



North Carolina  
Disability and  
Elderly Emergency  
Management  
( D E E M )



FEMA/Greg Henshall

# REPORT OF RECOMMENDATIONS

*September 2008*



# Disability & Elderly Emergency Management

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As co-chairs of the Disability and Elderly Emergency Management (DEEM) Initiative, we are pleased to share this Report of Recommendations from the DEEM Task Force and affiliated subcommittees. We feel these recommendations are a valuable tool to assess and guide disaster planning for older adults and people with disabilities. The work of the DEEM Task Force coincides well with the General Assembly's recent directive, House Bill 2432 ([R] Ch. SL 2008-162), which calls on the Division of Emergency Management and the NC Association of County Commissioners to further study and develop county capability to plan for, respond to, and manage disasters.

With the efforts of the DEEM Task Force completed, we are working to assure sustained attention to its recommendations by:

- Encouraging the State Emergency Response Commission (SERC), as an advisory body to the Secretary of the Department of Crime Control and Public Safety, to consider how agenda issues and proposed actions would affect older adults, people with disabilities, and those with other significant accommodation needs (transportation, communication, etc.);
- Suggesting that resources be secured to create at least one permanent position within the Division of Emergency Management dedicated to planning, preparing, training, and organizing disaster response capacity to represent these populations' needs, working in partnership with the Department of Health and Human Services and many other stakeholders;
- Working with the North Carolina House Standing Committee on Homeland Security, Military and Veterans Affairs, and the Senate's Joint Select Committee on Emergency Preparedness and Disaster Management Recovery, to assure that adequate consideration and resources are brought to issues affecting state and local response to older adults, people with disabilities, and those with other significant accommodation needs; and
- Incorporating, wherever possible, these recommendations developed by the DEEM Task Force within the State Emergency Management Plan.

We applaud your attention to improving emergency management outcomes for all of your citizens and hope this Report of Recommendations assists you in your efforts.

Sincerely,



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The DEEM Task Force expresses special appreciation to all the individuals and agencies who provided recommendations through community forums, focus groups, various conference workshops, and the DEEM website. The DEEM Task Force is grateful to the members of the Mitigation, Preparedness, Response, and Recovery committees for their review of the community information, their research of the issues, and their recommendations to the Task Force. The DEEM Task Force would like to thank the directors and staff of the Area Agencies on Aging for their coordination and hosting of all forum events.

The DEEM Task Force also expresses appreciation to the NC Division of Aging and Adult Services, the Triangle J Council of Governments, the Triangle J Area Agency on Aging, and the NC Division of Emergency Management for their leadership and logistical support.



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## Executive Summary

One in five people over age five in North Carolina has a disability. Nearly one in five North Carolinians are 60 years of age or older<sup>1</sup>. Anecdotal and factual evidence shows that older adults and people with disabilities are at disproportionate risk during disasters. Unfortunately, many of our state's elderly and people with disabilities face economic and transportation challenges, are more dependent on outside assistance, and often misjudged as less capable. These factors pose significant barriers to their preparation for and response to major disasters. The Disability and Elderly Emergency Management (DEEM) Initiative, a multi-agency endeavor, was created to reduce that risk by identifying ways to strengthen the emergency preparedness and response for people with disabilities and older adults living in North Carolina.

### Creation of the DEEM Initiative

DEEM had its roots in Executive Order 13347, which was published in the Federal Register on July 26, 2004. The Order was created to support the safety and security needs of people with disabilities and established Homeland Security's Coordinating Council on Emergency Preparedness and Individuals with Disabilities.

In June 2006, the U.S. Departments of Health and Human Services and Homeland Security hosted the Working Conference on Emergency Management and Individuals with Disabilities

and the Elderly in Washington, DC ([www.add-em-conf.com](http://www.add-em-conf.com)). Each state was asked to send a delegation representing the aging population, people with disabilities, health, emergency management, and homeland security to the conference. North Carolina's delegation included Secretary Bryan Beatty (NC Crime Control and Public Safety), Warren Moore (NC Division of Emergency Management), Allison Breedlove (Governor's Advocacy Council for Persons with Disabilities), Heather Burkhardt (NC Division of Aging and Adult Services), and Joy Reed (NC Division of Public Health).

After the conference, Secretary Beatty requested that North Carolina host a similar summit to review North Carolina's emergency preparedness for the elderly and people with disabilities. In the summer of 2006, a steering committee was formed to explore the possibility of conducting a North Carolina conference. At the first meeting, the steering committee recommended that a State Plan be created and built upon recommendations from individuals and the agencies that represent the needs of older adults and people with disabilities.

In the spring of 2007, the NC Division of Aging & Adult Services (DAAS) and the Triangle J Area Agency on Aging received homeland security funding to staff the Initiative. A position was created within DAAS as lead staff and Triangle J Area Agency on Aging provided lead office support to the Initiative. Funds were also reserved for the purchase of trailers to contain durable medical equipment for distribution at shelters and other venues during emergency situations.

<sup>1</sup> US Census 2000



## Community Forums as a Foundation

As the first step toward developing a report of recommendations, seven forums were held in North Carolina during the spring and summer of 2007. The forums were conducted in Plymouth, Rocky Mount, Asheville, Elizabethtown, Jacksonville, Burlington, and Mooresville.

The Area Agencies on Aging were active partners in the forums: recruiting the sites, hosting the events, and providing group facilitators. Approximately 400 people representing older adults, people with disabilities, and local providers of emergency and human services attended the forums.

The participants were asked three questions:

1. **Community Change:** What does your community need to change within the coming year so that you feel better prepared for disasters?
2. **Model Programs:** What is your community doing in preparing for or recovering from a disaster that is so outstanding that other communities might want to consider doing?
3. **Equipment Needs:** If you had to leave your home on very short notice and go to a shelter and were unable to take any equipment with you, what durable medical equipment would you need at the shelter?

In response to **Community Change**, there were several areas of consensus among the seven forums:

**Communication:** Forum participants expressed a sense of disconnect between local emergency management and agencies providing services to older adults and people with disabilities. Local EM was not as aware of the needs of these populations, and agencies serving these populations did not know what disaster services their counties were providing. There was strong

consensus to plan jointly and the need to establish protocols, memoranda of understanding, and mutual aid agreements to facilitate emergency plans.

There was a need to know how public messages, prior to or during emergencies, should be shared in an accessible format to people who have hearing, speech or visual disabilities as well as those who were not proficient in English. Likewise, there was need for appropriate communications equipment to accommodate these issues.

**Planning:** Participants wanted more involvement with community and facility emergency plans and to evaluate and be a part of the exercise of those plans.

**Transportation:** Forum participants expressed concern for being able to maximize community transportation resources by overcoming barriers to categorical funding or liability issues; to bring transportation resources from localities outside the impacted area; to have sufficient transportation resources for persons using wheelchairs or for persons who were bed-bound; and to evaluate evacuation routes that may be damaged or inaccessible.

**Sheltering:** There was a need to know who should be placed in what types of shelters and the shelter's capacity and capability to respond to the needs of people with disabilities and older adults.

**Volunteers:** Participants expressed needs to recruit, verify, train, and register volunteers and the need for a model system to handle spontaneous volunteers.

**Pets and Assistance Animals:** There was a need to accommodate animals, particularly assistance animals in homebound, evacuation and sheltering situations.

**Long-Term Care Facilities:** Participants felt more adequate staffing during all phases of disasters was needed, and to better assess the adequacy and implementation of facility disaster plans.

**Training:** There was need for all plans to be exercised, on both state and local levels, to include people with disabilities and older adults, and to train all community groups who provide services to these populations on emergency preparedness procedures.

In response to **Model Programs**, each forum generated a list of programs in their communities that were serving the emergency management needs of the elderly and people with disabilities. Some of these recommended programs are highlighted in this report.

In response to **Equipment Needs**, each forum generated a list of durable medical equipment that could be made available at shelters in order to assist in meeting the needs of older adults and people with disabilities.

Using those lists as a guide, the DEEM Task Force made recommendations to NCEM to aid the purchase of trailers with Homeland Security funds to be deployed in various counties by 2009. Deploying the trailers throughout the state will strengthen the counties' response capacities. The trailers will provide products for mobility, safety and hygiene.

## The Recommendations

Throughout 2008, DEEM committees focused on mitigation, preparedness, response, and recovery. In deciding which issues to address, committee members used information obtained from the community forums and tapped the expertise of many contributors. They then drafted a series of recommendations designed to advise first responders and other stakeholders on ways to strengthen the emergency preparedness and response for people with disabilities and the elderly living in North Carolina.

The recommendations included in this report address diverse issues. Some are specific to departments of emergency management or to one stage such as preparedness or mitigation, and others cross multiple stages and include a role for a variety of first responders and public service agencies. Nearly all of them reiterate a need for increased collaboration across agencies and a suggestion of broadening representation on planning, training, and exercising to include older adults, people with disabilities, and others who face challenges related to disaster preparedness and response. An overarching message of the public forums, committees, and resulting recommendations was the need for uniformity in operations and a sharing of plans, materials, and best practices to reduce multiplicity of work. Participants all expressed examples of groups and agencies "reinventing the wheel" and a desire to move towards more sustainable action.

Local, regional, and state-level professionals and advocates charged with various aspects of emergency management are encouraged to use these recommendations as a measuring tool to identify strengths and weaknesses in organizational capacities for meeting the needs of older adults and people with disabilities and to act and improve where feasible.

**The recommendations are organized into six categories:**

- I. Public Communication and Personal Preparedness
- II. Education and Training
- III. Registries of Individuals
- IV. Transportation
- V. Sheltering Considerations
- VI. Compliance to Laws, Regulations, and Monitoring

## Key points from each of these categories include:

### Public Communications and Personal Preparedness

- Eliminating all risk is not possible. Reducing risk through personal preparedness is possible.
- Everyone, especially older adults and people with disabilities, should have a seven-day supply of medications and a three-to-seven day supply of food and water.<sup>2</sup> A personal or family disaster plan is also recommended.
- There is a vital need to increase compliance to personal preparedness messages.
- An effective Communication Plan should be disseminated at both the state and local level.
- A set of pre-scripted messages in multiple languages should be developed that can be sent to a variety of groups/places for distribution following an event. Materials should be available in alternate formats like large print, Braille, and pre-recorded audiocassettes and CDs.
- Develop preparedness messages using input from stakeholders who represent or serve older adults and people with disabilities as well as actual older adults and people with disabilities.
- Generic information about individual preparedness planning may not be sufficient for older adults and people with disabilities. People who are adapting the information or providing training to these audiences must consider a variety of mobility or sensory needs, cognitive impairments, transport challenges, language barriers, or durable medical equipment needs that could affect someone's ability to become prepared.
- Local EM providers and media outlets must provide public information in accessible formats so that all people, particularly those with hearing or visual disabilities, are fully informed.
- Deaf, hard of hearing and deaf-blind must have equal access to communication resources in

shelters (either interpreters or electronic links to interpreting services) and in their homes to receive important emergency information through accessible messages from emergency public information and accessible communication resources in shelters.

- All professionals charged with helping others become more prepared should be prepared themselves.

### Education and Training

- The key to reducing the disproportionate impacts of disasters on groups such as the elderly and people with disabilities is better coordination between these populations, the agencies and organizations that serve them, and local emergency managers.
- In addition to collaboration at the pre-event planning table, they must share what each organization can provide during and after a disaster.
- Through respectful collaboration, all organizations must work to reduce any "turf issues" that may prevent participation by all recommended partners.
- When exercising real life disasters that involve people with disabilities and older adults, it is imperative to include people who have a disability and/or are experiencing difficulties as a part of their advancing age. Testing a plan with people pretending to have a variety of functional needs is not as effective.
- Human services agencies are very aware of the unique needs of their populations but may be less aware of how to effectively integrate emergency management decisions into their funding, policies and procedures.

<sup>2</sup> [www.ncdhhs.gov/mhddsas/disasterpreparedness/familydisaster2007plan.pdf](http://www.ncdhhs.gov/mhddsas/disasterpreparedness/familydisaster2007plan.pdf)

- Most people are not familiar with the technical language and processes inherent within the emergency management system. Local EM providers need to orient others on their terminologies and provisions of emergency management services. Likewise, those who represent people with disabilities and older adults need to orient local EM providers on the various human services available and how they provide support during disasters.
- Coordination among emergency management, public safety, and health and human service agencies will build substance and solutions into one another's disaster preparedness plans.
- Currently there are more than 180 cities and counties with state approved hazard mitigation plans and each one must undergo a scheduled 5-year update in the next 18-24 months. These guidelines should be changed to require updated plans to account for the challenges facing people with disabilities and older adults.

### Registries of Individuals

- A Registry is a countywide database containing essential information about people with disabilities and older adults with medical or functional<sup>3</sup> needs and can assist local Emergency Responders in planning for disasters.
- Approximately 30 of the 100 NC counties operate Registries, which are often described as Special<sup>4</sup> Needs Registries.
- Registries that document both the location and functional needs of people with disabilities and older adults can be added to local EM plans.
- Data can be helpful in assisting with operations that affect multiple counties, planning large-scale regional or statewide events and developing

<sup>3</sup> A collective term, "functional" is to describe that under usual circumstances these individuals are able to function on their own or with support systems.

<sup>4</sup> The term "special" is not favorably viewed by the vast majority of people with disabilities and older adults. This term assumes separateness, exclusion or discrimination from "normal" society.

resources for local, regional and statewide gaps in disaster response.

- Incorporating Registries into local disaster planning requires thorough security, monitoring and updates that impact the costs to administer the registry. Any potential misuse, such as breaches of confidential data, may pose significant legal issues for local EM providers, i.e., access to HIPAA<sup>5</sup> protected information, etc.

### Transportation

- Transportation is a vital issue that cuts across all phases of emergency management planning.
- Transportation before, during, and after a disaster is especially relevant to meeting the needs of older adults and people with disabilities.
- Transportation officials have likely established agreements to use school buses, vehicles from faith-based groups, and other options, but may need to share that information with others. It is important that information reaches all groups necessary to ensure collaboration and effective follow-through.
- In most cases, the general public and service organizations say they don't know how to access transportation during a disaster.

### Sheltering Considerations

- Most people with disabilities and older adults in NC live in their own homes.
- People with disabilities and older adults do not want to be seen as inherently vulnerable, medically fragile, frail, sick or subject to institutionalization during a disaster event.
- Older adults and people with disabilities can provide real life examples and sensitivity to local EM providers.

<sup>5</sup> The Health Insurance Portability and Accountability Act of 1996. [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)

- Shelter planners must consider those with all types of disabilities, older adults with functional needs, their caregiver(s), family members, mobility devices, other durable medical products, and/or assistance animals.
- Some older adults and people with disabilities use community supports or services, such as in-home care and personal aids, but many do not.
- Requiring all shelters to be physically accessible and increasing responders' understanding of the needs of people with disabilities and older adults will help to reduce bias.
- A disruption may be more traumatic and complex for people with disabilities and older adults.
- People using shelters should not be evaluated in a one-size-fits-all manner. Those with an obvious disability should not be automatically sent to a functional needs or medical shelter.
- Most people can safely reside in Mass Care Shelters with chronic but stable conditions which are not life threatening. This might include, for example, those with diabetes, chronic obstructive pulmonary disease, high blood pressure, arthritis, or asthma.
- Only in cases where the Mass Care Shelters pose a real threat to one's physical, emotional or psychological needs should an alternate shelter be considered. In these instances, every effort should be made to allow family members or supportive caregivers to be sheltered in the same facility to minimize physical, emotional and/or psychological distress and to maintain normal supports and aid self-sufficiency.
- Shelter operators must plan for people who use mobility aides or need alternate communication.
- Some residents seeking shelter will forget to bring their medications or need additional care or equipment. Critical items like wheelchairs and medications may get left behind.
- NC counties who regularly conduct shelter operations do not do so in a consistent manner. Each county within NC interprets differently the roles of personnel and volunteers in shelter operations. There must be more uniformity in operations.
- Disability and older adult groups can assist in evaluating and surveying proposed shelters and other aspects of emergency management. By not including older adults and people with disabilities in local plans, it exposes the risk of local EM providers to legal actions. For example, Oakland, CA disability groups sued the city when it was shown that city planners did not know which shelter sites were accessible or what barriers existed.<sup>6</sup>

### Compliance With Laws, Regulations, and Monitoring

- Planning for people with disabilities and older adults requires careful consideration of enabling laws and regulations that impact emergency management decisions.
- These laws are governed largely by the principles of freedom and equality of opportunity, publicly accessible services, citizen protections and safety. When these principles are violated, they are subject to public scrutiny and possible legal action.
- On October 30, 2000, the Disaster Mitigation Act of 2000 (DMA)<sup>7</sup> was signed into law to amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988. The purpose of the DMA legislation was to reinforce the importance of pre-disaster mitigation planning and reduce the nation's disaster losses. The law

<sup>6</sup> Disability groups declare Oakland emergency planning a disaster [www.dlcma.org/CLRD/DCB/index.htm#Disability\\_groups\\_declare\\_Oakland\\_emergency\\_planning\\_a\\_disaster](http://www.dlcma.org/CLRD/DCB/index.htm#Disability_groups_declare_Oakland_emergency_planning_a_disaster)

<sup>7</sup> Disaster Mitigation Act of 2000 [http://64.233.167.104/search?q=cache:g9x06p9xe2QJ:www.dem.dcc.state.nc.us/Mitigation/Library/dma2000.pdf+Disaster+Mitigation+Act+of+2000+\(DMA\)&hl=en&ct=clnk&cd=2&gl=us](http://64.233.167.104/search?q=cache:g9x06p9xe2QJ:www.dem.dcc.state.nc.us/Mitigation/Library/dma2000.pdf+Disaster+Mitigation+Act+of+2000+(DMA)&hl=en&ct=clnk&cd=2&gl=us)

<sup>8</sup> NC Senate Bill 300 (June 2001) [www.ncga.state.nc.us/Sessions/2001/Bills/Senate/HTML/S300v6.html](http://www.ncga.state.nc.us/Sessions/2001/Bills/Senate/HTML/S300v6.html)



requires local and tribal mitigation plans as a condition for receiving federal disaster assistance.

- Likewise, NC enacted Senate Bill 300 (June 2001)<sup>8</sup>, and required all local governments in North Carolina to meet FEMA's criteria for local hazard plans by August 2002 (effective for state-declared disasters after November 1, 2004) as a condition for state disaster support.



## Abbreviated Recommendation Table

The following table charts each recommendation to delineate their applicable emergency stages; whether the recommendation is tied to local, regional, or state action; if legislative changes may be required; and reference to the specific page in the report where the details of the recommendation can be reviewed.

Abbreviated Recommendation	Involves Mitigation	Involves Preparedness	Involves Response	Involves Recovery	Requires Local Action	Requires Regional Action	Requires State Action	Requires Legislative Action	Page Reference
<b>I. Public Communications and Personal Preparedness</b>									
1. Improve personal preparedness messages.		✗			✗	✗	✗		13
2. Assist older adults and people with disabilities to prepare their residences.	✗	✗			✗				15
<b>II. Education and Training</b>									
3. Broaden EM training and education to include all first responders and human services agencies.		✗	✗	✗	✗	✗	✗		17
4. Develop model local and regional Disaster Response Teams.		✗	✗	✗	✗	✗			20
5. Amend NC SB 300 ([R] Ch. SL 2001-214), to require local EM offices to consult with organizations representing older adults and people with disabilities before approval of hazard mitigation plan updates.	✗						✗	✗	21
6. Increase community leaders' and human service agencies' understanding of and access to state level Volunteer Organizations Active in Disasters (VOAD).			✗	✗		✗	✗		22
<b>III. Registries of Individuals</b>									
7. Develop a model registry and encourage counties to operate a registry. Require local EM providers to meet minimum registry standards.		✗	✗	✗	✗		✗	✗	23
8. Improve the recovery outcomes of community-dwelling older adults and people with disabilities.				✗	✗		✗		25

<b>Abbreviated Recommendation</b>	Involves Mitigation	Involves Preparedness	Involves Response	Involves Recovery	Requires Local Action	Requires Regional Action	Requires State Action	Requires Legislative Action	<b>Page Reference</b>
<b>IV. Transportation</b>									
9. Each county or regional partnership should have a transportation inventory. This completed inventory should be maintained regularly and submitted annually to the state EM office.		✘	✘	✘	✘	✘	✘		26
<b>V. Sheltering Considerations</b>									
10. Develop a model shelter operations plan for all of North Carolina. Require that all shelters be accessible as outlined by the Americans with Disabilities Act.		✘					✘	✘	28
11. Designate a team or individual within the Emergency Operations Center (EOC) or local command center to address and respond to the needs of older adults and those with disabilities.			✘		✘	✘	✘		30
12. Establish a more effective process of providing durable medical equipment (DME) and pharmaceuticals to functional needs and mass care shelters.			✘		✘	✘	✘		32
13. Increase compliance to the Pets Evacuation and Transportation Standards Act of 2006. Improve NC guidelines for evacuation and sheltering of animals during disasters.	✘		✘				✘		34

Abbreviated Recommendation	Involves Mitigation	Involves Preparedness	Involves Response	Involves Recovery	Requires Local Action	Requires Regional Action	Requires State Action	Requires Legislative Action	Page Reference
<b>VI. Compliance to Laws, Regulations, and Monitoring</b>									
14. Revise guidelines pertaining to NC SB 300 and the Disaster Mitigation Act of 2000 to require that the needs of older adults and people with disabilities be more effectively represented within the plan.							✘	✘	35
15. All long-term care facilities should be required to have a comprehensive disaster plan that addresses evacuation and sheltering in place.		✘	✘				✘	✘	36
16. Appoint a legislative study commission to review regulations, rules, and laws pertaining to all long-term and residential facilities. Make statutory and regulatory amendments to make facilities more disaster resistant and to prohibit the construction of facilities for older adults and people with disabilities in areas identified by FEMA's Flood Insurance Rate Maps.	✘						✘	✘	38



# Recommendations

## Public Communications and Personal Preparedness

### RECOMMENDATION 1

#### Improve Personal Preparedness Messages

At the state level, use ReadyNC or similar broad emergency preparedness program, to increase personal preparedness. Enhance the plan currently in place to inform all populations, with increased attention to at-risk populations, about the need for a personal disaster plan and supplies; the resources that will be available during a disaster; and where and how they will receive communications before, during, and after an event.

At the county level, EM offices, in conjunction with other first responders and local human services agencies, should develop and execute a communications plan specific to their residents about personal preparedness. This county plan, highlighting at-risk populations, builds on similar messages and complements the state effort.

At the state level, human service agencies should develop training to educate first responders on the diversity and potential challenges of people with disabilities and older adults.

At the county level, human service agencies should provide specific information to their area first responders about the unique challenges their area older adults and people with disabilities are facing relative to personal preparedness.

SUGGESTED ACTION
<p>Review ReadyNC messages to determine reach of personal preparedness messages to older adults and people with disabilities.</p> <p>Review other existing Emergency Operations Plans (EOP) to determine focus on and reach of personal preparedness messages.</p>
Partners
<p>ReadyNC campaign leaders, state human service agency Public Information Officers (PIOs), first responder PIOs</p>
Considerations
<p>The <i>Ready North Carolina</i> (<a href="http://www.readync.org">www.readync.org</a>) campaign provides North Carolinians with information to prepare for emergencies. Created in partnership with the N.C. Citizen Corps, all 100 county emergency management offices, and the NC Department of Crime Control and Public Safety, and others, the <i>Ready North Carolina</i> may provide a framework upon which to build.</p>

<b>SUGGESTED ACTION</b>
Share with agencies serving older adults and people with disabilities what is in place through ReadyNC at the state level to assist this target population.
<b>Partners</b>
ReadyNC campaign leaders, state human service agency PIOs, first responder PIOs
<b>Considerations</b>
Although each county may need to add a county specific communication plan, this recommendation suggests this personal preparedness public campaign should be directed at the state level, especially for ongoing general communication around personal plans, testing of “best practices” and pre-scripted messages.

<b>SUGGESTED ACTION</b>
Conduct a stakeholders meeting with all Public Information Officers (PIOs) associated with state human service agencies to determine their current personal preparedness outreach efforts.
<b>Partners</b>
Led by North Carolina Division of Emergency Management (NCEM)

<b>SUGGESTED ACTION</b>
Conduct stakeholders meeting with non-governmental organizations (NGOs) and state agencies that serve people with disabilities and older adults to determine the most appropriate messages to disseminate. Develop a plan to share these messages as a state, and also how to help local teams adapt the materials for their own audiences.
<b>Partners</b>
Combined leadership from NCEM and other state agencies

<b>SUGGESTED ACTION</b>
Designate county or regional teams to develop local communications plans.
<b>Partners</b>
County EM and first responders, local and regional human service agencies



SUGGESTED ACTION
Involve the local community.
Partners
County team leadership
Considerations
One idea to involve the community in an ongoing way is to provide a regular forum (similar to a town meeting) at a local school or library where neighborhoods could share their concerns, obtain assistance with personal preparedness, and build support networks.

## RECOMMENDATION 2

### Assist Older Adults and People with Disabilities to Prepare Their Residences

Provide specific housing code information to homeowners on preparing a home for high wind and water impact. Identify local resources for older adults and people with disabilities to contact for assistance in preparation for an event.

SUGGESTED ACTION
Conduct a needs assessment to determine extent of assistance required.
Partners
Existing county or town council program, local and regional organizations within the aging and disability networks
Considerations
Investigate possibility of pairing with a similar housing or emergency preparedness program. If one is not suitable, form new team to conduct assessment.

*One idea to increase participation in personal preparedness planning is to complete activities as a group. The Triangle J Council of Governments Area Agency on Aging created, “Six Simple Steps to Better Disaster Preparedness, A Toolkit for Senior Center Directors and Those Who Program for Older Adults.” This guide provides six lesson plans for facilitators to use to walk participants through the completion of a three-day emergency kit and personal emergency plan. Participants complete the activities as a group and each step builds on the previous one. In addition to use by senior center staff, this Toolkit has been adapted and used by faith-based groups, employee teams, and others. This free Toolkit can be found online at [www.tjaaa.org/providers/links.htm](http://www.tjaaa.org/providers/links.htm).*

<b>SUGGESTED ACTION</b>
Engage the expertise of the Department of Insurance for assistance with NC code standards and guidelines for structural modification.
<b>Partners</b>
Department of Insurance
<b>Considerations</b>
Consider liability implications. Investigate the ramifications of community agencies and organizations assisting with structural improvements.

<b>SUGGESTED ACTION</b>
Analyze a comprehensive range of specific mitigation activities and projects to reduce effects for older adults and people with disabilities.
<b>Partners</b>
Local and regional organizations within the aging and disability networks

<b>SUGGESTED ACTION</b>
Identify and index by service capacity those faith-based and individual resources that actively participate in humanitarian activities in local communities. Join them in their efforts and ask that they increase their involvement to include mitigation as well as determining their roles in all stages of a disaster.
<b>Partners</b>
Local and regional organizations within the aging and disability networks

<b>SUGGESTED ACTION</b>
Prioritize projects that best meet population needs and determine which projects fit with resource capabilities.
<b>Partners</b>
Local and regional organizations within the aging and disability networks

SUGGESTED ACTION
Locate federal, state and foundation funding opportunities.
Partners
Funders, existing county or town council programs, local and regional organizations within the aging and disability networks

SUGGESTED ACTION
Determine what materials and tools must be warehoused to complete the identified number of projects.
Partners
Existing County or Town Council program; local and regional organizations within the aging and disability networks

## Education and Training

### RECOMMENDATION 3 Enhance Training and Education through Collaboration

Broaden state and local EM training and education to include all first responders and human service agencies. Strive for uniformity in planning and exercising activities. Public service agencies and organizations representing older adults and people with disabilities should actively seek collaboration and participation.

SUGGESTED ACTION
Prepare and maintain a list of community service providers charged with disaster response. Include local agencies that will provide necessary resource oversight and referral.
Partners
Local EM offices, local and regional community organizations and agencies within the aging and disability networks

*In the event of an emergency, the Louisburg Senior Center in Franklin County, NC is designated as first shelter site to open. Shelter staff, volunteers, and agencies that came to help were well prepared during their most recent activation in February 2008 due to the area wildfires. That preparation was the result of thorough exercises Franklin County Office of Emergency Services (OES) holds each year at the senior center. By using the Louisburg Senior Center participants during its mock activation, all responders were able to work directly with older adults and people with disabilities. The exercise included the center’s adult day care participants as “sheltees” in the functional needs area of the shelter and remaining participants were registered as mass care sheltees.*

*Randy Likens, of Franklin County OES said, “Using these participants makes it more realistic. These are some of the people that could be a challenge to serve in a real event, so exercising with them is very beneficial.”*

<b>SUGGESTED ACTION</b>
Build knowledge transfer capabilities by sharing information about these provider arrangements with human services agencies and others who would be impacted. Build a system of regular feedback with human service providers.
<b>Partners</b>
NCEM, local EM offices, local and regional organizations within the aging and disability networks
<b>Considerations</b>
State and local EM offices often contract price agreements with community service providers and write Memorandums of Understanding (MOU) with agency providers prior to emergencies. They also maintain updated, available equipment and resource lists and the location of this equipment to be used in emergencies as well as updated area maps and evacuation routes.

<b>SUGGESTED ACTION</b>
Include local agencies charged with serving older adults and people with disabilities in planning sessions that affect at risk populations. Provide these local agencies with a copy of policies and procedures defined by local EM for use in emergencies.
<b>Partners</b>
Local EM offices, local and regional organizations within the aging and disability networks

<b>SUGGESTED ACTION</b>
Hold annual training for non-public safety personnel about the roles of each agency during emergencies.
<b>Partners</b>
Local EM offices, local and regional organizations within the aging and disability networks
<b>Considerations</b>
Local EM can provide training for applicable agencies to include recovery responsibilities and resources; acceptable procedures or policies in requesting resources; and schedule training with NCEM personnel to cover state/federal resources and recovery program eligibility criteria. Recovery resources will include available funding, local, state and federal contacts for various resources, and the chain of command used in obtaining these resources.

<b>SUGGESTED ACTION</b>
Coordinate a staffing pool for back-up and relief workers in emergencies. NCEM, local EM, responders and agencies can develop a procedure to request outside response groups available in a disaster event to relieve responders and agency staff.
<b>Partners</b>
NCEM, local EM offices, responders, and agencies
<b>Considerations</b>
Applicable MOUs with surrounding counties should be written and reviewed annually.

<b>SUGGESTED ACTION</b>
All disaster agencies and programs should receive resources necessary to safeguard their staff and residents during any emergency, including medications and generators. For example, in a pandemic, all EM, responder, and involved agency personnel and their household members should receive the medications necessary for them to function in the community safely. Should the disaster plan mandate the need for a local agency to be open to the public, the building should have a back-up generator capable of covering the needs of the building size.
<b>Partners</b>
Local EM offices; public health and local and regional organizations within the aging and disability networks

<b>SUGGESTED ACTION</b>
Local EM should keep other response and recovery agencies abreast of all training opportunities available at the state and local level to ensure continuity of leadership and information dissemination.
<b>Partners</b>
Local EM offices, local and regional organizations within the aging and disability networks
<b>Considerations</b>
This will involve a commitment to invite all involved agencies and responders to training and planning sessions, and conversely, for all responders and agencies to attend and participate in EM planning and training. A further commitment in time is needed by local EM to write MOUs and contracts and to meet with all participating parties. NCEM will have both a time and monetary commitment for training in counties across the state regarding available state and federal resources and the procedures for obtaining these resources.

## RECOMMENDATION 4

### Improve Local and Regional Efforts through Model Disaster Response Team

All Hazards planning should not be done in isolation. Develop model local and regional Disaster Response Teams with increased participation from community partners, older adults, and people with disabilities.

SUGGESTED ACTION
Assess the disaster response teams or something similar in your area. Determine if there is an existing group that could be expanded or refined to take responsibility for developing this model.
Partners
Local EM offices, local and regional organizations within the aging and disability networks
Considerations
Possible models to consider include: Public Health Regional Surveillance Teams <a href="http://www.epi.state.nc.us/epi/phpr/regions.html">www.epi.state.nc.us/epi/phpr/regions.html</a> and Domestic Preparedness and Readiness Region Committees (DPRC). Utilizing the same regional divisions as the Public Health Regional Surveillance Teams, these committees could be beneficial with added partners representing older adults and people with disabilities.

SUGGESTED ACTION
If there is not a team available, develop Model Local and Regional Disaster Response Teams with minimum standards for membership.
Partners
Local EM offices, local and regional organizations within the aging and disability networks
Considerations
Local Teams could handle resource development, training, pre-planning, post-debriefing, role clarification, and exercises. Regional teams could be expected to address issues like medical shelter staffing and issues; management of regional resources (DME trailers for example), training, exercising, post-event debriefing and role clarification.

<b>SUGGESTED ACTION</b>
Assess team membership for broad representation.
<b>Partners</b>
Local EM offices, local and regional organizations within the aging and disability networks
<b>Considerations</b>
Important member representation includes, but is not limited to, EM, Law Enforcement, Public Health, Hospitals, Rescue, Public Works, EMS, Municipal/Rural Fire Department, Social Services, Rural and Migrant Health, Behavioral Health, Red Cross, Councils on Aging, Centers for Independent Living and others that serve the disability and aging populations, Meals on Wheels, Area Agencies on Aging (AAA), home health care providers, long-term care associations, Tribal and Hispanic leaders and/or staff from North Carolina state-recognized organizations, animal sheltering representatives, and transportation planners.

<b>SUGGESTED ACTION</b>
Incorporate Crisis Intervention Training (CIT) training with Incident Command System (ICS) training.
<b>Partners</b>
Local EM offices, local and regional organizations within the aging and disability networks

## **RECOMMENDATION 5**

### **Raise Expectation of Collaboration with Functional Needs Populations**

Amend NC SB 300 ([R] Ch. SL 2001-214 on 06/15/2001) to require that local EM offices consult with agencies, organizations, and individuals representing elderly populations and people with disabilities before receiving plan approval and to provide these populations with meaningful opportunities to raise issues and suggest strategies that impact them in emergency management.

<b>SUGGESTED ACTION</b>
Add staffing or expertise at NCEM to allow consistent and meaningful plan update procedures for local EM offices.
<b>Partners</b>
Local EM offices, local and regional organizations within the aging and disability networks
<b>Considerations</b>
Local EM offices may not have the capacity to organize and lead inclusive planning programs. Adding planning expertise and funding is vital.

<b>SUGGESTED ACTION</b>
Orient local EM providers on various human service agencies and how they provide support services and interface with local EM providers during disasters.
<b>Partners</b>
Local EM offices, people with disabilities and older adults, local and regional organizations within the aging and disability networks

<b>SUGGESTED ACTION</b>
Demonstrate, through meetings, physical surveys of shelters, training exercises, and participation feedback, etc., meaningful inclusion of older adults and people with disabilities.
<b>Partners</b>
Local EM offices, people with disabilities and older adults, local and regional organizations within the aging and disability networks
<b>Considerations</b>
Inclusion of older adults and people with disabilities will require the physical accessibility of meetings and potential accommodations such as sign language interpreters or large print materials.

**RECOMMENDATION 6**  
**Improve Volunteer Services and Assistance**

Increase community leaders’ and human service agencies’ understanding of and access to state level Volunteer Organizations Active in Disasters (VOAD). [www.dem.dcc.state.nc.us/NcVOAD/index.htm](http://www.dem.dcc.state.nc.us/NcVOAD/index.htm).

<b>SUGGESTED ACTION</b>
Conduct VOAD training twice a year at the Emergency Management Spring and Fall Conferences. An EM lead should invite DSS and other human service leadership from each county.
<b>Partners</b>
NCEM, State VOAD office, local departments of social services
<b>Considerations</b>
VOAD and NCEM should provide educational materials at the conferences.



<b>SUGGESTED ACTION</b>
<p>Conduct VOAD training yearly at Annual VOAD Conference. EM can invite leaders from the DSS, DPH and representatives from organizations serving older adults, people with disabilities, and people with behavioral health needs from each county. The NC Association of Area Agencies on Aging (NCAOA), NC Association of County DSS Directors (NCACDSS), and other identified human service associations as needed should also be invited to conference and training.</p>
<b>Partners</b>
<p>NCEM, state VOAD office, DHHS, Cooperative Extension</p>
<b>Considerations</b>
<p>During community disasters, local agencies are often most aware of the needs of individuals and in a favorable position to connect resources. However, depending on the level of pre-disaster planning and education, agencies may not be aware of the resources the state VOAD program offers.</p>

<b>SUGGESTED ACTION</b>
<p>Invite the state lead for Donations Management to conduct training on Donations Management at the EM Conferences.</p>
<b>Partners</b>
<p>NCEM, Donations Management, state VOAD office</p>
<b>Considerations</b>
<p>Currently, counties in North Carolina do not have a lead in Donations Management.</p> <p>The NC Association of Area Agencies on Aging (NCAOA), NC Association of County DSS Directors (NCACDSS), and other human service associations serving older adults or people with disabilities should be notified of this conference and training.</p>

## Registries of Individuals

### RECOMMENDATION 7

#### Using Registries to Enhance Disaster Planning and Implementation

Develop a model registry and encourage counties to operate a registry. Require local EM providers to meet minimum registry standards.

*In the age of identity theft and potential abuse, neglect and exploitation of people with disabilities and older adults, local EM providers must implement measures to ensure the security of a Registry where sensitive data could be accessible to those who may harm unsuspecting registrants. All Registry-related services must be secure with strict personnel and procedural controls. Those controls should meet minimal standards as reviewed and approved by the North Carolina Emergency Management (NCEM).*

*Local EM providers must educate any potential registrant of the benefits and risks of being enrolled in their Registry. In no case should a Registry be promoted as a reliable substitute for personal preparation.*

*Local EM providers should not assume that their Registries are a definitive census of their populations. They should never force anyone to join a Registry or place one on a Registry without documented consent from that individual. Some individuals will never participate in a Registry as they do not believe their data is secure or do not desire to be identified in a database.*

**SUGGESTED ACTION**

NCEM’s Special Needs Registry Task Force should develop a Model Registry.

**Partners**

NCEM, Special Needs Registry Task Force

**Considerations**

All 100 counties should be encouraged to operate a Registry. The local Registry would not have to follow the Model; however, participating local EM providers should be required to meet minimum standards and interface with the Web Emergency Operations Center (Web EOC).

**SUGGESTED ACTION**

NCEM should announce minimal guidelines, in consultation with the Special Needs Registry Task Force, to analyze the confidentiality, liability and costs of administering registries, and define and approve standards and security measures.

**Partners**

NCEM, Special Needs Registry Task Force

**SUGGESTED ACTION**

NCEM should ensure that Web EOC has the capacity to interface with existing Registry databases.

**Partners**

NCEM, Web Emergency Operations Center

**Considerations**

There is capacity within Web EOC<sup>9</sup> to be a means for those who want to register locally and to provide online bulletin boards, forums, and message posting services to local communities, and to interface with existing registries.

<sup>9</sup> Web Emergency Operations Center (Web EOC) [www.ncsparta.net/eoc6](http://www.ncsparta.net/eoc6)

SUGGESTED ACTION
During a disaster event, local EM should reverse 911 messages for those on Registries using accessible formats, particularly for those with sensory disabilities.
Partners
Local EM offices, NCEM, Web Emergency Operations Center

## RECOMMENDATION 8

### Improving Functional Needs Recovery

Improve the recovery outcomes of community-dwelling older adults and people with disabilities through enhanced continuity of care and more effective management of medical and personal data.

SUGGESTED ACTION
Investigate a possible existing team to incorporate this recommendation. If a suitable team does not exist, establish a team to identify, track, and use available resources to meet the needs of this group during and post-event. Increase the availability of technology to improve portability of medical and personal data (i.e. smart card) and to enhance continuity of care if relocation is necessary.
Partners
Local EM offices, local and regional organizations within the aging and disability networks
Considerations
Invite private sector and other health services agencies to participate in the team to meet the needs as a community.

SUGGESTED ACTION
Allow this team to coordinate the triage and relocation of individuals who may need help, and maintain contact with those individuals who elect to shelter in place to ensure accountability.
Partners
Local EM offices, local and regional organizations within the aging and disability networks
Considerations
Health and human service agency staff can offer a well-trained, ready to act workforce.

<b>SUGGESTED ACTION</b>
Encourage Health Insurance Companies and medical centers and staff to utilize a more portable system for data storage and update.
<b>Partners</b>
Health insurance companies; physicians’ offices, local EM offices, local and regional organizations within the aging and disability networks
<b>Considerations</b>
Utilizing GS 166-A 14/15 and Senate Bill 34, services may be volunteered and can minimize expenses.

<b>SUGGESTED ACTION</b>
This team can coordinate with other agencies to negotiate housing or facility placement in the event that pre-event shelter is no longer an option.
<b>Partners</b>
Local EM offices, people with disabilities and older adults, local and regional organizations within the aging and disability networks
<b>Considerations</b>
Pre-identify housing options. In the event that existing private housing, group facilities, or skilled nursing facilities is devastated, some communities will have very few options for post- disaster housing; especially housing that meets the needs of older adults and people with disabilities.

## Transportation

### RECOMMENDATION 9

#### Create a Transportation Inventory

Each county or regional partnership should have a transportation inventory. This completed inventory should be maintained regularly and submitted annually to NCEM.

<b>SUGGESTED ACTION</b>
Use a template to collect standard information on each transportation resource.
<b>Partners</b>
Local EM offices, town, county, and regional transportation providers
<b>Considerations</b>
A sample transportation template is included in the appendix of this report.

<b>SUGGESTED ACTION</b>
Establish Mutual Aid Agreements (MAA) with transportation agencies and review and renew regularly.
<b>Partners</b>
Local EM offices, town, county, and regional transportation providers
<b>Considerations</b>
Solidify who is in control, under what circumstances vehicles can be commandeered, where they will be stored, etc.

<b>SUGGESTED ACTION</b>
Share your written transportation plan.
<b>Partners</b>
State Department of Transportation (DOT), local EM offices, town, county, and regional transportation providers
<b>Considerations</b>
Knowledge transfer of this information is vital to all partners.

<b>SUGGESTED ACTION</b>
Plan for additional ramps to make buses and vehicles more accessible.
<b>Partners</b>
State DOT, local EM offices, town, county, and regional transportation providers
<b>Considerations</b>
Providing portable ramps to existing vehicles may not be secure and could present liability issues. Planning should incorporate permanent wheelchair-accessible lifts.

<b>SUGGESTED ACTION</b>
Continue to communicate the regulations of how to operate within liability during disasters.
<b>Partners</b>
State DOT, town, agency, county or regional transportation providers
<b>Considerations</b>
Know what the liability is for operating buses and large capacity passenger vehicles in disasters.

<b>SUGGESTED ACTION</b>
Identify volunteer drivers and have them obtain proper training and credentials.
<b>Partners</b>
Local EM offices, town, county, and regional transportation providers
<b>Considerations</b>
Look to expanded volunteer staffing from experienced school bus and public transit drivers.
<b>SUGGESTED ACTION</b>
Identify volunteer assistants who will not be drivers but will help with transport and coordination.
<b>Partners</b>
Local EM offices, town, county, and regional transportation providers
<b>Considerations</b>
Maintain current information and keep in contact regularly regardless of disaster activity.

## Sheltering Considerations

### RECOMMENDATION 10

#### Model Shelter Operation Plan

Develop a model shelter operations plan for all of North Carolina. Require that all shelters be accessible as outlined by the Americans with Disabilities Act.

<b>SUGGESTED ACTION</b>
Investigate goals of existing committees dealing with shelter-related issues. If an appropriate committee for this task cannot be located, convene a state committee on model shelter operations planning.
<b>Partners</b>
NCEM, people with disabilities and older adults, local and regional organizations within the aging and disability networks
<b>Considerations</b>
Goal is to develop minimum shelter standards and best practices.

<b>SUGGESTED ACTION</b>
Identify resources needed for appropriate shelter triage.
<b>Partners</b>
NCEM, people with disabilities and older adults, local and regional organizations within the aging and disability networks

<b>SUGGESTED ACTION</b>
Develop procedures for sheltering equipment.
<b>Partners</b>
NCEM, people with disabilities and older adults, local and regional organizations within the aging and disability networks

<b>SUGGESTED ACTION</b>
Validate plans and placements according to needs and current resources.
<b>Partners</b>
NCEM, people with disabilities and older adults, local and regional organizations within the aging and disability networks

<b>SUGGESTED ACTION</b>
Determine long and short-term recovery needs.
<b>Partners</b>
NCEM, people with disabilities and older adults, local and regional organizations within the aging and disability networks
<b>Considerations</b>
Include realistic projection of financial resources.

<b>SUGGESTED ACTION</b>
Implement plan to accommodate those with hearing or visual disabilities.
<b>Partners</b>
NCEM, people with disabilities and older adults, local and regional organizations within the aging and disability networks

<b>SUGGESTED ACTION</b>
Require sensitivity training and Crisis Intervention Team (CIT) training for all first responders affiliated with shelters.
<b>Partners</b>
NCEM, people with disabilities and older adults, local and regional organizations within the aging and disability networks
<b>SUGGESTED ACTION</b>
Ensure each shelter has sufficient measures to monitor the safety and security of all occupants.
<b>Partners</b>
Local law enforcement, County Departments of Social Services, NCEM, people with disabilities and older adults, local and regional organizations within the aging and disability networks
<b>Considerations</b>
Safety and security includes the protection against abuse, neglect, exploitation or discrimination.

**RECOMMENDATION 11**  
**Improve Local Command Center Response**

Designate a team or individual within the Emergency Operations Center (EOC) or local command center to address and respond to the needs of older adults and those with disabilities affected by the event.

<b>SUGGESTED ACTION</b>
Implement a triage team at all shelters to appropriately assess and respond to needs of older adults and people with disabilities
<b>Partners</b>
American Red Cross or other designated shelter operators; Medical and human services representatives, including local agencies/organizations within the aging and disability networks
<b>Considerations</b>
Primary goal is to not separate caregivers, family members, DME, mobility devices, or assistance animals.



<b>SUGGESTED ACTION</b>
Maintain communications with those who are sheltering in place.
<b>Partners</b>
EOC team or designated individual, medical and human services representatives and agencies and organizations within the aging and disability networks
<b>Considerations</b>
Team could utilize phone and email if available to contact all facilities and individuals who are sheltering in place. If safe to do so, coordinate site visits to assess status of staff, individuals and caregivers.

<b>SUGGESTED ACTION</b>
Monitor supply needs and present delivery concerns to EOC.
<b>Partners</b>
Medical and human services representatives, shelter operators, local EM, EOC
<b>Considerations</b>
Deliveries should not be left in non-accessible parking lots or areas without assistance.

<b>SUGGESTED ACTION</b>
Staff at least one counselor on call to address behavioral health needs and make appropriate referrals.
<b>Partners</b>
LME Disaster Coordinators, American Red Cross or other designated shelter operators
<b>Considerations</b>
A counselor on call has been implemented at the state level EOC. Each county shelter team is encouraged to work with their LME disaster coordinator.

*New Hanover County has created a Special Needs Task Force<sup>10</sup> to address these issues. Their Special Needs Task Force is a group composed of health and adult service agencies in New Hanover County who volunteer in a disaster to evaluate resources and services that may be available for individuals who may need more help due to physical or medical limitations. The Task Force has been meeting every four to six weeks since 1997 to develop plans and try to anticipate and eliminate problems that may occur. Many issues have been addressed since 1997 using a unified approach to remove obstacles that threaten the safety of individuals with functional needs during a disaster.*

<sup>10</sup> Mutual Aid Response Services [www.medicalresponse.org](http://www.medicalresponse.org)

## RECOMMENDATION 12 Improving Medical Care at Shelters

Establish a more effective process of providing durable medical equipment (DME) and pharmaceuticals to functional needs and mass care shelters.

### SUGGESTED ACTION

Establish a network of professionals to assist in the procurement and distribution of needed DME and pharmaceuticals.

#### Partners

DME and pharmaceutical providers, American Red Cross or other shelter operators

#### Considerations

This network could be part of or linked to the State Committee on Model Shelter Operations Planning from recommendation #10.

### SUGGESTED ACTION

Require NCEM and NC Division of Medical Assistance to request needed Medicaid Waivers for additional medications to be purchased during declared disasters.

#### Partners

NCEM, local EM, Department of Health and Human Services (DHHS)

<b>SUGGESTED ACTION</b>
Require NCEM and state and local agencies to contract with public and private insurance companies to facilitate mobile dispensing and measures to ensure adequate medication is available.
<b>Partners</b>
NCEM, local EM, DHHS, and insurance companies
<b>Considerations</b>
Once these contracts are in place, it is imperative they are communicated to shelter staff and affiliated agencies.

<b>SUGGESTED ACTION</b>
Investigate and resolve liability issues so mass care shelter staff can provide general first aid and behavioral health referrals.
<b>Partners</b>
NCEM, local EM, NC Division of Medical Assistance, DHHS

<b>SUGGESTED ACTION</b>
Provide shelter needs training to pharmacy staff and disaster agencies that are part of contracts, waivers, and MAAs.
<b>Partners</b>
Division of Medical Assistance, local EM, local pharmacy staff and disaster agencies

<b>SUGGESTED ACTION</b>
Secure contracts with local providers to allow covered treatment in a shelter.
<b>Partners</b>
Local and regional EM offices
<b>Considerations</b>
Contracting could include home health agencies to provide nursing assistance, taxi and transportation services, dental, optical, and pharmaceutical assistance, etc.

## **RECOMMENDATION 13**

### **Improve the Sheltering of Assistance Animals**

Increase compliance with the Pets Evacuation and Transportation Standards Act of 2006. Improve NC guidelines for evacuation and sheltering of animals during disasters.

<b>SUGGESTED ACTION</b>
Monitor compliance with the Pets Evacuation and Transportation Standards Act of 2006 <sup>11</sup> , and NC’s proposed guidelines for evacuation, rescue and sheltering of animals during disasters <sup>12</sup> .
<b>Partners</b>
NCEM and local EM offices
<b>Considerations</b>
Most families view their pet as a member of the family. Some people with disabilities and older adults have assistance animals to aid them in daily activities and will not leave home without their animal(s).

<b>SUGGESTED ACTION</b>
Require the State and local EM providers to distribute information regarding state and local rules, policies and procedures in compliance with this Act to all disaster response agencies and programs who serve people with disabilities and older adults.
<b>Partners</b>
NCEM and local EM offices
<b>Considerations</b>
When sheltering, people with disabilities and older adults should not be separated from their service animals.

<b>SUGGESTED ACTION</b>
Incorporate assistance animal considerations into all shelter training for staff and leadership of shelter teams.
<b>Partners</b>
State and local EOC teams, shelter operators

<sup>11</sup> PUBLIC LAW 109–308—OCT. 6, 2006 <http://bulk.resource.org/gpo.gov/laws/109/publ308.109.pdf>

<sup>12</sup> North Carolina Animal Disaster Sheltering Resources [www.ncagrgis.com/sheltering/#Manual](http://www.ncagrgis.com/sheltering/#Manual)

SUGGESTED ACTION
Increase communication to owners of assistance animals about the regulations and guidelines for sheltering with their assistance animal.
Partners
Assistance animal training organizations

## Compliance to Laws, Regulations, and Monitoring

### RECOMMENDATION 14

#### Make Disaster Plans Reflect all People

Revise guidelines pertaining to NC SB 300 and the Disaster Mitigation Act of 2000 to require that the needs of older adults and people with disabilities be more effectively represented within the plan.

SUGGESTED ACTION
Request the Department of Crime Control and Public Safety revise rules pertaining to NC SB 300 to effectively accommodate older adults and people with disabilities. Ensure they are in compliance with other federal and state laws and regulations.
Partners
Department of Crime Control and Public Safety, NCEM
Considerations
Any plans created or updated in compliance with the Disaster Mitigation Act of 2000 (DMA) and NC Senate Bill 300 should address needs of older adults and people with disabilities. Plan sections to be revised include: Assessment of Vulnerability, Goals and Objectives, Strategy Evaluation/Selection, and Implementation.

SUGGESTED ACTION
Provide training for local emergency planners on how to comply with the revised guidance.
Partners
NCEM, Department of Crime Control and Public Safety

*After being evacuated due to a chemical fire at a nearby industrial plant, the Rex Rehabilitation and Nursing Care Center of Apex learned firsthand how to improve their written disaster plan. The center was required to evacuate 100 residents to a local hospital and then again to other facilities for an overnight stay.*

*Their updated plan now includes specific provisions for evacuation and sheltering in place and was reviewed for them by Emergency Medical Services and the Apex Fire Department. The Center learned several key lessons that are now spelled out in their plan.*

*The center involves their staff regularly by drilling the plan at least twice per year, encouraging everyone to keep paper copies of updated information like employee and caregiver phone numbers, extra cell phone batteries and charging equipment, and even a change of clothes with them at the office or in their car.*

*In addition to stressing the need for a generator, the facility’s administrator encourages other facilities to plan for residents with hearing aids, glasses, and dentures and have a way to gather, label, and store these quickly in an emergency. Large re-sealable, clear plastic bags are a good way to keep resident’s things organized and stored. Remember to label wheelchairs and durable medical equipment with a name and address to keep track of them during an evacuation.*

## **RECOMMENDATION 15**

### **Improve Long-Term Care Facility Disaster Planning**

All long-term care facilities should be required to have a comprehensive disaster plan. These plans must also identify measures for sheltering in place and evacuation.

#### **SUGGESTED ACTION**

The term “appropriate agency” should be clarified within the current rule for Mental Health, Developmental Disabilities and Substance Abuse Services (MH/DD/SA) facilities.

#### **Partners**

Division of MH/DD/SAS, long-term care facilities, NC Division of Health Services Regulation

#### **Considerations**

The current regulations for behavioral health, developmental disabilities, and substance abuse facilities require limited information to be included in facility disaster plans and only reference fire drills. The regulation refers to an “appropriate agency” that is expected to review and approve the plans.<sup>13</sup>

<sup>13</sup> 10a NCAC 27g .0207 Emergency Plans and Supplies <http://ncrules.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2027%20-%20mental%20health,%20community%20facilities%20and%20services/subchapter%20g/10a%20ncac%2027g%20.0207.html>

<b>SUGGESTED ACTION</b>
Require long-term care facilities to use the North Carolina Health Care Facilities Association’s “All Hazards Planning and Resource Manual” as a template for hazards planning. <sup>14</sup>
<b>Partners</b>
Division of MH/DD/SAS, long-term care facilities, NC Division of Health Services Regulation
<b>Considerations</b>
These guidelines could be incorporated within current regulations and monitored by the NC Division of Health Services Regulation. <sup>15</sup>

<b>SUGGESTED ACTION</b>
Document distribution of their current disaster plan to residents and caregivers.
<b>Partners</b>
Local EM; Long-term care facilities; NC Division of Health Services Regulation

<b>SUGGESTED ACTION</b>
Submit plans to explain under what circumstances a long-term care facility would need to shelter-in-place.
<b>Partners</b>
Long-term care facilities, NC Division of Health Services Regulation

<b>SUGGESTED ACTION</b>
Require long-term care facilities to maintain generator(s) with adequate fuel, and a full supply of medicine, water and food for at least 72 hours for each resident.
<b>Partners</b>
NC Division of MH/DD/SAS, long-term care facilities, NC Division of Health Services Regulation

<sup>14</sup> All Hazards Planning and Resource Manual [www.nursinghomesnc.com/member-center/disaster-preparedness/all-hazards-planning-tool](http://www.nursinghomesnc.com/member-center/disaster-preparedness/all-hazards-planning-tool)

<sup>15</sup> NC Division of Health Services Regulation Association. [www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr)

<b>SUGGESTED ACTION</b>
Provide annual emergency plan training to staff. Survey staff as to their proposed availability during a disaster and recovery efforts.
<b>Partners</b>
Long-term care facilities; NC Division of Health Services Regulation

**RECOMMENDATION 16**  
**Improve Disaster Resistance of Facilities**

Appoint a legislative study commission to review regulations, rules, and laws pertaining to all long-term care and residential facilities. Make statutory and regulatory amendments to make facilities more disaster resistant and to prohibit the construction of facilities for older adults and people with disabilities in areas identified by FEMA’s Flood Insurance Rate maps.

<b>SUGGESTED ACTION</b>
Convene a legislative study commission to study the feasibility of any existing or proposed facility to: Withstand winds in excess of 155 MPH; prohibit construction in a storm surge area or flood way which is identified by FEMA’s Flood Insurance Rate Maps; and prohibit construction within a two-mile radius of an industrial plant containing hazardous chemicals or radioactive materials.
<b>Partners</b>
NCEM, NC Department of Insurance, building code experts, persons who represent older adults and people with disabilities, long-term care facilities
<b>Considerations</b>
Analyze potential hazards, such as steep slope developments, flood plains, storm surges and proximity to hazardous industrial plants, etc., in terms of their impact on people with disabilities and older adults.



<b>SUGGESTED ACTION</b>
Enhance NC Statewide Flood Mapping Program. <sup>16</sup> Map flood plain areas, geotechnical analyses and landslide hazard maps to incorporate census data of people with disabilities and older adults for all disaster-prone areas throughout the state.
<b>Partners</b>
NCEM, NC Statewide Flood Mapping Program, state universities
<b>Considerations</b>
There are mapping efforts within the state universities <sup>17</sup> and local and regional government agencies to locate census data in conjunction with geographical risks.

<b>SUGGESTED ACTION</b>
Develop local plans to either relocate existing facilities within disaster-prone areas, or make renovations to qualify a facility as disaster resistant; and adopt revised licensure rules.
<b>Partners</b>
Local EM, long-term care facilities, NC Division of Health Services Regulation
<b>Considerations</b>
Local governments need to collaborate to ensure policy consistency for steep slope developments, flood plains, storm surges and proximity to hazardous industrial plans.

<b>SUGGESTED ACTION</b>
Require facilities to maintain a central data file containing current Medicaid Prior Approvals <sup>18</sup> , Mutual Aid Responses (MARS) <sup>19</sup> , Doctor’s orders, and Medicaid or Medicare information.
<b>Partners</b>
NCEM, NC Division of Health Services Regulation
<b>Considerations</b>
This information is needed in preparation for evacuation.

<sup>16</sup> NC Statewide Flood Mapping Program [www.ncfloodmaps.com/pubdocs/Leave\\_Behind\\_Summary.pdf](http://www.ncfloodmaps.com/pubdocs/Leave_Behind_Summary.pdf)

<sup>17</sup> NCSU Libraries GIS Data Collection [www.lib.ncsu.edu/gis/datalist.html](http://www.lib.ncsu.edu/gis/datalist.html)

<sup>18</sup> Prior approval process for nursing facility Care [www.ncdhhs.gov/dma/nursingfacility/ChapterThree.pdf](http://www.ncdhhs.gov/dma/nursingfacility/ChapterThree.pdf)

<sup>19</sup> Mutual Aid Response Services [www.medicalresponse.org](http://www.medicalresponse.org)



## APPENDIX A

Monday, July 26, 2004

### Part II

### The President

**Executive Order 13347—Individuals with Disabilities in Emergency Preparedness**

### Presidential Documents

44573

Federal Register

Vol. 69, No. 142

Monday, July 26, 2004

Title 3—

The President

Executive Order 13347 of July 22, 2004

#### Individuals with Disabilities in Emergency Preparedness

By the authority vested in me as President by the Constitution and the laws of the United States of America, and to strengthen emergency preparedness with respect to individuals with disabilities, it is hereby ordered as follows:

**Section 1. Policy.** To ensure that the Federal Government appropriately supports safety and security for individuals with disabilities in situations involving disasters, including earthquakes, tornadoes, fires, floods, hurricanes, and acts of terrorism, it shall be the policy of the United States that executive departments and agencies of the Federal Government (agencies):

- (a) consider, in their emergency preparedness planning, the unique needs of agency employees with disabilities and individuals with disabilities whom the agency serves;
- (b) encourage, including through the provision of technical assistance, as appropriate, consideration of the unique needs of employees and individuals with disabilities served by State, local, and tribal governments and private organizations and individuals in emergency preparedness planning; and

- (c) facilitate cooperation among Federal, State, local, and tribal governments and private organizations and individuals in the implementation of emergency preparedness plans as they relate to individuals with disabilities.

#### **Sec. 2. Establishment of Council.**

- (a) There is hereby established, within the Department of Homeland Security for administrative purposes, the Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities (the “Council”). The Council shall consist exclusively of the following members or their designees:
  - (i) the heads of executive departments, the Administrator of the Environmental Protection Agency, the Administrator of General Services, the Director of the Office of Personnel Management, and the Commissioner of Social Security; and
  - (ii) any other agency head as the Secretary of Homeland Security may, with the concurrence of the agency head, designate.
- (b) The Secretary of Homeland Security shall chair the Council, convene and preside at its meetings, determine its agenda, direct its work, and, as appropriate to particular subject matters, establish and direct subgroups of the Council, which shall consist exclusively of Council members.
- (c) A member of the Council may designate, to perform the Council functions of the member, an employee of the member’s department or agency who is either an officer of the United States appointed by the President, or a full-time employee serving in a position with pay equal to or greater than the minimum rate payable for GS–15 of the General Schedule.

#### **Sec. 3. Functions of Council.**

- (a) The Council shall:
  - (i) coordinate implementation by agencies of the policy set forth in section 1 of this order;

- (ii) whenever the Council obtains in the performance of its functions information or advice from any individual who is not a full-time or permanent part-time Federal employee, obtain such information and advice only in a manner that seeks individual advice and does not involve collective judgment or consensus advice or deliberation; and
  - (iii) at the request of any agency head (or the agency head's designee under section 2(c) of this order) who is a member of the Council, unless the Secretary of Homeland Security declines the request, promptly review and provide advice, for the purpose of furthering the policy set forth in section 1, on a proposed action by that agency.
- (b) The Council shall submit to the President each year beginning 1 year after the date of this order, through the Assistant to the President for Homeland Security, a report that describes:
- (i) the achievements of the Council in implementing the policy set forth in section 1;
  - (ii) the best practices among Federal, State, local, and tribal governments and private organizations and individuals for emergency preparedness planning with respect to individuals with disabilities; and
  - (iii) recommendations of the Council for advancing the policy set forth in section 1.

to budget, administrative, or legislative proposals.

- (c) This order is intended only to improve the internal management of the executive branch and is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by a party against the United States, its departments, agencies, instrumentalities, or entities, its officers or employees, or any other person.

THE WHITE HOUSE,

*July 22, 2004.*

[FR Doc. 04-17150

Filed 7-23-04; 11:37 am]

**Sec. 4. General.**

- (a) To the extent permitted by law:
  - (i) agencies shall assist and provide information to the Council for the performance of its functions under this order; and
  - (ii) the Department of Homeland Security shall provide funding and administrative support for the Council.
- (b) Nothing in this order shall be construed to impair or otherwise affect the functions of the Director of the Office of Management and Budget relating

## APPENDIX B

### Glossary

**All Hazards Planning and Training** – Activities that respond to all potential disasters, natural or man-made. They include fire, both structural and in the wild; natural disasters, such as hurricanes, tornadoes, floods, ice storms or earthquakes; human and animal disease outbreaks; search and rescue missions; hazardous materials incidents; criminal acts and crime scene investigations; terrorist incidents, including the use of weapons of mass destruction; national special security events, such as presidential visits or the super bowl; or other planned events, such as parades or demonstrations.

**Alternate or Accessible Formats** – Anything written or spoken must be as clear and understandable to people with disabilities as it is for people who do not have disabilities. Those who have difficulties with hearing, seeing, speaking, reading, writing, or understanding may use different ways to communicate. To accommodate these needs, formats should include, upon request, qualified sign language interpreters, TTY or video relay services, open or closed captioning, description of visually presented materials, taped texts, audio recordings, Braille materials, large print materials, etc. Comparable communication is required under the Americans with Disabilities Act.

**AmeriCorps** – In 1993, President Bill Clinton signed the National and Community Service Trust Act, which established the Corporation for National and Community Service and brought the full range of domestic community service programs under the umbrella of one central organization. This legislation built on the first National Service Act signed by President H.W. Bush in 1990. It also formally launched AmeriCorps, a network of national service programs that engage Americans in intensive service to meet the nation’s critical needs in education, public safety, health, and the environment. The newly created AmeriCorps incorporated two existing national service programs: the longstanding VISTA (Volunteers in Service to America) program, created by President Lyndon Johnson in 1964 and the National Civilian Community Corps (NCCC).

**Assistance or Service Animal** – Most likely a dog, trained to help a person with a visual, hearing, mobility, seizure and/or psychiatric need in daily activities. Most animals are trained and certified by a specific organization, while others are trained by their owner with a disability. The lack of a certification should not be a basis for denying a public accommodation to a person with a disability who has an assistance/service animal. The Americans with Disabilities Act of 1990 protects the rights of people with disabilities to be accompanied by their assistance dogs or service animals in public places.

**Citizen Corps** – was created nationally to provide opportunities for people to participate in a range of measures to make their families, homes, and communities safer from the threats of crime, terrorism, and disasters of all kinds, primarily in response to 9/11. In NC, the program is located within the N.C. Commission on Volunteerism and Community Service in the Governor’s Office [www.volunteernc.org](http://www.volunteernc.org).

**Coastal Region Evacuation and Sheltering Standard Operating Guide (CRES-SOG)** – A guide for managers involved in hurricane preparedness in the 20 surge counties in North Carolina. It provides guidelines on how to coordinate and evacuate all populations, including those with care dependent, functional or medical needs. It outlines five critical components related to storm response: evacuation, sheltering, transportation and public information.

**Crisis Intervention Training (CIT)** – A behavior management training program targeted to police, first responders, human service, school and other personnel to learn techniques to reduce disruptive or assaultive behaviors.

**Domestic Preparedness and Readiness Region Committees (DPPR)** – Coordinated through the NC Division of Emergency Management, the seven DPPRs are developing and expanding regional prevention, preparedness, response, and recovery capabilities for all hazards, both man-made and natural.  
[www.nccrimecontrol.org/Index2.cfm?a=000003,000010,000021,001764](http://www.nccrimecontrol.org/Index2.cfm?a=000003,000010,000021,001764)

**Donations Management** – State and local governments have primary responsibility for the management of unsolicited goods and unaffiliated volunteers. The Federal Government supports State and local governments and voluntary organizations in establishing a system to manage and control donated goods and services. The system should provide a method for any potential donor to consult and negotiate with donations specialists prior to the collection and sending of goods and volunteers.

**Durable Medical Equipment (DME)** – Used to serve a functional or medical purpose, can withstand repeated use, and is appropriate for use in the home. Some examples of DME include hospital beds, walkers, crutches, shower chairs, wheelchairs and oxygen tents.

**Emergency Broadcast System (EBS)** – A voluntary network of broadcast stations and interconnecting facilities, which have been authorized by the Federal Communications Commission to disseminate information during an emergency, as provided by the Emergency Broadcast System Plan. EBS is made up of AM, FM, and TV Broadcast Stations and non-governmental electronic communications operating in a voluntary organized manner during natural/man-made emergencies or disasters at national, state, or local levels.

**Emergency Management (EM)** – Organized analysis, planning, decision-making, assignment, and coordination of available resources for the mitigation of, preparedness for, response to, or recovery from major community-wide emergencies.

**Emergency Management Coordinator (EMC)** – The individual who is directly responsible on a day-to-day basis for the jurisdiction's effort to develop a capability for coordinated response and recovery from the effects of disaster.

**Emergency Medical Services (EMS)** – Local medical response teams, usually rescue squads or local ambulance services that provide medical services during a disaster.

**Emergency Operations Center (EOC)** – A protected site from which government officials and emergency response personnel exercise direction and control in an emergency. The Emergency Communications Center (ECC) is normally an essential part of the EOC.

**Emergency Operations Plan (EOP)** – An all-hazards document, which clearly specifies actions to be taken or instructions to be given in the event of natural disasters, technological accidents, or other emergencies. The plan identifies authorities, relationships, and the coordinated actions to be taken based on predetermined assumptions, objectives, and existing capabilities.

**Functional** – Under usual circumstances, individuals are able to function on their own or with support systems, such as personal care providers, or durable medical equipment, etc.

**Functional and Medical Support Shelters** – People with disabilities or those with chronic health conditions, who need a level of direct care (frequent supervision, monitored dispensing of medications, assistance with activities of daily living, etc) not reasonably accommodated through a mass care shelter.

**Geographic Information System (GIS)** – A system which allows us to view, understand, question, interpret, and visualize data in many ways that reveal relationships, patterns, and trends in the form of maps, globes, reports, and charts.

**Incident Commander** – In the Incident Command System, the Incident Commander (IC) is responsible for overall management of the incident. On most incidents the command activity is carried out by a single Incident Commander. The IC is selected by virtue of qualifications and experience. The IC determines incident objective and strategy, sets immediate priorities, establishes an appropriate organization, authorizes an Incident Action Plan, coordinates activity for all Command and General Staff, ensures safety, coordinates with key people, authorizes release of information to the news media and the public, and carries out other key duties.

**Incident Command System (ICS)** – Is a standardized, on-scene, all-hazard incident management concept. It is typically offered to state and federal disaster workers, public works, law enforcement, and to public health agencies. It provides a common framework for all agencies involved with emergency planning, response or recovery efforts to work together effectively. Workers may be drawn from multiple agencies that do not routinely work together, and ICS is designed to give standard response and operation procedures to reduce the problems and potential for miscommunication on such incidents. ICS has been summarized as a “first-on-scene” structure, where the first responder on a scene has charge of the scene until the incident is resolved or the initial responder transitions incident command to an arriving, more-qualified individual.

**Local Emergency Management Coordinator (LEMC)** – The local government official responsible for the emergency management program at the local level, county or municipal.

**Long-Term Care Homes and Facilities** – Nursing homes, adult care homes, assisted living, and group homes.

**Long Term Shelter** – A shelter established after a disaster to house victims for extended lengths of time. A long-term shelter will require more amenities and expanded capabilities than other shelters.

**Mass Care** – Accommodations to the general public, including shelter, food, first aid, relief supplies, who do not need supervised or intensive medical care, following a disaster event.

**Medicaid Prior Approvals** – Is required for many Medicaid services, products, and procedures to verify medical necessity for Medicaid-eligible persons. Prior approval must be obtained before delivering a service, product or procedure. Requests for prior approval must be submitted through the NC Division of Medical Assistance [www.ncdhhs.gov/dma/bulletin/PriorApproval.pdf](http://www.ncdhhs.gov/dma/bulletin/PriorApproval.pdf).

**Medicaid Waiver Programs** – Various NC programs which allow Medicaid-eligible people with disabilities of any age who meet long-term hospital, nursing, and ICF/MR level of care to remain living at home and in the community. Services offered under these waivers include case management, supported living, respite, personal care, personal habilitation, telephone alert system, and medical supplies.

**Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU)** – A document negotiated between organizations or legal jurisdictions for mutual aid and assistance in times of need. These agreements must contain such information as who pays for expense of operations (financial considerations), who is liable for personal or property injury or destruction during response operations (liability considerations), and appropriate statements of non-competition of government resources with private enterprise (commercial considerations).

**Mitigation** – Mitigation efforts attempt to prevent hazards from developing into disasters altogether, or to reduce the effects of disasters when they occur. Mitigation activities generally include identification of at-risk populations and properties and often result in enhancing building codes, moving people or structures to areas that are less prone to experience flooding, high winds, etc., improving structural abilities to withstand disasters, or strengthening infrastructures to withstand disasters or to aid in the response to them. The mitigation phase differs from the other phases because it focuses on long-term measures for reducing or eliminating risks.

**Mutual Aid Agreements** – Formal or informal understandings between jurisdictions that pledge exchange of emergency or disaster assistance.

**Mutual Aid Response Services (MARS)** – MARS provides comprehensive emergency medical, communication and fire services to supplement on-site resources and provide contracted first response to any emergency at a special event or mass gathering in the industrial, private and corporate sector. [www.medicalresponse.org](http://www.medicalresponse.org)

**National Incident Management System (NIMS)** – A system intended to integrate effective practices in emergency preparedness and response into a comprehensive national framework for incident management. The NIMS enables responders at all levels to work together more effectively to manage domestic incidents no matter what the cause, size or complexity.

**National Voluntary Organizations Active in Disaster (National VOAD)** – A consortium of recognized national organizations active in disaster relief. They provide capabilities to incident management and response efforts at all levels. During major incidents, National VOAD typically sends representatives to the National Response Coordination Center.

**Nongovernmental Organization (NGO)** – An entity or association based on interests of its members or institutions. These organizations serve a public purpose, not a private interest. It may work cooperatively with government, but government does not create it. The American Red Cross is an example of an NGO.

**North Carolina Emergency Operations Plan (NCEOP)** – The State plan designed to cover all natural and man-made emergencies and disasters that threaten the State.

**Older Adults** – A general description of an aging population, typically age 60 years and older as associated with the federal Older Americans Act.

**People with Disabilities** – The Americans with Disability Act (ADA) and North Carolina General Statutes §168A 3 define disability as a mental or physical impairment that substantially limits one or more major life activities. These protections extends not only to individuals who currently have a disability, but to those with a record of a mental or physical impairment that substantially limits one or more major life activities, or who are perceived or regarded as having a mental or physical impairment that substantially limits one or more major life activities.



More specifically, the ADA defines “Physical or mental impairment.” It refers to physical impairment as a physiological disorder or condition, cosmetic disfigurement or anatomical loss impacting one or more body systems. Examples of body systems include neurological, musculoskeletal (the system of muscles and bones), respiratory, cardiovascular, digestive, lymphatic and endocrine. A mental impairment is a mental or psychological disorder. Examples include mental retardation, emotional or mental illness, and organic brain syndrome.

The ADA’s regulations also list other impairments, including contagious and noncontagious diseases; orthopedic, vision, speech and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; specific learning disabilities; HIV disease (with or without symptoms); tuberculosis; drug addiction; and alcoholism.

Likewise, N.C.G.S. §168A 3 defines “Physical or mental impairment” to mean any physiological disorder or abnormal condition, cosmetic disfigurement, or anatomical loss, caused by bodily injury, birth defect or illness, affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; blood and lymphatic; skin; and endocrine; or any mental disorder, such as mental retardation, organic brain syndrome, mental illness, specific learning disabilities, and other developmental disabilities, but excludes (A) sexual preferences; (B) active alcoholism or drug addiction or abuse; and (C) any disorder, condition or disfigurement which is temporary in nature leaving no residual impairment.

**Preparedness** – Activities that facilitate disaster response to save lives and limit damage. In the preparedness phase, emergency managers develop plans for when the disaster strikes. These measures include: 1) communication plans with easily understandable terminology and chain of command; 2) use of multi-agency coordination and incident command; 3) proper maintenance and training of emergency services; 4) development and exercise of emergency warning methods combined with emergency shelters and evacuation plans; and 5) stockpiling, inventory, and maintenance of supplies and equipment.

**Public Health Regional Surveillance Teams** – The Office of Public Health Preparedness and Response within NC Public Health created seven of these teams to provide support to local health agencies serving all 100 counties. The host counties for these regional offices are Buncombe, Mecklenburg, Guilford, Wake, Cumberland, Pitt, and New Hanover. Each team includes an epidemiologist, an industrial hygienist, a nurse consultant, and administrative specialist. <http://www.epi.state.nc.us/epi/phpr/>

**Public Information Officer (PIO)** – The person tasked with preparing all information, within a particular department, division, agency or organization, for dissemination to the media or to the public.

**Ready North Carolina** – This campaign provides North Carolinians with resource information to prepare for all types of emergencies. It was created in partnership with the N.C. Citizen Corps, all 100 county emergency management offices, the NC Department of Crime Control and Public Safety, and others. <http://readync.org>.

**Recovery** – The aim of the recovery phase is to restore the impacted area to its previous state. Recovery efforts are concerned with issues and decisions that must be made after immediate needs are addressed such as rebuilding destroyed property, re-employment, and the repair of other essential communications, transportation and other community supports.

**Registry** – A secured database, voluntarily submitted by people with disabilities and older adults, to contain information about his/her individual needs, his/her emergency/disaster plans and desired assistance by local Emergency Responders.

**Response** – The response phase includes employing necessary emergency services and first responders in the disaster area. This is likely to include a first wave of first responders, such as firefighters, police and ambulance crews. They may be supported by a number of secondary emergency services, such as specialist rescue teams. In addition volunteers and non-governmental organizations (NGOs) such as the local Red Cross branch may provide immediate practical assistance. A well rehearsed emergency plan developed as part of the preparedness phase enables efficient coordination of rescue efforts.

**Smart card** – A plastic card embedded with a computer chip that stores and transacts data between users. This data is associated with either value or information or both and is stored and processed within the card's chip, either a memory or microprocessor. The card data is transacted via a reader that is part of a computing system. Smart card-enhanced systems are in use today throughout several key applications, including healthcare, banking, entertainment and transportation.

**State Donations Coordinator** – The person designated by the Director of Emergency Management who will coordinate the donations effort. This person will oversee the phone bank, Donations Coordination Center and coordinate efforts of the control points and reception center.

**State Emergency Response Commission (SERC)** – Was created within the Emergency Planning and Community Right-to-Know Act (EPCRA) of 1986, to respond to local toxic chemical releases. It later expanded, in response to 9/11, to terrorism; and other natural and man-made disasters. The SERC appoints, supervises and coordinates the activities of Local Emergency Planning Committees (LEPCs). The LEPCs must, in turn, develop, and review annually, an emergency response plan for their district. The membership of the LEPCs includes representatives of public and private organizations as well as a representative from every facility subject to EPCRA emergency planning requirements.

**State Emergency Response Team (SERT)** – A team of senior representatives of state agencies, state level volunteer organizations, and state level corporate associations who have knowledge of their organization resources and have the authority to commit those resources to emergency response. SERT operates from the State EOC and the Director of EM serves as the SERT leader.

**Volunteers Active in Disasters (VOAD)** – In North Carolina, a group of statewide disaster response leaders began meeting in 1998 to discuss the possibility of establishing a state VOAD organization to respond to all disasters <http://www.dem.dcc.state.nc.us/NcVOAD/index.htm>. The group entered into an official Cooperative Agreement with National Voluntary Organizations Active in Disaster (NVOAD), and was chartered in October 1999.

**Web Emergency Operations Center (WebEOC)** – Is the standard communication means for the Office of Homeland Security and its subordinate organizations. WebEOC is the primary emergency communication system in North Carolina [www.ncsparta.net/eoc6](http://www.ncsparta.net/eoc6).

## APPENDIX C

### Important Laws for People with Disabilities and Older Adults: Legal Tools to Assist in Planning and Monitoring

When people with disabilities and older adults take the necessary steps to prepare for an emergency event, it is important that they know their various rights and their government's legal responsibilities. When emergency preparedness plans are implemented, people with disabilities and older adults must be included within all phases of emergency management.

In general, North Carolina Emergency Management Act<sup>20</sup>, the Americans with Disabilities Act (ADA)<sup>21</sup>, the Rehabilitation Act of 1973<sup>22</sup>, and the Occupation Safety and Health Act (OSHA)<sup>23</sup> play significant roles for North Carolina in emergency planning.

For people with disabilities and older adults, there are specific laws that protect their rights and have a bearing on the provision of emergency management services:

- North Carolina prohibits:
  - Denial of available public accommodations and of public services, and to otherwise pursue rights and privileges as residents of this State<sup>24</sup>; and
  - Discrimination in implementing emergency management services.<sup>25</sup>
- The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of a disability which impacts emergency management within:
  - Employment<sup>26</sup>;
  - State and local government services<sup>27</sup>;
  - Places of public accommodation (such as shelters, etc.).<sup>28</sup>
  - Transportation services<sup>29</sup>; and
  - Telecommunication services<sup>30</sup>;

<sup>20</sup> North Carolina Emergency Management Act; N.C. Gen. Stat. § 166A-1 et seq [www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/ByArticle/Chapter\\_166A/Article\\_1.html](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_166A/Article_1.html)

<sup>21</sup> Americans with Disabilities Act, 42 U.S.C. § 12101 et seq.; ADA HOME PAGE [www.ada.gov](http://www.ada.gov)

<sup>22</sup> Section 504 of the Rehabilitation Act 29 U.S.C. § 794 [http://en.wikipedia.org/wiki/Section\\_504\\_of\\_the\\_Rehabilitation\\_Act](http://en.wikipedia.org/wiki/Section_504_of_the_Rehabilitation_Act)

<sup>23</sup> Occupational Safety and Health Act of 1970; 29 USC 651 et seq.; [www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=OSHACT&p\\_id=2743](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=OSHACT&p_id=2743)

<sup>24</sup> Chapter 168A; Persons with Disabilities Protection N.C. Gen. Stat. § 168A-1 et seq. Act. [www.ncleg.net/EnactedLegislation/Statutes/RTF/ByChapter/Chapter\\_168A.rtf](http://www.ncleg.net/EnactedLegislation/Statutes/RTF/ByChapter/Chapter_168A.rtf)

<sup>25</sup> Nondiscrimination in emergency management; N.C. Gen. Stat. § 166A-12 [www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_166A/GS\\_166A-12.html](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_166A/GS_166A-12.html)

<sup>26</sup> The ADA: Your Employment Rights as an Individual with a Disability; 42 U.S.C. § 12111. [www.eeoc.gov/facts/ada18.html](http://www.eeoc.gov/facts/ada18.html)

<sup>27</sup> The ADA: Nondiscrimination on the Basis of Disability in State and Local Government Services; 42 U.S.C. §§ 12131-12134. [www.ada.gov/pubs/ada.htm#Anchor-Sec-63368](http://www.ada.gov/pubs/ada.htm#Anchor-Sec-63368)

<sup>28</sup> The ADA: Covering Public Accommodations and Commercial Facilities; 42 U.S.C. §§ 12181-12189. [www.ada.gov/pubs/ada.htm#anchor-sec-30198](http://www.ada.gov/pubs/ada.htm#anchor-sec-30198)

<sup>29</sup> The ADA: Equal Access to Transportation; 42 U.S.C. §§ 12141-12165. [www.ada.gov/pubs/ada.htm#Anchor-Sec-5185](http://www.ada.gov/pubs/ada.htm#Anchor-Sec-5185)

<sup>30</sup> The ADA: Telecommunications Services; 42 U.S.C. § Sec. 225. [www.ada.gov/pubs/ada.htm#Anchor-Sec-363](http://www.ada.gov/pubs/ada.htm#Anchor-Sec-363)

- The federal Age Discrimination Act of 1975<sup>31</sup> prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. The Act also contains certain exceptions that permit, under limited circumstances, use of age distinctions or factors other than age that may have a disproportionate effect on the basis of age.
- There are various state and federal laws that protect people with disabilities and older adults from mental and physical abuse, neglect, and exploitation when receiving publicly supported care, particularly within residential care facilities.<sup>32 33 34 35 36 37</sup> If people with disabilities and older adults are harmed during or in the recovery stages of a disaster, the responsible agencies could be subject to legal action.
- The U.S. Department of Justice publishes a technical assistance guide titled *An ADA Guide for Local Governments: Making Emergency Preparedness and Response Programs Accessible to People with Disabilities*.<sup>38</sup> and *ADA Checklist for Emergency Shelters*<sup>39</sup>. The guides assist officials and emergency managers in learning how to include the needs of people with disabilities in every facet of their emergency preparedness work.
- Occupational Safety and Health Act (OSHA)<sup>40</sup> has specific and detailed requirements on emergency guidelines, including requirements for people with disabilities.
- Section 504 of the Rehabilitation Act of 1973<sup>41</sup> prohibits discrimination on the basis of disability in programs conducted by federal agencies, in programs receiving federal financial assistance, in federal employment, and in the employment practices of Federal contractors. Recipients of federal funds must factor in the needs of people with disabilities when conducting work related to emergency preparedness.
- Executive Order: *Individuals with Disabilities in Emergency Preparedness*<sup>42</sup> by President George W. Bush (July 22, 2004) states that the Federal Government should appropriately support the safety and security for individuals with disabilities in situations involving disasters, including earthquakes, tornadoes, fires, floods, hurricanes, and acts of terrorism.

<sup>31</sup> Age Discrimination Act of 1975; 42 U.S.C. §§ 6101-6107; Nondiscrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance From the US Department of Health and Human Services [www.dol.gov/oasam/regs/statutes/Age\\_act.htm](http://www.dol.gov/oasam/regs/statutes/Age_act.htm)

<sup>32</sup> North Carolina Division of Aging and Adult Services Residents' Rights [www.ncdhs.gov/aging/rights.htm#r1](http://www.ncdhs.gov/aging/rights.htm#r1);

<sup>33</sup> NC Subchapter 27d – General Rights 10A NCAC 27D.0101 <http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2027%20-%20mental%20health,%20community%20facilities%20and%20services/subchapter%20d/subchapter%20d%20rules.html>

<sup>34</sup> NC Subchapter 27e – Treatment or Habilitation Rights 10A NCAC 27E.0101 <http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2027%20-%20mental%20health,%20community%20facilities%20and%20services/subchapter%20e/subchapter%20e%20rules.html>

<sup>35</sup> Developmental Disabilities Assistance and Bill of Rights Act of 2000; 42 U.S.C. § 15001 et seq. [www.ndrn.org/aboutus/laws/DDActAnalysis00.htm](http://www.ndrn.org/aboutus/laws/DDActAnalysis00.htm)

<sup>36</sup> Protection and Advocacy for Individuals with Mental Illness (PAIMI) Act, as amended in 2000; 42 U.S.C. § 10801 et seq. <http://mentalhealth.samhsa.gov/cmhs/P&A/default.asp>

<sup>37</sup> Protection and Advocacy for Individual Rights (PAIR); 29 U.S.C. § 794e <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=d75f021f10f7f1da8080138029cb3579&rgn=div5&view=text&node=34:2.1.1.1.21&idno=34>

<sup>38</sup> *An ADA Guide for Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities* [www.ada.gov/emergencyprep.htm](http://www.ada.gov/emergencyprep.htm)

<sup>39</sup> *ADA Checklist for Emergency Shelters*: [www.ada.gov/pcatoolkit/chap7shelterchk.htm](http://www.ada.gov/pcatoolkit/chap7shelterchk.htm)

<sup>40</sup> *Emergency Preparedness and Response* [www.osha.gov/SLTC/emergencypreparedness/index.html](http://www.osha.gov/SLTC/emergencypreparedness/index.html)

<sup>41</sup> Rehabilitation Act: Section 504; 29 U.S.C. § 794 [www.ada.gov/cguide.htm#anchor65610](http://www.ada.gov/cguide.htm#anchor65610)

<sup>42</sup> Executive Order: *Individuals with Disabilities in Emergency Preparedness*, Office of the Press Secretary, The White House [www.whitehouse.gov/news/releases/2004/07/20040722-10.html](http://www.whitehouse.gov/news/releases/2004/07/20040722-10.html)

- A 2006 amendment to the Older Americans Act requests that state plans shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery. [www.aoa.gov/oa2006/Main\\_Site/oa/oa\\_change.aspx?id=34](http://www.aoa.gov/oa2006/Main_Site/oa/oa_change.aspx?id=34)

For more information about these laws, contact:

- Disability Rights North Carolina [www.disabilityrightsnc.org](http://www.disabilityrightsnc.org) at (877) 235-4210; or
- NC Division of Aging and Adult Services [www.ncdhhs.gov/aging](http://www.ncdhhs.gov/aging) at (919) 733-3983.

## APPENDIX D

### On-Line Resources<sup>43</sup>

#### NC STATE GOVERNMENT

- Division of Mental Health, Developmental Disabilities, and Substance Abuse Services: Disaster Preparedness [www.ncdhhs.gov/mhddsas/disasterpreparedness/index.html](http://www.ncdhhs.gov/mhddsas/disasterpreparedness/index.html)
- Division of Emergency Management [www.nccrimecontrol.org/Index2.cfm?a=000003,000010](http://www.nccrimecontrol.org/Index2.cfm?a=000003,000010)
- Department of Crime Control and Public Safety: ReadyNC [www.readync.org](http://www.readync.org)
- Division of Aging and Adult Services: Disaster Preparedness [www.ncdhhs.gov/aging/disaster.htm](http://www.ncdhhs.gov/aging/disaster.htm)
- Office of Emergency Medical Services: NC State Medical Response System <http://smrs.emspic.org/>
- Division of Public Health: The Office of Public Health Preparedness and Response [www.epi.state.nc.us/epi/phpr](http://www.epi.state.nc.us/epi/phpr)

#### FEDERAL GOVERNMENT

- FEMA-Federal Emergency Management Agency
  - Accommodating Individuals with Disabilities in the Provision of Disaster Mass Care, Housing, And Human Services [www.fema.gov/oer/reference](http://www.fema.gov/oer/reference)
  - Department of Homeland Security Releases New Preparedness Resources for Seniors, People with Disabilities and Pet Owners [www.dhs.gov/xnews/releases/pr\\_1187027722320.shtm](http://www.dhs.gov/xnews/releases/pr_1187027722320.shtm)
  - Ready.com [www.ready.gov](http://www.ready.gov)
  - Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities [www.dhs.gov/Xprepresp/Committees/Editorial\\_0591.Shtm](http://www.dhs.gov/Xprepresp/Committees/Editorial_0591.Shtm)

- U.S. Department of Justice: Americans with Disabilities Act
    - Home Page [www.ada.gov](http://www.ada.gov)
    - ADA Best Practices Tool Kit for State and Local Governments [www.ada.gov/pcatoolkit/chap7emergencymgmt.htm](http://www.ada.gov/pcatoolkit/chap7emergencymgmt.htm)
    - An ADA Guide for Local Governments. Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities [www.ada.gov/emergency-prepguide.htm](http://www.ada.gov/emergency-prepguide.htm)
    - U.S. Department of Education, Emergency Management Research and People with Disabilities A Resource Guide, April 2008 [www.ed.gov/rschstat/research/pubs/guide-emergency-management-pwd.pdf](http://www.ed.gov/rschstat/research/pubs/guide-emergency-management-pwd.pdf)
  - Centers for Disease Control and Prevention: Emergency Preparedness & Response: [www.bt.cdc.gov](http://www.bt.cdc.gov)
  - Working Conference on Emergency Management and Individuals with Disabilities and the Elderly June 28-30 Conference, Washington DC Conference Report: [www.add-em-conf.com/confdocs/Conference%20Report%20Final%20092906%20post.pdf](http://www.add-em-conf.com/confdocs/Conference%20Report%20Final%20092906%20post.pdf)
  - U.S. Department of Health and Human Services, Office on Disability: Dealing with Disabilities: Tips for First Responders [www.hhs.gov/od/tips.html](http://www.hhs.gov/od/tips.html)
  - U.S. Department of Transportation: Emergency Preparedness and Individuals with Disabilities [www.dotcr.ost.dot.gov/asp/emergencyprep.asp](http://www.dotcr.ost.dot.gov/asp/emergencyprep.asp)
  - Federal Communications Commission: Accessibility of Emergency Information [www.fcc.gov/cgb/dro/emergency\\_info\\_regs.html](http://www.fcc.gov/cgb/dro/emergency_info_regs.html)
- #### DISABILITY ORGANIZATIONS AND AGENCIES
- National Organization on Disability:
    - Emergency Preparedness Initiative (EPI) [www.nod.org/index.cfm?fuseaction=Page.viewPage&pageId=1564](http://www.nod.org/index.cfm?fuseaction=Page.viewPage&pageId=1564)

<sup>43</sup> These web site references are current as of August 2008.

- Report on Special Needs Assessment for Katrina Evacuees (SNAKE) Project [www.nod.org/Resources/PDFs/katrina\\_snake\\_report.pdf](http://www.nod.org/Resources/PDFs/katrina_snake_report.pdf)
- EPI Guide for Emergency Managers, Planners & Responders: Revised Edition [www.nod.org/resources/PDFs/epiguide2005.pdf](http://www.nod.org/resources/PDFs/epiguide2005.pdf)
- Disability & Emergency Preparedness Resources: North Carolina [www.nod.org/EPIResources/northcarolina.html](http://www.nod.org/EPIResources/northcarolina.html)
- Prepare Yourself: Disaster Readiness Tips for Owners of Pets or Service Animals [www.nod.org/resources/PDFs/epips5animals.pdf](http://www.nod.org/resources/PDFs/epips5animals.pdf)
- National Council on Disability: Saving Lives: Including People with Disabilities in Emergency Planning [www.ncd.gov/newsroom/publications/2005/saving\\_lives.htm](http://www.ncd.gov/newsroom/publications/2005/saving_lives.htm)
- National Institute on Disability and Rehabilitation Research-Assessing the Impact of Hurricane Katrina on Persons with Disabilities [www.rtcil.org/products/NIDRR\\_FinalKatrinaReport.pdf](http://www.rtcil.org/products/NIDRR_FinalKatrinaReport.pdf)
- Disaster Mitigation for People with Disabilities: A Research Resource Guide [www.ilru.org/html/training/webcasts/handouts/2003/08-27-PB/resources.htm](http://www.ilru.org/html/training/webcasts/handouts/2003/08-27-PB/resources.htm)

#### SENSORY DISABILITIES

- National Association of the Deaf: Emergency Preparedness [www.nad.org/emergencyprep](http://www.nad.org/emergencyprep)
- American Council of the Blind: Emergency Preparedness and People who are Blind and Visually Impaired: A Handbook for the Consumer [www.acb.org/washington/emergency-preparedness-final.doc](http://www.acb.org/washington/emergency-preparedness-final.doc)
- National Organization on Disability: Disaster Readiness Tips for People with Sensory Disabilities <http://chfs.ky.gov/NR/rdonlyres/4BCCBF2B-910A-4FDD-9D07-2C18DC9E6588/0/epips2sensory.pdf>

#### MOBILITY DISABILITIES

- American Red Cross: TIPS FOR PEOPLE WITH MOBILITY CONCERNS [www.prepare.org/disabilities/mobilitytips.htm](http://www.prepare.org/disabilities/mobilitytips.htm)
- FEMA: Preparing for Emergencies: A Checklist for People with Mobility Problems <http://news.theolympian.com/emergencycheck/pdfs/mobility.pdf>
- Nobody Left Behind: Disaster Preparedness for Persons with Mobility Impairments [www.nobodyleftbehind2.org/](http://www.nobodyleftbehind2.org/)
- U.S. Department of Education: Emergency Evacuation of People With Physical Disabilities From Buildings: 2004 Conference Proceedings <http://icdr.us/documents/pwd-emergency-evac.doc>

#### BEHAVIORAL HEALTH DISABILITIES

- U.S. Department Health and Human Service, Substance Abuse and Mental Health Services Administration (SAMHSA): Resources for People with Disabilities <http://mentalhealth.samhsa.gov/dtac/specialneeds.asp>
- National Institute of Mental Health, Coping with Traumatic Events: [www.nimh.nih.gov/topics/coping-with-traumatic-events.shtml](http://www.nimh.nih.gov/topics/coping-with-traumatic-events.shtml)

#### INTELLECTUAL DISABILITIES

- California Department of Public Health, BEPREPARED CALIFORNIA: Tips for People with Cognitive/Intellectual Disabilities <http://bepreparedcalifornia.ca.gov/EPO/BePrepared/PeopleDisabilities/TipsCognitiveIntellectual.htm>

#### MULTIPLE CHEMICAL SENSITIVITY DISABILITIES

- Disability Caucus of the United States Green Party, Resources for People with Disabilities Displaced by Hurricane Katrina: Providing Shelter for People with Multiple Chemical Sensitivity <http://immuneweb.org/dg/katrina/mcsshelter.html>

## CHRONIC FATIGUE SYNDROME AND FIBROMYALGIA DISABILITIES

- Disability Caucus of the United States Green Party, Resources for People with Disabilities Displaced by Hurricane Katrina: Chronic Fatigue Syndrome & Fibromyalgia <http://immuneweb.org/dg/katrina/cfsshelter.html>

## EMERGENCY PREPAREDNESS AND EVACUATION GUIDELINES, IN GENERAL

- Project Safe EV-AC: Evacuation and Accommodation of People with Disabilities, International Center for Disability Information at West Virginia University. <http://evac.icdi.wvu.edu/library/training.htm>
- PrepareNow.Org, San Francisco Bay area (primarily related to earthquakes). Supporting special needs and vulnerable populations in disaster [www.preparenow.org/prepare.html](http://www.preparenow.org/prepare.html)
- Emergency Procedures for Employees with Disabilities in Office Occupancies, FEMA United States Fire Administration [www.usfa.dhs.gov/downloads/txt/publications/fa-154.txt](http://www.usfa.dhs.gov/downloads/txt/publications/fa-154.txt)
- Western University, California, Center for Disability Issues and the Health Professions: Evacuation Preparedness Guide [www.cdihp.org/evacuation/toc.html](http://www.cdihp.org/evacuation/toc.html)
- American Academy of Pediatrics: Emergency Preparedness for Children with Special Health Care Needs [www.aap.org/advocacy/emergprep.htm](http://www.aap.org/advocacy/emergprep.htm)
- Emergency Survival Program (ESP)'s Emergency Preparedness: Taking Responsibility for Your Safety Tips for People with Disabilities and Activity Limitations [www.cert-la.com/ESP/ESP-Disabilities-Guide-2006.pdf](http://www.cert-la.com/ESP/ESP-Disabilities-Guide-2006.pdf)
- The New York Academy of Medicine: Preparing to Shelter in Place, Practical Tools for Households, Work Places, Schools and Early Childhood/Youth Programs, and Governments [www.nyam.org/news/2965.html](http://www.nyam.org/news/2965.html)
- Community Emergency Preparedness Information Network [www.cepintdi.org](http://www.cepintdi.org)

- Red Cross: Preparing for Disaster for People with Disabilities and other Special Needs: [www.redcross.org/images/pdfs/preparedness/A4497.pdf](http://www.redcross.org/images/pdfs/preparedness/A4497.pdf)
- Triangle J Area on Aging: Disaster Preparedness [www.tjaaa.org/disaster/seniors/welcome.htm](http://www.tjaaa.org/disaster/seniors/welcome.htm)

## VOLUNTEER SERVICES

- American Red Cross [www.redcross.org/services/volunteer/0,1082,0\\_325\\_,00.html](http://www.redcross.org/services/volunteer/0,1082,0_325_,00.html)
- Citizen Corps: How to Get Involved [www.citizencorps.gov/index.shtm](http://www.citizencorps.gov/index.shtm)
- AmeriCorps [www.americorps.org](http://www.americorps.org)

## PANDEMIC INFLUENZA

- Home Health Care During an Influenza Pandemic: Issues and Resources [www.pandemicflu.gov/plan/healthcare/homehealth.html](http://www.pandemicflu.gov/plan/healthcare/homehealth.html)
- North Carolina Public Health Pandemic Influenza Plan [www.ncpanflu.gov](http://www.ncpanflu.gov)
- Pandemic Influenza Planning for Individuals and Families [http://mentalhealth.samhsa.gov/dtac/FederalResource/Preparedness/4-Panflu\\_Planning\\_Individuals\\_Families.pdf](http://mentalhealth.samhsa.gov/dtac/FederalResource/Preparedness/4-Panflu_Planning_Individuals_Families.pdf)

## MATERIALS PROVIDED IN SPANISH

- Department of Crime Control and Public Safety: ReadyNC [www.nclisto.com](http://www.nclisto.com)
- Ready.com [www.listo.gov](http://www.listo.gov)
- American Red Cross [www.cruzrojaamericana.org](http://www.cruzrojaamericana.org)
- Home Health Care During an Influenza Pandemic: Issues and Resources [http://espanol.pandemicflu.gov/pandemicfluenes/24/\\_www\\_pandemicflu\\_gov](http://espanol.pandemicflu.gov/pandemicfluenes/24/_www_pandemicflu_gov)
- Centers for Disease Control and Prevention: Emergency Preparedness & Response: [www.cdc.gov/spanish](http://www.cdc.gov/spanish)



## APPENDIX E

### EM Transportation Inventory Form

Name of Entity: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Location: \_\_\_\_\_

#### Number of Transportation Vehicles

- \_\_\_\_\_ Buses
  - \_\_\_\_\_ With lift feature or ramp
  - \_\_\_\_\_ # "Tie downs" for wheelchairs
  
- \_\_\_\_\_ Light Transit Vehicles
  - \_\_\_\_\_ With lift feature or ramp
  - \_\_\_\_\_ # "Tie downs" for wheelchairs
  
- \_\_\_\_\_ Vans
  - \_\_\_\_\_ With lift feature or ramp
  - \_\_\_\_\_ # "Tie downs" for wheelchairs
  
- \_\_\_\_\_ Cars

#### Considerations

- Are instructions for lift operation located in all vehicles?  YES  NO
- Are all vehicles included above on site at your facility?  YES  NO  
 If no, where are they and how quickly could they be accessed?
- Do all vehicles identified above have both heating and air conditioning?  YES  NO
- Are drivers available to assist with driving during a disaster?  YES  NO
- Are special licenses required for driving any of the vehicles?  YES  NO  
 If so, what type?







State of North Carolina

Department of Health and Human Services ■ Department of Crime Control & Public Safety

[www.ncdhhs.gov](http://www.ncdhhs.gov) ■ [www.nccrimecontrol.org](http://www.nccrimecontrol.org)

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