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Integrating the Needs of Individuals with Disabilities, and Access and Functional Needs into Hospital Emergency Planning
Hospital Emergency Preparedness Guidelines for Individuals with Disabilities, Access and Functional Needs

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Presentation Outline

- Introduction
- The Office of Access and Functional Needs (OAFN)
- Integrating AFN into Hospital Emergency Response
- Summary
- Questions
ADA: Definition of “Disability”

- A physical or mental impairment that substantially limits one or more major life activities.
- Includes people who have a record of such an impairment, even if they do not currently have a disability.
- It also includes individuals who do not have a disability but are regarded as having a disability.

Access and Functional Needs (AFN)

FEMA and CEMA

Access and Functional Needs Populations are defined as those whose members may have additional needs before, during and after an incident [for access] in functional areas, including but not limited to:

- Maintaining independence
- Communication
- Transportation
- Supervision
- Medical care
Access and Functional Needs (AFN) (cont.)

Individuals who have:
- Developmental, intellectual or physical disabilities
- Chronic conditions or injuries
- Limited English proficiency

And/or...

Individuals who are:
- Older adults, children or pregnant
- Living in institutionalized settings
- Low income, homeless and/or transportation disadvantaged

Size of the AFN Community

- U.S. Census Bureau: In California, over 20% of the population has a registered disability
- Real number is believed to be over 25%
- FEMA: 30% to 40% of U.S. population has AFN
- This is a huge segment of the American population, with extensive and diverse needs that can only increase during a disaster
Perspective

Historically — communities, states and the nation as a whole — have not integrated their plans.

Hurricane Katrina:
• 70% of all who perished had a disability or an access or functional need

Cal OES – Office of Access and Functional Needs (OAFN)

Established in 2008 to identify the needs of people with disabilities and others with access and functional needs before, during, and after a disaster.

OAFN integrates disability needs and resources into emergency management systems and offers guidance to emergency managers, planners, service providers.
Partnership

Emergency management is a partnership:

- Some emergency managers know there are things they don’t know and ask to partner.
- Some emergency managers know there are things they don’t know and wait for someone to integrate for them.

Office of Access and Functional Needs

Thank you

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History of AFN Task Force

- Met L. Vance Taylor at Long Beach conference, June 2016

- Shared need for integration of Disabilities and AFN into hospital emergency planning

- Started Cal OES OAFN/PVHMC partnership
AFN Task Force

• Recruited hospital and AFN experts
• Key members who volunteered their time:
  – Vance, Steve & Kevin
  – Lisa McAfee, MD, PVHMC Emergency Department
  – Kellie Lim, MD, UCLA
  – Vanessa Perez, PhD, Foothills Psychological Services
  – Daniel Bowers, City of Pomona, Emergency Manager
  – Steve Hirsch, President, Steven Hirsch & Associates
  – Judy Sanchez, Glendora Community Hospital & Montclair Hospital
  – Frances Weigand, PVHMC Volunteer Services

Goals

• Create an Emergency AFN Guidebook
  – Comprehensive resource list: phone #s, websites
  – Immediate resource ebook for use by ED Surge/Triage
  – Planning resource ebook for Emergency Managers
• Integrate AFN into EOP (TJC: EP by EP, & CMS)
• Develop AFN HVA (using DPH’s hHAP format)
• Maintain a standing committee/Task Force
• Ongoing project, living documents
AFN Project Development

- Numerous conference calls thru 2016 – 2017
- Two face-to-face meetings and Christmas party at PHVMC
- GoTo Meetings to integrate AFN into hospital Emergency Operations Plans
- Development of AFN HVA

Traditional TJC Emergency Management

EM.02.02.11 EP4:
“The EOP describes how the hospital will manage a potential increase in demand for clinical services for vulnerable populations served by the hospital, such as patients who are:
- Pediatric
- Disabled
- Geriatric
- Have serious chronic conditions or addictions”
CMS Emergency Preparedness
Final Rule

§ 482.15(a)(3), and for CAH § 485.625(a)(3):
“The Emergency Plan must address [the hospital’s] patient population, including ... persons at-risk ...”
• Children
• Senior citizens
• Individuals with disabilities

CMS added:
• Pregnant women
• Those from religious, racial and ethnically diverse backgrounds
• People with limited English proficiency [and non-English speaking]
• Other individuals who have special needs

6/2/2017: S&C 17-29 - Appendix Z
Interpretive Guidelines

Added More:
• Individuals who live in institutionalized settings
• Individuals who lack transportation
• Individuals who have chronic medical disorders
• Individuals who have pharmacological dependency (physiological & psychological)
• Persons in hospitals and nursing homes
• People with physical and mental disabilities
• Others with Access and Functional Needs
• Infants
• Evacuation planning for patients with limited mobility
Impact

Scope of at-risk populations greatly expanded

- TJC had identified 4 vulnerable populations; that’s all that an EOP was required to cover
- CMS has nearly tripled the list of at-risk populations, while adding “Others with special needs/Others with AFN”
- It would appear that every disability and AFN population must now be included in emergency management planning

Impact (cont.)

Scope of patients served expanded

- TJC’s sole EP for vulnerable populations was limited to addressing patient surge
- CMS states “… the [Emergency] Plan addresses patient population … at-risk,” to include all inpatients and outpatients with AFN, in addition to surge patients
Impact (cont.)

Specific disability requirement added
• CMS requires that evacuation plans include provisions for those with limited mobility, including:
  – Specialized transport equipment
  – Training for staff and patients
• This requirement appears to apply to all inpatient and outpatient areas, and to Emergency Departments/Trauma

CMS Emergency Preparedness Final Rule

November 15, 2017
Recommendations to Emergency Management Planning for At-Risk Populations

Solutions

List of all major AFN communities from Cal OES
• Several significant subgroups from FEMA
• Descriptions of the basic needs for each AFN community, and how they change in a disaster
• AFN population data from the U.S. Census Bureau, CDC and other government agencies
Individuals with Chronic Conditions

* CDC: 50% of all adults have a chronic health condition; 25% have two or more.

Major subcategories:

- **End Stage Renal Disease (ESRD)**, requiring hemodialysis or peritoneal dialysis, and affecting nearly a half-million individuals, per the National Kidney Foundation

- **Respiratory Failure**, including *Acute Lung Injury (ALI)* and *Acute Respiratory Distress Syndrome (ARDS)* caused by lung disease such as chronic obstructive pulmonary disease (COPD), pulmonary embolism, pneumonia, or cystic fibrosis; or by injury, muscular dystrophy, stroke, etc., requiring ventilator or home-oxygen use.

  National Institutes of Health (NIH) estimates incidence of ALI at 200,000 per year, and ARDS at 150,000 per year.

- **Special nutritional needs and/or dietary restrictions**: Dietary requirements and/or restrictions due to a medical disorder or disease. CDC: Over 4% of the population has a food allergy.

- **Long-term acute care dependent**: Individuals who require extended care in a hospital or subacute care setting, such as a Long Term Acute Care Hospital (LTACH), as their complex needs exceed the capacities of a Skilled Nursing Facility (SNF)

- **Victims of abuse, violence or neglect** (domestic, sexual, elder, child, etc.) Data varies widely; many sources claim that most incidents of abuse are unreported.

- **Alcohol and/or substance abuse issues**. NIH: 6% of population have Alcohol Use Disorder (AUD); 9% of population have used an illicit drug within past 30 days

- **Medication dependent** (heart disease, hypertension, diabetes/insulin, anti-seizure, antidepressants and antipsychotics, pain killers, antibiotics, etc.) CDC: 45% of the population takes at least 1 prescription medication, while 17% take 3 or more
**AFN Communities**

**Individials with Physical Disabilities**

CDC: 16% of population has one or more Physical Disabilities.

Major subcategories:

- **Mobility Impaired** (including those requiring bariatric equipment). Individuals who have serious difficulty walking or climbing stairs. Disabilities include para/quadriplegia, MS, cerebral palsy, dystrophy, polio. Also includes those who require bariatric equipment. 7½% of the population has difficulty walking, and most must use either a cane, walker, wheelchair or powered scooter.

- **Blind or Vision Impaired** – 9% have significant vision issues

- **Dexterity Impaired** (most often caused by arthritis) Individuals who have limited function, or loss of function, of one or more extremities - 5%

- **Deaf or Hard of Hearing** - 15% have difficulty hearing or use a hearing aid

- **Speech Disabilities** (due to ADD, apraxia, dysarthria, etc.) - 2% have significant speech impairment

**Women who are Pregnant**

U.S. Census Bureau: 3-4% of the nation’s women are pregnant at any given time.

In order of AFN:

- High Risk, 3rd Trimester - 2% of all pregnancies
- High Risk, 1st and 2nd trimesters - 5% of all pregnancies
- Low and Moderate Risk, 3rd trimester – about 25% of all pregnancies
- Low and Moderate Risk, 1st and 2nd trimesters – about 70% of all pregnancies

(Note: approx. 33% of all pregnancies terminate thru abortion or miscarriage)

**Pediatrics**

U.S. Census Bureau: 24% of the population is under age 18.

AFN generally decreases with progression toward maturity.

- Neonatal (birth to 1 month) <1%
- Infants and Toddlers (1 month to 2 years old) - 2%
- Children (2 to 12 years old) – 13%
- Adolescents (12 to 18 years old) – 8%
- Minors with Cognitive and/or Developmental Issues – CDC: 3%
  (Autism Spectrum, Attention Deficit/Hyperactivity, Down Syndrome, cerebral palsy, significant hearing or vision loss, intellectual disability, learning disability, etc.)
Geriatric/Elderly/Senior Citizens

U.S. Census Bureau: 15% of the population is 65 or older.

At age 65, half have AFN. By 80, nearly all have AFN and most have at least one severe disability.

- Individuals 65 years of age or older who have issues with Activities of Daily Living (ADL): Eating, bathing, dressing, toileting, moving around, and continence. May need regular assistance from family members or home-health workers; may need to reside in an assisted living setting, and ultimately a long term care facility.

- Individuals 65 years of age or older who have issues with Instrumental Activities of Daily Living (IADL): Shopping, housecleaning, managing finances and medications, making and keeping appointments. May not be able to live independently, and may require the services of a caregiver.

People Living in Institutionalized Settings

Less than 1% live in a rigid institutionalized setting, as state and federal governments move toward funding community-based services and support systems that enable individuals with even the most severe disabilities to live in regular neighborhoods. However, those who do require institutionalized care are among the highest level of need if forced to evacuate.

Individuals with Injuries

Individuals who are suffering from a significant injury or illness, whether related to the current disaster or not, have AFN. All current inpatients and outpatients; those with the highest degree of AFN include recent post-op and ICU patients.

Individuals with Religious, Ethnic or Cultural Needs and Restrictions

U.S. Census Bureau: Roughly 33% of Americans belong to an ethnic or racial minority group; 11% are foreign-born. Their diverse AFN can affect every aspect of emergency care.

Individuals with Developmental, Cognitive or Intellectual Issues

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that over 18% of the population has some form of mental illness, while 4% of the adult population has severe mental health issues, (active psychoses, major depression, suicide ideation, self-harming behaviors, and addiction). This community is often one of the least prepared to cope with the effects of a disaster. These individuals may not be capable of giving informed consent.
AFN Communities

Individuals with Limited English or Non-English Speaking
The Center for Immigration Studies reports:
- 20% of the nation’s population speak a language other than English in their homes
- 10% cannot converse in functional English
- In California, 45% of the population speak a language other than English in their homes; perhaps 20% cannot converse in functional English
- Although this AFN community is huge, the effect of a disaster should be relatively low due to extensive bilingual signage, bilingual media reporting and interpreter services.

Individuals with Low Income, Living in Poverty, or Homeless
U.S. Census Bureau:
- 50% of nation’s population earns “low income” (defined as between 100% and 199% level of poverty)
- 15% lives at or below poverty level
- Half a million are believed to be homeless; many more live in unstable housing situations
- May be medically underserved, underinsured or uninsured
- Are often educationally disadvantaged
- All have AFN

Individuals Who Are Transportation Disadvantaged
Federal Transit Administration: 33% of the nation’s population depends upon others for their transportation needs, either family/friends/volunteers, public transportation, or expensive private transportation.

These individuals are:
- Too young or too old to drive
- Too disabled, too injured or too ill to drive
- Never obtained a driver’s license, or had privileges suspended/revoked
- Have a driver’s license, but don’t own or have access to a vehicle

Individuals with Communication Barriers or Illiteracy
Communication barriers are sometimes due to a physical disability but are more often related to inadequate education or cultural issues.

U.S. Department of Education:
- 14% of the population can’t read
- 21% read and write at or below a 5th grade level
Solutions

Disaster Vulnerability Assessment for At-Risk Populations (HVA for AFN)

- Developed from HHS hHAP form, ASPR TRACIE
- Preformatted, with all formulas included
- Summary sheet to identify highest risk groups
- Adaptable to any hospital, any size, any area
- Easily modified to meet any unique, local AFN needs

DVA for AFN Communities

<table>
<thead>
<tr>
<th>AFN Community</th>
<th>Specific Population</th>
<th>Exposure</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Resources</th>
<th>Reality</th>
<th>Community Planning</th>
<th>Internal Resources</th>
<th>Community Infrastructure</th>
<th>Relative Risk Score</th>
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DVA for AFN Communities (cont.)

### ACCESS AND FUNCTIONAL NEEDS

#### DISASTER VULNERABILITY ANALYSIS

<table>
<thead>
<tr>
<th>AFN COMMUNITY</th>
<th>SPECIFIC POPULATION SIZE</th>
<th>SUSCEPTIBILITY</th>
<th>UNCONDITIONAL IMPACT SCORE</th>
<th>EFFECT</th>
<th>HOSPITAL OPERATIONS</th>
<th>COMMUNITY PLANNING</th>
<th>INTERNAL RESOURCES</th>
<th>COMMUNITY IMPLICATIONS</th>
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#### ACCESS AND FUNCTIONAL NEEDS

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DVA for AFN Communities (cont.)

ACCESS AND FUNCTIONAL NEEDS
DISASTER VULNERABILITY ANALYSIS

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- Limited English Proficiency or Non-English Speaking
- Living in Poverty or Homeless
- Communication Barriers or Illiteracy
- Any health activity

EOP Guidelines for integrating AFN into your EOP

- TJC Emergency Management chapter:
  - EM.01.01.01 thru EM.03.01.03
- CMS Emergency Preparedness Final Rule:
  - § 482.15(a)(3) / § 485.625(a)(3)
  - S&C 17-29 Interpretive Guidelines – Appendix Z
EOP (cont.)

Goals and Objectives
• Include meeting the unique needs of AFN communities

Emergency Preparedness Committee Responsibilities
• Include addressing the unique needs of AFN communities

Definitions
• Add Pt. Surge for Individuals with Disabilities and AFN

Planning Activities EM.01.01.01
• EP1: Planning activities include the unique needs of AFN communities
• EP3: DAFN HVA

EOP (cont.)

Planning Activities EM.01.01.01 (cont.)
• EP4: Communication with community includes AFN needs and vulnerabilities, and includes communication with AFN organizations
• EP5: Mitigation activities include AFN
• EP6: Preparedness activities include AFN
• EP7: HICS
  – “AFN Liaison Officer” Job Action Sheet (for major disasters)
  – AFN duties attached to Safety Officer (for smaller disasters)
  – HCC structure with AFN
• EP8: Inventories include AFN supplies and equipment
Emergency Operations Plan EM.02.01.01

- EP1-2: EOP and response procedures should include provisions for meeting the unique needs of AFN communities
- EP3: 96-hour sustainability should include provisions for meeting the unique needs of AFN communities
- EP4: Recovery should include provisions for meeting the unique needs of AFN communities
- EP7: Alternative Care Sites should be assessed for meeting the unique needs of AFN communities (beyond ADA requirements)

Response and Recovery Planning EM.02.02.01

- EP1-10: Communication activities must include provisions for meeting the unique needs of AFN communities
- EP8-10: “Other health care facilities” should include those offering services unique to AFN communities; e.g., dialysis centers, Independent Living Centers, Intermediate and Long Term Care facilities, etc.
Resources and Assets EM.02.02.03
- EP1-6: Should address medications and medical/non-medical supplies required for meeting the unique needs of AFN communities
- EP9: Should address the unique transportation requirements of AFN communities, including those who are transportation disadvantaged

Security and Safety EM.02.02.05
- EP5: Should address unique decon requirements of AFN communities
- EP8: Should address meeting the needs of those who have mobility challenges

Management of Staff EM.02.02.07
- EP1-10: Should address meeting the needs of staff and families who have AFN
- EP7: Should address the training given to individuals assigned to meeting the unique needs of AFN communities

Management of Utilities EM.02.02.09
- EP1-8: Should address the unique requirements of AFN communities, esp. those who are mobility impaired (elevator failure)
**EOP (cont.)**

**Management of Patients EM.02.02.11**
- EP2: Patient scheduling, triage, etc. should all address the unique requirements of AFN communities
- EP3: Evacuation procedures must thoroughly address the unique needs of AFN communities
- EP4: Plans for meeting a surge of patients with AFN requirements should be comprehensive.
- EP5-6: Should address unique the requirements of AFN communities

**Management of Volunteers EM.02.02.13 and 15**
- Should address the unique requirements of volunteers with AFN (note: CMS requires plans for non-professional community volunteers)

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**EOP (cont.)**

**Evaluation of Planning Activities EM.03.01.01**
- EP1: Annual review of DVA
- EP2: Annual review of Objectives and Scope
- EP3: Annual review of AFN inventories
- EP4: Annual review by Leadership
EOP (cont.)

EOP Evaluations EM.03.01.03
• EP1: Emergency exercises should include a AFN community component
• EP2-4: Influx of patients, escalating events and community-wide exercises should include patients with AFN needs
• EP5-17: Evaluations should include a AFN component

AFN and HICS
• HICS “AFN Liaison Officer” job action sheet (for major disasters)
• HICS “Safety Officer” and “Liaison Officer” job action sheets with AFN duties added (for minor disasters)
• HICS structure with “AFN Liaison Officer”
• Guidelines for integrating AFN into HICS
**AFN Liaison Officer Job Action Sheet**

**Mission:** The AFN Liaison Officer function is to represent the AFN community to the Hospital Command Center, and the Hospital Command Center to the AFN community. The AFN Liaison Officer is the primary point of contact for all representatives from public and private organizations regarding issues affecting the handicapped community, and is to ensure that the Incident Commander and appropriate Command Staff are informed as to what the AFN needs are throughout each phase of the disaster. The AFN Liaison Officer will integrate AFN across the organization.

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AFN Emergency Management Resource Guidebook
Planning with AFN Communities

• DaVita Dialysis Centers

• Closing video
  https://www.facebook.com/mypositivereminders/videos/596555253866265/

Questions?

Don’t forget to complete your evaluation!

If you do not have access to the app, please see CHA staff for a printed evaluation.

CE certificates will be emailed within two weeks of the conference.
Thank you!

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