Checklist

to Facilitate Health Emergency Planning for At-Risk People

Produced jointly by

The Centre for Emergency Preparedness and Response

Public Health Agency of Canada

BC Coalition of People with Disabilities

2008

The Checklist to Facilitate Health Emergency Planning for At-Risk People is a collaborative project by the Centre for Emergency Preparedness and Response, Public Health Agency of Canada and the BC Coalition of People with Disabilities.

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Contents

Purpose of the Checklist

Recent disasters in Canada and around the world have shown that some individuals and population groups may be more greatly affected than others. For example, seniors and people with disabilities may be at greater risk during an emergency because of physical frailty, mobility difficulties or pre-existing illnesses or health conditions.

The purpose of the Checklist to Facilitate Health Emergency Planning for At-Risk People is to assist emergency managers to develop and implement plans and operational protocols to maintain the safety and health of more vulnerable people during emergencies. The checklist is not meant to be prescriptive, but rather to help emergency planners identify the key risk factors that may affect different population groups during emergencies and to prioritize responses.

The checklist can be used both as a guide to develop preparedness and operational protocols, as well as a tool to coordinate cross-sectoral planning among agencies responsible for public safety during emergencies and disasters.

It is intended to provide an all-hazards approach to planning. Although some emergencies, such as an infectious disease outbreak or chemical terrorist attack, may have distinct features and impacts, these do not necessarily mean that a different set of protocols are needed.

The checklist is also intended to increase people's resilience to cope with problems and difficulties arising from an emergency. Resiliency can be defined as the capability of

individuals and systems to cope and maintain positive functioning in the face of significant adversity or risk. Resiliency can be enhanced by building in protective factors that enable people to help themselves and one another during crises.

Resiliency can be promoted by:

- ❑ Building partnerships and developing networks with organizations to increase people's level of preparedness
- ❑ Encouraging community resourcefulness
- ❑ Utilizing community expertise

The checklist also provides specific guidelines to facilitate the implementation of key emergency response protocols including: evacuation and transportation; registries; care facilities and sheltering; and communication.

The checklist is a way for emergency planners to:

- Understand specific risk factors associated with functional limitations;
- Implement protocols and procedures to reduce the level of risk of people with functional limitations; and
- Assign the implementation of these protocols and procedures to lead agencies/organizations.

At-Risk Population Groups

People who may be at-risk during an emergency can include:

- ❑ Seniors
- ❑ People with disabilities
- ❑ People with special health needs
- ❑ Children and youth
- ❑ People who are homeless
- ❑ People with mental health needs
- ❑ People living in poverty
- ❑ People with English as a second language
- ❑ First Responders and health care workers

At-risk is defined as the susceptibility of individuals to conditions created by an emergency or disaster which may jeopardize their usual standards of care and coping, rather than being indicative of their state of health per se.

For the purposes of the checklist, being at-risk is defined as the susceptibility of individuals to conditions created by an emergency or disaster which may jeopardize their usual standards of care and coping, rather than being indicative of their state of health per se. However, this definition does recognize that some people may be more at-risk from the impacts of disasters than others because of their age or physical health. For example, the frail elderly may be at increased risk during an evacuation because of reduced mobility and chronic health problems.

The Functional Needs Approach

The checklist utilizes a functional needs approach for emergency planning and response. People with functional needs may have limitations in a number of areas, such as hearing, seeing, mobility, learning, speech, language, and understanding. Many of the at-risk populations identified in the checklist may have one or more of these functional needs.

While some people and population groups may have a number of distinct needs, many at-risk individuals share common difficulties during an emergency which fall under the following five key areas:

- ❑ Communication needs
- ❑ Maintaining functional independence
- ❑ Medical needs and supports
- ❑ Psychosocial supports
- ❑ Supervision needs
- ❑ Transportation needs

Emergency planning that addresses these five areas will enable communities to develop a comprehensive emergency response. This will better assist vulnerable populations and reduce the negative impacts of emergencies on people at-risk and the community as a whole.

Checklist Tables

The functional needs tables in this checklist present the following:

- ❑ Individuals potentially at-risk
- ❑ Risk factors during emergencies
- ❑ Planning considerations

Communication Needs

Individuals at Risk	Risk Factors	Planning Considerations
• Children and adults with chronic medical and health conditions • Children and adults with mental health issues • Children and adults with developmental or cognitive disabilities • Children and adults with physical disabilities • People who are Deaf and hard of hearing • Individuals relying on artificial speech or hearing devices • People who have visual impairments • Newcomers or recent immigrants who face language barriers	• Unable to access warnings and public health information • Unable to respond independently to public health or safety directives • Difficulty accessing information on public health or relief assistance • May require communication support from care providers or technical aids • Unable to read signs • Unable to understand directions or instructions for protective measures	• Alternative means of communicating are identified and information is provided in alternative formats, such as Braille, audio tapes and large print • Open-captioning of public service announcements during emergencies • Alternative/emergency contact information available (of individual and for individual) • Identification of family and friends in area • Information made available through a variety of media sources • Information made available in alternate languages • Open channels for communication between local disability groups (customers, family, friends, faith-based, charity and volunteer organizations) • Clear, direct instructions • Dissemination of information on public services and emergency planning several times a year

Maintaining Functional Independence

Individuals at Risk	Risk Factors	Planning Considerations
• Children and adults with chronic medical and health conditions • People with disabilities who use: mobility aids, communication aids, medical equipment, service animals and medications • Elderly • People with special medical conditions, such as food allergies, hypoglycemia, diabetes, and other diet-related disorders	• May require assistance with daily living activities (i.e., eating, drinking or taking medications) • May require communication support from care provider or technical aid(s) • May be separated from assistive devices or service animals needed to function independently • People who have visual impairments or those who have cognitive disabilities may become disoriented or confused because of changes in the local environment	• Provisions for service animals are coordinated • Emergency group lodgings to accommodate people with functional needs (e.g., transfer-height cots, wheelchair accessibility and alternate forms of communication available) • Inclusion of families and friends in planning processes • Electrical source/auxiliary power for people who rely on electricity (oxygen, life support, etc.) • Fridges to store medications; backup generators • Restoring or loaning equipment (wheelchairs, walkers, canes, crutches etc.) • Support provided to prevent possible institutionalization or hospitalization and reduce the use of emergency medical services • Ethnic and cultural dietary specifications are considered and accounted for

Community development can be defined as the active involvement of people in identifying needs, developing skills and resources, planning and taking action to address common issues and contribute to the greater well-being of their community.

Medical Needs and Supports

Individuals at Risk	Risk Factors	Planning Considerations
• Children and adults with chronic medical and health conditions • Children and adults with mental health conditions • Children and adults with developmental or cognitive disabilities • Children and adults with physical disabilities • People requiring medical assistance devices, such as oxygen, intravenous or monitor systems • People with disabling conditions, such as arthritis or fibromyalgia • Individuals with chemical intolerance, electromagnetic or environmental sensitivities • Individuals who are substance or alcohol dependent • Pregnant or recent mothers • Infants and young children	• May require special medical care (i.e., dialysis, medically prescribed diet etc.) • May require support of a personal care provider • May require special medications and/or prescriptions • May have difficulty managing medications • For those requiring medical assistance devices, a shortage of back-up power could be potentially deadly • Increased health risk due to changes in diet • Elderly people at greater risk of dehydration • Increased risk for individuals who rely on scheduled meals, such as people who are hypoglycemic or on health-related diets • May require medical treatment for chronic illness or condition. Some treatments cannot be accomplished by the individual (e.g. changing a catheter)	• Prescriptions and refill strategies part of personal preparedness planning • Backup generators at emergency group lodgings for medications • Plans developed for the dispensing of medications • Contingency plans in place for alternative medical services and resources, and personal care support • Contingency plans for medical referrals • Electrical source/auxiliary power for people who rely on electricity (oxygen, life support, etc.) • Information readily available for health service providers • Contingency plans for medical supplies and equipment • Health and dietary needs are identified • Reverse-osmosis water purifier on hand to ensure water supply is readily available **Post-Disaster** • Anticipate mental health needs that arise from PTSD, increased anxiety disorders, depression, and alcohol and substance abuse • Consideration to climate change and the impact of hotter summers • Availability of information regarding social factors, such as living conditions of the elderly, the mentally ill and other vulnerable people • Support systems that are in place for vulnerable people through family and available health care systems

Supervision Needs

Individuals at Risk	Risk Factors	Planning Considerations
• Children and adults with chronic medical and health conditions • Adults with dementia and Alzheimer's • Children and adults with mental illness or severe mental disorders • Children and adults with developmental or cognitive disabilities • Individuals who are substance or alcohol dependent • Unaccompanied children	• May require personal support from care provider • May be separated from the support of family and friends or caregivers • Potential for deterioration of health or condition	• Level of support needed identified for children and adults • Support provided to prevent possible institutionalization or hospitalization and reduce the demand on emergency medical services • Collaboration among emergency response agencies, health authorities, and community service organizations to address supervision needs

Resiliency can be defined as the capability of individuals and systems to cope and maintain positive functioning in the face of significant adversity or risk. Resiliency can be enhanced by building on protective factors that enable people to help themselves and one another during crises.

Transportation Needs

Individuals at Risk	Risk Factors	Planning Considerations
• Infants and young children • Children and adults with physical disabilities • Children and adults with chronic medical and health conditions (i.e., who cannot safely travel for periods of time or use regular transportation) • Frail elderly • People without access to vehicles • Non-drivers or people who have driving restrictions	• Inability to independently access transportation assistance and services • May be isolated or 'hidden' • Difficulties with evacuation • Require special transportation to accommodate mobility needs • Limited physical mobility that interferes with locomotion	• Individuals with mobility or other special needs are identified • The types of transportation required for those individuals who have been identified is determined • Provisions for service animals are considered when transporting individual • Plans are developed to evacuate children and adults with mobility needs • Transportation/evacuation needs are arranged with emergency planners and/or first responders • Prior planning between families and caretakers to ensure successful evacuation or relocation • Inclusion of families and friends in planning process

Further Considerations

Psychosocial Support

Individuals at Risk	Risk Factors	Planning Considerations
• People who are economically disadvantaged • People who are socially marginalized • People with physical disabilities and medical needs • People with psychiatric difficulties • Older people who are frail • Women when there are protection and support issues • Children and adolescents • Volunteers • First responders and health care professionals	• Children especially may be overwhelmed because of the level of physical, cognitive and emotional development • Adults may experience higher stress and/or intensification of symptoms because of reduced personal resources • Existing medical and mental health conditions may be compounded by emergency-related stressors • People requiring support may become separated from family and friends or caregivers • Volunteers and first responders may be exposed as well	• Ensure people are protected from further harm • Ensure people's basic needs are met • Provide outreach and psychological first aid • Screen and identify at-risk children, adults and families • Refer to formal support services as necessary • Provide basic information to facilitate problem-solving and access to other helping resources • Ensure an effective management structure and support for volunteers and responders • Encourage self care and effective personal coping • Develop after-emergency support or exit protocols for staff leaving the operation

Tracking and Health Information

Individuals at Risk	Risk Factors	Planning Considerations
• Children and adults with chronic medical and health conditions • Children and adults with mental health conditions, psychiatric disorders or illnesses • Children and adults with developmental or cognitive disabilities • Children and adults with physical disabilities	• Outdated registries lacking information on a large percentage of the population or carrying information that has since changed, but has not been updated in the system • May not have the ability to communicate personal health care information • May lack information available (i.e., medical records/information and prescriptions) • Individuals with cognitive disabilities may not be formally diagnosed or may not self-identify	• Pre-event identification of people with medical and special needs available within a central voluntary registry • Identification of family and friends in area • A tracking system in place to locate and identify elderly victims during a disaster • Procedures in place to keep registries up to date, as well as ensuring confidentiality of individuals • Development of surveillance tools for use by emergency managers, such as GIS mapping • Service providers of nursing homes and health care facilities use wristbands on all of their residents • Implementation of an integrated and coordinated patient identification and tracking system • Developing personal health information sheets • Developing process to have information available for first responders • Role for family and friends to provide information • Contact information for family and friends • Partnerships with: fire departments, Red Cross, Salvation Army, seniors' networks, disability advocates, health agencies

Guidelines for Implementation of Emergency Services

The following information comes primarily from the Americans with Disabilities Act (ADA) guidelines and the International Association of Emergency Managers (IAEM). The ADA of 1990 guarantees equal rights and opportunities for people with disabilities in public accommodations, employment, transportation, State and local government services, and telecommunications. The IAEM is a non-profit educational organization that brings together emergency managers and disaster response professionals, as well as the military, the private sector, and volunteer organizations around the world.

Evacuation and Transportation

- ❑ Evacuation and transportation can accommodate people with limited mobility
- ❑ ADA Toolkit: Evacuation[4]
  - > A person with a mobility disability may need assistance leaving a building without a working elevator.
  - > People who are visually impaired may no longer be able to independently use traditional orientation and navigation methods
  - > A person who is deaf or hard-of-hearing may be trapped somewhere unable to communicate with anyone because the only available communication device relies on voice.

  - > Establish procedures to ensure that people with disabilities can evacuate the area of an emergency in a variety of conditions, with assistance when it is needed.
  - > Ensure that your community evacuation and recovery plans enable people with disabilities–those who have mobility, vision, hearing, cognitive and mental health disabilities–to safely self-evacuate, to be evacuated by others and to return home.
- ❑ ADA Toolkit: Transportation[4]
  - > Emergency plans must identify accessible forms of transportation (i.e. lift-equipped school buses, transit buses or para-transit vehicles) to help evacuate people who use wheelchairs or scooters.
  - > Some people with disabilities will be able to reach mass evacuation pick-up locations independently, while others may be unable to leave their homes without assistance.

Registry

Conduct proper community assessment to identify where populations with special needs may exist.[6]

- ❑ "The more information emergency management professionals have about their jurisdiction's population, the more likely positive outcomes from response and recovery efforts will result."[6]

- ❑ "Recognize that, to avoid being singled out or labeled, many people with special needs do not self-identify. The need for pre-identified specialized resources makes it even more important that emergency management and local response agencies identify people with special needs so that the necessary assistive resources are pre-acquired if possible. Another advantage to early community assessment is recognizing when needs are so specialized that the individual must be responsible to pre-plan."[6]
- ❑ "Create a voluntary, confidential registry of people with disabilities who may need notification or evacuation assistance. This will require implementation of procedures to ensure that the registry is voluntary, confidentiality is protected, and information is updated as needed. Publicize the availability of the registry."[4]
- ❑ Registry enrollment should be as simple as possible...disseminated in multiple formats to meet the needs of people who do not speak English, are Braille readers, or require large print or audio or visual communication.[6]
- ❑ Several different media outlets, including online media, news print, radio, and television, should broadcast information about the registry, including how to register.[6]
- ❑ The more accessible the communication and the wider the media spectrum, the more likely the registry will represent the jurisdictions' true needs.[6]

Care Facilities, Reception Centres, and Group Lodgings (Shelters)

- ❑ Alternative care settings are identified through pre-event planning.
- ❑ As required, care settings and shelters have adequate staff and supplies to support special needs.
- ❑ Medically-managed individuals should be moved to a facility that is equipped to handle their needs. Medical shelters should be a joint responsibility between local government, emergency management, health agencies, and community and faith-based organizations.[1]
- ❑ ADA Toolkit[4]
  - > Regardless of who operates a shelter... operations (should be) conducted in a way that offers people with disabilities the same benefits – e.g. safety, comfort, food, medical care, the support of family and friends – provided to people without disabilities.
  - > Shelters are accessible to people with disabilities (e.g. accessible entrance, toilet).
- ❑ Create Special Needs Reception Centres and Special Needs Units available to people needing a higher level of care. This will give people an alternative to hospitals, reducing the demand for hospital care.[6]
- ❑ Referral mechanisms in place to facilitate timely health care assistance.
- ❑ Local emergency management agencies and partners should establish functional needs based planning groups.[2]

Communication

Public Education

- ❑ Uniform and unified messages.[6]
- ❑ Provide public education and information in alternative forms, including audio tape, electronic and written materials in large type
- ❑ Coordinate communication planning and material development with key stakeholders (disability organizations, different cultural groups, newcomers and immigrants groups).

Notification

- ❑ Using a combination of notification methods will be more effective than relying on one method alone. For instance, combining visual and audible alerts will reach a greater audience than either method would along. 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 (special radio nets, i.e. amateur radio emergency service) may be incorporated into such procedures.[3,6]
- ❑ For announcements by government officials on local television stations, providing qualified sign language interpreters and open captioning will ensure that all people tuning in are able to access the information provided.[4]

Resiliency Building and Community Development

Community Preparedness

- ❑ It is imperative that any individualized emergency preparedness campaign stress the importance of self-preparation for emergencies, disasters, or catastrophic events. Emergency preparedness must be a mutual and collaborative effort among citizens, emergency personnel, community groups and non-governmental organizations (NGO).[6]
- ❑ In coordination with appropriate partners, establish community self-help groups that enhance mutual aid.
- ❑ "...agency preparedness...service providers must understand the reality of self-sustaining for the first few days to weeks after a major disaster...expand planning beyond the normal '72 hour' recommendation."[6]
- ❑ Give service providers a basic platform from which to start, allowing each community to be creative and specific to their vulnerabilities and needs.
- ❑ "A well-prepared service provider agency, staff and clientele can greatly mitigate the impact of disaster – before, during and after – it is a win-win for all parties to plan ahead and support those who support our most vulnerable."[6]
- ❑ Revise and upgrade training material templates in the areas of communications, planning, and staffing and client personal preparedness.
- ❑ Encourage educational training, drills and exercises to ensure the written plan is workable and interactive.[6]

Partnerships

- ❑ Include people with disabilities in planning and programming committees to increase their visibility and ensure their needs and priorities are integrated.
- ❑ Establish community committees to facilitate communication and self-advocacy with health and emergency management authorities as a means to increase access to existing services and entitlements.
- ❑ Many people with disabilities are not passive consumers of help. They struggle, rather, with being acknowledged as active, engaged and innovative participants. They can be of great help to emergency planners in making them more aware of both their strengths and their vulnerabilities when a disaster occurs.[4]
- ❑ "Local emergency management agencies and partners should establish special needs planning groups...Collaborative efforts can only strengthen emergency management plans."[5]
- ❑ "Service providers play a vital role in emergency planning and must be included in all phases of emergency planning – preparedness, mitigation, response and recovery."[6]
- ❑ Include service providers in planning directives, trainings and community outreach efforts.[6]
- ❑ "Medical shelters should be a joint-responsibility between local government, emergency management, health agencies, and community and faith-based organizations."[6]

Resources

- ❑ Establish information programs for individuals, family and caregivers about common medical conditions and health care options.
- ❑ Identify emergency needs and service provider areas of expertise: housing (lodging), sheltering (reception centres), mass care, feeding, medical, communications, transportation, other languages, etc.[6]
- ❑ Assess normal business activities and what additional services could be provided as needed.[6]
- ❑ "Supplying resource ideas for public and private funding opportunities can greatly enhance service providers' ability to build emergency planning and response capabilities and ensures a greater chance of sustaining these programs before, during and after disaster."[6]

Footnotes

[1] International Association of Emergency Managers (IAEM). Special Needs Committee. Briefing Memo dated July 16, 2007 to Daniel M. Gade, Associate Director for Domestic Policy, Washington DC. http://www.iaem.com/committees/Special Needs/documents/IAEM.Sn_BriefingMemo071607.pdf. Accessed October 1, 2007.

[2] Ibid.

[3] USA Department of Justice. July 30, 2007. ADA Best Practices Tool Kit for State and Local Governments. Chapter 7 – Emergency Management Under Title II of the ADA. Americans with Disabilities Act, Department of Justice, USA. http://www.ada.gov/pcatoolkit/chap7 emergencymgmt.htm.

[4] Tom Ridge, May 11, 2007. Homeland Defense Journal. http://www.nod.org/index.cfm?fuseaction_page.viewPage&pageID=nodeID=1&Fe... Accessed Sept. 20, 2007

[5] International Association of Emergency Managers (IAEM). Special Needs Committee. Briefing Memo dated July 16, 2007 to Daniel M. Gade, Associate Director for Domestic Policy, Washington DC. http://www.iaem.com/committees/Special Needs/documents/IAEM.Sn_BriefingMemo071607.pdf. Accessed October 1, 2007.

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