Emergency Planning
for People with Disabilities
2008 Agency Readiness
Survey

Disability and Communication Access Board

Prepared by
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State of Hawaii
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ACKNOWLEDGEMENTS

This document is available on our web site.

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EXECUTIVE SUMMARY

Purpose

In April 2008, the Disability and Communication Access Board (DCAB), in conjunction with the State Civil Defense and Interagency Working Group on Emergency Preparedness sent out a survey to collect statewide information about planning for emergency response systems for people with disabilities. The survey targeted agencies providing direct service to persons with disabilities.

This survey addresses Goal 4, Objective 4.1 of the "2008 Interagency Action Plan for the Emergency Preparedness of People with Disabilities and Special Health Needs." DCAB will use the data collected from the survey to update the 2008 Interagency Action Plan, as well as DCAB's internal 2009 Plan of Action, as appropriate.

Method

A statewide needs assessment of agencies providing services to people with disabilities and special health needs was conducted to determine the level of emergency preparedness and service in 2008. A needs assessment is used to determine how well a community is currently meeting the needs of the disability community and what resources and services can be provided in the future.

A survey was mailed to two hundred eighty two (282) agencies statewide identified as providing direct services to persons with disabilities. Agencies included those listed in DCAB's "Key to Resources Serving People with Disabilities in the State of Hawaii." Agencies are listed by categories that included: accessibility, advocacy, blind services, deaf services, dental, employment, equipment, financial benefits, higher education, housing, medical services, mental health, recreation, residential, respite services, support groups, support services, technology, and transportation.

Results

A total of two hundred eighty two (282) surveys were dispersed to agencies serving persons with disabilities statewide. Sixty-three (63) surveys were returned for a return rate of about 22% (63/282, 22.3%). Several reminders were sent to people by e-mail and follow up phone calls to encourage recipients to respond. Surveys were returned from all four (4) counties, five (5) islands, and agencies in fifteen (15) cities across the state. Most of the responses were from Honolulu (17) or Lihue (11).

Findings

Survey Section I: Emergency Readiness Activities
- Most agencies (54, 86%) reported that the organization has policies, procedures and a plan for emergencies.
- About two-thirds (41, 65%) of the reporting agencies have a staff position assigned the responsibility of "emergency preparedness/readiness."
- Most of the sixty (60) agencies reported that the agency does keep updated information to notify clients about emergencies.
- More than four-fifths (50, 82%) of the agencies reported providing training or

information for employees or clients about what to do in case of an emergency.

- A little less than half (30, 48%), of the respondents did not need help to locate training or information about emergency readiness.
- Forty-seven (47) agencies reported that in-house staff conducts trainings.
- About three quarters of the respondents (44 of 59) noted that their agency has not considered hardening their facility in order to shelter-in-place.

Survey Section II: Emergency Readiness and Kits
- It is unclear how many people with disabilities served by the agencies surveyed have a personal "Emergency Readiness 72-Hour Kit."
- More than half the agencies reported training is not provided to assemble an emergency preparedness kit (36 of 62, 58%).
- About seventy percent (41) of the agencies do not provide training to build an "Emergency Readiness 72-Hour Kit."
- Of the agencies saying that training to assemble kits takes place, a wide range of sharing information and directions on how to assemble kits are available. There is no one source of information or authoritative training manual.
- Over half of the agencies do not provide "emergency readiness" services to individuals on their caseloads (33, 54%).
- The most frequent means of imparting information on emergency readiness was during a client's service plan (22, 35%), followed by "other" means of sharing the information (16, 25%) or shared by the case manager or social worker informing the individual that services are available (15, 24%).

Survey Section III: Transportation
- More than half of the 59 agencies (33 of 59, 56%) stated that transportation would not be provided for individuals with disabilities on their caseload.
- Most agencies do not have a plan to provide individuals with disabilities on their caseload transportation to and from the closest emergency shelter (45%) or reported it was not applicable (24%) during weekday work hours.
- During evenings, weekends and holidays, most agencies do not have a plan to provide the service (50%) or reported it was not applicable (34%).
- Most agency respondents reported that if an emergency occurs during the evening, Saturday, Sunday or holiday, the agency will not go to the client's home to pick him or her up and transport the client to the shelter (55%) or was not applicable (26%).

Survey Section IV: Community Participation
- Most agencies reported (52%) that they are not involved in an emergency preparedness network or working group, such as the Interagency Working Group on Emergency Preparedness.

INTRODUCTION

Purpose
In April 2008, the Disability and Communication Access Board (DCAB), in conjunction with the State Civil Defense and Interagency Working Group on Emergency Preparedness sent out a survey to collect statewide information about planning for emergency response systems for people with disabilities. The survey targeted agencies providing direct services to persons with disabilities.

This survey addresses Goal 4, Objective 4.1 of the "2008 Interagency Action Plan for the Emergency Preparedness of People with Disabilities and Special Health Needs." DCAB will use the data collected from the survey to update the 2008 Interagency Action Plan, as well as DCAB's internal 2009 Plan of Action, as appropriate.

Background
In the wake of the September 11th terrorist attacks and the more recent disasters of Hurricanes Katrina, Rita and Wilma of 2005, the inability of the system to respond to the needs of persons with disabilities or other special health needs became more apparent as a major deficiency in our overall community emergency preparedness and response system. The State of Hawaii and its jurisdictions would fare no better than mainland locations in meeting the needs of persons with disabilities were similar events to occur tomorrow. The disasters, coupled with the growing recognition that people with disabilities or special health needs are a more vulnerable population in an emergency or natural disaster when their daily survival mechanism, coping skills, and support systems are interrupted, have emphasized the need to prepare a strategic plan which addresses the unique circumstances of persons with disabilities and special health needs in disaster preparedness planning.

A Harris Poll commissioned by the National Organization on Disability in November 2001 discovered that 58% of people with disabilities did not know whom to contact about emergency plans in their community. Some 61% of those surveyed had not made plans to quickly and safely evacuate their homes. And, among those individuals with disabilities who were employed, 50% said that no plans had been made to safely evacuate their workplace. All of these percentages were higher than the percentages for people without disabilities.

An article in the "Star Bulletin" in 2007 reported (Altonn, February 5, 2007, http://starbulletin.com/2007/02/05/news/story03.html):

> Hawaii is more vulnerable than any state except possibly Alaska, Clairmont said, citing five major concerns for disaster planning: lack of adequate hospital beds, shortage of nurses and specialty physicians, lack of public shelter space (particularly for vulnerable residents), a "fragile commercial power system" and the physical condition of health care facilities.

The FEMA history of Hawaii disasters details a long and varied list of major disaster declarations beginning in 1955. Major disasters include (see http://www.fema.gov/news/disasters_statefema?id=15):
- Severe storms with accompanying high surf, flooding and mudslides
- Earthquakes
- Severe storms, heavy rains and flash flooding
- Both hurricanes and typhoons
- Tidal and seismic waves (tsunami)
- Volcanic eruptions, disturbances and lava flows
- Fires

Hawaii Civil Defense provides information on additional types of disasters:
- Dam failures
- Hazardous materials
- Landslides and coastal erosion
- Wild fires
- Drought

Even more recently (April 2008) vog and the accompanying sulfuric acid blanketed the chain of Hawaiian Islands, forcing the closure of Volcanoes National Park. The Civil Defense raised the alert level to code purple, the highest level, and urged residents with respiratory problems to stay indoors. The American Red Cross set up a shelter in Hilo to aid residents with breathing problems.

In addition to natural disasters and terrorist attacks, preparation for possible pandemics (i.e., influenza) are also a concern. A January 2008 Hawaii Department of Health report (http://hawaii.gov/health/family-child-health/contagious-disease/pandemic-flu/fluplan.pdf) notes:

> At the time of an influenza pandemic, Hawaii will have approximately 300,000 visitors within the State whose status as visitors will present unique logistical and policy challenges including treatment, travel limitations/restrictions, and social distancing requirements.
>
> Given Hawaii's geographic separation from the continental United States and other available resources, it is anticipated that Hawaii will likely rely solely on resources existing within the State, at least during the initial stages of a pandemic.

All of these situations put people with disabilities and individuals with chronic medical conditions at risk. Data is needed to determine what kinds of planning and emergency preparation and response systems may be needed in this state.

Method
A statewide needs assessment of agencies providing services to people with disabilities and special health needs was conducted to determine the level of emergency preparedness and service in 2008. A needs assessment is used to determine how well a community is currently meeting the needs of the disability community and what

resources and services can be provided in the future. Needs and resource assessment are a method of gauging opinions, assumptions, needs, key issues, and/or assets within a defined community. The results of a needs assessment can be used to determine several things. This needs assessment was primarily an inventory on emergency preparedness and resources available in the case of an emergency.

The Community Toolbox notes that reasons for conducting a needs assessment can be varied. (See http://ctb.ku.edu/tools/en/section_1042.htm)
- To learn more about your group or community needs
- To get a more honest and objective description
- To become aware of needs you never knew about
- To document your needs
- To make sure your future actions are in line with community needs
- To garner greater support
- To involve more people in the subsequent action

Communities and their needs change over time. Needs and resource assessments are a perspective at one point in time. Conducting a needs assessment on a regular basis (every two to five years) provides a "check-up" for the community. Regular needs assessments can help pinpoint how, who and why change is occurring and assist in more successful future planning and implementation efforts.

Data Collection Survey
There are many methods for gathering information about community needs and resources. Focus groups, public forums, secondary data analysis, surveys or questionnaires, personal interviews and asset mapping are a few ways to collect data.

A mailed out survey was selected for this needs assessment. Surveys can assess local attitudes regarding precisely defined issues, problems or opportunities. Questions may be open ended or multiple choices. Advantages of surveys are that they can be distributed widely, provide data for analysis, and can provide access to a large sample of the appropriate population. Some disadvantages of using a survey are that they are relatively expensive, require time and skilled personnel to develop and administer them, and may provide limited opportunities for qualitative data collection.

A survey was mailed to two hundred eighty two (282) agencies statewide identified as providing direct services to persons with disabilities. Agencies included those listed in DCAB's "Key to Resources Serving People with Disabilities in the State of Hawaii." Agencies are listed by categories that included: accessibility, advocacy, blind services, deaf services, dental, employment, equipment, financial benefits, higher education, housing, medical services, mental health, recreation, residential, respite services, support groups, support services, technology, and transportation. **Appendix B** contains a list of the agencies that responded to the survey.

In addition to the survey, a cover letter requested the agency's participation in providing information. A letter describing the purpose of the survey and instructions were enclosed. Selected terminology was provided specific to emergency preparedness or

readiness for participants as well. Following the survey was a sheet entitled, "Checklist and Resource" describing the types of items needed to build an emergency kit. (See **Appendix A** for an example of the survey packet that was sent.)

The survey had five (5) parts that covered:
I.   Emergency Readiness Activities
II.   Emergency Readiness and Kits
III.   Transportation
IV.   Community Participation
V.   Agency Information

It was estimated, after piloting draft samples of the tool, the survey would require about fifteen (15) minutes to complete. Survey respondents were requested to return the survey by mail in a self-addressed, postage paid envelope enclosed with the survey or to return it by faxing it to DCAB. Respondents were provided the means to contact a DCAB staff person for any questions about the survey.

Results of the surveys assured confidentiality of all participants. It was anticipated that the results of the survey would be available, in summary only, on the DCAB web site by the end of July 2008.

Cautions about the Data
Care should be taken in extrapolating the results of this survey.

RESULTS

Return Rate

A total of two hundred eighty two (282) surveys were dispersed to agencies serving persons with disabilities statewide. Sixty-three (63) surveys were returned for a return rate of about 22% (63/282, 22.3%). Several reminders were sent to people by e-mail and follow up phone calls to encourage recipients to respond.

In Table 1, the City and County of Honolulu provided the largest number of respondents (22, 34%). The Big Island or Hawaii County provided sixteen (16) surveys. Kauai County respondents equaled the number of Maui (including Molokai) County responses. One survey was returned without information about the agency reporting.

Table 1: County of Agency Reporting

County	Frequency	Percent
Honolulu	22	34.9
Hawaii	16	25.4
Kauai	12	19.0
Maui	11	17.5
Molokai	1	1.6
Unknown	1	1.6
Total	63	100.0

Survey responses were gathered from agencies in fifteen (15) cities across the state. Most of the responses were from Honolulu (17) or Lihue (11). See Table 2.

Table 2: City of Agency Reporting

City	Frequency	Percent
Honolulu	17	27.0%
Lihue	11	17.5%
Hilo	8	12.7%
Wailuku	8	12.7%
Kailua-Kona	3	4.8%
Waipahu	3	4.8%
Kahului	2	3.2%
Kamuela	2	3.2%
Kealakekua	2	3.2%
Honokaa	1	1.6%
Kaneohe	1	1.6%
Kapaa	1	1.6%
Kaunakakai	1	1.6%
Paa	1	1.6%
Wahiawa	1	1.6%
Unknown	1	1.6%
Total	63	100.0%

See **Appendix C** for an analysis of responses to each question on the survey.

FINDINGS

Survey Section I: Emergency Readiness Activities

- Most agencies (54, 86%) reported that the organization has policies, procedures and a plan for emergencies.
- About two-thirds (41, 65%) of the reporting agencies have a staff position assigned the responsibility of "emergency preparedness/readiness."
    - Forty-one (41) agencies reporting a position was in place, agency staff did have training most of the time (35 of 41, 85%).
    - For the twenty (20) agencies without a designated emergency preparedness position, eight (8) reported plans to assign a staff this responsibility (8 of 20, 44%) (Table 6 in **Appendix C**).
- Most of the sixty (60) agencies responding reported that the agency does keep updated information to notify clients about emergencies.
    - Sixty-one percent (61%) of the agencies reported updating information primarily on an as needed basis (29 of 48, 60.4%).
    - Of the four (4) agencies reporting that there is no contact update, only one (1) agency reported it would like assistance in setting up a system to update information.
- More than four-fifths (50, 82%) of the agencies reported providing training or information for employees or clients about what to do in case of an emergency.
    - More agencies provide training than have staff designated to provide this training.
    - Half of the agencies (24 of 50) provide its training on an as needed basis.
    - Eleven (11) agencies reported there is no training. Less than half (4 of 9, 44%) responded they plan to do so
    - Of the fifty (50) agencies that reported providing training, most of the respondents to this question noted that the agency does provide assistance in locating the nearest shelter (35 of 48 respondents, 73%).
- A little less than half (30, 48%), of the respondents did not need help to locate training or information about emergency readiness.
- Forty-seven (47) agencies reported that training is provided by in-house staff.
    - Nineteen (19) agencies reported other sources of training which may be used in addition to in-house staff trainers.
- About three quarters of the respondents (44 of 59, 75%) noted that their agency has not considered hardening their facility in order to shelter-in-place.
    - Most survey respondents (38 of 59, 64%) did not express interest in Civil Defense inspecting the agency facility for hardening.
    - Things that were needed to shelter-in-place included such items as:
        - Upgrade of facilities
        - 72-hour kit, fuel for generator, water, flashlight, food, candles, water, first aid supplies, potable water, first aid kits, meals ready to eat (MRE)
        - Staff available to man it
    - Most agencies do not have a generator (41 of 61, 67%).

Survey Section II: Emergency Readiness and Kits

- More than half the agencies reported training is not provided to assemble an emergency preparedness kit (36 of 62, 58%).
    - Of the agencies reporting that training does not take place, more than a third of the respondents (12, 43%) noted that it was unclear if kit assembly training would take place in the future.
- Almost three-quarters of the agencies (45, 74%) reported that staff was not trained to build an emergency kit.
    - Of the agencies reporting that training does not take place, most agencies (20) did not provide an answer about plans to train employees to build emergency kits. Another nine (9) agencies were not planning training. Six (6) were uncertain, and three (3) that training would be planned.
- About seventy percent (41, 70%) of the agencies do not provide training to build an "Emergency Readiness 72-Hour Kit."
    - Most of the respondents were uncertain (13, 42%) or did not plan (9, 29%) to provide this training.
- Of the agencies saying that training to assemble kits takes place, there appeared to be a wide range of sharing information and directions on how to assemble kits. There is no one source of information or authoritative training manual.
    - Many of the answers demonstrate that some type of brochure or other information has been provided, but not necessarily training. When training has been provided sources included the national organization, written procedure, "Safety office," orientation or other staff training, and the American Red Cross.
    - Items needed to assemble a kit varied a great deal too.
- Over half of the agencies do not provide "emergency readiness" services to individuals on their caseloads (33, 54%).
- The most frequent means of imparting information on emergency readiness was during a client's service plan (22, 35%), followed by "other" means of sharing the information (16, 25%) or shared by the case manager or social worker informing the individual that services are available (15, 24%).
- It is unclear how many people with disabilities served by the agencies surveyed have a personal "Emergency Readiness 72-Hour Kit."
    - Over half of the responding agencies (32, 57%) would not assist an individual with a disability to obtain a kit if he or she did not have one.
    - If the agency responded that it would provide help, there was no definitive means to secure such a kit.
        - Just half the agencies (13) would help if money were provided.

Survey Section III: Transportation

- More than half of the fifty-nine (59) agencies (33 of 59, 56%) stated that transportation would not be provided for individuals with disabilities on their caseload.
- Most agencies do not have a plan to provide individuals with disabilities on their caseload transportation to and from the closest emergency shelter (45%) or reported it was not applicable (24%) during weekday work hours.

- During evenings, weekends and holidays, most agencies do not have a plan to provide the service (50%) or reported it was not applicable (34%).
- Most agency respondents reported that if an emergency occurs during the evening, Saturday, Sunday or holiday, the agency will not go to the client's home to pick him or her up and transport the client to the shelter (55%) or was not applicable (26%).
- Forty-two percent (42%) of the agencies would provide transportation to and from a shelter if there were an emergency.
    - For the twenty-five (25) agencies that designated transportation would be available, eighteen (18, 72%) noted the vehicles are accessible.
    - Fifteen (15) agencies reported that the vehicle had a lift and was equipped with tie-downs (60%).
    - Nine (9) of the vehicles had a ramp (36%) and eight (8) had seats removed (32%).
    - Most of the agencies that had a vehicle or vehicles would provide transport (74%).
- Less than a third (31%) of the agencies reported having a plan to provide individuals with disabilities on their caseload transportation to and from the closest emergency shelter during weekday work hours.
- About a fifth of the agencies (19%) said that if an emergency occurs during the evening, Saturday, Sunday or holiday, the agency would go to the client's home to pick him or her up and transport the client to the shelter if the person with disability was a client.

Survey Section IV: Community Participation
- Most agencies reported (52%) that they are not involved in an emergency preparedness network or working group, such as the Interagency Working Group on Emergency Preparedness.
    - There seems to be some confusion as to what constitutes the Interagency Working Group on Emergency Preparedness.
    - For the thirty-one (31) agencies reporting that the organization was not part of a network or working group, over half are unsure (51%) about participating in one.
- Most agencies reported (52%) that they are not involved in an emergency preparedness network or working group, such as the Interagency Working Group on Emergency Preparedness.

CONCLUSIONS

- More agencies need to respond.
- Needs assessment should be conducted on a regular basis to assure changes in the community are reflected in planning and implementation for disaster preparedness.
- Coordination with other agencies within the Hawaii Department of Health to assure everyone is working towards a similar goal.
- Purchase information about people with disabilities and disaster preparedness on the Community Health survey conducted by the Hawaii Department of Health.
- A standard training manual on how to assemble an emergency preparedness kit, the contents of the kit, and requirement for agencies to train staff would benefit agencies, personnel and the clients served by the agency (as well as the larger community). Recognition for agencies that provide this service could reinforce this behavior.
- Agency newsletters, flyers sent to individual homes or posters in the agency may be underutilized as means to share information about emergency readiness. (A competition for posters or flyers might be a way to create better grassroots awareness about emergency preparedness.)
- A social marketing plan might be warranted to raise awareness about emergency preparedness generally and for people with disabilities or chronic health issues.
- If it is important for each citizen to have a personal "Emergency Readiness 72-Hour Kit" then public funding may need to be made available for persons with lower incomes.
- Hardening facilities may be underutilized as a means of assuring appropriate care and assistance for people with disabilities or chronic health issues. Providing sheltering in place at the facilities would reduce transportation to and from shelters as well.
- It would be beneficial for agencies to be involved in an emergency preparedness network or working group, such as the Interagency Working Group on Emergency Preparedness. The benefits of participating in a work group or network should be elucidated and shared.

APPENDICES

Appendix A: Survey

DISABILITY AND COMMUNICATION ACCESS BOARD

919 Ala Moana Boulevard, Room 101 • Honolulu, Hawaii 96814
Ph. (808) 586-8121 (V/TDD) • Fax (808) 586-8129

EMERGENCY PLANNING
AGENCY READINESS SURVEY

Purpose

Emergency preparedness must include everyone in the community. Everyone must learn how to plan for one's own safety during an emergency.

The purpose of this survey is threefold. The Disability and Communication Access Board would like to:
- Determine how agencies are helping their consumers with disabilities learn about preparing for an emergency;
- Identify which shelter consumers may have to evacuate to during a time of emergency; and
- Identify how consumers will get to and from the emergency shelters.

Some words used throughout the survey and their meanings are on page 2 for your reference.

The results of this survey will let us know how your agency is helping their consumers with disabilities prepare for future emergencies. We also want to know if you need any assistance or training in providing information to your consumers with disabilities.

INSTRUCTIONS

The survey has five parts. You will be asked information about:
   I.   Emergency Readiness Activities
   II.   Emergency Readiness and Kits
   III. Transportation
   IV.   Community Participation
   V.   Agency Information

Please provide the information as completely as possible. The information provided by your agency in this survey will be confidential.

The survey should take no longer than fifteen minutes to complete. **Please return Pages 3-6 in the enclosed envelope or fax it back to (808) 586-8129 by April 25, 2008.**

If you have any questions about this survey, please contact Debbie Jackson at (808) 586-8121 V/TTY or e-mail debbra.jackson@doh.hawaii.gov.

If you are on a neighbor island, call toll-free:
   Big Island: 974-4000, ext. 68121#
   Kauai: 274-3141, ext. 68121#
   Maui: 984-2400, ext. 68121#
   Lanai/Molokai: 1-800-468-4644, ext. 68121#

The results of this survey will be available online at www.hawaii.gov/health/dcab/ by approximately July 31, 2008.

Mahalo for your assistance!

TERMINOLOGY

Term or Phrase	Definition
Emergency Preparedness	Requires figuring out what to do if essential services break down, developing a disaster plan, and practicing the plan. Preparedness activities include forecasting and warning systems, stocking an emergency preparedness kit with supplies, and knowing where the nearest emergency shelter is.
Emergency Readiness	Actions taken by an individual to minimize the damage from a disaster or emergency to possessions and improves chances of survival.
Emergency Readiness 72-hour Kit	A backpack, suitcase, or duffle bag that contains enough personal items for one person to survive a disaster in a shelter for 2-3 days. Includes items such as toilet paper, meals ready to eat, medication, extra glasses, personal papers (birth certificate, etc.), bed roll, water, etc.
Harden	To reinforce a home or facility to protect it against hurricane force winds.
Interagency Action Plan Work Group on Emergency Preparedness	A group of representatives from state, county, private agencies and individuals with disabilities who meet periodically and have drafted an Action Plan for Emergency Preparedness for Persons with Disabilities and Special Health Needs. The Action Plan was initially published in 2006 with subsequent revisions in 2007 and 2008.
Notification	Systems used to rapidly disseminate accurate emergency information before, during, and after a disaster to protect life, to prevent or limit casualties, and minimize chaos.
Shelter-in-Place	When a person, family or group of individuals decide to stay at home through a disaster, instead of going to a designated shelter. If the facility is not certified as a shelter, it may be unsafe to stay in place.

I. *Emergency Readiness Activities*

One way to address the issue of emergency readiness in an agency is to assign the responsibility to a specific staff position.

1. How many employees does your agency have? _____

2. How many clients with disabilities do you have on your caseload? _____

3. Does your agency have policies, procedures, and a plan for emergencies?

   ❒ Yes   ❒ No   ❒ I don't know

4. Does your agency have a staff position who is assigned the responsibility of "emergency preparedness/readiness"?

   ❒ Yes   ❒ No   ❒ I don't know

5. If not, will a staff position be assigned the responsibility and receive training?

   ❒ Yes   ❒ No   ❒ I don't know

6. Has the staff position responsible for emergency preparedness/readiness provided training to agency staff?

   ❒ Yes   ❒ No   ❒ Not applicable

7. Does your agency keep updated contact information to notify your clients with disabilities in case of an emergency?

   ❒ Yes If yes, how often is emergency contact information updated?

❒ Weekly	❒ Monthly	❒ Never
❒ Quarterly	❒ Semi-annually	
❒ Annually	❒ As needed	

   ❒ No   If no, are you planning to, do you need assistance in setting up a system?
   Please specify: _____

8. Does your agency provide any training or information for employees or clients about what to do in case of an emergency?

❒ Yes If yes, how often:	❒ Weekly	❒ Monthly
	❒ Quarterly	❒ Semi-annually
	❒ Annually	❒ As needed

   ❒ No If no, are you planning to do so?   ❒ Yes   ❒ No
   ❒ I don't know

9. Do you need help identifying resources? ❒ Yes   ❒ No ❒ I don't know

10. Who conducts the training? ❒ In house staff
   ❒ Other (specify): _____

11. If your agency does provide training, does it include information about helping employees and clients locate the emergency shelter closest to him or her?

   ❒ Yes ❒ No ❒ Not applicable

12. Has your agency considered hardening your facility to shelter-in-place?

   ❒ Yes ❒ No

13. If you are a shelter-in-place facility, what kinds of things will you need?

   Please specify: _____

14. Would like a staff person from Civil Defense to come out to inspect your site?

   ❒ Yes ❒ No ❒ I don't know

15. Does your agency have a generator?

   ❒ Yes ❒ No ❒ I don't know

II. Emergency Readiness and Kits

Everyone needs to know his or her responsibilities in an emergency. Everyone needs an emergency kit. There are basic items to include in a kit. The kit can be personalized given the individual's specific needs.

16. Does your agency provide training about how to assemble a kit?

   ❒ Yes If yes, how: _____

   ❒ No   If no, are you planning to do so? ❒ Yes ❒ No ❒ I don't know

17. What items are needed to build/assemble a kit? _____
   _____

18. Are your employees trained to build/assemble a kit?

   ❒ Yes If yes, how: _____

   ❒ No   If no, are you planning to do so? _____

19. Does your agency provide any "emergency readiness" services to individuals on your caseload?

   ❒ Yes ❒ No ❒ I don't know

20. How do you share information about emergency readiness with your clients?

  ❐ Included when discussing the individual's service plan.
  ❐ Poster mounted in agency where everyone goes.
  ❐ Case manager/social worker tells individual about the services available.
  ❐ Flyer mailed to individual's home.
  ❐ Agency newsletter.
  ❐ Other: _____
  ❐ We do not provide this type of information to our clients.

21. Does your agency provide training or information about how to assemble an "Emergency Readiness 72-Hour Kit"?

  ❐ Yes   If yes, please attach a list of items you suggest to include in such a kit.

  ❐ No   If no, are you planning to do so? ❐ Yes   ❐ No   ❐ I don't know

22. How many individuals with disabilities served by your agency have an "Emergency Readiness 72-Hour Kit" assembled at their home or at your agency? _____ (number with kits)

23. Will your agency help an individual with a disability get a kit if he or she does not have one?

  ❐ Yes   If yes, how: _____

  ❐ No   If no, would you help if money were available? ❐ Yes   ❐ No
                                                          ❐ I don't know

III.   Transportation

If there is an emergency, getting to and from a shelter is an individual responsibility. Individuals with disabilities need to plan for transportation if told to evacuate.

24. Does your agency provide transportation services for individuals with disabilities on your caseload?

  ❐ Yes   ❐ No   ❐ I don't know

25. If you have a vehicle, is it accessible?

  ❐ Yes   ❐ No   ❐ I don't know

  If yes, how is it accessible?
  ❐ Seats removed   ❐ Lift equipped with tie downs
  ❐ Ramp   ❐ Other: _____

26. How many vehicles does your agency have? _____ (number of agency vehicles)

27. Would the vehicle be used to transport people during an emergency?

❒   Yes   ❒   No   ❒   I don't know

28. Does your agency have a plan that includes providing individuals with disabilities on your caseload transportation to and from the closest emergency shelter?

Monday through Friday, during work hours:

❒   Yes   ❒   No   ❒   Not applicable

Evenings, Saturdays, Sundays and holidays, going to the person's home and picking him/her up:

❒   Yes   ❒   No   ❒   Not applicable

29. If an emergency occurs during the evening, Saturday, Sunday or holiday, will your agency go to your client's home to pick him or her up and transport the client to the shelter?

❒   Yes   ❒   No   ❒   Not applicable

IV.   *Community Participation*

Developing a plan that addresses the needs of the community is an important part of emergency preparedness. Please provide the following information so that your agency can participate in future emergency readiness planning for persons with disabilities and special health needs.

30. Is your agency already involved in an emergency preparedness network or working group, such as the Interagency Action Plan Work Group on Emergency Preparedness?

❒   Yes   If yes, please provide the name of your group:_____

❒   No   If no, are you willing to participate in one? ❒ Yes   ❒ No ❒ I don't know

31. Please provide any additional comments about individuals with disabilities served by your agency and emergency readiness.

Please share:
- Any demographic information about your clients
- Any special needs to be considered relating to emergency preparedness/readiness
- Any other Comments you have about emergency readiness or preparedness for persons with disabilities or special health needs

Do you have any questions about emergency readiness or preparedness that you would like answered?

32.   Please review the attached list of items suggested to include in an emergency readiness kit from http://floridadisaster.org/disabilities.hm. Is there anything missing that can be added to a person's kit?

_____

V.   *Agency Information*

Agency Name: _____

Address: _____

                                _____

Phone Number: _____

E-mail: _____

Person completing survey/position: _____

Thank you for completing the survey.

Checklists and Resources

Be Ready: Create a ready kit and a go bag.

You should create a comprehensive "ready kit" with the many supplies necessary to self sustain for a period of time. Also create a "go bag" containing your most essential items to take with you if you must leave immediately.

Include in your kit: Items on this list can be included in both the ready kit and go bag. It is up to you to decide the most essential items to include for you and your family.

- 3-day supply of non-perishable food and manual can opener. Make sure the food meets your dietary requirements.
- 3-day supply of water. Plan for 1 gallon per person per day, but you may need more, consult with your doctor.
- Medical equipment and assistive devices (glasses, hearing aids, catheters, augmentative communication devices, canes, walkers). Label each with your name and contact information. Be sure to have extra batteries and chargers.
- Medications, including a list of the prescription name, dosage, frequency, doctor and pharmacist. Also consider if medications need to be refrigerated and if so, bring a cooler with an ice pack or other coolant system.
- List of emergency contact information including your support network members in and out of the region, service providers, etc.
- Copies of important documents (birth certificate, passport, licenses, insurance information, proof of address).
- Extra set of keys.
- Flashlight and radio with extra batteries.
- Cash, credit cards, checkbook, ATM card
- Sanitation and hygiene items. Including soap, denture care, absorbent pads, etc.
- Items for infants, such as formula, diapers, bottles, and pacifiers.
- Supplies for a service animal including food, identification tags, proof of up-to-date vaccinations, and veterinarian contact.
- Clothes, blanket, pillow.
- White distress flag or cloth, whistle, flashlights and/or glow sticks.
- Basic first aid kit.
- Identify your disability-related or health condition need by writing it down or wearing medical alert tags or bracelets.

Appendix B: Agencies Responding to Survey

City and County of Honolulu
Affordable Lawyers Legal Aid Society of Hawaii (LASH)
Alii Adaptive Equipment
American Diabetes Association Hawaii Affiliates, Inc.
Anonymous
Assistive Technology Resource Centers of Hawaii (ATRC)
Department of Health (DOH), Adult Mental Health Division
DOH, Developmental Disabilities Division, Case Management
Department of Human Services, Adult & Community Care Services Branch
Easter Seals Hawaii, Home & Community-Based Services
Goodwill Industries of Hawaii, Inc.
Hawaii Center for the Deaf and the Blind (HCDB)
Hawaii Healthcare Professionals, Inc.
Hawaii State Hospital
Hemophilia Foundation of Hawaii
Honolulu Community Action Program, Inc. (HCAP)
Kalihi Palama Community Mental Health Center
Legal Aid Society of Hawaii (LASH)
MAXI Mobility
National Multiple Sclerosis Society Hawaii Chapter
Opportunities for the Retarded, Inc.
Special Education Center of Hawaii
United Cerebral Palsy Association of Hawaii
University of Hawaii at Manoa, KOKUA Program
Waipahu Aloha Clubhouse

County of Hawaii
Big Island Substance Abuse Council
Catholic Charities Na Ohana Pulama
County of Hawaii Coordinated Services for the Elderly
Department of Health, Community Services for the Developmentally Disabled
Department of Health, Hawaii Family Guidance Center
Hawaii Community College, West Hawaii
Hawaii Island HIV/AIDS Foundation
Hilo Medical Center Home Care
Kona Paradise Club
Kona Veterans Center
North Hawaii Hospice
The Arc of Hilo
The Arc of Kona
University of Hawaii at Hilo Disability Services

County of Kauai

County of Kauai, Agency on Elderly Affairs RSVP
County of Kauai, Housing Agency - Section 8
County of Kauai, Office of the Mayor
County of Kauai, Police Department Youth Services
County of Kauai, County Transportation Agency
Department of Health, Adult Mental Health Division, Kauai Community Mental Health
    Center
Nurse Finders of Kauai
Samuel Mahelona Memorial Hospital
The Arc of Kauai
Wilcox Adult Day Care Center

County of Maui

Department of Health, Maui Family Guidance Center
Department of Human Services, Vocational Rehabilitation & Services for the Blind
Department of Human Services, Vocational Rehabilitation & Services for the Blind
    (Molokai)
Hale Makua Adult Day Health Care
Hale Makua Home Health Care Agency
Hale O Lanakila
Hospice Maui
Lokahi Pacific
Maui Adult Day Care Centers Central Maui
Maui Youth and Family Services
Mental Health American - Maui County Branch
The Arc of Maui

Appendix C: Survey Questions Analysis

Survey Section I: Emergency Readiness Activities
The first section of questions queried respondents about matters relating to emergency readiness activities. Thirteen (13) questions were asked. Several of the questions were multifaceted and had several "parts."

Question 1: Number of Agency Employees
Sixty-two (62) agencies reported the number of staff in their agency (one did not). The number of staff ranged from one person to nine hundred ninety six (996) staff. The mean was about one hundred two (102) and the median was thirty one (31).

Question 2: Number of Clients with Disabilities Served
Fifty (52) agencies reported the number of clients with disabilities served. Eleven (11) agencies provided no information or noted that the number varies. The minimum number of persons with disabilities served was two (2) and the maximum was 14,576. The mean was seven hundred fifty four (754) and the median was one hundred ninety eight (198).

Question 3: Number Agencies with Policy, Procedure, and Plan for Emergencies
Most agencies (54, 86%) reported that the organization has policies, procedures and a plan for emergencies. Eight (8) other agencies reported there was none and one (1) agency reported being uncertain.

Table 3: Agencies with Policy, Procedure, and Plan for Emergencies

Response	Frequency	Percent
Yes	54	85.7%
No	8	12.7%
I don't know	1	1.6%
Total	62	100.0%

Question 4: Number Agencies with Position Designated Responsibility for Emergency Preparedness/Readiness
About two-thirds (41, 65%) of the reporting agencies have a staff position assigned the responsibility of "emergency preparedness/readiness" (see Table 4). A little less than a third of the agencies (20, 32%) do not have a staff position designated with this responsibility or are unclear (2, 3%)

Table 4: Staff Position Responsible for
Emergency Preparedness/Readiness

Response	Frequency	Percent
Yes	41	65.1%
No	20	31.7%
I don't know	2	3.2%
Total	63	100.0%

Question 5 Follow up to Question 4: Staff Designated
If survey respondents had a staff position designated for emergency preparedness/readiness, they were asked if the staff position provided training to agency staff. Table 5 shows that of the forty one (41) agencies reporting a position was in place, agency staff did have training most of the time (35 of 41, 85%).

Table 5: If Staff Position in Place Agency
Provides Training to Staff

Response	Frequency	Percent
Yes	35	85.4%
No	4	9.8%
Not applicable	2	4.9%
Total	41	100.0%

Questions 5 and 6 Follow-ups to Question 4: No Staff Designated
If survey respondents did not have a staff position designated for emergency preparedness/readiness, they were asked if a staff position would be assigned this responsibility and receive training. For the twenty (20) agencies without a designated emergency preparedness position, eight (8) reported plans to assign a staff this responsibility (8 of 20, 44%, Table 6). Five (5) agencies each reported that there were no plans to assign this responsibility or the agency felt the question was not applicable. Two (2) agencies did not provide an answer.

Table 6: If Staff Position Not in Place
Agency Plans to Assign

Response	Frequency	Percent
Yes	8	44.4
No	5	27.8
Not applicable	5	27.8
Total	18	100.0

Question 7: Number of Agencies that Update Contact Information
Survey respondents reported if the agency keeps updated contact information to notify
its clients with disabilities in case of an emergency. Most of the sixty (60) agencies
responding reported that the agency does keep updated information to notify clients
about emergencies (48, 80%, Table 7). Four (4) agencies did not update contact
information and eight (8) reported that the question was "not applicable." Three (3)
agencies provided no answer.

Table 7: Agency Keeps Updated
Contact Information to Notify Clients

Response	Frequency	Percent
Yes	48	80.0
No	4	6.7
Not applicable	8	13.3
Total	60	100.0
Missing	3	NA

Question 7 Follow-up: Also asks for Frequency of Update
If the agency reported that it did update contact information, it was asked to report the
frequency of the update. Results are seen in Table 8. Most of the agencies provided
only one (1) response to this answer, but some provided two (2). Answers in the
frequency and percent columns are not to be added. Percentages may vary with the
number of responses for the question.

Sixty one percent (61%) of the agencies reported updating information primarily on an
as needed basis (29/48, 60.4%). Substantially fewer agencies reported updating
information on a regularly scheduled quarterly, monthly, semi-annual or annual basis.
One (1) agency reported updating information weekly. One (1) agency reported that the
agency does update information but reported "never" updating it. This would appear
contradictory.

Table 8: Frequency of Updating
Contact Information to Notify Clients

Update	Frequency	Percent
As needed	29	60.4%
Quarterly	6	12.5%
Annual	4	8.3%
Monthly	4	8.3%
Semi-annual	3	6.3%
Weekly update	1	2.1%
Never	1	NA

Question 7 Follow-up: Also asks if there is a Need for Assistance to set up System

If the agency reported that it does not keep updated information to contact clients with disabilities in case of an emergency, a follow-up question was asked. Of the four (4) agencies reporting that there is no contact update, only one (1) agency reported it would like assistance in setting up a system to update information.

Question 8: Agencies Provide Training or Information in Case of an Emergency

Agency respondents were asked, "Does your agency provide any training or information for employees or clients about what to do in case of an emergency?" Results are summarized in Table 9. More than four-fifths (50, 82%) of the agencies reported providing this training. Eleven (11) agencies did not (11, 18%). Two (2) agencies did not provide a response.

More agencies provide training than have staff designated to provide this training (50 provide training in Table 9 and only thirty five (35) agencies report having a staff to do this training in Table 5). It was pointed out that agencies sometimes use volunteers to provide training or information regarding emergency readiness.

Table 9: Agencies Providing Training
Or Information to Clients and Staff
Regarding Emergency Readiness

Response	Frequency	Percent
Yes	50	82.0%
No	11	18.0%
Total	61	100.0%
Missing	2	NA

Question 8 Follow-up: Also asks for Frequency of Training Regarding Emergency Readiness

Agencies who provide training or information to employees or clients about emergency readiness reported how often they provide this type of training. Some of the agencies reported more than one (1) response. Half of the agencies (24 of 50) provide its training on an as needed basis. A little less than a third (16 or 32%) of the agencies provide training on an annual basis. Fewer agencies reported providing training on a monthly, semi-annual or quarterly basis. No one reported weekly training.

Not all the agencies felt that the choices fit their circumstances. For example, one (1) agency wrote in the response: "[Training is provided] on admission – we always discuss this, encourage disaster training and give information. We review when we think we might have a disaster."

Table 10: Frequency of Training
Or Information to Clients and Staff

Update	Frequency	Percent
As needed	25	50.0%
Annual	16	32.0%
Monthly	5	10.0%
Semi-annual	5	10.0%
Quarterly	4	8.0%

Question 8 Follow-up: Plans to Provide Training Regarding Emergency Readiness

Eleven (11) agencies reported there is no training regarding emergency readiness provided for employees or clients. When asked if they are planning to do so, less than half (4 of 9, 44%) responded they plan to do so. An equal number of respondents did not know if training was planned. One (1) agency did not plan for this type of training. Two (2) of the agencies did not respond.

Table 11: Agencies Providing Training
Or Information to Clients and Staff
Regarding Emergency Readiness

Response	Frequency	Percent
Yes	4	44.4%
Don't know	4	44.4%
No	1	11.2%
Total	9	100.0%
Missing	2	NA

Question 9: Need Help Identifying Training Resources for Emergency Readiness

Most agencies responded that they did not need assistance locating training information about emergency readiness. Table 12 shows that thirty (30), or a little less than half (48%), of the respondents did not need help.

However, just more than a third responded that the agency could use help identifying training resources (36%) or just was not sure if help was needed (16%). One (1) agency did not provide a response to this question.

Table 12: Agencies Need Help Identifying
Training Resources

Response	Frequency	Percent
No	30	48.4%
Yes	22	35.5%
I don't know	10	16.1%
Total	62	100.0%
Missing	1	NA

Question 10: Who Conducts Training?
The next survey question asked, "Who conducts the training?" Two (2) answers were provided, in house staff or other. Forty-seven (47) agencies reported that in-house staff conducts the training.

Nineteen (19) agencies responded by writing in an answer to "others" that provide training. The responses varied considerably. Examples included:
- Altres
- Civil Defense Agency
- County Department
- Department of Health
- National Incident Management System (NIMS)
- Healthcare Association of Hawaii (HAH)
- Hawaii Association
- Literature
- Manufacturers
- One staff went to conference
- Online training
- Others (not specified)
- Red Cross staff
- Some private assistance [perhaps volunteers]
- Supervisors or other program staff
- Did not know

Question 11: Help Locating Nearest Shelter
Question 9 is worded to be a follow up to Question 6. It reads, "If your agency does provide training, does it include information about helping employees and clients locate the emergency shelters closest to him or her?" Of the fifty (50) agencies that reported providing training, most of the respondents to this question noted that the agency does provide assistance in locating the nearest shelter (35 of 48, 73%). Eight (8) agencies (8, 17%) do not. Five (5) agencies said the question was not applicable and two (2) agencies did not respond.

If this question is meant to be a follow-up to Question 6, it needs to be clearer that only agencies that provide training should answer it.

Table 13: Assist Employees and Clients
Locate Nearest Shelter

Response	Frequency	Percent
Yes	35	72.9%
No	8	16.7%
Not applicable	5	10.4%
Total	48	100.0%
Missing	2	NA

Question 12: Hardening Agency Facility
Most survey respondents noted that their agency has not considered hardening their facility in order to shelter-in-place. About three quarters of the respondents (44 of 59) replied no to this answer (see Table 14). Only fifteen (15) agencies had considered hardening. Four (4) agencies did not respond to the question.

Table 14: Agency Considered
"Hardening" Facility

Response	Frequency	Percent
No	44	74.6%
Yes	15	25.4%
Total	59	100.0%
Missing	4	NA

DCAB Board members pointed out that it is important to consider the reasons an agency may not consider hardening their facility. The agency may be renting space or housed in a building where another agency may control these types of decisions. The survey did not allow for explanations why hardening had not been considered to further understand the results.

Question 13: What is Needed to Shelter-in-Place
An open ended question was asked. "If you are a shelter-in-place facility, what kinds of things will you need?" Only ten (10) respondents made the following comments. Needs varied widely.

Maui (four responses):
- 72-hour kit
- Fuel for generator, water
- Fuel for generator for > 3 days, water > 7 days
- Flashlight, food, candles, water, first aid supplies

City and County of Honolulu (three responses):
- Many, currently in identification process
- Upgrade of the facilities
- None. No other materials or supplies needed.

Hawaii (two responses):
- Staff available to man it – which we may not be able to provide insurance liability, beds, etc.
- Plywood for large glass windows in the front

Kauai (two responses):
- Potable water, first aid kits, MREs
- In process

Question 14: Civil Defense Inspection

Survey respondents were asked, "Would you like a staff person from Civil Defense to come out to inspect your site for hardening?" Most survey respondents (38 of 59 or 64%) did not express interest in an inspection. Eleven (11) agencies were interested in an inspection and ten (10) were unsure. Four (4) agencies did not respond to the question.

Table 15: Agency would like Civil Defense Inspection for Facility Hardening

Response	Frequency	Percent
No	38	64.4
Yes	11	18.6
I don't know	10	16.9
Total	59	100.0%
Missing	4	NA

Question 15: Agency has Generator

Question 15 asked, "Does your agency have a generator?" The availability of generators is of particular interest due to geographical remoteness of the Hawaiian Islands. Unlike other states, the power system is specific to the island and most of the power is above ground and wired to poles which are liable to be flattened in a hurricane or damaged in a tsunami or earthquake. Without a generator, services will be reduced or eliminated. Without generators, important activities such as basic communications, refrigeration of medicines, running medical equipment (MRIs, kidney dialysis, ventilators, etc.) and activities like cooking cannot take place.

Results in Table 16 show that most agencies do not have a generator (41 of 61, 67%). About a quarter of the agencies (15 of 61, 25%) reported that a generator was available. A little less than ten percent (8%) of the respondents were unsure if a generator was available. Two (2) agencies did not answer this question.

Table 16: Agency has Generator

Response	Frequency	Percent
No	41	67.2%
Yes	15	24.6%
I don't know	5	8.2%
Total	61	100.0%
Missing	2	NA

Survey Section II: Emergency Readiness and Kits
Eight (8) questions form the basis for discussion of emergency readiness and kits.

Question 16: Training to Provide Kit Assembly
The first question in this section asked, "Does your agency provide training about how to assemble a kit?" Respondents could respond by answering "yes" or "no" and then complete a follow-up question. See Table 17.

Table 17: Agency Provides Training to Assemble Kit

Response	Frequency	Percent
No	36	58.1%
Yes	26	41.9%
Total	62	100.0%
Missing	1	NA

More than half the agencies reported not providing training to assemble an emergency preparedness kit (36 of 62, 58%). Only one (1) agency did not respond to this question.

Question 16 Follow-up: If No, Training Planned
Of the agencies saying that they did not provide training, thirty (30) agencies completed the follow-up question (see Table 18). More than a third the respondents (12, 43%) noted that it was unclear if kit assembly training would take place. Another third (11, 36%) reported that the training would not be offered. Only eight (8, 26%) reported training to assemble a kit would take place in the future.

Table 18: Agency Provides No Training
But Plan to Train

Response	Frequency	Percent
I don't know	12	38.7%
No	11	35.5%
Yes	8	25.8%
Total	31	100.0%

Question 16 Follow-up: How Kit Assembly Training is Provided
Of the agencies saying that training to assemble kits takes place, twenty-two (22) agencies provided information about the training. The responses, by county, are provided below. Review of literature on disaster planning is reported. Review of various plans or information during staff meetings or in-service, staff orientation were commonly reported.

City and County of Honolulu (eight responses)
- Emergency Management Plan
- Through staff meeting
- We provide kits pre-assembled.
- Yes. Employees are required to view the "Plan to be Read: The Hawaii Family Guide to Health Emergencies," which is on the AMHD Intranet.
- Community meeting
- Written information
- Guidelines and demos
- Through in-house staff and emergency kit list.

Hawaii (seven responses):
- We provide information about what should be in a kit.
- Individuals are responsible
- Quarterly staff meetings [and] new hire orientation
- Emergency Preparedness Action Plan
- In policy meetings with members and staff
- Staff orientation, we read and discuss entire Disaster Operational Plan.
- Varies by program. Foster families and nurse caregivers are trained.

Kauai (four responses)
- Annual disaster preparedness handout
- Civil defense informational brochure
- Information only provided; no training
- Literature

Maui (three responses)
- Office of Health Care Assurance (OHCA) regulations
- Handouts to patients and staff
- Based on information given during the year

Unknown (one response)
- In-services

Question 17: Items Needed to Assemble Kit
"What items are needed to build/assemble a kit?" was the next question. Survey respondents were provided with space to write what items were needed. The items mentioned are listed below by county. Items that were uncommon in the listing included the inclusion of sunscreen, "important papers," food for pets, a whistle, disinfectant spray, tooth care items, towelettes, backpack, and water purification tablets.

City and County of Honolulu (thirteen responses)
- NA. Everything needed is already in place or obtainable through Healthcare Association
- Look at checklist and resource sheet; personally, never built or assembled an emergency kits.
- American Red Cross Emergency checklist for emergency
- Medical supplies, canned goods, water, batteries, flashlights, cash
- Believe we have the majority of items
- Food, water, personal items, blanket, for 7 days need to be able to carry medications, important papers
- Pre-assembled
- Non-perishable food; can opener; 3-day supply of water; medications; radio; batteries; copies of important documents; keys; credit cards; cash; checks; first aid kit; clothing; bedding; paper cups; duct tape; plastic storage containers; whistle; flashlight; toilet paper, toothbrush/toothpaste; disinfect spray; sunscreen; supplies for pets.
- Diabetes testing supplies, medication, insulin refrigeration, food
- Everything recommended
- Use an emergency checklist developed by State of Hawaii
- No additional materials or supplies needed.
- Medications, supplies - medical, ice [packs].

Hawaii (eight responses):
- Listing from "Being prepared can ease hurricane's passing," by Bobby Command in the "West Hawaii Today" (no date). The list includes: portable radio, flashlights, extra batteries, lantern and fuel, candles, matches or lighter, disposable plates, kitchen utensils, paper towels, pre-moistened towelettes, first-aid kits and any special medications, a five-day supply of non-perishable and ready to eat foods, ice chest and blue-ice packs, drinking water (minimum of two quarts per day per person), sleeping bags or blankets, change of clothing for each family member, hibachi and charcoal, camp stove and fuel, and personal hygiene, sanitary supplies and diapers.

- Radio. Flashlight, batteries, water, food, client information card, first-aid kit
- Backpack, necessary items
- Need to refer to "Checklist & Resources" [sent with survey]
- Items recommended in CD [Civil Defense] brochure
- Water, candles, matches, flashlights, batteries, can opener, canned goods, electrical tape, first aid items
- 7 days worth of water and non-perishable food (1 gallon of water person), bedding, first aid kit, special medications, battery powered radio, change of clothing, shoes, important papers/documents, personal toiletry and sanitary needs, credit cards/cash, family information, special items for kids, hibachi, matches, disposable plates, kitchen utensils, water purification tablets
- [Provided a list entitled, "Catholic Charities Quality Living Choices, Family Survival Kits"]

Maui (five responses):
- First aid kit, flashlights, water, non-perishable food, list of contact for client
- Food, water, first aid
- People to assemble own kits. Patients on service 30-90 days [and] then discharged.
- Canned goods, water, medicine, flashlight, radio, blanket, change of clothes, can opener
- Flashlight, first aid, medicine if taken, food, water, medical records, IDs, etc., food, blanket, cash

Kauai (two responses)
- Follow standard checklist provided by our district manager
- Documents, ID, first aid, meds, water, food, radio, batteries, flashlight, candles, blanket, clothes, personal items (diapers, pads), durable medical equipment (DME)

Question 18: Agency Employees Trained to Assemble Kit
Agencies were asked to report, "Are your employees trained to build/assemble a kit?" Almost three-quarters of the agencies (45, 74%) reported that staff was not trained to build an emergency kit (see Table 19).

Table 19: Agency Employees Trained to Assemble Kit

Response	Frequency	Percent
No	45	71.4%
Yes	18	28.6%
Total	63	100.0%

Question 18 Follow-up: How are Agency Employees Trained
Agencies that reported that employees are trained to assemble a kit were asked to provide information about that training. Many of the answers demonstrate that some type of brochure or other information has been provided, but not necessarily training. When training has been provided sources include the national organization, written procedure, "Safety office," orientation or other staff training, and the American Red Cross.

Of the twenty-five (25) agencies that noted training takes place, the responses included:
- Trained by national organization
- "It's been discussed"
- Agency complied with enclosed instructions
- Annual disaster preparedness handout
- Followed guidelines by county-state
- Written procedure
- Staff have been provided information
- Civil defense informational brochure
- Checklist provided; no training
- From Safety office
- Through viewing the "Plan to be Ready: The Hawaii Family Guide to Health Emergencies" employees should be able to build/assemble a kit.
- Through in-house staff and emergency kit list
- Staff orientation (new) monthly, and peer specialist training
- Via literature
- Yes, through American Red Cross
- Scavenger hunt, check-off and assembly of client kit
- No answer (4)

Question 18 Follow-up: Plans to Train Employees to Assemble Kits
If the agency did not provide training, a follow-up question asked, "If no, are you planning to do so?" Answers included:
- No answer (20)
- No, no plans to do so (7)
- Yes (4)
- Don't know, unknown (3)
- Would like training (2)
- No, individuals [who are provided services by agency] are responsible
- Kits already assembled
- They are trained on use of in place kits
- Must have "kits" from history, county resources, etc.
- Yes, availability of the Civil Defense Agency
- Possibly

Most agencies did not provide an answer to this question (20). Another nine (9) agencies were not planning training. Six (6) were uncertain and three (3) that training would be planned. Two (2) agencies would like to have training. One (1) agency

reported that kits are already in place, employees will use kits that are assembled and another expected agency clients to be responsible for creating kits.

Four (4) agencies replied that there would be training but did not provide further information. Agencies that do not train staff also responded there is a possibility staff will be trained. The Civil Defense Agency may be available to provide training. A vague response said employees must have "kits" from history, county resources.

Question 19: Agency Provides "Emergency Readiness" Services
The next question was, "Does your agency provide any 'emergency readiness' services to individuals on your caseload?" Over half of the agencies do not provide "emergency readiness" services to individuals on their caseloads (33, 54%). More than a third (25, 41%) do provide this service. Five (5) agencies did not know or did not provide a response. (See Table 20.)

Table 20: Agency Provides "Emergency Readiness" Services to Caseload

Response	Frequency	Percent
No	33	54.1%
Yes	25	41.0%
I don't know	3	4.9%
Total	61	100.0%
Missing	2	

Question 20: Manner Agency Shares Information about Emergency Readiness
Survey respondents were asked, "How do you share information about emergency readiness with your clients?" A list of seven (7) options was provided for respondents, including one fill-in-the-blank response. Respondents did check more than one response in some cases. A summary of responses is seen in Table 21.

The most frequent means of imparting this information was during the individual's service plan (22, 35%), followed by "other" means of sharing the information (16, 25%) or shared by the case manager or social worker informing the individual that services are available (15, 24%). Agency newsletters, flyers sent to individual homes or posters in the agency with this information also played a part in sharing emergency readiness information.

Seventeen (17) agencies reported this type of information is not shared. One (1) agency reported that it had "No clients."

Table 21: How Agency Provides Emergency Readiness Information

Method Used	Frequency	Percent
Discussed during individual's service plan	22	34.9%
Other	16	25.4%
Case manager/social worker tells individual services are available	15	23.8%
Agency newsletter	7	11.1%
Flyer mailed to individual's home	6	9.5%
Poster mounted in agency where everyone goes	5	7.9%
"We do not provide this type of information to our clients"	17	27.0%

Other means to share this information included:
- Family support presentation outreach with American Red Cross scheduled 6/21/2008 at Windward Community College
- Handouts given at admission
- Information provided during weekly house meetings
- Information provided in handbook
- National magazine, web site
- Our weekly meeting reviews, [especially] when there are posted warnings
- Provide "Outreach Services" and "Information & Assistance" Services
- Provided at time of placement for residential clients
- Provided by provider agencies
- Relayed through written materials and web site
- Safety Committee meetings
- Safety meetings
- Through annual trainings on 8 different emergency situations
- Unit administration team meetings
- Individual neighbor island members meeting

Note: If this survey is used again, the question a list of answers should be together on one (1) page rather than split over two (2) pages. Additionally, there should be instructions provided to "check all that apply" to assure consistent responses.

Question 21: Agency Provides Training to Assemble 72-Hour Kit
Question 21 asked, "Does your agency provide training or information about how to assemble an 'Emergency Readiness 72-Hour Kit?'" About seventy percent (41, 70%) of the agencies do not provide this training. Four (4) agencies did not respond to the question.

Table 22: Agency Provides Training
to Assemble 72-Hour Kit

Response	Frequency	Percent
No	41	69.5%
Yes	18	30.5%
Total	59	100.0%
Missing	4	

Question 21 Follow-up: List of Items for the Kit
If the agency responded that this training was provided, a list of items to include in the kit was requested. Only four (4) of the eighteen (18) respondents provided a list of items to include in the kit.

These lists are attached in **Appendix D**.

Question 21 Follow-up: Plans to Provide Training
If the agency said that training is not provided to assemble a 72-Hour Kit, survey respondents were asked if there were plans to do so. As displayed in Table 23, most of the respondents were uncertain (13, 42%) or did not plan (9, 29%) to provide this training. (Table does not add to 100 percent due to round off error.)

Table 23: Agency Plans to Provide
Training to Assemble 72-Hour Kit

Response	Frequency	Percent
I don't know	13	41.9%
No	9	29.0%
Yes	9	29.0%
Total	31	100.0%

Question 22: Number of Individuals with Disabilities who have 72-Hour Kit
Survey respondents were asked, "How many individuals with disabilities served by your agency have an "Emergency Readiness 72-Hour Kit"? Only fourteen (14) agencies provided an answer to this question, some of which provided a range rather than a number. Most agencies responded with answers such as a question mark, unknown, no answer, not sure, don't know or no documentation.

Question 23: Agency Helps Individuals with Disabilities Get 72-Hour Kit
The final question in this section was, "Will your agency help an individual with a disability get a kit if he or she does not have one?" Over half of the responding agencies (32, 57%) would not assist an individual with a disability to obtain a kit if he or she did not have one. Seven (7) agencies did not respond.

Table 24: Will Agency Help Individual
with Disability Get a Kit

Response	Frequency	Percent
No	32	57.1%
Yes	24	42.9%
Total	56	100.0%
Missing	7	

Question 23 Follow-up: How to Help Get Kit

If the agency responded that it would provide help, the respondent was given a blank line to provide the means. Twenty-two (22) agencies provided an answer to this question. Responses included:

- Grant funding
- It would be a team decision
- Provide the materials to be distributed to our clients
- Instruction and assistance plan
- Provide verbal information and linkage to community resources
- By having kits donated if possible
- Home health nurse
- Work with clients after training has been received from the appropriate agency
- Express desire and include in individual budget
- Refer to manual
- We already have kits with enough supplies for all
- Core management activity
- If individual lives independently, agency has purchased Red Cross backpack
- Could be a distribution site
- Call your office [DCAB] or Red Cross
- Red Cross
- During monthly drills
- Determine needs, gather necessities
- Possibly need funding for kits
- Upon request
- If asked
- By having them develop their own if they are financially able to

Question 23 Follow-up: Help if Money Available

Twenty-five (25) of the thirty-two (32) agencies that do help individuals with disabilities get a kit provided a follow up response. When asked, "If no, would you help if money were available?" Just half (13) would help if money were provided. One (1) agency noted this was not an agency priority. Seven (7) agencies did not respond. See Table 25.

Table 25: Help if Money Available

Response	Frequency	Percent
Yes	13	52.0
I don't know	8	32.0
No	4	16.0
Total	25	100.0
Missing	7	NA

Survey Section III: Transportation

The next section of the survey focused on transportation. The survey read, "If there is an emergency, getting to and from a shelter is an individual responsibility. Individuals with disabilities need to plan for transportation if told to evacuate."

Question 24: Agency Provides Transportation for Individuals on Caseload
More than half of the fifty-nine (59) agencies (33 of 59, 56%, see Table 26) providing a response to Question 22 stated that transportation would not be provided for individuals with disabilities on their caseload. Forty-two percent (42%) of the agencies would provide transportation to and from a shelter if there is an emergency. One (1) agency chose the category, "I don't know." Four (4) agencies did not provide a response.

Table 26: Agency Provides Transportation for Persons on Caseload

Response	Frequency	Valid Percent
No	33	55.9
Yes	25	42.4
I don't know	1	1.7
Total	59	100.0
Missing	4	

One (1) agency provided additional comment. "Yes. Transportation is available to consumers who live in 24-Hour Group Homes or in Specialized Residential [settings]. However, [when] consumers [are] living alone or with family[,] case managers/social workers identify the resources available in their community which provide transportation."

Questions 25, 26, 27 and 28 are follow-up questions to Question 24. The question presupposes that Question 24 has been answered in the affirmative. However, data indicates that agency respondents answered independent of their response to Question 24. This means that the respondent may have provided an answer of "no" to question 22 and still went on to answer questions 25 through 28. This indicates confusion about the survey and should be changed in the future.

Question 25 - Follow-up to Question 24: Agency Vehicles are Accessible

For the twenty-five (25) agencies that designated transportation would be available, eighteen (18, 72%) noted the vehicles are accessible. See Table 27.

Table 27: Agency Vehicles are Accessible

Response	Frequency	Valid Percent
Yes	18	72.0
No	5	20.0
I don't know	2	8.0
Total	25	100.0

Question 25 - Follow-up to Question 24: How Vehicles are Accessible?

Survey respondents were asked how the vehicles were accessible. Three (3) answers and a blank "other" were provided. Fifteen (15) agencies reported that the vehicle had a lift and was equipped with tie-downs (60%). Nine (9) of the vehicles had a ramp (36%) and eight (8) had seats removed (32%). The comments made on "other" were, "7 [or] 8 passenger vehicle" and "regular bus." One (1) checked off "other" without specifying how the vehicle was accessible.

Table 28: How Vehicles are Accessible

Method	Frequency	Valid Percent
Lift equipped with tie downs	15	60.0%
Ramp	9	36.0%
Seats removed	8	32.0%
Other	3	12.0%

Question 26 - Follow-up to Question 24: Number of Agency Vehicles

Survey respondents were asked how many vehicles the agency has. Answers varied widely. Agencies reported a range of one (1) to forty-nine (49) vehicles. Most confusing was the report that two (2) agencies had no vehicles. The mean number was eight (8) and the median was five (5) vehicles.

Question 27 - Follow-up to Question 24: Would Vehicles Transport during an Emergency

Survey respondents were asked, "Would the vehicle be used to transport people during an emergency?" Most of the agencies that had a vehicle or vehicles would provide transport (74%). About a quarter of the agencies were unsure (22%) or reportedly did not provide transport.

Table 29: Vehicles Used to Transport
During Emergency

Response	Frequency	Valid Percent
Yes	17	73.9
I don't know	5	21.7
No	1	4.3
Total	23	100.0
Missing	2	

Question 28: Plan to Transport Persons with Disabilities to Closest Shelter

Agency respondents were asked, "Does your agency have a plan that includes providing individuals with disabilities on your caseload transportation to and from the closest emergency shelter?" Respondents were asked to consider if this service would be provided Monday through Fridays during work hours (Table 30) or during evenings, weekends and holidays (Table 31).

Less than a third (31% in Table 31) of the agencies reported having a plan to provide this service during weekday work hours. Most agencies do not have a plan to provide the service (45%) or reported it was not applicable (24%). Twelve (12) agencies did not provide an answer.

Table 30: Plan to Transport to Closest Shelter
Monday through Friday, Work Hours

Response	Frequency	Valid Percent
No	23	45.1
Yes	16	31.4
Not applicable	12	23.5
Total	51	100.0
Missing	12	

During evenings, weekends and holidays, most agencies do not have a plan to provide the service (50%, Table 32) or reported it was not applicable (34%). Less than a fifth (16%) of the agencies reported having a plan to provide this service during this period of time. Thirteen (13) respondents did not provide information.

Table 31: Plan to Transport to Closest Shelter
Evenings, Weekends, and Holidays

Response	Frequency	Valid Percent
No	25	50.0
Not applicable	17	34.0
Yes	8	16.0
Total	50	100.0
Missing	13	

Question 29: Emergency Transport of Persons with Disabilities

The final question in the Transportation section reads, "If an emergency occurs during the evening, Saturday, Sunday or holiday, will your agency go to your client's home to pick him or her up and transport the client to the shelter?" Responses are summarized in Table 32.

Most agency respondents reported that this transport was not provided (55%) or not applicable (26%). About a fifth of the agencies (19%) said this service was available for persons with disabilities who were clients. Only five (5) respondents did not provide an answer to this question. (Table does not add up to 100% due to round off error.)

Table 32: Emergency Transport of
Persons with Disabilities

Response	Frequency	Valid Percent
No	32	55.2
Not applicable	15	25.9
Yes	11	19.0
Total	58	100.0
Missing	5	

Survey Section IV: Community Participation

The final section of the survey dealt with community participation. The introduction to this series of questions states, "Developing a plan that addresses the needs of the community is an important part of emergency preparedness. Please provide the following information so that your agency can participate in future emergency readiness planning for persons with disabilities and special health needs."

Question 30: Agency Involved in Emergency Preparedness Network

Survey respondents were asked, "Is your agency involved in an emergency preparedness network or working group, such as the Interagency Action Plan Work Group on Emergency Preparedness?" Responses are seen in Table 33.

Less than half of the respondents (29 of 60, 48%) reported involvement in such a network or working group. Thirty-one (31) agencies (52%) were not. Three (3) respondents did not provide an answer.

Table 33: Agency Involved in Emergency Preparedness Network

Response	Frequency	Valid Percent
No	31	51.7
Yes	29	48.3
Total	60	100.0
Missing	3	

Question 30 Follow-up: Name of Group
Twenty-nine (29) agencies reported that the organization was part of an emergency preparedness network or working group. These respondents were requested to "please provide the name of your group." Table 34 shows that there is a great deal of variability in reporting the name of the network or work group. Often times the agency reported the name of the agency responding to the survey rather than the name of the network or work group. Some attention should be paid to reworking this question if it is used again.

Table 34: Agency Report Network or Working Group

County	Network or working group joined
City and County of Honolulu	• Healthcare Association of Hawaii (HAH), Adult Mental Health Division (AMHD), Department of Health (DOH) • Assistive Technology Resource Center (ATRC) • State preparedness • AMHD Disaster Preparedness Task Force • Hawaii Health Systems Corporation (HHSC) and Healthcare Association of Hawaii • Department Of Education • National Multiple Sclerosis (MS) Society • Interagency Action Plan Work Group, Family Support Group • Hemophilia Foundation of Hawaii • No answer
Hawaii	• HAH • DOH AHERP • Emergency Preparedness Committee (County of Hawaii Mass Transit Agency) • Voluntary Organizations Active in Disaster (VOAD) – Civil Defense - 3 • DOH – Developmental Disabilities Division (DDD) • Through DOH West Hawaii Clinic (AMHD)
Kauai	• Wilcox Adult Day Health • Civil Defense Plan • County of Kauai • County, State, Federal and Private - 2 • No answer - 2
Maui	• HAH and Maui District Health • HAH, Maui County Task Force • Maui Disability Alliance • Hospice Maui

Question 30 Follow-up: Willing to Join Group?
For the thirty-one (31) agencies reporting that the organization was not part of a network or working group, respondents were asked, "[A]re you willing to participate in one?" Most agency representatives reported, "I don't know" (52% in Table 35). Another eleven (11) responded, "Yes." Only two (2) agencies reported no interest in joining a group. One (1) response was written in, "Maybe." Four (4) respondents did not provide an answer.

Table 35: Willingness to Join Group

Response	Frequency	Valid Percent
I don't know	14	51.9
Yes	11	40.7
No	2	7.4
Total	27	100.0
Missing	4	

Question 31: Additional Comments about Individuals with Disabilities Served
Respondents were asked to provide additional information. However, there was little space to do so on the survey form.
"Please provide any additional comments about individuals with disabilities served by your agency and emergency readiness."

Comments made included:
- Residents are prepared to shelter-in-place or evacuate to a shelter. Nonresidents also during day program hours.
- Lack of shelters, Americans with Disabilities Act (ADA) concerns, very limited roads for travel, gridlock for the simplest reasons/conditions.
- Assistive Technology Resource Center (ATRC) will do as much as possible to inform our clients about emergency readiness (statewide)
- We are not a direct service agency organization. However, we are in contact with thousands … [fax is unreadable after this]
- Having filled this survey out the organization is now working on some type of emergency readiness plan. Mahalo.
- We help and insure people have ten (10) days worth of medicine. We have extra canned goods on hand to give out.
- Need generators for ventilators, suction machines, refrigerators at shelters.

It was then stated, "Please share: Any demographic information about your clients."
Comments included:
- Adults with mid-profound Mental Retardation
- Youth ages 3-21 (and their families) with mental illness
- Youth ages 3-21, Mental health needs
- Our program serves clients with mental health disabilities
- Individuals served are college students, the majority of whom live off-campus. For those living on campus, the campus has been engaged in a hardening project to accommodate approximately 4,000 persons, ¾ of whom are dormitory/apartment residents. The coordinator is aware of institution's responsibility to provide for persons with disabilities in terms of physical access, communication, food, health needs, etc. The coordinator of emergency management is Mel Won. It is my understanding that all non-housing students would be expected to evacuate the campus on their own in an emergency.

- 50 people on Maui; 40 people on Kauai; 90 on Hawaii; 330 on Oahu; 2 on Lanai; 2 on Molokai
- Data collection in progress
- Kahului, Wailuku, Kihei, Makawao
- No "clients"!

It was then stated, "Please share: Any special needs to be considered relating to emergency preparedness/readiness."

Comments included:
- Some have great financial limitations
- Most of [the] youth served are in out-of-home placement
- We are concerned about reaching consumers who live in remote areas should a disaster strike where there are no buses, handivans, etc.
- People with MS have all levels of disability – mobility, full disability, non-mobile. Symptoms come and go and can be temporary or permanent. Heat and stress can cause symptoms to flare up. The symptoms of MS may include tingling, numbness, painful sensations, slurred speech, and blurred or double vision. Some people experience muscle weakness, poor balance, poor coordination, muscle tightness or spasticity, or paralysis, which may be permanent or temporary. Problems with bladder, bowel, or sexual function are common. MS can cause cognitive changes, mood swings, and disabling fatigue that makes daily living a struggle. MS is usually diagnosed between the ages of 20 and 50. We have children as young as 13 and many older people with MS in Hawaii. Two-thirds of people with MS are women.
- Shelters [shelter staff and volunteers] need training in working with autism spectrum disorder and other developmental disabilities
- Conditions particular to each island needs to be considered, i.e., sulfur dioxide on Big Island.

The final question asked, "Do you have any questions about emergency readiness or preparedness that you would like answered?" Comments included:
- No, None, None at this time, NA (7)
- Primarily we assure access to O2 [oxygen] for 24 hours. We call to check status and help family to mobilize their disaster plan.
- Maybe I should have a kit in our small office for myself?
- People and agencies need more information about sheltering-in-place.

Question 32: Anything Missing for Personal Kit
Survey respondents were asked to review an attached list of items for an emergency readiness kit. They were asked to list any items that were missing from the list. Comments made included:
- A crank rather than a battery operated radio; some suggest weapons of self defense
- Pen, pencil, notepaper, deck of cards, book, some children activity items
- Toilet paper, shoes, water purification tablets

- Three [3] days of water and food is minimum, it should be at least five days of supplies. Place in 5-day coolers for maximum emergency storage.
- Great list!!
- No, Not aware of any, No comments (4)

Appendix D: Emergency Lists

ORI
64-1510 Kamehameha Highway
Wahiawa, Hawaii 96786

EMERGENCY PREPAREDNESS

In the event of an emergency, the first course of action is to shelter in place. There are adequate supplies for this purpose, including generators, food and water, in the residential homes. If the premises become unsafe to shelter in place, management will authorize the use of the agency wheelchair accessible vans to evacuate to the nearest shelter, which is currently Leilehua High School. In the event of an evacuation, each person will need supplies for at least 3 days. Following are lists of supplies for a "GO BAG" when it is necessary to leave immediately, and for an "EMERGENCY KIT" when there is opportunity to take the additional supplies.

<u>GO BAG</u> (use backpacks)

Medications
Client emergency folder
Food which does not require cooking
Bottled water
Assistive devices (e.g., wheelchair, walker, cane, eyeglasses, hearing aid, etc.)
Incontinence supplies, if appropriate

EMERGENCY KIT

"Go Bag"
Sleeping bag or blanket
Pillow
Toothbrush
Change of clothing
Lantern or flashlight

In addition, staff should also take the following:
First aid kits
Cellular phones and charges
Manual can openers
Extra water
Toilet paper
Portable radio
Spare batteries

Being prepared can ease hurricane's passing
by Bobby Command
West Hawaii Today

Problems associated with a hurricane do not end when the storm has passed. The effects of its destruction may last days, weeks or even months after the storm hits.

Civil Defense agencies recommend residents prepare for hurricanes and other natural disasters with a home survival kit, complete with preparedness and evacuations plans.

A home survival kit should include the following items:
- Portable radio
- Flashlights
- Extra batteries
- Lantern and fuel and candles
- Matches or lighters
- Disposable plates, kitchen utensils, paper towels, pre-moistened towelettes
- First-aid kits and any special instructions
- A five-day supply of non-perishable, ready to eat foods (items should be dated and rotated with regularly eaten food to ensure freshness)
- Ice chest and blue-ice packs
- Drinking water (minimum of two quarts per day per person)
- Sleeping bags or blankets
- Change of clothing for each family member
- Hibachi and charcoal, camp stove and fuel
- Personal hygiene, sanitary supplies and diapers

If it appears a storm is likely to strike, residents should be prepared to do the following:

- Check often for official weather bulletins on the radio, television or NOAA weather radio
- Tie down or store loose objects
- Wedge sliding doors to prevent their lifting from tracks
- Bring potted plants into the house
- Remove and store lanai furniture
- Throw deck furniture into the pool
- Unplug all electric appliances not being used
- Tape or board up windows and sliding glass doors (tape reduces possible shattering and should be used on the inside in "X" patterns)
- Fill up bathtub with water in case of shortages
- Store all propane tanks
- If the storm hits, stay on the downwind side of the house and away from windows. Do not assume that the storm is over when the wind and rain stops. It may be the eye of the hurricane, a dead calm area in the middle of the storm.

ADDENDUM #1
DISASTER PROCEDURES

PRE-PLANNING PRIOR TO A DISASTER

Before we can implement any type of disaster procedures, pre-planning for a disaster is critical to actually being able to provide the needed services during the aftermath of a disaster. Pre-planning includes identifying the essential ingredients that need to be part of a disaster survival kit for a BESSD office/unit, for a volunteer who will be servicing the disaster area, and items needed at a Disaster Recovery Center (DRC).

A BESSD office/unit disaster kit should include:

- ❏ First aid kit that includes Band-Aids, antiseptic, elastic gauze, adhesive tape, sterile gauze, gauze pads, tweezers
- ❏ Portable radio
- ❏ Cellular phone
- ❏ Flash lights

- ❏ Batteries
- ❏ Tarpaulins
- ❏ Large plastic trash bags
- ❏ Masking tapes
- ❏ Duct tapes
- ❏ Surgical/face masks

A volunteer's disaster survival kit should include:

- ❏ Mini-first aid kit that includes Band-Aids, antiseptic, sunscreen
- ❏ Water
- ❏ Flash light
- ❏ Lantern
- ❏ Batteries

- ❏ Toilet paper
- ❏ Towelettes
- ❏ Non-liquid soap
- ❏ Paper towel
- ❏ Chapstick
- ❏ Rain gear (ponchos)

A Disaster Recovery Center disaster survival kit should include:

- ❏ Large plastic container to store the survival kit
- ❏ Complete first aid kit that includes
  - ❏ Sterile adhesive bandages in assorted sizes
  - ❏ 2-inch sterile gauze pads (4-6)
  - ❏ 4-inch sterile gauze pads (4-6)
  - ❏ 2-inch non-sticking sterile pads (4-6)
  - ❏ Band-Aids, various sizes

- ❏ 4-inch non-sticking sterile pads (4-6)
- ❏ Hypoallergenic adhesive tapes
- ❏ Triangular bandages
- ❏ 2-inch sterile roller bandages (3 rolls)
- ❏ 3-inch sterile roller bandages (3 rolls)
- ❏ Ace bandages, 2 and 3 inch widths

- ❏ Tourniquet, rubber or Velcro, 1-inch width
- ❏ Alcohol preparation pads
- ❏ Rubbing alcohol
- ❏ Scissors
- ❏ Tweezers
- ❏ Needle
- ❏ Moistened towelettes
- ❏ Antiseptic
- ❏ Thermometer
- ❏ Tongue depressors (2)
- ❏ Tube of petroleum jelly or other lubricant
- ❏ Assorted sizes of safety pins
- ❏ Cleansing agent/soap
- ❏ Latex gloves (5 pair)
- ❏ Sunscreen
- ❏ Aspirin or non-aspirin pain reliever (perishable item)
- ❏ Antacid (perishable item)
- ❏ Antihistamine (perishable item)
- ❏ Insect repellent (perishable item)
- ❏ Neosporin (perishable item)
- ❏ Water (perishable item)
- ❏ Snacks (perishable item)
- ❏ Radio
- ❏ Flash light
- ❏ Lantern
- ❏ Batteries
- ❏ Cellular phone
- ❏ Toilet paper
- ❏ Paper towels
- ❏ Paper cups
- ❏ Towelettes
- ❏ Non-liquid soap
- ❏ Pliers
- ❏ Thread and needles
- ❏ Tape
- ❏ Garbage bags and ties
- ❏ Zip lock bags
- ❏ Matches or disposable lighter

Aside from putting together the two preceding survivor kits before a disaster occurs, another pre-planning area involves the identification of the items needed to operate at a DRC. The following are the items needed to process an application at a Disaster Recover Center:

- ❏ Large plastic storage container
- ❏ Disaster application
- ❏ Clip boards
- ❏ Pens, pencils
- ❏ Pencil sharpener
- ❏ Legal pads
- ❏ Writing tablets
- ❏ Poster-size paper
- ❏ Wide marker pens (permanent ink)
- ❏ Wide marker pens (water soluble)
- ❏ Colored labels, dots
- ❏ Calculators – Solar powered
- ❏ Staplers
- ❏ Staples
- ❏ Stapler remover
- ❏ String
- ❏ Manila file folders
- ❏ Manila envelopes
- ❏ Scotch tape and dispensers
- ❏ Masking tape, duct tape
- ❏ Paper clips
- ❏ Binder clips
- ❏ Bulldog clips
- ❏ Exacta-knife
- ❏ Post-it notes
- ❏ Post-it tape flags
- ❏ Wite-outs (liquid paper)
- ❏ Scissors
- ❏ Rubber bands
- ❏ Surge protectors (2-3)
- ❏ Extension cords, 2-100 feet
- ❏ Safety storage box with lock
- ❏ Rope nylon, 100 feet
- ❏ Yellow boundary tape
- ❏ Sequentially numbered tickets

Excluding the cellular telephone, snacks, and other perishable items, each unit should also have a DRC disaster survival kit stored in their office. In addition to their own DRC disaster survival kit, each Section should be responsible to maintain a minimum of five DRC disaster survival kits. Storing the DRC disaster survival kits at the Section offices will alleviate the need to transport these kits to the disaster area. Each office shall be responsible to check their DRC disaster survival kit annually, and replace the items with expired dates. The Division's Administrative Management Services (AMS) Office will be responsible to set up and store the DRC operational kits. The AMS Office will also be responsible to maintain five DRC disaster survival kits and the volunteer's survival kits at the Administration office.

CHECKLIST AND RESOURCE

Be Ready: Create a ready kit and a go bag.

You should create a comprehensive "ready kit" with the many supplies necessary to self sustain for a period of time. Also create a "go bag" containing your most essential items to take with you if you must leave immediately.

Include in your kit: Items on this list can be included in both the ready kit and go bag. It is up to you to decide the most essential items to include for you and your family.

- 3-day supply of non-perishable food and manual can opener. Make sure the food meets your dietary requirements.
- 3-day supply of water. Plan for 1 gallon per person per day, but you may need more, consult with your doctor.
- Medical equipment and assistive devices (glasses, hearing aids, catheters, augmentative communication devices, canes, walkers). Label each with your name and contact information. Be sure to have extra batteries and chargers.
- Medications, including a list of the prescription name, dosage, frequency, doctor and pharmacist. Also consider if medications need to be refrigerated and if so, bring a cooler with an ice pack or other coolant system.
- List of emergency contact information including your support network members in and out of the region, service providers, etc.
- Copies of important documents (birth certificate, passport, licenses, insurance information, proof of address).
- Extra set of keys.
- Flashlight and radio with extra batteries.
- Cash, credit cards, checkbook, ATM card.
- Sanitation and hygiene items. Including soap, denture care, absorbent pads, etc.
- Items for infants, such as formula, diapers, bottles, and pacifiers.
- Supplies for a service animal including food, identification tags, proof of up-to-date vaccinations, and veterinarian contact.
- Clothes, blanket, pillow.
- White distress flag or cloth, whistle, flashlights and/or glow sticks.
- Basic first aid kit.
- Identify your disability-related or health condition need by writing it down or wearing medical alert tags or bracelets.

For a brochure with information about emergency preparedness for people with disabilities go to http://www.redcross.org/static/file_cont5745_lang0_2170.pdf.

Additional Items for Emergency Readiness Kit

Personal Disaster Kits should contain essential and special foods, water and supplies for at least three (3) days or supplies for sheltering for up to two weeks. Information about Personal Disaster Kit supplies would include use and proper storage of candles, matches, flashlights, batteries, simple cook stoves and first-aid kits. Personal Disaster Kits should be kept in a designated place and be ready for pickup in case the consumer has to leave quickly.

For consumers with Medical Equipment, they should be encouraged to make arrangements to take the medical equipment with them, and be reminded to take extra batteries if they use a wheelchair.

Prescriptions – Consumers should have a list of their medications: the strengths and dosages of each.

Important Papers – Consumers to keep important papers in a safe location, i.e., driver's license, passports, lease agreements, insurance policies, birth certificates, marriage certificates, divorce papers, custody papers, guardianship papers, wills, powers of attorneys, deeds, immunizations, and social security cards. Important Names and Numbers – Consumers to have a list of their physicians, bank information, therapist, pharmacy and friends and family members in their wallet and purse.

CATHOLIC CHARITIES QUALITY LIVING CHOICES

FAMILY SURVIVAL KITS

Every home should have a survival kit not only for major disasters such as hurricanes but also for other occurrences, such as power outages.

A survival kit is a collection of items you should have on hand for use during emergencies. A survival kit should include:

> A battery powered portable radio
> Flashlights with spare batteries
> First aid kit
> Special medicines
> A five day supply of canned goods and non perishable foods that do not need cooking. Buy sizes that will supply enough for immediate consumption only.
> Containers of water
> Sleeping bags or blankets
> Nonelectric can opener
> Personal toilet articles and sanitary needs (diapers, etc.)
> Change of clothing for each family member.

When you are told to evacuate, you should take along with you food for three meals, blankets and personal items such as medicine to be used at the evacuation center/shelter.

Other recommended items you should have for convenience before an emergency arises include:

> Masking tape for windows
> An ice chest
> Fuel for stoves, hibachis or lanterns
> Candles and matches
> Extra pet food

EMERGENCY WATER SUPPLY

Allow 2 quarts of water per person per day (minimum). Quantity depends upon size of the person, exertion, weather, etc. For a family of 2 for 5 days, the minimum amount would be 5 gallons. Be sure to include pets.

How to store water: Add 2 drops chlorine bleach per quart of water to be stored. Purchase an eye dropper solely for this purpose. Store water in carefully sterilized, non-corrosive, tightly covered containers (empty household bleach bottles are good).

Refill containers about every 6 months. If water is cloudy, or there is an odor, throw out, wash containers and refill. Store in cool dark location.

How to purify water: If boiling is not possible, strain water through paper or clean layers of cloth. Use any household bleach that contains 5.25% hypochlorite as its only active ingredient. For every gallon of water, add 8 drops to clear water and 16 drops to cloudy water. Stir. Let stand 30 minutes. A distinct odor or taste of chlorine should be present. If not, add one additional drop of bleach. Let stand 15 minutes and test again for odor or taste.

Purification tablets are available at drug stores. Follow package directions.

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