

# Access and Functional Needs Coalition Meeting

Southwest Utah Public Health Department

4 September 2019 10:00 – 11:30 A.M.

## AGENDA

### I. Welcome and Introductions

Everyone then introduced themselves both in person and online. There were some audio issues and it was difficult to communicate with those online. Kirsten introduced herself and gave a brief intro to the Southwest Utah Public Health Department. The purpose of the AFN coalition is to increase the level of preparedness for those that are more vulnerable to disasters. An increased frequency and severity of disasters make it important for everyone to be ready. The AFN Coalition has an emergency plan. They follow the CMIST model and each meeting focuses on a different element of this model. This meeting focuses on Communication.

### II. Communication in Emergencies – Diego Acosta, Case Manager, So. Utah Deaf and Hard of Hearing

Diego Acosta presented on communication with those that are deaf. He asked everyone what their experiences have been with communicating with deaf individuals and asked about what methods they used to communicate. Methods of communication included American Sign Language, lip reading, texting, messaging, writing on paper, typing on computer, and there are APPs you can download on your smart phone. He emphasized the importance of asking a deaf person what method they are most comfortable with. Some deaf individuals may not know ASL if they became deaf later in life and others may have languages other than English as their primary language. Diego mentioned the importance of signing up for emergency alerts. Receiving a text alert on the phone is very helpful. Another point he made is that deaf individuals can create a buddy system and let people around them know that they are deaf so they are better able to help. Texting 911 works well and when there are weak cell signals have a better chance of getting to dispatch vs trying to do a video call. In a disaster or emergency those that are deaf may not respond the same as those that hear depending on the situation. For example, a deaf person won't hear gunshots or loud noises. They may have to rely on those around them to relay information about an emergency if it is not visually apparent. Deaf individuals may also have more difficulty interacting with first responders. When a police officer gives verbal instructions a deaf person may have difficulty following the instructions, especially if they are not looking directly at the officer. First responders and volunteers need to be made aware that someone is deaf so they can utilize other communication methods. Pre downloading speech-to-text APPs to their phones may be beneficial along with carrying pen and paper. They can also request interpretation services. Deaf individuals just like anyone may freeze or panic in an emergency. This can make it difficult to communicate and so it is important to try and calm the individual. People may be intimidated

when trying to communicate with deaf individuals and this may prevent them from trying. It is important to try even if it is difficult. Knowing what alternative communication methods are available and being familiar with them will help. Video relay services can video call with a deaf person and call a first responder or another volunteer. It is important that if you receive a phone call from an interpretation service that you don't hang up, this happens a lot because people don't know what it is. Any organization that receives federal grant money is suppose to have access to interpretation services. "AVA" is a text to speech app that works on both iPhone and Android. It comes with 4 to 5 free hours per month. No one has all the answers but there are tools and by being aware we all can communicate with those that are deaf. Someone proposed the idea of carrying a business card that says "Emergency come with me" and one that says "Emergency stay here" that can be handed to a deaf person. Another idea was to visually mark doors like the Fire department does when clearing a building.

### III. Communication Plans – Neal Smith, Dir. Resource and Liability Mgmt, Southwest Behavioral Health

Neal introduced himself and what Southwest Behavioral Health is. They service 2,600 clients in the five-county region. Beaver, Iron, Garfield, Kane, and Washington counties. They have 19 locations with various purposes, clinics, club houses, residential treatment, and others. They provide community training such as QPR Suicide Prevention and Mental Health First Aid Courses. In an emergency their primary focus is on their residential patients and continuing their care. They have the ability to consolidate their clients in one location if needed. Their case workers would work to make sure all their clients continue to have access to their medications and check on them to see if they are ok. Their clients may experience more severe anxiety or believe in a false narrative in an emergency which could make it difficult to communicate with them. They encourage their clients to have a buddy system with people they know so that they have someone they can rely on. Southwest Behavioral Health has an Emergency Operation plan and can sustain their residential clients for up to 6 days and possibly as long as 10 days. They have a Mental Health Response Team that can be deployed to Family Assistance Centers to aid with Mental Health needs. They have access to the Utah Notification and Information System (UNIS) and can send alerts similar to the ones sent for this meeting. They cover a large area and struggle to get people to sign up for the alerts but will continue to work on it. George Colson asked if there was a mechanism in place for them to coordinate with the county emergency managers about clients that may have a difficult time in a general population shelter. There are some HIPAA issues that would have to be worked out. Southwest Behavioral Health would shelter their clients that require residential treatment. Southwest Behavioral Health also leads a mental health response team that can be called out to assist in an emergency or disaster.

### IV. Communication Drills – Kirsten Miner, AFN Advocate, SWUPHD

Kirsten asked everyone what their emergency communication methods are for within their organizations. At the Southwest Utah Public Health Department we utilize radios, HAM radio, Texting, and Call down trees for emergency communication. Other organizations use group text but they can be problematic. Kirsten encouraged everyone to add the UNIS phone numbers into their phone so that they recognize the alerts when they are sent. The numbers are 866-609-8026,

801-521-3207, 866-998-3678 and 24639 for text. Everyone should also make sure they sign up for their county emergency alert system. The links are:

Washington County: [911register.com](http://911register.com)

Iron County: <https://www.ironcounty.net/department/emergency-management/citizen-alert/>

Beaver County: <https://beaver.utah.gov/AlertCenter.aspx>

Garfield County: <https://public.alertsense.com/signup/?regionid=1388>

Kane County: <https://member.everbridge.net/index/892807736721500#/login>

211 is also available for information during an emergency. Short text messages such as RUOK? And IMOK are more likely to get thru during an emergency. Memorizing important phone numbers or having them written down is important in case you lose your phone or do not have battery. The Family Communication Plan document is a great way to organize important contact numbers and to have them on hand:

<https://www.utah.gov/beready/family/documents/Family-Communication-PlanWalletCard.pdf>

Also everyone should have a designated out of state contact. In a disaster it may be easier to call or text someone out of the area. Research has shown that in a disaster those that have a positive mental attitude about their ability to survive have a higher chance of surviving than those that don't.

The Washington County Flu Shoot-out will be on September 17<sup>th</sup> at the Red Cliffs Mall. Come help the Health Department practice their bio threat response plan and get your flu shot at the same time.

#### V. Assessing Risk – Mike Gale, Regional Medical Surge Coordinator, SWUPHD

Mike discussed the regional communication drills that are held quarterly by the Health Department. All medical partners are invited and encouraged to participate. We practice HAM radio, 800 MHz radio, UNIS alerts, texting, satellite phone, and other lines of communications. The next drill will be on October 9<sup>th</sup> at 9 am. Anyone that would like to participate can contact Mike 435-673-2589.

Mike shared the EmPower Data from July for the Southwest Region. This is de-identified information from Medicare and Medicaid about the number and location of patients that are on electric depended devices such as ventilators, oxygen concentrators, dialysis, and others. Paulette has the ability to get identified information with names and addresses. This information can be used by Emergency Managers to better coordinate emergency response. Another potential source for this type of information is the registry at [specialneedsutah.com](http://specialneedsutah.com) . There was a question if this is still functional. **It is still functional; on that webpage there are links to register individuals or facilities.**

#### VI. Mass Vaccination Exercises – “You Bet It’s a Biothreat”

- Sep. 17 - Washington County, Red Cliffs Mall Outside 8:00-1:00, Inside 1:00-6:00

- Sep. 18 - Beaver County, Ambulance Shed 12:00-4:00
- Sep. 21 - Iron County, Cedar City Hospital 9:00-12:00
- Oct. 12 - Kane County, Kanab Middle School 9:00-1:00
- Oct. 17 - Garfield County, Ruby's Inn 1:00-4:00
- Oct. 19 - Garfield County, Panguitch Fire Station 11:00-2:00

VII. Other Important Dates:

- a. Nov. 12 - Family Assistance Center Workshop
- b. Dec. 4 - AFN Coalition Mtg 10:00 am
- c. Feb. 6 - Coalition Conference