Strategies
for Inclusive Planning
in Emergency Response

County of Los Angeles Public Health

City of Los Angeles Emergency Management Department

OES

Public Health Seattle & King County

NYC Health

ACKNOWLEDGEMENTS

Development of this resource was led by the Los Angeles County Department of Public Health (LACDPH) with contribution from public health, emergency management, and subject matter experts from around the country. This document was based on the discussions and presentations made at a workshop entitled “Incorporating Inclusive Planning into EOC Activations” hosted by LACDPH that took place on June 5, 2017. LACDPH and the contributors listed below directed the project to include determination of content, resources, and collaborators. Contributors were those persons who provided sample plans, policies, and strategies from their jurisdiction for reference. Project Consultants were responsible for content development and research based on guidance received by the Project Manager and Contributors.

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OVERVIEW

PURPOSE

The purpose of this document is to increase access to resources and tools that facilitate more comprehensive inclusion of planning with people with access and functional needs, including people with disabilities as well as other groups disproportionately impacted in emergencies. While designed to highlight promising practices across the preparedness, response, and recovery disaster lifecycle, this document focuses most significantly on inclusive practices within operations center settings [e.g., Emergency Operations Centers (EOC) and Department Operations Centers (DOC)].

INTENDED USER

This document is designed to aid those working in emergency management and who are responsible for response planning that affects the individual experience of, those impacted by an emergency incident. This document is meant to aid a variety of sectors, though much of the content is based on the combined perspectives of public health and emergency management.

ORGANIZATION

This document is organized into two sections: a base resource and resource appendices. The base resource, intended to be brief, is comprised of the overview and three main content subsections as described below. The appendices, intended to be robust, provide specific details and case studies, including access to tools and templates that could be utilized to enhance inclusive planning.

- Defining the “Why” – This section explains the importance of inclusive planning from legal, financial, and moral standpoints
- Defining the “How” – This section discusses key actions to carry out to ensure appropriate inclusion, such as cultural shifts, cross-sectional integration, and utilization of dedicated operations center positions
- Defining the “What” – This section provides tips and insights regarding the partnerships, tools, and knowledge needed to facilitate inclusive response activities

HOW TO USE THIS DOCUMENT

To effectively utilize this document, the user should first review the base resource (described above) to obtain a general understanding of the current climate for inclusive planning efforts. Following this review, the user should refer to Appendix A: Resources and Other Tools, to select the checklists and promising practices that can be modified and implemented within their organization, in coordination with their community partners.

DOCUMENT DEVELOPMENT PROCESS

This document represents the combined knowledge, experience, and resources of emergency managers and subject matter experts from across the nation who convened in Irvine, California in June 2017 to discuss current trends and promising practices related to whole community inclusive planning for disproportionately impacted individuals during emergencies. The workshop convened based on gap analysis research conducted by the Los

Angeles County Department of Public Health (LACDPH) that revealed significant inconsistencies across jurisdictions related to the incorporation of codified inclusive planning processes during response operations, particularly in EOC settings. The research also identified responder knowledge and pre-existing community relationships as critical foundations to successful implementation of inclusive response operations.

This document captures guidelines, strategies, processes, and resources shared by workshop participants and is intended to raise the awareness of responder agencies and link planning concepts to practical resources. The document is designed to illustrate a path forward for those entities who recognize the need for more inclusive planning and are seeking to learn from the experience of others.

The resource appendices of this document were built from existing documents with two key elements:

- Position-specific Incident Command System (ICS) job aids or job action sheets for policy-level technical specialist, operations section units, and planning section positions related to inclusive planning integration; and
- Planning considerations and task lists that map inclusive actions across all ICS Command and General Staff positions, specifically for disproportionately impacted individuals.

DOCUMENT ASSUMPTIONS

The following assumptions guided the development and review of this document:

- The term “EOC” is used in this document to encompass the entity charged with managing emergency response operations. This includes EOCs, DOCs, etc.
- A variety of terms are utilized within this document to refer to the populations and/or individuals of focus. This reflects the variety of terms utilized across the sectors, agencies, and experts represented at the workshop and in an EOC.
- In accordance with the Federal Emergency Management Agency (FEMA), the standard term of “People with Disabilities and others with Access and Functional Needs” is utilized most often throughout the document. However, workshop participants indicated there is a negative connotation to the use of the acronym DAFN in relation to this term. Therefore, throughout the document, the entire term is used.
- The subject matter experts who contributed to this document identified “disproportionately impacted individuals” as preferable to the term “vulnerable populations.” As such, the former term is used throughout this document, except in citations of specific titles, documents, or plans.
- Other terms have also been used (e.g., special needs populations, disproportionately impacted populations, groups impaced by inequities, at-risk populations, and access and functional needs) to reflect those utilized and defined by the document’s contributors.
- All planning, training, and response practices described herein should be designed and completed with and alongside community stakeholders, people with disabilities and others with access and functional needs, advocacy groups, and service providers who serve these communities.
- Collaboration and partnerships with stakeholders will build community resource capacity for preparedness, response, recovery, and mitigation.
- Individuals that are most likely to be disproportionately impacted in emergencies are usually the same individuals that experience inequities on a daily basis.

DEFINING THE "WHY"

Each jurisdiction has a legal, financial, and moral obligation and responsibility to incorporate inclusive planning efforts throughout emergency management. This section prefaces how and what the EOC can do with the most essential element of inclusive planning: it is a mandate that must be adhered to, no matter the cost. Fortunately, inclusive planning is not only required, it is also smart business practice for optimizing limited resources to benefit the whole community.

NEED TO KNOW

Americans with Disabilities Act Accessibility Guidelines

Section 504 of the Rehabilitation Act

Stafford Act and Post-Katrina Emergency Management Reform Act

FEMA Grant Programs Directorate Information Bulletin No. 361

LEGAL RESPONSIBILITY

The Department of Justice has found emergency plans lacking across the nation over the past decade, specifically in how they address the needs of people with disabilities, who are a legally protected class, not simply a subgroup of people with access and functional needs. The practices of emergency planning for people with disabilities have historically relied on the Americans with Disabilities Act of 1990 (ADA) and the Rehabilitation Act of 1973 (RA).

Section 504 of the Rehabilitation Act prohibits discrimination against people with disabilities by recipients of federal funding. Public entities must go as far as economically and programmatically feasible to provide equal access to people with disabilities. The obligations for compliance apply to every federal dollar, including federal funds granted, subgranted, contracted, and subcontracted to other entities.

- **The Rehabilitation Act of 1973** protects the civil rights of persons with disabilities. It prohibits discrimination on the basis of disability by the federal government, federal contractors, and by recipients of federal financial assistance.
- Any recipient or sub-recipient of federal funds is required to make their programs accessible to individuals with disabilities. Its protections apply to ALL programs and businesses that receive ANY federal funds.
- This applies to all elements of physical/architectural, programmatic, and communication accessibility in ALL services and activities conducted by or funded by the federal government.

The ADA broadened the scope of the RA to non-federal agencies. Title 2 of the ADA prohibits a public entity from excluding any qualified person with a disability.

- **The Americans with Disabilities Act of 1990** prohibits recipients from discriminating on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities.
- In order to ensure compliance, recipients must provide program access, ensure effective communication, and provide physical access for persons with disabilities in developing budgets and in conducting programs and activities
- The US Supreme Court decided in its 1999 Olmstead decision that the Americans with Disabilities Act requires provision of services to individuals with disabilities in the "most integrated setting."

Overall, ADA compliance applies to emergency management in notification, communication, preparation, evacuation, transportation, sheltering, temporary housing, medical care, recovery, decontamination processes, and points of distribution (POD) areas. Under the ADA, a person with a disability is one who:

- Has a physical or mental impairment
- Has a record of such an impairment
- Is regarded as having such an impairment

The Americans with Disabilities Act Accessibility Guidelines (ADAAG) covers the scoping and technical requirements necessary to ensure that buildings and facilities are accessible.

The Stafford Act and Post-Katrina Emergency Management Reform Act (PKEMRA) also mandates integration and equal opportunity for people with disabilities in general population emergency shelters. Emergency managers should understand the key nondiscrimination concepts applicable under Federal laws and how they apply not only to shelters, but to all phases of emergency management. The key concepts of non-discrimination are:

- Self-Determination
- There is no "one size fits all"
- Equal Opportunity
- Inclusion
- Integration
- Physical Access
- Equal Access
- Effective Communication
- Program Modifications
- No Charge

More on these concepts can be found in FEMA's *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters* (2010).

The **National Preparedness Goal (2014)** states directly that Functional Needs Support Services (FNSS) must be accounted for in general population shelters in order to save and sustain life, and to protect property and the environment. However, any such waivers, exceptions, and exemptions must be consistent with laws that preserve human and civil rights and protect individuals with disabilities and others with access and functional needs.

Finally, state assembly bills in many states require counties and cities to integrate planning for people with disabilities and others with access and functional needs. In California, for example, Assembly Bill 2311 requires integration of these planning efforts into the next update of a county or city's emergency response plan (Brown, Chapter 520, Statutes of 2016). Specifically, jurisdictions must address how they will serve these communities in emergency communications, evacuations, and sheltering.

More guidance from California's Assembly Bill 2311 can be found in Appendix A.

FINANCIAL RESPONSIBILITY

FEMA's Grant Programs Directorate Information Bulletin No. 361 emphasizes the integration of disability access and functional needs efforts in grant applications. Those preparing grant applications are strongly encouraged to specifically address how investments will increase the effectiveness of emergency preparedness planning and response activities and increase the involvement of disability community stakeholders. FEMA expects that integration occurs at all levels from planning to purchasing equipment to training and exercises.
FEMA has updated allowable grant expenditures for planning and purchases under the State Homeland Security Program (SHSP), Urban Areas Security Initiative (UASI), Emergency Management Performance Grant Program (EMPG), Tribal Homeland Security Grant Program (THSGP), and Metropolitan Medical Response System (MMRS), specifically in an effort to increase participation at the local, regional, tribal, and state levels in the integration of inclusive planning efforts into emergency management. Grant funds can be used specifically for this purpose; in fact, many grants specifically require integration of people with disabilities and others with access and functional needs [e.g., the Public Health Emergency Preparedness (PHEP) program, the Hospital Preparedness Program (HPP), etc.].

For-profit entities, including licensed board and care facilities, hospitals, mental health and care facilities, and private schools, are often a key partner in resource provision to facilities impacted by disaster, and have equally important financial obligations for the integration of accessibility and planning for people with disabilities and others with access and functional needs. Emergency management programs must adhere to these standards not only to satisfy grant requirements, but to ensure that both public and private side are meeting their requirements.

MORAL RESPONSIBILITY

Ensuring that all individuals have equitable access to emergency preparedness, response, and recovery services is a cornerstone of good governance. While everyone is at risk of harm during a disaster, some individuals within an impacted disaster area will have pre-existing life circumstances that can disproportionately increase their risk exposure and/or contribute to negative health outcomes during an emergency. Life circumstances such as lack of economic, cultural, or social resources have the potential to hamper an individual's ability to identify or access available support services. At the same time, it is important to recognize the ways in which communities are naturally resilient through experiences with daily hardships and how everyday resources, support networks, and institutional knowledge can serve as invaluable assets to emergency response efforts.

Emergency management as a field is moving beyond traditional definitions of accessibility planning and is now emphasizing the need for a more holistic and community-based approach. Cultural competency, and the need to account for language barriers along with spiritual, religious, ethnic, or other cultural barriers is part of these legal, financial, and moral responsibilities to ensure everyone is included. The Department of Health and Human Services' Office of Minority Health released their **National Standards for Culturally and Linguistically Appropriate Services** in Health and Health Care in order to allow public health officials and emergency managers to better meet the needs of diverse populations.

As with all partnerships, building relationships with representatives of people with disabilities and others with access and functional needs involves building trust and providing opportunities for active participation in emergency response planning. Preparedness is a shared responsibility, and preparedness efforts require the involvement of everyone, not just government agencies. This includes individuals, families, communities, faith-based organizations, non-profit organizations, the business community, functional needs service providers, first responders, and local, state, tribal, and federal agencies.

DEFINING THE "HOW"

CULTURAL SHIFTS AND VARIED APPROACHES

Within the Emergency Operations Center (EOC), cultural shifts have occurred as the Federal Emergency Management Agency (FEMA) and other agencies have emphasized awareness of integrating people with disabilities and others with access and functional needs into emergency preparedness efforts. During the workshop hosted by the Los Angeles County Department of Public Health (LACDPH) on June 5, 2017, a tension between two inclusive planning approaches was identified and discussed at length: assigning one individual to lead inclusive planning in the EOC, or relying upon a grass-roots approach from the community and from all EOC staff. The outcome was a realization that a tiered, mixed methods approach would be most effective:

ASSESSING YOUR WORKFORCE

Map out staff skills and capabilities

Educate staff on health equity concepts

Diversify your workforce to represent your communities

Utilize exercises to identify gaps and build policy change

- Incorporate considerations for people with disabilities and others with access and functional needs across the entire spectrum of EOC positions through pre-incident education, training, exercises, and resources related to inclusive planning applicable for specific sections/positions.
- Assign individuals and teams in the EOC with the authority to lead access and functional needs planning, advocating for policy-level decisions and tracking objective accountability.
- Leverage existing capital (such as foreign language ability or access to community networks) amongst EOC responder staff by creating a database or specific response teams to meet specific accessibility requirements and functional needs.
- Engage stakeholder groups within the community, to include disproportionately impacted individuals, service providers, the business community, faith-based organizations, non-profit organizations, and community partners Train these stakeholder groups on EOC operations and develop activation plans with them prior to an event. These activation plans should articulate what role a particular entity will assume in an incident response, and how the various entities will interface with one another.
- Establish communication networks ahead of time that include trusted agents, multiple methods for risk communication dissemination, and day-to-day points of contact. Take into account the potential need for language translation services.

Inclusive planning is no longer an "add-on" component to EOC operations – it is a mandate that must be achieved. Larger jurisdictions with access to federal funding and a larger pool of resources have been able to better integrate technical specialists and stakeholder groups into EOC operations, and are now re-examining the effectiveness of targeted outreach and planning in favor of a more holistic, whole community planning perspective. Concepts such as universal design and health equity have begun to emerge as best practices. At the same time, smaller jurisdictions struggle with the resources and human capital required to fully integrate inclusive planning concepts. These jurisdictions rely more heavily on existing, trusted networks, while limiting accessibility planning to the areas of public messaging, shelter site accessibility, and transportation requirements.

Because of this, there are a myriad of approaches to planning for disproportionately impacted individuals in the EOC setting. Rather than establishing a minimum standard of achievement when it comes to inclusive planning,

this document aims to hold up the issues at stake, the various strategies being implemented, the recommended best practices identified, and the planning assumptions that should guide EOC response efforts.

The sections below and the attachments to follow present a wide variety of promising practices, strategies, and case studies to assist local planners in acquiring, visualizing, adopting, and integrating these concepts for their jurisdiction.

INTEGRATION

Including people with disabilities and others with access and functional needs as planning partners is arguably the most important and widely recommended strategy for enhancing emergency response for disproportionately impacted individuals. In addition, representatives of these groups add credibility to planning and response activities and are often linked to the social and information networks that others in these groups turn to for information.

The development of these groups and the dissemination of information and awareness through radio, newspapers, social media, and community based newsletters to these groups can help to:

- develop preparedness plans
- identify solutions to existing response and recovery challenges
- repair community relationships damaged by previous incident or emergency shortfalls
- increase personal preparedness in local communities
- forge effective pathways of communication
- identify resources that can be utilized during a disaster
- increase community attendance and participation in drills and exercises
- evaluate current messaging effectiveness
- develop and support leadership opportunities among stakeholders
- create a pool of subject matter experts who can be leveraged as advisory-level staff during EOC activations

Each jurisdiction should begin with efforts to create a community advisory group or groups that are representative of and include subject matter experts from potentially disproportionately impacted people with disabilities and others with access and functional needs. Some jurisdictions create coalition groups specific to each community (e.g., a homeless advisory committee, a disabilities advocacy council, an incarcerated populations steering committee, etc.) and then create an advisory group for the EOC with one representative from each group. Disability and other advocacy councils should have specific advisors for various areas of concern, such as physical access, program access, and effective communication access. The EOC should not rely on one individual as an expert in all areas of inclusive planning.

DEDICATED ICS POSITIONS

Currently, many cities, counties, or agencies utilize Disabilities and others with Access and Functional Needs Technical Specialists (as outlined in FEMA's position task book for an Access and Functional Needs Advisor) to coordinate inclusiveness in EOC responses. However, this has resulted in challenges during response that hamper workflows with service bottlenecks. Moreover, it is difficult to identify qualifications in one individual to account for the myriad of communities and individuals represented in this category. In order to distribute responsibilities, jurisdictions have used their creativity to identify areas within the Incident Command System (ICS) structure to create additional support functions. For example:

- The City of Los Angeles identified sheltering as a major category of access and functional needs accommodation, and created a supplementary Functional Needs Support Services Unit Leader position within the Care and Shelter Branch. The purpose of this position is to ensure that people with disabilities and others with access and functional needs are provided with equal access and can maintain their independence in general population shelters.
- Similarly, Public Health – Seattle & King County's plan highlights an Equity Liaison position responsible for ensuring the collection and monitoring of situational awareness and the status of community and faith-based organizations and disproportionately impacted individuals they serve during a response, with the help of an Equity Response Team (see Attachment 4).
- The New York City Department of Health and Mental Hygiene (DOHMH) identified the need to improve identification of and outreach efforts to disproportionately impacted populations in a public health response, particularly regarding risk communication and community engagement. As such, they are currently building out their Community Engagement Unit and other positions currently under the supervision of their Public Information Officer (PIO).
- Other jurisdictions, such as Orange County and San Diego County in California, have created population-specific liaisons or coordinators within the EOC who are supervised by a lead access and functional needs technical specialist or liaison.

Each jurisdiction requires flexibility to adapt their current EOC organizational structures for scalability and local relevance in terms of inclusive planning capabilities. The case studies provided in Appendix A offer concepts and templates that should be reviewed, adapted, and adopted, with the input and approval of a community stakeholders group representing local communities.

DEFINING THE "WHAT"

PARTNERSHIPS

Develop partnerships and agreements [e.g., community stakeholder coalitions, information sharing networks, Mutual Aid Memoranda of Understanding (MOUs), Service Contracts, etc.].

PARTNERSHIPS

Examples of community partnerships…

Arizona partnership between public health and independent living advocates

Kentucky Outreach and Information Network (KOIN)

City of Oakland utilizes the CMIST Framework to address whole community planning

See the Bibliography in Appendix B for more information on these programs

☑ Work with existing government agencies
- Obtain an understanding of the local resources that are available to support people with disabilities and others with access and functional needs and within what timeframe
- Obtain an understanding of the community's needs from these agencies' perspectives

☑ Work with existing community organizations
- Obtain an understanding of the community's needs based on the community's and service providers' perspectives
- Obtain understanding of what these organizations can provide and within what timeframe
- Build out a communication network through trusted agents in each community group
- Ensure that these organizations are leveraged during response; include in Emergency Operations Center (EOC) checklists and other appropriate response documentation; lead by example, showing the team that these members are valued and their input and guidance are taken seriously
- Truly be a partner to these organizations. Help them with grant applications, help plan fundraisers (e.g., City Mayor speaks at event, cross promote, etc.), provide access to educational events (e.g., Zika Workshops), and most importantly, provide multiple opportunities for feedback from the community

☑ Utilize survey data to inform a needs analysis
- U.S. Census data
- Surveys from local health agencies
- Surveillance and Epidemiological data
- California Governor's Office of Emergency Services (CalOES) Library (see Appendix A)
- U.S. Department of Health and Human Services (HHS) emPower Map (see Appendix A)
- Geographic Information System (GIS) mapping tools available in your local community
- Data from local Independent Living Centers, Developmental Disabilities service providers, waiver services providers, special education, paratransit, home health, older adult services, and local advocacy groups

TOOLS

☑ Develop response tools that can be utilized in your EOC to ensure inclusive response practices. Response tools for people with disabilities and others with access and functional needs have been gathered from throughout the nation and some have been included within this document in Appendix A. Such resources to look out for include:

- Incident Command System (ICS) position-specific Job Action Sheets
- Planning assumptions
- Fact sheets and guidelines
- ICS task lists
- Sample organizational charts
- Accessible shelter trailer specifications
- Response questions for decision-makers
- Population impact assessment forms
- Mobile apps for inclusive preparedness, such as those for medication-tracking, emergency contacts, family assistance and reunification, etc.
- Communication access apps, such as video remote interpreting services

KNOWLEDGE

- ☑ Develop EOC responder knowledge, skills, and abilities through the conduct of pre-event trainings, exercises, Just-in-Time trainings, and succession planning. Dozens of tools and promising practices have been developed to date to support the expansion of EOC responder knowledge. Many of these resources have been identified in Appendix A.
- ☑ Identify the institutional knowledge that exists within staff members through surveys that identify specific skills and existing community networks to which they already have access.
- ☑ Identify the institutional knowledge that exists in the communities, through stakeholder groups, surveys, town halls, social media, and local advocacy groups. These individuals can be vital resources and human capital to advise EOC staff during response.

APPENDIX A: RESOURCES & OTHER TOOLS

This section provides several best practices, case studies, and sample resources collected from across the nation that jurisdictions can customize or reference for their planning purposes. The attachments included are as follows:

- *Proposed Incident Command System (ICS) Task Placements Table*. This table outlines a sample distribution of some inclusive planning tasks within their ICS structure as one example.
- *Disabilities and others with Access and Functional Needs Technical Specialist / Liaison – Sample Position Checklist*. This document offers a template position checklist for a Disabilities and others with Access and Functional Needs Lead position within the Emergency Operations Center (EOC) for jurisdictions to build upon.
- *Population-specific Coordinator – Sample Position Checklist*. This document offers a template position checklist for a specific population coordinator to be activated once the disproportionately impacted individuals are identified.
- *Functional Needs Support Services (FNSS) Unit Leader – Sample Position Checklist.* This document offers a template position checklist for an FNSS Unit Leader position, to be inserted under the Mass Care Branch specifically for monitoring and ensuring accessibility in general population shelters.
- *Functional Needs Support Services (FNSS) Shelter and Supply Trailer Specifications and Inventory.* These trailers and supplies are utilized by the City of Los Angeles Emergency Management Department and the County of Los Angeles Office of Emergency Management to supplement and increase accessibility at shelter sites during an incident. This attachment includes a sample inventory list, and restroom/shower trailer specifications.
- *Equity Impact Assessment* – Template Form. This is a sample assessment form used by Public Health – Seattle & King County by their Equity Liaison (see Attachment 9) with input from the Equity Response Team. This tool helps anticipate impacts on groups most likely to be disproportionately impacted and provides space to consider response actions.
- *Defining At-Risk Populations*. This attachment offers a sample of definitions and categories compiled from various sources to help local planners define their at-risk population groups.
- *Considerations for People with Disabilities and others with Access and Functional Needs*. This visual provided by the San Diego County Office of Emergency Services outlines the potential considerations an EOC staff member may need to examine for people with disabilities and others with access and functional needs. It can be a handy printout to have available for all staff in your EOC to remind them of each category of potential need.
- *Planning Assumptions*. These planning assumptions were compiled from the workshop as well as document contributors to present a set of assumptions for jurisdictions to integrate into their plans and policies.
- *Case Study – Equity Response Teams and the Community Communication Network*. This best practice showcased by Public Health-Seattle & King County emulates a mixed-methods approach to inclusive planning in the EOC.

- *Codifying Inclusive Planning into Day-to-Day Operations*. This best practice presented by the DOHMH Office of Emergency Preparedness and Response (OEPR) outlines a potential program, titled OEPR for Equity, aimed at incorporating a racial equity and social justice lens into day-building the EOC workforce's capabilities in relation to-day preparedness work and office culture.

- *People First – Communicating With and About People with Disabilities.* This attachment was adapted from the Centers for Disease Control and Prevention (CDC)'s National Center on Birth Defects and Developmental Disabilities Office of the Director, "Communicating With and About People with Disabilities," which outlines the "People First" language concept, and notes terminology to use during inclusive planning efforts. It also notes the Federal Emergency Management Agency (FEMA)'s Language Guidelines for Inclusive Emergency Preparedness, Response, Mitigation, and Recovery, to assist EOC and other staff in working towards inclusive emergency management language practices.

- *Checklist for Whole Community Inclusive Emergency Management Solutions.* This checklist serves as another potentially useful handout to use during EOC activations or trainings, to help staff incorporate the principles of universal and whole community planning into each aspect of preparedness and response. This checklist has been adapted from Marcie Roth and Paul Timmons' "A Manifesto for Achieving Whole Community Inclusive Emergency Management Solutions."

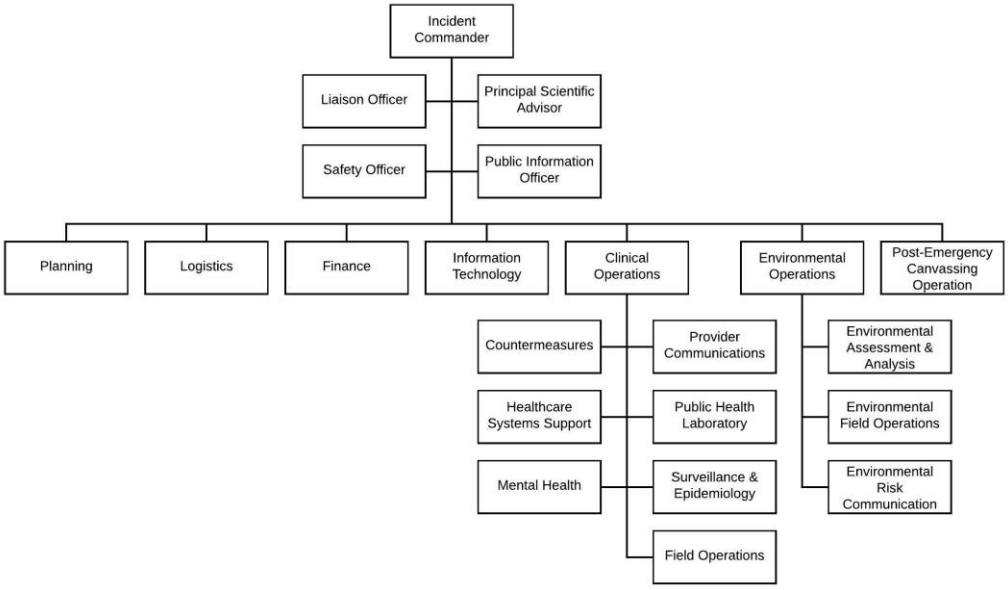
ATTACHMENT 1: PROPOSED ICS TASK PLACEMENTS TABLE

The table below was created as part of recent efforts by New York City's Department Of Health and Mental Hygiene (DOMHM) to improve identification, messaging and outreach to disproportionately impacted populations. The purpose of this table is to confirm assignment of existing tasks regarding population and service provider outreach and analysis within the DOHMH Incident Command System (ICS) during ICS activations, as well as to propose and assign new potential tasks that can enhance current efforts. DOHMH acknowledges that this list is not exhaustive and is meant to spur further conversations internally about how DOHMH can continue to improve identification of, and outreach to, disproportionately impacted populations.

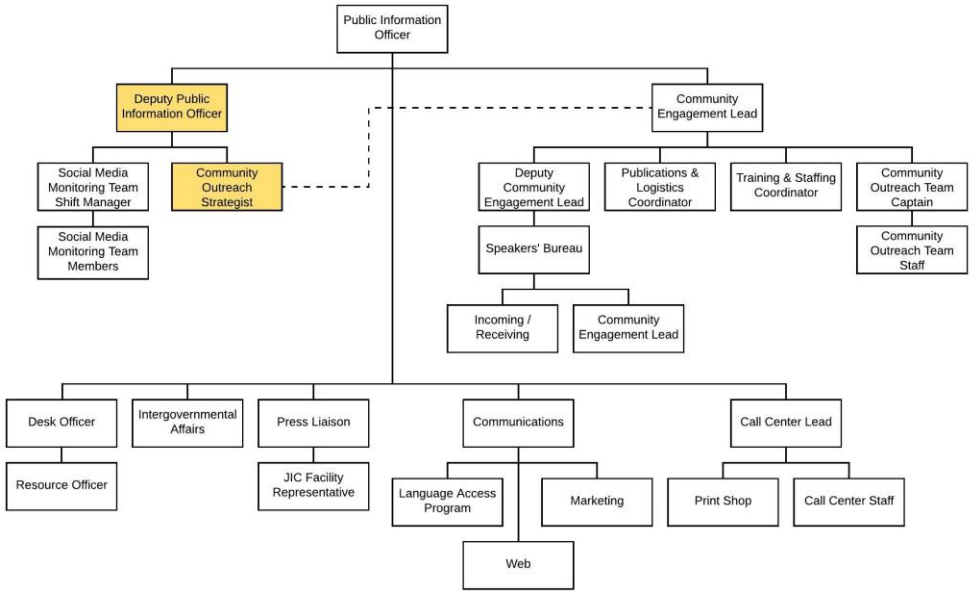
While these tasks can be spread out in many different ways across an ICS organizational structure, the sample tasks below rely on one example, in which a department expanded their Public Information Officer (PIO) Emergency Response Group (ERG) cadre and its associated branch to include a Deputy PIO, Community Engagement Strategist, and support staff to lead disproportionately impacted individuals outreach. In coordination with the Clinical Operations and Environmental Operations Emergency Response Groups (ERGs), as well as many others, the PIO takes the responsibility for coordinating and overseeing a majority of the tasks listed below in the example, but these assignments can be changed to fit the needs of any structure.

This is not meant as a prescriptive or exhaustive list, but as a sample of one approach to inclusive planning support within their Department Emergency Operations Center (DEOC).

The DOHMH ICS structure, as of August 2017, is as follows:



The expanded PIO ERG structure is similarly as follows:



Source: New York City Department of Health and Mental Hygiene, Office of Emergency Preparedness and Response

Population Analysis & Outreach Management

Task	***Proposed ICS Assignments***
❑ Consider all disproportionately impacted individuals during objective creation	Public Information Officer (with support from Clinical Operations and Environmental Operations)
❑ Monitor and oversee implementation of population analysis and outreach	Public Information Officer (with support from Clinical Operations and Environmental Operations)

Risk Identification

Task	***Proposed ICS Assignments***
❑ Identify incident-specific risk factors, individuals, and geographic areas and data sources to enhance knowledge on the appropriate populations	Surveillance / Epidemiology and Environmental Assessment and Analysis
❑ Utilize service provider outreach communication platform to identify local service providers for populations and individuals at risk	Information Technology
❑ Identify appropriate healthcare providers and facilities	Healthcare Systems Support

Task	***Proposed ICS Assignments***
❑ Manage collection of data and triage data requests	Surveillance / Epidemiology, Environmental Assessment and Analysis and Laboratory
❑ Identify primary and support agencies for outreach support	Liaison Officer
❑ Create a geo-coded list of targeted providers and populations (to share with response agencies as necessary)	Planning
❑ Collate and integrate data and reports	Planning

Message and Material Creation

Task	***Proposed ICS Assignments***
❑ Select the pre-vetted messaging specific to the incident for community partners and messaging systems	Public Information Officer (with support from Planning)
❑ Define the purpose of materials (i.e., decision support materials intended for staff vs. information sharing for an external audience)	Public Information Officer (with support from Planning)
❑ Create messaging for local service providers	Public Information Officer (with support from Provider Communications)
❑ Create targeted messaging for healthcare providers as needed	Provider Communications
❑ Translate messaging	Public Information Officer
❑ Track approval process of messaging	Public Information Officer
❑ Communicate with division leadership	Incident Commander

Outreach

Task	***Proposed ICS Assignments***
❑ Determine which communication tools should be used to disseminate messaging	Public Information Officer
❑ Work with partner agencies to send targeted messages using the advance warning systems	Liaison Officer
❑ Send targeted health-related messages to service providers using existing DOHMH messaging systems	Information Technology (with support from Public Information Officer)
❑ Send and coordinate targeted health-related messages to appropriate healthcare facilities and providers	Healthcare Systems Support
❑ Utilize employee database to identify all staff with specialized skills (e.g., language / cultural competence / religious) appropriate to the response	Logistics/Personnel

Task	***Proposed ICS Assignments***
❑ Utilize community partners for logistical support (e.g., facilities, copies, Just-in-Time training, etc.) as appropriate	Public Information Officer (with support from Logistics and/or Liaison Officer)
❑ Utilize community partner resources to identify additional neighborhood contacts as current contact information may be out of date	Public Information Officer/Liaison Officer
❑ Assess need for additional outreach staff support[1] and mobilize as necessary	Public Information Officer

Feedback and Analysis

Task	***Proposed ICS Assignments***
❑ Document outreach activities during activation	Public Information Officer (with support from Planning)
❑ Monitor and document ICS staff engagement email for staff to offer community engagement feedback, tips, and suggestions	Public Information Officer (with support from Planning)
❑ Track effectiveness of messaging	Public Information Officer and Clinical Operations
❑ Adjust messaging and outreach	Public Information Officer

1 Examples of staffing resources that can be utilized include: Medical Reserve Corps, Community Emergency Resource Teams, Doctors on Call, etc.

ATTACHMENT 2: DISABILITIES AND OTHERS WITH ACCESS AND FUNCTIONAL NEEDS TECHNICAL SPECIALIST / LIAISON POSITION CHECKLIST

MISSION

The Disabilities and others with Access and Functional Needs Technical Specialist / Liaison was established in order to assure that the needs of disproportionately impacted individuals are included in policy and incident management decisions made in the Emergency Operations Center (EOC). The Disabilities and others with Access and Functional Needs Technical Specialist / Liaison is responsible for assuring that equity considerations are included in policy level decisions, resource allocation, and response priorities.

Source: The following Job Action Sheet has been adapted from similar job action sheets from the City of Los Angeles, Orange County (CA), San Diego County (CA), and Public Health - Seattle & King County (WA).

STAFFING THE POSITION

The position shall be filled by a City/County/Department employee or other qualified individual assigned through mutual aid resources. That person will have in-depth knowledge of equal physical, program, and effective communication access; reasonable accommodation and modification methods; and/or the needs of other diverse at-risk and disproportionately impacted individuals within the community.

LOCATION

The Technical Specialist / Liaison is located within the [**insert section: e.g., Planning Section**]. In order to be available and centrally located to all the Sections and Branches in the EOC, the Technical Specialist / Liaison workstation is physically located with [**insert area location**] in the center of the EOC.

POSITION OVERVIEW

- ❑ Acts as a policy advisor to the EOC Director and Management Staff on equal access and functional needs issues.
- ❑ Provides information, as requested, to all EOC components on access and functional needs-related issues and available resources.
- ❑ Facilitates communication between the EOC, Business Operations Center (BOC), community stakeholder groups or coalitions, and area organizations providing services to people with disabilities and others with access and functional needs.
- ❑ Ensures people with disabilities and others with access and functional needs are properly considered in all EOC operations and all aspects of the incident response and recovery.
- ❑ Ensures EOC compliance with the Americans with Disabilities Act (ADA) and other legal requirements.
- ❑ Attends all executive and management level briefings and meetings during an EOC activation.

Beginning Shift Duties
❑ Report to the EOC and complete check in procedures.
❑ Report to and obtain an initial briefing from the Planning and Intelligence Section Coordinator. Become aware of the following: ▪ The nature and scope of the incident ▪ The areas impacted

Beginning Shift Duties
▪ The estimated type and extent of damages, injuries, or deaths ▪ Immediate and forecasted risks to life and property ▪ Relevant information regarding public health threats ▪ Response efforts currently underway and planned ▪ Resource availability, particularly health, medical, and mortuary resources ▪ Trends and issues that could impact future response and recovery efforts ▪ Status of county, city, and state emergency proclamations ▪ Status of federal disaster declarations ▪ Challenges to intelligence-gathering ▪ Command Center hours of operation and briefing schedule ▪ Anticipated timeline for demobilization
❑ Read the current Operational Objectives, Incident Action Plan, Situation Report, and any long-range planning reports.
❑ Determine the nature, scope, and severity of the emergency and assess need for additional staffing support and expertise.
❑ Based on initial briefings and findings, begin to identify potential needs of disproportionately impacted individuals and which sections and/or branches of the EOC will support such needs. (Also begin to identify legal issues that may occur).
❑ Notify EOC Director and/or Deputy Director that the Technical Specialist / Liaison is active.
❑ Advise all section coordinators that the Technical Specialist / Liaison is active.
❑ Initiate communications with local stakeholder coalitions, committees, or task forces specifically representing disproportionately impacted individuals and/or people with disabilities and others with access and functional needs. Establish a regular communication schedule for the duration of the next operational period.
❑ Activate support functions as needed (e.g., Public Engagement Team, Outreach Coordinator, Transportation Coordinator, etc.).
❑ Obtain information on current state of those with access and functional needs within active sheltering facilities. If the incident requires extensive sheltering, activate a support position for monitoring access and functional needs issues related to sheltering, health maintenance, and/or evacuations.
❑ Develop initial recommendations regarding incident objectives, initial strategy, and initial resource requests.
❑ Establish communications with the: ▪ Public Information Officer (PIO) Team ▪ Operations Section Transportation Branch ▪ Operations Section Law Branch ▪ Evacuations Support Unit Leader ▪ Mass Care Branch Coordinator ▪ **[Insert others as needed]**
❑ Attend the initial Management Staff meeting. ▪ Provide an initial briefing to the Management Staff on the size and scope of the disaster and initial response operations, as they relate to disproportionately impacted individuals. ▪ Confirm briefing/meeting timelines during the Operational Period for EOC Coordination Planning meetings, situation analysis briefings, and video teleconferences with outside agencies. ▪ Ensure that a Technical Specialist / Liaison agenda item is included in all briefings to the EOC Director (this is an ongoing responsibility). ▪ Ensure that Coordinators are providing a briefing to their Section/Branch on operations as they relate to disproportionately impacted individuals and that they understand at what point information needs to be pushed to the Technical Specialist / Liaison position

Beginning Shift Duties
and/or their support team.
❑ Contact counterparts in other activated cities, Operational Area EOCs, and/or the applicable regional and statewide emergency management agencies.
❑ Ensure local Disability Services providers and Functional Needs Support Services (FNSS) organizations serving people with disabilities and others with access and functional needs have been notified of EOC activation.

During Shift Duties
❑ Complete an Impact Assessment for affected at-risk, disproportionately impacted, or people with disabilities and others with access and functional needs and disseminate to both within the EOC and to community partner agencies and coalition groups.
❑ Attend command and general staff meetings. Advise Management on issues that must be addressed in order to meet the needs of people with disabilities and others with access and functional needs.
❑ Maintain open communication with all EOC components in order to continually share situational awareness and ensure a common operating picture.
❑ Participate in other briefings, as requested, and advise on disabilities and others with access and functional needs issues as necessary. Be prepared to provide updates about known activities impacting people with disabilities and others with access and functional needs and priorities that may or should be set.
❑ Provide information to the PIO on effective communication with people with disabilities and others with access and functional needs. Coordinate with the PIO to ensure that all methods of emergency communications with the public are accessible, using auxiliary aids and services when necessary. Ensure that: ▪ Written and spoken announcements, information, warnings, and materials are translated and prepared for disproportionately impacted individuals (e.g., non-English speaking; low literacy and non-readers; older adults; individuals who are hard of hearing, individuals with vision impairment; etc.). ▪ All non-English speaking and hearing-impaired persons are warned of the emergency situation and/or hazard by using bilingual employees; American Sign Language interpreters, open captioning, and qualified sign language interpreters are visible to off-site viewers; and any other accessible communication methods, whenever possible, are considered and incorporated. ▪ Media outlets (radio/television) that serve the languages needed are contacted and are using closed captioning. ▪ Video Relay, TDD machines and 9-1-1 translation services are utilized to contact people who are deaf and hard of hearing. ▪ **[Insert others as needed]**
❑ Coordinate with PIO support staff to ensure organizations serving people with disabilities and others with access and functional needs are receiving all EOC press releases, activation notices, and EOC situation summaries.
❑ Maintain communication with organizations serving people with disabilities and others with access and functional needs and continue to monitor their response activities and needs.
❑ Coordinate with Operations Section to identify issues, barriers, and available resources.
❑ Through field unit requests and information from the Evacuations Support Unit Leader, identify persons and/or facilities that have additional evacuation requirements (e.g., mobility disabilities, assisted living centers, those in institutional settings, etc.).
❑ Coordinate with Transportation Branch to address any needs related to transportation accessibility and availability.

During Shift Duties
❑ Work with Planning and Intelligence Section to provide information for inclusion in the Incident Action Plan.
❑ Receive updates from the Mass Care Branch Director regarding accessibility issues in official, planned, and unofficial shelter and temporary housing (hotels, for example) locations. Review the status of these facilities at the beginning of each Operational Period.
❑ Assist Logistics Section as needed with technical expertise on certain resources such as durable medical equipment (DME), consumable medical supplies (CMS), and personal assistance services (PAS). Also advise as needed on medical services and medication issues as they relate to the needs of persons with disabilities and others with access and functional needs.

End of Shift Duties
❑ Brief the in-coming Technical Specialist / Liaison and Incident Commander / Area Commander.
❑ Develop final report of population impact information collected during shift and provide to Situation Status Unit Leader and other key contacts.

Stand Down Duties
❑ Coordinate with the Incident / Area Commander regarding a demobilization plan.
❑ Coordinate release of outside resources with Department Operations Centers and Operational Area members as applicable.
❑ Collect and disseminate information on press releases distributed by stakeholder groups, community-based organizations, faith-based and non-profit organizations, and organizations serving people with disabilities and others with access and functional needs. Help ensure unified and actionable, accessible messaging.
❑ Notify partner and community organizations and coalition groups of impending EOC deactivation and check for unmet needs and questions.
❑ Evaluate messaging impact and reach through surveys, phone calls, and debriefs with community partners. Record data for analysis and compilation into the After Action Report.
❑ Schedule a disproportionately impacted individuals after action debrief. This must be done in-person. Document and share after action items for future discussion and planning.
❑ Conduct or support incident debriefings and development of After Action Report.

ATTACHMENT 3: POPULATION-SPECIFIC COORDINATOR POSITION CHECKLIST

MISSION

The Population-Specific Coordinator was established in order to ensure that [**insert particular population, e.g., homeless, refugees, older adults, those who are deaf or hard-of-hearing, etc.**] populations are properly considered in all aspects of the incident response and recovery activities.

Source: The following Job Action Sheet has been adapted from similar job action sheets from the City of Los Angeles, Orange County (CA), and San Diego County (CA).

STAFFING THE POSITION

The position shall be filled by a City/County/Department employee or other qualified individual assigned through mutual aid resources. That person will have in-depth knowledge of the assigned population affected by the incident.

POSITION OVERVIEW

- ❑ Provides information to Emergency Operations Center (EOC) sections on population-related issues and available resources.
- ❑ Facilitates communication between EOC and area organizations serving specific populations and individuals.
- ❑ Works with Planning and Intelligence Section to provide information for inclusion in Incident Action Plan.
- ❑ Maintains communication with organizations serving specific populations and individuals and continues to monitor their activities and needs.
- ❑ Provides information to Public Information Officer (PIO) on effectively communicating with specific populations and individuals.
- ❑ Coordinates with Care and Shelter Branch to address any accessibility issues in official shelter and/or temporary housing locations.

Beginning Shift Duties
❑ Report to the EOC and complete check in procedures.
❑ Report to the Disabilities and others with Access and Functional Needs Technical Specialist / Liaison and obtain an initial briefing. If this position is not activated, report to the PIO or Liaison Officer. Become aware of the following: ▪ The nature and scope of the incident ▪ The areas impacted ▪ The estimated type and extent of damages, injuries, or deaths ▪ Immediate and forecasted risks to life and property ▪ Relevant information regarding public health threats ▪ Response efforts currently underway and planned ▪ Resource availability, particularly health, medical, and mortuary resources ▪ Trends and issues that could impact future response and recovery efforts ▪ Status of county, city, and state emergency proclamations ▪ Status of federal disaster declarations ▪ Challenges to intelligence-gathering

Beginning Shift Duties
▪ Command Center hours of operation and briefing schedule ▪ Anticipated timeline for demobilization
❑ Determine the nature, scope, and severity of the emergency and potential issues affecting the specific community you represent.
❑ Based on initial briefings and findings, begin to identify potential needs of specific populations and individuals and which sections and/or branches of the EOC will support such needs. (Also begin to identify legal issues that may occur.)
❑ Obtain information on current state of specific populations and individuals within active sheltering and temporary housing facilities.
❑ Contact counterparts in other activated cities, Operational Area EOCs and/or the applicable regional or state emergency management agencies.
❑ Ensure local organizations serving specific populations and individuals have been notified of EOC activation.
❑ Assist the Disabilities and others with Access and Functional Needs Technical Specialist / Liaison in the completion of an Impact Assessment for specific populations and individuals, and ensure these assessments and the corresponding data are disseminated to community partners and within the EOC.

During Shift Duties
❑ Provide information to EOC sections on specific population-related issues and available resources.
❑ Facilitate and maintain communication between EOC and area organizations serving specific population needs and continue to monitor their response activities and needs.
❑ Ensure specific populations and individuals are properly considered in all aspects of the incident response.
❑ Maintain accurate records on the use of personnel, equipment and materials in support of the incident.
❑ Complete a status report regarding specific population for each operational period.
❑ Provide information to PIO on effectively communicating with specific populations and individuals.
❑ Coordinate with appropriate individuals (e.g., Law Enforcement Branch Director, Public Works Branch Director, Communications/Alert and Warning Unit, PIO and PIO Support Staff) to ensure methods of emergency communications for alert and warning include specific populations and individuals impacted by the event.
❑ Coordinate with Operations Section to identify specific population related issues and available resources.
❑ Work with Planning and Intelligence Section to provide information for inclusion in Incident Action Plan.
❑ Maintain communication with organizations serving specific populations and individuals and continue to monitor their activities and needs.
❑ Coordinates with other shelter agencies on issues in shelters including the American Red Cross (ARC), Health Care Agency Behavioral Health, and Animal Care Services.
❑ Coordinate with non-profit/faith-based organizations providing care and services. Create list of available resources or locations offered by such organizations and provide to the Logistics Section.

End of Shift Duties
❑ Brief the incoming Liaison Coordinator(s) and Disabilities and others with Access and Functional Needs Technical Specialist / Liaison.

End of Shift Duties
❑ Develop final report of population impact information collected during shift and provide to Planning & Intelligence and Disabilities and others with Access and Functional Needs Technical Specialist / Liaison.

Stand Down Duties
❑ Authorize the demobilization of organizational elements within the group when directed.
❑ Ensure any open actions are handled by the Disabilities and others with Access and Functional Needs Technical Specialist / Liaison and/or transferred to other EOC elements as appropriate.
❑ Close out activity logs, return all checked out equipment, and provide all documentation to the Documentation Unit prior to your release and departure from the EOC.
❑ Collect and disseminate information on press releases distributed by stakeholder groups, community-based organizations, faith-based and non-profit organizations, and organizations serving people with disabilities and others with access and functional needs. Help ensure unified and accessible messaging.
❑ Notify organizations serving specific populations of impending EOC deactivation and check for unmet needs and questions.
❑ Participate in all debriefings and be prepared to provide input into After Action Report.

ATTACHMENT 4: FUNCTIONAL NEEDS SUPPORT SERVICES (FNSS) UNIT LEADER POSITION CHECKLIST

MISSION

The role of the Functional Needs Support Services (FNSS) Unit Leader is to ensure that people with disabilities and others with access and functional needs can maintain their independence in general population shelters. The Unit Leader accomplishes this by coordinating existing resources (e.g., caches, Memorandums of Understanding [MOU], etc.), maintaining situational awareness, and providing technical expertise on FNSS issues within the Mass Care Branch. The FNSS Unit Leader will work in conjunction with general population shelter Standard Operating Procedures (SOP).

Source: The following Job Action Sheet has been adapted from the City of Los Angeles' Emergency Management Department FNSS Unit Leader Job Action Sheet.

STAFFING THE POSITION

The position shall be filled by a City/County/Department employee or other qualified individual based on subject matter expertise. That person will have in-depth knowledge of the FNSS issues and challenges in mass care and sheltering.

Beginning Shift Duties
❑ Report to the Emergency Operations Center (EOC) and complete check in procedures.
❑ Obtain an initial briefing from the Mass Care Branch Coordinator.
❑ Based on the initial briefing, review the demographic profile of the affected communities, and other incident information, and pre-identify the types of assistance that may be requested in the general population shelters
❑ Review the position and status of FNSS supplies, caches, and mutual aid resources and identify those that might be activated

During Shift Duties
❑ Review the list of City/County/Jurisdiction-operated shelter sites and ensure that selected sites are accessible. If the site cannot be accessible, ensure that resources are provided to make the site as accessible as possible and/or provide alternate reasonable accommodations that are as convenient to access as the shelter site if requested. As an example, provide accessible portable toilets and showers if the bathrooms in the general population shelter are not accessible.[2]
❑ Work within the Mass Care Branch to: ○ Ensure that shelter managers have completed an accessibility assessment. Coordinate with the Shelter Operations and American Red Cross (ARC) Unit Leads to review copies of the assessments to ensure compliance. Coordinate any required technical assistance for the field in completing these assessments if required. ○ Ensure that shelter managers are providing Just in Time (JIT) training to shelter staff

[2] Pre-designated tiered sheltering is not recommended, but during response it is important to communicate if there is a difference in shelter accessibilities due to capacities and resources. Remain transparent, and address accessibility shortfalls however possible. All shelters should plan to be accessible as much as possible, and just-in-time solutions should be identified for unexpected issues when possible.

During Shift Duties
regarding FNSS, working with and accommodating people with disabilities and others with access and functional needs, and providing basic personal assistance services (PAS). ○ Ensure that there are enough qualified PAS providers available to provide assistance within general population shelters. Work with the Shelter Operations Unit Lead to utilize MOUs as needed. Provide regular updates to the Mass Care Branch Coordinator on the number of PAS workers at each shelter site and their status. ○ Ensure that shelter managers are aware of the City/County/Jurisdiction's policies on animals, such as service or emotional support animals. ○ Supply any available caches to general population shelters in accordance with resource allocation decisions determined by the EOC. Shelter caches could include Durable Medical Equipment (DME). ○ Secure Consumable Medical Supplies (CMS) on a Just In Time basis for general shelter sites. CMS supplies include items with a short shelf life like nutritional drinks, saline solution, colostomy bags, or peroxide. ○ Ensure shelters are provided with services such as power (through generators), medical providers (physicians, nurses, emergency medical technicians [EMTs]), psychiatrists and dental providers, emergency veterinary service providers (for service animals).
❑ Facilitate any requests from shelters for interpretation services such as American Sign Language (ASL) through the EOC. Work with the EOC if necessary to secure MOUs and additional contracts for services.
❑ Coordinate with the Public Information Officer (PIO) and Mass Care Branch Coordinator to ensure that announcements, information, and materials regarding sheltering are translated and prepared for people with disabilities and others with access and functional needs (non-English speaking; low literacy; older adults; individuals who are deaf, hard-of-hearing, blind, vision-impaired; etc.).
❑ Coordinate with the PIO to: ○ Provide notification and warning to all non-English speaking and persons who are hard-of-hearing regarding the incident. ○ Translate all warnings, written and spoken, into appropriate languages and formats. ○ Contact media outlets (radio / television) that serve the languages you need, including open captioning and sign language. ○ Utilize video remote interpreting, TDD machines, and 9-1-1 translation services to contact people who are deaf and hard of hearing. ○ Use pre-identified lists of people with disabilities and people who are deaf and hard-of-hearing for individual contact.
❑ Coordinate with the business community in your area to: ○ Provide information to regional centers, service providers, advocacy groups, community-based organizations, and community leaders regarding the incident. Ensure that information is provided regarding the activation of shelter sites, location of shelter sites, and instructions on what to bring. ○ Receive situational awareness information from the above-mentioned groups regarding the needs of the impacted communities. ○ Field resource requests from these community organizations, such as transportation to shelter sites. Provide situational awareness to the Mass Care Branch Coordinator and Disabilities and others with Access and Functional Needs Technical Specialist / Liaison. ○ Request resources from community organizations for services, if needed, during sheltering operations.
❑ Coordinate with the Transportation Branch to identify persons/facilities that require

During Shift Duties
transportation to/from shelter sites, e.g., people with disabilities, those who are hospitalized, older adults, incarcerated populations, etc. Ensure people with disabilities and others with access and functional needs have accessible transportation to the shelter site, as well as transportation to medical appointments and back home after the shelter is closed. Utilize paratransit and public transportation resources.
❑ Coordinate with the Evacuation Unit Leader (if activated) to: ○ Identify persons/facilities that require accessible transportation to/from their shelters to an evacuation site. ○ Ensure that people with disabilities and others with access and functional needs are transported with their assistive technology, service animals, or PAS provider whenever possible.
❑ Coordinate with the Housing Unit Lead to locate, secure, and transport people with disabilities and others with access and functional needs from shelters to post-disaster alternative housing as needed.

End of Shift Duties
❑ Brief the in-coming FNSS Unit Leader, Mass Care Branch Director, and Disabilities and others with Access and Functional Needs Technical Specialist / Liaison.
❑ Develop final report of impacted shelter population information collected during shift and provide to Planning & Intelligence and Disabilities and others with Access and Functional Needs Technical Specialist / Liaison.

Stand Down Duties
❑ Authorize the demobilization of organizational elements within the group when directed.
❑ Ensure any open actions are handled by the Disabilities and others with Access and Functional Needs Technical Specialist / Liaison and/or transferred to other EOC elements as appropriate.
❑ Close out activity logs, return all checked out equipment, and provide all documentation to the Documentation Unit prior to your release and departure from the EOC.
❑ Notify organizations serving specific populations of impending EOC deactivation and check for unmet needs and questions.
❑ Participate in all debriefings and be prepared to provide input into After Action Report.

ATTACHMENT 5: FUNCTIONAL NEEDS SUPPORT SERVICES (FNSS) SHELTER AND SUPPLY TRAILER SPECIFICATIONS AND INVENTORY

Supply and shelter trailers are often used by multiple jurisdictions to supplement accessibility for general population shelters. The County of Los Angeles Office of Emergency Management has a number of ADA Restroom/Shower combination trailers that can be deployed to any location to provide accessible restroom facilities. The City of Los Angeles Emergency Management Department has a series of supply cache trailers that can be deployed to supplement and increase accessibility at shelter sites during an incident. This attachment includes the sample restroom/shower trailer specifications as well as a sample inventory for the FNSS supply caches. ***These descriptions do not endorse or recommend a specific product or layout for trailers or supplies, but are meant to offer an example to local planners.*** Both agencies have worked on deployment standard operating procedures that may help orient readers looking to learn more about these programs.

ACCESSIBLE SHOWER TRAILER SPECIFICATIONS

1) Double Americans with Disabilities Act (ADA) Restroom/Shower Combo

   Source: Los Angeles County Office of Emergency Management

Category	Specifications
Length	27 feet plus Hitch
Width	6’ 4” (this does not include ADA ramps open)
Height	Does not exceed 13’ 6” with trailer in transport position
Contains	• (2) Unisex Suites with ADA Toilet/Sink/Shower/Grab Rails (one on each side of the trailer) • GFI Protected Outlets in Each Suite • Lowering Trailer – One Button Execution • (2) Aluminum Diamond Plate Fold Up Ramps • A/C and Heat Strips • 300 Gallon Vertical Waste Tank • 300 Gallon Water Tank with Pump • Vinyl Flooring • Utility Room with Door • (2) Double Roll Toilet Paper Dispensers • (2) Hands Free Paper Towel Dispensers • Dual 20lb Propane Tanks • Baby Change Station

Category	Specifications
	• Occupant Indicator Light • Air Evaporation Unit • Options: Spare Tire, Generator Cage, Honda EU3000iS- Tri Fuel Generator
Complies with	ADA, California Access Codes and Commercial Modular and Special Purpose Commercial Modular Amended Design and Construction Standards
Towing	Standard bumper pulled 2” ball hitch coupler installed with safety chain and break-away system

2) ADA Modular Ramps (for use with the Trailers)

Category	Specification
Length	24’
Width	48”
Shape	L – Shape
Contains	• Handrails • End Loops • 6x6 platform to an 8 foot ramp to a 6x6 platform to a 16 foot ramp

3) ADA Signage

Category	Specification
Background	Square Blue
Text	Unisex Restroom/Shower
Font	5/8” letter size, black, standard sans serif font
Sign Tactile Depth	1/32”
Sign Finish	Characters and background, non-glare finish
Contains	6” Pictogram of female/male black in color

Category	Specification
Mounting	Baseline of signs to be mounted 48” at the lowest point to 60” at the highest point. Sign should be mounted to the wall on the latch side of the door. If unable, then mount to the closest open space near the door entrance.
Installation	Install signs with double-sided tape

FNSS SHELTER SUPPLIES TRAILER INVENTORY LIST

Source: City of Los Angeles Emergency Management Department

#	Product Description/Equipment Title	Quantity
Wound Care		
1	BANDAID 1X3 BOX/100	3
2	BANDAID 2X4 BOX/100	1
3	BANDAID ADHESIVE WOVEN KNUCKLE BOX/50	1
4	SWIFT-WRAP 6" EACH	8
5	MICROPORE PAPER TAPE 1" 3M 12 ROLLS PER BOX	4
6	SOF-FORM GAUZE ROLL 6" NS PACKAGE OF 12	6
7	A6216 GAUZEWOVEN NONSTERILE 4X4 LOAF/200	2
8	GAUZE SPONGE 4X4 STERILE AVANT NON-WOVEN 100 PER BOX	3
9	GAUZE STERILE 2X2 2'S BOX=100	1
10	SCISSOR BANDAGE UTILITY 71/2"	4
11	TAPE TENDERSKIN 1" X 10' BOX OF 12	1
12	APPLICATOR 6" STERILE 2'S 200/BOX	1
13	60CC SYRINGE CATH TIP EACH	4
Bed Pans; Urological		
14	BASIN WASH, PLASTIC RECTANGULAR 8 QT. LATEX FREE NON-STERILE REUSABLE	20
15	EMESIS BASIN 9" TURQUOISE	20
16	BED PAN STACK-A-PAN MAUVE	10
17	URINAL MALE W/CLEAR COVER	20
Emergency Preparedness		
18	BAG BIOHAZARD RED 40 X 46 LARGE PACK/12	1
19	BAG BIOHAZARD 11 X 14 SMALL PACK/12	1
20	ALCOHOL GEL HAND SANITIZER 15OZ W/PUMP	6
21	ALC GEL APRILGUARD 4 0Z	24
22	SHARPS CONTAINER 1 QT RED	4
23	SHARPS CONTAINER 4QT RED	1
24	CREWS ECONOMY GOGGLES	2
25	FACE SHIELD FULL FACE, FOAM TOP, EACH	12
26	MASK PERF W/SHIELD EACH	12
27	SANICLOTH WIPE 160/TUB	6

#	Product Description/Equipment Title	Quantity
28	BODY FLUID CLEANUP KIT EACH	2
Initial Evaluation and Monitoring		
29	ALCOHOL PREP PAD 200/BOX	4
30	ACCUCHECK COMFORT CURVE STRIPS BOTTLE/50	8
31	ACCUCHECK GLUCOSE MONITOR	2
32	UNISTIK 2 100'S	3
33	INSULIN SYRINGE .5CC 29G BOX/100	2
34	WRIST BAND WHITE SNAP CLOSURE WRITE-ON EACH	500
35	BLOOD PRESSURE KIT W/NYLON CUFF LARGE ADULT	1
36	BLOOD PRESSURE KIT W/NYLON CUFF ADULT	1
37	BLOOD PRESSURE KIT W/ NYLON CUFF CHILD	1
38	BLOOD PRESSURE KIT W/NYLON CUFF THIGH	1
39	SHARPIES	10
40	SINGLE HEAD STETHOSCOPE MCKESSON BLACK	10
Personal Care		
41	T4522 ATTENDS BRIEF MEDIUM EACH	24
42	T4523 ATTENDS BRIEF LARGE EACH	24
43	FACIAL TISSUE STANDARD BOX/90	10
44	EQUATE MENSTRUAL PAD OVERNITE 28	3
45	A4357 BARD BEDSIDE DRAIN BAG 2000CC	5
46	PATIENT GOWN SHORT SLEEVE XLARGE	20
Respiratory		
47	SALTER O2 NASAL CANNULA 7' LINE EACH	10
48	OXYGEN MASK W/ TUBING EACH	5
Emergency		
49	CPR CLEAR MOUTH SHIELD EACH	3
Logistical Support Supply		
50	GLOVES VINYL LARGE BOX OF 100..NON STERILE	10
51	A4927 GLOVES VINYL MEDIUM B/100 NON STERILE	10
52	GLOVES SMALL VINYL BOX/100 NON STERILE	10
53	MEDICATION BOX W/LOCK	1
54	PREVAIL FLUFF UNDERPADS 23X36 CASE/150	2
55	T4524 ATTENDS BRIEF XLARGE EACH	60
56	TREX2 18" x 16" BLUE..SN:	2
57	TREX2 20"x16" BLUE..SN:	2
Durable Medical Equipment		
58	3 IN 1 COMMODE FOR OVER TOILET USE (300 LB CAPACITY)	2
59	ASSORTED UTENSIL HOLDER	2
60	BEDSIDE COMMODES(2EA W/450 LB CAPACITY)	2
61	CANES, QUAD(1EA-SMALL BASE; 1EA-LARGE BASE; 1EA-BARIATRIC)	3
62	CANES, WHITE	2
63	CRUTCHES, ADULT	1
64	CRUTCHES, (PEDIATRIC) YOUTH	1

#	Product Description/Equipment Title	Quantity
65	DRESSING AID STICKS	2
66	IV POLE 5 CASTOR	2
67	PRIVACY SCREEN, 3 PANEL W/CASTORS	5
68	REFRIGERATOR, COUNTER HEIGHT, NO FREEZER (FOR MEDS)	1
69	SHOWER CHAIR W/BACK REST(4EA-400 LB CAPACITY; 2EA-BARIATRIC)	2
70	2" EGG CRATE PADDING -10 BEDS	10
71	WALKER, DUAL RELEASE(1EA-STANDARD W/WHEELS; 1EA-HEAVY DUTY W/WHEELS; 1EA-BARIATRIC W/OUT WHEELS; 1EA-STANDARD W/OUT WHEELS)	4
72	MEDICAL COT W/MATTRESS & HALF SIDE RAILS (WESCOT WITH RAILS & IV POLE)	2
73	WHEELCHAIR RAMPS, PORTABLE (1EA -6')	1
74	WHEELCHAIR TRANSFER BOARDS	2
75	WHEELCHAIRS, ADULT(1 - STANDARD 18"; 2- 20", 2EA W/FOOTRESTS; 1EA ELEVATING LEG REST ATTACHMENTS)	3
76	WHEELCHAIRS, ADULT EXTRA LARGE (TO 450 LB CAPACITY; 1EA W/FOOTREST)	1
77	WHEELCHAIRS, PEDIATRIC (1EA-W/FOOTREST)	1
78	WEDGE (COMFORT WEDGE, SEPARATE FROM BARIATRIC WEDGES)	2
Consumable Medical Supplies		
79	NUTRITIONAL SUPPLEMENTAL DRINKS FOR KIDS/CHILDREN (OVER 12 MONTHS OF AGE), READY TO DRINK (I.E.-PEDIA-SURE)	1 CASE
80	MAGNIFYING GLASSES (STANDARD)	1
81	PAPER CUP LIDS	FOR 12 OZ CUPS; 1 CASE
82	BENDABLE DRINKING STRAWS	ONE BOX
83	WATERPROOFING PADS (I.E.-CHUX)	STANDARD SIZE
84	INSTANT ICE	1
85	INSTANT HEAT	1
86	DISTILLED WATER (FOR HUMIDIFIERS)	GALLON
87	NUTRITION DRINK FOR DIABETICS (I.E. - GLUCERNA)	1 CASE
88	NUTRITION DRINK (I.E.-ENSURE)	1 CASE
89	AUTOMATIC BLOOD PRESSURE CUFF - ADULT WITH BATTERIES X-LARGE	1
90	AUTO BLOOD PRESSURE CUFF - CHILD WITH BATTERIES	1
91	SALINE SOLUTION (WOUND WASH)	1
92	PILL CRUSHER	1
93	PILL CUTTER	1
94	ACE BANDAGES (2")	2 ROLLS
95	ACE BANDAGES (3")	2 ROLLS
96	ACE BANDAGES (4")	2 ROLLS
97	ACE BANDAGES (6")	2 ROLLS
98	APPLICATION, COTTON-TIPPED (6" LONG, 100 PER BOX)	1 BOX
99	COTTON BALLS	1 BAG

#	Product Description/Equipment Title	Quantity
100	TELFA DRESSINGS, STERILE	1 BOX
101	PEROXIDE	1 BOTTLE
102	BETADINE SCRUB SOLUTION	1 BOTTLE
103	SAFETY PINS	1 BOX
104	MEDICINE CUPS	1 PACKAGE
105	BATTERIES – ASSORTED	1 PACKAGE
106	BATTERIES - HEARING AID	1 PACKAGE
107	VELCRO DOUBLE SIDED (LOOP & HOOK)	1,2&4 INCH
108	SPRAY ADHESIVE, MEDICAL	1 BOTTLE
109	LEG BAGS ASSORTED SIZES MED/LG	600ML X 3 950ML X 3
110	POWER STRIPS	5
111	BATTERY CHARGERS - UNIVERSAL	5
112	EXTENSION CORDS	5
113	T.E.D. COMPRESSION STOCKINGS	2 PAIR
114	CHEMICAL FREE SHAMPOO & BODY WASH	5 EACH
115	AIR PUMP (BICYCLE TYPE)	1
116	PAPER CUPS	160

ATTACHMENT 6: GROUPS IMPACTED BY INEQUITIES IMPACT ASSESSMENT – TEMPLATE FORM

The following is a sample assessment form used by the Public Health - Seattle & King County's Equity Liaison (see Attachment 9) with input from the Equity Response Team. This assessment can be used to advise the Situation Unit Lead on actions required. ***It is worth noting that in public health, populations-based assessment is a vital and necessary tool to identify individuals and groups that may be negatively impacted by the disaster***. This attachment, and others in this document, utilize population definitions from a public health and medical perspective, designed to identify those segments of the population who might suffer higher medical and health outcomes without effective planning considerations and resource allocations. These definitions may not apply to all individuals, but are considered a necessary planning tool.

Source: Public Health - Seattle & King County. ESF 8 Functional Annex – Equity Response Plan (Draft - March 2016)

EQUITY IMPACT ASSESSMENT – TEMPLATE FORM

Equity Impact Assessment					
✓	Incident: [Insert]		Date: [Insert]		Time: [Insert]
		Reported / Anticipated Impacts	Sources	Messaging / Translation Needs	Action Needed
	Individuals with Limited Mobility: Individuals who use assistive devices or equipment for walking or mobility, e.g. wheel chairs, walkers or crutches.				
	Individuals who are Blind: Individuals who are blind or have low vision, night blindness, color blindness, impaired depth perception, etc.				
	Individuals who are Deaf, Deaf-Blind, Hard of Hearing: Individuals who are deaf, have situational loss of hearing, or limited-range hearing.				
	Older Adults and Children: Individuals whose chronological age may impact their physical or cognitive abilities and who may need assistance with daily activities.				
	Individuals who are Limited or Non-English Speaking: Individuals who have a limited ability or no ability to speak, read, write or fully understand English				
	Individuals and Families with Limited Resources: Individuals who may not have the resources available to meet their own or their family's needs.				
	Individuals Experiencing Homelessness or Transitional Housing: Includes persons in shelters, on the streets or temporarily				

Equity Impact Assessment					
✓	**Incident: [Insert]**		**Date: [Insert]**		**Time: [Insert]**
		Reported / Anticipated Impacts	**Sources**	**Messaging / Translation Needs**	**Action Needed**
	housed -- transitional, safe houses for women and minors.				
	Individuals who are Experiencing Domestic Violence: Individual living with domestic violence or who are domestic violence survivors.				
	Refugee & Immigrant Communities (New Americans): Persons who may have difficulty accessing information or services due to cultural differences or unfamiliarity, and possibility distrust of governmental systems.				
	Undocumented Persons: Individuals who do not have the required documentation to be permanent or temporary residents of the United States.				
	Individuals with Mental Illness: Individuals who have a diagnosed mental health condition as well as those who may have one that is undiagnosed.				
	Individuals with Requiring Supervision: Individuals unable to safely survive independently, attend to personal care or activities of daily living, etc.				
	Individuals with Medical Needs: Individuals who take medication or need equipment to sustain life or control conditions for quality of life -- i.e., diabetic; weakened immune systems, those who cannot be in/use public accommodations.				
	People Who are Dependent on Drugs or Alcohol: Includes people who use legal or illegal substances including injectable drugs and who would experience withdrawal.				
	Clients of Criminal Justice System: Individuals who are currently or have been previously incarcerated, on parole, under house arrest, or who are registered sex offenders. This includes current clients of the juvenile justice system.				
	Emerging or Transient Special Needs: needs/conditions due to emergency, temporary conditions—i.e., loss of glasses, broken leg, tourists/visitors needing care				

ATTACHMENT 7: DEFINING AT-RISK POPULATIONS

Each jurisdiction has its own methods of identifying and defining at-risk population groups. As one example, the California Governor's Office of Emergency Services (CalOES) defines access and functional needs populations within Assembly Bill 2311, and states that "California Government Code section 8593.3 defines 'access and functional needs' to mean individuals who have developmental, intellectual or physical disabilities, chronic conditions, injuries, limited English proficiency and persons who are older adults, children, people living in institutionalized settings, or those who are low income, homeless, or transportation disadvantaged, including, but not limited to, those who are dependent on public transit and those who are pregnant."

The two tables below were created by Public Health - Seattle & King County Vulnerable Populations System Coordination Steering Committee, and the Los Angeles County Department of Public Health (LACDPH)'s Emergency Preparedness and Response Division, respectively. Public Health - Seatttle & King County's document was helpful in their initial planning to better understand the groups most likely to be disproportionately impacted in an emergency. It not a coincidence that these are the same groups impacted by inequity on a daily basis. These are two examples offered for consideration and customization by local Emergency Operations Center (EOC) planners.

Utilizing community-based coalitions and steering committees with representatives from each group (as well as their service providers) to define those groups who are both at-risk and can offer particular resources is a best practice that can easily be emulated by other jurisdictions.

TABLE 1: GROUPS IMPACTED BY INEQUITIES

Source: Public Health - Seattle & King County. ESF 8 Functional Annex – Equity Response Plan (Draft - March 2016)

Identified Population	Definition	Potential Barriers
Aging Adults and Children	Individuals whose chronological age may impact their physical or cognitive abilities and who may need assistance with daily activities.	Potential barriers may exist for pre-lingual children, unaccompanied minors, isolated older adults, or adults who need additional assistance to obtain information and resources.
Individuals who are Blind	Individuals who are blind or have low vision, night blindness, color blindness, impaired depth perception, etc.	Potential barriers to obtaining information and resources if not provided in accessible formats.
Clients of the Criminal Justice System	Individuals who are currently or have been previously incarcerated, are on parole or under house arrest, or who are registered sex offenders, including juvenile clients.	Potential barriers to obtaining information and resources if incarcerated or on house arrest and if a distrust of the government and/or service providers exists.

Identified Population	Definition	Potential Barriers
Individuals who are Deaf, Deaf-Blind, Hard of Hearing	Individuals who are deaf, have situational loss of hearing, or limited-range hearing.	Potential barriers to obtaining information and resources if not provided in accessible formats.
Individuals with Intellectual Disabilities	An intellectual disability is a disability characterized by significant limitations both in intellectual functioning (e.g., reasoning, learning, problem solving) and in adaptive behavior.	Potential barriers may exist for individuals who need additional assistance to understand and obtain information and resources.
Individuals who have Experienced Domestic Violence	Individuals living with domestic violence or who are domestic violence survivors.	Potential barriers to obtaining information and resources if the individual is fearful or being controlled by the perpetrator. Survivors may be vulnerable to breaches in confidential locations and information during a major event which requires sheltering or evacuation. May be vulnerable during power outages or when cell phone use is limited due to the potential for compromised security systems and limited means of communication.
Individuals Experiencing Homelessness or Transitional Housing	Includes persons in shelters, on the streets, or those in temporary housing such as transitional housing or safe houses for women and minors.	Potential barriers to obtaining information and resources if financial or other circumstances limit the ability to access what is needed. May have difficulty obtaining resources and shelter if no address is available. May be more vulnerable to weather related disaster events such as winter storms, extreme heat, flooding, and other severe weather events.
Immigrant and Refugee Communities	Persons who may have difficulty accessing information or services due to cultural differences or unfamiliarity, and possible distrust of governmental systems.	Potential barriers to obtaining information and resources if not provided in accessible formats and if a distrust of the government and/or service providers exists.

Identified Population	Definition	Potential Barriers
Individuals and Families with Limited Resources	Individuals who may not have the resources available to meet their own or their family's needs.	Potential barriers to obtaining information and resources if financial or other circumstances limit the ability to access what is needed.
Individuals who are Limited or Non-English Speaking	Individuals who may not or have a limited ability to speak, read or write in English.	Potential barriers to obtaining information and resources if not provided in accessible formats.
Individuals with Medical Needs	Individuals who take medication or need equipment to sustain life or control conditions for quality of life -- i.e., diabetic, weakened immune systems, those who cannot be in/use public accommodations.	Potential barriers to obtaining information and life sustaining resources if measures are not taken to ensure needs are met.
Individuals with Mental Health Conditions	Individuals who have a diagnosed mental health condition as well as those who may have one that is undiagnosed.	Potential barriers to obtaining information and resources if the mental health condition is exacerbated by the stress of the emergency event or lack of access to medication. May be particularly vulnerable when obtaining resources or in shelters if behaviors are misinterpreted as being intentional and not understood as a symptom of a mental health condition.
Individuals who are Drug or Alcohol Dependent	Includes individuals who are dependent on legal or illegal drugs including injectable drugs and/or alcohol and may be susceptible to experiencing the effects of withdrawal.	Potential barriers to obtaining information and resources if the emergency event causes an interruption in drug or alcohol supply or results in withdrawal symptoms.
Individuals with Limited Mobility	Individuals who use assistive devices or equipment for walking or who have limited mobility, e.g. wheel chairs, walkers, or crutches.	Potential barriers to obtaining information and resources if not provided in an accessible location. Individuals in high rises or buildings with limited access may be more vulnerable in situations where there is a power outage or a need for quick evacuation.

Identified Population	Definition	Potential Barriers
Individuals who are Undocumented	Individuals who do not have the required documentation to be permanent or temporary residents of the United States.	Potential barriers to obtaining information and resources if not provided in accessible formats and if a distrust of the government and/or service providers exists.

TABLE 2: AT-RISK POPULATIONS FRAMEWORK

The framework below outlines a three-phased approach to defining those populations who might be most at-risk of negative outcomes, utilizing the before, during, and after the disaster milestones.

Before the Disaster: Planning Considerations

- Identify the magnitude and locations of your populations at greater risk for negative health outcomes. What are some ways that planners can understand the daily chronic stressors on these individuals? What might their needs be in an emergency, based on a specific hazard?
- Are there community-based organizations (e.g., faith-based, non-profit, and/or service organizations) that typically interact with this constituent base?
- Are there opportunities for planners and these organizations to discuss how the proposed plans would affect these constituents? Can these organizations and/or their constituents provide feedback on the proposed plans?
- What resources are currently available in the community that can be utilized during a response?
- What resources are needed to mitigate negative health outcomes in the community?

During the Disaster: Response Considerations

- Who else may be uniquely impacted by the specific hazard? Note: The specific impacts of the hazard may be determined by the hazard itself, the susceptible population, and the geography of the affected area.

After the Disaster: Service Provision Considerations

- Identify the command objectives, strategies, and mission areas applicable to responding to the hazard, and ultimately the services that will be provided and the tactics that will be utilized to provide those services.
- What types of services are needed by the affected population (e.g., transportation, information, medical countermeasures, etc.)?
- What services can the health department provide? Work through CMIST framework to determine that services are adequate for all people requiring the service.
- What resources will be required to provide these services? Identify resources available to the department, in the community, and to be requested.
  Match the correct service to the specific area and population to be served.

Source: Los Angeles County Department of Public Health – Emergency Preparedness and Response Division. "Three Phase At-Risk Population Framework."

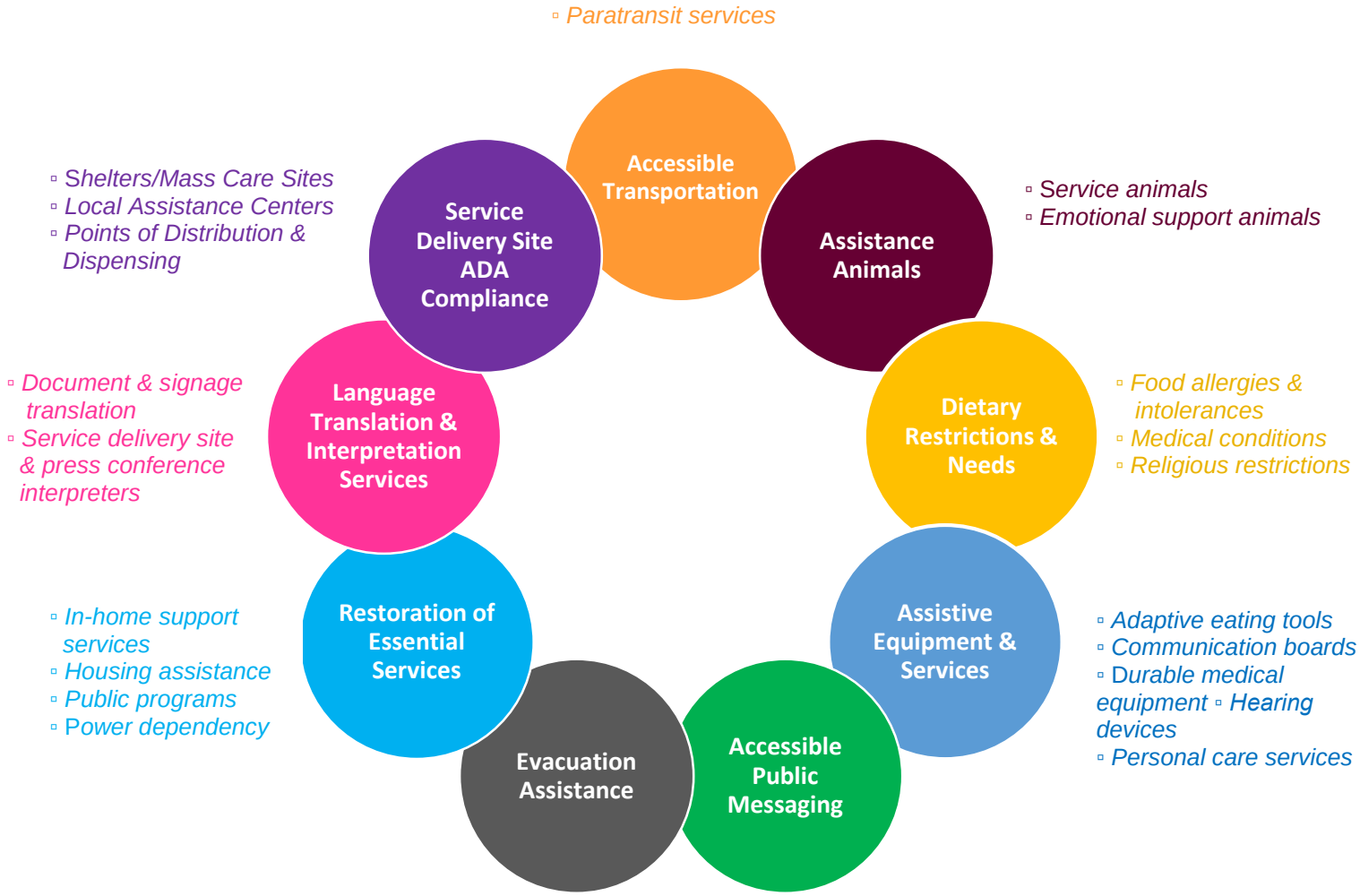
Three Phase At-Risk Population Framework	
Before the disaster/emergency	
General At-Risk Populations (Populations at risk of negative health outcomes following a disaster/ emergency)	(Please note, this is not an exhaustive list. Most of these demographic variables are available from the U.S. Census Bureau at multiple geographic levels).
Age	Children (<18)
	Older Adults (65+)
Women	Adult Women (18+)
	Pregnant Women
	Single Moms
Language	Low English Proficiency
Education	Low Educational Attainment
Socioeconomic Status	Live at or below the Federal Poverty Level
	Homeless
People with Disabilities	Hearing Difficulty
	Vision Difficulty
	Cognitive Difficulty
	Ambulatory Difficulty
	Self-care Difficulty
	Independent Living Difficulty
During the disaster/emergency	
Hazard-Specific At-Risk Populations	**Identify people who are affected by the acute shock of the hazard.**
Geographically affected	Are there people who live, work, or recreate in close physical proximity to the hazard (e.g., flood inundation or earthquake epicenter)?
Biologically affected	Are there people who are biologically pre-disposed to the hazard (e.g., an unvaccinated population, or older adults sensitive to extreme heat/cold) in the affected area?
Power-dependent	Are there people who rely on electricity-dependent durable medical equipment or refrigerated medications in the affected area?
After the disaster/emergency	
Providing services in **response** to the hazard	**A variety of resources may be required to ensure the impacted population receives the proposed services as determined by the response objectives.**
Example: Evacuation	Ensure appropriate transportation accommodations are available for people with disabilities and/or electricity-dependent medical equipment. Ensure instructions/messages are received in the appropriate language and medium (e.g., reverse 9-1-1, radio, television, etc.).

ATTACHMENT 8: CONSIDERATIONS FOR PEOPLE WITH DISABILITIES AND OTHERS WITH ACCESS AND FUNCTIONAL NEEDS

This table outlines the potential considerations an Emergency Operations Center (EOC) staff member may need to examine for people with disabilities and others with access and functional needs. ***This is a useful handout to have available at workstations and attached to job action sheets as reminders for all ICS staff to consider people with disabilities and others with access and functional needs.***

Source: The following table has been adapted from a tool created by the San Diego County Office of Emergency Services.

Be Sure Your EOC Section is Planning for People With Disabilities and Others with Access and Functional Needs



ATTACHMENT 9: ASSUMPTIONS AND GUIDELINES

Based on the guidelines and strategies identified in this document and at the workshop, the following is a list of proposed planning assumptions for emergency response plans in relation to disproportionately impacted, at-risk, or access and functional needs communities.

Sources:

1. *Incorporating Inclusive Planning into EOC Activations Workshop. Los Angeles County Department of Public Health. June 5, 2017.*
2. *Public Health: Seattle & King County. ESF 8 Functional Annex – Vulnerable Populations Response Plan (Draft - 2016)*
3. *California Governor's Office of Emergency Services – Disaster Planning Priorities.* http://www.caloes.ca.gov/cal-oes-divisions/access-functional-needs

PLANNING ASSUMPTIONS

- Planning for disproportionately impacted, at-risk, or people with access and functional needs is not an add-on for the Emergency Operations Center (EOC); it is an integrated layer throughout all activities and functions.
- The EOC's role is to provide expertise and cultural inclusion based on the situational awareness available to field and tactical operations, and this includes knowledge of the impacts on disproportionately impacted individuals.
- There is no standardized approach to inclusive planning in the EOC setting. Each community and jurisdiction must design a program that will meet the needs of their whole community, inclusive of people with access and functional needs.
- One assigned technical specialist representing these disproportionately impacted individuals within the EOC may quickly be overwhelmed during a response and become a bottleneck in the execution of goals and objectives. Inclusive planning must be integrated across multiple positions and roles, and technical specialists must be supported.
- Communications, transportation, and sheltering accessibility are often the three areas most repeatedly identified as needing improvement in relation to disproportionately impacted individuals and/or people with disabilities and others with access and functional needs, and as such should be prioritized in response efforts.
- The term "whole community planning" includes the business community as well, and they should be incorporated into inclusive planning efforts in preparedness and response.
- Identifying languages and communicating actionable messages using a variety of technologies to address the needs of people with disabilities and others with access and functional needs in multiple languages is necessary.
- These communities are made up of individuals with varied communication and messaging styles and preferences, and risk communication strategies need to incorporate a wide variety of methodologies in order to adequately address everyone.
- These communities may have day-to-day points of contact in their jurisdiction that differ from their assigned EOC points of contact. EOC staff should be aware of existing networks and relationships and how best to leverage them.

- There will be different populations affected during different incidents; and with functional variables associated with transience (visitors, travelers, workers, etc.); their needs will vary and Public Health departments will need to recognize language and service needs to respond appropriately.
- Coordination between Public Health, Emergency Management, and organizations serving disproportionately impacted individuals will be critical during an emergency to meet everyone's needs.
- Coordination with Emergency Managers and paratransit providers will be necessary for transportation issues.
- Partnering agencies, offices, and community based organizations **must** be included in drills and exercises of this plan.
- Disproportionately impacted individuals live throughout the county and state, but may commonly be found in communities lacking adequate resources on a daily basis (e.g. areas with limited access to fresh, healthful foods, accessible transportation, accessible housing, access to health maintenance services).
- Planning during preparedness times and advocating for policies to incorporate disproportionately impacted individuals planning into response protocols will be beneficial when an emergency occurs.
- Mutual-Aid Agreements and Memorandums of Understanding (MOA/MOU) with neighboring jurisdictions may provide additional emergency capacity resources.
- There are no emergency waivers to civil rights obligations.
- Individuals with disabilities must be accommodated in the most integrated setting, utilizing equal access and non-discrimination practices.
- There is a tendency to view these populations or individuals as disadvantaged, when in fact these individuals are resilient and can offer valuable institutional knowledge and resource capabilities.

ATTACHMENT 10: CASE STUDY – EQUITY RESPONSE TEAMS AND THE COMMUNITY COMMUNICATION NETWORK

Public Health - Seattle & King County has an established structure of inclusive planning based on a multi-tiered approach involving both individual technical specialists within their Operations Center, as well as a number of coalitions, committees, networks, and staff teams to supplement efforts. The approach below is offered only as another sample structure, and not a standardized practice.

Public Health - Seattle & King County's **EQUITY RESPONSE TEAM** consists of representatives from throughout their Public Health Department who meet periodically throughout the year and who also respond to emergencies and EOC activations. This is an intradepartmental team with representatives from multiple divisions within the Department. The purpose of the Equity Response Team is to leverage the existing skills, expertise, and networks represented by Public Health Department staff.

Similarly, Public Health -Seattle & King County has an **EQUITY LIAISON** position within the EOC who ensures that all equity considerations are included in public health policy decisions, resource allocation, and response priorities. This position is always staffed by a member of the Equity Response Team, who can then be supported by their fellow team members. The Equity Response Team is activated by the Equity Liaison via email, who then schedules an initial meeting with the entire team.

The department has also established a **COMMUNITY COMMUNICATION NETWORK (CCN)**, which represents a partnership between public health, emergency management, community-based organizations, and community leaders. CCN ensures that health-related information reaches trusted agents within local populations who serve as influencers and information multipliers. Public Health - Seattle & King County has partnered to establish a series of "community health boards" within community groups (e.g., Iraqi Health Board, Latinx Health Board, Vietnamese Community Health Board, etc) with Public Health staff who support individual community health boards also participating on the internal Equity Response Team. The CCN is a network that can reach out to individual groups or all groups at once during a disaster and leverage relationships built up during preparedness efforts.

Source: Public Health - Seattle & King County. ESF 8 Functional Annex –Equity Response Plan (Draft - March 2016)

EQUITY LIAISON

The Equity Liaison role was established in order to ensure that the needs of disproportionately impacted individuals are prioritized in policy decisions made by Area Command and response efforts. The Equity Liaison is responsible for ensuring that equity considerations are included in public health policy level decisions, resource allocation and response priorities.

This role will be staffed by an available member of the Equity Response Team.

The Equity Liaison is responsible for the following tasks:

- Advocate for appropriate staffing to ensure that roles and responsibilities are being fulfilled.
- Ensure integration of disproportionately impacted population issues into response.
- Develop and support policy recommendations and provide support to the other departments and jurisdictions.

- Ensure use of appropriate maps, data, and situational awareness to support policy decisions and planning efforts.
- Complete an Impact Assessment Form (see Attachment 5) with input from the Equity Response Team and advise the Situation Unit Lead on actions required.

The Equity Liaison reports to the Area Commander and participates in the Command and General Staff meeting.

EQUITY RESPONSE TEAM

The Equity Response Team consists of representatives from throughout the department. This team meets periodically throughout the year, and members are prepared to respond in the event of an emergency. Several divisions and programs are represented in the intradepartmental team. The Equity Response Team was established to leverage internal expertise, networks, and community connections and to fill the following roles during a response:

- Identify immediate and potential impacts to disproportionately impacted individuals.
- Identify, anticipate and recommend communications strategies to reach disproportionately impacted population groups, including maximizing existing networks.
- Advise and recommend strategies for mitigating inequitable impacts on disproportionately impacted individuals during response.
- Provide situational awareness related to disproportionately impacted individuals.
- Complete an Impact Assessment Form and provide input on any actions needed.

ACTIVATION

Equity Liaison Activation

The Equity Liaison role will be activated in the following circumstances:

- Emergency or disaster is occurring at local/municipality or county level.
- Residents need information about what to do and what not to do to protect themselves and others.
- Services or expertise of Equity Response Team is needed.
- Event is disproportionately impacting certain communities, either geographically or demographically.

Equity Response Team

The Equity Response Team will be activated at the discretion of the Equity Liaison or when any of the below triggers have occurred:

- Services or expertise of the Equity Response Team is required or has been requested.
- Event is disproportionately impacting certain communities-either geographically or demographically.

CCN COMMUNICATION METHODS

The Equity Liaison is responsible for ensuring the collection and monitoring of situational awareness and status of community and faith based organizations and the disproportionately impacted individuals they serve during a response. Below are various methods that will be used to collect this information:

1. Individual Outreach

The Situation Unit is responsible for conducting disproportionately impacted individuals hazard assessment and situational awareness. When an event disproportionately impacts certain communities, either geographically or demographically, the Situation Unit will collaborate with the Equity Liaison and an email will be sent to CCN members who represent these communities to collect situational awareness. Established relationships with community leaders can be leveraged to distribute information as well as using the CCN. This information will then be documented by the documentation unit and shared with the Equity Liaison and the Planning Section Lead.

2. Online Survey Tool

The Situation Unit Lead may consider using an online survey tool if it is more expeditious or it is determined that a broader outreach strategy is needed to reach CCN members. An online survey tool can also be used to inform key CCN member contacts about conference calls to promote situational awareness. This can also be used at the end of an activation to help inform the After Action Report.

3. Conference calls

A conference call will be organized with CCN members after the first CCN message has been sent. The Situation Unit Lead in coordination with the Equity Liaison will determine how often conference calls will take place depending on the size and scope of the response. The Documentation Unit is responsible for staffing CCN conference calls during a response.

4. CCN emails

All CCN messages will include a request for situational awareness from CCN members. The Equity Liaison is responsible for collaborating with the Situation Unit to ensure CCN emails are sent. The Documentation Unit is responsible for collecting and documenting all situational awareness collected from CCN members.

ATTACHMENT 11: CODIFYING INCLUSIVENESS INTO DAY-TO-DAY DIVISION EMERGENCY PLANNING

In October 2016, DOHMH's Office The Los Angeles County Department of Emergency Preparedness and Response (OEPR) established OEPR for Equity, a divisional priority that serves as the internal structural for coordinating and advancing a racial equity and social justice lens into day-to-day work and office culture.

OEPR for Equity leverages the Center for Social Inclusion's national best practice on how to build internal capacity to advance racial equity and social justice, which includes ***normalizing*** discussions on race to build a shared analysis; ***organizing*** through an internal structure with clear communication materials; and ***operationalizing*** racial equity in day-to-day work. Using this framework as a guide, the formal structure has participation from approximately 33 staff members (~30% of total staff) engaged in one of three workgroups, each with a set of deliverables to focus on for 2017. Each workgroup has two co-leads to provide overall support and leadership. While 2017 has served as a foundational year of the initiative, a 3-year strategic plan is currently in development that will serve as the guide to further embed a racial equity and social justice lens into all areas of public health preparedness and response in NYC.

The Public Health (LACDPH) Incorporating Inclusive Planning into Emergency Operations Center (EOC) Operations Workshop on June 5, 2017 identified the need to integrate situational awareness and training for all employees ahead of time, not simply in the EOC setting or context. Attitudes and considerations need to be integrated into office operations and conversations. In order to truly institutionalize change across all emergency management staff, these topics need to be addressed during day-to-day operations. Some of the participating agencies in the workshop had established a goal to codify inclusive planning into office culture and day-to-day operations for all staff. The effort can be separated into three phases: Normalize, Organize, and Operationalize.

PHASES OF INTEGRATION

Normalize

The "Normalize" workgroup created a series of monthly learning opportunities, such as seminars, lectures, movie screenings, and other events on a variety of topics related to racial equity and social justice (e.g., immigration, mass incarceration, housing, etc.) Trainings give staff a valuable opportunity to increase understanding of OEPR's role interacting with these topics and in advancing racial equity in a safe, low-pressure environment (i.e., not in the middle of a disaster.) The effect of these learning sessions should be evaluated through pre- and post- surveys to determine impacts. Staff can even be offered incentives or required to attend at least 4 out of the 10 training sessions or public events offered in order to encourage compliance.

SAMPLE NYC CURRICULUM LIST/SAMPLE TRAINING TOPICS LIST

1. Introduction to Health Equity
2. Housing Policies, Redlining and the impact on health
3. Mass Incarceration and its impact on racial equity
4. Immigration and health Equity
5. Inequities in emergencies
6. Disproportionately affected populations and access to health care
7. Politics and the impact on racial equity

8. Race to justice training
9. Social cohesion
10. Normalize, a year in review
11. Race to Justice Training for OEPR for Equity Members

Other topics being considered:

- LGBTQ and health equity
- Integrating Access and Functional Needs into Emergency Planning

Organize

The “Organize” working group is developing a common mission, vision, shared definitions and operating principles, to ensure integration of this language into communications with external partners, the public, and within OEPR itself, in order to formalize and sustain OEPR for Equity, the Division’s organizational structure advancing racial equity work over the long-term. This includes drafting guidance for staff on how to integrate equity language into both internal and external communications.

Establishing a working group to focus on identifying a common mission and operating principles for the department related to inclusive planning efforts is another method of codifying these concepts into day-to-day operations. This group can help to create shared definitions and terms. The group can also aim to create sustainability in the overall process.

Operationalize

The “Operationalize” work group is focused on developing and prototyping a racial equity assessment tool which provides step-by-step guidance on how to apply a racial equity lens to program work. The tool is essentially a set of questions aimed at assessing how the program work advances or worsens disparities for communities across NYC.

Individuals or groups can be assigned to determine how to integrate inclusive planning efforts into the operations of each unit, efforts to solicit funds, plans for innovative programs, and other future developments within the department. These efforts should be incorporated into a department’s strategic plans and can be showcased as new and innovative ways of addressing the needs of the community.

ATTACHMENT 12: PEOPLE FIRST – COMMUNICATING WITH AND ABOUT PEOPLE WITH DISABILITIES

About 59 million Americans report having a disability. Most Americans will experience a disability some time during the course of their lives. Disabilities can affect people in different ways, even when one person has the same type of disability as another person. Some disabilities may be hidden or not easy to see.

PEOPLE FIRST LANGUAGE

People first language is used to speak appropriately and respectfully about an individual with a disability. People first language emphasizes the person first not the disability. For example, when referring to a person with a disability, refer to the person first by using phrases such as: "a person who …", "a person with …" or, "person who has…"

Here are suggestions on terms to use when communicating with and about people with disabilities.

Source: Adapted from the National Center on Birth Defects and Developmental Disabilities – Office of the Director. Centers for Disease Control and Prevention. "Communicating With and About People with Disabilities."

People First Language
Person with a disability
Person without a disability
Person with an intellectual, cognitive, developmental disability
Person with an emotional or behavioral disability, person with a mental health or a psychiatric disability
Person who is hard of hearing
Person who is deaf
Person who is blind/visually impaired
Person who has a communication disorder, is unable to speak, or uses a device to speak
Person who uses a wheelchair
Person with a physical disability
Person with epilepsy or seizure disorder
Person with multiple sclerosis
Person with cerebral palsy
Accessible parking or bathrooms
Person of short stature
Person with Down syndrome
Person who is successful, productive

FEMA'S GUIDELINES FOR INCLUSIVE EMERGENCY PREPAREDNESS, RESPONSE, MITIGATION, AND RECOVERY

Principles

- Use people-first language; place the emphasis on the individual instead of the disability
- Use terms consistent with the integration mandate in the Americans with Disabilities Act which requires public agencies to provide services "in the most integrated setting appropriate to the needs of individuals with disabilities."
- Use language that is respectful and straightforward.
- Disability is a legally defined term for a protected class of individuals and remains an appropriate term.
- When referring to "access and functional needs", we are referring to people with and without disabilities who have physical, programmatic and effective communication accessibility requirements. Meeting access and functional needs enables equal access to emergency programs for the whole community.
- Refer to a person's disability only if it is relevant
- Avoid terms that lead to exclusion (e.g., "special" is associated with "separate" and "segregated" plans and services)
- Avoid terms that are judgmental, negative or sensational (e.g., special, brave, courageous, dumb, frail, super-human, vulnerable)
- Avoid making assumptions or generalizations about the level of functioning of an individual based on their diagnosis or disability. Individuals are unique and have diverse abilities and characteristics.
- Avoid acronyms (PWD, AFN) when referring to people

FEMA's Preferred Terms[3]
Person with disabilities
An individual or person with a disability
Access and functional needs, the access and functional needs of people with or without disabilities, people with disabilities and others who also have access and functional needs
Equal access, universal access, universal design, physical access, program access, effective communication access, reasonable accommodation
Disproportionate impact
Deaf, hard of hearing, hearing loss, sensory disability
Accessible communication, effective communication
He has a speech disability
He is blind, he has low vision
She has a mobility disability
She has … (multiple sclerosis, cancer, etc.)
He uses a wheelchair, he uses a scooter, he uses a mobility device
Assistive devices, assistive technology, durable medical equipment
Power chair, motorized wheelchair, scooter

[3] This table has been adapted to focus on preferred terminology. FEMA's Guidelines for Inclusive Emergency Preparedness, Response, Mitigation, and Recovery also incorporate language to avoid.

FEMA's Preferred Terms[3]
She sustained a spinal cord injury, she has paralysis, she is a spinal cord injury survivor, has paraplegia, quadriplegia, limb loss, amputee
Prosthesis, prosthetic limb
He has cerebral palsy
He has epilepsy, he has seizures
She is a little person, she has dwarfism, he is of short stature
She has Down syndrome
He has a learning disability
A person with an intellectual disability, developmental disability
A woman with a cognitive disability, a person with dementia or Alzheimer's Disease
A child with a traumatic brain injury or a person who sustained a head injury
He has autism, he is autistic – this term is preferred by some people with autism/on the autism spectrum
She has a mental illness, mental health support, psychiatric disability, she has a diagnosis of schizophrenia or bipolar disorder, uses behavioral health services
Congenital disability, sustained a birth injury, acquired at birth
Children who receive special education services, children with Individual Education Plans
Senior, older person, older adult, or older adult with a disability
Accessible bathroom, accessible parking, accessible housing, accessible transportation
Medical needs, acute medical needs, health care needs
She requires support or assistance
Planning with people with disabilities, disability inclusive planning
Whole community planning, inclusive planning, integrated planning
Universal cot, accessible cot
Personal assistance devices, personal care assistance for children, youth, and adults, caregiver (more appropriate with children)
Functional needs support services in a general population shelter, accessible shelter, universal shelter
Medical Shelter
Person who receives or utilizes disability services
Disaster survivor

ATTACHMENT 13: CHECKLIST FOR WHOLE COMMUNITY INCLUSIVE EMERGENCY MANAGEMENT SOLUTIONS

Source: Adapted from Marcie Roth and Paul Timmons' "A Manifesto for Achieving Whole Community Inclusive Emergency Management Solutions."

- ❑ Incorporate the principals of universal accessibility and equal access into all aspects of emergency planning, and engage with experts when necessary to identify strategies and solutions for meeting specific functional needs in all circumstances

- ❑ Emergency planning efforts for people with disabilities or access and functional needs must assume the sheltering of these persons in the most integrated settings possible (i.e., persons with disabilities should not be sheltered in medical/special needs shelters unless they have acute medical needs requiring in-patient care at the time of evacuation and sheltering)

- ❑ Do not utilize a system of tiered or graded sheltering; all shelters must be equally accessible and suitable for meeting the access and functional needs of persons with and without disabilities

- ❑ Do not use acronyms (i.e. AFN, DAFN, PWD, etc.) to refer to people with disabilities or access and functional needs

- ❑ Always ensure that all print, verbal, or electronic communications with the public regarding emergency warnings and actionable information are simultaneously communicated to persons with disabilities or access and functional needs via qualified channels (i.e. ASL interpreters, open captions, Braille, etc.) in an equitable, timely, and efficient manner

- ❑ Support community leadership; plan with the community not for the community, and be led by the community you serve

- ❑ When speaking to the public or media, make sure that sign language interpreters are highly visible to the audience and the cameras

- ❑ Do not confuse the needs of people with disabilities and/or access and functional needs (i.e. equal access, reasonable accommodations, modifications to maintain health, safety, and independence, etc.) with needs that require strictly medical care

- ❑ Plans should ensure that individuals with disabilities or access and functional needs are never separated from their service animals or assistive devices

- ❑ Ensure that your agency/department/organization has met all requirements for providing equal physical, program, and effective communication access to persons with disabilities before spending any federal funds granted to your agency/department /organization or any of its contractors

- ❑ Provide equal access and meet non-discrimination requirements before, during, and after disasters, at all times

- ❑ Prioritize whole community inclusive preparedness initiatives rather than "special needs" specific registries, particularly by partnering with community-based organizations who are most knowledgeable about the needs of people in the community (i.e. paratransit, independent living centers, developmental

and mental health service providers, Meals on Wheels, home health aging services, dialysis centers, etc.)

- Do not use language that suggests persons with disabilities or access and functional needs are liabilities (i.e. "fragile," "special," "vulnerable," "at-risk," etc.) for these terms reinforce false stereotypes and inhibit the ability of all members of the community to serve as assets in emergency planning, response, recovery, and mitigation efforts

- Be sure to account for the 2 million people with disabilities who live in institutions and nursing homes; remember that the total number of Americans with disabilities is actually at least 59 million according to the U.S. Census

- Make sure that emergency planning efforts take into account individuals who may not have the same legal protections as those with disabilities, but who have similar accessibility and accommodation needs (i.e. children, older adults, pregnant women, people with injuries, people with limited English proficiency, etc.)

- Include all members of the community in planning efforts, particularly people with disabilities and those who are economically disadvantaged as they are the disproportionately impacted by incomplete and ineffective disaster planning

- Be sure to recommend only realistic and achievable tasks for individuals with disabilities and access and functional needs (i.e. teach them to store medical and contact information when it's not possible to acquire and consistently maintain a costly cache of medication)

- Teach the entire community how to safely evacuate multistory buildings and do not rely on "areas of rescue" for people with mobility disabilities; have a plan that provides a way for those in need of rescue to communicate their needs and location during an evacuation

- Do not rely on the "buddy system;" instead, reinforce whole community planning efforts wherein everyone assists each other

- Incorporate a wide variety of transportation resources and circumstances in your emergency planning (i.e. accessible vehicles, keys, gas, lift operating instructions, alternate drivers, etc.)

- Engage the whole community when planning exercises, and do not expect exercises to be perfect; they are meant to identify gaps and provide no-fault opportunities for solving problems

- When exercising, do not use actors or objects to portray real people and real world-scenarios, and always take the opportunity to find gaps, shortfalls, and inefficiencies in planning efforts

- Do not focus only on physical access when planning for the access and functional needs of the people in your community; consult experts with lived experience with mental health, aging, sensory, and communication disabilities, chemical and environmental sensitivities, autism spectrum disorders, intellectual and cognitive disabilities and chronic health conditions throughout planning, preparedness, recovery, and mitigation efforts

- Utilize recovery and mitigation periods to "build back better" – incorporate newfound knowledge and experience to build a better system based on whole community inclusive universal accessibility in advance of the next disaster

APPENDIX B: BIBLIOGRAPHY AND REFERENCES

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APPENDIX C: ACRONYMS

Acronym	Definition
ADA	Americans with Disabilities Act
ADAAG	Americans with Disabilities Act Accessibility Guidelines
AFN	Access and Functional Needs
AMA	American Medical Association
ARC	American Red Cross
ASL	American Sign Language
BOC	Business Operations Center
CalOES	California Governor's Office of Emergency Services
CASPER	Community Assessment for Public Health Emergency Response
CDC/CDCP	Centers for Disease Control and Prevention
CCN	Community Communication Network
CMIST	Communication, Maintaining Health, Independence, Safety, Support Services, and Self-Determination, and Transportation
CMS	Consumable Medical Supplies
CONOPS	Concept of Operations Plan
DAFN	Disabilities and Access and Functional Needs[4]
DME	Durable Medical Equipment
DOC	Department Operations Centers
DOHMH	New York City Department of Health and Mental Hygiene
EMPG	Emergency Management Performance Grant Program
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
EOS	Emergency Operations Staff
ERG	Emergency Response Group
ESF	Emergency Support Function
FAC	Family Assistance Center
FEMA	Federal Emergency Management Agency
FNSS	Functional Needs Support Services
GIS	Geographic Information System(s)
HHS	United States Department of Health and Human Services
HPP	Hospital Preparedness Program
ICS	Incident Command System
JIT	Just in Time Training
KOIN	Kentucky Outreach and Information Network
LACDPH	Los Angeles County Department of Public Health
MMRS	Metropolitan Medical Response System
MOA	Mutual-Aid Agreements
MOU	Memorandums of Understanding
OA	Operational Area
OEPR	Office of Emergency Preparedness and Response
PAS	Personal Assistance Services
PHEP	Public Health Emergency Preparedness

[4] Whenever possible, avoid using acronyms to describe people and populations.

Acronym	Definition
PKEMRA	Post-Katrina Emergency Management Reform Act
POD	Points of Distribution
PIO	Public Information Officer
RA	Rehabilitation Act
SHSP	State Homeland Security Program
SOP	Standard Operating Procedures
TDD	Telecommunications Device for the Deaf
THSGP	Tribal Homeland Security Grant Program
UASI	Urban Areas Security Initiative
WHO	World Health Organization

INTEGRATING ACCESS AND FUNCTIONAL NEEDS INTO EOC ACTIVATIONS

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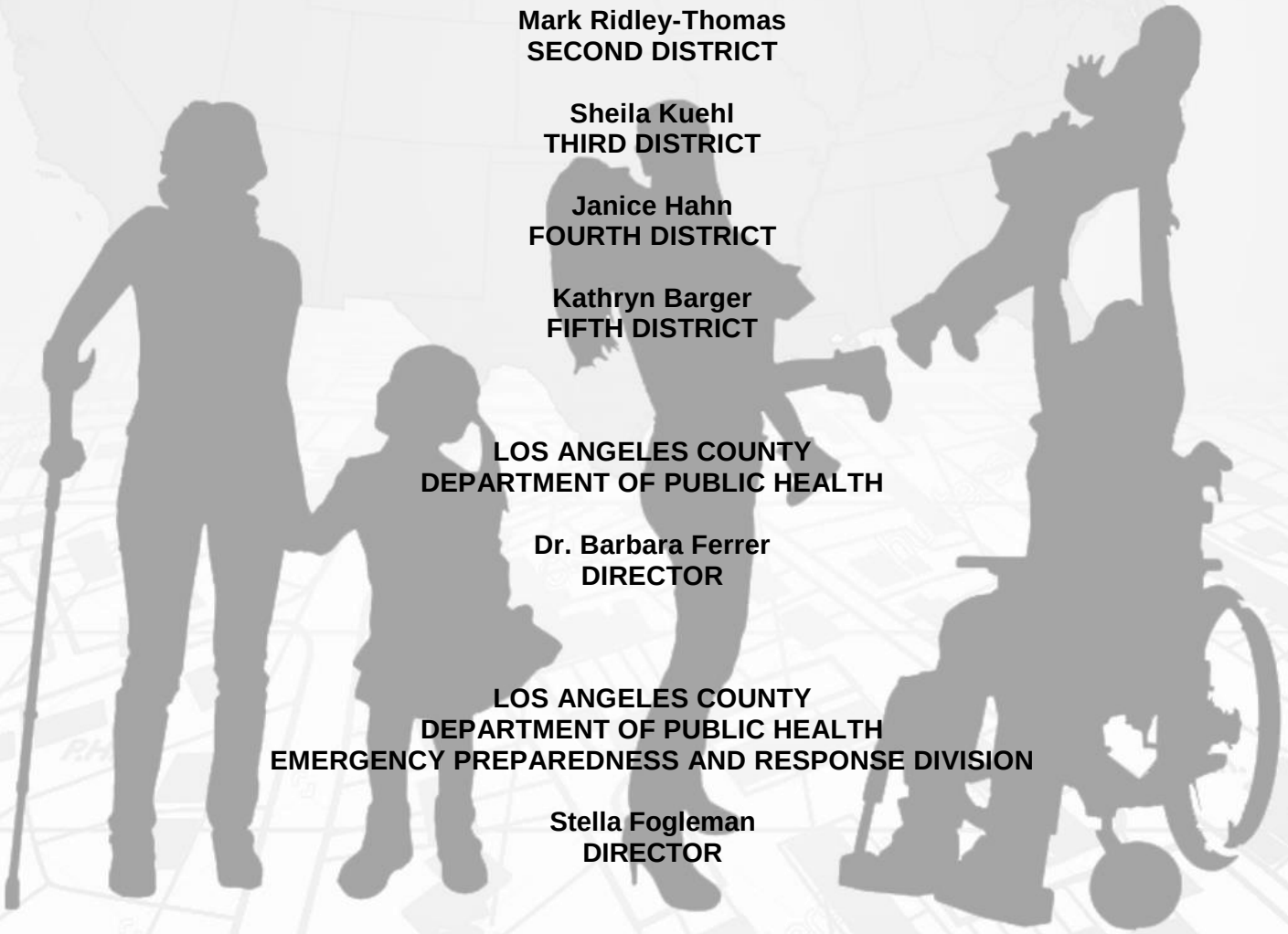

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