

Persons with Special Needs

**Working Conference on Emergency Management and
Individuals with Disabilities and the Elderly**

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What is Meant by Special Populations?

Functional Definition:

Persons of all ages with a temporary or long standing disability and/or medical condition.

Disability Categories

- *Physical Disabilities - e.g., spinal cord injuries*
- *Sensory Disabilities – hearing and/or visual*
- *Behavioral Disabilities – psychiatric and/or substance abuse disorders*
- *Cognitive and Intellectual Disorders*
- *Mental Retardation*
- *Chronic Medical Disorders – e.g., Multiple Sclerosis, Arthritis*

President Bush Support

President Bush, on July 26, 2004, issued Executive Order 13347 in order to “strengthen emergency preparedness with respect to individuals with disabilities.” It became a policy of the Federal Government to consider the unique needs of persons with disabilities; to ensure the supports needed by individuals with disabilities are integrated into emergency preparedness planning and implementation of emergency preparedness plans by Federal, State, local, and tribal governments and private organizations.

“Never Again.”

- For 10 years prior to 9/11, disaster After Action Reports repeated the same recommendations for improving emergency preparedness planning for persons with disabilities.
- The White House Lessons Learned Report following Katrina repeated those same recommendations.

Major problems during Katrina...

- People with disabilities were separated from their supports during evacuation and sheltering:
 - Caregivers
 - Family
 - Service animals
 - Durable medical equipment

Major Problems During Katrina

continued

- People with disabilities:
 - Were summarily refused admission to general and special needs/medical shelters where they could function independently but were placed in institutions and nursing homes;
 - eligibility for medical benefits were questioned when they were moved to another state;
 - experienced delays in discharge because they did not have an appropriate home to go to or lived in a different state and had no provisions for transportation.

Why?

- Majority of the shelters –such as general population, special needs, medical needs shelters - were not prepared to provide necessary accommodations for persons with disabilities and disability expertise was lacking among the staff.

- Because there were no performance measures to evaluate how emergency plans addressed the unique needs of persons with disabilities, the June 16, 2006 evaluation of State Plans required an independent evaluation team made up of ICC members to create performance measures in order to identify effective State plans.

Shelter Assessment Tool Development

- One of the issues identified in the White House Hurricane Katrina “Lessons Learned” publication was that the federal departments were asked to respond to the challenge of addressing the needs of persons with disabilities during an emergency.

Emergency Preparedness Planning

- At the present time, there are limited mechanisms for enforcing comprehensive emergency preparedness planning at the federal, state or private organizational levels.
- A comprehensive plan addresses the unique challenges facing persons with disabilities during an emergency event, particularly in regard to evacuation plans. Only a few emergency preparedness planning efforts involve persons with disabilities or their representatives.

Addressing Persons with Disabilities/Medical Needs

- The HHS Office on Disability (OD) is working in partnership with the OPHEP to ensure that persons with disabilities/medical conditions are included in all emergency planning and response documents and activities.
- In support of emergency planning and preparedness activities the OD, with OPHEP, is developing two important tools for emergency workers:
 - Shelter Assessment Tool
 - Emergency Planner Toolkit

Shelter Screening Tool

- This tool helps ensure that persons of all ages with a temporary or long standing disability and/or medical condition are provided the specific assistance and services needed to help maintain their highest level of independence during a manmade or natural disaster. The two parts of the Shelter Assessment Tool to help ensure appropriate shelter placement are:
 - A function-based triage tool used by emergency workers prior to shelter placement.
 - A Checklist used by general population shelter staff to supplement to the shelter's usual intake process or emergency workers at designated reception or other centers at which a determination needs to be made on placement of persons evacuating from a designate area.

Assessment Tool Guidelines

- Many individuals with disabilities do not have medical needs and many individuals with medical needs do not have functional disabilities.
- Consistent with the goal of highest level of independence, many people with disabilities and/or medical conditions are best served in a general population shelter.
- Families and individuals with a personal care assistant/caregiver remain together so they can support each other and maintain independence during the emergency.
- Individuals and their service animals remain together to maintain independence during the emergency.
- Replacements for lost/missing durable and other medical supports such as a wheelchair, cane, walker, hearing aid battery, personal care assistant/caregiver, scooter, and medication need are made available to individuals to help regain and maintain independence.

Assessment Tool Decision-making

- After transport to a reception center or transfer to shelter point
 - Is there a medical condition that requires professional attention?
 - Is other non-medical support required?
- After arriving at the shelter
 - Is this the best shelter for receiving aid or support?

Initial Use of Assessment Tool

OPHEP and the Red Cross are in the process of committing to the “mutual use” of the same Shelter Assessment Tool for Identification of Persons with a Disability and/or Persons with a Possible Medical Condition during a Public Health emergency response for potential or actual Incidents of National Significance as defined in the National Response Plan.

Emergency Planner Toolkit

Purpose – provide a practical guidance document that prepares state emergency preparedness planners to integrate supports for persons with disabilities into state emergency preparedness plans and operations (A Community Planning Toolkit for State Emergency Preparedness Managers.)

Toolkit Overall Objective

- The overall objective of this toolkit is to ensure that states meet the Presidential mandate - by providing a comprehensive guidebook and supporting other information that addresses the supports for persons with disabilities in state emergency plans and operations, and the states responsibility to provide a model for local emergency plans.

Toolkit Composition

- The Toolkit is expected to provide information on:
 - Areas of Emergency Preparedness to consider for People with Disabilities
 - Acute and chronic health Issues applicable to all disability areas
 - Unique Health Issues for People with Disabilities in disasters
 - Unique Issues for Specific Disability Areas in Emergency Preparedness Planning for the Health Needs of People with Disabilities

Toolkit Supporting Information

- Vignettes supporting
 - Emergency Preparedness Phase
 - Response Phase examples
 - Recovery Phase examples
 - Mitigation Phase examples
 - Planning Checklist

Conclusion

- Emergency Preparedness is preparedness for **EVERYONE**.
- Planning for emergencies/disasters is an inclusive plan – a plan for the general population that identifies and integrates adjustments into the plan that includes persons with disabilities.
- This means planning for someone who needs a plan somewhat different from the general population to address cognitive, sensory, physical, behavioral and intellectual challenges.
- We are talking about 54 million people, about 1 in every 4 persons in each state.

Conclusion - *continued*

- The keys to integrated planning are:
 - First, including persons with disabilities and persons with expertise re: disabilities on the planning team.
 - Second, blending the languages of planning and disabilities so that there is one voice.
 - Third, training 1st responders to interact with persons with disabilities so that those plans can be carried out.