

A Guide for
**Emergency
Planners**
Considerations for Individuals
with Non-Typical Functional Needs



DELAWARE HEALTH AND SOCIAL SERVICES

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References

Report to the New Mexico Department of Health. A document for emergency preparedness planning for a bioterrorist event that includes the needs of people with disabilities, seniors, and individuals with chronic mental illness.

National Organization on Disability. Guide on the special needs of people with disabilities for emergency managers, planners & responders.

Katrina/Rita Solutions. November 21, 2005.

US Census, 2000.



The individual with non-typical functional needs is generally someone who is physically or mentally challenged or has visual, auditory or cognitive disabilities. The individual could also be homeless, institutionalized, non-English speaking, a child or representative of a minority group.

Individuals with non-typical functional needs comprise a large percentage of the population in the United States (US). It is helpful to look at a few statistics:

- Nearly 50 million people in the US have some type of disability (US Census).
- There are approximately 10 million people in the US who are blind and visually impaired (American Foundation for the Blind).
- There are 1.5 million wheelchair users (US Census).
- There are 4.6 million people in the US who are elderly (US Census).

Whether the disaster is natural or manmade, people with non-typical functional needs are the most vulnerable amongst the US population. However, most emergency plans do not address the needs of all people, specifically those with non-typical functional needs. It is important to address the non-typical functional needs before the emergency and incorporate them into comprehensive emergency preparedness plans.

Special needs planning for emergencies includes making provisions and developing systems and plans that address the requirements necessary to meet the non-typical functional needs of individuals.



Facility Requirements

- ❑ Accessible for individuals who use wheelchairs, scooters, canes, and crutches.
- ❑ Consider renting wheelchairs/golf carts to assist in transporting disabled, frail, and morbidly obese.
- ❑ Consider separate waiting lines to expedite frail and ill persons with an attendant present if needed.

Children

- ❑ Children with non-typical functional needs should carry an information card with them in the event they are separated from their parent/caregiver.
- ❑ Designate a lost child area with specific security procedures.
- ❑ Ensure that pediatric equipment and supplies are available.
- ❑ Comfort items are available such as toys and play areas.





Medical Equipment and Medications

- Consider how medications will be supplied if current supply is not available.
- Refrigeration and lock box may be needed for some medications.
- Ensure that powered medical equipment has chargers and a source of power.
- Label all personal medical equipment with name and home address.
- Have security personnel to watch over medications.

- Sufficient and clear signage identifying:**
 - Entrance
 - Exit
 - Services
 - Specialized vehicle parking, such as an ambulance
 - Smoke detectors
 - Fire extinguishers
 - Fire pull stations
 - Automated External Defibrillator (AED) locations
 - Bathrooms
 - Security
 - Language station(s)
 - Evacuation procedures and floor diagrams
- Minimal accessibility guidelines are met.**
 - Handicapped accessible restrooms
 - Doorways large enough for wheelchairs
- Walkways are accessible to the building, slip free, and free from obstruction and/or barriers.**
- Adequate disabled parking and signage is available.**
- Service animal necessities:**
 - Designated outside grassy area and fenced
 - Water & feeding supplies
 - Clean-up supplies (lined trash cans and bags)
- Generator on-site and able to provide sufficient electricity for specialized medical equipment.**



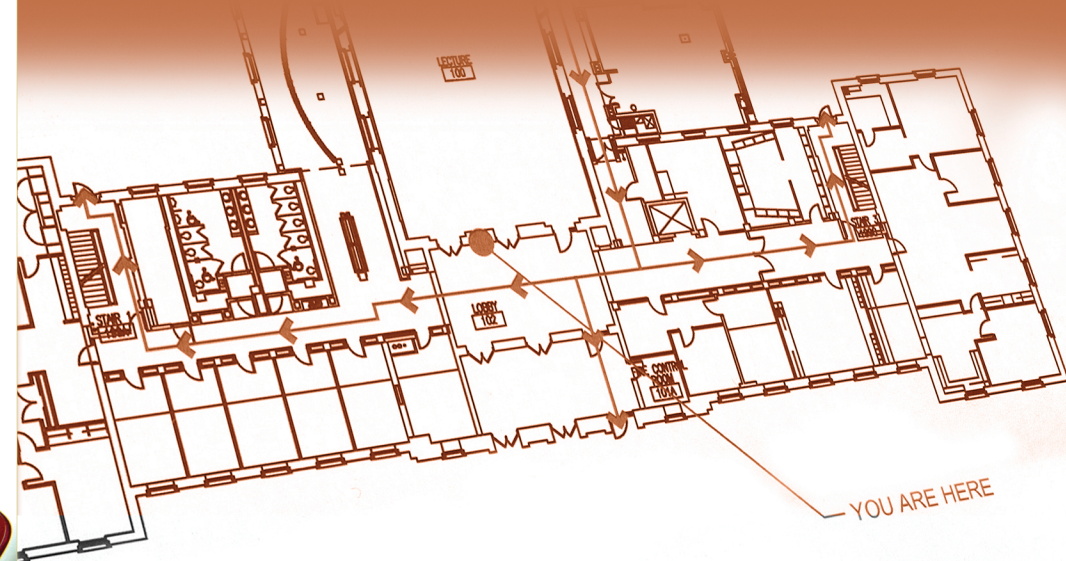
Communication

- ❑ **Literature is offered in various formats:**
 - Braille
 - Large print
 - Audio cassette
 - Various languages
 - Maps
- ❑ **Information is tailored for those with low literacy levels and is culturally sensitive or culturally appropriate.**
- ❑ **Emergency information can be obtained via different routes:**
 - TTY/TDD
 - Websites
 - Radio
 - E-mail
 - Closed Captioning Television
 - Newspapers
- ❑ **Communication access is available:**
 - Interpreters, including American Sign Language (ASL) staff
 - People to assist with filling out paperwork or taking notes
- ❑ **Consider an internet café and/or phone bank with lower tables for wheelchair use.**
- ❑ **Consider having screen reader software such as “JAWS” available.**



Evacuation

- ❑ **Evacuation equipment is available, such as chairs and aids.**
- ❑ **Encourage people to take their medical equipment and medications, if at all possible.**
- ❑ **Passageways are accessible and barrier-free.**
- ❑ **A short-term and long-term evacuation plan is in place, staff are trained, and drills are done on a regular basis.**
- ❑ **Evacuation maps posted in all areas.**





Training

- ❑ **Volunteers and staff are adequately trained to assist individuals with non-typical functional needs.**
- ❑ **Volunteers and staff should understand what tools or methods can be used to interact with and assist people with different types of disabilities.**
 - Carrying pen and paper to communicate with someone who is deaf or hard of hearing
 - How to properly lead someone who is blind
 - How to properly handle a psychiatric emergency
- ❑ **Volunteers and staff should understand how to address uncommon situations such as helping those with special pediatric requirements and those who are medically fragile.**



Sheltering

- ❑ **Sites are accessible (see facility requirements).**
- ❑ **Individuals are properly assessed for any type of disability, not just a physical disability.**
- ❑ **Areas within the shelter are dedicated for children and medically fragile.**
 - **Areas designated for children should be monitored for access of unauthorized personnel.**
- ❑ **Internal transporters or escorts to assist people with ambulating (e.g. going to the restroom).**
- ❑ **Designated sleeping areas for single women, elderly, families, and children.**
- ❑ **Specialized cots or beds for elderly, children, and infants.**
- ❑ **Designated areas in the shelter for service animals and their owner.**
- ❑ **Maintain a resource list of state disability experts and agencies as well as family organizations.**
- ❑ **Interpreter services are available.**
- ❑ **Allow family members and care givers to accompany people who need medical needs shelters.**
- ❑ **Consider assigning a “buddy” to someone who may need additional assistance while in the shelter.**
- ❑ **Consider having segregated areas for individuals who become overloaded by sensory stimulation.**



Food Services

- ❑ Continuation of meals is not disrupted. Alternate food providers are readily available to support food service operations.
- ❑ Consider having agreements with food suppliers for assistance during an emergency.
- ❑ Individuals with special dietary needs are considered. Some examples include:
 - Low-sodium diets
 - Soft diets
 - Diabetics
 - Tube feedings
- ❑ Food distribution sites are accessible for those with disabilities. Are tables at appropriate height?
- ❑ Menu posted with meal times.
- ❑ Label all meals with ingredients for those with specialized diets or food allergies.
- ❑ Persons available to assist with feeding.
- ❑ Provide supplemental snacks to those who require small, frequent meals.
- ❑ Facilities that care for people with functional needs should maintain a 3 day supply of food and water.

Transportation

- ❑ Consider what modes and types of transportation are needed to transport people in an emergency.
 - Wheelchair accessible
 - Capable of holding medical equipment
 - Lift-equipped school or transit buses
 - Seatbelts
 - Infant booster seats
- ❑ Designate marked drop-off areas for specialized transportation.
- ❑ Provide taxi vouchers to those who need door-to-door pickup.