

**Recommendations
from the
Massachusetts Task Force on**



**Emergency Preparedness and
People Requiring Additional Assistance**

September 2008

**Recommendations of the
Massachusetts Task Force on
Emergency Preparedness and People Requiring Additional Assistance**

EXECUTIVE SUMMARY

BUSINESS CASE

The tragic legacy of Hurricane Katrina underscored the disproportionate impact of disasters on elders, people with disabilities and people of lower socio-economic status. As a result, nearly 60 stakeholder organizations and over a dozen Massachusetts state agencies came together as one entity to discuss the state of emergency preparedness in Massachusetts as it relates to individuals requiring additional assistance during times of emergency. In less than one year, this alliance of concerned organizations evaluated the ability of people to access emergency management services, discussed the implications of the evaluation and generated recommendations that will help keep all people safe in times of emergency. The collaborative message is both one of urgent need and a recommendation for assistance and support. Our family, friends and neighbors are still not as prepared for emergencies as they can be or as they need to be.

The Task Force on Emergency Preparedness and People Requiring Additional Assistance (the Task Force) came about primarily as a result of several simultaneous efforts on many levels relating to emergency preparedness and individuals requiring additional assistance during times of emergency. The Federal Government refers to this population as “individuals with special needs;” however, the contributors to this document acknowledged that this terminology is not accepted in the disability community, and, therefore, decided to adopt the term “individuals requiring additional assistance” as a substitute.

Initially, the Task Force mission was to examine the state of emergency preparedness as it relates to individuals requiring additional assistance during times of emergency, but the focus broadened quickly. Although some people may be identified as being at greater risk during an emergency, all people have a potential for needing assistance. As an incident initiates and escalates, the type and level of needed assistance may change drastically and continuously. People who are not prepared bring greater risk and strain on emergency response personnel. Each individual has a greater chance to remain safe if all people are trained and are ready to act and provide assistance. It is, therefore, the vision of the Task Force to define Massachusetts as a place where all people work and live in an environment where health and safety is maintained, even in the face of adversity. As a state we need to know that when emergencies do arise, all people have equal opportunity to maintain their health and safety and have equal access to, and capability of using, emergency products and services.

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RECOMMENDATIONS

The Task Force efforts concluded that the Commonwealth's emergency infrastructure requires improvements to remove or to mitigate barriers that prevent all individuals from accessing emergency products and services.

Most of us agree that emergencies are local; preparedness, response, recovery and mitigation are best performed at the local level and supported from the state level when need escalates. For most emergencies we will remain safer if we rely on our neighbors and our local first responders. The Task Force findings reinforce what most of us know; as individuals, neighborhoods and organizations, we have not yet adequately prepared. We have not put in place what we need to keep our families and ourselves safe. We must understand potential needs in our communities and plan to meet them. There is emergency information available, but not all information is universally accessible. Local and state officials meet, plan, and exercise their plans, but have not always fully incorporated stakeholders who can best assess their own needs and requirements in planning and exercising. We have not ensured that everyone is prepared to shelter-in-place or evacuate and access the services that allow us to do so safely.

Our neighborhoods cannot address the effort alone. They need community support strengthened by state resources. The Task Force identified the five recommendation topics presented and detailed below.

The Task Force recommends the Commonwealth:

- 1. Enforce existing laws and regulations that provide the foundation for equal access and inclusion for all people in Massachusetts to ensure the laws and regulations are applied to all emergency processes, products, and services.** Although all state and local government in Massachusetts is obligated to comply with the Americans with Disabilities Act (ADA), not all emergency management personnel are aware of their ADA responsibilities or may have misconceptions about the ADA. Officials often misconstrue accessibility with providing higher levels of medical care. Complying with the ADA requirement to provide reasonable accommodations ensures that all individuals who live independently have an equal opportunity to access services and information available to the public.
- 2. Improve emergency management processes to ensure equal access and inclusion in all emergency processes in order to improve mitigation, preparedness, response and recovery.** The Task Force recommends that people requiring additional assistance during an emergency should have equal access to shelter, response and evacuation services, facilities, products and training and should be included as stakeholders in the design, development, delivery and evaluation of such services and products.
- 3. Enhance emergency preparedness of service-related organizations to ensure continuity of operations during times of emergency.** Many people

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rely on other individuals or organizations for providing life-saving and life-sustaining services and products. The Task Force recommends the Commonwealth play an active role in ensuring individuals and organizations develop preparedness plans and assist the individuals they support with developing their own personal preparedness plans.

- 4. Recognize stakeholders as subject matter experts to be included in state and local emergency planning, exercising, training and the delivery of response and recovery services.** The Commonwealth should encourage local organizations and government agencies to view individuals requiring additional assistance during emergencies as subject matter experts and include these individuals in the design, development, delivery and evaluation of emergency services, facilities, products and training. The Task Force recommends that the Commonwealth encourage the enhancement of emergency training programs so that training is universally accessible and that first responders receive specialized training to enable the delivery of their services to all individuals without injury.
- 5. Enhance personal emergency preparedness to ensure all individuals prepare for emergencies.** People must become knowledgeable about their own safety needs and understand that there may be times when one's personal skills and resources may be the only option. The Task Force recommends that the Commonwealth assist in the effort to ensure that all individuals are prepared for their own safety. While the Task Force recognizes the importance of personal responsibility, it is just as important to acknowledge the physical, communication, cognitive and economic barriers that limit the abilities of some to plan effectively. The Task Force, therefore, recommends providing varied methods of support to enable planning for all individuals.

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CONCLUSION

The Task Force brought together advocates, planners, human service providers, first responders and agency representatives from across the state to address the planning and response challenges faced by people who may need additional assistance to respond safely to emergencies. Over the past year, Task Force members developed recommendations and strategies that focus upon ways to strengthen planning by both individuals and caregivers, as well as by local, regional and state first responders, so that when the emergencies do occur, the needs of people requiring additional assistance will have been anticipated and integrated into the local and regional response and recovery activities. The recommendations can improve the welfare of individuals who must selfshelter at home or evacuate their homes, sometimes with the assistance of first responders. They can also improve local shelters where individuals may need help with activities of daily living, accommodation of service animals, refrigeration for routine medications, and receiving news about the disaster via alternative communication methods. These recommendations are designed to address the basic welfare needs of all people during an emergency.

The activities and strategies recommended by the Task Force will warrant multi-agency efforts, implemented by Task Force member agencies and appropriate local and regional emergency management planning teams across the state. Recent emergencies in our state and nation have shown how hazardous events can have a significant and disparate impact upon elders, individuals with disabilities, and caregivers as well as individuals and families with limited financial resources or limited proficiency to communicate in English. These results underscore the importance of both encouraging individuals to make personal preparedness plans and to revise local and state emergency response plans so as to mitigate the challenges faced by individuals who, due to functional limitations or social disadvantages, require additional assistance. Together, working in partnership with emergency management personnel, community residents, advocates, service organizations, and state agencies, we can address the challenges during times of emergency faced by the diversity of the Commonwealth's residents.

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RECOMMENDATIONS REPORT

INTRODUCTION

This document provides a set of recommendations for Governor Deval Patrick to consider for enhancing emergency preparedness in the Commonwealth of Massachusetts as it relates to people requiring additional assistance during times of emergency. The Federal Government refers to this population as “individuals with special needs”; however, the contributors to this document acknowledged that this terminology is not accepted in the disability community and, therefore, decided to adopt the term “people requiring additional assistance” as a substitute. The goal of these recommendations is to build a solid foundation for emergency preparedness for all residents by creating inclusive standard emergency planning guidance, principles, and procedures that can be applied across the Commonwealth.

Recent history has proven that more emergency preparedness planning must be completed to ensure people requiring additional assistance are adequately provided for and protected during times of emergency. Federal, state, local and tribal government officials have the responsibility to create and implement realistic, coordinated, and exercised emergency management plans and public policies that take into consideration the health and safety of all persons during times of emergency. The Task Force acknowledges that particular attention must be given to the requirements of people requiring additional assistance.

The Task Force on Emergency Preparedness and People Requiring Additional Assistance (Task Force) was formed in February 2007 to take a critical look at the state of emergency preparedness in the Commonwealth as it pertains to this vast population and to make recommendations that will enhance capabilities to ensure the health and safety of residents. While the Task Force charge has been to focus on emergency preparedness and people requiring additional assistance, its work takes into consideration the needs of all residents in the Commonwealth.

The Task Force recognizes that the Commonwealth currently has several groups meeting to address various concerns of disaster preparedness, response, and sheltering and recommend that the opportunity be provided to bring all pertinent groups to the table. Specifically, the development of these plans should involve input from all stakeholders such as state, local, and tribal emergency managers, subject matter experts, and people who require additional assistance during times of emergency.

The Task Force understands successful planning happens at the local level while also acknowledging the importance of regional and state technical assistance, as well as state guidelines and minimum standards. Public policies regarding emergency preparedness and response before, during and after significant

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incidents are more effective if they are developed collaboratively by community leaders and populations most affected by emergencies. All residents need to feel connected to the emergency planning process and have the opportunity to take part in related training, planning, education, and exercise. Further, the focus should be on residents' abilities and not just their disabilities. Creating a culture of partnership between residents and emergency responders at both the local and state levels will encourage all residents to accept responsibility for their own emergency planning and personal safety and provide the tools to accomplish this.

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OVERVIEW OF THE TASK FORCE

The Task Force on Emergency Preparedness and People Requiring Additional Assistance (the Task Force) came about primarily as a result of several simultaneous efforts on many levels relating to emergency preparedness and people requiring additional assistance during times of emergency.

In June of 2006, the Department of Homeland Security, together with the Federal Department of Health and Human Services, held the Working Conference on Emergency Management and Individuals with Disabilities and the Elderly in Washington D.C. Delegations from all 50 states, including Massachusetts, attended this conference and were tasked with returning to their home states to foster a more inclusive approach to emergency preparedness and to coordinate state agency preparedness efforts with people requiring additional assistance during times of emergency. Even before they had left Washington, the Massachusetts delegation had begun to make preliminary plans for a summit to begin the process of addressing these issues.

At the same time, long-standing concerns of the disability community, about the state of emergency preparedness and response as it related to them, were given additional urgency by Hurricane Katrina's disproportionate impact on elders and persons with disabilities: as many as 50% of deaths resulting from Hurricane Katrina came from these two groups. In addition, many disability advocacy groups concerned about the lack of state coordinated emergency planning, were working on this issue and brought their concerns to the Massachusetts Office on Disability (MOD). MOD then brought the topic of emergency preparedness to the Statewide Independent Living Council (SILC). As a result, the SILC made this the topic of their 2006 conference. Members of the Massachusetts Working Conference Delegation attended this conference where questions about process and plans as well as concerns about the lack of state coordinated emergency management planning were raised with a broader, more inclusive audience.

The SILC conference brought representatives from the Working Conference Delegation face-to-face with the disability community's discontent, fear and frustration with the status of emergency preparedness in the Commonwealth. This was a very emotionally charged situation that could have ended the process before it began. However, key players in Massachusetts determined it was time to come together as equal partners. The first step was to open the process to include affected stakeholders by holding a summit.

The Massachusetts Emergency Management Agency (MEMA) assumed the lead state agency role, and February 2007 was targeted for the first summit of the Task Force on Emergency Preparedness and People Requiring Additional Assistance. The mission of the Summit was to kick off the process for the development of recommendations regarding how to better serve persons who require additional assistance in emergencies that would eventually be presented to the Governor, state and local leaders and other interested parties.

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Invitations to attend the Summit were sent to some 200 stakeholders – state agencies, provider organizations, advocacy groups and individuals, including:

Area Agencies on Aging

Business and Industry, including:

Equipment and medication suppliers and manufacturers

Equipment Repair Personnel

Caregivers, family members and Personal Care Attendants (PCAs)

Civic Groups

Councils on Aging

Disability and elder advocacy groups

Disaster preparedness organizations that protect animals

Emergency responders

Federal, state, local and tribal emergency management planners

Federal, state, local and tribal government officials

Federal, state, local and tribal public health officials

Fraternal and Service Associations

Homeless Advocacy/Service Providers

Industries that support transportation (e.g. fuel suppliers)

Media

Medical/healthcare providers

Multi-cultural organizations

Owners/managers of multi-unit housing

Pediatric and Adolescent Organizations

Persons requiring additional assistance in emergencies including persons with disabilities, elders and individuals who are economically disadvantaged

Refugee and immigrant advocacy groups

Social Service Providers

Substance Abuse Program Providers

Transportation Providers

VOAD entities (Voluntary Organizations Active in Disaster)

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The first meeting of the Task Force occurred on February 22, 2007, with nearly 60 stakeholder organizations and over a dozen state agencies represented, including a number of agency heads and cabinet-level secretaries. During the Summit workgroups were formed to focus on five key emergency preparedness and response topics: Personal Preparedness, Communications, Registries, Shelter and Evacuation/Transportation. Each workgroup identified co-chairpersons with the specific goal to have one state policy maker and at least one person requiring additional assistance. These co-chairs would comprise the Task Force Steering Committee which was charged with drafting the recommendations document.

The workgroups and the Task Force Steering Committee met regularly over the next several months to formulate a preliminary set of recommendations to be presented at a second summit to be held in October of 2007. The October Summit was very different from the SILC conference or the February Summit. The atmosphere of distrust and defensiveness that had characterized the previous two conferences was replaced with mutual respect and collaboration. The draft recommendations document was presented to the Task Force membership as a whole. Feedback received from the Summit attendees and the following 30-day public comment period was reviewed and incorporated into this recommendations document.

The process of formulating a final set of recommendations brought to light many common themes among the five original workgroups. For that reason, recommendations were arranged into the following topics: Inclusion; Planning; Public Education and Outreach; Training, Exercises and Drills; Resources; Shelter; Registries and Personal Preparedness.

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TASK FORCE RECOMMENDATIONS

This section presents the recommendations of the Task Force on People Requiring Additional Assistance during Emergencies. These recommendations have been divided into the following topics: Inclusion; Planning; Public Education and Outreach; Training, Exercises and Drills; Resources; Shelter; Registries and Personal Preparedness. Each topic begins with a statement about identified barriers followed by recommendations for the enhancement of emergency preparedness efforts and plans in the Commonwealth.

INCLUSION

Barriers

People requiring additional assistance during times of emergency are generally not included in emergency preparedness planning, training, exercises, or drills, nor is the information about emergency preparedness targeted toward these individuals.

Recommendations

Seeking and using input from people requiring additional assistance will help ensure that emergency management mitigation, preparedness, response and recovery meet the access needs of all residents in the Commonwealth.

1. *Include people requiring additional assistance in the emergency planning process.*
 - a. Local and state preparedness planners should involve people requiring additional assistance during times of emergency in the design and review of emergency plans.
 - b. Local and state emergency planners should reach out to these organizations and individuals, in an effort to build trust, to collaborate and to plan activities around the needs of the community.
 - c. Draft and pass legislation that requires inclusion of people requiring additional assistance in emergency planning efforts.

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2. *Ensure service providers include emergency planners in their preparedness process.*

3. *Ensure service providers inform local and state emergency planners of existing disability and elder resources that can be called upon in case of an emergency (e.g. accessible vans and support with sheltering).*

4. *Ensure local and state emergency planning meetings are open, inclusive, accessible and accommodating and are advertised as such. These meetings must be held in compliance with applicable laws, most notably the Americans with Disabilities Act and the Massachusetts Open Meeting Law.*

5. *Include people requiring additional assistance in training, exercises and drills.*
 - a. Emergency responders should be required to receive education and training in aiding people requiring additional assistance during times of emergency.
 - b. Stakeholders need to be included in local, regional and state emergency drills and exercises, including after-action evaluations and corrective planning.
 - c. The logistics of drills and exercises should consider the needs of stakeholders. People requiring additional assistance during an emergency may require exercises to be scheduled later in the day and transportation may need to be provided in order to participate.
 - d. Volunteer organizations that respond to emergencies should partner with disability commissions and other pertinent organizations to provide training opportunities for stakeholders so that they have the opportunity to become volunteers during emergency response operations.

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PLANNING

Barriers

Many emergency planning efforts incorporate some degree of planning for people requiring additional assistance during an emergency. However, these efforts may not adequately address the needs of these populations, and may not consider all barriers that such individuals face during times of emergency. For example, evacuation planning may not take into account the overextension of contracts, priority of contracts, or the insufficient public and private transportation resources within the Commonwealth needed to evacuate residents who require accessible and properly equipped vehicles. Additionally, experience during past disasters has shown that people with service animals, as well as those with pets, may refuse to evacuate unless they are sure their animals will be safe and well taken care of, frequently putting their own safety and the safety of responders at risk. Finally, emergency responders are not necessarily trained or equipped to communicate with, assist, and transport all persons, service animals or pets.

Recommendations

Recognizing and planning for the needs of people requiring additional assistance will create a smoother response and recovery process and ensure the safety of all residents.

1. *Local and/or state emergency planners should:*
 - a. Commit to prioritizing emergency planning for people requiring additional assistance during times of emergency, and commit to including the community in the emergency planning process.
 - b. Ensure that emergency plans include efforts for supporting individual preparedness and increasing the understanding of what motivates some individuals to plan, why some do not plan, and where people turn for help during an emergency.
 - c. Recognize the large essential worker base that exists to support elders and individuals with disabilities in their own homes and communities. Create methods to ensure essential personnel (e.g. Personal Care Attendants (PCAs), home health providers, transportation providers, and meal providers) have access to roads and other restricted areas, if such access is required for individual support and safety.

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- d. Reach out to social service providers to ensure that appropriate emergency planning is in place for the organization and its customer base.
- e. Build a partnership with several social service organizations located in the community to perform wellness checks of individuals sheltering-in-place during an emergency.
- f. Evaluate social service organizations' current systems in place for the individuals they support and determine if changes are needed.
- g. Work with service providers on a grassroots level to organize small neighborhood groups and to address emergency planning needs, such as the creation of phone trees and creation of individual emergency plans.
- h. Inventory available local and/or state transportation resources and, in the event of an emergency situation, establish a staging area to coordinate and prioritize evacuations.
- i. Determine and plan for the availability of fuel in the event of an emergency.
- j. Update employee contracts and job descriptions to communicate the expectation that staff report to work during emergencies. Encourage staff to make commitments to be available in the event of an emergency when requested. Providers should be encouraged to promote discussions among individuals, peers and workers pertaining to how direct care workers will balance work and family responsibilities in case of an emergency.
- k. Develop transportation methods and materials that supplement existing resources.
- l. Identify persons who may require transportation assistance before an emergency, whether through a registry or some other method.
- m. Ensure emergency and recovery plans include methods for involving local transportation providers.
- n. Ensure coordination of transportation resources in the emergency and recovery plans of public and private health and service providers. It is important that these organizations collaborate in order to guarantee that resources needed for evacuation and transportation do not conflict, but instead are effectively and safely coordinated.
- o. Ensure transportation providers plan for and are prepared to transport any durable medical equipment (DME) that a person possesses along with the individual.

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- p. Educate transportation providers regarding their obligation to allow service animals to travel with their owners.
- q. Ensure transportation providers allow pets to travel with their owners during emergencies, provided owners have proper equipment, such as cages/carriers and leashes.
- r. Identify any existing restrictions on medication stockpiling. Ensure a collaborative effort among appropriate federal, state and private sector organizations, including MassHealth, DPH, pharmaceutical associations, and the insurance industry, to address barriers. Ensure a broad-based education strategy to inform individuals once policies are developed for stockpiling.
- s. Ensure each community has an evacuation and sheltering plan as part of its Comprehensive Emergency Management Plan (CEMP). These plans need to be regionalized and coordinated. Appropriate sections should be made public.
- t. Ensure Memoranda of Understanding (MOUs) and other agreements among communities are in place so that communities know and agree to regional evacuation and sheltering plans.
- u. Establish multiple regional shelters and ensure evacuees know where to go.
- v. Establish pet-friendly shelters ¹.
- w. Support individuals and families to identify technology needs and assist planning efforts to meet these needs with personal or local resources.
- x. Implement voluntary registries within municipalities through collaboration of local emergency management, councils on aging, local disability commissions, fire, police, enhanced 911, and others, and utilize existing information in the registries to ensure effective emergency preparedness planning.
- y. Ensure MEMA-recognized list(s) for supply kits are widely distributed to individuals, agencies, and storeowners. Request that store owners who compile kits include the list itself, emergency contact information, as well as a state or nationally recognized personal

¹ Service animals are integral to the continued independence of many individuals with disabilities. It is imperative that these individuals evacuate, transport, and shelter with their service animals. At the same time, experience during past disasters indicated that people are extremely attached to their pets. Without assurance that their pets will be safe and taken care of, they may refuse to evacuate, putting their own safety and the safety of responders at risk. It is important that pets be included in the emergency preparedness and planning whether the pets are sheltered with their owners or sheltered elsewhere.

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preparedness workbook. Include language that emphasizes the need for individuals to consider their own personal needs when compiling kits.

- z. MEMA and other state agencies should continue to collaborate on developing a consistent planning structure and process that will integrate emergency planning processes on an “all hazard” basis.

2. The Commonwealth should:

- a. Provide appropriate resources and funding to support all individuals and organizations participating in the emergency planning process.
- b. Encourage the development of regional entities that can coordinate regional evacuations.
- c. Pass legislation directing all municipalities to establish, within the next 24 months, a voluntary emergency response registry for residents who may need additional assistance during emergencies.
- d. Pass legislation incorporating registry outreach and maintenance into their local CEMPs.
- e. Amend state and local CEMPs to require the use of registries to survey the needs of local residents. These CEMP amendments should reference the outreach and enrollment practices recommended in this document.
- f. Require emergency preparedness materials be provided in accessible formats.

3. Those responsible for developing communications plans should:

- a. Establish plans pre-event that use the communications links and avenues of those agencies that work with people requiring additional assistance during times of emergency.
- b. Develop an effective communications plan to ensure timely communication of accurate, relevant, and consistent information among local community officials, state officials, and the general public. This communications plan should identify and incorporate all available communications systems, networks, technologies and resources, incorporate redundant methods of communication, and be based on existing successful models.
- c. Explore technologies and options as they relate to disaster communications needs.

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PUBLIC EDUCATION AND OUTREACH

Barriers

The Commonwealth lacks a comprehensive public education campaign relative to emergency preparedness for people requiring additional assistance during emergencies. Public education materials and instructive messages are not always available in multiple accessible formats, leaving many people unaware of how to prepare for and respond to emergencies.

There is a strong need to communicate with individuals their responsibility for personal preparedness, as well as the capabilities of their local and state emergency management programs. Many people do not have viable personal preparedness plans because they cannot access informational materials in various formats.

There is no standardized method of communicating shelter locations to the public. Significant communication barriers exist that could pose serious problems when individuals attempt to determine shelter locations during emergencies.

Recommendations

1. *Public education and outreach should:*
 - a. Convey that while a facility may be designated as an emergency shelter, it may or may not be open during a particular emergency.
 - b. Educate the public on the importance of reaching out to their neighbors during a crisis.
 - c. Conduct public awareness campaign to educate the public on the role of first responders.
 - d. Develop universally accessible public service announcements recorded by highly recognized public figures on the importance of making a plan and registering with local emergency responders if additional assistance is needed.
 - e. Include trusted information intermediaries such as; police and fire departments, elected officials, employers, formal caregivers, physicians, clerics, housing managers, etc. in any outreach plan to ensure success.

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2. Personal preparedness outreach should:

- a. Target 100% of the population regardless of age, disability or language barriers.
- b. Make effective use of free media sources such as public access cable, resident newsletters, newspapers, etc. within each community.
- c. Engage local officials to address personal preparedness planning in their communities.
- d. Communicate clearly to individuals what resources will and will not be available during an emergency so that they can make informed decisions pertaining to personal planning.
- e. Utilize the existing network of social service agencies that work with individuals of low income to inform them of low-cost methods to prepare for emergencies (i.e., making plans vs. actual stockpiling).

3. Registries outreach should:

- a. Provide public information and education aimed at encouraging individuals requiring additional assistance to self-identify prior to an emergency via their local registry and to keep relevant information current.
- b. Encourage people requiring additional assistance who live in one community and work in another to enroll in the registries for each.
- c. Consider use of existing local and state resources as well as annual census surveys to augment registry information or enrollment forms.
- d. Engage local officials to promote the use of the registry via local cable shows and other media outlets.

4. State and local governments should:

- a. Create an accessible, centralized repository of personal preparedness materials for people with diverse functional needs that can be accessed by state agencies, community agencies, advocates, and individuals through multiple methods. Advertise this feature in places and formats that are accessible to low-income individuals.
- b. Make emergency preparedness, response and recovery messages available in multiple languages, formats, and media, including but not limited to closed captioning, American Sign Language, and descriptive video.

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- c. Provide technical assistance and resource guides that inform agencies on the importance of accessible information as well as methods for identifying and addressing alternate format needs.
- d. Include all media types (print, radio, local cable, public events) in all outreach plans.
- e. Establish a standardized symbol or pictogram that indicates an open, functioning emergency shelter. The symbol must be intuitively clear in its depiction and easily recognizable at a distance. The symbol would provide a visible representation to residents that emergency preparedness plans include methods to keep them informed of what to do in the event of an emergency.
 - i. The symbol could be introduced in public service announcements, marketing campaigns, and in government mailings to inform the public as to its application.
 - ii. The symbol could be described in radio ads, on government telephone hold messages, and part of any audible alert during an emergency requiring sheltering.
- f. Encourage school projects around personal preparedness at all educational levels.
- g. Encourage organizations that provide short-term or acute supports (i.e., hospitals Visiting Nurses Associations, Councils on Aging, and other pertinent organizations) to distribute educational materials in multiple accessible formats.
- h. Ensure copies of planning and communication materials are available in multiple accessible formats at accessible public locations.
- i. Measure the success of these efforts and modify methods accordingly.

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RESOURCES

Barriers

Although many local emergency management programs wish to enhance their capabilities to better plan for people who require additional assistance living in their communities, they often do not have adequate resources to implement such enhancements. Additionally, some residents lack the economic resources required to prepare themselves for emergencies.

Recommendations

1. *The Commonwealth should:*

- a. Provide economic incentives for communities to collaborate with other municipalities, with local private sector resources, fraternal and other community organizations to develop and implement public education programs aimed at personal preparedness.
- b. Support collaborative local and regional emergency communications strategies and networks.
- c. Invest in increasing the availability of accessible transportation for emergency use.
- d. Make additional state funding available for emergency planning.
- e. Provide adequate resources to local municipalities so that drills and exercises can be performed on a routine basis.
- f. Provide adequate funding for local municipalities to pay the costs related to personal preparedness outreach.
- g. Provide adequate funding to local municipalities to pay costs related to registries, including but not limited to outreach, enrollment materials and staff.
- h. Invest in the improvement of accessibility of shelter sites, for example, portable ramps and pictogram signage.
- i. Identify permanent funding sources to support local emergency management goals of inspecting and assessing community shelters on a regular basis, annually at a minimum.
- j. Fund the development and distribution of personal emergency preparedness brochures that clearly convey personal preparedness suggestions, at-home sheltering supply lists, evacuation maps, etc.

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2. State and local agencies should:

- a. Seek grant funding to supply emergency planning kits for individuals including elders, individuals with disabilities, individuals with low income, and their respective families. Service providers should receive sufficient funding, personnel and informational services to help the individuals they support to create their own emergency preparedness plans.
- b. Seek state and federal funding for the modification of existing individual preparedness documents into accessible and alternate formats.
- c. Encourage emergency planners to work with local service organizations, including Volunteer Organizations Active in Disaster (VOAD), to help with funding the creation of local universally accessible shelters.
- d. Support community organizations and other agencies to offer training on personal preparedness. Training should include but not be limited to information on emergency planning, resource guides, and the opportunity to begin drafting personal preparedness plans.

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TRAINING, EXERCISES AND DRILLS

Barriers

There is a shortage of trained staff and volunteers who can be utilized during emergency situations. Emergency responders and shelter staff do not consistently receive specific training on effective interaction with individuals who have various types of disabilities or individuals with language barriers. Exercises and drills rarely involve persons requiring additional assistance.

Shelter operations are not exercised or drilled frequently enough. Large housing facilities, such as public housing, group homes, apartment complexes, and care facilities, as well as workplaces, may not have evacuation plans or may not exercise their plans regularly.

Recommendations

1. *Training for planners and emergency responders should:*
 - a. Include methods for effective interaction with people requiring additional assistance before, during, and after times of emergency.
 - b. Include people requiring additional assistance and other subject matter experts in the development, implementation, and training curricula.

2. *Training for service providers should:*
 - a. Include staff development of personal emergency plans and coordination of these plans with the individuals they support. Service providers should target, not just direct, support staff, peer support, or personal care providers for training, but also clinical professionals, social workers, etc., to ensure everyone is educated on the importance of personal preparedness.
 - b. Promote that individuals and caregivers identify the entities that have emergency plans and to seek information on those plans (i.e. housing unit, work environment, social environments, local communities, etc.).
 - c. Ensure that personal preparedness planning questions and materials are included in manuals, trainings, and routine performance evaluation processes.
 - d. Ensure that all personal care attendants' (PCA) skills training includes personal preparedness planning questions and materials.

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- e. Include preparing individuals, families, guardians, etc., to have a plan for those times when emergency responders may not be able to assist them, including but not limited to specific transportation and communication needs.
3. *State and local agencies with oversight of service providers should:*
- a. Ensure all staff are trained to include the individuals they serve in the emergency planning process to create effective personal preparedness plans for the providers and the individuals they support.
 - b. Ensure that information, training and on-going support are sustained following initial training.
4. *Drills and exercises should:*
- a. Include people requiring additional assistance as subject matter experts in response and recovery efforts and as designers, controllers, evaluators, players and all other exercise roles.
 - b. Be conducted regularly at the state, regional and local levels, and include but not be limited to facilities such as housing developments, apartment buildings, and workplaces.
 - c. Result in updated plans and procedures to mitigate weaknesses identified by the exercise.
5. *Training on shelter operations should:*
- a. Incorporate guidelines for shelter worker just-in-time training that includes adjusting shelter layout to ensure families with members requiring additional assistance are not separated.
 - b. Include methods for training shelter staff on how to interact and communicate with people requiring additional assistance.
 - c. Include methods for training shelter staff on how to identify people requiring additional assistance to ensure that their needs are met.
 - e. Include methods for training shelter staff on interacting with and supporting individuals with preexisting and emergent mental and behavioral health issues.
 - f. Include methods for training shelter staff on the considerations of the behavioral health needs of both the affected victims utilizing the facility and the response workers in the shelter.

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SHELTERING²

Barriers

Sheltering all residents who need emergency assistance during times of disaster is a major concern. The Commonwealth of Massachusetts has no consistent statewide guidance on sheltering standards, nor are there standardized procedures, systems or agencies established to create, regulate or evaluate the universal access functionality of community or regional emergency shelters. In addition, within the cities, towns, and tribal boundaries of the Commonwealth, some shelters are supported by American Red Cross operations, others are run directly by local communities under the leadership of a local Emergency Management Director or designee. Not all residents are best served at local general population shelters because of safety, health, or best accommodation concerns.

Recommendations

1. *The Commonwealth should:*
 - a. Identify sources to fund, create, and promulgate Standard Operating Procedures (SOP) for all sheltering needs, ensuring that emergency shelters in the Commonwealth are universally accessible to all individuals. Universally accessible shelters are defined as public shelters that are planned, equipped, and operated to meet the sheltering needs of a wide variety of community members and their families. Universally accessible shelter guidelines should ensure and require that all community shelters in the Commonwealth be accessible, available, and usable by any member of the community.
 - b. Adopt a statewide universally accessible sheltering policy that includes language requiring emergency shelters to conform to the Americans with Disabilities Act (ADA) and with the Americans with Disabilities Act Accessibility Guidelines (ADAAG) to meet the needs of a wide variety of community groups. The policy should also address the needs of individuals for whom English is not their primary language, individuals with age-related concerns, individuals

² During the research and development of this document, the Sheltering Workgroup generated a set of workbooks (available at www.mass.gov/mod) specific to various aspects of sheltering people who require additional assistance during emergencies. These workbooks contain data, reference materials, specific recommendations, resource lists, checklists, and examples of successful universally accessible shelters defined below.

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- with chemical and environmental sensitivities, and individuals with any type of disability, or others requiring additional assistance during a major emergency event.
- c. Develop a universally accessible shelter guidelines toolkit that covers the following main topic areas:
 - i. Strategies to develop new emergency shelters;
 - ii. A system for surveying to determine if shelters are compliant with the ADA and ADAAG standards;
 - iii. Suggestions to modify existing shelters to conform with ADA, ADAAG, and universally accessible shelter guidelines;
 - iv. Standardized intake procedures and forms;
 - v. Specific guidance on working with various types of individuals who may require additional assistance in the context of an emergency.
 - d. Develop emergency preparedness education and training in conjunction with representatives from appropriate cultural affinity organizations, such as Councils on Aging, disability advocacy groups, and other subject matter experts. This education and training could be developed in the form of material, handouts, just-in-time trainings, pre-trainings or any other medium found to be most helpful. Many of these formats already exist.
 - e. Develop guidelines and recommendations related to design, layout, and operation of universally accessible shelters and make these publicly available on a centralized, government-sponsored website, such as www.mass.gov.
 - f. Encourage local municipalities to assess their shelter stock and their current needs in order to forge agreements with those communities in close geographical proximity to ensure the availability of universally accessible shelter sites.
 - g. Develop long-term strategies to eliminate shelters that are not universally accessible. It is not always immediately possible to eliminate the use of emergency shelter sites that cannot be modified to accommodate the diverse sheltering needs of all community members. Use of a systematic approach to barrier removal will achieve the ultimate goal of having all shelters in the community be universally accessible.
 - h. Develop and distribute a standardized shelter survey tool that ensures universal accessibility.

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- i. Develop plans for those shelters that have accessibility barriers to ensure people requiring additional assistance have safe places to go.
- j. Encourage shelter planners to establish assessment teams to evaluate shelters on a regular basis in collaboration with local emergency management. These assessment teams should include but not be limited to appropriate emergency management planners and individuals requiring additional assistance.
- k. Ensure shelters are equipped with the items necessary to support the ability of people requiring additional assistance to remain in them for the duration of the shelter's operation.
- l. Develop and distribute a standard list of items shelters are required to provide to support people requiring additional assistance.
- m. Develop and distribute a list of commodities that emergency planners should stockpile in advance of an event.
- n. Ensure shelter policies allow individuals with special dietary requirements to bring acceptably packaged food stored in appropriate pest resistant containers.
- o. Ensure shelter policies allow family members and care givers to shelter together with an individual who requires additional assistance.
- p. Require emergency planners to develop plans to track the transfer and exit of shelter residents for purposes of reunification.

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REGISTRIES

Barriers

Although a voluntary registry is a key tool in adequately planning for people who require additional assistance during times of emergency, there is no statewide consistency regarding the usage and maintenance of such a registry. Local entities cannot develop, promote, or maintain a registry unless the necessary resources to build and maintain it are provided and adequately funded. There are also fears among individuals using such registries that the information in them will be used or disseminated improperly.

Recommendations

1. *The Commonwealth should:*

- a. Require that all municipalities establish a voluntary registry that identifies people requiring additional assistance during times of emergency.
- b. Identify resources, provide guidance, and develop templates for implementing local registries. Such guidance must include policies on the security, maintenance, and use of information included in the registry.
- c. Designate an oversight entity that can monitor annual enrollment in local registries.
- d. Encourage municipalities to set outcome performance targets for effective outreach and increased annual enrollment in their registry.

2. *The registries should:*

- a. Focus on gathering information about functional areas in which an individual may need assistance, rather than medical conditions or income levels.
- b. Accept information via multiple methods (such as by phone, email, internet, mail-in postcard, etc).
- c. Be verified annually. Enrollment should be encouraged throughout the year.

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PERSONAL PREPAREDNESS

Barriers

Attitudinal, policy, access, and economic barriers limit personal preparedness efforts of people requiring additional assistance. There is an assumption that personal preparedness is the sole responsibility of the individual. While the individual's role in personal preparedness planning is critical, the reality is that many will simply not respond to local or state strategies that encourage planning when there is no immediate threat. Barriers such as: lack of transportation, inaccessible communication, medication stockpiling limitations and unmet personal assistance needs can prevent people requiring additional assistance from creating adequate personal preparedness plans.

Recommendations

1. *State and local health and human services organizations, including public and non-profit agencies, should:*
 - a. Incorporate personal preparedness information and outreach into their ongoing work within their respective service networks.
 - b. Provide assistance to individuals and caregivers so they have the tools to assess and address their own personal preparedness needs, recognizing that every individual may have different needs based on their abilities.
 - c. Encourage individuals and caregivers to learn about the preparedness plans already in place in their community, including housing, work and social networks. Pertinent information should be incorporated into personal preparedness plans.
 - d. Encourage individuals to work with their neighbors, friends, and family members during the planning process.
 - e. Provide the supports needed by individuals who cannot prepare on their own.
 - f. Encourage individuals and caregivers to identify assistive technology needs and plan which personal and local resources will be available to meet those needs.
 - g. Assist individuals and caregivers to update their personal preparedness plan at least annually.
 - h. Encourage individuals, families, guardians, etc. to plan for times when emergency responders may not be able to assist them

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including, but not limited to specific transportation and communication needs.

- i. Educate individuals and caregivers about the importance of establishing backup support systems for times when primary caregivers or providers are not available.
- j. Encourage individuals who rely on personal care providers to have open and direct conversations with them about their availability for providing care during emergencies.
- k. Train all staff to develop their own personal emergency plans and to coordinate these plans with the individuals they support. Service providers should target not just direct support staff, peer support, or personal care providers for training, but also clinical professionals, social workers, etc. to ensure everyone is educated on the importance of personal preparedness.
- l. Utilize existing media sources to communicate emergency preparedness policies and personal preparedness resource information.
- m. Ensure that personal preparedness planning questions and materials are included in manuals, trainings, and routine performance evaluation processes.
- n. Ensure that all personal care attendants (PCA) skills training includes personal preparedness planning questions and materials.

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CONCLUSION

The Task Force brought together advocates, planners, human service providers, first responders and agency representatives from across the state to address the planning and response challenges faced by people who may need additional assistance to respond safely to emergencies. Over the past year, Task Force members developed recommendations and strategies that focus upon ways to strengthen planning by both individuals and caregivers, as well as by local, regional and state first responders, so that when the emergencies do occur, the needs of people requiring additional assistance will have been anticipated and integrated into the local and regional response and recovery activities. The recommendations can improve the welfare of individuals who must selfshelter at home or evacuate their homes, sometimes with the assistance of first responders. They can also improve local shelters where individuals may need help with activities of daily living, accommodation of service animals, refrigeration for routine medications, and receiving news about the disaster via alternative communication methods. These recommendations are designed to address the basic welfare needs of all people during an emergency.

The activities and strategies recommended by the Task Force will warrant multi-agency efforts, implemented by Task Force member agencies and appropriate local and regional emergency management planning teams across the state. Recent emergencies in our state and nation have shown how hazardous events can have a significant and disparate impact upon elders, individuals with disabilities, and caregivers as well as individuals and families with limited financial resources or limited proficiency to communicate in English. These results underscore the importance of both encouraging individuals to make personal preparedness plans and to revise local and state emergency response plans so as to mitigate the challenges faced by individuals who, due to functional limitations or social disadvantages, require additional assistance. Together, working in partnership with emergency management personnel, community residents, advocates, service organizations, and state agencies, we can address the challenges during times of emergency faced by the diversity of the Commonwealth's residents.

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