## ANNEX G - FUNCTIONAL NEEDS ANNEX

#### STATEMENT OF PURPOSE

The purpose of the Functional Needs Annex is to identify functional needs populations that reside in Oak Park, and coordinate a response that ensures this population receives appropriate notification and care during an emergency.

## **SITUATION**

During a public health emergency, the entire affected population is at risk. Functional needs populations (commonly referred to as at-risk, functionally limited, or special needs populations) are defined as those who are <u>most</u> at risk of severe consequences from an emergency or disaster. This annex discusses the strategies that will be put in place during Village emergency response operations to meet the needs of at-risk populations in Oak Park.

#### **ASSUMPTIONS**

Functional Needs response efforts will be coordinated by the Public Health Director with assistance from the Village ADA Coordinator and the American Red Cross. The Public Health Director will report to the EOC and assume responsibility for Functional Needs operations.

### **CONCEPT OF OPERATIONS**

The mission of the Oak Park Public Health Department is to prevent disease and promote health and safety. During an emergency, the focus of public health will shift from individual care to doing the greatest good for the greatest number of people; while ensuring that every effort is made for all emergency operations to comply with Title II of the American Disabilities Act (ADA). Under Title II of the ADA, emergency programs, services, activities, and facilities must be accessible to people with disabilities. However, the ADA generally does not require local emergency management programs to take actions that would fundamentally alter the nature of a program, service, or activity or impose undue financial and administrative burdens.

A copy of the American Disabilities Act Toolkit is available at the back of this annex.

During an emergency in which the health of the public is at risk, the VOP Public Health EOP will support the Functional Needs Hazard Specific Annex of the Village EOP.

### ORGANIZATION AND RESPONSIBILITIES

The Oak Park Public Health Department must ensure that emergency information and care (medication/vaccine) are accessible to every segment of the population during an emergency. To fulfill this responsibility, functional needs populations are included in the HD emergency planning process and any unique requirements are taken into consideration. Identifying those who are considered functional needs and what is required to reach them allows the HD to form an effective response that encompasses all segments of the population.

### FUNCTIONAL NEEDS POPULATIONS IN OAK PARK

During an emergency, certain factors will increase a person's risk to experience negative outcomes to their health, safety, and well-being. These factors include:

- Economic disadvantage
- Absence of a support network
  - Homeless
  - Travelers or tourists
  - Socially isolated
  - Culturally isolated
  - o Geographically isolated
  - Home Bound
- Needing support to be independent in daily activities because of
  - A physical limitation
  - A Cognitive disability
  - o A mental illness or substance abuse/dependence
  - o A sensory debilitation (low vision, blindness, deafness)
  - o A medical condition
  - Being institutionalized/incarcerated
- Difficulty reading, speaking, or understanding English

Many individuals fit into more than one of these categories, which puts them at an even higher level of risk during an emergency. Some individuals that fall into the category of functional needs rely on essential services to survive and live independently; interruptions to these services because of a public health disaster may cause severe health outcomes.

### **COMMUNITY ASSESSMENT**

The population information in the following chart was gathered from the *2010 Census*. Some information gained from this assessment has a large margin of error and should be used prudently. For example, populations associated with functional needs can have low reporting numbers (e.g. Migrant populations). The information below is based on a projected population of approximately 53,000 people.

Category	Percent of Oak Park Residents	Planning Considerations
Educational Attainment	Of those aged 25 years or older:  3.1 have less than a High School Diploma  1.3% have less than a 9th grade education	Emergency messages and clinic forms must be crafted to accommodate low literacy and low comprehension

Economic Disadvantage	7.9% of the population lives in poverty	<ul> <li>Multiple modes of communication must be used; economically disadvantaged people may not have access to all modes of communication (telephone, television, radio)</li> <li>Certain population may not have transportation to and from a POD</li> <li>Families living in poverty may not have the means to prepare themselves for a disaster (storing food, water or medication)</li> </ul>	
Language Barriers	Of those aged 5 years and older:  • 5.2% speak primarily a European languages  • 4.8% speak primarily Spanish  • 3.1% speak primarily an Asian or Pacific Island language	<ul> <li>Multiple modes of communication must be employed to reach different ethnic groups (churches, cultural radio stations and volunteer or social clubs)</li> <li>Clinic forms are translated into Spanish</li> <li>VOP DPH staffs some Spanish translators/ interpreters</li> <li>Translation/interpretation tools (language line, encyclopedias) can be used for less common languages</li> </ul>	
Age	6.5% of the population in Oak Park is under the age of five 10.6% of the population is over the age of 65	Clinics must be set up to accommodate physical and emotional needs of children and older adults	
Transportation	12% of the population lives in a household that does not have a vehicle	Transportation to and from a clinic may not be possible if public transportation is not available	
Communication	<1% of the population lives in a household that does not have a telephone	Multiple modes of communication must be used; economically disadvantaged people may not have access to all modes of communication (telephone, television, radio)	
Disabilities	Of those between the ages of 5 and 64: 7.7% have a disability and of those over the age of 65, 30.5% report a disability, which may include  • Sensory limitations (seeing, hearing)  • Physical limitations (walking, climbing stairs, lifting, carrying)  • Mental impairments (leaning, remembering, concentrating)  • Self care limitations (dressing, bathing, getting around inside the home)	<ul> <li>Emergency messages and clinic forms must be crafted to accommodate low literacy and low English comprehension</li> <li>All health department sites must be made accessible to those with physical limitations</li> <li>Forging relationships with functional needs agencies (Home care/long term care facilities) to act as Closed PODs, to ensure those who are unable to come to a site can still receive emergency supplies</li> </ul>	

	<ul> <li>Difficulty getting out of the home</li> <li>Employment limitations (limited to holding certain jobs or working at a certain business)</li> </ul>	
Mental Disorders	Of those aged 18 years and older:  3% live with a mental disorder  13.2% live with cognitive impairment	<ul> <li>Emergency messages and clinic forms must be crafted to accommodate low literacy and low English comprehension</li> <li>Plans must include closed clinic or POD sites to ensure those who are unable to come to a site can still receive emergency supplies</li> </ul>

## **COMMUNICATION (FN-ADA)**

Clear and timely public information is crucial to any emergency response. In order to successfully transmit information to everyone, including functional needs populations, adjustments may need to be made to the message's content. Multiple modes of communication must be utilized to reach the most residents.

The primary goal of emergency messages is to motivate functional residents and their families to take a desired action before and during a crisis. The Functional Needs Program is designed to reach the targeted populations in ways that grab their attention and change the way they think, so they will take action. This is a major challenge for individuals with disabilities. Emergency communication principles and practices are universal. There is no need to develop a separate functional needs population outreach communication plan.

Emergency Message content should include, when appropriate, incident facts, health risk concerns, pre-incident and post-incident preparedness recommendations, and where to access assistance in a format or language that a broad spectrum of the community can understand. Where necessary, the base content of these messages should be composed and translated into other languages in advance (with opportunity for collaboration and input from all interested stakeholders), leaving placeholders to insert the specifics of each emergency situation and the protective actions recommended.

Composing warning messages, directions, announcements, offers of assistance and other public information accessible to people with communications disabilities requires awareness of different needs, and familiarity with the capabilities and limitations of various communications technologies. There are many communication methods that can be utilized including, Oak Park's Rapid Notify System, phone, radio, television, bill inserts, word-of-mouth/hand, languages spoken and signed, and social and community networks.

For people to act, they must understand the message, believe the messenger is credible and trustworthy, and have the capacity to respond. It is essential to utilize multiple redundant channels and alternative formats in alerting populations to an emergency. Yet, for cultural and linguistic minorities, readying the optimal method is a time-intensive task that must be accomplished by the PIO prior to an emergency.

## PLANNING NETWORKS (FN-ADA)

To ensure that needs of at-risk populations are taken into account, the Oak Park Public Health Department engages the following types of agencies in the emergency planning process:

- Disability organizations
- Community-organizations
- Faith-based organizations
- Non-governmental organizations
- Private sector groups that assist or provide services to individuals with functional needs
- Other governmental departments

"Functional Needs Workshops" are held to build and improve emergency response plans. The workshops aid the planning process by gathering input from the agencies (to strengthen VOP HD plans) and also helping agencies understand their own assets, capabilities, and limitations. In addition these workshops serve as an opportunity for the development of mutual aid agreements and memorandums of understanding/agreement (MOU/MOA). Partnerships formed between these agencies and the Public Health Department support the VOP Public Health Department's Public Health Emergency Preparedness plan and each agency's response plan.

Many functional needs agencies have signed Letters of Support for VOP HD, indicating their intent to support the Public Health Department in its response to a public health emergency. This support effort may include serving as a closed Point of Dispensing (POD) site by providing medication or vaccinations to their population or circulating emergency information. This is especially important to provide medication to people who are home bound, inpatient at a nursing facility or otherwise incapable of coming to a POD. Additionally, closed POD sites limit the amount of people who would have to come to a public site, and provide other functional needs populations with access to the necessary medication or vaccine.

Letters of support and MOUs are maintained by the Emergency Preparedness and Response Manager.

## **VOP HD EMERGENCY SITE COMPLIANCE (FN-ADA)**

All Public Health Department emergency operations are to be laid out in accordance with the American Disabilities Act. VOP Public Health Department operated Open Points of Dispensing (PODs), will provide accommodations for functional needs populations to the greatest extent possible. Accommodations made to sites include:

- Accessibility to those who have limited mobility (wheelchairs, walkers, etc)
  - Whenever possible, sites are laid out on one floor with the smallest workable footprint; steps, risers, and other obstacles are circumvented
  - o A limited supply of wheelchairs may be available
- Posted signage
  - Written in both English and Spanish
  - Font is large and easy to read

- Pictograms
  - As appropriate, the words on signs and forms are supplemented/replaced by symbols or pictures
- Translation/interpretation services are available
  - Staff members that are fluent in foreign languages
  - o Electronic Spanish dictionaries
  - Language Line for call in translations
  - o Foreign language binders with printed agent and mediation information
  - o Point-to-your-language signs to determine what language a client is speaking
- Service animals are permitted in Public Health Department sites
- Safety and Security
  - As necessary, clients with functional needs will be moved up to the front of the line to receive medication/vaccine
  - Special considerations will be made outside the site to allow for handicap accessible parking spaces/ areas

## **EVACUATION (FN-ADA)**

The Oak Park Public Health Department will support the Oak Park ESDA and the CCDPHEM plan for mass evacuation, when applicable. In an emergency, people who have functional needs may face a variety of challenges in evacuating and returning to safety. Oak Park Public Health Department will make every effort to comply with the ADA to ensure evacuation-related needs of people with disabilities have been met.

The following facilities have been identified as having populations with special transportation needs:

Rush Oak Park Hospital	520 S. Maple	708-383-9300
West Suburban Medical Center	3 Erie Court	708-383-6200
Heritage House	201 Lake	708-848-1800
Holley Court Terrace	1111 Ontario	866-907-7719
Mills Park Tower	1025 Pleasant Place	708-386-7536
Oak Park Arms	408 S. Oak Park	708-386-4040
Oak Park Health Care	625 N. Harlem	708-848-5966
The Oaks	114 S. Humphrey	708-386-5812
Ryan Farrelly Apartments	435 S. Humphrey	708-386-7536
Berkeley Nursing and Rehab	6909 North Avenue	708-386-1112
Oak Park-River Forest High School	201 N. Scoville	708-383-0700
Fenwick High School	505 Washington	708-396-0127
Beye School	230 Ontario	708-524-3070
Brooks Middle School	325 N. Kenilworth	708-524-3050
Hatch	1000 N. Ridgeland	708-524-3095
Holmes	508 N. Kenilworth	708-524-3100
Irving	1125 S. Cuyler	708-524-3090
Julian Middle School	416 S. Ridgeland	708-524-3045
Lincoln	1111 S. Grove	708-524-3110

Longfellow	715 Highland	708-524-3060
Mann	921 N. Kenilworth	708-524-3085
Whittier	713 N. Harvey	708-524-3080
Alcuin Montessori	324 N. Oak Park	708-366-1882
Children Garden Montessori	165 N. Lombard	708-383-6570
Oak Park Building Blocks	171 N. Cuyler	708-386-1033
First Baptist Church	820 Ontario	708-383-1190
First United Nursery	848 Lake	708-848-4910
Good Shepherd Learning Center	328 Lake	708-386-2060
Oak Park Christian Academy	931 Lake	708-445-3030
Our Lady Immaculate Academy	410 Washington	708-524-2408
Ascension	601 Van Buren	708-386-7282
St. Catherine/St. Lucy	38 N. Austin	708-386-5286
St. Giles	1030 Linden	708-383-6279

The Public Health Director will be notified when a "general evacuation" has been recommended and it appears that shelter and feeding resources will be needed. If it appears that a shelter will be needed outside the community, the Director will coordinate the opening of that facility with the American Red Cross, CCDHSEM and IEMA.

Not all disasters require individuals to flee their homes or businesses. However, safe and effective evacuation of all people with varying levels of functional need should be a central objective. Functional Needs residents and families should have:

- A. A functional needs family plan
- B. A 3 day disaster supplies kit and an go-kit
- C. A safe evacuation route with prearrange transportation and safe place to stay outside the incident area
- D. To notify the relevant Functional Needs Program of your evacuation
- E. An out-of-town contact
- F. A plan for pets

The Incident Management Team will consider the demographic composition of the community, the transportation necessary for evacuation, and the capacity to provide shelters that meets the range of needs that exist within the community. The Village and the American Red Cross will take into account regulations, licensing, and other mandated responsibilities as well as resources, hazard analyses, and evaluation of emergency circumstances. Shelters for functional needs residents may not be within the Village limits, but at a location dictated by the event and the need for such shelters.

Issues such as personal assistance devices, service animals, supplies, equipment, help and support of family members, friends, pets, and/or directly employed aides are important to many people with functional needs.

It is important to allow individuals with disabilities to bring personal care assistants or family members, service animals and mobility, communications and medical devices with them. Provisions should be made to assure safe transport of mobility, communications and other assistive equipment if resources are available.

In general, if a person says it is important to bring particular people, animals or equipment with them, they should be allowed to do so unless granting the request would likely result in imminent harm to the person or others.

Residents with disabilities without a functional needs family plan should not be routinely transported to health care facilities simply because they have disabilities. Fire Service/EMS triage decisions should include an understanding that there is a difference between living with a disability and needing to be transported to a health care facility because of illness.

Exercises of evacuation plans for adult day programs, schools, day care centers, nursing/group homes, institutions, and large public buildings should be conducted at least once a year and is their responsibility to do so. (FN-ADA).

## SHELTERING (FN-ADA)

Provisions for providing mass care services for the functional needs population are as follows: (FN-ADA).

- 1. School districts will be responsible for the children in their schools.
- 2. Daycare providers will be responsible for children in their care.
- 3. Long-term Care Facilities has the responsibility of the residents and staff as outlined in their Emergency Operation Plan. Before the Long-term Care Facilities mass care resources are exhausted, the Fire Department Branch Director designee will coordinate mass care operations with the Cook County Department of Public Health and IDPH. This will be in accordance with the Illinois Administrative Code Title 77 Public Health, Section 300.670 Disaster Preparedness.
- 4. Because the population of hearing-impaired, sight-impaired, mentally- impaired, and mobility-impaired citizens are minimal, their care will be the responsibility of the care-givers, although shelters will make every effort to accommodate functional needs population.
- 5. The non-English speaking population is minimal.
- 6. Law Enforcement will be responsible for the care of its inmates.
- 7. Transient population such as, street people, motel guests, seasonal workers, and people without transportation shall be the responsibility of the ARC.
- 8. Oak Park Police, Animal Control, and the Humane Society shall coordinate mass care for animals including shelters. Animal control will be responsible for the safety and ownership identification of all animals taken to shelters.

Special assistance will be required in the mass care facility for the elderly, persons with disabilities, and others with functional needs.

IEMA and IDPH are the lead for the ESF Mass Care and Sheltering. They will work with the American Red Cross, Village and other local Emergency Management Coordinators to designate and coordinate shelters during times of a pre-emergency or a disaster. The management, operation, and staffing of the shelter is the shared responsibility of the local jurisdiction and the American Red Cross. Regardless of who operates a shelter, the ADA generally requires shelter operations to be conducted in a manner that offers individuals with disabilities the same benefits provided to people without disabilities (e.g., safety, comfort, medical care, support of family and friends). To the maximum extent possible, shelter and support plans should include persons with functional needs along with others in their community and the co-location of a shelter for pets.

## TRANSPORTATION (FN-ADA)

Populations requiring transportation assistance during emergency response and recovery include:

- 1. Individuals who do not have access to a private vehicle and will need a ride from their home;
- 2. Individuals who do not have access to a vehicle but can independently arrive at a pick-up point;
- 3. Individuals who live in a group setting or assisted living environment and will need a ride from such facilities;
- 4. Individuals who are in an in-patient medical facility or nursing home;
- 5. Individuals who are transient, such as people who are homeless, and have no fixed address; or
- 6. Individuals with limited English proficiency.

Vans and buses vary as to the number of individuals they can accommodate and the types of lifts, ramps and wheelchair securing devices they employ. The Logistic Section Chief will identify resources available through CCDHSEM and State EOCs.

## SERVICE ANIMALS (FN-ADA)

Service animals are permitted in all places that serve the public as long as the animal poses no direct threat to the health or safety of individuals. Access includes transportation with their owners/handlers during evacuations. In assessing forms of transportation, Planning and Logistic Section Chiefs should consider the presence of service animals and the potential need to for them to travel with their owners during evacuations. According to the Americans with Disabilities Act, only two questions may be asked to determine if an animal is a trained service animal:

- 1. Is the animal a service animal required because of a disability?
- 2. What tasks or work has this animal been trained to perform?

If the answers to these questions reveal that an animal has been trained to assist a person with disabilities, that person should be allowed to access services, programs, activities, and facilities while accompanied by the service animal. Service animals do not require certification, identification cards or licenses, special equipment, or professional training. The animal should be kept with the handler to the greatest degree possible to minimize movement trauma and general safety to both. Emergency personnel and owners must address potential medical needs of the service animal to maintain the animal's health. As a result, transportation must include provisions to carry any necessary medications for animals, just as they would for human passengers.

## MASS PROPHYLAXIS FOR FUNCTION NEEDS POPULATIONS (FN-ADA)

As mentioned previously, VOP Public Health Department emergency operations will adhere to the ADA and accommodate functional needs populations to the greatest extent possible. However, attending an Open POD to receive emergency medical countermeasures may put some clients further at risk. Thus, whenever possible, the Public Health Department will work with agencies serving function needs populations (e.g. home-bound, physically disabled, and mentally challenged) to host "push" dispensing formats or Closed PODs. By providing these groups with prophylaxis where they are located instead of pulling an entire population to a given site, people that cannot or should not attend an Open POD are still protected. The Public Health Department will rely on the agencies that serve functional needs or sheltered-in groups to assist with prophylaxis operations. Multiple,

alternate dispensing modalities may need to be activated in order to best serve function needs groups.

## MAINTENANCE, REVIEW AND UPDATING THIS ANNEX

It is the responsibility of the ESDA Coordinator and Public Health Director for the maintenance, review and updating of this annex.

## CONTINUITY OF GOVERNMENT

The following is the line of succession of individuals with responsibility for coordination, control, and continuity of the Village's Functional Needs response.

- 1. Public Health Director
- 2. Deputy Fire Chief
- 3. ESDA Coordinator
- 4. ADA Coordinator