



Let's Make It Awkward

Incorporating Disability, Access, and Functional Needs into Response Plans

Definitions

- AFN
- Vulnerable Populations
- At-Risk Populations
- FANS
- D/FAN
- Etc.

Minnesota's Definition

The screenshot shows the Minnesota Department of Health website. At the top left is the logo with the letter 'm' and 'DEPARTMENT OF HEALTH'. To its right is a 'MENU' button. A search bar contains the text 'I am looking for...'. Below the search bar is a breadcrumb trail: 'Home > Healthy Communities, Environment a... > Emergency Preparedness and Response > Emergency Planning For Individuals W...'. A print icon is in the top right corner. The main content area has a title 'Defining "At Risk" Populations' and a sub-header 'Download PDF version formatted for print: [Defining "At Risk" Populations \(PDF\)](#)'. Below this is a section titled 'Purpose' with a paragraph of text. At the bottom of the main content area is another section titled 'Overarching Principles'. On the left side, there is a sidebar with a heading 'EMERGENCY PREPAREDNESS & RESPONSE' and a list of links: 'Emergency Preparedness Home', 'Individual/Family Preparedness', 'Disaster Mental/Behavioral Health', 'HAN', 'Legal', 'Medical Countermeasures', 'Plans', 'Minnesota Responds', 'Tactical Communications', 'Training & Exercises', 'Whole Community Approach', 'Health Care Coalitions', 'Medical Surge', and 'About EPR'. At the bottom of the sidebar is a 'CONTACT INFO' box with the text: 'Emergency Preparedness and Response', '651-201-5700'.

m
DEPARTMENT
OF HEALTH

MENU

I am looking for...

Home > Healthy Communities, Environment a... > Emergency Preparedness and Response > Emergency Planning For Individuals W...

EMERGENCY PREPAREDNESS & RESPONSE

- [Emergency Preparedness Home](#)
- [Individual/Family Preparedness](#)
- [Disaster Mental/Behavioral Health](#)
- [HAN](#)
- [Legal](#)
- [Medical Countermeasures](#)
- [Plans](#)
- [Minnesota Responds](#)
- [Tactical Communications](#)
- [Training & Exercises](#)
- [Whole Community Approach](#)
- [Health Care Coalitions](#)
- [Medical Surge](#)
- [About EPR](#)

CONTACT INFO

Emergency Preparedness and Response
651-201-5700

Defining "At Risk" Populations

Download PDF version formatted for print: [Defining "At Risk" Populations \(PDF\)](#)

Purpose

A number of definitions currently exist that attempt to define what “at risk” populations means. This document is intended to review several major definitions and compare and contrast them. Minnesota has for some time utilized a definition that included thinking of those considered “at risk” as having concerns with Communication, Medical, Independence, Supervision, and Transportation services, otherwise know as CMIST. Over time this approach has been adopted by most federal agencies and others. There are slight variations between some of them, but in general they are very similar. To hopefully clear up any confusion we will present the main definitions, discuss similarities, differences, and then present the definition here in Minnesota.

In all cases, the definitions presented may appear as people who fall into specific categories, but the key to understanding any of these is based on function. Understanding how a person is *functioning* during and after a disaster. An individual may for example have a low or no vision, however, this does not automatically mean they have a “special need.” That individual may have done personal planning and or have the necessary equipment needed to maintain functional independence and therefore may function better than others who appear to not fall into any of the categories. On the other hand, if that same individual lost access to the equipment or aids that allowed for daily functional independence, then he/she may need assistance in securing the items needed to regain functional independence.

Overarching Principles

Minnesota's "Overarching Principles"

Overarching Principles

Several overarching principles rise to the surface when determining who may be considered "at risk":

1. Not all people who are considered "at risk" are
2. One cannot automatically tell who is "at risk" simply by appearance
3. There may be differences in who is more "at risk" than others depending on the type and or kind of crisis.
4. CMIST is a useful tool but is just a starting point

FANS

*Functional and Access Needs
Support*

Timeline

- 2018
 - Community meeting
- 2019
 - Began development of pictogram project
 - Incorporated American Sign Language into exercises and plans
- 2020 – 2022
 - Well, you know.
- 2022
 - Reconvened group to build pictograms
 - Group took a different approach
- 2023
 - Posted “Tips document”
- 2024
 - Group began work on mobility trailer and assistive communication

Team Members (not exhaustive!)

- Individuals with lived experience
- Partnership for Families, Children and Adults
- Tennessee Council on Developmental Disabilities
- Tennessee Department of Human Services
- East Tennessee State University
- Tennessee Department of Mental Health and Substance Abuse Services
- Statewide Independent Living Council of Tennessee
- Down Syndrome Association of Central Tennessee
- Tennessee Department of Health



**How familiar are you with FANS
resources?**

Accessibility Considerations

- Email
- Presentations
 - Microphones
 - PowerPoint
- Written documents
 - Tables
 - .pdf
- Alt text
 - Keep it brief and general



Is This Accessible?

Objective	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
<p>Demonstrate the ability to activate and manage a CRC with the appropriate command structure, assets, and resources to handle the expected number of recipients. <i>(Reference: Radiological Emergency Preparedness Manual, Part III, Objective 5, Assessment)</i></p>		S		
<p>Demonstrate the ability to conduct radiological monitoring and decontamination operation for potentially contaminated populations, including operability checks for monitoring equipment and gathering background readings. <i>(Reference: Radiological Emergency Preparedness Manual, Part III, Objective 5, Monitoring)</i></p>	P			
<p>Demonstrate the ability to conduct radiological assessments to determine if follow-up care is needed. <i>(Reference: Radiological Emergency Preparedness Manual, Part III, Objective 5, Decontamination)</i></p>		S		
<p>Demonstrate the ability to collect information from each evacuee for registration at the CRC. <i>(Reference: Radiological Emergency Preparedness Manual, Part III, Objective 5, Registration)</i></p>		S		

Objective 1

Demonstrate the ability to activate and manage a CRC with the appropriate command structure, assets, and resources to handle the expected number of recipients. *(Reference: Radiological Emergency Preparedness Manual, Part III, Objective 5, Assessment)*

- **Analysis – Performed with some challenges**

Objective 2

Demonstrate the ability to conduct radiological monitoring and decontamination operation for potentially contaminated populations, including operability checks for monitoring equipment and gathering background readings. *(Reference: Radiological Emergency Preparedness Manual, Part III, Objective 5, Monitoring)*

- **Analysis – Performed without challenges**

Objective 3

Demonstrate the ability to conduct radiological assessments to determine if follow-up care is needed. *(Reference: Radiological Emergency Preparedness Manual, Part III, Objective 5, Decontamination)*

- **Analysis – Performed with some challenges**

Objective 4

Demonstrate the ability to collect information from each evacuee for registration at the CRC. *(Reference: Radiological Emergency Preparedness Manual, Part III, Objective 5, Registration)*

- **Analysis – Performed with some challenges**

Table 3 – Local, State, and Federal Primary and Support Functions Matrix

Role / Responsibility →		Command & Control			Detect			Investigate			Communicate			Control and Prevent													Recover							
		Activate ETR	EOC	Local EOC	Public Health	COOP	Surveillance	Intelligence	Sample/Testing	Case Investigation	Test Sampling	Evidence Mgmt.	Alerts / Advisories	Media Relations	Employee Info.	Behavioral Health Care	Quarantine	Isolation	Facility Restrictions	Fatality Mgmt.	Vector Control	Environmental Management	Mass Patient Care	Vaccine & Prophylaxis	Evacuation	Sheltering	Crowd/Traffic	Security	Tracking / Monitoring	Just-in-Time Training	Decontamination	Disposal	Rehabilitation	
Agency	Public Health	SERO	P	S	P	P	S	P	P	S	S	P	S	P	P	P	S	P	S	S	S	P	S	S	S	S	P	P	S	S	S	S		
		State Health Operations Ctr.	S		S	S	S	S	S	S	S	P	S	S	S	S	S	S	P	S	S	S	S		S	S	S	S	S	S	S	S		
		State Laboratories	S		S	S	S	P	S	P	S	S	S	S				S	S	S	S	S	S				S	S	S	S	S	S		
		Public Safety	County Emergency Management Agency	S	P	S		S	S		S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	P	S	S	S	S	S	S	P	
			TEMA/FEMA	S	S	S		S	S		S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	
			Local Fire Depts. EMS/HAZMAT		S		S		S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	P	S	S	S	S	S	P	P	S	S	
			Local Sheriffs' Offices	S	S		S	S	S		S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	P	P	S	S	S	S	S	S	
			Local Emergency Communication Centers	S	S		S					S	S	S		S		S	S	S	S	S		S	S	S	S	S	S	S	S	S	S	
			Dept. of Safety THP / OHS	S			S	P	S	S	S	P	S	S	S		S	S	S	S	S	S		S	P		S	S	S	S	S	S	S	
			Local FBI Office	S			S	P	S	S	S	P	S	S	S		S	S	S	S	S	S		S	S		S	S	S	S	S	S	S	
Other Agencies		Hospitals	S	S		S	S	S	S	S	S	S	S	S	P	S	S	S	S	S	P	S	S	S	S	S	S	S	S	S	S	S	S	
		Medical Providers Including Veterinarians	S	S		S		S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
		Poison Control Center				S	S	S	S	S		S	S		S		S	S		S			S	S				S	S	S				
		Community Behavioral Health Agencies	S	S								S	S	S	P	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
		Red Cross	S	S									S	S	P	S	S	S	S	S	S	S	S	S	P	S	S	S	S	S	S	S	S	S
		Medical Examiner's Office	S			S	S	S	S	S	S	S	S		S		S	P	S	S	S	S					S	S	S	S	S	S	S	S
		Public Information Officer	S	S	S	S	S	S	S	S	S	P	P	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
		Elected Officials		S								S	S	S	S	S	S	S	S	S	S		S	S	S	S		S	S	S	S	S	S	S
		Environmental Agencies TDEC/ EPA/DOE				S	S	S	S	S	S	S	S					S	S	S	P		S		S		S	S	S	S	P	S	S	S
		Public Works / TDOT		S							S	S	S	S				S	S	S	S		S	S	S	S	S	S	S	S	S	P	S	S

Quick Reference: Local, State, and Federal Primary and Support Functions Matrix

Agency	Command & Control	Community Resilience	Incident Management	Information Management	Countermeasures & Mitigation	Surge Management	Biosurveillance
Local Health	S	P	S	S	P	S	P
TDH	S	S	S	S	S	S	S
State Lab	S	S	S	S	S	S	S
County EMA	P	S	P	S	S	S	S
TEMA / FEMA	S	S	S	S	S	S	S
Fire-Hazmat	S	S	S	S	S	S	S
EMS	S	S	S	S	S	S	S
Law Enforce.	S	S	S	S	S	S	S
911	S	S	S	S	S	S	S
THP - OHS	S	S	S	S	S	S	S
Local FBI	S	S	S	S	S	S	S
PIO	S	S	S	P	S	S	S
Hospitals	S	S	S	S	S	P	S
Med Providers	S	S	S	S	S	S	S
Poison Control	S	S	S	S	S	S	S
Mental Health	S	S	S	S	S	S	S
Red Cross	S	S	S	S	S	S	S
Med Examiner	S	S	S	S	S	S	S
TDEC	S	S	S	S	S	S	S
Public Works	S	S	S	S	S	S	S
TDEC	S	S	S	S	S	S	S
Elected Officials	S	S	S	S	S	S	S

How about this?

- Email
- Written documents
 - Tables
 - .pdf
- Alt text
 - Keep it brief and general
- Presentations
 - Microphones
 - PowerPoint



Polk County
Health Department

Vaccine

Exit

Waiting

Enter

Forms

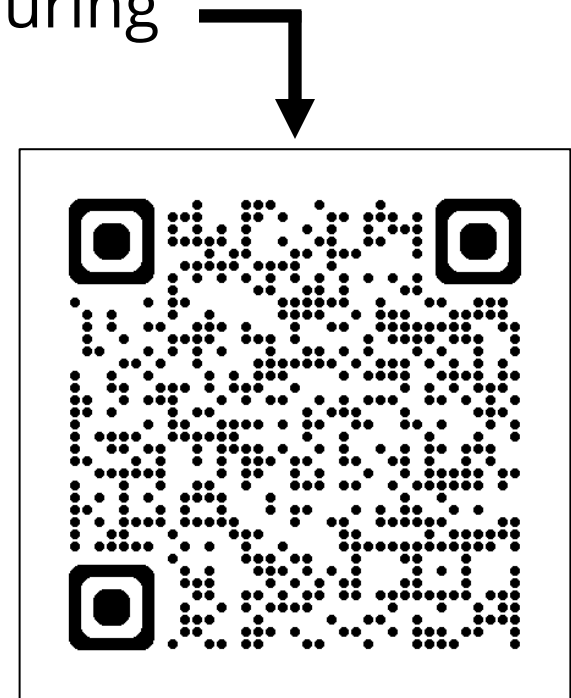






Current Resources in Tennessee

- Tips for Assisting People with Access and Functional Needs During Emergencies
- FightFlu resources
 - Flu Vaccine Information Statement
 - Notice of Privacy Practices
- Emergency Shelter Infant Feeding Guidelines
- Maternal and Child Health annex in the EOP



https://www.tn.gov/content/dam/tn/health/documents/cedep/ep/afn_tips_sept2023.pdf

Current Projects in Tennessee

- Statewide Survey
- Tabletop Exercise Template
- Assistive Communication for Community Reception Centers (and Beyond)
- FANS trailers

Thank you!

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