Planning Considerations for High Risk Individuals in the Puget Sound Region

April 20, 2010

Foreword

This guidance document is meant to provide ideas that will assist with planning for high risk individuals, but it is not prescriptive and does not generate legal requirements or duties. Nothing in this document alters or impedes the ability of local, Tribal, State, and/or Federal officials; their government agencies; or their internal organizations to perform their responsibilities under all applicable laws, executive orders, and directives.

Cover Photo: Corpus Christi, Texas, September 9, 2008—Corpus Christi firefighter assists a resident with special needs into a bus which will take her and her family to a shelter in San Antonio. Photo by Patsy Lynch (FEMA).

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Introduction

This document provides a comprehensive set of considerations for emergency planners to incorporate into current and future emergency plans in order to support high risk individuals during a disaster. The information contained in this document is applicable to emergency management agencies and their partners in the Puget Sound region.

Organization

The organization of this document is modeled after the format of local Comprehensive Emergency Management Plans (CEMPs) to facilitate insertion of the customized content into those plans. It includes five of the major plan sections: emergency/disaster conditions and hazards, planning assumptions, responsibilities, concept of operations, and resource requirements. Each section contains sample information for the following Emergency Support Functions (ESFs):

- ESF-1 (Transportation): Coordinates transportation support for emergency assistance.

- ESF-2 (Communications): Provides a system capable of rapid notification and warning of key officials and the public provides a communications system for the efficient flow of information.

- ESF-6 (Mass Care, Housing, and Human Services): Supports non-medical mass care, housing, and human service needs of individuals and or families affected by disasters and emergencies.

- ESF-7 (Resource Support): Provides for the effective utilization, prioritization, and conservation of human and material resources.

- ESF-8 (Public Health and Medical Services): Ensure provisions have been made to coordinate the organization and mobilization of medical, health, mental health, and mortuary services for emergencies and disasters.

- ESF-9 (Search and Rescue): Provides for the coordination and effective use of resources for urban search and rescue and wilderness search and rescue activities.

- ESF-15 (Public Affairs): Ensures assets are available during disasters and emergencies to provide accurate, coordinated, and timely information to affected audiences, including governments, media, the private sector, and the local populace.

General Planning Considerations

High risk population planning provides for individuals who require assistance due to functional, access, or medical needs during the preparedness, evacuation, transportation, rescue, mass care, sheltering, and recovery phases of a disaster.

The following planning assumptions should be considered as overarching concerns for all ESFs with regard to high risk individuals:

1. The response community will be prepared for high risk individuals within an evacuating and/or sheltered population, including people with access needs, functional needs, or medical needs.

2. The response community will be prepared for individuals subject to judicial and/or legislative orders restricting their freedom of movement (e.g., sex offenders, parolees).

Legal Considerations

The State of Washington Comprehensive Emergency Management Plan puts local governments at the first level of response for meeting the disaster needs of people in its jurisdiction. These legal requirements are outlined in Chapter 38.52 of the Revised Code of Washington (RCW). Local emergency ordinances describe local authorities, roles and responsibilities and provide for the development and adoption of local emergency plans. In addition to overall legal responsibilities, emergency management plans should include information regarding the support of high risk individuals in disaster-affected areas that are compliant with the following laws and standards.

Federal Laws and Regulations

- Americans with Disabilities Act of 1990 (ADA)
  - Title I: Employment
  - Title II: State and Local Government:
    - State and Local Government Programs, Services, and Activities
    - Public Transportation
- Architectural Barriers Act of 1968
- Rehabilitation Act of 1973, as amended
  - Section 504: Programs, Services, and Activities
  - Section 508: Electronic and Information Technology (29 USC § 794d & 36 CFR Parts 1194)
- Pets Evacuation and Transportation Standards Act of 2006
- Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended
- Uniform Federal Accessibility Standards

State Codes

- RCW 49: Civil Liberties and Disabilities
- RCW 51.12.035: Volunteers
- RCW 70: Public Health & Safety

Definitions

High Risk Populations

The Governor of Washington convened an After-Action Review (AAR) Task Force following the wind storms and flooding in 2006. This AAR examined all aspects of preparedness and response and included a multi-disciplinary Special Needs Working Group. This working group was composed of state and local jurisdiction emergency management professionals, social service and care providers, health departments, local ARC chapters, and advocacy groups. The working group renamed the segment of the community who had special needs as high-risk individuals as a more inclusive definition. The AAR defines this population as follows:

> *Individuals who have high risk for harm from an emergency event due to significant limitations in their personal care or self-protection abilities, mobility, vision, hearing, communication, or health status. These limitations may be the result of physical, mental, or sensory impairments or medical conditions. Some of these individuals may be reliant on specialized supports such as mobility aides (wheelchairs, walkers, canes, or crutches), communication systems (hearing aids, TTY's, etc.), medical devices (ventilators, dialysis, pumps, or monitors), prescription medication, or personal attendants. For some individuals, loss of these supports due to emergency-related power and communication outages or transportation and supply disruptions may be the primary or only risk factor.*

Functional and Access Needs Population

This population includes individuals who have a disability (e.g., mobility, visual, auditory, behavioral impairment) or require special assistance (e.g., transportation, language translation) but who may be able to function in a general population environment if provided with support resources to do so (e.g., durable medical equipment, caregiver).

Medical Needs Population

These are individuals who require sustained assistance (or supervision) for medical needs. They do not have an acute condition requiring hospitalization, but they require sheltering in a medical facility. This is a subset of and a narrower definition than high-risk populations.

Special Needs Population

Members of a special needs population may have additional needs before, during, and after an incident in one or more of the following functional areas: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities, live in

institutionalized settings, are elderly, are children, are from diverse cultures, have limited English proficiency or are non-English speaking, or are transportation disadvantaged.[1]

General Population Shelter

A general population shelter is designed to house people who have been displaced as a result of an emergency situation or disaster. All mass care and shelter services will attempt, not guarantee, to meet current requirements for the Americans with Disabilities Act (ADA). Services are provided without regard to economic status or racial, religious, political, ethnic, or other affiliation. Traditional general population shelters can meet the needs of individuals with minimal health care needs (first aid level only), but they cannot meet the needs of anyone requiring a consistent or elevated level of care. There are exceptions to this rule when an individual with low-level medical needs arrives at the shelter with a caregiver to assist them. Shelters will generally be managed and/or supported by faith-based agencies, non-profit organizations (such as American Red Cross or Salvation Army), and/or local municipalities. General population shelters are utilized by persons from displaced populations who are capable of self-care and are supported, at a minimum, with food service, sanitation, cots, blankets, security, and trained staff.

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[1] FEMA. National Response Framework. (http://www.fema.gov/emergency/nrf/).

Considerations for Comprehensive Emergency Management Plans

ESF-1 (Transportation)

Emergency/Disaster Conditions and Hazards

- People in the high risk population without their own transportation may need assistance during a disaster-related evacuation.

- Not all resources required to transport the high risk population may be able to access affected areas.

Planning Assumptions

- Six percent of Pierce County residents (as a whole, not just high-risk population) do not own their own vehicle.

- During an evacuation, some people will leave an affected or at-risk area using their own transportation resources (i.e., self-evacuees) while others will require transportation assistance (i.e., transportation-assisted evacuees).

- Some people in the high risk population will require specialty modes of transportation, such as ambulances or paratransit vehicles.

- A lot of the aging population relies on volunteer services for transportation. In an emergency, volunteer services may discontinue their transportation services.

- Many of the high-risk populations will need transportation back home.

- Following an incident, vehicles to support high risk individuals may not be able to access all areas due to damage and/or debris.

- Some people in the high risk population will have difficulty accessing various modes of transportation (e.g., buses).

- Where possible, modes of transportation for people with disabilities and requiring transportation assistance will transport a person's DME and/or service animal as well.

- At some point evacuation will become a regional operation.

Responsibilities

- Provide evacuation transportation to people without their own transportation.

- Provide evacuation transportation assistance to people without their own transportation that have mobility needs (e.g., ambulance, paratransit, and support on general transportation units).

- Provide transportation support to the sheltering high risk population.

Concept of Operations

Preparedness

- Due to a limited number of public transit vehicles, coordinate with ESF-7 to arrange contracts with private specialty vehicle services for activation during a disaster requiring the evacuation of high risk individuals. Ensure that back-up plans are in place for contracts that cannot be filled due to unforeseen circumstances.

- Plan with ESF-6 for required vehicle resources (e.g., school buses, motor coaches, vans, paratransit vehicles, taxis) and routes to selected pick-up points for support of people with functional and access needs.

- Plan with ESF-8 in coordination with other ESFs for required vehicle resources (e.g., paratransit, ambulances, and airlift) required for medically compromised individuals.

- Establish a regional working group to discuss the evacuation of high risk individuals across jurisdictional boundaries, especially for high risk people with medical needs.

- Work with long-term care facilities to develop coordinated evacuation/transportation plans for their facilities.

- Work with regional emergency management partners to de-conflict resources.

- Focus public education programs on educating families to evacuate and transport their high risk family members and neighbors.

Response

- Coordinate the use of school buses, transit buses, or specialty vehicles to pick up people with functional and access needs at prearranged locations (e.g., group homes, nursing homes, pick-up points).

- Coordinate with ESF-7 for specialty fuel requirements (e.g., natural gas, diesel).

- Coordinate with ESF-6 and ESF-9 to transport high risk people with functional and access or medical needs.

- Coordinate with ESF-8 and ESF-9 to transport high risk people with medical needs.

Recovery

- Coordinate the use of school buses, city buses, or specialty vehicles for local transportation support of people with functional and access needs in shelters.

- Coordinate with ESF-6 and ESF-8 for transportation needs to return the evacuated high risk population to the impact area once the all-clear has been advised or alternative housing is arranged.

Prevention and Mitigation

- There are no prevention activities ESF-1 can take to minimize the requirements or needs of the high risk population; however, practicing general vehicle maintenance and developing a plan for use and/or evacuation of various vehicles from a risk or impact area can mitigate the inability to use vehicles or the loss of vehicles needed for the evacuation of the high risk population.

Resource Requirements

- Paratransit vehicles

- Ambulances

- Portable steps and/or ramps for bus/train entry

- Alternate format materials on vehicles, air transportation, and ferries for communication between driver and passengers

ESF-2 (Communications)

Emergency/Disaster Conditions and Hazards

- High risk individuals may not be able to access (e.g., hearing or visual impairment) or understand (e.g., cognitive impairment) conventional warning systems (e.g., sirens, Emergency Broadcast System) advising them of the need to evacuate during a short-notice event such as a tsunami or flash flood.

Planning Assumptions

- The high risk population will require a variety of warning systems (e.g., siren, Emergency Alert System, reverse 9-1-1, door-to-door) that can address the population's diverse needs (e.g., auditory impairment, visual impairment, limited English proficiency).

Responsibilities

- Maintain a variety of accessible systems for alert of high risk individuals.

- Provide information to the Public Information Office regarding alert systems for high risk individuals.

- Maintain a pre-incident registration system for the high risk community.

Concept of Operations

Preparedness

- Create and implement a variety of subscriber-based notification systems to alert high risk individuals before, during, and after an incident:

  - Phone Notification

  - 2-1-1

- Teletypewriter (TTY)
- Video Phone (VP)
- MyStateUSA™
- CodeRED™
- Social Networks

- Develop an activation plan for notification systems.
- Coordinate with the ESF-15 Public Information Officer(s) to disseminate information and educate the high risk population about the available notification systems.

Response

- Activate a variety of systems to alert and communicate with high risk populations.

Recovery

- Maintain a variety of systems to communicate with high risk populations.

Prevention and Mitigation

- Create a pre-incident registration system for the high risk community that increases awareness of pre-incident planning needs surrounding this community and that could reduce the number of high risk citizens who do not evacuate. Coordinate with the ESF responsible for maintenance of system for training and maintenance.

Resource Requirements

- Alert systems in multiple formats
  - Phone trees
  - Onsite message/bulletin board

ESF-6 (Mass Care, Housing, and Human Services)

Emergency/Disaster Conditions and Hazards

- In an incident involving environmental quality issues, such as a hazardous materials incident or a flood event, people with compromised immune systems or serious health issues (e.g., emphysema or asthma) may require greater care.
- During catastrophic incidents, such as an earthquake, regular and specialty food supplies (e.g., baby formula) may not be available to affected populations.

Planning Assumptions

- Evacuating, displaced, and other populations will include people with disabilities, people who may need assistance, and/or people with additional needs, including people who have limited English proficiency, who use service animals, who require DME, and/or who have prescription medication requirements.

- The high risk population will be culturally, functionally, and medically diverse.

- High risk individuals may have conditions that make communication difficult (e.g., hearing or speech impairment, behavioral or cognitive impairment).

- Evacuating and displaced populations will include individuals subject to judicial and/or administrative orders restricting their freedom of movement, such as sex offenders and parolees. Red Cross does accept sex offenders in their shelters.

- High-risk populations can generally be served in general purpose shelters.

- The high risk population will include people who do not need medical support but will require support to access services or function normally in a new environment.

- The caregiver/family, if present, will be responsible for general medical care of the high-risk individual in a sheltering environment.

- Families may become separated resulting in unaccompanied minors and generating a need for reunification activities.

- Some people in the high risk population do not want to be identified as having "special needs."

- Approximately 25% of people in the high risk population will pre-identify themselves prior to a disaster incident.[2]

- During evacuation, some people in the general population will degrade and become part of the high risk population.

- The physical and mental health of some people in the high risk population will decompensate faster than those in the general population.

- In a disaster incident in which contamination is a possibility, some people who are not part of the high risk population will become contaminated in the affected area, which will result in them becoming part of the high risk population.

- Special resources may be needed to decontamination high risk individuals that have durable medical equipment and/or a variety of medical conditions. The Red Cross is not responsible for decontaminating people or animals.

Responsibilities

- Mass Care

  - Provide shelter, food, and emergency first aid to high risk individuals.

  - Support high risk individuals in various shelter types, including specialized shelters (e.g., FNSS); non-medical support in medical shelters; conventional shelter management; nonconventional shelter management (e.g., open space shelters).

  - Provide bulk distribution of emergency items.

  - Collect and provide disaster welfare information.

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[2] A state established a registry system and asked high-risk populations to register. Following this, they conducted a survey and learned that only 25% registered.

- Emergency Assistance
  - Register and track evacuees.
  - Provide family reunification services.
  - Support service animals.
  - Coordinate requests for donated goods and services for high risk individuals.
- Housing
  - Assist people with functional and access needs in locating housing options that support their specific needs.[3]

Concept of Operations

Preparedness

- Assess overall capacity and capability.
  - Ensure that there are sufficient resources to support high risk evacuees and/or unique circumstances.
  - All congregate shelters may not be able to accommodate people with functional and access or medical needs, or there may not be enough shelters to accommodate all people, including people with functional and access or medical needs.[4]
- Gather information regarding the support of high risk individuals. Consult with local and State social services and aging departments, NGOs, and disability organizations for planning assistance and guidance in supporting these populations.
- Plan for unaccompanied minors and adults requiring care/supervision.
  - Work with the appropriate law enforcement and legal authorities to develop a disaster protocol for temporary care of unaccompanied children/minors and adults requiring care.
  - Plan for access to reunification tools, such as the Red Cross Safe and Well Web site, for all displaced populations.
  - Plan to provide a toll-free phone number or hotline to facilitate the reunification of evacuees.
  - Ensure that Map Your Neighborhood training discusses the possibility of an individual becoming separated from their support structure (e.g., caregiver, legal guardian), in the aftermath of a disaster.
- Coordinate with school districts, advocacy groups, and social services on developing "Out of Area Contact Cards" as part of the public education campaign for limited English proficiency individuals.

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[3] FEMA. National Disaster Housing Strategy. 2009. (http://www.fema.gov/emergency/disasterhousing).

[4] Congregate care facilities, as defined by the FEMA Mass Care Coordination Unit, are general population shelters, respite centers, reception centers, heating/cooling centers, medical support shelters, and other special needs shelters, as well as unconventional sheltering facilities, such as berthing ships, base camps, temporary construction, etc.

- Work with ESF-7 to identify resources to support high risk individuals.

  - Develop or engage a functional needs task force or group that is knowledgeable about high risk population issues and includes subject matter experts, agencies, and NGOs. This group will be responsible for the planning and implementation of resources to support this population.

  - Coordinate with ESF-7 for resources, including picture boards or talk boards, wheelchairs, other DME, alternative format materials[5], specialized diets, medical cots/beds, privacy curtains, and/or shelter/reception processing site (RPS) kit items that address the needs of high risk individuals.[6] These should be available at arrival points and/or shelters, if possible. An itemized list may be too long to include in an operational plan; however, lists can be acquired from many disability and sheltering NGOs.

  - Coordinate with ESF-7 to create a database of resources for interpretation, translation, and language assistance. Educate support personnel in methods for effectively interacting with evacuees with language difficulties and auditory and/or visual impairments.

- Determine resource requirements for shelter facilities.

  - Choose sites that comply with the ADA/Architectural Barriers Act/Uniform Federal Accessibility Standard (UFAS) and, when possible, have access to transportation (public or private) and/or easy access to community services, such as post offices, banks, health clinics, pharmacies, faith-based centers, schools, and points of distribution (PODs) allowing for easier transition from short-term to transitional shelters, if necessary.[7]

  - Review resources for design of shelter facilities, such as the following:

    o FEMA 361, Design and Construction Guidance for Community Safe Rooms. Topics include location, design loads, performance criteria, and human factor criteria.

    o FEMA's Evacuee Support Guide and Concept of Operations Template. Topics include: overall evacuee support, mass care, and high risk population considerations and strategies.

    o U.S. Department of Justice's ADA Checklist for Emergency Shelters to support evacuees with functional needs.

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[5] "Alternative format materials" include materials such as Braille, audio cassette, large print, CD-ROM, or human readers to assist people with disabilities, as defined in *Guidelines for Accessing Alternative Format Educational Materials* (National Library Service for the Blind and Physically Handicapped (NLS), The Library of Congress).
[6] "Picture boards" and "talk boards" are manual or electronic devices using viewable pictures and/or letters to communicate in situations where speech, auditory impairment, or limited language proficiency hinder communication.
[7] A POD is a "[t]emporary local facility at which commodities are distributed directly to disaster victims. A POD is operated by the affected state and county." FEMA, Logistic Supply Chain section. Accessed online on April 7, 2010, at http://www.fema.gov/media/archives/2007/060807c.shtm.

- Develop the scope of operations for establishing specific and possibly separate sheltering facilities for self-evacuees, transportation-assisted evacuees, people with medical needs, and household pets.

  - Review shelter facilities and the requirements of evacuee populations to determine which facilities can and cannot accommodate due to space restrictions, agreements with building owners (e.g., no-pet clauses), ADA accessibility, and additional registration requirements for government-transported evacuees.

- Develop criteria and a plan for supporting evacuees whose functional needs can be met in a general population shelter and a plan for supporting evacuees whose functional needs cannot be met in a general population shelter but who do not meet the criteria for admission into a medical facility.

  - Determine the type of care facilities available and the criteria for admission in which high risk evacuees are able to be sheltered (e.g., general population shelter, FNSS, medical facility). ADA accessibility to and within the facility is necessary and should be considered when planning for support of this population.

  - Determine criteria for which assistance will or will not be provided by caregivers (e.g., feeding, showering/bathing, personal hygiene). Plan for how individuals at different levels of need.

    o Evacuees with functional needs who can care for themselves if resources are available (e.g., their own or available DME) can shelter in general population shelters.

    o Evacuees with functional needs who cannot care for themselves but for whom caregivers are available can shelter in general population shelters or an FNSS.

    o Evacuees whose conditions/needs exceed the level of care available in general population shelters or an FNSS should be sheltered in a medical facility.

    o Evacuees whose conditions/needs exceed the care available at any shelter require hospital admission.

  - Create a Functional Needs Support Team (FNST) to provide caregiver support services to people with functional needs. This team may operate in a general population shelter or in an FNSS. General population sheltering organizations should be involved in the planning to determine if this team can/should be under the management of the Shelter Management Team.

  - If space is available, set aside an area with sufficient space for an FNST and for DMEs to be loaned to evacuees as needed.

  - If an FNSS is opened, it should have the structure of a general population shelter with the addition of an FNST and DME and with consideration for any possible adjustments to the floor plan to accommodate accessible equipment (this is also the case for State medical needs shelters).

  - Determine caregiver staffing needs to support evacuees with functional needs who require care. This includes the ratio of caregivers to evacuees; required credentials (including for out-of-state staff) and capabilities; availability; and services they

will or will not provide. Create or access a database for tracking these staff resources. Develop memoranda of understanding/memoranda of agreement (MOUs/MOAs) with supporting agencies.

- Consider potential liability issues for agency/organization providing functional needs support care services, and confirm that they will accept the assignment given those considerations.

- Create a list of agency and organization contacts and their human and material resources (e.g., staff, DME, specialized drinking or eating utensils, diapers, canes, walkers). Place copies of the list in shelter kits for shelter managers and/or shelter health services personnel in order to support individuals with disabilities.

- Include in the plan provisions for sheltering and other needed support to family members and caregivers of evacuees in an FNSS or medical facility.

- Engage the mental health community in planning for support of individuals with cognitive, behavioral, and/or mental health issues and/or prescription needs.

- Plan for the care of service animals in shelters.

  - Most owners of service animals will choose to care for their animals themselves, but it is possible that they will need supplies. Plan to stock or resource a supply of animal food and other animal care products for use in shelters and other congregate care facilities.

  - Coordinate with State and local veterinary services, animal support services, and the State lead agency for support of animals in disasters to address health needs of service animals.

  - Although service animals are trained to provide protection and care, in the high-stress and often chaotic environments of a disaster incident, evacuation, and shelter, these animals could become distressed. Consult disability organizations and/or animal care groups for the most effective ways to support these animals and their owners.

Response

- Feed people with functional and access needs.

  - Ensure that sites are accessible to people with disabilities and functional and/or access needs.

  - Consider specialized dietary needs for high risk evacuees; design supply plans accordingly—specialized diets may be cultural as well as medical.

  - Attention to emergency needs may take priority over supporting specialized dietary requests, such as at the onset of an operation.

- Support unaccompanied minors and/or adults requiring care.

  - For immediate care, provide onsite credentialed and background-checked supervising caregivers until a longer-term solution can be found.

- Use the registration lists and reunification tools, such as the Red Cross Safe and Well Web site, to help locate displaced family members.

- If an unaccompanied minor or adult requiring care arrives at the shelter without a parent/guardian, obtain as much information as possible about the parent or guardian (e.g., name, phone number, and last known whereabouts).

- Refer unaccompanied minors or adults requiring care to Social Services/Child Protective Services or law enforcement officials immediately. Plan for a qualified staff person to supervise the unaccompanied minor/adult until such a time that the individual can be turned over to the custody of Social Services/Child Protective Services or a law enforcement agency.

- Until physical custody is transferred, provide a secure and supervised location for unaccompanied minors or adults requiring care. If custody has not been transferred to a parent/guardian or Social Services/Child Protective Services within 12 hours, contact Social Services/Child Protective Services directly or law enforcement through the city/county emergency operations center (EOC).

- For unaccompanied minors, if no parent/guardian or Social Services/Child Protective Services is available, refer to the local EOC or county EOC to contact Children and Family Services or National Center for Missing and Exploited Children (NCMEC) regarding children missing or separated from their families due to a disaster. The NCMEC operates a National Emergency Child Locator Center (NECLC), which they will use during disaster incidents.

- For unaccompanied adults requiring care, if no parent/guardian is available, contact the appropriate local or State agency for support.

- Child and adult care support groups, nonprofits, and faith-based groups, such as the Baptist Child and Family Services (BCFS) and the National Association of Child Care Resource and Referral Agencies (NACCRRA), if credentialed, may provide assistance in providing care until parents, guardians, or caregivers can be located or longer-term arrangements can be made.

- Use the registration lists from shelters and reunification tools, such as the Red Cross Safe and Well Web site, to help locate displaced family members.

- Consider mental health support for these minors and adults as needed.

Recovery

- Continue to support high risk individuals in sheltering situations.

  - Continue to provide or implement a plan to provide specialty diets as possible.

  - Continue to provide caregiver, health, and medical support.

  - Continue to support service animals through coordination with State and local veterinary services, animal support services, and the State lead agency for support of animals in disasters for resource and support.

- Transition high risk evacuees from congregate shelters to transitional sheltering, interim housing, or permanent housing.

- As with the general population, connect high risk individuals to recovery resources (e.g., local and state social services programs, non-profit assistance, and FEMA Individual Assistance program).

- Provide regular and specialty transportation (e.g., bus, paratransit) to recovery resources and local support structures (e.g., medical offices, social services).

- Offer reunification tools (e.g., Red Cross Safe and Well Web site, telephone, Internet) in alternative material formats and access means where possible.

- Assist evacuees to find housing suitable to their specific needs (e.g., accessibility, cultural support, convenience to needed resources, handicap designed construction, and access to special-needs-specific public transportation).

- Coordinate initial communication between cultural community-based organizations and people with unique cultural needs.

Prevention and Mitigation

- Identify people with access, functional, transportation, communication, and health needs in order to plan for evacuation and mass care needs. This will reduce the number of high risk individuals who fail to evacuate and will mitigate or reduce the lack of support for this community due to resource shortages.

  - Communicate with ESF-15 to identify known populations that may require assistance.

  - Maintain and publicize through ESF-15 a pre-incident registration system for high risk communities to increase awareness of pre-incident planning needs surrounding this community and reduce the number high risk individuals who fail to evacuate because they did not have support to do so. Coordinate with ESF-2 for system creation.

Resource Requirements

See Appendix A and B for sample resources.

- ADA-compliant shelter facilities

- ADA support structure for open space sites

- Caregiver staff outside regular shelter staff for care of high risk individuals

- Childcare trained staff, if possible

- DME (e.g., wheelchairs, walkers, crutches, etc.)

- Resource for portable oxygen tanks, exchanges, and/or refills

- Resource or stock of shelf-stable special dietary meals

- Erasable whiteboards

ESF-7 (Resource Support)

Emergency/Disaster Conditions and Hazards

- During an evacuation, specialty modes of transportation may be required for high risk individuals who do not have their own transportation.

Planning Assumptions

- Specialty products will be needed for the high risk population including DME, specialty diet feeding supplies, infant and baby supplies, specialty medical equipment, specialty modes of transportation, teletypewriter (TTY), video phone (VP), specialized cots, particulate filtering face piece respirators (e.g., N95 masks), hand sanitizer, and erasable whiteboards.

- Some high risk individuals will have service animals that will require support resources.

Responsibilities

- Provide resources to support high risk populations at the request of other ESFs.

Concept of Operations

Preparedness

- Identify resource requirements for the care of high risk individuals.

  - Work with ESF-6 and ESF-8 to identify resources for health-related dietary needs (e.g., specialty foods), DME and supplies, and medical supplies.

  - Support ESF-6 to develop or engage a functional needs task force or group knowledgeable in high risk population issues and including subject matter experts, agencies, and NGOs; this group will provide information on planning and implementing resources to support this population.

  - Coordinate with ESF-6 and ESF-8 to identify resources that could support high risk individuals. Once resources to support the high risk population are determined, establish MOUS or contracts with the applicable providers. Resources may include picture boards or talk boards, wheelchairs and other DMEs, alternative format materials, food for specialized diets, medical cots/beds, privacy curtains, and/or shelter/RPS kit items that address functional and access needs.[8] These should be available at arrival points and/or shelters, if possible. An itemized list may be too long to include in an operational plan; however, lists can be acquired from many disability and sheltering NGOs. A sample checklist is included in FEMA's Evacuee Support Concept of Operations Template.

- Work with ESF-6 to create a resource database for interpretation, translation, and language assistance.

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[8] Information on DMEs and resources for DMEs are available online at the U.S. Health and Human Service Web site on Centers for Medicare and Medicaid. (http://www.cms.gov/center/dme.asp).

- Identify resource requirements for the care of service animals in shelters.

    - Most service animal owners will choose to care for their animals themselves, but it is possible that they will need supplies. Plan to stock or resource a supply of animal food and other animal care products for use in shelters and other congregate care facilities.

    - Coordinate with State and local veterinary services, animal support services, and the State lead agency for support of animals in disasters as resource suppliers.

Response

- Implement the plan for resources to support high risk individuals.

    - Activate MOUs and contracts for resources to support high risk individuals.

    - Coordinate with ESF-5 and ESF-7 for allocation and movement of supplies and resources to appropriate sites as needed.

    - Provide supplies for service animals at general population shelters.

Recovery

- Continue to support resource requests for high risk individuals.

    - Provide resources for feeding.

    - Provide resources for sheltering.

    - Provide resources for medical care.

    - Provide resources for service animals.

Prevention and Mitigation

- Set up contracts.
- Conduct education and outreach activities.

    - Teach people to provide for themselves.

- Pre-place/Store supplies for the next event.

Resource Requirements

- Coordinate with other ESFs to identify resource needs.

ESF-8 (Public Health and Medical Services)

Emergency/Disaster Conditions and Hazards

- In an incident involving environmental quality issues, such as a hazardous materials incident or a flood event, people with compromised immune systems or serious health issues (e.g., emphysema or cancer) may require greater care.

- As response and recovery continues from a disaster that requires longer sheltering, the health of evacuees and victims may degrade.

Planning Assumptions

- All hospitals, nursing homes, and licensed residential care settings and certified facilities will have evacuation plans to alternate locations.

- The high risk population will have a variety of medical conditions.

- The high risk population will include people who require high medical support, which will include hospitalization and/or medical needs sheltering.

- People in the high risk population with medical needs will include people from congregate settings (e.g., group homes, nursing homes), individuals under medical home care requiring a nursing caregiver, and individuals from hospitals.

- People in the high risk population or the general population whose health degrades during the response and/or recovery operation will require additional medical support that could include hospitalization and/or medical needs sheltering.

Responsibilities

- Coordinate with ESF-6 regarding medical support for high risk populations in general population shelters.

- Coordinate with ESF-6 regarding general shelter management support to augment medical personnel in medical needs shelters, if necessary.

- Support those in the general population who degrade while in evacuation transport and/or shelters and require alternative health and medical care.

Concept of Operations

Preparedness

- Plan to provide medical support to high risk individuals.

  - Evaluate health and medical care capacity in areas planning to host evacuating populations (e.g., hospitals, assisted living facilities, alternate care sites).

  - Create a database for verification of personnel and volunteer healthcare and medical credentials pre-incident (e.g., caregivers).

- Identify resources for essential prescriptions and medical equipment.

  - Consult with local pharmacies, hospitals, and/or health clinic for necessary available stock, including quantities and resupply chains.

  - Create contracts and/or MOUs with supply vendors and resources for stock.

  - Access the Strategic National Stockpile for supply.

- Identify resources to support individuals with cognitive and mental health needs.

  - Consult with behavioral/mental health and disability agencies and organizations for resources and best practices in assisting individuals with cognitive impairments and/or mental health issues.

- Involve hospitals, emergency medical service (EMS) agencies, long-term care facilities, and other support agencies in planning, training, and exercises.

Response

- Provide health and medical support to high risk individuals.

  - Activate healthcare resources, such as the Medical Reserve Corps (MRC) for first aid support in general population shelters (e.g., caregivers).

  - Solicit credentialed caregiver and health support staff as needed; follow the credentialing process for verification of credentials.

  - Gather updates from hospitals and medical needs shelters on available bed space and capacity.

- Track high risk evacuees between shelters and hospitals.

  - Access resources for tracking support, such as the MRC.

  - Consider Health Insurance Portability and Accountability Act (HIPAA) restrictions in information sharing and plan accordingly.[9]

Recovery

- Provide ongoing health and medical support to high risk individuals.

  - Continue coordinating health and medical support to high risk individuals in shelters and/or healthcare facilities as needed.

- Coordinate the disposal of medical supplies with the appropriate health department after closing medical needs shelters and alternate care facilities.

Prevention and Mitigation

- Identify people with access, functional, transportation, communication, and health needs in order to plan for evacuation and mass care needs. This will reduce the number of high risk individuals who fail to evacuate and increase support for this community due to resource shortages.

  - Maintain and publicize through ESF-15 a pre-incident registration system for high risk community to increase awareness of pre-incident planning needs surrounding this community and reduce the number high risk individuals that fail to evacuate because they did not have support to do so. Coordinate with ESF-2 for system creation.

Resource Requirements

- Medical supplies
- Prescription drug supplies
- Specialized, credentialed staff

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[9] Visit the HIPAA Web site for resources, information, and links for medical care professionals (http://www.hipaa.org, last accessed April 5, 2010).

- Tracking system for hospital-shelter coordination of transferred patients
- Language communication tools
- Translators
- Forms and office supplies

ESF-9 (Search and Rescue)

Emergency/Disaster Conditions and Hazards

- High risk populations with mobility needs or cognitive impairments may choose not to evacuate during a disaster, so such as a flood, but then may become trapped and require rescue.
- People with access or mobility needs may have difficulty using standard search and rescue equipment to evacuate via air (e.g., obese individual using standard basket/harness); they may have difficulty navigating through or around debris generated by a disaster, such as a tornado or earthquake, with durable medical equipment or their service animals.
- In an incident involving environmental quality issues, such as a hazardous materials incident or a flood event, people with compromised immune systems or serious health issues (e.g., emphysema or asthma) may require assistance and greater care during rescue.
- Individuals with behavioral or cognitive impairments may be resistant to search and rescue personnel during an evacuation or rescue operation.
- Individuals with auditory or visual impairments or limited English proficiency may have difficulty communicating with rescuers during an evacuation event.

Planning Assumptions

- High risk individuals may not evacuate when advised or required to do so.
- High risk individuals may not be able to evacuate themselves.
- High risk individuals may become separated from their caregiver or the group they are with.
- High risk individuals may have DME and/or a service animal that need to be rescued with them.
- High risk individuals may have conditions which make communication difficult (e.g., hearing or speech impairment, behavioral or cognitive impairment).
- Evacuees requiring rescue will include individuals subject to judicial and/or administrative orders restricting their freedom of movement, such as parolees.

Responsibilities

- Rescue and evacuate high risk individuals, their service animals, and their DME.

- Coordinate with ESF-1, ESF-7, and ESF-8 for necessary resources (e.g., specialty vehicles, equipment).

- Coordinate with ESF-6 and ESF-8 on the status of incoming high risk individuals who may require specialty care or consideration.

Concept of Operations

Preparedness

- Coordinate with ESF-6 and ESF-8 for information about various high risk people and the most effective method for search and rescue engagement.

- Provide awareness training for Community Emergency Response Team (CERT) members and first responders regarding disability laws, handling service animals, types and use of durable medical equipment, gesturing, and basic sign language.

Response

- Support the ability of high risk individuals to evacuate with their DME and/or service animal.

Recovery

- Search and rescue activities are generally conducted in the preparedness and response functions, not recovery.

Prevention and Mitigation

- Search and rescue activities are generally conducted in the preparedness and response functions. Mitigation in search and rescue is unlikely.

Resource Requirements

- Language communication tools
- Translators
- Stretchers or baskets that hold heavier weights
- Harnesses or crates for service animals

ESF-15 (Public Affairs)

Emergency/Disaster Conditions and Hazards

- High risk populations may not be able to access (e.g., hearing or visual impairment) or understand (e.g., cognitive impairment) conventional warning systems (e.g., sirens, Emergency Broadcast System) advising them of the need to evacuate during a short-notice event such as a tsunami or flash flood.

- Following an event in which homes are intact but may have sustained damage, such as an earthquake, people with functional needs or caregivers of people with cognitive

impairments may not want to stay at a shelter due to the unfamiliar and often hectic environment.

Planning Assumptions

- Local agencies will coordinate their public messaging regarding support for high risk individuals.

- Public messaging before, during, and after the incident will be in a variety of formats and languages to make it accessible to high risk individuals.

- Public messaging will include specific information as to what high risk individuals should do in an evacuation and/or sheltering situation that is different from the actions recommended to the general population.

- Public messaging for high risk individuals will be focused on community gathering points such as schools, ethnic grocery stores, ethnic media outlets, churches, community centers, advocacy groups, and support agencies.

Responsibilities

- Inform the high risk population of response activities they should engage in and will encounter during and following a disaster.

- Coordinate with ESF-2 to provide accessible alert systems.

- Develop public messaging in multiple formats and languages.

- Coordinate responsibilities with supporting agencies such as non-governmental partners (e.g., business community, faith-based communities).

Concept of Operations

Preparedness

- Create and implement public messaging prior to an event to inform high risk individuals of response activities.

- Advise the high risk public of alert system alternatives and pre-incident registration systems. Emphasize the importance of personal planning and resiliency.

- Develop public messaging in multiple formats and languages to make it accessible to as many high risk people as possible.

- Ensure that there is a variety of accessible formats to use for public messaging and redundant systems to backup the preferred systems.

- Provide awareness training for first responders on high risk population considerations, resources, information outlets, etc.

- Identify advocacy groups, ethnic organizations, community centers and other resources to disperse public messages to high risk individuals.

- Identify personnel such as social services case managers to disperse public messages prior, during, and after an incident.

- Develop a public education program that focuses on the personal resiliency of high risk individuals.

Response

- Implement public messaging plans for high risk individuals.

- Maintain a public messaging website for high risk individuals.

Recovery

- Continue public messaging in alternative formats and languages to inform high risk individuals of support resources and situation updates.

Prevention and Mitigation

- Identify people with access, functional, transportation, communication, and health needs in order to plan for evacuation and mass care needs thereby:

  - Reducing the number who do not evacuate and later require search and rescue assistance.

  - Mitigating or reducing the lack of support for this community due to resource shortages.

  - Encourage, support, and empower high risk individuals to better support themselves during an evacuation in order to reduce the need for the response community to provide resources.

Resource Requirements

- Pre-incident public messaging in alternate formatted materials.

References and Information Resources

The following is a list of references, planning tools, templates, guides, authorities, organizations, and articles specific to the high risk population. These references may be helpful in planning to support this population. When possible, links have been included for access to the information or organization.

References

- Americans with Disabilities Act of 1990 (http://www.usdoj.gov/crt/ada/pubs/ada.htm)
- Architectural Barriers Act of 1968 (http://www.access-board.gov/about/laws/aba.htm)
- Evacuee Support Planning Guide and Concept of Operations Template (http://www.fema.gov/government/espg.shtm)
- People with Disabilities and Special Needs (http://www.ready.gov/america/getakit/disabled.html)
- Pets Evacuation and Transportation Standards Act of 2006 (http://www.govtrack.us/congress/bill.xpd?bill=h109-3858)
- Rehabilitation Act of 1973, as amended (http://www.access-board.gov/enforcement/Rehab-Act-text/intro.htm)
- Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288 as amended (http://www.fema.gov/about/stafact.shtm)
- Uniform Federal Accessibility Standards (http://www.access-board.gov/ufas/ufas-html/ufas.htm)

Information Resources

Functional and Access Needs

- "Special Needs Shelter Program," Florida Department of Health, (http://www.doh.state.fl.us/PHNursing/SpNS/SpecialNeedsShelter.html)
- *ADA Business Brief: Service Animals*, United States Department of Justice (http://www.usdoj.gov/crt/ada/svcanimb.htm)
- *ADA Checklist for Emergency Shelters*, United States Department of Justice (http://www.ada.gov/pcatoolkit/chap7shelterchk.htm)
- *An ADA Guide for Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities*, United States Department of Justice (http://www.ada.gov/emergencyprepguide.htm)
- *Evacuating Populations with Special Needs*, United States Department of Transportation, Federal Highway Administration, April 2009 (http://www.fhwa.dot.gov/index.html)
- IS-197.SP, "Special Needs Planning Considerations for Service and Support Providers," Federal Emergency Management Agency, Emergency Management Institute (http://training.fema.gov/EMIWeb/IS/is197SP.asp)

Health and Medical Care

- "Health Insurance Portability and Accountability Act," United States Department of Health and Human Services, Centers for Medicare and Medicaid Services (http://www.hipaa.org/)

- "National Center for Post Traumatic Stress Disorder," United States Department of Veterans Affairs (http://www.ncptsd.va.gov/ncmain/index.jsp)

- "National Institute of Mental Health," National Institutes of Health (http://www.nimh.nih.gov/index.shtml)

- "National Mental Health Information Center," United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (http://mentalhealth.samhsa.gov/)

- "The Hospital Preparedness Program," United States Department of Health and Human Services, Assistant Secretary for Preparedness and Response (http://www.hhs.gov/aspr/opeo/hpp/)

- *Emergency Mental Health and Traumatic Stress: The Crisis Counseling Assistance and Training Program Guidance,* United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, National Mental Health Information Center. (http://mentalhealth.samhsa.gov/cmhs/EmergencyServices/progguide.asp)

- *Medical Surge Capacity and Capability Handbook,* United States Department of Health and Human Services, Office of Public Health Emergency Preparedness (http://www.hhs.gov/aspr/opeo/documents/mscc_handbook.html)

Appendix A: Minimum Supplies Checklist

The following items are suggested as a minimum baseline for general population shelters and/or medical shelters to support and assist those with functional and access needs.[10]

- ❑ Manual wheelchairs

- ❑ Walkers

- ❑ Canes, regular and "quad"

- ❑ Support hose for people with circulatory difficulty

- ❑ Hearing aids and batteries

- ❑ Reading glasses

- ❑ Seat cushions and bolsters that can be used as positioning aids

- ❑ Short-term supplies of pharmaceuticals to maintain treatment until new prescriptions are available (e.g. anti-psychotics, anti-convulsants, anti-asthmatics, or inhalers)

- ❑ Shower chairs

- ❑ Quick Fix Kit (i.e., items to provide "quick fix" to assist an evacuee with a disability in maintaining independence in a shelter environment
    - ☐ Self-adhesive Velcro
    - ☐ Double-sided masking tape
    - ☐ Duct tape
    - ☐ Scissors
    - ☐ Shoe insoles
    - ☐ Straws
    - ☐ Disposable padding/Incontinence liners

- ❑ Air mattresses

- ❑ Adaptive eating devices
    - ☐ Straws
    - ☐ Dycem
    - ☐ Cups with handles
    - ☐ Utensils with large handles (or tape can be wrapped around regular utensils).

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[10] Adapted from a "Support Items to Meet Assistance Needs" list produced in 2007 by the Louisiana Emergency Management Disability and Aging Coalition. A list of organizations involved in the Coalition is available online at http://www.advocacyla.org/related.php.

❑ List of where to obtain wheelchair accessible showers

❑ Low-tech communication boards (alphabet and pictures)

❑ Portable ramp

Appendix B: Comprehensive Supplies List

The following items are suggested as a comprehensive inventory of supplies for general population shelters and/or medical needs shelters to support and assist people with functional and access needs.[11]

Patient Care Items

Patient Care Items	Unit	Quantity Stocked	Verify Count
Instant Ice	Pkg	12	
Instant Heat	Pkg	12	
Denture Cups (Disposable)	Pkg	4	
Emesis Basin(s)	Each	12	
Bedpans	Each	8	
Body Lotion, Moisturizing	Bottle	12	
Sanitary Napkins (Regular)	Box	4	
Urinals (Male)	Each	8	
Wag Bags	Pkg	2	
Baby Wipes, Unscented	Box	4	
Diapers, Baby, Disposable (Large)	Pkg	2	
Diapers, Baby, Disposable (Medium)	Pkg	2	
Diapers, Baby, Disposable (Small)	Pkg	2	
Drop-Ins For Nursers (Playtex)	Box	2	
Formula, Enfamil Low Iron, 1 Quart	Can	2	
Formula, Isomil Soy With Iron, 1 Quart (Expire)	Can	2	
Formula, Similac With Iron, 1 Quart (Expire)	Can	2	
Nurser Kit, Disposable (6–8 oz Bottles)	Box	2	
Distilled Water (for Humidifiers) 1 Gallon (Expire)	Each	2	
Glucerna	Each	12	
Ensure	Each	12	
Contact Lens Materials (solution, case, cleaner)	Set	20	
Straws	Each	100	
Formula prep kit (Measuring Cup/Spoons/Funnel/Dish Soap)	Each	2	

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[11] FEMA Mass Care Section, Functional Needs Support Inventory Recommendations

Clinical Supplies

Clinical Supplies	Unit	Quantity Stocked	Verify Count
Chux ("Blue" Pads)	Each	100	
Disposable Incontinence Pads	Pkg	2	
Pull-Up, Adult Depends	Pkg	2	
Sterile 4x4	Pkg	2	
Unsterile 2x2	Pkg	4	
Abds (Combines)	Pkg	2	
Ace Bandages (2")	Box	2	
Ace Bandages (3")	Box	2	
Ace Bandages (4")	Box	2	
Ace Bandages (6")	Box	2	
Application, Cotton-Tipped (6" Long, 100 Per Box)	Box	2	
Bandage Gauze Roll (2")	Dozen	6	
Bandage Gauze Roll (4")	Dozen	6	
Cotton Balls	Pkg	2	
Eye Pads	Each	8	
Colostomy Appliance/Wafers with Paste and Skin Preps	Pkg	2	
Colostomy Bags	Pkg	2	
Telfa Dressings, Sterile	Box	2	
Tongue Depressors (100 Count)	Box	2	
Gloves, Vinyl Exam, Non-Sterile (XL/L/M/S) 1 Each Size	Box	8	
Bzk Towelettes	Box	2	
Hand Sanitizer	Each	6	
Alcohol Prep Pads	Box	4	
K-Y Jelly	Tube	2	
Peroxide	Each	2	
Betadine Scrub Solution (Expire)	Bottle	2	
Adhesive, Non-Allergic (1" Paper Tape)	Box	2	
Adhesive, Non-Allergic (2" Paper Tape)	Each	6	
Eye Wash Solution, Sterile 4 ounce	Each	2	
Band-Aids (Assorted Sizes- 1", 2", 3/4")	Box	2	
Safety Pins	Pkg	2	
Medicine Cups	Pkg	2	
Baggies Large And Small Each	Box	2	
Goose Neck Desk Lamp, 40 Watt Bulb (Kit A-D)	Each	1	

Cleaning Supplies

Cleaning Supplies	Unit	Quantity Stocked	Verify Count
Biohazard Waste Bags (Large, Medium, Small)	Each	12	
Bleach, Chlorine	Gall	2	
Bucket 2.5 Gallon	Each	2	
Latex Cleaning Gloves	Pkg	2	
Lysol Cleaner	Each	2	
Lysol Disinfectant Spray	Cans	4	
Saniwipe Disinfectant Towels	Pkg	2	
Shop Towels	Pkg	2	
Paper Towels	Roll	4	
Facial Tissue	Boxes	12	
Bath Towels	Each	400	
Wash Cloths	Each	400	
Toilet Seat Cover	Pkg	6	
Bleach Wipes	Pkg	2	
Biospill Kit	Each	2	
Soap Bar	Each	12	
Spray Bottle	Each	4	
Soap (Liquid-Antimicrobial)	Bottle	12	
Trash Can Liners (250 Count)	Box	2	
Linen Hamper Plastic Liner	Box	1	
Bottle With Dropper (For Bleach Into Water For Drinking)	Each	2	
Water Purification Tablets	Bottle	4	

Emergency Equipment

Emergency Equipment/Supplies	Unit	Quantity Stocked	Return Count
Aromatic Spirits of Ammonia (Breakable Capsules)	Each	12	
Scissors (Blunt-End)	Each	2	
Scissors (Sharp and Curved)	Each	2	
Tweezers	Each	8	
Staple Remover	Each	4	
Flashlights, Disposable (Penlights)	Each	4	
Numbered Locking Tabs	Pkg	2	
Thermometer Covers	Box	20	
Thermometer, Ear (with Extra Battery)	Each	2	
Airway (Adult)	Each	2	

Emergency Equipment/Supplies	Unit	Quantity Stocked	Return Count
Airway (Pediatric/Neonatal)	Each	4	
Back Support	Each	2	
Cervical Collar (Universal Size)	Each	4	
Automatic Blood Pressure Cuff (Adult size; with Batteries)	Each	2	
Automatic Blood Pressure Cuff (Small Adult size; with Batteries)	Each	2	
Saline Solution for Irrigation (Expires)	Each	2	
Sharps Container (Gallon)	Each	1	

Additional Care Items

Additional Care Items	Unit	Quantity Stocked	Return Count
Multilator with 6-foot Oxygen Supply Line	Each	2	
Humidifier (Pre-Filled or Fill with Distilled Water)	Each	20	
Humidifier Filters	Each	20	
Air Pressure Mattress	Each	25	
Fitted Sheets for Air Pressure Mattress		50	
Accessible Cots	Each	50	
Bedside Commode	Each	8	
Commode, Over Toilet Safety Seat	Each	10	
Independent Toilet Seat (with Grab Bars)	Each	10	
Toy Chest (Day Care)	Box	3	
Comfort Box (Tops/Bottoms/Socks/Hygiene Items)	Box	3	
Hoyer Lift with Two Slings	Each	8	
Walker	Each	10	
Wheelchair (Adult)	Each	10	
Wheelchair (Adult Extra Large)	Each	8	
Wheelchair (Pediatric)	Each	10	
IV Pole (For Beds)	Each	8	
Canes (White)	Each	3	
Canes (Walking)	Each	10	
Crutches (Adult)	Pair	5	
Crutches (Pediatric)	Pair	5	
Handheld Shower Heads	Each	8	
Shower Chair	Each	8	
Privacy Screen	Each	100	
Dressing Hook	Each	10	
Transfer Boards	Each	8	

Additional Care Items	Unit	Quantity Stocked	Return Count
Refrigerator (For Medications)	Each	2	
Utensil Holders	Each	8	
Generators (for Medical Equipment and Air Conditioning; Determine Requirements and Develop Fuel Plan)	Each	2	
Ramps (Portable)	Each	2	

Over-the-Counter Medications

Over-the-Counter Medications	Brand, if Applicable	Count
Anti-Diarrheal	Imodium AD Tabs	4-24
Aspirin 81 mg		200
Aspirin 325mg		120
Benadryl 25mg	Diphenhydramine HCL 25mg	60
Motrin/Advil 200mg/200mg	Ibuprofen 200mg	120
Tylenol 325mg tablets	Acetaminophen 325mg	200
Antacid Liquid Plus	Aluminum/Magnesia Plus	60-30ml
Anti-Diarrheal	Imodium AD	6-120ml
Benadryl Elixir	Diphenhydramine Elixir	8-120 ml
Milk of Magnesia		60-30ml
Motrin/Advil 40mg/40mg	Ibuprofen Suspension 40mg	6-15ml
Robitussin Cough Syrup	Guaifenesin Cough Syrup	60-5ml
Tylenol Elixir	Acetaminophen Elixir	8-120 ml
Tylenol Infant Drops	Acetaminophen Infant Drops	8-15ml
Calamine Lotion		12-4oz
Hydrocortisone Cream 1%		24
Desitin Ointment	Pericare Ointment	4 tubes
Triple Antibiotic Ointment		60-1 gm
Cough Drops		4 bags
Deep Sea Nasal Spray	Sodium Chloride Nasal Spray	24
Glycerin Suppository		48
Pill Envelopes		200
Pill Cutter		4
Pill Crusher		4