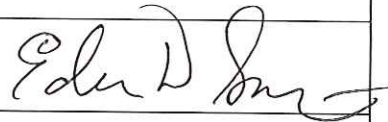**Jefferson County Office of Homeland Security and Emergency Management**
28 Industrial Boulevard
Kearneysville, WV 25430
P. 304-728-3329 or 304-728-3290
Mobile: 304-283-4227
F. 304-728-3320
bmiller@jeffersoncountywv.org

Steering Committee
March 27, 2012
Sign In Sheet

Print Name	Email	Phone	Sign In
Carter, Mason Jeff Co DPZE	mcarter@jeffersoncountywv.org	728-3228	
Donley, Lane Jefferson County Development Authority	lane@jcda.net	728-3255	_[signature]_
Dunbar, Katherine Good Shepherd Inter-Faith Caregivers	katherinednbr@yahoo.com	725-7366	
Espinosa, Paul Frontier Communications	paul.espinosa@frontiercorp.com	725-1520	_[signature]_
Green, Sandy Department of Homeland Security	sanford.h.green@wv.gov	807-5135	_[signature]_
Jones, Amy Jefferson County Health Department	amy.b.jones@wv.gov	728-3308	
Kelly, Lori Eastern Panhandle American Red Cross	lorraine.kelly@frontier.com	725-5015	_Lori Kelly_
Manuel, Dale Jeff Co Commission	dmanuel@frontiernet.net	725-8160	
Maggio, Jennifer JCHSEM	jmaggio@jeffersoncountywv.org	724-8914	_Jennifer D Maggio_
Mehling, Terri JCHSEM	tmehling@jeffersoncountywv.org	728-3329	_Terri Mehling_
Miller, Barbara JCHSEM	bmiller@jeffersoncountywv.org	728-3290	_Barbara Miller_
Morgan-Frye, Holly Shepherd University Service Learning Program	hfrye@shepherd.edu	876-5402	
Parsons, Kelly Nichols, DeHaven & Associates	kparsons@nicholsdehaven.com	725-6525	_[signature]_
Polczynski, Jeff Jefferson County Emergency Communications Center	jpolczynski@jeffersoncountywv.org	728-3317	_[signature]_
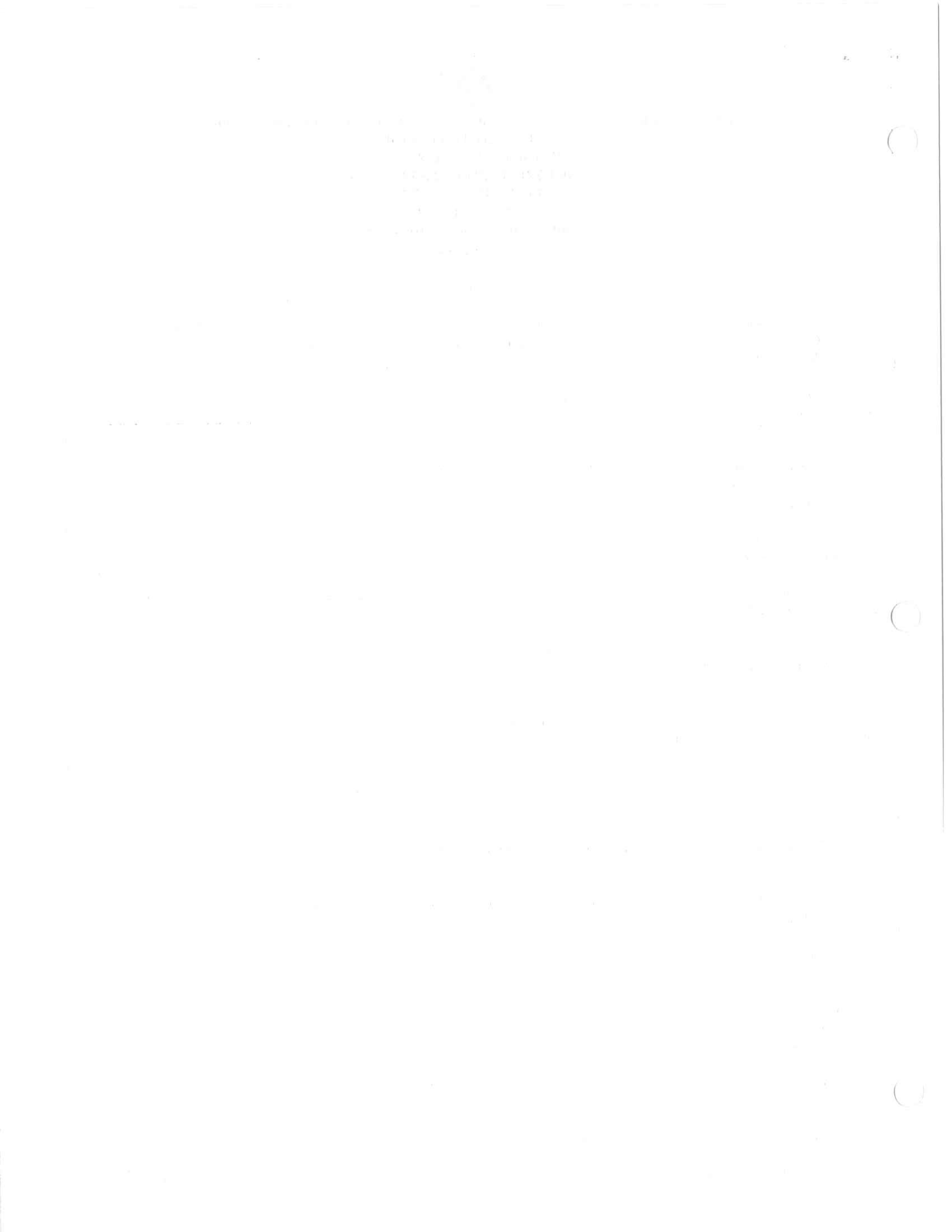
Name / Organization	Email	Phone	Signature
Sherwood, John Jefferson County Chamber of Commerce	jmsctwv@frontiernet.net	728-0180	_signature_
Shirley, Bobby Jefferson County Sheriff	rshirley@jcsdwv.com	728-3200	
Smith, ED Independent Fire Company	firechief@frontiernet.net	279-2438	_signature_

Jefferson County Office of Homeland Security and Emergency Management
Steering Committee and Citizen Corps Council
Agenda
March 27, 2012

I.   Call to Order/Welcome
II. Minutes of February 2012 meeting (needs approval)
III. Old Business
     a. Renewal of Partnerships update
     b. County Government COOP Training and Exercise
     c. G402 Schools EOP Training by WVDHSEM
     d. HSEEP Training-Jennifer
     e. ERG Training on March 5
     f. Flood Stormspotter Training on March 13
     g. Web EOC Training with Loudoun County on March 5
     h. Animal Rapid Response Trailer ordered

IV. New Business
     a. 2012 Training and Exercise Calendar. Please advise if you have additional information to go
        on the available training calendar for 2012
     b. March 28th JC Health Department's Full Scale Exercise with National Capitol Region
     c. EOP Training for Rural Jurisdictions in Elkins on April 3
     d. Credentialing meeting with Region Emergency Managers/TecSec/State Director on April 10
     e. LEPC's Commodity Flow Study Discussion
     f. LEPC's Commodity Flow Study Table Top Exercise on April 30th
     g. September 8th Full Scale Exercise with Region/EPA/Jennings Randolph Lake Dam
     h. Homeland Security Regional Report-Sandy Green, Area Liaison
     i. Member Sharing Time

     Meetings in April:
     Steering Committee: Partnership Luncheon TBA instead of April meeting
     Counter Terrorism Committee: MONDAY, April 9th, due to credentialing meeting
     Public Awareness, Education and Training Committee: April 11th in EOC Conference Room
     Animals in Disaster Committee on April 16th
     Partnership Development Committee on April 30 at 8:30 a.m.
     LEPC: April 11th at 0730 at Billie's
     The next regular meeting of the JCHSEM Steering Committee/Citizen Corps Council will be held on
     Tuesday, May 22nd at 9:00 a.m.

Jefferson County Homeland Security and Emergency Management
Steering Committee & Citizen Corps Council Minutes
February 28, 2012

The Jefferson County Homeland Security and Emergency Management (JCHSEM) Steering Committee met on Tuesday, February 28, 2012 at 9:00am in the Emergency Operations Center located in Kearneysville, WV. Those present were: Barbara Miller, Director; Terri Mehling, Program Manager/Planner/Dep. Director; Jennifer Maggio, AA/PIO/ Volunteer Coordinator; Lane Donley, Jefferson County Development Authority; Katherine Dunbar, Good Shepherd Inter-Faith Caregivers; Sandy Green, Department of Homeland Security; Amy Jones, Jefferson County Health Department; Lori Kelly, Eastern Panhandle American Red Cross; Kelly Parsons, Nichols, DeHaven & Associates; Jeff Polczynski, JCECC and John Sherwood, Jefferson County Chamber of Commerce.

Introductions

Mr. Sherwood, Chair opened the meeting with approval of minutes. Lane Donley motioned to approve the January minutes, Kelly Parsons seconded the motion, all approved.

Old Business

Ms. Miller noted the County Commission approved all recommendations.

Ms. Miller noted volunteers will need to re-register yearly. The information will be compiled into JCHSEM's new CERVIS database.

Ms. Miller announced there have been a total of 76 renewed partnerships. A total of 47 partners need to be renewed. 45 organizations have been targeted for new partnership agreements. The Partnership Development Committee is meeting regularly and the next meeting is at the end of April.

Ms. Miller reported on NIMS/NIMSCAST Training that took place January 31, 2012. The day session was well attended and the evening session was a smaller group.

Ms. Miller reviewed her recent attendance to the Agricultural Training Workshop in Moorefield on January 12, 2012. The training focused on poultry incidents. The workshop will lead into a full scale exercise. Mr. Green noted the poultry plant in Moorefield, WV is the second largest manufacturing poultry plant in West Virginia. He also noted if there were an outbreak, poultry products would come to a halt because so many people depend on the jobs and food produced.

International Shipping of poultry

Ms. Miller reported the JCHSEM EOC was used during Regions 8 and 9 Hospital TTX, January 12, 2012. Ms. Miller noted Jeff Jefferies from Jefferson Memorial Hospital has created a draft AAR.

Ms. Miller reported JH Consulting conducted the County Government's COOP Training, February 17, 2012. A table top exercise will take place on February 29, 2012.

Ms. Miller and Mr. Green reviewed their participation in the 167th Air National Guard's Active Shooter TTX, February 11, 2012 in Martinsburg. A discussion followed.

Ms. Miller reported on her attendance at the Children in Disasters Training by WVDHSEM. FEMA has a new Independent Study course that focuses on children in Disaster, IS-366.

New Business

Ms. Miller noted if anyone has any additional information to go on the available multiyear training and exercise calendar for 2012 to please let her know.

Ms. Miller reported bids will be opened for the Rapid Response Animal Sheltering Trailer today.

Ms. Miller reported U.S. Customs and Border Protection will be instructing an HSEEP Training, February 29-March 2, 2012. Ms. Maggio will be attending.

Ms. Miller reported HAM Radio testing will be March 1, 2012 in the Ham Radio Room. Per the radio operators request she has added a clock, calendar and working computer. Mr. Sherwood asked if radios were provided. Ms. Miller replied yes and they have their own as well.

Ms. Mehling announced Bob Jaffin will be teaching an Emergency Response Guidebook Class, March 5, 2012 at 7:00 pm.

Ms. Miller announced there will be a WEBEOC Training in the Jefferson County EOC, March 5, 2012 at 10 am. Ms. Miller reviewed WEBEOC.

Ms. Miller announced the G402 ICS for Local Officials at 2:00 pm in the EOC, March 5, 2012 is cancelled because less than 20 people signed up, which is required to have the class.

Ms. Mehling reported there will be a Flood Stormspotter Class, March 13, 2012 at Independent Fire Company at 7:00 pm. Jason Elliot from the National Weather Service in Sterling Virginia will be instructing. The class is open to the public. Ms. Miller noted Stormspotter class is a requirement for a Storm Ready Community. Mr. Sherwood asked if there was an online version. Ms. Miller replied not at this time.

Ms. Miller reported she will be attending the Emergency Planning for Schools at North Bend State Park, March 20-21, 2012. Chief Roper of the Ranson Police Department will also be attending.

Ms. Miller reported there will be a full scale Mass Dispensing Exercise that will be held on March 28, 2012. Locally, the Jefferson County Department of Health is in charge of the exercise. Amy Jones reported there are no updates at this time; they are still working on the planning phases.

Ms. Miller reported there will be a full scale exercise with Region III, EPA and Jennings Randolph Lake Dam, September 8, 2012. Ms. Miller, Ms. Mehling and Ms. Maggio attended the seminar that took place on February 27, 2012 in Keyser, WV. The exercise is a requirement for anyone who receives EMPG funding. A discussion followed on upcoming exercises.

Mr. Green reported on the National Preparedness Grant Program. There will be a lot more regional grants and not just for one particular county. Resources will have to be available nationally when needed. A discussion followed.

Member Sharing

Ms. Donley reported John Reisenweber has begun working for the Development Authority.

Ms. Miller reported on upcoming meetings.

The next regularly scheduled meeting will be March 27, 2012 at 9:00 am located at the Jefferson County EOC, 28 Industrial Blvd., Suite 101, Kearneysville, WV 25430. This will be the yearly organizational meeting.

Jefferson County Homeland Security and Emergency Management
Steering Committee & Citizen Corps Council Minutes
March 27, 2012

The Jefferson County Homeland Security and Emergency Management (JCHSEM) Steering Committee met on Tuesday, March 27, 2012 at 9:00am in the Emergency Operations Center located in Kearneysville, WV. Those present were: Barbara Miller, Director; Terri Mehling, Program Manager/Planner/Dep. Director; Jennifer Maggio, AA/PIO/ Volunteer Coordinator; Lane Donley, Jefferson County Development Authority; Sandy Green, Department of Homeland Security; Lori Kelly, Eastern Panhandle American Red Cross; Kelly Parsons, Nichols, DeHaven & Associates; Jeff Polczynski, Jefferson County Emergency Communications Center; Paul Espinosa, Frontier Communications; Ed Smith, Independent Fire Company and John Sherwood, Jefferson County Chamber of Commerce.

Introductions

Mr. Sherwood, Chair, opened the meeting with approval of minutes. Lane Donley motioned to approve the February minutes, Paul Espinosa seconded the motion, all approved.

Old Business

Ms. Miller announced there have been a total of 93 renewed partnerships which leaves a total of 31 partners that need to be renewed. There are a total of 44 additional organizations that have been targeted for new partnership agreements. The Partnership Development Committee is meeting regularly and the next meeting is at the end of April.

Ms. Miller reported JH Consulting conducted the County Government's COOP Training, February 17, 2012. A table top exercise followed on February 29, 2012. Ms. Miller read the After Action Report and suggested improvements. Ms. Donley reported she really enjoyed the training.

Ms. Miller reviewed her recent attendance at the G402 Schools Emergency Operations Plan Training conducted by WVDHSEM at North Bend State Park. A discussion followed. Ms. Miller noted a Train-the-Trainer course will soon follow. As a result of this training, schools will be able to hold trainings inside their facility.

Ms. Maggio reported on her recent attendance at U.S. Customs for Homeland Security Exercise and Evaluation Planning (HSEEP) Training. A discussion followed.

Ms. Mehling reported on the Emergency Response Guidebook (ERG) Training that took place March 5, 2012 at the Jefferson County Emergency Operations Center instructed by Bob Jaffin. There were around 20 students who took the course.

Ms. Mehling reported Jason Elliott from the National Weather Service in Sterling, Virginia instructed a Skywarn Stormspotter Flood Class that took place March 13, 2012 at Independent Fire Company. This was the first flood class instructed by Mr. Elliott. The presentation was designed around Jefferson

County. There were 30 attendees. Ms. Mehling reported the National Weather Service lowered the flood stage on the Shenandoah River at Millville from 13.5 feet to 10 feet.

Ms. Miller announced Kevin Johnson, Emergency Manager for Loudoun County Emergency Management instructed JCHSEM and volunteers on WEB EOC. Ms. Miller noted WVDHSEM uses ETEAM.

Ms. Miller reported the Animals Rapid Response Trailer has been ordered. There is an estimated 3 month delivery time. The trailer will be available nationwide. It will be stationed at the Jefferson County Sheriff's Department. Ms. Miller and Mr. Green discussed Animal Disaster Response Team Training for volunteers.

New Business

Ms. Miller reviewed the multiyear training and exercise calendar for 2012 and noted if anyone has any additional information to please let her know.

Ms. Miller reported on the upcoming Jefferson County Health Department's Full Scale Exercise with the National Capitol Region, March 28, 2012. Ms. Miller noted there will be several closed PODS including the Jefferson County Emergency Operations Center and Jefferson County Communications. Ms. Miller noted Dr. Bobby Jones will be in the Emergency Operations Center representing the Jefferson County Health Department. Ms. Kelly announced this will be her first disaster exercise.

Ms. Miller reported she will be attending the EOP Training for Rural Jurisdictions in Elkins on April 3, 2012.

Ms. Miller reported there will be a credentialing meeting with Region 3 Emergency Managers, TecSec and the WVDHSEM State Director on April 10, 2012. TecSec will demonstrate the use of the PIV card readers. Mr. Green explained PIV cards and the purpose of the card readers to the committee.

Ms. Miller reported on the LEPC's Commodity Flow Study. The study is still ongoing. The contractor is having trouble receiving information on hazardous materials through Dulles Airport and CSX. Ms. Miller noted the next LEPC committee meeting will be April 11, 2012 at Billie's for those who would like to attend.

Ms. Miller reported there will be a Full Scale Exercise with the WV HS Region 3, Environmental Protection Agency and Jennings Randolph Lake Dam on September 8, 2012. The EPA will be conducting the exercise at no cost. A table top will be conducted prior to the full scale exercise.

Member Sharing

Mr. Smith reported on the Fire and EMS 5 Year Strategic Plan. There have been a lot of changes made to the plan, i.e. the cost per household. Mr. Sherwood asked the new start date of the plan. Mr. Smith

replied they are looking at the 1st Quarter of Fiscal year 2013. Mr. Smith also announced there will be an upcoming Swift Water Rescue meeting if anyone would like to attend. Details to follow.

Mr. Espinosa discussed the recent copper theft issues and legislation that has been passed regarding the thefts.

Ms. Donley announced Mr. Reisenweber is now on board at the Jefferson County Development Authority.

Ms. Kelly announced Ms. Palmer will be participating in the Bluestone Dam Exercise.

Ms. Miller announced upcoming meetings in April.

The next regularly scheduled meeting will be at the Quarterly Partnership Luncheon in April. The location, date and time are to be determined.

PREFACE

In early 2010, Volunteer West Virginia (WV) recognized the need for emergency planning addressing special populations across West Virginia and commissioned a project to develop a template that local communities could use to add this critical element into their Emergency Operations Plans (EOPs). Throughout the summer and autumn months, Volunteer WV hired a consultant to develop the document and coordinated the formation of a statewide committee to guide its development. The template that follows is the result of those efforts.

The following document is structured such that it can be integrated into both "functional annex"-organized EOPs or "Emergency Support Function" (ESF)-organized EOPs. It contains a significant amount of standardized language to ensure that such concepts as the National Incident Management System (NIMS) as well as currently accepted definitions of "special populations" and "functional limitations" are included. Additionally, it contains a number of discussion questions and suggested action items for use by the locality completing it. To clarify these questions and action items, a number of explanations, data sources, and examples are also included.

Though this document is a template, it is structured such that the end-user can craft a locally-specific, locally-viable EOP annex. The committee and consultant made great efforts to avoid the tendency to create a document into which the end-user simply inserts his/her county name and a few select demographics. While use of this document will require substantial effort, the committee feels certain that this document will not only fill a necessary void in an EOP, but also help the end-user build a capability to assist special populations during emergencies.

An added benefit of using the template is a quasi-standardization of special populations planning across West Virginia. Localities are encouraged to modify the document to suit their needs, but it will guide a minimum baseline of data collected throughout the state. Following is a set of instructions and the document into which data can be entered.

GUIDELINES FOR USING THE SPECIAL POPULATIONS ANNEX TEMPLATE

The following template is meant to guide a county toward the development of a locally-specific special populations annex. To do so, it contains a series of discussion questions, the answers to which comprise the data that should be listed under each heading and sub-heading. These instructions are meant to help you complete the document.

1. Using the "Find/Replace" function in Microsoft (MS) Word, find "Name County" and replace it with the name of your county.
2. Scroll through the template to find Blue-colored text. Change all Blue-colored text to **Black**.
3. Scroll through the template to find Red-colored text. Red text represents a discussion question, the answer to which will comprise the data in your annex. Replace the Red text with your answer to the discussion question. If the text does not automatically change to **Black**, change the font color to **Black**.
4. Green-colored text is inserted after much of the Red text to provide an explanation of the discussion question, a potential source from where the data can be obtained, and, in some cases, examples of data that could be inserted. Upon answering the Red discussion questions, Green text can be deleted.

HELFUL HINTS

- This template was designed to help you create a comprehensive special populations annex. It should be noted, though, that your county may not have all of the capabilities available to enable you to provide a suitable answer to all of the following discussion questions. Counties are encouraged to complete as much of the document as possible and use the discussion questions as planning tools as they identify and forge agreements with resources to help fill the identified gaps.
- This template is, ultimately, a guideline. The language included in the template does not seek to supplement any local regulations that may obligate you. Feel free to revise text to suit your needs. It is stressed, however, to complete the appropriate research to make sure that you are not revising text that represents a state or federal standard.

NAME COUNTY EMERGENCY OPERATIONS PLAN

SPECIAL POPULATIONS SUPPORT ANNEX

Coordinating Agency:
Insert the name of the primary coordinating agency. There should only be a single agency listed here.

Examples:
Office of Emergency Management
County Health Department
Human Services Office

Cooperating Agencies/Organizations:
List all other local agencies as well as state and federal agencies that may support this annex.

Examples:
County Aging Services
The Arc of West Virginia
WV Department of Health and Human Resources (WVDHHR)
WV Division of Homeland Security and Emergency Management (WVDHSEM)
American Red Cross
USDHS

INTRODUCTION

Background

Throughout the history of emergency management planning, considerations for special populations have often been inadequate. From the 1930s, when disaster response was ad hoc and largely focused on the repair of damaged infrastructure, through the present day, emergency management culture of "readiness", special populations were given insufficient consideration. This fact was evident in 2003 during the California wildfires and when Hurricane Katrina devastated the Gulf Coast in 2005. During these events, some individuals with special needs did not receive appropriate warning, were unable to access shelters, or went without medical intervention.

Numerous "lessons learned" reports that followed Hurricane Katrina also pointed out there is a large segment of the U.S. population who may not be able to successfully plan for, and respond to, an emergency with resources typically accessible to the general population. The current general population is one that is diverse, aging, and focused on maintaining independence as long as possible. The popularity of living situations that provide an "as needed" level of care in the least restrictive manner is fast becoming the norm. Consideration should therefore be given to people who may be able

to function independently under normal situations, but who may need assistance in an emergency situation.

These "lessons learned" raise an interesting and important question: What is the definition of "special populations"? This annex cannot be a viable guideline without first answering that question. The federal government introduced a definition of "special populations" in the National Response Framework (NRF) that state, territorial, tribal, and local governments may adopt. For consistency, that definition has been adopted to guide the creation of this support annex. It is important to note, though, that this terminology may appear ambiguous, which is intentional so as to give the community maximum flexibility in planning for the special populations that reside within it. The definition is "function-based" so as to allow emergency managers to prepare for the types of assistance needed rather than identify an appropriate response for all specific diagnoses. It is also significant to note that incarcerated populations are not considered "special populations" under this definition, primarily because of the assumption that these populations would be covered under emergency planning sponsored by the facility in which they are housed.

DEFINITION OF "SPECIAL POPULATIONS": Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to the following.

- **Maintaining Independence: Individuals requiring support to be independent in daily activities may lose this support during an emergency. Such support may include consumable medical supplies (e.g., diapers, formula, bandages, ostomy supplies, etc.), durable medical equipment (e.g., wheelchairs, walkers, scooters, etc.), service animals, and/or attendants or caregivers.**
- **Communication: 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.**
- **Transportation: Individuals who cannot drive or who do not have a vehicle may require transportation support for successful evacuation.**
- **Supervision: Before, during, and after an emergency individuals may lose the support of caregivers, family, or friends or may be unable to cope in a new environment.**

- **Medical Care: Individuals who are not self-sufficient or who do not have adequate support from caregivers, family, or friends may need assistance with managing unstable, terminal or contagious conditions; managing intravenous therapy, tube feeding, and vital signs; receiving dialysis, oxygen, and suction administration; managing wounds; and operating power-dependent equipment to sustain life.**

Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency; who are non-English speaking; or who are transportation disadvantaged.

Purpose

The purpose of this annex is to describe the roles and responsibilities and the concept of operations necessary to support special populations during emergency situations in Name County. The annex details guidance to ensure coordination and integration of special populations-related activities among a wide array of public and private incident managers and preparedness partners. Specifically, this annex does the following:

- Outlines the methods by which special populations are notified of an emergency incident (and how communications are maintained with them),
- Describes pre, during, and post-emergency Emergency Public Information (EPI) efforts (and includes sample materials that could be disseminated), and
- Discusses how to amend response protocols to best serve special populations.

Scope

This annex contains guidance for actions before, during, and after an emergency. It is meant to be as comprehensive *as possible* when addressing the concerns and issues likely to be encountered by special populations during emergencies; however, as with any type of response during emergencies, the need to make some ad hoc modifications based on actual incident circumstances should be anticipated and expected.

Pre-emergency considerations include performing an assessment of the special populations in Name County. With a snapshot of the needs actually in the county,

preparedness partners can identify the special populations that are present and the resources that would be needed, thereby basing planning assumptions on fact rather than spending significant time planning for generalities that may or may not be present in the county. The annex also address the compilation of a "special populations registry" that the county may use to identify what types of assistance would be needed during emergencies as well as geographic approximations of where such assistance would be needed.

As with other sections of the Emergency Operations Plan (EOP), the response portions of this document are macro level and ensure the framework is in place to facilitate tactical operations rather than specifically detailing how tactical operations would ensue. Such tactical considerations should be considered in agency-specific Standard Operating Guidelines (SOGs), which is why it is important to involve the community agencies that would participate in the implementation of this annex (i.e., so that these agencies will know to develop the appropriate portions of their own SOGs).

As such, the response elements of this annex include the identification of what resources are available and how to access them. Other functional considerations, such as notification and warning, EPI, transportation, etc. are included. Other, more response-oriented considerations, such as evacuation, triage, and sheltering are also discussed.

Situations

- Name County contains a number of individuals that could be considered "special populations". The types of extra needs that may need to be addressed during emergencies include:
  - Very briefly list the types of needs in your community (see CONOPS A.3 below).

- The emergency services community of Name County will likely never compile a complete list of those that could be considered "special populations". The reasons for this include (but are not limited to): misunderstandings of the definition, reluctance by those with special populations to self-report, changing community demographics, incomplete or inaccurate information, etc.
- Certain types of facilities in the community may have very high ratios of special populations, including group homes, behavioral health centers, nursing homes, schools, higher education facilities, hospitals, etc. Because of this ratio, planning in addition to this annex and likely coordinated by the facility will be needed.

Planning Assumptions

- No single agency in Name County is fully equipped to address the needs of all special populations in the county.

- Additional "special" needs may exist in the community in addition to those identified by this annex. Further, higher numbers of known "special" needs may exist due to a reluctance to register.

- Through resource augmentation is such functional areas as notification and warning, EPI, transportation, and mass care, special populations can be accommodated.

- Though it is assumed that incarceration facilities would support their own populations, these facilities may still request support from the local jurisdiction.

CONCEPT OF OPERATIONS

A. General

1. Identify a lead agency for special populations planning. If the lead agency during an emergency would be different, identify that agency as well.

   Explanation: The lead agency for special populations planning and response may or may not be the same agency. Further, saying that an agency is the "lead agency" does not necessarily imply liability or significant responsibility. The lead agency could simply be a coordinator or a clearinghouse for special populations information.

   Regarding pre-emergency planning, the lead agency would be the agency responsible for maintaining this annex as well as resource inventories. As such, the lead agency would frequently coordinate with potential resource providers and response partners to ensure that information in this annex and the resource list is accurate. Maintenance of equipment, facilitation of training, etc. would NOT be the responsibility of the lead agency, but would instead by a function of the partner from which the information is obtained.

   The lead agency for response may simply a point of contact for special populations resources. For example, the county Office of Emergency Management, through the Emergency Operations Center, may be the agency that field responders contact to alert emergency managers of the presence of special populations issues. The Office of Emergency Management, in turn, may contact providers of necessary resources and deploy them to the incident site, where they fall under the direction and control of the on-scene incident command structure.

2. As with other areas of the EOP, this annex is most successful when a network of preparedness partners has a stake in its completion. Such relationships ensure that

all local objectives are addressed as well as support a cooperative approach to identifying and filling gaps at the local level. The following agencies comprise the special populations planning committee in *Name* County.

a. List the agencies that participated in and contribute to the planning process.

Explanation: The planning committee is simply the agencies that have been/are consulted by the lead agency when compiling special populations information. The planning committee should also actively review this annex to ensure that the guidance contained within is feasible and practical (i.e., that it is built on capabilities that do exist in the county). The planning committee may also offer guidance on what "gaps" exist and suggest that the lead agency (or jurisdictional executive body) enter into Mutual Aid Agreements (MAAs) with agencies/organizations that can fill those gaps. While the formation of a committee that actually meets is encouraged, this section of the plan may be a list of the local special populations references that the lead agency has contacted.

Examples:
*   *Regional affiliations*
*   *Local volunteer organizations, such as Community Emergency Response Teams, Medical Reserve Corps, etc.*
*   *Local Emergency Planning Committee*
*   *Local government representatives*
*   *Local department of aging*
*   *Representatives of special populations*
*   *Local mental health agencies*
*   *Disability service providers*
*   *Hospitals*
*   *Local health department*
*   *Board of education*
*   *Higher education*
*   *Local Red Cross chapter*
*   *Local Salvation Army*
*   *Local faith-based organizations*
*   *Local child protective services*
*   *Representatives for congregate care facilities (e.g., personal care homes, nursing homes, etc.)*
*   *Representatives from housing complexes*
*   *Representatives from child care facilities*
*   *Representatives from independent living centers*
*   *Representatives from vocational service agencies*
*   *Local media*
*   *Utility providers*
*   *Representatives from transit/transportation resources*
*   *Veterinary resources*
*   *WVDHHR (local office)*
*   *WVDHSEM*
*   *WV Office of Behavioral Health (WVOBH)*

3. The following types of special populations are present in Name County.

    a. List the types of special populations that are present in the community.

    Examples (<u>not</u> an exhaustive list):
    *   *Those with hearing impairments,*
    *   *Those with severe vision impairments,*
    *   *Those with speech impairments,*
    *   *Those with psychiatric disabilities,*
    *   *Elderly populations,*
    *   *Those with cognitive disabilities,*
    *   *Those with physical disabilities,*
    *   *Those with medical needs,*
    *   *Those with mobility impairments,*
    *   *Those on life support,*
    *   *Those with reading limitations, and*
    *   *Those with service animals.*

    b. Though incarcerated populations are not specifically addressed, if the jurisdiction contains a facility, local planners should work with that facility to determine such things as population estimates (including peaks and averages) as well as the types of resources that the facility would utilize on its own, its status as maximum versus minimum security, etc. Such information could be presented here (rather than in Appendix 1).

    c. See Appendix 1 for a more detailed discussion on the special populations in the county.

    Explanation: Appendix 1 guides the county through an assessment of the types of special populations actually present in the county. While it would not be necessary to list the methodology of the assessment here, the types of special populations should be listed in the body of the plan (rather than simply as an appendix) because of the bearing they have on the remainder of the narrative in the body of the plan. The list inserted here should match exactly the list generated in Appendix 1.

4. Name County is vulnerable to a variety of hazards. Each of these hazards could affect special populations in very different ways, thereby affecting delivery of services. The following hazards affect the special populations of Name County.

    a. Briefly describe the types of emergencies that could occur and how said emergencies could affect special populations.

Explanation: This section is commonly referred to as a "hazards analysis" in other plans. It provides information on how certain hazards to which the community is susceptible can affect special populations. Rather than repeating the entire hazard analysis from other portions of the emergency operations plan, the intent of this section is to describe the hazards that affect the community as a whole <u>specifically</u> affect special populations.

Data Source: The list of hazards can be found in the county's Hazard Mitigation Plan and may also be listed in the Basic Plan of the county's Emergency Operations Plan. If taking the list from the Hazard Mitigation Plan, be sure to consider man-made and technological hazards as well (i.e., mitigation plans are only required to include natural hazards). Preparedness partners on the special populations planning committee may also be able to supplement the hazard list.

Examples:
- *The Smithville Personal Care Home is located within a 100-year floodplain. This area floods when the Smith River reaches a level of 17.5' at the Main Street Bridge. A precautionary evacuation of the facility should begin when IFLOWS indicates that river levels should reach 17'.*
- *Maple Estates at Jones Mountain is a subdivision containing 50 homes with a single point of ingress and egress on the south side of the mountain. According to the county's special populations registry, retired, elderly couples live in the majority of these homes. Residents indicate medical and oxygen needs. As such, Maple Drive leading up to the subdivision is a priority roadway that should be cleared during winter storm events.*

B. Notification and Warning

1. While not at first obvious, there is a difference between "notifications" and "warnings". The differences are subtle, but significant.

   a. A warning is a message that makes the recipient aware of an imminent emergency situation or of the imminent result of inaction.

   b. Notifications, on the other hand, suggest an action that should be taken.

2. The following means of notifying and warning the population are available in Name County.

Means	Pros	Cons
List Notification/Warning System 1	• How is this system successful at reaching special populations?	• In what ways is this system ineffective at reaching special populations?
List Notification/Warning System 2	• How is this system successful at reaching special populations?	• In what ways is this system ineffective at reaching special populations?
List Notification/Warning System 3	• How is this system successful at reaching special populations?	• In what ways is this system ineffective at reaching special populations?
List Notification/Warning System 4	• How is this system successful at reaching special populations?	• In what ways is this system ineffective at reaching special populations?
List Notification/Warning System 5	• How is this system successful at reaching special populations?	• In what ways is this system ineffective at reaching special populations?

Explanation: The table above intends to list all of the mass notification and warning systems that are available in your community. It is commonly understood that there is no single method of providing notifications and warnings that can be effective for all segments of the population, which is why communities often have numerous methods at their disposal. By completing this section, the end user will be able to determine the overall effectiveness of his/her entire notification and warning capability at reaching special populations. The end user may realize that another means of providing notifications and warnings would be necessary to reach a particular special population in his/her community. Remember that certain special populations may lack access to certain communicative systems, such as a personal computer and/or cellular phone because of a lack of discretionary income.

Data Source: Notification and warning systems should be listed in your community's Emergency Operations Plan. If not, 911 Centers, local emergency managers, and first response agencies can provide (at least a partial) list. The capabilities of the systems are often known by representatives from these agencies; if more information is needed, contact the vendor that supplies and/or maintains the system.

Examples:
Means
Reverse 9-1-1 System

Pros
Quick dissemination of messages
Can create "special populations" subset

Cons
Primarily a voice medium
No assurance of message comprehension

3. Notification via Existing Warning Systems

   a. In what ways can the systems listed on the table above be augmented to overcome the identified "cons"?

   b. Who would be responsible for ensuring that these modifications are purchased and/or implemented during emergency situations?

   c. Describe the knowledge and/or capabilities of the jurisdiction's Warning Coordinator to ensure that special populations receive warnings.

   d. Describe any communicative barriers known to be present with certain special populations in the jurisdiction.

   e. Describe how warning coordinators in the jurisdiction are (or have been) trained to disseminate warnings to special populations.

   Explanation: If cons are identified by the above table, then it stands to reason that existing notification and warning capabilities are not sufficient or can at least be strengthened. This section provides space to explain how these systems can be supplemented, modified, or replaced to better disseminate notifications and warnings to special populations.

   Example:
   - *Our current Reverse 9-1-1 System cannot reach TDD/TTY numbers because we have not publicized that we have the capability. The 911 Center Director should specifically include space on our registry form for TDD/TTY numbers.*

4. See Annex/ESF ? of the *Name County Emergency Operations Plan* for additional information.

   Explanation: Be sure to update your notification and warning annex to reflect the augmentations listed above.

C. Emergency Public Information (EPI)

   Explanation: In many ways, this section is similar to the notification and warning section that precedes it. The primary purpose of this section is to identify the ways in which EPI can be disseminated and then identify the ways in which those media may not reach special populations.

   1. Name County releases EPI through the following venues.

      a. List the ways in which your community releases emergency public information.

Explanation: The section should list all of the ways that EPI can be released in your community. As with notifications and warnings, it is commonly understood that there is no single method of disseminating EPI that can be effective for all segments of the population. By completing this section, the end user will be able to determine the overall effectiveness of his/her existing EPI program at reaching special populations.

Data Source: The local emergency manager should have access to a list of this type.

Examples:
- *Cable television*
- *Local television channels*
- *Radio stations*
- *Facebook, Twitter, and/or Nixle*
- *Local Government Website*
- *Emergency Alert System (EAS)*
- *NOAA all-hazard radios*
- *Neighborhood watch*
- *Community centers*

2. As with the issuance of notification and warning messages, the receipt and comprehension of EPI by special populations needs to be assured (to the extent possible). The following modifications to the way in which Name County releases EPI can help overcome shortcomings in EPI receipt and comprehension.

   a. List the ways in which you can modify your release of EPI to more effectively reach special populations.

Explanation: The means in which EPI can be released are often pre-determined and difficult to change. By combining release methods and/or by utilizing other resources available in the community, though, any gaps at reaching target populations can be minimized. Remember that some of the information included in this section may be as a result of the types of special populations in your community.

Examples:
- *Ensure that all emergency messages are released via at least three (3) different venues, ensuring that visual and audible messages are released.*
- *Ensure that messages are released in large print formats.*
- *Work with the Foreign Languages Department at the local college to translate messages into Spanish in an effort to reach the Latin community in Smithtown.*
- *Work with the Communications Department at the local college to develop pre-canned emergency messages in Braille.*

3. When releasing EPI, public information officials should be sure to include the following types of information in messages.

a.   Describe the hazard. What areas are vulnerable? What protective actions are suitable? How long are emergency conditions expected to last?

b.   Discuss what local officials are doing in response to the hazard.

c.   State, very explicitly, what steps local officials *expect* the public to take to protect themselves. For example:

  i.   Develop a "family emergency kit", containing such items as water, non-perishable food, a battery-powered radio, a flashlight, first aid kit, etc. (see www.ready.gov for additional examples);

  ii.   Medications; and

  iii.   Lists of family contact information.

d.   State where the general population, including special populations, can go for additional information (e.g., a website, hotline number, etc.).

e.   State where special populations can obtain resource support (e.g., where to access transportation assistance, the location a special populations shelter, etc.).

4.   See Appendix 3 for sample EPI materials.

5.   See Annex/ESF ? of the *Name County Emergency Operations Plan* for additional information.

Explanation: Be sure to update your public information annex to reflect the modifications listed above.

D.   Transportation

1.   General

a.   Transportation is a core component of one (1) of the primary public protective actions: evacuation.

b.   The Nationwide Plan Review Phase 2 indicated that "a critical but often overlooked component of the evacuation process is the availability of timely accessible transportation – especially lift-equipped vehicles".

c.   Equally important when planning for special populations is identifying those in need of transportation assistance.

d.   Transportation providers may have agreements with multiple facilities or agencies, essentially double or triple booking their units. For this reason, Name County has identified redundant resources.

e. Redundant resources are also important given a resource's option to refuse service based on a variety of conditions.

2. Individuals Needing Transportation Assistance

   a. The following populations may require transportation assistance during an emergency:

      i. Individuals who do not have access to a vehicle but can independently arrive at a pick up point,

      ii. Individuals who do not have access to a private vehicle and will need a ride from their home,

      iii. Individuals who live in a group setting or assisted living environment and will need a ride from such facilities,

      iv. Individuals who are in an in-patient medical facility or nursing home, and

      v. Individuals who are transient, such as people who are homeless and have no fixed address.

   b. Identify whether these populations can be picked up at collection points or if the community needs to consider some type of "busing" service.

Explanation: Obviously, some of the groups listed by the definition above will be easily identifiable as to whether they need to transportation assistance. Others, though, may need clarification. For example, does the group setting also have a van or small bus with which they could evacuate their residents? If the group setting cannot evacuate residents in large numbers to a shelter, perhaps it can bus them a shorter distance to a pick-up point. Does a group setting have any pre-existing agreements with transportation providers to assist in the evacuation of its residents? Do these pre-existing agreements represent duplicate resources with those assumed to be available by the local jurisdiction? This section of the plan allows the end-user to begin defining the quantity and types of resources he/she will need to locate.

Data Source: Census data can provide a minimal background (e.g., figures for percentages of the population with a vehicle). To confirm the legitimacy of this data as well as to supplement it significantly, users are encouraged to meet and coordinate with representatives from medical facilities, disability service providers, nursing homes, and other group settings in their communities. If the community maintains a special populations registry, registry data can inform this discussion.

   c. List pick-up points serving the community.

Explanation: If the community plans to use pick-up points as a way to streamline evacuation efforts, they should be listed in the EOP. This section would ideally not be the home of the comprehensive list of pick-up points for a community; that list would be better placed in the EOP's evacuation annex. This section, though, can list specifically those pick-up points that would serve special populations, or it may list those that are in close proximity to congregate care or other facilities and stand a higher chance of being used by special populations. It is significant to note that those listed here should also be listed in the evacuation annex and labeled as "special populations pick-up points".

The end-user may choose to create another appendix listing pick-up points or omit this section in this annex, but he/she is encouraged, at a minimum, to list pick-up points in the EOP's evacuation annex and to identify which ones may be utilized by special populations. If such an option is selected, this section should reference the appropriate location in the evacuation annex.

Data Source: The list of pick-up points is entirely at the discretion of the end-user. Some communities select regular public transit stopping points. Others have identified large parking lots where buses/vans can turn around easily. Still others have identified community centers and schools.

d. List the coordinating elements the community has in place for providing transportation assistance to special populations.

Explanation: Many communities utilize an Emergency Operations Center (EOC) to coordinate and support various elements of an emergency response. Others exclusively use the on-scene Incident Command System (ICS) structure. This section provides space to describe how the provision of transportation assistance would be coordinated during an emergency. For example, if the community expects this to be coordinated on-scene, sharing this plan with potential Incident Commanders (ICs) would be advantageous. If the community plans to provide this support at an EOC, describing the tasks that would be delegated to an EOC position would be helpful. (Such a description would also alert potential ICs to the presence of this assistance as well as outline thresholds for transitioning to the EOC structure.)

Data Source: This discussion should be consistent with the direction and control and evacuation annexes (or the emergency management and transportation support functions) of the community's EOP. How this assistance is provided is again entirely at the community's discretion.

Examples:
- *Jones County's EOC is activated to support the elements of all evacuations that affect more than five (5) households. If special populations are expected to be impacted, the Jones County Emergency Manager should designate a "Special Populations Coordinator" position within the Evacuation Group of the EOC structure. This individual would be responsible for identifying the types of functional limitations in the impacted area and supporting the transportation needs of special populations. Since it is possible that individuals with functional limitations could be impacted by an evacuation*

smaller than what typically triggers EOC activation, the IC may request EOC activation and support in coordinating transportation assistance on a small scale. During such an instance, the Jones County Emergency Manager may consider activating the "Special Populations Coordinator" without nesting the position in the Evacuation Group.

- *In Jones County, all on-scene components of the response are coordinated by the incident command structure. As such, any transportation assistance needed, even assistance for special populations, should be managed on-scene. If assistance beyond regular mutual aid is necessary, the IC may request it from the emergency manager or EOC. In such a case, the resource would fall under the management of the ICS structure following deployment to the staging area.*

3. Transportation Resources

a. List any transportation resources that may be in the community. For each listed resource, guidelines for accessing it should be included.

Explanation: The preceding section will likely suggest a number of resources that should be identified. This section provides space to list the major resources. To go one step further, communities should outline in general terms how these resources can be accessed (i.e., 24-hour contact information). Many communities may maintain a robust resource manual or database that would house this type of information. If this is the case, the resource manual should be cited here. It may also be helpful to cite the resource management annex or function of the EOP.

Data Source: General resources may be identified in the resource database compiled by Volunteer West Virginia. Other data may come directly from agencies in your community, such as transit services, senior centers, schools, disability service providers, etc.

Examples:
- *The Vandalia Senior maintains a fleet of three (3) vans, all of which have lift apparatus. Each van can transport a total of eight (8) individuals. Vans can be accessed by calling the senior center at (304) 555-1234 during regular business hours (8:00 a.m. to 4:00 p.m.) or by calling the executive director after hours. (The executive director's personal contact information is listed in the Jones County Resource Database.)*
- *Jones County Emergency Management maintains an agreement with Jones County Schools to utilize its fleet of three (3) special needs buses. Each bus is lift-equipped and can transport 24 individuals. Each bus comes with a designated driver. Contact the Transportation Director at any time for access. His telephone, cellular, and pager number is in the Jones County Resource Database.*

E. Human Services and Medical Management

1. Human Services Considerations

a. "Human services" promote the economic and social well-being of families, children, individuals, and communities by providing the public with such services as welfare, food stamps, social services, child support, Child Protective Services (CPS), economic assistance, rehabilitation, and other supports for individuals with disabilities, or other special needs.

b. Special populations may rely on human services agencies to maintain their independence, supplement their economic resources, and receive medical care (particularly for chronic conditions).

c. List the human services providers in the community. Be sure to include the types of services they offer. Questions to ask each of these providers:

    i. What type of emergency assistance can they provide?

    ii. How can emergency officials access their assistance during times of emergency?

    iii. What steps have they taken to ensure continuity of their operations?

    iv. Can they share their special populations registry information? If not, can they share "gross" numbers, such as how many are transportation dependent, etc?

Explanation: It is helpful to know what types of human services are routinely provided in the community. These services can often be provided during the emergency as well. The questions above not only aid in describing the service, but also provide evidence of its availability during large-scale emergencies.

Data Source: Perhaps the easiest way to collect this data is to start with a local agency, e.g., the Threat Preparedness Coordinator of your local health department, The Arc of West Virginia, or the local WV Department of Health and Human Resources (WVDHHR) office. Not only could that office provide information on the services it provides, it may be able to provide a list of other human services providers in the community.

d. Identify the human services that could be impacted by an emergency. Communities should also state how human services could be impacted.

Explanation: Whereas the section immediately above briefly describes the efforts taken by human services agencies to sustain operations during emergencies, the fact remains that their services could be impacted or taken offline by an emergency. This section gives details as to what situations could impact their operations as well as how the operations could be impacted. Some services may be able to be continued at alternate locations or in a mobile fashion. Others may be temporarily offline if a facility is not available.

Data Source: Again, discussing these issues with human services providers is the most effective way to gather accurate data.

Examples:
- *The local DHHR office administers the food stamp program, but its office is located in a floodplain. If relocated to an alternate facility, the program could still be administered; appropriate Emergency Public Information (EPI) would need to be issued to ensure that residents know how and where to access the service.*
- *The local WORKFORCE West Virginia office, which is also located in a floodplain, administers unemployment assistance. Any relocation would need to be accompanied by Emergency Public Information (EPI) directing those in need of assistance to it.*
- *Child visitations must be monitored at all times. As such, a facility and officers must be designated. EPI should be issued to alert families as to where visitations can occur.*

e. Human services could also face new demands as a result of the emergency, including the following. Communities should list what agency in their community would provide this assistance.

   i. Individuals who do not routinely use human services (e.g., those whose health conditions are exacerbated by the incident or who develop a disability because of the incident) may find themselves in need of these services. Information on what services are available and how to access said services could be important. Who can provide this service?

   ii. Individuals with limited English proficiency may find themselves isolated as a result of an incident and may need assistance in contacting their families in other countries. Who can provide this service?

   iii. Persons with chronic medical conditions, who live in their own homes, including children, may be in life-threatening situations if the availability of in-home healthcare (for example) becomes limited. Who can provide this service?

   iv. Low-income individuals may need assistance with rebuilding their home if it was impacted significantly by the incident. Who can provide this service?

   v. Mass care and/or shelter facilities may have a need for assistance in the provision of food, water, counseling, etc. Who can provide this service?

   vi. Insert additional impacts based on the community's assets and hazard analysis.

Explanation: Communities may not be able to initially answer all of the above questions. Doing so pre-determines responsibilities before the emergency strikes, which can expedite provision of these types of services after it strikes.

Data Source: Provision will likely be different from community to community and can be influenced by a number of factors, including the availability of human services agencies, staffing within human services agencies, etc. Coordinating directly with human services providers is the most effective way of gauging their emergency capabilities.

2. Medical Considerations

   a. See A.3 of the "Concept of Operations" section above for a list of the types of medical special needs present in Name County.

   b. Medical Resources

      i. List any medical resources that may be in the community. For each listed resource, guidelines for accessing it should be included.

Explanation: As with the discussion of transportation resources above, it is helpful to pre-identify the resources that are available to assist with serving those with medical needs. Medical resources include not only supplies, but also equipment and pharmaceuticals. End-users are directed to the types of medical needs that are in their community as a means of assessing what types of resources are necessary and, conversely, any gaps that are present. Gaps can be filled by going beyond the borders of one's home jurisdiction and/or by the execution of mutual aid agreements.

Data Source: General resources may be identified in the resource database compiled by Volunteer West Virginia. Other data may come directly from agencies in your community, such as hospitals, nursing homes, senior centers, pharmacies, disability service providers, etc.

Examples:
- *The Jones County Health Department coordinates a Medical Reserve Corps (MRC) that is comprised of a number of medical professionals that can assist during emergencies. The MRC contains doctors, nurses, and counselors.*
- *The Vandalia Rite Aid has agreed to supply certain non-controlled medications, such as pain relievers, during emergencies. Contact information for the store manager is included in the Jones County Resource Database.*

3. Legal Considerations

   a. Information regarding some medical conditions is protected by privacy laws, including those set forth by the Health Insurance Portability and Accountability Act (HIPAA). These rules may be a barrier to planning efforts.

      i. The HIPAA Privacy Rule controls the use and disclosure of protected health information held by "covered entities" (i.e., healthcare providers who conduct

certain transactions electronically, healthcare clearinghouses, and health plans).

ii. The privacy rule permits covered entities to disclose information for public health and certain other purposes. Providers and health plans may share patient information in the following ways:

- As necessary to provide treatment,

- As necessary to identify, locate, and notify family members, guardians, or anyone else responsible for an individual's care,

- As necessary to lessen a serious and imminent threat to the health and safety of an individual, or

- If an individual is in a facility, his/her location within the facility, and general condition.

- For guidance on with who personal health information may be shared for emergency preparedness planning, see http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/emergency/decisiontool.html.

iii. Transportation and social service providers are not likely to be subject to the privacy rule and may be permitted to disclose the number of individuals they serve.

b. In many cases, if medical or other human service information is shared, the custodial agency within the emergency preparedness network becomes responsible for maintaining its security.

   i. Use this section to describe how sensitive data would be protected.

Explanation: Aside from legal requirements, securing data regarding special populations is a good practice. This section should briefly describe efforts that would be taken to secure this data.

Examples:
- *The Jones County Special populations Registry is stored in a secure location at the Jones County EOC. The data is kept in a lock box which is only accessible by the DHHR EOC Representative.*
- *The local DHHR office maintains all emergency special populations data. If it is needed, personnel in the county EOC contact the Director (whose*

24-hour contact information is maintained in the Jones County Resource Database).

F. Congregate Settings

1. The following congregate facilities are located in Name County:

   a. List the congregate facilities. Briefly describe the pre-planning that each of these facilities has done.

   *Explanation: Congregate facilities include residential healthcare facilities such as hospitals and nursing homes, group homes, and may also include juvenile homes, jails, college dormitories, etc. In many cases, officials associated with these facilities have completed pre-plans. Also in many cases, the plans that have been developed rely heavily on **perceived** local capabilities. For example, a university may simply assume that the local police department can help evacuate all 1,200 of its students. In such a scenario, it would be helpful for local agencies to know what expectations congregate facilities have so that resources can be identified (or other arrangements made).*

   Data Source: Several local agencies may have a list of congregate-type facilities in the community. These include the West Virginia Office of Behavioral Health Licensing Board, disability service providers, emergency manager, health department, economic development organization, planning commission, zoning officer, etc. Emergency responders may also have information on some of the planning done by these facilities. In any event, end-users of this document are encouraged to contact these facilities directly for a first-hand account of facility expectations.

   Examples:
   - *Serenity Nursing Home provides residential nursing care to 100 residents. Its facility is officially located in the 500-year floodplain, but the northwest corner of the building (home of 10 residents) is occasionally flooded. The home does maintain one (1) van that can hold eight (8) non-bed-confined individuals. Nursing home representatives rely exclusively on local EMS resources to evacuate the remainder of its population.*
   - *The Lock 'Em Up Regional Jail normally houses a population of 500. The Warden has indicated that the facility maintains a mutual aid agreement with the State Correctional Authority for transportation resources to evacuate its entire population. The Warden further requested as much advance notice of emergency situations as possible.*

2. Based on the congregate facilities in Name County and the pre-planning done at these facilities, the following needs have been identified. These facilities may rely exclusively on public resources for these needs.

   a. List the types of services that congregate facilities are expecting from local providers.

Explanation: The discussion immediately above will likely identify a number of expectations held by congregate facility representatives. In some cases, other arrangements can be made. In many others, the responsibility would fall to local authorities to identify resources necessary to meet those expectations. This section provides space to describe the types of resources needed and to quantify resource needs to the extent possible.

Data Source: Most of this information can be gleaned directly from the information collected for F.1 above.

Example: Serenity Nursing Home has indicated that it may need assistance evacuating 90+ residents. On average, three (3) of its residents are completely bed-ridden (i.e., cannot be provided walking assistance or placed in a wheelchair).

3. Resource Considerations

    a. List the necessary resources to meet the above-identified needs.

    Explanation: This section provides space to describe the resources available to meet the needs in F.2 above.

    Data Source: General resources may be identified in the resource database compiled by Volunteer West Virginia. Other data may come directly from agencies in your community, such as hospitals, nursing homes, disability service providers, EMS providers, senior centers, school boards, mental health providers, etc

    Example: Jones County Emergency Management created an agreement with Jones County Transit to provide three (3) 30-passenger buses to evacuate Serenity Nursing Home. Additionally, emergency management discussed the use of the three (3) "spare" ambulances at the public safety training center to evacuate the bed-ridden individuals and is working with Jones County EMS to call-in three (3) off-duty drivers.

G. Response Actions

   1. Evacuation

      a. An evacuation would place significant strains on the local emergency services network. The success of an evacuation is contingent on the amount of time available to implement it as well as the information disseminated to the public about when and where to go, what supplies to take with them, how to obtain emergency assistance, etc.

      b. Certain types of special populations may require more time to evacuate the "regular" populations.

c. The following hazards are most likely to necessitate evacuations involving special populations.

   i. List the hazards that could affect areas with known special populations, congregate facilities, etc.

   ii. This section should also, to the extent possible, quantify the amount of individuals that could need assistance.

Explanation: Hazard assessments often define hazards without regard to the types of populations that could be affected by the hazards. This section gives the end-user an opportunity to correlate any hazard/risk assessment data with any areas identified as having a higher density of special populations (as determined by registry data, location of congregate facilities, etc.).

Examples:

- *The "west side" of the City of Vandalia was found to be home to a significant number of elderly residents, many of which self-reporting a reliance on oxygen. Nearly a third of these residents (approximately 1,000) do not own a vehicle. This particular part of the city is almost entirely within a floodplain and is located within the hazard zone of the Vandalia Water Treatment Plant and the Vandalia Chemical Company.*
- *Vandalia Memorial Hospital is located along the Jones River. Although the facility is not in the floodplain, it is in close proximity to the Vandalia Chemical Company and the local rail yard, which (according to the most recent commodity flow study) sees a number of tank cars carrying corrosive materials. The average census of the hospital is 100, with ten (10) of those patients considered critical.*

d. See B.2 in the "Concept of Operations" section above for a list of notification and warning systems. Who would be responsible for issuing notifications?

   i. List which of the systems would be most appropriate based on the hazards and populations discussed immediately above.

Explanation: This section further refines what it would take to implement an evacuation in a known hazard area. It also assigns the responsible for ensuring that notifications are released.

Example: Since West Vandalia is home to a high number of elderly residents with no vehicles, a planning assumption would be that these individuals are at home with access to a television and/or radio. Emergency public information announcing the evacuation could be released via telephone and radio as well as disseminated by emergency responders sweeping the area. The Jones County Public Information Officer would be responsible for contacting TV and radio outlets as well as for providing a message to the on-scene command structure.

e. See D.3 in the "Concept of Operations" section above for a list of available transportation resources. Who would be responsible for procuring and deploying those resources?

Explanation: This section capitalizes on the resource data that was collected as part of section D above. Also, using the hazard data from earlier in the evacuation discussion, planners can further anticipate which resources would be needed in certain situations and, based on the likely locations, which resource providers would be most appropriate. This section also assigns the responsible for resource management.

Example: Jones Bus Company maintains a fleet of 30 30-passenger buses. Since its garage is in the West Vandalia area, the fleet manager has agreed to make her buses available (with drivers) to assist an evacuation of West Vandalia. If the buses are needed, the Jones County Emergency Manager should contact her via pager. (Her pager number is listed in the Jones County Resource Database.)

f. See Annex/ESF ? of the *Name* County Emergency Operations Plan for a more detailed discussion of evacuation implementation.

2. Shelter-in-Place

a. Shelter-in-place may be a more appropriate public protective action based on the circumstances of the emergency. For instance, if a chemical release has occurred and a plume is present, it may be more dangerous to expose a population during an evacuation; keeping them in their homes would be a more effective way to protect them.

b. EPI becomes critical during shelter-in-place situations. The following types of information should be disseminated:

   i. The nature of the hazard,

   ii. How to safeguard one's home (e.g., turn off outside ventilation, close all windows and doors, remain in the central portions of a home [if possible], etc.),

   iii. When and how to receive additional public information,

   iv. How to access vital supplies (e.g., medications, human services, etc.),

   v. How and whom to call for assistance, and

    vi. The expected duration of the shelter-in-place (with the caveat that those affected *should still await official word of an all-clear* before unsealing their homes).

  c. See section C in the "Concept of Operations" section above for a list of available means of disseminating EPI. Who is responsible for disseminating EPI?

Explanation: This section presents shelter-in-place as a viable public protective action. It also stresses the importance of public information to the success of a shelter-in-place order. To ensure that this information is released, the responsible for its dissemination should be assigned.

3. Sheltering
   a. If an evacuation is ordered, the evacuating population will need a place to which to go. Many evacuees will take shelter with friends or family in non-affected areas (citation of quantity). The remainder of evacuees, including many with functional limitations, may need to be housed in a publicly-managed shelter.
   b. List the coordinating agency for emergency shelter operations in the community. Include a statement as to how this agency is notified.

Explanation: In most communities, an organization serves as the lead agency for sheltering operations. This should be noted in the Sheltering annex of the jurisdiction's EOP. As with other resource providers, it is helpful to identify how this agency is notified of the need for its services (and ensure that contact can be made on a 24-hour basis). This agency may be identified in the sheltering or mass care annex/ESF; if so, the citation of that annex below may be sufficient. It may be necessary to designate a different coordinating agency for the operations of a special populations shelter; if this is the case, it would be helpful to indicate this so as not to create confusion between this and the shelter or mass care annex/ESF.

  c. In most cases, it is recommended that at least one (1) shelter be designated a "special populations shelter" and that this facility have several capabilities on-hand to address the needs of special populations.
      i. Recommendations for Special Populations Shelters (*Source: The Arc of West Virginia*)
      - Shelter Registration
        - Be aware that it is not always obvious to tell, just by looking at a person, what type of assistance would be needed. *Simply ask how*

> you can help when you are unsure what assistance might be useful or
> required.

- o Needs that May Be Identified
  - ▪ Prescription medications (Is there a need for emergency medication replacement? Do the medications need to be refrigerated? Do the medications need to be taken with food?)
  - ▪ Personal care assistance (e.g., assistance with eating, dressing, showering, etc.)
  - ▪ Communication needs
  - ▪ Dietary needs

- o Misleading Assumptions
  - ▪ **Confusion:** Persons with a hearing loss may appear disoriented and confused when all that is really "wrong" is that they cannot hear.
  - ▪ **Slurred Speech:** May be due to a medical condition and not drunkenness.

- **Shelter Orientation:** Some special populations may need assistance adjusting to the shelter environment.
  - o Provide a walk-through of areas within the shelter (i.e., bathrooms, sleeping and eating areas, etc.)
  - o Provide a verbal mapping of the shelter facility
  - o Guide techniques

- **Personal Care Considerations:** Some persons with disabilities are fully independent, while others may need moderate assistance within the shelter. Types of assistance include (but are not necessarily limited to) the following.
  - o People with Mobility Disabilities:
    - ▪ Transfer assistance,
    - ▪ Meals (i.e., assistance going through feeding lines),
    - ▪ Cot space (i.e., ensuring that access to facilities like eating areas and restrooms does not take a person through an obstructed

area),

- Sleeping accommodations, and
- Battery charging (for motorized wheelchairs or scooters).

o People with Visual Disabilities:

- Reading and mobility assistance, and
- Cot space (i.e., locating sleeping areas along a wall or in a corner makes it easier to find; also keep doors wide open or closed).

o **People with Developmental or Cognitive Disabilities:** Establish a buddy system.

o **People Who are Deaf or Hearing Impaired:** Volunteers can help with basic communications needs (e.g., writing or slowly repeating instructions).

o **Visible Tension and Anxiety:** If a person within the shelter becomes agitated, help them find a quiet corner (see below) away from the confusion to reduce stress. Keep communication simple, clear, and brief. Be empathetic and reassuring.

o **Persons Dependent on Medical Equipment or Home Health Care:** Ensure that Emergency Public Information (EPI) notifying the public of shelter locations encourages those with this type of equipment to bring it with them.

o **Privacy Area:** Create a section of the shelter that is separate from other shelter residents for privacy. Some persons with disabilities must change catheter bags and attend to other personal hygiene needs. Additionally, some shelter residents (e.g., elderly persons, persons with psychiatric disabilities, very young children, etc.) may benefit from a quieter space.

o **Shelter Isolation Area:** Designate a separate room or space within the facility for people who have asthma, multiple chemical sensitivities, or allergies. Consider a "no scent" policy within the shelter. People with seriously weakened immune systems may also require isolation within shelters.

- Consider the following shelter accessibility issues when selecting a "special populations" shelter.
  - Parking that is close to the building entrance with appropriate curb cuts
  - An accessible entrance to the shelter
  - Access to all shelter service areas
  - Restrooms that allow for free access
  - Navigable isles

- Consider the following shelter modifications if necessary:
  - Portable ramps,
  - Accessible portable toilets and showers,
  - Rearrange chairs, tables, vending machines, and other furniture,
  - Make a desktop telephone or cellular phone available if telephones on walls are too high,
  - Rearrange toilet partitions to increase maneuvering space,
  - Install a raised toilet seat, and
  - Consider leaving some doors open or stationing a volunteer near doors to ensure accessibility.

ii. List the designated special populations shelter for the community.

Explanation: If a special populations shelter has been designated, list it here. Other information, such as driving directions to it, limitations at the shelter itself, the hazard vulnerabilities of the site, etc. could also be listed.

iii. Guidelines for Strengthening Shelter Facilities
- Not all shelters can be designated as "special populations" shelters; in many communities, no single shelter can meet all of the above criteria.
- There are steps that can be taken to strengthen the remaining shelter inventory to better meet the needs of individuals with functional limitations, including (but are not limited to) the following.
  - Ensure all shelters have backup power capabilities.
  - Ensure ADA compliance of all shelters.

      o Work with local public health and/or medical authorities to designate an on-call physician during instances when shelters are activated.

      o Coordinate with the local emergency manager to pre-identify resource providers for supplies that may be needed in a shelter.

      o Identify more facilities in the community that could serve as shelters should the population at any one facility need to be reduced to meet space requirements for certain types of special needs.

      o Add any other steps taken by the community.

d. See Annex/ESF ? of the *Name* County Emergency Operations Plan for additional information on sheltering capabilities.

H. Post-Response Actions

1. General

   a. Difficulties during the recovery phase can be compounded for special populations.

   b. In addition to personal losses and injuries, special populations might lose vital connections with personal care providers, service animals, community liaisons, public transportation, neighbors, and other people integral to their everyday support network.

   c. Additionally, providing "recovery services" to special populations may be more difficult for response personnel because special populations may not be able to facilitate much of their own recovery on their own.

2. Describe how the community defines when the recovery phase starts and when it ends. Defining the entire recovery process is best left for another portion of the emergency operations plan; however, this section should relate the process of "recovery" to the special populations in one's community.

Explanation: It is too easy to say that "recovery begins when response ends". In many ways, the recovery phase begins long before the response starts; the argument could be made that recovery begins before the response starts. Identifying the parameters of a recovery can aid in implementing recovery operations.

Example: Once the emergency situation is contained, the Jones County EOC should begin coordinating recovery operations by anticipating what recovery resources will be

necessary, notifying recovery resources, coordinating with shelter personnel to arrange for long-term sheltering, and arranging for behavioral health support.

3. Reunification

   a. A coherent system for the reunification of support networks and reunite children with their parents or guardians or elderly persons with their caregivers is essential.

   b. Who is responsible for reunification efforts?

   c. What is the local plan for supporting reunification efforts?

   Explanation: When sheltering operations are implemented, reunification becomes a concern. The shelter and/or mass care annex/ESF should describe how the community coordinates reunification efforts. If that discussion includes provisions for special populations, citing it here would be sufficient. If not, this section gives the end-user an opportunity to outline any extra efforts that would be undertaken for special populations.

   Because recovery efforts may begin before the response ends, it is unlikely that any single resource coordinating a response element will be able to add recovery to its responsibilities. As such, the community should identify an agency or position to coordinate aspects of the recovery, including reunification.

   Example: Jones County supports reunification efforts as early as possible. Upon the issuance of an evacuation, the EOC is activated. The EOC begins coordinating with shelter managers to determine who is in the shelters. Additionally, the EOC establishes a hotline, staffed by the local faith-based organization, for individuals looking for family members to call. Once the incident is stabilized, the EOC and local faith-based organization set up a reunification point at the local armory.

4. Restoration

   a. What is the restoration priority in the community?

   Explanation: Several facilities may be impacted by the emergency, including those that assist and/or house special populations. The community should prioritize the restoration of some of those facilities. Current guidance from USDHS suggests that hospitals should be top priority for restoration, followed closely by schools and day care centers.

   Examples:
   - *TOP PRIORITY: Vandalia Memorial Hospital*
   - *SECOND PRIORITY: Serenity Nursing Home*
   - *THIRD PRIORITY: West Vandalia Day Care*
   - *FOURTH PRIORITY: Jones County High School*

- *ADDITIONAL PRIORITIES: Remaining schools, Vandalia Chemical Company*

b. It is significant to note that local priorities may be adjusted during or after an incident.

5. Support Mechanisms

   a. Behavioral Health Considerations

      i. Previous disasters have demonstrated that stressful situations often lead to dramatic increases in suicide, domestic violence, and child abuse as well as exacerbations of pre-existing physical and mental health issues.

      ii. Who is the primary mental health provider in the community?

      iii. How will the provision of mental health service be modified for special populations?

      Explanation: Mental and behavioral health considerations are significant following major emergencies. Many communities discuss mental health in their public health and medical annex/ESF. If this is the case, a citation is sufficient. This section provides an opportunity for the community to describe how it will provide mental health services to special populations. Will it place counselors at reunification points? Have agreements been executed to arrange for referrals to more in-depth mental health services?

      Example: Vandalia Memorial Hospital's Mental Health Ward has agreed to provide two (2) sets of counselors to the emergency response effort: one (1) that supports the mental health needs of responders and another that supports the mental health needs of residents. The Ward has a team of five (5) individuals who specialize in working with special populations (e.g., children, the elderly and non-English speaking populations).

   b. Other Considerations

      i. Other support mechanisms may be needed to support the disaster application process, provision of medical care, etc.

      ii. What types of long-term translation/interpreter services are available?

      iii. What types of augmentative communications devices can be used?

      iv. Are there any long-term agreements in place for continued medical resources?

      v. How can volunteers be used during the recovery phase?

Explanation: This section is similar to the other "resource" discussions earlier in this annex. It gives the end-user an opportunity to list the additional resources that could assist in recovery operations.

Data Source: General resources may be identified in the resource database compiled by Volunteer West Virginia. Other data may come directly from agencies in your community, such as hospitals, nursing homes, disability service providers, EMS providers, senior centers, school boards, mental health providers, etc.

6. Long-Term Sheltering

   a. What long-term shelters have been identified in the community?

   b. Are there any provisions for temporary or permanent housing?

Explanation: This information may be contained in the shelter or mass care annex/ESF. If so, a citation would be sufficient. Otherwise, the end-user can list any long-term sheltering capabilities. Considerations include the following: schools would not likely serve as long-term shelters, how will a long-term shelter be staffed, from where will supplies come, etc.

Example: The Jones-Vandalia Convention Center serves as a long-term shelter. The center is fully equipped with sanitary facilities and a commercial kitchen. Hospitality personnel from the center are scheduled to operate the shelter at the direction of the Emergency Services Coordinator of the local American Red Cross chapter.

If temporary housing is necessary, the Vandalia Mom-n-Pop Motel has agreed to offer a discount rate for those in need of temporary housing. The proprietor has requested a week's notification to clear enough space at the hotel. The proprietor has also agreed to withhold billing until recovery funding is available. (As such, temporary housing is anticipated as a need, the Jones County Emergency Manager should coordinate with the County Commission to recommend a declaration of emergency and encourage the County Commission to request a declaration from the Governor.)

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Organization

This section reinforces the structure that was described in detail in the "Concept of Operations" section above. It sets forth the organizational and reporting structure into which the information above fits.

Explanation: This section should describe how all of the elements in the "Concept of Operations" section interact. It may make a reference to the use of the Incident

Command System (ICS) or note how the Emergency Operations Center (EOC) would be involved.

Data Source: While the information contained in this section may seem somewhat intuitive or the temptation to say something general (such as "Jones County utilizes the ICS to manage all elements of an emergency") may exist, the end-user is strongly encouraged to facilitate a workshop with local stakeholders to ensure that everyone understands how these resources would interact.

Examples:
- *The lead agency for special populations planning also serves as the liaison to resources addressing special populations concerns. This role is filled at the Jones County EOC.*
- *The lead agency identified above is a planning role only. Once a response is implemented, resource management, emergency public information, direction and control, etc. are implemented in accordance with other sections of the emergency operations plan.*

B. Assignment of Responsibilities

1. Coordinating Agency

This section lists the responsibilities of the lead agency. If the lead agency for planning and the lead agency for response are different, an outline format should be used to delineate the responsibilities of each.

Explanation: The responsibilities of the lead agency(ies) should be listed in bullet form. This section, though, should not necessarily be the first section in which to list these responsibilities. In other words, it should recount the responsibilities discussed in the sections above. The responsibilities section serves as a summary or "quick reference" section. It can be organized as a single list or can be broken up into categories such as "pre-emergency", "response", "post-emergency", etc.

Examples:
- *Distribution registry questionnaires on an annual basis.*
- *Maintain the special populations support annex.*
- *Maintain the county's special populations registry as sensitive information in a secure location.*
- *Coordinate with preparedness partners to ensure appropriate confidentiality of special populations information.*
- *Attend meetings throughout the state on special populations planning.*
- *Activate the special populations position in the Emergency Operations Center, if necessary.*
- *Deploy special populations resources, as necessary.*
- *Coordinate with disability service providers, direct service agencies, the American Red Cross, other Voluntary Organizations Active in Disaster (VOAD),*

and local faith-based partners to designate at least one (1) special populations shelter in the county.
- Develop Mutual Aid Agreements for the use of special populations resources.
- Ensure special populations the opportunities to participate in training as well as exercises testing this support annex.

2. Cooperating Agencies/Organizations

Agency	Responsibilities
List Cooperating Agency 1	• List responsibilities, as appropriate.
List Cooperating Agency 2	• List responsibilities, as appropriate.
List Cooperating Agency 3	• List responsibilities, as appropriate.
List Cooperating Agency 4	• List responsibilities, as appropriate.
List Cooperating Agency 5	• List responsibilities, as appropriate.

Explanation: This section should contain a list of responsibilities for ALL cooperating agencies and organizations. The list is similar to the one presented in the preceding section for the lead agency. Again, this should not be the first time this information is presented. This section summarizes, in quick-reference format, the ancillary responsibilities assigned to the cooperating agencies in the Concepts of Operations, Organization, Response Actions, and Post-Response Actions sections. Add as many rows as are necessary to the above chart.

Data Source: Cooperating agencies and organizations may simply be members of the special populations planning committee (if committee membership is robust) or a list of all agencies with responsibilities for special populations during the response to an incident. This list should exactly match the list presented on the first page of the annex.

DIRECTION, CONTROL, AND COORDINATION

A. Incident Command System

1. All emergencies in Name County, including those heavily involving special populations, are managed by the ICS. See Annex/ESF ? for more information.

2. As such, all on-scene responsibilities are implemented under the ultimate supervision of an Incident Commander (IC). The IC may delegate the section, branch, group, division, etc. under which special populations resources should be organized.

3. Such resources as those providing transportation assistance – which are more operationally utilized – would likely be directed to a Staging Area to await a tactical assignment from the Operations Section Chief or IC.

B. Multi-Agency Coordination Systems

1. Other resources, such as medical equipment and supplies, would most likely be made available at a shelter or distribution point. Deployment may be coordinated by a Multi-Agency Coordination System (MACS) designed to support the on-scene ICS.

2. EOCs, shelter management structures, Joint Information Systems (JISs), and the on-scene ICS would all be components of the MACS.

INFORMATION COLLECTION AND DISSEMINATION

A. Sharing information is critical to the success of a response operation; it is also important during the planning phase.

B. Information Collection and Storage

Explanation: This sub-heading is optional; the end-user may choose to describe how sensitive information would be kept secure here (i.e., with respect to the Freedom of Information Act [FOIA], Personal Identifying Information [PII], etc.). The same guidance is listed above would be applicable.

C. Message Flow

1. Describe the optimal ways messages would flow.

Explanation: The sharing of information should be extensive and unrestricted by an organizational structure. This section, gives the end-user the opportunity to reinforce the ICS structure's unity of command by sending formal communications up the command hierarchy. This section would also lay the ground rules for the transmission of confidential or sensitive information.

D. Status Reporting

1. Describe how often special populations resources should report status.

2. How are status reports to be transmitted?

Explanation: This section can set parameters for how often status reports should be submitted and the type of information they should contain. It is important to designate which agencies would need to report status and then who within that agency would be responsible for generating and submitting the report.

H Consulting

COMMUNICATIONS

A. When designing communications and information programs, be aware of the following needs.

1. **People with Visual Disabilities:** Consider the need to make printed information accessible and to provide a verbal orientation when people with visual disabilities encounter a new environment (i.e., upon entering a disaster shelter). See alternatives for written information below.

2. **People who are Deaf or Hard of Hearing:** For many persons who are deaf, sign language is the primary means of communication. People who are hard of hearing typically have functional speech and communicate primarily through speech.

3. **Persons with Developmental or Cognitive Disabilities:** In general, persons with developmental or cognitive disabilities may have trouble processing information unless it is presented simply and slowly.

4. **Disaster Victims in General:** Some persons may not fully understand the extent of what is happening in the shelter. Take time to listen carefully or to explain again.

5. **Improving Communication until Resources Arrive:** The following are ways to support communication access until resources arrive.

   a. **To Meet Most Basic Communication Needs:** Have note pads, pens and pencils available at the shelter for staff or volunteers to use in communicating with deaf or hearing-impaired persons and with persons who seem disoriented. Keep language simple and draw pictures if necessary. Whenever there are spoken shelter announcements, these same announcements need to be summarized in writing and posted on a central message board. Flashing lights could precede the announcement so that shelter residents with hearing loss are informed that an announcement is forthcoming. If electricity is available, it might be possible to use an electronic board to provide short scrolling text of what was said.

   b. **Alternatives for Written Information:** The usual options include Braille, large print (24 point font), or audiocassettes, if persons with visual disabilities request information in alternative formats. Otherwise, always communicating any written information orally may be adequate for people who are visually impaired.

c. **Hearing Aids:** Hearing aids amplify background noise and shelter environments have a high background noise level. For optimal communication, face a hearing impaired person directly and get as close as you comfortably can.

d. **Comprehension:** Some persons with developmental or cognitive disabilities may not fully comprehend the emergency or could become confused about the proper way to react. Present information slowly; use simple language and speak with short sentences.

e. **Repeat Back:** Have the person repeat back what was said as a check for comprehension.

f. **Disaster victims in general:** Some persons may not fully understand the extent of what is happening in the shelter. Take time to listen carefully or to explain again.

6. Resources to Help with Communication Access

a. **ASL Interpreters:** A person who is deaf may request an American Sign Language (ASL) interpreter to aid in communication.

b. **TTYs or CapTel Phones:** For telephone communication, once telephones are operational, deaf persons require a telephone device that transmits typed text (TTY or TDD). CapTel phones also receive text of the other person's speech, but allow for much faster communication as they go through a different relay service.

c. **Captioning:** Captioning provides a visual representation for verbal communication and for the audio portion to video communication. Captioning includes both open/closed captioning where the audio being captioned appears visually in a scroll box on the TV screen. Real-time captions involve a trained captioner typing out a visual representation of the verbal communication.

d. **Assisted Listening Devices:** Any type of device that will help the person to function better in day-to-day shelter communication situations.

B. List the ways in which the community communicates with its special populations resources.

Explanation: This section lists the primary and alternate means of communicating with special populations resources. It should include not only the external resources identified in the "Concepts of Operations" section above, but also include any coordinating agencies, congregate facilities, etc.

Data Source: As resources are identified and agency responsibilities are delineated, the preferred means of communication should be discussed.

Examples:
- *The Jones County Health Department serves as the coordinating agency for special populations concerns. Primary communications with the health department are via telephone and supported by email and text message. (Sensitive information, though, would not be communicated by email or text message.)*
- *Jones County Schools provides a significant amount of transportation assistance. Primary communications with the Transportation Director and bus drivers is via radio, frequency 154.000.*

ADMINISTRATION, FINANCE, AND LOGISTICS

A. Administration

   1. Can any staff within the local government be reassigned to assist with emergency operations (specifically the provision of support to special populations)?

   2. How will volunteers be managed?

   Explanation: What are the authorities and policies for augmenting staff by reassigning public employees and soliciting volunteers, along with relevant liability provisions (i.e., how are these individuals "covered")? Other questions to ask include: Who coordinates and manages the use of volunteers? Are there any local policies that could limit emergency assistance? What is our local policy for delegating authorities? Most communities cover these issues in the base plan portion of their EOP; if so, references are appropriate.

B. Finance

   1. Describe guidelines for reporting for potential cost reimbursement.

   2. Describe the financial support that can be offered by the EOC.

   Explanation: This section is meant to list the general policies on keeping financial records, reporting, tracking resource needs, tracking the source and use of resources, and compensating the owners of private property/equipment used by the jurisdiction. Other resources, such as those provided by the EOC and/or ICS structure should be described. It is significant to note that most communities discuss these issues in the Basic Plan portion of their emergency operations plans. If so, references in this section are appropriate.

C. Logistics

   1. List any Mutual Aid Agreements (MAAs) or Memoranda of Understanding (MOUs) that could provide special populations assistance.

Explanation: Reference any MAAs and MOUs that are relevant. A discussion of the Emergency Management Assistance Compact (EMAC) may also be necessary (especially if the jurisdiction borders another state). This section will also likely discuss tracking resource needs, tracking the source and use of resources, and acquiring ownership of resources.

2. See Annex/ESF ? of the *Name* County Emergency Operations Plan for more information on how Name County manages resources.

3. See Appendix 2 for a list of available resources.

PLAN DEVELOPMENT AND MAINTENANCE

A. This annex should be updated periodically so that it reflects as current information as possible. Unless otherwise noted, the Lead Agency for Planning is responsible for coordinating all revision efforts.

B. Contact and other resource information should be verified on an annual basis.

C. The organizational elements of this annex should be reviewed no less than every five (5) years.

D. Following training or exercise events that test and/or analyze this support annex, an after-action critique should be scheduled for the purpose of discussing the strengths and areas for improvement of the concepts in this annex. Following such a session, the document should be updated accordingly (rather than waiting for the "regular" updating cycle).

Explanation: Counties should feel free to amend the intervals between periodic reviews to match the rest of their Emergency Operations Plan or to meet other locally-designated goals and objectives.

AUTHORITIES AND REFERENCES

Authorities

- The *Code of Federal Regulations,* Title 44, Chapter 1, Federal Emergency Management Agency, October 1, 2008.
- Homeland Security Act of 2002, 6 U.S.C. 101, et seq., as amended.
- Post-Katrina Emergency Management Reform Act of 2006, Public Law 109-295.
- *The West Virginia Code,* Chapter 15, Article 5, as amended.

References

- Federal Emergency Management Agency (FEMA). (2009). *Comprehensive Preparedness Guide (CPG) 101: Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans.*

- Federal Emergency Management Agency (FEMA) & USDHS Office for Civil Rights and Civil Liberties. (2008). *Comprehensive Preparedness Guide (CPG) 301: Interim Emergency Management Planning Guide for Special Needs Populations.* Version 1.0.

- US Department of Homeland Security (USDHS). (n.d.). *National Response Framework (NRF),* as amended.

- US Department of Homeland Security (USDHS). (2007). *Accommodating Individuals with Disabilities in the Provision of Disaster Mass Care, Housing, and Human Services Reference Guide.*

- US Department of Homeland Security (USDHS). (2007). *Emergency Management Planning Guide for Special Needs Populations.*

- West Virginia Division of Homeland Security and Emergency Management (WVDHSEM). (n.d.). *West Virginia Emergency Operations Plan,* as amended.

LIST OF APPENDICES

Appendix 1: Assessing Special Populations in the Community

Appendix 2: Locally-Available Resources

    Attachment A: Sample Letter of Agreement for Name County and Resource Providers

Appendix 3: Emergency Public Information Materials

Appendix 4: Glossary

NAME COUNTY EMERGENCY OPERATIONS PLAN
SPECIAL POPULATIONS SUPPORT ANNEX
APPENDIX 1: ASSESSING SPECIAL POPULATIONS IN THE COMMUNITY

Local governments should have an accurate assessment – an informed estimate of the number and types of special populations residing in their community. Emergency planners should base these assessments on lists and information collected from multiple relevant sources wherein special populations are represented, such as the following:

- US Census data,
- Disability service providers,
- Social services listings (dialysis centers, Meals on Wheels, etc.),
- Paratransit providers,
- WVDMV (accessible parking permit holders),
- Health departments,
- Utility providers,
- Job access services,
- Schools,
- Local emergency alert list serves,
- Medicaid,

- Hospitals,
- Day care centers (for children or senior citizens),
- WV Office of Behavioral Health,
- Places of worship,
- Homeless shelters
- Group homes,
- Nursing homes,
- Long-term care facilities,
- Assisted living units,
- Summer camps,
- Residential schools, and
- Hospice facilities.

This appendix provides space for the end-user to describe the types of special populations in his/her community. The format and organization of the description is not important, so long as enough information is available for the community to determine what types of assistance may need to be offered (and what types of resources should be identified). Such items as congregate facilities and their locations should be listed. Any areas with high-density populations should be listed.

NAME COUNTY EMERGENCY OPERATIONS PLAN
SPECIAL POPULATIONS SUPPORT ANNEX
APPENDIX 2: LOCALLY-AVAILABLE RESOURCES

Insert a list of resources that are available locally. Organize them by broad categories. These should include the resources listed in the annex above, *but may also include* additional resources as per the community's discretion.

Explanation: As mentioned, this appendix should list the resources that are identified earlier in the document as well as any other resources the end-user may find useful to assist special populations. "Broad categories" refers to general labels as to types of resources (e.g., transportation, medical, etc.). The broad categories aid navigation of the appendix.

Data Source: General resources may be identified in the resource database compiled by Volunteer West Virginia. Other data may come directly from agencies in your community.

H Consulting

NAME COUNTY EMERGENCY OPERATIONS PLAN
SPECIAL POPULATIONS SUPPORT ANNEX
APPENDIX 2: LOCALLY-AVAILABLE RESOURCES
ATTACHMENT A: SAMPLE LETTER OF AGREEMENT FOR NAME
COUNTY AND RESOURCE PROVIDERS

This attachment contains a letter of agreement that can be used to ensure that Name County and the entities it has identified as resource providers understand their responsibilities as outlined in this annex. This letter of agreement may also be used by Cooperating Agencies/Organizations to demonstrate not only their commitment to assisting special populations in Name County, but also to confirm their understanding of their responsibilities as stated in the annex.

NAME COUNTY EMERGENCY OPERATIONS PLAN
SPECIAL POPULATIONS SUPPORT ANNEX LETTER OF AGREEMENT
DEPARTMENT/AGENCY _____

Date: _____

In order to remain effective, the Special Populations Support Annex of the *Name County Emergency Operations Plan* requires support from all of the agencies to which it assigns responsibilities and the resources upon which it relies to provide assistance. The annex was developed with significant input from not only the Lead Planning Agency, but also from each agency included in the plan. Such steps were taken to ensure an accurate portrayal of regular and emergency conditions, such as data protection measures, deployment, etc.

In signing this "Letter of Agreement", the representative agrees to participate in periodic training and exercises to keep the annex viable. It serves as a certification that the undersigned has read the annex and understands his/her agency's responsibilities as presented in the annex. The Lead Planning Agency agrees to provide guidance and information appropriate to updating the plan as well as a copy of the most up-to-date version of plan.

SIGNATURES

Agency Name	Position Title

Lead Planning Agency	Position Title

NAME COUNTY EMERGENCY OPERATIONS PLAN
SPECIAL POPULATIONS SUPPORT ANNEX
APPENDIX 3: EMERGENCY PUBLIC INFORMATION MATERIALS

This appendix contains sample public information materials that may be used. These materials are targeted to special populations. Additional materials may be located in the emergency public information annex of the jurisdiction's emergency operations plan.

PRESS RELEASE TEMPLATE

CONTACT: (name of contact/s) _____

PHONE: (number of contact/s) _____

E-MAIL: (e-mail of contact/s) _____

FOR IMMEDIATE RELEASE

HEADLINE

DATELINE, e.g. Charleston, WV, January 1, 2010 – THE LEAD is two to three sentences describing what happened – the most important facts of the release.

BODY

Paragraph two should include essential background material, names of key characters or sources, a second important element, and names of secondary characters or sources. Also, include supportive quotes.

Paragraph three is an elaboration of the material in the first paragraph, background material, and attribution. Include supportive quotes.

Paragraph four is more background material and elaboration. Include supportive quotes.

#

In the event of a disaster or widespread emergency, do you know how to respond?

THE SIX MOST IMPORTANT THINGS TO DO:

1. **Complete an Emergency Contact List:** Ask several relatives or friends who live outside your immediate area (between 50 and 100 miles away) to act as a clearinghouse for information about you and your family after a disaster. It is often easier to place an out-of-state long distance call from a disaster area, than to call within the area. All family members should know to call the contact person to report their location and condition. Once contact is made, have the contact person relay messages to your other friends and relatives outside the disaster area. This will help to reduce calling into and out of the affected area once the phones are working.

2. **Register with any Special Populations Inventories in Your Area:** Inventories can provide emergency responders with vital information about residents who have special needs. Information is maintained safely to protect privacy, and residents (or their caregivers) are encouraged to register with the describe how to register, if applicable, in the jurisdiction. Describe how to find out more information about the registry.

3. **Collect Emergency Documents:** Including important information typically needed after a disaster. Store emergency contact list and documents in your own emergency supply kit, wallet, or safe deposit box and give copies to your personal support network and out of area contact. Copies of your emergency documents should include:

   - Proof of ownership or lease of your residence. (This is important when applying for disaster assistance after the disaster.)
   - Social security number and those of your family members.
   - Vehicle, boats, etc. - make and model, identification and license numbers.
   - Bank account numbers and credit account numbers.
   - Will/living trust and letter of instructions.
   - Insurance policy numbers.
   - Securities, deeds and loan numbers including company name, address and telephone numbers.
   - Photos or video of all valuables for documentation of insurance claim. (This inventory should be backed up on disk if it is on computer. Consider documenting your possessions on film with a video or camera.)

- Important business documents.
- Family records (birth, marriage, death certificates).
- Specifications for adaptive equipment (in case it needs to be replaced): List style and serial numbers of medical devices such as pacemakers.

4. **Assemble Your Own Emergency Supply Kit:** Use a duffle bag or backpack to hold the contents of your kit, and label it with your name and phone number. Store your emergency supply kit in a place that is cool and dry, and easy for you to reach.

5. **Review and Update Your Plans Every Six Months** (or when you change the clocks).
   - Emergency Health Information Card
   - Emergency Contact List
   - Emergency Supply Kit

6. **Consider Various Sheltering Options:** Sheltering in place at home or work often is the safest and least stressful alternative to evacuation. However, if you can leave your community before a known threat arrives, do it. Try to take refuge with friends and family first. Otherwise the nearest special needs shelter might be your best available option where your medical needs can receive appropriate attention.

ADDITIONAL CONSIDERATIONS FOR PEOPLE WITH SPECIAL NEEDS:
- Provide the power company with a list of all power-dependent life-support equipment and plan for an alternate power source in advance.
- In the event you are home alone or unable to converse with responders, display important health and medical information on your refrigerator for rapid access by first responders.
- Practice "assertive communication" by carrying a written copy of key phrases such as: "I cannot read. I can point to pictures or key words you will find in my emergency kit" "I may have difficulty understanding what you are telling me. Please speak slowly and use simple language." "I forget easily; please write down information for me."
- Protect monthly benefits that may be mailed to your home by enrolling in direct deposit programs.
- Contact the list the appropriate department/agency/organization and a phone number for more resources and information.

FAMILIES WITH SPECIAL NEEDS: CAREGIVING TIPS

Whether your family member with special needs is a child or an adult, combining personal, care giving, and everyday needs can be challenging. Below are general care giving tips and links to information on specific health topics to help you and those you care for stay safe and healthy.

CAREGIVING TIPS

Be informed.
- Take time to learn about your family member's condition and special need requirements.
- Talk to health care providers and other health professionals that work with families with special needs.
- Understand the needs of you and your family, and work together to make good choices about housing, schools, health services, and more.
- Be aware of signs of mental or physical abuse. Notice how others care for the person with special needs.

Get support.
- Seek help from family and friends when you need it.
- Join a local or online support group.
- Expand your search for local and national groups that provide services, recreation, and information for families with special needs, and not just a specific issue.
- Find out about local, state, federal, or other programs that may be available.

Be an advocate.
- Ask questions, and know your rights.
- Become familiar with the Americans with Disabilities Act, the Family Medical Leave Act, and other state and national provisions. Know how and when to apply them to your situation.
- Inform other caregivers of any special conditions or instructions. Always remind dental or medical staff of this information each time you visit.
- Document the medical history of your family member with special needs, and keep this information current.

- Make sure your employer understands your circumstances or limitations. Arrange for flexible scheduling when needed.

Be empowering.

- Focus on what you and your family member with special needs can do.
- Recognize appropriate milestones to celebrate. Look for memorable events and achievements to honor family members with special needs.

Take care of yourself.

- Stay healthy for yourself and those you care for.
- Work to maintain your personal interests, hobbies, and friendships. Balance is key.
- Set reasonable expectations about care giving. This may lower stress and make you a more effective caregiver.
- Take a break. Short or long breaks can be helpful.

NAME COUNTY EMERGENCY OPERATIONS PLAN
SPECIAL POPULATIONS SUPPORT ANNEX
APPENDIX 4: GLOSSARY

The glossary defines terms that are frequently used throughout this annex. It is significant to note that these terms may appear elsewhere in emergency preparedness literature; they are included here because they either bear a special relevance to special populations planning or have a slightly different connotation in the special populations context versus other areas of preparedness. The glossary also contains a list of acronyms used in the support annex above.

DEFINITION OF TERMS

Emergency Public Information: Information that is disseminated primarily in anticipation of an emergency or during an emergency. In addition to providing situational information to the public, it also frequently provides directive actions required to be taken by the general public.

Notification: An authoritative or urgent notice. A notification is usually of an action that should be taken in response to an emergency.

Resource: Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Under the National Incident Management System, resources are described by kind and type and may be used in operational support or supervisory capacities at incident or at an Emergency Operations Center.

Sheltering: Places for people to reside on a temporary basis during and following an emergency incident when that emergency has rendered their permanent residence unsafe.

Special Needs Assessment: An informed estimate of the number and types of individuals with special needs residing in the community.

Special Populations: Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to:

- Maintaining independence,
- Communication,
- Transportation,
- Supervision, and
- Medical care.

Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency; who are non-English speaking; or who are transportation disadvantaged.

Special Populations Registry: A database of individuals who voluntarily sign up and meet the eligibility requirements for receiving emergency response services based on a need (the criteria for which should be established by the state, territorial, tribal, or local jurisdiction). Because registries are voluntary, not everyone who requires assistance during an emergency will enroll.

Transportation Assistance: Assistance traveling from a risk area to a safe area. Transportation assistance may be required because of a permanent special need or a temporary incapacitation.

Warning: A message to indicate an imminent emergency or of a result of inaction.

DEFINITION OF ACRONYMS

ADA	Americans with Disabilities Act
ASL	American Sign Language
CONOPS	Concept of Operations
CPG	Comprehensive Preparedness Guide
EAS	Emergency Alert System
EMAC	Emergency Management Assistance Compact
EOC	Emergency Operations Center
EOP	Emergency Operations Plan

EPI	Emergency Public Information
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
HIPAA	Health Insurance Portability and Accountability Act
IC	Incident Commander
ICS	Incident Command System
JIC	Joint Information Center
MAA	Mutual Aid Agreement
MACS	Multi-Agency Coordination System
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
MS	Microsoft
NIMS	National Incident Management System
NOAA	National Oceanic and Atmospheric Administration
NRF	National Response Framework
SOG	Standard Operating Guideline
TDD	Telecommunications Device for the Deaf
TTY	Teletypewriter or Typewriter with Electronic Communication Channel
USDHS	United States Department of Homeland Security
VOAD	Volunteer Organizations Active in Disaster
WVOBH	West Virginia Office of Behavioral Health