Emergency Preparedness:
A Guide for Aging Units

Preparing Your Agency

Introduction

This resource guide provides an overview of Wisconsin aging unit emergency preparedness responsibilities, helpful ideas, and links to resources that can be used when creating your agency's emergency preparedness plan.

A special thank-you to the original workgroup (convened several years ago) and more recently, other aging unit directors and BADR staff for their time, energy, and feedback in making this guide a reality.

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Planning for Older Adults

Many older adults depend on external support systems for medical and personal care, medications, food, and other daily needs to remain living in the community. This makes planning for emergencies extremely important—and challenging. Additional challenges include transportation and mobility limitations, distrust of government, fear of not returning home after an incident, concern about pets, and mental health and dementia issues.

When designing emergency preparedness and response systems for older adults, it is important to consider the following. Older adults may be:

> **Emergency**
>
> A serious, unexpected, and often dangerous situation requiring immediate action.

- Slower to register for disaster assistance and once registered may not follow through and complete the necessary applications to obtain assistance.
- At higher nutritional risk in the aftermath of a disaster.
- Targeted by fraudulent contractors and con artists who financially exploit victims following a disaster.
- Susceptible to physical and mental abuse as family stresses increase in later stages of the disaster.
- Experiencing diminished sense of hearing or smell, memory disorders, or chronic conditions requiring medication they may not have.
- Facing generational, cultural, language, or literacy barriers.

Aging units can help in all phases of emergency preparedness, response, and recovery by helping older persons personally prepare, tracking volunteer hours during response, helping individuals access emergency benefits, and monitoring fraudulent activity during recovery. Older adults represent a growing percentage of our communities—with many having access and functional needs that may only become evident or are exacerbated during an emergency.

Aging units are a trusted source in communities. They are in a good position to raise public awareness about community emergency preparedness. They interact with older adults in ways that other health and human services departments, and emergency responders often do not. Aging staff have contact with frail and homebound older adults through the home-delivered meal program and in-home assessments. Older adults participate in aging programs including health promotion programs and receive information and assistance from trained staff. They visit senior centers and they eat at congregate dining centers. Having aging professionals involved in whole community emergency response planning is vital as the number of older adults increases.

Facts About Older Adults That Make Planning Critical

What we know about the aging population should affect how we prepare for emergencies and illustrates why aging units need to be actively involved in planning.

- By 2025, 1 in 5 people will be age 65+[1].
- According to the National Highway Traffic Safety Administration, in 2011 in Wisconsin, 16% of those over 65 are non-drivers (over 110,000).
- 29% of older adults not living in institutions live alone[2].
- According to the Alzheimer's Association's 2013 facts and figures:
  - One in 9 people age 65 and older (11 percent) has Alzheimer's disease.
  - One in 3 of people age 85 and older (32 percent) have Alzheimer's disease.
- According to the National Council on Aging's United States of Aging Survey, 70% of older adults over 60+ have 2 or more chronic conditions.
- Almost half of men and one-third of women over 65 report having trouble hearing and 18% have limited vision[3].
- 15% of adults aged 50+ will not be able to evacuate their homes without help [3].
- 51% of adults aged 65 or older take three or more prescriptions per month [3].

Aging units should be considered partners in preparedness planning and long-term recovery and can help:

- Understand and meet the needs of older adults during an emergency.
- Engage and empower all sectors of the community.
- Build community resilience.

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[1] Bailey, Linda. "Aging Americans: Stranded Without Options." April 2004. *Surface Transportation Policy Partnership*. Jan. 2014 <http://www.transact.org/report.asp?id=232>

[2] Fowles, Donald G., Saadia Greenberg. "A Profile of Older Americans: 2011" *Administration on Aging, US Department of Health and Human Services*. Jan. 2014. <http://www.aoa.gov/AoARoot/Aging_Statistics/Profile/2011/docs/2011profile.pdf>

[3] Gibson, Mary Jo, Michele Hayunga. "We Can Do Better: Lessons Learned for Protecting Older Persons in Disasters." 2006. *AARP Public Policy Institute.* Jan. 2014. <http://assets.aarp.org/rgcenter/il/better.pdf>

Older Americans Act Programs & Disaster Planning

In a disaster, the city, county, and tribe's emergency response system may be quickly overwhelmed. Your organization and the community you serve may have to operate without electricity, gas, water, communications, or medical services for days. External assistance may be forthcoming, but it may not reach individuals or agencies for a considerable amount of time.

To remain viable and able to respond to the needs of clients—many of whom are the most vulnerable in our community—it is essential to not only have a plan in place but to practice how that plan will be executed.

Federal Requirements

Aging units are required to take part in emergency preparedness planning and create a plan for their agency. Aging units should ensure local emergency management officials are aware of provisions in the Older Americans Act related to emergency preparedness. These include:

- Section 306(b)(3) permits area agencies on aging (AAAs) to make recommendations to government officials in the planning and services area and the state on the need of older individuals with regard to emergency preparedness.
- Section 306(a) requires that each AAA shall—in order to be approved by the state agency—prepare and develop an area plan for a planning and services area for a two-, three-, or four-year period, as determined by the state agency. Wisconsin requires a three-year plan.
- Section 306(a)(17) requires the plans referenced in Section 306(a) to include information detailing how the AAA will coordinate activities and develop long-range emergency preparedness plans with local and state emergency response agencies, relief organizations, local and state governments, and any other institutions that have responsibility for disaster relief service delivery.

State Aging Plan Requirements

In addition to Administration on Aging (AoA) requirements, the Wisconsin Department of Health Services' Office on Aging requires county and tribal aging units to develop emergency preparedness goals and objectives as part of the aging plan process.

County & Tribal Plan Focus: Emergency Preparedness
County and tribal plans must address how the aging program will work with local emergency preparedness organizations to develop short and long-range emergency preparedness plans and coordinate responses to natural and man-made disasters. Aging units may also engage local fire departments in providing fire prevention education to older persons.

Area agencies on aging are required to engage in at least one activity in each year of their plans that focus on emergency preparedness efforts.

Sample goals are found in Appendix A.

Elderly Nutrition Program's Policies & Procedures Manual Section 8.4.20
"Each program shall develop and have available written plans for the continuation of services during emergency situations—such as short-term natural disasters (e.g., snow and/or ice storms), loss of power, physical plant malfunctions, etc. See Emergency Meals (Section 8.4.26.8 of this chapter) for more information about pre-planning for emergency self-stable meals."

Continuity of Operations Plan (COOP)

One of the first things that should be put in place is an agency Continuity of Operations Plan (or COOP). The purpose of a COOP is to plan for continuation of an aging unit's essential functions during an emergency, minimize loss and damage of resources, outline succession of leadership positions, and maximize successful recovery.

At the local level, aging units can be part of a human services department or a separate department within a county or tribe or a non-profit agency. The aging unit should have a copy of the COOP and ensure it has components specific to aging programs and that the plan is appropriate for your department. See Appendix B for additional COOP information and templates.

Aging Unit Involvement is Critical

The goal of the Older Americans Act (OAA) is to remove barriers to economic and personal independence and to ensure the availability of appropriate services for those older individuals who need them. Special consideration is required to ensure older adults who are in greatest economic need as well as those individuals who may be socially disadvantaged or have health disparities receive priority in the provision of services.

It is vital that aging programs in addition to human or social services departments be involved in the local emergency operations center. Aging units can help by:

- Developing a local agency emergency plan for continuing services and coordinating response for older adults.
- Providing up-to-date information to older adults about aging unit programs and services.
- Sharing information with the local emergency management team about capacity (or lack thereof) to provide services when emergencies occur.
- Convening and participating in special needs and long-term recovery planning committees, local Functional Access Services Teams (FAST), and other inter-agency emergency management coordinating bodies.
- Advocating for the inclusion of older adults and caregivers in emergency preparations and response to ensure their needs are considered during a disaster.

- Promoting personal preparedness among older adults and caregivers.

Services offered by aging units and/or ADRCs that can be helpful during an emergency include:

- Information & referral/assistance
  - Assist older adults with paperwork for benefits programs
  - Provide outreach and education to vulnerable adults
  - Communicate with individuals with disabilities, frail older adults; those with dementia, visual or hearing impairments, or mental health issues
- Nutrition programs (congregate and home-delivered meals)
  - Manage service, storage, preparation and delivery of food
- In-home services
  - Assist with daily living activities
  - In-home visits and assessments
- Transportation
- Volunteer management
- Caregiver support and respite programs

Aging units and/or ADRCs have resources* which may include the following:

- Databases of program participants
- Adaptive equipment
- Contracts with food vendors, transportation providers, and in-home service providers
- Trained professional staff with experience serving older adults
- Dining centers or satellite offices throughout their service area
- Vehicles to transport food and/or people

*Services and resources available may vary in each service area.

Steps to Agency Preparedness

Step 1: Be Involved *Before* Disasters Happen!

Be at the table for community disaster response and special/access and functional needs planning. Each county and tribe has an emergency management (EM) director who is responsible for preparing responses to any kind of crisis situation. They are responsible for writing the county's or tribe's emergency response plan and assisting other local units of government prepare. County and tribal EM directors participate in regular preparedness exercises with first responders including law enforcement, fire fighters, EMS personnel, and other partners in the community. They also provide training to community agencies and conduct public awareness campaigns.

Aging units need to be involved in preparedness activities. If your agency is not part of the local emergency management planning team or if you are unaware who to contact to become part of your local planning efforts, look here to find out who is in charge of emergency preparedness in your area.

In order to participate as an effective partner, your agency must first be very clear about what role it can realistically assume during a disaster. This role will vary for each agency depending on size, location, staff, and available resources.

It is vital not to overstate your agency's abilities to respond. Doing so may leave vulnerable populations at risk if you are unable to fulfill assigned duties. However, it is equally important the positive impact the agency resources and knowledge not be understated.

Before meeting with local emergency planners, be sure your aging unit has considered and prepared a list of its assets to be shared.

- **Have a written inventory of:**
    - Supplies (be specific).
    - Equipment (state if the kitchen has the ability to cook meals or just hold food, walk-in coolers, convection ovens, etc.).
    - Durable medical equipment on hand.
    - A copy of the caterer, facility, and other applicable service contracts with contact information included.
    - Generators available (if applicable).
    - Provider contact information for purchased supplies.

- Types of facilities along with their layouts and ADA accessibility information.
- Your department's emergency phone tree with home and cell phone numbers for staff and volunteers and caterers or contractors.
- Client list or special needs emergency registry. Emergency management may request a list of vulnerable individuals. This may include individuals needing specialized transportation, those who use oxygen, or those unable to leave a residence without assistance. *Be sure you have obtained written permission from participants. See the* Planning Tools for Vulnerable Populations *section for more information.*

Step 2: Create a Plan

Establish contact with emergency management to be involved with the larger municipality or local emergency management planning. To create a workable plan, you must understand your role and ensure your department/agency and staff are ready to respond.

As you write your plan, consider how the following will be done during an emergency.

- Communicate with staff and volunteers.
- Implement the continuity of operations plan (COOP). **See Appendix B for additional COOP resources and templates.**
- Provide the emergency operations center (EOC) with requested information to assist older people during an emergency. You may have a special needs registry, home-delivered meal list, or other records and resources that may be helpful.
- Implement evacuation, sheltering in place, or mass feeding in coordination with and as directed by emergency management.
  - Acquire a weather radio to be informed of dangerous conditions.
  - Develop a shelter box complete with forms, pens, tape, and note pads.
  - Have evacuation procedures in place and practice regularly at all congregate dining, senior centers, and other applicable sites in the event of a fire or other emergency that requires a quick exit.
- Assist with other shelter operations as assigned by the director and/or local office of emergency management (OEM).
- Maintain logs of food, disposable items used, staff time, as well as a record of the number of meals provided and to whom. Ensure all volunteers sign in when they start and sign out when they leave.
- Prepare necessary records for billing/reimbursement purposes and submit these to appropriate agencies at the conclusion of the emergency. Dining center managers should collect information about individuals being served (over 60 and the total number of meals served) and record those in the statewide database.

According to the State Manual of Policies, Procedures, & Technical Assistance for the Wisconsin Aging Network Section 8.4.26.8 (#6): "*Costs of these emergency efforts may be reimbursed if the county is declared a federal disaster area.*"

The AoA federal [Disaster Preparedness Manual for the Aging Network](#) also addresses nutrition services under Section VIII:

> Fiscal Considerations
> *"As state and area agencies on aging respond to the disaster, individuals involved should maintain diaries of expenditures and time spent working on the disaster. Receipts and all available documentation should be maintained so that these expenditures can be reimbursed at a later time."*

Step 3: Educate/Train Staff & Volunteers

The aging unit has a responsibility to educate and practice emergency plans with staff and volunteers.

- All staff and volunteers should be involved with emergency planning. This can be accomplished with regular meetings and practice drills.
- Staff should acknowledge what other responsibilities they may have in a disaster. Are they an EMT or volunteer fire fighter? Are they a caregiver? Do they have small children? What other challenges could they have (distance from town, limited transportation, no cell phone, etc.)? Knowing this will help your agency plan accordingly.
- Staff and volunteer training should be coordinated through your emergency manager. This training should include basic FEMA courses on National Incident Management Systems (NIMS) and Incident Command System (ICS) standard disaster response.
- Staff need to know what their responsibilities are in a disaster and what, if any, emergency preparedness or response duties are part of their job description.

The State [Manual of Policies, Procedures, & Technical Assistance for the Wisconsin Aging Network](#) Section 8 outlines staff and volunteer requirements.

8.4.11: Staff/Volunteer Training
"All staff—paid and volunteer—shall be oriented and trained to perform their assigned responsibilities and tasks."

- *Training shall include food safety, prevention of foodborne illness, the principles of the Hazard Analysis Critical Control Point (HACCP), accident prevention, instruction on fire safety, first aid, choking, emergency preparedness, and other emergency procedures.*
- *A minimum of six (6) hours of staff training shall be provided annually for paid staff and regular volunteer food-service staff.*

8.4.19: Emergency Preparedness
"Each program shall ensure that appropriate preparation has taken place at each dining center for procedures to be followed in case of an emergency. In addition, staff and volunteers delivering meals shall be trained in appropriate methods of handling emergencies. Examples of measures include:

- *An annual fire drill at dining centers.*
- *Posting and training of staff and regular volunteers on procedures to be followed in the event of severe weather or natural disasters.*

- *Posting and training of staff and regular volunteers on procedures to be followed in the event of a medical emergency."*

Volunteer Management

It is important to note that even if you have a list of regular and emergency volunteers you need to follow the lead of local emergency management. Establishment of a volunteer reception center (VRC) should be part of the larger community's disaster preparedness plan. Be sure to ask the emergency manager for their plan for using volunteers in emergencies.

Emergency management will have a plan in place to manage volunteers. Volunteers should be instructed to never self-deploy. The aging unit should be aware of these plans and educate their volunteers what role they play in disaster response and recovery. If a volunteer is asked to respond and assigned a task, stress the importance of signing in upon arrival and BEFORE starting and also when they leave. If something happens and a volunteer is not officially signed in, he or she will NOT be covered by the agency's insurance. **See Appendix C for a brochure on liability and volunteers in disasters.**

Encourage volunteers to pre-register as a disaster volunteer through WEAVR (Wisconsin Emergency Assistance Volunteer Registry). Anyone can register on this site. There is also advanced registration for healthcare and licensed professionals through the Medical Reserve Corps.

Functional Assessment Service Team (FAST)

The Wisconsin Department of Health Services and WI Emergency Management are leading the statewide initiative to identify, recruit, and train state, regional, and local volunteer FAST teams. These teams support local and tribal government in sheltering people who have been displaced from their homes during a disaster. As part of your plan, your agency may consider becoming part of a functional assessment services team (FAST). Training is available for agencies that want to become a FAST member or recruit team members to form a FAST.

When Wisconsin residents are displaced from their homes during a disaster and find it necessary to stay in a community emergency shelter, it is essential that community officials, responders, and shelter managers are prepared to provide service and reasonable accommodations to all shelter residents—including those with access and functional needs.

Supporting shelter residents who have access and functional needs requires proper planning pre-incident and proper coordination during the incident. Functional Assessment Service Teams (FASTs) provide a system for assessing people when they enter the reception center or shelter and helping them get what they need to safely stay in the shelter.
For more information about FAST training, visit the Wisconsin Emergency Management Website training calendar.

Steps to Dining Center Preparedness

Dining programs should have a plan in place to access neighboring sites to support continuation of service in the event of emergency within the county or tribal reservation—as well as neighboring county and tribal dining centers. For example, in the event of minor emergencies such as power outages or flooding, there should be a plan to re-route meal service to a nearby dining center. Also, other community spaces that could be used as a temporary alternate site if available should be identified.

For programs that have on-site cooking or central kitchens and home-delivered meal distribution centers, if able, consider being a resource for the county/tribal emergency management team by providing meals, cooking and holding equipment; providing storage space if able, disposable serving materials (paper plates, to-go containers, napkins, etc.), and cleaning facilities.

> According to the State [Manual of Policies, Procedures, & Technical Assistance for The Wisconsin Aging Network](#) Section 8.4.26.8 (#5): "*In response to a disaster, central/on-site kitchens may be made available for food preparation."*

For programs that have catered dining centers and vendor-catered, home-delivered meal distribution centers, consider including in vendor contracts a provision for the caterer to provide emergency provisions in the event of disaster. Additionally, develop relationships with other possible local vendors such as hospitals, nursing homes, and local restaurants and caterers to provide meals when the primary caterer is unable.

For programs that contract with outside agencies to provide home-delivered meals, consider including in the vendor contract a provision for that agency to have a plan in place in the event of disaster or emergency. Their plan should be agreed upon in advance by both parties. Additionally, develop relationships with other possible local providers such as faith-based organizations, hospitals, nursing homes, and local restaurants and caterers to provide meals when the primary caterer is unable.

For programs that do not own the space where the dining centers meet, nutrition programs should contact the owners of the dining centers to determine the feasibility of utilizing their available space if needed in the event of an emergency. If dining center owners are willing to provide space, this should be communicated to the emergency management team in the county/tribe to be included in the plan and appropriate agreements should be signed.

The federal [AoA disaster manual](#) states aging units should have clauses included in contracts and grants with service providers assuring their response and costs when natural disasters occur. Dining centers should have:

- A plan for alternative cooler space. Food purveyors may provide freezer/cooler trucks for emergencies. Ask them for support and product discounts before an emergency.
- Food and transport equipment on hand at kitchen(s)—including hot and cold food carriers, disposable pans and utensils, Sterno®, hot blocks, ice packs, or dry ice.
- Menus for one or more days using in-stock food items that do not require cooking or heating in the event of a power outage.
- At least three days' worth of food on hand.
- Supplies such as water, portable and weather radios, batteries, floodlights and flashlights, and first aid kits.
- Dual power sources such as gas and electric are helpful. Back-up generators may help in areas that have frequent problems.

Per the WI Food Code, the Elderly Nutrition Program <u>neither</u> can receive <u>nor</u> distribute food that was prepared in a person's private home (3-201.11). The Food Code makes it very clear that all food served must come from an approved source and private homes and individuals are not approved sources and therefore the food cannot be served in a dining center.

Any meals that are served that do not meet the nutritional guidelines (1/3 of the daily requirements) or are served to those under the age of 60 who are not volunteers or otherwise eligible for the program cannot be claimed for NSIP. They can still be provided, just not claimed.

The AoA [Disaster Preparedness Manual for the Aging Network](#) also addresses nutrition services under Section VII:

"I. Gap-Filling Disaster Services
Gap-filling services are those services that are necessary after a disaster because: (1) they are not available and are necessary for older persons, (2) they are not in sufficient quantity to provide services to the older disaster victims who need those services, or (3) will not be available for a long enough period of time to meet the need. Gap-filling disaster services are services provided immediately following the disaster—which often continue to be necessary during long-term recovery.
    E. Meals programs may include the provision of food in bulk, meals through a senior dining site, or through other avenues as available. These meals are immediate as necessary and for the period of recovery. If the general public is to be served, immediate contact with the Red Cross concerning reimbursement of the costs of the service should be initiated."

Special Considerations: Dining Centers

- Do you have the authority to offer senior dining centers as possible resources?
- Can you offer space or food or both?

- Do you have access to a listing of vulnerable adults you can share during an emergency? Do you have the proper authorization to share the information? Where is the list located and what are the specific needs (oxygen, mobility aid, etc.)?
- Can you use other staff like outreach workers, benefit specialists, and I&A specialists for door-to-door assistance, wellness checks, or other nutrition-related activities?

Sheltering in Place

The aging unit and/or service program director may be directed by the local OEM to have participants shelter in place. Sheltering in place procedures include:

- Using dining centers and senior centers as an emergency measure until it is determined that attendees can be relocated to a Red Cross shelter or go home.
- Closing all windows and doors. In the event of a chemical or hazardous materials disaster, doors and windows should be sealed immediately with masking or duct tape and doorways blocked with towels, rags, or blankets.
- Listening to the radio for further instructions.
- Making individuals as comfortable as possible by providing meals and activities (e.g., cards, games, music, and reading).

Information above was derived from the Administration on Aging's emergency assistance guide.

See Appendix D for an emergency preparedness checklist for food service operations.

More information for dining center managers can be found on the GWAAR Nutrition Team Webpage.

Planning Tools for Vulnerable Populations

One tool that may be used in planning for vulnerable populations is a special needs registry. Another option is the *whole community* planning approach. Below is information about both tools to help your community decide which planning tool is best for you.

Special Needs Registries

A *special needs registry* may list any person who might need help prior to an anticipated disaster, during a particular incident, or throughout the recovery phase. Typically, registries are limited to those with specific special needs (e.g., individuals with medical conditions requiring complex medical coordination, people requiring dialysis, or people in iron lungs). [4] The term *special needs* is not standardized.

Any given registry will not identify every individual who may require some type of assistance during an emergency nor does it replace the responsibility for personal preparedness. Also note that individuals may be reluctant to enroll—in part because they do not want to disclose personal information.

Decisions about creating registries should be made with people who have functional needs and other community partners. Guidelines as well as policies and procedures should be in place for collecting, updating, and maintaining information and how it will be used in the event of a disaster. As part of registry development, communities should:

> **Special Needs or Functional & Access Needs Population**
>
> "Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communications, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities, who live in institutionalized settings, who are elderly, who are children, who are from diverse cultures, who have limited English proficiency or are non-English speaking, or who are transportation-disadvantaged."

- Designate a lead agency to house the registry and inform people about the registry.
- Designate lead staff to input new registrants, keep registry contents current, and explain to enrollees what registries *do* and what they *do not* do.
- Designate staff to safeguard registry contents kept off-site (ensure emergency management has that person's direct contact information including work and home numbers).

Appendix E is a chart with several registry options and pros and cons of each one.

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[4] Matherly, Deborah, Jane Mobley. "Communication with Vulnerable Populations: A Transportation and Emergency Management Toolkit." *Transit Cooperative Research Board.* 2011. Federal Transit Administration. Jan. 2014. <www.tcrponline.org/PDFDocuments/TCRP_RPT_150.pdf>

It is important to ensure the expectations of registrants match the types of emergency services that may be available. For example, a person who enrolls may believe that registering means someone will automatically show up to provide transportation following a natural disaster or other emergency. This may not be the case. The registry informs local emergency management about the number of individuals with special needs so they can plan accordingly and provide extra assistance if available.

It is imperative that confidentiality of each registration form be strictly protected. The identities of registrants should not be shared with anyone but emergency response personnel as outlined in the policies. Registrants should be informed that the process is completely voluntary and information provided will not be used for anything other than what is outlined in the policy.

People should be educated about who is actually eligible to register, what type of registry it is, and what help—if any—they can expect to receive. Once the enrollment process is completed, the document is valid until rescinded. It is important to note that you should have the individual's or guardian's signature and date on each registration form. Agencies should update registries at least annually to assure data is current; however, the registrant is responsible for notifying the agency should changes to their information be necessary. For example, see the Dane County Emergency Management Registry for People with Special Needs. Be sure to have the form reviewed and approved by your corporation council, tribal government, or governing body as local policies require.

Whole Community Planning Approach

Another option the Whole Community Planning approach. This approach takes into consideration both the actual composition of the community and individual needs of community members—regardless of age, economics, or accessibility requirements.

The three principles of the *Whole Community Planning* approach are to:

1. Understand and meet the actual needs of the whole community. The better we understand the community structure, networks and relationships, the better we can respond.
2. Engage and empower all members of the community. This strengthens the local capacity and makes all residents responsible for preparedness.
3. Strengthen what works well already. Building community resilience through strengthening and supporting exiting infrastructure and relationships empowers effective action during and after a disaster.

Special needs during a disaster may be as urgent as evacuation, access to power for a life-sustaining machine, or necessary medications. It may also include less urgent needs such as not having glasses, hearing aids, or routine medication. These needs are not necessarily accounted for in a special needs registry, yet are still very important to successful recovery. The *Whole Community Planning* approach strengthens the community's capacity to meet all of these needs and is another way for communities to plan for individuals who have access and functional needs.

Educating the Community

Aging units have an important role to play in helping older adults and people with disabilities remain safe during natural and man-made disasters. Aging programs directly or indirectly reach nearly one out of every two Wisconsin seniors every year. Each of these contacts is an opportunity to talk about emergency preparedness.

Aging units can provide education in a wide variety of ways.
Examples include:

- Providing participants with emergency preparedness information when they enroll in aging programs.
- Conducting one-on-one discussions.
- Providing emergency preparedness information through direct mailings, newsletters, and promotional events.
- Collaborating with neighborhood associations and community organizations to sponsor educational events.
- Scheduling regular public service announcements on radio and television tailored to seasonal weather events/threats.

Nutrition programs also have a responsibility to provide participants with written information regarding what types of food to keep on hand as well as provide emergency shelf-stable meals when feasible. Upon enrollment and at regular intervals throughout the year, meal sites and home-delivered meal programs can educate participants about how much food, water, batteries, propane, and other supplies to keep on hand.

Notifications & Emergency Alerts

Early warning systems can be the difference between life and death. Older adults are strongly encouraged to have at least one weather radio or other notification system at home. In addition to weather radios, other alerts and notification systems include:

- Nixle provides alerts from local police.
- CodeRED Alert System sends critical communications ranging from evacuation notices to missing child alerts.

- Wireless Emergency Alerts is a system that allows certain enabled mobile devices to receive geographically-targeted emergency text alerts.
- There is emergency notification equipment designed for people who are hard of hearing, deaf, blind, and visually impaired that includes flashing smoke detectors, bed shakers, and other alarms with adaptive features. Information about these devices can be obtained from the organizations listed below.
  - Wisconsin Department of Health Services' Division of Long Term Care, Bureau of Aging and Disability Resources, Office for the Blind and Visually Impaired
  - Wisconsin Department of Health Services' Office for the Deaf and Hard of Hearing

Important Note: Be sure to consider individuals with low literacy, non-English speaking populations and people with low vision or other sensory limitations when designing emergency preparedness materials and activities.

Information must be in compliance with the Civil Rights Act. Pamphlets, mailings, and other materials should be produced using easy-to-read colors and in a font size large enough to be read by people with low vision. Access to materials translated in other languages should also be available.

Contact the ADRC if you need help locating translation services in your area.

Area Agencies on Aging (AAAs)

A variety of resources may be available through links on the websites of Wisconsin's three area agencies on aging. Some of the information you can find there include:

- Best practices
- General preparedness resources
- Resources for professionals and organizations
- Resources for individuals, families, and caregivers
- ADA considerations in planning
- Training and webinars
- Volunteers in disasters
- Reports

Greater Wisconsin Agency on Aging Resources
Milwaukee County Department on Aging
Area Agency on Aging of Dane County

Wisconsin Department of Military Affairs – Division of Emergency Management

Wisconsin Emergency Management (WEM) activities are coordinated with local, state, tribal, and federal agencies—as well as volunteer and private sector partners. WEM provides training and support to all 72 counties and brings emergency management services to the state's 5.6 million citizens. The central office is located in Madison and six regional offices provide local support across the state.

Ready Wisconsin website is among the services provided by WEM—which local agencies may find particularly useful. It allows citizens to sign up for cell phone and email alerts/updates about disaster events, weather-related emergencies, and travel conditions. The website also provides information about preparation for people with functional needs, pet safety, sheltering in place, and tips for establishing emergency communication plans among family members.

The site also provides educational resources for the general public, children, teachers, and emergency managers—including ready-to-use materials explaining how to assemble disaster emergency kits and purchase reliable weather radios and other safety equipment such as smoke detectors.

Learn more about how the Wisconsin Division of Emergency Management and their staff can support your emergency and disaster preparedness planning.

Visit Ready.gov to view the *In-Depth Guide to Citizen Preparedness* and to find ready-to-use community outreach templates, discussion forums, webinars, and other useful resources.

Federal Emergency Management Agency (FEMA)

Disaster Preparedness Manual for the Aging Network
The Administration on Aging has joined in partnership with the Kansas Department on Aging to develop a new, updated disaster guide for use by state and area agencies on aging and Native-American tribes to better respond to the needs of older disaster victims.

America's PrepareAthon!
America's PrepareAthon! is a national preparedness campaign launched in April 2014 to help individuals, organizations, and communities prepare for specific hazards through drills, group discussions, and exercises. Resources can be downloaded for use in public service campaigns and community educational events.

Agencies can find additional resources for disaster survivor assistance, grants, help for recovery efforts, and news links on the FEMA Website.

Centers for Disease Control (CDC)

The guide, *Identifying Vulnerable Older Adults and Legal Options for Increasing Their Protection During All-Hazards Emergencies: A Cross-Sector Guide for States and Communities*, covers topic areas such as developing plans, partnering and collaboration, using data for action, building registries, using law-based solutions, sheltering, and caregiver preparedness. The CDC Website also features broader information on older adults such as registries, GIS mapping, and planning examples.

Emergency Preparedness Contacts

Greater Wisconsin Agency on Aging Resources' (GWAAR) Emergency Preparedness Team

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p. 608-243-5675

State Office on Aging

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Bureau of Aging and Disability Resources
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Wisconsin Division of Emergency Management

2400 Wright Street
Madison, WI 53708
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Federal Administration on Aging Disaster Assistance

AoA regional offices each have emergency preparedness staff.

National Continuity Programs

Continuity of Operations Division
FEMA
500 C Street, SW, Suite 515
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Appendix

A. Sample Aging Plan Goals

B. Continuation of Operations Plan (COOP) Resources

C. Volunteer Liability Brochure

D. Emergency Preparedness Checklist for Food Services

E. Registries Fact Sheet Excerpt From [Communication With Vulnerable Populations Report](#) (Transit Cooperative Research Program (TCRP) Report 150 | pages 86-88)

Aging Unit Plan Emergency Preparedness
Sample Goals

Below are sample goals to assist aging units in developing emergency preparedness objectives for aging unit plans. Goals are required to be in SMART format which requires measurable outcomes.

The S.M.A.R.T. goal system is a useful acronym for describing well-defined goals.

S   **Specific:** Goals must be clear. When goals are specific, they tell people exactly what is expected, when, and how much.

M   **Measurable:** A goal that can't be measured is not very useful. If a goal is not measurable, it is impossible to tell if progress is being made toward its successful completion.

A   **Attainable:** Goals must be realistic and attainable. The best goals require organizations to stretch a bit to achieve them, but they aren't extreme. Goals that are set too high or too low become meaningless.

R   **Results-Based:** This answers the "so what" question. A SMART goal describes the desired end state.

T   **Time-bound:** Goals must have starting points, ending points, and fixed durations. There should be a clear target date for completion. Use a specific date, rather than a year or season.

(original source: *Management Review,* George T. Doran, 1981)

EXAMPLES OF EMERGENCY PREPAREDNESS GOALS

- The aging unit will work with Public Health and County/Tribal Emergency Management to develop a memorandum of understanding (MoU) for coordination of services during a flu pandemic if suspension of aging services is declared. Completion date: _____

- Trained staff will work one-on-one with (*insert number-not percentage*) family caregivers to complete a personal preparedness and response plan in the event of an emergency. The CDC manual Just in Case: Emergency Readiness for Older Adults and Caregivers will be used as a best practice tool for this activity. Completion date: _____

- The aging unit will work with local law enforcement and area utilities to create a special needs registry in the event of an emergency or disaster. Information about the registry will be provided to those eligible so the individual (and any guardian/caregiver) understands its purpose and limitations. The registry will be updated annually. Completion date: _____

- All staff and volunteers will participate in at least one emergency preparedness/disaster drill annually. A detailed survey will be distributed to attendees following scheduled training(s) to measure their level of understanding of this exercise. Completion date: _____

- The aging unit will develop and sign an MoU with the County/Tribal Emergency Management Office that outlines the aging unit's resources as well as limitations should a disaster occur and the critical role aging staff can play in assisting older clients during a disaster/emergency.

- In coordination with the _____ Fire Department, the aging office will identify at least (*insert number not percent*) older adults who are eligible to have smoke and carbon monoxide detectors installed at no cost. (*Number*) will be installed. As part of this project, trained staff will meet one-on-one with (*number of)* consumers and provide information about fire prevention.

- Staff will meet with (*insert number not percent*) community groups about Neighborhood Cares, Preparedness Parties, Map Your Neighborhood, or similar programs to facilitate at least (*insert number not percent*) neighborhoods actively implementing one of these programs.

Continuation of Operations Plan (COOP) Resources

Continuity of operations is a plan within individual departments and agencies to ensure that essential functions continue to be performed during a wide range of emergencies—including localized acts of nature, accidents, and technological or attack-related emergencies (source: *FEMA*).

Preplanning for emergencies assures program continuity and reliability. At a minimum, a COOP plan outlines leadership succession, staffing, and communications plans and alternate facilities. Executing a COOP does not require a governmental disaster declaration.

COOP RESOURCES AND TRAINING:

Continuity of Operations Overview: http://www.fema.gov/continuity-operations

COOP Templates & Instructions: http://tinyurl.com/Non-Federal-COOP-Template

Training: http://www.fema.gov/training

https://training.fema.gov/is/crslist.aspx

Tribal-Specific: http://www.training.fema.gov/Tribal/schedule.aspx

Federal & State Statutes

Federal Volunteer Protection Act

42 U.S.C. 14051 et seq.

- Provides civil immunity for volunteers serving under non-profits or government entities

Conditions for Federal Volunteer Coverage

- Acting within scope of responsibilities
- Properly licensed or certified
- No willful or criminal misconduct, gross negligence, reckless misconduct, etc.

Wisconsin Good Samaritan Law

§ 895.48 Wis. Stat.

- Civil liability immunity for "emergency care" given at the scene of an emergency
- Applies to acts or omissions
- Care must be given in good faith
- Does not cover reckless, wanton, or intentional misconduct
- The Good Samaritan law does not generally apply to employers trained in health care or health care professionals

The "Good Sam" Law in Court

Mueller v. McMillan Warner Insurance Co.
2006 WI 54, 290 Wis. 2d 571, 714 N.W.2d 183

The court ruled that emergency care refers to the initial evaluation and treatment of an injured person until care can be transferred to medical professionals. In this case, the defendants did not seek assistance from medical professionals; instead, they provided care to the victims throughout the night. The care provided was considered "non-emergency care" by the court. Since the Good Samaritan statute only protects volunteers providing emergency care, the defendants did not receive immunity for their actions. See the July 2007 article "The Good Samaritan Statute: Civil Liability Exemptions for Emergency Care" in *Wisconsin Lawyer*.

Reducing Liability Exposure

1 **Exercise sound, reasonable judgment.**
Volunteers are tremendous assets in emergencies; however, volunteers do not have the experience and expertise of professionals. Therefore, volunteers should recognize their limitations and obtain professional help as soon as possible.

2 **Act in good faith.** The government wants volunteers to help others in an emergency; the Wisconsin Good Samaritan statute and the Federal Volunteer Protection Act were designed to protect volunteers from civil liability. Therefore, if a volunteer was acting without malicious intent, the courts will be more likely to side with the individual in the event of a lawsuit.

3 **Make decisions with an appreciation of liability considerations.** Volunteers can greatly reduce their liability by registering, *in writing*, with the appropriate unit of government that is authorized to respond during emergency situations. Self-deployment is *not recommended* unless it is absolutely necessary to save a life. Volunteers will be less likely to make mistakes and more likely to have protection from civil liability if they are working under the direction of an authorized unit of government, agency, or organization.

What's the Bottom Line on Volunteer Liability?

State and federal volunteer protection **DOES NOT MEAN** that volunteers cannot be sued. Furthermore, volunteers are **PERSONALLY LIABLE** for criminal actions.

Please contact Randi Wind Milsap at (608) 242-3072 with additional questions about volunteer liability.

VOLUNTEER LIABILITY

in the

STATE OF WISCONSIN

Includes information about liability protection for volunteers, health care practitioners, and providers of equipment and other items.

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Volunteers (Generally)

***Note:** Does not include volunteer health care practitioners*

This section provides information about the coverage of volunteers (for state and local units of government) for assistance during a disaster, an imminent threat of disaster, or a related training exercise).

Volunteers of State Agencies
- Labor may not be compensated
- Allows for reimbursement for travel, lodging, or meals without loss of status
- Must register or pre-register, *in writing*, to assist the state agency
- Registered volunteers will be state employees for worker's compensation and liability purposes
- Reckless, wanton, or intentional misconduct is not covered

Volunteers of Local Units of Government
- Labor may not be compensated
- Allows for reimbursement for travel, lodging, or meals without loss of status
- Must register or pre-register, *in writing*, to assist the local unit of government
- Worker's compensation expenses for injured volunteer(s) that exceed $1 per capita of the local unit of government's population per event shall be *reimbursed* by the state
- Reckless, wanton, or intentional misconduct is not covered

Health Care Practitioners

***Note:** Please see Chapter 257 of the Wisconsin Statutes for more information*

If a volunteer health care practitioner provides services for which the individual is licensed, certified, registered, or qualified, the practitioner will be indemnified and considered an employee of the state for worker's compensation purposes if *all* of the following apply:

- The services are provided on behalf of a health care facility or mass clinic or at the request of the Wisconsin Department of Health Services or a local health department
- The practitioner is not compensated by the health care facility, mass clinic, Wisconsin Department of Health Services, or local health department (except for travel, lodging, or meals)
- The practitioner is registered in the electronic system (known as "WEAVR") established by the Wisconsin Department of Health Services or first registers *in writing* with the health care facility or mass clinic
- Reckless, wanton, or intentional misconduct is not covered

Note: The services provided by the health care practitioner must occur during a state of emergency in the geographic area in which the state of emergency applies *and* on behalf of a health care facility or mass clinic, or at the request of the Wisconsin Department of Health Services or a local health department.

Other Providers

***Note:** Not to be confused with volunteers of state and local units of government*

Applies to persons (individuals, businesses, non-profits, and corporations) who provide equipment, materials, facilities, labor, or services.

Civil liability immunity for death/injury to any person or damage to property if all of the following apply:

- Under the direction of statutorily designated authority (Governor, Adjutant General, governing body, chief executive officer, or head of emergency management services of a local unit of government or tribe)
- In response to enemy action, a disaster, or a federally or gubernatorially declared state of emergency
- Reckless, wanton, or intentional misconduct is not covered
- Does not apply to volunteer health care practitioners (see applicable section in brochure)
- Does not apply to volunteers of state agencies and local units of government (see applicable section in brochure)

✓ **Emergency Checklist for Food Service Operations**

Source: Food Safety During a Weather Emergency
WISCONSIN FOOD CODE FACT SHEET #35

This information will help minimize the potential for foodborne illnesses due to food spoilage from power outages and other problems that are often associated with severe weather events. Without electricity or a cold source, foods stored in refrigerators and freezers can become unsafe. Bacteria in food grow rapidly at temperatures between 41-140°F (4.4 - 60°C) and if these foods are consumed, illness can occur.

Steps to Follow to Prepare for a Possible Weather Emergency:
- Institute food protection provisions especially if food storage areas are subject to high temperatures, humidity, or flooding. Do not store paper or cardboard-packaged food products in these conditions. **Store all food products at least 6 inches above the floor in well-ventilated, cool areas (50-70°F) and away from the walls, windows, plumbing, or furnaces in basements or other subsurface locations.** Rearrange frozen products to avoid cross-contamination during an anticipated thawing process. Provide collection receptacles for drainage of liquids from the melting process in freezers and refrigerators. Empty frequently.

- In coolers, store ready-to-eat (RTE) foods in containers and above raw animal products.

- **Keep an appliance thermometer in the warmest location in the refrigerator and freezer.** It will indicate the air temperature in the unit and help to determine the safety of the food. Make sure it can be easily viewed. Provide an exterior digital/dial readable gauge, if possible, to avoid having to open the refrigerator to determine the temperature.

- Maintain the frozen foods solid and at 0°F or below and refrigerate potentially-hazardous foods so internal food temperatures are 41°F or below.

- In advance, freeze and store containers of water for ice and/or have several gel packs in the freezer to help keep food cold in the freezer, refrigerator, or insulated containers (ICs) after the power is out.

- Have ICs on-hand to keep refrigerated food cold if the power will be out for more than 4 hours. You will have to determine how many based on your inventory and have enough gel packs for all the containers.

- Purchase bags of ice and/or make ice cubes and store in the freezer for use in the refrigerator or in an IC.

- Freeze gel packs ahead of time for use in ICs.

- **Freeze refrigerated items such as leftovers, milk, and fresh meats and poultry that may not be needed immediately**. This helps keep them at a safe temperature longer.

- **Plan ahead and know where dry ice and safe block ice can be purchased**.

- **Plan ahead and know who has refrigerated trucks you could borrow**, e.g. your food distributor is a good place to start. It is a good idea to have at least two trucks—one for water/juice and one for food/ice.

- **Have a list of facilities in each community that have back-up generators** in case of extended power outage.

- **If the telephones are not working** at your facility or cell phone service is down, **are there alternative ways to make phone calls?**

- What is the nearest place to go for emergency help if the phones are not working?

- Where can you go for additional water?

- Where can you go for additional food supplies?

- Where can you go for sandbags, tools, and equipment?

- Where can you go to meet your transportation needs for food or people?

- HDM supplies: Have aluminum trays and lids on-hand to use in case the electricity is out and you can't heat seal the Oliver Trays or purchase plastic snap-on lids to have on-hand in case the power is out. Styrofoam trays could work but they are not a good option for many reasons.

- If the Red Cross and Salvation Army are involved be sure to contact both to coordinate efforts and reduce duplication of service. **Again, be sure to work with your Emergency Management Team. Contact the following BEFORE an emergency so you know who to contact.** To find out who to contact in your region for emergency planning:
  - American Red Cross
  - Salvation Army
  - FEMA: Contact them to report damage. They will not come into an area until they are contacted and the area has to be declared a disaster area. Remember it takes FEMA at least 3 days to mobilize so be prepared for at least 3 days.

Steps to Follow After the Weather Emergency:
- **If the refrigerator door is unopened, food can be maintained cold for about 4 hours. A full freezer will hold the temperature for approximately 48 hours** (24 hours if it is half full) and the door remains closed.

- *After 4 hours without power,* **discard** *refrigerated* **perishable food such as meat, poultry, fish, soft cheese, milk, eggs, leftovers, and deli items.** Food may be safely refrozen if it still contains ice crystals or is at 41°F or less when checked with a food thermometer.

- Never taste a food to determine its safety.

Dry Ice Use
Obtain dry or safe block ice to keep your refrigerator and freezer as cold as possible if the power is going to be out for a prolonged period of time. Check this Website for a directory of where to buy dry ice.

Safe Handling of Dry Ice
Caution: Keep dry ice away from children if they cannot be closely supervised at all times.

Handling
Dry ice temperature is extremely cold at -109.3°F or -78.5°C. Always handle dry ice with care and **wear a protective cloth or leather gloves whenever touching it. An oven mitt or towel will work.** If touched briefly it is harmless, but prolonged contact with the skin will freeze cells and cause injury similar to a burn.

Storage
Store dry ice in an insulated container. The thicker the insulation, the slower it will sublimate. Do not store dry ice in a completely airtight container. The sublimation of dry ice to carbon dioxide gas will cause any airtight container to expand or possibly explode. Keep proper air ventilation wherever dry ice is stored. Do not store dry ice in unventilated rooms, cellars, autos, or boat holds. The sublimated carbon dioxide gas will sink to low areas and replace oxygenated air. This could cause suffocation if breathed exclusively. Do not store dry ice in a refrigerator-freezer. The extremely cold temperature will cause your thermostat to turn off the freezer. It will keep everything frozen in the freezer but it will be used up at a faster rate. It is the perfect thing if your refrigerator breaks down in an emergency. There are also commercial storage containers available.

Ventilation
Normal air is 78% nitrogen, 21% oxygen, and only 0.035% carbon dioxide. If the concentration of carbon dioxide in the air rises above 0.5%, carbon dioxide can become dangerous. Smaller concentrations can cause quicker breathing and headaches but is otherwise not harmful. If dry ice has been in a closed auto, van, room, or walk-in for more than 10 minutes, open doors and allow adequate ventilation before entering. Leave area containing dry ice if you start to pant and breathe quickly, develop a headache, or your fingernails or lips start to turn blue. This is the sign that you have breathed in too much CO_2 and not enough oxygen. Dry ice CO_2 is heavier than air and will accumulate in low spaces. Do not enter closed storage areas that have or have had stored dry ice before airing out completely.

Pick-Up Time & Transporting
Plan to pick up the dry ice as close to the time it is needed as possible. It sublimates at 10% or 5 to 10 pounds every 24 hours—whichever is greater. Carry it in a well-insulated container such as an ice chest. If it is transported inside a car or van for more than 15 minutes, make sure there is fresh air. After 15 minutes with dry ice only in its paper bag in the passenger seat next to me, I started to breathe faster and faster as though I were running a race. I couldn't figure out why I was so out of breath until I saw the car air system was set in the re-circulated position, not fresh outside air.

Burn Treatment
Treat dry ice burns the same as a regular heat burns. See a doctor if the skin blisters or comes off. Otherwise if only red it will heal in time as any other burn. Apply antibiotic ointment to prevent infection and bandage only if the burned skin area needs to be protected.

MSDS
Here is an MSDS available online.

Countertops
Do not leave Dry Ice on a tiled or solid surface countertop as the extreme cold could crack it.

Disposal
Unwrap and leave it at room temperature in a well-ventilated area. It will sublimate from a solid to a gas. DO NOT leave dry ice unattended around children (source: http://www.dryiceinfo.com/safe.htm)

Walk-In Freezer
A 12'x12' walk-in freezer will use 150-250 pounds of dry ice per day. Place Dry Ice on top shelves directly on frozen foods. Leave door open when entering the freezer to prevent suffocation. Do not use Dry Ice in confined spaces with workers. **Chest Freezer:** 50 pounds of dry ice should hold an 18 cubic foot full freezer for 2 days.

Walk-In Refrigerator
A 12'x12' walk-in refrigerator will use 50 to 100 pounds of dry ice per day. Place slabs on top shelves without touching food. Monitor food product temperatures closely after several hours. Keep extra dry ice in an ice chest. Take personal precautions as identified above.

If the power has been out for several days, check the temperature of the freezer with an appliance thermometer. If the appliance thermometer reads 41°F or below, the food is safe and can be refrozen.

If a thermometer has not been kept in the freezer, check each package of food to determine its safety. If the food still contains ice crystals, the food is safe.

After a Flood:
- Discard any food that is not in a waterproof container if there is any chance that it has come into contact with flood water/nonpotable source. Discard affected wooden cutting boards, plastic single service utensils, and porous utensils.

- Undamaged, commercial prepared foods in all-metal cans and retort pouches (ex. flexible, shelf-stable juice or seafood pouches) can be saved. Follow the Steps to Salvage All-Metal Cans and Retort Pouches in the publication "Keeping Food Safe During an Emergency".

- Thoroughly wash all metal pans, ceramic dishes, and utensils that came into contact with flood water. Use safe hot soapy water, rinse and sanitize by boiling them in clean water or by immersing them for 15 minutes in a solution of 1 Tbsp. of unscented liquid chorine bleach per gallon of drinking water at 75-100°F.

- Drink only bottled water from safe sources if flooding has occurred.

<div style="text-align:center">

Bottom Line: When in doubt, throw it out!

</div>

References:
- USDA and DryIceInfo.com (Source: DHFS-3063-0909 September 2009)
- Food Safety During a Weather Emergency: WISCONSIN FOOD CODE FACT SHEET #35

3.4 Registries Fact Sheet

Purpose: The fact sheet provides an overview of research findings and pros and cons on registries as they relate to the roles and relationships between emergency managers, transportation, and vulnerable populations. This tool is not a policy recommendation on registries. Opinions on registries vary from ardent advocates to vocal opponents; descriptions and understanding of registries also vary.

Directions: Following a review of registry types (below) and local threats, conditions, and resources, network members may decide that one or more of the following options may enhance local readiness. The letters H, M, and L indicate if the tool is high, medium, or low in a specific area. This is a good discussion tool and meeting agenda item.

Inclusive	Planning Utility	Title	Description	Pro	Con
H	L	Universal Registries/ Emergency Alert Notification Systems	Anyone can sign up to get an emergency alert notification, on whatever device, and in whatever format that is available. Universal emergency alert systems include Reverse 911 calling and similar automated systems. Many locations have worked with people who are deaf, hard of hearing, and blind to develop and deploy alternative emergency alert systems, including lights, text messages, Braille message pads, bed shakers, and similar technologies.	Provides inclusive distribution of information regardless of location. Many communities are working to make technology fully accessible.	Does not provide information to the transportation and emergency managers as to vulnerabilities or additional assistance that may be needed. Assumes power and communication networks are intact.
M-H	M-H	Transportation to transportation "hubs" or shelters (with or without registry — usually without)	Many transit-based evacuation plans, including those in Florida, New Orleans, and Houston do not require "advance registration" to assemble at common publicized pick up points to be transported to safe havens. Once there, clients may be required to register, either to gain access to a shelter or to be transported farther away to a safer haven.	Inclusive for participation, large movements of people; requires planning, coordination, and public awareness.	Numbers are not known in advance; have to arrange for those who can't get to pick up points.
M-H	H-M	Automated Registries/ Databases	Most states and many counties have extensive databases of clients for Meals on Wheels, home help, durable medical equipment, etc. Nevada, for example, requests clients to sign a waiver that the information can be used for emergency contact, though still within the confines of HIPAA regulations.	Can provide reasonable advance estimates for needed transportation and emergency management resources (within HIPAA). Great asset for network planning.	Many individuals are likely to require case management; advance emergency planning per network planning.

3.4 Registries Fact Sheet (cont.)

Inclusive	Planning Utility	Title	Description	Pro	Con
L	M	Voluntary Registries	Texas and Florida (and others) have established 3-1-1 and 2-1-1 programs to ask people who may need additional assistance in emergencies to register. The number of people registering in advance is typically very small, though it is advertised through mobility programs, home health care programs, and other venues. Once an event is imminent, on-the-fly registrations typically soar; for example, in Houston, only hundreds were registered prior to Hurricane Ike, but more than 15,000 people with special needs or medical needs were assisted through Southeast Texas Trauma Regional Advisory Council (SETTRAC). A comprehensive registry for people with functional needs that may need to be evacuated should address: • Medical equipment needs • Companion caregiver/attendant • Service animal • Household pet • Communication needs	Provides a "soft" foundation for transportation and emergency management planning. In the cases of people who are isolated, homebound, elderly, or others with severe limitations on mobility, this may be the only viable alternative until an effective, comprehensive, and cohesive community-based support network is established and tested.	Labor-intensive to update and keep updated. People go to work, move, die, or the situation for which they originally registered may change, requiring a different level of assistance. The process of calling or making other contacts to verify the situation is painstaking and expensive. Also, people are not always at home. Advocates and critics of registries cite the reluctance of people to sign up for fear of being marked as vulnerable, legal status (for themselves or family members), authority, or losing independence. Others have a sense of invulnerability. Some are also afraid if they register and leave that they will not be able to return.
L	M-H	"Exceptional Circumstance" Special Medical Needs Registries	Houston (as part of its "Health, Mental Health and Medical Services" Function) has established a registry with 800 call-in numbers and individual registration numbers to track medical records and establish seamless connections for dialysis patients who must relocate across the state. They have also established safe havens for people in iron lungs (15 in Houston) at facilities in other locations where they can be transported with auxiliary equipment.	For its limited purpose, pertaining to a very small portion of the population, it is essential to managing care and saving lives.	It is very specialized and intense; its needs and successes may be seen as an example to be generalized to broader population groups.

3.4 Registries Fact Sheet (cont.)

Summary Lessons Learned about Registries:

Universal alert systems are valuable in areas with recurring notice and no-notice events. Other forms of registries MAY be appropriate in areas where the greatest threat is likely known well in advance (as in the case of hurricanes), and MAY be appropriate in areas prone to no-notice events, especially for those people who are homebound and likely under some level of medical care. Registries may be particularly useful for those with medical conditions requiring complex medical coordination across local and possibly state boundaries, such as people requiring dialysis or people in iron lungs.

Until an effective community network is established and tested, a registry MAY be appropriate for people with medical needs who are likely to require assistance to leave their home (including people needing supervision, such as people with cognitive disabilities or with multiple compounding disabilities). Registries may not be as useful and may be counterproductive for those who simply need transportation, whether lift-equipped or regular.

Decisions about registries should be made collaboratively with people who have functional needs or their representatives to ensure the best use of resources and the most complete, thorough, and culturally sensitive outreach, response, and recovery effort possible.