

ISSUE BRIEF: Resiliency & Emergency Response

DOMAIN OVERVIEW: The **Resiliency & Emergency Response domain** includes programs, policies, and strategies that involve preparing for an emergency, the response immediately following a disaster and the long-term recovery, for individuals, neighborhoods and city-wide. Examples include the city-sponsored training for community volunteers, Neighborhood Emergency Response Teams (NERT), the citywide disaster response system, and the Neighborhood Empowerment Network (NEN) efforts to empower communities and advance resilience.

SUMMARY: Effective disaster planning requires a coordinated and collaborative planning approach that in addition to being able to respond immediately, also accounts for the preparation before and recovery after a disaster (often called ‘resiliency’). Similar to many other domains, this topic also requires active participation and planning at all levels (from the individual, neighborhood, and citywide) and demands participation by a variety of organizations, including but not limited to community-based organizations, neighborhood groups, SF Departments of Public Health and Emergency Management, and first responders. A city’s disaster plan often builds on especially challenging disasters, such as Hurricane Katrina; another city’s experience can serve as a blueprint for other municipalities. New Orleans and New York, as well as countless other communities have directly helped to inform our approach, whether that is empowering and supporting community-based recovery efforts or ensuring that our City’s disaster response includes people with disabilities and seniors from the very beginning. While the very nature of disaster planning assumes little to no warning prior to an event, research has shown that the occurrence of disasters and emergencies, whether natural or not, is increasing significantly and that preparation can mitigate the severity of an event’s impact. Thanks to the commitment of many, San Francisco is at the forefront of innovative resiliency efforts as well as effective and inclusive emergency response initiatives.

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The Age and Disability Friendly Task Force is charged with identifying achievable and tangible policy and program goals that will increase the accessibility and inclusivity of San Francisco. Members are expected to review the issue brief and draft recommendations. Please come to the meeting prepared to suggest edits, feedback, and recommendations on the topic **Resiliency & Emergency Response**. Ideal recommendations are those that address key populations for this effort: people with disabilities, seniors, caregivers, and people with cognitive impairment.

I. AGE & DISABILITY FRIENDLY GOALS

Based on the World Health Organization’s recommendations, research, relevant reports, and focus groups, below are goals that we believe contribute to an age- and disability-friendly San Francisco, specifically with regards to **Resiliency & Emergency Response**.

When reviewing the following goals, please consider:

- From your experience & expertise, how does San Francisco measure up in the category?
- What are SF’s strengths within this area? Where do we have gaps within this area?
- Are these the right goals? What is missing?

GOALS	DESCRIPTION
<p>Individuals, families, & caregivers have the support & training to prepare for disasters.</p> <p><i>Personal Preparedness</i></p>	<p>There are programs and supports specifically geared towards ensuring that seniors and people with disabilities are personally prepared for disasters, including:</p> <ul style="list-style-type: none"> • Personal preparedness training for individuals as well as caregivers; and • Information and resources exist that with regards to home safety kits.
<p>Resiliency efforts at the community level are supported & include seniors & people with disabilities.</p> <p><i>Community Preparedness and Resiliency</i></p>	<p>Ensure that effective community-based resiliency efforts and emergency response networks are supported and expanded, such as:</p> <ul style="list-style-type: none"> • Existing response networks are equipped to respond to the needs of people with disabilities and seniors; and • Community-based efforts actively engage and involve seniors and people with disabilities in the preparation process.
<p>Emergency response efforts include the unique needs of seniors & people with disabilities.</p> <p><i>Disaster Response</i></p>	<p>All City and municipality response efforts include seniors & people with disabilities, both in the planning and the response, including:</p> <ul style="list-style-type: none"> • All response efforts include appropriate accommodations, such as all community based shelters need to be accessible; and • Temporary replacement durable medical equipment and other health-related needs are met (e.g., wheelchairs). <p>Community and volunteer efforts include training and preparation to support seniors and people with disabilities.</p>

II. DRAFT RECOMMENDATIONS.

Below are some possible recommendations to support the age- and disability-friendliness of San Francisco, specifically with regards to **Resiliency & Emergency Response**. These recommendations were informed by focus groups, research, city departments, community members and groups, and best practices.

These are only meant as a starting point and the role of the task force is to develop the final recommendations, either based on these draft ideas or to address gaps not currently covered here.

GOALS	RECOMMENDATIONS
<p>Individuals, families, & caregivers have the support & training to prepare for disasters.</p>	<p>Recognizing that the majority of San Franciscans will need to shelter in place for at least the first 72 hours after an event, ensure that there is support and training to ensure that seniors, people with disabilities, and their caregivers are prepared. Specifics may include:</p> <ul style="list-style-type: none"> • Ensuring that residents are registered with AlertSF(San Francisco’s citywide communication system).
<p>Resiliency efforts at the community level are supported & include seniors & people with disabilities.</p>	<p>Support and expand existing community-based approaches recognized to effectively mitigate the impact of disasters and emergencies. Existing efforts include:</p> <ul style="list-style-type: none"> • Neighborhood Emergency Response Team; and • Neighborhood Empowerment Network. <p>All resiliency efforts that prepare for disasters and/or ensure communities are able to recover following a disaster should include the participation of seniors and people with disabilities, in addition to ensuring that their needs are accounted for. Examples include:</p> <ul style="list-style-type: none"> • Trainings and sheltering exercises should be accessible and inclusive. <p>Ensure that institutional facilities and in-home caregivers are prepared to support seniors and people with disabilities in the case of a disaster or emergency. Specifics may include:</p> <ul style="list-style-type: none"> • Training of homecare agencies and homecare providers: <ul style="list-style-type: none"> ○ How home health care providers can be personally prepared for a disaster; and ○ How caregivers can support their clients in disaster preparedness, such as helping clients create disaster plans. This could include backup plans for transportation, health maintenance, and information related to evacuation and access to shelters in case their home health care provider cannot reach them in an emergency.

GOALS	RECOMMENDATIONS
<p>Emergency response efforts include the unique needs of seniors & people with disabilities.</p>	<p>Implement policies and procedures that account for and are prepared to respond promptly to seniors and people with disabilities, prioritizing those who require additional support or are unable to shelter in place for 72 hours.</p> <ul style="list-style-type: none"> • Ensure that the skills and strengths of community-based organizations serving people with disabilities are well integrated into emergency service plans and local government strategies¹; and • All disaster plans account for critical equipment, including strategies to provide back-up power system in an emergency or disaster².

¹ National Council on Disability, “Saving Lives: Including People with Disabilities in Emergency Planning.”

² **FEMA states that emergency plans** “should include strategies to provide power for services that require a backup power system in an emergency or disaster.

III. SAN FRANCISCO ASSETS

Below are some assets within the areas of **Resiliency & Emergency Response**, which we believe supports the age- and disability-friendliness of San Francisco. This is not an exhaustive list of disaster response or community based efforts, however we prioritized efforts that were either unique or relate specifically to seniors and/or people with disabilities.

We welcome additional suggestions from task force members to be included in final report.

ASSETS	EXAMPLES
<p>Programs & policies exist to respond effectively to disasters & support communities.</p>	<p>There are a number of unique and innovative programs with regards to disaster response, including:</p> <ul style="list-style-type: none"> • Giant Ambulances or “Ambu-bus”³ giant ambulances, designed from repurposed MUNI buses, these are specifically to respond to mass casualties and are able to carry up to 22 patients. Only type of its kind in California. • SF Community Agencies Responding to Disaster (SF CARD): connects nonprofits, city agencies, and faith based communities into a network, ensuring that they are able to continue to provide critical services after a disaster. • Auxiliary Communications Service (ACS)⁴: organized by the Dept. of Emergency Management after the 1989 earthquake, ACS is composed of volunteers who are trained to use amateur radio (ham radio) as a communications support for San Francisco in the event of a major disaster or incident. <p>There are efforts or policies that specifically ensure that seniors and people with disabilities are included in planning for disaster response, such as:</p> <ul style="list-style-type: none"> • California Assembly Bill 2311⁵: effective Jan 2017, this requires each county and city to integrate and ensure that the access and functional needs⁶ of a residents is addressed in its emergency response plan, including emergency

³ <http://kalw.org/post/disaster-prep-sf-style-giant-ambulances-built-old-muni-buses#stream/0>

⁴ <http://sfdem.org/auxiliary-communications-service>

⁵ http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160AB2311

⁶ **Access & Functional needs** includes individuals who have developmental, intellectual, or physical disabilities, chronic conditions or injuries, limited English proficiency or non-English speaking, those living in institutional settings, low-income, homeless and/or transportation disadvantaged, etc.

ASSETS	EXAMPLES
	<p>communications, evacuations, and sheltering.</p> <ul style="list-style-type: none"> • Mayor’s Office on Disability (MOD), Disability Disaster Preparedness Committee⁷: since 2005, the group has engaged advocates and City staff who met monthly to identify policy needs and propose concrete recommendations. They also share various resources for consumers as well as best practices for City staff. • Disabilities, Access, and Functional Needs (DAFN) Coordination workgroup: established by SFDEM in March 2017, this effort partners with local SF disability stakeholders and city agencies with the purpose of implementing AB2311. Meets every other month. Some efforts this group is working on include: high-rise building evacuation, procedures around durable medical equipment, emergency response within dialysis facilities, and more.
<p>Citywide strategies exist to provide support prior, during & immediately following an emergency.</p>	<p>There are programs or efforts that aim to respond post disaster, including:</p> <ul style="list-style-type: none"> • AlertSF⁸: managed by the Dept. of Emergency Management, Alert SF is the city’s emergency alert system and includes communications through text, Twitter, outdoor public warning systems, and wireless emergency alerts. • Resilient San Francisco⁹: an initiative that began in 2013 through funding from the Rockefeller Foundation, Resilient SF aims to develop a short and long term collaborative effort that has developed a strategic vision for post-disaster recovery in order to create a unified framework of resilience. • SF 72¹⁰: San Francisco’s hub for emergency preparedness including what to do, how to get connected, and how to be prepared. • Emergency Response: Mandated and coordinated emergency response strategy that follows a very specific protocol immediately following an emergency; led by DEM but involving many city agencies (Dept of Public Health, Human Services, Agency, etc.) and community partners (Red Cross, Salvation Army, etc.).

⁷ <http://sfgov.org/mod/emergency-preparedness-people-disabilities>

⁸ <http://sfdem.org/public-alerts>

⁹ <http://sfgsa.org/sites/default/files/Document/Resilient%20San%20Francisco.pdf>

¹⁰ <http://www.sf72.org/home>

ASSETS	EXAMPLES
<p>Community based resiliency efforts exist.</p>	<p>There are a number of community and/or volunteer based resiliency efforts in San Francisco, including:</p> <ul style="list-style-type: none"> • Neighborhood Emergency Response Team (NERT)¹¹: neighborhood based teams of volunteers that are trained by the SF Fire Department to be able to provide support and outreach following a disaster. • Neighborhood Empowerment Network (NEN)¹²: with the City Administrator’s Office, NEN has a variety of programs that aim to develop and support neighborhood based resiliency through trainings, developing preparedness plans, empowering leaders, and more • SF Interfaith Council, Disaster Preparedness¹³: provides support and workshops to congregations, regarding the role that faith communities can play before, during and following a disaster or emergency, such as offering spaces as a cooling center during an extreme heat wave.

¹¹ <http://sf-fire.org/neighborhood-emergency-response-team-nert>

¹² <http://empowersf.org/#programs>

¹³ <http://www.sfinterfaithcouncil.org/ongoing-programs>

IV. SAN FRANCISCO GAPS

Below are identified gaps within the area of **Resiliency & Emergency Response**. This is not an exhaustive list and we welcome suggestions from the task force members to be included in the final report.

GAPS	EXAMPLES
A need to encourage & support personal preparedness.	Many residents are not personally prepared and/or able to be self-sufficient for 72 hours. This occurs for many reasons, including but limited to: limited financial resources; lack of understanding; assumption that the city will respond or that it is not their personal responsibility; ¹⁴ and fear or desire to avoid thinking about potential disaster events.
Lack of disaster response planning for people with disabilities & seniors.	Often people with disabilities are not considered during preparedness and planning activities, such as escape or rescue strategies, as well as instructions, alerts or evacuation announcements ¹⁵ .
Coordination among city agencies, nonprofit agencies, & community based efforts can be challenging & limit response efforts.	Considering the organizations, agencies, and community-based efforts that are required to collaborate during times of crisis, there is often coordination and communication challenges that may limit the response effort or timeliness of efforts.

¹⁴ nwankwo et al., "Social and Behavioral Influences on Disaster Planning: A Qualitative Study of Elderly Homecare Recipients in San Francisco, CA."

¹⁵ National Council on Disability, "Saving Lives: Including People with Disabilities in Emergency Planning."

APPENDIX A. OTHER AGE & DISABILITY FRIENDLY EFFORTS

A. BEST PRACTICES.

Lawsuit against NYC: A federal court found that New York City did not adequately support, prepare or plan for people with disabilities following Hurricane Sandy and therefore violated the ADA. This ruling is expected to have far reaching implications for other jurisdictions as they develop their disaster plans^{16, 17}.

MIT, PrepHub¹⁸: an innovative proposal to design and implement neighborhood infrastructure for disaster preparedness. San Francisco served as a test location for these hubs, but current status (and long term adoption) is unclear¹⁹.

Los Altos: partnered with local Boy Scouts and USB's donated by local Rotary club, had an evening where the boy scouts brought laptops and entered seniors emergency information (taken from FEMA form) on a USB that they then kept with them, in case of falls, hospital, etc.

NYC's Resilient Communities: Empowering Older Adults in Disasters and Daily Life (2014 report with NYAM) key findings included:

- Social networks influenced decisions and facilitated access to information and assistance
- Older adults actively supported their communities before, during and after Hurricane Sandy
- Because older adults were not engaged in emergency planning , emergency services were often inadequate, inappropriate, or inaccessible to older people and their basic and health care needs went unmet
- The local neighborhood infrastructure was effective in meeting the needs of older adults

A. EXAMPLES OF OTHER CITY'S AGE & DISABILITY FRIENDLY PLANS:

Table 1: Washing DC. Age Friendly DC: Strategic Plan (2014-2017)²⁰

Domain 9: Emergency Preparedness and Resilience: information, education, and training to ensure the safety, wellness, and readiness of seniors in emergency situations.	
GOAL	RECOMMENDATIONS
9.1. Identify, locate and reach	<ul style="list-style-type: none"> ● Increase AlertDC, Smart911, and SmartPrepare enrollment by

¹⁶ <http://www.npr.org/2013/11/09/243998312/ruling-on-nyc-disaster-plans-for-disabled-may-have-far-reach>

¹⁷ <https://www.scribd.com/document/182692036/BROOKLYN-CENTER-FOR-INDEPENDENCE-OF-THE-DISABLED-et-al-v-Michael-Bloomberg-et-al#fullscreen>

¹⁸ <http://www.prephub.org/>

¹⁹ <https://www.fastcodesign.com/3061437/how-mit-and-san-francisco-are-testing-a-new-approach-to-disaster-prep>

²⁰ <https://agefriendly.dc.gov/publication/age-friendly-dc-strategic-plan-2014-2017>

Domain 9: Emergency Preparedness and Resilience: information, education, and training to ensure the safety, wellness, and readiness of seniors in emergency situations.	
GOAL	RECOMMENDATIONS
special, vulnerable and at-risk older resident populations in an emergency.	<ul style="list-style-type: none"> requiring direct service contractors and grantees to offer enrollment during the client intake process. • Provide training on preparedness practices to shelter-in-place or relocate to accessible shelters when necessary.
Build individual and community resiliency.	<ul style="list-style-type: none"> • Develop a plan to ensure uninterrupted prescription refills to residents with chronic medical conditions in the event of an emergency. • Promote and support personal responsibility and first responder opportunities for residents and neighborhoods. • Create and assist community supported, neighbor-to-neighbor networks across the city that are accessible to all income levels (e.g., villages, fraternal organizations, faith-based-communities, neighborhood associations). • Provide guidance and require direct service contractors and grantees considered essential to develop a Continuity of Operations Plan (COOP).

APPENDIX B. RELATED RESEARCH & REFERENCES

DEMOGRAPHICS.

Research has shown that across a range of disaster types, **older adults are at an increased risk of disaster-related morbidity and mortality**, as well as often underprepared once disasters happen²¹.

However, there is also evidence that **older adults may be more psychologically resilient in the face of disaster than younger people and should therefore be mobilized to assist in response and recovery efforts**. Evidence also indicates that older adults may be more vulnerable in disasters due to a predisposition to one or more of the following factors: mobility and cognitive impairment, chronic health conditions, diminished sensory awareness, social isolation, and financial limitations.”²²

²¹ nwankwo et al., “Social and Behavioral Influences on Disaster Planning: A Qualitative Study of Elderly Homecare Recipients in San Francisco, CA.”
²² Goldman, Finkelstein, Schafer, & Pugh, 2014

Disasters frequently exacerbate forms of social marginalization that existed previously, such as low-income communities having limited ready access to cash and private vehicles to evacuate in a disaster (as seen in areas of New Orleans prior to Hurricane Katrina). Therefore, as planners and advocates, it's important to note that **risk and vulnerability are not indiscriminately distributed in disasters**²³.

Federal Emergency Management Agency (FEMA): has "Preparing for Disasters for People with Disabilities and other Special Needs", [HERE](#)

RESILIENCY.

Within disaster management, **building resilience** describes the process of helping communities be better prepared both to withstand as well as rapidly recover from an emergency or disaster, such as an earthquake, drought, flood or power outage.

This concept and approach was born out of the recognition that a longer-term approach was required to reduce disaster risk and build resilience. Additionally, numerous post-disaster case studies have shown that neighborhoods or communities that are

- (include: impact of community based responses – looking for NEN/NO video)

Social support plays an important role in disaster preparedness as well as disaster response, and opportunities that "cultivate community inclusion might prove helpful in facilitating the disaster planning of elderly adults²⁴."

"The basic premise of the framework is that a neighborhood's response to and recovery from a disaster is largely determined by how that neighborhood functioned prior to the disaster."²⁵

There are a lot of resources and efforts that focus on community resiliency as effective disaster preparation and recovery, including:

- **Association of Bay Area Governments, Resiliency Program:** including local government toolkits, reports, case studies, and other strategies.
<http://resilience.abag.ca.gov/resilience/toolkit/>

DISASTERS.

Amateur Radio Operations (also known as ham radio) operators have been providing communications in natural disasters since 1910 and in addition to support at the city level, the Federal Communications Commission (FCC) and FEMA have developed processes and support that specifically encourage their participation.

²³ Weibgen, "The Right to Be Rescued."

²⁴ nwankwo et al., "Social and Behavioral Influences on Disaster Planning: A Qualitative Study of Elderly Homecare Recipients in San Francisco, CA."

²⁵ Goldman, Finkelstein, Schafer, & Pugh, 2014

Operators use radio wavelengths to communicate (locally, nationally or globally), in the event that national or local communications are disconnected due to weather, loss of power, or overloaded cell towers. Ham radios are removed from large infrastructure that is vulnerable to disasters or emergencies and require very little technology, generally just batteries or solar power.

For more info, see here: <https://www.theatlantic.com/technology/archive/2016/03/ham-radio-disaster-preparedness/473598/>

More Information on Programs & Policies

- **Who responds following a disaster?** In San Francisco, the following city agencies have specific responses
 - **City Agencies:** led by the SF Department of Emergency Management, many departments have various roles including: SF Department of Public Health, and the SF Human Services Agency. SF HSA specifically will continue to provide critical services following a disaster, including wellness checks to the most vulnerable seniors and adults with disabilities (based on status, urgent health or housing needs) and emergency shelters (based on SF DAAS Area Plan 2012-2016). Additionally, in partnership with other City departments, HSA is specifically responsible for ESF 6: Mass Care, Housing, and Human Services Annex citywide²⁶, within DEM’s “Emergency Response Plan” (see below).
 - **Federal agencies** such as FEMA in the case of certain disasters;
 - **First Responders**, such as fire department, police department, EMT’s, etc.;
 - **Nonprofit community organizations** such as the Red Cross, Salvation Army, SF CARD members, etc.
 - **Volunteer based community efforts** such as the Neighborhood Emergency Response Team;

DEM’S “Emergency Response Plan”: ESF 6 Mass Care, Housing, and Human Services Annex

2.3.2 Support for More Vulnerable Persons

Persons, who because of age, disability, language, or medical condition, may have functional needs within a shelter environment that need to be met before they can fully benefit from ESF #6 service delivery. The following are some general guidelines for meeting functional needs.⁸

1. Seniors and People with Disabilities

- Ensure the accessibility of disaster services, programs and facilities in compliance with Title II of the ADA, including accessible transportation to reach service sites.

²⁶ See Details on ESF 6 (pg. xx)

- Meet functional needs in an integrated shelter environment (versus setting up separate “special needs” shelters):
 - Engage FAST Teams (Functional Assessment Service Teams), or representatives from local disability organizations to help assess and identify functional needs for seniors and people with disabilities at shelters;
 - Obtain the necessary durable medical equipment (accessible cots, transfer boards, walkers, eyeglasses, portable ramps, wheelchair battery chargers, etc.);
 - Refilling prescription medications;
 - Communications support (sign language interpretation, TTY access, assistive listening devices);
 - Specific support services (mental health, personal care assistance, space for service animals, etc.).

2. People who are Medically Fragile or Dependent

- Ongoing medical supervision for medically fragile persons required to evacuate to public shelter settings.
- Support for health care facilities given the need to evacuate their medically fragile resident population. Suggested strategies include:
 - **Like-Facility Evacuation** – In cases where community residential programs or care facilities need to evacuate, but staff and caregivers want to stay intact, they may evacuate to/setup shelter in another care facility that has extra space.
 - **Alternate Shelter Facility** – Instead of evacuating to a large public shelter, a smaller shelter setting is selected from the shelter database and opened specifically for the evacuating facility.
 - **Temporary Infirmary** – A portion or area within the public disaster shelter can be set aside and designated for the care facility staff and its clientele. The evacuated institution will continue to care for its residents within this designated space.
 - **Medical Needs Shelter** – If the event requires the evacuation of a large number of medically fragile persons from different facilities, care and shelter personnel will work with DPH to activate a full service emergency shelter specifically for medically fragile persons and the evacuating facilities.⁹