Vulnerable Populations Emergency Plan

An Annex to the

Linn-Benton County Emergency Operations Plans

August 2012
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**RECORDS OF REVISIONS**

Revision to the Emergency Operations Plan (EOP) Vulnerable Populations Plan will occur based on the following:

- Changes to the County Emergency Operations Plan
- As a consequence of the lessons learned from events or exercises
- As a consequence of new federal, state, or local guidelines and mandates

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1. PURPOSE

The Linn-Benton Counties Vulnerable Population Plan addresses specific emergency needs and assistance that members of vulnerable populations in the counties may have before, during, and after an incident.

This plan addresses specific requirements for vulnerable populations in the areas of transportation, mass care, emergency assistance and human services that are generally addressed in Emergency Support Function #1 – Transportation, Emergency Support Function #6 – Mass Care, Emergency Assistance, Housing, and Human Services, and ESF # 8 – Public Health and Medical Services found in each of the county’s Emergency Operations Plans.

In addition to information in the Linn and Benton County Emergency Operations Plans, this plan also identifies:

- Resources that may be needed for the special needs population during an emergency
- Available support services within the community.
- Possible sources of alternate services and resources if the need is greater than the availability
- Alternate methods to communicate emergency information to people with disabilities, limited English proficiency, and to members of diverse cultures.

2. DEFINITIONS

This plan identifies and defines the following four terms:

- Vulnerable populations
- Special needs populations
- Special medical needs populations
- At-risk populations

The term “vulnerable populations” will be used primarily throughout this document; however, other terms will be referred to as appropriate. The definitional framework for special needs populations allows planners to plan for a predictable and specific set of functional support needs. This framework also establishes parameters for resource allocation. This definition satisfies a key recommendation from the U.S. Department of Homeland Security (DHS) Nationwide Plan Review, which calls on the federal government to develop a consistent definition of the term “special needs.”

Vulnerable Populations

According to the National Association of County and City Health Officials (NACCHO), vulnerable populations are defined as, “a range of residents who may not be able to comfortably or safely access and use the standard resources offered in disaster preparedness, relief, and recovery.” Addressing the specific needs of these populations may require detailed planning. Vulnerable populations may include, but are not limited to, people with or those who are:

- Sensory impairments (blind, deaf, hard-of-hearing)
- Cognitive disorders
- Mobility limitations
- Limited English comprehension or non-English speaking
- Elderly
- Geographically or culturally isolated
Medically or chemically dependent  
Homeless

Special Needs Populations
Special needs populations can be described as a subset of vulnerable populations. The National Response Framework (NRF) defines special needs populations as “populations whose members may have additional needs before, during, and after an incident,” including but not limited to:

Transportation
Includes individuals who cannot drive due to a particular disability or who do not have a vehicle and will require transportation support for successful evacuation. Support may include but is not limited to:

- Making accessible vehicles available (e.g., lift and/or ramp equipped or vehicles suitable for transporting individuals who use oxygen)
- Providing information on how/where to access mass transportation in the event of an evacuation

Communication
Includes individuals who have limitations that interfere with the receipt of and response to information. These individuals will need to receive information in methods they can understand and use. Certain communication limitations may hinder or prevent them from performing particular actions, including but not limited to the following:

- Hearing verbal announcements
- Seeing directional signage
- Understanding how to get assistance due to hearing, vision, speech, cognitive, or intellectual limitations, or limited English proficiency

Medical Care
Includes individuals who require assistance and are not self-sufficient or do not have adequate support from caregivers, family, or friends. These individuals require the support of trained medical professionals. Assistance may include but is not limited to:

- Managing unstable, terminal, or contagious conditions that require observation and ongoing treatment
- Managing intravenous (IV) therapy, tube feeding, and vital signs
- Accessing dialysis, oxygen, and suction administration
- Managing wounds
- Operating power-dependent equipment to sustain life

Supervision
Before, during, and after an incident, some individuals may lose the support of caregivers, family, or friends or may be unable to cope in a new environment. Certain individuals, that may have particular conditions, will require supervision to make decisions affecting their welfare. These individuals include, but are not limited to, the following:

- Those with dementia
- Those with Alzheimer’s disease
- Those with psychiatric conditions (e.g., schizophrenia or depression)
- Unaccompanied children
- The elderly
**Maintaining Independence**

Individuals in need of support that enables them to be independent in daily activities may lose this support during an emergency or disaster. By supplying needed support/devices, the County can assist individuals in better maintaining their independence. Support resources may include:

- Lost or damaged durable medical equipment (e.g., wheelchairs, walkers, scooters, catheters, ostomy supplies, etc.)

The NRF definition of special needs provides a function-based approach for planning and seeks to establish a flexible framework that addresses a broad set of common function-based needs, irrespective of specific diagnosis, statuses, or labels (e.g., children, the elderly, transportation disadvantaged). This function-based definition reflects the capabilities of the individual, not the condition or label. Resources available in Linn and Benton Counties, along with planning considerations based on specific factors and associated functional needs of those with special needs, are addressed in Appendix B, Resource Matrix.

Individuals in need of additional response assistance may include those who:

- Have disabilities
- Live in institutionalized settings
- Are elderly
- Are children
- Are geographically/culturally isolated
- Have limited English proficiency
- Are non-English speaking
- Are without regular and/or adequate transportation

**Special Medical Needs Populations**

Special medical needs populations are a subset of the special needs populations. According to the U.S. Department of Health and Human Services (HHS), special medical needs populations are defined as “those individuals, typically living in the community and outside of a medical setting or environment, who need support to maintain an adequate level of health and independence during times of emergency.” Included in this category are individuals who, before, during, and after an emergency, are:

- Medically dependent on uninterrupted electricity for therapies
- Require continual or intermittent medical care/support from a healthcare professional
- Are not self-sufficient with the loss of usual support from caregivers

**At-risk Populations**

HHS defines at-risk individuals as those who, before, during, and after an incident, “may have additional needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation.” In addition to those individuals specifically recognized as at-risk in the Pandemic and All-Hazards Preparedness Act (i.e., children, senior citizens, and pregnant women), individuals who may need additional response assistance include those who have disabilities; live in institutionalized settings; are geographically/culturally isolated; have limited English proficiency or are non-English speakers; are without regular and/or adequate transportation; have chronic medical disorders; and have a pharmacological dependency.
The difference between the HHS definition and the NRF definition of special needs is that the NRF definition does not include the following:

- Pregnant women
- Those who have chronic medical disorders
- Those who have a pharmacological dependency

The HHS definition includes these three other groups because pregnant women are specifically designated as at-risk in the Pandemic and All-Hazards Preparedness Act and those who have chronic medical disorders or pharmacological dependencies are two other populations that HHS has a specific mandate to serve.

3. SITUATION

Linn and Benton Counties are set in the Willamette Valley. The counties are susceptible to the impacts of disasters, both natural (snow, wind, earthquakes, floods, wildfires, etc.) and manmade (hazardous materials, transportation, technological). Due to the large diversity in the population for the counties, it is important to plan for individuals who may not be able to easily act or understand directions given in the time of a disaster. More information about hazards that can affect each county can be found in their Hazard Vulnerability Assessment.

Vulnerable populations make up a large percentage of a community’s population. Because of this large population it is important to plan on how officials and responders will reach out to these groups as well as how to best help them recover. Working with the community is important when planning for the vulnerable populations to utilize the wealth of knowledge, experience, and resources the community offers. A list of resources available for vulnerable population emergency planning can be found in Appendix I: Community Resource Matrix.

According to the 2010 Census Linn and Benton counties have a combined population of about 200,000 people. This population can be affected by a number of potential disasters. According to the American Community Survey (ACS) 5-year average for 2006-2011, over 20 percent of the population of the 2 counties has a disability. Some of these individuals may be self-sufficient, while other may need assistance completing tasks on a daily basis.

Young children, seniors and people with limited income also comprise significant vulnerable populations within Linn and Benton counties. Geographic/cultural isolation, limited access to motor vehicles, limited income, difficulty communicating and understanding English, extreme age, and limited income are also situations that can leave an individual more vulnerable in a disaster.

- Linn County
  - Disabled: 22.02%
  - Under 5 Years Old: 6.83%
  - Over 65 Years Old: 14.92%
  - Limited Income (Under 100% of the poverty level): 16.27%

- Benton County
  - Disabled: 13.06%
  - Under 5 Years Old: 4.38%
  - Over 65 Years Old: 11.52%
  - Limited Income (Under 100% of the poverty level): 19%

For more information refer to Appendix A: Social Vulnerability Analysis
4. **ASSUMPTIONS**

The following assumptions reflect the approach with which the counties will fulfill the role of accommodating and assisting vulnerable populations during emergency operations.

- Many county departments and local non-profit organizations provide a critical link to and have the expertise to serve their clients with special needs.
- Local public health departments may be able to facilitate access to resources and case management services. However, they will not be able to provide onsite medical supervision and 24-hour nursing and environmental coverage.
- Public health nurses and clinicians might not be trained, nor should be expected or assigned, to care for individuals with special medical needs.
- Resources will be limited and the County may not be able to meet the needs of special needs populations at all times.
- Local planners have access to their jurisdictions’ demographic profiles.
- All partnering agencies are responsible for the development of agency-specific standard operating procedures (SOPs) that uphold their roles and responsibilities in supporting response to an emergency.
- Some home healthcare providers may not be able to serve their clients during an emergency/disaster.
- Patients evacuated from licensed nursing home or assisted living facilities to a shelter are the responsibility of the employees and management of that facility.
- In an incident that impacts the general population, staffing levels at skilled nursing facilities, assisted living facilities, and outpatient clinics will be affected.
- Medically-fragile clients may not have access to regular services (e.g., dialysis, chemotherapy).
- Patients who normally receive home healthcare services may need to be accompanied by a caregiver to a shelter. In such cases, the caregiver should be transferred with the evacuee and permitted to remain with that person as the caregiver is able.
- Those individuals who normally receive home healthcare services and who are unaccompanied during transfer and sheltering may require special attention.
- Some individuals with functional needs will self-identify the need for assistance during emergency situations; others will not.
- Many residents, especially those with special medical needs, may assume there will be local resources available to rescue them (e.g., first responders) and/or that the County will be able to provide specialized assistance to them in an emergency (e.g., pharmaceuticals, durable medical equipment, and special transport).
- Some populations with special needs may be less likely to have disaster plans and supplies due to limited cognitive, physical, and/or financial resources.
- Transportation will be an issue for some residents and visitors with special needs.
- Service animals may be utilized by some people, and accommodations for these animals should be considered when developing evacuation and sheltering plans. NOTE: Service animals are not considered pets since they perform functions to assist their owner in activities of daily living. In order to be permitted into a shelter with their owner, the service animal cannot pose a direct threat to other animals or individuals residing in the shelter.
Vulnerable populations may need assistance with the following activities associated with emergency or disaster response and recovery, including but not limited to:
- Preparation, receiving notification, evacuation, and transportation
- Sheltering
- First aid and medical services
- Temporary lodging and housing
- Transition back to the community
- Clean-up
- Other emergency- and disaster-related programs, services, and activities

5. **PARTNERING AGENCIES**

5.1. **FEDERAL**
- Federal Emergency Management Agency (FEMA)
- Department of Health and Human Services (HHS)
- Centers for Disease Control and Prevention (CDC)
- National Organization on Disability (NOD)
- National Commission on Children and Disasters (NCCD)

5.2. **STATE**
- Oregon Emergency Management (OEM)
- Oregon Health Authority
- Oregon Vulnerable Populations Coalition
- 211info

5.3. **REGIONAL**
- Linn-Benton Vulnerable Populations Committee
- Hospital Preparedness Program Region 2
- Oregon Cascades West Council of Governments
  - Disability Service Advisory Council
- Community Services Consortium
- American Red Cross Oregon Pacific Chapter
- Linn-Benton Senior Resource Network

5.4. **LOCAL**
- Linn County Sheriff’s Office
- Linn County Public Health
  - Linn County Mental Health
  - Linn County Developmental Disabilities
  - Linn County Child Welfare
- Linn County Public Health Medical Reserve Corp.
- Benton County Sheriff’s Office
- Benton County Public Health
  - Benton County Mental Health
  - Benton County Developmental Disabilities
- City of Albany
- City of Corvallis
- Mennonite Home
- Adventist Disaster Response
- Samaritan Lebanon Community Hospital
- Samaritan Albany General Hospital
- Good Samaritan Corvallis Regional Medical Center

### 6. LEGAL AUTHORITIES

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<th>Law / Regulation</th>
<th>Citation</th>
<th>Purpose</th>
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<td>FEDERAL</td>
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<tr>
<td>Robert T. Stafford Disaster Relief and Emergency Assistance Act</td>
<td>P.L. 93-288, as amended, 1988</td>
<td>Integrates special needs issues into all phases of emergency management</td>
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<td>HHS, Pandemic and All-Hazards Preparedness Act</td>
<td>P.L. 109-417, 2006</td>
<td>Addresses special needs or “at risk populations” including children, pregnant women, senior citizens, and other individuals who have “special needs”</td>
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<td>Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users, 2005 (SAFETEA-LU)</td>
<td>P.L. 109-59</td>
<td>Requires state and local agencies to address special needs populations in their long-range transportation plans and improvement programs</td>
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<td>Individuals with Disabilities in Emergency Preparedness (2004)</td>
<td>Executive Order 13347</td>
<td>Strengthens emergency preparedness with respect to individuals with disabilities</td>
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<td>Americans with Disabilities Act (ADA) of 1990</td>
<td>P.L. 101-336</td>
<td>Mandates that all public and private sector facilities come into and remain in compliance, provide reasonable accommodations, and be accessible both physically and programmatically</td>
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<td>Older Americans Act of 1965 (OAA)</td>
<td>P.L. 89-73</td>
<td>Used to authorize funds to assist older Americans in the recovery process</td>
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<td>Individuals with Disabilities</td>
<td>H.R. 5441 (PL 109-295), Section 689</td>
<td>Used to develop disability-related guidelines for use by those who serve individuals with disabilities in emergency preparedness and disaster relief</td>
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<td>Citation</td>
<td>Purpose</td>
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<td>Rehabilitation Act of 1973</td>
<td>34 C.F.R. § 104; 29 U.S.C. § 794; Section 504</td>
<td>Holds local governments responsible for oversight of equal access by everyone to any program, service, or activity that receives federal funding; protects qualified individuals from discrimination based on their disability</td>
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<td>Equal Opportunity for Individuals with Disabilities</td>
<td>42 U.S.C. §12132; 42 U.S.C. §12102(2)(B) &amp; (C)</td>
<td>No qualified individual with a disability shall be excluded because of a disability from any programs, services, or activities provided by state and local governments</td>
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<td>Nondiscrimination on the Basis of Disability in State and Local Government Services</td>
<td>28 C.F.R. § 35.104</td>
<td>Defines disabilities and states that individuals with disabilities may not be excluded from public accommodations by commercial facilities</td>
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<td>Requirements For States and Long Term Care Facilities</td>
<td>42 CFR § 483</td>
<td>Requires that institutions have their own plans and provide them to their respective regulatory agencies</td>
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<tr>
<td>Requirements for Care Facilities</td>
<td>42 CFR § 485</td>
<td>Requires facilities to have a plan in place in disasters, as well as train staff in use of the plan.</td>
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**STATE**

| Department of Human Services Developmental Disabilities Oregon Administrative Rules | OAR 411-360-0130(8) OAR 411-325-0230 | Requirement that adult foster homes and 24 hour care facilities must have an established emergency plan |
|Oregon State Fire Marshal                               | ORS 443.465(1)(b)                | Requires that treatment homes and care facilities have an emergency preparedness plan |

### 7. **COMMAND AND CONTROL**

#### 7.1. **GENERAL**

Linn and Benton Counties have each established a system for emergency management under the direction and control of their respective County Emergency Program Manager. Each county has their own Emergency Operations Plan which describes their emergency management system. It describes how the county’s emergency decision-makers and management personnel coordinated to carry out emergency functions in any incident that requires ECC/EOC activation.

#### 7.2. **DIRECTION AND CONTROL**

All emergencies and disasters begin locally and initial response is by local jurisdictions working with county emergency management agencies. It is only after local emergency response resources are exhausted or local resources do not exist to address a given emergency or disaster that state emergency response resources and assistance may be requested by local authorities through their county emergency management organization.
7.3. **Counties**

Each county has an Emergency Operations Center or Emergency Coordination Center that will be activated during an emergency. The location of each center and its activation procedures are outlined in the Counties Basic Plan. The county EOC/ECC will be the coordinating organization during an emergency that affects the majority of the county. For those situations where only a city is affected by an emergency, the city will stand up their EOC/ECC to coordinate their response efforts and contact county emergency management to advice them of their situation.

7.4. **Municipalities**

Each city may establish an emergency management agency and appoint an emergency program manager. Cities that do so shall notify the county of the individual responsible for emergency management activities in their respective jurisdictions. Any city not choosing to establish an emergency management agency may develop a cooperative intergovernmental agreement with the county, specifying the emergency management activities to be accomplished at each level. If a city takes no action to increase its emergency management capability, such area will be considered in county planning and county resources will be deployed under the direction of the County to respond should emergency conditions arise that threaten residents of that city.

If a city adopts its own plan, that city will also:

- Adopt the National Incident Management System as the foundation for incident response within its jurisdiction;
- Acknowledge that the city government is charged with the responsibility of ensuring that city disaster plans are kept current;
- Ensure that those persons within city and county government who are charged with managing emergencies are made aware of their respective roles; and
- Ensure that the city plan is coordinated with their respective county plans.

7.5. **Private/Nonprofit Sector**

Disaster response by local government agencies may be augmented by business, industry, and volunteer organizations. Schools, hospitals, nursing/care homes and other institutional facilities are required by Federal, State or local regulations to have emergency plans. The County Emergency Program Manager will also work with voluntary organizations in the provision of certain services in emergency situations, typically through previously established agreements. In the preparedness context, essential training programs will be coordinated by the sponsoring agencies of such organizations as American Red Cross, Salvation Army, faith-based groups, amateur radio groups, and Community Emergency Response Teams. The Emergency Management Organizations may also provide the public with educational/instructional materials and presentations on whole community preparedness.
8. CONCEPT OF OPERATIONS

8.1. GENERAL

The basic concept of emergency operations focuses on managing and using available resources for effectively and efficiently responding to all types of emergencies. For the purpose of Vulnerable Populations individuals, licensed facilities and non-profit organizations all play a role to assist emergency management organizations within the county to provide preparedness information and emergency planning training to minimize the need for emergency responders. This section of the plan outlines expectations and guides on what needs to be done to provide smooth response during an emergency. More information on local government and nonprofit groups can be found in Appendix B: 211 Resource List.

8.2. ORGANIZATIONAL STRUCTURE

Each county has an organizational structure that is outlined in their individuals Emergency Operations Plan. These structures will be used any time their EOC/ECC is activated for an emergency or disaster. Each county will train with partners to this Vulnerable Population Annex to ensure the partners understand the county organizational structure and where they fit. Training will provide partners with an expectation of they need to do to assist in making response to an emergency more effective.

Partners to this plan are also expected to develop, implement and train their staff on their individual organizational structure, to share this structure with the county emergency management organizations and with the other partners they will work with as a part of this vulnerable population plan.

8.2.1. LOCAL EMERGENCY MANAGEMENT

Both Linn and Benton Counties, and cities within, have emergency management organizations which are responsible for the maintenance of their Emergency Operation Plan (EOP) and EOC/ECCs. Emergency Management Departments focus on the disaster lifecycle which includes mitigation, preparedness, response, and recovery. During emergencies in which the EOC/ECC is activated, Emergency Management will perform duties as described in their EOP. Examples of duties may include coordinating resources, liaising with agencies and organizations active in disaster response, and advising on emergency matters, along with other tasks outlined in the county EOP.

8.2.2. HEALTH SERVICES

Linn and Benton Counties’ Health Services departments will be responsible for preventing disease and coordinating health and medical responses required to cope with disasters in its area, including vulnerable populations. Through their various departments, Health Services are able to reach some populations that may need special consideration during an emergency, and will help facilitate the critical network of other health care and social service providers that can continue to offer assistance. Many of the Health Services response actions can be found in ESF 8 of the county EOP. Health Services will also assist in collecting, evaluating and disseminating information for the public; manage all necessary ESF8 resource requests; and coordinate with hospitals, other county and state agencies and partnering organizations as needed.

8.2.2.1. LICENSING/CERTIFYING AUTHORITIES

Within both Linn and Benton Counties any public organization, such as public health or nonprofit organization, will have an emergency structure in place to provide emergency support to their clients prior to and immediately after emergency. This structure will follow the four phases of emergency management to ensure that the clients are provided information on preparedness, the development of an emergency plan, training and
exercising and how to conduct an after action evaluation to improve their emergency plan. County or city Emergency management organizations will provide resources to assist licensing or certifying authorities within their jurisdiction.

During an emergency it is expected by the county or city emergency management that any request for assistance from a licensed facility will come through the licensing or certifying authority or designee to the county or city EOC/ECC rather than from individual facilities.

8.2.3. **Fire/EMS**

Fire and Emergency Medical Services (EMS) will have Standing Operating Procedures and will train on how to effectively respond to an emergency situation in which members of the vulnerable population community are involved. In many cases, dealing with special needs or vulnerable population individuals may take a different approach than in dealing with the general population. Fire and EMS providers are expected to work and train with licensed facilities and care providers to ensure each organization understands their needs and resources.

8.2.4. **Local Law Enforcement**

Local Law enforcement can include city, county, and state agencies. Law enforcement is responsible for the safety and security of the public. During disasters, law enforcement will support the evacuation of the public and assist other departments with safety of the public and transportation of supplies.

8.2.5. **Non-Profit Organizations**

Non-profit organizations who are a part of this plan will work within the organizational structure as outlined in the individual county emergency operations plan. In addition they will develop their own organization structural plans that will be shared with their employee’s, volunteers and county and city emergency management organizations. They will be expected to train and exercise these plans on a regular basis.

8.2.6. **Licensed/Certified Care Facilities**

As required under the authority of each licensing agency and associated administrative rules or statutes, all licensed/certified facilities will have an emergency plan addressing emergencies most likely to affect their facility and clients. Information pertaining to what hazards may affect them can be found in either the county or city hazard analysis found in their local area. Licensed facility plans should be regularly reviewed for revision, and should require ongoing training and exercises to take place on a regular basis with staff. Each plan will be reviewed and approved by the licensing or certifying authority or designee who will review the plans as required for licensing or certification renewal. The licensing or certifying authority or designee may request technical assistance by contacting their county or city emergency manager. A list of facilities can be found in Appendix D: Licensed Facilities.

Emergency plans for all licensed or certified facilities should demonstrate consideration for initial and potentially extended periods in which emergency responders are not available. A template for care facility emergency plans can be found in Appendix E: Emergency Planning for Care Facilities.

8.2.7. **Educational Institutions**

Educational institutions are public and private pre-schools, elementary, middle, high schools, and colleges and universities that are responsible for the education of a wide range of individuals. Educational institutions are required to have emergency plans in place and exercise them as outlined in their plans. During an emergency, it is expected that each educational institution will implement their plan and communicate with city or county Emergency Managers.
8.3. **IMMEDIATE ACTIONS**

As an immediate action to a recognized incident that involves the local vulnerable population, coordination between City and/or County emergency management and leadership responsible for Vulnerable Population should be convened to discuss roles and responsibilities. This might include, but is not limited to, the following agencies:

- County Public Health
- County Emergency Management
- City Emergency Management
- Fire & EMS
- Police Agency
- American Red Cross
- Oregon Health Authority
- Council of Government
- Community Services Consortium

8.3.1. **ACTIVATION OF THE COUNTY EOC/ECC**

Activation of the County EOC/ECC will be based on the initial situational assessment. If the County EOC/ECC is activated the procedures outlined in the county’s basic plan will be followed. Consideration will be given to the following:

- Support ESF 8 in the EOC/ECC
- Manage resources necessary to support vulnerable population
- Coordinate staff and volunteer management for general and vulnerable population shelters
- Coordinate information collection and management between shelters and EOC/ECC
- Keep a log of actions
- Ensure that health and medical messaging is provided through media outlets as indicated in each county’s communications plan.
- Develop safety messages in coordination with the Safety Officer, as necessary
- Coordinate with partners as needed

8.4. **RESPONSE ACTIONS**

This plan is organized by the functional areas identified in the “special needs” definition: transportation, communication, medical care, supervision, and maintaining independence.

Particular events, such as a severe floods or large fires, may require an evacuation. Others incidents, such as chemical releases, may require sheltering at a home, school, or place of work. Depending on the event, the area and duration of an evacuation or shelter-in-place order will vary. Many incidents will require a combination of evacuation and sheltering-in-place during the course of the event.

This section describes specific response activities to a range of potential hazards for which the County agencies will be responsible in the event of a public health-related incident involving special needs or vulnerable population individuals or facilities. Response actions will focus on the public health consequences of an incident, and associated recovery activities, as they pertain to vulnerable populations.
8.4.1. **Transportation**

Evacuations depend on mobility, and people with certain disabilities may not be mobile enough to evacuate on their own or without assistance. In evacuation plans, public officials must consider the transportation needs of the community. People with disabilities that decrease mobility may need additional help evacuating. Afterwards, those with mobility limitation may require help returning home. Transportation options can be found in Appendix C: Transportation Alternatives.

Nevertheless, people will want to return to their normal activities after an emergency and may need to go to medical appointments (e.g., to receive dialysis). Officials should think about transportation needs before, during, and after an event and ensure that transportation is available. Mobility disabilities include, but are not limited to, the following:

- Physical
- Sensory
- Chronic
- Behavioral
- Cognitive

**Responsibilities:**

**Local Emergency Management**

Coordinate transportation assistance to individuals who live in the community and have no transportation alternatives, they will provide support to licensed facilities, up on request, to support their emergency plan. Emergency management is responsible for the following actions:

- Coordinate evacuation transportation
- Facilitate movement of the public in coordination with other transportation agencies
- Implement their County ESF 1 procedures as outlined in their Emergency Operations Plan
- Provide support to those facilities that are unable to carry out their transportation needs as identified in their emergency plan
- Provide transportation services for residents including those with special needs
- Process all transportation requests through the County EOC/ECC
- Provide transportation services for Linn and Benton residents with special needs such as pre-arranged, specialized curb-to-curb transportation service for individuals who cannot ride the bus due to physical or mental conditions

**Health Services**

Actions required of Public Health may include, but are not limited to, the following:

- Coordinate public messaging with lead PIO and consider the communication needs of the community
- Coordinate with ambulance services, when needed

**Fire/EMS**

Responsible for the following actions:

- Coordinate the provision of emergency medical services, as needed
- Ensure that triage, treatment, and transport of disaster victims is carried out in accordance with established protocols
- Coordinate transportation of the sick and injured with area hospitals or receiving facilities and other EMS agencies
- Provide personnel and resources to the incident as needed and as available
- Obtain additional or specialized support if required, from neighboring counties and state and federal agencies, through the County ECC/EOC, if it is operational
- Obtain mutual aid assistance for the evacuation of patients from affected hospitals, nursing homes, or other special needs facilities

**Local Law Enforcement**
Responsible for the following actions:
- Provide security to the community
- Provide security, transportation, and escort for medical supplies, equipment, and personnel
- Assist with evacuations and coordination of needed equipment as appropriate
- Determine the most viable transportation networks to, from, and within the emergency/disaster area and regulate the use of these transportation networks

**Licensed/Certified Care Facilities**
During an emergency each facility will:
- Develop, update, and train staff on their emergency plan and ensure they can carry out their responsibilities
- Will be responsible for coordinating transportation services for their clients
- Identify in their plan a primary and secondary location where their clients will be transported to if evacuation from the facility is necessary
- Document where clients are transported to
- Communicate with client’s relatives or legal authorities about the new location of the client
- Communicate with the licensing/certifying authorities on the action they are taking

**Educational Institutions**
Responsible for the following actions:
- Coordinate the transportation of students, staff, and faculty, when needed
- Provide transportation resources to Local Emergency Management to be used for emergency operations
- Implement their plan to ensure the safety of their student, staff, and faculty
- ensure their emergency plans are up to date and staff are adequately trained to understand and carry out their identified responsibilities

**8.4.2. Communication**
Community members may not be able to hear verbal messages, see directional signs, or, due to language barriers, understand communications. In addition, they may not understand how to seek help. Officials must communicate with all residents and/or visitors in ways that are easy to access and understand. Planners must also use communication methods that reach everyone in the community, utilizing both audio and visual resources. Community members may have the following disabilities or limitations related to communication:
- Hearing impairment
- Vision impairment
- Speech impediment or impairment
- Cognitive or intellectual limitation
• Limited proficiency in English

**Responsibilities:**

**Local Emergency Management**

Lead agency for communication. Responsibilities may include, but are not limited to, the following:

• Implementation of the Communications portion of their Emergency Operations Plan
• Manage information during a disaster/emergency so that the most up-to-date and correct information is used to inform the public
• Coordinate with all agencies involved with the incident so that one message is used for public information to avoid any conflicts of released information
• Access all available media outlets to ensure that message is disseminated

**Health Services**

Actions requested of state or local Public Health may include, but are not limited to, the following:

• Coordinate public messaging with County Emergency Management and consider the health and medical communication needs of the community when providing emergency information
• Suggest the usage of partners, when needed, to provide communication services for the deaf, hard of hearing, DeafBlind, or speech disabled
• Make available and suggest to partners the usage of the Language Line or other interpreter service vendors, when required, to provide interpreter services, allowing providers to communicate more effectively with their clients in a multicultural community
• Provide to partners and the community written materials that have been translated into multiple languages, and make these materials available on the County website when possible
• Provide communications that are available in a variety of formats and media so that they are accessible to all residents, particularly those with special needs

**Fire/EMS**

• Provide updates on the situation in the field to their DOC

**Local Law Enforcement**

• Provide updates on the situation to their DOC

**Licensed/ Certified Care Facilities**

During an emergency each facility will:

• Communicate needs and actions taken with their licensing/certifying authority
• Communicate with their client’s relatives or legal representatives
• Communicate with off-duty employees

**Educational Institutions**

Responsible for the following actions:

• Coordinate messages to families or guardians of students
• Ensure a line of communication exists between school administration and staff/ faculty
• Report activities to the local EOC/ECC
8.4.3. **Medical Care**

Emergencies that require individuals or communities to evacuate or shelter-in-place can cause hardship for those with medical needs that require close management. To address these challenges, officials should work closely with health and medical agencies to ensure that the management of care has been arranged for individuals with special medical needs during an emergency. Information on medical oxygen supplies has been created and can be found in Appendix H: Oxygen Planning. Assistance may include, but is not limited to, the following:

- Managing unstable, terminal, or contagious conditions that require observation and ongoing treatment
- Managing IV therapy, tube feeding, and vital signs
- Providing dialysis, oxygen, and suction administration
- Managing wounds
- Operating power-dependent equipment to sustain life

The needs of special medical needs populations might not be met in shelters established for the general population; the level of services will not equal what the client receives in his or her home or place of care. General population shelters are considered an option of last resort for these clients; however, healthcare providers should ensure continued services during emergencies, including evacuation to local shelters, if appropriate. A list of supplies for a functional needs shelter can be found in Appendix F: Medical Supplies for Functional Needs Shelter and a list of medical supply vendors can be found in Appendix G: Medical Supply Vendors.

**Responsibilities:**

**Local Emergency Management**
- Coordinate request of resources to State
- Facilitate the transportation of supplies

**Health Services**

Actions requested of the Health Department may include, but are not limited to, the following:

- Report observed needs up the chain-of-command
- Facilitate the availability of medical supplies
- Partner with ESF 6 to help facilitate the case management of individuals with special medical needs that may enter shelters
- Collaborate with ESF 6, as requested, to help facilitate family reunification (e.g., use of the American Red Cross Safe and Well website or FEMA’s National Emergency Family Registry and Locator System, which is activated to support Presidentially-declared disasters and mass evacuations)
- Assess behavioral health needs following disasters and coordinate to provide interventions to minimize harmful stress levels for both the general public and responder communities
- Provide guidance to partners and ensure that health and medical agencies have a backup plan if the need to shelter-in-place lasts longer than 72 hours

**Fire/EMS**

Responsible for the following:

- Coordinate the provision of emergency medical services, as needed
- Ensure that triage, treatment, and transport of disaster victims is carried out in accordance with established protocols
• Coordinate the transportation of the sick and injured with area hospitals or receiving facilities and other EMS agencies
• Provide personnel and resources to the incident as needed and as available
• Obtain additional or specialized support, if required, from neighboring counties and state and federal agencies, through mutual aid or county EOC/ECC
• Obtain mutual aid assistance for the evacuation of patients from affected hospitals, nursing homes, or other special needs facilities

**Local Law Enforcement**
• Report observed needs to their local DOC

**Licensed/Certified Care Facilities**
See Legal Authorities (Section 6) above for regulations, but according to the Oregon Health Regulations licensed facilities are required to:
• Develop a written plan for the protection and possible shelter-in-place or evacuation of residents
• Develop mutual assistance partnerships with other facilities to provide the support necessary when an incident occurs, whether or not evacuation results
• Work with local responders and Emergency Management to ensure effective coordination during an emergency

During an emergency each facility will:
• Prepare for the continuation of services during emergencies or disasters by developing a plan that addresses the provision of services to clients who will need assistance, including those clients residing in facilities
• Work collaboratively with their local health departments and their locality’s emergency planning office in developing appropriate sheltering capability for special needs persons in their community
• Develop mutual support agreements with other agencies designed to ensure continuing care of both client populations in case of emergency-related needs

**Educational Institutions**
Responsible for the following actions:
• Provide on-site medical support to students, staff, and faculty
• Coordinate with local EMS to provide medical assistance to students, staff, and faculty

**8.4.4. SUPERVISION**

Many people need help with activities of daily living and receive this support from family members or paid caregivers. In an emergency or disaster, these individuals may lose the support of their caregiver. Certain individuals, that may have particular conditions, will require supervision to make decisions affecting their welfare. These individuals include, but are not limited to, the following:
• Those with dementia
• Those with Alzheimer’s disease
• Those with psychiatric conditions (e.g., schizophrenia or depression)
• Those with other mental disabilities
• Unaccompanied children
• The elderly
Supervision of their clients will remain the responsibility of the licensed/certified care facility whether they are transported to the alternate care facility defined in their emergency plan, a shelter established by the American Red Cross, a shelter established by a non-profit organization or a shelter established by a governmental organization.

For those individuals who had no care giver prior to the emergency or whose care giver is off-site and cannot fulfill their responsibilities due to the emergency, the shelter operators will be response to get medical supervision for those individuals coming into established shelters.

Each school, public or private, within the Counties is responsible for developing a school emergency management plan that is based on the unique architectural, geographical, and student population characteristics of the school. Most school districts have district-wide emergency management plans that are developed in collaboration with community partners (e.g., fire, police, and EMS).

Responsibilities:

Local Emergency Management
- Coordinate request of resources to State
- Facilitate the transportation of supplies

Health Services
Actions requested of the public health department may include, but are not limited to, the following:
- Facilitate the availability of medical supplies
- Provide guidance to health and medical care partners in the community to better prepare them to provide continuity of medical services to their clients; this can include providing referrals to other agencies or caregivers who are able to offer continued care during emergencies/disasters
- Consult with and provide guidance to schools on public health and medical-related issues for all incidents (e.g., pandemic influenza, toxic exposure, etc.)
- Collaborate with ESF 6, as requested, to help facilitate family reunification (e.g., use of the American Red Cross Safe and Well website or FEMA’s National Emergency Family Registry and Locator System, which is activated to support Presidentially-declared disasters and mass evacuations)
- Assess behavioral health needs following disasters and coordinate to provide interventions to minimize harmful stress levels for both the general public and responder communities

Fire/EMs
- Report observed needs to their local DOC

Local Law Enforcement
- Report observed needs to their local DOC

Licensed/Certified Care Facilities
During an emergency each facility will:
According to the Oregon Regulations for the Licensure of Nursing Facilities, each nursing home facility is required to:
- Implement their written plan for the protection and possible shelter-in-place or evacuation of residents
- Implement their mutual assistance partnerships with other facilities to provide the support necessary when an incident occurs, whether or not evacuation results
• Prepare for the continuation of services during emergencies or disasters by developing a plan that addresses the provision of services to clients who will need assistance, including those clients residing in facilities
• Work collaboratively with their local health departments and their locality’s emergency planning office in developing appropriate sheltering capability for special needs persons in their community;
• Implement their mutual support agreements with other agencies designed to ensure continuing care of client populations in case of emergency-related needs

**Educational Institutions**

Responsible for the following actions:
• Partner with Public Schools to ensure that school emergency plans include staff and children with disabilities (e.g., visual, hearing, mobility, cognitive, attention, and emotions) and special medical needs
• Maintain a list of children who are identified with the following:
  o A disability under section 504 of the Rehabilitation Act of 1973
  o An individual education plan (IEP) under the special education services
  o A special medical need and/or family or social needs
• Determine how students will be accounted for
• Coordinate with safety and health officials to ensure that the needs of students are met
• Take direction from first responders once onsite
• Develop evacuation procedures for ensuring the full participation of students and staff
• Ensure that there is more than one evacuation route that does not interfere with public safety vehicles and/or fire hydrants
• Ensure that the clinic staff/nurses have emergency medical information, supplies, forms (e.g. Authorization for Medication forms), medications, and a medication log
• Conduct shelter-in-place drills regularly
• Train clinic staff to prepare medications and first aid supplies for such emergencies and set up a place for providing first aid or giving medication

**8.4.5. Maintaining Independence**

Many individuals with special needs are not self-sufficient with the loss of adequate support from caregivers. They may require regular care from a medical professional or need assistance to carry out daily activities, such as getting dressed, eating, and bathing. Individuals may also use a variety of support equipment, such as wheelchairs and walkers, to assist with their daily activities. In an emergency, these people may lose the aid they need to function independently. Without support, their conditions may worsen. Emergency plans should include ways to support these individuals. By receiving needed support/devices, these individuals will be able to better maintain their independence. Such support resources that may be required include, but are not limited to, the following:
• Consumable medical supplies (diapers, formula, bandages, ostomy supplies, etc.)
• Durable medical equipment (wheelchairs, walkers, canes, scooters, etc.)
• Service animals
• Attendants or caregivers
• Pharmacy support
Emergency plans should outline how to obtain such resources. Special needs advocates can work with emergency managers to secure these resources from the state or local government, non-governmental organizations (NGOs), and the private sector. Supplying support to special needs individuals will enable them to maintain their pre-disaster levels of independence.

**Responsibilities:**

**Local Emergency Management**

Responsible for the following actions:

- Maintain a list of public and private sector resources that could be utilized during response efforts
- Provide for the identification and management of resources that may be utilized during emergency or disaster situations

**Health Services**

Actions requested of the public health may include, but are not limited to, the following:

- Facilitate the availability of medical supplies
- Coordinate with Linn and Benton EOC/ECC’s to request needed resources and maintain an ongoing assessment of needs
- Work with health and medical care partners, NGOs, and other partners to ensure that supplies and other resources that may be needed during an emergency or disaster are available
- Coordinate public messaging with County or local lead PIO and consider the health and medical communication needs of the community when providing evacuation information

**Fire/EMS**

- Report observed needs to their local DOC

**Local Law Enforcement**

- Report observed needs to their local DOC

**Licensed/Certified Care Facilities**

During an emergency each facility will:

- Provide support to residents/clients who are risk of losing independence during disasters as outlined in their plan

**Educational Institutions**

Responsible for the following actions:

- Provide support to students, faculty, and staff who are risk of losing independence during disasters as outlined in their plan

**8.5. Dispensing**

Dispensing will be done as outlined in each counties Point of Distribution (POD) plan.

**8.6. Emergency Response**

Response during an emergency will be coordinated at the county level through its EOC/ECC using the National Response Framework, National Incident Management System (NIMS) and the Incident Command System (ICS). City EOC/ECCs will coordinate their response with their counties to ensure there is a clear understanding of response efforts, expectations and potential response requests. Individuals, licensed facilities, and licensure organizations have a role in being prepared for an emergency and those expectations are outlined below.
There are four phases of emergency management which when properly followed by emergency responders and those facilities or individuals who fall within this plan will ensure a smooth and effective response.

**Preparedness** – Consists of measures taken to build, sustain and improve the capability to prevent, protect against, respond to and recovery from incidents. Preparedness is a continuous process that includes planning, training and exercises. Emergency plans should be developed to outline what action will be taken during an emergency and should include training with staff or care takers as well as annual exercises to ensure the plans are workable. These efforts help to minimize the need for emergency responders by assuring individuals and facilities can take care of themselves.

**Response** – It is during this phase that the preparedness efforts, emergency planning and training will be put to the test. Individuals and facilities will activate their emergency plan at the level necessary. The expectations of local emergency management is that adequate efforts has gone into the preparedness phase that emergency responders will only be needed in the most severe situations and that the majority of individuals and facilities will be able to take care of themselves.

**Recovery** – Restoring individuals and facilities back to their normal operations in the shortest period of time is the objective of recovery. The foundation of a good preparedness effort coupled with response during an emergency will ensure that recovery will take place quickly and effortlessly with little or no impact on individuals or clients.

**Mitigation** – This phase allows us to look back and see what worked and what can be improved. Individuals and facilities need to look at their response and determine if their emergency plans need to updated, coordination with other agencies or care takers need to be changed or if additional training would be helpful.