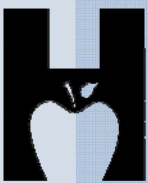


Oklahoma State Department of Health

Functional Needs Guidance

And Resource Book

Emergency Preparedness and Response Service



Oklahoma State
Department of Health
Creating a State of Health

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I. INTRODUCTION

Natural disasters negatively impact everyone. Preparing for disasters and emergencies is important for all individuals, and is especially critical for those with functional needs who may need specialized assistance during an emergency. To help reinforce the importance of pre-planning for functional needs populations, the Oklahoma State Department of Health (OSDH) is providing this document to assist local entities during the planning process. This tool will help guide local planners in identifying the specialized resources needed to address the needs of these populations.

It should be understood that a person with functional needs is not automatically defined as a person with medical needs. Planning for functional needs populations should be included within *Emergency Support Function #6 Mass Care, Housing and Human Services Annex of the State Emergency Operations Plan (EOP)* or *Annex H* of the local EOP.

A. Functional Needs Populations – Defined

Numerous states have embraced the term “*special needs*” to include the following: people with disabilities, senior citizens, the deaf community, children, non-English speaking populations, and people without transportation. These groups represent a large and complex variety of specific concerns and challenges for emergency responders and planners. Many of these groups have little in common, but *given the definition, it is conceivable that “special needs” could cover more than 50% of the nation’s population rendering the term rather meaningless¹*, especially in emergency planning.

Although, terminology continues to evolve, OSDH will use the collective term “*functional needs*” to describe populations that need “functional support assistance” and “access” before, during, and after emergency situations. The term “functional needs” is more descriptive of the “assistance requirement” by these individuals for independent living and during occurrences of natural, human-caused, or technological disasters. Many State and local governments are addressing their Emergency Operations Plans (EOPs) to specifically include the “functional needs” population. This change in focus facilitates a more effective “whole community” approach to emergency planning efforts. This concept is also consistent with language contained in the *National Response Framework (NRF)*.

Functional needs include, but are not limited to:

- a. Maintaining independence,
- b. Communication,
- c. Transportation,
- d. Supervision, and
- e. Routine medical assistance.

Additional terms are defined in **Appendix A – Definitions** to ensure emergency planners are using the same terminology.

¹ Kailes Disaster Services and “Special Needs”: Term of Art or Meaningless Term? (2005)
(<http://www2.ku.edu/~rrtcpbs/findings/pdfs/SpecialsNeeds.pdf>)

B. Authorities

The United States has numerous regulations and laws designed to prohibit discrimination and ensure adequate access to services for individuals with functional needs. This guidance is based upon responsibilities and requirements outlined in *Title II of the Americans with Disabilities Act (ADA)*. Additional authorities are listed in **Appendix B – Authorities**.

State and local governments must comply with Title II of the Americans with Disabilities Act in the emergency- and disaster-related programs, services, and activities they provide.² This requirement applies to programs, services, and activities provided directly by state and local governments as well as those provided through third parties, such as the American Red Cross, private nonprofit organizations, and religious entities.³ Under Title II of the ADA, emergency programs, services, activities, and facilities must be accessible to people with disabilities⁴ and generally may not use eligibility criteria that screen out or tend to screen out people with disabilities.⁵ The ADA also requires making reasonable modifications to policies, practices, and procedures when necessary to avoid discrimination against a person with a disability⁶ and taking the steps necessary to ensure effective communication with people with disabilities.⁷

C. Situations

1. Some individuals with functional needs will identify the need for assistance during emergency situations; others will not.
2. Local planners have access to their jurisdictions' demographic and ethnographic profiles.
3. Major needs of individuals with functional needs may include, but are not limited to, preparation, notification, evacuation and transportation, sheltering, first aid and medical services, temporary lodging and housing, transition back to the community, clean-up, and other emergency- and disaster-related programs, services, and activities.
4. Some people may utilize service animals. Accommodations for these animals should be considered when developing evacuation and sheltering plans. NOTE: Service animals are not considered pets. These animals perform specific functions to assist their owner in activities of daily living. Additionally, in order 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 have had prior training to remain calm in public situations.

D. Planning Assumptions

1. 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 functional needs without causing undue financial or administrative hardship on State or*

² 42 U.S.C § 12132; see generally, 28 C.F.R. §§ 35.130, 35.149

³ 28 C.F.R. § 35.130(b) (1).

⁴ 28 C.F.R. § 35.149 - 35.151.

⁵ 28 C.F.R. § 35.130(b) (8).

⁶ 28 C.F.R. § 35.130(b) (7).

⁷ 28 C.F.R. § 35.160 - 35.164.

local governments providing the emergency and disaster-related response and recovery operations and services.⁸ Responsibilities and requirements outlined in Title II, ADA will be prioritized and instituted in order to provide for immediate, life saving needs during response operations to the return and transition into the community during recovery operations.

2. Persons with functional needs are included in the local planning process and in training drills with emergency managers, first responders, voluntary agencies, and disability agents.
3. Community resources such as certified interpreters, health care personnel, and housing managers will provide assistance to members of the community and emergency response personnel.
4. Collaboration and partnerships with functional needs stakeholders, community and faith-based organizations (CBO, FBO), and non-governmental organizations (NGOs) provide community resource capacity for preparedness, response, recovery, and mitigation.
5. Mutual-aid agreements and memorandums of agreement/understanding (MOA/MOU) with neighboring jurisdictions and partner agencies provide additional emergency capacity resources.
6. Some members of the community may have to be evacuated without or may be separated from the durable medical supplies and specialized equipment they need (i.e., wheelchairs, walkers, telephones, etc.). Every reasonable effort should be made by emergency planners to ensure these durable medical supplies are made available or are rejoined with the community member.
7. Frequent public education programs with an emphasis on personal preparedness and local jurisdiction self-identifying registries should be available in accessible formats and languages so that they reach most, if not all, people in a community.
8. Emergency human services are vital for the long-term recovery of a community and are as important as the repairs to its physical infrastructure.
9. A sustained long-term commitment to providing human services is needed to restore all residents to a state of mental, physical, and social well-being.

II. PREPAREDNESS

A. Planning Networks

Effective planning involves engaging disability navigators, disability organizations, community and faith-based organizations, non-governmental organizations, and other private sector groups that assist or provide services to individuals with functional needs. For information on how to select the right individuals for planning, please read *Why and How to Include People with Disabilities in Your Planning Process?*, (**Appendix C – Resources** for web link). No single person or agency can provide all of the expertise needed for comprehensive planning. A multi-agency approach is needed at all stages of the planning process including the initial assessment of plan purpose, situational needs and assumptions, and the development of a draft concept of operations. Members of this planning network should assess how their efforts can be coordinated to ensure an integrated response.

⁸ 28 C.F.R. §§ 35.130(b)(7), 35.150(a)(3), 35.164.

Focus should be on improving the understanding of agency-based assets, capabilities, and limitations as well as identifying opportunities for improvement and cooperation. This includes the development of mutual-aid agreements and memorandums of understanding and agreements (MOU/MOA) regarding sharing of resources during emergency events.

The Oklahoma State Department of Health (OSDH) hosts a statewide task force on functional needs populations planning for all hazards disaster preparedness. The Task Force seeks to educate, as well as identify gaps and possible resources for the functional needs populations in Oklahoma. These resources will assist in the emergency planning and care for the functional needs of individuals before, during, and after disaster occurrences. For more information on this task force, contact the Emergency Preparedness & Response Service (EPRS) at the Oklahoma State Department of Health (OSDH). Task Force members and others assisting with the creation of this document and other resources may be found in **Appendix D – Task Force Members**.

B. Assessments, GIS, and Registries

Assessments

Assessments provide an informed estimate of the number and types of individuals with functional needs residing in the community. The Centers for Disease Control and Prevention (CDC) provides Snap Shots of the State’s Population Data (SNAPS) version 1.5. It *provides a “snap shot” of key variables for consideration in guiding and tailoring health education and communication efforts to ensure diverse audiences receive critical public health messages that are accessible, understandable, and timely.*⁹ This data on State and local communities can provide baseline information for emergency planning. To manage the data more effectively, select five or more broad categories of population descriptors. This can potentially cut down on redundancy when compiling information from various lists including other government agencies and private organizations.

HIPAA

The Health Insurance Portability and Accountability Act’s (HIPAA’s) Privacy Rule will assist planners in understanding their ability to obtain data from agencies and private groups serving functional needs populations. The Privacy Rule controls the use and disclosure of protected health information held by “covered entities” (healthcare providers who conduct certain transactions electronically, healthcare clearinghouses, and health plans). The Privacy Rule permits covered entities to disclose information for public health and certain other purposes. Transportation and social service providers are not likely to be subject to the Privacy Rule and may be permitted to disclose the number of individuals they serve. For more information on how the Privacy Rule applies to disclosures during emergency situations, see **Appendix E – Health Insurance Portability and Accountability Act (HIPAA) Privacy: During An Emergency**.

Geographic Information System (GIS)

After defining the functional needs populations within the community, demographic and registry information can be entered into a database management program. This database maps communities,

⁹ CDC. <http://emergency.cdc.gov/snaps>

facilities, and households where persons with functional needs reside relative to response assets and hazard scenarios. Mapping is used by some fire departments and emergency managers in evacuation planning. Geographic dispersion can go a long way towards strengthening relationships with State and local organizations and can play key roles in preparedness, response, and recovery. The best method for locating functional needs populations should include Geographical Information Systems (GIS) technology, such as the U.S. Census, combined with community collaborations and networking. GIS databases have been used extensively for many years to help institutions, business, and federal, State, and local governments collect and analyze information to make better solutions.

Registries

Registries are databases of individuals who voluntarily sign up and meet the eligibility requirements for receiving emergency response services based on need(s). Not everyone who requires assistance during an emergency will enroll. Many people choose not to disclose their personal data for the following reasons:

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

While the State does not retain a registry of functional needs individuals, registry database management can be discussed at the local level. Encourage self-identification within these communities. Prepare and distribute information on voluntary pre-registration to identify individuals who will need assistance or accommodations during an emergency. Those who need individual notification and/or assistance in order to evacuate their homes and workplaces can register with their local Emergency Management Department in advance. The best advice is to inquire if your local Emergency Management provides pre-registration services. **It is imperative the confidentiality of the registrant be strictly protected.**

Another registry option is through the establishment of a Memorandum of Understanding (MOU) with known agencies/organizations that service individuals with functional needs. The MOU should describe the process by which the agency/organization would contact and/or connect individuals requiring evacuation/transportation assistance with first responders during an emergency.

C. Education, Training, and Exercises

Emergency plans and procedures are only useful when accompanied by comprehensive training and exercise programs. These programs are meant to strengthen the overall effectiveness of plans by “testing” all or some components of the process. They also identify strengths, weaknesses, and solutions to improve existing procedures and protocols. From past experiences it is clear, if included, individuals with functional needs can:

- a. Assist emergency planners in developing plans that take into consideration functional needs issues within their community.
- b. Identify weaknesses and gaps in plans that require further development.

- c. Help develop solutions and resources within the community that can support the emergency management system.
- d. Articulate emergency needs within their communities.
- e. Encourage overall greater collaboration, coordination, and communication before, during, and after disasters.
- f. Provide opportunities to build awareness about functional needs and emergency preparedness issues.

Emergency management agencies and other response agencies should partner with functional needs organizations and advocacy groups to identify how to address these issues in planning, training, and exercise. It should be a matter of protocol to include such agencies and programs in these endeavors.

Education

Public education on personal and family preparedness is one component of effective response. Encouraging individuals with functional needs to take responsibility for their own safety and security will benefit emergency managers and responders. Everyone should have preparedness, evacuation, and sheltering plans. A general rule of thumb is to plan to be self-sufficient for at least three days. Individuals with functional needs should be encouraged to prepare these plans that include provisions for support networks, evacuation (if needed), adaptive equipment, service animals, pets, effective communication, rendezvous components, accessible transportation, medications, food, water, sanitation, and other individual go-kit needs. An emergency support network can consist of friends, relatives, neighbors, or aides who know where the person resides, what assistance he or she needs, and who will join the person to assist them in seeking shelter or when sheltering-in-place. If a person's plan depends on assistance from others, it is essential that all persons fully understand and commit to their role, and that these individuals also establish backup plans as a safeguard against unforeseen contingencies. A family emergency preparedness plan for those with functional needs may be accessed on the OSDH website; see **Appendix C – Resources** for the web link.

Training

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

- a. First responder training (fire, law enforcement, Emergency Medical Services (EMS));
- b. Community-based training and education (community disaster preparedness and outreach);
- c. Volunteer training (Oklahoma Medical Reserve Corps (OKMRC), Volunteer Organizations Active in Disasters (VOADs), American Red Cross (ARC));
- d. Emergency management agency training on specific hazard annexes/plans (tornado, flood, evacuation, sheltering, pandemic flu, HazMat, terrorism, etc.); and
- e. Cross-training.

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

The FEMA Emergency Management Institute (EMI) offers free online Independent Study courses: IS-197.EM - Special Needs Planning Consideration for Emergency Management and IS-197.SP - Special Needs Planning Considerations for Service and Support Providers. Visit the EMI web site <http://training.fema.gov/index.asp> or contact EMI for more details.

Exercises

Exercises and drills are used to test the effectiveness of plans. The Department of Homeland Security (DHS) Homeland Security Exercise and Evaluation Program (HSEEP) lists seven types of exercises. They include seminars, workshops, tabletop exercises, games, drills, functional exercises, and full-scale exercises. This variety provides options to best suit the need. DHS-funded exercises are required to follow HSEEP guidelines. Also supporting HSEEP are the Target Capabilities and the Exercise Evaluation Guides. Those responsible for integrating functional needs into exercise programs should be familiar with this material.

After an exercise or drill, an after action report (AAR) should be developed to capture the following: exercise successes, needed improvements, and points of failure, as well as to determine steps for corrective actions. By partnering with functional needs organizations and advocacy groups, workable solutions to identified gaps should be easily addressed.

III. RESPONSE

A. Crisis and Risk Communications

The primary goal of emergency messages is to motivate people to take a desired action before and during a crisis. This is easier said than done. It requires an understanding of how to reach the targeted populations in ways that grab their attention and change how they think so they will take action. This is a major challenge for individuals with disabilities. The National Organization on Disability (NOD) identifies three types of disabilities of concern for emergencies and disasters: sensory, mobility, and cognitive. The following definitions are from NOD's Emergency Preparedness Initiative:

- **Sensory:** Persons with hearing or visual limitations, including low vision, total blindness, hard-of-hearing (HOH), or deafness.
- **Mobility:** Persons who have limited or no mobility of their legs or arms. They generally use wheelchairs, scooters, walkers, canes, and other devices as aids for movement.
- **Cognitive:** The terms "developmental" and "cognitive" most commonly include conditions that may affect a person's ability to listen, think, speak, read, write, do math, or follow instructions.

Understanding risk communications starts with examining the many places and points where vulnerability intersects and then targeting those points with good science and effective practices. Risk communication principles and practices are universal. Every community's risk communications should have the objective of equity in outreach so that no one is left unprotected. Outreach and networking

with functional needs population groups can enhance experience in training, identify how best to alert and notify, and help identify and meet unexpected resource needs during an emergency.

Messages

Messages delivered during an emergency should provide information about transportation, evacuation, and sheltering locations. Message content should include the following: incident facts, health risk concerns, pre-incident and post-incident preparedness recommendations, and locations to access assistance in a format or language that a broad spectrum of the community can understand. The base content of these messages should be composed and translated into other languages in advance (with opportunity for collaboration and input from all interested stakeholders), leaving placeholders to insert the specifics of each emergency situation and the protective actions recommended.

Composing warning messages, directions, announcements, offers of assistance, and other public information accessible to people with disabilities requires awareness of different needs, and familiarity with the capabilities and limitations of various communications technologies. There are many communication methods that can be used such as, phone, radio, television, bill inserts, word-of-mouth, typed reports, different languages, audio amplifier devices, certified American Sign Language (ASL) professionals, and social and community networks. For people to act, they must understand the message, believe the messenger is credible and trustworthy, and have the capacity to respond. It is essential to utilize multiple redundant channels and alternative formats in alerting populations to an emergency. Yet, for cultural and linguistic minorities, readying the optimal communication media is a time-intensive task that must be accomplished at the local level prior to an emergency.

People-First Language

Emergency planners, first responders, and emergency managers should use people-first language while communicating with the public in any disaster or emergency situation. *People-first language emphasizes the person, not the disability. By placing the person first, the disability is no longer the primary, defining characteristic of an individual but one of several aspects of the whole person.*¹⁰ Using appropriate terms can reduce barriers instead of creating barriers in any public situation. The chart below contains examples of people-first language:

Say:	Instead Of:
People with disabilities.	The handicapped or disabled.
Paul has a cognitive disability (diagnosis).	He's mentally retarded.
Bob has a physical disability (diagnosis).	He's a quadriplegic/crippled.
Sara has a learning disability.	She's learning disabled.
Children without disabilities.	Normal/healthy/typical kids.
Nora uses a wheelchair/mobility chair.	She's wheelchair bound or confined to a wheelchair.
Accessible parking, hotel room, etc.	Handicapped parking, hotel room, etc.
Sue communicates with her eyes/devices/etc.	She's non-verbal/mute.

¹⁰ *The North Carolina Office of Disability and Health with Woodward Communications. (2002) Removing Barriers-Tips and Strategies to Promote Accessible Communication.*

Note: A few communities prefer not to be recognized as having a disability, and as such, people-first language would not apply to them. One such example is the Deaf community. They do not recognize deafness as a disability rather they see it as their way of life. They prefer to be recognized as the Deaf community and not a community with a hearing disability.

B. Transportation

Populations that will require transportation assistance during emergency response and recovery include:

- a. Individuals who do not have access to a vehicle but can independently arrive at a pick-up point;
- b. Individuals who do not have access to a private vehicle and will need a ride from their home;
- c. Individuals who live in a group setting or assisted living environment and will need a ride from such facilities;
- d. Individuals who are in an in-patient medical facility or nursing home;
- e. Individuals who are transient, such as people who are homeless and have no fixed address, and
- f. Individuals with limited English proficiency.

Communities should work together to coordinate evacuation plans in advance. Many people with disabilities do not drive and routinely use public para-transit systems operated by public transit (Metro-Lift, Share-A-Ride) and may call on such services before, during, and after an emergency. If these services are unavailable during the emergency, plans must include a way to forward requests to emergency services or transportation coordinators and to alert customers the request has been forwarded. If long-term care facilities have contracted for accessible evacuation transportation, they must not all plan to use the same contractor, or if they do, they must be sure the contractor has sufficient vehicles to meet all needs.

There are approximately 64 Federal programs that support transportation services for functional needs populations on a daily basis. Of these programs, approximately 34 operate vehicles or contract for services. Examples of these programs include local area agencies on the aging, mental health day-habilitation programs, and vocational rehabilitation programs. Steps should be taken to include social service providers, transportation providers, and transportation planning organizations in determining transportation needs and to develop agreements for emergency use of drivers and vehicles. Once plans are established, training opportunities should be determined. Exercises should be conducted to identify additional challenges posed by evacuating hospitals, individuals, and fixed facilities with varying functional needs.

Vans and buses vary as to the number of individuals they can accommodate, and the types of lifts, ramps, and wheelchair securing devices they employ. The process of inventorying these vehicles should identify overall occupant capacity, any limitations regarding the size or type of wheelchairs, or limitations on other equipment they can safely transport. Operators need to be trained in the safe operation of lifts, ramps, tie downs, and other mechanical devices associated with vehicles.

Some public- and private-sector transportation providers are reluctant to provide service without memorandums of agreement (MOA) with State or local jurisdictions regarding liability and reimbursement. Such agreements typically require time, money, and legal representation that are usually resources not readily available in government. Additionally, private transportation providers

often will not provide transportation without formal sheltering agreements being in place to eliminate unexpected complications.

C. Evacuations

Not all disasters require individuals to flee their homes or businesses. However, safe and effective evacuation of all people with varying levels of functional need should be a central objective. Planners should consider the demographic composition of the community, the transportation necessary for evacuation, and the capacity to provide shelters that meet the range of needs that exist within the community. Evacuation planning should take into account regulations, licensing, and other mandated responsibilities as well as resources, hazard analyses, and evaluation of emergency circumstances.

Issues such as personal assistance devices, service animals, supplies, and equipment, as well as help and support of family members, friends, pets, and/or directly employed aides are important to many people with functional needs. Consider multiple formats for accessible communications when preparing evacuation communications. Allow for flexibility and accommodation beyond what is envisioned.

Responders must be trained on the importance of allowing individuals with disabilities to bring personal care assistants or family members, service animals, durable medical equipment (DME), and communication devices with them. Policies and procedures should be made and followed to assure safe transport of DME and communication equipment of the public. Policies need to reflect an understanding that these supports are not optional.

The rule should be that if a person says it is important for them to bring particular people, animals, or equipment with them, they should be allowed to do so unless granting the request would likely result in imminent harm to the person or others.

People with disabilities should not be routinely transported to health care facilities simply because they have disabilities. Needs assessment decisions should be informed by an understanding that there is a difference between living with a disability and needing to be transported to a health care facility because of illness. In addition, transporting a person to a health care facility is voluntary on their part; a person cannot be made to go to a healthcare facility.

Exercises to evaluate evacuation plans for fixed facilities, daycare programs, medical facilities, and large public buildings should be conducted routinely. These plans should include alarm systems and methods to personally notify people who are deaf or hard-of-hearing, and ensure individuals who have low vision or are blind can independently find exits and safe rallying points for evacuations.

The demands of multiple-trip and long-distance travel will be especially challenging for some individuals both physically and mentally. Emergency managers should designate and advertise staging areas for long-distance transportation and provide additional transportation in the form of over-the-road buses, school buses, or intercity rail to shelter locations outside the jurisdiction. In general, over-the-road motor coaches rather than school buses, city buses, or para-transit vehicles are preferred for evacuating people between metropolitan areas. In many cases, there will be individuals living in the community who will not be able to get to designated staging areas on their own. Given available resources, plans

should include mechanisms to assist these individuals. Once individuals are transported from their initial location to a pick-up point, adequate accessible vehicles should then be available to transport them to the designated shelter location.

Evacuation Considerations to Accommodate Specific Needs

Depending upon the emergency/disaster and risk-to-benefit decision making, individuals requiring acute medical care will require evacuation 24 hours before the general population. The following considerations are essential for comprehensive community evacuation planning.

Adult Day and Congregate Care Facilities

- a. Any health care facility licensed by the State of Oklahoma must be in compliance with the national codes and standards adopted by the Oklahoma State Fire Marshal's Office including, but not limited to, the Life Safety Code of the National Fire Protection Association (NFPA) and the International Building Code. These codes and standards include requirements for sprinkler systems, fire alarms, building code issues, means of egress, and other important fire safety measures. In the event that power is lost and must be restored in stages, it is recommended that local jurisdictions prioritize congregate settings where individuals are dependent on life-sustaining equipment.
- b. The decision to evacuate a congregate care setting and/or individuals with special health conditions residing in private residences requires careful planning and assessment of the risk. Local emergency management and fire departments should work with these facilities to help ensure their plans adequately and realistically address hazards and emergencies common to that location.
- c. During snow or ice storms it is extremely important to weigh the risks of moving people during a power-outage versus sheltering-in-place (see II. E Shelter-in-Place below).

Child Care Facilities

The Child Care Licensing Requirements (Supplement III) established by the Oklahoma Department of Human Services (OKDHS) states that child care providers must be prepared to respond to a wide variety of emergency situations (see also OKDHS-OAC 340:110-3-11 "Emergency preparedness"). It may be evacuating children and taking them to a safe place or protecting them from outside threats by keeping them safe inside the facility. A disaster plan is critical and should be in place. The disaster plan should include response actions for natural, human-caused, or technological disasters including, but not limited to:

- a. Evacuation,
- b. Fire,
- c. Flooding,
- d. Ice storms,
- e. Lockdown and lockout,
- f. Shelter-in-place, and
- g. Tornado.

High-Rise Buildings

For jurisdictions with high-rise buildings, work with the local emergency management, fire department, or representatives from the Occupational Safety and Health Administration (OSHA) to establish policies and procedures to target full evacuation. The plan should include specific instructions, both written and oral, for all residents.

Jurisdiction to Jurisdiction

- a. This usually takes advance planning to ensure that capabilities for supporting functional needs populations are defined (e.g., transportation and receiving shelters).
- b. Emergency managers should designate and advertise staging areas for long-distance transportation and provide additional transportation in the form of motor coaches, school buses, para-transit, or rail to shelter locations outside of the jurisdiction.
- c. Sustaining individuals awaiting evacuation is also critical. No jurisdiction has the capability to simultaneously evacuate its entire population. Therefore, if a phased evacuation is implemented and some individuals must wait for 12 or more hours, the jurisdiction should determine how they will be sustained during that period.

Public and Senior Housing

A nursing home, independent living facility, or assisted living facility should have a disaster plan in place. Multi-family apartments should also have disaster plans in place for all hazards. The facility's disaster preparedness plan should be reviewed by employees, customers, renters, and all families that live in the facilities. The all hazards disaster plan for public and senior housing should include the following:

- a. Contacts in place with transportation and other facilities to provide housing for displaced residents;
- b. The number of vehicles to transport residents must be adequate for everyone in the facility;
- c. Identification method for all residents, service animals, and pets before, during, and after the emergency situation;
- d. Procedures to ensure medical supplies/equipment are identified with their owners;
- e. Procedures for sharing the evacuation plans with residents and family members or friends to ensure all are aware of the evacuation plans, and
- f. Designated pick-up locations where residents can meet family members.

Schools

- a. The evacuation of schools should be thoroughly planned prior to an emergency. According to *Title 63 O.S. § 176*, all public schools in Oklahoma are required to have a minimum of two fire drills per semester. The first fire drill shall be conducted within the first fifteen (15) days of each semester. The second fire drill must occur after the first thirty days (30) days of the semester. All students and teachers at the public schools shall participate.
- b. Although not statute, it is recommended that all schools, both public and private, have an all-hazards plan that addresses: acts of violence, threats, earthquakes, floods, tornadoes, structural fire, wildfire, internal and external hazardous material releases, medical emergencies, and any other hazard deemed necessary by school officials and local emergency authorities. The plan(s)

should also be based on the unique architectural, geographical, and student population characteristics of the school.

- School-based emergency plans should include procedures and processes for ensuring the full-participation of students and staff, including those with disabilities, in the event of an evacuation, lockdown, or shelter-in-place.
- Each school-based emergency management plan should identify how to best address a variety of disabilities including: visual, hearing, mobility, cognitive, attention, and emotional to adequately consider their needs and vulnerabilities.
- Plans should also outline procedures for reunifying the students with their parents at a pre-identified reception site. The parent/child reunification process is often a highly emotional and chaotic event, and having staff with the appropriate skill sets to manage such situations is critical.

Workplaces and Public Venues

Business and public venue managers have the responsibility of developing plans to be prepared for an emergency and are encouraged to work with their local emergency manager regarding these plans. As part of the emergency planner's preparedness message to employers, emphasis should be placed on:

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

D. Mass Shelters

The Oklahoma Department of Emergency Management (OEM) is the lead organization for the ESF#6 Mass Care, Housing and Human Services at the State level. Local emergency management and the American Red Cross (ARC) will work with OEM to designate and coordinate shelters during times of an emergency or a disaster. The management, operation, and staffing of the shelter is the shared responsibility of the local government and the ARC. Regardless of who operates a shelter, the Americans with Disabilities Act (ADA) generally requires shelter operations to be conducted in a way that offers individuals with disabilities the same benefits provided to people without disabilities (e.g., accessibility, reasonable modifications, effective communication, safety, comfort, general medical care, support of family and friends). To the maximum extent possible, shelter and support plans should include persons with functional needs along with others in the community and the co-location of a shelter for pets. When setting up a mass shelter, the following should be taken into consideration when addressing functional needs.

Needs Assessment

A needs assessment is the process of sorting individuals needing immediate medical attention from those that are healthy. In a disaster, a needs assessment can occur in several places: 1.) at the evacuation site and/or on the bus before the evacuees depart the disaster area, 2.) at the shelter site before/while leaving the bus, or 3.) after the evacuee has already settled into the congregate area of the shelter. To be successful, all three assessments should occur; however, this may not always be the case.

A needs assessment at the evacuation site is the responsibility of the home state or disaster area. Past experience shows this is conducted rather hastily and should not solely be relied upon. The amount of time spent in transit and the immediate care needed following the trip may take a toll on some. Healthy individuals can become sick from a long ride to a shelter. A person with diabetes may have a drop in blood sugar and persons who are incontinent may need to shower and change clothes. All of these situations are in the functional needs framework for assistance. Preparing for the buses to arrive with functional needs populations is imperative.

Needs Assessment Teams

To prepare for arrival, the receiving site should plan on a specialized team to help identify and assist those with functional needs (as resources are available). A needs assessment team may consist of the following:

- a. Home health aides (HHA) – to identify and assist with mobility and general needs;
- b. Paramedics – to identify and respond to immediate medical needs;
- c. Mental health staff – to identify immediate mental health states as well as coach needs assessment team members on how to identify dangerous personnel or how to cope with feelings that may arise during the receipt of evacuees/customers;
- d. Language and/or Certified American Sign Language (ASL) Interpreters – to translate for people who have hearing/speech disabilities, people who are deaf, people who are blind or have difficulty understanding English, and
- e. Runners – to assist people who have limited mobility with their belongings as directed by a HHA or nurse.

Needs Assessment Criteria

Identifying persons with functional needs as soon as possible may be vital in saving lives or reducing trauma. If possible, assess in groups before they enter the shelter. Some suggested criteria to look for or inquire about to expedite the identification of specific populations include:

- a. Families with small children,
- b. General health problems (incontinence),
- c. People who are blind or have low vision,
- d. People who are deaf or heard-of-hearing (HOH),
- e. People who have developmental cognitive disabilities,
- f. People needing assistance with mobility (wheel chair, cane, walker),
- g. People who do not speak/read English and are without a translator,
- h. People who feel sick (muscle aches, headaches, or nausea),
- i. People with a fever, cough, or sore throat,
- j. People with diabetes,

- k. Senior citizens, and
- l. Women who are pregnant.

Check-In

For those that meet the criteria, ask them to exit the bus and provide them direction to the correct check-in area. These lines may take a little longer per person, but the proper amenities should be made.

When setting up a check-in station for functional needs populations consider having the following:

- a. Baby changing table,
- b. Chairs,
- c. Wheelchairs, walkers, and canes,
- d. Translators including American Sign Language (ASL) certified in Quality Assurance Screening Test (QAST) 3-5 (the QAST 3-5 is a method used by the Department of Rehabilitation Services to evaluate the proficiency of individuals interested in becoming employed as interpreters for the deaf in the state of Oklahoma),
- e. Extra aides to assist people with personal items (including animals), and
- f. Extra aides to escort people to and from the restroom (some may need personal assistance prior to check-in).

Guest Tracking

Guest tracking is essential in providing an accurate accountability of the guest population. The populations in emergency shelters can change suddenly and rapidly with the movement of guests. Tracking methods vary by primary location sites. No matter the type of tracking method used (electronic or paper), the essential personal information needed to provide proper care of individuals should be included. Examples of the type of personal information necessary include: name, home address, age, emergency contact information, immediate medical history, and medication list.

Tips for Accommodating Your Community

One of the most important tasks in emergency preparedness is evaluating your community before, during, and after the disaster. This involves knowing your community and their “functional needs” prior to any natural, human caused, or technological disaster situation. The following tips will assist you in this “whole community” approach when planning for functional needs populations in local shelters. (The Oklahoma Developmental Disabilities Council has an excellent resource pocket guide that provides further “Tips for First Responders.”)

People Who are Blind or Have Low Vision

- a. Provide a tour of the activated shelter using a proper guide technique to ensure their awareness of the facility layout and available accommodations, as well as the accessibility of all the areas. If unsure of the proper guide technique, ask the individual how to properly guide them. The tour should take them to all of the following areas:
 - o Bathrooms,
 - o Dining areas,
 - o Exits,
 - o Information center,
 - o Medical clinics,
 - o Recreation areas,
 - o Security areas,

- Showers,
- Sleeping area, and
- Telephone center (if available).
- b. Provide all communication material and emergency alerts in accessible formats. Accessible communication formats include:
 - Audio messages,
 - Braille,
 - Designated readers for ALL shelter documents,
 - Documents with large black font printed on cream color paper, and
 - Lighted magnifying glasses.
- c. Always state their name if known and identify yourself when you approach the individual, so they know you are speaking to them.
- d. Never use head gestures to acknowledge what they are saying to you. Remember, they cannot see your face gestures. In addition, do not use hand gestures, they cannot see which direction you are pointing.
- e. Provide a buddy system in the event an emergency occurs in the activated shelter. The buddy will ensure the safe movement of the individual if the need to evacuate or shelter-in-place occurs in the shelter.

People Who are Deaf or Hard-of-Hearing

- a. Provide all communication material and emergency alerts in accessible formats. Accessible formats include:
 - American Sign Language (ASL) Interpreters, Quality Assurance Screening Test (QAST) Certified Level 3-5,
 - Certified and/or computer based methods (Purple or DeafLink),
 - Written documents, maps, or pictographs detailing emergency procedures,
 - Neck loops for Hard-of-Hearing (HOH), and
 - Visual strobe alarm or vibrating pad for alarms (e.g., smoke, tornado).
- b. Ensure the person is aware of all activated areas within the shelter. Either provide a tour of the activated shelter with a sign language interpreter or provide a descriptive layout/map to ensure awareness of all the activated facility areas. (A list of areas is included above in the “People Who Are Blind or Who Have Low Vision” section.)
- c. Establish eye contact with the individual, not with the interpreter, if one is present.
- d. Hearing aids do not guarantee the person can hear and understand speech. They increase volume, not necessarily clarity.
- e. Keep in mind when providing verbal instructions to those with hard-of-hearing that:
 - Side conversations or background noises may interrupt the emergency information you are trying to convey, and
 - The person may have difficulty understanding the urgency of your message, so be patient.
- f. Provide the person with a flashlight to signal their location in the event they are separated from the rescue team. This will facilitate signing in the dark.
- g. Provide a buddy system in the event an emergency occurs in the activated shelter. The buddy will ensure the awareness of the individual of alarms, warnings or announcement of general information related to the activated facility.

People Who Have Mobility Disabilities

- a. Provide a tour personnel for assistance in this function should be provided due to limited mobility movement or strength) or descriptive layout/map of the activated shelter for location

and awareness of all areas within the shelter. The following areas should be included in the tour and/or layout:

- Accessible bathrooms,
 - Accessible showers,
 - Dining area,
 - Exits,
 - Information center,
 - Medical clinic,
 - Recreation area,
 - Security area
 - Showers area,
 - Sleeping area, and
 - Telephone station (if available).
- b. Keep all aisles clear of objects in your shelter.
 - c. Always ask the person how you can help before attempting any assistance.

People Who Have Cognitive Disabilities

- a. Provide a tour and descriptive layout/map of the activated shelter for location and awareness of all areas within the facility. (A list of areas is included above in the “People Who Are Blind or Who Have Low Vision” section.)
- b. Provide instructions/rules of activated shelter in simple and short sentence format (7th grade reading level or lower).
- c. Point to your ID picture as you say who you are and your role in the shelter.
- d. Use pictures and objects to illustrate your words.
- e. Give extra time for the person to process and respond to what you are saying.
- f. Provide, if possible, quiet time for rest to lower stress and fatigue.
- g. Repeat reassurances (for example, “You may feel afraid. That’s OK. We’re safe now.”)
- h. Point to any protective equipment as you speak about the use of the item.

People with Bariatric Needs

- a. Provide a tour (breaks should be used for rest periods depending on your customer) or descriptive layout/map of the activated shelter for location and awareness of all areas within the facility.
- b. Provide beds, wheelchairs, and chairs for accommodation of need.

Seniors

- a. Provide a tour or descriptive layout/map of the activated shelter for location and awareness of all areas within the facility.
- b. Repeat questions and answers if necessary. Be patient! Some elderly persons may respond more slowly to a crisis and may not fully understand the extent of the emergency.
- c. Reassure the person that they will receive medical assistance without fear of being placed in a nursing home.
- d. Explain to the senior that this relocation is only temporary. Seniors may fear being removed from their homes, be sympathetic and understanding.
- e. Provide a buddy system if you suspect the person has dementia or Alzheimer’s. Do not leave the person unattended.

People with Service Animals

- a. Do not separate the owner from the service animal.
- b. Remember – a service animal is not a pet.
- c. Do not touch or give the animal food or treats without the permission of the owner.
- d. Keep in mind when the dog is wearing its harness, it is on duty.
- e. Hold the leash and not the harness in the event you are asked to take the dog while assisting the individual.
- f. Remember, service animals are not registered and there is no proof the animal is a service animal. If the person tells you it is a service animal, treat it as such. **However**, if the animal is out of control or presents a threat to the individual or others, remove it from the site. Find a place for the animal and the owner to stay during the duration of the emergency.

Congregate Areas

An active emergency shelter takes planning. It is not necessary to segregate populations according to their functional needs. Functional needs groups can encompass a wide variety of disabilities or conditions. Detailed planning using the layout of the shelter prior to the activation can ensure a more functional environment and create smoother operations. Examples of these needs may include: a medical clinic area, sleeping/quiet area, and family or group gathering areas such as entertainment, child care, or meal areas.

Bathroom & Wash Facilities/Assistance

When identifying a shelter, proper bathroom facilities should be considered; especially if the site does not have an adequate number of accessible bathroom/shower facilities. The toilets/showers must be accessible for everyone in the shelter. Mobile facilities are available for rent in some areas that can provide adequate access to all customers, if onsite facilities are not adequate. Examples of shelter accessible facilities and personnel are as follows:

- a. Showers, sinks, and stalls should accommodate persons with mobility disabilities (wheelchairs, walkers, and canes);
- b. Ramps should be available to ensure all people may access the mobile facilities; and
- c. Health aides should be available all hours of the day (and night) to assist persons to and from the bathroom.

E. Shelter-in-Place

Evacuation will not always be possible or desirable in an emergency, and people with functional needs must also prepare to shelter where they are. Local plans should include ways to check on people and get personal care assistance to those who need it. Local plans should also include guidance for individual preparedness during shelter-in situations. Individual needs vary, but during a prolonged emergency, some individuals will need assistance from others in meeting their basic needs. Plans should call for linkages with community-based organizations, home care, and other agencies for assistance. Clear instructions on how to request assistance should be provided to people who are sheltering.

Deciding to evacuate a congregate setting and individuals with special health care needs residing in private residences requires careful planning and assessment of risk. Most states require facilities to have

plans in place for emergencies. These facilities are ultimately responsible for their residents. Local EOPs should pre-identify these locations and have an estimate of the number of individuals residing in each. Emergency managers and facility managers should work together to help ensure plans adequately and realistically address hazards and emergencies common to that location.

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

During ice storms or snowstorms when power outages are imminent, facility locations should weigh the risks of evacuation versus shelter-in-place. During previous disasters Oklahoma has witnessed the evacuation of nursing facilities to nearby nursing or community facilities only to have those locations lose power as well. To avoid moving customers in the cold and on icy surfaces with the possibility of slips, trips, and falls, the facility should work with the emergency management to plan for shelter-in-place. If possible, the facility should have a back-up generator. If this is not possible, emergency managers should work with the local energy co-op partners ESF#12 to prioritize those facilities to come back online.

F. Pet Shelters/Kennels

When people evacuate it is important to remember that many may bring their “pets” and in today’s age, many of them are thought of as family. There are several types of animals that may arrive at a shelter so it’s important to understand the laws around them and be prepared ahead of time to receive them. The PETS Act (Pets Evacuation and Transportation Act of 2006) amends the Robert T. Stafford Relief and Emergency Assistance Act to ensure that State and local emergency preparedness operational plans address the needs of individuals with household pets and service animals following a major disaster or emergency.¹¹

When setting up a pet shelter, keep placement in mind. Setting up the pet shelter directly next to the general population shelter will allow owners to come out and tend to their own pets. In local areas, animal shelters or animal control centers may be able to assist in identifying or providing necessary equipment, food and water supplies, and the “physical building” of the pet shelter during emergencies. The following equipment and supplies should be considered when planning for and setting up a pet shelter:

- a. Cages,
- b. Collars,
- c. Food and water,
- d. Food/water bowls,
- e. Leashes,
- f. Medications for pest control, and
- g. Vaccinations.

¹¹ The Pets Evacuation and Transportation Act 120 U.S.C. § 1725 (2006)

Service Animals

Service animals are permitted in all places (may not be confined to a kennel) that serve the public as long as the animal is not out of control or otherwise posing a direct threat to the health or safety of individuals. Access includes transportation with their owners/handlers during evacuations. In accessing forms of transportation, planners should cover the presence of service animals and the potential need to assist animals during evacuations. According to the Americans with Disabilities Act (ADA), only two (2) questions may be asked to determine if an animal is a trained service animal:

- a. Is the animal required because of a disability?
- b. 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 should 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. The animal should be kept with the handler to the greatest degree possible to minimize movement trauma and ensure general safety to both. Emergency personnel and owners must address potential medical needs of the service animal to maintain the animal's health. As a result, transportation must include provisions to carry any necessary medications for animals as they would for a human passenger.

Household Pet

A household pet is a domesticated animal, such as a dog, cat, bird, rabbit, rodent, or turtle that is traditionally kept in the home for pleasure rather than for commercial purposes. Normally these types of animals should be kept out of the mass shelter and in a nearby pet shelter for care. Household pets do not include reptiles (except turtles), amphibians, fish, insects/arachnids, farm animals (including horses), nor animals kept for racing purposes.

IV. PARTNERS

A. State Level

State agency resources are coordinated in emergencies by the Oklahoma Department of Emergency Management when local resources are depleted. The list of partner agencies below offer **planning information and guidance** specific to functional needs populations and may be contacted if you have questions while putting your plan together. In an emergency it is important to remember the proper channel for requesting assets is through your **local emergency management agency**. They will forward the request to the Oklahoma Department of Emergency Management. From there, your request will be coordinated with the appropriate state agency.

Library for the Blind and Physically Handicapped

Contacts			
Primary:	Vicki Golightly, Public Information Officer		
Office Phone:	405-521-3514	Email	vgolightly@okdrs.gov
Services/Resources:	Information on purchasing signature guides and information on guiding people with visual disabilities.		

Oklahoma Department of Emergency Management

Contacts			
Primary:	Linda Soos-Davis, Manager, Human Services		
Office Phone:	405-521-2481 or 405-962-2807	Email	Linda.Soos-Davis@oem.ok.gov
Additional Contact:	Suzie Carter, Deputy, Human Services		
Office Phone:	405-521-2481 or 405-962-2807	Email	Suzie.carter@oem.ok.gov
Additional Contact:	AmBer Somerlott, Officer, Human Services		
Office Phone:	405-521-2481 or 405-962-2807	Email	Amber.Murphy@oem.ok.gov
Services/Resources:	OEM is the primary coordinating agency for all state services. In addition, OEM is in charge of coordinating ESF#6, Mass Care and Sheltering responses.		

Oklahoma Department of Human Services

Contacts			
Primary:	Mark Gower, Information Security Officer & Dir. for Emer. Prep. & Response/Business Continuity/Disaster Recovery		
Office Phone:	405-522-0522 or 405-919-4258	Email	mark.gower@okdhs.org
Additional Contact:	Morris Holmes, Information Security Officer		
Office Phone:	405-522-2722	Email	morris.holmes@okdhs.org
Additional Contact:	Laquetta Russell, Information Manager		
Office Phone:	405-522-4249	Email	laquetta.russell@okdhs.org
Services/Resources:	Home Health Aides, Area Agencies on Aging, mobility supplies, transportation vehicles equipped with wheelchair accessibility, pagers (for persons with hearing disabilities), collapsible ramps, foreign language interpreters, ASL interpreters, and hard-of-hearing (HOH) audio accessible equipment.		

Oklahoma Department of Mental Health and Substance Abuse Services

Contacts			
Primary:	Tom Thomson, Coordinator of Tobacco Cessation and Disaster Response		
Office Phone:	405-522-8310	Email	tthomson@odmhsas.org
Additional Contact:	Bryan Hiel, Access Specialist		
Office Phone:	405-522-2359	Email	bhiel@odmhsas.org
Services/Resources:	Coordinate behavioral health professionals and vans available for transport.		

Oklahoma Department of Rehabilitation Services

Contacts			
Additional Contact:	Hope Crumley, Program Manager, Services to the Deaf and Hard of Hearing		
Office Phone:	405-522-7930	Email	Hcrumley@okdrs.gov
Services/Resources:	Contact list for Certified American Sign Language (ASL) Interpreters. Information on the following items: television listening system, television ears loops, telephone handset amplifier, and educational material on hard-of-hearing (HOH). They can also supply educational information on the deaf community.		

Oklahoma Developmental Disability Council

Contacts			
Primary:	Rick Barcus, Director, Planning & Grants Management		
Office Phone:	405-521-4965	Email	Rick.Barcus@okdrs.gov
Services/Resources:	Provide the "Tips for First Responders" pocket guide.		

Oklahoma Medical Reserve Corps

Contacts			
Primary:	Kendal Darby, Statewide Administrator		
Office Phone:	405-297-7055	Email	darbyk@emsa.net
Additional Contact:	Debi Wagner (OSDH), Executive Statewide Volunteer Coordinator & Statewide Coordinator		
Office Phone:	405-271-0900	Email	DebraMW@health.ok.gov
Services/Resources:	Coordinate statewide access of pre-identified public health and medical volunteers which may be used in public health initiatives and response.		

Oklahoma State Department of Health

The Oklahoma State Department of Health has multiple services and divisions that deal with functional needs populations on a day-to-day basis. Each service has been listed below with a description of services available during disasters. All planning information may be coordinated through the Emergency Preparedness & Response Service.

Contacts			
Primary:	Glenda Ford-Lee, Statewide At-Risk Coordinator, Emergency Preparedness & Response		
Office Phone:	405-271-0900	Email	GlendaFL@health.ok.gov
Additional Contact:	Lynnette Jordan, Asst Service Chief, Emergency Preparedness and Response		
Office Phone:	405-271-0900	Email	Lynnette@health.ok.gov
OSDH Services/Resources			
Service/Division			
Emergency Preparedness & Response Service	Coordination and research of Functional Needs Populations as a whole. OSDH can provide training, presentations, and outreach to educate populations, groups, and first responders on response efforts for functional needs in emergency situations.		
Long Term Care Service	Provide contact and outreach to licensed nursing facilities across the state.		

B. Local Level

As discussed in “Section II. Planning,” it is important to identify your partners, or planning networks, so proper resources may be documented and/or located before the emergency occurs. Below is a template to help you begin identifying possible planning networks in your local community. Please keep in mind not all local communities will have each type of agency. To also help you identify needed resources, **Appendix F, Alphabetical Resource List** includes an alphabetical listing of supplies, equipment, and services and possible agencies or organizations that may have those items.

American Red Cross

Name of agency or chapter:		
Primary Contact Name:		
Work #:	24/7 #:	Email:
Second Contact Name:		
Work #:	24/7 #:	Email:
Third Contact Name:		
Work #:	24/7 #:	Email:
General Description of Resources/Capabilities: Depending on your local chapter, the American Red Cross might provide the following assets: shelter, food, water, health and mental health services. They also may handle inquiries from concerned family members outside the disaster area, provide blood and blood products, and help those affected by disaster to access other available resources for recovery assistance.		
Others Defined During Planning:		

Animal Control/Shelter

Name of agency or chapter:		
Primary Contact Name:		
Work #:	24/7 #:	Email:
Second Contact Name:		
Work #:	24/7 #:	Email:
Third Contact Name:		
Work #:	24/7 #:	Email:
General Description of Resources/Capabilities: Depending on your local animal control services, the following assets might be provided: pet leashes, pet cages, pet food and water, feeding bowls, vaccines/medication, and general medical attention.		
Others Defined During Planning:		

Behavioral/Mental Health Entity

Name of agency or chapter:		
Primary Contact Name:		
Work #:	24/7 #:	Email:
Second Contact Name:		
Work #:	24/7 #:	Email:
Third Contact Name:		
Work #:	24/7 #:	Email:
General Description of Resources/Capabilities: Depending on your local behavioral or mental health services, the following assets might be provided: mental health counselors and mental health physicians.		
Others Defined During Planning:		

Community Organization

Name of agency or chapter:		
Primary Contact Name:		
Work #:	24/7 #:	Email:
Second Contact Name:		
Work #:	24/7 #:	Email:
Third Contact Name:		
Work #:	24/7 #:	Email:
General Description of Resources/Capabilities: Depending on your local community organizations the following assets might be provided: food, water, clothing, shelter, transportation, childcare, and baby supplies.		
Others Defined During Planning:		
Name of agency or chapter:		
Primary Contact Name:		
Work #:	24/7 #:	Email:
Second Contact Name:		
Work #:	24/7 #:	Email:
Third Contact Name:		
Work #:	24/7 #:	Email:
General Description of Resources/Capabilities:		
Others Defined During Planning:		
Name of agency or chapter:		
Primary Contact Name:		
Work #:	24/7 #:	Email:
Second Contact Name:		
Work #:	24/7 #:	Email:
Third Contact Name:		
Work #:	24/7 #:	Email:
General Description of Resources/Capabilities:		
Others Defined During Planning:		

County Health Department

Name of agency or chapter:		
Primary Contact Name:		
Work #:	24/7 #:	Email:
Second Contact Name:		
Work #:	24/7 #:	Email:
Third Contact Name:		
Work #:	24/7 #:	Email:
General Description of Resources/Capabilities: The local county health department may provide the following assets: emergency planners, public health nurses, immunizations, epidemiologist, laboratory tests, and other emergency items or personnel. They also coordinate health and medical responses (ESF#8 or Annex H) at the local level.		
Others Defined During Planning:		

Emergency Management

Name of agency or chapter:		
Primary Contact Name:		
Work #:	24/7 #:	Email:
Second Contact Name:		
Work #:	24/7 #:	Email:
Third Contact Name:		
Work #:	24/7 #:	Email:
General Description of Resources/Capabilities: Depending on your local area Emergency Management Services, the following assets might be provided: shelter, medical equipment, emergency medical care, emergency transportation, and resources to network family needs that are affected by the disaster.		
Others Defined During Planning:		

Emergency Medical Services (EMS) Entity

Name of agency or chapter:		
Primary Contact Name:		
Work #:	24/7 #:	Email:
Second Contact Name:		
Work #:	24/7 #:	Email:
Third Contact Name:		
Work #:	24/7 #:	Email:
General Description of Resources/Capabilities: Depending on your local area EMS, the following assets might be provided: cots, blankets, hygiene kits, wheel chairs, wheeled stretchers, and walkers. In addition, they might be able to supply the following items: portable radios and charging systems, durable medical equipment, oxygen bottles and respiratory PPE, nebulizers, paramedical personnel, and transport of medically ill patients.		
Others Defined During Planning:		

Energy Co-op

Name of agency or chapter:		
Primary Contact Name:		
Work #:	24/7 #:	Email:
Second Contact Name:		
Work #:	24/7 #:	Email:
Third Contact Name:		
Work #:	24/7 #:	Email:
General Description of Resources/Capabilities: Depending on your local energy company, the following information may be accessible for emergency situations: people with electrical powered medical equipment and senior citizens.		
Others Defined During Planning:		

Faith-Based Organization

Name of agency or chapter:		
Primary Contact Name:		
Work #:	24/7 #:	Email:
Second Contact Name:		
Work #:	24/7 #:	Email:
Third Contact Name:		
Work #:	24/7 #:	Email:
General Description of Resources/Capabilities: Depending on your local area faith-based organizations, the following items might be provided: shelter, food, water, clothing, cots, blankets, hygiene kits, toys, childcare, and baby items. They may also be able to provide chaplains or counselors.		
Others Defined During Planning:		
Name of agency or chapter:		
Primary Contact Name:		
Work #:	24/7 #:	Email:
Second Contact Name:		
Work #:	24/7 #:	Email:
Third Contact Name:		
Work #:	24/7 #:	Email:
General Description of Resources/Capabilities:		
Others Defined During Planning:		
Name of agency or chapter:		
Primary Contact Name:		
Work #:	24/7 #:	Email:
Second Contact Name:		
Work #:	24/7 #:	Email:
Third Contact Name:		
Work #:	24/7 #:	Email:
General Description of Resources/Capabilities:		
Others Defined During Planning:		

Transportation Providers (Metro-transit; Para-medical)

Name of agency or chapter:		
Primary Contact Name:		
Work #:	24/7 #:	Email:
Second Contact Name:		
Work #:	24/7 #:	Email:
Third Contact Name:		
Work #:	24/7 #:	Email:
General Description of Resources/Capabilities: Depending on your local area transportation services, the following assets might be provided: para-transportation vans or buses for those who use wheelchairs, walkers, and medical beds. They also might be able to provide vans, buses, and other transportation vehicles for people without transportation within your community.		
Others Defined During Planning:		

United Way Chapter

Name of agency or chapter:		
Primary Contact Name:		
Work #:	24/7 #:	Email:
Second Contact Name:		
Work #:	24/7 #:	Email:
Third Contact Name:		
Work #:	24/7 #:	Email:
General Description of Resources/Capabilities: The United Way must be contacted through the American Red Cross for assets during emergencies.		
Others Defined During Planning:		

Other

Name of agency or chapter:		
Primary Contact Name:		
Work #:	24/7 #:	Email:
Second Contact Name:		
Work #:	24/7 #:	Email:
Third Contact Name:		
Work #:	24/7 #:	Email:
General Description of Resources/Capabilities:		
Others Defined During Planning:		

Name of agency or chapter:		
Primary Contact Name:		
Work #:	24/7 #:	Email:
Second Contact Name:		
Work #:	24/7 #:	Email:
Third Contact Name:		
Work #:	24/7 #:	Email:
General Description of Resources/Capabilities:		
Others Defined During Planning:		

Name of agency or chapter:		
Primary Contact Name:		
Work #:	24/7 #:	Email:
Second Contact Name:		
Work #:	24/7 #:	Email:
Third Contact Name:		
Work #:	24/7 #:	Email:
General Description of Resources/Capabilities:		
Others Defined During Planning:		

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Appendix A – DEFINITIONS

The Federal Government has identified several factors that indicate a need for specific types of response planning. These factors include:

- a. Age (Children / Adult),
- b. Chronic Disease,
- c. Cultural/geographic isolation,
- d. Economic disadvantage,
- e. Limited language competence,
- f. Pregnant Women,
- g. Physical, mental, cognitive, or sensory disability, and
- h. Transportation disadvantage.

To help further identify these populations for your comprehensive community response plan, a list of descriptions and definitions are included below for reference and teaching purposes.

Access and Functional Needs

Children and adults with access and functional needs may have physical, sensory, mental health, cognitive, and/or intellectual disabilities affecting their ability to function independently without assistance. Others who may also have access and functional needs include, but are not limited to, women in late stages of pregnancy, elders, and individuals needing bariatric equipment, communication assistance, or transportation.

Activities of Daily Living (ADLs)

The activities a person normally performs in daily living, including any daily activity performed for self-care (such as feeding themselves, bathing, dressing, and grooming), work, homemaking, and leisure.

Blindness

The term “blindness” means central visual acuity of 20/200 or less in the better eye with the use of a correcting lens.¹²

Children

Children who are days old to 17 years old are more susceptible to the consequences of natural, human-caused, or technological disasters. Medical attention, food, and safety in a shelter are very important for young children’s mental and physical well-being. An important factor to remember is that children are not little adults; training to address their special needs is necessary for disaster preparedness planning in a community.

¹² Definition of Blindness by the United State Congress 42 U.S.C. § 416 (i) (1) (B) (Supp. IV). [1]

Chronic Disease

Arthritis, hypertension, heart disease, diabetes, and respiratory disorders are some of the leading causes of activity limitations among adults aged 65 or older but can also affect those younger. Chronic disease evacuees can become medically unstable as the event continues so it is important to identify these people during the early stages of the emergency.

Cultural/Geographic Isolation

People can be isolated whether they live in a remote location or in the middle of a densely populated urban core. Rural populations include ranchers, farmers, and people who live in sparsely populated towns. They are vulnerable due to lack of capacity, resources, equipment, and professional personnel needed to respond to a large-scale crisis. Others in densely populated urban areas can be isolated due to social or cultural issues where they may keep themselves locked in their homes.

Deaf

The people who use lowercase deaf are referring to the audiological condition of not hearing. The uppercase Deaf is used when referring to a particular group of deaf people who share the American Sign Language (ASL) and a culture.¹³

Drug Addiction

Drug addiction is a brain disorder/disease caused from the abuse of drugs. This disorder leads to changes in the brain's structure and function. Individuals may develop and exhibit destructive physical and/or mental problems associated with dependencies or drug addictions. Some of the most common drug dependencies and addictions which may cause destructive addictive behaviors include: alcohol, heroin, meth, marijuana, and prescription drugs.

Durable Medical Equipment

Durable medical equipment must be prescribed by a physician. This equipment should be medically necessary for the treatment of an illness, injury, and/or the prevention of a patient's medical deterioration. Durable equipment is defined as "equipment which can be repetitively used." Examples of such equipment includes: walkers, hospital beds, crutches, wheelchairs, and oxygen equipment.

Economic Disadvantage

The economic disadvantage is a wide-ranging category because many special populations live at or below the federal and state poverty levels. Buying extra food and water on a "fixed income" is very hard for those people who live day-to-day in poverty. Individuals/families within the "poverty thresholds" of the federal government are often overlooked in disaster plans and drills. However, once the disaster event occurs, the populace considered "economic disadvantage" could become at least 15% of your evacuees in an activated shelter. The public health emergency planner or emergency manager should consider the federal poverty guidelines of their geographic location when planning for disaster responses for functional needs populations in their area.

¹³ *Deaf in America: Voices from a Culture (1988)*

Functional Needs

Refer to Section I.A. Functional Needs – Defined.

Hard-of-Hearing

Hard-of-hearing (HOH) can denote a person with a mild-to-moderate hearing loss. This term can also denote a deaf person who doesn't have/want any cultural affiliation with the Deaf community.¹⁴

Hearing Disability

Persons with a hearing disability range from a mild hearing loss to total deafness.

HIV Positive/AIDS Patients

Human Immunodeficiency Virus (HIV) is the virus which causes Acquired Immune Deficiency Syndrome (AIDS). If an evacuee states that they are HIV positive or AIDS positive, promptly call the local county health department in your area. Any evacuee that states they are HIV positive or an AIDS patient must have their medical regimen continued for continuity of treatment. Typically, local and state health departments work in collaboration with other providers to ensure that the patient continues therapy for HIV or AIDS.

Intellectual Disability

Intellectual disability is characterized both by a significantly below-average score on a test of mental ability or intelligence and by limitations in the ability to function in areas of daily life, such as communication, self-care, and getting along in social situations and schools activities. Intellectual disability is sometimes referred to as a cognitive disability or mental retardation.

Limited Language Competence

Limited language competency affects people with limited or no English speaking or reading skills, and/or people with low literacy skills in any language. Having pictorials to explain what you want the person to understand is very important for the limited language competency individual. A language interpreter may be used for those individuals who speak other languages or cannot read. Persons who have little to no hearing may also have a limited language competency but a hand-held pager may help.

Low Vision

Low vision is a significant reduction of visual function that cannot be fully corrected by ordinary glasses, contact lenses, medical treatment, and/or surgery. People with severe low vision may be classified as partially sighted and/or legally blind.

¹⁴ *Deaf in America: Voices from a Culture (1988)*

Mobility Disability

Mobility disability refers to the inability of a person to use one or more of his/her extremities, or a lack of strength to walk, grasp, reach, or lift objects. It also includes people who have difficulty with one or more activities of daily living (ADLs) such as getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating, and toileting. The use of a wheelchair, crutches, a cane, or a walker may be utilized to aid in mobility.

Pregnant Women

A woman carrying a developing embryo or fetus inside her body is considered pregnant. Pregnant women will require special care to protect the mother and child during a response. Prenatal care should be provided as needed. Mothers and medical staff should stay on alert because disasters can prompt an early labor.

Senior Citizens

Senior populations (over 65) can produce unique circumstances to disaster planning in any community. The senior age group will demonstrate different needs in the event of a disaster occurring in any community. Certain characteristics of older adults may prevent them from adequately preparing for disasters and may hinder their adaptability during disasters. In addition to chronic health conditions, older adults may have low physical mobility or cognitive ability, diminished sensory awareness, and social and economic limitations.

Special Needs Populations

Refer to Section I.A. Functional Needs – Defined.

Transportation Disadvantaged

Populations that will require transportation assistance during emergency response and recovery include:

- a. Individuals who do not have access to a vehicle but can independently arrive at a pick-up point;
- b. Individuals who do not have access to a private vehicle and will need a ride from their home;
- c. Individuals who live in a group setting or assisted living environment and will need a ride from such facilities;
- d. Individuals who are in an in-patient medical facility or nursing home; and
- e. Individuals who are transient, such as people who are homeless, and have no fixed address.

Tuberculosis Patients

Tuberculosis (TB) is a highly contagious disease caused by germs that spread from person to person through the air. If you suspect that an evacuee might have TB, promptly call the Tuberculosis nurse at the local county health department in your area. Any evacuee with a productive cough should be evaluated for TB. Typically, local and state health departments work in collaboration with other providers to ensure that the patient completes therapy/treatment for TB.

Visual Disability

A visual disability/low vision affects a person's ability to see and includes:

- a. Color blindness,
- b. Complete blindness,
- c. Inability to detect small changes in brightness,
- d. Inability to see images clearly and distinctly,
- e. Loss of visual field, and
- f. Sensitivity to light.

Individuals who have a visual disability can be sensitive to light reflections in many environments. Dark eye glasses may be needed for comfort in bright lighting.

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Appendix B – AUTHORITIES

Statute	Agency	Authority
US Public Law 93-288	Federal government	Provides authority to respond to emergencies and provide assistance to protect public health; implemented by Federal Emergency Management Act.
1973 Rehabilitation Act, Section 504 29 U.S.C. §794 (1973)	Federal government	Prohibits federal agencies and federally funded programs from discriminating on the basis of disability. Section 504 applies to a number of entities and federally funded activities not reached by the Americans with Disabilities Act (ADA).
Title VI of the 1964 Civil Rights Act 42 U.S.C. §2000 (1964)	Federal government	Protects individuals from discrimination on the basis of their race, color, or national origin in programs that receive federal financial assistance.
The Americans with Disabilities Act, July 26, 1990 42 U.S.C. § 12101-12213 (2000)	Federal government	The Americans with Disabilities Act (ADA) is a comprehensive civil rights law for people with disabilities. The Department of Justice enforces the ADA’s requirements in three areas: 1) Title I: Employment by units of State and local government, 2) Title II: Programs, services, and activities of State and local government, and 3) Title III: Public accommodations and commercial facilities.
Robert T. Stafford Emergency Management and Disaster Assistance Act, Section 308	Federal government	Prohibits discrimination on the basis of race, color, religion, nationality, sex, age, or economic status in all disaster assistance programs.
Individuals with Disabilities in Emergency Preparedness – Executive Order 13347	Federal government	The Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties oversees the implementation of Executive Order 13347, Individuals with Disabilities in Emergency Preparedness, which was signed July 2004. This Executive Order is designed to ensure the safety and security of individuals with disabilities in all-hazard emergency and disaster situations.

Statute	Agency	Authority
<p>Pets Evacuation and Transportation Standards (PETS) Act, H.R. 3858, August 4, 2006</p> <p>120 U.S.C. § 1725 (2006)</p>	<p>Federal government</p>	<p>This Act is an amendment to the Stafford Act; Robert T. Stafford Disaster Relief and Disaster Assistance Act (42 U.S.C. 5121 et seq.) requires FEMA to ensure state and local disaster preparedness plans “take into account the needs of individuals with household pets and service animals prior to, during, and following a major disaster or emergency.”</p>
<p>Federal Communications Commission (FCC), Closed Captioning, 2006</p>	<p>Federal government</p>	<p>Requires 100 percent of new, non-exempt English language programming on television stations to be closed captioned. Stations giving out emergency information in their audio make that information available simultaneously to the hearing impaired during breaking news situations.</p>
<p>Federal Communications Commission (FCC), Video Description Rules, 2000 and 2001</p>	<p>Federal government</p>	<p>Audio descriptions are integrated into natural pauses to describe the actions that are happening in the visual part of a program. The largest broadcast television stations and multi-channel video programming distributors are to provide a limited amount of video description.</p>
<p>Federal Communications Commission (FCC), Information and Referral 2-1-1, 2000</p>	<p>Federal government</p>	<p>The intent of this number is to assist “the elderly, the disabled, those who do not speak English, those who are having a personal crisis, the illiterate, or those who are new to their communities, among others, by providing referrals to, and information about health and human service organizations and agencies. This number is a possible available resource for communication in disaster situations as well.</p>
<p>O.S. §63 - 683.4. Oklahoma Emergency Management Act 2003</p>	<p>Governor Oklahoma Department of Emergency Management (OEM)</p>	<p>Allows Governor to delegate authority to OEM Director to carry out necessary functions to preserve lives of the people of Oklahoma during an emergency.</p>
<p>O.S. §63- 683.3. Oklahoma Emergency Management Act of 2003</p>	<p>Governor Oklahoma Department of Emergency Management (OEM)</p>	<p>Allows Governor to declare a state of emergency as that term is defined in O.S. §63- 683.3. Gives Governor direction and control of emergency management see O.S. §63- 683.8.</p>

Statute	Agency	Authority
O.S.§63- 1-209: Communicable Disease	Oklahoma State Department of Health (OSDH)	<p>Authorizes the OSDH to purchase and distribute pharmaceutical agents to prevent the acquisition and spread of communicable disease.</p> <p>Authorizes the OSDH to adopt rules to distribute prescription pharmaceuticals in public clinics.</p> <p>Establishes a vaccine purchase fund for the purchase of antitoxins, serums, vaccines and immunizing agents.</p> <p>Allows OSDH to issue complaint to an individual and seek assistance of law enforcement; allows law enforcement officials to take an individual into custody and transport him/her to the place where he/she can be isolated, quarantined, or treated; allows due process for such individuals (the right to a superior court hearing).</p>
O.S.§63-1-820 Residential Care Act	OSDH	Provides authority for a statewide program of community living facilities for persons with developmental disabilities or in need of behavioral health services.
O.S. §63-683.4. Oklahoma Emergency Management Act 2003	Governor	Provides authority for an emergency shelter program to assist in providing safe and sanitary shelters on a short-term emergency or transitional basis for persons who are destitute, mentally ill, abandoned, or developmentally disabled, and other poor persons.
O.S. §63-1-820 Residential Care Act	OSDH	Provides authority for the development, establishment and enforcement of basic standards for the care and treatment of persons in hospitals and other facilities in which medical, nursing or other remedial care are rendered, and for the construction, maintenance, and operation of such facilities.
O.S. §63-683.2. Oklahoma Emergency Management Act of 2003	Governor	Provides the authority to make, amend, and rescind the necessary orders and rules to carry out the provisions of the Oklahoma Emergency Management Act of 2003 within the limits of authority conferred upon the Governor herein, with due consideration of the emergency management plans of the federal government.
O.S. §63-1-105a. Liability Insurance	OSDH	Provides important protections for persons who are designated to act as agents of the State during a public health or public safety incident.

Statute	Agency	Authority
ESF#11 Agriculture and Natural Resources Annex	Department of Agriculture, Food and Forestry (ODAFF)	Allows the development of plans, procedures, and organizational structure needed to ensure that domestic animals and native and non-native wildlife are effectively controlled and cared for in the event of an emergency.
<p>Section 308.1 Institutional Group I</p> <p>Section 308.2 Group I-1 Congregate Care Facility</p> <p>Section 308.3 Group I-2 308.3.1 Child Care Facility</p>	Office of the Oklahoma State Fire Marshal	<p>Institutional Group I occupancy includes, among others, the use of a building or structure, or a portion therefore, in which people are cared for or live in a supervised environment, having physical limitations because of health or age are harbored for medical treatment or other care or treatment, or in which people are detained for penal or correctional purposes.</p> <p>This occupancy shall include buildings, structures or parts therefore housing more than 16 persons, on a 24-hour basis, who because of age, mental disability or other reasons, live in a supervised residential environment that provides care services.</p> <p>A child care facility that provides care on a 24-hour basis to more than five children 2 ½ years of age or less shall be classified as Group I-2.</p>
Section [F] 903.2.4 Group H Automatic Sprinkler	Office of the Oklahoma State Fire Marshal	Automatic sprinkler systems shall be provided in high-hazard occupancies as required in Sections 903.2.4-903.2.4.3.

Statute	Agency	Authority
<p>Section [F] 907.2.4 Group F Manual fire alarm</p> <p>Section [F] 907.2.6 Group I Manual fire alarm system and automatic smoke detection system</p> <p>Section [F] 907.9.1 Visible alarms.</p> <p>Section [F] 907.9.1.1 Visible alarms Public and common areas.</p> <p>Section [F] 907.9.2 Audible alarms</p>	<p>Office of the Oklahoma State Fire Marshal</p>	<p>A manual fire alarm system shall be installed in Group F occupancies that are two or more stories in height and have an occupant load of 500 or more above or below the lowest level of exit discharge.</p> <p>A manual fire alarm system shall be installed in Group I occupancies. An electrically supervised, automatic smoke detection system shall be provided in accordance with Sections 907.2.6.1 and 907.2.6.2.</p> <p>Visible alarm notifications appliances shall be provided in accordance with Sections 907.9.1.1 through 907.9.1.4</p> <p>Visible alarm notification appliances shall be provided in public areas and common areas.</p> <p>Audible alarms notification appliances shall be provided and shall sound a distinctive sound that is not to be used for any purpose other than that of a fire alarm. The audible alarm notification appliances shall provide a sound pressure level of 15 decibels (dBA) above the average ambient sound level or 5 (dBA) above the maximum sound level having a duration of at least 60 seconds, whichever is greater, in every occupied space within the building,</p>
<p>Section 1006.1 Means of Egress Illumination required.</p> <p>Section 1007.1 Accessible means of egress required,</p>	<p>Office of the Oklahoma State Fire Marshal</p>	<p>The means of egress, including the exit discharge, shall be illuminated at all times the building space served by the means of egress is occupied.</p> <p>Accessible means of egress shall comply with this section. Accessible spaces shall be provided with not less than one accessible egress. Where more than one means of egress is required by Section 1015.1 or 1019.1 from any accessible space, each accessible portion of the space shall be served by not less than two accessible means of egress.</p>

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Appendix C – RESOURCE LIBRARY

Federal

1. *Accommodating Individuals with Disabilities in the Provision of Disaster Mass Care, Housing, and Human Services Reference Guide*. FEMA. <http://www.fema.gov/oer/reference/index/shtm>
2. *ADA Best Practices Tool Kit for State and Local Governments*. U.S. Department of Justice. Chapter 7, *Emergency Management under Title II of the ADA with Addendums 2 and 3*. <http://www.usdoj.gov/crt/ada//pcatoolkit/chap7shelterchk.htm>
3. *An ADA Guide for Local Governments – Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities*.
4. *At Risk Populations and Pandemic Influenza. Planning Guidance for State, Territorial, Tribal, and Local Health Departments*. Association of Territorial and Health Officials (ASTHO). http://www.astho.org/pubs/ASTHO_ARPP_Guidance_June3008.pdf
5. *Effective Emergency Management: Making Improvements for Communities and People with Disabilities*. National Council on Disability. August, 2009. <http://www.ncd.gov>
6. *Emergency Transportation and Individuals with Disabilities*. U.S. Department of Transportation. <http://www.disabilityprep.dot.gov>
7. *Evacuating Populations with Special Needs: Routes to Effective Evacuation Planning Primer Series*. U.S. Department of Transportation. Federal Highway Administration. April, 2009. <http://www.ops.fhwa.dot.gov>
8. *Interim Emergency Management Planning Guide for Special Needs Populations*. Federal Emergency Management Agency and DHS Office for Civil Rights and Civil Liberties. Version 1.0. August 15, 2008. <http://www.fema.gov/news/newsrelease.fema?id=45435>
9. *Long-Term Community Recovery Planning Process: A Self-Help Guide*. FEMA, December, 2005. www.fema.gov/library/file?type=publishedFile&file=selfhelp.pdf&fileid=651f13b0-7fe7-11db-9aa6-000bdba87d5b
10. *Public Health Workbook to Define, Locate and Reach Special, Vulnerable, and At-Risk Populations in an Emergency*. Centers for Disease Control and Prevention. www.bt.cdc.gov/workbook

National

1. *A Guide for Including People with Disabilities in Disaster Preparedness Planning*. Connecticut University Center for Excellence in Developmental Disabilities. December, 2005.
2. *Emergency Shelter Accessibility Checklist: An Assessment Tool for Emergency Management Staff and Volunteers*. <http://www.ct.gov/demhs/cwp/view.asp?A=1928&Q=386812>
3. *Employer’s Guide to Including Employees with Disabilities in Emergency Evacuation Plans*. <http://www.jan.wvu.edu/media/emergency.html>
4. *Removing Barriers: Planning Meetings that are Accessible to all Participants*. <http://www.fpg.unc.edu/%7Encodh/pdfs/MeetingGuide.pdf>
5. *Tips and Strategies to Promote Accessible Communication*. <http://fpg.unc.edu/~ncodh/pdfs/rbtipsandstrageies.pdf>
6. *Universal Access and Sheltering: Space and Floor Planning Considerations*. Connecticut State Office of Protection and Advocacy for Persons with Disabilities. http://www.ct.gov/demhs/lib/demhs/space_layout_considerations.pdf
7. *Disaster Services and “Special Needs”: Term of Art or Meaningless Term? Kailes (2005)*

State

1. *Information Technology Accessibility: A Guide for Assuring Equal Access For People with Disabilities* www.ok.gov/abletech/documents/EITbooklet.pdf
2. *2009 Emergency Operations Plan (EOP)* [www.ok.gov/OEM/Programs_&Services/Planning/State_Emergency_Operations_Plan_\(EOP\)/index.html](http://www.ok.gov/OEM/Programs_&Services/Planning/State_Emergency_Operations_Plan_(EOP)/index.html)
3. *Oklahoma Pandemic Influenza Management Plan* <http://www.ok.gov/health/documents/2007%20OK%20State%20Pandemic%20Plan%20.pdf>
4. *Oklahoma Licensed Long Term Care Facilities* <http://www.ok.gov/health/pub/wrapper/ltc.html>
5. *Oklahoma Surge Capacity Guidelines* http://www.ok.gov/health/Disease,_Prevention,_Preparedness/Public_Health_and_Medical_System_Preparedness_and_Response/Hospital_&_Medical_System_Partners/Surge_Capacity/
6. *Public Oklahoma Public Health and Medical Systems Preparedness and Response* http://www.ok.gov/health/Disease,_Prevention,_Preparedness/Public_Health_and_Medical_Systems_Preparedness_and_Response/
7. *Oklahoma Emergency Preparedness Plan* www.ok.gov/health/Disease,_Prevention,_Preparedness/Public_Health_and_Medical_Systems_Preparedness_and_Response/
8. *Tips for First Responders* www.okddc.ok.gov

Other

1. *Center for Disability and Special Needs Preparedness* <http://www.disabilitypreparedness.org>
2. *Disaster Resources for People with Disabilities and Emergency Managers – June Isaacson Kailes* <http://www.jik.com/disaster.html>
3. *EPI Guide for Emergency Managers, Planners & Responders: Revised Edition.* <http://www.nod.org/index.cfm?fuseaction=Feature.showFeature&FeatureID=1034>
4. *Low Vision Library: About Low Vision.* http://low-vision.org/en/About_Low_Vision
5. *Planning for Post-Disaster Recovery and Reconstruction. American Planning Association. September 2005. Planning Advisory Services Report Number 483/484.*
6. *Special Population Planner.* <http://sourceforge.net/projects/spc-pop-planner>.
7. *Why and How to Include People with Disabilities in Your Planning Process? Nobody Left Behind* http://nobodyleftbehind2.org/findings/why_and_how_to_include_all.shtml.

Appendix D – TASK FORCE MEMBERS

Thanks to the Functional Needs Task Force and others for the many hours of hard work and dedication in contributing, reviewing and finalizing this document.

Special thanks to the State of New Hampshire for the basic guidelines of this document, from their State Functional Needs Guidance, Emergency Operations Plan - Support Annex version 3.0.

Debra Anderson, MA
Chief, Child Guidance Service
Oklahoma State Department of Health

Elizabeth Baldwin, RN, BSN
Public Health Nurse and Push Partner Coordinator, Emergency Response Program
Oklahoma City-County Health Department

Rick Barcus
Director, Planning and Grants Management
Oklahoma Developmental Disabilities Council

Sgt. Frank Barnes
Emergency Manager
Oklahoma City Emergency Management

Suzie Carter
Human Services Officer, Individual Assistance
Oklahoma Department of Emergency Management

Hope Crumley
Program Manager, Services to the Deaf and Hard of Hearing
Oklahoma Department of Rehabilitation Services

Major Dean Findley
Oklahoma City Fire Department
Emergency Management Liaison

Glenda Ford-Lee, MHR
Statewide At-Risk Populations Coordinator, Emergency Preparedness and Response Service
Oklahoma State Department of Health

Jane Garner
Programs Field Representative, Aging Services Division
Oklahoma Department of Human Services

Vicky Golightly
Public Information Officer
Library for the Blind and Physically Handicapped

Mark Gower, CBCP
Information Security Officer & Dir. for Emer. Prep. & Response/Business Continuity/Disaster Recovery
Oklahoma Department of Human Services

Lynnette Jordan, MPH
Asst. Chief/Executive Coordinator SNS, Emergency Preparedness and Response Service
Oklahoma State Department of Health

Sgt. Jason Knight
Oklahoma City Police Department
Oklahoma City Emergency Management

Michael Murphy
Director, Metropolitan Medical Response System
Emergency Medical Services Agency (EMSA)

Sheree Powell
Director, Public Information
Oklahoma Developmental Disability Services

Louis Smith
Health Facility Surveyor II, Long Term Care Service
Oklahoma State Department of Health

AmBer Somerlott
Human Services Officer, Individual Assistance
Oklahoma Department of Emergency Management

Thomas Thomson, MEd., LPC, CPM
Coordinator of Tobacco Cessation and Disaster Response
Oklahoma Department of Mental Health and Substance Abuse Services

Carla Young
Mass Care Manager
American Red Cross

Appendix E – HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA): PRIVACY DURING AN EMERGENCY

A note about HIPAA: The HIPAA Privacy laws only apply to certain covered entities: general health plans, billing clearinghouses and providers who conduct certain electronic billing and administrative transactions. It is not intended to interfere with resident care or safety, and in most cases, does not apply to emergency situations or sheltering operations.

1. Shared information in a disaster

Question: Can health care information be shared in a severe disaster?

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

TREATMENT: Health care providers can share resident information as necessary to provide treatment.

Treatment includes:

- Sharing information with other providers (including hospitals and clinics)
- Referring residents for treatment (including linking residents with available providers in areas where the residents have relocated)
- Coordinate resident care with other relief workers

Providers can also share resident information to the extent necessary to seek payment for these health care services.

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

The health care provider should get verbal permission from individuals, when possible; but if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the resident's best interest.

- Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify, or otherwise notify family members and others as to the location and general condition of their loved ones.
- The sharing of information with other disaster organizations is authorized by law. It is unnecessary to obtain a resident's permission to share the information, if doing so would interfere with the organization's ability to respond to the emergency.

IMMINENT DANGER: Providers can share resident information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. This action is consistent with applicable law and the provider's standards of ethical conduct.

FACILITY DIRECTORY: Health care facilities maintaining a directory of residents can tell people who call or ask about individuals whether the individual is at the facility, their location in the facility, and general condition.

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

2. Notice of Resident Privacy—Covered Entities

Question: Do you have to provide a Notice of Privacy Practice (NPP) during emergency situations?

Answer: If you are a covered entity, you do not need to obtain acknowledgement during an emergency situation, however, you should make a “good faith” effort to obtain that acknowledgement as soon as possible.

Source: <http://www.hhs.gov/ocr/hipaa/>

3. HIV/AIDS—Mental Health--Addiction

Health information relating to HIV, Mental Health, and Addiction should never be shared without specific authorization by the resident (not including mandated reporting requirements).

Appendix F – ALPHABETICAL RESOURCE LIST

Item	Agency
Ambulances	Local: EMS,
	State: OSDH
Air Mattress	Local: EMS and United Way,
	State: OEM
Audio Accessible Equipment (for persons who are Hard-of-Hearing) (television listening system, television ear loops, telephone handset amplifier)	Local:
	State: DRS – Hearing
Baby Beds (cribs)	Local: EMS and Faith-Based Organizations,
	State: OEM
Bariatric Chair	Local: County Health Department and EMS,
	State: OSDH
Blankets	Local: ARC, EMS, and United Way,
	State: OEM
Canes	Local: United Way,
	State: ODDC
Canes (White)	Local: United Way and DRS – Visual,
	State: ODDC
Case Mangers (Mental Health)	Local: County Health Department,
	State: ODMHSAS
Child Care Services	Local: United Way and Faith-Based Organizations,
	State: DHS and OSDH
Child Guidance Staff	Local:
	State: ODMHSAS and OSDH
Clothing	Local: ARC and United Way,
	State: OEM
Crutches	Local: ARC and United Way
	State: OEM
Cots (general)	Local: ARC, EMS, and United Way,
	State: OEM
Dark Glasses	Local: United Way,
	State: ODDC and DHS
Educational Information (on cognitive disabilities)	Local:
	State: ODDC
Educational Information (on being deaf and Hard- of-Hearing (HOH))	Local:
	State: DRS - Hearing
Educational Information (on guiding people with visual disabilities)	Local: DRS – Visual,
	State: DRS – Visual

Diapers	Local: EMS,
	State: OEM
Generators	Local:
	State: OEM
Home Health Aide (HHA)	Local: County Health Department and OKMRC,
	State: DHS and OSDH
Hygiene Kits	Local: ARC,
	State: EMS
Long Term Care Facilities	Local: County Health Department,
	State: OSDH
Mental Health Services	Local: County Health Department,
	State: ODMHSAS
Neck loops	Local:
	State: DRS – Hearing
Nebulizers	Local: EMS,
	State: OSDH
Oxygen Bottles	Local: EMS and Hospitals,
	State:
Pagers (for persons who are hard of hearing or deaf)	Local:
	State: DHS and ODDC
Pet Team (bowls, cages, food, leashes and medicine)	Local: Animal Control,
	State: Oklahoma Department of Agriculture, Food and Forestry, and OKMRC
Personal Protective Equipment (PPE)	Local: EMS and Fire Department,
	State: OEM and OSDH
Porta Potties	Local: EM,
	State: OEM
Radio (FRS)	Local: County Health Department,
	State: OEM and OSDH
Rehabilitation Specialist	Local:
	State: DHS
Showers (wheelchair accessible)	Local:
	State: OEM
Sign Language Interpreters (certified)	Local:
	State: DRS - Hearing
Signature Guides/Writing	Local:
	State: DRS - Visual
Smoke Alarms (visual, flashing light, or vibrating pad)	Local:
	State: OK ABLE Tech
Social Workers	Local:

	State: ODMHSAS
Stretchers	Local: EMS,
	State: OSDH
Telephone Handset Amplifier	Local:
	State: DRS - Hearing
Television Ears Loops	Local:
	State: DRS - Hearing
Television Listening System	Local:
	State: DRS - Hearing
Towels and Wash Cloths	Local: United Way,
	State: OEM
Translation Services	Local: County Health Department and Hospitals,
	State: OSDH
Travelers Aid (upward transitions)	Local: United Way,
	State:
Walkers	Local:
	State: OSDH and ODDC
Wheelchair	Local: EMS and Hospitals,
	State: OSDH and ODDC
Wheelchair Ramps	Local:
	State: OSDH and ODDC
Wheelchair Transportation (vans or buses)	Local: EMS,
	State: ODDC, DHS and ODMHSAS
Wheeled Stretchers	Local: EMS,
	State: OSDH
WIC (baby supplies)	Local: County Health Department and Faith-based Organizations,
	State: OEM

A full list of acronyms may be found in Appendix H.

Reminder: The above local agencies are recommendations to start identifying these resources. It is possible that you may not have this type of agency in your area, or possibly that agency doesn't possess these resources. Get communities engaged and continue filling out this list with agencies in the local area that can be contacted in an emergency.

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Appendix G - ADA TOOLKIT

Preparedness equipment for all hazards involving people with disabilities, senior citizens, and the Deaf community should be centralized into an accessible toolkit. With this type of toolkit, the equipment can be customized to fit each community and their specific demographical needs. Functional needs can be addressed with the following items:

- a. Audio, visual, or vibrating pad smoke detector,
- b. Canes,
- c. Certified American Sign Language (ASL) interpreters list for your area,
- d. Collapsible ramps,
- e. Contact list for accessible portable showers and bathrooms,
- f. Crutches,
- g. Dark glasses,
- h. Forms, rules and instructions in accessible formats such as the following: Audio, Braille and Large Print (16-18 font, Arial, cream color paper),
- i. Laptop for computer based communications with ASL provider,
- j. Magnifying glass with light,
- k. Shelter signs with large, black font and Braille writing,
- l. Signature guides,
- m. SoundPlus WIR 239 TV Listening System,
- n. T.V. Ears Pro Loop,
- o. Telephone handset amplifier,
- p. Telephone Signaler,
- q. Tips for First Responders flip chart,
- r. TTY (Text Telephone),
- s. Walkers,
- t. White cane(s), and
- u. Wireless computer network.

The lists of items above are just examples of what a local or county activated shelter could have in an ADA toolkit. Each community will have specific resource needs that may not be included in the list above, but still needed in their community. Working with community based organizations (CBO's), faith-based organizations (FBO's), advocacy groups for senior citizens, and organizations that focus on the functional needs populations can expand your lists of items for the ADA toolkit.

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Appendix H- ACRONYMS

AAR - After Action Report

ACC - Alternative Care Centers

ADA - Americans with Disabilities Act

ADLs - Activities of Daily Living

AIDS - Acquired Immune Deficiency Syndrome

ALC - Assisted Living Centers

ARC - American Red Cross

ASL - American Sign Language

CBO's - Community Based Organizations

CDC - Centers for Disease Control and Prevention

CIT - Crisis Intervention Team

DAV - Disabled American Veterans

dba - Decibels

DHS - Department of Human Services

DME - Durable Medical Equipment

DRS - Department of Rehabilitation Services

EMI - Emergency Management Institute

EMS - Emergency Medical Service

EOP - Emergency Operations Plan

ESF - Emergency Support Function

FBO's - Faith Based Organizations

FEMA - Federal Emergency Management Agency

FRS - Family Radio Service

G.I. - Gastrointestinal

GIS - Geographic Information System

HHA's - Home Health Aides

HIPAA - Health Insurance Portability & Accountability Act

HIV - Human Immunodeficiency Virus

HOH - Hard-of-Hearing

HSEEP - Homeland Security Exercise & Evaluation Program

IBC - International Building Code

ICF/ID - Intermediate Care Facilities / Intellectually Delayed

ICF/MR - Intermediate Care Facilities/ Mentally Retarded

ICS - Incident Command System

IFC - International Fire Code

ILI - Influenza-Like Inness

LTC - Long Term Care

LTR -Long Term Recovery

MERC - Medical Emergency Response Center

MHz - Megahertz

MIPS - Mass Immunization/Prophylaxis Strategy

MOA - Memorandums of Agreement

MOU - Memorandums of Understanding

MMRS - Metropolitan Medical Response System

NFPA - National Fire Protection Association

NGO - Non-Governmental Organization

NOD - National Organization on Disability

NPP - Notice of Privacy Practice

NRF - National Response Framework

ODAFF - Oklahoma Department of Agriculture, Food & Forestry

ODDC - Oklahoma Developmental Disabilities Council

ODMHSAS - Oklahoma Department of Mental Health and Substance Abuse Services

OEM - Oklahoma Department of Emergency Management

OKMRC - Oklahoma Medical Reserve Corps

OSDH - Oklahoma State Department of Health

PETS Act - Pets Evacuation and Transportation Act

PPE - Personal Protection Equipment

SNS - Strategic National Stockpile

TB - Tuberculosis

TTY - Text Telephone

UHF - Ultra High Frequency

VFW - Veterans of Foreign Wars

VOAD - Volunteer Organizations Active in Disasters

WIC - Women, Infants and Children

