

Functional Needs Summit

Wednesday, September 11, 2013

1:00-4:00

State Emergency Operations Center
2200 South Dirksen Parkway
Springfield, IL

RSVP: Lisa.desai@illinois.gov



Thank you for your interest in attending our statewide meeting to discuss solutions to several challenges associated with assisting people with disabilities during disaster response. We hope to have a meaningful discussion and to hear ideas from leaders in the fields of emergency management, human services, public health, non-governmental organizations and the private sector. The goal of this meeting is to set an aggressive agenda for how we can emplace or improve systems designed to help people with disabilities in terms of preparedness, response and recovery from a disaster. Topics can include the development of specialized training for public safety personnel and first responders, improved standards and templates for plans and designing new exercise formats and standards to name a few. All ideas are welcome and we hope that best practices will be shared.

Jonathon E. Monken
Director, Illinois Emergency Management Agency
State Homeland Security Advisor

Standard Guide for Population Related Disaster Services

DRAFT

The State of Illinois *Standard Guide for Population Related Disaster Services* document is being provided to participants at the Functional Needs Summit for review and comment. The Illinois Emergency Management Agency is seeking stakeholder input from governmental, non-governmental, volunteer, private sector and faith-based organizations to ensure the guide and its contents are scalable, modular and applicable to all jurisdictions.

Proposals for changes to the guide or comments on existing contents will be transmitted to the Bureau of Preparedness and Grants Administration for comment. The comment period for the guide will last for a period of 30-days, ending on October 12, 2013. Each commenter is requested to submit comments via e-mail to abby.damm@illinois.gov. Comments should include the section reference and any supporting documentation or justification for change. All comments that are received will be considered. Comments will be recorded and addressed on the IEMA Website at <http://www.state.il.us/iema/>

The guide in its entirety is provided in draft form only. Use, distribution or application of the guide in draft form is not being recommended.

If you have any questions regarding the guide please contact Mr. Darryl Drago at 217-306-6334 or via e-mail at Darryl.dragoo@illinois.gov



Standard Guide for Population Related Disaster Services

SG PRDS 2013-01

This standard is issued under the fixed designation SG PRDS 2013-01; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last re-approval. A superscript epsilon (ϵ) indicates an editorial change since the last revision or re-approval.

1. Scope

- 1.1. This guide provides a compendium of recommended practices and options for implementation and activation of services to the affected population that incorporates and meets the needs of both general and functional needs populations throughout disasters.
 - 1.1.1. The purpose of this guide is to provide both an operating guide and tool for development of timely, safe, and efficient disaster services necessary for the well-being of the public based on a consensus of knowledge, skills, and abilities derived from subject matter expertise.
- 1.2. The Authority Having Jurisdiction (AHJ) using this guide should conduct preparedness efforts necessary to meet minimum practices for response and recovery. These minimum practices include certain mandatory elements that will be outlined below. (*See Terminology 4.8*)
- 1.3. This guide provides minimum practices to AHJ's, for activation and operation of population related services and supportive actions during disasters.
 - 1.3.1. Supportive Actions include but are not limited to the following elements necessary to execute population related disaster services.
 - 1.3.1.1. Animal Services (*ref. Section 8.3.6*)
 - 1.3.1.2. Operational Communications – Response Agencies (*ref. Section 8.3.6*)
 - 1.3.1.3. Evacuation Transportation (*ref. Section 8.3.5*)
 - 1.3.1.4. Facility Identification and Risk Analysis (*ref. Sections 12 & 13*)
 - 1.3.1.5. Fire Service (*ref. Section 12*)
 - 1.3.1.6. Protective Services and Security (*ref. Section 14*)
 - 1.3.1.7. Health and Medical Services (*ref Section 8.3.7*)
 - 1.3.1.8. Mass Care Services (*ref. Section 8.3.6*)
 - 1.3.1.9. Public Information and Education (*ref. Section 8.3.4*)
 - 1.3.1.10. Resource Management and Logistics (*ref. Section 9*)
 - 1.3.1.11. Safety (*ref. Section 11*)
 - 1.3.1.12. Training (*ref. Section 10*)



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1.3.1.13. Warning, Emergency Information, and Notification (*ref. Section 8.3.2*)

1.4. This guide does not purport to address all of the safety and health concerns, if any, associated with its use. It is the responsibility of each AHJ to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.

2. Referenced Documents

- 2.1. American Society for Testing and Materials International (ASTM), Form and Style for ASTM Standards, 2006 (hyperlink provided at [ASTM, Form and Style for ASTM Standards](#))
- 2.2. Emergency Management Accreditation Program (EMAP), EMAP Standard 2010, inclusive (hyperlink provided at [Emergency Management Accreditation Program](#))
- 2.3. Federal Emergency Management Agency, Guidance on Planning for Integration of Functional Needs Support Services In General Population Shelters, November 2010. (hyperlink provided at [FEMA Functional Needs Integration Interim Document 2010](#))
- 2.4. National Incident Management System (NIMS), December 2008 (hyperlink provided at [NIMS 2008](#))
- 2.5. National Preparedness Goal (NPG), 2011 (hyperlink provided at [NPG 2011](#))
- 2.6. National Response Framework (NRF), 2008. (hyperlink provided at [NRF 2008](#))
- 2.7. National Fire Protection Association (NFPA), Glossary of Terms, 2003. (hyperlink provided at [NFPA Glossary of Terms](#))
- 2.8. NFPA 1600, Standard on Disaster/Emergency Management and Business Continuity Programs, 2010. (hyperlink provided at [NFPA 1600 2010 pdf read only](#))
- 2.9. State of Illinois, Illinois Emergency Operations Plan (IEOP), as amended. (hyperlink provided at [State of Illinois Disaster Plans](#))
- 2.10. The Post Katrina Emergency Management Reform Act, 6 U.S.C § 761(d), as amended. (hyperlink provided at [PKEMRA](#))
- 2.11. United State Department of Justice, Americans With Disabilities (ADA), Best Practices Tool Kit for State and Local Governments Chapter 7 Addendum 1 Title II Checklist, Emergency Management. (hyperlink provided at [Chapter 7 Addendum Title II Checklist \(Emergency Management\)](#))



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- 2.12. United States Department of Justice, the Americans with Disabilities Act, Title II Technical Assistance Manual, Covering State and Local Government Programs and Services. (hyperlink provided at [ADA Title II Technical Assistance Manual](#))
- 2.13. United State Department of Justice, the Americans with Disabilities Act, Title II Technical Assistance Manual, Title II Technical Assistance Manual 1994 Supplement. (hyperlink provided at [ADA Title II Technical Assistance Manual 1994 Supplement](#))
- 2.14. United States Department of Justice, Civil Rights Division, Disability Rights Section, An ADA Guide for Local Governments Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities. (hyperlink provided at <http://www.ada.gov/emereprepguideprt.pdf>)
- 2.15. Emergency Resources for People with Disabilities and Service Animals. (*See Appendix X XXXX*)

3. Authorities

- 3.1. Federal Emergency Management Agency, Robert T. Stafford Disaster Relief and Emergency Assistance Act, P.L. 93-288, as amended, 42 U.S.C. 5121 et seq. (hyperlink provided at [42 U.S.C 5121 et seq.](#))
- 3.2. State of Illinois, Illinois Compiled Statutes, 20 ILCS 105, Illinois Act on the Aging, as amended. (hyperlink provided at [20 ILCS 105/ Illinois Act on the Aging.](#))
- 3.3. State of Illinois, Illinois Compiled Statutes, 20 ILCS 110, Civil Administrative Code of Illinois, (Department on Aging Law), as amended. (hyperlink provided at [20 ILCS 110/ Civil Administrative Code of Illinois. \(Department on Aging Law\)](#))
- 3.4. State of Illinois, Illinois Compiled Statutes, 20 ILCS 505, Children and Family Services Act, as amended. (hyperlink provided at [20 ILCS 505/ Children and Family Services Act.](#))
- 3.5. State of Illinois, Illinois Compiled Statutes, 20 ILCS 510, Civil Administrative Code of Illinois. (Department of Children and Family Services Powers Law), as amended. (hyperlink provided at [20 ILCS 510/ Civil Administrative Code of Illinois. \(Department of Children and Family Services Powers Law\)](#))
- 3.6. State of Illinois, Illinois Compiled Statutes, 20 ILCS 1305, Department of Human Services Act, as amended. (hyperlink provided at [20 ILCS 1305/ Department of Human Services Act.](#))
- 3.7. State of Illinois, Illinois Compiled Statutes, 20 ILCS 805/Civil Administrative Code of Illinois, (Department of Natural Resources), Conservation Law, as amended. (hyperlink provided at [Conservation Law](#))



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- 3.8. State of Illinois, Illinois Compiled Statutes, 20 ILCS 1705, Mental Health and Developmental Disabilities Administrative Act, as amended. (hyperlink provided at [20 ILCS 1705/ Mental Health and Developmental Disabilities Administrative Act.](#))
- 3.9. State of Illinois, Illinois Compiled Statutes, 20 ILCS 1710, Civil Administrative Code of Illinois. (Department of Human Services (Mental Health and Developmental Disabilities) Law), as amended. (hyperlink provided at [20 ILCS 1710/ Civil Administrative Code of Illinois. \(Department of Human Services \(Mental Health and Developmental Disabilities\) Law\)](#))
- 3.10. State of Illinois, Illinois Compiled Statutes, 20 ILCS 2205, Civil Administrative Code of Illinois. (Department of Healthcare and Family Services Law), as amended. (hyperlink provided at [20 ILCS 2205/ Civil Administrative Code of Illinois. \(Department of Healthcare and Family Services Law\)](#))
- 3.11. State of Illinois, Illinois Compiled Statutes 20 ILCS 205, Civil Administrative Code of Illinois. (Department of Agriculture Law), as amended. (hyperlink provided at [20 ILCS 205/ Civil Administrative Code of Illinois. \(Department of Agriculture Law\)](#))
- 3.12. State of Illinois, Illinois Compiled Statutes 20 ILCS 2705, Civil Administrative Code of Illinois. (Department of Transportation Law), as amended. (hyperlink provided at [20 ILCS 2705/ Civil Administrative Code of Illinois. \(Department of Transportation Law\)](#))
- 3.13. State of Illinois, Illinois Compiled Statutes 20 ILCS 2305, Department of Public Health Act. (Part 1), as amended. (hyperlink provided at [20 ILCS 2305/ Department of Public Health Act. \(Part 1\)](#))
- 3.14. State of Illinois, Illinois Compiled Statutes, 20 ILCS 2310, Civil Administrative Code of Illinois. (Department of Public Health Powers and Duties Law), as amended. (hyperlink provided at [20 ILCS 2310/ Civil Administrative Code of Illinois. \(Department of Public Health Powers and Duties Law\)](#))
- 3.15. State of Illinois, Illinois Compiled Statutes (20 ILCS 2605/) Civil Administrative Code of Illinois. (Department of State Police Law), as amended. (hyperlink provided at [20 ILCS 2605/ Civil Administrative Code of Illinois. \(Department of State Police Law\)](#))
- 3.16. State of Illinois, Illinois Compiled Statutes, 20 ILCS 3305, Illinois Emergency Management Agency Act, as amended. (hyperlink provided at [20 ILCS 3305](#))
- 3.17. State of Illinois, 29 Illinois Administrative Code, Emergency Services, Disasters, and Civil Defense, as amended. (hyperlink provided at [Title 29 Emergency Services, Disasters, And Civil Defense Parts Listing](#))
- 3.18. State of Illinois, Illinois Compiled Statutes, 775 ILCS 5, Illinois Human Rights Act, as amended. (hyperlink provided at [Illinois Human Rights Act](#))



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- 3.19. State of Illinois, Administrative Code, Title 71; Public Buildings, Facilities, and Real Property, as amended. (hyperlink provided at [Title 71: Public Buildings, Facilities and Real Property: Parts Listing](#))
- 3.20. State of Illinois, Chapter i: Capital Development Board, Sub-Chapter B, Accessibility Standards Part 400 Illinois Accessibility Code, Section 400.310. (hyperlink provided at [Part 400 Illinois Accessibility Code: Sections Listing](#))
- 3.21. United States Department of Education, Title 34 Education, Subtitle B, Regulations of the Offices of the Department of Education, Chapter I, Office for Civil Rights, Part 104, Nondiscrimination On the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance, as amended. (hyperlink provided at [34 C.F.R. Part 104](#))
- 3.22. United States Code of Federal Regulation, 28 C.F.R. 35, Title 28 Judicial Administration, Chapter I, Department Of Justice, Part 35, Nondiscrimination On The Basis Of Disability In State And Local Government Services (hyperlink provided at [28 C.F.R. Part 35](#))
- 3.23. United States Code of Federal Regulation, 42 U.S.C. 3601, Title VIII of the Civil Rights Act, (Fair Housing Act), as amended. (hyperlink provided at [Fair Housing Act](#))
- 3.24. United States Code of Federal Regulation, Title 44, Emergency Management and Assistance Chapter I, Federal Emergency Management Agency, Department Of Homeland Security, Subchapter A, General, Part 7, Non-discrimination in Federally Assisted Programs, as amended. (hyperlink provided at [Electronic Code of Federal Regulations Title 44 Emergency Management and Assistance](#))
- 3.25. United States Department of Health and Human Services, 20 U.S.C. 1405; 29 U.S.C. 794; 42 U.S.C. 290dd-2; 21 U.S.C. 1174, Part 84, Nondiscrimination On The Basis Of Handicap In Programs Or Activities Receiving Federal Financial Assistance, as amended. (hyperlink provided at [USDHHS - Nondiscrimination on the Basis of Handicap](#))
- 3.26. United States Department of Homeland Security, Homeland Security Presidential Directive-12, August 27, 2004. (hyperlink provided at [DHS | HSPD 12](#))
- 3.27. United States Department of Justice, 5 U.S.C. 301; 28 U.S.C. 509, 510; 42 U.S.C. 12134, Part 35 Nondiscrimination on the Basis of Disability in State and Local Government Services, as amended. (hyperlink provided at [Nondiscrimination on the Basis of Disability in State and Local Government Services](#))
- 3.28. United States Department of Justice, 5 U.S.C. 301; 28 U.S.C. 509, 510; 42 U.S.C. 12186(b), Part 36 Nondiscrimination on the Basis of Disability in Public Accommodations and Commercial Facilities, as amended. (hyperlink provided at [Nondiscrimination on the Basis of Disability in Public Accommodations and Commercial Facilities](#))



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- 3.29. United States Department of Justice, 5 U.S.C. 301; 28 U.S.C. 509, 510; 42 U.S.C. 12134, Part 35 Nondiscrimination on the Basis of Disability in State and Local Government Services, as amended. (hyperlink provided at [Nondiscrimination on the Basis of Disability in State and Local Government Services](#))
- 3.30. United States Department of Labor, Section 504, Rehabilitation Act of 1973, § 794, as amended. (hyperlinks provided at [US Department of Labor Section 504 Rehabilitation Act, 794](#) and [Titles I and V of the Americans with Disabilities Act of 1990](#))
- 3.31. American Red Cross, 36 USC §§300101-300111, re-codified 2007, Congressional Charter of the American National Red Cross. (hyperlink provided at [ARC Charter](#))

4. Terminology

- 4.1. All Concerned: ALLCON
- 4.2. Access Needs Population: *Refer to definition of Functional Needs Population under 4.33*
- 4.3. Americans with Disabilities Act (ADA): ADA is built upon the foundation laid by Section 504 of the Rehabilitation Act. It uses as its model Section 504's definition of disability and then goes further. While Section 504 applies only to entities receiving federal financial assistance, the ADA covers the State of Illinois and its local governments, including those that receive no federal financial assistance. The ADA also applies to private businesses that meet the ADA's definition of "public accommodation" (restaurants, hotels, movie theaters, and doctors' offices are just a few examples), commercial facilities (such as office buildings, factories, and warehouses), and many private employers. While the ADA has five separate titles, Title II is the section specifically applicable to "public entities" (state and local governments) and the programs, services, and activities they deliver. (USDOJ)
- 4.4. ADA Standards for Accessible Design (the ADA Standards): ADA Standards refer to the requirements necessary to make a building or other facility architecturally (physically) accessible to people with disabilities. The ADA Standards identify what features need to be accessible, set forth the number of those features that need to be made accessible, and then provide the specific measurements, dimensions and other technical information needed to make the feature accessible. (USDOJ)
- 4.5. Accessible: Having the legally required features and/or qualities that ensure easy entrance, participation, and usability of places, programs, services, and activities by individuals with a wide variety of disabilities. (NIMS 2008)
 - 4.5.1. A site, building, facility, structure, or portion thereof that complies with the 2010 ADA Standards for accessibility design the Illinois Accessibility Code and the ADA Accessibility Guidelines, of which the higher standard shall prevail. (*Reference Authorities for direct hyperlinks to laws, rules, and regulations*)



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- 4.6. Amateur Radio Emergency Services (ARES): The Amateur Radio Emergency Service® (ARES) consists of licensed amateurs who have voluntarily registered their qualifications and equipment, with their local ARES leadership, for communications duty in the public service when disaster strikes. (hyperlink provided at [ARES](#))
- 4.7. Assessment: The process of acquiring, collecting, processing, examining, analyzing, evaluating, monitoring, and interpreting the data, information, evidence, objects, measurements, images, sound, etc., whether tangible or intangible, to provide a basis for decision-making. (NIMS 2008)
- 4.8. Assistive or Adaptive Technology (AT): Technology used by individuals with disabilities to perform functions that might be otherwise difficult or impossible. At includes assistive, adaptive, and rehabilitative devices for peoples with disabilities, as well as the process used in selecting, locating, and utilizing them. AT includes; mobility devices, hardware, software, curb cuts, standing frame text telephones, accessible keyboards, large print, Braille, cochlear implants, and other aids. (IEMA 2012)
- 4.9. Authority Having Jurisdiction (AHJ): The Authority having Jurisdiction (AHJ) refers to various individuals that have responsibilities for disaster preparedness, response and recovery functions based on law, statute, and/or job responsibility. These individuals may include, but are not limited to, chief elected officials (mayor or village president); elected officials (chief elected officials, village trustees, city council members, county board); and key response officials (public works director, emergency management coordinator, police chief, fire chief, public health administrator or sheriff). (IEMA 2012)
- 4.10. Auxiliary Aids and Services: An array of devices /services to facilitate effective communication to individuals with disabilities related to sensory, manual, or speaking skills. Aids and services shall include qualified sign language interpreters, audio-description services, alternative format documents and forms in large print and Braille for individuals who are blind or visually disabled, videotext displays, Video Relay Interpretive services, telecommunications devices and TTY. (IEMA)
- 4.11. Command: The act of directing, ordering, or controlling by virtue of explicit statutory, regulatory, or delegated authority. (NIMS 2008)
- 4.12. Common Terminology: Normally used words and phrases—avoiding the use of different words/phrases for same concepts—to ensure consistency and to allow diverse incident management and support organizations to work together across a wide variety of incident management functions and hazard scenarios. (NIMS 2008).
- 4.13. Consumable Medical Supplies (CMS): Medical supplies (medications, diapers, bandages, etc.) that are ingested, injected, or applied and/or are one time use only. (FEMA FNSS 2010)
- 4.14. Core Capabilities: Distinct critical elements necessary to achieve the National Preparedness Goal. (FEMA 2011, National Preparedness Goal)



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- 4.15. Coordinate: To advance an analysis and exchange of information systematically among principals who have or may have a need to know certain information to carry out specific incident management responsibilities. (NIMS 2008)
- 4.16. Demobilization: The orderly, safe, and efficient return of an incident resource to its original location and status. (NIMS 2008)
- 4.17. Disability: The ADA defines disability as a mental or physical impairment that substantially limits one or more major life activities. ADA protection extends not only to individuals who currently have a disability, but to those with a record of a mental or physical impairment that substantially limits one or more major life activities, or who are perceived or regarded as having a mental or physical impairment that substantially limits one or more major life activities. (ADA 1990)
- 4.18. Diverse Population: Population bases used in planning for considerations that include, but are not limited to, aspects such as national origin, immigration status, religion and/or spiritual beliefs, cultural orientation, race, physical appearance, gender, sexual orientation, disability, education, age, ancestry, marital status, family status, socio-economic circumstance, profession, language, health status and geographic location (*Refer to definition of Functional Needs Population under 4.26*). (IEMA 2011)
- 4.19. Durable Medical Equipment (DME): Medical equipment (e.g., walkers, canes, wheelchairs, etc.) used by persons with a disability to maintain their usual level of independence. (FEMA FNSS 2010)
 - 4.19.1. For the purposes of this guide, DME is intended for long term or multiple uses.
- 4.20. Emergency Alert System (EAS): A national public warning system that requires TV and radio broadcasters, cable television systems, wireless cable systems, satellite digital audio radio service (SDARS) providers, direct broadcast satellite (DBS) service providers and wireline video service providers to offer to the President the communications capability to address the American public during a national emergency. The system also may be used by state and local authorities to deliver important emergency information such as AMBER (missing children) alerts and emergency weather information targeted to a specific area. (hyperlink provided at [Emergency Alert System \(EAS\) | FCC.gov](#))
- 4.21. Element Specific Support Function (ESSF): Used by the State of Illinois to organize and provide assistance for mission-specific functional and contingency planning. ESSFs align state, county, municipal, volunteer, non-governmental, and private sector representatives into supportive planning elements of the SIRC by leveraging significant authorities, roles, resources, or capabilities for achievement of a particular function. ESSFs utilize standardized joint planning processes to outline a course of action, prioritize resources to meet strategic priorities, and to facilitate a specific mission, including the dispatch, deployment, and recovery of resources before, during, and after an incident. (IEMA 2010)



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- 4.22. Emergency: Any incident, whether natural or manmade, that requires responsive action to protect life or property.
- 4.22.1. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency means any occasion or instance for which, in the determination of the President, federal assistance is needed to supplement state and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States. (NIMS 2008).
- 4.23. Emergency Management/Response Personnel: Includes federal, state, territorial, tribal, sub-state regional, and local governments, NGOs, private sector-organizations, critical infrastructure owners and operators, and all other organizations and individuals who assume an emergency management role. (Also known as emergency responder.) (NIMS 2008).
- 4.24. Emergency Operations Center (EOC): The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, medical services), by jurisdiction (e.g., federal, state, regional, tribal, city, county), or by some combination thereof. (NIMS 2008)
- 4.25. Emergency Operations Plan (EOP): The ongoing plan maintained by various jurisdictional levels for responding to a wide variety of potential hazards. It describes how people and property will be protected; details who is responsible for carrying out specific actions; identifies the personnel, equipment, facilities, supplies, and other resources available; and outlines how all actions will be coordinated. (CPG 101)
- 4.26. Emergency Public Information: Information that is disseminated primarily in anticipation of or during an emergency. In addition to providing situational information to the public, it frequently provides directive actions required to be taken by the general public. (NIMS 2008)
- 4.27. Emergency Responder: Emergency response providers include federal, state, and local government, fire, law enforcement, emergency medical and related personnel, agencies, and authorities. (Homeland Security Act of 2002)
- 4.28. Emergency Response: The performance of actions to mitigate the consequences of an emergency for human health and safety, quality of life, the environment and property. It may also provide a basis for the resumption of normal social and economic activity. (International Atomic Energy Agency 2006)
- 4.29. Emergency Support Function (ESF): Used by the Federal Government and many state governments as the primary mechanism at the operational level to organize and provide assistance. Emergency Support Functions align categories of



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resources and provide strategic objectives for their use. Emergency Support Functions use standardized resource management concepts such as typing, inventorying and tracking to facilitate the dispatch, deployment, and recovery of resources before, during and after the incident. (CPG-101 and National Response Framework)

- 4.30. End State: In the context of this standard is the cessation of response operations and demobilization of personnel and resources assigned to an area of operations. (IEMA 2010)
- 4.31. Essential Support Services (ESS): The services provided to evacuees at a Regional Hub Reception Center (RHRC). Specific services will depend on the incident type, magnitude, availability of resources, capabilities and capacities of each site, demographics of impacted population, etc. At the minimum, services should include: intake & registration; first aid/medical screening; decontamination; mental health care; food/water; personal hygiene needs; communications (phone); family reunification; service/companion animal care; vehicle fuel; temporary shelter until placement; and transportation to designated shelter facilities. (IEMA 2010)
- 4.32. Evacuation: The organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas. (NIMS 2008)
- 4.33. Evacuation Assembly Point (EAP): Rally or staging points where evacuees can gather for transportation from an affected area. EAP's should be pre-identified by local jurisdictions and strategically located to maximize (1) accessibility to evacuees, (2) accessibility to various modes of transportation used for evacuation, (3) size and infrastructure support available, (4) force security and protection considerations, and (4) sustainability. (IEMA 2012 – RCPGP Mass Care Functional Annex; Regional Hub Reception Center Planning Guide)
- 4.34. Functional Needs Populations (Access and Functional Needs): Persons who may have additional needs before, during and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; live in institutionalized settings; are seniors; are children; are from diverse cultures; have limited English proficiency or are non-English speaking; or are transportation disadvantaged.
- 4.35. Functional Needs Support Services (FNSS): Services that enable children and adults to maintain their usual level of independence in a general population shelter. FNSS includes reasonable modifications to policies, practices, and procedures, durable medical equipment (DME), consumable medical supplies, personal assistance services (PAS), and other goods and services as needed. Children and adults requiring FNSS may have physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Others who may benefit from FNSS include women in late stages of pregnancy, elders, and those needing bariatric equipment. (FEMA 2010)



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- 4.36. Hazard: Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome. (NIMS 2008)
- 4.37. Incident: An occurrence, natural or manmade, that requires a response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wildland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response. (NIMS 2008)
- 4.38. Incident Action Plan: An oral or written plan containing general objectives reflecting the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods. (NIMS 2008)
- 4.39. Incident Command: The Incident Command System organizational element responsible for overall management of the incident and consisting of the Incident Commander (either single or unified command structure) and any assigned supporting staff. (NIMS 2008)
- 4.40. Incident Commander (IC): The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site. (NIMS 2008)
- 4.41. Jurisdiction: A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., federal, state, tribal, local boundary lines) or functional (e.g., law enforcement, public health). (NIMS 2008)
- 4.42. Mass Care: The provision of temporary shelter, food, emergency first aid, disaster welfare inquiries, and the bulk distribution of relief supplies to those affected by an incident. (ARC 2010)
- 4.43. Mobile Alert Routing (MAR): Utilization of mobile (hand held or vehicle mounted) voice amplification devices for dissemination of information, warnings, and alerts to the public. (IEMA 2013)
- 4.44. Mobile Support Team: A group of individuals designated as a team by the Governor or Director to train prior to and to be dispatched, if the Governor or the Director so determines, to aid and reinforce the State and political subdivision emergency management efforts in response to a disaster. (20 ILCS 3305)
- 4.45. Multi-Agency Coordination System (MACS): Multiagency coordination systems provide the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration and information



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coordination. The elements of multiagency coordination systems include facilities, equipment, personnel, procedures and communications. Two of the most commonly used elements are emergency operations centers and MAC Groups. These systems assist agencies and organizations responding to an incident. (National Response Framework - FEMA)

- 4.46. Non-Governmental Organization (NGO): An entity with an association that is based on interests of its members, individuals, or institutions. It is not created by a government, but it may work cooperatively with government. Such organizations serve a public purpose, not a private benefit. Examples of NGOs include faith-based charity organizations and the American Red Cross. NGOs, including voluntary and faith-based groups, provide relief services to sustain life, reduce physical and emotional distress, and promote the recovery of disaster victims. Often these groups provide specialized services that help individuals with disabilities. NGOs and voluntary organizations play a major role in assisting emergency managers before, during, and after an emergency. (NIMS 2008)
- 4.47. Operational: of, engaged in, or connected with execution of an approved mission or assignment in response or recovery. <the operational gap between planning and tactical application. (IEMA)
- 4.48. Personal Assistance Services (PAS): Services that assist children and adults with activities of daily living (e.g., bathing, toileting, eating, etc.). (FEMA 2010)
- 4.49. Personal Protective Equipment (PPE): The equipment provided to shield or isolate a person from hazards Thermal, Radiological, Asphyxiation, Chemical, Etiological, and Mechanical (TRACEM) that can be encountered at hazardous materials/WMD incidents. (NFPA 2008)
- 4.50. Points of Dispensing (POD): Designated dispensing locations for persons who are currently healthy but may have been "exposed" and need prophylactic medication (i.e. vaccine, antibiotics). (Metropolitan Government of Nashville).
- 4.51. Private Sector: Organizations and individuals that are not part of any governmental structure. The private sector includes for-profit and not-for-profit organizations, formal and informal structures, commerce, and industry. (NIMS 2008)
- 4.52. Professional Services: Professions, Trades and Occupations. Individuals who are licensed and/or certified in specific fields or disciplines, such as doctors, nurses, EMT's, electricians, etc.
- 4.53. Protocol: A set of established guidelines for actions (which may be designated by individuals, teams, functions, or capabilities) under various specified conditions. (NIMS 2008)
- 4.54. Radio Amateur Civil Emergency Service (RACES): Public service provided by a reserve (volunteer) communications group within government agencies in times of extraordinary need. During periods of RACES activation, certified unpaid personnel are called upon to perform many tasks for the government agencies they serve. (hyperlink provided at [RACES \(Radio Amateur Civil Emergency Service\)](#))



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- 4.55. Recovery: The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post-incident reporting; and development of initiatives to mitigate the effects of future incidents. (NIMS 2008)
- 4.55.1. National Disaster Recovery Framework (NDRF)
- 4.55.1.1. Recovery - Those capabilities necessary to assist communities affected by an incident to recover effectively, including, but not limited to, rebuilding infrastructure systems; providing adequate interim and long-term housing for survivors; restoring health, social, and community services; promoting economic development; and restoring natural and cultural resources. (FEMA 2010) (hyperlink provided at [FEMA: National Disaster Recovery Framework](#))
- 4.55.2. State of Illinois Disaster Recovery Plan
- 4.55.2.1. Short-Term Recovery – Those actions, taken by responders, to address and provide for the essential and immediate needs of both the communities and citizens in Illinois in the aftermath of a disaster. (IEMA 2010) (hyperlink provided at [State of Illinois Recovery Plan](#))
- 4.56. Regional Hub Reception Center (RHRC): A facility having the resources and logistical capabilities to facilitate intake and processing of evacuees who require immediate assistance and/or shelter. RHRCs receive evacuees from disaster areas to intake, register, and process; provide immediate medical assessment and care; and family reunification. RHRCs assist evacuees and make assignments to appropriate shelters, care facilities, or final destinations. (RCPGP -- Regional Catastrophic Incident Coordination Plan, Mass Care Functional Annex; Regional Hub Reception Center Planning Guide) (hyperlink provided at [Welcome to IEMA - Local Preparedness Resources](#))
- 4.57. Resource Management: A system for identifying available resources at all jurisdictional levels to enable timely, efficient, and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under the National Incident Management System includes mutual aid agreements and assistance agreements; the use of special federal, state, tribal, and local teams; and resource mobilization protocols. (NIMS 2008)
- 4.58. Resource Tracking: A standardized, integrated process conducted before, during, and after an incident by all emergency management/response personnel and their associated organizations. (NIMS 2008)



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- 4.59. Resources: Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an emergency operations center. (NIMS 2008)
- 4.60. Response: Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes.
- 4.61. Risk Assessment: For the purposes of this document, the process of identifying all hazards (natural, technological, or human-induced) having an impact on population services during a disaster and the risks associated with them, including threats to life safety, health, and property. The assessment includes a description of the type, location, and extent of the hazards; and the jurisdiction's vulnerability to the hazards. (IEMA 2011)
- 4.62. Shelter: Facilities designated for providing safe and secure temporary housing based on an evacuee's needs. Shelters may vary in size and capacity. Based on the type, scope, and severity of an incident, multiple shelters may be operational. Shelter types include but are not limited to AHJ or, American Red Cross (ARC) managed, supported, partnered, or independent. (IEMA 2010).
- 4.63. Supportive Action: An action or functional element of a larger course of action that aids, compliments, or sustains the overarching mission. Supportive actions may be either specified or implied and are incorporated directly into strategic, operational, and tactical plans. (IEMA 2011).
- 4.64. Target Capabilities List (TCL): The capabilities required to perform a specific set of tasks, as defined by FEMA. The TCL is broken into thirty-seven critical capabilities to address Common Target, Prevent, Protect, Respond, and Recover Mission Areas. *(Replaced by National Preparedness Goal – Core Capabilities)*
- 4.65. Technical Specialist: A person with special skills that can be used anywhere within the Incident Command System organization. No minimum qualifications are prescribed, as technical specialists normally perform the same duties during an incident that they perform in their everyday jobs, and they are typically certified in their fields or professions. (NIMS 2008)
- 4.66. Unified Area Command (UAC): Version of command established when incidents under an Area Command are multi-jurisdictional. (NIMS 2008)
- 4.67. Unified Command (UC): An Incident Command System application used when more than one agency has incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the UC, often the senior persons from agencies and/or disciplines participating in the UC, to



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establish a common set of objectives and strategies and a single Incident Action Plan. (NIMS 2008)

- 4.68. Volunteer: Any individual not normally employed or contracted by the AHJ, and accepted to perform services.
 - 4.68.1. For purposes of the National Incident Management System, any individual accepted to perform services by the lead agency (which has authority to accept volunteer services) when the individual performs services without promise, expectation, or receipt of compensation for services performed. See *16 U.S.C. 742f(c) and 29 CFR 553.101*. (hyperlink provided for FEMA, *Developing and Managing Volunteers* at [FEMA IS244A](#))

5. Summary of Practice

- 5.1. It is essential for response agency personnel to plan, train, equip, respond, and recover using standardized criteria to promote safe, coordinated, and efficient operations directed at life safety, protection of critical infrastructure, and protection of the environment. To address these goals, it is important to enhance the ability, knowledge, skill, and understanding of personnel, agencies, organizations, and jurisdictions assigned primary and supportive actions related to population related disaster services and ensure no individual is excluded from participating in, or denied the benefits of, the programs, services, and activities provided by state and local governments.
- 5.2. This guide should be incorporated as a reference in EOCs, EOPs, and MACS to assist in policy formulation and development of strategic objectives consistent with objectives and needs of the IC. For incidents involving population related disaster services, EOCs and/or MACS should be operating at least at the local level. It is imperative that representatives at EOCs and/or MACS be aware of and understands this guide and operates in concert with emergency response and recovery partners at all levels of government.
- 5.3. This standard guide does not replace planning standards and/or requirements for those jurisdictions that may be required to have hazard-specific plans and/or annexes for response and recovery actions for incidents such as those imposed by the Radiological Emergency Preparedness (REP) Program.

6. Significance and Use

- 6.1. Use of this guide is recommended for all levels of policy, strategic, operational, and tactical response and recovery structures. All levels of response and recovery organizations/agencies, and their prospective personnel, should assist in achieving compliance with local, state, and federal requirements and guidelines.
- 6.2. Policies and procedures documented in this guide should be used within the context of the larger event that caused the need for population related disaster services.



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- 6.3. Documents developed from this guide shall be referenced and revised as necessary and reviewed on a two-year cycle (minimum requirement). Reviews shall consider new and updated requirements, information, technologies, and equipment that may impact the provision of population related disaster services.

7. Planning for population related disaster services

- 7.1. Plans and procedures of agencies and/or organizations having a role in providing population related disaster services must be consistent with the National Incident Management System (NIMS).
- 7.2. All State and local government agencies and/or organizations having a role in population related disaster services are responsible for meeting local, state, and federal requirements.
- 7.3. For the purposes of plan development, initial response and recovery efforts are the responsibility of local governments. Upon request, State government may provide and/or augment emergency services exceeding those capabilities deployed by a local jurisdiction (*see Annex A1*).¹
- 7.4. State of Illinois agencies having a role in response and recovery will develop and maintain policies and procedures as set forth in this guide.

8. Prerequisites for population related disaster services

- 8.1. AHJs responsible for population related disaster services should incorporate a wide variety of stakeholders in the development of plans and should implement standardized policies and procedures for all segments of an affected population. At a minimum, AHJs should include the following in planning efforts.
 - 8.1.1. Assisted Living and Long-Term Care Facilities
 - 8.1.2. Centers for Independent Living
 - 8.1.3. Child-Care Professionals/Providers
 - 8.1.4. Children & Family Service Agencies
 - 8.1.5. Early Intervention Providers
 - 8.1.6. Elected Officials
 - 8.1.7. Emergency Medical Service Agencies
 - 8.1.8. Fire Departments
 - 8.1.9. Highway and Public Works Departments
 - 8.1.10. Hospitals
 - 8.1.11. Law Enforcement Agencies
 - 8.1.12. Local Emergency Management Agencies

¹ State of Illinois resource request process



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- 8.1.13. Local Health Departments
 - 8.1.14. Local Social Service Agencies and Advocacy Groups
 - 8.1.15. Mental Health Professionals
 - 8.1.16. Private Sector/Industry Representatives
 - 8.1.17. School Officials
 - 8.1.18. Shelter Facility Owners, Operators, and Managers
 - 8.1.19. Specialized Care Professionals/Providers
 - 8.1.20. State Agencies
 - 8.1.21. Transportation Providers
 - 8.1.22. Veterinarians
 - 8.1.23. Volunteer Organizations
- 8.2. AHJs shall determine specific requirements and planning elements necessary to implement population-related disaster services for response and recovery plans. Any revisions should be in accordance with Section 6.3.
- 8.3. Mandatory elements of an Emergency Operations Plan (EOP) that addresses population related disaster services during a disaster shall include, at a minimum, the elements identified in Section 8.4 through Section 14 of this guide. (see Annex AXXXX):
- 8.4. The AHJ will develop and maintain an organizational matrix listing identified organizations/agencies and their specific responsibilities in carrying out the below functions. (see *Appendix X-XXX*. Additionally, a hyperlink is provided as an example at [Fatality Management Task Responsibility Matrix](#))
- 8.4.1. *Population Identification and Assessment*
 - 8.4.1.1. AHJs shall determine potential demographic considerations and requirements necessary to develop plans and procedures necessary for population related disaster services. Demographic elements to be considered, or those that have a significant effect on it, shall be revised as necessary in accordance with section 6.3.
 - 8.4.1.2. Sources of information regarding demographic data for jurisdictions required to conduct population related disaster services planning include, but are not limited to:
 - 8.4.1.2.1. Centers for Disease Control and Prevention (CDC) *Snap Shots of States Population Data (SNAPS), Version 1.5*. (Hyperlink provided at [CDC SNAPS](#)).



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- 8.4.1.2.2. United States Census Bureau, *State and County Quick Facts*. (Hyperlink provided at [US Census Bureau State and County Quick Facts](#)).
- 8.4.1.2.3. Administration on Aging, *Aging Statistics* (hyperlink provided at [Aging Statistics Census Data on Aging](#)).
- 8.4.1.2.4. State of Illinois, Department of Commerce and Economic Opportunity, (hyperlink provided at [IL DCEO Illinois Census Data](#)).
- 8.4.2. *Warning, Emergency Information, and Notification*
 - 8.4.2.1. Identification of the methods used for providing warning, emergency information, and notification to the entire impacted population, including those with functional needs.
 - 8.4.2.1.1. AHJs should consider and incorporate multiple, various mechanisms for warning and notifying citizens. Notification and warning mechanisms should be based on the diversity of potential or recognized populations within the area of concern. Mechanisms that should be considered and incorporated include, but are not limited to:
 - 8.4.2.1.1.1. ARES/RACES messaging
 - 8.4.2.1.1.2. Blast texting / e-mails
 - 8.4.2.1.1.3. Cable override messaging
 - 8.4.2.1.1.4. CERT (Community Emergency Response Team) activation / deployment
 - 8.4.2.1.1.5. Citizens Corp
 - 8.4.2.1.1.6. Computerized Alert Dialing
 - 8.4.2.1.1.7. Direct telephone calls
 - 8.4.2.1.1.8. Emergency Alert System (EAS) messaging
 - 8.4.2.1.1.9. Humanitarian Aid / Well-Being Checks
 - 8.4.2.1.1.10. Interpreters
 - 8.4.2.1.1.11. Message Boards



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- 8.4.2.1.1.12. Mobile Alert Routing
- 8.4.2.1.1.13. MRC (Medical Reserve Corp) activation / deployment
- 8.4.2.1.1.14. Neighborhood, faith-based, and community organizations
- 8.4.2.1.1.15. Sign Language interpreters
- 8.4.2.1.1.16. SIREN (State of Illinois Rapid Electronic Notification)
- 8.4.2.1.1.17. Translators
- 8.4.2.1.1.18. Video Phone Service/Video Relay Service (VPS/VRS) and Teletypewriter (TTY)
- 8.4.2.1.1.19. Web-based alerts
- 8.4.2.2. Identification of locations of outdoor warning/emergency information devices and the definition of the geographical areas covered;
- 8.4.2.3. Identification of departments and/or organizations responsible for developing warning/emergency information;
- 8.4.2.4. Identification of departments and/or organizations responsible for activating, deploying, or implementing warning/emergency information processes and actions;
- 8.4.2.5. Identification of the general, functional needs, and other diverse populations expected during emergencies and disasters.
- 8.4.2.6. Identification of departments and/or organizations possessing specialized skills necessary for providing warning/emergency notification to functional needs and other diverse populations.
- 8.4.3. *Notification Details*
 - 8.4.3.1. The AHJ will develop and maintain policy and procedures for notification of staff and response organizations having responsibility for providing population related disaster services (primary or supportive). (A hyperlink is provided at [IEMA - Local Preparedness - Earthquake Annex Template](#) for examples of both annex and ESF planning templates to assist in development)
 - 8.4.3.2. Policy and procedures for notification shall be incorporated as a reference in EOCs, MACS, EOP documents and each organization's response plans as appropriate.



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8.4.4. *Public Information and Education*

- 8.4.4.1. Identification of departments and/or organizations responsible for coordinating and managing public information messages and distribution/dissemination;
- 8.4.4.2. Identification of departments and/or organizations responsible for the development of public information messaging for the entire population, including those with functional needs (*see Appendix X-XXX*);
- 8.4.4.3. Identification of departments and/or organizations responsible for the verification and dissemination of public information messaging for the entire population, including those with functional needs;
- 8.4.4.4. Identification of departments and/or organizations responsible for Mobile Alert Routing (MAR);
- 8.4.4.5. Identification of departments and/or organizations responsible for the implementation of rumor control and “hotline” capabilities for public information messaging for the entire population, including those with functional needs.
- 8.4.4.6. Refer to Section 8.4.2 for suggested public information dissemination methods for population-related disaster messaging.

8.4.5. *Evacuation Transportation*

- 8.4.5.1. Identification of departments and/or organizations responsible for coordinating and managing evacuee transportation, taking into consideration surface, rail, aviation and maritime modes of transport;
- 8.4.5.2. Identification of departments and/or organizations responsible for activation or deployment of ambulatory, non-ambulatory, and accessible vehicles for people with disabilities;
- 8.4.5.3. Identification of departments and/or organizations responsible for determining evacuation routes, taking into consideration surface, rail, aviation and maritime modes of transport;
- 8.4.5.4. Identification of departments and/or organizations responsible for securing evacuation routes, taking into consideration surface, rail, aviation and maritime modes of transport;
- 8.4.5.5. Identification of departments and/or organizations responsible for maintaining evacuation routes, taking into consideration surface, rail, aviation and maritime modes of transport;



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- 8.4.5.6. Identification of departments and/or organizations responsible for determining locations of Evacuation Assembly Points (EAP) taking into consideration surface, rail, aviation and maritime modes of transport;
- 8.4.5.7. Identification of departments and/or organizations responsible for distributing information on activated EAPs;
- 8.4.5.8. Identification of departments and/or organizations responsible for providing safety, security and coordination of EAPs;
- 8.4.5.9. Identification of departments and/or organizations responsible for operating EAPs when activated;
 - 8.4.5.9.1. For the purposes of this guide, EAPs are assumed to be operating on a 24/7 schedule until the affected population has been removed from the impacted area.
- 8.4.5.10. Identification of departments and/or organizations responsible for sustainment of evacuation and transportation resources.
- 8.4.5.11. Identification of departments and/or organizations responsible for the development of MOU/MOAs for evacuation and transportation resources for all segments of the impacted population, including those with functional needs.
- 8.4.6. *Mass Care Services*
 - 8.4.6.1. Identification of departments and/or organizations responsible for opening mass care facilities/shelters;
 - 8.4.6.2. Identification of departments and/or organizations responsible for coordinating and managing mass care facilities/shelters;
 - 8.4.6.3. Identification of departments and/or organizations responsible for operations at mass care facilities/shelters, to include provision of Essential Support Services (ESS) and Functional Needs Support Services (FNSS)²;
 - 8.4.6.4. Identification of departments and/or organizations responsible for feeding operations at mass care facilities/shelters, to include fixed, mobile and bulk distribution sites;
 - 8.4.6.5. Identification of departments and/or organizations responsible for health and medical care to include the securing, dispensing, and management of medications;

² FEMA – Guidance on Planning For Integration of Functional Needs Support Shelters In General Population Shelters



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- 8.4.6.6. Identification of departments and/or organizations responsible for providing translators and interpreters and staff experienced in communicating with those with functional needs and other diverse populations;
- 8.4.6.7. Identification of departments and/or organizations responsible for specialized mobility assistance personnel, equipment and resources;
- 8.4.6.8. Identification of departments and/or organizations responsible for veterinary care, treatment, and housing of companion and/or service animals;
- 8.4.6.9. Identification of departments and/or organizations responsible for establishing and maintaining public information, messaging and education for the entire population, including those with functional needs and other diverse populations while at mass care facilities/shelters;
- 8.4.6.10. Identification of departments and/or organizations responsible for providing individual and family support services;
- 8.4.6.11. Identification of departments and/or organizations responsible for protective services and security at mass care facilities/shelters; and
- 8.4.6.12. Identification of departments and/or organizations responsible for establishing and maintaining interoperable communications internally with mass care facility staff and clients, and externally with appropriate AHJs and Incident Command personnel.

8.4.7. *Health and Medical Services*

- 8.4.7.1. Identification of departments and/or organizations responsible for coordinating and managing health and medical services;
- 8.4.7.2. Identification of departments and/or organizations responsible for providing health and medical care to include the securing, dispensing, and management of medications;
- 8.4.7.3. Identification of departments and/or organizations responsible for security in areas used to store and distribute specialized medical courses of treatment, dispensing devices, and controlled substances;
- 8.4.7.4. Identification of departments and/or organizations responsible for providing and directing assistive or adaptive technology (AT) personnel, equipment, and resources;
- 8.4.7.5. Identification of departments and/or organizations responsible for providing individual and family support services;



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- 8.4.7.6. Identification of departments and/or organizations responsible for providing services to the elderly;
- 8.4.7.7. Identification of departments and/or organizations responsible for providing emotional first aid and physiological services for the entire population, including those with functional needs;
- 8.4.7.8. Identification of departments and/or organizations responsible for inspecting and overseeing fixed, mobile and bulk distribution site operations; and
- 8.4.7.9. Identification of departments and/or organizations responsible for inspecting and overseeing sanitary and personal hygiene conditions.

9. Resource Management and Logistics

- 9.1. The AHJ shall conduct a personnel, equipment, commodities and facilities needs assessment to determine current capabilities and capacities, and to identify requirements for establishing mutual aid agreements, regional cooperatives, and/or other mechanisms to overcome identified shortfalls.
 - 9.1.1. AHJs should use the preparedness considerations and information presented in this document when determining Functional Needs Support Services (FNSS) requirements to implement and sustain population related disaster services.
 - 9.1.2. For the purposes of resource planning and preparedness, a listing of potential shelter work assignments and definitions are provided in the Shelter Work Assignments – Roles and Responsibilities List (*see Appendix X3*).³
 - 9.1.3. For the purposes of resource planning and preparedness, a listing of potential RHRC work assignments and definitions are provided in the RHRC Assignments – Roles and Responsibilities List (*see Appendix X3*).⁴
 - 9.1.4. Personal Protective Equipment (PPE) for responders should be viewed in the context of all functional needs areas and disciplines listed in this document, and will be determined by the type and scope of the incident, hazard association, and functional area(s) in which personnel are assigned.
- 9.2. In addition, AHJs should utilize Section 13 for the purposes of identifying facilities suitable for population related services during disaster and methods of temporarily providing accessibility.

³ ARC Shelter Work Assignments – Roles and Responsibilities Listing

⁴ RHRC Work Assignments – Roles and Responsibilities Listing



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- 9.2.1. To affect timely and efficient population related disaster services, AHJs should develop a resource matrix based on the needs assessment detailing resource requirements (*see Appendix X4 and Appendix X5*).⁵
 - 9.2.1.1. AHJs should consider requirements for mutual aid agreements, regional cooperatives and/or other mechanisms to overcome identified gaps and shortfalls.
 - 9.2.1.2. Specialized equipment, commodities, and material necessary for evacuated functional needs populations will be incorporated into an AHJ's overall needs assessment and identified process used to overcome identified shortfalls.

10. Training

- 10.1. Where applicable, personnel assigned duties and responsibilities for population related disaster services will comply with federal and state laws, rules, regulations, and certifications required for specific tasks or professions.
 - 10.1.1. Response personnel assigned duties for population related disaster services will have the level of training necessary to safely perform duties and responsibilities in accordance with procedure;
 - 10.1.2. Where applicable and necessary, response personnel may receive Just-In-Time-Training.
- 10.2. Training shall include proper use of equipment based on accepted guidelines developed and/or approved by the AHJ and/or other recognized authority;
- 10.3. The minimum level of training for responders shall be based on the most current version of:
 - 10.3.1. *NIMS Incident Command System (ICS)* (hyperlink provided at [FEMA NIMS](#));
 - 10.3.2. Occupational Safety and Health Administration (OSHA) 29CFR120(q) General Duty Clause (hyperlink provided at [OSHA 1910.120q](#));
 - 10.3.3. Any federal, state, county, or local regulatory requirements that apply; and/or;
 - 10.3.4. Position specific training to carry out work assignments in accordance with
 - 10.3.4.1. Federal, state, county, or local requirements; and/or
 - 10.3.4.2. Policies and procedures established by recognized and approved volunteer organizations.

⁵ *State of Illinois Resource Matrix and Mass Care Typing*



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11. Safety

- 11.1. Safety considerations by the AHJ are paramount to success of population related services during disasters. The following safety issues will be considered in planning activities:
 - 11.1.1. AHJ's shall ensure appropriate equipment and supplies are available, assembled, and maintained for work assignments.
 - 11.1.2. Personal Protective Equipment (PPE) should be viewed in the context of all functional needs areas and disciplines listed in this document, and will be determined by the type and scope of the incident, hazard association, and functional area(s) in which personnel are assigned.
 - 11.1.3. AHJ's shall monitor strategic and operational command activities to ensure a common operating picture (COP) and timely situational awareness/disaster intelligence exists.
 - 11.1.3.1. AHJ's shall ensure that timely COP information is provided to all agencies/organizations involved with incident response and recovery;
 - 11.1.4. AHJ's shall analyze and identify health and safety resource requirements necessary for sustained operations.
 - 11.1.5. AHJ's shall determine the feasibility of sustained operations;
 - 11.1.6. AHJ's shall contribute to the development of the Incident Action plan (IAP) as it relates to overall safety issues;
 - 11.1.7. AHJ's shall determine the need for specialized resources to provide safe, coordinated, and efficient operations for the entire population including those with functional needs;
 - 11.1.8. AHJ's shall determine the need to provide secure and suitable storage for medications and potential medical counter measures.

12. Risk Analysis

- 12.1. AHJs overseeing and operating mass care operations are responsible for conducting a facility risk analysis at all locations and facilities considered for population related disaster services. At a minimum facility owners and maintenance personnel, fire, law enforcement, highway or public works, local health department representatives, and volunteer organizations should participate in the assessment.
- 12.2. AHJs will incorporate vendor and contracted service considerations into the assessment processes to mitigate any possible interruption in delivery of services.



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- 12.3. AHJs will determine specific requirements and planning elements necessary for approval of a facility for use in population related disaster services to include general and functional needs populations. Determinations will include and incorporate the following:
- 12.3.1. Location of the facility, taking into consideration:
 - 12.3.1.1. Proximity of the facility to potential hazards (i.e.: chemical, industrial, etc).
 - 12.3.1.2. Location of the facility to potential area(s) of evacuation;
 - 12.3.1.3. Location of the facility to primary transportation routes taking into consideration surface, rail, aviation and maritime modes of transport, allowing for accessibility and egress;
 - 12.3.1.4. Location of the facility to medical service providers;
 - 12.3.1.4.1. Hospitals – Points of Dispensing (POD);
 - 12.3.1.4.2. Hospitals – (non-trauma);
 - 12.3.1.4.3. Specialized medical service providers;
 - 12.3.1.5. Location of the facility to critical social service providers; and
 - 12.3.1.6. Capacity of the facility to provide population related disaster services as designated.
 - 12.4. In addition AHJs will determine specific requirements necessary for the health, welfare, safety, and accessibility for populations affected by a disaster. Determinations may include and/or incorporate the following
 - 12.4.1. American Red Cross, Shelter Facility Survey, revised August 2011. (*see Appendix 5*)⁶
 - 12.4.2. U.S. Department of Justice, American with Disabilities Act, ADA Checklist for Emergency Shelters, as amended. (hyperlink provided at [ADA Checklist for Emergency Shelters](#))⁷
 - 12.5. For instances where a facility does not meet the criteria specified in Section 12, AHJs should incorporate a wide-variety of alternative means for establishing facility services and capabilities necessary for the health, welfare, safety, and accessibility for evacuees. At a minimum, AHJs should incorporate alternative means through the use of any of the following.
 - 12.5.1. Temporary parking for people with disabilities affected by a disaster;
 - 12.5.2. Temporary construction/installation of ramps, walkways, and/or specified access points for people with disabilities affected by a disaster; (hyperlink provided at [IOWA DPH - Shelters Accessibility pdf.](#))

⁶ ARC Shelter Facility Survey

⁷ ADA Checklist for Emergency Shelters



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- 12.5.3. Temporary and/or alternative protective barriers to prevent injury, access, and/or life safety situations;
- 12.5.4. Temporary and/or alternative facilities/structures for processing and registering populations affected by a disaster;
- 12.5.5. Temporary facilities/structures for waste management and hygiene requirements of populations affected by a disaster;
- 12.5.6. Temporary means to secure, appropriately store, and dispense, medications;
- 12.5.7. Temporary means to establish, secure, and enforce traffic and access around facilities used to house and/or temporarily shelter populations affected by a disaster;
- 12.5.8. Temporary means to protect populations affected by a disaster from harm or life safety concerns; and
- 12.5.9. Temporary means to provide populations affected by a disaster with potable water and food stuffs necessary for life essential sustainment to include infants, children, adults, and populations affected by a disaster with specialized diets required for health related issues.

13. Facility Identification

- 13.1. AHJ's should develop and maintain documentation for facilities that could be utilized to carry out population related disaster services. At a minimum such documentation should include the following:
 - 13.1.1. List or matrix of identified facilities;
 - 13.1.1.1. Evacuation Assembly Points (EAP);
 - 13.1.1.2. Fixed feeding sites;
 - 13.1.1.3. Points of Distribution [POD];
 - 13.1.1.4. Regional Hub Reception Centers [RHRC];
 - 13.1.1.5. Registration and relocation sites;
 - 13.1.1.6. Shelters;
 - 13.1.1.7. Other facilities as identified for population related disaster services.
 - 13.1.2. Facility agreements for each approved location;
 - 13.1.3. Facility profile detailing capacity, capabilities, and limitations for each AHJ approved location (*see Appendix X1*);⁸
 - 13.1.4. Intake and registration, client processing, essential support services, and facility flow maps;
 - 13.1.5. Internal and external security requirements and diagrams;

⁸ State of Illinois, Illinois Plan for Radiological Accidents, Shelter Profile



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- 13.1.6. Transportation routing maps (on-site) for the arrival and/or departure, and processing of evacuees, receipt, intake, and distribution of commodities, staff, equipment; and
- 13.1.7. Identification of points of contact for each approved facility/location to include name, contact numbers 24/7, and alternate points of contact during emergencies.

14. Protective Services and Security

- 14.1. AHJs will provide protective services and security throughout operations at facilities utilized to perform population related disaster services. The minimum requirements for security and monitoring will include, but are not limited to the following:
 - 14.1.1. Traffic and access control points used in the arrival, receipt, and/or loading/unloading of vehicles used for transport of populations affected by a disaster, and commodities or materials;
 - 14.1.2. Entry and exit points specific to the facility and interior spaces where populations affected by a disaster are placed, and where commodities or materiel are stored;
 - 14.1.3. Areas used to store and distribute durable medical equipment, consumable medical supplies, pharmaceuticals, emergency medical courses of treatment, dispensing devices, and controlled substances;
 - 14.1.4. Areas used for emergency medical treatment and/or field hospitals;
 - 14.1.5. Areas used for and/or inhabited by vulnerable populations (such as minors; elderly, people with functional needs, etc.);
 - 14.1.6. Areas used for sleeping and/or rest;
 - 14.1.7. Areas used for the temporary storage of personal items of populations affected by a disaster;
 - 14.1.8. Areas used for the rest and recuperation, housing, and/or storage of personal items of emergency response staff associated with the facility; and
 - 14.1.9. Other areas determined by law enforcement requiring security and monitoring.
- 14.2. AHJs will identify and provide law enforcement personnel and appropriate capabilities necessary to identify, monitor, house, and/or relocate individuals pursuant to applicable state and federal law.
- 14.3. AHJs will arrange access to and/or provide law enforcement, subject matter experts, and personnel with specialized training necessary for child protective services, to include unaccompanied minors.



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Training Resources

American Red Cross, Washington, D.C. - [ARC - Take A Class](#)

Centers For Disease Control and Prevention (CDC), Atlanta, GA - [CDC | Training | Emergency Preparedness & Response](#)

Federal Emergency Management Agency, Emergency Management Institute, Independent Study Program - [Emergency Management Institute - FEMA Independent Study Program](#)

University of Kansas, Life Span Institute - [University of Kansas Life Span Institute](#)

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