

Access and Functional Needs Guidance Resource Book and County Template The Whole Community Approach

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**Oklahoma State Department of Health
Emergency Preparedness and
Response Service**



Oklahoma State
Department of Health
Creating a State of Health

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I. Introduction

Disasters negatively impact everyone. Preparing for disasters and emergencies is important for all individuals, and is especially critical for those with access and functional needs who may need specialized assistance during an emergency. To help reinforce the importance of pre-planning for access and 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 emergency planners in identifying the specialized resources needed to address everyone in their communities.

A. Access and Functional Needs Populations – Defined

The term “**access and functional needs**” means those specific actions, services, accommodations, programmatic, architectural, and communication modifications that a covered entity must undertake or provide to afford individuals with disabilities a full and equal opportunity to use and enjoy programs, services, activities, goods, facilities, privileges, and accommodations in the most integrated setting, in light of the exigent circumstances of the emergency and the legal obligation to undertake advance planning and prepare to meet the disability-related needs of individuals who have disabilities as defined by the ADA Amendments Act of 2008, P.L. 110-325, and those associated with them. – The Department of Justice.

The OSDH uses the collective term “access and functional needs” to describe populations that need “access and “functional support assistance” before, during, and after emergency situations. The term “access and 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 “access and functional needs” populations. 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) and is known as C-MIST planning. This approach establishes a flexible framework that addresses a broad set of common access and function-based needs irrespective of specific diagnosis,

statuses, or labels (e.g., children, seniors, transportation disadvantaged). The C-Mist tool covers the access and functional needs planning topics that are vital to emergency planning for access and functional needs populations planning.

Access and functional needs planning include, but are not limited to:

- **Communication** -Individuals who have limitations that interfere with the receipt of and response to information will need that information provided in methods they can understand and use. They may not be able to hear verbal announcements, see directional signage, or understand how to get assistance all because of hearing, vision, speech, cognitive or intellectual limitations, and limited English proficiency.
- **Medical Care** -Includes individuals who are not self-sufficient or do not have or have lost adequate support from caregivers, family, or friends and need assistance with: activities of daily living such as bathing, feeding, going to the toilet, dressing, grooming; managing unstable, terminal or contagious conditions that require observation and ongoing treatment; managing intravenous (IV) therapy, tube feeding, and vital signs; receiving dialysis, oxygen, and suction administration; managing wounds; and operating power-dependent equipment to sustain life. These individuals require support of trained medical professionals.
- **Independence** -Individuals in need of support that enables them to be independent in daily activities may lose this support during the course of an emergency or a disaster situation. Assistance in replacement of essential medications (blood pressure, seizure, diabetes, psychotropic and other medications). This may include lost or damaged durable medical equipment (wheelchairs, walkers, scooters, and essential supplies –catheters, ostomy supplies, etc.). By supplying the needed support/devices, these individuals will be able to maintain their independence.
- **Supervision**- Before, during, and after an emergency or a disaster individuals may lose the support of caregivers, family, or friends or may be unable to cope in a new environment; have conditions such as dementia, Alzheimer's and psychiatric conditions (schizophrenia, intense anxiety); and unaccompanied children will require supervision to make decisions affecting their welfare.

- **Transportation-** Individuals who cannot drive due to the presence of a disability or who do not have a vehicle will require transportation support for successful evacuation such as the availability of accessible vehicles (e.g., lift equipped or vehicle suitable for transporting individuals who uses oxygen) or knowledge of how/where to access mass transportation used to assist in evacuation.

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

Emergency Support Function (ESF) #8

Access and functional needs populations’ planning is included in Emergency Support Function #8 Public Health and Medical Services Annex. Emergency Support Function (ESF) #8 – Public Health and Medical Services provides the mechanism for coordinated Federal assistance to supplement State, tribal, and local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential health and medical emergency. Public Health and Medical Services include responding to medical needs associated with mental health, behavioral health, and substance abuse considerations of incident victims and response workers. Services also cover the medical needs of members of the “at risk” or “access and functional needs” population described in the Pandemic and All-Hazards Preparedness Act and in the National Response Framework (NRF) Glossary, respectively. It includes a population whose members may have medical and other access and functional needs before, during, and after an incident.

Public Health and Medical Services includes behavioral health needs consisting of both mental health and substance abuse considerations for incident victims and response workers and, as appropriate, medical needs groups defined in the core document as individuals in need of additional medical response assistance and veterinary and/or animal health issues. A person with access and functional needs is not automatically defined as a person with “medical needs” or a person with a “disability”.

ESF #8 Scope

Emergency Support Function #8 provides supplemental assistance to State, tribal, and local governments in the following core functional areas:

- Assessment of public health/medical needs
- Health surveillance
- Medical care personnel
- Health/medical/veterinary equipment and supplies
- Patient evacuation
- Patient care
- Safety and security of drugs, biologics, and medical devices
- Blood and blood products
- Food safety and security
- Agriculture safety and security
- All-hazard public health and medical consultation, technical assistance, and support
- Behavioral health care`
- Public health and medical information
- Vector control
- Potable water/wastewater and solid waste disposal
- Mass fatality management, victim identification, and decontaminating remains
- Veterinary medical support

Note- Planning for access and functional needs populations should also be included within Emergency Support Function #6 Mass Care, Housing and Human Services Annex of the State Emergency Operations Plan (EOP) or Annex F of the local EOP.

ESF #8 Assessment of Public Health/Medical Needs

The OSDH is in collaboration with the local and regional health departments, who mobilize and deploy personnel to assess public health and medical needs of the access and functional needs populations such as: language assistance services for limited English-proficient individuals and accommodations and services for individuals with and without disabilities. This function includes the assessment of the health care system/facility infrastructure.

What is a Disaster?

A disaster is an emergency of such severity and magnitude that routine procedures or resources cannot effectively manage its consequences. Researchers have traditionally defined three types of disasters: natural, technological, and civil. **Natural disasters** are violent natural events (e.g., earthquakes, floods, tornadoes, snow storms, and ice storms) that have extreme impact on human beings. **Technological disasters** are events that have an extreme impact on human beings, (e.g., fires, explosions, accidents, cyber events) but are caused by human omission or error. **Civil disasters** are deliberate human acts (e.g., war, terrorism) that cause extensive harm. Certain functional characteristics of disasters are important in understanding and developing strategies to cope with them: predictability, speed of onset, extent of impact, intensity, warning time, recurrence, controllability, and destructive potential are all characteristics that must be taken into account.

When you plan for access and functional needs populations, all hazards planning is essential for the community and the state. All disasters should be planned for with their specific needs, concerns, and safety in mind.

The Whole Community Approach

Oklahoma has adopted the “whole community” approach to emergency planning for the entire state. The whole community approach is separated into three different factors;

1. Understanding and meeting the true needs of the entire affected community.
2. Engaging all aspects of the community (public, private, and civic) in both defining those needs and devising ways to meet their needs during disasters.

3. Strengthening the assets, institutions, and social processes that work well in communities on a daily basis to improve resilience, emergency management, and public health for the entire state.

The whole community approach is inclusive emergency planning for local, rural, and state emergency planning. For inclusive planning to be successful, individuals who are often underrepresented or excluded must be actively involved. This includes: individuals who are from diverse cultures, races and nations of origin; individuals who don't read, have limited English proficiency or are non-English speaking, individuals who have physical, sensory, behavioral and mental health, intellectual, developmental and cognitive disabilities, including individuals who live in the community and individuals who are institutionalized, older adults with and without disabilities, children with and without disabilities and their parents, individuals who are economically or transportation disadvantaged, women who are pregnant, individuals who have chronic medical conditions, those with pharmacological dependency, and the social, advocacy and service organizations that serve individuals and communities such as those listed above.

Partners for The Whole Community Approach

When planning for your entire community everyone should be included in your local county emergency operations plans (EOP). These plans should include the following partners:

- a. Adult daycare centers,
- b. Assisted living facilities,
- c. Child daycare centers,
- d. Colleges,
- e. Community living facilities,
- f. Elementary schools,
- g. Group homes,
- h. Hospitals, clinics, and other medical facilities,
- i. Junior and High schools,
- j. Long-Term Care homes,
- k. Mental health facilities (in-patient and out-patient),
- l. Private schools,
- m. Nursing homes, and

n. Universities.

B. Authorities

The United States has numerous regulations and laws designed to prohibit discrimination and ensure adequate access to services for individuals with **access and functional needs**. This guidance is based upon responsibilities and requirements outlined in Title II of the Americans with Disabilities Act (ADA). 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.¹

C. Situations

1. Some individuals with access and 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 access and 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. For more information on services animals see page 31.

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 used by individuals with access and functional needs

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

without causing undue financial or administrative hardship on State or local governments providing the emergency and disaster-related response and recovery operations and services.² 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 access and functional needs should be 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 access and 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.

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

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 access and functional needs requirements. 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. 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 access and 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 access and functional needs populations in Oklahoma.

B. Assessments, Geographic Information Systems, Health Insurance Portability, and Accountability Act

Assessments

Assessments provide an informed estimate of the number and types of individuals with access and 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.³ 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.

³ CDC. <http://emergency.cdc.gov/snaps>

Geographic Information System (GIS)

After defining the access and functional needs populations within the community, demographic and registry information can be entered into a database management program. This database maps communities, facilities, and households where persons with access and functional needs reside relative to response assets and hazard scenarios. The best method for locating access and functional needs populations should include Geographical Information Systems (GIS) technology, such as the U.S. Census, combined with community collaborations and networking.

Health Insurance Portability and Accountability Act (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 access and 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).

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 access and functional needs can:

- a. Assist emergency planners in developing plans that take into consideration access and 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 access and functional needs and emergency preparedness issues.

Emergency management agencies and other response agencies should partner with access and 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 access and 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**.

Training

In the emergency management spectrum there are several types of training that should be inclusive and incorporate access and functional needs issues. The most important training would be in the area of ICS (incident command system), community disaster preparedness, and community outreach.

It is very important to provide training on emergency preparedness issues (ICS, evacuation, shelter-in-place, etc.) for access and functional needs populations, and equally important to train the emergency preparedness community on access and functional needs issues. This will help foster a better understanding of each perspective.

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) list 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.

Note: Exercises and drills are very important for evaluation of emergency plans. However, many emergency planners and evaluators forget the access and functional needs populations while evaluating these plans. Having “**actors**” playing roles in drills or exercises does not create a “**real**” response or evaluation of emergency plans. Ensure “**real people**” with access and functional needs are used in your drills and exercises. Also, include “**real people with access and functional needs**” as evaluators or at **least people trained** in access and functional populations emergency planning.

III. Response

A. Public Health Response

The role of ESF #8 is clearly defined on page four of this document. All disaster response activities provided by local emergency planners, local emergency nurses in the Emergency Preparedness and Response Services, and the Local Emergency Preparedness Coordinators (LERC’S) should be reported to the OSDH emergency manager.

B. 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.

C. Shelter-in-Place

Evacuation will not always be possible or desirable in an emergency and people with access and 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-place 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.

D. Pet Shelters

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 members.

E. 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.

F. Definition of Service Animals

Service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities. Examples of such work or tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, or performing other duties. Service animals are working animals, not pets. The work or task a dog has been trained to provide must be directly related to the person’s disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA.

This definition does not affect or limit the broader definition of “assistance animal” under the Fair Housing Act or the broader definition of “service animal” under the Air Carrier Access Act.

Some State and local laws also define service animal more broadly than the ADA. Information about such laws can be obtained from the State attorney General’s office.

Where Service Animals Are Allowed

Under the ADA, State and local governments, businesses, and nonprofit organizations that serve the public generally must allow service animals to accompany people with disabilities in all areas of the facility where the public is normally allowed to go. For example, in a hospital it would be inappropriate to exclude a service animal from areas such as patient rooms, clinics, cafeterias, or examination rooms. However, it may be appropriate to exclude a service animal from operating rooms, ICUs or burn units where the animal’s presence may compromise a sterile environment.

Service Animals Must Be Under Control

Under the ADA, service animals must be harnessed, leashed, or tethered, unless these devices interfere with the service animal’s work or the individual’s disability prevents using these devices. In that case, the individual must maintain control of the animal through voice, signal, or other effective controls.

Other Specific Rules Related to Service Animals

The following information states other specific rules, inquiries, charges, and exclusions that pertain to service animals:

- When it is not obvious what service an animal provides, only limited inquiries are allowed. Staff may ask two questions: (1) is the dog a service animal required because of a disability, and (2) what work or task has the dog been trained to perform. Staff cannot ask about the person’s disability, require medical documentation, require a special identification card or

training documentation for the dog, or ask that the dog demonstrate its ability to perform the work or task.

- Allergies and fear of dogs are not valid reasons for denying access or refusing service to people using service animals. When a person who is allergic to dog dander and a person who uses a service animal must spend time in the same room or facility, for example, in a school classroom or at a homeless shelter, they both should be accommodated by assigning them, if possible, to different locations within the room or different rooms in the facility.
- A person with a disability cannot be asked to remove his service animal from the premises unless: (1) the dog is out of control and the handler does not take effective action to control it or (2) the dog is not housebroken. When there is a legitimate reason to ask that a service animal be removed, staff must offer the person with the disability the opportunity to obtain goods or services without the animal's presence.
- Establishments that sell or prepare food must allow service animals in public areas even if state or local health codes prohibit animals on the premises.
- People with disabilities who use service animals cannot be isolated from other patrons, treated less favorably than other patrons, or charged fees that are not charged to other patrons without animals. In addition, if a business requires a deposit or fee to be paid by patrons with pets, it must waive the charge for service animals.
- If a business such as a hotel normally charges guests for damage that they cause, a customer with a disability may also be charged for damage caused by himself or his service animal.
- Staff workers are not required to provide care or food for a service animal.

Miniature Horses

In addition to the provisions about service dogs, the Department's revised ADA regulations have a new, separate provision about miniature horses that have been individually trained to do work or perform tasks for people with disabilities.

(Miniature horses generally range in height from 24 inches to 34 inches measured to the shoulders and generally weigh between 70 and 100 pounds.) Entities covered by the ADA must modify their policies to permit miniature horses where reasonable. The regulations set out four assessment factors to assist entities in determining whether miniature horses can be accommodated in their facility. The assessment factors are (1) whether the miniature horse is housebroken; (2) whether the miniature horse is under the owner's control; (3) whether the facility can accommodate the miniature horse's type, size, and weight; and (4) whether the miniature horse's presence will not compromise legitimate safety requirements necessary for safe operation of the facility.

IV. County Template

Introduction

The **Oklahoma State Department of Health (OSDH)** in cooperation with the _____ County will assist in the health and safety of their citizens.

The Oklahoma County named _____ responds using the National Incident Management System (NIMS) model utilizing the Incident Command System (ICS). To facilitate effective response operations in an expeditious manner, the States EOP incorporates a functional approach that groups the types of assistance to be provided into Annexes: Emergency Support Functions (ESFs) (e.g., health and medical, mass care and sheltering, transportation, etc.), Support Annexes (e.g., Private Sector, Functional Needs, Critical Infrastructure, etc.), and Incident Annexes (e.g., Public Health Emergency, Terrorism, Radiological Incident, and Hazardous Materials). The _____ County Plan is a dynamic document structured with the goal of saving lives and protecting property in the event of any disaster or emergency situation.

The _____ **County Emergency Operations Plan (EOP)** provides local government with a structure to initiate, coordinate and sustain an effective local response to disasters and emergency situations. Citizens expect their state and local government to keep them informed and to provide assistance in the event of an emergency or disaster. All levels of government, working closely with the private sector, share the responsibility for including the needs and talents of individuals with a full range of functional abilities in the emergency planning process. Preparedness, response, recovery and mitigation planning requires the capacity to reach every person, including those with functional needs.

Functional Needs- Defined

As a result of recent national natural disasters negatively impacting access and functional needs (aka special needs) populations, many states are revising State and Local EOPs' including the term "access and functional " populations.

Although terminology continues to evolve, Oklahoma State Department of Health, Oklahoma Emergency Management, and _____ **County** has proposed the collective term, "access and functional needs" to describe populations that under usual circumstances are able to function on their own or with support systems; and/or individuals with needs that extend beyond those of the general population.

This is consistent with language in the National Response Framework (NRF) which defines "special needs" in the framework of a broad set of common function-based needs irrespective of specific diagnosis, statuses, or labels (e.g., children, the elderly, transportation disadvantaged).¹ The definition of "special needs populations" as it appears in the NRF is as follows:

Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to:

- Communication
- Maintaining Medical Care
- Independence
- Supervision
- Transportation

The list above is referred to as C-MIST. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized setting; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency; or who are non-English speaking; or who are transportation disadvantaged.

Defining access and functional needs populations is an ongoing process, as the people and their needs and vulnerabilities change over time. It is important that the information collected be organized in a manner that is accessible and easy to amend. For example, if there are several group settings in a community, the facility

names and phone numbers should be placed in the local EOP. This information should be updated whenever necessary and at least once a year.

_____ **County Statistics**

Total Population for _____ County is _____.

| 65-79 | 80+ | Sensory | Physical | Mental | Self-Care | Languages |
|-------|-----|---------|----------|--------|-----------|-----------|
| | | | | | | |

Children

| Under 5 yrs. | 5-9 yrs | 10-14 yrs | 15-19 yrs |
|--------------|---------|-----------|-----------|
| | | | |

The total population in (county name) _____ County without transportation is _____.

Purpose

The purpose of the _____ **County**, Access and Functional Needs Population’s guidance is to provide local government agencies, businesses, and private sector planners with scalable recommendations to accommodate and assist individuals with access and functional needs in a disaster/emergency. The guidance is a significant part of the local emergency operation plans (local EOP) and used as a reference to the local, county EOP.

The information provided in this EOP is a framework for the local county emergency response personnel working with individuals with access and functional needs. Integrating provisions for various function-based needs into the county emergency plan and especially each emergency support function (ESF), ensures access and functional needs considerations are part of overall planning. This will

simplify the communication of access and functional needs populations planning elements with stakeholders and other partners' in the community.

Authorities

The United States has numerous regulations and laws which are designed to prohibit discrimination and ensure adequate access to services for individuals with functional needs. This guidance is based on responsibilities and requirements outlined in Title II of the American Disabilities Act (ADA). The authorities and legal considerations listed below are generalized to the _____ **County**. Specific legal considerations and authorities for each jurisdiction or region are documented within the local Emergency Operations Plan (L-EOP).

The Oklahoma State Department of Health and _____ local governments must comply with Title II of the American Disabilities Act in the emergency- and disaster-related programs, services, and activities they provide. 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 (ARC), private nonprofit organizations, and religious entities. Under Title II of the ADA, emergency programs, services, activities, and facilities must be accessible to people with disabilities and generally may not use eligibility criteria that screen out or tend to screen out people with disabilities. The ADA also requires making reasonable modifications to policies, practices, and procedures when necessary to avoid discrimination against a person with a disability and taking the steps necessary to ensure effective communication with people with disabilities. The ADA generally does not require state and local emergency management programs to take actions that would fundamentally alter the nature of a program, service, activity, or impose undue financial and administrative burdens.

Situations

1. Some individuals with access and 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 access and functional needs may include assistance with the following activities associated with emergency or disaster response and recovery, including but 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 and perform 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.
5. Education and cross-training on disability and vulnerable population issues during disasters for emergency managers, first responders, and voluntary agencies is available.

Planning Assumptions

1. The intent of Title II of the 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 local governments providing the emergency- and disaster-related response and recovery operations and services. Responsibilities and requirements outlined in Title II of the 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. The State of Oklahoma and the county named _____ depend on federal and state guidance on and interpretation of matters regarding all aspects and phases of Title II of the ADA. Local county emergency planners and local county emergency nurses are encouraged to work with the partner organizations American Red Cross, state health departments, community bases and faith based organizations, and state agencies to ensure compliance with the intent, purpose, and requirements of Title II of the ADA as the

statute applies to emergency management during all phases of emergency or disaster operations.

3. There will be inclusion of persons with access and functional needs in the local emergency planning, training, and exercise process.
4. Community resources such as interpreters, health care personnel, **and OSDH county emergency planners, and OSDH county emergency nurses** will provide assistance to members of the access and functional needs community and emergency response personnel who require their assistance.
5. Collaboration and partnerships with access and functional needs stakeholders, community- and faith-based organizations (CBO, FBO), and non-governmental organizations (NGOs) builds community resource capacity for preparedness, response, recovery, and mitigation.
6. Mutual-aid agreements and memorandums of agreement/understanding (MOA/MOU) with neighboring jurisdictions may provide additional emergency capacity resources.
7. Some members of the access and functional needs community may have to be evacuated without or may be separated from durable medical supplies and specialized equipment they need (i.e., wheelchairs, walkers, telephones, etc.). Every reasonable effort should be made by OSDH county emergency planners; OSDH county emergency nurse, emergency managers and shelter providers to ensure these durable medical supplies are made available or are rejoined with the community member.

Planning Networks

Effective access and functional needs planning involves engaging disability navigators, direct/supportive care organizations, community-and faith-based organizations, non-governmental organizations and other private sector groups with local government emergency planners. No single person or agency can provide all of the expertise needed for comprehensive planning. A multi-agency approach at all stages of the planning process including the initial assessment of plan purpose, situational needs and assumptions, and the development of draft concept of operations is needed. Members of this planning network should assess how their efforts can be coordinated.

Focus should be on improving the understanding of agency-based assets, capabilities, and limitations as well as identifying opportunities for improvement and cooperation. Integrated planning should lead to integrated response by all members of the planning network. This includes the development of mutual-aid agreements and memorandums of understanding and agreement (MOU/MOA) regarding sharing resources during emergency events.

Assessments

Assessments provide an informed estimate of the number and types of individuals with access and functional needs residing in the community process. To manage the data more effectively, select five or so broad categories of population descriptors. This can potentially cut down on redundancy when compiling information from various lists including agencies and private groups.

HIPPA

A review of 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, please contact your state's legal office for official rules, regulations, and guidelines.

Notification

Use a combination of emergency notification systems, such as visual and audible alerts to reach a greater audience than either method alone. For announcements by government officials on local television stations, providing open captioning will ensure that all people tuning in are able to access the information provided.

Education and Training

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 “evaluating” all or some components of the plan, identifying strengths and weaknesses, and identifying solutions to improve existing procedures and protocols. From past experience, it is clear that if included, individuals with access and functional needs can:

- Assist emergency managers in developing plans that take into consideration of access and functional needs issues within their community.
- Identify weaknesses and gaps in plans that require further development.
- Help develop solutions and resources within the community that can support the emergency management system.
- Articulate emergency needs within their communities.
- Encourage overall greater collaboration, coordination, and communication before, during, and after disasters.
- Provide opportunities to build awareness about functional needs and emergency preparedness issues.

Emergency management agencies and other response agencies should partner with functional needs populations to identify how to incorporate these issues into existing training and exercises.

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 whether as an individual or a family. A general rule of thumb is to plan to be self-sufficient for at least three days. Individuals with access and functional needs should be encouraged to prepare these plans that include provisions for:

- support networks,
- evacuation (if needed),
- adaptive equipment and batteries,
- service animals and their provisions,

- rendezvous components,
- accessible transportation,
- medications,
- food and water,
- important legal documents, and
- other go-kit necessities

An emergency support network can consist of friends, relatives, or aides who know where the person is, 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 those others fully understand and commit to their role, and that the individual also establishes backup plans as a safeguard against unforeseen contingencies. Some support network members may not be able to reach the person with specific access and functional needs, so alternatives must be in place.

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V. Partners

A. State Level

State agency resources are coordinated in emergencies by the Oklahoma Department of Emergency Management when local resources are depleted.

Oklahoma State Department of Health

The Oklahoma State Department of Health has multiple services and divisions that partner with access and 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 Service | | |
| Office Phone: | 405-271-0900, ext. 56426 | Email | GlendaFL@health.ok.gov |
| Primary: | Darrell Eberly, Emergency Manager, Emergency Preparedness & Response Service | | |
| Office Phone: | 405-271-0900, ext. 56191 | Email | DarrelleE@health.ok.gov |
| OSDH Services/Resources/Division | | | |
| Emergency Preparedness & Response Service | Coordination, equipment, and research of access and functional needs populations as a whole. OSDH can provide training, presentations, and outreach to educate populations, groups, and first responders on response efforts for access and functional needs populations 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.

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: | | |

Health Facilities

| | | |
|---|---------|--------|
| 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: 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. | | |

| | | |
|---|---------|--------|
| 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: 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. | | |

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| 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: | | |

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| 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: | | |

Educational Institutions

| | | |
|--|---------|--------|
| 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: | | |

| | | |
|--|---------|--------|
| 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: | | |

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| Primary Contact Name: | | |
| Work #: | 24/7 #: | Email: |
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| 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: | | |

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| 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: | | |

Senior Agencies

| | | |
|--|---------|--------|
| 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: | | |

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|--|---------|--------|
| 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: | | |

Transportation

| | | |
|--|---------|--------|
| 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: | | |

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|--|---------|--------|
| 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: | | |

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| 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: | | |

| | | |
|--|---------|--------|
| 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: | | |

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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.

Access and Functional Needs Services

Services, accommodations, programmatic, architectural, and communication modifications that a covered entity must undertake or provide to afford individuals with disabilities a full and equal opportunity to use and enjoy programs, services, activities, goods, facilities, privileges, and accommodations in the most integrated setting, in light of the exigent circumstances of the emergency and the legal obligation to undertake advance planning and prepare to meet the disability-related needs of individuals who have disabilities as defined by the ADA Amendments Act of 2008, P.L. 110-325, and those associated with them.

SNAPS

A population's tool by CDC that provides local level community profile information, which can be searched by county and state zip code.

Appendix B – Resources Library

Federal

1. Department of Justice. <http://www.doj.gov>
2. 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>
3. 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>
4. An ADA Guide for Local Governments – Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities.
5. 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
6. Effective Emergency Management: Making Improvements for Communities and People with Disabilities. National Council on Disability. August, 2009. <http://www.ncd.gov>
7. Emergency Transportation and Individuals with Disabilities. U.S. Department of Transportation. <http://www.disabilityprep.dot.gov>
8. 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>
9. 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>
10. 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

11. 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. Drabek, T.E., and G.J. Hoetmer (eds.) 1991. Emergency Management: Principles and Practice for Local Government. Washington, D.C.: International City Management Association.
8. 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 C - 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. Access and functional needs populations can be assisted with the following items:

- a. Canes,
- b. Certified American Sign Language (ASL) interpreters list for your area,
- c. Collapsible ramps,
- d. Crutches,
- e. Dark glasses,
- f. Forms, rules and instructions in accessible formats such as the following:
Audio, Braille, and Large print (16-18 font, Times Roman, cream color paper),
- g. Forms in different languages (community specific),
- h. Magnifying glass,
- i. Pocket Talkers,
- j. Signature guides,
- k. Telephone handset amplifier,
- l. Tips for First Responders flip chart,
- m. Walkers, and
- n. White tipped cane(s).

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 D- Acronyms

AAR - After Action Report

ADA - Americans with Disabilities Act

ARC - American Red Cross

ASL - American Sign Language

CBO's - Community Based Organizations

CDC - Centers for Disease Control and Prevention

C-MIST- Communication, Medical Care, Independence, Supervision, Transportation

DHS - Department of Human Services

EOP - Emergency Operations Plan

ESF - Emergency Support Function

FBO's - Faith Based Organizations

FEMA - Federal Emergency Management Agency

GIS - Geographic Information System

HIPAA - Health Insurance Portability & Accountability Act

HSEEP - Homeland Security Exercise & Evaluation Program

ICS - Incident Command System

ICU- Intensive Care Unit

IV- Intravenous

LERC- Local Emergency Response Coordinator

MOA - Memorandums of Agreement

MOU - Memorandums of Understanding
NGO - Non-Governmental Organization
NIMS- National Incident Management Systems
NOD - National Organization on Disability
NRF - National Response Framework
OEM - Oklahoma Department of Emergency Management
OK-MRC - Oklahoma Medical Reserve Corps
OSDH - Oklahoma State Department of Health
PETS Act - Pets Evacuation and Transportation Act
PTSD- Post Traumatic Stress Disorder

Authors

We would like to give a special thanks to the state of New Hampshire for their guidance in emergency planning for access and functional needs populations planning.

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