

**Human Services Coordinating Council
Emergency Preparedness Ad Hoc Committee**

**Addressing the Needs of Vulnerable
Populations in an Emergency**

**Report of Findings & Recommendations
August 14, 2008**



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Background

Although there are a number of emergency and disaster preparedness planning efforts underway, the Human Services Coordinating Council (HSCC) found that most of the efforts deal exclusively with the mainstream population, and that a number of vulnerable populations – residents who will be most in need of special assistance – were not receiving adequate consideration or incorporation into planning efforts. This fact is considerable, given that 15.7% of Sacramento County’s population reported having some form of disability, whether it be mental, physical, sensory, self care, or going outside of the home, in the 2006 American Community Survey. Applied to today’s population, this rate suggests that there are over 215,000 people living in the County who may have a difficult time responding or caring for themselves in the time of a disaster.

As a result, HSCC initiated an effort to assess vulnerable populations for any special needs that will need to be accommodated in the event of an emergency in the Sacramento region. HSCC’s goal is to provide policy makers and planners with the information needed to assure that all residents in Sacramento County are able to safely survive a disaster.

Methodology

The Human Services Coordinating Council established an Emergency Preparedness Ad Hoc Committee to address the issue of incorporating underserved communities into emergency planning considerations. The Ad Hoc Committee identified ten distinct “vulnerable populations” that may need special consideration in the event of a large scale emergency. The ten populations identified for further investigation were:

- Blind/Visually Impaired
- Children/Teens
- Cognitively Impaired
- Culturally Diverse
- Deaf/Hard of Hearing
- Homeless
- Medically Fragile
- Mental Health Conditions
- Mobility Impaired
- Seniors

The Ad Hoc Committee identified representatives of each of these populations by calling on relevant associations, agencies, and service providers. In total, fifty-eight organizations were contacted for their input. The Ad Hoc Committee proceeded to survey and hold focus groups for each specific vulnerable population. The same questions were asked of each group:

1. Notification: What is the best way to notify the (vulnerable population) of an impending or existing disaster? How should the message be framed to foster responsiveness? What type of information is needed by these populations to allow them to be prepared to evacuate or shelter-in-place?
2. Transportation: What transportation accommodations are needed by the (vulnerable population) if they need to be moved from one facility (including their own place of residence) to another?
3. Shelter: What accommodations need to be available at sheltering facilities to properly address the (vulnerable population)? Are there specific structural accommodations or amenities and services that would be needed?

Responses from each vulnerable population were recorded and included in the summary of findings (Attachment A). The Ad Hoc Committee then reviewed the findings to determine which issues were most universal and/or critical for assuring that vulnerable populations are able to endure a disaster.

Findings

A number of special considerations were identified throughout the assessment. While some issues were very specific to a given population, many issues were universal in nature. The summary of findings for each vulnerable population can be found in Attachment A. Once input was compiled from each vulnerable population, the Ad Hoc Committee focused its assessment on the stated issues that are most critical to have in place so that the special needs populations can be appropriately accommodated in an emergency. The issues determined to be most critical by the Ad Hoc Committee are:

- **EDUCATION**

The overwhelming sense from each of the vulnerable populations addressed is that preparedness information must be extended to all residents before a disaster strikes. It is imperative that all residents be prepared to respond to an emergency with little notice. Because first responders will not be able to personally respond to every vulnerable resident, personal, family, and neighborhood responsibility must be emphasized. Trainings delivered to vulnerable residents and/or their caretakers and families, as well as training to service provider organizations on how they can help facilitate readiness amongst their clients will help establish a baseline readiness, thus easing the burden on first responders and likely improving outcomes for the populations in question.

- **COMMUNICATION**

Communication throughout all phases of an emergency (before, during, and after) is critical. Whether it be announcements, instructions, reports, or any other form of communication, the message, mode and format are all important to assuring that all populations are able to understand what needs to be done and how. Messages need to be kept short and basic and presented in multiple mediums (written, spoken, and pictorial) to appeal to diverse audiences who may have various impairments or levels of understanding. Broadcasting information on emergency planning and response through multiple styles and through multiple outlets is essential to adequately canvas all of the residents who might be impacted by a disaster.

- **SHELTER**

The convergence of diverse individuals will create challenges for shelter facilities, but all populations – regardless of background or disability status – must be integrated as much as possible. A fear of institutionalization exists amongst many individuals, and a sense of separation from the general population will exacerbate fears amongst vulnerable populations.

It is especially important to keep families and other support networks together. Families and existing support networks will be best able to communicate with and comfort individuals who might have special needs. The presence of familiar persons will be reassuring and potentially ease the transition to a new environment.

Professionals with specialty training must be on site at shelter facilities to assist those with special needs. Manners and techniques for dealing with some vulnerable populations can be very specific and may require more experience than can be provided by untrained individuals. Improperly addressing a situation could be counter-productive, leading to an escalation of a condition.

Of particular concern is safety within shelter facilities. Having a security presence will increase comfort levels for all individuals. In addition to dealing with actual criminal or otherwise threatening actions, a recognizable presence by law enforcement or other security officials will serve as a deterrent for crimes of opportunity afforded by the open environment of the shelter facility.

In addition, shelter facilities must have areas set aside for quiet rooms where people can go to get away from the noise and commotion of the shelter floor. Quiet rooms are especially needed by individuals with mental health or cognitive disorders who will have trouble coping with radical changes in routine. Particularly for individuals with emotional challenges, a chaotic surrounding may trigger a response that may be disruptive to the individual as well as to others in the shelter.

Space must also be set aside for areas with more precise temperature control than can be maintained throughout a shelter facility. Temperature controlled areas are needed, particularly for medically fragile and seniors. Maintaining an appropriate body temperature can be vital to blood circulation and other health threatening situations, such as heat stroke.

Because of the close proximity of people, public health monitoring is critical to assure that there are no outbreaks of communicable disease in the shelter facilities. Some in the shelter may already have diminished immune systems, making the risk of any disease or illness more threatening.

Unobstructed walkways are needed in shelter facilities, especially for individuals with mobility challenges or vision impairments. In addition to inconvenience, obstructed walkways may lead to injury by those trying to navigate the area.

Supplies for personal needs must be on hand at shelter facilities. Items such as personal hygiene products and clean, dry clothing will need to be immediately available to individuals entering shelters to provide relief from conditions that may have already been experienced.

Power outlets will likely be in short supply at shelter facilities, but it will be imperative that the outlets be made available to those relying on battery powered equipment for critical belongings. Durable medical equipment and mobility devices are examples of personal devices that will need to maintain power in order for individuals to maintain routine functioning.

- **TRANSPORTATION**

All available mass-transportation vehicles must be mobilized to evacuate people from disaster areas. Mass transit will allow for those without vehicles to evacuate, but will also ease congestion out of a disaster area, helping assure that all are able to evacuate safely.

In addition to people, evacuation vehicles must be able to transport core belongings that people rely on for day-to-day living. This includes things such as durable medical equipment or mobility devices.

Transportation needs to be available not only to the evacuation/shelter sites, but to return evacuees to their homes, as well. Failing to provide return transportation will leave some with no means for returning home, and will have a negative influence community sentiment.

- **MEDICAL INFORMATION/MATERIALS**

Residents must be made aware that they should carry with them evidence of all medications and medical conditions at all times. Such information would be helpful for responders and emergency workers. It should be expected, however, that many residents will not have medical records or supplies of medications on their person when a disaster occurs. Therefore, a system of electronic medical records that is accessible to authorized personnel in an emergency could prevent avoidable medical emergencies.

Access to medications is also important. It cannot be expected that all people will have their medications with them when a disaster occurs. Medication adherence is essential for both medical and mental health issues. Therefore, a cache of medications needs to be available to shelter facilities so that problems aren't intensified.

- **ANIMALS (including service animals and pets)**

Service animals must be allowed to stay with their handlers at all times, including during evacuation, while sheltering, and returning home. Individuals rely on their service animals in the performance of all tasks of daily living. Being separated from the service animal will result in undue physical and emotional burden. With the accommodation of service animals, shelters must have animal relief areas available.

Pets must also be accounted for. Many individuals will not leave pets behind in an emergency, placing both animal and human life at risk. Therefore, transportation and shelter for animals must be available and, if possible, made accessible to pet owners for visiting and interaction.

In addition to the issues mentioned above, many other needs or supports were brought up throughout HSCC's investigation that, although not deemed absolutely critical by the HSCC's Emergency Preparedness Ad Hoc Committee, would be very beneficial to have available and should be carefully considered and accommodated whenever possible. The attached document (Attachment A) lists all of the issues that were brought forward to the HSCC by representatives of the identified vulnerable populations.

Recommendations

EDUCATION

E-1	Better promote and make more widely available community-based emergency preparedness programs and trainings (including the Community Emergency Response Team (CERT) and Neighborhood Emergency Team (NET)).
E-2	Offer trainings to direct service providers that includes components on: <ul style="list-style-type: none"> o how to train your clients to be self-prepared; o notifying and responding to clients both on and off facility premises; o developing a business continuity plan.
E-3	Mandate that all community based organizations with county contracts develop and implement an emergency response/business continuity plan.
E-4	Coordinate with licensing agencies to assure that viable emergency plans exist for all agencies working with vulnerable populations.
E-5	Establish a neighborhood based response approach that stresses the importance of self-preparedness and looking out for one another.
E-6	Develop ongoing public service announcements emphasizing self-preparedness.

COMMUNICATION

C-1	Make all messages short, basic, and consistent.
C-2	Utilize a variety of formats, including written, spoken, and pictorial methods to communicate all key messages.
C-3	Prepare materials in multiple languages and assure cultural appropriateness of messages' translations
C-4	Broadcast messages through print media, television (captioned), radio, internet, and phone lines (land lines, cell phones, pagers, text messaging)
C-5	Identify and broadly announce the primary outlets where information on disaster status and response will be regularly updated.
C-6	Establish a notification system that will notify registrants in the event of disaster.

*Communication recommendations are applicable to communication required before, during, and after a disaster situation.

SHELTER

S-1	Assess and inventory potential shelter sites to ensure capacity meets community need.
S-2	Assess individuals as they enter shelter facilities for any physical or cognitive needs requiring supports or other resources.
S-3	House the general population and special needs populations at the same sheltering facilities to prevent segregation.
S-4	Keep families and individual support networks intact.
S-5	Develop Memoranda of Understanding (MOUs) with professionals trained to deal with special populations and have them on-site at shelter facilities to supply professional care to those in need.
S-6	Employ law enforcement representatives at shelter facilities to maintain safety and order.
S-7	Employ medical professionals at shelter facilities for disease identification, testing, and treatment.
S-8	Designate respite areas within all facilities to be used as calming areas.
S-9	Integrate heating/cooling stations into shelter sites.
S-10	Assure clear walkways throughout shelter facilities.
S-11	Maintain a supply of core items for personal use, such as personal hygiene and sanitation

	supplies (including diapers) and clean clothing at shelter facilities.
S-12	Prioritize the use of electrical outlets for items essential to health maintenance or completion of routine tasks (such as durable medical equipment and transportation devices).

TRANSPORTATION

T-1	Examine and clarify assumptions and deliverables in existing Memoranda of Understanding (MOUs) with transportation providers to ensure that the MOUs can be practically implemented.
T-2	Secure Memoranda of Understanding (MOUs) with a variety of mass transit provider agencies and accessible vehicle owners.
T-3	Allow and assure that evacuation vehicles have sufficient space available to transport both people and belongings essential for day-to-day functioning.
T-4	Assure that mass transit vehicles – including accessible vehicles – are mobilized to return people to their homes or other safe alternative after a disaster.

MEDICAL

M-1	Broadly promote the need for individuals to carry with them important medical information, supplies, and medications, as well as key personal contacts, at all times.
M-2	Establish a cache of medications accessible during a disaster and a system to distribute medications to those in need.
M-3	Establish a system of electronic medical records and prepare universal information release forms.

ANIMALS

A-1	Allow service animals to remain with handlers at all times.
A-2	Make relief areas for service animals conveniently accessible.
A-3	Arrange for the transport of pets.
A-4	Establish temporary boarding areas/facilities for pets of individuals in shelter facilities.

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Summary of Findings of Needs of Vulnerable Populations in an Emergency

Background: In September of 2007, the Emergency Preparedness Ad Hoc Committee (EPAHC) of the Human Services Coordinating Council accepted a charge from the Emergency Operations Office Vulnerable Populations Work Group to, “identify how vulnerable populations with similar challenges can be addressed collectively in a shelter.” This charge fell in line with the EPAHC’s primary task of meeting with representatives of vulnerable populations to discuss their needs in a disaster, as those needs relate to notification, transportation, and shelter. The specific populations that the EPAHC has identified and researched as “vulnerable populations” include:

- Blind/Visually Impaired
- Culturally Diverse
- Medically Fragile
- Mobility Impaired
- Children/Teens
- Deaf/Hard of Hearing
- Mental Health Conditions
- Seniors
- Cognitive Impairments
- Homeless

The following table highlights the needs reported by the populations consulted by the EPAHC.

Population	Notification Needs	Transportation Needs	Shelter Needs
Blind and Visually impaired	<ul style="list-style-type: none"> • Announcements of disaster on TV must be scrolled as well as spoken by anchors. • Utilize ham radio • Do not assume that blind can read Braille. • A method needs to be developed that will allow the blind to verify the credibility of first responders. • Establish a reverse 9-1-1 registry. • Existing advocacy groups need to be coordinated to distribute Emergency Prep materials. • Staff must be trained to provide clear, verbal instruction and not physically push people to where they need to be. • Population needs to be prepared to evacuate prior to disaster. • A call-in phone system is needed that states the location of shelters. • Emergency preparedness supplies need to be prepared and provided to vulnerable populations. 	<ul style="list-style-type: none"> • Service dogs must be allowed to stay with handler at all times. • Staff must be trained to provide clear, verbal instruction and not direct people through physical contact. 	<ul style="list-style-type: none"> • Service dogs must be allowed to stay with handler at all times. • Medications must be maintained in an organized fashion, as blind people handle medication adherence uniquely. • Staff must be trained to provide clear, verbal instruction and not directing people through physical contact. • Staff should be trained to ask individuals what types of support they need (the population is capable of speaking for and expressing themselves). • All vulnerable populations need to be integrated in with general population at sheltering facilities – not housed in isolated facilities.

Population	Notification Needs	Transportation Needs	Shelter Needs
Children/teens	<ul style="list-style-type: none"> • Text messaging is a commonly used form of communication for youth. • Routine and strategically timed/placed messages about emergency preparation prior to an emergency occurring. • Encourage children/teens to discuss with parents action and re-unification plans prior to emergency occurring • A communication system also needs to be established that will allow children displaced from their families to be reunified quickly. • Utilize the schools automated telephone call-out system. • Establish a notification system that targets child care providers. • Utilize licensed child care programs to spread word on notification as well as education of community. • Emphasize calling to cell phones as opposed to home phone lines. • Foster children need to be able to learn about status of family, including siblings. • CPS should have a mechanism to notify families about family members. 	<ul style="list-style-type: none"> • Car seats. • All bus/transportation systems need to be mobilized. • Teens driving their own cars need to understand the importance of following pre-arranged routes and directions. 	<ul style="list-style-type: none"> • Consider a standardized waiver that would extend temporary authority of consent to medical treatment to the adult closest to the child, even if not a parent or legal guardian • Immediate availability of immunization and medical records, including list of allergies • Diapers • Pedialyte • Formula • Sippy cups • Cribs • Toys and games • A child play area • Snack stations to accommodate frequency with which children need to eat/drink • Use teens as helpers at shelter facilities • Changes of clothing (particularly for young children/infants) • Glucose tablets and other diabetic supplies • Inhalers for asthmatics • Sanitary supplies • Preparation for pets that are sneaked into shelters • Security • Counseling services targeted toward youth • Use schools as shelter facilities. • Equip potential shelter sites with emergency supplies (including specialty items, such as rafts)

Population	Notification Needs	Transportation Needs	Shelter Needs
Cognitive impairments (incl. Developmental and neurogenic conditions.)	<ul style="list-style-type: none"> • Emergency workers need to be trained on methods to calm individuals who are over-stimulated as a result of the disaster, or otherwise. • Emergency workers need to be trained on techniques to help people maintain self control and/or calmness. • Use family or friends to notify, whenever possible. • Emergency workers need to be able to identify cognitive impairments, and how to deal with them respectfully. • Share information and react to individual in a calm manner. • Be patient and willing to present information multiple times. • Time needs to be allowed to provide adequate assessment • Responders need very clear, official identification • Need picture based signs (non-text communication) • All households should have a hardline (non-cordless) phone. Reiterated that notification will be difficult if power is down. • A neighborhood watch structure is needed. People will respond to individuals they know. • A reverse 9-1-1 registry • All individuals should keep a brief written statement describing their condition and their needs • All residents should have a Go Kit with their vital belongings and supports (inc. medications). 	<ul style="list-style-type: none"> • Need picture based signs (non-text communication) • Animals (service and pets) need to be allowed on buses • Size appropriate pet carriers need to be available to contain pets to prevent aggressive behavior. • Need to remain connected with companions/personal support networks 	<ul style="list-style-type: none"> • Emergency workers need to be trained on methods to calm individuals who are over-stimulated as a result of the disaster, or otherwise. • Emergency workers need to be trained on techniques to help people maintain self control and/or calmness • Emergency workers need to be able to identify cognitive impairments, and how to deal with them respectfully. • (In regard to previous three statements: all emergency facilities need to be staffed with professionals who have regular work experience dealing with these issues.) • Need monitoring to assure there is no elopement (leaving of facility) • Need calm (non-stimulating) rooms • Need picture based signs (non-text communication) • Use of simple communication techniques for all instructions. • Animals (service and pets) need to be allowed in shelters • Good lighting • Limited clutter • Shelter workers need a common uniform • Need to remain connected with companions/personal support networks • Provide name tags and include contact information for nearest relatives

Population	Notification Needs	Transportation Needs	Shelter Needs
Culturally diverse (language, culture, etc.)	<ul style="list-style-type: none"> • Faith institutions are critical for disseminating information to many cultural groups • Frame messages in terms of helping your family • Some cultures will not respond to governmental entities • Non-governmental agencies often have strong connections with neighborhoods and cultures and should be utilized to disseminate information • Community groups need to be trained on when and how to educate residents about preparedness as well as reaction to emergency situations • Community leaders who are trusted and can set the example for others to follow need to be targeted • Getting people to leave their homes will be a struggle • A peer-based system for engaging professionals (e.g. medical providers) needs to be established so they can share information with one another and clients as well as assist in an emergency. 	<ul style="list-style-type: none"> • Do not separate individuals from their family/support groups • Information provided through multi-lingual verbal, multi-lingual written, and pictorial • Pictorial images need to be assessed to assure the meaning of the image is culturally transferable • All evacuation vehicles need to be specially marked to assure legitimacy. 	<ul style="list-style-type: none"> • Do not separate individuals from their family/support groups • Children may need to be relied on to do some translating for parents • Food needs to be culturally appropriate, particularly as it relates to culturally based dietary restrictions • Privacy for bathroom areas • Information provided through multi-lingual verbal, multi-lingual written, and pictorial • Pictorial images need to be assessed to assure the meaning of the image is culturally transferable • Adequate supplies of medicines, food, and other essentials need to be on hand.
Deaf/Hard of Hearing	<ul style="list-style-type: none"> • First responders need basic understanding of sign language/non-verbal communication. • Establish and announce a reverse 9-1-1 registry. • TV needs to be captioned. • Need available interpreter lines. • Forms of communicating with deaf/hard of hearing will be down (including TDD) if power is out. • Population needs to be prepared to evacuate prior to disaster. • Non-deaf neighbors should be called upon to alert deaf neighbors of a disaster. • Disaster alerts and information needs to be sent to pagers. 	<ul style="list-style-type: none"> • Information on where individuals are being transported to must be available through more than just spoken word. 	<ul style="list-style-type: none"> • Need on-site interpreters as well as interpreter lines. • Announcements need to be made in multiple mediums (verbal, written, pictorial) • All staff need to be trained in non-verbal communication. • All vulnerable populations need to be integrated in with general population at sheltering facilities – not housed in isolated facilities.

Population	Notification Needs	Transportation Needs	Shelter Needs
Homeless	<ul style="list-style-type: none"> • Mobile PA systems (e.g. mobile patrol cars or helicopter). • Word of mouth (however it cannot be relied upon) • Park rangers and police have relationships with many of the homeless individuals, but the homeless are spread out and not easy to reach quickly. • Notification at facilities frequented by homeless (e.g. Loaves and Fishes, Salvation Army) • ID emergency outreach workers to dispatch to disseminate information. 	<ul style="list-style-type: none"> • Animals must be accommodated. • Size appropriate pet carriers need to be available to contain pets to prevent aggressive behavior. • Central pick up points need to be determined. • Capacity to transport people's belongings. Many will not leave their belongings behind. • Capacity to transport disabled individuals. 	<ul style="list-style-type: none"> • Animals must be accommodated. • Public health staff (communicable disease, such as lice, scabies, and even TB are more prevalent in the homeless population) • In addition to actual health concerns, there will be perceptual issues regarding cleanliness, and one population cannot be segregated from the rest. • Staff who can identify and work with individuals with undiagnosed mental health and alcohol and drug issues.
Medically fragile	<ul style="list-style-type: none"> • Population needs to be prepared to evacuate prior to disaster. • Implement a reverse 9-1-1 registry. • More broadly implement a neighborhood based notification system through CERT. • Use existing service providers to the extent possible (but within confidentiality regulations) 	<ul style="list-style-type: none"> • Need to be able to transport durable medical equipment. 	<ul style="list-style-type: none"> • Consistent temperature. • Ample hydration options. • Access to medical therapies. • Food for special diets (including liquid diets, feeding tubes) • Quiet zones • Bariatric cots/chairs. • Wheelchairs and walkers. • Incontinence supplies and colostomy bags. • Staff trained to ask individuals what support systems (including family) they have available. • Oxygen. • Durable medical supplies. • Medications. • Access to medical histories. • Feeding tubes. • Hygiene supplies. • Diabetic supplies. • Staff in uniform.

Population	Notification Needs	Transportation Needs	Shelter Needs
<p>Mental health challenges (incl. psychosocial disorders and mental illness)</p>	<ul style="list-style-type: none"> • Emergency workers need to be trained on methods to calm individuals who are over-stimulated as a result of the disaster, or otherwise. • Emergency workers need to be trained on techniques to help people maintain self control and/or calmness. • Use family or friends to notify, whenever possible. • Emergency workers need to be able to identify cognitive impairments, and how to deal with them, respectively • Share information and react to individual in a calm manner. • Be patient and willing to present information multiple times. • Do not argue with individual’s perception of reality – work with that perception • Share information whether individual appears to be comprehending or not (it might be called on at a later time). • Time needs to be allowed to provide adequate assessment • Responders need very clear, official identification • Need picture based signs (non-text communication) • All households should have a hardline (non-cordless) phone. Notification will be difficult if power is down. • A neighborhood watch structure is needed. People will respond to individuals they know. • A reverse 9-1-1 registry • All individuals should keep a brief written statement describing their condition and their needs • All residents should have a Go Kit with their vital belongings and supports (inc. medications). 	<ul style="list-style-type: none"> • Need picture based signs (non-text communication) • Animals (service and pets) need to be allowed on buses • Size appropriate pet carriers need to be available to contain pets to prevent aggressive behavior. • Need to remain connected with companions/personal support networks 	<ul style="list-style-type: none"> • Emergency workers need to be trained on methods to calm individuals who are over-stimulated as a result of the disaster, or otherwise. • Emergency workers need to be trained on techniques to help people maintain self control and/or calmness • Emergency workers need to be able to identify cognitive impairments, and how to deal with them respectfully. • (In regard to previous three statements: all emergency facilities need to be staffed with professionals who have regular work experience dealing with these issues.) • Need monitoring to assure there is no elopement (leaving of facility) • Need calm (non-stimulating) rooms • Need picture based signs (non-text communication) • Use of simple communication techniques for all instructions. • Allow food/meals to be consumed according to medication adherence schedules. • Animals (service and pets) need to be allowed in shelters • Good lighting • Limited clutter • Shelter workers need a common uniform • Need to remain connected with companions/personal support networks • Provide name tags and include contact information for nearest relatives

Population	Notification Needs	Transportation Needs	Shelter Needs
Mobility Impaired	<ul style="list-style-type: none"> • Population needs to be prepared to evacuate prior to disaster. 	<ul style="list-style-type: none"> • People cannot be separated from their transportation devices. • Staff needs to be trained on how to move people in and out of wheelchairs. • Lifts for individuals as well as their mobility devices. • Transport vehicles with the ability to accommodate transportation devices or other special needs should be reserved for those populations. (Crowd control may be needed to maintain this use). • All evacuation vehicles need to be specially marked to assure legitimacy. 	<ul style="list-style-type: none"> • People cannot be separated from their transportation devices. • Power sources are needed to charge electric chairs. • Must be accessible restroom facilities (even bedpans and urinal devices in the most rudimentary of conditions). • Extra wheelchairs should be on-site. • Staff needs to be trained on how to move people in and out of wheelchairs. • Do not isolate an individual with mobility impairments. • Remove all unnecessary debris on floors. • Lifts for individuals as well as their mobility devices. • Cots amenable to transfer of mobility impaired individuals. • All vulnerable populations need to be integrated in with general population at sheltering facilities – not housed in isolated facilities.
Seniors	<ul style="list-style-type: none"> • Fear of being institutionalized if leave home needs to be mitigated. • Implement a reverse 9-1-1 registry. • Re-familiarize population with procedures for civil defense sirens. • More broadly implement a neighborhood based notification system through CERT. • Use existing service providers to the extent possible (but within confidentiality regulations) 	<ul style="list-style-type: none"> • Need to be able to transport oxygen tanks. 	<ul style="list-style-type: none"> • Integrate vulnerable populations with general population; do NOT house in isolated facilities. • Consistent climate control (warmer temperatures to aid in circulation). • Access to medical histories. • Consistent lighting. • Extra stations for hydration. • Dry erase boards to share information visually. • Canes/walkers. • Hygiene supplies. • Diabetic supplies. • Denture cream/adhesives • Glasses • Hearing aides and “pocket talkers” (sound amplifiers) • Staff in uniform. • Security presence. • Respite rooms for isolation/calming.