

Creating a National Public Protection Policy

Putting the Puzzle Pieces Together - A Framework for Planning

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We must create a sense of urgency: The systemic gaps in our nation's emergency services system seem to become obvious and glaring only following a catastrophe. Soon after the disaster, the gaps slink back into oblivion.

A National Public Protection Policy would seek to do the greatest good for our entire population and guests. The policy would address ways to take special care of those vulnerable individuals who are unable to fully benefit from the *mass care* emergency response models we have in place. We've known our current health-care systems are ill-prepared to address this *growing* population impacted by large-scale events. By bringing focus to the unique disaster needs of the most vulnerable, the policy will also allow us to protect our fragile health-care systems, avoid the high financial losses from failing to serve this critical need, and allow us to build and plan for the safety and prosperity of our nation.

We must include all sectors in our activities: One of the biggest obstacles to identifying solutions to our national emergency services needs is the diversity and complexity of the issues. It seems that each of us holds a piece of this integrated and multifaceted emergency services puzzle. As new threats emerge and as old threats move closer to being realized, we must ensure that everyone responsible for protecting the well-being of the public is part of an *inclusive, shared system* designed to minimize loss, leverage our assets, respond to needs, and be poised to recover from any incident as quickly as possible.

Intentionally creating our nation to be the most resilient and prepared community in the world will take the full commitment of every branch of government, and the true participation of businesses, nonprofits, religious organizations as well as community leaders from every state. We must embrace the lessons learned from past disasters and allow for both top-down traditional systems to efficiently co-exist and for bottom-up, organic contributions to flourish. As every disaster has shown, we additionally need a diverse team of messengers delivering the most appropriate message, using the most appropriate medium for each segment of our society.

We must create universal distinctions to simplify and focus our efforts: When attempting to identify what must be done, conversations often becoming chaotic and thus overwhelming as we ricochet from one preparedness arena to another to another to another and back again. We must be clear about what actions and programs best address **personal preparedness** for our culturally, geographically, and economically diverse communities. Similarly we must bring clarity to the many ways **community-based preparedness** is interpreted across our nation. We must understand what programs, policies, and practices will best position our nation to effectively include her most vulnerable populations in evacuation, sheltering, prophylaxis, and other critical issues related to **infrastructure preparedness**. And finally, we must agree on what **research and evaluation** would be most beneficial.

We must agree on a shared vision, goals and objectives: We must identify and widely share our vision. We must identify and accomplish specific, measurable, and meaningful goals and objectives to move our system forward.

We must adopt a National Public Protection Policy: While returning home from a recent disaster preparedness and disability conference, some the conference participants were driven to the airport by a Russian cab driver. After we told the cab driver of the conference, he went on to describe the preparedness of the Russian people; the underground shelters, the

underground communication system, the food storage, the community signs, etc. He was totally bewildered by the lack of preparation in the United States.

A collaborative and fully supported National Public Protection Policy would provide the necessary framework to close the systemic gaps where all people, and especially people with special needs, fall in times of crisis. There is the need to understand both the economic and societal benefits of our actions as well as the economic and societal losses caused by our lack of action.

We must market the *Joy of Disaster Preparedness* - this is a historic undertaking: The most valuable asset of our nation is the health, safety, and trust of its people. Our nation's volatile and constantly changing disaster landscape, the size and diversity of our population, and our nation's importance to the world economy - create a demand for a dynamic, world class model for how we will work together to ensure all people are prepared and protected. Residents, tourists, workers, businesses, municipal employees -- all of us -- must trust that the United States of America is a safe place to invest our time, our resources, and our lives.

In creating a National Public Protection Policy, we would seek not only to protect the people of our nation from emergencies and disasters and bring greater clarity and rigor to our planning processes, but also to foster a greater sense of community and well-being. It must be recognized that a National Public Protection Policy would be a catalyst for building a strong, safe, resilient world community.

**PUZZLE PIECES TO CONSIDER IN THE IMPLEMENTATION OF
A NATIONAL PUBLIC PROTECTION POLICY**
Self-sufficiency for all for two weeks following a disaster

PERSONAL PREPAREDNESS

A *National Public Protection Policy* media campaign must be initiated to educate our population on the necessity of self sufficiency and also the capabilities and limitations of our national emergency services system.

1. The *National Public Protection Policy* must be culturally appropriate with safe and alternative resources to address the needs of the many in our community with trust and/or access issues that would stop them from seeking help from government, Red Cross, or any other large, unfamiliar, or bureaucratic system. Our nation has many immigrant communities and other groups who will not avail themselves of services through these traditional providers, nor do they accept them as their trusted leaders and teachers. Every disaster in our nation demonstrates this.
2. The *culturally appropriate* also applies to media campaigns. Telling chronically poor people and disabled seniors to plan ahead and purchase emergency supplies, when they are focused on day-to-day survival is unrealistic.
3. Neighborhood support and response must be promoted as a resource to serve vulnerable populations who find themselves without attendants during the aftermath of a disaster.

COMMUNITY-BASED PREPAREDNESS

Disaster preparedness regulations need to be reviewed, established, and/or strengthened that cover organizations providing all levels of service from intensive care to independent living.

Individuals who are vulnerable and those programs and services that support them must develop detailed disaster preparedness plans with input from local emergency services authorities.

1. A public education plan must be undertaken to alert vulnerable individuals about the availability of "enhanced 911" systems in local communities where they can register for additional security, protection, or customized response in the event of an emergency at home.
2. Television newscasts broadcasting disaster warnings must be closed-captioned for the deaf and hard of hearing.
3. Procedures that included credentialing and/or badging need to be established so that personal care attendants of vulnerable individuals will be allowed to enter evacuation zones or restricted areas to provide necessary services following a disaster. Historically attendants frequently have not been allowed to cross police barricades to support vulnerable populations following a disaster.
4. Community organizations and businesses must have plans which describe evacuation policies and/or procedures, including:
 - a. The known risks and hazards.
 - b. The extent of pre-disaster planning with local emergency services and other first responders to identify governmental and volunteer support expected.
 - c. Agreements made with other facilities for evacuation support.
 - d. The expectations of the organization's personnel during and after a disaster and/or evacuation.
 - e. Who will be in charge at each facility during evacuation.
 - f. Access to medical equipment, personnel, and supplies.
 - g. Shelter access, including equipment and facilities.
 - h. Documentation of disaster plan tests.
 - i. Plans detailing specific needs for vulnerable individuals, including identification of persons needing:
 - i. Medical support.
 - ii. Temperature control.
 - iii. Medication.
 - iv. Communication support, including available sign language interpreters.
 - v. Mobility support.
 - vi. Personal attendant support.
 - vii. Behavior management support.
 - viii. Service animal policies.
 - ix. Non-medical emergency transportation resources, etc.
 - j. Documentation of consent from persons needing support.

INFRASTRUCTURE PREPAREDNESS

Vulnerable Populations Advisory Committees must be established throughout the SEMS structure at the Federal, State, Regional, and Local levels and be linked to Homeland Security initiatives at all levels.

We must ensure that all disaster preparedness systems take into account the variety of needs of all citizens. This could be accomplished using existing resources placing, priority on coordination and training to maximize positive results.

Regulations and guidelines that address the needs of our nation's population, and especially vulnerable populations, need to be reviewed and upgraded.

There must be clear requirements for the public, private, and government sectors for the planning, coordination, and staffing of evacuation and shelter of vulnerable populations.

1. State agencies and businesses need to ensure that medically fragile/vulnerable populations are included in their evacuation and emergency plans.
2. State agencies must answer:
 - a. Who is responsible to plan, coordinate, and staff Vulnerable Population Shelters?
 - b. Who will be responsible to staff the shelters after normal business hours?
 - c. How will the shelter be opened or closed, especially if management is not available at a facility?
 - d. How will the security, liability, and insurance issues be covered?
 - e. How will record confidentiality be maintained when a facility becomes a shelter?
 - f. How will equipment, supplies, medications, etc. be furnished?
 - g. How will medications be administered?
 - h. If an individual is injured who will assume responsibility?
 - i. Under what conditions should an individual be diverted to another shelter, and who would be responsible for such decisions?
3. There must be an enhanced level of networking and reciprocal agreements among agencies providing or coordinating vulnerable populations' emergency services.
4. There must be emergency training and materials designed for vulnerable populations, including community coordinated disaster drills.
5. There must be increased consideration of the needs of vulnerable populations when purchasing emergency services equipment and communication systems
6. There must be expanded requirements the Community Care Licensing *Emergency Disaster Plan for Residential Care Facilities* form - CCR, Title 22.
7. Licensing regulations must allow like facilities to exceed their population limits during disasters so that facilities can support each other.
8. The Department of Health Services must relax population limits during a disaster.
9. Regulations on the retention of medications and other medical supplies must be changed so that individuals and organizations can meet the medication and medical needs of vulnerable individuals following any type of disaster.