

MGT-403 Access and Functional Needs Preparedness Planning for Rural Communities

The purpose of this course is to ensure the safety of people with access and functional needs including older adults, particularly those residing in assisted-living and nursing homes during a crisis event by increasing knowledge among community emergency planners in the area of preplanning and preparedness.

- The 2017 wildfires in California and hurricanes in Florida, Texas, and Puerto Rico have put a spotlight on seniors and those with access and functional needs, including a number of deaths that authorities have said were preventable.
- The majority of Sonoma County, California wildfire victims were in their 70s and 80s, were found in their homes reduced to ashes and bones, and were identified using medical implants with unique serial numbers.
- Over a dozen residents of a Hollywood, Florida nursing home died in the month after Hurricane Irma knocked out the facility's air conditioning.
- After Hurricane Maria hit Puerto Rico in September, seniors were trapped in homes and shelters, unable to get the crucial medical care they needed. (CNN, October 17, 2017)

It is important to encourage outreach to the whole community so that everyone is aware that these individuals may require personalized care, transportation, shelter, and medical assistance that must be considered before the crisis occurs. This course focuses on the preparedness phase of emergency management. The National Response Framework (NRF) (June, 2016) and the National Preparedness Goal (NPG) (September, 2015) target efforts and enable the whole community to participate in preparedness activities and to be full partners in incident response.

Individuals with access and functional needs, as they relate to emergency preparedness and response, may include those who have disabilities; live in institutionalized settings; are older adults; are children; are from diverse cultures; have limited English proficiency or are non-English speaking; or are transportation disadvantaged. The NRF and NPG refer to individuals with access and functional needs as those who may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining health, independence, communication, transportation, support, services, self-determination, and medical care. These individuals may require assistance with durable medical equipment (DME), assistance from a caregiver, and if pre-disaster support is not available, pharmaceuticals, accessible transportation, and sheltering must be considered before the crisis occurs.

This course aligns with the NRF and NPG definition of access and functional needs as well as the 2015 FEMA Language Guidelines for Inclusive Emergency Preparedness, Response, Mitigation, and Recovery.

When referring to people with access and functional needs, we are referring to people with and without disabilities who have physical, programmatic, and effective communication accessibility requirements. Meeting access and functional needs enables equal access to emergency programs for the whole community.

In 2012, the U.S. Census Bureau reported that about 56.7 million people, or approximately 19% of the population had a disability in 2010, according to a broad definition of disability. With the inclusion of aging baby boomers, English as a Second Language (ESL), minority groups, and children, that number rises to nearly half of the total population. These numbers remain constant in rural areas. Because of their restrictions and gaps in community support, rural people with access and functional needs are at greater risk of injury and death during a crisis event than those living in suburban and urban areas. Not only is emergency planning for people with access and functional needs not common nationwide, but it is even less common in rural communities.

People with access and functional needs in rural communities face many of the same challenges during a crisis event as their suburban and urban counterparts, but they do so with fewer local resources covering a much larger geographic area. In order to meet their needs, rural emergency planners must build partnerships and reliable communications, establish thorough evacuation plans, equip shelters, and tackle issues—from medical matters, to safety and security, to service animals.

Most importantly, planners must work to reach out to people with access and functional needs in all preparedness efforts, and collaborate with them, their care providers, and the general public on activities needed to ensure their survival in the face of a major crisis event.

Target Audience

The course target audience includes the following: Emergency responders, city government, county government, state government, nongovernmental agencies, community leaders, health professionals, volunteers, local community groups, businesses and corporations with a local presence, professionals from retirement, nursing, and assisted-living facilities, and long-term care facilities.

Table of Contents

Overview: Introduction, Agenda, and Pre-Assessment	i-1
Introduction	i-1
Course Description	i-11
Agenda	i-13
Introduction: Review of Common Programs and Continuity Resources	i-15
Overview	i-19
National Incident Management System (NIMS)	i-19
Components of the 2017 NIMS	i-20
Incident Command System (ICS)	i-22
National Preparedness Goal (NPG) Mission Areas	i-25
Recovery Stages	i-25
Disaster Strikes—The Emergency Management Cycle Begins	i-26
Federal Standards Programs	i-27
Emergency Management Accreditation Program (EMAP)	i-27
PS-Prep™	i-27
Rural Considerations	i-28
Additional Continuity Resources	i-28
Introduction Review	i-31
Introduction Summary	i-31
Module One: Partnerships	1-1
Access and Functional Needs Overview	1-5
Whole Community Overview	1-6
Whole Community Principles	1-7
Whole Community Themes	1-7
Getting Started With Partnerships	1-8

Recruit Partners	1-9
Prepare Partners	1-13
Module One Review	1-15
Module One Summary	1-15
Module Two: Individual Considerations	2-1
Overview	2-5
Encourage Participation	2-5
Address Psychological Barriers	2-5
Address Sociological Barriers	2-6
Provide Preparedness and Response Tools	2-8
Be Informed	2-8
Get a Kit	2-12
Module Two Review	2-18
Module Two Summary	2-18
Module Three: Community Considerations	3-1
Overview	3-6
Engage the Public	3-6
Address Communication Barriers	3-6
Identify Emergency Media	3-7
Establish Communication Best Practices	3-7
Plan the Response	3-11
Addressing Response Barriers	3-11
Identify and Accommodate Evacuation Needs—Smart911™	3-12
Apply It!	3-13
Address Medical Matters	3-16
Determine Shelter Services	3-18
Equip a Shelter	3-20
Promote Safety and Security	3-20
Include Financial Planning	3-21
Module Three Review	3-23
Module Three Summary	3-23
Module Four: Care Provider Considerations	4-1
Overview	4-5
Build Reliable Communications	4-5
Identify Key Audiences	4-6
Identify Emergency Media	4-7
Follow Communication Best Practices	4-7
Evacuation Considerations	4-8
Identify Evacuation Barriers	4-8
Follow Evacuation Best Practices	4-9
Create Resident Bundles	4-10
Plan the Response	4-11
Work With Partners	4-11
Develop a Sheltering Plan	4-12
Manage Residents With Dementia	4-12
Module Four Review	4-16
Module Four Summary	4-16
Post-Assessment	4-17
Module Five: Preparedness and Response Tabletop Activity and Evaluation	5-1

Overview	5-4
Welcome to Troutville	5-6
April 1–Troutville Gets an Opportunity	5-11
Module Five Review	5-22
Module Five Summary	5-22
Appendices	
Appendix A: Other Resources	A-1
Appendix B: Emergency Information Form Example	B-1
Appendix C: Smart911 [™] Community Outreach Materials	C-1
Appendix D: Evacuation Transportation Memorandum of Agreement Sample	D-1
Appendix E: Evacuation Preparedness and Response Checklist	E-1
Appendix F: Shelter Triage Examples	F-1
Appendix G: FEMA Inclusive Language Guidelines	G-1