

## SPECIAL NEEDS ANNEX M

### **M1. Purpose, Situation, and Assumptions**

#### **M1.1 Purpose**

The purpose of this Special Needs Functional Annex is to guide and coordinate agencies and organizations in meeting the specialty needs of the population during a disaster, emergency, or incident within Park County. Persons with special physical or mental needs generally manage their lives competently and enjoy a full range of activities commensurate with their limitations. Emergencies, however, can create situations in which such individuals are at greater risk than the general population. Anticipating and planning for specialty needs during all types of disasters will allow for more efficient and effective response to those needs.

#### **M1.2 Situation Overview**

Special needs populations exist within all jurisdictions of Park County, including the City of Livingston and the Town of Clyde Park. The extent of those with special needs and types of special needs likely varies throughout the year. Certainly, some permanent residents may have special needs that are more readily identified by neighbors and through organizations in the communities that provide services to those residents. Others may be seasonal residents and more challenging to identify. Yet others may be some of the many tourists that travel to and through Park County each year. In any case, the specific special needs populations are hard to identify, plan for, and prepare for until the incident occurs. Given the wide variety of needs that may need to be met, this annex highlights the most likely special needs in an emergency situation, but flexibility must be maintained for unexpected and unique circumstances.

In general, persons having special needs may be thought of for planning purposes as belonging to one or more subgroups:

- Those having sensory impairments, such as reduction or loss of hearing or sight.
- Persons having mobility impairments, such as loss of a limb or limbs, partial or full paralysis, or reduction in range of motion.
- Those having mental impairments, including persons who are mentally ill or those suffering permanent or temporary reduced mental capacity.
- Health-related disabilities, including diabetes and other illnesses requiring special medication, treatment, equipment, and/or dietary needs.
- Children can be considered a special needs population, especially when not in the care of their parents or guardians. Often, the younger the child, the greater the needs.
- Park County is primarily an English-speaking area, so language barriers can hinder essential communications with the non-English speaking populations.

- Low income, homeless, and/or transient populations may not have a safe place of residence, transportation, or the basic living necessities needed to respond or protect themselves during an incident.

An extremely important element to recognize is that not every older person has special needs within the context of this annex and efforts to impose special treatment can sometimes be counterproductive. Therefore, the elderly in general are not categorized as a special needs population, but many do have needs within the previously mentioned subgroups.

Table M1.2A provides statistics on potential special needs subgroups in Park County. Table M1.2B lists the facilities with specific special needs populations within Park County, modified from the Park County Hazard Mitigation Plan. Note that all locations may not be listed.

*Table M1.2A Park County Population Statistics (based on 2000 Census data)*

	Cooke City – Silver Gate <sup>^</sup>	Clyde Park	Gardiner <sup>^</sup>	Livingston	Wilsall <sup>^</sup>	Unincorporated Areas of Park County	TOTAL, all areas of Park County
Population	140	310	851	6,851	237	8,533	15,694
Under age of 18	12	73	177	1,556	56	2,066	3,695
65 years or older	14	50	66	1,272	47	1,014	2,336
In group quarters	0	0	0	179	0	35	214
With a disability	23	71	104	1,448	50	1,238	2,757
Speak English less than “very well”	0	0	11	18	2	62	80
Below poverty level	21	29	69	831	39	920	1,780

Source: US Census Bureau, 2000.

<sup>^</sup> unincorporated area

*Table M1.2B Special Needs Facilities in Park County, Montana*

Name	Address	Type
Arrowhead School	1489 East River Road, Pray	School
Blessings Abound	Quasar Lane, Livingston	Child Care
Caslen Living Centers	1301 Wineglass Lane, Livingston	Assisted Living
Caspari Montessori Institute	211 East Geyser Street, Livingston	School
Christikon	4661 Boulder Road, McLeod	Youth Camp
Community Health Partners	126 South Main Street, Livingston	Healthcare
Cooke City School	101 Broadway, Cooke City	School
Counterpoint, Lewis Street Activity Center	116 East Lewis Street, Livingston	Special Needs Activity Center

Table M1.2B Special Needs Facilities in Park County, Montana (continued)

Name	Address	Type
Counterpoint, Milky Way Group Home	603 East Milky Way, Livingston	Group Home
Counterpoint, Ninth Street Group Home	629 North 9 <sup>th</sup> Street, Livingston	Group Home
Diamond K Lodge	1200 West Montana Street, Livingston	Assisted Living
East Side Elementary School	401 View Vista Drive, Livingston	School
Evergreen Health and Rehabilitation Center	510 South 14 <sup>th</sup> Street, Livingston	Skilled Nursing
Frontier Personal Care Center	121 South 3 <sup>rd</sup> Street, Livingston	Assisted Living
Gardiner School	510 Stone Street, Gardiner	School
Gwynne Moore	622 Meadowlark Lane, Livingston	Child Care
Head Start	201 South F Street, Livingston	Child Care
Let Them Bee Little Childcare	North 8 <sup>th</sup> Street, Livingston	Child Care
Little Feet Preschool	424 West Lewis Street, Livingston	School
Little Partners	112 West Lewis Street, Livingston	Child Care
Livingston HealthCare	504 South 13 <sup>th</sup> Street, Livingston	Hospital
Mammoth Clinic	Mammoth Hot Springs, Yellowstone National Park	Healthcare
Miles Building Apartments	107 South 2 <sup>nd</sup> Street, Livingston	Low Income Housing
Montessori Island School	160 Miller Drive, Livingston	School Child Care
Ms. Patti's Pitter Patter Child Care	North 8 <sup>th</sup> Street, Livingston	Child Care
Park Clinic River Drive	1001 River Drive, Livingston	Healthcare
Park Clinic West Crawford	1315 West Crawford, Livingston	Healthcare
Park County Special Education Cooperative	129 River Drive, Livingston	School
Park High School	102 View Vista Drive, Livingston	School
Pine Creek School	2575 East River Road, Livingston	School
PrintingForLess.com Child Care	100 Printing For Less Way, Livingston	Child Care
Safe Haven Childcare	224 South G Street, Livingston	Child Care
Saint Mary's School	511 South F Street, Livingston	School
Seeds of Love	14 Coulee Drive, Livingston	Assisted Living
Senior Citizen Center	121 South 3 <sup>rd</sup> Street, Livingston	Senior Housing
Sherwood Inn Apartments	325 South Main Street, Livingston	Senior, Low Income Housing
Shields Valley Elementary School	308 South Hannaford Street, Wilsall	School
Shields Valley High School	405 1 <sup>st</sup> Street East, Clyde Park	School
Shields Valley Montessori	Clyde Park	School
Sleeping Giant Middle School	301 View Vista Drive, Livingston	School
Snoopy Cooperative Preschool	Gardiner	School
Springdale School	102 1st Street, Springdale	School

Table M1.2B Special Needs Facilities in Park County, Montana (continued)

Name	Address	Type
Summit Place Apartments	1102 Summit Place, Livingston	Disabled, Low Income Housing
Thomas Moore School	30 Sirius Drive, Emigrant	School
Twin Pines Montessori	319 East Montana Street, Livingston	School
Washington School (after school program)	315 North 8 <sup>th</sup> Street, Livingston	School
Wiggles N Giggles	East Geysler, Livingston	Child Care
Winans Elementary School	1015 West Clark Street, Livingston	School
Yellowstone Bible Camp	27 Mill Creek Road, Pray	Youth Camp

Note: Only licensed child care facilities with a capacity greater than 10 were included.

Potential disaster and emergency issues for those with special needs include:

- Communication / Information for the visually impaired, hearing impaired, and language barriers.
- Warning and protective actions for the visually impaired, hearing impaired, mentally impaired, language barriers, and children.
- Evacuation for the mobility impaired and those lacking transportation.
- Sheltering and care for those with health-related disabilities.
- Equipment and infrastructure needs (such as electricity) for those with health-related disabilities.

### M1.3 Planning Assumptions

- A hazard is threatening or has affected a special needs population within Park County.
- The unique needs of particular individuals or populations require special response by Park County first responders, public health, and/or Disaster and Emergency Services.
- Ordinary procedures routinely utilized by responders, caregivers, and Disaster and Emergency Services may not suffice for those with special needs during times of disaster.

## M2. Concept of Operations

In incidents where support networks and services are not disrupted, the special needs populations may not require special operations. Generally, the smaller scale incidents can be easily managed with regard to special needs. During the larger scale incidents where the care and needs of the population is threatened or disrupted, special accommodations may be required.

The decision points that follow are the responsibility of incident management. Note that not all decision points may be necessary and some decision points may be combined during rapidly escalating situations.

➤ Decision Point: Identification of Special Needs

Many of those with some form of impairment, particularly in the rural communities, are known to the community in which they reside. New or seasonal persons may not be known by the community at

large. Some special needs persons may avoid being identified as such because they fear heightened vulnerabilities to crime or they may fear discrimination if their disability is revealed. And some just do not want to accept their limitations.

Some special needs populations are involved in full or part-time institutional care. Clinics, the hospital, assisted living facilities, group homes, schools, and other licensed care facilities form the core of the special needs population. Others receive care in private residences. Organizations such as churches, home oxygen services, or senior citizen agencies may also provide some assistance.

Ultimately, the only way to accurately identify and assess the special needs of the population during a disaster or emergency is through feedback and communication with the public, first responders, and support organizations. For example, a telephone hotline, or in the absence of such 911 or a non-emergency line, may allow individuals, families, friends, and neighbors to call in with specific needs during an extended power outage or period of limited transportation during a winter storm or following an earthquake. Another example may be law enforcement officials conducting an evacuation find people in the hazard area lacking transportation or with a language barrier in need of translation. Similarly, visits and welfare checks by community members may identify the need for medication or food deliveries. No matter what the situation, as special needs are identified, the needs should then be fulfilled through the Incident Command System and/or communicated to Disaster and Emergency Services. As much as practicable, specific requests including type, quantity, and location for the needed resource should be made.

➤ Decision Point: Providing Warning and Public Information

Awareness and response to emergency situations commonly begins with recognition of its existence through direct observation or through organized public information disseminated by radio, telephone, television, electronic media, and loudspeaker or by being informed by a friend or family member. Conventional response usually involves special planning and/or positive action as necessary to accommodate the problem.

Traditional means of exchanging information, particularly notification methods, are frequently not accessible to or usable by people with disabilities or special needs. Such a flow of information is crucial to ensure that all citizens have the information necessary to make sound decisions and take appropriate, responsible action. Often using a combination of methods will be more effective than relying on one method alone, such as combining visual and audible alerts, directions, or notifications, and will reach a greater audience than one method would alone. Disaster and Emergency Services, public health, and responders need to be sensitive and innovative.

Those individuals that cannot hear, see, comprehend, or physically respond to the problem must receive special consideration in times of emergency or crisis. Considerations for special needs populations when providing warnings and/or essential public information may include:

- Using multiple, duplicative means for distributing warnings and information, such as through television scrolls for the hearing impaired and radio and tones for the sight impaired.
- Translating the message into another language or languages.

- Communicating directly with recognized caregivers.
- Providing a communications avenue for those with additional needs.

See the [Warning Annex](#) and [Public Information Annex](#) for additional information on these functions.

➤ *Decision Point: Managing an Incident at a Special Needs Facility*

Incidents involving special needs facilities, such as the hospital, assisted living facilities, group homes, schools, and day cares require coordination between facility management and emergency responders. Ideally, these facilities have pre-planned such events so that evacuation procedures, transportation options, and alternate facility locations are identified. Someone with a broad understanding of these plans, generally an administrator from the facility, should be integrated into the command structure of the incident. Steps and considerations for Unified Command (including facility management, incident responders, and possibly public health) include:

- Evaluation of the threat to the facility. If threats exist, possible options include:
  - Sheltering-in-place without moving patients / clients / students
  - Evacuating just outside the facility
  - Evacuating to a nearby like facility
  - Evacuating to a distant like facility
  - Evacuating to a shelter designated as a special needs shelter where staff and support services are available
  - Evacuating to a general public shelter with some special accommodations
- If and when to activate the facility emergency response plan and/or evacuation plan.
- Establishment of an alternate location or evacuation point.
- Preparation and staging of patients / clients / students, if time allows, including obtaining needed equipment, supplies, and transportation units.
- Transportation of the patients / clients / students to an alternate location.
- Resumption of essential operations at the alternate location until a more permanent plan can be developed.

➤ *Decision Point: Fulfilling Special Equipment and Supply Needs*

Once specific needs for equipment and/or supplies are identified, those needs can be fulfilled in a variety of ways, provided the following have the equipment and/or supplies available:

- Local government and/or response agencies
- Local vendors and/or medical facilities
- Vendors and/or medical facilities in larger nearby cities such as Bozeman or Billings
- Mutual aid from other jurisdictions
- Requests to Montana DES to access state and/or federal resources

Note: Equipment and/or supplies provided in a disaster or emergency should be tracked and accounted for to the extent possible and necessary.

➤ Decision Point: Fulfilling Transportation Needs

Evacuations are the primary reason for needing transportation for special needs populations. A limited evacuation, such as a school fire or similar localized event, can frequently be handled by indigenous resources. In this example, the senior administrative official may simply use the school buses normally assigned (in the case of a school incident) and coordinate utilization of parental and staff vehicles with little need for additional external transportation assistance.

Efficient transport of individuals and associated support equipment from public and private facilities within the county, such as assisted living facilities, the hospital, and private residences (including reduced mobility, immobile, or other special needs individuals) is an important consideration. The type and amount of transportation resources required (as well as ingress and egress routes) will vary by season, severity, and the very nature of the incident. Ideally, facilities should have some level of advanced planning for facility evacuations, including the transport of patients, clients, or students. Determination of assembly areas, boarding locations, and alternate facility locations require close coordination with incident officials to preclude interference with response activity and possibly other facility evacuations.

Resources for transportation may include busses, vans, and/or ambulances. Park County is somewhat limited in the number of specialty transportation resources it has, so resources from neighboring counties may be required.

➤ Decision Point: Fulfilling Personnel Needs

Caring for those with special needs can require significantly more personnel resources than the general population. Examples of specific personnel resources that may be required include:

- Medically Trained – nurses, doctors, emergency medical technicians, and others with medical training
- Translators – bilingual members of the community or volunteer organizations and/or university students/instructors
- Social workers and/or mental health professionals
- Support – teachers, child care professionals, shelter workers, and/or community volunteers

Many of these types of personnel are not traditional first responders and may need to be provided with specific tasks and direction to be integrated into the incident response; however, their abilities and knowledge related to special needs populations can be invaluable. Personnel resources that cannot be fulfilled through incident management should be requested through Disaster and Emergency Services.

➤ Decision Point: Conducting Home Visits and Welfare Checks

Many times during a disaster or emergency, a place of comfort and familiarity is the safest place for those with special needs to stay. In these cases, periodic visits to ensure adequate food, water, heat, and medical supplies may be warranted. These visits can be as simple as caregivers, family, neighbors, and friends increasing their awareness, vigilance, and frequency of visits. If this is not possible or the

individual does not have a support network, visits and/or phone calls by emergency workers, public health, and/or volunteers may be warranted.

➤ Decision Point: Mass Care Needs

Sheltering and mass feeding operations should accommodate those with disabilities, however, the number of facilities in the communities that are completely handicapped accessible and have emergency power are very limited. In addition, American Red Cross shelter workers may not have the skills or resources necessary for the specific care of those with special needs. Accommodations can often be made, however, through requests for specific needs such as access to an electric outlet, special dietary requirements, refrigeration of medications, use of service animals, and other unique needs. If a large number of those with special medical or other needs require shelter, or accommodations at the public shelter cannot be made, a special needs shelter managed by local government may be required. The following considerations should be made before opening a special needs shelter:

- Accessibility (including restrooms)
- Back-up Power
- Staff (nurses and others with medical training)
- Equipment (those in the shelter should bring their own necessary equipment, but equipment to refill oxygen tanks, if needed, should be considered)
- Disposal (area for biomedical waste)
- Bedding
- Water
- Feeding Supplies
- Refrigeration for Medications
- Provisions for Caregivers and Service Animals
- Communications

Ideally, special needs shelters should be co-located or near shelters for the general population for logistical and support purposes. Special needs individuals may be required to bring a caregiver, if that level of care is needed.

### **M3. Organization and Assignment of Responsibilities**

All responders and others involved in public safety planning and response must be aware that they may encounter persons having special needs and that they may have to act with initiative, creativity, and, above all, sensitivity to respond appropriately to those needs.

The responsibilities listed here are specific to this function. Note that all entities, whether listed or not, are also responsible for their basic disaster and emergency responsibilities as outlined in the [Base Plan, Section 3.2](#), as applicable.

The following entities are not specific to jurisdiction. Therefore, in an emergency, the jurisdiction(s) affected will have the responsibility for these roles, and other non-affected jurisdictions may also be involved through mutual aid.

#### **All Entities**

- Maintain an awareness of possible special needs and pass on identified needs (translator, transportation, special assistance, etc.) to the appropriate officials.

#### **Disaster and Emergency Services**

- Coordinate delivery of medical equipment, supplies, and medications to shelter sites, care facilities, and/or residences.
- Open and coordinate special needs shelters, if warranted.

#### **Emergency Medical Services / Ambulance**

- Transport those with non-emergency special needs to designated locations, as resources allow.

#### **Public Health**

- Coordinate home visitations for those with special needs, as needed.
- Coordinate with churches, care facilities, senior citizen centers, and other government and non-governmental organizations that may be conducting related or supportive efforts with special needs populations.

#### **Hospitals / Medical Providers**

- Coordinate home visitations for those with special needs, as needed.
- As providers for those with special health needs, maintain appropriate plans and resources for evacuating and caring for the hospital population in disaster or emergency situations.

#### **Schools**

- Maintain appropriate plans and resources for evacuating and caring for school children in disaster or emergency situations.
- Communicate with parents, as needed.

#### **Other Entities**

- Perform other duties as needed and assigned.

### **M4. Direction, Control, and Coordination**

Incident Command will vary depending on the incident causing the disaster or emergency and will most often be managed through Unified Command as designated by the jurisdiction having authority, usually consisting of the follow organizations:

- Hospitals / Medical Providers (if involving a hospital or medical care facility)
- Care Facility Administrator (if involving an assisted living facility, group home, or other facility providing care for special needs populations)

- School Administrator (if involving a school or schools)
- Day Care Administrator (if involving a day care)
- Law Enforcement
- Fire Departments (if due to wildfire, structure fire, and/or hazardous materials/conditions)
- Public Health (if due to disease or other public health emergency)

In general, health care facilities, schools, group homes, and child care facilities are responsible for the internal operations of their facility and the attendant provision of care services at all times. When notified of an emergency or incident requiring their participation, the person in charge in the facility at the time of the incident becomes the person responsible for emergency actions within the facility in accordance with their own established protocols.

Additional information on the direction and control function can be found in the [Direction and Control Annex](#) and [Base Plan, Section 4](#).

Other local plans related to this annex (horizontal coordination) include:

- Livingston HealthCare Shelter In Place / Evacuation Plan
- Park County Pandemic Plan

## **M5. Information Collection and Dissemination**

### **M5.1 Information Collection for Planning**

Table M5.1A lists the key information needed and possible sources related to incidents involving special needs populations.

*Table M5.1A Possible Information Sources*

<i>Information Type</i>	<i>Source</i>
Estimate of the number of people with special needs that may be affected and the types of needs they may have	<ul style="list-style-type: none"> <li>– Hospital/Facility/School Administrator</li> <li>– Local Special Needs Service Providers</li> </ul>
Potential special needs evacuations sites and shelters	<ul style="list-style-type: none"> <li>– Hospital/Facility/School Administrator</li> <li>– Park County Disaster and Emergency Services</li> </ul>
Resources (number and type) available to assist with special needs	<ul style="list-style-type: none"> <li>– Individual agencies / organizations</li> <li>– Local businesses and supply companies</li> <li>– Park County Disaster and Emergency Services</li> </ul>

### **M5.2 Public Information**

Information regarding the public information function can be found in the [Public Information Annex](#).

Incidents involving care facilities, including hospitals, schools, group homes, or day cares, or when such facilities are evacuated, media and public interest is generally high. In addition, those with special needs in the communities may have immediate concerns regarding their well being following a larger scale disaster.

At a minimum, to improve the content and trustworthiness of the public information for incidents involving a special needs facility, a facility administrator should be designated the Public Information Officer or be part of the public information team or Joint Information Center.

The type of information that may be provided in public information statements include:

- Description of incident
- Actions being taken to protect the population, specifically the special needs population(s) at risk
- Alternate procedures (such as a new emergency room location or student pick-up location) for the public to be aware of
- A phone hotline for family members of those being cared for by the facilities affected
- A phone hotline for members of the special needs communities with concerns or actual needs

Recognize that when targeting information to those with special needs, the nature of their impairment(s) may well be a barrier to the flow of public information. In other cases, for a wide variety of economic, social, and physical reasons, the individuals may be denied access to these more common sources of information and routine practices must therefore be adjusted accordingly.

## **M6. Communications**

See the [Communications Annex](#) for more details on emergency communications in Park County.

## **M7. Administration, Finance, and Logistics**

### **M7.1 Finance/Administration**

For additional information on the Finance/Administration function, particularly the importance of recordkeeping, see the [Base Plan, Section 7.1](#).

### **M7.2 Logistics**

For additional information on disaster and emergency logistics, see the [Base Plan, Section 7.2](#).

## **M8. Plan Development and Maintenance**

See the [Base Plan, Section 8](#) for additional information on annex development, review, revision, and exercise.

## **M9. Authorities and References**

### **M9.1 Authorities / References**

- ADA Guide for Law Enforcement Officers: Communicating with People Who Are Deaf or Hard of Hearing
- ADA Guide for Local Governments: Making Community Emergency Preparedness and Programs Accessible to People with Disabilities

### **M9.2 Acronyms**

See the [Base Plan, Section 9.4](#) for the list of acronyms used in this plan.

## **M10. Attachments**

None.