



2009 Interagency Action Plan

**For the Emergency Preparedness
Of People with Disabilities and
Special Health Needs**

**State of Hawaii
August 2009**

WORKING GROUP

State of Hawaii Departments or Agencies (alpha)

Department of Education (DOE)
Department of Health (DOH)
Department of Human Services (DHS)
Disability and Communication Access Board (DCAB)
Executive Office on Aging (EOA)
State Civil Defense (SCD)
State Council on Developmental Disabilities (DDC)

County Departments or Agencies (alpha)

City and County of Honolulu, Department of Emergency Management
County of Hawaii, Civil Defense Agency
County of Kauai, Civil Defense Agency
County of Maui, Civil Defense Agency

Community Agencies (alpha)

American Red Cross (ARC)
Healthcare Association of Hawaii

Agencies Representing Individuals with Disabilities (alpha)

County of Hawaii, Mayor's Committee on Persons with Disabilities
County of Kauai, Mayor's Advisory Committee for Equal Access
County of Maui, Mayor's Commission on Persons with Disabilities
Hawaii Centers for Independent Living
Hui Kupuna VIP
National Federation of the Blind
National Multiple Sclerosis Society, Hawaii Division

This document is available on the DCAB web site

www.hawaii.gov/health/dcab/

**To request a large print or Braille copy
contact DCAB at dcab@doh.hawaii.gov or (808) 586-8121 (V/TTY)**

Table of Contents

WORKING GROUP	ii
BACKGROUND.....	1
TARGET POPULATION.....	3
POPULATION DESCRIBED	3
POPULATION QUANTIFIED	4
BASIC PREMISES AND ASSUMPTIONS.....	7
GOALS AND OBJECTIVES	8
GOAL 1: LEVEL I PUBLIC EMERGENCY EVACUATION SHELTERS SHALL MEET MINIMUM REQUIREMENTS FOR FACILITY ACCESS TO ENTER/EXIT AND USE TOILET FACILITIES.....	9
GOAL 2: THE CAPACITY OF THE COMMUNITY TO “SHELTER-IN-PLACE” SHALL BE INCREASED.....	10
GOAL 3: THE NUMBER AND DISPERSION OF PUBLIC EMERGENCY EVACUATION SHELTERS ABLE TO PROVIDE AUGMENTED HEALTH SUPPORT WITH LEVEL II SHELTER SPACES SHALL BE INCREASED, WITH THE LONG-TERM GOAL OF HAVING ALL PUBLIC EMERGENCY EVACUATION SHELTERS CONTAIN LEVEL II SHELTER SPACES.....	11
GOAL 4: INDIVIDUALS WITH DISABILITIES OR SPECIAL HEALTH NEEDS SHALL HAVE AN EMERGENCY EVACUATION PLAN IN PLACE DEVELOPED BY THEMSELVES OR BY THEIR CAREGIVERS TO IMPLEMENT IN THE EVENT OF A NOTIFICATION OF EVACUATION.....	12
GOAL 5: EDUCATION SHALL BE PROVIDED TO ALL LICENSED HEALTH CARE PROVIDERS IN ORDER THAT APPROPRIATE EMERGENCY GUIDELINES FOR HEALTH CARE FACILITIES AND/OR RESIDENTIAL SETTINGS ARE IN PLACE.	13
GOAL 6: ALL NOTIFICATIONS OF PENDING EMERGENCIES AND EVACUATION SHALL BE ACCESSIBLE TO PERSONS WITH DISABILITIES USING MULTIPLE METHODS OF DELIVERY.	14
GOAL 7: INDIVIDUALS WITH DISABILITIES OR SPECIAL HEALTH NEEDS SHALL HAVE AN EMERGENCY EVACUATION TRANSPORTATION PLAN DEVELOPED BY THEMSELVES OR THEIR CAREGIVERS TO IMPLEMENT IN THE EVENT OF NOTIFICATION FOR EVACUATION.....	15
APPENDICES.....	16
APPENDIX A IDENTIFIED SPECIAL NEEDS BED LISTING	17
APPENDIX B GOAL 1 - BACKGROUND & PROGRESS TO-DATE	18
APPENDIX C GOAL 2 - BACKGROUND & PROGRESS TO-DATE	20
APPENDIX D GOAL 3 - BACKGROUND & PROGRESS TO-DATE	22
APPENDIX E GOAL 4 - BACKGROUND & PROGRESS TO-DATE	25
APPENDIX F GOAL 5 - BACKGROUND & PROGRESS TO-DATE	28
APPENDIX G GOAL 6 - BACKGROUND & PROGRESS TO-DATE	30
APPENDIX H GOAL 7 - BACKGROUND & PROGRESS TO-DATE	33
APPENDIX I ACRONYMS	35
APPENDIX J GLOSSARY OF TERMNOLOGY.....	38

BACKGROUND

In the wake of the September 11th terrorist attacks and the subsequent disasters of Hurricanes Katrina, Rita and Wilma of 2005, the inability of the system to respond to the needs of persons with disabilities or other special health needs became more apparent as a major deficiency in our overall community emergency preparedness and response system. The State of Hawaii and its political jurisdictions would fare no better than mainland locations in meeting the needs of persons with disabilities were similar events to occur tomorrow. The disasters, coupled with the growing recognition that people with disabilities or special health needs are a more vulnerable population in an emergency or natural disaster when their daily survival mechanisms, coping skills, and support systems are interrupted, have emphasized the need to prepare a strategic plan which addresses the unique circumstances of persons with disabilities and special health needs in disaster preparedness planning.

A Harris Poll commissioned by the National Organization on Disability in November 2001 discovered that 58% of people with disabilities did not know whom to contact about emergency plans in their community. Some 61% of those surveyed had not made plans to quickly and safely evacuate their homes. And, among those individuals with disabilities who were employed, 50% said that no plans had been made to safely evacuate their workplace. All of these percentages were higher than the percentages for people without disabilities.

A Working Group convened in the Fall of 2005 and developed the original plan in February 2006 with six (6) goals. It was updated in February 2007 with the addition of a Goal 7 that focused on transportation needs of the target population. It was revised again in 2008 incorporating amendments to the existing goals and objectives along with additional information reflecting progress made and suggestions from the community statewide. It is the intent of the Working Group to review and revise the Plan on a biennial basis beginning in 2009.

On September 23, 2008, a small statewide forum was conducted in Honolulu as a follow up to the October 2007 forums previously conducted by DCAB and SCD in each county. Individuals with disabilities representing a variety of disability agencies were invited to attend. DCAB hosted the forum and sponsored airfares for representatives from the County Mayor's Committees on Persons with Disabilities and community to attend the meeting on Oahu. The purpose of the forum was to review 2008 accomplishments and identify objectives to address in 2009 for the population of people with disabilities and special health needs.

The forum was comprised of four (4) panels to review emergency shelters and sheltering-in-place, county civil defense agency activities, community education and training activities, and the development of community resources. Panelists presented activities that were conducted in each county and on a statewide basis. The audience was very active in soliciting and providing information that was instrumental in moving the Action Plan forward.

During the October 2007 forums counties developed their own invitation lists of key representatives from agencies, advocates, individuals with disabilities, family members and caregivers. Attendance at each forum was diverse, resulting in comments and suggestions that were creative and unique to each location. Representatives from Guam and American Samoa were invited to and included at the Oahu forum, along with two (2) representatives from each neighbor island forum. Using this methodology to obtain input resulted in development of this 2008 Plan that represents the needs of a broader base of Hawaii's community of people with disabilities. Both the 2007 and 2008 forums were funded by a grant from the Centers for Disease Control (CDC), U.S. Department of Health and Human Services through the Public Health Emergency Preparedness Cooperative Agreement.

This Action Plan is not an emergency preparedness document, nor is it a special health needs response plan. It is a roadmap to ensure that other legislative, administrative, or programmatic efforts are inclusive of the issues of people with disabilities or special health needs. This document does not propose an entirely separate set of emergency procedures or plans. The Plan is an acknowledgment that the interests of people with disabilities and special health needs must be made a part of overall community efforts. Everyone will benefit if the overall system is better prepared to respond to the entire community including people with disabilities or special health needs. Finally, the Plan is in recognition of the fact that people with disabilities and their caregivers have as much responsibility as any other citizen to prepare for surviving an emergency.

This Plan focuses on those individuals with disabilities (physical, mental, or health-related) that may compromise their ability to respond or respond as effectively as the general population. While many people will have unique needs in an emergency, such as those resulting from limited English speaking skills, homelessness, pet ownership, geographic isolation, cultural isolation, single parent status, criminal offender status, chemical dependency, or low income status, this Plan does not specifically address those circumstances at this time.

The Working Group has chosen to focus on emergency preparedness, notification, and sheltering in this Plan as the most pressing issues. The Working Group acknowledges the importance of other issues such as infrastructure, recovery and long-term support system. This Plan is an evolving document and other issues will be integrated into the Plan as the efforts of the Working Group continue.

TARGET POPULATION

POPULATION DESCRIBED

There is no absolute definition of the population of individuals with disabilities or special health needs for the purposes of this Plan. However, the population can be described, rather than defined, by its needs in the event of an emergency or disaster, and can be clustered by their level of independence and need for health or medical support acknowledging that even with the best of ‘descriptions,’ the population is not homogeneous and does not come together through a common service delivery system. For the purposes of this discussion the population can be very broadly described and clustered into the following categories as outlined by the American Red Cross (ARC) national guidelines:

Level I Care & Shelters:

Individuals going to a Level I shelter are people with disabilities who are independent and capable of self-care or care by those who are their daily caregivers (exclusive of the need for electrical power, generator, etc.). This includes the following persons, as a non-exhaustive list: those who use wheelchairs but are capable of transfer from their wheelchair; those with stable, controlled conditions such as arthritis; those with mild to moderate muscular conditions with a stable or assisted gait; colostomy patients; patients on special diets; those with artificial limbs or prosthesis; those with mechanical devices, such as pacemakers, implanted defibrillators, insulin pumps; those with visual, speech, or hearing impairments; those with managed, non-acute behavioral, cognitive or mental health illnesses; and those with tuberculosis controlled by medication.

Level I shelters are public evacuation shelters, often referred to as “mass care” or “general population” shelters.

Level II Care & Shelters:

Individuals who go to Level II shelters are people who have ongoing ‘enhanced special health needs’ and who, by the nature of their condition, need a heightened level of attention. This includes the following persons as a non-exhaustive list: those with attendant medical care and continuous health care support; those with special bed care and/or special toileting arrangements; those with life support equipment; those requiring significant supportive nursing care such as kidney dialysis; those with physician-ordered observation, assistance or maintenance or custodial care; those requiring skilled nursing care due to recent medical treatment; those whose disability prevents them from sleeping on a cot; those who require equipment normally found in a hospital or skilled nursing facility; and those who require assistance in performing activities of daily living or have health conditions whereby they cannot manage for themselves in a Level I general population evacuation shelter.

Level II shelters are not freestanding shelters. Rather, they are spaces within a Level I “mass care” or “general population” shelter for individuals needing Level II care.

Level III Care:

Individuals requiring Level III care are people who need acute medical care. This includes women giving birth, and individuals having a heart attack, individuals experiencing trauma or injury: people who would otherwise simply be a part of the general population. In the case of a disease outbreak or certain other disasters (such as a tsunami or hurricane), a significant portion of the population may immediately be included into this category. There are no Level III shelters. Individuals needing Level III care should be served in a hospital.

For the purposes of this document and disaster management and planning, the term “individuals with disabilities” will refer to individuals requiring both Level I and Level II care. “Individuals with special health needs” will refer only to people requiring Level II care. “Individuals with acute medical needs” are not the subject of this Plan.

The current Plan uses the terms “Level I,” “Level II,” and “Level III” to describe level of care and shelters or shelter spaces. The terminology change reflects the use of “people-first” language in lieu of labeling people. Also, the Plan references Level III care, instead of a Level III shelter. As such, a Level III shelter does not exist. Individuals requiring Level III care should be served in a hospital. During 2008, the Department of Health (DOH) convened a State Collaboration Workgroup to develop plans for Alternate Care Sites (ACS) to address needs that may arise during a pandemic influenza outbreak. As part of the planning process, DOH is considering the possibility of using ACS as Level II shelters because manpower to staff an ACS may be comparable to what is required in a Level II shelter. To date, the DOH State Collaboration Workgroup has not met with the Interagency Working Group to resolve the issue of staffing of ACS/Level II shelters. The purpose of an ACS is to supplement the healthcare system (whether it is a pandemic or hurricane) by providing basic care outside of hospitals. The planning process needs to be inclusive to attain the goal of supporting the healthcare system and of people with special health care needs during a disaster.

Another compelling reason to avoid categorizing people in levels is because the care required by an individual with a disability may change dramatically due to the emergency or the conditions surrounding an emergency. For example, a person who uses a wheelchair may be ordinarily able of independent living and self-care due to home accessibility modifications; however, the same individual may require Level II care because in a shelter the restrooms are not accessible with no grab bars or because there is no raised bed for the individuals to transfer onto and sleep.

POPULATION QUANTIFIED

The absence of a universal definition of the population of individuals with disabilities or special health needs makes it difficult to definitively quantify the population. While there are broad estimates of the number of people who have a variety of conditions, there is no single ‘count’ of people with disabilities or special health needs. The absence of this data is due to the fact that (1) ‘disability status’ or ‘special health needs status’ are often only

declared for the purpose of obtaining eligibility for a program, service, or benefit and (2) disability status is not necessarily a permanent characteristic of a person, such as age, race, or gender. Emergency preparedness and evacuation provides no incentive or reason for this population to self-identify without a demonstrable benefit to their disclosure. Therefore, for the purposes of planning we must rely on the best estimates based upon other community service data and figures.

The U.S. Census Bureau, 2000 Census of Population and Housing reflected a Hawaii population base of 1,211,537. The same census/survey identified 199,819 individuals, or approximately 16.5% of the non-institutionalized population over age 5 as having a disability or a “long lasting sensory, physical, or mental impairment.” Recognizing that this excludes a significant portion of people with disabilities because they live in institutions or long-term care facilities, the actual figure will be higher.

Thus, the U.S. Census Bureau estimates that 54 million Americans, or about 20% of the U.S. population are individuals with disabilities. Extrapolation to the Hawaii 2007 estimated population base of 1,283,388 (Hawaii Data Book, 2007) people yields approximately 256,678 state residents with disabilities.

Some people with disabilities will not require special assistance during an emergency because they are able to take care of themselves. Therefore, while some 16.5 - 20% of the total population have a disability, the national planning average used by emergency management offices, according to an informal national survey conducted by the National Office on Disability, is notably lower at 10 – 13% (National Council on Disability, 2002). This figure encompasses only those who need help in an emergency, acknowledging that many people with disabilities are capable of self-support.

Based upon those figures of 10 – 13% extrapolated to Hawaii’s population, the estimated number of people with disabilities for the purposes of emergency management planning is between 128,339 and 166,840 individuals. There is no further estimate as to what percentage of those individuals would require various levels of care.

In order to better quantify the 128,339 – 166,840 population estimate, we must quantify the individuals we can identify through the service delivery system. We can locate concentrations of individuals without identifying individuals by name by counting the number of people in clustered group living arrangements. These clusters and groups may change over time, but the number usually will remain consistent. (Since the residential facilities are limited by occupancy and licensing regulations and most facilities are at or near capacity, the number of individuals will not change dramatically until new facilities are opened.)

For example:

Care Home A is licensed for 5 individuals. Care Home A is providing custodial care for 5 individuals and, unless it ceases to provide such services, we can expect 5 individuals living at a specific location to need ‘extra help and attention’ in the event of an emergency.

Appendix A lists clusters of individuals with disabilities or special health needs who can be identified by where they live. Such programs can be identified by the state agencies that either license or fund the residential programs. This includes: Adult Residential Care Homes, Expanded Adult Residential Care Homes, Assisted Living Facilities, Developmental Disabilities Domiciliary Homes, Adult Foster Homes, Child Foster Homes, Special Treatment Facilities, Therapeutic Care Facilities, Skilled Nursing Facilities, Intermediate Care Facilities, and Mental Health Group Homes. Attachment A reveals that there are approximately 12,300 people living in 1,842 identified clustered group living arrangements under some 'control' by the State of Hawaii. This is an unduplicated count.

Recognizing that most people with disabilities or special health needs do not live in a congregate group setting but rather are integrated into the community, often living semi-independently or in the care of their family, additional efforts must be taken to identify those individuals.

For example:

Individual A is frail, elderly, and has a disability. Individual A lives at home, but due to medical fragility, receives services from the Public Health Nursing Branch.

Individual B is elderly, in a wheelchair, and lives alone with rotating support of his children. He receives Meals on Wheels due to being homebound.

Individual C is similar to Individual B, but attends a day activity program instead of receiving Meals on Wheels.

Individual D is a person with a developmental disability, has a case manager through the Department of Health and receives a variety of personal care services to enable the family to keep him at home. Individual D receives SSI as well and does not attend any group program.

Currently, there is no comprehensive aggregate list to identify individuals with disabilities living independently in the community. No efforts are proposed to 'count' or identify such individuals. However, the Plan proposes, in its goals and objectives, to identify the array of social service, health, and education agencies or organizations that provide direct services and have customer-bases which include people with disabilities. This effort will help to assure that individuals with disabilities develop emergency readiness plans as an integral part of their individual service plans through community service agencies. For individuals with disabilities and special health needs who do not use community service agencies, individual emergency readiness is a personal responsibility that may be enhanced through a coordinated community media outreach campaign.

BASIC PREMISES AND ASSUMPTIONS

- (A) Although the circumstances of individuals with disabilities or special health needs may be different from the general population at-large, with the assumption that their needs are 'greater,' the means to address those needs must be integrated into the overall, general plans for emergency readiness and evacuation for the general population. A 'separate' emergency management plan for individuals with disabilities or special health needs is not appropriate. We cannot plan for 'special health needs populations' in isolation. If the general infrastructure of emergency preparedness, evacuation, and response is not increased for the population as a whole, planning for this population alone will be an exercise in frustration.
- (B) Emergency readiness is foremost an individual's personal responsibility, or, if the person is in the care of another person, the caregiver's responsibility. Increased personal readiness for a person with a disability or special health need is even more important to ensure that the person's unique challenges or needs are met.
- (C) While some other states have started to create registries of persons with disabilities, we do not recommend this as the state or county levels of government do not have the capability to keep the registry up-to-date nor to meet the possible expectation of those on the registry that they will be 'rescued,' thereby creating a false sense of security.
- (D) All Level I shelters available to the population at-large should be physically accessible for individuals with disabilities who have the capability of self-care or have a personal attendant or caregiver to assist them.
- (E) A selected number of locations within Level I shelters should be designated for more intensive health support as noted above for Level II care.
- (F) Hospitals should be reserved for individuals who are acutely ill needing Level III care. The role of a hospital is to respond first to its inpatient population and secondly, as a back up to other hospitals.
- (G) The population of individuals who have disabilities or special health needs may include people who have become disabled as a result of the disaster. It may also include non-resident tourists whose location and personal medical needs will vary at any given time. While the immediate response of the community will need to accommodate all individuals, this Plan focuses on the resident population whose disabilities are known prior to the emergency.
- (H) People with disabilities or special health needs should remain as a unit with their family or caregivers and should not be separated from their families due to their requirements for additional care.

GOALS AND OBJECTIVES

This Plan sets forth seven (7) Goals as listed below:

Goal 1: Level I public emergency evacuation shelters shall meet minimum requirements for facility access to enter/exit and use toilet facilities.

Goal 2: The capacity of the community to “shelter-in-place” shall be increased.

Goal 3: The number and dispersion of public emergency evacuation shelters able to provide augmented health support with Level II shelter spaces shall be increased, with the long-term goal of having ALL public emergency evacuation shelters contain Level II shelter spaces.

Goal 4: Individuals with disabilities or special health needs shall have an emergency evacuation plan in place developed by themselves or by their caregivers to implement in the event of a notification of evacuation.

Goal 5: Education shall be provided to all licensed health care providers in order that appropriate emergency guidelines for health care facilities and/or residential settings are in place.

Goal 6: All notification of pending emergencies and evacuation shall be accessible to persons with disabilities using multiple methods of delivery.

Goal 7: Individuals with disabilities or special health needs shall have an emergency evacuation transportation plan developed by themselves or their caregivers to implement in the event of notification for evacuation.

Each Goal, with its corresponding Objectives and relevant background information, is described in detail in subsequent pages. The agencies listed after each objective are responsible for implementing the objective, with the lead agency or agencies noted with an asterisk (*). The lead agency or agencies are responsible for convening the identified players (and any others not identified in the Plan) to achieve the stated objective, including the development of strategies and actions to implement the objective.

Many other initiatives to enhance and strengthen the overall emergency management system will benefit people with disabilities. Only goals specifically targeting or directly impacting people with disabilities or special health needs are listed.

GOAL 1: LEVEL I PUBLIC EMERGENCY EVACUATION SHELTERS SHALL MEET MINIMUM REQUIREMENTS FOR FACILITY ACCESS TO ENTER/EXIT AND USE TOILET FACILITIES.

Objective 1.1: Retrofit/harden all public emergency evacuation shelters, with priority to those schools already identified as ADA Transition Plan or Architectural Barrier Removal schools of the Department of Education (DOE), to meet already developed baseline facility requirements for hardening and accessibility. *(State Civil Defense*, Department of Education*, County Civil Defense Agencies)*

Objective 1.2: Obtain State Capital Improvement Projects (CIP) funds and upgrade current public emergency evacuation shelters to ensure that those sites meet the minimum facility requirements for accessibility and sheltering. *(State Civil Defense*, all Working Group partners)*

Objective 1.3: Amend Hawaii Revised Statutes (HRS) to require all newly constructed state buildings and facilities, as appropriate, to have the capability to serve as a public emergency evacuation shelter for up to 130% of occupancy. (Note: All new buildings and facilities are required by law to be physically accessible per HRS §103-50.) *(State Civil Defense*, all Working Group partners)*

Objective 1.4: Provide approved American Red Cross (ARC) training to all Level I shelter workers to respond to the needs of persons with disabilities or special health needs (e.g., how to respond to service animals, how to handle mobility devices, etc.). *(American Red Cross*, Department of Health, Disability and Communication Access Board, State Council on Developmental Disabilities)*

Objective 1.5: Increase the pool of trained shelter workers, including persons with disabilities, so that public emergency evacuation shelters can be more responsive to the needs of persons with disabilities and special health needs. *(American Red Cross*, all Working Group partners)*

Objective 1.6: Amend Hawaii Revised Statutes (HRS) to allow public funds to be used for privately-owned and approved public emergency evacuation shelters open to the public. *(State Civil Defense*, and all Working Group partners)*

For progress to-date on Goal 1 see Appendix B.

GOAL 2: THE CAPACITY OF THE COMMUNITY TO “SHELTER-IN-PLACE” SHALL BE INCREASED.

Objective 2.1: Amend Hawaii Revised Statutes (HRS) to provide grants to offset costs incurred for the plan, design, construction, and equipment for a qualified facility (to include private facilities) that retrofits, updates, or hardens its existing structure to permit sheltering-in-place, as established by State Civil Defense. *(State Civil Defense*, all Working Group partners)*

Objective 2.2: Assist owners or proprietors of licensed health care settings or day facilities, including retirement homes, through site consultation to assess their facility for hardening to shelter-in-place, develop evacuation plans to ensure compliance/conformance with County Civil Defense procedures and guidelines, and use the financial incentives provided in Objective 2.1 to retrofit their facilities. *(State Civil Defense*, Department of Health, Department of Human Services)*

Objective 2.3: Create tax incentives for private owners, builders, developers and care facilities to provide shelter-in-place options in new construction. *(State Civil Defense*, all Working Group partners)*

For progress to-date on Goal 2 see Appendix C.

GOAL 3: THE NUMBER AND DISPERSION OF PUBLIC EMERGENCY EVACUATION SHELTERS ABLE TO PROVIDE AUGMENTED HEALTH SUPPORT WITH LEVEL II SHELTER SPACES SHALL BE INCREASED, WITH THE LONG-TERM GOAL OF HAVING ALL PUBLIC EMERGENCY EVACUATION SHELTERS CONTAIN LEVEL II SHELTER SPACES.

Objective 3.1: Establish minimum facility and space requirements for Level II special health needs shelter spaces to include, but not be limited to, the availability of back-up electricity (generator), refrigeration, accessible toilet facilities and water, and hardening criteria applicable to all shelters. **(State Civil Defense*, Department of Health, American Red Cross)**

Objective 3.2: Establish a minimum staffing pattern (quantity and type of staff) for staff oversight and operations and secure commitments to activate staff of a Level II shelter in the event of an emergency. **(Department of Health*, Healthcare Association of Hawaii, American Red Cross, Medical Reserve Corps)**

Objective 3.3: Implement the needed retrofit of identified special health needs Level II shelters, either existing or new, in each of the counties and ensure that those shelters meet the minimum requirements set forth in Objective 3.1. **(State Civil Defense*, County Civil Defense Agencies)**

For progress to-date on Goal 3 see Appendix D.

GOAL 4: INDIVIDUALS WITH DISABILITIES OR SPECIAL HEALTH NEEDS SHALL HAVE AN EMERGENCY EVACUATION PLAN IN PLACE DEVELOPED BY THEMSELVES OR BY THEIR CAREGIVERS TO IMPLEMENT IN THE EVENT OF A NOTIFICATION OF EVACUATION.

Objective 4.1: Develop a comprehensive list of organizations serving persons with disabilities and/or the elderly population with estimates of their direct client caseloads or membership, to form the foundation of a statewide public education program as well as agency readiness and shelter-in-place survey. ***(Executive Office on Aging*, Disability and Communication Access Board*, Department of Health, Department of Human Services)***

Objective 4.2: Conduct a comprehensive statewide public and professional education outreach program using a standardized statewide 'Individual Emergency Readiness' message to agencies providing services to people with disabilities and special health needs. The public education and outreach program shall be multilingual based upon state ethnic needs and integrated with a community-wide public education effort for all. ***(State Civil Defense*, Department of Health*, Department of Human Services*, Department of Education, County Civil Defense Agencies, American Red Cross, Disability and Communication Access Board, State Council on Developmental Disabilities, Executive Office on Aging)***

Objective 4.3: Integrate emergency evacuation planning into the plans of clients who have a case manager in the Department of Health, Department of Human Services or their contracted agencies. ***(Department of Health*, Department of Human Services*)***

Objective 4.4: Integrate the emergency evacuation planning of students with disabilities in the school-wide evacuation plans of public schools, private schools, and early intervention programs. ***(Department of Education*)***

For progress to-date on Goal 4 see Appendix E.

GOAL 5: EDUCATION SHALL BE PROVIDED TO ALL LICENSED HEALTH CARE PROVIDERS IN ORDER THAT APPROPRIATE EMERGENCY GUIDELINES FOR HEALTH CARE FACILITIES AND/OR RESIDENTIAL SETTINGS ARE IN PLACE.

Objective 5.1: Ensure the administrative oversight of licensing of all health care facilities includes the review of emergency guidelines of the facility to comply with County Civil Defense procedures and guidelines. *(Department of Health-OHCA*, State Civil Defense*, County Civil Defense Agencies*, Department of Human Services)*

Objective 5.2: Assist community-based health care facilities to develop emergency plans. Provide continued planning support including review of plans for appropriateness. *(Department of Health-OHCA*, State Civil Defense*, County Civil Defense Agencies*, Department of Human Services)*

Objective 5.3: Develop a means to assess privately-owned residential settings for senior citizens, other than assisted living facilities, to determine whether the resident should shelter-in-place or go to a public emergency evacuation shelter during a disaster. *(Executive Office on Aging*, County Area Agencies on Aging)*

For progress to-date see Appendix F.

GOAL 6: ALL NOTIFICATIONS OF PENDING EMERGENCIES AND EVACUATION SHALL BE ACCESSIBLE TO PERSONS WITH DISABILITIES USING MULTIPLE METHODS OF DELIVERY.

Objective 6.1: Secure agreements with visual broadcast media to (1) provide open captioning on all television announcements of pending or current disasters, (2) ensure that crawl messages across a television screen do not run in any area reserved for closed captioning, as this will make both sets of messages unintelligible for deaf and hearing viewers, (3) coordinate with sign language or other language interpreters to be available to work with local television stations during emergencies and include the interpreter in all messages broadcasted, and (4) provide an aural description of emergency information in the main audio. If the emergency information is being provided in the video portion of a program that is not a regularly scheduled newscast does not interrupt regular programming (e.g., “crawling” or “scrolling” during regular programming), this information must be accompanied by an aural tone. **(State Civil Defense*, Disability and Communication Access Board)**

Objective 6.2: Obtain a TTY at all key emergency information lines (including, but not limited to, State Civil Defense, County Civil Defense Agencies, National Weather Service, and the American Red Cross) and ensure that all staff at the agencies are trained on TTY use. **(State Civil Defense*, Disability and Communication Access Board)**

Objective 6.3: Provide information in an accessible format¹ on the web sites of the following agencies providing information on disasters: FEMA, State Civil Defense, County Civil Defense Agencies, National Weather Service, and the American Red Cross (i.e., “Bobby-approved” or the equivalent). **(Oahu Department of Emergency Management*, State Civil Defense, County Civil Defense Agencies, Disability and Communication Access Board, National Weather Service, American Red Cross)**

Objective 6.4: Research alternatives (to include pictograms or graphics) for the provision of an alert paging system to warn individuals who do not hear, understand, or comprehend the conventional siren of a possible emergency to include, but not be limited to, wireless services, and develop agreements to implement a system. Research should include an analysis of the feasibility of new technology to initiate messages to individuals with disabilities in an emergency. **(State Civil Defense*, Disability and Communication Access Board)**

For progress to-date see Appendix G.

¹ “Accessible format” means that information provided to the general public about an emergency must also be simultaneously and effectively communicated to people with disabilities (captions provided for people who are deaf and spoken for people who are blind, and simple graphics for people with cognitive disabilities).

GOAL 7: INDIVIDUALS WITH DISABILITIES OR SPECIAL HEALTH NEEDS SHALL HAVE AN EMERGENCY EVACUATION TRANSPORTATION PLAN DEVELOPED BY THEMSELVES OR THEIR CAREGIVERS TO IMPLEMENT IN THE EVENT OF NOTIFICATION FOR EVACUATION.

Objective 7.1: Develop an operational service plan at the county level for transportation in the event of an emergency and publicize the information to county residents. *(County Transportation Agencies*, County Civil Defense Agencies*, Department of Transportation)*

Objective 7.2: Incorporate transportation options developed into the comprehensive statewide public and professional personal readiness outreach programs under Objective 4.3. *(State Civil Defense*, Department of Health*, Department of Human Services*, Department of Education, County Civil Defense Agencies, American Red Cross, Disability and Communication Access Board, State Council on Developmental Disabilities, Executive Office on Aging)*

For progress to-date on Goal 7 see Appendix H.

APPENDICES

Appendix A

Listed below are clusters of individuals with disabilities or special needs who can be identified by where they live in a clustered group living arrangement. Such programs can usually be identified by the licensing process of the State of Hawaii.

Type of Facility	# Hawaii		Kauai		Maui		Molokai		Lanai		Oahu		Total	
	#fac	#beds	#fac	#beds	#fac	#beds	#fac	#beds	#fac	#beds	#fac	#beds	#fac	#beds
Adult Residential Care Homes (ARCH) Arch I & II	48	211	16	73	13	61	4	31	0	0	413	2232	494	2608
Expanded ARCH	14	28	1	2	1	2	1	3	0	0	160	347	177	382
Therapeutic Living Programs (TLP)	2	12	2	12	2	23	0	0	0	0	9	60	15	107
Special Treatment Facility (STF)	4	49	0	0	4	75	0	0	0	0	30	577	38	701
Developmental Disabilities Domiciliary Homes (DD Dom Homes)	1	5	0	0	1	5	0	0	0	0	30	133	32	143
Assisted Living Facility (ALF)	1	220	1	100	1	144	0	0	0	0	7	1280	10	1744
Intermediate Care Facility–Mentally Retarded in the Community (ICF-MR-C)	0	0	0	0	4	24	0	0	0	0	14	67	18	91
Residential Alternatives for Care in the Community (RACC)	44	88	4	8	19	38	1	2	0	0	574	1158	642	1294
Intermediate Care Facility-Skilled Nursing Facility (ICF/SNF)	8	720	5	318	4	498	1	3	1	10	31	2547	50	4096
Mental Health–Adult Group Living Sites	15	97	7	33	9	60	0	0	0	0	62	429	93	619
Developmental Disabilities Foster Homes (DD Foster Homes)	4	6	9	16	8	13	0	0	0	0	252	494	273	529
Total	141	1436	45	562	66	943	7	39	1	10	1582	9324	1842	12314

Appendix B

Goal 1: Level I public emergency evacuation shelters shall meet minimum requirements for facility access to enter/exit and use toilet facilities.

All public emergency evacuation shelters may not have the capability of serving individuals who have specialized medical or health needs. However, many individuals with mobility impairments, individuals with chronic but not serious medical or health conditions, and individuals with mental impairments without other medical or health needs should be able to go to the nearest public emergency evacuation shelter closest to their home and be with their family if they have the ability to self-care or bring an individual with them who can attend to their unique needs. Public emergency evacuation shelters provide basic protection from the current disaster with minimum services and such locations provide 'only a roof over one's head' to protect individuals from the immediate harm of the disaster. To satisfy requirements for 'program access' for people with disabilities, sites must minimally include parking, accessible routes, enter/exit, and restrooms.

In addition, training is needed to accommodate individuals with disabilities who can use a Level I shelter. Sensitivity to the needs of individuals with disabilities and special health needs, as well as to the elderly, will help maintain a person with his or her family in the shelter. Training of volunteers who staff shelters will include such training. Training also needs to be expanded to include recruiting individuals with disabilities to staff shelters. Because someone has a disability, does not preclude the person from being able to assist others during a disaster. Anyone trained by the American Red Cross (ARC), as a shelter worker, including people with disabilities, will provide a valuable service as a shelter volunteer during a crisis.

Progress regarding retrofitting existing shelters:

- SCD identified spaces to use as emergency evacuation shelters, with the list subject to change. Retrofitting requires funding, thus progress is dependent on monies appropriated by the Legislature. SCD initiated legislation for funding to upgrade currently designated shelters each year since 2006. To date, the Hawaii State Legislature has not appropriated funds for this purpose. Legislation will be introduced again at the 2010 Legislative session. (2006 and ongoing)
- SCD and DCAB cross-referenced and identified the majority of community shelters to be located in DOE facilities using DCAB's database of schools that underwent Transition Plan or Architectural Barrier Removal renovations for disability access under HRS §103-50. This allowed SCD to target the selection of sites for hardening from a baseline of sites already known to be accessible. (2007)

Progress regarding increasing new shelters spaces:

- DCAB served as the Investigative Subcommittee on Accessibility to the State Building Code Council. This Subcommittee provided feedback to items that impact accessibility to persons with disabilities in new construction. When the State Building Code goes to public hearing, DCAB will submit comments. (2008, 2009)

- SCD initiated a bill at the Legislature to require new State buildings to be evaluated for suitability as an emergency shelter and to require qualifying new State buildings to be modified to serve as emergency shelters. However the bill was not passed by the Legislature. (2009)
- A Governor's Administrative Directive was drafted requiring plans for all newly constructed State buildings be reviewed by SCD to ensure that they have the capability to serve as public shelters in addition to the purpose for which they are primarily constructed. The directive is still pending finalization. (2006)

Progress regarding training Level I shelter workers:

- Pacific EMPRINTS sponsored a Conference January 22-23, 2009 that included a session conducted by Hawaii American Red Cross (ARC) staff entitled "Serving People with Disabilities Following a Disaster." The course was intended for individuals planning to be Red Cross volunteers in shelters to increase their capacity to work with people with disabilities. DCAB will collaborate with Hawaii ARC to train Red Cross volunteers with disabilities to work in shelters. (2009)
- ARC initiated a national, eight-hour course to train all shelter workers, including volunteers, on ways to best serve people with disabilities in the mass care or general population (Level I) shelter environment. The course is divided into a four-hour classroom setting and a four-hour individual self-study, online format. The online portion is open to anyone, while the classroom setting is limited to individuals considered part of an ARC "shelter team." Training involves many subject matter topics, of which disability awareness and sensitivity are just one component. Team members, registered with the ARC, are trained in advance of an actual emergency as the ARC recognized that conducting on-site training for people to work with individuals with disabilities or special health needs after an emergency starts is not practical. Training is limited, as ARC has only two (2) instructors available. (2008 and ongoing)
- ARC and SCD initiated and conducted statewide public emergency evacuation simulations and education fairs. The shelter simulations included both Level II and pet shelters spaces on the same campus where Level I shelters are located. DCAB assisted by contacting people with disabilities to volunteer at the simulations. (2007 and ongoing)

Progress regarding including people with disabilities in shelter awareness:

- DCAB identified the value of using volunteers with disabilities to work in shelters. Individuals with disabilities already understand some of the ramifications of having a disability, thus they may have more rapport working with individuals with disabilities arriving at the shelters. Individuals with disabilities wanting to volunteer as shelter workers must participate in training conducted by ARC. Trainings for individuals with disabilities to become shelter workers are planned for 2009. Trainings specifically for people with disabilities require a minimum enrollment of five (5) people to conduct the course. (2008 and ongoing)

Appendix C

Goal 2: The capacity of the community to “shelter-in-place” shall be increased.

The number of shelter spaces in the community is inadequate for the general population, let alone the additional requirements for individuals with disabilities or special health needs who may require additional assistance at less than the acute care level. Encouraging adult residential care homes, assisted living facilities, nursing facilities, other similar health care settings, community centers, and senior housing to shelter-in-place will allow individuals in such settings to continue to receive appropriate levels of care during disasters and other emergencies. Also, by increasing the capacity of the community to shelter-in-place, people will be made safe without the need to be transported (thus freeing up the transportation arteries) while providing more spaces in the public emergency evacuation shelters.

Sheltering-in-place serves several purposes: alleviation of traffic during an emergency, release of space in emergency evacuation shelters that are already inadequate to serve the general public, and provision of a safer, accessible home location and with more amenities familiar for individuals with disabilities.

The ARC defines “shelter-in-place” as a precaution aimed to keep a person safe while remaining indoors. When one shelters-in-place it may mean using a small, interior room, with no or few windows to take refuge. It does not necessarily mean sealing off the entire home or office building. Depending on the type of emergency situation that has been declared, instructions will be provided if people are told to shelter-in-place. Instructions on sheltering-in-place are provided on the ARC web site at <http://www.redcross.org/services/disaster/beprepared/shelterinplace.html>. Different instructions are provided if a person is at home, school, work, or in a vehicle. If there are any chemical, biological or radiological contaminants released into the environment, there may be a need for sheltering-in-place. If this type of emergency occurs, local authorities would provide information over the television or radio about how to protect oneself and family.

Progress regarding private shelter-in-place options:

- SCD intends to initiate legislation at the 2010 Legislature to provide money to offset costs for the planning, design, construction, and equipment for hardening a facility to shelter-in-place. (2009)
- SCD initiated a bill in the 2009 Legislature that supported shelter-in-place initiatives by exempting civil liability for care homes and schools, in addition to hotels, during an officially designated emergency. This measure was part of the Governor’s package, but did not pass. (2009)
- SCD developed a site survey for use at care facilities, hotels and condominiums. Utilizing this survey, SCD conducted site surveys of care facilities, hotels, and

condominiums to determine what types of costs would be incurred for planning, design, construction and equipment for retrofits, updates or hardening to permit sheltering-in-place. (2007 and ongoing)

- SCD identified the need to educate staff of long-term care facilities about the option of sheltering-in-place, recognizing that health care facilities house many of the community's most disabled residents. SCD and DOH-Office of Health Care Assurance (OHCA) coordinated efforts, utilizing U.S. Department of Homeland Security funding, to outreach to licensed group living facilities to focus on surveying the location for capacity to shelter-in-place and assisted managers in emergency readiness efforts. (2006, 2007, 2008) (Note: See Goal 5 for more information.)

Progress regarding shelter-in-place tax incentives:

- SCD plans to initiate legislation to support a tax credit for private owners, builders, developers, and care facilities to provide shelter-in-place options with new construction. The consensus of the Working Group was that any legislation involving tax credits for hardening facilities should be 10% of the cost incurred for renovations (instead of 4% as originally proposed) to offer a greater incentive to harden facilities for sheltering-in-place. (2008, 2009)
- SCD identified the need to make sheltering-in-place an incentive to health care providers by offering a tax credit for costs incurred to plan, design, construct or equip a facility to shelter-in-place. (2006)

Appendix D

Goal 3: The number and dispersion of public emergency evacuation shelters able to provide augmented health support with Level II shelter spaces shall be increased, with the long-term goal of having ALL public emergency evacuation shelters contain Level II shelter spaces.

Although facilities should not exclude people with mobility impairments due to architectural barriers, the nature and selection of sites, the lack of electricity and refrigeration at all sites, and the lack of adequate medical personnel make it unrealistic to expect every public emergency evacuation shelter site to be capable of rendering medical support with Level II shelter spaces in the immediate future. Hospitals are not the appropriate location, as their first priority must be caring for the acute medical patients in their facilities; secondly, supporting other acute care hospitals; and third, supporting the mission of public health.

Many individuals with disabilities or special health needs may be accommodated in a Level I shelter. Enhanced health/medical needs of individuals too ill/disabled to go to a Level I shelter, but not ill/incapacitated enough to go to a Level III shelter or hospital must be addressed in a Level II shelter. ARC volunteers at Level I shelters plan to do the initial triage and determine who may need the services of a Level II shelter. Individuals with disabilities will be allowed to have a caregiver stay with them at a Level II shelter to provide caregiving that will free staff to care for other patients. Therefore, a selected number of shelters should be designated to fulfill those needs. These spaces are Level II shelter spaces where Level II care can be provided. At the present time, all Level II shelter spaces planned are portions of Level I shelters, although in the long run, a freestanding shelter with only Level II spaces is an option. The long-term goal is to have all Level I shelters contain Level II shelter spaces.

Occupancy by an individual with a disability is likely to require more space than a person without a disability due to the possible presence of additional equipment, service animals, or a companion caregiver. Thus, determining an appropriate square footage minimum requirement is necessary for planning purposes. Currently ten (10) sq. ft. per person is used for the general population (for a Level II space) and approximately twenty (20) to forty (40) sq. ft. per person is used for a special needs Level II space to allow for auxiliary aids, equipment, and possibly a caregiver. These figures are for planning purposes only to calculate overall need and capacity.

The average occupancy rate of public evacuation shelters takes into account employees in the facility and individuals who may be visiting the building. During a disaster it may become necessary to go beyond the 100% occupancy rate. For employees' peace of mind, it is desirable to allow family members to be included in the number sheltered at a particular site. The figure was increased to 130% to address the inclusion of family members who may need to shelter at the site.

Progress regarding establishing and readying Level II shelter spaces:

- DOE and SCD collaborated on the Readiness and Emergency Management in Schools (REMS) grant. DOE was awarded money under the REMS grant that contains funding to purchase equipment. Purchase of generators are planned for hub shelters that include Level II shelters that may need electricity for refrigerating medication and/or food items for people with disabilities. (2008, 2009)
- SCD applied for funding from the Department of Homeland Security to outfit Level II shelters and is awaiting the status of funding. Prior year funding was not granted. (2008, 2009)
- SCD and DOE coordinated and identified hub shelters that will consist of Levels I, II and pet shelters. SCD provided a tentative list to DOE for the review and approval by school principals. A current list with notations for “Special Needs Shelters” and pet shelters is posted on the SCD web site. (2008, 2009)
- SCD designated DOE campuses with special education classrooms that included ADA compliant restrooms, showers and kitchens (which included refrigeration) as “special needs” shelter spaces. These spaces may accommodate Level I clients who need an accessible facility, or may be augmented with staff and supplies to serve as Level II shelters. (2007)
- SCD inspected and identified thirty (30) pre-designated public emergency evacuation shelters that could be used as Level II shelters. SCD selected initial Level II shelter spaces based on the physical characteristics of the schools and their geographic location (to ensure dispersion of sites island-wide and statewide). (2006, 2007)
- SCD initiated bills at the Legislature requesting funding (\$6 - \$10 million) for architectural barrier removal projects and transition plan alterations in DOE facilities. (2007, 2008)
- DOH was awarded a grant to develop the capacity to operate Alternate Care Sites (ACS). In the event of a disaster, DOH will co-locate ACSs with Level I shelters at selected “hub” sites to serve as Level II shelters. These sites will provide a low level of medical care. Supply caches have been purchased and are being positioned around the state. Training plans are being developed and implemented for DOH Public Health Nurses (PHN) and volunteer Medical Reserve Corps (MRC). The initial total capacity of ACSs will be 1,000 clients total. Future development is dependent on funding, but plans include expansion of identified staff, training, exercises, and purchase of additional supplies. During a disease pandemic, ACSs will be activated and may then be located at sites other than those designated as “special needs shelters.” (2008 and ongoing)

- DOH and DHS collaborated and mapped the location of all facilities under their licensing jurisdiction on a GIS system recognizing that proximity to where people with Level II needs reside should be one factor to select shelter spaces. While the clientele may change, the facilities and their locations will be relatively stable for planning purposes. This information will be used to prepare public emergency evacuation shelters for the possible on-site impact during an emergency. Although mapped in 2007, there has been no consistent updating. (2007)

Progress regarding staffing Level II shelter spaces:

- DOH ACS staff developed a Disaster Alternate Care Site (DACS) and Pandemic Alternate Care Site (PACS) Plan and conducted an ACS tabletop exercise, using the recent H1N1 virus as discussion point. (2009)
- DOH PHNs, Oahu MRC, and Maui County Health Volunteers received training on the DACS and PACS plans. All counties are developing addenda to the DACS and PACS plans with county-specific information, including sites. (2008, 2009)

Appendix E

Goal 4: Individuals with disabilities or special health needs shall have an emergency evacuation plan in place developed by themselves or by their caregivers to implement in the event of a notification of evacuation.

Emergency readiness is first and foremost an individual responsibility or, in the case of those without the capacity to self-care, the responsibility of their caregivers. Communication is the lifeline of emergency management and is even more critical for persons with disabilities. Many are unemployed (and thus do not receive information from the workplace), socially isolated, homebound, or unable to benefit from customary means of communication because of sensory or cognitive limitations of their disability. A heightened outreach program using materials already developed by organizations including the ARC, through support groups and social service agencies such as Meals on Wheels, and community health nurses may be the best way to encourage individual readiness. Awareness and readiness messages and materials for persons with disabilities must be similar to those provided to the population at-large but also must be customized for specific groups based upon acknowledged limitations and likely problems to be encountered as a result of those limitations. A public and professional education campaign will increase the ability of these individuals with disabilities to plan and survive in the event of an emergency or disaster.

Progress regarding emergency planning efforts:

- Governor Lingle held a press conference (July 2009) to announce that SCD has developed “special needs” shelters and pet shelters as a part of the selected general population evacuation shelters. In her remarks she indicated that SCD has designated 158 “special needs” shelters and 55 pet shelters statewide. (2009)
- The Executive Office on Aging (EOA) will compile a database of agencies serving people who are elderly and conduct a survey of agencies to determine what type of emergency preparedness information is being provided to individuals who are elderly. (2009)
- DCAB updated a statewide database of agencies providing services to individuals with disabilities, and conducted a survey of these agencies to determine what emergency readiness information is being provided to consumers with disabilities or special needs on a regular basis. Collaborated with a consultant to compile a report titled “Emergency Planning for People with Disabilities 2008 Agency Readiness Survey.” (2007, 2008)
- DCAB was awarded a grant from the Centers for Disease Control to conduct public forums with representatives from service agencies and individuals with disabilities statewide to obtain information about emergency preparedness and planning priorities in local communities. Collaborating agencies in this effort were SCD, ARC, Pacific Rehabilitation Research and Training Center, and the State Council on Developmental Disabilities. (2007, 2008)

Progress regarding community outreach and education efforts to develop individual emergency readiness plans:

- DOH-Adult Mental Health Division plans to work with the Developmental Disabilities Division (DDD) to develop and conduct training of clients on emergency preparedness and establish a GIS map to locate clients. (2009)
- DCAB began collaboration with the DOE under their REMS grant to educate teachers, families, and students with disabilities about emergency preparedness at home and in schools. Began planning to conduct a panel presentation at the Special Parent Information Network's April 2009 Conference and statewide conference for educational professionals in the fall of 2009. (2008, 2009)
- DCAB was awarded a grant and contracted with a vendor to produce two (2) videos to educate individuals with disabilities about how to prepare an emergency evacuation kit and shelter-in-place. DCAB consulted with DOH-DDD, SCD, ARC and individuals with disabilities to produce these videos. Completion date is estimated for fall 2009. (2008, 2009)
- The County of Maui continues to conduct public education on emergency preparedness to the community, as well as develop and identify resources for individuals who are not native English speakers. (2008 and ongoing)
- DHS and DOH collaborated by creating a working group with divisions from both Departments. Staff efforts were focused on client training through the development of tools or instruments to assist with readiness planning. (2007)
- DOH-DDD and DHS, ACCSB case managers met with pre-identified individuals, living alone or living with elderly parents or caregivers, unable to prepare their own emergency supplies. Education was provided to the individual, family and caregiver, as well as information about the closest evacuation shelter(s). Backpacks were purchased from ARC, as needed, and labeled to assist individuals with limited communication skills who plan to go to an evacuation shelter or may require medical care at the hospital post-disaster. A database with this information was also developed. (2007, 2008)
- The County of Hawaii's DHS office developed a presentation and conducted it for one hundred twenty (120) Senior Companions. The presentation emphasized helping elderly people have a realistic plan for their sheltering needs based on the availability of Level II shelters. (2007)
- DHS conducted a presentation for forty (40) Senior Companions on Oahu. It emphasized that elderly people should have a realistic plan for their sheltering needs based on the availability of Level II shelters. (2007)

- DOH-DDD conducted monthly classes on emergency preparedness for adult foster home caregivers. A more intense curriculum was conducted between April and December 2007 for adult foster home caregivers. Classes included a presentation, sample of “go-kits” from ARC, and a 20-minute film on hurricanes in Hawaii. (2007)
- DCAB and Hawaii Services on Deafness collaborated and co-sponsored a two (2) day training titled “Emergency Responders and the Deaf and Hard of Hearing Community: Taking the First Steps to Disaster Preparedness.” The training was developed by Telecommunications for the Deaf and Hard of Hearing and conducted by a trainer from the Community Emergency Preparedness Information Network (CEPIN). Day one focused on emergency responders and the deaf and hard of hearing community taking the first steps to disaster preparedness. Day two was a trainer session to develop a pool of trainers (first responders and persons who are deaf) to conduct similar trainings in Hawaii. (2006)

Appendix F

Goal 5: Education shall be provided to all health care providers in order that appropriate emergency guidelines for health care facilities and/or residential settings are in place.

The Working Group identified group living arrangements categorized in Attachment A that are licensed by the State of Hawaii where a significant number of individuals with disabilities or special health needs reside. By definition, these individuals are not able to live independently in the community and thus reside in a setting where they are dependent, due to their disability or age, on the care of a paid provider. These providers are reimbursed for their caregiving services and are regulated by administrative rules and regulations, either federal or state or a combination of both, concerning health, safety, and other factors, as appropriate.

Concerns have arisen relative to the adequacy and appropriateness of the evacuation plans of these facilities and the care providers. The plans are developed as a condition of licensure but are not approved by the respective licensing authorities. Thus, incorrect assumptions or understanding of the function of community shelters and hospitals may result in inappropriate responses in an evacuation. Additionally, facility caregivers may face competing interests of protecting their own families while continuing to provide for those individuals with disabilities or special health needs in their custodial care. Efforts to ensure that the legal obligations to provide care are continued during a disaster or emergency whether sheltering-in-place or at a community shelter, should be increased.

Progress regarding education of health care providers and evacuation procedures:

- The County of Hawaii encourages new residential facilities (including health care facilities) to submit an all-hazards response plan through the Planning Department on a continual basis. Although the County does not review plans, facilities are encouraged to update them annually each spring. (2009)
- DOH recommended requirements to facilities regarding nutrition/food safety standards, and incorporated them into trainings. DOH continued ongoing efforts to ensure compliance. (2007)
- The City and County of Honolulu's Department of Emergency Management assisted health care providers by providing guidance and templates for them to develop necessary evacuation procedures. This assistance is made available to all levels of health care providers from individual care homes to large-scale clinical facilities. (2007)
- SCD reviewed the respective county guidelines and developed standardized statewide guidelines for distribution by DOH to all providers to use in the development of effective and appropriate disaster/evacuation plans. At the time of initial licensure, DOH reviews all policies and procedures and plans for compliance

guidelines, and annually during inspections/surveys reviews evacuation plans, observes the ability of the facility to execute effective drills. The focus is currently on fire safety. (2007)

- DOH and DHS collaborated to ensure that guidelines are shared with DHS certified/licensed settings/agencies in order to develop consistency between both Departments. (2007)

Progress related to inspection of facilities and sheltering-in-place:

- DCAB plans to invite representatives from the Condominium Association Institute, Area Agencies on Aging (AAA), and Catholic Charities to attend future Working Group meetings to begin working on plans to develop a means to assess privately-owned residential settings for senior citizens to determine whether it is appropriate to shelter-in-place. (2009)
- DOH-OHCA trained more than thirty-six (36) sites in emergency readiness and sheltering-in-place. Sites included assisted living facilities, adult residential care homes, Community Care Foster Family Homes, Developmental Disabilities Domiciliary Homes, Adult Foster Homes for the DD/MR, Therapeutic Living Programs and Special Treatment Facilities. After being informed of the criteria for sheltering-in-place, ten (10) facilities (including nursing homes) indicated a willingness and were referred to an engineer for follow up. The contractor provided attendees with documents and a CD to train their staff, residents and family members to ensure awareness about the need for emergency preparedness. (2008, 2009)
- SCD representatives made unannounced visits to a sampling of the providers to ensure that disaster plans have been developed and assessed those facilities that have indicated an interest in sheltering-in-place. (2008)
- DCAB was awarded funds from the Centers for Disease Control and selected a vendor to produce a video regarding sheltering-in-place. The video will be completed in the fall of 2009 and will be available on YouTube. Copies of the DVD will be distributed to agencies serving people with disabilities. (2008, 2009)
- SCD, DHS, DOH, and OHCA are collaborating to complete annual site visits to assist facilities in determining if it is safe to shelter-in-place. DOH entered into a memorandum of agreement with SCD to train community-based providers (also resident of these settings and family members) and simultaneously gathered data related to sheltering-in-place. (2007 and ongoing)
- SCD provided education and training, as well as assessments for sheltering-in-place. These efforts enhanced community awareness about being prepared to address disasters and the care of their residents/consumers, etc., during any disaster. (2006 and ongoing)

Appendix G

Goal 6: All notifications of pending emergencies and evacuation shall be accessible to persons with disabilities using multiple methods of delivery.

Notification of an impending disaster, time permitting, and the call to evacuate is initiated by the counties. People with disabilities or special health needs and their caregivers should expect to receive information through the same notification system as the population at-large, not through the social service or health systems, whose workers will be preparing for staffing the emergency as needed. However, the Working Group recognized that many people with cognitive or developmental disabilities may not understand the content of an announcement. For such individuals, dependence upon a caregiver, family, friend or social service/health agency is critical.

The Plan recognizes that no single means of notification will be sufficient, nor reach all disability groups. Therefore, redundancy of effort is critical to successful notification of the target population. The fact that “no one system will meet the needs of all, but many systems will meet the needs of a majority” must be emphasized to reach many groups with diverse needs and abilities to receive and comprehend a message.

The Working Group raised a concern that people with disabilities and special health needs do not all have access to computers or wireless technologies being addressed in the objectives. If the person, the family member or caregiver does not have access to a radio, television or computer/wireless technology (due to finances or geography), then personal planning becomes more important. This re-emphasizes the point that individuals with disabilities and special health needs, their families and caregivers are ultimately responsible to make plans for their own safety and well being for emergencies and disasters that may necessitate evacuation or sheltering-in-place. This may need to include developing a local network system with neighbors or a natural support group.

Planning and preparing on a statewide level includes research and investigation of alternatives, even though everyone may not have access to all options. Responsible planning efforts need to involve as many viable alternatives as possible, and through repetition using various methods; the message will hopefully reach as many individuals in the public as possible.

Progress regarding agreements with broadcast media and agencies obtaining TTYs:

- DCAB plans to contact and arrange agreements with American Sign Language (ASL) interpreters to provide services through the Hawaii Registry of Interpreters for the Deaf and link them with television broadcasters. (2009)
- ARC e-mailed an online survey to ASL interpreters to obtain information about availability to interpret during a hurricane. (2009)

- SCD has agreements in place and has coordinated with television broadcasters as part of the Emergency Alert System (EAS). All EAS messages transmitted will be both as audio messages and video “crawlers.” (2008)
- Not clear if a change in the law to require how emergency information is provided must be made at a local or national level. DCAB plans to contact the Federal Communications Commission to determine if a change is needed at the federal level to ensure all persons with disabilities are able to obtain such information in a manner similar to that provided to the general public. (2008)
- Agencies are responsible for purchase, installation and training of use on the TTY. SCD purchased and installed a TTY on a dedicated line. Currently, SCD is determining placement of the TTY possibly with the State Warning Point. DCAB conducted training for SCD on proper use of the TTY. Training needs to be ongoing due to staff turnover. DCAB will follow up with all County Civil Defense agencies regarding progress, installation and training on the use of a TTY. (2007 and ongoing)

Progress regarding accessible formats on web sites and alternatives to traditional notification systems:

- Follow up is needed with the City and County of Honolulu’s Department of Emergency Management regarding accessible formats for web sites providing information on disasters. (2009)
- DCAB obtained an emergency preparedness kit from California that used graphics to make it easier to understand. DCAB plans to research ways to duplicate it for use in Hawaii. Materials developed for use by persons with developmental disabilities, would also be effective for people with limited English proficiency. (2009)
- The County of Kauai registered residents requesting service to a mass notification system called Connect-CTY, a free mass notification service allowing the County to inform residents about emergencies through a single phone call. Service also allows officials to send text messages to cell phones, PDAs e-mail accounts and TTYs. (2009)
- The County of Hawaii announced a new mass emergency notification system called City Watch. The system notifies residents about evacuations or other emergencies via the phone or e-mail. A pilot project uses maps with registered residents and targets specific communities on the island. Residents with disabilities or special health needs must voluntarily register for the system to contact them. (2008, 2009)
- The October 2007 statewide forums included feedback that focused on people with cognitive disabilities and notification. Messages need to include simple graphics or pictograms to make information understandable regardless of the individual’s

reading ability. Warnings and emergency notification with graphics would also makes the message understandable to visitors with limited English proficiency, thus improving the understanding of warnings for everyone. (2007)

- The County of Hawaii initiated a demonstration project, Project Lifesaver, to track persons with Alzheimer's, Down's Syndrome, Autism or mental health issues or who tend to wander if unattended. Project Lifesaver used a bracelet with an electronic tracking system that uses an FM signal to locate the wearer. The tracking range is only within a few miles of the device. An active tracking device assists in locating the person quickly and can make the difference in saving a life. Project Lifesaver began with ten (10) bracelets, and eight (8) bracelets have been assigned to individuals. If the person wanders off it is easier for the person to be located if they were wearing a Project Lifesaver bracelet. The results of this demonstration project may have implications for how similar devices can be used during an emergency. (2007)
- The County of Maui has elected not to use the phone system for emergency notification because it is usually overloaded during an emergency even though the public is asked not to use the phone. (2007)
- SCD was awarded a grant from the Department of Homeland Security for a pilot project that continued through 2008. The pilot project initially was for first responders, and included slots for 500 people (300 for first responders and 200 for persons with disabilities). Once registered, a person with a disability is registered permanently. Exercises or practice drills were conducted in-house at SCD to refine the messaging system. Monthly tests conducted with registered users with predetermined dates given to users to know when to expect messages. Notification can be done through e-mail with special software to produce a pop-up on screen, cellular phone message, or TTY or pager message. If the message is not received, the user will know something is wrong and inform SCD to make the correction. (2006, 2007, 2008)

Appendix H

Goal 7: Individuals with disabilities or special health needs shall have an emergency evacuation transportation plan developed by themselves or their caregivers to implement in the event of notification for evacuation.

Past experience has revealed that any “emergency” will likely result in a massive transportation gridlock making travel very congested even with the availability of a personal vehicle or, in the case of Oahu, an operating public transit system. Therefore, it is necessary for all individuals, with and without disabilities or special health needs, to include transportation to a shelter or safe haven as an integral part of a personal emergency readiness plan.

Community input continued to emphasize that transportation for persons with disabilities living independently, but not able to drive or transport to a shelter, is as important an issue to address as developing accessible shelters. If individuals with disabilities or special health needs are unable to get to a shelter they may be left vulnerable in an unsafe community location. It was also emphasized that the development of a personal emergency evacuation plan (including transportation to and from the shelter) is an individual responsibility for a person with or without a disability. In an emergency the county transportation agency would take direction from the County Civil Defense or Department of Emergency Management agency. All county transportation systems will revert under the control of the county emergency management departments. Many emergencies (e.g., flood, earthquake) will not offer significant information to provide advanced notice.

Transportation system officials have also emphasized the need to protect vehicles from damage (due to a hurricane) to ensure their operability post-emergency. This may result in the shutdown of any public transit system earlier than the public realizes. For persons with disabilities and special health needs who may stay in their homes as long as possible with their own supports, the lack of transportation at the “12th hour” will be a huge problem.

County transportation agencies, especially on the Neighbor Islands where the population is smaller and more manageable compared to the City and County of Honolulu, may choose to establish working relationships with various health and human service agencies that maintain database(s) of client caseloads. Such information will assist in emergency transportation response, but should not be construed to be a registry maintained by the county either within the transportation agency or civil defense agency. Transportation options will vary and their effectiveness in response will depend on the type of emergency and the amount of lead-time that Civil Defense has to notify the community. It is also dependant on whether or not the transportation system is able to function during an emergency (i.e., in a tsunami, transportation may continue in non-inundation zones). Developing this type of cooperative arrangements with county service providing agencies would serve individuals with disabilities or special health needs if a situation exists that the person has no transportation to a shelter. In these situations, government may be the only option as a transportation provider.

To address this critical need at a statewide level, any transportation planning effort must be county specific, because regular, consistent, and accessible public transportation, either fixed-route or paratransit, is not available in every county in non-emergency situations as it is on Oahu. However, it was apparent during the October 2007 statewide forums that no transportation plans were being developed by government agencies for implementation during an emergency for either the general population or specifically for individuals with disabilities. When advanced notice is available (e.g., hurricane) transportation systems may operate until it becomes unsafe for both the drivers and the vehicles. Vehicles will most likely be prioritized to transport stranded groups or areas and will not be able to respond to individual requests. During such times, the general public, including individuals with disabilities and people with special health needs, will have to be vigilant about including transportation in their plan for emergencies and listen for announcements about what to do if they depend on someone else for transportation when a disaster occurs. The State and the counties also need to share the responsibility for safety of people in the community by collaborating, planning, and informing the public of any available accessible transportation options during an emergency.

Progress regarding development of county transportation operational service plans and community education:

- The City and County of Honolulu's emergency transportation plan during an emergency necessitating evacuation is for a person to be able to flag down a City bus. The bus will pick up the person and take them to the closest shelter. Enunciators on the bus will make announcements inside and outside the bus to inform the public of the emergency. The City plans to implement a public education campaign to inform residents and tourists of the transportation plan in case of an emergency. (2007, 2009)
- The County of Maui has not developed an operational transportation plan, because it is the individual's responsibility to develop a personal evacuation plan whether the person has a disability or special health need or not. An individual's plan should include transportation to and from the shelter, and public transportation should not be included as an option. (2008, 2009)
- The County of Kauai plans to practice the emergency evacuation transportation plan to assess whether or not it can be effectively executed. Following the practice, if the plan is not workable, it will be amended. (2009)
- The County of Hawaii will rewrite the County Emergency Operating Plan to include the use of mass transit system for evacuation of individuals with disabilities. (2009)

Progress regarding integrating transportation options into personal emergency readiness plans:

- The County of Maui proposed a new objective related to case managers of clients with disabilities known to DOH and DHS will review current personal emergency plans to ensure it contains a transportation component. Any new plan developed by case managers should include transportation to and from a shelter. (2009)

Appendix I

Acronyms

ACRONYM	MEANING	DESCRIPTION
AAA	Area Agency on Aging	County agencies focusing on the needs of people who are elderly.
ABR	Architectural Barrier Removal	Removal of physical barriers in an existing building that restricts access to the building for a person with a disability.
ACS	Alternate Care Site	A temporary facility to provide care for individuals with minor medical or special health needs in the event of a displacement due to a disaster or an emergency. Not a substitute for a hospital, but provides ancillary care to decrease the volume of patients going to a hospital for minor problems. Depending on the disaster, may be considered a level II shelter because of level of care and staff.
ADA	Americans with Disabilities Act	Civil rights law passed in 1990 to protect people with disabilities from discrimination in employment, state and county government services, transportation, services from private businesses, and telecommunication.
ARC	American Red Cross	Organization that was chartered to help relieve the suffering caused by disasters. Provides health and safety training to disaster volunteers who respond regularly to house and apartment fires, and are prepared for larger disasters like hurricanes, tsunamis, and floods.
ARCH	Adult Residential Care Home	Residences licensed by the State of Hawaii's Department of Health, Office of Health Care Assurance. Licensed homes can accept and care for adults with special needs.
CDC	Centers for Disease Control and Prevention	An agency of the U.S. Department of Health and Human Services that provided funds through their Public Health Emergency Preparedness Cooperative Agreement to support the statewide Emergency Preparedness Forums for persons with disabilities and special health needs. The CDC works to protect public health and the safety of people, by providing information to enhance health decisions, and promotes health through partnerships with state health departments and other organizations.

ACRONYM	MEANING	DESCRIPTION
CIL	Centers for Independent Living	A consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities; and provides an array of independent living services.
CMISB	Case Management and Information Services Branch	Provides outreach to the community, including community education and information to identify and provide necessary supports to individuals with developmental disabilities. Provides Home and Community-Based Services for individuals with developmental disabilities and mental retardation.
DDD	Developmental Disabilities Division	An agency within the State of Hawaii's Department of Health.
DHS	Department of Human Services	Provides programs, services and benefits, to empowering people who are the most vulnerable in Hawaii.
DOH	Department of Health	Protects and improves the health and environment for all people in Hawaii.
DOT	Department of Transportation	A State department in the Executive Branch of government that is responsible to plan, design, construct, operate, and maintain State facilities in all modes of transportation, including air, water, and land.
FEMA	Federal Emergency Management Agency	A federal agency that is part of the U.S. Department of Homeland Security responsible for the reduction of the loss of life and property and protect the Nation from all hazards, including an established location/facility in which local and State staff and officials can receive information pertaining to an incident and from which they can provide direction, coordination, and support to emergency operations, natural disasters, acts of terrorism, and other man-made disasters, by leading and supporting the Nation in a risk-based, comprehensive emergency management system of preparedness, protection, response, recovery, and mitigation.

ACRONYM	MEANING	DESCRIPTION
GIS	Geographic Information Systems	An information system used to input, store, retrieve, manipulate, analyze and map geographically referenced data or geospatial data. Can be used in planning and decision making for scientific investigation, resource management, and development planning.
HRS	Hawaii Revised Statutes	Codified permanent State laws in Hawaii passed by the State Legislature.
MOA	Memorandum of Agreement	A cooperative agreement in the form of a written document between parties to cooperatively work together on an agreed upon project or meet an agreed upon objective. May include money payment from one party to another.
MRC	Medical Reserve Corps	Statewide volunteer program housed in the Department of Health.
SHN	Special Health Needs	For the purpose of this Plan, it is an individual who may have special health needs that require medical care or assistance beyond what the person can do for him or herself during an emergency.
SCD	State Civil Defense	The State agency responsible for preparation for and the carrying out of all functions, other than functions for which military forces are primarily responsible, to prevent, minimize, and repair injury and damage resulting, or which would result, from natural disasters or others caused by an attack.
TTY	TeleTYpewriter	Device that allows people who are deaf, hard of hearing, or speech-impaired use the telephone to communicate. Allows the user to type text messages. A TTY is required at both ends of the conversation in order to communicate. Like a traditional modem for land-lines, a traditional TTY will only work on analog mobile phone networks, not digital. Therefore a special digital TTY mode must be used with digital mobile phones.

Appendix J

Glossary of Terminology

TERM/PHRASE	SCOPE	DEFINITION
Access or Accessibility	During readiness and notification of a disaster or emergency.	People with various types of disabilities are included (instructed when needed), in planning for an emergency or disaster, and responsible agencies are familiar with and provide accessible alerts to the public, in order to ensure everyone is aware of the situation. Planning also includes ensuring that people with disabilities can enter, exit and receive services at designated public emergency evacuation shelters.
Accommodation	During readiness and notification of a disaster or emergency.	In terms of emergencies and disaster, agencies responsible to assist people with disabilities in personal preparedness and notification are also responsible to ensure effective communication (i.e., provision of interpreters, print materials in alternate format, etc.) is occurring. Notifications on television stations should be captioned (and interpreted, if possible), and any crawl messages should be narrated. Making public emergency evacuation shelters accessible is also a government responsibility, and plans are being made and implemented. Accommodations for individuals to have equal access to services available at a public shelter are also being made, but are not yet operational. County transportation providers are currently working on plans regarding getting people with disabilities to and from public emergency evacuation shelters.
Action Plan	Interagency Action Plan for the Emergency Preparedness of People with Disabilities and Special Health Needs	A coalition of State, county and private agency representatives that convened to draft the "2006 Interagency Action Plan" to acknowledge the interests of people with disabilities or special health needs, and make it part of overall community efforts in planning, developing and responding to the entire community during an emergency or a disaster. The Plan is updated annually.

TERM/PHRASE	SCOPE	DEFINITION
Harden	"To harden a facility"	To reinforce a home or facility to protect it against hurricane force winds.
Notification	Systems used to alert the public of impending disasters or emergencies such as, sirens, television and radio announcements, text messages, pagers, digital signage, and the Internet.	Systems used to rapidly disseminate accurate emergency information before, during and after a disaster to protect life, to prevent or limit casualties and minimize chaos.
Pet	Pets provide companionship to many people, and are dependent on their owners for safety and wellbeing. Recent disasters have shown that many pet owners will not seek proper shelter if it means abandoning their pets.	Any domesticated animal (i.e., cat, dog, etc.) that is kept as a companion.
Pet friendly shelter	Act 117 from the 2006 Hawaii State Legislature requires the Director of State Civil Defense to operate and maintain emergency shelters during disasters to make suitable arrangements and accommodations for pets.	Administrative rules shall be promulgated, pursuant to Section 128-27, HRS, to establish criteria, requirements, conditions, and limitations for providing suitable arrangements and accommodations for the sheltering of pets in public shelters.
Preparedness	Actions taken to save lives before and during a natural disaster. It ensures people are ready for a disaster and respond to it effectively.	Requires figuring out what to do if essential services break down, developing a disaster plan, and practicing the plan. Preparedness activities include forecasting and warning systems, stocking an emergency preparedness kit with supplies, and knowing where the nearest emergency shelter is.
Readiness	Personal preparedness including actions that individuals take before a disaster or emergency strikes.	Actions taken by an individual to minimize the damage from a disaster or emergency to possessions and improves chances of survival.
Redundancy	Repeating, doing, or providing the same information to the public in various formats.	Providing information through various modes of communication allows the majority of the public to receive emergency warnings in a manner that is accessible to the specific individual.
Retrofit	To add or change a facility or home to make it able to withstand a specific kind of wind force (Level III, IV or V hurricane).	To furnish with parts or equipment after the time of original manufacture.

TERM/PHRASE	SCOPE	DEFINITION
Reverse 911	Automated warning system from 911 to wired telephone numbers in a specific jurisdiction.	A company who purchased the software can purchase a database of telephone numbers from the phone company, overlay mapping on it, and set up the capability to call a lot of people at once on their home phone with a short voice message about the emergency and a warning to evacuate.
Service animal	An animal, in Hawaii it's usually a dog, individually trained to provide services for a person with a disability.	The ADA defines a service animal as any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability. Certification about the animal's training may not be requested as proof that the animal is a service animal. A service animal is not a pet, and per the ADA, a person with a disability who uses a service animal has the right to have the animal accompany them to most public places.
Shelter-in-place	When a person, family or group of individuals decide to stay at home through a disaster, instead of going to a designated shelter.	When sheltering-in-place, it is better to have a safe room installed for protection. If the facility is not certified as a shelter, it may be unsafe to stay in place.
Simulation	Planned activity to allow volunteers and the community to practice evacuating to an emergency shelter.	Emergency shelter simulations for Level I (general) shelters, pet shelters and Level II shelters were conducted by State and County Civil Defense agencies in conjunction with American Red Cross this year. Practicing evacuating to an emergency shelter in the community provides everyone involved the opportunity to practice what is planned (similar to a fire drill). It allows the volunteers to interact with people with disabilities and special health needs coming into a shelter, as well as people with disabilities to know what to expect at an emergency shelter and what types of information to bring with them. It also provided the American Red Cross and State Civil Defense to better plan staffing ratios needed in similar shelters.