

**OHIO EMERGENCY OPERATIONS PLAN  
EMERGENCY SUPPORT FUNCTION #6 – MASS CARE**

**TAB A: FUNCTIONAL NEEDS PLAN**

**PRIMARY AGENCY:** Ohio Emergency Management Agency (OEMA)

**SUPPORT AGENCIES:** American Red Cross (ARC)  
Ohio Department of Aging (ODAge)  
Ohio Department of Alcohol and Drug Addiction Services (ODADAS)  
Ohio Department of Development (ODOD)  
Ohio Department of Education (ODE)  
Ohio Department of Health (ODH)  
Ohio Department of Job and Family Services (ODJFS)  
Ohio Department of Mental Health (ODMH)  
Ohio Department of Developmental Disabilities (DODD)  
Ohio State Independent Living Council (Ohio SILC)  
The Salvation Army (TSA)  
Voluntary Organizations Active in Disasters (VOAD)

**I. INTRODUCTION**

A. Purpose

1. The Ohio Emergency Management Agency employs the Functional Needs Framework as an organizational model for addressing the needs of special populations with functional limitations and needs during disasters and outlines State-level Support Agency expertise and capabilities and their applicability to the functional needs of the ‘functional needs community’ they represent.
2. This Tab incorporates and responds to the *Guidance on Planning for Integration of Functional Needs Support Services (FNSS) in General Population Shelters*, distributed by the Federal Emergency Management Agency (FEMA) in November 2010

The document provides planning guidance for meeting federal regulations that impact access and functional needs, and the sheltering of children and adults with functional support needs in general population shelters. The guidance was developed to support local, tribal, State and Federal governments to integrate children and adults with and without disabilities who have access and functional needs into every aspect of emergency shelter planning and response.

Functional Needs Support Services (FNSS) are services that enable individuals to maintain their independence in a general population shelter, including:

- a. Reasonable modification to policies, practices, and procedures.
- b. Durable medical equipment (DME).
- c. Consumable medical supplies (CMS).
- d. Personal assistance services (PAS).
- e. Other goods and services as needed.

#### B. Scope

1. The Functional Needs Framework was initially described by June Isaacson Kailes and Alexandra Enders in a May 2006 paper, “Moving Beyond ‘Special Needs’: A Function-Based Framework for Emergency Management and Planning.” The federal government has also adopted this framework for use in the National Response Framework.
2. The Functional Needs Framework is intended to address the functional limitations of persons who identify themselves as having a disability and the larger portion of persons who do not identify themselves as having a disability, but have limitations in hearing, seeing, walking, learning, language, and understanding.

## II. SITUATION

- A. Existing disaster preparedness and emergency response systems are typically designed for persons that are capable of walking, running, driving, seeing, hearing and quickly responding to directions to escape or be rescued. Emergency management systems may need assistance in identifying and responding to functional needs populations.
- B. It is possible that up to 70% of the population may have one-or-more functional needs that may make them less able to effectively participate in sheltering and evacuation operations.
- C. Because of a lack of awareness of available services for the functional needs population, and a lack of knowledge regarding the values and goals of independent living, self-determination and civil and human rights protections, and cultural and communication differences, emergency medical and social service personnel may not be able to adequately address complex functional

independence, physical, communication, supervision, and transportation needs issues.

- D. Existing emergency operations plans generally assume that everyone in the population will be able to successfully and effectively participate in sheltering, evacuation and other emergency response operations, but experience has shown that many people may have one-or-more functional needs that must be addressed before they are able to participate. .
- E. The functional needs framework provides a means of addressing the assignment and management of resources to and for functional needs populations and is not based on a ‘special needs’ framework of diagnostic labels and definitions of disability that are used primarily for programmatic eligibility.
- F. The functional needs framework can be effectively applied to the needs of broad populations, including:
  - 1. Persons with physical disabilities.
  - 2. Persons with serious mental illnesses.
  - 3. Persons who are non-English speakers.
  - 4. Children.
  - 5. Elders.
  - 6. Persons who do not have access to vehicles.
  - 7. Persons with special dietary needs.
  - 8. Pregnant women.
  - 9. Persons who are homeless.
  - 10. Institutionalized persons.
- G. Other populations with functional needs may who may have chronic, ongoing medical or supervision needs that will continue in an emergency may include:
  - 1. Persons who are morbidly obese.
  - 2. Persons on kidney dialysis and other mechanical-dependent medical regimens.
  - 3. Persons who live in zero-vehicle households.

4. Residents of nursing homes, hospitals/wards, hospices, and schools for the handicapped.
5. Residents of correctional institutions, state prisons, halfway houses, etc.

#### H. Functional Limitations

1. Using a function-based framework may improve emergency resource management in all types of incidents.
2. Persons with physical disabilities may include those with one or more activity limitations such as a reduced or inability to see, walk, speak, hear, learn, remember, manipulate or reach controls, and/or respond quickly. Some physical disabilities are easily visible, while others such as heart disease, emotional or psychiatric conditions, arthritis, significant allergies, asthma, multiple chemical sensitivities, respiratory conditions, and some visual, hearing and cognitive disabilities may be less visible.
3. Not all persons with functional limitations identify themselves as being disabled. Persons with disabilities and functional limitations may include those who have:
  - a. Conditions which interfere with walking or using stairs, e.g. joint pain, paralysis, use of a mobility device such as a wheelchair, canes, crutches, walker.
  - b. Reduced stamina, or easily fatigued, due to a variety of temporary or permanent conditions.
  - c. Respiratory conditions due to heart disease, asthma, emphysema, triggered by stress, exertion, or exposure to small amounts of dust or smoke, etc.
  - d. Emotional, cognitive, thinking, or learning difficulties.
  - e. Vision loss.
  - f. Hearing loss.
  - g. Temporary limitations resulting from, but not limited to, surgery, accidents and injuries (sprains, broken bones), pregnancy, etc.
4. Functional limitations exist along a continuum of severity and duration – partial-to-total and temporary-to-permanent.
5. Incidents can instantly create many more persons with new disabilities and/or functional needs. Additionally, an incident may exacerbate a person's limitations due to the loss of mobility equipment or due to stress that may be

brought on by the incident. Some persons may experience transfer trauma and significant confusion that may affect their ability to function independently in sheltering and/or evacuation operations.

#### I. Functional Needs Support Services

1. Children and adults requiring FNSS may have physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Others that may benefit from FNSS include women in late stages of pregnancy, elders, and people needing bariatric equipment.
2. Planning for FNSS in general population shelters includes the development of mechanisms that address the needs of children and adults in areas such as:
  - a. Communication assistance and services when completing the shelter registration process and other forms or processes involved in applying for emergency-related benefits and services including Federal, State, tribal, and local benefits and services
  - b. Durable medical equipment (DME), consumable medical supplies (CMS), personal assistance services (PAS) that assist with activities of daily living
  - c. Access to medications to maintain health, mental health, and function
  - d. Available sleeping accommodations (e.g., the provision of universal/accessible cots or beds and cribs; the placement, modification, or stabilization of cots or beds and cribs; the provision and installation of privacy curtains)
  - e. Access to orientation and way-finding for people who are blind or have low vision

### III. CONCEPT OF OPERATIONS

- A. The Functional Needs Framework is built around five functional needs categories:
  1. Functional Independence needs.
  2. Communication needs.
  3. Supervision needs.
  4. Medical needs.
  5. Transportation needs.

## B. Functional Independence Needs

1. Persons with functional limitation needs are those who need assistance to be able to maintain their health and independence, and to be able to manage the stresses of mass sheltering operations. Effectively meeting these needs can prevent secondary conditions and institutionalization for some persons, and can reduce the use of scarce, expensive and intensive emergency medical services.
2. Actions to maintain functional independence may include:
  - a. Medical stabilization – replacing essential medications (blood pressure, seizure, diabetes, psychotropic, etc).
  - b. Functional mobility restoration – replacing lost or damaged durable medical equipment (wheelchairs, walkers, scooters, canes, crutches, etc.).
  - c. Replacing essential consumable supplies (catheters, ostomy supplies, padding, dressings, sterile gloves, etc.).
  - d. Assistance with orientation for those with visual limitations.

## C. Communication Needs

1. Most people who have limitations that interfere with the receipt of, and effective response to information are self-sufficient, but need information provided in methods that they can understand and use. This group is a large and diverse population of those who have difficulties hearing, seeing or understanding. They may not be able to hear verbal announcements, see directional signage to assistance services, or understand how to get food, water and other assistance because of a hearing, understanding, cognitive or intellectual limitations.
2. The communication needs population may include persons who:
  - a. Are ethnically and culturally diverse.
  - b. Have limitations or are unable to read or understand English.
  - c. Have reduced or no ability to speak.
  - d. Have reduced or no ability to see.
  - e. Have reduced or no ability to hear.
  - f. Have limitations in learning and understanding.

#### D. Supervision Needs

1. Support for individuals who do not have or who have lost adequate support from family or friends must be determined on a case-by-case basis. For example, after an emergency some people with mental illness may be able to function well with healthy responses and coping skills while others with serious and persistent mental illness may need a protected and supervised setting.
2. People with supervision needs may include:
  - a. People who decompensate because of transfer trauma, trauma stressors that exceed their ability to cope, or lack of ability to function in a foreign environment.
  - b. People with conditions such as dementia, Alzheimer's and psychiatric conditions such as depression, schizophrenia, and intense anxiety.
  - c. People who function adequately in a familiar environment, but become disoriented and lack the ability to function in an unfamiliar environment.
  - d. Prison inmates.
  - e. Unaccompanied children.

#### E. Medical Needs

1. The population of persons with Medical Functional Needs includes those who require durable medical equipment, are not self-sufficient, or do not have or have lost adequate support from family or friends and need assistance with:
  - a. Activities of daily living such as bathing, feeding, going to the toilet, dressing, and grooming.
  - b. Managing unstable, chronic, terminal or contagious health conditions that require observation, and ongoing treatment.
  - c. Managing medications, intravenous (IV) therapy, tube feeding and/or regular vital signs.
  - d. Medical readings.
  - e. Dialysis, oxygen, and suction administration.
  - f. Managing wounds, catheters or ostomies.

g. Operating power-dependent equipment to sustain life.

2. People with visible disabilities tend to be automatically, but sometimes mistakenly, placed in this category. A more specific function-oriented determination of medical needs, discussed below, needs to be incorporated into training on disaster management of medical needs

#### F. Transportation Needs

1. The transportation needs group includes persons who cannot operate a motor vehicle due to disabilities, age, addictions, legal restrictions, etc., and those who do not have access to a motor vehicle. This group includes people who are old, poor, and people who need wheelchair accessible transportation. Most non-drivers and people from zero vehicle households can function independently once evacuated to safety.
2. Transportation is a well-established component of emergency response plans, however, the lack of details regarding transportation dependent people may cause some to be put in potentially dangerous situations.

### **IV. ASSIGNMENTS OF RESPONSIBILITY**

A. ESF-6 State-level Support Agencies' expertise and capabilities are applicable to the functional needs of the 'functional needs community' they each represent. As a whole, the responsibilities of ESF-6 State-level Support Agency involvement in providing assistance to persons with functional needs in mass care operations is to provide guidance and other assistance to local partner agencies to:

1. Promote and sustain independence and self-determination in sheltering and evacuation situations.
2. Maintain and uphold human and civil rights policies and procedures, laws and regulations.
3. Provide assistance to local mass care service providers in the interpretation of federal guidance for meeting federal regulations that impact access and functional needs, and the sheltering of children and adults with functional support needs in general population shelters.
4. Provide access to resources to support people's functional needs.
5. Ensure that programs and services are accessible to, accommodate, and are inclusive of people with functional limitations.

6. Document, disseminate, promote and support the use of proven materials, methods and best practices.
7. Promote and assist in the establishment of mutual aid agreements that integrate the strengths and skills of local agency partners into the emergency service plans and response strategies of local government.
8. Monitor shelter and evacuation activity, temporary housing and other emergency and disaster assistance centers.
9. Assess shelter, evacuation and housing intake forms and questions that identify, triage, and track needs for their applicability and efficacy in addressing the functional needs of their target population so that functional independence can be maintained in short-term and long-term emergency service provision.
10. Work with shelter, evacuation, emergency housing administrators and personnel, and emergency managers to assist them in effectively addressing and responding to the functional needs of their target population and to make available to them resources and methods that are available to address functional needs.
11. Assist in the training of shelter, evacuation and emergency housing agencies and personnel to effectively address and respond to functional needs populations.
12. Assist as needed with alerting and notifying functional (special) needs populations regarding their need to respond to emergency operations, including evacuation and sheltering.