

Section II: Functional Annexes

Introduction

This annex is intended to encompass all public and private institutions housing or supervising Special Needs Populations (SNP) as well as individuals with special needs living independently with the County. However, the content contained herein is broad in scope and not intended to be all encompassing of the challenges in supporting response operations for the County's Special Needs Population. It is recommended that the institutions, service providers, and most of all, the individuals themselves, take responsibility for their own pre-disaster preparedness. Persons with special needs are encouraged to have individual plans for emergencies. The importance of individual preparedness cannot be overstated.

The term "shelter" used in this annex means any facility established to provide care and assistance to the public during an emergency incident.

Purpose

This annex provides a framework for supporting populations whose members may have additional needs before, during, and after an incident in functional areas including but not limited to:

Maintaining independence
Communication
Transportation

Supervision
Medical Care

Individuals in need of additional response assistance may include:

- Persons who have challenges due to disability, including, but limited to;
- Hearing or sight impairment
- Mobility impairment
- Mental or developmental disability, or
- Any person declared by a medical doctor or government agency to be disabled.
- Minor children whose parents are not available to care for them.
- Aged citizens who need assistance moving about or with personal care.
- Indigent citizens who lack the basic resources to self-evacuate such as transportation, financial resources and temporary lodging arrangements.
- Persons with limited English proficiency.

Situation

Statistical estimates following Hurricane Katrina suggest that approximately 20% of a jurisdiction's population may be considered "special needs" These needs may be related to maintaining independence, communication, transportation, supervision, and medical care and often render these populations especially vulnerable during a disaster.

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The National Response Framework has identified the following groups of individuals as those that may have additional needs before, during or after an incident:

Disabled
Elderly
Children

Live in institutions
Limited English Proficiency
Transportation disadvantaged

Individuals in the above categories who might need extra assistance during a disaster or emergency are widely-distributed across Stillwater County. They may live independently, in a community based/assisted living facilities, in long term care facilities, or may even be homeless.

Special Needs Planning has not been overlooked in Stillwater County. Many hours and efforts have gone into addressing special needs planning concerns within the County.

Some people may utilize service animals, therefore accommodations for animals must be considered when working on evacuation planning and sheltering.

The American Red Cross is not authorized to manage a “Special Needs Shelter”, but may assist in the establishment and operation of one.

There is no “emergency special needs shelter” currently identified in the County. Evacuees with special needs will either have to be managed in existing shelters, transported to assisted living/healthcare facilities, or seek refuge with family or friends. If the number of special needs citizens is such that a “special needs shelter” is needed, the Mass Care and Health and Medical teams in the EOC will coordinate efforts to find a solution.

The community is home to several service providers that provide services to residents either in their homes or in facility settings. These service providers maintain client/patient lists, have specially trained staff, specialized equipment, and in some cases, specialized vehicles.

The County Health Department, American Red Cross, and the MTDPHHS maintain various lists of people and agencies that may be able to provide assistance to special needs populations during an emergency. These lists include professionals such as: medical personnel, interpreters, mental health professionals, and pharmacists.

Assumptions:

- Up to 20% of an incident's affected population may have special needs.
- It is highly unlikely, with the possible exception of a wide spread winter storm or some cataclysmic event, that the entire county would be affected at one time by a disaster or emergency.
- Some special needs populations may not receive, understand, or are able to respond to Public

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Warning messages.

- Community resources such as interpreters, health care personnel, and facility managers will make themselves available and provide assistance to members of the community having special needs.
- Many members of the community will evacuate without or may be separated from their caregivers, medical supplies, or specialized equipment (wheelchairs, prescriptions, oxygen, etc.).
- Emergency incidents may threaten or affect special needs facilities such as child care centers, institutions, assisted living facilities etc. These facilities may lack the resources to effectively evacuate without assistance.

- It is assumed that each special needs facility or agency has a current emergency action plan which includes procedures for evacuation and procurement of emergency transportation and patient care. It is also assumed that facilities take the initiative to train staff and residents and inform families as needed.

- Special Needs Facilities and Service Providers in the community maintain list of their residents and clients in the community and will make this information available to emergency response agencies during an emergency or disaster as needed and appropriate.

- Some of the special needs individuals in the county that are not living in some type of care facility have family, friends, or neighbors that are aware of their situation and if unable to help them directly during an emergency, would notify authorities about the need for assistance.

- When emergencies threaten local populations, local response agencies will respond using all available resources. If necessary, the County Emergency Operations Center (EOC) will be activated to provide resource and information coordination support to Incident Command.

- As appropriate, the EOC team will attempt to identify and coordinate assistance for any populations in the affected area(s) that may need help. This will be done through the use of the Incident Command System (ICS) organizational structure outlined for the EOC and in conjunction with on-scene Incident Commander(s).

- Special Needs Populations will most likely be supported by Mass Care and Health and Medical resources in the EOC. Local Special Needs Providers will be contacted to provide an Agency Representative to the EOC for coordination assistance.

- Due to the critical care required for Special Needs Shelter Operation, such a shelter should be the last option for the public during an emergency incident. Appropriate options include:
 - Individual can go to the home of a family member, relative or qualified caregiver;
 - Individual can be transported to a hospital;
 - Individual can be transported to a skilled nursing facility, extended care facility, group

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home, day care facility, or other like facility with appropriate staff and management, or to another facility with available space.

- Provide and NGO (Non-Governmental Organizations) entities such as providers of mental health, developmental disabilities, and medical assistance will be requested through the EOC to assist and augment the ARC in the screening and management of Shelters.

In order to provide for proper care and protect the rights of residents, Shelters may be organize residents into three or more categories, including;

- Residents in need of medical care,
- Residents who are generally healthy and have no immediate need beyond customary resources, and
- Minor children not presently in the custody of their parents (i.e., child day care center evacuees).
- In the event that residents of any care facility are evacuated to a shelter, staff of that facility shall accompany their residents/charges and shall bring appropriate resident documentation (i.e., medical charts, etc). Any documentation shall be treated confidential, shared only with qualified medical personnel and must be kept with the person to whom it belongs.

Under no circumstances should a person be denied admittance to a Special Needs shelter unless that person,

- Presents a significant threat to the safety of the shelter population, or,
- Fails to exhibit a qualifying special need beyond a reasonable doubt.
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The DES Coordinator will facilitate the ongoing development of additional Special Needs planning and strategic development.

Preparedness:

- ❖ Partner with independent living, consumer service, and advocacy organizations to extend outreach to individuals with special needs to help them plan ahead for sheltering in place or evacuating from their home, school, workplace, or facility.
- ❖ Include members of the public and private sector (including local businesses) in the planning and outreach process, ensuring participation of potentially transportation-dependent populations including older adults, persons with disabilities (including physical, visual, hearing, intellectual, psychiatric, learning, and cognitive disabilities), people living in group situations, and those without access to personal transportation.
- ❖ Utilize multiple means of communicating public information and education. Stress the message of personal preparedness through PSAs, outreach materials (brochures, magnets), and through special needs networks within the community.

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- ❖ Conduct Map your neighborhood trainings.
- ❖ Pre-select accessible mass-care shelter sites to ensure that individuals with mobility limitations are not misdirected to medical shelters unnecessarily and ensure that shelter plans outline how to obtain resources needed to support special needs shelter residents.
- ❖ Establish mutual aid agreements and memorandums of understanding with local agencies and neighboring jurisdictions that can provide additional resources and assistance.
- ❖ Ensure public information message templates and formats known to be used in the community.

Response:

- ❖ Agency Representatives report to the EOC as requested.
- ❖ Ensure that messages provide specific information about transportation, evacuation, and shelter locations and any special instructions such as staging or pickup sites and reception areas.
- ❖ Ensure continuity of critical services.
- ❖ Provide support for those with special needs in the form of transportation, specialized equipment, medications, and medical supplies and care.
- ❖ Activate agency or facility emergency operation plans.
- ❖ Identify appropriate location for a Special Needs Shelter and facilitate its proper and timely activation OR provide for special needs residents at existing Shelters.

- ❖ Provide trained staff as appropriate at the shelter(s).
- ❖ Establish and maintain communications between shelters and the EOC to ensure support.
- ❖ Provide timely and accurate public information.

Recovery:

- ❖ Develop a Priority Facility Restoration List
- ❖ Continue to utilize multiple means of communicating public information and education.
- ❖ Ensure the availability of mental and behavioral health professionals.
- ❖ Coordinate with (Recovery) for Individual Assistance.

Mitigation:

- ❖ Coordinate with special needs facilities and providers.
- ❖ Conduct training and education.
- ❖ Conduct Practice Drills
- ❖ Convey public information in multiple formats and languages.
- ❖ Form Planning and Response networks.
- ❖ Improve infrastructure.
- ❖ Evaluate shelter accessibility and usability for special needs populations.