



Get Ready, Be Prepared

Make Your Plan BEFORE a Disaster

*Information on Access and Functional Needs for Use in
Developing Agency or Individual Plans and Working
with Local Emergency Management*

INTRODUCTION and PURPOSE

Preparing for disasters and emergencies is important for all individuals. This is especially important for those with access and functional needs who may need other types of assistance during an emergency.

The overall goal of this guidebook is to:

- Provide information to promote collaboration among disability service providers, county emergency managers, and local emergency planning councils.
- Assist programs that serve people with disabilities, the elderly and others with access and functional needs to plan ahead and develop policies and procedures for enhanced emergency response services.

There have been a number of efforts to train first responders about specific groups of people. These have been largely due to circumstances that have incurred media attention after an emergency response incident involving a person with autism, someone with a spinal cord injury or someone who is Deaf. While we support efforts to learn about various disabilities, we also acknowledge that the majority of emergency responders need a framework and a quick guide in the midst of a response. This also enables those disability programs serving various populations to think more broadly in their efforts and enhance **planning for the whole community**.

Those who represent specific groups of people or who have attended training regarding specific disabilities, will find what they have learned can be viewed using this framework.



ACCESS AND FUNCTIONAL NEEDS APPROACH – CMIST

This effort assists in the emergency planning efforts that emphasize planning for the “**whole community.**” This concept is also consistent with language contained in the National Response Framework (NRF) through the federal Department of Homeland Security. The NRF provides the guiding principles for all levels of domestic emergency response partners to prepare for and provide a unified national response to disasters and emergencies. This framework is used at the federal, state and community level.

C	Communication
M	Medical Needs
I	Independence
S	Supervision
T	Transportation



The Access and Functional Needs Approach consists of five areas for planning purposes. These five areas, also known as CMIST planning, address the critical issues that are most dealt with in emergency situations. CMIST planning establishes a flexible framework that addresses a broad set of common access and function-based needs irrespective of specific diagnosis, statuses, or labels (e.g., people with disabilities, seniors, transportation disadvantaged in or those injured as a result of the disaster). The CMIST tool covers the access and functional needs planning topics that are vital to emergency planning.

OVERVIEW OF COMMUNICATION AND MEDICAL

Access and functional needs planning includes, but is not limited to:

Communication (C) – Individuals who have limitations that interfere with the receipt of and response to information will need that information provided in methods they can understand and use. They may not be able to:

- hear verbal announcements
- see directional signage or
- ask for assistance because of hearing, vision, speech, intellectual or cognitive difficulties, or limited English proficiency.





Medical (M) – This includes individuals who have difficulties with being self-sufficient or have lost adequate support from caregivers, family, or friends and need assistance with activities of daily living:

- Bathing, feeding, going to the toilet, dressing, grooming, or managing unstable, terminal or contagious conditions that require observation and ongoing treatment
- managing intravenous (IV) therapy, tube feeding, and vital signs
- managing dialysis, oxygen, and suction administration; managing wounds; and operating power-dependent equipment to sustain life.
- These individuals may require the support of trained medical professionals.

OVERVIEW OF INDEPENDENCE, SUPERVISION AND TRANSPORTATION

Independence (I) – Individuals in need of supports that enable them to be independent in daily activities may lose these supports during the course of an emergency or a disaster situation. These supports may include:

- Assistance in replacement of essential medications (blood pressure, seizure, diabetes, psychotropic and other medications).
- Assistance in replacement of lost or damaged durable medical equipment (wheelchairs, walkers, scooters; and essential supplies – catheters, ostomy supplies, etc.).



By supplying the needed supports/devices, these individuals will be able to maintain their independence.

Supervision (S) – Before, during, and after an emergency or a disaster, individuals may lose the support of caregivers, family, or friends or may be unable to cope in a new environment. Some people with dementia, Alzheimer’s and psychiatric conditions (schizophrenia, intense anxiety), and unaccompanied children will require supervision to make decisions affecting their welfare.

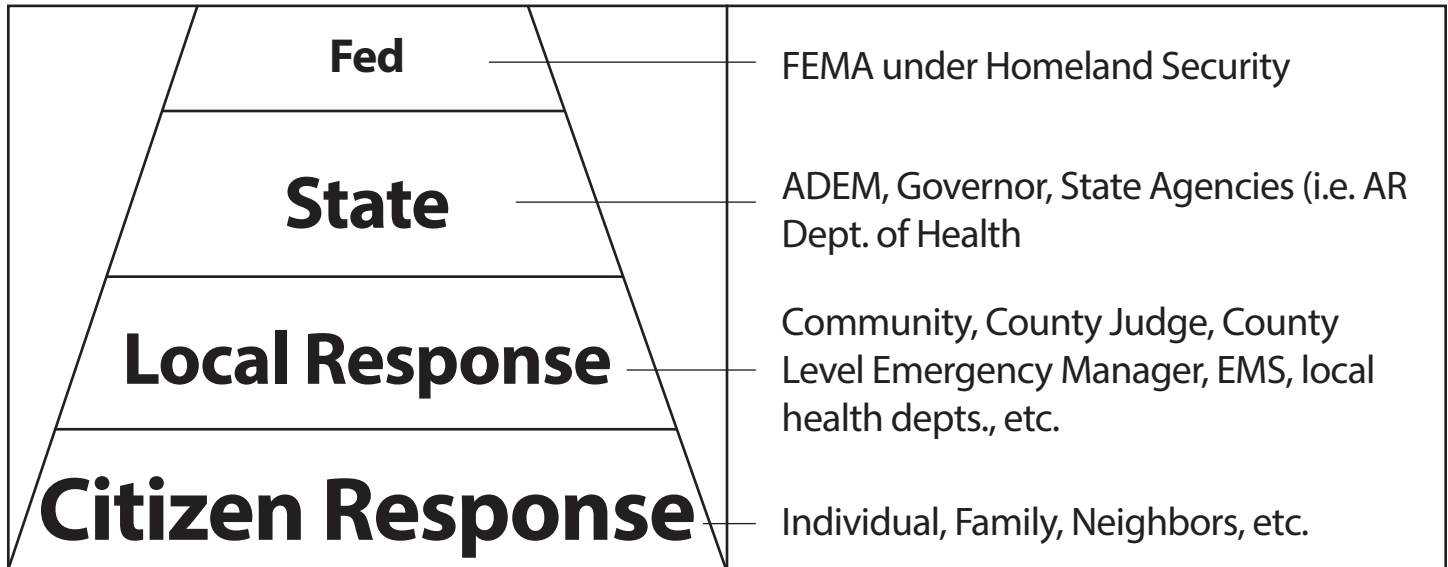


Transportation (T) - Individuals who cannot drive due to the presence of a disability or who do not have a vehicle will require transportation support for successful evacuation such as the availability of accessible vehicles (e.g., lift equipped or vehicle suitable for transporting individuals who uses oxygen) or knowledge of how/ where to access mass transportation used to assist in evacuation.



These five areas can also be used as the framework for working with people with disabilities in preparing their own individual preparedness plans.

Levels of Responsibility in an Emergency



All emergencies are LOCAL!

For the most part, emergencies start local and stay local.

The following are some of the activities in Local **Emergency Management Response**

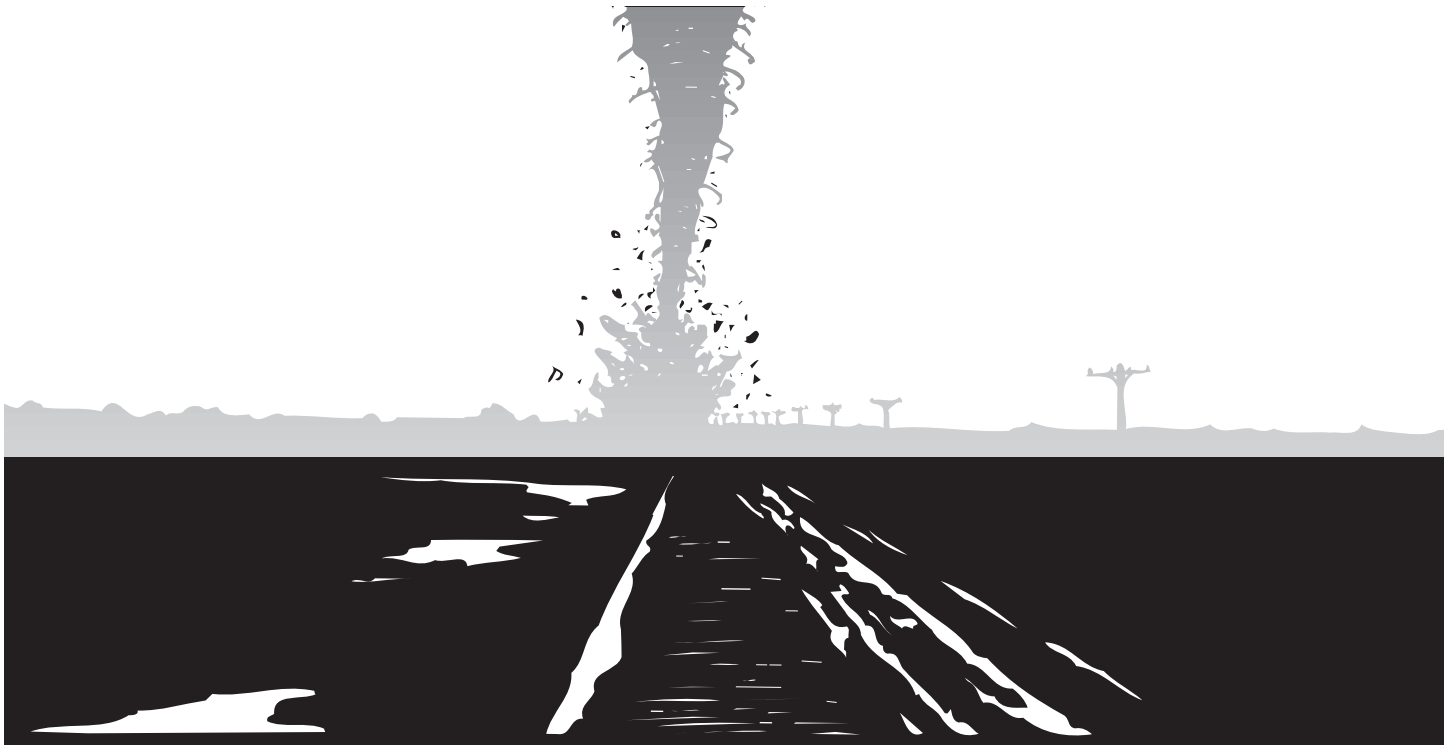
- **Provides initial response during disasters**
- **Develops a local emergency plan**
- **Coordinates with other local agencies and volunteer organizations and**
- **Coordinates response activities with local or regional planning committees and the state**

This is why it is critical to become involved with local efforts. Each county has someone who is assigned the role of a local coordinator for emergency management. This person, with assistance from a local emergency planning council (LEPC) which is under the direction of the county judge, helps to formalize and operationalize a local emergency operations plan. In some counties, this coordinator is a full time position and in others it is a responsibility added to another job position. **To find the local contact in your area, go to the Arkansas Department of Emergency Management website and click on your county. <http://www.adem.arkansas.gov/ADEM/Divisions/DM/LC/index.aspx>**

The state and federal government will help when formally requested.

Communication flows from the local area up to the state level and from the state level to the federal level if needed. It may take some time, but they do come, and they do leave. **The local community will still be recovering from a large-scale disaster long after the state and/or federal level assistance leaves the area.** It is important to understand this. This alone will help you to realize how important it is to plan with the people you support and as a community. As you see from the pyramid, the citizen and local response accounts for a much larger area than the state and federal level. **It is imperative that individuals (as citizens) understand that they have a responsibility to prepare themselves for emergencies or disasters.** If those individuals you support in the community programs need some assistance to do this, then by all means, assist them in using CMIST planning. It is critical for local emergency plans to include access and functional needs in their overall planning efforts, but it is just as critical for individuals and disability programs to do their own planning. This is why there is a push for citizens as individuals to be prepared! No entity knows your individual needs better than you.

Unfortunately, a lot of attention has been drawn to the issues of emergency response and people with disabilities as a result of disasters where they did not have very good experiences in the aftermath. Events such as Hurricane Katrina and subsequent flooding in New Orleans, the fires in California and the tornadoes in Arkansas, have all resulted in learning more about the importance of planning for the **“whole community.”** These previous disasters have taught us the importance of access and functional needs planning.



Individual Planning

Our goal with this publication is to help anyone reading it to understand the importance of

- **Being informed**
- **Making a plan**
- **Building a kit**
- **Getting involved**

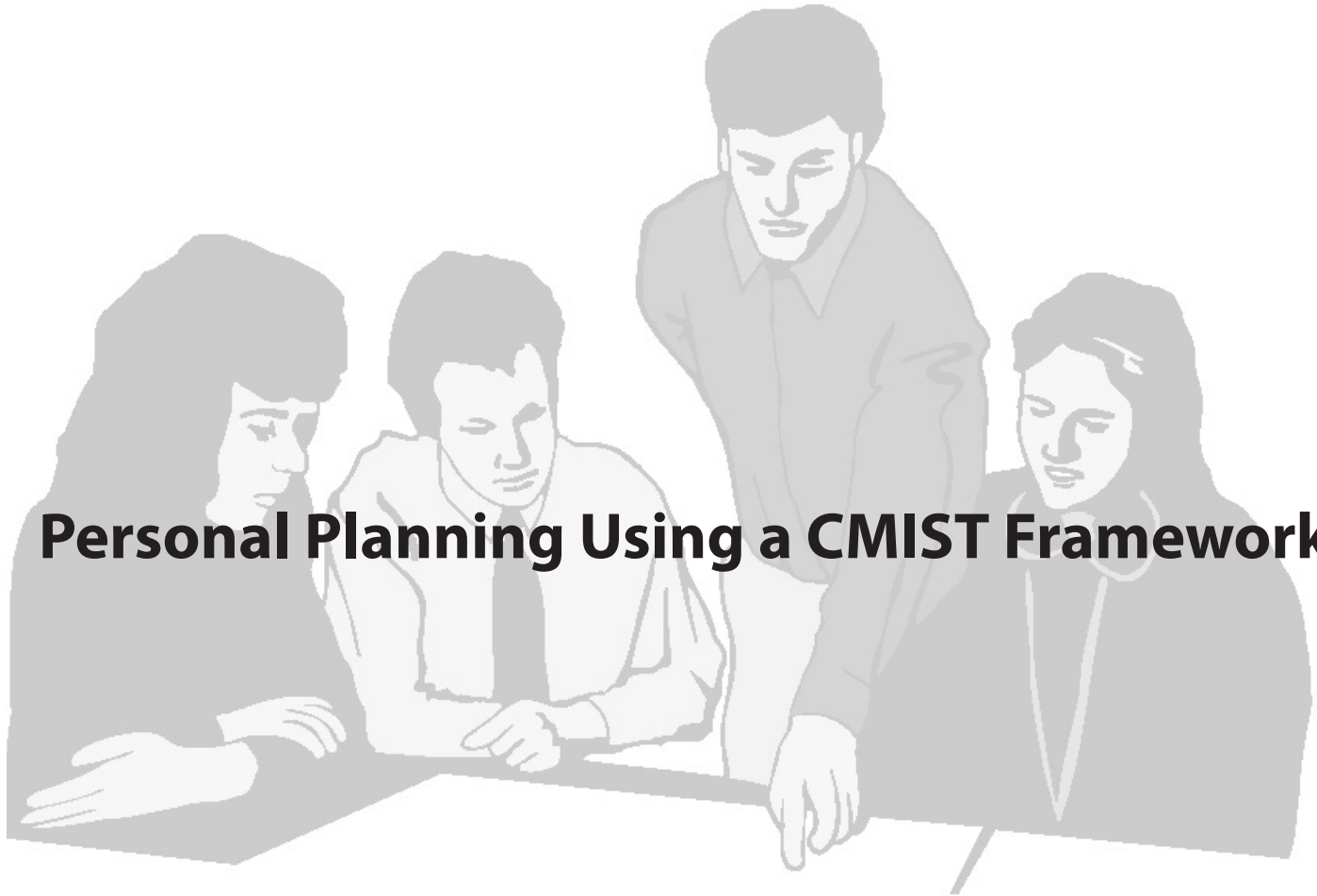
The five areas of CMIST are also used as the framework for individuals to think through and write down their own individual preparedness plans. Just like local emergency managers can easily become overwhelmed with their plans in a community, so do individuals. That is one reason why we have so much disaster denial to move through to get people to want to plan!

4 Stages of Disaster Denial

- It won't happen here.
- Even if it happens here, it won't happen to me.
- Even if it happens to me, it won't be that bad.
- Even if it's that bad there is nothing I could have done about it anyway!

(Eric Holdeman, Director of Emergency Management, Seattle's King County)

Following is some information and questions using CMIST that can help with individual planning.



Personal Planning Using a CMIST Framework

Communication: Could be related to

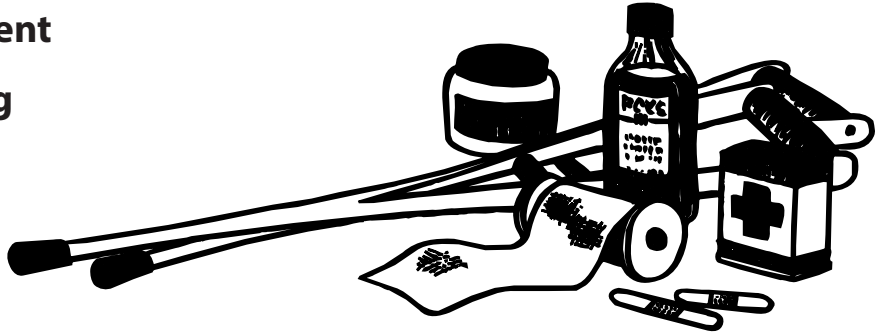
- **Hearing**
- **Vision**
- **Speech**
- **Cognitive or intellectual disabilities**
- **Limited English proficiency**



- How will you communicate if you do not have your communication device, hearing aids or access to an interpreter?
- Consider storing copies of a word or letter board, paper and writing materials and preprinted messages in your emergency kit, purse and/or wallet.
- Complete an emergency health information card with communication information. This should explain the best method to communicate with you.

Medical: Could be related to

- Terminal or contagious conditions
- On-going medical treatment
- IV therapy or tube feeding
- Dialysis or oxygen
- Suction administration
- Managing wounds
- Power dependent equipment that sustains life



- Do you need medical supervision? If so, what could you do if it is not available?
- ***IMPORTANT: Keep the names of your doctors, medicines, allergies, pharmacies, durable medical equipment provider, oxygen vendors and copies of your insurance cards in your emergency kit.***
- Make sure you have extra supplies for your medical needs in your emergency kit. What will this consist of?
- What if the electricity were off for several days?

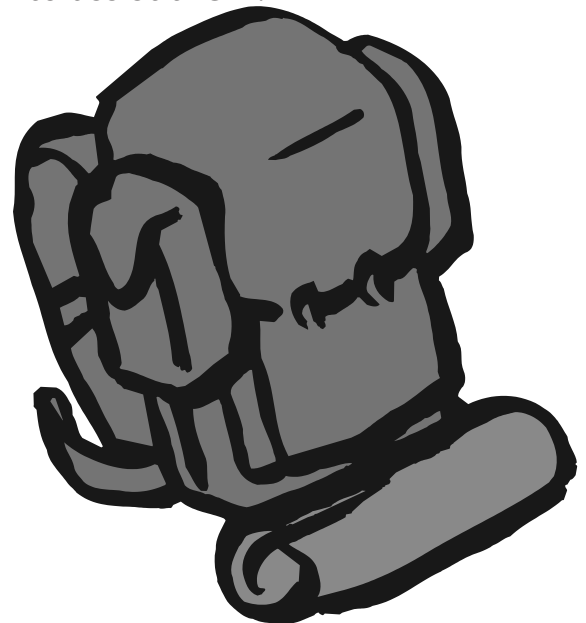
Independence: Could be related to

- **Consumable medical supplies (diapers, formula, bandages, ostomy supplies)**
 - **Durable medical equipment (wheelchairs, scooters, CPAP machines, etc.)**
 - **Service animals (leash, dog food, etc.)**
 - **Attendants/caregivers**
-
- Do you have a supply of consumable medical supplies in your emergency kit? What would this consist of?
 - ***IMPORTANT: Keep the name and contact information of your durable medical equipment supplier/ or vendor in your emergency kit.***
 - Have an emergency kit for your service animal. Keep in mind that service animals may become confused, panicked, frightened or disoriented in and after a disaster. It may be advised to keep them confined or securely leashed or harnessed. Be prepared to use alternative ways to negotiate your environment.
 - How long can you go without an attendant or caregiver? Plan a personal support network.



Supervision or Intensive Support Needs: May be related to

- **Consumable medical supplies (diapers, formula, bandages, ostomy supplies)**
 - **Persons with Alzheimer's, or other issues including mental health concerns**
 - **Young children**
 - **People who may need intense supports**
-
- Have a plan in place that helps you or individuals that need supervision or intensive support to be with family, friends or some support network that understands them, their needs and knows how to assist them.
 - What would be needed if separated from family, friends and/or support network occurred?
 - Keep identification or emergency communication messages to assist others (wallet card, emergency bracelet, or other health notification)?
 - Consider putting batteries for hearing aids or other devices or chargers for communication devices in emergency kits.
 - Consider placing items in emergency kit that would help comfort the individual.



Transportation: Could be related to the need for:

- **Accessible vehicle**
 - **Mass evacuation transportation**
 - **Can apply to getting out of the house – having at least two exits in case one is blocked.**
-
- What options could be available for you to evacuate in the event of an emergency?
 - If you use an electric chair - Do you have or can you use a lightweight manual wheelchair in the event of an emergency or evacuation due to a gas leak? That may be most safe or convenient in an evacuation.
 - Make sure you have puncture proof tires or a patch kit in your emergency kit for your wheelchair or scooter tires. Keep leather gloves available if you need to roll through glass.



Hopefully a disaster will never occur – but if it does,

BE READY!

For more information:

<http://www.ready.gov/>

Arkansas Department of Emergency Management

<http://www.adem.arkansas.gov/AEM/index.php>

Arkansas County List of Local Emergency Managers

<http://www.adem.arkansas.gov/aem/response/local-emergency-managers/>

Find out if your community has implemented Smart 911

<http://safety.smart911.com/what-is-smart911/>

<http://safety.smart911.com/secondssavelives/>

Content for this booklet was adapted from:

“Access and Functional Needs Guidance Resource Book and County Template, The Whole Community Approach.” Published by: Oklahoma State Department of Health, Emergency Preparedness and Response Service, published 9-28-2012.

“Disaster Resources for People with Disabilities and Others with Access and Functional Needs” June Issacson Kailes, Disability Policy Consultant

<http://www.jik.com/disaster.html>

Federal Emergency Management Agency

<https://www.fema.gov/whole-community>



Partners

for Inclusive Communities

Arkansas' University Center on Disabilities

***Partners for Inclusive Communities
University of Arkansas Fayetteville
Arkansas' University Center on Disabilities
College of Education and Health Professions
University of Arkansas
322 Main Street, Suite 501
Little Rock, AR 72201
501-301-1100.***



UNIVERSITY OF
ARKANSAS

This project was funded through the Arkansas Governor's Developmental Disabilities Council, Grant #12-006, Resources for First Responders to Partners for Inclusive Communities/University of Arkansas at Fayetteville.