

Emergency Planning for Special Needs Populations

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Over the past year, Josephine County, Oregon, has undertaken a process to bring residents with special needs into their emergency planning process. "Special needs citizens" are defined as "those who cannot take care of themselves during an emergency."

This program is unique to Oregon, and few similar systems exist elsewhere. As a result, the model has been recommended to the federal government as a model for other rural communities.

This effort has resulted in the establishment of a Special Needs Committee. The committee was created when a question was raised during development of the county's Emergency Operations Plan (EOP) about how the county planned to help the disabled in a disaster.

At the time there was no answer, but a meeting was called to discuss the issue. Invited to participate were representatives from agencies serving the elderly and the handicapped.

The original estimate of 400-500 special needs citizens was shattered when one agency shared that they work with more than 4,000 residents. Josephine County is a prime retirement area due to its mild climate, scenic beauty and excellent medical facilities. This has resulted in a growing population of retired seniors. We now estimate that the special needs population may be as high as 7,500, which amounts to nearly 10 percent of the county's population.

The committee's initial focus was to identify large populations of special needs citizens. We invited managers of assisted living facilities and long term care centers to visit with us. In discussing their operations, we learned that while they are required by law to have emergency plans, there were situations where they needed to extend their thinking. They com-

mitted to begin an effort to address their individual facility needs and find ways to assist each other during emergency events.

Shortly after the committee began to meet, two additional groups were added: developmental disabilities and child care centers. Up to that point, the focus had only been on the elderly. Now the committee realized that the population was both the elderly and the very young, and that mental disabilities needed to be addressed.

At any given time in Josephine County, there are 1,200-1,500 people on oxygen and 60-70 residents who rely on a three-times weekly regimen of dialysis to survive. Due to concerns about loss of electricity, winter storms and closed transportation access, another group was established. The Medical Equipment Providers Group includes not only the local retailers but also some of their suppliers in the area. They continue to meet to discuss how they will work together during emergencies.

An Emergency Transportation Committee was established, and a plan has been developed to deal with concerns about the need to evacuate large numbers of special needs residents due to fires, flooding or hazardous materials spills.

Other groups have also been added: home health agencies, lifeline, low income programs and foster care homes. As the program has grown, communications has become a major issue. Attempting to define how we communicate with special needs citizens to make them aware of a disaster – when cell phones and landlines may be unable to meet the demands – has caused us to start conversations with Josephine County Emergency Communications, our local ARES agency.

Josephine County recently ordered an Emergency Notification

System to assist in this effort. While this requires phone lines, it has the ability to contact large numbers of people in a short amount of time. Although this equipment will help improve overall response notification, it is only one of the communications issues that exist.

Another thrust of the committee is to emphasize the Disaster Registry Program that was developed by Rogue Valley Council of Governments (RVCOG) in the 90s. The Disaster Registry allows special needs people to self-identify themselves in case of emergency situations. The committee has revised the form and developed new strategies for broader distribution.

Much has been accomplished, but many issues continue to require discussions and solutions. One concern has been how to make sure citizens are not double-counted because they receive services from more than one agency. HIPAA law restricts the amount of information agencies are allowed to share, except for the purposes of "preventing or controlling disease, injury or disability." This section needs elaboration, and requests have been made on a state and national level for clarification.

The efforts of the Special Needs Committee has taken on additional importance following the signing by President Bush on July 22, 2004, of an Executive Order on Individuals with Disabilities in Emergency Preparedness.

For More Information

For more information, contact Mark Sorensen at 541-474-5148. Also, we have posted additional material from the author in pdf format on the *IAEM Bulletin* page of the IAEM Web site at www.iaem.com.