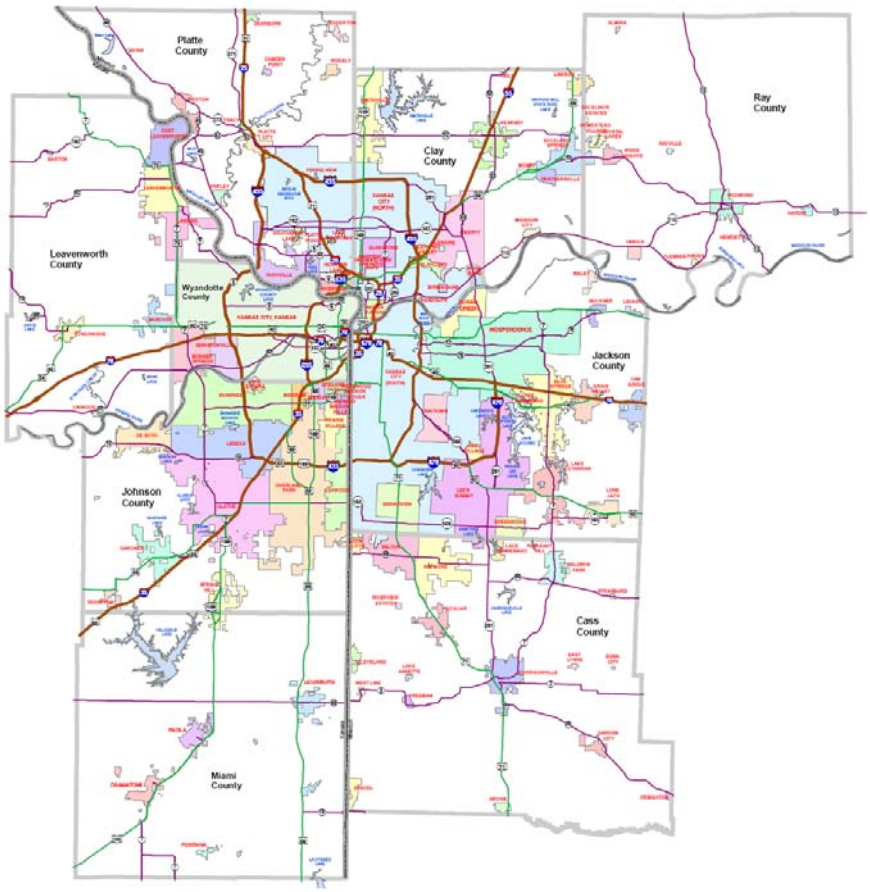
MID-AMERICA REGIONAL COUNCIL HOMELAND SECURITY

MEMC

STANDARD PLANNING GUIDE



for

coordinated contingency plans
to minimize the impact of a disaster
on special needs populations

March 31, 2010

Inclusive Preparedness Center

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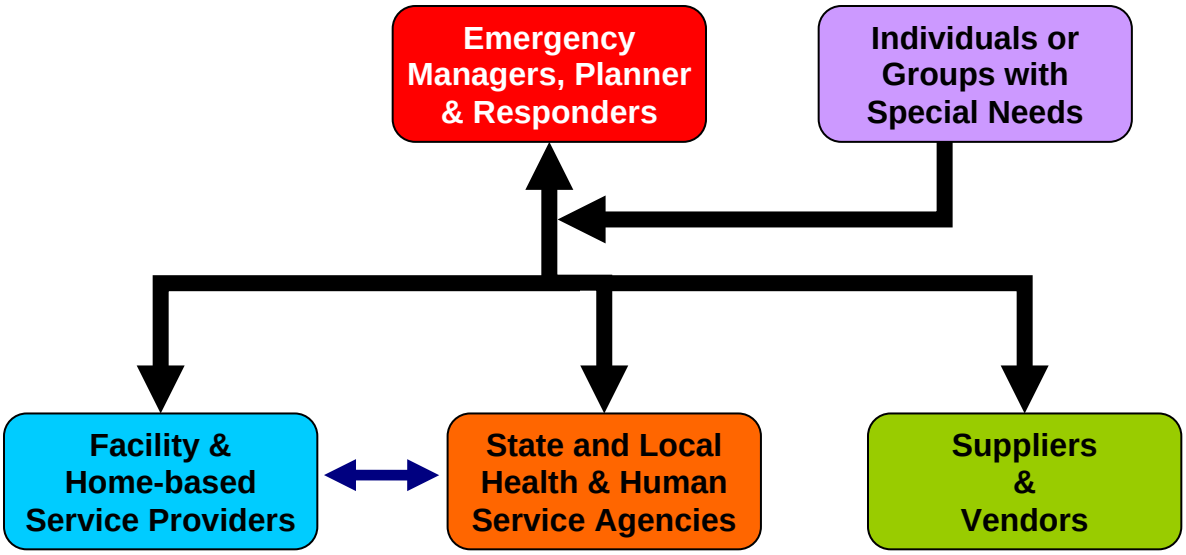
Introduction

In July, 2009, The Metropolitan Emergency Managers Committee (MEMC) initiated a planning process to create specific emergency preparedness and response plans for identified vulnerable population groups in the Kansas City area. To develop these plans through a collaborative process, MEMC initiated a project with the Inclusive Preparedness Center (IPC) in Washington, DC and selected individuals who are oxygen-dependent as a model group that may be adversely impacted by a disaster. This effort began with invitations to oxygen suppliers and service providers to participate in a survey to identify the challenges that a disaster would pose to service provider organizations and their clients.

The findings of the survey along with the input of key local stakeholders have been included in the creation of a "Standard Planning Guide" (SPG) that can be used to create coordinated contingency plans that can minimize the impact of a disaster on identified special needs populations. The SPG was developed to support the planning efforts of four distinct organizational components and input and guidance from individuals with special needs, in the development of comprehensive and cohesive emergency preparedness plans.



The SPG is structured to enable emergency managers to create emergency response plans for deploying needed resources to vulnerable populations by gathering vital information from service providers about vulnerable clients, potential threats, and existing contingency plans, and by identifying the quantity and geographic location of existing public and private resources.

The coordinated disaster response will require collaboration with organizations that serve special needs populations, suppliers and vendors who deliver essential goods and medications, emergency managers, and government agencies that monitor and support vulnerable populations through various programs. To promote collaboration, emergency managers should provide regular opportunities for service providers, suppliers, agencies and families to participate in the planning process.

Standard Planning Guide Roles and Responsibilities

Key Stakeholders	Roles and Responsibilities
Emergency Managers/ Planners	☐ Lead the planning process for special needs populations ☐ Initiate discussions with state and local health and human service agencies to complete assessments on service providers ☐ Initiated discussions with suppliers / vendors to identify and map local resources for special needs populations ☐ Review assessments received from agencies for gaps in preparedness ☐ Compile a list of vital resource needs identified by service providers ☐ Develop logistical response plans to secure and deploy needed supplies and other resources ☐ Conduct drills and exercises to test capabilities and response plans
State and Local Health and Human Service Agencies (Agencies that fund and monitor program for special needs populations)	☐ Assist in identifying special needs populations that need to be included in emergency planning ☐ Recruit special needs populations to participate in emergency planning ☐ Distribute to and collect contingency plan assessments from service providers ☐ Collect assessment / planning documents from service providers ☐ Provide agency wide analysis to emergency managers/ planners on organizational readiness and resource needs ☐ Follow-up with providers on reducing readiness gaps
Service Providers	☐ Identify client groups who would be impacted by a disaster ☐ Involve people with special needs in drills and exercises ☐ Assess their facilities, braches or service locations for potential critical threats during emergencies ☐ Submit self assessment / planning documents to local health and human service monitoring agency ☐ Create a list of vital resources that service providers would need ☐ Review service gaps and develop plans for intra-agency and inter-agency preparedness
Suppliers / Vendors	☐ Participate in preparedness planning meetings ☐ Share information about resources that they could provide in a disaster ☐ Develop plans for alternate delivery of supplies and identify any barriers that may arise in a disaster ☐ Make a commitment to offer supplies and resources in the event of a disaster

Instructions for Using the Standard Planning Guide (SPG)

The SPG is designed for emergency managers and is structured to implement the following steps in the planning process:

A. Identify a Special Needs Population group who would be adversely impacted by a disaster
B. List potential threats that must be planned for based on the impact that a disaster would have on the selected population
C. Gather information from service provider organizations about existing contingency plans and potential need for assistance
D. Conduct a gap analysis of the critical service needs of individuals and organizations
E. Develop a resource map of public and private resources available through suppliers and vendors and involve them in planning activities
F. Create response plans to coordinate the deployment of resources to organizations and individuals who would need these resources
G. Hold exercises to test response plans and validate coordination of effort

In the following pages, you will find a more detailed description of the steps listed above and displayed in the diagram on the previous page. These steps above need not be carried out sequentially. Rather, they provide a framework for the activities that should be undertaken to ensure that response plans are well coordinated and will mitigate the impact of a disaster on the identified special needs population. Following the description of the steps, you will find some templates that can be used for collecting and compiling information and documenting the response plans that will be developed for the threats to special needs populations.

In carrying out the steps outlined in this planning guide, other stakeholders who have expertise with a particular population group or in a particular field or region should be involved in the planning. Stakeholders who should be included have been listed under each of the planning steps.

A. Select a Special Needs Population Group

Stakeholders: Emergency Managers, Health and Human Service Agencies

Tools: Initial Special Needs Population Target List (Page 12)

When a disaster strikes, whole communities in a given area are affected by the disruption of regular services and supports. People are forced to react to the disruption by finding alternate means of sustaining themselves while normal operations are reestablished. However, there are segments of each community who are more vulnerable and likely to be more adversely affected by a disaster. These populations are often referred to as special needs populations.

The glossary within the National Response Framework contains the following definition:

> ***Special Needs Population:*** *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, and medical care. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency or are non-English speaking; or who are transportation disadvantaged.*

This definition, however, is intentionally broad to include the vast variety of populations that would require assistance in a disaster. In a report published in 2006, the following population types are listed as groups that would be considered within the definition of special needs.

Special Needs Population Type	
With Disability	**Organizations**
Visually impaired	Hospitals
Hearing impaired	Nursing homes
Mobility impaired	Halfway houses
Medically dependent	Assisted care facilities
Emotional problems	Day-care centers
Severe mental health issues	Homeless Shelters
Vulnerable	**Other**
Elderly	Transients
Socially isolated	Tourists
Children	Culturally isolated
Low-income	Migrants
Homeless	People without personal vehicles
Home bound	
Non-English speaking	

Barbara Vogt Sorensen, Populations With Special Needs, Environmental Sciences Division OAK RIDGE NATIONAL LABORATORY, October 2006, pg. 12

In prioritizing special needs populations for planning purposes, primary consideration be given to the severity of the impact that a disaster would have on a particular special needs population group and the services that they rely on. For example, a disaster that causes a power outage could have a severe impact on individuals who rely on an oxygen delivery device that requires electricity.

The "Initial Special Needs Population Target List" form provided in this guide provides a sample list of special needs populations. Emergency managers and planners should solicit the input of agencies that fund and monitor programs for special needs populations and add populations that service provider organizations identify as a population that they serve. Provider organizations can not only identify special needs populations but can also share their experiences about the impact of a disaster on particular population groups while state and local agencies may have a designated role under the state's response plan. This should be an initial list of populations that emergency response plans need to address but does not need a complete list before proceeding to subsequent steps.

B. List potential threats that must be planned for based on the impact that a disaster would have on the selected population

Stakeholders: Emergency Managers, Health and Human Service Agencies

Tools: Initial Critical Threats Profile Form (Page 13)

The MARC region has experienced disaster situations such as ice storms, tornados and floods. These disaster situations can guide planners in identifying the threats that such events pose to special needs populations. The emphasis here is on what happens when a disaster event occurs such as power loss, contaminated water, or impassable roads rather than the disaster itself. These are called critical threats. The table below illustrates this point using several special needs populations and the critical threats that likely to have a significant impact on the specified special needs population.

Population	Critical Threats
Oxygen-users	Loss of power; Lack of reserves tanks; Disruption of supply chain;
Dialysis-users	Loss of power; Contamination of water supply; Lack of transportation;
Mental Health Disability	Lack of medication; Shortage of staff;
Wheelchair users	Lack of daily supplies (food, water); Limited mobility; Loss of power (motorized chairs);
Blind	Disruption of communication; Limited mobility; Accommodation for pets;
Hearing impaired / Deaf	Disruption of communication;

By identifying the critical threats to a particular population group, planners can better understand the needs of the selected population and begin the process of identifying resources and developing strategies for mitigating the threat. In addition, planning for particular threats conforms to the all-hazards approach recommended by DHS and FMEA since a uniform response to a threat is initiated while additional strategies are implemented for particular special needs groups that may have unique needs.

The "Initial Critical Threats Profile Form," provides a sample list of critical threats that are likely to impact various special needs populations groups. Gather stakeholders to brainstorm and identify critical threats, no listed in form, that may affect the area and have an adverse impact on special needs populations. Service providers, agencies and suppliers can all be of help in validating the identified critical threats and developing strategies to mitigate the impact of the threat.

C. Gather information from service provider organizations about existing contingencies plans and potential need for assistance

Stakeholders: Health and Human Service Agencies, Service Provider Organizations

Tools: Service Provider Assessment Instructions and Form (Page 14)

Emergency managers need to understand the resilience of service providers (particularly home health) in order to identify existing local resources plan for the deployment of these resources. This can be done by gathering information about the plans that service providers already have in place to deal with a particular threat and the special needs population they serve.

In order to gather information, emergency managers / planners should work in collaboration with state and local agencies and organizations that fund, operate or monitor programs for special needs populations. Organizations such as the local Area agency on Aging, Center for independent living, Medicaid agency, and hospitals are all regularly involved in assisting special needs populations and have established working relationships with service providers. As such, these organizations are well positioned to gather and share information regarding the preparedness of service providers for a disaster.

There has been some hesitancy on the part of service providers to share information about their clients due to HIPAA regulations (see Appendix A for HIPAA guidance document.). However, HIPAA does not prohibit the sharing of aggregate information on their clients, particularly, if the information will be used for planning purposes. State and local agencies should be aware of the allowances provided under HIPAA for the sharing of information about client for emergency planning purposes. The assessment form should also overtly state that the data collected will be used internally for emergency planning and response purposes and will not be distributed to anyone without consent.

State and local agencies currently monitor programs delivered by service providers that benefit special needs populations. State regulations require regular monitoring of these programs and to ensure the quality of services provided to individuals. The monitoring process is an established routine that lends itself to gathering information about the special needs populations a provider serves, the potential threats to their clients, established emergency procedures to address the threats, and identification of assistance the provider might need in a disaster [see Appendix B. for Missouri and Kansas Regulations].

To include an assessment of emergency preparedness procedures into the monitoring process, it is essential that it be kept simple and easy to execute by focusing on strategies that have been used previously or tested in drills. The goal of the assessment is to determine the organization's level of readiness and, if overwhelmed, what resources would be critical to ensure that their clients could safely shelter in place.

This guide includes a Service Provider Assessment Instructions and Form that can be used to collect information about the readiness or an organization. The assessment includes space to verify information about the location of the organization or individual and to note any changes to the organizational structure such as the addition or elimination of a service location. This will allow the records to be kept up to date on at least an annual basis or more frequently depending on the monitoring schedule.

The assessment instructions and form asks organizations to identify the number and category of people with special needs. It also requests information about the organization's contingency plans for that population in relation to the threats that would have an adverse affect on their health and safety. This information can provide a snapshot of the readiness of an organization to care for their clients and a quantifiable statistics on the number of special needs populations that plans must address. Finally, organizations are asked to identify their vital resource needs if their contingency plans are unworkable or if the impact of the disaster is prolonged. Understanding the vital resource needs can enable emergency managers to strategically position assets or place on alert entities with critical resources which can then be deployed to areas of need.

D. Conduct a gap analysis to prioritize vulnerable organizations and identify critical resource needs of organizations and individuals

Stakeholders: Health and Human Service Agencies, Emergency Managers

Tools: Priority List of Vulnerable Organizations and Individuals (Page 18)

In disaster situations, time is of the essence and understanding the type of assistance needed prior to a disaster can be the critical information that can save lives. Using the information gathered from service providers, emergency managers can conduct a gap analysis of the assistance needs for special needs populations and develop strategies to mitigate the impact of a disaster. The gap analysis should be based on the emergency plans that organizations have in place for the threats that would affect the safety and well being of their clients and the critical resources that the organization would need to maintain operations.

The gap analysis should generate a priority list of organizations and individuals who do not have contingency plans or lack the resources to sustain themselves in disaster situations. Additional information gathered in the assessment about the vital resources and assistance needs of organizations can provide the key information to identify local resources that can be deployed or to preposition assets for responding to a threat.

For example, an organization that has a generator is more likely to be prepared to shelter in place and continue housing oxygen-dependent client in a power outage and less likely to need assistance from first responders. On the other hand, organizations or their clients that do not have the capacity to have emergency supplies on hand would be more vulnerable in a disaster. The Priority List of Vulnerable Organizations and Individuals form included in this guide should

be used to create a priority list of organizations that are likely to require assistance and should be contacted following a disaster.

The form contains space to record information about the organization, contact person, the assistance needs as well as the critical resources to maintain operations can be included in this form. It will provide planners and managers with advance knowledge about service provider organizations and special needs individuals that are likely to need assistance and to mobilize resources to mitigate the impact.

E. Involve private sector suppliers and vendors in the planning process to identify available resources that could be secured in a disaster

Stakeholders: Emergency Managers, Suppliers / Vendors

Tools: Vital Resources Form (Page 19)

Knowing the location of organizations and individuals who are likely to be adversely impacted by a disaster can assist planners to identify concentrations of vulnerable citizens and plan accordingly. Likewise, identifying the location of vital resources can help emergency managers and planners manage the deployment of resources to areas of need in disaster situations. Resource mapping can be an effective strategy for collecting data on both public and private resources that could be tapped to assist special needs populations.

Emergency managers at the county level should engage in discussions with suppliers / vendors that provide supplies to special needs populations such durable medical equipment, oxygen, medications and other supplies needed for daily operation. Such discussion can identify the capacity of these businesses to provide supplies in disaster situations, determine obstacles or challenges that they may face (threats) in delivering supplies and generate ideas for overcoming the challenges in cooperation with local emergency planning and response agencies. It may also require agreements such as a memorandum of understanding (MOU) to formalize agreements reached during discussions and may be valuable to ensure continuity of response.

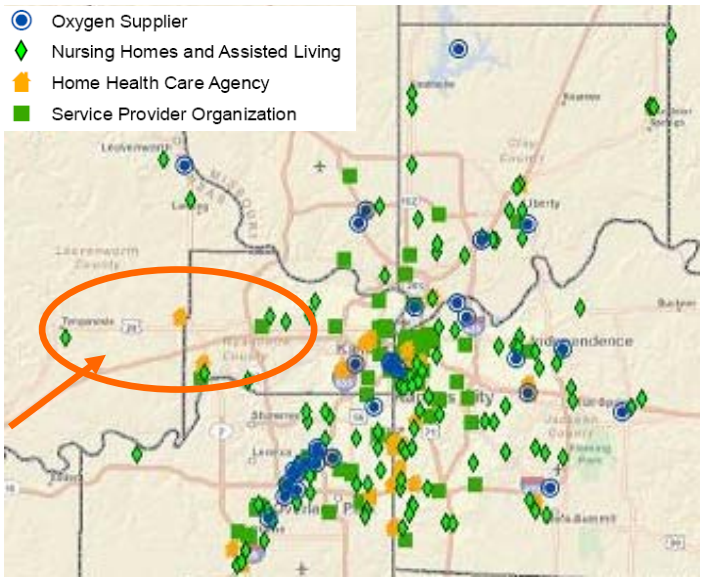
In collecting data on existing resources, local emergency managers and planners should include goods, equipment and medicines that would be vital for special needs populations in a disaster. Nontraditional sources should also be considered in collecting data. Nontraditional sources are organizations or companies that in disaster situation would not be called on to assist such as companies with experience transporting individuals with disabilities, or camping and outdoors retail stores that often carry water purification tablets and filtration equipment.. This will provide a rich source of information that emergency managers can use to develop logistical coordination plans for the deployment of resources to areas or organizations in need of assistance.

E. 2. Develop a resource map of public resources

States and localities have established stockpiles of food, equipment, and medications in preparing for potential disasters. However, these stockpiles may be under the control of different agencies by their designation as the lead agency prescribed under a State's disaster plan. Emergency manager would benefit greatly from knowing the quantity and location of the items on reserve. This information should be catalogued and mapped for quick reference by emergency managers. The location of the stockpile can also be cross-referenced against the list of vulnerable organizations to ensure that resources are strategically positioned for quick

deployment and logistical challenges that may arise can be planned for and addressed during the planning process.

The Vital Resource Form provided in this guide can be used to document the location and quantity of local public and private resources that can be tapped in disaster situations. Data can also be entered into more sophisticated mapping software. Resource mapping allows emergency manager and planners to plot the location of critical supplies in relation to organizations and individuals that are more vulnerable to a disaster.



In 2010, the Research Services Division of the MARC assisted in the creation of maps that included the location of service provider organizations and oxygen suppliers. The map on the right is one that was generated under this project.

It reveals the location of service provider organizations and oxygen suppliers. It should be noted that many oxygen suppliers are located in close proximity to where oxygen-users may reside. This map can help managers identify and prioritize organizations that may be more likely to request assistance in a disaster because of their distance from a supplier (area within the orange oval). In addition, these service providers care for special needs populations other than people who are oxygen dependent which provides a foundation from which to build upon.

Continuing this effort for other special needs populations by mapping additional service providers, such as those that serve people with cognitive disabilities, the homeless, and Limited English Proficient (LEP) communities, the database will provide a rich resource that managers and planners can use for emergency response planning.

F. Create response plans to coordinate the deployment of resources to organizations in the event of a disaster

Stakeholders: Emergency Managers

Tools: EMA Response Planning Form (Page 20)

Logistical coordination is the essence of response plans. In preparation for a potential disaster event, emergency managers activate emergency operation centers, check on the availability of resources and make contact with local officials to assess the readiness of communities. Once a disaster strikes, emergency managers must make decisions quickly about how best to deploy personnel and resources to affected areas.

Traditionally, response actions are initiated by a request from individuals or organizations to local first responders. However, preparedness plans for special needs populations must be initiated well before the onset of the disaster since the disaster is likely to have a more adverse impact on special needs populations. Prepositioning assets and the logistical coordination of

resources in areas of need can decrease response times. Information gathered from service providers about their potential need for assistance in conjunction with the resource mapping can allow emergency managers to create response plans and strategically deploy or locate assets. In the oxygen user study, nearly all of the organizations surveyed identified a need with 64% of respondents reporting that they would need portable "e-tanks" while other top needs included transportation (28%), support staff or nursing assistance (23%), and general supplies, including medications, beds or specialty mattresses, assistive devices, and other supplies (23%). In addition, home health organizations appear to be limited in the type of services they can provide in the home, and appear to be dependent on home health staff to continue services in the event of an emergency.

Many disasters that impact the MARC region do occur with little or no warning. As such, identifying organizations that lack the capacity to sustain themselves and care for their clients or more likely to need specific resource to maintain operation should be added to the vulnerable organizations list. Disasters without warning require that first responders and emergency managers make quick decisions. These decisions are often the logistical coordination of deploying personnel and resource to areas of need. By identifying the location of resources, emergency planners and managers can focus less time on locating needed resources and more on addressing where and how to deliver the needed resources.

Emergency Managers must also consider the coordination and deployment of resources between jurisdictions including across county and state lines. Kansas and Missouri state laws, regulations and requirements differ in how emergencies are managed as do the lines of authority that will guide response efforts. This will be a defining challenge for emergency managers in not only creating plans but also ensuring logistical coordination of effort. As these challenges are identified, other stakeholders from other agencies may need to be included so that the operational differences between states can be addressed prior to a disaster. This will be of particular importance to special needs populations who rely on state funded programs for their oxygen, medications and other services.

The EMA Response Planning Form can be used to create specific response plans for special needs populations. This form could serve as the on-going operational document that emergency managers refer to in assisting special needs populations in a disaster. It can also serve as a checklist during drills and exercises to validate assumptions and test logistical coordination. It should include specific actions that managers would initiate for a particular population to ensure the safety of a selected special needs population and ensure equal access to emergency services and resources.

F.2. Create response plans to coordinate the deployment of resources to individuals through trusted intermediaries

In a disaster, individuals who live independently but rely on regular assistance from family members, home health service providers, churches, or other community organizations may be more vulnerable because normal routines and supports are disrupted. This was confirmed by a survey and focus group session held with oxygen users. In fact, 26 of the 28 focus group participants stated that they either had no emergency plan or said that they would rely on the facility where they lived to take care of it. What is clear from discussions with users and their caregivers is that few have thought about how to plan for themselves in the event of disaster.

Emergency managers should establish response plans that include trusted intermediaries to address this lack of preparedness and reliance on assistance. Some jurisdictions have started

the process of involving churches or other faith-based organizations in the planning process. This effort should be expanded to all jurisdictions within the MARC region. Experience has revealed that faith-based organizations are often the first to open their doors in response to a disaster. They are often well connected in the local community in which they are located and deliver services such as meals and companionship to members of their congregation or individuals in their community. Thus, they are well positioned to support the work of emergency managers and complement the efforts of emergency responders.

G. Hold exercises to test response plans and validate coordination of effort

Stakeholders: Emergency Managers, Service Providers

Tools: Special Needs Drill and Exercises Checklist (Page 21)

Emergency Managers recognize that drills and exercises are the best way of testing and validating emergency response plans. With special needs populations, this is even more critical to verify and validate the logistical coordination that is required in the response efforts since response time can have a significant impact on the well-being of an individual with special needs. Special needs populations often do not have the capacity or personal resources to sustain themselves in a disaster. As such, regular drills and exercises should integrate the plans developed for special needs populations. By doing so, emergency managers and responders can tackle the challenges cohesively.

Special needs populations and the organizations that provide services must be included in drills and exercises of various kinds from table-top to functional to full-scale exercises that are organized and conducted by emergency managers. Likewise, organizations must be encouraged to hold their own exercises in coordination with emergency managers so that existing plans can be tested with respect to the potential threats to the individuals they serve.

Exercises should include multiple counties from both sides of the state line. Conducting exercises across county lines will reveal differences in the response capabilities of a particular area and also allow emergency managers to identify ways for areas to work together. In Kansas, primary responsibility for emergency response is at the county level but Kansas law does contain an intra state mutual aid stature that requires counties to execute agreements with surrounding counties for assistance in a disaster.

Exercises across state lines will be more challenging as the lines of authority vary from one state to the other. Likewise, requests for assistance for a particular county must be submitted to the governor of that state who, if warranted, can issue a declaration of a disaster and request federal assistance. On the other hand, there are other resource sharing challenges that can be addressed though it will likely require the participation of state agencies that operate programs for special needs populations. These may include agreements between state Medicaid agencies to allow individuals to have prescriptions filled in a neighboring state or agreements that allow personal care aides to provide services to their clients in the neighboring state.

The Drills and Exercises Checklist provides indicators that planners can use to verify that special needs populations and service providers are included in drills and exercises. Emergency planners may add additional indicators that can be used to verify that exercises and drills do include the participation of individuals and organizations that can test the capabilities of response plans to address the needs of special needs populations.

STANDARD PLANNING GUIDE TOOLS

Step A. Initial Special Needs Population Target List

Use this form to list groups that could be considered a special needs population for emergency preparedness purposes. Below is a list of special needs populations, so check off the ones that need to be planned for within your jurisdiction and add other that are not listed. Also estimate the number of individuals who would fall into this category. It should be noted that some people can and should be counted in multiple categories to provide an accurate baseline of the number of people in a particular population.

Special Needs Populations in the Kansas City Metropolitan Area	
☐ Oxygen user; Approx # _____;	☐ Insulin Dependent; Approx # _____;
☐ Dialysis user; Approx # _____;	☐ Non-English speaking; Approx # _____;
☐ Wheelchair users; Approx # _____;	☐
☐ Blind; Approx # _____;	☐
☐ Deaf / Hard of hearing; Approx # _____;	☐
☐ Mental Illness; Approx # _____;	☐
☐ Terminally Ill; Approx # _____;	☐
☐ Cognitive Disability; Approx # _____;	☐
☐ Autism; Approx # _____;	☐
☐ Behavioral Health; Approx # _____;	☐
☐ Homeless; Approx # _____;	☐
☐ Traumatic Brain Injury ; Approx # _____;	☐
☐ Children; Approx # _____;	☐
☐	☐

Step B. Initial Critical Threats Profile Form

Use the form below to identify threats to special needs populations. You may consider a particular disaster but focus on the impact that it would have in terms of challenges that would need to be planned for.

Critical Threats to Special Needs Populations	
☐ Loss of power	☐
☐ Disruption of supply chain	☐
☐ Shortage of Staff	☐
☐ Contamination of water or food stock	☐
☐ Lack of transportation	☐
☐ Disruption of communications	☐
☐ Contamination of water supply	☐
☐ Shortage of water or food	☐
☐ Shortage of medications	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐

Step C. Service Provider Assessment Instructions

Gather information about any emergency preparedness plans that a service provider organization has in place to maintain operations and ensure the safety and security of their clients in the event of a disaster. To complete the form, please follow the following steps:

1. Complete the top portion of the form for each site

- ☑ Complete the top portion of the form by filling in the name of the organization, complete address and note any organizational changes such as adding or closing of a branch or location;
- ☑ Complete a new form for each office, branch or location of an organization since each location may serve clients with different needs and face different threats;
- ☑ Write down the phone number of the individual at the organization, branch or location who should be notified in the event of an emergency;

Organization: _____	Emergency Contact No. _____
Address: _____	Contact Name: _____
City: _____ State: _____ Zip Code: _____	Date Completed: _____

2. Record the number and types of clients that the organization cares for

- ☑ Write down the special needs population group(s) served by the organization or branch but not listed. We have provided some but you can add more groups;
- ☑ Write down how many of their clients fall into a particular special needs group;

NOTE: Some people may fall into more than one category so count them in both.

FEMA and emergency planners use the terms special needs or vulnerable populations to identify groups of people who would need additional assistance in a disaster. Emergency managers want to identify the special needs populations in our community and understand the threats that would impact them. The assessment uses descriptions such as oxygen-user, blind / visually impaired, dialysis-user, and cognitive disability to identify groups and so that response plans include strategies for these populations.

CRITICAL THREATS

Special Needs Population Group

	No. of Clients	Loss of power	Disruption of supply chain	Shortage of Staff	Shortage of medications	Lack of transportation	Disruption of communication	Contaminated water supply
Oxygen Users								

3. List the threats that would impact clients and what plans are in place to minimize he impact

- ☑ Write down the critical threats for each special needs population group served by the organization that are not listed. We have provided some but you can add more.
- ☑ In the boxes summarize what the organization would do for the special needs group for a particular threat. In the figure below, an organizations would turn on the generator and switch oxygen users to e-tanks;

CRITICAL THREATS

Special Needs Population Group

	No. of Clients	Loss of power	Disruption of supply chain	Shortage of Staff	Shortage of medications	Lack of transportation	Disruption of communication	Contaminated water supply
Oxygen Users		Turn on generator and switch to e-tanks;	We store a 1 day supply of e-tanks on site;					

Disaster such a tornados, ice storms and chemical spills cause critical threats to the communities that they impact. These threats affect the normal routines that people follow and have an even greater impact on special needs populations. In order to plan effectively, emergency managers are interested in finding out which critical threats would impact which special needs populations and what plans organizations already have in place to deal with a threat as it would impact a particular population. For example, a power outage would be a critical threat to people who are dependent on oxygen but may not be a critical threat to someone who is blind. The assessment lists some threats but please add others that administrators may consider to be critical to ensuring the safety and well being of their clients but are not listed.

Note to Service Providers

- All of the threats listed may not apply to a each particular group while plans for other threats may not be developed yet;
- There is no penalty for not having a plan for each threat but critical threats should be planned for and the plan should be more than simply calling 9-1-1;
- HIPAA regulations do NOT prohibit sharing information about the types of clients they serve;
- The information provided will be used by emergency managers for planning purposes only;

When inquiring about the plans that are in place, ask about plans is to minimize the impact on oxygen users if there is a power outage and ask about plans for oxygen users if there is a disruption in the supply chain (meaning either oxygen or other supplies). This will allow the monitor to gather information about the plans for specific special needs populations. This form will also provide emergency managers with a snapshot of the readiness or an organization so that if an organization is likely to require assistance in a disaster, manager can identify resources in the area and create logistical plans for delivering support quickly and effectively.

4. Discuss vital resources that would be needed if established plans are unworkable or if the disaster is prolonged

- ☑ Create a list of vital resources that an organization must have or cannot operate without;
- ☑ Focus on items or services that are critical to their clients and that would be depleted rapidly or need to be replenished if a disaster were to be prolonged;

Vital resources are any goods, supplies or services that an organization must have to ensure the safety and well-being of their clients after a disaster. These could include such goods as vital medicines, oxygen tanks or even gasoline for a generator. Some clients must take medications at a set time to maintain their health while other clients may be dependent on personal assistant care to maintain their well being. Some organizations may not have the capacity to store, in house, enough emergency oxygen and depend on the regular delivery of oxygen and other goods. All of these could be considered vital resources since clients would be significantly impacted if these resources or services were interrupted.

Organizations should consider vital resources that would be needed to sustain their clients in place and maintain operations for 5 days following a disaster including goods, supplies, medications and staff. First, identify vital resources that may be depleted within 5 days then consider what else would be needed if the impact of the disaster lasted more than 5 days.

Emergency managers have public assets and resources in place and are working to identify additional local resources available through the private sector that can be deployed in a disaster. By understanding the vital resource needs of organizations that serve special needs populations, emergency managers can identify vulnerable areas and then make logistical plans to coordinate local resources. To the extent local resources are not sufficient, emergency managers can plan ahead for bringing in additional resource from the surrounding counties.

MID-AMERICA REGIONAL COUNCIL HOMELAND SECURITY

MEMC

Step C. Service Provider Assessment Form

Organization: _____ Emergency Contact No. _____

Address: _____ Contact Name: _____

City: _____ State: _____ Zip: _____ Date Completed: _____

CRITICAL THREATS

Special Needs Population Group

	No. of Clients	Loss of power	Disruption of supply chain	Shortage of Staff	Shortage of medications	Lack of transportation	Disruption of communications	Contaminated water supply
Oxygen Users								
Dialysis Users								
Wheelchair Users								

Does your organization have multiple locations? YES or NO

If YES, please complete a new form for each location.

Step D. Priority List of Vulnerable Organizations and Individuals

Use the table below to list organizations and individuals who should be placed on a priority contact list because of their vulnerability in a disaster. In general these are organizations or individuals who do not have contingency plans or lack the resources to sustain themselves in disaster situations. For each of these organizations or individuals, complete each column but be sure to be specific about the type of assistance and the vital resources that are needed to maintain operations and care for their clients in place.

Name and Contact	Location (include County)	Assistance Needs	Vital Resource Needs
XYZ Home Health Services Jane Doe, MSW 913-123-4567	8800 Nall Avenue Overland Park, KS 66207 Johnson County, KS	○ We would need people to help check on out clients ○ We would also need help getting out medications to our clients	○ Transportation to deliver medications ○ CERT volunteers to check on clients of XYZ Home Health

Step E. Vital Resources Form

Use the template below to create a master list of supplies that service providers identified as vital to their clients and essential for operations. Next, identify a supplier or vendor who would have the needed resource, their location and the quantity in stock. Also, note whether a Memorandum of Agreement (MOU) is in place for disaster situations. This is a list that should be completed collaboratively and shared with other jurisdictions since a disaster will require the mobilizations of resources from across jurisdictions.

Critical Resource Item	Supplier / Vendor	Location (County)	Quantity Available	Cost	MOU in Place? Y or N
Medical Supplies				$	
Oxygen tanks	Specialty Oxygen Services	Jackson Co.	1000 tanks, 250 nebulizers		In progress
Medications					
Insulin					
Medical Equipment					
Wheelchairs					
Portable dialysis units					
Personnel					
Personal Care Aides					
Counselors					

Step F. EMA Response Planning Form

CRITICAL THREATS

Special Needs Population Group

	Loss of power	Disruption of supply chain	Shortage of Staff	Shortage of medications	Lack of transportation	**Potential Logistical Challenges and Solutions**
Oxygen Users	Identify O2 or generator suppliers in the area	Review the vital resource needs and deploy resource to vulnerable areas	Identify CERT volunteers in the area		Identify the number of evacuees	
Dialysis Users						
Wheelchair Users						
Blind						
Deaf / Hard of Hearing						
Mental Health						

Step G. Drills and Exercises Checklist

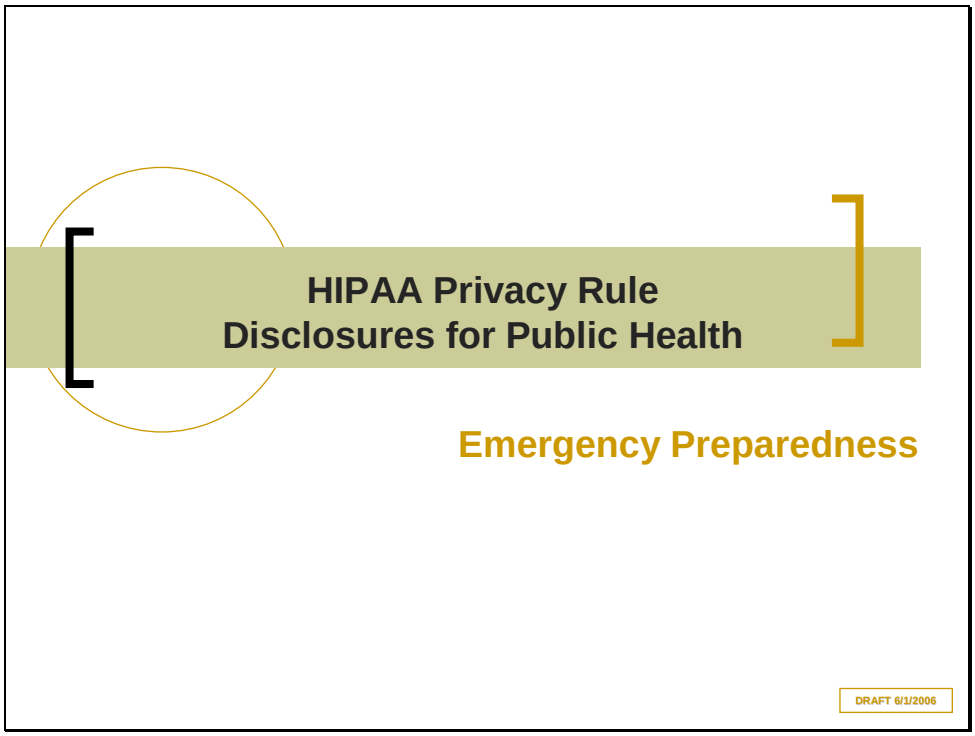
Emergency planners and managers regularly conduct drills and exercises to test the preparedness and response plans. Drills and exercises should not only take into consideration special needs populations but also include the active participation of individuals with special needs and service provider organizations in all aspects of exercise development, execution and evaluation. Below is a checklist that planners can use to ensure that special needs populations are included in drills and exercises.

Indicators		Yes or No
1.	Individual with special needs and service providers were notified in advance of upcoming drill and exercises	
2.	Individual with special needs and service providers were involved in the planning and development of drills and exercises	
3.	Individual with special needs and service providers were active participants in the execution and evaluation of drills and exercises	
4.	Suppliers and vendors who deliver goods to service providers were actively included in drills and exercises	
5.	Exercise scenario events and injects included providing accommodations and assistance to special needs populations	
6.	Exercise scenario events and injects tested the communication capabilities targeting special needs populations	
7.	Exercise scenario events and injects tested the coordination of effort across state lines	

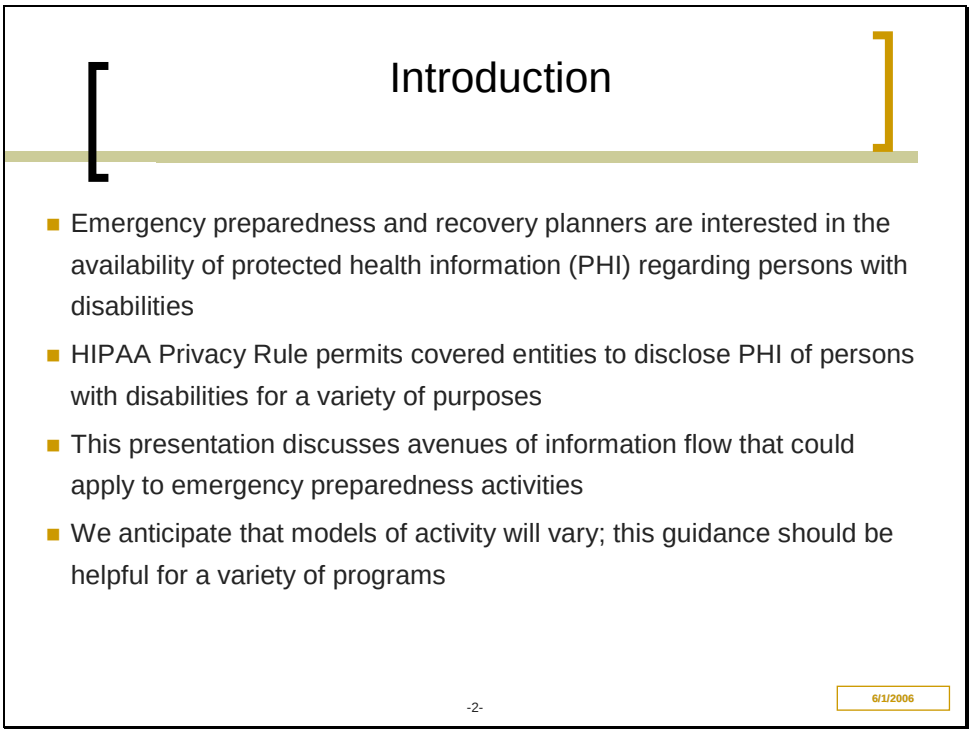
Appendices

Appendix A. HIPAA Regulations and Information Sharing for Emergency Preparedness Planning

Slide 1



Slide 2



Slide 3

Three considerations

- Who is the source of the information?
  - If not a covered entity, no Privacy Rule requirements
- Who is seeking the information, for what purpose?
  - Privacy Rule limits on disclosures vary
- What is the information sought?

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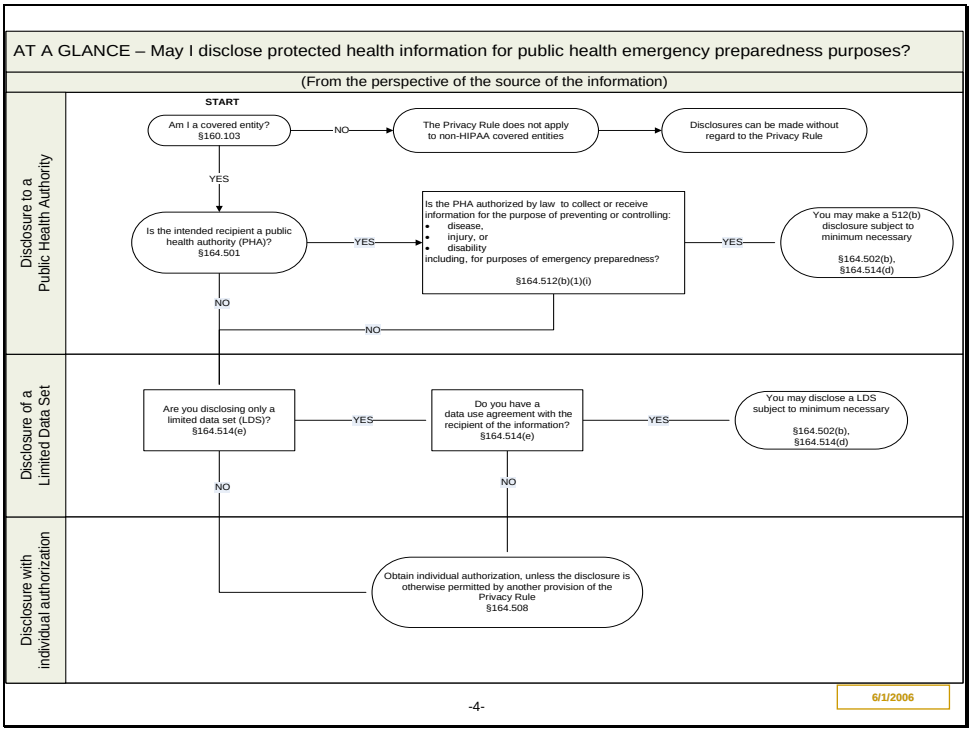
Slide 4



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Slide 5

Am I a covered entity (CE)?

§160.103

A covered entity is

- **A health plan**. An individual or group plan that provides, or pays the cost of, medical care. Health plans include private entities (e.g., health insurers and managed care organizations) and government organizations (e.g., Medicaid, Medicare, and the Veterans Health Administration)
- **A health care provider**. A provider of health care services and any other person or organization that furnishes, bills, or is paid for health care in the normal course of business. Health care providers (e.g., physicians, hospitals, and clinics) are covered entities ***if they transmit health information in electronic form*** in connection with a transaction for which a HIPAA standard has been adopted by HHS. (e.g., billing)
- **A health care clearinghouse**. A public or private entity, including a billing service, repricing company, or community health information system, that processes non-standard data or transactions received from another entity into standard transactions or data elements, or vice versa.

For more specific decision tool options to determine if you are a covered entity, go to http://www.cms.hhs.gov/apps/hipaa2decisionsupport/default.asp

NEXT ➔ If **YES**, go to page 6 or **NO**, go to page 11

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Slide 6

Multiple Roles

- Some public agencies perform both covered entity functions (e.g. provider, health plan) and other functions (e.g. public health).
- These agencies may choose to be *hybrid entities*, so that the information held by the non-covered component would not be subject to the Privacy Rule.
- Special provisions apply; basically, the covered component (provider, health plan) must limit information shared with the rest of the organization the same way that it limits disclosures to other entities.
- *Specific questions should be addressed to the agency's privacy official or general counsel.*

NEXT ➔ go to page 7

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Slide 7

Covered entities may disclose PHI for many purposes

- Many emergency preparedness activities are public health activities (e.g., those that prevent or control disease, injury or disability)
- Covered entities may disclose certain PHI to appropriate public health authorities for such activities

NEXT ➔ go to page 8

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Slide 8

Is the intended recipient a PHA?

§164.501

A Public Health Authority is

- an agency or authority of the United States Government,
- a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or
- a person or entity acting under a grant of authority from or contract with such public agency that is responsible for public health matters as a part of its official mandate.

Examples of PHAs include:

- Local health departments
- State public health agencies
  - state health departments
  - state cancer registries
  - state vital statistics departments
- Tribal health agencies
- Federal public health agencies
  - Food and Drug Administration (FDA)
  - Centers for Disease Control and Prevention (CDC)
  - Occupational Safety Health Administration (OSHA)

NEXT ➔ If **YES**, go to page 9 or **NO**, go to page 12

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Slide 9

Is the PHA authorized by law to collect the information?

A covered entity may disclose PHI for public health activities and purposes… to a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including the conduct of public health interventions.

Note: *The Rule also providers for disclosures for public health surveillance and public health investigations.*

A covered entity can only disclose to a PHA if the PHA has a statute or regulation permitting or requiring the receipt of that information.

Ex. Pursuant to federal law, hospitals regularly report health statistics to the CDC, consistent with the Privacy Rule

A particular PHA will not be authorized by law to collect or receive information for all public health activities. Must determine whether the PHA has authority for the activity.

Ex. MSHA is a PHA that is unlikely to be authorized to receive communicable disease reports

NEXT ➔ If **YES**, go to page 10 or **NO**, go to page 11

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Slide 10

The disclosure is permitted

You may make a public health disclosure under 512(b) subject to minimum necessary

§§164.502(b), 164.514(d)

- Covered entities must limit the PHI disclosed for public health purposes to the amount reasonably necessary to accomplish the public health purpose.
- For routine and recurring public health disclosures, covered entities may develop standard protocols, as part of their minimum necessary policies and procedures, that address the types and amount of PHI that may be disclosed for such purposes.
- Covered entities may reasonably rely on a public official's request as constituting minimum necessary for the stated purpose if the public official so represents.

END

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Slide 11

Not a covered entity

The Privacy Rule applies only to covered entities

- The Privacy Rule does not apply to all persons or entities that regularly use, disclose, or store individually identifiable health information.
- For example, the Privacy Rule does not cover employers, certain insurers (e.g., auto, life, and worker compensation), Protection & Advocacy Organizations or public agencies that perform public health activities or deliver social security or welfare benefits, when functioning solely in these capacities.
- The Privacy Rule does not apply to individual consumers. For example, a consumer may provide information directly to anyone without an authorization.

END

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Slide 12

The data recipient is not a PHA?

- Covered entities may disclose information in a limited data set (LDS), when it has obtained a data use agreement with the data recipient
- With a data use agreement, covered entities may disclose a LDS for public health purposes, such as emergency response planning, to organizations that are not PHAs
- For example, a nursing home could disclose that a patient is a 101 year old woman who uses a motorized wheelchair

NEXT ➔ go to page 13

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Slide 13

Are you disclosing only a limited data set (LDS)?

§164.514(e)

A covered entity may disclose a LDS for public health

A LDS is protected health information that excludes the following direct identifiers of the individual or of relatives, employers, or household members of the individual:

- Names
- Postal address information, other than town or city, State, and zip code
- Telephone numbers
- Fax numbers
- Electronic mail addresses
- Social Security numbers
- Medical record numbers
- Health-plan beneficiary numbers
- Account numbers
- Certificate and license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifies including fingerprints and voice prints
- Full-face photographic images and any comparable images

NEXT ➔ If **YES**, go to page 14 or **NO**, go to page 16

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Slide 14

Do you have a data use agreement (DUA) with the recipient of the information?

§164.514(e)

A data use agreement establishes who is permitted to use and receive the LDS, and the permitted uses and disclosures of such information by the recipient, and provides that the recipient will:

- not use or disclose the information other than as permitted by the DUA or as otherwise required by law,
- use appropriate safeguards to prevent uses or disclosures of the information that are inconsistent with the DUA,
- report to the covered entity uses or disclosures that are in violation of the DUA, of which it becomes aware
- ensure that any agents to whom it provides the LDS agree to the same restrictions and conditions that apply to the LDS recipient, with respect to such information, and
- not re-identify the information or contact the individual.

NEXT ➔ If **YES**, go to page 15 or **NO**, go to page 16

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Slide 15

The disclosure is permitted

You may disclose a LDS subject to minimum necessary

§§164.502(b), 164.514(d)

- Covered entities must limit the PHI disclosed for public health purposes to the amount reasonably necessary to accomplish the public health purpose.
- For routine and recurring public health disclosures, covered entities may develop standard protocols, as part of their minimum necessary policies and procedures, that address the types and amount of PHI that may be disclosed for such purposes.
- Covered entities may reasonably rely on a public official's request as constituting minimum necessary for the stated purpose if the public official so represents.

END

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Slide 16

Disclosure with individual authorization

§164.508

- The covered entity must obtain individual authorization, unless the disclosure is otherwise permitted by another provision of the Privacy Rule
- Authorization must meet all requirements in the Privacy Rule to be valid
- Minimum necessary does not apply

END

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Slide 17

More Questions?

- http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/emergency/decisiontoolintro.html
- Frequently asked questions (FAQ's)
- Summaries
- Fact sheets

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Appendix B. Missouri and Kansas Regulations on Emergency Plans for Special Needs Populations

Below is a summary of laws and regulations related to emergency preparedness planning and contingency plan development as they apply in the State of Kansas and the State of Missouri for special needs populations. Website links have been provided for convenience as are accurate as of the date listed on the cover of this planning guide. Emergency managers can reference this appendix and the links for specific information on applicable regulations. However, since Kansas City

It should be noted that

MISSOURI REGULATIONS ON EMERGENCY PLANS

Special Needs Population Planning (Annex X)

Annex X of the State Emergency Operations Plan, which provides the state guidelines for individuals with special needs during an emergency event, was finalized and distributed to partners in March 2008. DHSS is the lead agency for special needs preparedness and worked through the Special Needs Population Steering Committee to finalize Annex X. The Special Needs Population was defined as persons requiring personal/medical assistance (elderly, persons with disabilities, homebound, homeless, displaced children, morbidly obese, domestic violence victims, non-English speaking and tourists).

Missouri State Plan on Aging

Disaster Preparedness: The Missouri Alliance for Area Agencies on Aging (MA4) also participates on the Special Needs Task Force, coordinating with the state in the implementation of Annex X of the State Emergency Operations Plan.
[Page 12-- http://www.dhss.mo.gov/SeniorServices/MOStatePlanonAging2007-2011.pdf]

The Division of Senior and Disability Services also has developed an Emergency Response plan for statewide activities related to seniors and adults with disabilities living in the community.
[Page 22-- http://www.dhss.mo.gov/SeniorServices/MOStatePlanonAging2007-2011.pdf]

Missouri State Plan on Aging, Attachment C: State Plan Provisions & Information Requirements

Through contracts and area plans, that State Unit ensures Area Agencies coordinate planning activities with state and local entities in the long-range emergency preparedness plans in compliance with mandates of the act and state regulation [19 CSR 15-4.190 (9)]. State regulation requires each Area Agency to develop a comprehensive, coordinated disaster preparedness plan that incorporates requirements of the respective service providers in the planning and service area.
[Page C-1-- http://www.dhss.mo.gov/SeniorServices/MOStatePlanonAging2007-2011.pdf]

Intermediate Care and Skilled Nursing Facility

19 CSR 30-85.022. Fire Safety Standards

19 CSR 30-85.042. Administration and Resident Care Requirements

19 CSR 30-85.052. Dietary Requirements

http://www.sos.mo.gov/adrules/csr/current/19csr/19c30-85.pdf (dated 4-30-09)

Residential Care Facilities and Assisted Living Facilities

19 CSR 30-86.022 Fire Safety Standards

19 CSR 30-86.045 Standards and Requirements for Assisted Living Facilities Which Provide Services to Residents with a Physical, Cognitive, or Other Impairment that Prevents the Individual from Safely Evacuating the Facility with Minimal Assistance

19 CSR 30-86.047 Administrative, Personnel and Resident Care Requirements

19 CSR 30-86.052 Dietary Requirements for Residential Care Facilities and Assisted Living Facilities

http://www.sos.mo.gov/adrules/csr/current/19csr/19c30-86.pdf (dated 4-30-09)

Adult Day Care Programs

19 CSR 30-90.040 Staffing Requirements

19 CSR 30-90.070 Fire Safety and Facility Physical Requirements

http://www.sos.mo.gov/adrules/csr/current/19csr/19c30-90.pdf (dated 2-28-05)

Missouri Governor's Council on Disability

GCD Strategic Plan 2009-10 (September 08 Revision)

Strategy F: Provide supports to disaster preparedness program for persons with disabilities.

[http://www.disabilityinfo.mo.gov/gcd/pdf/GCDStrategicPlan2009-10.pdf]

KANSAS REGULATIONS ON EMERGENCY PLANS

Kansas State Plan on Aging, Federal Fiscal Years 2010 –2013

Disaster Preparedness, page 20
[http://www.agingkansas.org/Publications/State_Plan_2010-2013.pdf]

Assisted Living / Residential Health Care Facilities

26-41-104. Disaster and emergency preparedness.

[http://www.aging.state.ks.us/PolicyInfo_and_Regs/ACH_Current_Regs/ACH_RegSets/ALF_Regs_Complete.pdf]

(Authorized by and implementing K.S.A. 39-932; effective May 29, 2009.)

Home Plus Facilities

26-42-104. Disaster and emergency preparedness

[http://www.aging.state.ks.us/PolicyInfo_and_Regs/ACH_Current_Regs/ACH_RegSets/HP_Reg

s_Complete.pdf]

(Authorized by and implementing K.S.A. 39-932; effective May 29, 2009.)

Adult Day Care Facilities

26-43-104. Disaster and emergency preparedness

26-43-103. Staff development

[http://www.aging.state.ks.us/PolicyInfo_and_Regs/ACH_Current_Regs/ACH_RegSets/ADC_Regs_Complete.pdf]

(Authorized by and implementing K.S.A. 39-932; effective May 29, 2009.)

Nursing Facilities

28-39-163. Administration

28-39-156. Pharmacy services

28-39-162a. Nursing facility physical environment; general requirements

28-39-162c, Physical Environment, Mechanical and Electrical Requirements

[http://www.aging.state.ks.us/PolicyInfo_and_Regs/ACH_Current_Regs/ACH_RegSets/NF_Regs_Complete.pdf]

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997; amended October 8, 1999.)

Boarding Care Homes

28-39-409. Environmental sanitation and safety; disaster preparedness standard.

[http://www.aging.state.ks.us/PolicyInfo_and_Regs/ACH_Current_Regs/ACH_RegSets/BC_Regs_Complete.pdf] Note: These regulations use the term "Disaster Preparedness"

(Authorized by and implementing, K.S.A. 39-932; effective December 16, 1987; amended May 1, 1988.)

Adult Family Homes

39-1504: Same; requirements for registration. The secretary shall administer the adult family home registration program in accordance with the following requirements:

(a) (1) The home shall meet health standards and safety regulations of the community and the provisions of chapter 20 of the national fire protection association, life safety code, pamphlet no. 101, 1981 edition.

(2) The home shall have a written plan to get persons out of the home rapidly in case of fire, tornado or other emergency.

[http://kansasstatutes.lesterama.org/Chapter_39/Article_15/]

Intermediate Care Facility for Persons with Mental Retardation (ICF/MR)

None specifically enumerated in the regulation for ICFMRs.

Only reference is from the Federal Register / Vol. 53. No. 107 / Friday, June 3, 1988 / Rules and Regulations related to entities that choose to provider laboratory services.