

Nobody Left Behind
**Analysis of Local Emergency Management Plans to Determine
Whether the Needs of Persons with Mobility Limitations Are Being Met
August 22, 2005**

Grant Stipulations

The three-year research grant, *Nobody Left Behind: Disaster Preparedness for Persons with Mobility Limitations*, awarded to the University of Kansas, Research and Training Center on Independent Living, and funded by the Centers for Disease Control and Prevention through the American Teachers of Preventative Medicine (TS#0840), stipulates that the researchers will:

- Request a local emergency management plan at the time of the disaster occurrence for each of the 30 sites selected for analysis and the most recent version of that document, and
- Analyze the plans to determine if any and what changes in disaster planning and emergency response policies and practices were made with respect to persons with mobility impairments.

Interview Process

To obtain information from the 30 randomly pre-selected sites for the research, each of the emergency managers at these sites were interviewed over the phone. During the interview, a request was made to receive a copy of the plan at the time of the disaster and the most current plan. In the pilot study, it became clear that the plan itself is a “living document,” undergoing constant changes. Thus, obtaining a specific copy of a plan from a specific point in time for analysis could be challenging for some locations to supply. In addition, several managers were reluctant to provide copies of their plans to the research investigators and stated that the documents were too lengthy to copy, or since 9-11 the plans were considered not secure for the public to view. To address these issues as much as possible, if the request for the plans seemed unmanageable to the manager, the researcher would ask for only the specific sections of the plan that may be applicable to the study. Knowing that there was a possibility that the number of plans provided would not be enough to be statistically significant, the researchers decided it was still relevant to make the requests for the plans. In addition, the managers were asked during the interview what prompted changes in the plans from the time of the disaster to the present.

Revisions Made to Plans

Information obtained during the interviews revealed that one site did not have a plan at the time of the disaster, and a majority (97%) of the sites had revised their plan since the disaster. Eight sites (or 28%) reported making policy or procedural changes due to the disaster itself. From these eight sites, two sites made revisions to address disability-

related concerns. Most revisions to the plans were the result of an annual or periodic review (72%), while other changes were facilitated by federal mandates (59%), state mandates (24%), or for other reasons (34%).

Of the two sites that altered policies or procedures due to disability-related concerns, one site was considering how to secure additional information on those with disabilities in their community, who in that group needs electricity, and how to assure protection of the peoples' names with the liberal open public information laws of that state. The other site promoted changes in the planning process to better follow-up on service outcomes for persons with disabilities, particularly those with medical needs.

Analysis of Plans

Out of the 30 sites, 11 sites (or 38%) complied with the researchers' request to send the plan or applicable parts of the plan. Only three emergency managers provided what appears to be an entire plan, while the remaining eight sites provided either a section or sections of their plan and/or other applicable consumer outreach information. No site provided enough documentation to do a comparison analysis of the plan at the time of the disaster and the most recent plan.

Initially, each document was reviewed for such terms as disabilities, disabled, handicapped, special needs, special needs populations, wheelchair, mobility impairments, mobility limitations, and so on by the "word search" function if an electronic copy was provided or by a page-by-page review by research staff.

All 11 sites had a definition in their plans for high-risk populations or special populations that included persons with disabilities. Table 1 on page five details what sections of the plan or corresponding consumer outreach information actually made reference to the needs of persons with disabilities. In all but two of the 11 sites, there was at least one reference to persons with disabilities in the evacuation and/or a transportation section(s) of their plan. Three different sites made a brief reference to wheelchair users, as noted on the chart and key of Table 1. Another site made reference to implementing the model for "*Special Needs Shelter and Associated Disaster Planning for the Special Needs Population*" that was developed by Patti Moss, RN, MSN, at Lamar University's Department of Nursing, in Beaumont Texas.¹

Ten out of the 11 sites, had requirements for identifying specific persons with disabilities or residential facilities for special needs populations, which includes persons with disabilities. A total of seven sites had sections in the plan for assistance with transportation and/or evacuation of persons with disabilities. One site listed specific

¹ This model is for emergency managers to use to establish special needs shelters based on the needs of persons with medical disabilities. It involves implementing a surveillance strategy, creating a database of special needs populations, designing special needs shelter(s) based on this data, and creating and distributing consumer outreach information. For more information refer to www.disaster-research.us

transportation vehicles available. Four sites required identification of special needs groups, while three sites required identification of specific locations of residential facilities where persons with disabilities may reside. Two sites used a voluntary registry system to identify persons with disabilities and others requesting specific assistance, while two more sites had identification systems for persons needing medical or electrical services to assure their health and safety during a disaster.

Only two sites (or 18%) had comprehensive provisions for the needs of persons with disabilities in their plans. These two sites also took very different approaches. Site #1, shown on Table 1 made specific reference to the needs of persons with disabilities in what appears to be the majority of the sections of the plan that pertain to “people related” planning and procedural activities (i.e., communication and warning, evacuation and transportation, sheltering, medical and health needs, etc.). These commands were short and to the point, such as, “The media will be requested to provide warning notice using their systems for informing the special needs population.” Other statements included: “Assist in the coordination of special transportation requirements for special needs groups;” “In the Recovery Phase, Law Enforcement: Assist with return of special needs groups, if required;” and “In the Emergency Response Checklist readiness Phase, ... develop list of critical facilities and special needs in county and each community.”

Rather than divide out the specific instructions to assist persons with disabilities in the various sections of the plan, Site #11, shown on Table 1, took another approach by creating a separate appendix, *Annex A- Direction and Control, Appendix 9: Persons with Disabilities*. This appendix provides emphasis on addressing very specific needs of persons with disabilities in the various sections of identification, communication and warning, evaluation, and sheltering. The subject areas of the training and exercises involving the evacuation of person with disabilities are listed. For example, training should involve: how to guide a person with visual impairments, emergency sign language and finger spelling, how to address the needs of persons with cognitive disabilities in an emergency, and the safe evacuation procedures for wheelchair users. The specific disability-related tasks are listed in the emergency manager’s office, sheriff’s office, and the Red Cross chapter, and specific tasks for persons with disabilities to follow, such as knowing the shelter locations and evacuation plans and to sign up with the registry.

Another strong component of these two approaches is that they address several of the guidelines, issued by the U.S. Department of Justice, on the American’s with Disabilities Act (ADA) as pertaining to emergency preparedness and response.² However, the corresponding weaknesses of the two approaches are that they do not appear to address all of the guideline areas, including requiring persons with varying disabilities to be represented in the planning and revising of the plan.

² U.S. Department of Justice (2004). “*An ADA Guide for Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities*.” <http://www.usdoj.gov/crt/ada/emergencyprep.htm>.

Summary and Conclusions of Findings

From the 11 sites that provided investigators with a section of their local emergency management plans for review, only two (or 18%) had comprehensive procedures stated in their plans to address many of the needs of persons with mobility impairments. The two sites took different approaches in their individual plans. One approach created a separate appendix on persons with disabilities, while the other approach referenced how to address the needs of the persons with disabilities in the various appropriate sections. Both of these approaches could be considered as emerging best practices for emergency managers to adopt. In addition, the plan should, at a minimum, address the guidelines for ADA pertaining to emergency management as recommended by the Department of Justice. It is recommendation that model appendices be developed for the various special needs populations. It is also recommended that federal and state leaders in emergency management encourage at the local level the adoption of separate appendixes for the various special needs populations that are predominate in their individual community settings. This is a major shift in philosophy concerning the content style of emergency management plans. But, it appears to be warranted due to the lack of training many of the emergency managers have in special needs populations, which includes persons with disabilities. This research study found that 73% of the managers had not taken the special needs course offered by the Federal Emergency Management Agency, 80% did not have guidelines in their plans and another 79% are not planning to develop guidelines to address the needs of persons with disabilities.

As illustrated from the television coverage of persons who were affected by Hurricane Katrina in 2005, many had disabilities or chronic conditions. As evident by the total chaos of the response, there needs to be systems for identification of persons and residential and medical facilities needing assistance with evacuation, transportation, shelter, or medical needs during a disaster. The importance of these identification systems were confirmed with the 11 local emergency plans submitted to the researchers for review. Ten out of the 11 plans had requirements for one or more identification systems to address specific assistance needs of the elderly, ill, and persons with disabilities. The necessary federal, state, and local resources for the creation, maintenance, and public outreach efforts necessary for these identification systems should be encouraged and supported. It is advised that further research explore the strengths and weakness of various identification systems to assist emergency managers in the selections of systems to accommodate varying assistance needs and community situations, such as rural and urban.

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Table 1: The Section(s) of the 11 Local Emergency Plans or Corresponding Consumer Outreach Information Submitted to the Researchers for Review that Address Specific Disaster-Related Needs of Persons with Disabilities.

Annex/Appendix/ Consumer Outreach Info. Subject Title	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6	Site 7	Site 8	Site 9	Site 10	Site 11
Communication & Warnings	X		X							X	
Evacuation and/or Transportation	X	X		X	X	X	X	X		X	X 1c
Health & Human Services	X							X		X	
Health & Medical Services	X					X b		X			
Fire & Emerg- ency Medical	X										
Mass Care & Shelter	X	X									
Special Needs Shelter	X	X			X	X			X 2*		
Terrorism	X										
Identification	X F, G, M, T	X T	X F, 1a	X T	X R	X V		X G,T	X F,G, M,T	X R,G*	X T
Appendix on Persons with Disabilities											X

Key:

- X:** Means there is a reference to persons with disabilities in this section of plan.
- 1a:** Requires a listing of shelter facilities that are wheelchair accessible.
- 1b:** Defines wheelchair patient.
- 1c:** An explanation on wheelchair positions on the bus and para-transit.
- 2:** Incorporates the Lamar University Special Need Shelter and Associated Disaster Planning for the Special Needs Population model.
- F:** Requires identification of facilities' locations (special needs shelters, or assisted care facilities, etc.).
- G:** Requires an identification system of special needs groups (elderly, disabled, etc.).
- M:** Requires an identification system of special needs populations needing medical services.
- R:** Requires a multipurpose voluntary registry identification system.
- T:** Requires an identification system of special needs persons who need assistance with transportation and/or evacuation.
- V:** Requires an identification system for listing of available transportation resources.
- *** This information came from consumer outreach literature regarding a program of the site.