

In a typical jurisdiction, up to 20% of the population could need extra help during a disaster. Part one of this two-part article describes how to identify that one person in five.

## Special people, special care

By *Lisa Gibney, CEM, senior emergency planner, Duane Arnold Energy Center, Palo, Iowa;*  
*Robyn Reese, emergency management plans officer, Linn County (Iowa) Emergency Management Agency; and*  
*Ned Wright, CEM, director, Linn County (Iowa) Emergency Management Agency*

**D**isasters come and go, and then come around again. In emergency management, we're supposed to assess our local situation, develop plans to meet the community's hazards and risks, then train and exercise those plans to be ready to respond. After the training or actual response, we should review the after-action reports and lessons learned to review the currency or effectiveness of our plans.

We learn after each event, but we usually focus our efforts on the general population. Special population groups are often overlooked — until a tragedy arises to remind us that we didn't do enough. This article will focus on meeting the emergency needs of special populations.

Since all disasters are local, we need to define what "special populations" are in our local community and then determine what we're going to do to

meet their needs. Each jurisdiction has differing demographics, but for this discussion, we'll say that the special-needs population is typically the 20% of each community who in the event of an emergency would need additional assistance from others, generally the government, to take the necessary protective actions recommended for members of the community.

In this discussion, we'll presume that these actions are coordinated by the local emergency management organization, in concert with other emergency response agencies.

In planning for special-needs populations, it's crucial to remember that "one size does not fit all." The goal of this discussion is to address the entire spectrum of special needs and give each community a basis from which to develop its own plan.

Who are the special-needs populations in your community?

### **Children:**

- In child-care facilities.
- In schools (K-12), whether public, private or parochial.
- In residential treatment facilities or youth correctional centers.

### **Adults:**

- In supervised congregate-care facilities.

- In supervised group homes (functioning more independently).
- In their own homes, but with disabilities or challenges requiring some assistance.
- Medically fragile, yet able to live at home using special electrically powered medical devices.

#### Unique populations:

- In correctional or detention facilities.
- In hospitals or residential medical treatment facilities.
- In camps or recreational programs, especially during the summer.

#### Others:

- Visitors to the area or other transients.

Now we'll look at each of these groups in detail.

### Children

Children are very important to each of our communities, and we generally have established community support programs, both private and public, to meet their basic needs. The most common of these programs are schools and day-care facilities.

In general, schools and day cares provide both a physical shelter and adult supervision for the children in their care during the school day. The challenge comes during a community emergency. What needs to be done for these facilities, especially if they become uninhabitable?

First, the schools and day cares need to be registered with the local emergency management organization. This means developing a database that lists the school or day-care facility by name, address and phone number, and includes such vital information as points of contact (with off-hours contact information for at least two senior staff members), licensed capacity or census data, number of staff, and any transportation capability by the facility using regular or wheelchair-adapted vehicles.

The "licensed capacity" census is the worst-case or maximum population that could need to be supported at any given time. For child-care facilities, this maximum is set by their operating license, generally issued by the state. These facilities might have fewer children on any given day, but never more than the license allows.

K-12 schools are required to report their official headcount to the state on a specified date (typically in the fall term) to qualify for state funds. Use this number in your planning efforts. Staff availability needs to take into account the number of adults on site and should include food service, custodial, volunteers or others who are generally expected to be on site each day.

Also, if the school has anything exceptional that other schools do not, this must be documented for the emergency plan. Examples include a higher percentage of children with disabilities or possibly a child-care facility within the regular school that supports a high number of infants. It's also very important to note if the school is totally dedicated to children with a specific disability, such as the deaf or blind, since this will require additional resources.



Your community may have residential facilities for children or youth with behavioral or developmental challenges. Children are often adjudicated to these facilities, which removes them from typical parental custodial arrangements. These facilities usually house the children/youth at night, and during the day they may be in school or training activities. These facilities should be registered with emergency management and need to provide the same information as schools.

Transportation information is important to determine how many of the on-site population could be moved at one time by existing facility resources and to allow for emergency management to facilitate filling any transportation gap with other community resources. Most schools and child-care facilities do not have enough on-site resources to move everyone at

once, so the emergency plans must reflect how much assistance to bring to the site from outside locations. (Transportation planning will be addressed in part two of this article.)

### Adults

The adult special-needs population includes two general categories: those living at home and those living in some type of congregate-care facility.

Those living at home are usually self-sufficient during routine conditions, but during an emergency may need some additional assistance. This population includes the elderly and those with some type of disability or challenge such as being blind or deaf, having mobility limitations, or being bed-bound.

Another group is the "medically fragile," people who can live at home, but who need the support of electrically powered medical support devices. In the event of an extended power outage, these individuals could not continue their medical treatment without a source of power. (Some children also fall into this category, but they are generally under constant adult supervision.)

The second group is adults in some type of supervised group home or congregate-care facility. In many cases, a group home houses adults with some type of physical, mental or behavioral limitation. These facilities may have four or five individuals in a traditional home in a residential neighborhood with a supervisor who assists them in daily activities, which allows them to live with as much independence as possible. During the day, they are out of the house in activities or training, or at jobs, and they are generally in the group home only at night. Due to the smaller number in the house, they may have their own transportation available.

Congregate-care facilities for adults provide a broad spectrum of services to the elderly based on a specified need. This could range from independent living, to assisted living, to nursing care, to dementia care. As a person moves through this range, it means that their ability to be self-sufficient declines at each stage. Some facilities may offer all four levels of care, while others may provide only one or two levels.

Registration for these adults includes two processes. Individuals liv-

ing at home should be offered Special Needs Registration Cards (which will be addressed in detail in part two). Group home and congregate-care facilities need to provide the same information as schools, including their licensed capacity and after-hours contact information for senior staff.

When reporting staffing, it's important to distinguish between the number of staff on day shift and on night shift. Night shifts typically involve fewer staff members, which can mean that in the case of an emergency at night, more off-site support will be needed than during the day. Also, since transportation is generally limited for congregate-care facilities, more off-site transportation may be needed in an evacuation requiring all residents to be moved at once.

### Unique special populations

Unique populations might not be in every community, but they must be addressed in the assessment process.

One type of facility commonly overlooked is correction facilities, including halfway houses and community detention centers, as well as county jails, state

prisons or penitentiaries. The government has a duty to ensure that each inmate's health and safety is provided for in the event of an emergency, yet obviously "regular" emergency plans won't easily apply.



Generally, each facility has certain requirements for on-site emergencies, but the emergency management agency needs to be a partner in the planning effort to address what outside resources might be needed, especially if the facility has to be evacuated. In an emergency, the legal corrections official (sheriff or

warden) may have some discretion regarding whether a specific inmate population, such as those assigned to a halfway house, can be released on their own recognizance or not.

The reason people in correctional facilities are considered a special-needs population is that their incarceration produces mobility concerns. For them to be moved outside of the facility, they must generally be in some type of hand and leg restraints and typically must be under armed guard. This requires special planning and additional resources. Emergency management can be a valued partner both in planning and in securing the extra resources needed.

Other quirks can also exist. For example, our jurisdiction has federal prisoners housed in our local jail. For those prisoners to be moved, regulations require supervision by the U.S. Marshal Service, so it's important to include the U.S. Marshals in our planning and exercises.

Planning for correction facilities should include the census numbers for the maximum capacity and the staffing for both day and night shifts. Most cor-

rectional facilities don't have adequate transportation to move the entire inmate population at once, so bus support must be addressed for this type of evacuation. Planning for sheltering or mass care may be best done with a similar type of facility, where the relocated inmates can be kept separated from the general population. Also consider whether your community's facility will need a relocation facility that has separate areas available for both genders.

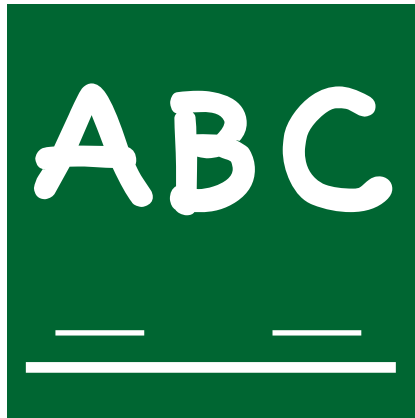
### Hospitals

Hospitals generally considered under this provision are those portions of the facility that house patients overnight, and not the clinics that generally treat and release.

An item to discern early in the planning process is a protocol to allow the hospitals to quickly identify patients who could be discharged in an emergency. Early discharge will allow those individuals to be considered part of the general population who would not require special protective measures and would also provide bed space for new admissions of critically ill or

injured patients.

Planning for hospital emergencies must focus on the bed capacity, which is the licensed number of patients a hospital can accept. Again, staffing levels should reflect both day and night



shifts, unless the numbers are similar. For planning purposes, staff includes medical, custodial, food service and others assigned to the hospital site. Hospital registration with emergency management should also be similar to the information collected for the schools.

General planning would include patients and staff moving by bus, or by ambulance if a patient's condition is more critical. Use caution, however, when considering the need for evacuation of those patients critical enough to require an ambulance to move them. The decision on moving critical patients must be made by the hospital, based on which would be more dangerous to the patients: moving or staying in place. If the decision is made to shelter these critical patients, arrangements must be made to protect the staff who remain behind with these patients.

### Recreational programs

These programs include camps and seasonal recreation programs offered in the community. Though these will vary by community, camps may be defined as resident or day camps. Examples of resident camps are Boy and Girl Scout camps, religious-affiliated camps, and camps for special populations or specific ages. These facilities may be operated year-round or only seasonally, and the general difference is the number of clients served.

Camps usually have a greater concentrated population than general recreation activities. Planning for residential camps should be based on their bed capacity, plus the number of staff, and for day camps on the size of the specific program. The campers are generally dropped off or transported to the camp site from a central location. Transportation on site is typically very limited, and emergency transportation is generally in the form of buses. Special camps for the handicapped may need more wheelchair-assist buses than

general camps will.

Recreation activities or day camps are limited to the normal 8-5 work day time frame. They are usually found when a need exists for supervised activities for children during periods when regular school is not in session. These can include sports activities, arts and crafts, and other structured learning activities, as well as the “\$1.50-a-day babysitter,” the community swimming pool.

There can be major concerns with these programs, including the fact that

most accept children without adult supervision, and many are held outdoors in a park setting, which may leave them scrambling for shelter if a storm or other hazardous situation develops. Many may cancel if bad weather is pending, which can leave emergency responders trying to verify that the program had closed prior to an emergency event to ensure the accountability of children who might have been in attendance.

Because they are not in a permanent year-round site, their location and the number of children participating may not be known by emergency management or first responders. Many times these recreational programs may be supervised by only one or two individuals, who may be teenagers themselves. In the case of an emergency, they may have difficulty accessing appropriate shelter or other emergency support.



Planning for these types of activities is generally coordinated through the sponsoring agency, and the census data is based on the sign-up for the activities. One of the biggest challenges is finding the new programs and knowing the dates when they will have programming, as they are often operated by organizations not affiliated with schools and day-care centers already participating in our yearly census updates.

### **Other special-needs groups**

This last category is community specific and most likely addresses transients or other groups not previously addressed. The rationale for classifying this group as a special population is that, in the event of an emergency, they would not be able to take some type of recommended protective action (such as either sheltering or evacuating), because

they lack either transportation or a relocation facility to accommodate them and they are usually not aware of community emergency procedures.

Examples of such situations include

- special events where people are transported to the area in numerous trips by mass transportation (such as airliners), which would make a mass evacuation difficult due to a lack of personal transportation,



- a large migration of people to an area for activities such as “spring break,” or
- where the majority of the special population will be in place for periods of time without individual transportation.

For some communities, this could be a major theme park, the ocean or other major tourist draws, such as Las Vegas, Los Angeles, New York City and Orlando.

Note that this category is meant to supplement any specific planning for large special events, which have their own distinct emergency plans.

For example, there is a specific emergency plan for the Rose Bowl football game, yet Rose Bowl tickets are often sold in packages that include accommodations for several days, which will bring visitors to the community for more than just game day. The Rose Bowl features the Big Ten champion, meaning that many fans fly to California (many on special charter flights) to attend the game, leaving them without individual transportation should an emergency arise.

Part two of this article will discuss what to do with the information gathered as described here, including registration of special-needs individuals,

notification and warning issues, mass care, and community planning. **HPP**

*Lisa Gibney, CEM, is a senior emergency planner for the Duane Arnold Energy Center, Iowa's only nuclear power station, and is also the volunteer liaison officer and assistant operations officer for the Linn County (Iowa) Emergency Management Agency. She has authored numerous professional articles and has made presentations to local, state, national and international organizations on special-needs preparedness programs.*

*Robyn Reese is the emergency management plans officer for the Linn County (Iowa) Emergency Management Agency. She has earned a CEM from the Iowa Emergency Management Association and is a CEM candidate with International Association of Emergency Managers.*

*Ned Wright, CEM, is the director of Emergency Management for Linn County, Iowa. Linn County has received numerous recognitions for its emergency management and special-needs programs.*