



Functional Needs Guidance

State Emergency Operations Plan Support Annex

Version 3.0

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Acronyms

ADA	Americans with Disabilities Act
AHHR	All Health Hazards Planning Region
CART	Communications Access Real-time Translation
CBO	Community-Based Organizations
CDC	Centers for Disease Control and Prevention
DHS	U.S. Department of Homeland Security
DHHS	NH Department of Health and Human Services
DOT	Department of Transportation
EAS	Emergency Alert System
EMD	Emergency Management Director
EMI	Emergency Management Institute
EMS	Emergency Medical Service
EOP	Emergency Operations Plan
EPZ	Emergency Planning Zone
ESF	Emergency Support Function
FBO	Faith-Based Organization
FEMA	Federal Emergency Management Agency
GIS	Geographic Information System
HB	House Bill
HIPPA	Health Insurance Portability and Accountability Act
HSEEP	Homeland Security Exercise and Evaluation Program
HSEM	NH Homeland Security and Emergency Management

ICS	Incident Command System
LTCR	Long-Term Community Recovery
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MPO	Metropolitan Planning Organization
MRC	Medical Reserve Corps
NFPA	National Fire Protection Association
NGO	Non-Governmental Organization
NIMS	National Incident Management System
NOD	National Organization on Disability
NRC	Nuclear Regulatory Commission
NRF	National Response Framework
OSHA	Occupational Safety and Health Administration
RERP	Radiological Emergency Response Plan
RSA	Revised Statutes Annotated
SNAPS	Snap Shots of the State Population Data
SOG	Standard Operating Guideline
SOP	Standard Operating Procedure
TDD	Telecommunications Device for the Deaf
TTY	Teletypewriter
VOAD	Volunteer Agencies Active in Disasters

INTRODUCTION

The Constitution of the State of New Hampshire (NH) mandates that every town and city is responsible for the health and safety of their citizens. Regional and State agencies have been created to assist local government to fulfill this mandate.

The New Hampshire State Emergency Operations Plan (S-EOP) is designed on the National Incident Management System (NIMS) model utilizing the Incident Command System (ICS). To facilitate effective response operations in an expeditious manner, the S-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 at Nuclear Power Plant, and Hazardous Materials). The S-EOP is a dynamic document structured with the goal of saving lives and protecting property in the event of any disaster or emergency situation.

The S-EOP framework has been adopted by many New Hampshire towns and municipalities. It 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.

A. Functional Needs – Defined

As a result of recent national natural disasters negatively impacting special needs populations, many states are revising State and Local EOPs' including the term "special" populations. Although terminology continues to evolve, the New Hampshire State Functional Needs Committee has proposed the collective term, "functional" to describe populations that under usual circumstances are able to function on their own or with support systems; 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:

- *Maintaining independence*
- *Communication*
- *Transportation*
- *Supervision*
- *Medical Care*

¹ Kailes, J. and Enders, A. "Moving Beyond 'Special Needs' A Function-Based Framework for Emergency Management Planning." *Journal of Disability Policy Studies*, Vol/No. 44/2007/pp.230-237.

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 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.

B. Purpose

This Annex provides a framework for State and local emergency response personnel working with individuals with functional needs. The purpose is to assure access to emergency preparedness, response, recovery and mitigation services. Integrating provisions for various function-based needs into Annexes, and especially each ESF, ensures functional needs considerations are part of overall planning. To simplify the communication of functional needs planning elements with stakeholders, **Jurisdiction Functional Needs Planning Template (Appendix 1)** is included to streamline the planning process. The template does not provide specific instructions for all possible functional needs populations. Detailed organizational direction should be covered in the Primary and Support Agencies' Standard Operations Guides and Procedures (SOGs/SOPs).

C. 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)*. Additional authorities are listed in **Appendix 2, Authorities**.

State 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.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 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.⁸

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.

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

D. 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 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.

E. 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 New Hampshire depends on the Governor's Commission on Disability to provide guidance on and interpretation of matters regarding all aspects and phases of Title II of the ADA. Local Emergency Management Directors (EMDs) are encouraged to work with the Commission 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 functional needs in the local emergency planning, training and exercise process.
4. Community resources such as interpreters, health care personnel, and housing managers will provide assistance to members of the functional needs community and emergency response personnel who require their assistance.
5. Collaboration and partnerships with 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 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 emergency managers and shelter providers to ensure these durable medical supplies are made available or are rejoined with the community member.
8. Frequent personal and family preparedness education programs and local jurisdiction self-identifying registries in accessible formats and languages should reach most if not all people in the jurisdiction.
9. Emergency human services are vital for the long-term recovery of a community and are as important as the repairs to its physical infrastructure.
10. 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.

SECTION I – PREPAREDNESS

A. Planning Networks

Effective 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. For information on how to select the right individuals for planning, see **Resources** for the web link to *Why and How to Include People with Disabilities in Your Planning Process?* 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.

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) *Snap Shots of the State Population Data* (SNAPS) version 1.5 derived from the 2000 U.S. Census and several 2003 CDC databases can provide a “snap shot” of key variables for consideration in guiding and tailoring health education and communication efforts. This along with other national and state data as well as data developed just for communities (studies conducted by area agencies or quasi-governmental organizations, such as a Metropolitan Planning Organization (MPO)) can provide baseline information for the planning 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.

HIPAA

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, see **Appendix 3, Health Insurance Portability and Accountability Act (HIPAA) Privacy: During An Emergency.**

Geographic Information System (GIS)

After defining the functional needs populations within the jurisdiction, demographic and registry information can be entered into a database management program to easily map communities, facilities, and households where persons with functional needs reside relative to response assets and hazard scenarios. Mapping is used by some states' fire departments and cities in evacuation planning. Geographic dispersion can go a long way towards strengthening relationships with State and local organizations that can play key roles in preparedness, response and recovery. The best method for locating functional needs populations would include Geographic Information Systems (GIS) technology and data resources 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. Argonne National Laboratory has a *Special Population Planner* software program that can build a registry of information for planning areas, see **Resources** for more information.

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, in part, because they do not want to disclose their personal data for the following reasons:

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

The most effective means of registry management is through Memorandum of Understanding (MOU) with known agencies/organizations that service individuals with functional needs. These agencies have already established safeguards to protect registrants' privacy and the confidential information. The MOU would describe the process by which the agency/organization would contact and/or connect individuals requiring evacuation/transportation assistance with first responders during an emergency.

Registry database management should be discussed at the local level. Encourage self-identification and distribute information on voluntary pre-registration of 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. **It is imperative the confidentiality of the registrant be strictly protected.** Some NH towns and cities have recently launched their

own self-identification programs. Ideally such systems should inform responders of a registered individual's communications and assistance needs, as well as indicating where to look for the person if not at their primary address and who else should be contacted on the individual's behalf. See **Appendix 4, Special Needs Registry Information** for more detail on registry development.

The State on New Hampshire retains a voluntary registry of some individuals requiring specific transportation needs during an evacuation. This database is only for communities within the Emergency Planning Zone (EPZ) of Seabrook Station or Vermont Yankee Nuclear Power Plants. The EPZ registry is in compliance with directives from the Nuclear Regulatory Commission (NRC). This information is incorporated into the *State Radiological Emergency Response Plan* (RERP).

C. Notification

Use a combination of emergency notification systems, such as visual and audible alerts to reach a greater audience than either method alone. Auto-dialed text telephone (TTY) messages to pre-registered individuals who are deaf or hard of hearing, text messaging, emails, and other innovative uses of technology may be incorporated into such procedures. For announcements by government officials on local television stations, providing qualified language interpreters and open captioning will ensure that all people tuning in are able to access the information provided.

D. 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 "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 functional needs can:

- Assist emergency managers in developing plans that take into consideration 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 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 functional needs, so alternatives must be in place.

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:

- First responder training (fire, law enforcement, EMS);
- Community-based training and education (e.g., community disaster preparedness and outreach);
- Volunteer training (Volunteer Organizations Active in Disasters (VOADs), American Red Cross, etc.);
- Emergency management agency training on specific hazard annexes/plans (e.g., hurricane, evacuation, sheltering, pandemic flu, HazMat, terrorism, etc.); and
- 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 Federal Emergency Management Agency (FEMA) Emergency Management Institute (EMI) offers free, online Independent Study courses. Visit the EMI web site <http://training.fema.gov/index.asp> or contact EMI for more details.

Exercises

During emergencies and disasters, first responders, emergency transportation drivers, and shelter staff often have questions about how to handle issues that arise. When these issues involve people with functional needs, ADA obligations are often implicated. Exercises and drills are used to evaluate the effectiveness of plans and address situations like these. Enlist persons with functional needs to play themselves/role-play emergency simulations. Seeking and using input from people with functional needs, and organizations with expertise on functional issues, will help ensure that your emergency planning and preparedness meet access needs with respect to all phases of emergency management.

The U.S. Department of Homeland Security (DHS) Homeland Security Exercise and Evaluation Program (HSEEP) list seven types of exercises: 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. Supporting HSEEP are the Target Capabilities and the Exercise Evaluation Guides derived from them. Those responsible for integrating functional needs into exercises and exercise programs should be conversant in this material.

After an exercise or drill, an after action report should be developed to capture the exercise successes, needed improvements, and points of failure, and to determine steps for corrective action. Work with functional needs communities to review gaps or issues that were identified in exercises and identify practical solutions.

SECTION II – RESPONSE

A. Crisis and Risk Communication

The primary goal of emergency messages is to motivate people to take a desired action before and during a crisis. It requires an understanding of how to reach the targeted populations in ways that grab their attention and change the way 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 Initiative⁹:

Sensory: Persons with hearing or visual limitations, including total blindness or deafness.

Mobility: Persons who have little or no use of their legs or arms. They generally use wheelchairs, scooters, walkers, canes, and other devices as aids to 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.

It is important to remember and understand that individuals can have more than one disability. However, it does not mean that vulnerable populations lack capacity. These individuals bring a tremendous amount of capacities, insights, and resources to those involved with safeguarding the public.

Risk communication principles and practices are universal. There is no need to develop a separate functional needs population outreach communication plan, see *NH Department of Health and Human Services’ (DHHS) Crisis and Emergency Risk Communication Plan* and the *Communication Access Plan*. Every community’s risk communication should have the objective of equity in outreach so that no one is left unprotected. Outreach and networking with functional needs population groups can lend experience in training, how best to alert and notify, and can help meet unexpected resource needs during an emergency.

Messages

Message content should include, when appropriate, incident facts, health risk concerns, pre-incident and post-incident preparedness recommendations, and where to access assistance in a format or language that a broad spectrum of the community can understand. Where necessary, 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 communications 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/hand, languages spoken and signed, 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

⁹*Prepare Yourself: Disaster Readiness Tips for People with Disabilities.*
<http://www.nod.org/index.cfm?fuseaction=Page.viewPage&pageId=1564>

multiple redundant channels and alternative formats in alerting populations to an emergency. Yet, for cultural and linguistic minorities, readying the optimal channel is a time-intensive task that must be accomplished at the local level prior to an emergency.

B. Evacuation

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, equipment, 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 and mobility, communications and medical devices with them. Provisions should be made to assure safe transport of mobility, communications and other assistive equipment. 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. Informed triage decisions should include 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.

Exercises to evaluate evacuation plans for adult day programs, nursing/group homes, institutions, and large public buildings should be conducted at least once a year. These exercises should include alarm systems and methods to personally notify people who are deaf or who have hearing impairments regarding evacuation warnings and to ensure that individuals who have visual impairments can independently find their way to exits and safe rallying points.

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 or school buses to shelter locations outside the jurisdiction. In general, over-

the-road motor coaches rather than school buses, city buses or paratransit vehicles are preferred for evacuating people between community 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 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 Care Facilities

- Any health care facility licensed by the State of NH must be in compliance with the NH State Fire Code 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 settings where individuals are dependent on life-sustaining equipment.
- The decision to evacuate a care setting and/or individuals with special health conditions residing in private residences requires careful planning and assessment of the risk. Local EMDs and fire departments should work with these facilities to help ensure their plans adequately and realistically address hazards and emergencies common to that location.

Child Care Facilities

- *NH RSA 170-E:34* addresses Child Care Licensing Rules (*He-C 4000*). As indicated in the school emergency response plan, child care facility emergency response plans shall be based on ICS and coordinated with the emergency response agencies in the community in which the facility is located. The plan should also include response actions for natural, human-caused or technological incidences including, but not limited to:
 - Evacuation, both within building and off-site,
 - Lockout,
 - Drop and cover,
 - Lockdown,
 - Reverse evacuation, and
 - Shelter-in-place.

High-Rise Buildings

- For jurisdictions with high-rise buildings, work with the local EMD and fire department and 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

- This usually takes advance planning to ensure that capabilities for supporting functional needs populations are defined (e.g., transportation and receiving shelters).
- EMDs should designate and advertise staging areas for long-distance transportation and provide additional transportation in the form of motor coaches, school buses, paratransit, or rail to shelter locations outside of the jurisdiction.
- 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

- Issues of transportation for a large number of people (some with families including small children and others with mobility disabilities), in addition to the need to secure long-term living arrangements for people evacuated, create major barriers for public and senior housing.

Schools

- The evacuation of schools should be thoroughly planned prior to an emergency. According to *NH RSA 189:64*, all public and non-public schools in NH are required to have a site specific Emergency Response Plan that is based on and conforms to ICS and NIMS by July 1, 2009. The plan shall address hazards including but not limited to acts of violence, threats, earthquakes, floods, tornadoes, structural fire, wildlife, internal and external hazardous materials releases, medical emergencies, and any other hazard deemed necessary by school officials and local emergency authorities. The plan 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:

- The necessity for commitment to emergency preparedness from senior-level management within an organization;
- The importance of timely and accurate emergency communications that are accessible to all employees and visitors, including individuals with special needs;
- 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 special needs; and
- 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.

C. Transportation

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

- Individuals who do not have access to a vehicle but can independently arrive at a pick-up point;
- Individuals who do not have access to a private vehicle and will need a ride from their home;
- Individuals who live in a group setting or assisted living environment and will need a ride from such facilities;
- Individuals who are in an in-patient medical facility or nursing home;
- Individuals who are transient, such as people who are homeless, and have no fixed address; and
- 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 paratransit systems operated by public transit (Dial-a-Ride, ADA Transit) 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 that 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 that the contractors have sufficient vehicles to meet all needs.

There are approximately 64 federal programs that support transportation services for special needs populations on a daily basis. Of these programs, approximately 34 operate vehicles or contract for services. Examples of these programs include senior centers, mental health day rehabilitation programs, and vocational rehabilitation programs. The regional coordinated plans required to be available in all NH planning regions are a good source for listings of transportation operators and their capacities, including vehicle accessibility, age, mileage, and driver availability. Emergency response coordination should be included in the coordinated transportation planning efforts undertaken by the regional planning commissions with funding from NH Department of Transportation (DOT). Steps should be taken to include social service

and transportation providers and transportation planning organizations in determining transportation needs and 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, fixed facilities, and individuals 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 and whether there are any limitations regarding the size or type of wheelchairs or other equipment they can safely transport. Operators need to be trained in the safe operation of lifts, ramps, tie downs and other mechanical devices and in safety issues.

Some public- and private-sector transportation providers are reluctant to provide service without memorandums of agreement with state or local jurisdiction regarding liability and reimbursement. Such agreements typically require time, money and legal representation --- resources governments may not have readily available. Additionally, private transportation providers often will not provide transportation without formal sheltering agreements being in place to eliminate unexpected complications.

Service Animals

Service animals are permitted in all places 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.¹⁰ 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 ADA, only two questions may be asked to determine if an animal is a trained service animal:

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

If the answers to these questions reveal that an animal has been trained to assist a person with disabilities, that person 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 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.

D. Sheltering

The NH Department of Health and Human Services is the lead for the ESF Mass Care and Sheltering. They will work with the NH Red Cross, state and local emergency management to designate and coordinate shelters during times of an emergency or a disaster. The management,

¹⁰ DRS/Civil Rights Division/U.S. Department of Justice, 2002.

operation, and staffing of the shelter is the shared responsibility of the local government and the NH Red Cross. Regardless of who operates a shelter, the 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., safety, comfort, 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 their community and the co-location of a shelter for pets. For more information on shelter operations for individuals with functional and medical needs, see the *NH State Supportive Care Sheltering Plan*.

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 at. Local plans should include ways to check on people and get personal care assistance to those who need it. 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. Provide clear instructions for people who are sheltering to request assistance.

Deciding to evacuate a fixed facility setting and individuals with special health care needs residing in private residences requires careful planning and assessment of risk. Facilities should have plans in place for emergencies. These facilities are ultimately responsible for their residents. Local EOPs should pre-identify these facility 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.

Construction and operation of nuclear power plants are closely monitored and regulated by the Nuclear Regulatory Commission (NRC) however accidents are possible. In the event of an accident, there could be a release of dangerous levels of radiation. Local emergency management authorities would instruct the public through the Emergency Alert System (EAS) on local television and radio stations. However, some individuals may need specialized assistance. As discussed in *Section 1 – Preparedness*, efforts to encourage individuals with functional needs to self-identify should be promoted.

When advance warning permits and when sheltering-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.

SECTION III – RECOVERY

The recovery phase of an emergency typically is the longest and most difficult aspect of a disaster for a community's residents, and this can be especially traumatic for people with functional needs. They may be deprived of vital connections to attendants, service animals, neighbors, local business owners, and even family members. They may no longer be able to follow their accustomed routines. There may also be evidence of psychological distress by forcing some individuals with functional needs to confront their limitations or to relive traumatic experiences from their past. Emergency planners, of course, can do little to counter some of these effects, such as psychological distress and changed community environments. However, plans can be established so that those services and functional needs most critical are restored or addressed as a priority during the recovery phase.

A. Access to Social Services, Temporary Lodging or Housing, and Other Benefit Programs

State and local governments often provide social services and other benefit programs to assist people harmed by emergencies and disasters. These programs need to be accessible to all, including people with disabilities. Following are some important points to remember:

- Application procedures should not limit access by people with disabilities. Procedures that allow people to apply in different ways – providing auxiliary aids and services and reasonable modifications to application procedures when people with disabilities need them – is the most effective way to ensure equal access.
- Information about social services and other benefit programs should be available in formats that persons with communication disabilities can use.
- Crisis counseling services will not be accessible to people who are deaf or hard of hearing unless appropriate auxiliary aids and services are provided. In addition, these services need to be offered at physically accessible locations so people with mobility disabilities can use them.
- Temporary lodging or housing programs will not be accessible to all people with disabilities unless accessible hotel rooms or accessible temporary housing and accessible transportation are available. To prepare for the potential need for temporary housing, the ESF Mass Care and Sheltering and the ESF Long-term Community Recovery and Mitigation, should identify available physically accessible short-term housing, as well as housing with appropriate communication devices, such as TTY's. Temporary accessible housing (such as nearby accessible hotel rooms) may be used if people with disabilities cannot immediately return home after a disaster and no other support system is available.

People with disabilities may have more difficulty locating temporary housing or lodging than others. For example, someone with a mobility disability may need to personally verify that an entrance to an apartment has no steps or that the accessible features of a bathroom or kitchen meet his/her needs. Some people who are blind or have low vision may not be able to locate addresses in an unfamiliar community or determine if an apartment is clean and safe without assistance. For these reasons people with disabilities may need extra time and help, including transportation assistance, in locating housing.

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

B. Long-Term Recovery

Long-term recovery planning involves identifying strategic priorities for restoration, improvement, and growth. Involving individuals with functional needs and representatives of agencies/organizations that serve them is critical in enhancing the quality and breadth of input into decision making during this crucial period. Establishing MOAs pre-disaster with vendors that provide services or goods to individuals with functional needs in communities will help to establish levels of coordination and restoration.

Emergencies and disasters often damage state and local government facilities. When constructing new or replacement facilities and repairing damaged facilities, state and local governments must comply with the accessibility requirements of Title II of the ADA and use the ADA Standards of Accessible Design (ADA Standards).

When moving programs from a damaged facility to another location, state and local governments must ensure that the programs remain accessible to people with disabilities.¹¹ This requirement applies whether the program is relocated permanently or temporarily.

Following certain disaster events, state and local governments may wish to undertake a long-term recovery program in which FEMA supplemental federal support is not required. The *FEMA Long-Term Community Recovery (LTCR) Self-Help Guide* is intended to provide state and local governments with a planning framework for implementing their own long-term community recovery planning process. Ideally as part of preparedness, state and local governments should start putting into place infrastructure to support a LTCR program before a disaster occurs.

¹¹ 28 C.F.R. §§ 35.149 – 35.151

Section IV – Mitigation

Mitigation measures require time, funding, expertise, and both the economic and political will to implement. Partnerships among local, state, and federal partners are usually necessary to fund initiatives. Over the past few years, the Federal Emergency Management Agency (FEMA) has introduced a series of mitigation planning guides to assist communities. *Section 322* of the *Disaster Mitigation Act of 2000* requires mitigation planning at the local level before the receipt of Hazard Mitigation Grant Program (HMPG) funds. Throughout the mitigation process, as referenced in these guides, the following Steps should be inclusive:

1. Local planners should assess community support to see if the community is ready to initiate mitigation planning.
2. Create the planning team and obtain official support and recognition for the effort.
3. Engage the public and provide public educational campaigns

The National Council on Disability (2009) report cites work from 1995 listing seven principles that involve and/or support people with disabilities in order to mitigate the effects of disasters¹²:

1. Accessible Disaster Facilities and Services
2. Accessible Communications and Assistance
3. Accessible and Reliable Rescue Communications
4. Partnerships with the Media
5. Partnerships with the Disability Community
6. Disaster Preparation, Education, and Training
7. Universal Design and Implementation Strategies

By including individuals with disabilities throughout the mitigation planning process, their contribution enhances the survivability of those with various functional needs within the general population.

¹²*EPI Guide for Emergency Managers, Planners & Responders: Revised Edition.*
<http://www.nod.org/index.cfm?fuseaction=Feature.showFeature&FeatureID=1034>

Resources

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 DRAFT version.
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

State

1. *Communication Access Plan*. State of New Hampshire Department of Health and Human Services. http://www.dhhs.nh.gov/DHHS/DHHS_SITE/default.htm
2. *Minority Health Resource Guide*. State of New Hampshire Department of Health and Human Services. http://www.dhhs.nh.gov/DHHS/DHHS_SITE/default.htm
3. *Public Health Emergency Preparedness and Response Plan*. State of New Hampshire Department of Health and Human Services.
www.dhhs.state.nh.us/DHHS/CDCS/LIBRARY/Policy-Guideline/dphs-health-emergency-plan.htm
4. *Supportive Care Sheltering Plan*. State of New Hampshire Department of Health and Human Services. http://www.dhhs.nh.gov/DHHS/DHHS_SITE/default.htm
5. *Influenza Pandemic Public Health and Preparedness and Response Plan*. State of New Hampshire Department of Health and Human Services.
http://www.dhhs.nh.gov/DHHS/DHHS_SITE/default.htm
6. *Licensed Healthcare Facilities*. State of New Hampshire Department of Health and Human Services. <http://www.dhhs.nh.gov/DHHS/BHFA/LIBRARY/Fact+Sheet/nh-licensed-health-facilities.htm>
7. *Hospital Surge Capacity and Capability Guideline*. New Hampshire Hospital Association.
www.nhha.org/index-nhha.php?nhha
8. *Emergency Operations Plan*. New Hampshire Homeland Security and Emergency Management. <http://www.nh.gov/safety/divisions/hsem/>

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. *Planning for Post-Disaster Recovery and Reconstruction*. American Planning Association. September 2005. Planning Advisory Services Report Number 483/484.
5. *Special Population Planner*. <http://sourceforge.net/projects/spc-pop-planner>
6. *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 1: Jurisdiction Functional Needs Planning Template

[Name of Jurisdiction] Functional Needs Guidance

The information to populate sections of this template may be found in other regional plans such as the AHHR, *Public Health Emergency Preparedness and Response Plan*, *Pandemic Influenza Plan*, *POD SOG*, etc.

Functional Needs – Defined

The terms “functional needs” population is being used by the [Name of Jurisdiction] to describe populations that under usual circumstances are able to function on their own or with support systems. Consistent with the definition of “special needs populations” as it appears in the National Response Framework (NRF), the NH definition reflects the capabilities of individuals, not the condition or label. It uses a function-based approach known as C-MIST (Communication, Medical, Maintaining Independence, Supervision, and Transportation).¹ 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.²

Purpose

The purpose of the [Name of Jurisdiction] Functional Needs Guidance is to provide local government agencies, businesses, and private sector planners with scalable recommendations to accommodate and assist individuals with functional needs in a disaster/emergency. It will be an annex to both the local emergency operation plans and the [Name of AHHR] *Public Health Emergency Preparedness and Response Plan*.

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 structured based upon responsibilities and requirements outlined in Title II of the American Disabilities Act (ADA). The authorities and legal considerations listed below are generalized to the [Name of Jurisdiction]. Specific legal considerations and authorities for each jurisdiction or region are documented within the local Emergency Operations Plan (L-EOP).

Planning Assumptions

[Insert assumptions for each jurisdiction.]

¹ Kailes, J. and Enders, A. “Moving Beyond ‘Special Needs’ A Function-Based Framework for Emergency Management Planning.” *Journal of Disability Policy Studies*, Vol/No. 44/2007/pp.230-237.

² U.S. Department of Homeland Security. *National Response Framework*. January, 2008.

Section I - Preparedness

A. Planning Networks

Key stakeholders from local agencies, disability navigators, disability organizations, community-based organizations, faith-based organizations, non-governmental organizations, and private sector organizations that serve functional needs populations within the jurisdiction have been identified and included in [Name of Jurisdiction] emergency planning committees. Resources and capabilities for each entity have been integrated into preparedness, response, recovery, and mitigation plans.

[Insert table of organizations, their capabilities/resources, jurisdiction located in, POCs – three deep with phone/cell numbers (for each), for activation during short- and/or long-term recovery.]

B. Assessments, GIS, and Registries

Assessments

Using population data sets from the Centers for Disease Control and Prevention (CDC) Snap Shots of State Population Data, version 1.5 (SNAPS), U.S. Census, and state data sets, the functional needs population within the [Name of Jurisdiction] consists of:

[Insert data here or place as Appendix to the document. In conjunction with identifying functional needs population estimates, is *how* to accommodate those needs and identify issues that may arise for this population. Assess the various needs (i.e., evacuation/transportation, alert/notification, etc.) through partnerships with local organizations and agencies that may already be serving the population.]

The Health Insurance Portability and Accountability Act’s (HIPAA’s) Privacy Rule provides an understanding of the ability to obtain data from agencies and private groups serving functional needs populations within the jurisdiction. 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.

Geographic Information System (GIS)

Demographic assessment and/or registry information has been entered into a Geographic Information Systems (GIS) program to map the jurisdiction or region. Potential hazard/vulnerability sites have been included for more detailed analysis.

[Insert here Jurisdiction GIS functional needs population information.]

Registries

Each jurisdiction is encouraged to establish some form of **voluntary** registry through their local government Emergency Management Department or Fire Department. **It is imperative the confidentiality of the registrant be strictly protected.**

The following Memorandums of Understanding/Agreement (MOU/A) with agencies/organizations that service functional needs individuals have been established. They describe the process by which the agency/organization would contact and/or connect individuals requiring alert/notification, evacuation/transportation, or other emergency assistance with first responders during an emergency.

[Insert here a jurisdiction registry position statement or process; if applicable, a list of agency/organization MOU/As.]

C. Training, Education, and Exercises

Training

- First responder (fire, law enforcement, EMS) and emergency volunteers (Community Emergency Response Teams (CERT), Medical Reserve Corps (MRC), Community Organizations Active in Disasters (COAD) and others) receive training on cultural and disability awareness offered:

[Insert here the types of cultural and disability awareness training programs offered, by whom, where, and how often.]

Education

- Community disaster, personal, and family preparedness information is offered:

[Insert here jurisdiction community disaster, personal, and family preparedness information offered by whom, where, how, and how often.]

Exercises

- Homeland Security Exercise and Evaluation Program (HSEEP) exercises that take into consideration functional needs issues within their community occur:

[Insert here statement of and/or process for HSEEP exercises that take into consideration jurisdiction functional needs issues and the inclusion of individuals with functional needs and their stakeholders.]

Section II - Response

A. Crisis and Risk Communication

Utilizing the *NH Department of Health and Human Services (DHHS) Crisis and Emergency Risk Communication Plan* and the jurisdiction assessment of populations with functional needs, the following communication delivery applications, tactics, tools and templates will be used:

[Insert here the jurisdiction approach to communication delivery channels, tactics, tools, and templates.]

B. Evacuation

Determining safe and effective evacuation of all people with varying levels of functional needs will require 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.

[Insert here the disaster/emergency jurisdiction evacuation process.]

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 Care Facilities

[If applicable, insert list of adult day care facilities.]

Child Care Facilities

[If applicable, insert list of child care facilities.]

High-Rise Buildings

[If applicable, insert list of high-rise buildings considered at-risk or vulnerable during a disaster/emergency.]

Jurisdiction to Jurisdiction

[If applicable, insert process for jurisdiction to jurisdiction.]

Public and Senior Housing

[If applicable, insert list of public and senior housing.]

Schools

[If applicable, insert list of elementary, secondary, and post-secondary institutions.]

Workplaces and Public Venues

[If applicable, insert list of workplaces and public venues considered at-risk or vulnerable during a disaster/emergency.]

Other Venues Unique to the Region

C. Transportation

Include this information as part of the L-EOP ESF Transportation. Transportation is the core component of evacuation. Identification of available transportation resources and coordination of those limited resources is paramount to the evacuation's success. These resources should also include provisions for transporting persons with disabilities and their service animals as a unit. The transportation of animals in general should be addressed. Based upon the jurisdictional assessment of populations with functional needs, the following transportation resources have been established for the region:

- Inventory of available local government vehicles that can be used for evacuation

[List here.]

- Accessible transportation resources with established MOAs

[List here.]

D. Sheltering

Include this information as part of the L-EOP ESF Mass Care and Sheltering. The Americans with Disabilities Act mandates that facilities, which include shelters, must be accessible. Shelters must also accommodate service animals, provide multiple means for communication, full access to emergency services, and reasonable modification of programs where needed. The management, operation, and staffing of shelters is a shared responsibility of the local government, NH Red Cross, and other community organizations. Local/regional shelter plans should include the co-location of a shelter for pets. For more information on shelter operations for animals and for individuals with functional and medical needs, see the *NH Animals in Emergency Response Plan* and the *NH State Supportive Care Sheltering Plan*.

[Insert here the local shelters (ARC, Community, Supportive Care, Animal, ACC. Highlight those shelters that are ADA compliant.)]

Shelter-in-Place

Evacuation will not always be possible or desirable in an emergency, and people with functional needs must also prepare to shelter from within their home or wherever they are located at the time of an emergency.

[Insert here the process for shelter-in-place for the jurisdiction.]

Section III - Recovery

Key stakeholders from local agencies, disability navigators, disability organizations, community-based organizations, faith-based organizations, non-governmental organizations, and private sector organizations that serve functional needs populations within the jurisdiction have been identified and included in [Name of Jurisdiction] emergency planning committees. Resources and capabilities for each entity have been integrated into short- and long-term recovery plans.

[Insert table of organizations, their capabilities/resources, jurisdiction located in, POCs – three deep with phone/cell numbers (for each), for activation during short- and/or long-term recovery. Include the process for access to social services, temporary lodging/housing (ADA compliant), and other benefit programs to assist people harmed by emergencies and disasters.]

Section IV – Mitigation

The primary goal of mitigation is to reduce risk structurally and non-structurally. Mitigation reduces the risk that new disabilities will be created and enhances the survivability of those with various functional needs and the general population. Within the [Name of Jurisdiction], efforts to address mitigation are identified in local government’s Mitigation Plan.

[Insert here statement of and/or process for inclusion of structural mitigation to address the needs of individuals with functional needs in jurisdiction Mitigation Plan.]

Appendix 2: 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	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	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	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.
Pets Evacuation and Transportation Standards (PETS) Act, H.R. 3858, August 4, 2006	Federal government	This Act is which an amendment to the Staffords 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.”
Federal Communications Commission (FCC), Closed Captioning, 2006	Federal government	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.

Statute	Agency	Authority
Federal Communications Commission (FCC), Video Description Rules, 2000 and 2001	Federal government	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.
Federal Communications Commission (FCC), Information and Referral 2-1-1, 2000	Federal government	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.
RSA 21-P: Department of Safety	Governor HSEM	Allows Governor to delegate authority to HSEM Director to carry out necessary functions to preserve lives of the people of NH during an emergency
RSA 4: Powers of the Governor and Council	Governor	Allows Governor to declare a state of emergency as that term is defined in RSA 21-P: 35, VIII Gives Governor direction and control of emergency management (see RSA 4:45, 4:46 & 4:47)
RSA 141-C: Communicable Disease	DHHS	Authorizes the DHHS to purchase and distribute pharmaceutical agents to prevent the acquisition and spread of communicable disease Authorizes the DHHS to adopt rules to distribute prescription pharmaceuticals in public clinics Establishes a vaccine purchase fund for the purchase of antitoxins, serums, vaccines and immunizing agents Allows DHHS 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)
RSA 126-A:19	DHHS	Provides authority for a statewide program of community living facilities for persons with developmental disabilities or in need of behavioral health services.
RSA 126-A:26	DHHS	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.

Statute	Agency	Authority
RSA 151	DHHS	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.
RSA 541-A: Administrative Procedure Act	State Agencies	Allows State agencies to adopt emergency rules when there is imminent peril to public health or safety, without going through normal rule making process; see also RSA 4:47, III which allows the Governor to make, amend, suspend or rescind orders, rules and regulations during a state of emergency.
RSA 508:17-a	DHHS, DOS	Provides important protections for persons who are designated to act as agents of the State during a public health or public safety incident.
RSA 21-P:37 of HB 1435	DOS	This bill authorizes the director of the division of emergency services, communications, and management to prepare a plan for service animals to be evacuated in the event of an emergency. The bill states that in cases of emergency it is state policy that service animals not be separated from the persons they serve. This bill also establishes a commission to study the evacuation and housing of animals in case of an emergency.

**Appendix 3: Health Insurance Portability and Accountability Act (HIPAA)
Privacy: During An Emergency**

HIPAA

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); and
- Coordinating resident care with others (such as emergency relief workers or others that can help in finding residents appropriate health services).

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.

•In addition, when a health care provider is sharing information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, 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 - 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 an NRP 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.

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).

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

Appendix 4: Special Needs Registry Information

This appendix provides steps to consider related to establishing a special needs registry.

- 1** Identify clear outcomes and objectives. The person registering should have appropriate feedback and a clear understanding of what assistance, if any, he or she will receive during an emergency.
- 2** Protect the confidentiality of the registrant! **DO NOT** share the identities of the registrants of your program with anyone but emergency response personnel on a need-to-know basis. Emphasize that the process is completely voluntary and the information provided to government will be not be disseminated or used for anything other than emergency assistance.
- 3** Consult with legal counsel regarding the applicability of HIPAA, State, and Local laws and regulations that govern the confidentiality of information maintained in the registry.
- 4** Ask yourself the following questions before establishing a registry¹:
 - a. If the registry system is developed, will it be approved by the local authorities?
 - b. What will be the criteria for inclusion in the registry?
 - c. Who will review applications for inclusion and make eligibility determinations?
 - d. What allowances and accommodations will be made for people who are temporarily disabled, including those in long-term rehabilitation, recovering from a serious illness or hospitalized?
 - e. What safeguards will be put in place to protect registrants' privacy and the confidential information they provide? When, how and with whom can this information be shared?
 - f. Who will maintain it? Who will fund it?
- 5** Registration can be accomplished by providing cards to be filled out and returned to the emergency management agency by special needs individuals (or social services staff representing special needs individuals). Annual distribution of the registration cards can be sent by mail, listed in the newspaper, delivered with annual telephone books, or distributed by social service organizations, churches, or medical facilities.
- 6** In lieu of registration cards, individuals may register via the:
 - a. Telephone with emergency management officials or through the customer service number of a local entity such as a utility company.
 - b. Community service agencies or community information hotlines.
 - c. Hospital or congregate care setting discharge or admittance.
- 7** There should be no fee charged for the service nor should there be a requirement for a physician's statement-of-need in order to participate.

¹ National Organization on Disability Emergency Preparedness Initiative; N.O.D. EPI