

STATE OF OHIO EMERGENCY OPERATIONS PLAN



EMERGENCY SUPPORT FUNCTION #6 MASS CARE

TAB A – FUNCTIONAL NEEDS PLAN

FACILITATING AGENCY

Ohio Emergency Management Agency

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FACILITATING

AGENCY: Ohio Emergency Management Agency (Ohio EMA)

SUPPORT AGENCIES: American Red Cross (ARC)
Ohio Department of Aging (ODAge)
Ohio Development Services Agency (ODSA)
Ohio Department of Education (ODE)
Ohio Department of Health (ODH)
Ohio Department of Job and Family Services (ODJFS)
Ohio Department of Mental Health and Addiction Services (ODMH/AS)
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 State of Ohio employs the Functional Needs Framework as an organizational model for addressing needs of people with disabilities and others with access and functional needs during disasters, and outlines the expertise and capabilities of State-level Support Agencies and their applicability to addressing the “functional needs community”.
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. That document provides planning guidance for meeting federal regulations that impact people with disabilities and others with access and functional needs, and the sheltering of children and adults with functional support needs in general population shelters. Federal guidance was developed to support the efforts of 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 operations.

3. Functional Needs Support Services (FNSS) are services that are provided to enable individuals with functional needs to maintain their independence in a general population shelter, including the provision of:
 - 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 accommodation needs of people who identify themselves as having a disability and the larger portion of people who do not identify themselves as having a disability, but may need an accommodation related to communication, physical access and programmatic access to be able to effectively participate in evacuation and shelter operations.
3. The functional needs framework provides a means of addressing the assignment and management of resources to support people with disabilities and others with access and functional needs and is not based on a ‘special needs’ framework of diagnostic labels and definitions of disability that are used primarily for programmatic eligibility.
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.

6. The functional needs framework can be effectively applied to the needs of broad populations, including:
 - a. People with physical disabilities.
 - b. People with serious mental illnesses.
 - c. People who are non-English speakers or who have limited English proficiency
 - d. People who are deaf or hard of hearing
 - e. People who are blind or have low vision
 - f. Children.
 - g. Older adults.
 - h. People who do not have access to vehicles.
 - i. People with special dietary needs.
 - j. Pregnant women.
 - k. People who are homeless.
 - l. People who live in an institutional setting
 - m. Persons who live in zero-vehicle households.

7. Other populations with functional needs may who may have chronic, ongoing medical or supervision needs that will continue in an emergency may include:
 - a. Persons who are morbidly obese.
 - b. Persons on kidney dialysis and other mechanical-dependent medical regimens.
 - c. Residents of nursing homes, hospitals/wards, hospices, and schools for children with disabilities. Residents of correctional institutions, state prisons, halfway houses, etc.

8. Functional Limitations

- a. Using a function-based framework may improve emergency resource management in all types of incidents.
- b. 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 not be visible at all.

7. Not all persons with functional limitations identify themselves as having a disability. 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. Partial or complete vision loss.
- f. Partial or complete hearing loss.
- g. Temporary limitations resulting from, but not limited to, surgery, accidents and injuries (sprains, broken bones), pregnancy, etc.

8. Functional Needs Support Services

- a. 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, older adults, and people needing bariatric equipment.

II. SITUATION

- A. 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.
- B. Existing disaster preparedness and emergency response systems are typically designed for persons who are capable of walking, running, driving, seeing, hearing and quickly responding to directions to evacuate or be rescued from a dangerous situation.
- C. Emergency management operational response systems that are oriented to serving “able-bodied” populations may need to be adjusted and/or augmented to meet the needs of people with disabilities or others with access and functional needs.
- D. It is possible that up to 70% of the population may have one-or-more existing or newly-acquired functional needs that may make them less able to effectively participate in emergency response, sheltering and evacuation operations.
- E. 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 services and social service delivery personnel may not be able to adequately address complex functional independence, physical, communication, supervision, and transportation needs issues.
- F. Planning for FNSS in general population shelters includes the development of mechanisms that address the needs of children and adults in areas such as:
 - 1. 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.
 - 2. Access to information in accessible formats (text, audio, large print, Braille or accessible electronic formats) and access to interpreters.
 - 3. Durable medical equipment (DME), consumable medical supplies (CMS), personal assistance services (PAS) that assist with activities of daily living.
 - 4. Access to medications to maintain health, mental health, and function.

5. 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).
6. Access to quiet areas for those with sensory needs, including older adults, people with psychiatric disabilities, young children, and children and adults with autism.
7. Access to orientation and way-finding signage and signals for people who are blind or have vision difficulties.
8. Providing space and provisions for service animals.
9. Providing Personal Care Assistance services to support people in maintaining their independence and in completing daily living activities.

III. CONCEPT OF OPERATIONS

A. The Functional Needs Framework

1. Before, during, and after an incident, some individuals with equal access and functional needs may be assisted to maintain their health, safety and independence utilizing the “C-MIST” (Communication, Maintaining Health, Independence, Safety Support Services, and Self Determination and Transportation) framework to identify their needs.
2. Physical and programmatic access, auxiliary aids and services, integration, and effective communication are often enough to enable individuals to maintain their health, safety, and independence in an emergency or disaster situation.

B. Individuals may have additional requirements in one-or-more of the following functional areas:

1. Communication
 - a. Individuals may require auxiliary aids and services or language access services to initiate effective communication and to receive and respond to information utilizing methods they can understand and use.
 - b. Individuals may not be able to communicate their needs or ask for information, hear verbal announcements or alerts, see directional signs, communicate their circumstances to emergency responders, or understand how to get assistance due to hearing, vision, speech, cognitive, behavioral or mental health or intellectual disabilities, and/or limited English proficiency. In addition to auxiliary aids and services (such as interpreters, including American Sign

Language and translated materials), the use of plain language benefits most people.

- c. Ethnic media should be utilized in order to ensure information is communicated in alternate formats, such as Somali and American Sign Language, and in multiple mediums, multi-lingual formats.
- d. Materials must be age-appropriate and user-friendly to be able to effectively communicate the availability of emergency services to all communities.

2. Maintaining Health

- a. While most individuals with equal access and functional needs do not have acute medical needs requiring the support of trained medical professionals, many will require some form of assistance to maintain health and minimize preventable medical conditions.
- b. Access to equipment, medication, supplies, bathroom facilities, nutrition, hydration, adequate rest, and personal assistance can make the difference in maintaining health and preventing the development of conditions requiring additional medical care.
- c. Keeping individuals with equal access and functional needs with their families, neighbors and others who can provide assistance will reduce the need for first responders and medical professionals at a time of scarce resources.
- d. For individuals with medical needs in mass care shelters, medical assistance is requested by the general population shelter management. Local volunteer organizations such as the Medical Reserve Corps may be able to assist with medical staffing at shelters. In many instances, this medical assistance may be provided in the general population shelter. Individuals who have an increase in severity of conditions that would normally require hospitalization or medical monitoring would need to receive inpatient care from an appropriate medical facility in consultation with a medical care provider.
- e. Individuals, including those who are generally self-sufficient and those who have adequate support from personal assistants, family, or friends may need assistance with: managing unstable, terminal or contagious conditions that require observation and ongoing treatment; managing intravenous therapy, tube feeding, and vital signs; receiving dialysis, oxygen, and suction administration; managing wounds; and operating power dependent equipment to sustain life. These individuals may require the support of trained medical professionals. Individuals whose conditions have increased in severity such that that would normally require hospitalization or medical monitoring would need to receive inpatient care in a healthcare facility.

3. Independence

- a. Providing physical/architectural, programmatic, or communications access will allow individuals to maintain independence in an environment outside their home.
- b. For individuals requiring assistance to maintain independence in their daily activities this assistance may be unavailable during an emergency or a disaster. Such assistance may include durable medical equipment or other assistive devices (wheelchairs, walkers, scooters, communication devices, transfer equipment, etc.), service animals, and/or personal assistance service providers or caregivers.
- c. Shelters and other emergency services facilities, need to be accessible including entrances, toilets, sleeping, and eating facilities. Supplying necessary support will assist survivors to maintain or quickly restore their pre-disaster level of independence.

4. Safety, Support Services and Self-Determination

- a. Individuals should not be separated from their sources of support. Before, during, and after an emergency, individuals who lose the support of personal assistant services, family, or friends may find it difficult to cope in a new environment or may have challenges accessing programs and services.
- b. If separated from their caregivers, young children may be unable to identify themselves; and when in danger, they may lack the cognitive ability to assess the situation and react appropriately.
- c. All adults, except those individuals for whom a court has determined guardianship or custody, have the right to self-determine the amount, kind and duration of assistance they require. This includes individuals with disabilities who have the right to self-determination, and cannot be required to accept an accommodation, aid, service, or benefit the individual chooses not to accept.

5. Transportation

- a. Individuals who cannot drive or who do not have a vehicle and individuals who may need assistance in evacuating when roads are blocked or public transportation is not operating may require transportation assistance for evacuation.
- b. Equal access to transportation assistance needs to be available to those who rely heavily on public transit, including but not limited to low-income and

minority communities. This support can include accessible vehicles (lift-equipped vehicles suitable for transporting individuals who use oxygen) and information in alternate formats and other languages about how and where to access mass transportation during an evacuation.

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. Although functional needs are most visible during ESF-6-related operations (evacuation, sheltering, etc.), considerations for addressing functional needs can impact other emergency response operations. 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, assistance and/or resources 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 needs.
 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, in an accessible manner, the whole community, including those with access and functional needs of their need to respond to emergencies, including evacuation and sheltering.
13. Assist impacted functional needs support industries (nursing homes, dialysis centers, etc.) to enable continued provision of service.
14. Work with the impacted industry to provide coverage when service gaps occur.

V. ADDITIONAL GUIDANCE

- A. The Ohio Emergency Management Agency maintains links to additional functional needs-related program and plan development guidance materials at:

http://www.ema.ohio.gov/Plans_FunctionalNeedsGuidance.aspx