



**New Mexico Department of Health  
Emergency Operations Plan Annex # 7**

**Access and Functional Needs Plan**



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**Contents**

Introduction, Purpose, Definition, Scope, Situation, and Assumptions..... **Error! Bookmark not defined.**

Purpose ..... 1

Definition ..... 2

Scope..... 4

Situation Overview ..... 4

Assumptions..... 6

Concept of Operations ..... 7

Agreements and Understandings ..... 7

Individual Preparedness ..... 8

Awareness and Prevention..... 8

Preparedness..... 9

Local Jurisdictions ..... 10

State Government..... 11

Public Information ..... 13

Transportation ..... 14

Medical Countermeasures ..... 15

Shelter Operations..... 15

Re-entry ..... 18

Recovery ..... 19

Organization and Assignment of Responsibility ..... 19

Appendix A-

Access and Functional Needs Categories..... 22

Appendix B -

Definitions..... 25

Appendix C -

References..... 27

Appendix D - CMIST Functional Needs

Framework..... 28

Appendix E - Functional Needs Coordinator

Checklist..... 31

## **Introduction**

The National Response Framework (NRF) provides guiding principles that enable response partners to prepare and provide a unified national response to disasters and emergencies from the smallest incident to the largest catastrophe. The National Incident Management System (NIMS) provides a systematic, proactive approach to guide departments and agencies at all levels of government to include nongovernmental organizations and private sector to work seamlessly to prevent, protect against, respond and recover from and mitigate the effects of incidents regardless of cause, size, location or complexity to reduce the loss of life and property and harm to the environment. NIMS 2010 requires all emergency managers to include planning for at-risk populations also known as special, vulnerable and targeted populations; more currently known as individuals with access and functional needs population.

Section 12132 of the Americans with Disabilities Act provides that “...*no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.*”

<https://www.ada.gov/>

This Plan is provided by the New Mexico Department of Health (NMDOH) to assist personnel in providing guidance on how to respond to those at risk in their emergency response plans, based on ADA, CDC, and ASPR guidance.

## **Purpose**

The purpose of the Access and Functional Needs Plan (AFN) is to identify the actions, responsibilities, and roles involved in creating synchronized emergency operation assistance from the Department of NMDOH for New Mexicans and visitors with access and functional needs. The NMDOH mission is to ensure availability of services for access and functional needs populations before, during and after an emergency. As such, this annex is part of the NMDOH Emergency Operations Plan (EOP) and provides direction and guidance.

When the varying needs for access and functional accommodations are viewed as a spectrum, there are often overlapping response needs. Emergency management planning that focuses on addressing the most severe or debilitating conditions will accommodate less severe needs as well, benefiting the entire population, in general improving response for the entire community.

When activated, the AFN Plan provides systemic guidance for integration of emergency resources based on the NRF encouraging innovative adaptable tactics and solutions consistent with a community’s strengths and resources. This annex will not replace plans and procedures developed by local or county jurisdictions. This plan provides the necessary guidance for local communities and counties to develop compatible plans and procedures, thereby establishing a common direction toward achieving congruent goals. Any additional provisions for functional need members of the community should be permitted by self-selection and, thus, no community members will be assumed to be in greater need of assistance until such assistance is requested or identified.

## **Definition**

The focus of this annex on individuals or groups whose needs are not fully addressed by traditional service providers or who feel they cannot comfortably or safely use the standard resources offered during preparedness, response and recovery. This definition is consistent with the Pandemic and All-Hazards Preparedness Act (PAHPA) as well as the Centers for Disease Control and Prevention (CDC).

Any situation that creates a barrier from comprehension or the ability to act during all phases of emergency management fall into this category and may be:

- Permanent or temporary
- Visible or not readily identified
- Chronic or episodic
- Sensory
- Cognitive
- Socioeconomic
- Physical
- Mental
- Cultural
- Ethnic
- Age related
- Citizenship status related

There are many terms that attempt to categorize this population such as “*at risk*” or “*vulnerable*” or “*special*” populations. Many labels, including “*disabled*,” invoke the ecological fallacy where assumptions or inferences are made about a person based upon characteristics of that population group. This fallacy must be avoided. No one is particularly in need or at risk purely because of one characteristic of themselves nor does receiving services or aid prohibit the independence of an individual. The likelihood of being affected by conditions posing the threat of harm is not an intrinsic property of any label but is mitigated by numerous factors and threat-reducing resources. The self-selection policy avoids the ecologic fallacy by making no initial judgments or assumptions of ability yet still provides the care necessary to the individual.

This annex utilizes a function-based definition thereby focusing on the capabilities of the individual, not the condition, label or medical diagnosis; and will use “*functional needs*” or “*access and functional needs*” with the end goal of whole community inclusion, because every life matters. Identifying people with functional needs by specific disability or need is counterproductive and inevitably leads to unequal access to services. Needs often overlap and there are many people with functional needs who do not consider themselves as having a disability. A more effective approach is to consider **CMIST**, the five areas of fundamental health and well-being for access and functional needs of the communities. Planning for recovery will be implemented at the same time emergency response actions necessary to protect the public are taking place locally. Preparations will be made for rapid deployment of resources necessary to facilitate recovery.

<https://www.phe.gov/Preparedness/planning/abc/Pages/afn-guidance.aspx>

## CMIST

The main areas of function are: Communication, Medical, Independence, Supervision and Transportation (*CMIST*).



**Communication-** People that have limited ability to see, hear, speak or understand; mainly issues that interfere with the receipt of and response to provided information. Thus, alternative methods must be provided in a manner that can be used and understood. People with communication needs may not see signs, understand messages, verbalize their concerns, or hear announcements because of vision, speech, English proficiency, cultural, cognitive or intellectual limitations.



**Medical-** Those who are not completely self-sufficient because they require: assistance in managing daily living activities or unstable, terminal or contagious conditions necessitating observation and ongoing treatment, administration of medications, intravenous therapy, catheters, tube feeding, dialysis, oxygen, support from trained medical professionals and/or medical devices. Often those with visible impediments are mistakenly put into this group.



**Independence-** This group includes people able to function independently if they have assistive devices or equipment, such as mobility aids, communication aids, service animals, attendants or caregivers for specific tasks. Addressing independence needs can greatly impact the allocation of otherwise scarce resources.



**Supervision-** Those who have lost or do not have adequate support from family and friends or are unable to cope, or have psychiatric conditions (like dementia, Alzheimer's disease, schizophrenia, depression or another severe mental illness). If separated from caregivers, parents or guardians, they may be unable to identify themselves or lack the cognitive ability to assess and react appropriately. Individuals requiring supervision often include the very young and very old, but this is not an absolute.



**Transportation-** Emergency response involves mobility, and this include people who cannot drive. Transportation needs include both the need for accessible transportation and information about where and how to access mass transportation in an emergency. Many individuals are self-sufficient once relocated.

While there are several methods of identifying and categorizing the population in question, this Plan will focus on functional needs. Historically, easily identified groups were looked at causing assumptions to be made discussed earlier; to improve efforts in integrating access and functional needs, it may prove beneficial to focus on the groups that generically have less resources and greater vulnerability while recognizing that population group characteristics speak for the stereotypical not the individual-event planning must include, but is not limited to, adequate representation of the following areas noted in the *CDC's Public Health Workbook: Economic Disadvantage, Language & Literary, Medical Issues & Disability, Isolation, and Age*. They include:

- People who are physically or mentally impaired (e.g. blind, deaf, hard of hearing, have learning disabilities, mental illness or mobility limitations)
- People with limited or no English language abilities
- Geographically or culturally isolated people
- Homeless people
- Senior citizens
- Children

In New Mexico, this may also include

- Border residents
- Immigrants both legal and illegal
- People with disabilities
- Homebound or incarcerated
- Visitors
- Tourists

## Scope

The AFN Plan applies to all participating departments and agencies of jurisdictions contained within the geographical boundary of New Mexico. During a public health incident or emergency, NMDOH will take on the lead role for the Emergency Support Function (ESF) #8 Health and Medical, participating in a unified command structure as needed, with other federal, state, county, local and or private partners making critical and strategic decisions regarding public health issues.

The NMDOH Epidemiology and Response Division (ERD) Bureau of Health Emergency Management (BHEM) established the Access and Functional Needs Workgroup (AFN WG) engaging agencies and organizations to support planning, community mapping, communication dissemination, guidance development, training and other initiatives for implementing the AFN Plan. The AFG WG meets quarterly to review functional need population planning documents, associated activities, and provide input regarding specified populations.

## Situation Overview

The AFN population is extensive with many reasons for being reluctant or hesitant to identify themselves as having functional needs. Those reasons include denial of functional needs, fear of a magnified risk of crime, social discrimination, putting their employment in jeopardy, or just not wanting to divulge that information. As a rural jurisdiction of small population, most of the individual's with functional needs are known to the community in which they reside. As the size of jurisdictions increase, however, there will be more than likely an increasing trend toward anonymity. New or seasonal persons may not be known by the community at large.

Any person at any time may need additional assistance. It simplifies the situation to assume that everyone may need help with emergency response and recovery activities including, but not limited to:

- Preparation
- Notification
- Communication support and adaptive equipment
- Evacuation and transportation
- First aid and medical services, equipment and supplies
- Sheltering
- Temporary lodging and housing
- Transition back to the community
- Clean up and recovery
- Other emergency and disaster programs, services, and activities

*The Americans with Disabilities Act* requires that everyone must benefit from services, regardless of different levels of functionality. These accommodations must occur in the most integrated manner possible except when doing so imposes an undue financial or administrative hardship or alters the nature of the service in a fundamental way. A proactive and inclusive approach to emergency management includes education, preparation and empowerment of the functional needs community to improve the effectiveness of response efforts. Additionally, these efforts provide the necessary examination and practice to make individuals most versant, efficient and confident in communicating response needs.

<https://www.ada.gov/>

Outreach to those with functional needs are coordinated through collaboration with functional needs population agencies, service providers and facilities to manage the needs of their clients through encouragement of individual preparedness education, agency and facility preparedness, planning, and follow-up with clientele preceding a major disaster. Should lists identifying individuals be obtained at the time of an event or disaster, the identification, address, phone number, disability, or other information pertaining to persons with functional needs will not be divulged to unauthorized persons as according to HIPPA regulations. NMDOH uses the *emPOWER* tools, an initiative developed by Department of Health and Human Services (HHS) and Office of the Assistant Secretary for Preparedness and Response (ASPR) thru a partnership with Centers for Medicare and Medicaid. The *emPOWER* tool, an integrated platform supports and provides progressively dynamic data and mapping tools that can help state and local health departments, and their partners, to better anticipate, mitigate, plan for, and respond to the potential needs of at-risk persons with access and functional needs prior to, during, and after a disaster.

*emPOWER* strengthens NMDOH's capabilities to ensure preparedness efforts are inclusive, addressing the needs of all residents.

<http://nacchopreparedness.org/the-hhs-empower-initiative-emergency-preparedness-tools-addressing-the-needs-of-energy-dependent-at-risk-populations-2/>

## **Children**

While children fall into the broad category of people with functional needs, this population encompasses 24.9% of the entire population of New Mexico, making them the largest group with access and functional needs and thus, all phases of emergency management should specifically account for children. Supervision is the functional need that is most prevalent for children and, this cannot be stressed enough, children without parents, guardians or appropriate supervision could fit all other functional categories. Children are also the largest group that may be unable to communicate their medical needs, allergies, immunization record, and/or current medications without guardian supervision. Most importantly, children may not recognize the inherent dangers they may encounter during a disaster or emergency. Additionally, most emergency equipment and training focus on the needs and specifications of adults, and are not appropriate, even potentially dangerous, to use with children.

Children are more medically susceptible than the general population to disasters for several reasons. Anatomic, physiologic, and developmental issues are present with children and they display markedly different vital sign ranges as normal/baseline. Children breathe at a faster pace, have a higher basal metabolic rate, and have an increased body surface area/mass ratio than adults. While growth rates are also higher for children, most of this population live closer to the ground and have thinner, less keratinized skin. All these aspects are important considerations for health emergency situations, for example, in decontamination or poisoning. Some children are at greater risk for infection, due to weaker immune systems, and have a greater likelihood of experiencing mental or behavioral health impacts in an emergency as children rely on routine for emotional stability. Specific planning should revolve around the emotional wellbeing of children both with and without their supervision.

## **Planning Assumptions**

Any disaster could occur independently or in tandem and cause a dire situation in New Mexico. The situation will vary in scope and intensity from small and contained to widespread and overwhelming. Thus, planning is structured in a general nature to be scalable in its application, as there could be several situations in different areas concurrently. Adhering to this plan will aid those with access and functional needs by avoiding or reducing threats to life, wellbeing, liberty and property. People will suffer unnecessarily if functional need planning and preparedness is not considered and incorporated into emergency operation plans and there is disruption to specific services. As with anyone, assistance will only be required after depleting their usual resources and support network. These support networks will continue developing personal response plans, call lists, coordinating resources and discussing how to address the situation. However, preparedness, planning and mitigation will enhance the emergency response, as the strength of a support network cannot be assumed.

Emergency management, emergency response and community members will be assisted by resources in the community like housing managers, interpreters, and healthcare personnel. As part of the critical support network and healthcare delivery, providers are familiar with the functional needs of many individuals. Known populations of persons dependent on others for ordinary life care functions will need special preparedness efforts to survive major disasters, such as large earthquakes.

All segments of the population need a plan to respond to disaster in a major disaster, people with functional needs are often more adversely affected than the public due to their increased dependence on physical infrastructure and social and communication support systems. The demand for service and support will invariably escalate while the ability to provide them can be expected to decline. Many people with functional needs are served and supported by medical and general care providers in group homes, day care settings or in their own homes. A major event would significantly disrupt or prevent care providers from making available their regular services.



Many disaster victims can be expected to immediately become members of vulnerable population groups due to changes in their health or their environment. Low-income residents are more vulnerable due to loss of housing and more greatly impacted by the loss of income. This may exacerbate their need for assistance, services and support. A major disaster requiring evacuation of large numbers of people, along with their needed medications and life-sustaining equipment will challenge the limited accessible local transportation and accessible temporary facility resources.

## **Concept of Operations**

NMDOH may declare states of health emergency on the local, county, regional, or statewide level. Additionally, there may be health aspects to an emergency requiring NMDOH assistance. All requests for State assistance should go through the local emergency manager to the New Mexico Department of Homeland Security and Emergency Management (DHSEM) State Emergency Operations Center (EOC) which will send Emergency 8 Support Function related requests to the NMDOH Department Operations Center (DOC). DHSEM becomes the agency of primary responsibility when the State EOC is activated. The NMDOH DOC responds to the health needs of all populations, including functional needs populations, within each activated congregate care facility or service provided to shelters, without regard to race, color, national origin, religion, English proficiency, sex, age, marital status, personal appearance, sexual orientation, familial status, disability, economic status, or any affiliation or perception thereof.

## **Agreements and Understanding**

The jurisdiction is explicitly prohibited from denying facilities, services, or benefits of the jurisdiction emergency management programs to any person on the grounds of that person's race, color, national origin, sex, age, or disability. Memorandums of Understanding (MOU) with adjoining counties or local governments are recommended to recognize that certain situations require effective coordination and cooperation between jurisdictions to achieve effective response and provide for the general safety and health of residents. These documents can formalize and focus attention on commitments and help avoid misunderstandings. Unless otherwise provided, agreements should remain in effect until rescinded or modified. Annual or other periodic updates are recommended to prevent them from becoming outdated.

It is recommended that emergency use of resources and capabilities of organizations be pre-arranged through agreements to the maximum extent feasible. Agency officials entering into agreements should formalize them in writing whenever possible. Agreements between elements of the same government should be included with emergency operations plans and their respective annexes.

Details of such agreements, which are inappropriate for inclusion in these annexes, should be set forth in a Standard Operating Guide (SOG), Standard Operating Procedure (SOP), instructions, or other guidelines of the units of government concerned. A clear statement of agreement regarding payment reimbursement for personal services rendered, equipment costs, and expenditures of materials is also recommended as there are specific Federal Emergency Management Agency (FEMA) requirements for disaster reimbursement. Agreements with private and other non-profit relief organizations, such as the American Red Cross, can provide immediate aid to disaster victims and provide some types of aid that the government is unable to render.

## Individual Preparedness

Success in aiding people with functional needs is directly related to the level of effort expended in the preparedness phase. During this phase the emphasis is on two main efforts:

- Promoting personal preparedness among individuals with disabilities, children, and others with access and functional needs, as well as their families, caregivers and service providers
- Incorporating functional needs in the Emergency Operations Plan and Annexes and all supporting plans

It is imperative that all New Mexican residents understand that it is the individual's responsibility to properly plan and prepare for potential emergencies and disasters. Persons with functional needs are also responsible for being aware of their county or municipality warning and communication systems and evacuation plans as well as their own warning, evacuation, and sheltering requirements or have guardians aware of these requirements. As such, residents with functional needs are strongly encouraged to create and maintain personal emergency plans, a ready kit and go bag to care for themselves if a disaster or emergency occurs. Many people who are self-sufficient are dependent on tools and/or medicine to maintain their autonomy in emergency response planning. All persons are expected to create contingency plans for their own emergency preparations that consider these potential limitations. Typically, these preparations include all necessary items for 72 hours of subsistence such as:

- Food and water
- Clothing
- Medication
- Extra oxygen
- Hearing aid and extra batteries
- Assistive equipment or devices
- Personal and medical information
- Medical supplies
- Eyeglasses
- Chargers
- Service animal supplies

Also, the addition of a personal support network of friends and family to assist in an emergency will decrease the risk of harm and act as a conduit for information. Communication will be impacted in an emergency thus planning with someone out of state, 100-mile separation or at least in differing neighborhood will improve the ability to communicate as they may not be affected by the emergency.

## Awareness and Prevention

The New Mexico Department of Health (NMDOH) encourages each department, agency, and local jurisdiction, to anticipate requirements to assist the functional needs population and allow the staff to react effectively in an emergency by integrating emergency planning needs into all existing local programs, policies, and plans. The NMDOH promotes and advocates the values and practices that recognize and respect the legal and human rights and strengths of persons with functional needs by complying with:

- *The Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards*
- *the Rehabilitation Act of 1973*
- *The Post-Katrina Emergency Management Reform Act, and the Americans with Disabilities Act (ADA) of 1990*

Adherence to standards will improve if regulatory or incentive strategies are created. To that end, all current state programs, policies, and plans for meeting functional needs in emergency preparedness and response should be cataloged and those most relevant to local and regional emergency operations planning should be incorporated into local and regional plans. Training and educational materials that prepare staff to meet the functional needs of diverse populations at local jurisdictions will sustain an inclusive response.

## **Preparedness**

Preparedness should occur at every level of government and address the methodology necessary for appropriate incorporation of functional needs. To that end, the creation, exercise, and maintenance of planning protocols, operational guides, and standards should include lessons learned, best practice, and evidence-based recommendations. Many of these standards promote access and functional need knowledge dissemination in the form of education and training for the emergency management community including specialized communications, direction and control, assistance, and awareness of available resources. In the planning and preparation phases, developing templates in accessible formats, public education and emergency response materials, including universal symbols and signage, will not only save time and money but potentially lives as well as demonstrating compliance and inclusivity.

It is necessary therefore to develop and maintain an inventory or directory of statewide and local community assets, agencies, personnel, equipment, services and resources that represent and provide services to the functional needs' population for use in an emergency. Memorandums of Understanding (MOU) will be established with these pertinent agencies and public/private partnerships to form *Community Outreach Information Networks (COIN)* and benefit from an exchange of resources from both parties. Every person who lives, works, or travels through your community should be able to access information in an emergency. To ensure that happens, regardless of the communication and other barriers, you must first know who is in your community at any given time and how best to reach them with messages that will motivate action.

Community engagement and collaboration is crucial to achieve truly inclusive emergency planning. Comprehensive preparedness is only possible when public health professionals integrate the knowledge and skills of governmental and local public service providers, community-based organizations (CBOs), faith-based organizations (FBOs), and public health toward a common goal of enhancing communication, response, and recovery efforts. Community organizations should be involved in emergency preparedness planning from the beginning and engaged at every step of the way. The process to accomplish this mission is divided into three phases: define, locate, and reach. Each phase includes specific activities to help you create and maintain your own 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 during an emergency.

### **Goals of the COIN:**

1. Determine modes of communication in place throughout the county
2. Identify unique challenges to communicate with special needs populations
3. Identify vulnerable populations preferences for getting information from other sources

[https://www.ora.gov/SNS/AtRiskTool/content/firststeps\\_page\\_010.html](https://www.ora.gov/SNS/AtRiskTool/content/firststeps_page_010.html)

The skills utilized in the creation of this inventory and other technical guidance and assistance should be shared with disaster recovery partners, local emergency planning committees and emergency managers as well as local government, health, social services, legal, and faith-based organizations so that the community at large can identify additional resources, develop and coordinate service delivery, and identify further gaps. People who have disabilities and other functional needs, agencies, and organizations that provide support to people with functional needs are valuable resources in their local jurisdictions as emergency response personnel will need guidance. Individuals with functional needs have firsthand experience regarding the assistance they require when in a variety of situations. Including people with functional needs at all levels of emergency response planning is critical to the development of a comprehensive response plan so that issues will be raised and potentially addressed before the emergency management plan is submitted for approval and promulgated.

Private industry and service organizations are key partners for government agencies in responding to emergencies affecting persons with functional needs within their jurisdictions. Volunteer organizations with specific training and experience supporting persons with functional needs, such as the American Red Cross, The Salvation Army, and church groups are uniquely suited to assist when emergencies happen. Including these organizations in the local planning process is critical to the success of the subsequent response effort.

Local resources are limited. The intent of *Title II, ADA* will be followed to ensure that emergency management programs, services, and activities will be accessible to and usable by individuals with disabilities without causing undue financial or administrative hardship on State or local governments providing the emergency- and disaster-related response and recovery operations and services. Responsibilities and requirements outlined in *Title II, ADA* will be prioritized and instituted to provide for immediate, lifesaving needs during response operations until the return and transition back into the community during recovery operations.

[https://www.ada.gov/ada\\_title\\_II.htm](https://www.ada.gov/ada_title_II.htm)

The State of New Mexico depends on the State ADA Coordinator Council to provide guidance on and interpretation of matters regarding all aspects and phases of the ADA. The local emergency manager and the regional emergency preparedness specialist are encouraged to work with the State ADA Coordinator Council to ensure compliance with the intent, purpose, and requirements of the ADA as the Statute applies to emergency management during all phases of emergency or disaster operations.

<https://chfs.ky.gov/agencies/dph/dphps/phpb/Pages/koin.aspx>

## **Local Jurisdictions**

Local jurisdictions should perform the following:

1. Maintain lists of local resources required for each type of functional need.
2. Identify and designate individuals with functional skills necessary to assist the functional needs population.
3. Coordinate with private sector vendors to provide essential adaptive equipment and supplies (e.g. pharmaceuticals, in-home medical equipment, wheelchairs at temporary shelters) to assist individuals with functional needs.
4. Develop Standard Operating Guides (SOG) that anticipate potential impediments to aiding functional needs populations. Barriers include limited staff resources, language, and ignorance of cultural norms. A potential barrier exists in reaching undocumented residents who avoid self-identification and tend not to seek out services.

Both the individual and the local jurisdiction share responsibility to meet their needs. The local authority must respond to and address needs beyond the capabilities of individuals. Local jurisdictions provide the first and most important level of response in a disaster as they have ultimate responsibility for operations to protect the health and wellbeing of populations with functional needs. Emergency response and service agencies must design and maintain specific planning, preparedness, communication, response, and recovery strategies to accommodate the diverse and functional needs of their client population. If a disaster or emergency does occur, injuries can be lessened, and lives can be saved with proper pre-event planning that addresses those persons with functional needs.

Local jurisdictions, and each entity within the local community, are responsible for using all its resources to form a comprehensive emergency response program that addresses citizens with functional needs within their entity who either have been or might be affected by an emergency or major disaster. Also, local jurisdictions should assist agencies that do not have emergency plans to develop such plans where appropriate. Until routine assistance is re-established, access to needed services will be expedited by using local resources and providing emergency services that recognize and accommodate those persons with functional needs. Local jurisdictions, using local resources, will provide emergency response and services as able, to functional needs populations, agencies and facilities; and expedite assistance requests to the state for needed services, until the institution of routine assistance returns.

Federal and State disaster assistance, when provided, will supplement, not substitute for, relief provided by local jurisdictions. Local jurisdictions maintain a general knowledge of the types and numbers of individuals with functional needs who live within the boundaries of their jurisdictions through care facilities, etc. and the general resources to assist those individuals.

## **State Government**

The State aids local jurisdictions as required or requested, including but not limited to:

- Assistance in development of local plans
- Identification of barriers affecting various functional needs populations and development of mediation strategies
- Specialized training for State and local officials regarding functional needs
- Development of specialized materials tailored to specific functional needs populations.
- Coordination and dissemination of culturally appropriate emergency public information.
- Coordination and distribution of essential resources, supplies, or services.
- Developing policy recommendations and resources to assist local jurisdictions.
- Use of regulations and funding requirements to promote local jurisdictions participation and education planning with the populations with functional needs.

Outreach to those with functional needs are coordinated through collaboration with functional needs population agencies, service providers and facilities to manage the needs of their clients through encouragement of individual preparedness education, agency and facility preparedness, planning, and follow-up with clientele preceding a major disaster.

Should lists identifying individuals be obtained at the time of an event or disaster, the identification, address, phone number, disability, or other information pertaining to persons with functional needs will not be divulged to unauthorized persons as according to HIPPA regulations.

For the New Mexico residents who rely on electricity-dependent medical equipment, oxygen tank services, dialysis services, and home health services; power outages are almost always life-threatening. Oftentimes, these individuals are forced to seek care during these potentially hazardous conditions, resulting in surge events, which may place additional strain on the resources of local and state-wide communities responding to the public health emergency.

NMDOH uses the *emPOWER* tools, an initiative developed by Department of Health and Human Services (HHS) and Office of the Assistant Secretary for Preparedness and Response (ASPR) thru a partnership with Centers for Medicare and Medicaid. The *emPOWER* tool, an integrated platform supports and provides progressively dynamic data and mapping tools to better anticipate, mitigate, plan for, and respond to the potential needs of at-risk persons with access and functional needs prior to, during, and after a disaster.

The HHS *emPOWER* initiative consists of three data and mapping capabilities.

1. The first tool is the HHS *emPOWER* Map, a publicly-available resource that integrates de-identified Medicare billing-data, real-time NOAA severe weather tracking, and GIS mapping to highlight the number of at-risk individuals that use electrically-dependent, life-maintaining, and assistive durable medical equipment in geographic areas down to the zip code level.
2. The second tool is the HHS *emPOWER* Emergency Planning De-Identified Dataset, which is accessible to public health authorities and provides de-identified Medicare billing information for each type of durable medical equipment and dialysis, oxygen tank, and home health care service in use within a state, territory, county, or zip code.
3. The third tool is the HHS *emPOWER* Emergency Response Outreach Dataset, containing limited individual level information through a secure mechanism, which can be used to conduct outreach prior to, during, and after a public health emergency. This resource is made available by request to public health authorities in the event of an emergency that requires life-maintaining and saving outreach assistance.

BHEM will utilize the de-identified dataset for planning purposes in collaboration with U.S. Public Health Service Region 6 Emergency Coordinator from the Office of the Assistant Secretary for Preparedness and Response (ASPR) Office of Emergency Management (OEM), Regional and International Emergency Coordination Division; reviewing this information bi-annually.

<http://nacchopreparedness.org/the-hhs-empower-initiative-emergency-preparedness-tools-addressing-the-needs-of-energy-dependent-at-risk-populations-2/>

## Public Information

Awareness and response to emergency situations commonly begins with recognition of its existence through direct observation or through organized public service announcements by radio, telephone, television, loudspeaker, or by being informed by a friend or family member. Conventional response usually involves special planning and/or positive action as necessary to address the problem.

Communicated information, therefore, should include immediate actions to be taken and other pertinent information. An uninhibited flow of information is crucial to ensure that all citizens will have the information necessary to make sound decisions and take appropriate, responsible action. Yet, a portion of the population cannot fully hear, or cannot fully see or are not fully mobile or able to comprehend the problem or suffer from some other disability and therefore, must receive pertinent consideration in times of emergency crisis. The media (radio, TV, internet, newspapers, print media), augmented by personal contact with family and caregivers, is the most common source of current information for persons with functional needs. In some cases, the nature of their impairment may well be a barrier to such a flow of information. In other case, for a wide variety of economic, social, and/or physical reasons, they may be denied access to these more common sources of warning and information.

Ordinary procedures routinely utilized by responders, care givers, and emergency managers will not suffice for those of functional needs. Routine practices must therefore be adjusted accordingly. Often using a combination of communication methods will be more effective than relying on one method alone. Combining visual and audible alerts, directions and notifications in several languages will reach a greater audience than either method would by itself. Emergency managers and responders will need to be sensitive and innovative. NMDOH will assist local jurisdictions to develop a communications network, such as a community outreach information network, among the agencies that serve persons with functional needs, for augmenting the dissemination of warning and evacuation orders to individuals who will require functional assistance.

Within New Mexico, English is spoken by 64.5% of the population, followed by Spanish (27.7%) and Navajo, 3.8%. All other languages are spoken by less than 1% of the population and therefore not addressed at the State level. Local jurisdictions should be aware if a language is spoken by a significant portion of the population and tailor their messaging accordingly. NMDOH recommends when interacting with the general population that social etiquette prevail. All individuals are presumed to be self-sufficient and it is not assumed that someone needs assistance unless otherwise notified. All provided information will be available in multiple formats and offered instructions in the client's preferred format (e.g. written or verbal, etc.).

The NMDOH will ensure emergency notifications include methods accessible to persons with disabilities. Development, testing, and use by local jurisdictions of systems to provide alert or warning to functional needs persons in emergency situations may include but not necessarily be limited to: *Reference Risk Communication Annex for additional guidance on Public Information*

- Social media
- Phone trees within relevant agencies
- Email
- Phone
- Captioned television
- Commercial Radio Alert System (FAS)
- Telephonic devices for the deaf (TDD)
- Standard warning systems such as sirens, klaxons, and public-address loudspeaker systems
- Individualized house to house notification by law enforcement, fire, or other emergency response personnel
- Neighbor or neighborhood watch assistance, CERT, or Citizen Patrol personnel.

## Transportation

In an emergency, people with functional needs may face a variety of challenges in evacuating to safety. All facilities, organizations and agencies should have plans and policies for immediate evacuation of their facility in the event of emergency or disaster, especially those who work with members of the functional needs population. Agencies are encouraged to develop *Memorandum of Understanding (MOUs)* and or *Memorandum of Agreement (MOA)* with agencies that serve functional needs for the provision of specialized vehicles and trained drivers to evacuate persons with functional needs. In all phases of disaster and emergency management, including evacuation and sheltering, ensure those with service animals or other assistive technology will not be separated from them. A person with a mobility disability may need assistance leaving a building without a working elevator. Individuals who are blind or who have low vision may no longer be able to use traditional orientation and navigation methods. Service animals will be transported with their owners and the resources needed to transport those with functional needs must be considered. When carrying out emergency transportation activities, immediate needs are considered first, followed by continuing requirements.

- Immediate transportation needs normally involve the evacuation of people, including residents of facilities and residents from impacted areas.
- Continuing transportation needs typically involve the movement of relief supplies, equipment, and emergency workers during response and recovery efforts.

The New Mexico State Emergency Operations Plan (EOP) identifies various forms of transportation for emergency or disaster evacuation operations, including accessible forms of transportation (e.g. vehicles with wheelchair lifts) to help evacuate people with functional needs under Emergency Support Function (ESF) #1 Transportation. The ESF #1 Coordinator, primary agencies and support agencies may be tasked to provide various types of transportation for evacuation, including but not limited to, lift-equipped school buses, transit buses, cabs, or paratransit vehicles to evacuate people who have functional needs, depending on availability within the jurisdiction. These vehicles should also transport mobility aids, such as wheelchairs or scooters, oxygen tanks or other medical equipment and service animals.

Emergency Managers and First Responders should understand that some functional needs people will be able to reach mass evacuation pick-up locations independently, while others may be unable to leave their homes or facilities without assistance. For those who do not have transportation and those who are housebound, evacuee pickup points may be established, as able. Buses or other transportation may be provided, and evacuees should be transported to established assistance centers, as able. For persons who are housebound, as able, a phone line may be established and published for those people, their neighbors, or families to call in and request assistance. *Reference ESF#1 Transportation and ESF#13 Public Safety and Security in the NM EOP for further guidance on Transportation and Evacuation.*

## Medical Countermeasures

Communicating the initiation of Medical Countermeasures (MCM), the location of Points of Dispensing (POD), crowd control and medical forms and procedures, all require activation of public information systems (See Risk Communication Annex). The NMDOH has created fact sheets, templates, and signs in the top two languages spoken in the state, English and Spanish, in large and regular print, as well as using pictographic signs for those with limited language proficiency. The NMDOH medical interpreters/translators for Spanish-English and Navajo-English translation are in all public health regions and may be available for translation within their regions as available. A list of these individuals is distributed to regional public health specialists annually. Alternative dispensing methods will also be available.



The head of household allows one individual to pick up medical countermeasures for several individuals, if they have the requisite information on everyone in their group. This may prove the most successful method of dissemination for individuals living in group homes or those who are homebound. Another alternative method is called a push method where medical countermeasures are delivered directly to institutions (pushed) and the institution takes on the responsibility of dispensing to their population. For large centralized groups it may be feasible to create a closed POD for that specific population. *Reference the NMDOH EOP Medical Countermeasures (MCM) Annex for further guidance.*

## **Shelter Operations**

Depending on the scope and severity of an emergency or disaster, the jurisdiction may provide residents and visitors with safe refuge in temporary shelters. These shelters may be operated by the local jurisdictional government or by a third party. Local jurisdictions may have requested assistance from the ESF 6 (Emergency Support Function 6 Mass Care) primary agency, supporting agencies and or the American Red Cross. It is critical to have agreements in place necessary to secure sheltering and feeding of most of those persons displaced. That reliance may also include provisions for caring for the functional need's populations. The needs of some people may be met within their current residence. Others may need assistance with evacuation. Families with functional need members will not be separated unless it is necessary for the health and safety of members. With individuals who are displaced from their homes by the disaster situation, attempts will be made to have or locate enough resources to assist people with functional needs.

Regardless of who operates a shelter, the *ADA* requires shelter operations to be conducted in a way that offers the functional needs population the same benefits provided to people without functional needs:

- Safety
- Comfort
- Food
- Medical care
- Support of family and friends

Since sheltering programs are critical to ensuring the safety of the functional need's population, *ADA* requirements for sheltering is discussed in greater detail in two (2) stand-alone technical assistance documents. These documents should be provided to shelter operators to assist them in planning to meet the need of the functional needs' population in the shelter environment.

While these technical assistance documents do not address all *ADA* compliance issues that may arise in emergency shelters, the documents address several the most common access problems. See Appendix:

- The *ADA* and Emergency Shelters: Access for All in Emergencies and Disasters
- *ADA* Checklist for Emergency Shelters

The New Mexico Human Services Department (HSD) will be the coordinating agency for the establishment and management of shelters within New Mexico. HSD, working with the Emergency Support Function #6 primary agencies: the American Red Cross and the Department of Homeland Security and Emergency Management, is responsible for the registration and recordkeeping for all people at those established facilities/shelters along with any other documentations required according to their criteria to establish shelters facilities. Shelters suitable for persons with functional needs share many of the same requirements as for the public and include basic protection options, in-place sheltering, and evacuation.

The unique requirements for functional needs persons must be given careful consideration during the processes of selecting reception and care centers. These factors include:

- Ramp entrances and exits, doorways, hallways, paths
- Accessible restrooms
- Refrigeration for medications
- Emergency electric generator for respiratory and other equipment
- Availability for the delivery of oxygen and other services or supplies (privately supplied)
- Facilities for accommodating a service animal

Accessibility is the key in providing for modes of transportation and within the various forms of shelter that may be provided. Until all shelters have accessible parking, exterior routes, entrances, interior routes, toilets, provisions for refrigeration of medications and other back-up power requirements and the like, emergency managers will need to widely publicize to the public and to the response community the locations of the most accessible emergency facilities and what capabilities and limitations are associated with each. Many social services and benefit programs are often offered to those harmed by disaster and when offered, should be accessible to everyone.

Application procedures and crisis counseling should consider functional needs, allowing individuals to apply in different ways, and not be solely web-based, printed, telephonic or in inaccessible locations without appropriate accommodations being made. Announcements made verbally, on television, or radio will be:

- Made accessible through captioning
- Written
- Printed documents
- Posted on shelter bulletin boards
- Translated by a signed language interpreter

*Reference ESF#6 Mass Care, Emergency Assistance, Housing and Human Services in the NM EOP for further instructions on Shelters.*

## **Service Animals**

Some people utilize service animals, which could include guide and/or therapy dogs. Accommodations for these animals must be considered when developing evacuation and sheltering plans.

*NOTE: Service animals are not considered pets and perform functions to assist their owner in activities of daily living.*

Additionally, to be permitted into a shelter with their owner, the service animal cannot pose a direct threat to other animals or individuals residing in the shelter and must remain calm in public situations. A service animal will not be barred entry because those in the shelter have allergies to, or fear of, dogs. As a functional need individual and their service animal cannot be separated, every attempt to shelter the assistance animal with the individual will be made by providing shelter apart, but not isolated, from the main population in the same facility, room or area. Shelter operations will modify “no pets” policies to enable people and their service animals to remain together and allow for the care of their service animals. First responders, emergency management employees, and third parties who perform emergency- or disaster- related functions will understand the functional needs population must not be separated from their service animals even in places where pets are typically not allowed. Many people with functional needs rely on service animals to do things they cannot do themselves.

When evacuating during an emergency, some individuals will be unable to transport enough food and water for their service animals. Shelter operations need to make food and water available, so individuals can feed and care for their service animals. Shelter operations must also make reasonable modifications to security screening procedures so that people with functional needs are not repeatedly subjected to long waits at security checkpoints simply because they have taken their security animals outside for relief. According to the *ADA*, only two (2) questions may be asked to determine if an animal is a trained service animal:

1. Is this animal a service animal required because of a disability?
2. What tasks or work has this animal been trained to perform?

If the answers to these questions reveal that an animal has been trained to assist a person with disabilities, that person will be allowed to access services, programs, activities, and facilities while accompanied by the service animal. Service animals do not require certification, identification cards or licenses, special equipment, or professional training. Local jurisdictions may have more legislation for service animals, thus emergency management are encouraged to determine their jurisdiction's policies.

## **Medical Treatment**

Many of the people with functional needs may be involved in full or part-time care. Clinics, hospitals, retirement homes, and licensed care form the core of support for the functional need populations. Many receive care in their own home or those of family and friends, however. Organizations such as "meals on wheels," faith-based organizations and senior citizen agencies may be of assistance, as may the New Mexico Human Services Department (HSD) for behavioral health programs. Despite planning, some people with functional needs will find themselves in shelters without a supply of the medications or medical equipment they need.

For example, some medical insurance plans prohibit people from purchasing medication until their existing supply is almost gone. Also, those who are deaf or hard of hearing have hearing aid batteries or cochlear implant batteries that will need to be replaced regularly. Other people may be required to evacuate without medication or medical equipment or be inadvertently separated from medication or medical equipment during evacuation. Emergency managers and shelter operators need to plan and decide in advance so persons with functional needs can obtain emergency supplies of medications and equipment. Many people with functional needs require medication that must be refrigerated. Shelters need to have a safe and secure location with refrigeration where medications can be stored and accessed when needed., and licensed care facilities.

Some people with functional needs requires: ventilators, suctioning devices or other life sustaining equipment powered by electricity. Without electrical power, many of these individuals cannot survive. When electrical power is available, access should be given to people who depend on electrically powered equipment to survive. Many people with functional needs depend on battery-powered wheelchairs and scooters or other aids for independence. The batteries in these aids must be frequently recharged, or they will stop functioning. Without these aids, many people with functional needs will lose their ability to move about, they may be unable to participate in some services offered by the shelter, and/or they may need to depend more heavily on assistance from others. When possible, provide these individuals the opportunity to charge the batteries that power the equipment they use for independence

## **Re-entry**

People with functional needs may have more difficulty locating temporary housing or lodging than others. Temporary lodging or housing programs will often not be accessible to people with functional needs unless accessible hotel rooms or accessible temporary housing is available.

People with functional needs may be unable to utilize temporary lodging or housing without assistance in locating a hotel room or housing that meets their needs or without accessible transportation.

For example:

- Someone with a mobility disability may need to verify in person that an entrance to an apartment has no steps or that the accessible features of a bathroom or kitchen meet his/her needs.
- Some people who are blind or have limited vision may not be able to locate addresses in an unfamiliar community or determine if an apartment is clean and safe without assistance.

For these reasons, people with functional needs may need extra time and help, including transportation assistance, in locating housing.

The *ADA* generally requires people with functional needs to receive services in the most integrated setting appropriate to their needs unless doing so would result in a fundamental alteration services or impose undue financial and administrative burdens. To comply with this requirement and assist people with functional needs in avoiding unnecessary institutionalization, emergency managers and shelter operators will need to modify policies to give some people with functional needs the time and assistance they need to locate new lodging or housing.

To prepare for the potential need for temporary housing, the ESF #6 Mass Care, Emergency Assistance, Housing and Human Services Coordinator, in conjunction with ESF #14 Long-term Community Recovery and Mitigation, will identify available physically accessible short-term housing, as well as housing with appropriate communication devices, such as TTYs, flashing and vibrating doorbells and fire alarms. Temporary accessible housing (such as nearby accessible hotel rooms) may be used if people with functional needs cannot immediately return home after a disaster.

## **Recovery**

During disasters, government facilities can be damaged or destroyed. People with functional needs may rely more heavily on services in or from those facilities. Consideration and/or prioritization of repairing those facilities will be given on behalf of the individuals who utilize and require them. When altering or rebuilding after a disaster, local jurisdictions need to address all alterations to facilities and the design and construction of new or replacement facilities to comply with all applicable federal accessibility requirements.

## **Organization and Assignment of Responsibility**

Functional responsibilities assigned to local officials in an emergency need to be in accordance with the Constitution of New Mexico and with the ordinances of their individual city/county governments and should fall within the guidelines acceptable for persons with functional needs. Should the assignments within this plan for persons with functional needs conflict with the law, the law shall take precedence. Law enforcement, fire departments, health departments, public works, and all other local government agencies are responsible for conducting their routine and emergency services in ways that promote assistance to persons with functional needs.

The emergency management agency for local jurisdiction exercises has primary staff responsibility within the jurisdiction for advising and coordinating overall activities during the four phases of a comprehensive emergency management program that assists the population with functional needs.

Most departments/agencies of government have emergency functions in addition to their normal, day-to-day duties. These emergency functions usually parallel or complements normal functions. Each department/agency is responsible for developing and maintaining their emergency management procedures. Caring for functional needs populations is the primary responsibility of local jurisdictions.

State agencies with primary and supportive responsibility will coordinate in conjunction with the agencies listed below to ensure the proper level of assistance oversight, guidance, training, and planning is carried out efficiently and effectively.

A Functional Needs Coordinator should be identified to provide expertise for the emergency planning process and support the Incident Commander, Planning Section, and/or the Operations Section during an emergency.

In responding to emergencies, functional areas in the DOC are activated as necessary. Although all sections of the DOC Team should be sensitive to functional needs, several DOC staffing functions have significant responsibilities for people with functional needs.

### **Functional Needs Coordinator**

- Evaluate operations in the context of special needs populations in the Operational Area and coordinate with all sections of the DOC to facilitate consideration of functional needs in all aspects of response and recovery planning
- Assess the impact and suitability of Action Plans and proposed activities upon persons with functional needs
- Ensure that people with functional needs receive adequate attention in planning and communication functions
- Ensure that language and disability program access and physical accessibility issues are addressed at all levels of emergency response

### **Public Information Officer**

- Disseminate timely and accessible emergency public information using multiple methods (e.g., television, radio, Internet, sirens) to reach individuals with sensory, intellectual, and cognitive disabilities, as well as individuals with limited English proficiency and families of children with sensory and cognitive disabilities

### **Medical/Health Branch Coordinator**

- Coordinate and manage the allocation of available disaster medical and health resources to support disaster medical, health and mental health operations in the affected area
- Determine the disaster medical, health and mental health impact of the event on the affected population and medical and health infrastructure

### **Care and Shelter Branch Coordinator**

- Ensure adequate accessible shelters that fully address the requirements of children, including those with medical needs
- Allocate adequate shelter space for families who have children with special needs (i.e., disabilities and chronic medical needs) who may need additional space for assistive devices (e.g., wheelchairs, walkers)
- Ensure the Care and Shelter Annex includes mechanisms or processes for handling of and providing for unaccompanied minors in shelters
- Ensure that general population shelters are accessible (i.e. conformant with Americans with Disabilities Act Accessibility Guidelines) and are planned to address the physical, programmatic, and communications accessibility requirements of individuals with disabilities and others with access and functional needs
- Provide guidance to shelter operators on the admission and treatment of service animals

### **Planning/Intelligence Section**

- Update demographic data on the number of individuals in the community with disabilities and others with access and functional needs, including the number of children and where they tend to be (e.g., schools, daycare facilities).

## **Logistics Section**

- Ensure availability of necessary developmentally appropriate supplies (e.g., diapers, formula, and age appropriate foods), staff, medicines, durable medical equipment, and supplies that would be needed during an emergency for children with disabilities and other special health care needs
- Direct supporting departments and agencies to furnish materials a commodity for individuals with disabilities and others with access and functional needs
- Coordinate transportation and paratransit for persons with access and functional needs



## Appendix A. Access and Functional Needs Categories

Category and Description	Lessons Learned
<p><b>Category I: Economic Disadvantage</b></p> <p>This is a sweeping category because many special populations live at or below the federal poverty level; thus, under this category other needs will occur. But if resources permit a community to address nothing more than one special population using poverty as a descriptor can help reach many people with special needs. If a community maps its area of deep poverty, health and emergency providers will clearly be able to see where extra help will be needed in any emergency. They may not have the ability or means to respond in an emergency.</p>	<p>People who are economically disadvantaged can be reached through traditional communication channels, particularly television and radio.</p> <ul style="list-style-type: none"> <li>• Messages should be simple and directions easy to follow.</li> <li>• The biggest barrier to receiving and acting on health information for this population is an apparent lack of awareness of possible threats to their health and their family’s wellbeing.</li> <li>• Brochures, refrigerator magnets, picture books, and posters can be distributed through trusted individuals in health clinics, hospital emergency rooms, schools, human service agencies, and neighborhood community centers.</li> <li>• In an emergency, you may need to use recognized community leaders to broadcast messages on television and radio</li> <li>• in the event of power failure, outreach may require door-to-door contact and/or reaching people at venues where they may have gathered.</li> </ul>
<p><b>Category II: Limited Language</b></p> <p>This category would include people who have limited or no English speaking or reading skills, and people with low literacy skills in any language.</p>	<p>Within this broad population category, you may identify common characteristics such as:</p> <ul style="list-style-type: none"> <li>• Cultural differences in healthcare and medical practices vary significantly from group to group and from the mainstream population.</li> <li>• Language is the main barrier for some Asian Americans.</li> <li>• American Indians are not always hard to reach because of their close-knit community and tribal leadership but may tend to require tailored messages because of cultural prohibitions</li> <li>• Specific cultural and linguistic identifiers are important in defining functional needs populations. Hispanics/Latinos define themselves according to national origin. They speak different dialects and have different cultural practices. People who have limited or no English-speaking skills, people who are deaf, and some elderly people will have difficulty understanding verbal instructions in English. All printed information such as brochures, posters, directional signs, and pocket guides should be bilingual (English and Spanish) and if possible in other languages dominant in your jurisdiction as well as verbally recorded for those with sight limitations.</li> </ul>



<p><b>Category II: Limited Language</b></p> <p>This category would include people who have limited or no English speaking or reading skills, and people with low literacy skills in any language.</p>	<ul style="list-style-type: none"> <li>• A more cost-efficient approach would be to develop picture books, pockets guide and directional signs using universal symbols and maps.</li> <li>• Another aid could be “I speak” cards. These are the size of a business card and convey the message “I speak (language). I need an interpreter,” in English and the person’s native language.</li> <li>• These materials can be prepared in advance of a crisis, distributed through multicultural community centers, ESL classes, places of worship, and ethnic markets. They can also be available at emergency shelters.</li> <li>• The importance of ethnic media in reaching people who speak little, or no English is still underestimated by most health and emergency planners. Every day, 25 percent of the adults in the United States use ethnic media; for many, it is the only media they use.</li> </ul>
<p><b>Category III: Disability</b></p> <p>The disability category can include people who have physical, mental, sensory, or cognitive limitations. The most evident people in this category are those who are blind, deaf and hard of hearing, as well as people who have high-risk or chronic health conditions that affect mobility or make them electricity dependent. Mental disabilities are thought by many health and emergency planners to be the most challenging functional need in widespread emergencies because people who cannot understand and/or follow directions potentially jeopardize others in addition to themselves. Mental disability is a population category that planners say they often leave until last, but such functional needs people will require priority attention in some emergency settings.</p>	<p>You may find that people who live in rural areas often believe they are at low risk for terrorism. Yet, they are vulnerable because they live near farms and raw food supplies, many power facilities, and U.S. military facilities. Other commonalities that geographically and culturally isolated groups might share include:</p> <ul style="list-style-type: none"> <li>• Sheriffs, deputies, and postal workers can be good sources of information about rural residents and tourists/campers. But, many times, emergency crews and sheriff’s deputies cannot physically reach some areas during floods, blizzards, and other natural disasters.</li> <li>• Rural residents also include migrant workers who may face additional barriers of language and culture.</li> <li>• Churches in rural areas and urban centers are a common source of community information.</li> <li>• Many remote rural areas have spotty or unreliable radio and television signals and little cell phone coverage.</li> <li>• Factors that isolate people in dense urban areas—poverty, homelessness, low literacy, limited language competence, age—also come into play in overcoming barriers to receiving and responding to public health and emergency messages.</li> <li>• As with other populations, messages should be brief, worded simply, transmitted through pictures and other visual aids.</li> <li>• People who work at shelters and food banks and police on patrol are most likely to know people who are homeless.</li> <li>• Door-to-door outreach, calling trees, and recognized neighborhood leaders can be effective in reaching isolated urban dwellers.</li> </ul>

#### Category IV: Cultural/Geographic Isolation

People can be isolated whether they live in a remote frontier or in the middle of a densely populated urban core. Rural populations include ranchers, farmers, and people who live in sparsely populated mountain and hill communities or small remote towns. They are vulnerable due to lack of capacity, resources, equipment, and professional personnel needed to respond to a large-scale crisis. In the urban areas, people can be isolated by their language skills, lack of education, cultural prohibitions, chronic health problems, fear, lack of transportation or access to public transit systems, unemployment, and other factors. While they may have access to mass media, they may not have the ability or means to respond in an emergency. “Temporary residents” can be a major population for many communities, but there are enormous differences in temporary residents on a military base, a college campus, or in-migrant workers’ camps or the homeless population.

#### Category V: Age

While many people who are over 64 years of age are competent and able to access healthcare or provide for themselves in an emergency, age can exacerbate a person’s vulnerabilities. Chronic health problems, limited mobility, sight, hearing, social isolation, fear, and/or reduced income can put older adults at risk. Infants and children under the age of 18 can also be vulnerable, particularly if they are separated in an emergency from their parents or guardians. They may be at school, in daycare, or in a hospital or other institution, places where parents can expect them to be cared for during the crisis. There are, however, increasing numbers of young children home alone after school, a factor that puts them at high risk in an emergency. In addition, separation of family members can cause its own havoc in a crisis, as demonstrated during evacuations for the 2005 hurricane season when members of some families were separated during the event or sent to separate shelters, even to different states.

Most people over the age of 64 and children ages 5 and older can be reached through television, radio, and printed materials. Some, however, have hearing, sight, speech, physical, and cognitive impairments that can prevent them from understanding and responding to public health information and emergency directions.

- You may need to work through trusted caregivers, family members, and neighbors.
- A senior citizen calling tree, in which senior citizens volunteer to call other seniors in their community, can be an effective outreach tool for both ordinary and crisis communication.
- Very young children and school aged children who are in daycare or school can be reached through their teachers, daycare providers and family members with messages that promote awareness of public health issues and family emergency planning.
- Many families bring their children to focus groups, community roundtables and other public involvement meetings. Simple coloring books can easily be created with pictures that illustrate good health habits and public health services and personnel who can be trusted in a variety of circumstances.
- If the individual and the animals cannot be separated due to the individual’s handicap, the assistance animals will be sheltered in the same facility. Service animals are not pets. It is recommended that individuals make plans for their pets, should evacuation be necessary.

## Appendix B. Definitions

**Access:** The ability to fully use, enjoy, and integrate into any programs, services, activities, goods, facilities, privileges, advantages, or accommodations provided by a public or private (for-profit or not for-profit) entity, any contracted entity, or entity that provides emergency services, including sheltering, for individuals with disabilities as defined by the ADA Amendments Act of 2008, P.L. 110-325, and those associated entities. (FEMA *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters*)

**Access and Functional Needs:** Those actions, services, accommodations, and programmatic, architectural, and communication modifications that a covered entity must undertake or provide to afford individuals with disabilities a full and equal opportunity to use and enjoy programs, services, activities, goods, facilities, privileges, advantages, and accommodations in the most integrated setting. These actions are considering the exigent circumstances of the emergency and the legal obligation to undertake planning and prepare to meet the disability-related needs of individuals who have disabilities as defined by the ADA Amendments Act of 2008, P.L. 110-325, and those associated with them. (FEMA *CPG 101*)

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

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

**Consumable Medical Supplies (CMS):** Medical supplies (medications, diapers, bandages, etc.) that are ingested, injected, or applied and/or are one time use only. (FEMA *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters*)

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

**Durable Medical Equipment (DME):** Medical equipment (e.g., walkers, canes, wheelchairs, etc.) used by persons with a disability to maintain their usual level of independence. (FEMA *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters*)

**Functional Needs Support Services:** Services that enable children and adults to maintain their usual level of independence in a general population shelter. FNSS includes:

- Reasonable modification to policies, practices, and procedures
- Durable medical equipment (DME)
- Consumable medical supplies (CMS)
- Personal assistance services (PAS)
- Other goods and services as needed (FEMA *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters*)

**Paratransit:** The family of transportation services which falls between the single occupant automobile and fixed route transit. Examples of paratransit include taxis, carpools, vanpools, minibuses, jitneys, demand responsive bus services, and specialized bus services for the mobility impaired or transportation disadvantaged.

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

**Service Animal:** Any guide dog, signal dog, or other animal individually trained to assist an individual with a disability. (FEMA *CPG 101*)

**Shelter:** A temporary facility which provides housing and basic services until persons can return home or obtain temporary or permanent housing elsewhere. (FEMA *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters*)

**Undue Hardship:** An excessive difficulty or expense required to provide a reasonable accommodation considering the resources of the facility asked to provide the accommodation and other relevant factors. (FEMA *Glossary of Terms*)

## Appendix C. References

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## Appendix D. CMIST Functional Needs Framework

Adapted from “A Function Based Framework for Emergency Management and Planning” by J. Kailes and A. Enders.

The following needs are met through collaborations with community partners. Services are not solely provided by the County. Services are not guaranteed.

### COMMUNICATION NEEDS

Who is affected	How we meet their needs
<p>Large populations who may not be able to:</p> <ul style="list-style-type: none"> <li>• Hear verbal announcements</li> <li>• See directional signage to assistance services</li> <li>• Understand how to get food, water and other assistance because of limitations in:               <ol style="list-style-type: none"> <li>a. Hearing</li> <li>b. Seeing</li> </ol> </li> <li>• Understand written or verbal announcements</li> </ul> <p>These populations will be diverse and may have:</p> <ul style="list-style-type: none"> <li>• Reduced or no ability to speak, see or hear</li> <li>• Limitations in learning and understanding</li> <li>• Limited or no ability to speak, read or understand English</li> </ul>	<p>Provide sign language interpreters and high-tech communication boards when available</p> <p>Use written notes when necessary</p> <p>Use low-tech communication boards (image-based flip charts) to communicate with individuals with speech or cognitive disabilities</p> <p>Use both language and pictograms on signage when available</p> <p>Use government TV channel</p> <p>Use social media and text messaging</p>

### MEDICAL NEEDS

Who is affected	How we meet their needs
<p>Those who do not have or have lost adequate support from family or friends may need assistance with:</p> <ul style="list-style-type: none"> <li>• Managing unstable, chronic, terminal or contagious conditions that require observation and ongoing medical treatment</li> <li>• Managing medications, intravenous IV therapy, tube feeding and monitoring of vital signs</li> <li>• Dialysis, oxygen, and suction Administration</li> <li>• Managing acute wounds</li> <li>• Operating power-dependent equipment to sustain life</li> </ul>	<p>Provide medical staff, including doctors, nurses, nurse’s aide, EMTs and other personnel trained to determine their level of medical assistance</p> <p>Permit personal care assistants to enter and exit shelters during extended hours</p> <p>Replace essential consumable medical supplies (CMS) such as catheter tubing, Ostomy supplies, gauze pads, etc.</p> <p>Assess needs at shelters</p> <p>Medical Reserve Corps</p>

## ***INDEPENDENCE MAINTENANCE***

<b>Who is affected</b>	<b>How we meet their needs</b>
<p>At-risk individuals who, when identified early and needs are addressed, avoid costly deterioration of health and mobility. Addressing needs can prevent health problems and avoid institutionalization.</p>	<p>Replace essential medications, lost or damaged durable medical equipment (DME) such as wheelchairs, scooters, walkers, etc.</p> <p>Replace essential consumable medical supplies (CMS) such as catheter tubing, Ostomy supplies, gauze pads, etc.</p> <p>Aid with orientation to shelter facilities for those with visual or cognitive limitations</p>

## ***SUPERVISION NEEDS***

<b>Who is affected</b>	<b>How we meet their needs</b>
<p>People who:</p> <ul style="list-style-type: none"> <li>• Do not have or have lost adequate support from family or friends</li> <li>• Have conditions such as dementia, Alzheimer's, psychiatric conditions such schizophrenia, intense anxiety, etc.</li> <li>• Decompensate because of transfer trauma and stressors that exceed their ability to cope and function in a new environment</li> </ul>	<p>Provide specially trained NGO and CBO volunteers, State FAST members, public security officers and law enforcement, private security, and emergency shelter personnel</p> <p>Permit personal care assistants to enter and exit shelters during extended hours</p> <p>Caregiver registries</p> <p>Disaster Service Workers</p> <p>Medical Reserve Corps</p> <p>Children and Family Services</p> <p>Adult Protective Services</p> <p>Mental Health Services</p>

## ***TRANSPORTATION NEEDS***

<b>Who is affected</b>	<b>How we meet their needs</b>
<p>People who:</p> <ul style="list-style-type: none"> <li>• Cannot drive due to disability</li> <li>• Require accessible transportation (i.e. wheelchair users)</li> </ul>	<p>Identify target populations</p> <ul style="list-style-type: none"> <li>• OES disaster registry</li> <li>• In-home supportive services</li> </ul> <p>Develop a transportation resource list</p> <p>Provide several types of evacuation and transportation assistance:</p> <ul style="list-style-type: none"> <li>• Public transportation (transit buses, light rail, school buses)</li> <li>• Paratransit service by county, city or by voluntary consortium of private paratransit providers</li> <li>• Private transportation (cars or vans driven by volunteers, or CBO or NGO personnel)</li> <li>• Emergency transportation (law enforcement or medical ambulance)</li> </ul>



## Appendix E. Functional Needs Coordinator (FNC) Checklist

Adapted from the City of Oakland's *Mass Care and Shelter Plan Functional Needs Annex, Public Version 1.5*, June 15, 2010.

**Reports To:** EOC/DOC Director

### Responsibilities:

- Evaluate operations in the context of special needs populations in the Operational Area and coordinate with all sections of the EOC/DOC to facilitate consideration of functional needs in all aspects of the response and recovery planning
- Assess the impact and suitability of Action Plans and proposed activities upon persons with functional needs
- Ensure that people with functional needs receive adequate attention in planning and communication functions
- Ensure that language and disability program access and physical accessibility issues are addressed at all levels of emergency response

### Activation Phase:

- Complete check-in procedure for EOC/DOC
- Consult with security
- Consult with Logistics
- Consult with Liaison Officer; receive situation and expectations briefing on:
  - a) Current situation
  - b) Known information about impacts on people with functional needs
  - c) Immediate tasks for the FNC
  - d) Mission tasking transmission to the FNC
  - e) Initial information required by the EOC/DOC from the FNC
  - f) Work space for FNC
- Consult with Planning/Intelligence regarding known information or plans that impact persons with functional needs
- Consult with Operations regarding known information or plans that impact persons with functional needs
- Analyze the situation and determine the level of required staff
- Unpack any kit materials you may have brought with you and set-up assigned work station
- Co-ordinate link-up with EOC/DOC Liaison Officer
- Obtain EOC/DOC organization chart, floor plan and telephone listing
- Review the locations and general duties of all sections, branches and units that have been activated
- Open and maintain an activity log
- Co-ordinate with EOC/DOC Operations and Logistics to facilitate the processing of mission tasking that impacts people with functional needs; advise as necessary
- Provide input to the EOC/DOC Situation Report to include any information known about impacts on people with functional needs through the Planning/Intelligence Section
- Participate in Action Planning Meetings to advise on known and potential needs impacting people with functional needs
- Aid planning to advise on known and potential needs impacting people with functional needs, as needed
- Provide a summary report of activities, capabilities and significant issues impacting people with functional needs at the end of each shift

**Operational Phase:**

- Co-ordinate with the appropriate EOC/DOC Sections, branches, and units to advise them of your presence and assigned work location
- Co-ordinate with the Care and Shelter Branch to identify potential mass care and shelter sites
- Ensure shelter management teams are organized; appoint a Shelter Functional Needs Coordinator (S-FNC) at each site, as necessary, in conjunction with shelter management
- Ensure that facilities are ready for occupancy
- Provide and maintain shelter and feeding areas that are free from contamination and meet all health, safety and ADA standards
- Co-ordinate with the Transportation Unit of the Logistics Section regarding transit needs of shelter residents with functional needs
- Upon relocation to work directly with a functional branch, advise the Liaison Officer of your location
- Facilitate requests for support or information on known and potential needs impacting people with functional needs; advise appropriate agencies and CBOs
- Maintain periodic updates on the general status of resources and activities associated with assisting people with functional needs
- Advise on known and potential needs impacting people with functional needs, as appropriate, to the Planning/Intelligence Section
- Represent access and functional needs issues related to people with functional needs at planning meetings, as appropriate
- Provide update briefings about known activities impacting people with functional needs and priorities at planning meetings
- Maintain logs and files associated with the FNC responsibilities

**Demobilization Phase:**

- When demobilization is approved, contact agencies and/or persons who have assisted to advise them of:
  - a) When demobilization will occur
  - b) Whom they should contact, including a telephone number, for the completion of on-going actions or new requirements
- Ensure completion of the following activities:
  - a) Conclude final reports
  - b) Close-out activity log
  - c) Transfer on-going missions and/or actions to appropriate full-time staff or appropriate Disaster
    - 1. Field Office (DFO) staff member
  - d) Ensure copies of all documentation generated during the operation are submitted to the
    - 2. Planning/Intelligence Section
  - e) Participate in all After-Action Reviews and be prepared to discuss:
    - 1. General overview of the operation
    - 2. General overview of the EOC/DOC operation
    - 3. Procedures and concepts that worked well
    - 4. Procedures and concepts that need to be improved
    - 5. Provide your telephone number where you can be reached to the EOC/DOC Liaison

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