of individuals with access and functional needs who may need additional support in emergencies.

Section 3: Provide Emergency Planning Education and Support to Existing Consumers and Newly Identified Older Adults and People with Disabilities

We all know the basics of personal emergency planning – “get a kit, make a plan, and stay informed” – so how can aging and disability networks support consumers in undertaking personal planning?³¹ Start by offering consumers education and support in emergency planning.

One approach is to work with consumers to assess the preparedness level of their individual emergency plans. Using their consumer database, CBOs can contact older adults and people with disabilities to discuss personal emergency planning and work with them to assess their preparedness level (i.e., does the consumer plan to evacuate to a family member’s house or a general population shelter, or do they plan to shelter in place?). Successful planning by community members, including older adults, people with disabilities, their caregivers, and family members, can significantly increase community resilience.

Integrating emergency planning into your organization’s programs and services will have an impact on the overall emergency resilience of your community. You can maximize CBO capacity by leveraging regular outreach, referral, training, or counseling sessions as an opportunity to ask consumers key emergency planning questions, such as whether they have an emergency kit that includes medications, extra food, water, and other required supplies, and if there is a plan for a family member or friend to check on them in the event of an emergency. To further support consumers, identify informational resources and present options for communicating with family, friends, and caregivers in the event of a disaster.

CBOs should continue to advocate for addressing consumers’ access and functional needs in community emergency planning. Emergency management and public health planners may be able to implement targeted strategies to protect the health and safety of older adults and people with disabilities during an emergency (e.g., expediting certain response activities, ensuring accessible risk communication, etc.).

³¹ FEMA. *Family Emergency Preparedness Is Easy As 1-2-3: Get a Kit. Make a Plan. Stay Informed*. Retrieved August 28, 2018 from <https://www.fema.gov/news-release/2010/09/07/family-emergency-preparedness-easy-1-2-3-get-kit-make-plan-stay-informed>

The federal government has guidance and resources on emergency planning at [Ready.gov](https://www.ready.gov), including specific information for [older adults](#)³² and [people with disabilities](#).³³

Questions to Consider: *Does your organization have metrics to assess emergency planning, specifically for individual consumers? How will staff support consumers to assess their personal emergency plans? What materials would they need to do this? How will your staff assist consumers in developing personal emergency plans? What materials would they need? Is your organization familiar with the impact that emergencies can have on consumers? And, are consumers familiar with the impact that emergencies can have on your organization's programs and services? What tools are available to evaluate organizational emergency planning, including your organization's capacity to provide additional support to consumers during emergencies? How can your organization help first responders and emergency managers understand the needs of consumers?*

KEY PERSONAL EMERGENCY PLANNING CONSIDERATIONS

Personal emergency planning involves a number of critical activities, including having supplies on hand, emergency and go-kits in place, emergency contact information available, medicine and prescriptions readily accessible, lists of medications with generic names and dosages, and plans for evacuation or sheltering in place.

In addition to providing education about the importance of personal emergency planning, your organization may also need to provide support to consumers to address personal emergency planning requirements. For example, older adults may have challenges carrying home supplies of food or water to build their emergency kit, or people with developmental disabilities may need assistance understanding the nature of an emergency and how to prepare for it. Work with consumers to assist them in taking the following emergency planning steps.

Irrespective of a specific diagnosis, status, or label, access and functional needs may interfere with a person's ability to access or receive medical care, or limit a person's ability to act before, during, or after a disaster. Aging and disability networks have a critical role in supporting older adults and people with disabilities to implement their personal disaster planning activities.

³² U.S. Department of Homeland Security. *Seniors*. Retrieved August 28, 2018 from <https://www.ready.gov/seniors>

³³ U.S. Department of Homeland Security. *Individuals with Disabilities*. Retrieved August 28, 2018 from <https://www.ready.gov/individuals-access-functional-needs>



Having a Plan

The first and most critical part of personal preparedness is having an emergency plan. Creating a personalized emergency plan doesn't have to be complicated. The information provided in this Toolkit, along with links to more extensive planning tools, should provide everything a consumer needs to develop an effective emergency plan. Determine an appropriate approach for your CBO to support consumers in developing and updating their emergency plans to meet their individual access and functional needs.

Figure 6 - Make A Plan



Source: Department of Homeland Security

Preparing an Emergency Kit or Go-Kit

Emergency planning requires thinking ahead and anticipating access to supplies for maintaining consumers' health and well-being. Emergency supplies are basic items consumers and their households may need in the event of an emergency. There are two types of kits with emergency supplies that consumers should consider assembling as part of their individual emergency plan: an emergency kit and a read- to-go kit or "go-kit."

First, an emergency kit should include emergency supplies for home use. Depending on the hazards and risks in your area, emergency kits should include emergency supplies to last for at least three days or more. Emergency supplies include basic items (i.e., food, water, flashlight, first aid kit, etc.) and supplies that are tailored to the needs of individual consumers or members of the household (e.g., extra eyeglasses, pet supplies, prescription medications). For more information, FEMA provides [Build a Kit](#) information online.³⁴

Second, in addition to having an emergency kit with supplies for home use, a key element of emergency planning is being able to leave one's home with little notice. While this is less applicable for people in the path of an approaching hurricane, those subject to flash floods, earthquakes, or wildfires need a go-kit packed with essential items for survival in case of

³⁴ U.S. Department of Homeland Security. *Build a Kit*. Retrieved August 28, 2018 from <https://www.ready.gov/build-a-kit>

sudden evacuation. The items may be similar to the supplies for a home emergency kit but tailored for individuals based on their unique access and functional needs (e.g., prescription medications, copies of important documents, change of clothing, etc.). In addition to the information provided by FEMA, the American Red Cross provides instructions on [Survival Kit Supplies](#). Determine the role your organization can play in supporting consumers with developing and updating their emergency kit and go-kit.³⁵

Figure 7 - Build a Kit



Source: Department of Homeland Security

Knowing Where to Evacuate and How to Get There

Evacuation planning for older adults and individuals with disabilities can be complicated and require additional planning considerations. For example, people who rely on accessible transportation services will need additional support to evacuate safely. If the state or municipality provides evacuation assistance, accessible transportation must also be provided. Support consumers in building their knowledge of evacuation processes and assessing their individual evacuation needs and potential barriers. Speak with consumers about their evacuation plans for various locations (such as home, school, and work). Consider implementing an annual campaign to coincide with relevant threats identified in your risk assessment; for example, National Preparedness Month in September or the start of anticipated hurricane or flooding season in your area. To highlight evacuation planning, provide consumers with training and resources, such as the [Personal Emergency Evacuation Planning Checklist](#).³⁶ During evacuations, important items may be forgotten, lost, or damaged. For example, consumers may need replacement of prescription medication, supplies, and/or durable medical equipment following an evacuation. A CBO can partner with other organizations to provide educational sessions, including Medicare/Medicaid and other insurance providers, pharmacies, and suppliers/providers of durable medical equipment and other medical supplies to explain how consumers can prepare for reimbursement and replacement issues that may arise when evacuation is necessary.

For more information about evacuation considerations, see [Module Six: Evacuation](#).

³⁵ American Red Cross. *Survival Kit Supplies*. Retrieved December 3, 2018 from <https://www.redcross.org/get-help/how-to-prepare-for-emergencies/survival-kit-supplies.html>

³⁶ National Fire Protection Association. (2016). *Personal Emergency Evacuation Planning Checklist*. Retrieved August 28, 2018 from <https://www.nfpa.org/-/media/Files/Forms-and-premiums/chklist.ashx?la=en>

Sheltering in Place

In certain emergency situations, evacuation is not required. In these instances, it is important that older adults and people with disabilities have the ability to safely shelter in place and maintain their health until the emergency passes. Important considerations for successfully sheltering in place include having a well-stocked emergency kit, access to electricity for individuals who rely on power-dependent durable medical equipment or assistive technology, and the ability to communicate with family, friends, or the aging and disability network, if assistance is needed. People sheltering in place should also consider their needs in case of extended power outages. A back-up emergency plan for access to power should be encouraged if a person is dependent on power-dependent durable medical equipment or assistive technology.

Safety Checks for Those Sheltering in Place

Organizations engaged in conducting safety checks on consumers will find this service especially valuable for individuals who shelter in place. Organizations not currently offering this service should consider assessing their capacity for adding safety checks or identifying a partner that can provide this service. For example, many communities have the [Medical Reserve Corps](#) (MRC), a national network of volunteers, organized locally to improve the health and safety of their communities. Many local MRC units participate in emergency response and may be available to partner with CBOs to conduct safety checks of consumers following an emergency.³⁷

Social media is an invaluable tool in determining the status of individuals affected by emergencies. [Facebook's Safety Check](#) program is a good example. When an incident such as an earthquake, hurricane, mass shooting, or building collapse occurs where people might be in danger, a global crisis reporting agency alerts Facebook.³⁸ If a number of people are posting about the incident, Safety Check will be activated and people in the area may receive a notification from Facebook with the option to mark themselves safe. People who click the Safety Check notification will also be able to see if any of their friends and family are in the affected area or have marked themselves safe. Facebook provides instructions "[How do I mark myself safe or ask if someone else safe during a disaster?](#)" for using the Safety Check tool.³⁹

Similarly, the American Red Cross has an online [Safe and Well](#) reporting tool for communicating in emergencies to check the well-being of individuals who register to the site.⁴⁰ The Safe and Well website allows individuals to register themselves as safe and well. Consumers, their caregivers, family, and friends can search the site of those who register themselves as safe and well by clicking on the "Search Registrants" button. The results of a successful search will display a person's first name, last name, and a brief message.

³⁷ Medical Reserve Corps. (n.d.) Retrieved December 3, 2018 from <https://mrc.hhs.gov/HomePage>

³⁸ Facebook. (n.d.) *Crisis Response*. Retrieved December 3, 2018 from <https://www.facebook.com/about/crisisresponse/>

³⁹ Facebook. *How do I mark myself safe or ask if someone else is safe during a disaster*. Retrieved August 28, 2018 from https://www.facebook.com/help/516656825135759?helpref=faq_content

⁴⁰ American Red Cross. *Safe and Well*. Retrieved August, 28, 2018 from <https://safeandwell.communityos.org/cms/index.php>

Safety checks that are either initiated by aging and disability networks, run in coordination with partners, or managed using social media tools to confirm the status of consumers following an emergency can be of great value to the emergency response community whose limited resources can be focused on locating individuals with access and functional needs whose status is unknown.

After Superstorm Sandy, a Post-Disaster Canvassing Operations (PECO) plan was designed to rapidly survey households after the natural disaster to assess and identify the critical needs of people with disabilities. During the operation, canvassers went door-to-door with a mobile survey tool to input resource requests and refer those requests to appropriate partners for resolution. For more information about PECO and door-to-door Canvassing, see [Utilizing Strategic and Operational Methods for Whole-Community Disaster Planning](#).

Medication Planning

Organizations and their staff can help consumers use the Healthcare Ready [Rx on the Run](#) to create a personalized “wallet card” that contains all of their medications and contact information for doctors, pharmacists, and other critical providers.⁴¹ This free online tool uses the information entered to generate a wallet-size print-out. A copy may also be kept with the consumers’ emergency plans/kits. Organizations can also familiarize consumers, their caregivers, and family member with the [Rx Open](#) tool offered by Healthcare Ready, which helps patients find nearby open pharmacies in areas impacted by an emergency.⁴²

In the event of a disaster, you can 1) help consumers refill prescriptions if covered under an 1135 waiver, if assistance is needed, or 2) helping consumers connect with providers to get prescriptions refilled.

⁴¹ Healthcare Ready. Rx on the run. Retrieved August 28, 2018 from <https://www.healthcareready.org/rx-on-the-run>

⁴² Healthcare Ready. *What is rx open?* Retrieved August 28, 2018 from <https://www.healthcareready.org/rxopen/faq>



ADDRESSING EMERGENCY HOUSING FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES

CBOs may consider partnering with, or bringing to the emergency planning table, local housing agencies to receive assistance in developing emergency plans to address the access and functional needs of residents who are older adults and people with disabilities. Partnering with affordable housing organizations and public housing agencies can help to maximize CBO capacity to address the emergency planning needs of consumers residing in multi-unit/apartments housing. When developing your partnerships, educate housing agencies on the services your organization provides to consumers during an emergency and ask them to partner in emergency planning as appropriate, such as conducting safety checks of consumers following an event. You may also want to share resources that can assist housing agencies in their emergency planning, such as the [Ready to Respond: Disaster Staffing Toolkit](#)⁴³ and the [Ready to Respond: Tabletop Facilitator Guide](#).⁴⁴

One recommendation for partnering with local housing agencies is appointing evacuation wardens to assist with the safe evacuation of residents during a disaster. Evacuation wardens can also conduct sweeps of the building to make sure everyone is out and accounted for in an event. If this program is implemented, it is important for consumers, their caregivers, and family members to know who the evacuation wardens are and understand their responsibilities.

⁴³ Enterprise. *Ready to Respond Disaster Staffing Toolkit. Emergency Preparedness Coordinator User Guide*. Retrieved August 28, 2018 from <https://www.enterprisecommunity.org/resources/ready-respond-toolkit-user-guide-13278>

⁴⁴ Enterprise. *Ready to Respond Disaster Staffing Toolkit. Tabletop Facilitator Guide*. Retrieved August 28, 2018 from <https://www.enterprisecommunity.org/resources/ready-respond-toolkit-tabletop-facilitator-guide-13281>



Module Four: Tools and Resources

Referenced in Module:

[American Community Survey: When to Use 1-year, 3-year, or 5-year Estimates \(U.S. Census Bureau\)](#) – Guidance to help choose the correct dataset, regarding 1-year, 3-year, or 5-year estimates

[At-Risk Populations eTool: To Define, Locate, and Reach Special, Vulnerable, and At-Risk Populations in an Emergency \(CDC\)](#) – A companion to the At-Risk Populations Workbook (CDC) to help develop a Community Outreach Information Network (COIN) to reach at-risk populations in an emergency. Contains additional resources to help develop your COIN plan

[Build a Kit \(DHS\)](#) – Guidance for building and maintaining a disaster kit

[Enhancing Public Health Emergency Preparedness for Special Needs Populations \(RAND\)](#) – A toolkit that includes the most relevant strategies, practices, and resources from a range of sources (e.g., peer-reviewed research and government reports) to identify “priority populations” and strategies for addressing their public health emergency needs

[Facebook Safety Check \(Facebook\)](#) – Instructions on marking oneself safe or asking if someone is safe during a disaster

[HHS emPOWER Map \(HHS\)](#) – A mapping tool that can help hospitals, first responders, electric companies, and community members locate Medicare beneficiaries who rely upon electricity-dependent medical and assistive equipment

[HIPAA Privacy Rule: Disclosures for Emergency Preparedness - A Decision Tool \(HHS\)](#) – This guidance can help users in determining how HIPAA applies to the information in question. Users can go to the question that relates most closely to their inquiry and follow the flow of information to locate a response

[How Disability Data are Collected from the American Community Survey \(U.S. Census\)](#) – Information about the history of the American Community Survey and about the current American Community Survey

[Kentucky Outreach and Information Network \(KOIN\) \(Kentucky Department of Public Health\)](#) – The Kentucky Department of Health uses a COIN approach to communicate with individuals with access and functional needs

[National States Geographic Information Council](#) – An organization that encourages the development and management of GIS resources and capabilities for the nation

[Pasco County Community Outreach Information Network \(COIN\) \(Florida Health\)](#) – Pasco County uses a COIN approach to reaching individuals with access and functional needs

[Personal Emergency Evacuation Planning Checklist \(National Fire Protection Association\)](#) – A checklist to assist developing an individualized evacuation plan for people with disabilities

[Ready.gov for Older Adults \(DHS\)](#) – Guidance and resources on emergency preparedness planning for older adults

[Ready.gov for Individuals with Disabilities \(DHS\)](#) – Guidance and resources on emergency preparedness planning for people with disabilities

[Rx Open \(Healthcare Ready\)](#) – A website that can help the general public and emergency management teams locate operating pharmacies in areas affected by natural disasters or public health emergencies

[Safe and Well Reporting Tool \(American Red Cross\)](#) – A safety check tool for individuals to mark themselves “safe and well” after a disaster

[Understanding and Using American Community Survey Data: What All Data Users Need to Know \(U.S. Census Bureau\)](#) – A handbook that provides an overview of the American Community Survey, including how the data can be used and understanding the basics of the survey

[U.S. Census Bureau’s American Community Survey \(ACS\) Data \(U.S. Census Bureau\)](#) – A tool that provides a range of demographic data, such as populations over 60 years of age and disability (including hearing, vision, cognitive, ambulatory, self-care, and independent living difficulties)

[Utilizing Strategic and Operational Methods for Whole Community Disaster Planning \(Franks, S. & Seaton, E.\)](#) – An analysis of the strategic and operational methods used while planning for the whole community, including reference to the Post-Disaster Canvassing Plan

Additional Resources and Tools:

[Creating Emergency Kits and Plans with People with Disabilities \(New Hampshire Disability and Public Health Project\)](#) – This handbook provides information to assist individuals who work with people with disabilities to develop emergency preparedness kits and plans, and learn how to use the CMIST Personal Planning Tool

[Disaster Preparedness: For Seniors By Seniors \(American Red Cross\)](#) – A document that provides essential preparedness information for seniors and potentially those in home care situation regarding making a plan, getting a kit, and being informed during an emergency

[HIPAA Privacy Rule: Disclosures for Emergency Preparedness - A Decision Tool \(HHS\)](#) – Guidance that can help determine how HIPAA applies to the information in question

[Home Use Devices: How to Prepare for and Handle Power Outages for Medical Devices that Require Electricity \(FDA\)](#) – This booklet can help those who use electrically-powered medical devices plan for and respond to power outages

[Preparing Makes Sense for Older Americans \(FEMA\)](#) – Informational video on how older adults can prepare for disasters



Module Five: Effective Messaging for Older Adults and People with Disabilities

In prior modules, we emphasize the importance of communication with community partners, but it is also important to ensure effective, bi-directional communication with consumers. Having access to accurate, timely, and relevant emergency information is essential for community members to take the actions needed to protect themselves in an event. Using the CMIST Framework, aging and disability networks should collaborate with consumers and local emergency planners to ensure effective and accessible communication; ensuring that emergency messaging is received and understood requires providing information in multiple modes and formats including visual, written, and audio.

According to the National Assessment of Adult Literacy:

- 71% of adults older than age 60 had difficulty in using print materials
- 80% had difficulty using documents such as forms or charts
- 68% had difficulty with interpreting numbers and doing calculations ⁴⁵

⁴⁵ Centers for Disease Control and Prevention. (2016). *Older Adults*. Retrieved September 18, 2018 from <https://www.cdc.gov/healthliteracy/developmaterials/audiences/olderadults/index.html>.

For more information about accessibility requirements for emergency information, see the Federal Communications Commission's [Consumer Guide on Accessibility to Emergency Information on Television](#) and the [Twenty-First Century Communications and Video Accessibility Act of 2010](#).



According to a 2014 National Council on Disability (NCD) report on the impacts of Hurricanes Katrina and Rita, many individuals were unable to obtain pertinent safety information, because messaging was not compliant with federal laws that require communications to be accessible to people with disabilities.^{46,47} For example, people with hearing disabilities could not receive information on evacuation instructions or emergency shelter locations, because information broadcast on television did not include closed captioning or sign language interpretations, leaving many unaware of the scope or nature of the hurricanes.

The National Council on Disability describes that getting community members to act on emergency information, including emergency alerts and warnings, is not just a matter of promoting that information, but rather involves several steps:

- **Hear the Warning** – Individuals must receive and understand messaging before they are able to respond. Individuals may experience challenges if their communication needs are unmet.
- **Understand the Warning** – Different people might have different understandings of what the warning means. Understanding depends on previous experience and knowledge of the hazard, and if personal understanding is insufficient or inaccurate, individuals may opt to not follow instructions in an emergency message.
- **Develop Belief in the Risk** – Trust can depend on who issues the communication, how the message is delivered, and social effects; in other words, whether other people trust the message. People must have an established trust in the disseminator of the alert or warning.
- **Personalize the Risk** – People must believe that an alert was meant for them before they will respond. To verify alerts and warnings, people must have access to their most trusted sources of information.
- **Decide on a Course of Action** – Personal factors influence individual response, e.g., social ties, pre-warning perceptions, and external factors, including information source and method of dissemination. Effective and accessible communication during normal times is more likely to be effective during an emergency.⁴⁸

⁴⁶ National Council on Disability. (2006). *The Impact of Hurricanes Katrina and Rita on People with Disabilities: A Look Back and Remaining Challenges*. Retrieved September 18, 2018. https://www.ncd.gov/rawmedia_repository/e89f084e_e132_496c_a5b8_56351dfb3f10.pdf

⁴⁷ Section 508 of the Rehabilitation Act of 1973 protects people with disabilities from discrimination in all programs receiving funds from the federal government including providing effective communication to people who have hearing or vision disabilities through accommodations that may include providing language access services to provide meaningful access and auxiliary aids and services to ensure effective communication.

⁴⁸ National Council on Disability. (2014). *Effective Communications for People with Disabilities: Before, During, and After Emergencies*. Retrieved September 20, 2018 from <https://www.ncd.gov/publications/2014/05272014>.



This illustrates the importance of collaboration among aging and disability networks, emergency management officials, and public health planners to prioritize developing and implementing accessible and effective messaging that better equips and mobilizes older adults and people with disabilities to protect themselves in an emergency.

Section 1: Communication and Messaging Considerations

The CMIST Framework is a useful resource in identifying communication needs. People with access and functional needs may experience challenges in receiving information they can understand due to hearing, vision, speech, and cognitive limitations; intellectual disabilities; or limited English proficiency. People with communication access and functional needs may not be able to hear verbal announcements, see or read scrolling text and directional signs, or may have challenges understanding how to protect themselves or get assistance.⁴⁹

Your organization should work with local emergency planners to develop accessible and effective emergency messaging. Older adults and people with disabilities should be directly engaged to provide feedback when developing messages and materials. Their experiences and challenges in previous emergencies can serve as a good starting point to improve communications in future emergency response activities. ESF #15 (External Affairs) is responsible for providing accurate, coordinated, timely, and accessible information to audiences affected by a disaster, including governments, media, private sector, and the local people, including people with access and functional needs. Identify the primary agency for ESF #15 in your jurisdiction and collaborate with them to ensure that emergency information, including emergency alerts and warnings, is accessible to older adults and people with disabilities.

The National Council on Disability describes several planning considerations for increasing communications accessibility for people with specific disabilities. These planning considerations may vary in applicability based on the individual needs and capabilities of the consumer.

⁴⁹ The Partnership for Inclusive Disaster Strategies. *Defining functional needs – updating CMST by June Isaacson Kailes Disability Policy Consultant*. Retrieved August 28, 2018 from <http://www.disasterstrategies.org/index.php/blog/june-isaacson-kailes/defining-functional-needs-updating-cmist-june-isaacson-kailes-disability-policy-consultant>



Table 3 - Communication Accessibility Considerations and Solutions

Group	Considerations	Solutions
Deaf or Hard of Hearing	May have limited access to emergency communication through television.	Use closed captions Use weather crawls that do not block captions Incorporate ASL into messaging Onscreen during emergency communications Unblocked by captioning Provide personal warnings May use systems like Reverse 911 or Wireless Emergency Alerts
Blind or Low Vision	Individuals may have limited access to information presented through graphics and crawling text. TV alerts without auditory warnings may be inaccessible. Websites should accommodate screen readers. Use auditory aids to communicate weather maps. Alerts and warnings should be auditory and a tone must precede comprehensive emergency information. Captioning-only or weather crawls may be missed by this group.	Use auditory alerts Print information Large print Braille Raised-print signs Include description of key visual information Ensure information is formatted for text-to-speech tools
Deaf-blind	Universal symbol for an emergency for people in this group is an "X" drawn on individual's back. Communication methods can include sign language near the face or in the palm and words written in the palm. Route emergency information through tactile devices to alert people who are blind or deaf (e.g., vibrating pagers).	Provide personal warnings Tactile Devices Bed shakers Vibrating pagers Pager messages can be forwarded to rewritable Braille machine
Mobility	May be able to receive and understand emergency communications, but may have challenges implementing recommendations. Emergency messaging often defaults to people who are able to walk, run, drive, etc. Ensure information is accessible for consumers; e.g., signage at an appropriate height for wheelchair users)	Provide information pertinent to their needs Preparedness planning Note evacuation routes in advance Provide wall notices or plaques

Group	Considerations	Solutions
Intellectual and Developmental	May have challenges understanding or processing emergency messages. May have varying ability to understand alerts or warnings. May rely on a caregiver to receive or relay information.	Ensure communications are: - Clear - Plain language - Repeat directions at least three times - Delivered at elementary school reading comprehension level - Use graphics or picture boards. Provide instructions for caregivers
Psychiatric	May have difficulty comprehending messaging and instructions. Recommended that people with psychiatric disabilities prepare for disasters by practicing communicating their needs and keeping treatment instructions on-hand (e.g., "If I panic, please give me one green pill [name of medication] located in my [pocket, purse]).	Ensure communications and instructions are: - Clear - Jargon-free - Plain language - Use graphics Individuals should practice communicating needs Keep instructions for treatment on hand
Limited English Proficiency (LEP)	Individuals are at a disadvantage when emergency alerts and warnings are transmitted only in English. Emergency planners are legally bound to ensure people with disabilities are not at risk due to lack of communication.	Use simple language with pictures in emergency warnings and alerts Ensure language is translated and culturally understood - Onsite interpreters - Previously translated information

Adapted from *Effective Communications for People with Disabilities: Before, During, and After Emergencies* by the National Council on Disability.
Retrieved September 20, 2018 from <https://www.ncd.gov/publications/2014/05272014>.



Many adults experience cognitive, visual, and auditory changes with age. Changes in cognition include reduced processing speed, greater tendency to be distracted, and a reduced capacity to process and remember new information. Approximately two-thirds of adults with vision problems are older than 65. Hearing loss affects 1 in 3 people over 60 and half of those older than 85.⁵⁰ Older adults are also more likely than others in the community to be socially isolated.⁵¹

The planning considerations and solutions listed in Table 3 will help you develop messaging for older adults and people with disabilities with auditory, visual, mobility, and cognitive disabilities. Consider the following recommendations when developing effective health communications:

- **Make it empowering:** Consumers want control of their health. Frame your messages so older adults and people with disabilities feel confident they can use the information in a way that will have an impact on their lives.
- **Make it from a trusted source:** Consumers are more likely to take action when the health message is from a trusted source. Using survey research findings and asking leaders of organizations that serve older adults can help you determine which sources are credible with the consumers you are targeting.⁵²
- **Make it self-directed:** Consumers like to learn new health information through a variety of methods. While some consumers may prefer to receive information through spoken or printed words, others may be visual learners and some, a combination of both. Use different approaches to present your information, including pamphlets, brochures, videos, and audiotapes.
- **Make it solution-oriented:** Many consumers prefer quick and clear solutions to their health issues. Provide short, concise health messages that detail the specific actions consumers must take to achieve the desired health goal.⁵³

HHS offers resources for designing accessible websites and digital tools.

Office of Disease Prevention and Health Promotion's [Health Literacy Online: A Guide for Simplifying the User Experience](#)

Office of the Assistant Secretary for Public Affairs' [Usability.gov](#)

Through ongoing work with consumers, continue to learn from and advocate on behalf of older adults and people with disabilities to ensure they have accessible and effective communication to address their access and functional needs in emergencies.

For more tips on interacting with older adults and people with disabilities, view the following resources:

- Santa Clara Family Health Plan's [Communicate with Seniors and People with Disabilities](#)
- National League for Nursing's [Communicating with People with Disabilities](#)

⁵⁰ Centers for Disease Control and Prevention. (2016). *Challenges Developing Material to Match Health Literacy Skills*. Retrieved September 18, 2018 from <https://www.cdc.gov/healthliteracy/developmaterials/audiences/olderadults/understanding-challenges.html>

⁵¹ Shih, R., Acosta, J., Chen, E., Carbone, E., Xenakis, L., Adamson, D., et al. (2018). Improving Disaster Resilience Among Older Adults. *Rand Health Quarterly*. Retrieved September 18, 2018 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6075802/>.

⁵² National Institutes of Health. (n.d.) *Health Information National Trends Survey*. Retrieved September 20, 2018 from <https://hints.cancer.gov/>.

⁵³ Centers for Disease Control and Prevention. (2016). *How Older Adults Make Health Decisions*. Retrieved September 18, 2018 from <https://www.cdc.gov/healthliteracy/developmaterials/audiences/olderadults/understanding-decisions.html>

Section 2: Understanding and Communicating with your Community

The communication considerations described in the previous section are helpful in developing inclusive messaging. However, your organization should understand the specific cultural and linguistic characteristics of consumers. CBOs may already know this information through delivery of steady-state programs and services to consumers; if not, conduct an assessment to better understand the cultural and linguistic characteristics of consumers. In the [*Public Health Workbook: To Define, Locate, and Reach Special, Vulnerable, and At-risk Populations in an Emergency*](#), the CDC suggests conducting focus groups or community roundtables to help understand the barriers and specific communication needs of consumers. From the assessment, “you may learn that some cultural groups are less trustful of official government messages than the population as a whole, and that they desire communication materials that are culturally relevant to their group.”⁵⁴ Findings from this assessment will inform regular communication efforts and messaging during an emergency. Including consumers in message development and communication strategies not only helps to ensure their access and functional needs will be addressed, but that trust in emergency communications are maximized.⁵⁵

Increasing trust among older adults and people with disabilities in emergency communication and using established communications networks in non-emergency situations will improve the likelihood that consumers will heed emergency warnings. Ahead of a disaster, it is also critical to identify and build communication networks with consumers’ trusted information sources. Although your organization may serve as one trusted source, disseminating information through other trusted sources will help ensure that consumers receive and heed essential emergency information and emergency warnings. CBOs should also share how consumers can get in touch with each other during an emergency, whether it is via phone, email, or mailing address.

Suggested Topics to Discuss During Focus Groups and Community Roundtables:

- Barriers to receiving
- information based on past experiences
- Preferred methods of communication
- Key spokespersons and trusted sources for public health messages
- Media usage/habits
- Primary languages spoken
- Developing culturally competent messages

⁵⁴ Centers for Disease Control and Prevention. (2010) *Public Health Workbook: To Define, Locate, and Reach Special, Vulnerable, and At-risk Populations in an Emergency*. Retrieved September 18, 2018 from https://emergency.cdc.gov/workbook/pdf/ph_workbookfinal.pdf

⁵⁵ National Council on Disability. (2014). *Effective Communications for People with Disabilities: Before, During, and After Emergencies*. Retrieved September 20, 2018 from <https://www.ncd.gov/publications/2014/05272014>.

Section 3: Cultural and Linguistic Competency Considerations when Providing Emergency Planning and Support for Older Adults and People with Disabilities

The racial and ethnic diversity of the U.S. population is increasing, necessitating an inclusive and integrated approach to emergency planning. This approach ensures that culturally and linguistically diverse populations are not overlooked or misunderstood and receive appropriate services as needed.

The [National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care](#) (CLAS Standards), issued by the Department of Health and Human Services, Office of Minority Health (OMH), offer individuals working in the areas of emergency management, public health, and other health-related organizations a framework to develop and implement culturally and linguistically competent policies, programs, and services. [Cultural competency](#) is defined as “the ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms, and values the worth of individuals, families, tribes, and communities, and protects and preserves the dignity of each.”⁵⁶

Developing cultural and linguistic competency allows the aging and disability networks, public health officials, and emergency managers to better meet the needs of diverse populations and to improve the quality of services and health outcomes during and after an emergency. To be effective, however, cultural and linguistic competency must be included in all phases of planning for emergencies. This HHS fact sheet [Cultural and Linguistic Competency in Disaster Preparedness and Response](#) details the five key elements of cultural competency within the emergency planning framework.⁵⁷

Lessons Learned from Hurricane Sandy:

The aging and disability networks noted that disruption of telecommunications proved to be a significant obstacle during disaster response to Hurricane Sandy. Some CBOs were able to use alternate messaging systems (e.g., text messaging, social media messaging, website posts) for essential communication functions. Other CBOs conducted door-to-door visits to locate and confirm the safety of consumers who could not be reached by phone.

⁵⁶ U.S. Department of Health and Human Services. *National CLAS Standards*. Retrieved August 28, 2018 from <https://www.thinkculturalhealth.hhs.gov/clas>

⁵⁷ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. *Cultural and Linguistic Competency in Disaster Preparedness and Response Fact Sheet*. Retrieved August 28, 2018, from <https://www.phe.gov/Preparedness/planning/abc/Pages/linguistic-facts.aspx>

Using Focus Groups to Validate Messaging for Older Adults and People with Disabilities

To help ensure that emergency messaging culturally and linguistically competent, conduct focus groups or hold community roundtables to help understand the barriers and specific communication needs of older adults and people with disabilities. Aging and disability networks and their consumers are subject matter experts who can advocate for the unique communications needs of individuals with access and functional disabilities. CBOs should also engage in inclusive planning opportunities where consumers can advocate for their emergency planning needs. Lastly, organizations and consumers should seek opportunities (e.g., focus groups, community meetings) to provide feedback to emergency managers and public health officials on emergency messaging efforts and pre-test materials.

Suggested Topics to Discuss During Focus Groups and Community Roundtables:

- Barriers to receiving information based on past experiences
- Preferred methods of communication
- Key spokespersons and trusted sources for public health message or emergency management messages
- Media usage/habits
- Primary languages spoken
- Developing culturally competent messages



Module Five: Tools and Resources

Referenced in module:

[Accessibility to Emergency Information on Television \(Federal Communications Commission\)](#) – A webpage that provides helpful information about accessibility requirements for emergency information

[Communicating with People with Disabilities \(National League for Nursing\)](#) – General communication recommendations when communicating with people with disabilities, as well as specific communication recommendations

[Communicate with Seniors and People with Disabilities \(Santa Clara Family Health Plan\)](#) – Resources that provide information regarding communication limitations of older adults and people with disabilities, as well as how to communicate with older adults and people with disabilities

[Cultural and Linguistic Competency in Disaster Preparedness and Response Fact Sheet \(ASPR\)](#) – A fact sheet that provides basic information about the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care, and the five elements of cultural competency within disaster preparedness

[Effective Communications for People with Disabilities: Before, During, and After Emergencies \(National Council on Disability\)](#) – A report that identifies barriers, facilitators, and successful practices to providing effective emergency-related communications for people with disabilities

[Health Literacy: Older Adults \(CDC\)](#) – Resources to help develop and test clear and concise messages for older adults

[Health Literacy Online: A Guide for Simplifying the User Experience \(Office of Disease Prevention and Health Promotion\)](#) – A guide to help design digital health information (e.g., websites) for individuals who do not have strong literacy or health literacy skills

[The Impact of Hurricanes Katrina and Rita on People with Disabilities: A Look Back and Remaining Challenges \(National Council on Disability\)](#) – A report that highlights how people with disabilities were disproportionately affected by Hurricanes Katrina and Rita in order to promote for more inclusive planning



[National CLAS Standards \(HHS\)](#) – Additional resources for culturally and linguistically appropriate services
[Public Health Workbook: To Define, Locate, and Reach Special, Vulnerable, and At-Risk Populations in an Emergency \(CDC\)](#) – A document that describes a process that will help planners to define, locate, and reach at-risk populations in an emergency

[Twenty-First Century Communications and Video Accessibility Act \(Federal Communications Commission\)](#) – A summary of the Twenty-First Century Communications and Video Accessibility Act and additional resources

[Usability.gov \(Office of the Assistant Secretary for Public Affairs\)](#) – Best practices and guidelines to produce digital content that is usable for individuals

Additional Resources and Tools:

[Analysis of Risk Communication Strategies and Approaches with At-Risk Populations to Enhance Emergency Preparedness, Response, and Recovery \(RAND\)](#) – An assessment that is intended to inform planning for communication regarding public health emergency preparedness, response, and recovery for individuals with access and functional needs

[Communication Planning Tips \(ACL\)](#) – A collection of resources and information regarding general communication principles, health literacy, plain language, and website design and new media for the Aging and Disability Networks

[National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care \(HHS\)](#) – A fact sheet that provides an overview of the National CLAS Standards, which are intended to advance health equity, improve quality, and help eliminate health care disparities

[Reaching Vulnerable Populations with Critical Health and Medical Information: Media Formats and Mediums \(Florida Health\)](#) – A guide that provides information on how to shape messages, preferred modes of delivery, and recommended medium for individuals with access and functional needs

[Show Me Communication Tools \(Massachusetts Department of Public Health\)](#) – A collection of tools to enhance communication for individuals with communication needs (e.g., deaf or hard-of-hearing, cognitive impairment, individuals with LEP) during a disaster

[Tips and Tools for Reaching Limited English Proficient Communities in Emergency Preparedness, Response, and Recovery \(Department of Justice\)](#) – A collection of suggestions and promising practices to address language access considerations in disaster planning



Module Six: Evacuation

Emergency evacuations prior to and during an event can present some of the most difficult situations for older adults and people with disabilities. Challenges may arise in terms of effectively communicating mandatory evacuation orders, locations, and durations as well as addressing consumers' refusals to evacuate for a variety of reasons. This module describes evacuation planning considerations and working with emergency management partners.

Section 1: What Your Organization Can Do to Assist with Emergency Evacuation Planning and Execution

Promote comprehensive evacuation planning – CBOs should discuss evacuation plans and potential barriers to evacuation with consumers ahead of time. As with all emergency planning, consumers should receive accessible and effective communication in the event they are required to evacuate. It is important that consumers plan for and comply with an evacuation. While compliance with evacuation is a personal responsibility, individual assistance is not always guaranteed. The safety of community members and first responders is often the primary consideration in an evacuation.

As emergencies are often unpredictable, in working with older adults and people with disabilities to plan for evacuations, CBOs should consider assisting consumers in developing alternate options for various requirements including locations, resources, support, and transportation. Depending on type of the disaster, evacuations may be announced days or hours in advance. They may also be mandated with little to no notice and last for hours, days, or weeks. People cannot be physically forced to follow a mandatory evacuation order, but individuals who decide they will not evacuate should be aware that assistance may not be immediately available after the emergency. People should heed evacuation orders for their safety, but there may be other issues that affect a person's decision or ability to evacuate, such as fear of leaving a pet and inability to pay for gas or access a vehicle.



Use checklists and other planning tools to help consumers determine what information, supplies, documentation, transportation options, durable medical equipment, or assistive devices they will need in an evacuation. Evacuation plans should consider how to manage day-to-day life if displaced for an unknown period of time. In developing evacuation plans, CBOs can work with consumers to answer the following questions from the “Four Elements of Evacuation Information that People Need” from the [Emergency Evacuation Guide for People with Disabilities](#) developed by the National Fire Protection Association:⁵⁸

Notification: What is the emergency? Way finding: Where is the way out?

Use of the way: Can I get myself out or do I need help?

- Self
- Self with device or service animal
- Self with assistance

Assistance: What kind of assistance might I need?

- Who
- What
- When
- Where
- How

While the use of evacuation-specific resources sets the foundation for planning, adapting other resources can be a useful for assessing consumers’ evacuation needs. For example, the Seniors Without Families Triage (SWiFT) tool was developed when Hurricane Katrina victims relocated to Houston. SWiFT was created to assess “issues of cognition, medical and social service needs, and the ability to perform activities of daily living [for elders and other vulnerable adults who were perceived to be alone or without a caregiver].”⁵⁹ While developed for post-emergency assessment, the tool can help your organization assess evacuation planning for individual consumers and inform community-level planning.

⁵⁸ National Fire Protection Agency. (2016) *Emergency Evacuation Planning Guide for People with Disabilities*. Retrieved August 28, 2018 from <https://www.nfpa.org/-/media/Files/Public-Education/By-topic/Disabilities/EvacuationGuidePDF.ashx?la=en>

⁵⁹ Baylor College of Medicine and the American Medical Association. (n.d.) *Recommendations for Best Practices in the Management of Elderly Disaster Victims*. <https://www.bcm.edu/pdf/bestpractices.pdf>

Table 4 - SwiFT Screening Tool

SWiFT Level	Explanation	Preparatory Steps
1	Cannot perform at least one basic ADL (activities of daily living: eating, bathing, dressing, toileting, walking, continence) without assistance	Evacuate early rather than late, depending on the circumstance. If possible, keep with family member, companion, or caregiver. Receives assistance in gathering all assistive devices, including eyeglasses, walkers, hearing aids, list of medications, names of doctor(s), family contact telephone numbers, and important papers, so they are accessible.
2	Trouble with instrumental activities of daily living (i.e. finances, benefits management, assessing resources)	Gather, with assistance if necessary, all assistive devices, including eyeglasses, walkers, hearing aids, list of medicines, names of doctor(s), family contact telephone numbers, and important papers so they are accessible.
3	Minimal assistance with ADL and instrumental activities of daily living	Advise individuals to have all assistive devices, including walkers, eyeglasses, hearing aids, list of medicines, names of doctor(s), family contact telephone numbers, and important papers together and accessible.

For more templates and resources that can assist consumers in evacuation planning, see [Module Four: Section 3, Provide Preparedness Planning Education and Support to Existing Consumers and Newly Identified Older Adults and People with Disabilities](#) and the resources box at end of this module.



Spotlight On: Pets and Refusal to Evacuate

Many individuals delay or refuse to evacuate due to concerns for their pets and/or service animals. This refusal puts individuals in danger and can have serious consequences. To address these concerns, the Pets Evacuation and Transportation Standards (PETS) Act was established to ensure state and local disaster plans “take into account the needs of individuals with household pets and service animals, prior to, during, and following a major disaster or emergency” ([Pets Evacuation and Transportation Standards Act of 2006](#)). Many people with disabilities use a service animal to perform important tasks such as providing stability while walking or detecting the onset of a seizure. It is important to advise consumers to include their pets and service animals in their evacuation planning and go-kit development. This includes confirming shelter policies, documentation, and food and supplies their pet or service animals will need during a disaster. Service animals are distinct from pets in that housing programs administered by state and local governments and by places of public accommodation are required by the Americans with Disabilities Act to accommodate service animals. Encourage consumers to learn more on [planning for pets during a disaster](#).

A. Understanding Transportation Coordination during an Evacuation

Transportation is one of the most challenging aspects associated with evacuation. As referenced in the CMIST Framework in Module One, transportation barriers for individuals may include those who lack access to personal transportation or are unable to drive. In order to advocate for and educate consumers on personal evacuation planning, it is important to understand the coordination of evacuation transportation within the context of the National Disaster Response Framework.

ESF# 1 – Transportation provides aid in the execution of evacuations conducted by the local community. Typically coordinated by the local or state department of transportation, ESF# 1 manages transportation systems and infrastructure during a response by:

- Monitoring damages to transportation systems and infrastructure;
- Identifying temporary alternate transportation solutions that can be implemented; and
- Coordinating the restoration and recovery of transportation systems and infrastructure.⁶⁰

Efforts to provide evacuation transportation assistance to older adults and people with disabilities who cannot self-evacuate may require additional partners, such as ESF #6 (Mass Care, Emergency Assistance, Housing, and Human Services), ESF #8 (Public Health and Medical Services), and ESF #13 (Public Safety and Security) to ensure support to address the transportation access and functional needs of older adults and people with disabilities. Emergency management partners that lead evacuations are focused on getting the largest number of people out of the impacted zone in the most efficient, safest, and quickest ways possible. If transportation is provided to the general population, emergency planners should ensure that transportation services are accessible to all community members.

(Note: In the event of a Mass Evacuation, the National Response Framework includes a [Mass Evacuation Annex](#). Some states may develop their own mass evacuation plans. Review the National Annex for an understanding of how multiple ESFs work together to respond to a large regional or national disaster).⁶¹

⁶⁰ Federal Emergency Management Agency. (2008) *Emergency Support Function 1: Transportation*. Retrieved August 28, 2018, from <https://www.fema.gov/pdf/emergency/nrf/nrf-esf-01.pdf>

⁶¹ Federal Emergency Management Agency. (2008). *Mass Evacuation Incident Annex*. Retrieved August 28, 2018, from <https://www.fema.gov/media-library/assets/documents/25548>



As part of evacuation planning and execution, local or state emergency management agencies may enter into contracts, MOUs, or MOAs with an emergency transportation evacuation vendor (e.g. [Worksheet 4.2](#)). Potential sources of traditional and non-traditional transportation assistance may include:

- a. Local paratransit companies
- b. Local parks and recreation departments
- c. Trucking companies
- d. State motor transport association
- e. State Medicaid transportation providers
- f. Coach bus companies
- g. Ride/share services
- h. Local school districts or private schools
- i. Ambulance services

When an emergency occurs, transportation resources that you or consumers typically use may not be readily available; routine transportation services may be suspended when emergency management requires local transportation resources to coordinate emergency evacuation activities. Transportation and transit agencies play a supporting role, with local emergency managers having the primary responsibility for managing and coordinating the incident response.⁶² Comprehensive local emergency response plans will address operational coordination between transportation and emergency management during an emergency. It is important for CBOs to understand local evacuation transportation plans and anticipate potential limitations in transportation services, including paratransit and other accessible transportation resources. Familiarity with local emergency plans, including use of transportation resources in evacuation, will be beneficial in addressing the transportation access and functional needs of consumers and advocating for appropriate resources for older adults and people with disabilities during emergency planning.

⁶² Transportation Research Board of the National Academies. (2008). The Role of Transit in Emergency Evacuation. Retrieved September 19, 2018 from <http://www.dot.ca.gov/drrmt/docs/transsafety/roleemergencyevac.pdf>

In the event your organization does have existing transportation contracts or agreements to provide steady-state services, additional or supplemental agreements may be needed if transportation services are required during an emergency. When meeting with your transportation partners to review evacuation operations ahead of a disaster, consider the following:

1. Will the provider be available in an emergency evacuation for transportation services?
2. Do existing agreements cover service delivery during emergencies, or are additional clauses or agreements needed?
3. Will the transportation entity be contracted to provide evacuation transportation services to any other organizations, including state or local governments or emergency management agencies? If yes, additional questions to consider include:
 - a. How many?
 - b. Does the organization have the capabilities and resources to provide service to all contracted parties?
 - c. If not, how will they prioritize who will receive services?
4. Do you need to take additional billing or reimbursement terms into consideration?

Meet with the appropriate emergency evacuation planning and emergency management officials to determine if these agreements are: 1) in place; and 2) meet the needs of consumers. Review contracts or agreements to ensure that transportation service providers or vendors are not contracted to provide similar services to multiple organizations that would exceed their capabilities and resources, which could prevent your organization and consumers from receiving expected transportation assistance during an evacuation.

B. Request to be included in state and local evacuation plan development, training, and exercises

As you continue to learn about evacuation planning and operations, it is important to request inclusion in local and state evacuation plan development, training, and exercises. As subject matter experts, CBOs and consumers can provide invaluable information to emergency management, public health officials, and others on the evacuation needs of older adults and people with disabilities. For example, you could educate and advocate for appropriate evacuation messaging and routes; evacuation pick-up points that are widely known and accessed by consumers; and the need for accessible and accommodating vehicles and evacuation shelters that include space for personal caregivers, equipment, pets, and service animals. Community emergency plans should reflect this information; furthermore, as these plans are required to be written and exercised, request that your organization and consumers be given the opportunity to offer feedback by reviewing plans, participating in exercises, or acting as observers to provide post-exercise feedback.

Spotlight On: Evacuation Considerations for Older Adults and People with Disabilities Who Rely on Electricity-Dependent Durable Medical Equipment

When educating local evacuation officials, including emergency management and public health planners, it is critical to include requirements for addressing the evacuation needs of older adults and people with disabilities who rely on electricity-dependent durable medical equipment and assistive technology.

Your organization may have access to aggregate data or anecdotal evidence to identify the evacuation needs of electricity-dependent older adults and people with disabilities. As you conduct emergency planning, bring these considerations to the attention of emergency management and public health planners, as well as healthcare system partners. This could include promoting the need for evacuation locations with a reliable power supply and backup power.

Stress the importance of personal emergency planning to consumers, such as planning to include batteries, power cords, chargers, prescriptions, and other essential supplies in emergency and go-kits.

For more information on addressing the access and functional needs of individuals with electricity-dependent durable medical equipment, see the [Durable Medical Equipment in Disasters Fact Sheet](#).

Evacuations may be difficult for older adults and people with disabilities. Proper planning and education will assist consumers, their caregivers, family members, and the aging and disability networks in understanding planning considerations that emergency management partners must take into account to ensure evacuations occur in the safest, quickest, and most efficient ways possible.



Module Six: Tools and Resources

Referenced in module:

[Durable Medical Equipment in Disasters \(ASPR TRACIE\)](#) – A fact sheet that provides information on general durable medical equipment (DME) categories and focuses on electricity-dependent DME that may be affected by disasters and emergencies, including power failures

[Emergency Evacuation Planning Guide for People with Disabilities \(National Fire Protection Agency\)](#) – A guide that focuses on building evacuation plans for people with disabilities

[Mass Evacuation Incident Annex \(FEMA\)](#) – An annex to the National Response Framework, and provides an overview of mass evacuation functions, agency roles and responsibilities, and guidelines during a coordinated federal response

[Pets and Animals \(DHS\)](#) – Planning considerations for pets and animals for disasters

[Recommendations for Best Practices in the Management of Elderly Disaster Victims \(Baylor College of Medicine, The American Medical Association\)](#) – A report that includes the development and use of the SWIFT Screening Tool

[Tips for First Responders \(New Mexico Department of Health and Human Services\)](#) – Tip sheets for first responders who need quick guidance on how to work with people with a variety of physical and cognitive disabilities in emergency situations

Additional Resources and Tools:

[Community Memorandum of Understanding \(Home Care Association of New York State\)](#) – A memorandum of understanding (MOU) template between two organizations that can be used to develop MOUs

[Home Care Emergency Preparedness: A Handbook to Assist Home Care Providers in Emergency Preparedness Planning \(Home Care Association of New York State\)](#) – Guidance for home healthcare providers to develop their emergency operations plans

[Memorandum of Agreement for Emergency Transportation Services \(California Office of Emergency Services\)](#) – A template to help develop a memorandum of agreement for transportation services to evacuate the public, including people with access and functional needs

[Memorandum of Understanding between State of Emergency Management and Transportation Association \(Maine Motor Transport Association\)](#) – An example of an MOU between a state emergency management agency and state transportation association, which can be adopted when developing an MOU for home and community-based service organizations

[Transportation and Emergency Checklist \(DOT\)](#) – A preparedness checklist that provides guidance to transportation providers and partner organizations in planning transportation for transportation-dependent populations, including older adults and people with disabilities

Module Seven: Sheltering and Housing Needs during an Emergency

Your organization can play a vital role in helping consumers find local emergency shelters that are accessible and can address their access and functional needs. In the context of this toolkit, emergency shelters refer to the housing temporarily established by organizations in response to a natural or manmade emergency, as opposed to shelters for individuals experiencing homelessness. CBOs can also educate emergency and public health planners and first responders on federal requirements under Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973 by providing technical assistance to help shelter operators address the access and functional needs of older adults and people with disabilities prior to an emergency. Consider establishing an MOU between your organization and shelter operators to formalize the provision of this technical assistance. Finally, once the emergency is over and communities begin the recovery process, your organization can help ensure that older adults and people with disabilities return home to the most integrated, community-based setting or appropriate temporary housing.



Section 1: Accessible and Accommodating Sheltering

Efforts have been made to educate state and local emergency planners on requirements to meet the needs of people with disabilities and other access and functional needs during emergencies under Title II of the ADA, the Section 508 of the Rehabilitation, the Post-Katrina Emergency Management Reform Act, and other requirements; however, more work is needed. This is especially true in providing equal physical and programmatic access and effective communication at emergency shelters. The CMIST Framework, detailed in Module One, can be helpful in guiding the aging and disability networks in addressing equal physical and programmatic access and effective communications in emergency shelters.

Challenges faced in shelter operations during recent emergencies highlight the need for whole community planning to address access and functional needs. Examples of ongoing challenges include accepting and caring for service animals, providing personal care assistance services, and addressing discharge/transition planning for people with access and functional needs leaving emergency shelters. It is important for CBOs and consumers to understand the significant differences between an accessible shelter and an accommodating one.

“Accessibility” describes the ability of individuals to physically gain access to a shelter, while “accommodations” refer to the provision of necessary supports an individual with access and functional needs may require. For example, people with autism or sensory processing disorders might need quiet space, and people with electric-dependent medical equipment or assistive technology will need a reliable source of electricity. Additionally, people who need assistance with the activities of daily living will need personal care assistance services while in the shelter.

Aging and disability networks can work with consumers and emergency planners to ensure that shelters address the access and functional needs of older adults and people with disabilities by developing a checklist of requirements. Helpful resources include the [FEMA Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters](#),⁶³ which includes information on how to assist emergency managers and shelter planners in meeting the requirements for addressing access and functional needs in general population shelters, and the [ADA Standards for Accessible Design \(2010 Standards\)](#) that went into effect on March 15, 2012.⁶⁴ Aging and disability networks could offer to work with local emergency managers and public health planners to develop this checklist; offering to provide technical assistance for addressing access and functional needs could help foster a relationship with planners and shelter operators. Addressing information gaps regarding legal requirements in emergency planning to support individuals with access and functional needs in shelters provides an opportunity for CBOs to engage in consumer advocacy.

⁶³ Federal Emergency Management Agency (FEMA). (2010). *FEMA Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters*. Retrieved August 28, 2018, from https://www.fema.gov/media-library-data/20130726-1831-25045-7316/fnss_guidance.pdf

⁶⁴ U.S. Department of Justice. *2010 ADA Standards for Accessible Design*. Retrieved August 28, 2018 from <https://www.ada.gov/regs2010/2010ADASTandards/2010ADASTandards.htm>

UNDERSTANDING CURRENT TRENDS

Aging and disability networks should understand the shifting views towards shelter planning within the emergency planning and disability advocacy communities. In prior years, many states and NGOs operating emergency shelters established separate general population and special-needs shelters. Special-needs shelters, sometimes referred to as medical shelters or special medical needs shelters, were intended to provide support to address chronic health conditions and/or address the access and functional needs of at-risk individuals, including access to power, specialized facilities, and in some cases, higher levels of medical care that was unavailable in general population shelters. In recent years, however, the trend in shelter planning is towards whole community integration; this includes planning to support people with chronic health conditions and individuals with access and functional needs in general population shelters.⁶⁵ Given this distinction between communities that offer separate general population shelters and special needs shelters and other communities that offer the whole community approach that integrates support for access and functional needs into general population shelters, the aging and disability networks need to be mindful of helping consumers understand the distinction and what is available in their local community. In some cases, failure to properly draw this distinction could result in individuals with access and functional needs being unnecessarily directed to locations intended to deliver medical care to patients. Likewise, CBOs can work with shelter planners and operators towards integrating support for individuals with chronic health conditions and/or access and functional need into general population shelters.

The influence of the whole community planning approach on emergency shelters is reflected in the opinion of advocates who argue that federal laws, executive orders, and guidance necessitates the provision of general population shelters with equal physical and programmatic access, as well as information that takes into account the communication needs of individuals with access and functional needs.⁶⁶ The integrated, whole community approach is considered to diminish the dilution of resources that occurs when general population shelters and special needs shelters are established within the same geographic area, as well as enhancing the capacity to address unanticipated access and functional needs that may arise in general population shelters.

The debate over U.S. emergency shelter policy is likely to continue in the future, underscoring the need for CBOs to engage in community emergency planning activities and support consumers in developing emergency plans that address their access and functional needs. This section of the Toolkit provides CBOs with guidance in navigating the current and emerging approach to emergency sheltering.

⁶⁵ Settlements in some of the recent legal cases require the provision of general population shelters to accommodate most people with disabilities. For more information see the ADA Pacific Centers article on [The Development of Emergency Planning for People with Disabilities Through ADA Litigation](#).

⁶⁶ Relevant federal laws, executive orders, and guidance include the following: Sections 2802-2814 of the Public Health Service Act of 1944; the Rehabilitation Act of 1973; Age Discrimination Act of 1975; Executive Order 13347 – Individuals with Disabilities in Emergency Preparedness; Section 308 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988; Post-Katrina Emergency Management Reform Act of 2006; Section 1557 of the Affordable Care Act of 2010, the National Response Framework, and the National Disaster Recovery Framework.

GETTING TO KNOW DISASTER SHELTER LOCATIONS AND OPERATORS BEFORE AN EMERGENCY STRIKES

Earlier modules of this Toolkit discuss identifying and understanding your organization's roles and responsibilities with other community partners in emergency planning. Local emergency management agencies, public health departments, and American Red Cross chapters are good places to ask about emergency shelter locations and management. Knowing which organization operates emergency shelters in your local community provides an opportunity to establish a relationship ahead of time. Some officials may be unwilling to identify shelter locations and their capacity to address access and functional needs in advance of an emergency. However, CBOs should emphasize the importance of having access to information about local emergency shelters in order to facilitate efficient planning with consumers to address their access and functional needs. In return, your CBO may be able to provide shelter operators with a ballpark summary of consumers' demographics (again, the CMIST Framework provides an approach for addressing specific categories of access and functional needs), explain common access and functional needs among older adults and people with disabilities who may evacuate to shelters, and serve as a subject matter expert in providing technical assistance for addressing access and functional needs in shelters.

Consider contacting your local or state Emergency Support Function (ESF) #6: Mass Care, Emergency Assistance, Housing, and Human Services and ESF #8: Public Health and Medical Services leads to collaborate in addressing consumers' access and functional needs in shelter planning.

A resource used by the American Red Cross (Table 5) can be helpful in determining whether someone could be cared for in a general population shelter, a medical shelter, or transferred to a healthcare facility. Note that not all communities offer medical shelters. Understanding shelter placement criteria can support planning efforts to ensure that necessary personnel and resources are housed in appropriate locations. CBO collaboration with shelter operators could prove instrumental in positioning your organization as an emergency community partner, as well as enabling the aging and disability network to share the potential assistance you may be able to provide to shelter operators in addressing access and functional needs.

HELPING CONSUMERS PREPARE FOR EMERGENCY SHELTERING

As a trusted source, you can help to address the potential fear and anxiety associated with evacuating to and staying in a shelter. Education, knowing what to expect, and solid planning will go a long way in supporting consumers. This includes:

- Describing to consumers what they can expect if they must evacuate to an emergency shelter.⁶⁷

⁶⁷ Independent Living Research Utilization. *Emergency Recovery Training. Part 1: Assisting Individuals after a Disaster. Transcript of Webcast.* (Pages 9-13). Retrieved August 28, 2018 from <http://www.ilru.org/sites/default/files/training/webcasts/handouts/2009/04-23-CIL-NET/transcript42309.doc>

- In collaboration with the local emergency management and shelter providers, provide consumers an opportunity to see the location of a potential shelter site. If possible, enable consumers to experience the space designated for registration and meals, cots for sleeping, restroom facilities, as well as adaptive or medical equipment and the types of replacement equipment that the shelter is likely to stock. Enable and encourage consumers to try out cots and confirm that restrooms and shower facilities are accessible. Ask consumers to provide the emergency management and shelter providers with immediate feedback about accessibility issues they notice or experience.
- Educate consumers about strategies they can use to maintain their health and safety in a shelter and return to their homes and community as rapidly as possible.
- Work with consumers to assemble a go-kit to bring to the shelter during an evacuation. CBOs can use the CMIST Framework as a planning tool to assess individual access and functional needs. For example, consumers can identify items be included in their go kit for maintaining health and independence.
 - Maintaining health addresses individuals who require specific medications, supplies, services, durable medical equipment, electricity for life-maintaining equipment, and nutrition.
 - Independence address individuals who function independently with assistance from mobility devices or assistive technology, vision and communication aids, service animals, etc.

Working through the categories of the CMIST Framework can inform the development of emergency and go-kit items including medications, a list of all current prescriptions, batteries and chargers for electricity-dependent durable medical equipment and assistive technology, insurance card and identification, sensory tools, emergency contact card, etc.



Section 2: ADA Compliance in Emergency Sheltering

Developing an understanding of ADA requirements related to emergency planning is essential to addressing the access and functional needs of older adults and people with disabilities. Accessible planning guidance is outlined in the [FEMA Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters](#), which details the Emergency Shelter Programs.⁶⁸

Key elements of the ADA that apply to sheltering include:

- Implementing and executing a general policy of nondiscrimination on the basis of disability;
- Sheltering persons with disabilities in the most integrated setting appropriate to the needs of the person, which in most cases, is the same setting as people without disabilities;
- Making reasonable modification of policies, practices, and procedures to ensure nondiscrimination, with “reasonableness” judged in light of nondiscrimination principles applied in emergent circumstances. Reasonable modifications are to be free of charge;
- Providing auxiliary aids and services to ensure effective communication. When choosing an aid or service, Title II entities are required to give primary consideration to the choice of aid or service requested by the person who has a communication disability; and
- Selecting accessible sites for the location of general population shelters, constructing architecturally compliant shelters and elements, and requiring physical modifications to ensure program accessibility in existing facilities.

The U.S. Department of Justice offers resources that can be helpful in understanding ADA requirements and their applicability to shelter operations. The [ADA and Emergency Shelters: Access for All in Emergencies and Disasters](#) guidance details the ADA’s nondiscrimination requirements for shelter programs.⁶⁹ The [Detailed Shelter Assessment Checklist](#) includes an assessment tool to help state and local governments and emergency shelter operators ensure that emergency shelters provide access to all in accordance with ADA guidelines.⁷⁰

See [Module Eight, Legal Advocacy](#) for consumers that are older adults or people with disabilities; additional information on applicable federal and state laws.

See [Module Nine, Recovery](#) for information about helping to ensure that consumers return to their homes or temporary housing after the emergency, and for information about federal housing support following a disaster

⁶⁸ Federal Emergency Management Agency (FEMA). (2010). *FEMA Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters*. Retrieved August 28, 2018, from https://www.fema.gov/media-library-data/20130726-1831-25045-7316/fnss_guidance.pdf

⁶⁹ U.S. Department of Justice. *ADA best practices tool kit for state and local governments*. Retrieved August 28, 2018 from <https://www.ada.gov/pcatoolkit/chap7shelterprog.htm>

⁷⁰ U.S. Department of Justice. (2007). *ADA Checklist for Emergency Shelters*. Retrieved August 28, 2018 from <https://www.ada.gov/pcatoolkit/chap7shelterchk.pdf>

Table 5 - Shelter Type Based on Needed Level of Care

Medical Need	General Population Shelter	Medical Shelter	Healthcare Facility
*Dialysis hemo and peritoneal	Stable with access to hemodialysis services. Access to clean area and supplies for peritoneal dialysis. Disruption of access with diet control for 3-5 days.	Disruption of access to services and/or lack of supplies or diet control.	Symptomatic
Ambulation, such as a walker, cane, crutches, or wheelchair (e.g., arthritis, osteoporosis, Parkinson's disease, muscular dystrophy, neuromuscular disorders)	Ambulates with own or replacement durable medical equipment. Bedridden, assisted by own caregiver or replacement caregiver.	Unresolved declining health status requiring invasive procedures unable to be monitored by volunteer skillset in general population shelter.	Acute disease process
Cardiac abnormalities	Stable or controlled with medication and/or medication replacement or adjustment and volunteer staff to monitor or assess changes.	Symptomatic, but controlled with frequent medication adjustment. Requires monitoring with equipment not available in general population shelter.	Acute conditions, such as acute chest pain or peripheral vascular disease with limb compromise.
Contagious disease and/or infection (e.g., Methicillin-resistant Staphylococcus aureus (MRSA), Vancomycin-resistant Enterococci (VRE), Tuberculosis (TB), respiratory infection, diarrheal illness)	Controlled with medication, oral hydration, diet modification or replacement of current medications with shelter ability to provide isolated area for consumer. Flu/respiratory infections, diarrheal illness/pandemic will require an isolation area set-up in shelter and appropriate personal protective equipment for staff assigned to isolation care area.	No isolation ability at general population shelter. Need for intravenous hydration.	Need for airborne isolation. Decompensating health status in need of emergent hospital care.
Diabetes: Type 1 or 2 Hyperglycemia	Medication or replacement medication available.	Unstable, needing intravenous medication support.	Unstable, requiring hospital level care.

Medical Need	General Population Shelter	Medical Shelter	Healthcare Facility
Hypoglycemia	Blood glucose monitoring available. Access to provider for medication adjustment. Consumer can be stabilized with intervention for hypo/hyperglycemia and supplies for intervention.		
Eating and swallowing disorders	Requires assistance for feeding. Special diets (soft/mechanical soft available), ability of consumer to be in upright position. Supervised volunteers or consumer's own caregiver available for feeding. Tube feedings and utilities to support pump feeding.	Lack of availability of special diets or equipment to support upright feeding or tube feedings. Signs and symptoms of aspiration.	Exacerbation of chronic illness to acute care need. Signs and symptoms of aspiration.
Fluid replacement	Oral/tube feeding hydration.	Intravenous therapy.	Unstable, acute disease process.
Ileostomy/colostomy	Managed by consumer or own caregiver. Assisted by volunteer shelter staff. Supplies available or replaced.	Signs and symptoms of infection or obstruction.	Unstable, acute disease process.
Medical conditions	Stable and managed by consumer, consumer caregiver, health service assets in shelter.	Stable conditions requiring intravenous therapy and/or ventilatory support.	Unstable, acute medical exacerbations or critical health events.

Medical Need	General Population Shelter	Medical Shelter	Healthcare Facility
Pain management	Oral pain control by consumer or caregiver. Intermittent injectable or dermal pain medication delivery. Ability to replace needed medications. Hospice care delivered by or directed by hospice personnel. Palliative care under catastrophic event conditions.	Continuous intravenous pain management.	Pain management for unstable conditions.
*Respiratory (e.g., asthma, chronic obstructive pulmonary disease)	Oxygen dependent and ability to support equipment with utilities/generator. Consumer able or assisted with use of own inhalers or nebulizer equipment, with medication available or replaced. Utilities or generator to support consumer's own or replaced continuous positive airway pressure (CPAP) equipment. Ability to access physician care and adjust care for changing health status.	Stable ventilatory support. Need for specialized treatment modalities requiring a respiratory therapist.	Unstable, needing hospital level of care.
Mental health	Controlled with consumer's own or replacement medications. Controlled due to accommodation of quiet area, area for pacing, onsite mental health professionals, consumer's own caregivers, volunteers to support supervision from the home setting.	Forensic mental health consumers, uncontrolled on oral medication.	Acute need for medical intervention due to consumer being harmful to self or others.

** Denotes exemption of medical conditions based on shelter backup power availability as they require reliable power sources.*

Source: American Red Cross

Module Seven: Tools and Resources

Referenced in module:

[Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters \(FEMA\)](#) – A guidance document that redefines the requirements for inclusion in general population shelters and provides new direction for the approach formerly known as “special needs shelters”

[2010 ADA Standards for Accessible Design \(Department of Justice\)](#) – An online version of the 2010 Standards

[ADA and Emergency Shelters: Access for All in Emergencies and Disasters \(Department of Justice\)](#) – An addendum that provides details of the ADA’s non-discrimination requirements for shelter programs

[ADA Checklist for Emergency Shelters \(Department of Justice\)](#) – A document that discusses a few of the most common challenges encountered by emergency shelters and how they can be addressed

Additional Resources and Tools:

[Emergency Recovery Training \(Independent Living Research Utilization\)](#) – An online training that provides participants with the information needed to access, navigate, and advocate for people with disabilities in emergency shelters



Module Eight: Legal and Advocacy Considerations

CBOs should be aware of federal laws, executive orders, and national guidance that address requirements to protect the rights of older adults and people with disabilities. These federal requirements are applicable to all state and local governments, as well as public and private entities. Some of these federal requirements are specific to the disaster context, while other federal requirements apply broadly to prevent discrimination against individuals with access and functional needs. These federal laws, executive orders, and national guidance provide and enforce equitable access to programs and services. Awareness and understanding of these federal requirements, as well as any applicable state and local laws, will help the aging and disability networks to collaborate with emergency planning partners and educate consumers on self-advocacy.

Section 1: Understanding Federal Requirements

Existing federal laws, executive orders, and national guidance that provide rights to older adults and people with disabilities in their everyday lives are not waived during emergency situations. Some laws offer protection against discriminatory policies, practices, and procedures in general, while there are other legal requirements and guidance specific to disasters and public health emergencies.

The following list of federal requirements offers a snapshot of some of the rights consumers are entitled to before, during, and after a disaster. These federal laws, executive orders, and national guidance outline requirements to integrate people with access and functional needs, including older adults and people with disabilities, in emergency planning.



Disaster- and Emergency-Specific Federal Laws and Executive Orders Relevant to Addressing the Access and Functional Needs of Older Adults and People with Disabilities

Some requirements are specific to the disaster or emergency context, including the Public Health Service Act, Robert T. Stafford Disaster Relief and Emergency Assistance Act (or Stafford Act), and Executive Order 13347.

Public Health Service Act of 1944

In the event of a public health emergency, the Public Health Service Act requires taking into account the public health and medical needs of at-risk individuals.⁷¹

- Section 2802 defines at-risk individuals to include children, pregnant women, older adults, people with disabilities, and other at-risk individuals as determined by the Secretary of HHS.
- Section 2814 establishes eight requirements as they relate to at-risk individuals:
 1. Monitor emerging issues
 2. Oversee implementation of preparedness goals
 3. Assist federal agencies in preparedness activities
 4. Provide guidance on preparedness and response strategies and capabilities
 5. Ensure the strategic national stockpile addresses the access and functional needs of at-risk populations
 6. Develop curriculum for public health and medical response training
 7. Disseminate and update best practices
 8. Ensure communication addresses the access and functional needs of at-risk populations

⁷¹ 2013 – Sections 2802 and 2814 of the Public Health Service Act (42 U.S.C 300hh–16).



Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) of 1988

The Stafford Act constitutes the statutory authority for most federal disaster response activities. It authorizes federal assistance when the president declares a state or tribal disaster or emergency.⁷²

- Section 308 protects individuals from discrimination on the basis of race, color, religion, nationality, sex, age, or economic status in all disaster assistance programs.
- Section 309 applies these nondiscrimination provisions to all private relief organizations participating in the response and recovery effort.

Post-Katrina Emergency Management Reform Act (PKEMRA) of 2006

PKEMRA later amended the Stafford Act. It addresses concerns about federal aid to individuals by adding two new classes to the discrimination prohibition provisions of the Stafford Act: disability and English proficiency.⁷³

Pets Evacuation and Transportation Standards Act (PETS) of 2006

The PETS Act later amended the Stafford Act. It requires that the Federal Emergency Management Agency (FEMA) ensures state and local disaster plans address the needs of individuals with household pets and service animals prior to, during, and following a major disaster or emergency. The PETS Act authorizes federal agencies to provide assistance essential to meeting threats to life and property resulting from a major disaster, rescue, care, shelter, and essential needs to individuals with household pets and service animals and to such pets and animals.⁷⁴

Executive Order 13347 – Individuals with Disabilities in Emergency Preparedness of 2004

Executive Order 13347 requires the federal government to appropriately support the safety and security of people with disabilities in all types of emergency situations through a coordinated effort among federal agencies.⁷⁵ This includes:

- Considering the unique needs of agency employees with disabilities and people with disabilities whom the agency serves;
- Encouraging consideration of the unique needs of employees and people with disabilities served by state, local, and tribal governments and private organizations and individuals in emergency preparedness planning; and
- Facilitating cooperation among federal, state, local, and tribal governments, as well as private organizations and individuals.

⁷² Robert T. Stafford Disaster Relief and Emergency Assistance Act, Pub. L. No. 93-288 (1988).

⁷³ Post-Katrina Emergency Management Reform Act, S. 3721 (2006).

⁷⁴ Pets Evacuation and Transportation Standards Act, Pub. L. No. 109-308 (2006).

⁷⁵ Individuals with Disabilities in Emergency Preparedness, Exec. Order No. 13347, 3 CFR 13347 (2004).

Federal Laws Relevant to Addressing Access and Functional Needs of Older Adults and People with Disabilities That Are Not Waived in Disasters

In addition to laws and executive orders that are specific to disasters and public health emergencies, there are many federal requirements that apply broadly to prevent discrimination against individuals with access and functional needs; these laws also provide critical guidance for emergency planning. These federal legal requirements are not waived during a disaster. Compliance with federal laws ensures that the needs of the whole community are addressed in emergency planning. Non-compliance with these requirements can result in significant consequences, including lawsuits for failing to address the access and functional needs of older adults and people with disabilities when planning for and responding to disasters and public health emergencies.

Rehabilitation Act of 1973

The Rehabilitation Act protects people with disabilities from discrimination in all programs receiving funds from the federal government or operated by the federal government.⁷⁶ Requirements include:

- Reasonable accommodation for employees with disabilities;
- Program accessibility;
- Effective communication with people who have hearing or vision disabilities; and
- Accessible new construction and alterations.

Privacy Act of 1974 – The Privacy Act covers all personally identifiable information held by federal agencies. It establishes a code of fair information practices that governs the collection, maintenance, use, and dissemination of information about individuals that is maintained in systems of records by federal agencies. Personal information maintained under a Privacy Act system of records may be shared only in accordance with the Privacy Act, its implementing regulations, and the system of records notice (SORN). The Privacy Act generally prohibits disclosure of such information without the advance written consent of the subject individual, subject to specific exceptions. For example, each SORN describes “routine uses” which outline when a Federal agency may share information in the SORN with specified entities without advance consent. Routine uses vary with each SORN, so agency sharing of personal information collected during a disaster may differ.

Age Discrimination Act of 1975 – Prohibits discrimination on the basis of age in programs and activities. Recipients of federal financial assistance may not exclude, deny, or limit services to, or otherwise discriminate against, persons on the basis of age.⁷⁷

⁷⁶ Rehabilitation Act, Pub. L. No. 93-112 (1973).

⁷⁷ Age Discrimination Act, Pub. L. No. 94-135 (1975).

Title II of the Americans with Disabilities Act (ADA) of 1990

Prohibits discrimination against people with disabilities in employment, transportation, public accommodation, communications, and governmental activities. The ADA prohibits public entities, including local and state governments, from discriminating against people with disabilities by requiring programs, services, and activities within public entities to be accessible by people with disabilities; it also sets requirements for planning, modifying policies and procedures, and communicating with people with disabilities.⁷⁸

- The ADA Checklist for Emergency Shelters helps to guide local and state officials to ensure that the temporary shelter, programs, services, and supports provided during disasters are equally accessible to people with disabilities.
- The ADA covers service animals under the broad category of “reasonable modification” to accommodate the needs of people with disabilities.

Developmentally Disabled Assistance and Bill of Rights (DD Act) of 2000

Declares that individuals with developmental disabilities and their families have access to necessary community services, individualized supports, and other forms of assistance that encourage self-determination and independence, as well as integration and inclusion in the community through culturally competent programs, which include⁷⁹:

- State Councils on Developmental Disabilities
- Protection and Advocacy systems
- University Centers for Excellence in Developmental Disabilities Education, Research and Service
- Projects of National Significance

⁷⁸ Americans with Disabilities Act, Pub. L. No. 94-135, 28 CFR Part 35 (1990).

⁷⁹ Developmentally Disabled Assistance and Bill of Rights Act, Pub. L. No. 106-402 (2000).



Affordable Care Act - Section 1557 of 2016

Prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities.⁸⁰ Section 1557 extends nondiscrimination protections to individuals participating in:

- Any health program or activity, or any part of which received funding from HHS
- Any health program or activity that HHS itself administers
- Health Insurance Marketplaces and all plans offered by issuers that participate in those Marketplaces

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules – The HIPPA Privacy Rule establishes national standards for the protection of certain health information, including that which is held or transferred in electronic form.

- The Secretary of HHS may waive certain provisions of the HIPPA Privacy Rule if the President declares an emergency or disaster and the secretary declares a public health emergency.⁸¹ If issued, this waiver only applies:
 - In the area and for the time identified in the public health emergency declaration.
 - To hospitals that have instituted a disaster protocol. The waiver would apply to all patients at such hospitals.
 - For up to 72 hours from the time the hospital implements its disaster protocol.

⁸⁰ Affordable Care Act, Pub. L. No. 111-148, Sec. 1557 (2010)

⁸¹ Department of Health and Human Services. *Is the HIPAA Privacy Rule suspended during a national or public health emergency?*. (2013). Retrieved December 3, 2018 from <https://www.hhs.gov/hipaa/for-professionals/faq/1068/is-hipaa-suspended-during-a-national-or-public-health-emergency/index.html>



Federal Guidance to Addressing Access and Functional Needs of Older Adults and People with Disabilities in Emergency Planning

As described previously, national frameworks guide emergency planning activities. The National Response Framework and the National Disaster Recovery Framework guide the nation's response to and recovery from disasters and emergencies, incorporate nondiscrimination principles, and emphasize the importance of providing equal access to emergency-related services for the whole community.

[National Response Framework](#) – Guides how the nation responds to all types of disasters and emergencies. It is built on scalable, flexible, and adaptable concepts identified in the NIMS to align key roles and responsibilities across the country. This Framework describes specific authorities and best practices for managing incidents that range from the serious but local, to large-scale terrorist attacks or catastrophic natural disasters. The National Response Framework describes the principles, roles and responsibilities, and coordinating structures for delivering the core capabilities required to respond to an incident, and further describes how response efforts integrate with those of other mission areas.⁸²

A key element of the National Response Framework is the Emergency Support Function (ESF), which is the federal coordinating structure that groups resources and capabilities into functional areas that are most frequently needed in a national response. In Module Two, the following ESF functions related to supporting individuals with access and functional needs are addressed:

ESF #1 – Transportation

ESF #6 – Mass Care, Emergency Assistance, Housing, and Human Services

ESF #8 – Public Health and Medical Services

ESF #13 – Public Safety and Security

ESF #14 – Long-term Community Recovery and Mitigation

The [National Disaster Recovery Framework](#) – Guides effective recovery support to disaster-impacted states, tribes, territorial and local jurisdictions. It provides a flexible structure that enables recovery managers to operate in a unified and collaborative manner. It also focuses on how best to restore, redevelop, and revitalize the health, social, economic, natural, and environmental fabric of the community to build a more resilient country.⁸³

Much like the Emergency Support Functions contained in the National Response Framework, the National Disaster Recovery Framework contains Recovery Support Functions (RSFs) that provide a coordinating structure for key functional areas of assistance. The purpose is to support local governments by facilitating problem solving, improving access to resources, and fostering coordination among state and federal agencies, nongovernmental partners and stakeholders. The RSF that addresses the health and wellbeing of individuals with access and functional needs is the [Health and Social Services Recovery Support Function](#), led by HHS.⁸⁴

⁸² Federal Emergency Management Agency. *National Response Framework*. (2016). Retrieved December 3, 2018 from https://www.fema.gov/media-library-data/1466014682982-9bcf8245ba4c60c120aa915abe74e15d/National_Response_Framework3rd.pdf

⁸³ Federal Emergency Management Agency. *National Disaster Recovery Framework*. (2016). Retrieved December 3, 2018 from https://www.fema.gov/media-library-data/1466014998123-4bec8550930f774269e0c5968b120ba2/National_Disaster_Recovery_Framework2nd.pdf

⁸⁴ Office of the Assistant Secretary for Preparedness and Response. *Health and Social Services Recovery Support Function*. (2017). Retrieved December 3, 2018 from <https://www.phe.gov/about/oem/recovery/Pages/hss-rsf.aspx>

Spotlight On: ADA Application to Emergency Planning Legal Cases

In recent years, litigation against state and local governments has identified gaps in emergency planning to protect and accommodate people with disabilities. For example, two major legal settlements in 2011 and 2013 involved application of Title II of the ADA and Section 504 of the Rehabilitation Act to emergency planning activities.⁸⁵ While these lawsuits shed light on the gaps in state and local government planning, they also highlight requirements in emergency planning to address access and functional needs.

These two cases illustrate the steps state and local governments can take to improve emergency planning to address the needs of people with disabilities and others with access and functional needs. However, it takes a whole community planning approach, including private, nonprofit, and other partners, to be successful. Your organization's expertise, programs, and services are valuable assets for ensuring the safety of consumers during and after an emergency.

In one of these cases, the court found the City of Los Angeles and county governments did not have notification, evacuation, transportation, or shelter plans to meet the needs of people with disabilities during a disaster. As a result, the city entered a settlement agreement that required hiring disability consultants to develop a Disability and Access and Functional Needs Emergency Plan Annex, as well as engaging disability organizations in disaster planning. Similar issues were found during a subsequent case in New York.⁸⁶ The court determined a city's emergency operation plans did not have adequate evacuation plans for high-rise buildings, accessible transportation and sheltering, or sufficient outreach and communications with the community. The settlement agreement led to hiring a Disability Access and Functional Needs Coordinator, as well as establishing a Disability Community Advisory Panel, a post-emergency canvassing operation, and an ADA High-Rise Building Evacuation Task Force, among other measures.

Anticipating Legal Issues During and After a Disaster

It is difficult to anticipate how an emergency will affect older adults and people with disabilities, but your organization may have the ability to prepare for legal issues in advance.

- Collect information on consumers' legal questions around disasters and public health emergencies (e.g., planning, notification, evacuation, transportation, sheltering, recovery services, etc.), and work with appropriate partners to address their concerns
- Analyze data you already have on consumers' legal challenges from recent experiences
- Work with response partners in post-emergency activities to identify solutions and improve future emergency planning, response, and recovery efforts

⁸⁵ Pacific ADA Center. *The Development of Emergency Planning for People with Disabilities Through ADA Litigation*. (2018) Retrieved December 3, 2018 from <https://www.adapacific.org/assets/documents/emergency-preparedness-litigation-legal-brief-2-2018.pdf>

⁸⁶ National Association of County and City Health Officials. *New Legal precedent for Inclusive Planning, Preparedness, and Response*. (2013). Retrieved December 3, 2018 from <http://nacchopreparedness.org/new-legal-precedent-for-inclusive-planning-preparedness-and-response/>

Section 2: Identifying Partners with Legal Expertise

Navigating and understanding federal, state, and local laws is challenging and requires legal expertise. Before an emergency, engage with your organization's legal counsel to anticipate and address consumers' legal needs during and after a disaster or public health emergency. Help consumers and their families think about challenges they may face and ways they can prepare in advance. Actionable steps may include creating wills or powers of attorney and considering whether to rely on supported decision-making or the legal guardianship process for individuals that may face challenges in making decisions for themselves. The National Resource Center for Supported Decision Making has [helpful information available](#) about this process intended to provide consumers, especially people with disabilities, the greatest possible involvement when important decisions are being made about their lives.⁸⁷ Be sure to advise consumers to keep copies of important legal documents (e.g., house deed, insurance policies, power of attorney documents), in their emergency and go-kits. Cultivate relationships with other legal partners and familiarize consumers with those that can directly assist them with legal matters. Your state or territorial Protection and Advocacy System can serve as a good partner and resource.

Legal counsel representing your organization or consumers may benefit from the expertise, resources, and other types of assistance that are available from the entities listed below. These organizations are categorized based on whether they provide legal support to aging and disability network organizations or consumers.

Organizations Providing Legal Support to Aging and Disability Network Organizations

[National Center on Law and Elder Rights](#)

The National Center on Law and Elder Rights (NCLER) is a national resource center that offers legal training, case consultations, and other resources to strengthen the expertise of legal professionals serving older adults. NCLER is connected to a wide range of partners within the Aging and Disability Network, including legal assistance providers, legal assistance developers, long-term care ombudsmen, state units on aging, area agencies on aging, Aging and Disability Resource Centers, senior legal hotlines, adult protective services, and other elder rights advocates.

[National Disaster Legal Aid Resource Center](#)

The National Disaster Legal Aid Resource Center is a national clearinghouse of disaster-related legal information for lawyers and affected individuals. It also recruits and mobilizes pro bono attorneys for low and moderate-income individuals. It was created by Lone Star Legal Aid, the American Bar Association, the Legal Services Corporation, the National Legal Aid and Defender Association, the Texas Legal Services Center, and Pro Bono Net. These organizations help provide free legal aid, advocacy, guidance, information, training, and technical assistance.

⁸⁷ National Resource Center for Supported Decision-Making. Retrieved August 28, 2018 from <http://www.supporteddecisionmaking.org/>

[American Bar Association \(ABA\) Commission on Law and Aging](#)

The ABA Commission on Law and Aging comprises 15 aging and law experts that conduct research and develop policy on a wide range of legal issues affecting older adults. In addition to its advocacy efforts, the Commission supports lawyers and other elder rights advocacy groups through direct assistance, resources and technical assistance, and educational opportunities, such as conferences and trainings.

[National Guardianship Network Public Information Portal Website](#)

The National Guardianship Network, which consists of national organizations involved in guardianship law and practice, developed a website to educate the public and policymakers on the process for guardianship, which may vary by state, court, and judge.

[The National Resource Center for Supported Decision-Making \(NRC-SDM\)](#)

The NRC-SDM promotes the self-determination of older adults and people with disabilities by advancing supported decision-making as an alternative to guardianship. The resource center helps people access supported decision-making agreements and legal forms and provides referrals to knowledgeable individuals and organizations.

[ADA National Network](#)

The ADA National Network comprises the ten regional ADA centers across the country that promote ADA implementation. The regional centers do not provide legal and advocacy services directly, but they offer guidance and training on civil rights laws, document reviews, and information on how to file complaints. They also provide referrals to advocacy organizations and state and local service providers. Some of the centers, such as the Pacific ADA Center, have particular expertise and resources related to emergency management.



Organizations Providing Legal Support to Consumers

Older adults and people with disabilities may encounter issues during an emergency that require legal representation. The following organizations can provide direct legal services, referrals, and other types of assistance to consumers.

[Protection and Advocacy Agencies](#)

Every U.S. state and territory has a protection and advocacy agency (P&A). These agencies are part of the federally mandated P&A system created to provide legal support and advocacy services to people with disabilities. P&As offer information and referrals, case management, legal representation, and self-advocacy training, as well as training and technical assistance to service providers and policymakers. P&As have unique legal authority designated in federal law that may enable them to address legal issues during or following an emergency that other entities are unable to address.

[Senior Legal Hotlines](#)

A total of 26 states, the District of Columbia, and Puerto Rico have established senior legal hotlines staffed by lawyers to help older adults obtain free legal advice, document preparation, and referrals to legal aid programs. Senior legal hotlines are funded through the U.S. Department of Health and Human Services' Administration for Community Living, and implemented by state legal assistance developers, whose role is to secure the legal rights and provision of legal services for older adults within their state.

[LawHelp.org](#)

LawHelp.org connects low and moderate-income individuals to free legal aid programs and social service agencies in their communities, as well as provide general information and legal forms. It was developed and managed by Pro Bono Net with support from the Legal Services Corporation and the Open Society Institute, and links to legal partners nationwide.

[Disaster Legal Hotlines](#)

FEMA's Disaster Legal Services Program created a partnership with the American Bar Association's Young Lawyers Division to provide free legal help to low-income individuals affected by a presidentially declared major disaster. Disaster legal hotlines can help with insurance claims, document preparation, FEMA appeals, home repair contracts, landlord issues, and referrals for more intensive cases.

***Questions to Consider:** Who provides legal advice or knowledge to your organization? Which relationships should your organization or consumers establish in advance to address legal requirements for emergency planning?*

Section 3: Strategizing for Advocacy

Older adults and people with disabilities know their own needs best, based on their lived experiences. Yet, consumers oftentimes need champions with subject matter expertise in addressing access and functional needs to engage on their behalf with emergency management and public health organizations. This is a critical advocacy role that CBOs should undertake. By combining person-centered perspective and knowledge from consumers with your organization's expertise, you can effectively partner to influence how local emergency management and public health systems address the access and functional needs of older adults and people with disabilities. Together, you can advocate in favor of laws, policies, and systems to improve whole community emergency planning and remove barriers to inclusive emergency preparedness and response activities.

Advocacy vs. Lobbying

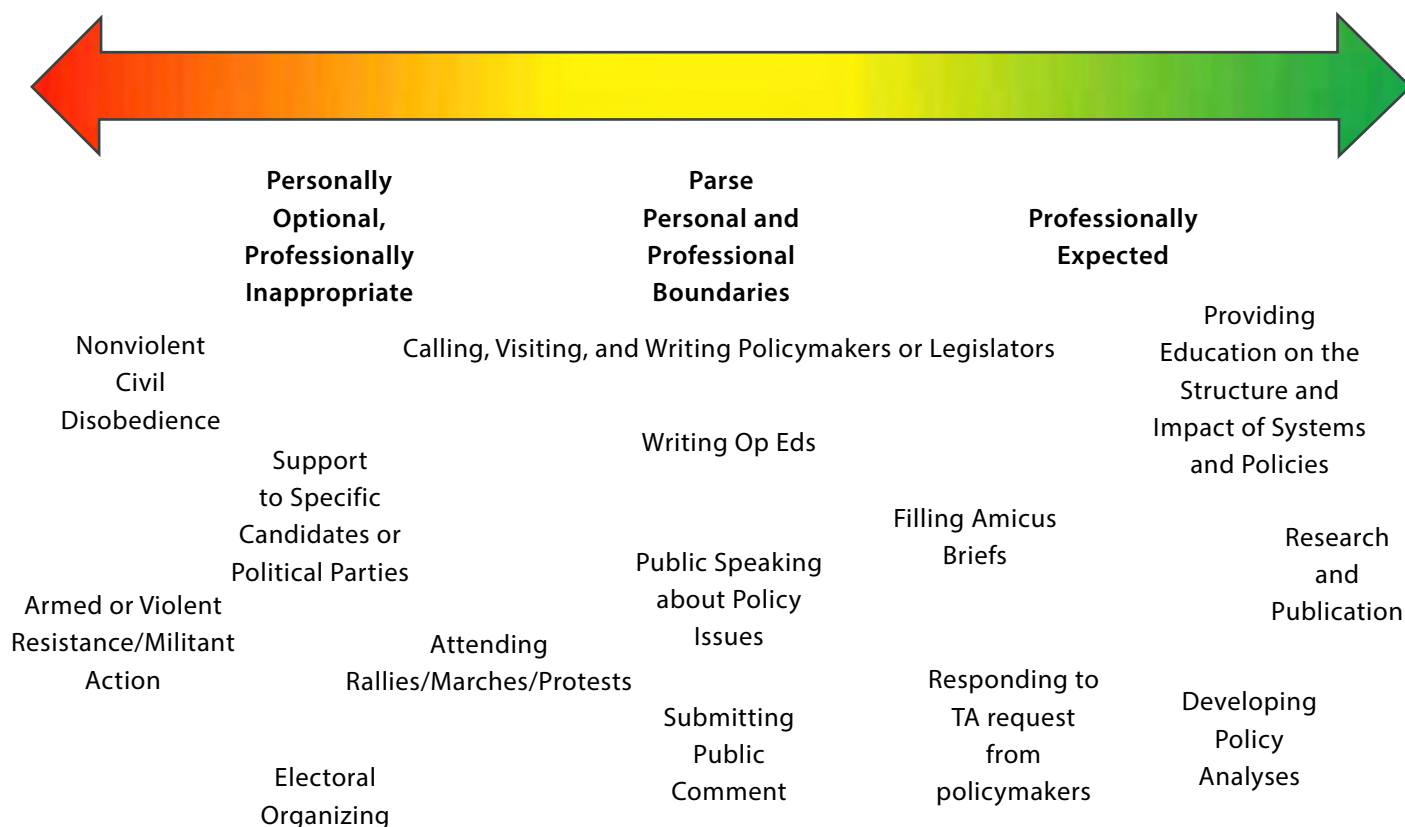
Grantees of federal funds must be careful to promote the rights of older adults and people with disabilities within the legal limitations of advocacy, to avoid crossing into lobbying. The Internal Revenue Service defines advocacy as the "promotion of an idea that is directed at changing a policy, position, or program at an institution... Lobbying is the attempt to influence a legislative body through communication with a member or employee of the legislative body or with a government official who participates in developing legislation. Lobbying can include written or oral communication for or against specific legislation."⁸⁸ Before planning or engaging in advocacy activities, consult with your organization's government relations leaders to confirm that you are following federal, state, and local guidelines.

As shown in the graphic below (Figure 8), appropriate advocacy actions your members and community partners may undertake include:

- Tracking and analyzing proposed legislation;
- Educating policymakers on the impact of current and proposed laws or the need for new systems and policies at the federal, state, or local levels;
- Hosting legislative awareness events to help consumers understand legislation and how it affects them; and
- Providing technical assistance (TA) to your members, emergency managers, and policymakers.

⁸⁸ National Association of County and City Health Officials. (2018). *The NACCHO Advocacy Toolkit*. Retrieved August 28, 2018 from <https://www.naccho.org/uploads/downloadable-resources/2018-gov-advocacy-toolkit.pdf>

Figure 8 - Spectrum Systems of Change



Use a nonpartisan approach: Refrain from presenting unsupported opinions, distorting facts, using inflammatory or disparaging terms, or sharing conclusions based on emotions rather than on objective factual information

Source: Association of University Centers for Excellence in Developmental Disabilities



During a disaster, there may be a need to modify programs and services or revise or relax certain local, state, and/or federal policies or regulations. These modifications may occur through declarations, waivers, or other administrative actions, and are enacted to ensure individuals can access and receive necessary equipment, medication, and reimbursements. While your organization may not have statutory authority to request waivers for appropriate policy or regulations, many consumers who are older adults and people with disabilities may be beneficiaries of state and/or federal programs that could be modified during an emergency. These include Medicare, Medicaid, Social Security Act programs, the Children's Health Insurance Program (CHIP), Health Insurance Portability and Accountability Act (HIPAA) privacy rule requirements, prescription refill guidelines, and others. Using data and stories from consumers' past emergency experience(s), review how these declarations (or their delay), affected consumers and your organization.

Questions to consider:

- Were there delays in getting necessary declarations? If so, what were they?
- Do you know the individuals or agencies making these decisions? Do you believe they understand consumer's access and functional needs and challenges of the older adults and people with disabilities in the community?
- Were specific populations or geographical areas disproportionately affected?
- Do documentation requirements disproportionately affect consumers resulting in unwarranted delays in approvals and reimbursements?
- Are mechanisms in place to expedite receipt of emergency funding or replacement equipment by your organization or consumers?

Based on your assessment, commit to advocating for new ways to reduce reimbursement, replacement, refill, and other administrative burdens affected by emergencies. Consult with other agencies, such as FEMA, to learn about their processes. CBOs and your partner organizations should work together as a united voice to find ways to address obstacles that older adults and people with disabilities may face.

***Questions to Consider:** What legal issues or challenges have consumers or partners faced during and after an emergency? What legal information are consumers looking for during and after an emergency?*



Module Eight: Tools and Resources

Referenced in module:

[The NACCHO Advocacy Toolkit \(NACCHO\)](#) – A comprehensive toolkit that assists advocates in communicating with their Members of Congress

[Supported Decision-Making \(National Resource Center for Supported Decision-Making\)](#) – Helpful information intended to provide consumers with legal advice and expertise

Additional Resources and Tools:

[Identifying Vulnerable Older Adults and Legal Options for Increasing Their Protection During All-Hazards Emergencies: A Cross-Sector Guide for States and Communities \(CDC\)](#) – A planning guide for community-dwelling older adults during public health emergencies provides recommendations for developing plans, partnering with key stakeholders, building registries and using data, and integrating shelter and caregiver preparedness

[Module 6: Ethical Legal: Special Considerations for Older Adults \(NCDMPH\)](#) – Taken from a curriculum designed for educators who work with health professionals who may serve older adults before, during, or after a disaster, this module focuses on ethical-legal special considerations for the geriatric population in disasters



Module Nine:

Recovery

Following an emergency, all entities involved in the response – from government agencies to private sector entities, as well as the aging and disability networks – need to step back and assess lessons learned. This post-emergency assessment is a key part of the recovery phase of emergency planning and response. This module will help aging and disability networks address important recovery issues for both their CBO and consumers.

Section 1: Assessing Lessons Learned

In the emergency management community, the process of assessing lessons learned is often referred to as a hot wash, generally implemented in the immediate aftermath of an emergency. The hot wash process helps to identify strengths and areas for improvement in the response to a disaster. The information gathered during the hot wash contributes to a formal list of lessons learned. Many government agencies involved in emergency planning and response will use a hot wash to develop formally documented lessons learned that are subsequently incorporated into a more extensive after-action report. While aging and disability networks may not develop these official documents, it is important to conduct a hot wash that can be expanded into a more detailed list of lessons learned. The critical final step in this process is updating your CBO's EOP to reflect lessons learned.

The Worksheet 9.1 provides a helpful guide for conducting a hot wash review, which involves identifying and making a list of the top three things that worked well and three critical areas for improvement. This hot wash template also includes a general comments section where people can provide additional details.

It is important to provide all members of an organization the opportunity to contribute to the hot wash review. If an organization is too large to enable all staff and consumers to participate in a group meeting to conduct the hot wash, consider allowing staff and consumers that could not attend to provide their own written input on what worked well and areas for improvement.



Questions to Consider: What do you feel proud about in terms of how the CBO met the needs of consumers? How well did your coordinating efforts work with other members of the aging and disability network? Were you able to reach consumers using the available contact information? Were they able to reach you? Did the disaster's impact reduce the staff and other resources available to your organization? If so, how did you address the resource limitations? Were there any unmet needs for consumers that you wish you or another organization were able to address? If so, what were they?

Section 2: Assessing a Disaster's Operational and Financial Impact

CBOs that engage in emergency planning work can face significant operational and financial challenges as a result of their emergency response activities. The staff directly involved in emergency response work can also face emotional challenges, which can be compounded if they suffered personal losses. It is critical for aging and disability networks to address these challenges, so your organization, staff, and consumers can be fully prepared to face the next emergency.

Assessing Operational and Financial Impacts

CBOs may directly or indirectly face operational and financial impacts from emergencies, including service disruptions due to facility and equipment damages and lack of staffing. Financial impacts may also include necessary but unplanned expenses, such as staff overtime, acquisition of temporary or new office space and supplies, and any other temporary services needed to support consumers. It is important to document the financial impacts aging and disability networks experience, as emergency relief funding may be available that can offset these financial impacts.

Organizations should contact their county or state emergency management agency to ask about receiving FEMA Public Assistance (PA) grants or Small Business Administration (SBA) loan support, since these emergency management agencies play a critical role in requesting this federal support and determining how these funds are distributed to affected organizations.

Section 3: Determining Eligibility for FEMA's Public Assistance Funding

Certain private, nonprofit organizations that provide important community services may be eligible for FEMA PA grants and SBA loans following a disaster, if their facility or equipment was damaged. These grants and loans are generally provided for debris removal, emergency protective measures, and the restoration of disaster-damaged, publicly owned facilities, as well as the facilities of certain private, nonprofit organizations. The FEMA PA program also encourages protection of these damaged facilities from future events by providing assistance for hazard mitigation measures.

[FEMA's Public Assistance Program and Policy Guide](#) provides comprehensive information on public assistance program eligibility and implementation. Eligibility is based on whether the organization provides one of the following critical services: education, medical, utility, or emergency services.

In addition to these critical services, organizations including disability advocacy, service providers, and social and human service organizations for children, youth, and adults that provide a broader range of essential social services are eligible for FEMA's PA funding. Examples include:

- Daycare for people with disabilities and access and functional needs
- Food assistance programs (e.g., Meals on Wheels)
- Health and safety services
- Residential services for people with disabilities
- Shelter workshops that create products using the skills of people with disabilities

FEMA's Emergency Management Institute offers an [online training course](#) to gain a deeper understanding of the Public Assistance program.⁸⁹

Section 4: Assessing a Disaster's Emotional Impact on Staff and Volunteers

Staff and volunteers may have suffered emotional harm during emergency response work, making them susceptible to post-traumatic stress disorder (PTSD) that may not show immediate symptoms. Organizations that are new to emergency planning may be especially vulnerable. It is critical to know how to spot signs of emotional harm and PTSD among staff. One helpful approach to building resilience for emergency response personnel is the practice of [Psychological First Aid](#) (PFA). [Training resources on PFA](#) are available online.⁹⁰

⁸⁹ Federal Emergency Management Agency. *IS-634: Introduction to FEMA's Public Assistance Program*. Retrieved August 28, 2018 from <https://training.fema.gov/is/courseoverview.aspx?code=is-634>

⁹⁰ National Association of County and City Health Officials. *Building Workforce Resilience through the Practice of Psychological First Aid*. Retrieved August 28, 2018 from https://live.blueskybroadcast.com/bsb/client/CL_DEFAULT.asp?Client=354947&PCAT=7365&CAT=9399

Section 5: Helping Consumers Rebuild Physically, Financially, and Emotionally

It has been reported that older adults and people with disabilities often suffer the most physical, financial, and emotional harm during an emergency. A comprehensive research project launched after Hurricane Katrina assessed the barriers to the long-term recovery of people with disabilities following an emergency. The research team conducted five focus groups of Katrina survivors who had disabilities in Atlanta, Baton Rouge, Gulfport, Houston, and New Orleans. Their [published report](#) highlighted the following five key challenges identified by focus group participants:

- Housing
- Health
- Transportation
- Employment and financial status
- Accessing services

The study findings indicated that when emergency recovery services and resources did not accommodate the needs of people with disabilities, recovery was hindered. Given these research findings, it is especially important that the aging and disability networks build the capacity to help consumers address their post-emergency needs.⁹¹

Success in delivering this support will require advanced planning. Your CBO's EOP should include a section on addressing the post-emergency recovery needs of your CBO and consumers. See [Module Two, Section 1: Creating an Emergency Operations Plan \(EOP\)](#).

HOUSING

Ensuring Consumers Return to Their Homes or Temporary Housing after the Emergency

Older adults and people with disabilities that are evacuated to an emergency shelter will want to limit their stay to the shortest possible time before they can return home. A quick return is more likely for individuals whose homes sustained little damage, but for those whose homes have been destroyed or heavily damaged, it may take weeks or months before they are able to return home. Your organization's ability to help consumers find appropriate alternative housing, perhaps in concert with other partners, will be of critical value during this period.

⁹¹ Stough, L.M., Sharp, A.N., Resch, A., Decker, C., & Wilker, N. (2015). *Barriers to the long-term recovery of individuals with disabilities following a disaster*. Retrieved August 28, 2018 from <https://oaktrust.library.tamu.edu/bitstream/handle/1969.1/156081/Barriers%20to%20the%20long-term%20recovery%20%282015%29.pdf?sequence=1&isAllowed=y>

Decisions to leave a shelter are often made by the evacuee and his or her family; in other cases, the need to find appropriate, alternative housing is driven by a decision to close the shelter. Unfortunately, there have been circumstances in which shelter closings and lack of availability of accessible housing resulted in the inappropriate placement of individuals in institutionalized settings who have previously lived independently in the community. Older adults and people with disabilities who are not immediately able to return home should receive support to identify and be placed in the most integrated setting, which may include independent living in supportive and/or accessible housing. ASPR has a helpful [discharge planning factsheet](#) that can help aging and disability networks navigate shelter transition challenges.⁹²

Federal Housing Support Following Emergencies

As your organization supports consumers to find appropriate, alternative post-emergency housing in the community, it is important to understand the types of financial assistance FEMA can provide through its [Individuals & Households Program \(IHP\)](#).⁹³ Available support includes:

- Disaster-related housing assistance for people displaced from a pre-emergency primary residence and for whom the pre-emergency residence is damaged or rendered uninhabitable. This support is provided in the form of:
 - Financial assistance in the form of a check or electronic fund transfer for Transitional Sheltering Assistance to include hotel/motel or rental assistance. Funds can also cover repairs and replacement costs not covered by insurance. A FEMA inspection of consumers' homes will be required to enable FEMA to declare the home uninhabitable before Transitional Sheltering Assistance is awarded. In advocating for consumers who are older adults or people with disabilities to maintain independent living, your organization should insist that any FEMA inspection tied to an application for Transitional Sheltering Assistance consider any factor that could inhibit the health and safety of the older adult or person with a disability, and thereby, would make the home uninhabitable.⁹⁴
 - Direct payment by FEMA to a third party for mobile home/travel trailer or direct rental payment to the landlord or to a hotel/motel.

⁹² U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. *Working with Older Adults and People with Disabilities: Tips for Treatment and Discharge Planning*. Retrieved August 28, 2018 from <https://www.phe.gov/Preparedness/planning/abc/Pages/elderly-disabled.aspx>

⁹³ Federal Emergency Management Agency. *FEMA Individuals and Households Program (IHP) - Housing Assistance*. Retrieved August 28, 2018 from <https://www.disasterassistance.gov/get-assistance/forms-of-assistance/4471>

⁹⁴ The Transitional Sheltering Assistance (TSA) program is funded by FEMA, but only provided at the request of the state or territory. Once the decision to discontinue TSA is made by the state or territory, consumers in that state could lose their FEMA support. Your organization should be prepared to weigh in with state officials to press for continued state requests that FEMA maintain Transitional Sheltering.

HEALTH

Helping consumers rebuild physically and emotionally following an emergency can often involve helping them address medical and behavioral health needs that are triggered by an emergency. These needs can range anywhere from replacing destroyed medicine and damaged durable medical equipment or assistive technology to seeking treatment for behavioral health need.

The Department of Veterans Affairs has also provided helpful [online information](#) about how different types of disasters can produce a range of emotional and physical challenges among survivors.⁹⁵ This information can help shape the type of support you provide to consumers. Another valuable resource for aging and disability networks is the [National Center for Disaster Medicine & Public Health's Caring for Older Adults in Disasters: A Curriculum for Health Professionals](#).⁹⁶ For example, health conditions and behavioral health needs are discussed in Module, 2-1 Chronic and Acute Conditions, Module 2-2 Disaster Psychiatry, and Module 4-5 Psychosocial Issues for addressing the access and functional needs of older adults.

Your organization can be helpful in addressing the health-related recovery needs of consumers by being aware of the different services provided by public health agencies and CBOs. Since public health agencies take the lead responsibility in addressing the public health impacts of a disaster, be sure to have conversations with your local, county, or state public health preparedness leaders in addition to emergency management partners about the range of health-related services that will be available after an emergency. This will help CBOs determine organizations to which you can refer consumers, and it will also help to identify gaps in necessary services that the aging and disability networks may be able to help fill.

CBOs should also consider developing a relationship with your state or territory's Assistive Technology Act Program. These organizations can serve as a helpful resource for individuals who have lost durable medical equipment or assistive technology as a result of the emergency.

For more information on disaster behavioral health, review the following:

[Disaster Behavioral Health: Current Assets and Capabilities](#)

[Disaster Behavioral Health Coalition Guidance](#)

⁹⁵ U.S. Department of Veterans Affairs. *Traumatic Effects of Specific Types of Disasters*. Retrieved December 3, 2018, from https://www.ptsd.va.gov/professional/treat/type/disaster_trauma_effects.asp.

⁹⁶ National Center for Disaster Medicine and Public Health. *Caring for Older Adults in Disasters: A Curriculum for Health Professionals*. Retrieved August 28, 2018 from <https://www.usuhs.edu/ncdmp-hlearn/KnowledgeLearning/2015-OAC.htm>



TRANSPORTATION

Module Six addresses transportation in the context of evacuation support for individuals with access and functional needs during an emergency. The transportation needs of consumers during the recovery phase of an emergency can also be significant. Some aging and disability networks may offer transportation programs to consumers for travel to medical appointments, work, or other services. Given the reliance on transportation programs by many consumers, it is essential that CBOs take the necessary steps to ensure that transportation programs resume once the immediate threat of the emergency has subsided. Organizations that are not engaged in providing transportation, but have the capacity to assist with this activity, should consider stepping forward to help address any critical, unmet needs.

EMPLOYMENT AND FINANCIAL STATUS

Emergencies can trigger economic instability in hard-hit communities, which can disproportionately affect older adults and people with disabilities. Impacts may include a loss of jobs from businesses closed by a disaster, as well as a sharp rise in housing costs when an emergency destroys a significant portion of a community's housing stock. On a personal level, property damage or the loss of durable medical equipment, assistive technology, prescriptions, or supplies can trigger an immediate financial crisis for people with access and functional needs.

It is essential for CBOs to understand how these factors may affect consumers. If your organization has the capacity to assist consumers in addressing employment and financial challenges during recovery, include in your EOP how this support will be sustained post-emergency. CBOs that are not able to help address consumers' employment and financial challenges should identify organizations that do address these needs, so referrals can be made when necessary.

ACCESSING SERVICES

A helpful resource for the aging and disability networks is the service provided by Aging and Disability Information and Referral/Assistance (I&R/A) organizations, which are part of the aging and disability network.

As described by the National Association of States United for Aging and Disabilities (NASUAD), the Aging and Disability I&R/A Networks comprise several different agency types that provide and coordinate services for older adults, people with disabilities, and their caregivers. These agencies may include state agencies on aging and disability (state agencies), Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), 2-1-1 Call Centers (2-1-1s), Centers for Independent Living (CILs), and other nonprofit human service organizations. For more information about the services of Aging and Disability I&R/A organizations, see the NASUAD's [What is I&R/A?](#) page.⁹⁷

⁹⁷ National Association of State United for Aging and Disabilities. *What is I&R/A?* Retrieved August 28, 2018, from <http://www.nasuad.org/initiatives/information-and-referralassistance/what-ira>

Module Nine: Tools and Resources

Referenced in module:

[Barriers to the Long-Term Recovery of Individuals with Disabilities Following a Disaster \(Stough, L., Sharp, A., Resch, J., Decker, C., & Wilker, N.\)](#) – A research study that suggests recovery is hindered when disaster recovery services and resources do not accommodate the needs of people with disabilities.

[Building Workforce Resilience Through the Practice of PFA-L: A Course for Supervisors and Leaders \(National Association of County and City Health Officials\)](#) – A self-paced course developed by the U.S. Department of Health and Human Services and the National Association of County and City Health Officials to introduce the concept of Psychological First Aid as a leadership tool to build workforce resilience.

[Caring for Older Adults in Disasters: A Curriculum for Health Professionals \(National Center for Disaster Medicine and Public Health\)](#) – A curriculum designed for educators working with health professionals who may serve older adults before, during, and after a disaster.

[Individuals and Households Program: Housing Assistance \(FEMA\)](#) – A summary of FEMA's Individuals and Households Program, which includes a description of the program, program requirements, application process, and program contact information.

[IS-643: Introduction to FEMA's Public Health Assistance Program \(FEMA\)](#) – An online course that provides an overview of the Public Health Assistance Program and process applicants follow in order to receive grant funding assistance following a disaster.

[Policy Assistance Program and Policy Guide \(FEMA\)](#) – A comprehensive guide on public health assistance program eligibility and implementation.

[Traumatic Effects of Specific Types of Disasters \(VA\)](#) – A summary of the unique consequences of disasters on mental health.

[What is I&R/A? \(National Association of States United for Aging and Disabilities\)](#) – An overview of Information and Referral/ Assistance (I&R/A) provided for older adults, people with disabilities, and their caregivers.

[Working with Older Adults and People with Disabilities: Tips for Treatment and Discharge Planning \(ASPR\)](#) – A fact sheet that includes information for healthcare providers to ensure that patients who are older or have disabilities meet the requirements for safe, post-disaster discharge planning. Also available in [Spanish](#).

Additional Resources and Tools:

[Partnerships for Recovery Across the Sectors Toolkit \(RAND\)](#) – A toolkit that provides (1) a sample survey and steps for fielding the survey to help local health departments locate and identify key community-based organizations that can contribute to disaster response and recovery, (2) a quality improvement guide and sample quality improvement report to help users form guidance concerning partnerships local health departments and community-based organizations, and (3) a tabletop recovery exercise for local health departments and community-based organizations.

Conclusion

Recent emergencies have demonstrated that older adults and people with disabilities continue to face serious and unique challenges in ensuring their health, well-being, and personal safety in the aftermath of an emergency. This HHS/ASPR Capacity Building Toolkit is the latest in a number of important federal resources created to improve outcomes for older adults and people with disabilities impacted by emergencies to ensure that individuals with access and functional needs are able to live independently and participate fully in their communities.

This Toolkit provides information and resources for the aging and disability networks to become more actively engaged in emergency planning work. By building their capacity for emergency planning, the goals of this toolkit are for the aging and disability networks to increase their organization's readiness, establish partnerships with emergency management and public health officials to advance whole community planning, and work with consumers to become better prepared for emergencies. Success on this front will advance the collective goal of HHS/ASPR, HHS/ACL, and the aging and disability networks in ensuring that older adults and people with disabilities enjoy equal access to our nation's emergency preparedness, response, and response resources.



Appendix A: Glossary of Terms

Access and Functional Needs – The term “access and functional needs” is inclusive of a wide range of populations who may have needs before, during, or after an emergency, and informs comprehensive emergency preparedness, response, and recovery efforts. By planning for access and functional needs, we are able to address the needs of the whole community in disasters and public health emergencies. Access- based needs include access to information, services, and support during an emergency. Every member of the community has a need to access information, services, and support during a disaster, and some individuals require additional assistance to do so. Borrowed from the concept of “functional limitations,” functional needs include restrictions or faces barriers to receiving information, services, and support during an emergency. The concept of access and functional needs acknowledges that these needs can overlap and provides a comprehensive approach to addressing the wide range of needs members of the community may have before, during, or after an emergency.

After action report (AAR) – A document summarizing key information related to the evaluation of an exercise or incident. An AAR should include an overview of performance related to each objective and associated core capabilities, while highlighting strengths and areas for improvement. Findings from the AAR may be used to develop an improvement plan.

All-hazards Approach – An integrated approach to emergency planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters, including internal emergencies and a manmade emergency (or both) or natural disaster.

Blue skies days – Non-disaster, steady-state, or normal circumstances.

Centers for Medicare & Medicaid Services (CMS) – A federal agency within the U.S. Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children’s Health Insurance Program (CHIP), and health insurance portability standards.

CMIST (Communication, Maintaining health, Independence, Support and Safety, Transportation) – The CMIST Framework provides a flexible, cross-cutting approach for planning to address a broad set of common access and functional needs without having to define a specific diagnosis, status, or label. This is important because – without the need to define a specific diagnosis, status, or label – anyone can apply the CMIST Framework, from healthcare providers to emergency managers. The CMIST Framework avoids generalizations and assumptions. It provides an approach to address capabilities and needs; therefore, it builds competencies for emergency managers, public health officials, and others towards implementing inclusive emergency planning activities.

Community Outreach Information Network (COIN) – A grassroots network of people and trusted leaders who can help with emergency planning and give information to at-risk populations before, during, and after an emergency.

Continuity of Operations Planning – An effort within individual executive departments and agencies to ensure that Primary Mission Essential Functions (PMEFs) continue to be performed during a wide range of emergencies, including localized acts of nature, accidents, and technological or attack-related emergencies.

Cultural Competency – The ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms, and values the worth of individuals, families, tribes, and communities, and protects and preserves the dignity of each.

Direct Transmission – An infectious agent is transferred from a reservoir to a susceptible host by direct contact or droplet spread.

Emergency Operations Center – A physical or virtual location designed to support emergency response, business continuity, and crisis communications activities.

Emergency Operations Plan – An ongoing plan for responding to a wide variety of potential hazards. It describes how people and property will be protected; details who is responsible for carrying out specific actions; identifies the personnel, equipment, facilities, supplies, and other resources available; and outlines how all actions will be coordinated.

Emergency Support Function – The grouping of governmental and certain private sector capabilities into an organizational structure to provide support, resources, program implementation, and services that are most likely needed to save lives, protect property and the environment, restore essential services and critical infrastructure, and help victims and communities return to normal following domestic incidents.

Epidemic – The occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area, or season.

Full-Scale Exercises – A lengthy exercise that often takes place on location with the same equipment and personnel that would be present during a real event.

Functional Exercises – Occur in a simulated operational environment in which plans and readiness are tested by performing actual duties.

Hazard – A threat with the potential to cause damage.

Health Care Coalition (HCC) – A collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multiagency coordinating group to assist with preparedness, response, recovery, and mitigation.

Hot wash – A facilitated discussion held immediately after an exercise or event among participants. Captures feedback about any issues, concerns, or proposed improvements.

General population shelter – Disaster shelters used to protect community members in response to an emergency.

Incident Command System (ICS) – A standardized approach to the command, control, and coordination of emergency response that provides a common hierarchy within which responders from multiple agencies can be effective.

Indirect transmission – The transfer of an infectious agent from a reservoir to a host by suspended air particles, inanimate objects (vehicles), or animate intermediaries (vectors).

National Incident Management System (NIMS) – A comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across functional disciplines.

National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards) – A set of 15 action steps intended to advance health equity, improve quality, and help eliminate healthcare disparities by providing a blueprint for individuals and health and healthcare organizations to implement culturally and linguistically appropriate services.

Outbreak – The occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area, or season. Used for a more limited geographic area than an epidemic.

Pandemic – An epidemic that has spread over several countries or continents, usually affecting a large number of people.

Psychological first aid – An evidence-informed approach that aims to reduce stress systems and assist in a healthy recovery following a traumatic event, natural disaster, public health emergency, or even a personal crisis.

Redundant communications – Multiple back-up communication modalities.

Resilience – The ability of people, organizations, or systems to adapt to changing conditions and withstand and rapidly recover from disruption due to emergencies or adverse events.

Risk Assessment – A processes to identify potential hazards and analyze what could happen if a hazard occurs.

Situational Awareness – The ability to identify, process, and comprehend the critical elements of information about what is happening in a situation.

Social Distancing – Community infection control measures that work by reducing the opportunity for people to come in contact with infected persons and thus for the virus to spread, reducing the total number of persons affected (e.g., physical isolation).

Tabletop Exercises – Discussion-based sessions to review everyone's roles during an emergency and their responses to particular emergency situation(s).

Whole Community Approach – A means by which residents, emergency management practitioners, organizational and community leaders, and government officials can work together to understand and assess the needs of their communities and determine the best ways to organize and strengthen their assets, capacities, and interests.

Appendix B: Acronym List

AAA – Area Agencies on Aging
ABA – American Bar Association

ACL – Administration for Community Living

ADA – Americans with Disabilities Act of 1990

ASPR – Assistant Secretary for Preparedness and Response

ADRCs – Aging and Disability Resource Centers

CDC – Centers for Disease Control and Prevention

CHIP – Children’s Health Insurance Program

CIL – Centers for Independent Living

CMIST – Communication, Maintaining health,

Independence, Support and Safety, Transportation

COIN – Community Outreach Information Network
ESF – Emergency Support Function

EOC – Emergency Operations Center

EOP – Emergency Operations Plan

FEMA – Federal Emergency Management Agency

GIS – Geographic information system

HCC – Healthcare Coalition

HHS – U.S. Department of Health and Human Services

HIPAA – Health Insurance Portability and Accountability Act

ICS – Incident Command System

I&R/A – Aging and Disability Information and Referral/
Assistance Organizations

IHP – Individuals and Households Program

LEP – Limited English Proficiency

MOA – Memorandum of Agreement

MOU – Memorandum of Understanding

NASUAD – National Association of States United for Aging
and Disabilities

NCLER – National Center on Law and Elder Rights

NIMS – National Incident Management System

NRC-SDM – National Resource Center for Supported
Decision-Making

P&A – Protection and Advocacy Agencies

PA – Public Assistance

PFA – Psychological First Aid

PNP – Private, nonprofit organizations
PTSD – Post-traumatic stress disorder
SBA – Small Business Administration

TA – Technical Assistance

Appendix C: Risk Assessment Table

[illegible]

INSTRUCTIONS

Column 1: Compile a list of assets (people, facilities, machinery, equipment, raw materials, finished goods, information technology, etc.) in the left column.

Column 2: For each asset, list hazards (review the “Risk Assessment” page from Ready Business) that could cause an impact. Since multiple hazards could impact each asset, you will probably need more than one row for each asset. You can group assets together as necessary to reduce the total number of rows, but use a separate row to assess those assets that are highly valued or critical.

Column 3: For each hazard consider both high probability/low impact scenarios and low probability/high impact scenarios.

Column 4: As you assess potential impacts, identify any vulnerabilities or weaknesses in the asset that would make it susceptible to loss. These vulnerabilities are opportunities for hazard prevention or risk mitigation. Record opportunities for prevention and mitigation in column 4.

Column 5: Estimate the probability that the scenarios will occur on a scale of “L” for low, “M” for medium and “H” for high.

Column 6-10: Analyze the potential impact of the hazard scenario in columns 6 - 10. Rate impacts “L” for low, “M” for medium and “H” for high.

Column 8: Information from the business impact analysis should be used to rate the impact on “Operations”.

Column 10: The “entity” column is used to estimate potential financial, regulatory, contractual, and brand/image/reputation impacts.

Column 11: The “Overall Hazard Rating” is a two-letter combination of the rating for “probability of occurrence” (column 5) and the highest rating in columns 6 - 10 (impacts on people, property, operations, environment, and entity).

Carefully review scenarios with potential impacts rated as “moderate” or “high.” Consider whether action can be taken to prevent the scenario or to reduce the potential impacts.

Appendix D: Worksheet 2.1: Individual Job Continuity Planning Worksheet

 Planning to continue operations during an emergency helps to identify your critical job functions and how you plan to carry them out under unusual circumstances. Consider your specific job functions, how they are normally done, how they could be performed outside of the norm, and how you would communicate with your organization.

Your personal planning (done on this worksheet) will be a complement to your community-based organization's Emergency Preparedness Plan. Making a plan for yourself will help you and your organization react to an emergency in a timely manner. Remember, this document may cover more than you need to plan for, or it may not have all that you need to plan. This is a "jumping-off point" for planning. You can make your plans anything you want, as long as they work for you and your organization.

Job Function	Comments
What are your overall job functions?	
What are your most critical job functions? (What do you have to do to keep the organization running?)	
Prioritize these critical job functions:	
Modify your list if necessary to take seasonal circumstances into account.	
What do you absolutely need/require to do your job?	
Dependencies	
What other jobs or job functions do you absolutely need to do your job?	
Are there alternatives to these needs/functions?	
Do you rely on another person (either internally or externally) to do your job? Do they have a plan?	
Do others rely on you to do their jobs? Are you making these functions a priority for you? (Work with these other people to help create a larger plan.)	
Alternatives	
Can you do your job from a different location? (i.e., home, a different office)	
How would you do your job from a different location? Do you have the equipment at home that is necessary?	

Can you do your job without electricity? How?	
Are your alternatives realistic? If not, can you make them more feasible?	
Is there a time limit for being able to perform your job under different conditions?	
Communication	
What communication methods do you use externally and internally now?	
Will you be able to maintain these lines of communication in an emergency?	
Prioritize your communication methods:	
Will you be able to maintain communication if lines are limited (no phone, no electricity)? How?	
Organization Level	
Do your answers (your plan) align with your organization's priorities, mission, people, and property?	
Do your answers (your plan) align with your organization's Continuity of Operations Plan?	
Who will be receiving this plan? (Everyone should know what the plans are.)	
In the event of an emergency, could you take on another role with your organization?	
What other role?	
Can someone take on your job functions (if you are unable to perform it)? Who could? (Talk with them and work together on this plan.)	
You should review and update your plan annually – make a date now.	

Source: City of Bloomington, MN

Appendix E: Worksheet 3.1: ADA Compliant Pre-Pandemic Employee Survey

The U.S. Equal Employment Opportunity Commission developed a sample survey to help organizations plan for employee absenteeism during a pandemic. This survey is Americans with Disabilities Act (ADA) compliant. Organizations may identify ways that employees are more likely to be unavailable for work during a pandemic, provided an inquiry is not disability-related. An inquiry is not disability-related if it is designed to identify potential non-medical reasons for absence during a pandemic (e.g., curtailed public transportation) on an equal footing with medical reasons (e.g., chronic illnesses that increase the risk of complications). The inquiry should be structured so that the employee gives one answer of “yes” or “no” to the whole question set without specifying which factor(s) that apply to them. The answer need not be given anonymously.¹

ADA-COMPLIANT PRE-PANDEMIC EMPLOYEE SURVEY

Directions: Answer “yes” to the whole question *without specifying the factor that applies to you*. Simply check “yes” or “no” at the **bottom of the page**.

In the event of a pandemic, would you be unable to come to work because of any one of the following reasons:

If schools or day-care centers were closed, you would need to care for a child;

If other services were unavailable, you would need to care for other dependents;

If public transport were sporadic or unavailable, you would be unable to travel to work; and/or;

If you or a member of your household fall into one of the categories identified by the CDC as being at high risk for serious complications from the pandemic influenza virus, you would be advised by public health authorities not to come to work (e.g., pregnant women; persons with compromised immune systems due to cancer, HIV, history of organ transplant or other medical conditions; persons less than 65 years of age with underlying chronic conditions; or persons over 65).

Answer: **YES** _____

NO _____

¹ U.S. Equal Employment Opportunity Commission. (2009). *Pandemic Preparedness in the Workplace and the Americans with Disabilities Act*. Retrieved August 28, 2018 from https://www.eeoc.gov/facts/pandemic_flu.html.

Appendix F: Worksheet 4.2: Transportation Memorandum of Agreement Template

MEMORANDUM OF AGREEMENT

Transportation services for evacuation of the public including people with access and functional needs

Between: XXXXXXXX County Operational Area

And Transportation Company Name

1. Purpose

The purpose of this Memorandum of Agreement (MOA) is to establish a mechanism whereby through which Transportation Company Name (hereafter referred to as the Transportation Company) agrees to support the XXXXXXXX County Operational Area (hereafter referred to as the OA) and work together as cooperating parties during emergency evacuations, including aiding in the safe transport of children, the elderly and people with access and functional needs.

2. Description

The OA and the Transportation Company enter into this MOA in good faith for the provision of transportation services to support evacuation orders issued as a result of natural, technological or human-caused disaster. The following is representative of, but not limited to, the principle tasks the Transportation Company might be activated to accomplish:

- Transport evacuees from at-risk areas to reception centers, shelters or other safe havens
- Modify existing transportation services to better serve the transportation needs of evacuees
- Modify existing transportation policies (e.g., fare policies, pets on vehicles, securement of mobility devices) to better accommodate the needs of evacuees (including people with access and functional needs)
- Return evacuees from safe havens to their residences (re-entry).

3. Deployment Activity

This agreement may be activated only by notification by the designated Incident Commander (IC) or his/her designee. Deployment activation, pursuant to this MOA, may occur at any time, day or night, including weekends and/or holidays; including 24/7 continuous service.

Upon acceptance of deployment, the Transportation Company will have equipment en route to the designated location within 120 minutes from the time it receives the official deployment notification from the IC or his/her designee. For reimbursement purposes, mission tasking will begin when the Transportation Company's personnel checks in at the incident Staging Area and will conclude when the deployment authorization has been met or the IC and/or his designee issues demobilization orders for the resource(s).

4. Terms

This agreement shall be in full force and effect beginning the date of execution and ending XXXXXX

This agreement will be renewed automatically unless terminated pursuant to the terms hereof

- Transportation Company personnel who respond must be in good standing with the company, and up to date on all requisite licensing and permitting
- Deployed Transportation Company personnel must abide by all federal, state and local laws
- All deployed personnel from the Transportation Company will be properly identified by uniform and employer identification card with photo.
- The Transportation Company will only deploy staff upon receipt and under the terms of the official deployment notification(s) as described in Section 3.
- The Transportation Company must provide detailed records certifying miles and hours of service provided.

5. Cost Reimbursement

In the event that this Agreement is activated and Transportation Company assets are deployed, the Transportation Company may invoice the OA based on the total allocated cost per mile and cost per hour.

6. Method for reimbursement

- The OA will provide a method for submitting the required information for invoicing as part of the initial notification.
- The Transportation Company must submit accurate paperwork, documentation, receipts and invoices to the OA within 30 days after demobilization.
- If the OA determines that the Transportation Company has met all requirements for reimbursement, they will reimburse the Transportation Company within 30 days of receiving a properly executed reimbursement request.

7. Resource estimates

In order for the OA to properly plan for transportation needs for disaster response, the Transportation Company estimates the following resources could be made available by the Transportation Company:

- Detail vehicles that may be made available
- Detail staff that may be made available

8. Contract Claims

This Agreement shall be governed by and constructed in accordance with the laws of the state of California as interpreted by California courts. However, the parties may attempt to resolve any dispute arising under this Agreement by any appropriate means of dispute resolution.

9. Hold Harmless/Indemnification

The Transportation Company will hold harmless and indemnify the OA against any and all claims for damages, including but not limited to all costs of defense including attorney's fees, all personal injury or wrongful death claims, all worker's compensation claims, or other on the job injury claims arising in any way whatsoever from transportation of the public, including individuals with access and functional needs; during the disaster evacuation or reentry to their residence(s).

10. Acceptance Agreement

A Transportation Company offering to enter into this MOA shall fully complete this MOA with information requested herein, sign two originals of a fully completed MOA, and sent both via regular US mail.

In addition, a copy of the MOA, signed and fully completed by the Transportation Company, shall be faxed or sent to the OA.

As noted, by the signature (below) of the Transportation Company or its authorized agent, the Transportation Company agrees to accept the terms and conditions as set forth in this Agreement, agrees to abide by the requirements for reimbursement and waives the right to file a claim to be reimbursed for any amount above the payment schedule amount, as outlined herein. All amendments of this MOA must be in writing and agreed to by the Transportation Company and OA.

Name of Transportation Company

Address and contact information

Signature of Company Representative or Authorized Agent:

Printed Name and Title

Date

XXXXX County Office of Emergency Services

Address and contact information

Signature of Operational Area Representative or Authorized Agent:

Printed Name and Title

Date

Source: California Office of Emergency Services

Appendix G: Worksheet 9.1: Hot Wash Question Template

For more information, see the [FEMA Hot Wash Form](#).

Identify the top three things that worked well during the response:

- 1.
- 2.
- 3.

Identify the top three areas for improvement:

- 1.
- 2.
- 3.

General Comments: