

Running head: NO ONE LEFT BEHIND - MEETING THE NEEDS OF SPECIAL NEEDS  
CITIZENS IN EMERGENCY SITUATIONS

No One Left Behind - Meeting the Needs of Special Needs Citizens in Emergency Situations

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Certification Statement

I hereby certify that this paper constitutes my own product, that where language of others is set forth, quotation marks so indicate, and that appropriate credit is given where I have used the language, ideas, expressions, or writings of another.

Signed: \_\_\_\_\_

## Abstract

The City of Waycross, Georgia, has emergency operating plans in place to handle major emergencies but none of these plans address special needs citizens. This applied research project examines how other local and state agencies address special needs citizens in their emergency operating plans.

The descriptive method was used to answer the following questions: a) Why is it important to address special needs citizens in emergency operational plans for the community? b) How do other local and state agencies define special needs citizens? c) How many special needs citizens live in Waycross, Georgia? d) How do other local and state agencies gather and keep up-to-date information on how many special needs citizens live in their community? e) How does the Health Insurance Portability and Accountability Act (HIPAA) requirement apply to the gathering and dissemination of special needs citizens' information? f) What methods of notification are available before, during and after an emergency? g) What is the local government's responsibility to special needs citizens in times of emergency?

The procedures used in this project consisted of interviews, literature reviews, emails, and internet search. The results clearly showed that the City of Waycross, Georgia, needs to revisit their emergency operation plan to include special needs citizens.

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## No one left behind - Meeting the needs of special needs citizens in emergency situations

### Introduction

The City of Waycross, Georgia, through the local Emergency Management Agency (EMA) has prepared emergency plans for handling major emergencies in the community. The problem is that these plans do not address special needs citizens, specifically the location of special needs citizens in the City or their contact information, in order to warn or assist them before, during or after an emergency.

The purpose of this research is to identify how emergency operation plans used by other local and state agencies address special needs citizens in order to develop recommendations for implementation in the Pre-Disaster Mitigation Plan of Waycross, Georgia.

The descriptive method will be used for this project. The research approach will be through interviews, literature review, emails, and internet search. The results will then be used to make recommendations to the local EMA Director.

In order to gain the information needed to develop recommendations, this research will seek to answer several questions: a) Why is it important to address special needs citizens in emergency operational plans for the community? b) How do other local and state agencies define special needs citizens? c) How many special needs citizens live in Waycross, Georgia? d) How do other local and state agencies gather and keep up-to-date information on how many special needs citizens live in their community? e) How does the Health Insurance Portability and Accountability Act (HIPAA) requirement apply to the gathering and dissemination of special needs citizens' information? f) What methods of notification are available before, during and after an emergency? g) What is the local government's responsibility to special needs citizens in times of emergency?

## Background and Significance

Waycross, Georgia, is the county seat of Ware County. The area is the home of the Okefenokee Swamp, an approximately 438,000-acre shallow marsh (Wikimedia Foundation, Inc., 2008). Ware County is the largest geographic county of the 159 counties that make up Georgia; and it comprises a land mass of 903 square miles (Wikimedia Foundation, Inc., 2008). The City of Waycross covers 11.7 square miles of that area and is the only incorporated city in Ware County (Wikimedia Foundation, Inc., 2008). What is now known as Waycross was first known as “Old Nine” or “Number Nine” in the 1820’s (Wikimedia Foundation, Inc., 2008). The new town started out as a crossroads for those traveling to and from the southeastern part of the country. Established as a hub for stagecoach traffic, it made the transition as a hub for railroad traffic in the mid 1800’s (Waycross Tourism Bureau and Visitor Center, n.d.). It was the railroad and the highway network established that caused “Old Nine” to become known as Way Cross in 1874 (Wikimedia Foundation, Inc., 2008). There are several stories of how the final name came to be. One story claims that a traveler named it because it was “where the ways crossed”. While another version credits the naming to the large number of churches saying it was “the way of the cross” (Waycross Tourism Bureau and Visitor Center). The railroad lines still exist in Waycross but the stagecoach trails have been replaced with several major highways that converge on the City.

The City of Waycross is unique because it sits pretty much isolated from other cities of comparable or larger size. Any city of comparable size is approximately 60 miles away. This isolation works to the advantage of Waycross when it comes to retail sales and available workforce. The population of Waycross is 15,333 according to the 2000 census however; this number grows to approximately 55,000 during normal work-day hours.

Like other cities, Waycross plans for large scale disasters with the help of the local Emergency Management Agency (EMA) Director and other community leaders and organizations. These disasters include, but are not limited to tornadoes, wildfires, hazardous material emergencies and other incidents that could require large scale responses and/or evacuations.

Wayscross is the home of the CSX Rice Yard. This is the largest CSX computerized rail hump yard on the East Coast. There are 2,500 to 3,000 rail cars per day that pass through the Rice Yard carrying all types of goods to include various hazardous materials. Recent upgrades improved rail capacity by changing from a single main line to double main lines allowing trains to increase in speed from 15 miles per hour to 40 miles per hour (Ice, 2007). Of the rail cars that pass through the Rice Yard on a daily basis approximately 20 to 50 of these cars carry hazardous materials (CSX Transportation, Inc., 2002, p. 2). The hazardous materials carried vary greatly and cover all hazard classifications (CSX Transportation, Inc., 2006).

The recent upgrades did not merely concentrate on changing the main lines from single to double, the upgrades also sought to improve grade crossing safety. A study conducted by the University of Louisville Center for Hazard Research and Policy Development and the Citizens for Rail Safety ranked the railroad crossing in downtown Waycross at Isabelle Street and Plant Avenue as the second most dangerous railroad crossing in the country (Hawkins, 2007).

On April 16, 2007, Waycross and Ware County was the sight of the largest wildfire in the history of Georgia. This fire burned approximately 135 square miles of forest and swamp resulting in more than \$65 million in timber loss. Firefighters from all over the United States responded to assist with the extinguishment. The estimated cost to fight the fire is \$18 million. Fortunately no lives were lost but twenty-one homes were destroyed by the blaze (wsbtv, 2007).

Waycross is no different than any other city in America when it comes to being affected by large scale disasters whether natural or manmade. Waycross is approximately 75 miles from the nearest ocean coastline so the threat of hurricane is very limited. However, the after effects of a hurricane such as tropical storm winds, copious amounts of rain and tornadoes could easily impact Waycross.

Waycross does however serve as a major evacuation hub and route for areas east and southeast of the city. In 1999 a major evacuation took place on the east coast of the United States caused by Hurricane Floyd, sending thousands of coastal residents fleeing. The mass exodus created a traffic nightmare for Waycross. The evacuation routes from the Georgia coast and eastern Florida coast created a bottle neck in the City as they temporarily merged in the center of town. Also adding to the congestion was the fact that fleeing citizens were trying to secure the first and closest available lodging.

Waycross, other neighboring communities and the State of Georgia learned a valuable lesson from Floyd; traffic had to be kept moving. Waycross is not the furthestmost evacuation point for the region although it is one of the first major shelter sites for those evacuating. However, because of the highway system, it became very clear that the sheltering had to be opened as the outer areas filled up. This would allow traffic to flow better and thus improving the speed of the overall evacuation.

On September 15, 2008, the Waycross Fire Department was dispatched to a commercial structure fire in the middle of downtown. Upon arrival the responding units found a combination auto repair and tire shop with heavy fire involvement. Part of the tactical operations was to have the power shut off to the building. The power company had to shut down part of the power grid to accomplish the task. Little did anyone know that this action would affect three special needs

citizens. Two of these affected citizens used electrically supplied oxygen and the third citizen relied on electricity to operate a special air bed. Emergency responders learned of the situation during a City Commission meeting the day after the fire.

Commission Norman Davis, Sr., stated that the three citizens affected were in his district. He was concerned that an emergency or any event that caused a power outage could have a devastating effect on the citizens of Waycross and an even more detrimental effect on our special needs citizens (Davis, Sr., 2008). His comments brought about a discussion from the other commissioners who believed that the local power company had a program in place that alerted them when a special needs citizen was affected by a power outage. It only took a few phone calls to discover that this was not the case. In fact, it was discovered that no list of special needs citizens existed.

It was this incident that caused the Waycross Fire Department to take a closer look at how similar types of situations could affect the citizens of Waycross, Georgia. The main focus was to determine how to identify the special needs citizens in the City and then how to contact and assist these citizens in the event of an emergency that affected them whether directly or indirectly as was the case on September 15, 2008.

The Federal Emergency Management Agency (FEMA) and the American Red Cross state that the number of citizens who have physical, medical, sensory or cognitive disabilities reaches in the millions (Preparing For Disaster, 2004). Because no list has ever been established in Waycross, the number of special needs citizens is unknown.

The Waycross Fire Department (WFD) runs three shifts of eighteen employees each that man four engines and a ladder truck. The WFD's operating budget for fiscal year 2009 was \$3,152,357 (City of Waycross, 2008, p. 67). The Waycross Police Department (WPD) has fifty-

two sworn officers that are split between four shifts. The WPD's operating budget for fiscal year 2009 was \$4,347,396 (City of Waycross, 2008, p. 60-66). Recent economic downturns have caused department heads in Waycross to develop bare bones budgets.

In the event of any emergency it is important that public safety respond with enough personnel and equipment to be able to bring the situation under control as soon as possible. Any particular emergency that could happen in Waycross, Georgia, whether manmade or natural disaster, could easily overtax the resources that the City has available. Once emergency personnel have been committed to such an incident no one would be left from the two public safety agencies to check on or attend to other citizens. This becomes especially important when citizens in the community that normally require assistance with everyday activities are cut off from that assistance or denied it altogether because of the emergency. The needs of these citizens can range from transportation, medicine, medical equipment and supplies and even communications barriers. By not having an up-to-date registry of special needs citizens for the City of Waycross, these citizens could be subjected to additional hardships or harm in the event of an emergency. Plans have been developed for large scale disasters, but what about the local emergencies and their effect on communities?

This applied research project relates to the National Fire Academy's *Strategies for Community Risk Reduction* primarily in the area of the executive officer as a community risk reduction strategist (FEMA/USFA/NFA, 2008, p. SM 1-1). It also relates to the United States Fire Administration's operational objective of responding appropriately in a timely manner to emerging issues.

## Literature Review

The City of Waycross, Georgia, does not have a program or plan in place to identify the location of special needs citizens in the event of an emergency that may affect them directly or indirectly. The objective of this research was to provide a comprehensive literature review of available material on this subject.

In reviewing the literature available from local, state and federal agencies in regards to special-needs citizens and emergency operation plans, it became clear that no agency has successfully managed to join the two. The literature review did find that some of these agencies had become more aware of the need to address special needs citizens in their emergency operation plans but none had found a viable way to ensure success.

Why is it so important to address special needs citizens in emergency operational plans for the community? During the literature review the answer to this question became clearly obvious. Using the census data from 2004, there were 64,000 residents of New Orleans qualified as having a disability. In 2006 the United States had some 38 million people with at least one recognized disability (Bollig & Lynn, 2006). At the time Hurricane Katrina hit the Gulf Coast states it is reported that over 450,000 people with disabilities lived in the areas affected by the hurricane (Center for Disease Control and Prevention (CDC), 2005). Table 1 gives a breakdown of the different counties and parishes and the number of special-needs citizens that were in each one at the time of Hurricane Katrina (Center for Disease Control and Prevention (CDC)).

Table 1  
5 Years of age and older

State	County/Parish	Population Disability
Alabama	Mobile	86,863
Mississippi	Hancock	10,776
	Harrison	40,495
	Jackson	25,379
Louisiana	Jefferson	88,512
	Orleans	102,106
	Plaquemines	4,565
	St. Bernard	14,545
	St. Charles	7,554
	St. James	3,796
	St. John Baptist	6,690
	St. Tammany	30,815
	Tangipahoa	20,675
Washington	11,013	

The United States is no stranger to natural disasters from earthquakes and wildfires on the west coast, and tornadoes and floods in every state. Each of these impact affected communities in different ways and ultimately the nation as a whole. After each situation local communities, state agencies and even the Federal Emergency Management Agency were able to assess how each event was handled in order to see what needed to be done before, during and after such

events in the future. These lessons learned could then be used to create or update Pre-Disaster Mitigation Plans.

The terrorist attacks on the United States on September 11, 2001, prompted President George W. Bush to establish the Office of Homeland Security. Tom Ridge, the newly appointed director, immediately began to formulate measures to prevent additional attacks on the United States based on Presidential Directives. Homeland Security Presidential Directive (HSPD) -5, Management of Domestic Incidents, established the National Incident Management System (NIMS). NIMS became the national standard for incident management and to further assure its adoption local governments hoping to receive Federal preparedness assistance would not be eligible without doing so (Wikimedia Foundation, Inc., 2008). Government agencies across the country began to train together in order to be better prepared in case of another disaster.

The next big disaster and first major testing of the new NIMS standard that caught the attention of the media and people worldwide came to the Gulf of Mexico region in the form of Hurricane Katrina. Katrina was a very large hurricane causing massive damage to Louisiana, Alabama and Mississippi as it made landfall as a category 3 hurricane. Florida also received damage from Katrina but that encounter was early on when Katrina was only a category 1 hurricane. The damage and destruction was not limited to homes and businesses. The actual number of deaths associated with Katrina may never be known. It is estimated that 1,836 people lost their lives as a result of Hurricane Katrina. The reason that a final count of dead may never be known is because some 700 people from Louisiana were categorized as missing (Wikimedia Foundation, Inc., 2008).

New Orleans was not the first place ever evacuated during an emergency. However, the images of citizens stranded on their house tops, overcrowded in the Super Dome, and stranded in

the streets left an unsettling images in many minds. The hundreds of buses sitting unused in bus yards only added to the frustration (wikinews, 2005). These images were so disturbing that the United States Senate held hearings to find out what went wrong. In his opening remarks during one of these hearings, Senator Joe Lieberman stated, “Today’s hearing on the evacuation of New Orleans before Hurricane Katrina made landfall last August is a story of the tragic, maddening, and ultimately fatal consequences of unmet responsibilities by all levels of government – city, state, and federal” (Senate Committee on Homeland Security & Governmental Affairs, 2006, p. 1). Senator Lieberman went on to express that those individuals that were able to get around and that had or could afford transportation did so in order to evacuate. He stated that the number of citizens able to evacuate amounted to 85 percent of the population in New Orleans. But when it came to the hospitals and nursing homes, Senator Lieberman (2006) remarked, “they were left to fend for themselves” (p. 1).

The deaths of dozens of nursing home patients that were left abandoned during Hurricane Katrina prompted several nursing homes in Louisiana to be investigated. During a hearing of the Special Committee on Aging, Senator Gordon Smith stated that the abandonment was disgraceful. Also speaking at the hearing was a representative for Georgia’s Division on Aging Services, Maria Greene. She expressed that those citizens with special needs required more time to prepare for an evacuation. The panel was told by Maria Greene that government agencies would require additional time to move special-needs citizens as well (Logue, 2005).

At the request of Congress the United States Department of Transportation (DOT) and the United States Department of Homeland Security (DHS) were to review Federal and State evacuation plans. The evacuation plans that would be reviewed would be from Alabama, Florida, Louisiana, Mississippi and Texas as well as samples of counties and parishes in each State. Their

mission was to assess various factors associated with large scale evacuations. The factors included: a) what modes of safe and practical transportation were available for evacuations; b) to what extent evacuations plans were practiced with state and regional jurisdictions; c) available methods to communicate evacuation messages; d) what basic needs were available along evacuation routes to include food, shelter, and water; e) what was the amount of time required to carry out the evacuations (U.S. Department of Transportation, 2006).

When it came to how the plans reviewed addressed the evacuation of people with special needs, the agencies discovered that they were not well developed. In fact, many of the plans merely contained information found in the Federal Emergency Management Agency's (FEMA's) 1996 Guide for All-Hazard Emergency Operations Planning. Also pointed out was the fact that hospitals, nursing homes, prisons, and other institutions were responsible for the development of their own evacuation plans (U.S. Department of Transportation, 2006).

What appears to be a reoccurring issue in the literature reviewed is the large number of citizens that are being classified as special needs. One of the first items that need to be addressed in this literature review in order to start developing an emergency operation plan that includes special needs citizens is to define special needs citizens. The phrase special needs citizen is not a term used by many people. Terms that may be more familiar are handicapped or disabled. The word handicapped used to be used to describe people that were crippled or physically impaired or unable to function as a result of injury or illness ("Handicapped", n.d.). Another meaning of handicapped found during the literature review referred to it as a physical or mental disability requiring the individual to have to seek assistance from others or specific devices due to their inability to perform everyday functions ("Definition of handicapped", n.d.). The general public would view a disabled person as one with physical impairments that would prevent them from

doing everyday normal activities. However, those people viewed as disabled see the disability being the environment that they encounter that is constructed in a manner that does not meet their needs (United States Fire Administration, 1999). Finally, according to the 2000 United States Census, the City of Waycross had 4,379 citizens from 5 years of age and up with disabilities. This number did not include those that were institutionalized (United States Census Bureau, n.d.). Table 2 gives a breakdown by age groups of the 2000 census data of disabled citizens in Waycross, Georgia.

Table 2

## Disability Status of the Civilian Non-Institutionalized Population

Population Age	Total of Population	Number with Disability
5 to 20 year old	3,641	420
21 to 64 years old	7,709	2,631
65 years and older	2,448	1,328

The Florida Legislature passed House Bill 7121 in 2006 that defined special needs as “persons who would need assistance during evacuations and sheltering because of physical, mental, cognitive impairment or sensory disabilities” (Lake County Department of Public Safety/Emergency Management Division, p. 2). This definition along with the others listed begins to shed light on the enormity of the situation when it comes to addressing special needs citizens in any emergency operation plan.

When taking into consideration the broad meaning of the definition for people with special needs, the next logical step for the literature review was to see how other local and state agencies gathered their information and kept it up-to-date. Several agencies had information

gathering forms available on the internet. These forms, called special needs registry or special needs evacuation forms, asked the individuals for their qualifying condition. These forms ask for information that covers a variety of physical, medical and mental conditions. Some even ask about available transportation.

Table 3 shows an example of the special need qualifications for Neptune Beach, Florida (Neptune Beach Public Safety Department, n.d., p. 1).

Table 3

Medical Dependence on Electricity	Dialysis Dependent	Walker/Cane/Wheel Chair
Respirator Dependand	Mobility Impaired	Mental Health Impaired
Speech Impaired	Open Wounds/Decubitis	Wheelchair Bound
Bedridden	Obesity - Weight	Special Dietary needs
Incontinence	Hearing Impaired	Oxygen Dependent
Memory Impaired	Anxiety/Depression	Other
Sight Impaired	Insulin Dependent	

Table 4 shows an example of the special need qualifications for Pinellas County, Florida (Pinellas County, Florida Office of Emergency Management, n.d.).

Table 4

Kidney Disease	Memory Impaired	Wheelchair User
Diabetes/Insulin Dependent	Mental Health Impaired	Bedridden
High Blood Pressure	Sight Impaired	Incontinence
Heart disease	Service Dog	Oxygen (lpm___)
Dialysis	Speech Impaired	Geri Chair
Stroke	Hearing Impaired	Feeding Tube
Cancer	Breathing Treatment	Ventilator
Emphysema	Walker/Cane	Electric Dependent

None of the forms explain exactly how the information provided would be used. There is however one message that seems to be part of each plan, help in an emergency cannot be guaranteed (2007 Archdiocese of New Orleans & Catholic Charities of the Archdiocese of New Orleans, 2007), (Neptune Beach Public Safety Department, n.d.), (Utah, 2006). In an interview United States Homeland Security Secretary Michael Chertoff stated that preparedness needed to be repositioned so that Americans would view it as a citizen's responsibility. He went on to explain how preparedness needed to be engrained in the community's institutions, such as schools. He mentioned awareness campaigns like Driver's Education and the environment as some examples of where this approach has worked. A recommendation was for the message to be part of youth fire safety programs. Chertoff also discussed that parents needed to take personal responsibility for themselves and their children in the preparedness area. As with the

registration forms from agencies with or developing a special needs registry, Chertoff also called for citizens not to assume that they are going to be rescued. He stressed that it is up to the individuals to have a plan in place well in advance of an emergency (In case of emergency, read blog, 2008).

An email was sent to Carl T. Cameron, Ph. D., President and CEO of the Inclusion Research Institute and Center for Disability and Special Needs Preparedness, requesting his insight on how public safety agencies can identify special needs citizens in their community. Dr. Cameron replied that his organization had been trying to address the same issue for some time. His organization recommends that those agencies wishing to develop a registry of special needs individuals within their community do so through those organizations that serve the target group on a daily basis (C. T. Cameron, personal communication, November 24, 2008).

While the development of an electronic registry is possible, most jurisdictions who tried to institute one have found it to be difficult to maintain due to costs of maintaining an accurate registry, including the constant requirements for updating. As with most databases, it is only useful when it is up to date. One jurisdiction in the Washington DC area did a small test (25 randomly selected registrants) of the registry, and found none of the registrants were located where they had registered initially (C. T. Cameron, personal communication, November 24, 2008).

Of the agencies found during an internet search that had developed special needs registration forms, only one out of seven reviewed mentioned annual enrollment requirements. Neptune Beach, Florida, clearly states on the second line of its form, “This program **requires you to annually enroll**” (Neptune Beach Public Safety Department, n.d., p. 1). The remaining six made no mention of any renewal requirements or how they would keep their list updated.

During the Waycross City Commission meeting on September 16, 2008, a discussion between Commissioners Norman Davis, Sr., and Marian Solomon-Gaines began as a result of the commercial building fire the night before. Commissioner Davis expressed concern about local special needs citizens losing power in times of emergencies and no one knowing about it. Commissioner Solomon-Gaines mentioned that the local Georgia Power office had a list of all the special needs citizens in Waycross, Georgia (Davis, Sr. & Solomon-Gaines, 2008). Georgia Power was contacted to verify the information only to find confusion within the local office on what program, if any, existed within the company. The first contact with the local Georgia Power office was made by phone, and after asking several employees about the special needs program, one employee was familiar with a program he referred to as Life Support. The program was only designed for use in identifying those customers that required electricity in order to sustain life. Normal procedure requires that a customer's power be disconnected for non-payment of their monthly bill. By having their name on the Life Support list the customer would not have their power cut off. Receiving specifics on the program was limited due to the fact that the local office had nothing to do with who was placed on the list and had no list readily available. This function took place in Atlanta and was based on what information the customer provided concerning their medical condition. When a list was found only thirteen names were currently on the list. However, it was disclosed that the accuracy of the list was unknown. There was no mechanism in place to purge the list (Georgia Power Employees, personal communication, 2008).

Three local home health care providers were contacted to see how many clients they serviced as well as how they kept their records up-to-date on them. All three health care providers that were interviewed could only provide an estimate of the number of clients they had without having to research their records. When asked how many clients they had that they would

consider to be critical needs again only an estimate could be provided. However, with every provider the estimation of critical needs clients served amounted to approximately ten percent of the special needs clientele served overall (D. Raulerson & B. Goble, Jones, personal communication, October 29, 2008). This information and the ability to access it readily would be key in the success of any program designed to help special needs citizens in times of any type of emergency.

The local home health care providers were asked how they handled emergency situations that affected a large number of the community that also included their clients. Two of the three stated that they had emergency plans. One of these two did not know where to find the plan at the time of the interview. The plans were not practiced and were not readily available to all the employees (D. Raulerson & B. Goble, Jones, personal communication, October 29, 2008). None of the health care providers interviewed had any means of knowing when a local emergency was happening, like the commercial business fire that affected some of their clients.

When asked if they would be willing to participate in a planning group to help develop a method of helping their clients during an emergency that affected them directly or indirectly the answer was a hesitant, yes. This slow response prompted the researcher to ask why the hesitation in the response. All three gave pretty much the same reason, fear of competitors learning client lists and offering them a price package to gain their business. It was stated that this practice has lessened some over the years due to the Federal Government imposing regulatory pricing on services (Shuman Health Care, A+ H.O.M.E., & Jones, personal communication, October 29, 2008).

With the vast amount of client information that is spread out across the local community, the researcher looked to see what regulations existed regarding collection and sharing of

patient/client information. The goal of this was to find a way to safely collect such information in one data base. The regulatory mechanism used regarding medical information is the Health Insurance Portability and Accountability Act (HIPAA) also known as the Privacy Rule. Implemented in 1996, HIPAA became the standard to address the use and disclosure of individual's medical records. HIPAA falls under the U.S. Department of Health and Human Services (HHS) but the responsibility for implementing and enforcing the Act went to the Office for Civil Rights (OCR), a branch within HHS (Office of Civil Rights, 2003).

HIPAA protects the release of an individual's medical information in any method to include electronic, written, or oral. There are only two circumstances when the agency in possession of an individual's medical records are required to disclose such information: (1) the individual or individual's representative request access to their information or an account of how their information has been released; and (2) to HHS when checking for compliance or enforcement action (Office of Civil Rights, 2003).

Violating HIPAA has consequences. Complaints must be made in writing by letter or email to the HHS within 180 days of the complainant becoming knowledgeable of a possible violation. Should an investigation be deemed necessary any findings would then be classified as one of three affirmative defenses, (1) reasonable cause, (2) reasonable diligence, or (3) willful neglect (Department of Health and Human Services, n.d.). Any penalties imposed would be based on the classification. The penalties for knowingly violating HIPAA can vary from

- A fine of up to \$50,000, or up to 1 year in prison, or both (Class 6 Felony);
- If the offense is committed under false pretenses, a fine of up to \$100,000, up to 5 years in prison, or both (Class 5 Felony);

- If the offense is committed with the intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain, or malicious harm, a fine up to \$250,000, or up to 10 years in prison, or both (Class 4 Felony);
- HIPAA also provide for civil fines to be imposed by the Secretary of the Department of Health and Human Services “on any person” who violates a provision of it. The maximum is \$100 for each violation, with the total amount not to exceed \$25,000 for all violations of an identical requirement or prohibition during a calendar year (Class 3 Felony).

(Biometrics Direct, n.d., p. 1)

Even though HIPAA was passed in 1996 businesses had until 2003 to become fully compliant. Since that time there have been over 34,000 complaints of privacy violations (Latner, JD, 2008). Two of the three local home health care providers stated that they would not release any information for this research or any local emergency plan without written consent from their clients (D. Raulerson & B. Goble, Jones, personal communication, October 29, 2008).

Once special needs citizens are identified then the question that has to be answered is what methods of notification are available before, during and after an emergency? The communications process will have to encompass the entire event taking into account that some special needs citizens will stay in place. Consideration for notification also needs to be based on the fact that an emergency may not give adequate time for advanced warning and evacuation.

American Telephone & Telegraph Company (AT&T) has developed a system to help track citizens that have been evacuated. The system called Special Needs Evacuation Tracking System (SNETS) is the country’s first statewide evacuation tracking system and was first contracted with Texas in 2007. The system allows for on-site registration. The citizen will then

be given a wristband that has a radio-frequency identification (RFID) bar-code. This wristband will be scanned when the citizen boards a state contracted vehicle for evacuation purposes. The state contracted vehicles will be equipped with Global Positioning Satellite (GPS) to provide the monitoring group with a real time location of the vehicle. Once the evacuee reaches the evacuation destination the wristband will be scanned again. This technology allows government agencies the ability to know that the evacuee was evacuated plus it gives family members peace of mind in knowing the same (AT&T Inc., 2007).

Two other systems are available that utilize a multitude of communication modes to contact local citizens. CodeRED™ and REVERSE 911® alert local citizens to immanent or potential emergencies through telephones, pagers, fax, email, and PDA's. Groups can be saved within the systems to notify specific individuals. Both systems can also notify hearing impaired citizens (CodeRED, n.d.) (Reverse 911, n.d.). CodeRED™ states that their system can make 60,000 calls per hour (CodeRED).

Brevard County, Florida, uses an emergency notification system called GeoCast Web. The system utilizes web-based Geographic Information System (GIS). GIS allows the emergency agencies to notify specific areas of the community by phone in cases of emergency. A 20 second message can be sent to 138 phones per minute (Brevard County, Florida Emergency Management, n.d.).

Television and radio stations are still used as methods to alert the general public of potential emergencies as well as provide instructions. Also available for severe weather warnings is the National Oceanic and Atmospheric Administration (NOAA). The NOAA Weather Radio system can also be set up to alert deaf and hard of hearing citizens. These special needs citizens

can be alerted by utilizing “alerting devices such as vibrators, bed shakers, pillow vibrators, strobe lights and other alerting systems” (NOAA, National Weather Service, 2008, p. 1).

The final question the literature review sought to answer was to find out what is the local government’s responsibility to special needs citizens in times of an emergency. No particular law was found stating it was a criminal offense for a local government not to provide assistance to its citizens in times of emergency. Logic would dictate that it was not the responsibility of the local government to provide emergency assistance by the mere existence of volunteer fire departments throughout the country that are not funded by their local government. However, once established the expectation of help is established. DHS Secretary Chertoff emphasized in an interview that individuals need to learn to take responsibility for themselves by planning in advance for an emergency (In case of emergency, read blog, 2008). Several emergency agencies that have special needs registries have statements in their applications or websites that point the need for individuals to plan ahead. Utah Special Needs Registry information states that even though local officials and relief workers will arrive on the scene of a disaster there will be delays in reaching every citizen (State of Utah, n.d.). Neptune Beach, Florida, has as part of their Special Needs Evacuation Registration a statement letting the registrant know that:

In the event of an actual emergency, response agencies will attempt to provide the necessary assistance, but because of the significantly increased demands on government resources this cannot always be assured. To best guarantee personal safety, individuals should take the necessary advance precautions and follow planning guidance issued by government emergency response agencies (Neptune Beach Public Safety Department, n.d., Registration Form p. 2).

Chatham County, Georgia, Emergency Management Agency makes their point even clearer as to the roles and responsibilities of citizens on their website addressing special needs citizens and emergencies.

In an actual emergency, response agencies will try to provide assistance to those individuals on the special needs registry, but this cannot be guaranteed. The registry is truly a last resort, but if a hurricane threatened our area, it would be important for responders to know where some of the most vulnerable residents are so they can try to help them evacuate (Chatham Emergency Management Agency, n.d., p. 1).

New Orleans developed a City Assisted Evacuation Plan (CAEP) as a result of Hurricane Katrina. The plan gives the local citizens pre-planning information to protect their home and family. This plan goes further than others found in the literature review. The CAEP requires individuals to register like other plans found but appears to have a check and balance mechanism built in. Those citizens that register for CAEP are advised that they will receive a call from the Red Cross to discuss their situation. Those that registered as special needs will receive a follow-up call from the Health Department to obtain their medical information. Once the follow-ups are completed all the qualifying registrants will receive a confirmation postcard with an assigned case number and instructions (2007 Archdiocese of New Orleans & Catholic Charities of the Archdiocese of New Orleans, 2007).

Only those citizens meeting one or more of the following criteria are eligible for help from the city: those who are homeless, those with no transportation or fuel to get out of the city, or those whose transportation mode is too small to accommodate their whole family and/or pets. The city is asking residents who need evacuation help to register for planning purposes. **This is not a guarantee for help** (2007 Archdiocese of New Orleans

& Catholic Charities of the Archdiocese of New Orleans, 2007, CAEP Registration Form p. 1).

The literature review did find that a United States House of Representative report on the lessons learned from Hurricane Katrina concluded that the responsibility to evacuate was not the sole responsibility of the government. The report recognized that many citizens were aware of the need to evacuate but chose not to do so. The choice not to evacuate may have been based on past history, lack of understanding of the severity or unable to due to physical or economic disability (Lindsay, 2008).

In summary, the literature reviewed has influenced this applied research project by establishing the need for the local community to address special needs citizens in every emergency operating plan. The information that was gathered will be used to address future needs of special needs citizens in emergency situations.

### Procedure

Research for this project began at the National Fire Academy (NFA) during the Strategies for Community Risk Reduction class in August of 2008. The researcher searched for information on special needs citizens in emergency situations only to discover that little to none existed in the Learning Resource Center at the National Fire Academy.

An email was sent to twenty-four students of the August 2008 Strategies for Community Risk Reduction class using Google groups asking if their departments had a policy addressing special needs citizens in emergency situations. None of the twenty-four student's departments had such a policy in place that they were aware of.

After leaving the NFA the researcher turned to the internet to search for any books that may be available addressing special needs citizens in emergency situations and none were found. However, an internet search for the same information did provide ample articles on various websites. Also found in the internet search were various fire departments and emergency agencies that did have emergency plans addressing special needs citizens. The information found through the internet search did provide the researcher with substantial information to address the research questions.

The researcher personally visited local area medical supply businesses as well as local health care providers. The purpose of the visits was to gain a better understanding of how each of these operated during emergency situations. Also of interest was what client information they had, who had access to it and was the information available to emergency agencies during times of emergencies.

Finally, the researcher communicated via email with Emergency Management Directors and a research foundation specializing in special needs preparedness. The intent of these contacts was to seek recommendations for future plans based on their experiences.

#### *Limitations and Assumptions*

This research project was met with several limitations. First was the lack of printed material available on the subject. The researcher spent a lot of time trying to find books that addressed special needs citizens in emergency situations through internet search, library search, and visits to book stores. What printed material that was found was published by the United States Fire Administration. In general, any material that was found was general information.

Another limitation was the lack of information exchanged between local agencies that dealt directly with the community's special needs citizens. Because the local health care

providers are businesses, they treat their client information, to include number of clients, confidentially in order to prevent competitors from taking business away.

With the increase in large scale natural disasters that have taken place in the United States, the researcher assumed that there would be plenty of detailed research information available on how to deal with future events. The researcher also assumed that all communities would have emergency response plans that included special needs citizens. The literature review found that this was far from the case. In fact, with the exception of New Orleans all other special needs registries found appeared to only be collecting data.

### *Definition of Terms*

Administrative simplification provisions: are lesser known parts of HIPAA designed to improve health care quality and reduce costs by simplifying the administration and management of health information (National Association of Social Workers, 2008, p. 1).

Hump Yard: (also referred to as classification yard or marshalling yard) is a railroad yard found at some freight train stations, used to separate railroad cars on to one of several tracks (Wikimedia Foundation, Inc, 2009, p. 1).

Reasonable cause: circumstances that would make it unreasonable for the covered entity (business, agency), despite the exercise of ordinary business care and prudence, to comply with the administrative simplification provision violated (Department of Health and Human Services, n.d., p. 5).

Reasonable diligence: the business care and prudence expected from a person seeking a legal requirement under similar circumstances (Department of Health and Human Services, n.d., p. 5).

Willful neglect: a conscious, intentional failure or reckless indifference to the obligation to comply with the administrative simplification provision violated (Department of Health and Human Services, n.d., p. 5).

## Results

The information gathered in the literature review, internet search, interviews, and emails provided the data necessary to answer the research questions.

Information found during internet searches assisted the researcher in answering the first question: *Why is it so important to address special needs citizens in emergency operational plans for the community?*

The answer to this question on the surface may seem simple and straight forward, because they cannot fend for themselves. With some special needs citizens that is the case. However, the true answer becomes clear; we emergency services agencies try to plan out all aspects of a potential large scale emergency. These plans have to consider a multitude of scenarios to include, house evacuated citizens, food, hygiene supplies, potable water, duration of incident and the recovery process. When these areas are considered, the planners soon realize that citizens have a variety of needs just to perform day-to-day functions. This realization then requires the planners to consider other means to meet the basic needs of these citizens.

In short, the results of the literature review found that health care and emergency personnel have no idea of the number of special needs citizens in their community. A United States Government Accountability Office report noted that emergency management personnel were basically unaware of the number and location of special needs citizens in their community (Lindsay, 2008).

That being the case led the researcher to seek an answer to the second research question:

*How do other local and state agencies define special needs citizens?*

In order to find out how many citizens would be considered special needs the local and state agencies would first have to decide on a definition for special needs citizen. The literature review found that there were no clear definitions of special needs citizens among any of the local and state agencies that included special needs citizens in their emergency plans. Most agencies that provided a special needs registry simply had a check off box for the citizen on a myriad of medical or physical conditions (Table 3 and Table 4).

New Orleans has taken the special needs qualifications to further extremes by including economic, transportation, and residential status into consideration as well as health and mental conditions (2007 Archdiocese of New Orleans & Catholic Charities of the Archdiocese of New Orleans, 2007).

The research brought to light that the City of Waycross, Georgia, had an emergency operations plan but not one that included special needs citizens. This made answering the question, *How many special needs citizens live in Waycross, Georgia?* a challenge.

Taking the advice of Dr. Carl T. Cameron (C. T. Cameron, personal communication, November 24, 2008), the researcher did make contact with some of the local medical equipment providers only to discover that they could not provide a total for the number of clients they serviced without having to do some research. The researcher was unable to come up with a total number of special needs citizens for Waycross, Georgia, during this research.

*How do other local and state agencies gather and keep up-to-date information on how many special needs citizens live in their community?* This question became important in light of the fact that this information was not readily available in Waycross, Georgia.

The researcher turned to the internet to help find the answer to this question after an email sent to twenty-four students of the NFA resulted in no emergency operation plans in place in their local communities that addressed special needs citizens. The researcher was able to find through the internet search that several departments had special needs registration forms available for local citizens to fill out. But this did not give these agencies any idea of just how many citizens met the criterion for special needs in their community. As stated in the findings of the Federal Evacuation Policy that was presented to Congress November 12, 2008, “some emergency management officials did not have a good understanding of the size, location, and composition of transportation disadvantaged in their community” (Lindsay, 2008, p. 11).

When it came to keeping the special needs lists up-to-date, many department either had no plan or simply did not include it with the registration form. Based on the email reply from Dr. Cameron, keeping an up-to-date special needs list is one issue that has not been solved. The issue of keeping an up-to-date registry comes in the form of costs and constant updating (C. T. Cameron, personal communication, November 24, 2008).

Because the information needed to substantiate the individual’s qualifications to be on a special needs list, the researcher was required to see if there were any restrictions on obtaining such information. The question that needed to be answered was, *How does the Health Insurance Portability and Accountability Act (HIPAA) requirement apply to the gathering and dissemination of special needs citizens’ information?* Again, an internet search was performed to find the answer to this question.

Only two of the seven special needs registration forms reviewed from other local and state agencies had a specific area for the registrant to sign giving the agency authorization to retain and share the provide personal information. HIPAA is very specific when it addresses the

privacy of an individual's medical information. As discovered in the summary of HIPAA from the Office of Civil Rights, personal medical information is so protected that even talking about a patient to someone outside of those that need to know in the office that has the records without the permission of the patient is a violation of HIPAA (Office of Civil Rights, 2003).

Part of the research for this project involved personal conversations with health care providers. Although no specific information was asked concerning any patient, two of the three businesses interviewed readily informed the researcher that they would not release any patient information without his/her written consent. The third business did not offer any specific information and may not have mentioned patient consent because it was not an issue during the interview (Shuman Health Care, A+ H.O.M.E., & Jones, personal communication, October 29, 2008).

*What methods of notification are available before during and after an emergency?* This question was asked because no information gathered would do anyone any good if the agencies were not able to notify citizens in emergency situations. Technology has and is advancing that will provide quicker and easier notification alternatives. The research discovered that the current trend for notifying citizens of a potential emergency are by means of communication devices such as telephone (home and cell), pagers, PDA's. Several companies offer these services but the two that seem to be most prevalent are CodeRED™ and Reverse 911®. Both systems become part of the communities' 911 Communication Center. However, when a community purchases the software it does not automatically include all phone numbers in the area be served by the 911 Communications Center. The system requires that an individual register in order to be added to a call list. Some communities, such as Albany, Georgia, have registration for CodeRED™ on the local fire department internet site. An item that the researcher found interesting was that the

webpage stated that those that did not have internet access could call an office number to sign up (Albany Fire Department, n.d.).

Radio and television are traditional methods of notification; and are used to notify citizens in times of emergencies. One method of notification that is popular in areas that regularly receive bad weather is the NOAA Weather Radio. This system is best at giving those that own the system advanced notification of immanent severe weather. For the most part the system does not give enough advance notice to allow the individual time to evacuate.

The one drawback to the majority of the traditional emergency notification systems is that they depend on electricity. It is true that CodeRED™ and Reverse 911® require electricity but the agencies that are responsible for the use of these systems are required to have emergency back-up generators.

The final question the research sought to answer was, *What is the local government's responsibility to special needs citizens in times of emergencies?*

The researcher had to be careful not to confuse the question with the responsibilities of emergency workers. No specific laws were found that mandated local government's responsibilities to its citizens in times of emergencies.

The U.S Court of Appeals for the First Circuit recognized that almost every state has a statute in regards to mandatory evacuations. The one issue that was pointed out about the statutes was that there was no uniformity in who had the authority to issue the evacuation order. Some states gave the authority to the Governor while others allow the local government authority to give the evacuation order. It is believed that the lack of a clear line of command complicated the response to Hurricane Katrina (Fairchild, Colgrove, & Jones, 2006).

Communities develop plans such as pre-disaster mitigation and local emergency operation plans. These plans generally address actions needed to take place prior to an event and what to do afterwards. These plans do not obligate the local government specific legal responsibilities to its citizens to include special needs citizens.

No literature was found that showed where any local, state or federal government agency assumed or was required to assume any responsibility to special needs citizens in times of emergencies.

### Discussion

The results of interviews, literature review, emails, and internet search made it obvious that the City of Waycross, Georgia, needs to address special needs citizens in its pre-disaster mitigation plan and any other emergency operation plans. The mere fact that special needs citizens require additional assistance, whether that comes from medication or equipment, mandates that emergency planners take this segment of the population into consideration.

Inclusion into these plans cannot focus only on large scale events. It was phone calls to a City Commissioner after a commercial structure fire in Waycross, Georgia, that caused the researcher to take on this subject. Safety measures taken at the auto repair and tire shop fire in downtown Waycross, Georgia, brought to light the scope of the effects of power being shut off in a grid system. The electric company was called to the scene to secure the power in order to protect the crews operating in and around the building. No one gave any thought to there being special needs citizens that would be affected as a result of their medical condition, when in fact that was just the case.

Although there were only three citizens that reported the power outage affecting their medical equipment the night of September 15, 2008, does not make it any less of a problem. Plans that were found during the internet search all seemed to concentrate on large scale events. The disability populations listed in Table 1 show the staggering number of citizens recognized by the Centers for Disease Control and Prevention (Center for Disease Control and Prevention (CDC), 2005) for those areas affected by Hurricane Katrina. Waycross, Georgia, has just over 28 percent of its population listed under disability status according to the 2000 US Census. The size of the special needs population shown in Table 1 and Table 2 would overwhelm local emergency service resources if adequate planning has not been performed.

This adequate planning would need to start with explaining the importance of including special needs citizens in the plan to those that are responsible for developing the plan. The sheer number of special needs citizens in each community makes the case for defining special needs in order to better structure such a plan. If efforts addressed in an emergency plan are directed in the wrong manner or resources are improperly allocated, the results can be devastating.

A perfect example of improper planning and utilization of resources was seen before, during and after Hurricane Katrina. As Hurricane Katrina was gaining strength in the Gulf of Mexico it becomes clear to weather professionals that this storm was going to be very large and extremely destructive. Governors of the states that were being projected as Katrina's landfall began to issue state of emergency declarations early. President Bush also issued a state of emergency for Louisiana on August 27, 2005, two days before landfall. New Orleans Mayor C. Ray Nagin declared a state of emergency at 5:00 PM central daylight time along with a voluntary evacuation order (Talking Points Memo, 2005). Declaration of state of emergencies had normally been declared after an event and was dependent upon the amount of destruction.

Mayor Nagin's voluntary evacuation order was given with the Mayor saying that his legal team was checking to see if he could order a mandatory evacuation without putting the city in a liable position to hotels for their closures (Talking Points Memo, 2005). This should not be a question needing an answer just two days from a major hurricane hitting the city. By the time the mandatory evacuation order was given the morning of August 28, 2005, it was already too late for the thousands of special needs citizens and citizens that had no means of transportation to get out on their own. All the while hundreds of buses sat unused in bus yards and ultimately were damaged by the flooding (wikinews, 2005).

It is the researcher's opinion that if any emergency plan is going to work concerning special needs citizens, that plan has to clearly define special needs citizens. This definition may vary depending on the available resources for the community in question. It may be more appropriate to change the identifier of the targeted population to make the distinction clearer to all. A suggestion would be to classify the targeted group as critical needs citizens. These would be those citizens that are totally dependent on others for their most basic needs or dependent on equipment for survival. When the researcher interviewed local health care providers, every one of them greatly reduced their numbers when asked to compare special needs to critical needs clients based on this criteria. On average, the local health care provider's estimation of critical needs clients made up only ten percent of their overall client list. Two of the three health care providers estimated that they had 150 special needs clients. This number dropped to ten or fifteen when asked how many of these they would classify as critical needs (Shuman Health Care, A+ H.O.M.E., & Jones, 2008).

The researcher did find that some state and local agencies were collecting information from their special needs population under the heading of Special Needs Registry or Special

Needs Evacuation. It was not clear to the researcher how the special needs population would be informed that any program existed. The methods of information collection were voluntary and required the special needs citizen to have access to a computer or knowledge of where to pick up the forms. One item of interest found during the research was that no information was provided to the special needs citizen as to how the information they provided would be used. New Orleans went further than other registration program found in the internet search by informing the registrant that there would be follow up phone calls to verify and collect additional information (2007 Archdiocese of New Orleans & Catholic Charities of the Archdiocese of New Orleans, 2007).

With the large number of people listed as special needs citizens in each community, a big concern would be how to keep a special needs registry up-to-date. Neptune Beach, Florida, requires registrants to enroll annually (Neptune Beach Public Safety Department, n.d.). Utah states on their registry website that the registrant will be contacted occasionally to update their information (Utah, 2006).

Any special needs registry established must be maintained properly and easily accessible. A special needs list that is not kept up-to-date only slows down proper notification by creating delays. Any list that is not easily accessible is a useless list when an emergency strikes. The various agencies and organizations will have to find a way to compile their lists.

The information found during this research confirms DHS Secretary Michael Chertoff's comment that "preparedness needs to be repositioned so it is viewed by Americans as a responsibility of citizenship for the 21<sup>st</sup> Century" (In case of emergency, read blog, 2008, p. 1). The simple truth is that no agency can provide enough resources to handle the emergency at hand

and also provide the necessary resources to dedicate to those citizens that meet the broad definition of special needs.

Any plan that includes those citizens with special needs should make sure that legal and medical professionals have been consulted to be sure that the methods of obtaining, storing and disseminating medical information is done properly and lawfully. It is important that the registrant be made completely aware of how his/her medical information will be used and who will have access to it. The last thing that the agency needs is to be found in violation of citizens' HIPAA rights.

As technology advances so should the ability to better serve a community's citizens during emergency conditions. Unfortunately, the technology available today used to give advance warning has the potential to fail for several reasons. First, it requires citizens to call or use the internet to sign up. Second, the technology is dependent upon electricity on both the sender's and receiver's equipment.

The researcher did not find where systems such as CodeRED™ or Reverse911® used by emergency agencies were set up to notify special needs citizens as a group prior to an emergency. These programs do have the ability to set up groups. It would be very beneficial to the special needs community to have advanced warning in order to make the necessary arrangements for the situation at hand.

Even though no statutes or laws were found in the research that spelled out the local government's responsibility to its citizens, including those with special needs, in times of emergencies, there needs to be clear clarification of what citizens can expect. If the local government does not have the capability to provide expected services before, during and/or after any size emergency, then that message should be clearly expressed.

To summarize, the literature review found that some emergency agencies have recognized the need to include special needs citizens in their emergency plans. However, these plans are geared towards large scale situations that would affect a large number of citizens like hurricanes and earthquakes.

When it comes to information on special needs citizens each community has to invite all the players to the table. There is too much valuable information as well as resources in the community concerning special needs citizens. Health care businesses and providers have direct contact with the citizens. This knowledge cannot remain isolated within individual businesses.

It is the opinion of the researcher that in order for the larger plans to work effectively communities have to plan, practice and activate the plan on smaller emergencies within their jurisdictions. Actually using the emergency plans at the local level during local emergencies, the participants will be given more opportunities to work in real life situations verses annual drills.

### Recommendations

Based on the results of this research project the following recommendations are made to address the City of Waycross, Georgia, not having special needs citizens included in emergency plans:

- Identify all the local businesses and organizations that have contact with the local special needs citizens in the community. Once these are identified schedule a meeting that includes representatives from each business and organization in order to develop guidelines for establishing a local emergency plan that includes special needs citizens.
- This group should define special needs citizens for the City of Waycross. There needs to be a minimum of two categories 1) special needs: includes those citizens that are

able to get about and perform basic day-to-day functions, and 2) critical needs: includes those citizens that depend on equipment to sustain life or cannot perform basic day-to-day functions.

- Include special needs citizens in the planning phase of any local emergency plan.
- Develop a plan to educate the community's special needs and critical needs population. This education plan should address why there is a difference in the definition of the lists. This education should also emphasize the need for both groups to plan ahead.
- Identify the most efficient way to keep both registry lists up-to-date.
- Establish a panel to oversee the collection, dissemination, and updating of both needs registry lists. Include volunteer organization members. This panel should meet quarterly on a minimum basis.
- Utilize the local emergency plan on local emergencies that do not rise to the level of a major event but has the potential to affect local special needs and/or critical needs citizens. This will get the various players accustomed to the plan, the process in general and other agencies. Do not wait for the "Big One" to activate the plan for the first time.
- Review the plan on an annual basis and make modifications as needed.

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