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Emergency Planning for Persons with Special Needs Residing Near Chemical Weapons Destruction Facilities

10th International Chemical Weapons Demilitarisation
Conference and Exhibition
Brussels, Belgium

May 18, 2007

*Edward Tanzman
William C. Metz
James Kuiper*



U.S. Department
of Energy

UChicago ►
Argonne_{LLC}



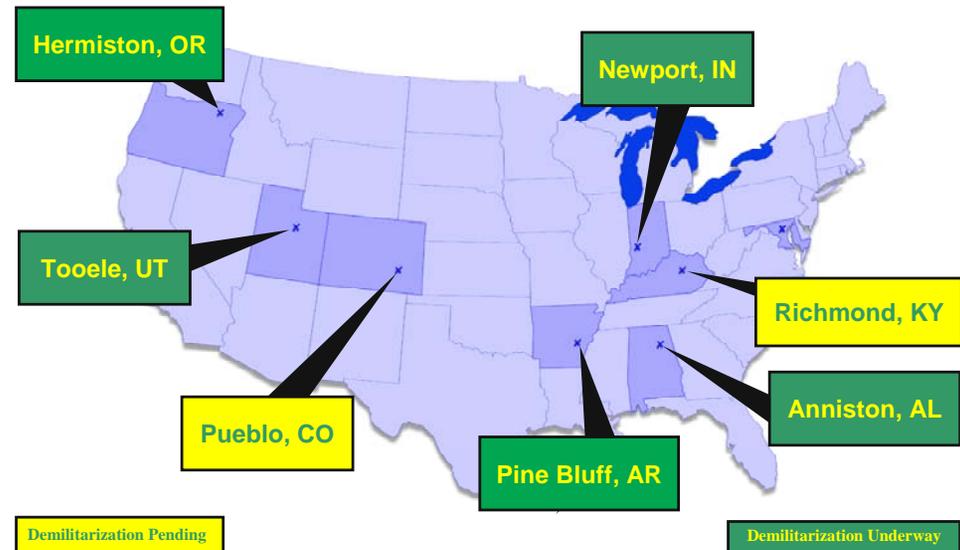
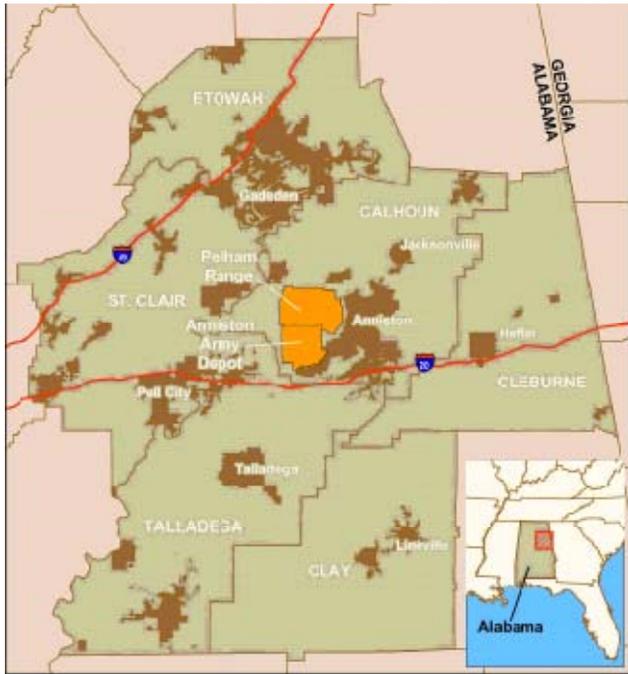
**Office of
Science**

U.S. DEPARTMENT OF ENERGY

A U.S. Department of Energy laboratory
managed by UChicago Argonne, LLC

Chemical Stockpile Emergency Preparedness (CSEP) Program Protects Nearby Communities

- CSEPP initiated because Army stores are deteriorating and is destroying deteriorating chemical weapons at 7 domestic installations.
- Continued storage includes small risk of airborne release into surrounding communities.



- Anniston, AL, planning zones include 115,000 households with 275,000 residents.
- Argonne asked by Alabama Emergency Management Agency to create special-needs registry and GIS-based planning tool.
- About 9% reported “special needs” in 1998 survey.

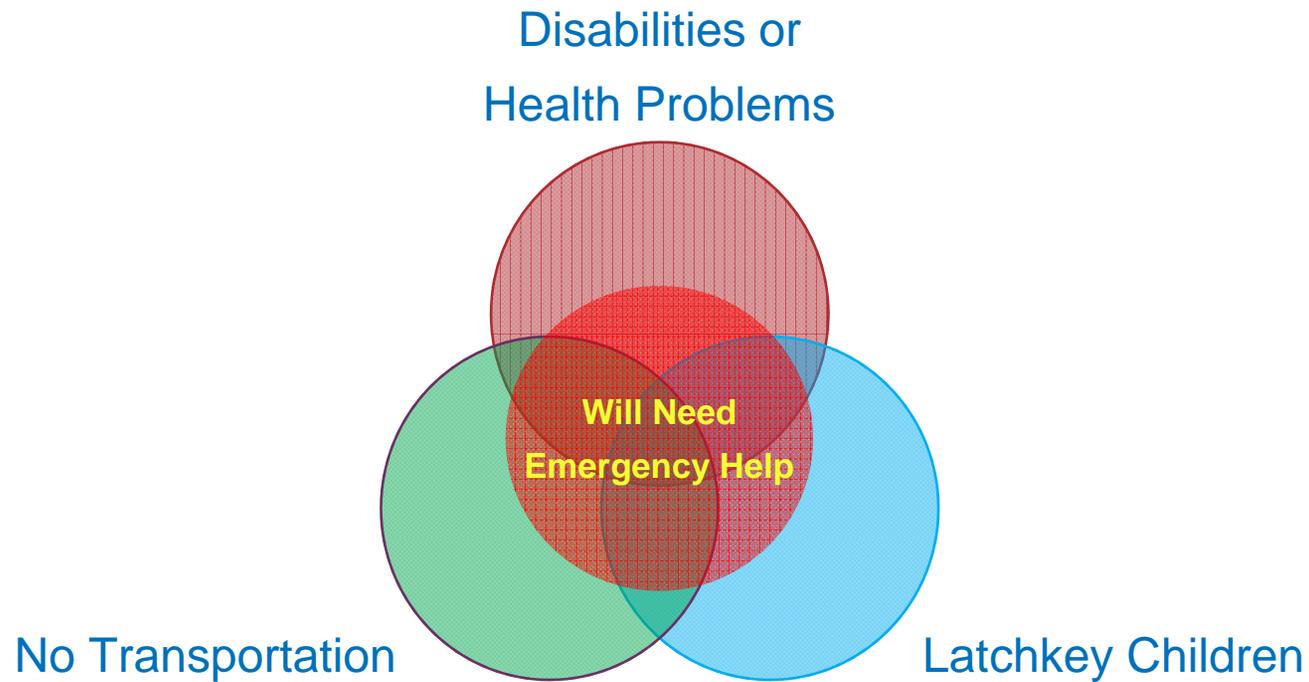
Presentation Explains Emergency Planning Tools Developed for Anniston-Area Persons with Special Needs

- Who are “persons with special needs”?
- How was data collected and what did it show?
- What software was developed to facilitate emergency planning?
- What emergency preparedness enhancements resulted?

Who Has Special Needs?

- Persons with low incomes.
- Persons who are infirm or disabled.
- Persons who are in confined facilities.
- Persons who are non-English speaking.
- Persons who are without transportation.
- Persons who are senior citizens or elderly.
- Persons who are tourists, visitors, or homeless.
- Persons with physical, mental, and medical problems.
- Children who are sometimes in self-care (latchkey children).

Special-Needs Population in CSEP Program Includes People Who Report:



Registrations Prompted by Annual Direct Mail Supported by Advertising and Phone Contacts

Thanks so much!
 Let's all pray no accidents happen!

This Self-Registration Form is being used to register each firm Management Agencies seek to identify those needing help for planning purposes in case an accident occurs at the Anniston.

PLEASE PRINT

To be registered, you must provide the following information:

Name _____ Age _____
 Apartment/Lot number _____ Street number _____
 Street name _____
 City _____ Zip code _____ County _____
 Mailing address (if different) _____
 City _____ Zip code _____
 Phone number _____

1. Is there anyone in your household with physical or medical problems that make them unable to leave the area (evacuate) or to create a shelter environment at home if advised to do so by your county Emergency Management Agency? If so, please answer Questions 1 (a), 1 (b), 1 (c), and 1 (d):

1 (a) What makes her/him unable? *(Please check all that apply)*

Vision problem _____	Cannot walk well _____
Hearing problem _____	Wheelchair _____
Heart problem _____	Physically unable _____
On oxygen _____	Cannot move _____
Is confused _____	Confined to bed _____
Mentally disabled _____	Back problems _____
Cannot drive _____	

1 (b) What else? _____



ANNISTON CRUSADER

A Positive Voice For Positive People

Serving Alabama since 1998

HELP US HELP YOU ONCE AGAIN

Residents of Calhoun and

THE ALABAMA EMERGENCY MANAGEMENT AGENCY

physical or medical problems needs to create a shelter environment at home advised to do so by your county Emergency Management Agency?

Yes _____ No _____

2. In case a car is not available for you or your household during emergency, do you have someone (family, neighbor, relative, or friend) you can count on who will help you or your family to leave the area (evacuate)?

Yes _____ No _____

3 (a) Would there be times when children currently in your home are alone and needing assistance in an emergency?

Yes _____ No _____

3 (b) If the answer to Question #3 (a) is YES, then do you have someone (family, neighbor, relative, or friend) you can count on who will help the children during an emergency in case you are not at home?

Yes _____ No _____

This information is being gathered under the authority of the State of Alabama for the purpose of planning an emergency response. The State of Alabama will protect your privacy and all private information in this form.

Because potentially dangerous chemical weapons are currently stored at the Anniston Army Depot, the Alabama Emergency Management Agency (AEMA) is assisting the Calhoun and St. Clair county emergency management agencies to enhance their emergency planning and public protection programs. Your assistance is needed for two important data collection efforts. Please provide the best information you can. The State of Alabama will protect your privacy and all private information you provide.

First, AEMA is asking those who have completed self-registration forms—or those who have recently provided information to University of Alabama at Birmingham interviewers—regarding a need for help or special assistance in an emergency to participate once again. AEMA is asking those people who receive the Special Needs Data Verification Form this week in the mail to review the information. If the information is correct, please mail back the form in the accompanying envelope. If the information is not correct, please correct it before mailing back the form.

Second, AEMA will once again mail a self-registration form to every household in the Immediate Response Zone portion of Calhoun and St. Clair counties, an area extending outward 8-11 miles from the depot. This form offers everyone an opportunity to identify any person or any household that might need special assistance beyond what family, neighbors, and friends could provide during an emergency at the depot.

The purpose of both efforts is to identify those people or

GOOD LOVES EVERY YOU!

SPECIAL-NEEDS DATA VERIFICATION FORM

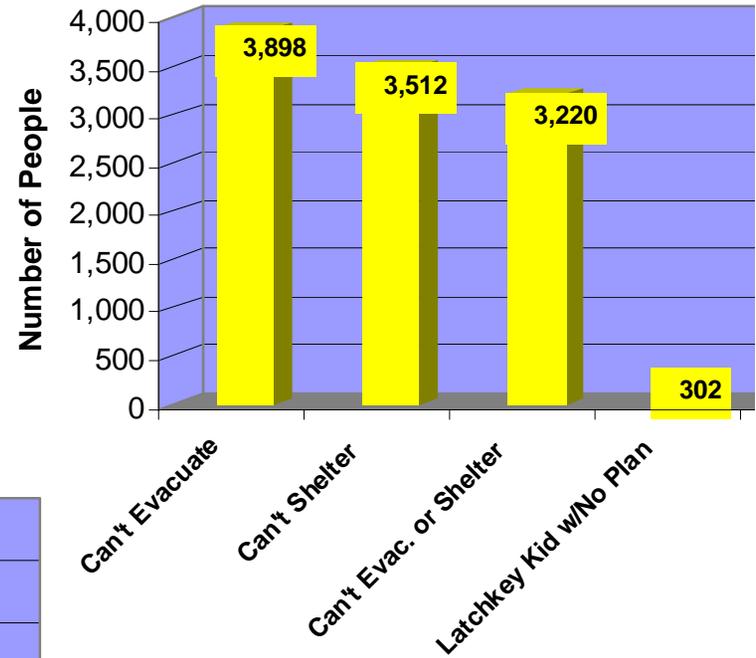
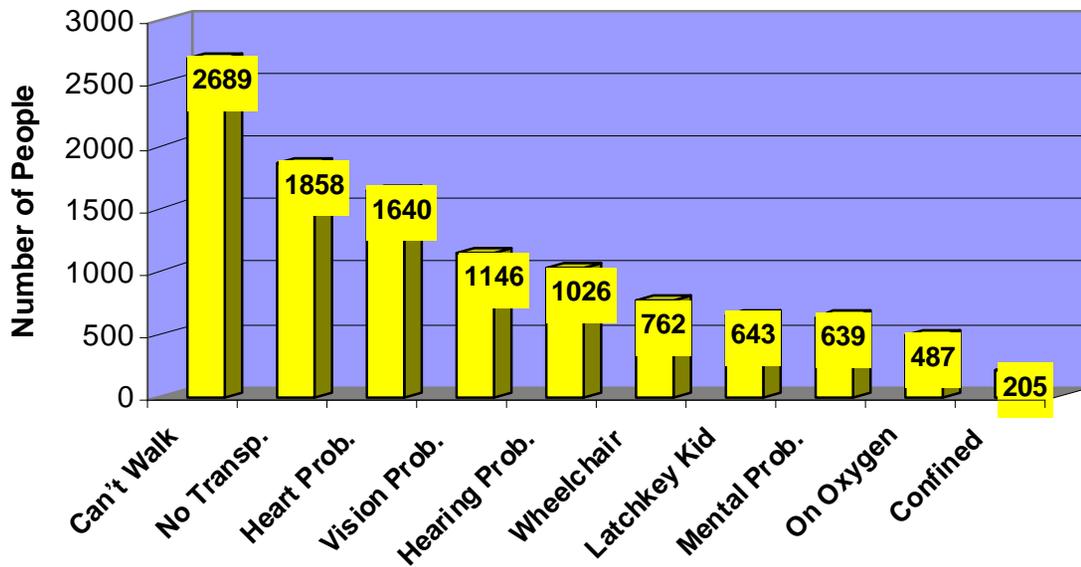
CURRENT INFORMATION ON FILE	YOUR CHANGES
Name _____ Age <u>12</u>	Name _____ Age <u>13</u>
Address _____	Apt./Lot number _____ Street Number _____
City <u>Springville</u> Zip <u>35146</u> County <u>St. Clair</u>	Street name _____ St. _____
Mailing address (if different) _____	City <u>Madison</u> Zip code <u>35701</u> County <u>Etowah</u>
City _____ Zip code _____	Mailing Address (if different) _____
Phone _____	Phone (____) _____
1. The person named above has physical or medical problems and would be unable either to leave the area (evacuate) or to create a shelter environment at home if advised to do so by my county Emergency Management Agency.	1. The person named above has physical or medical problems and would be unable either to leave the area (evacuate) or to create a shelter environment at home if advised to do so by my county Emergency Management Agency.
1(a) This person's problems include the following: Wheelchair _____ Cannot walk well _____ Confined to bed _____ Is confused _____ Vision problem _____ Heart problem _____ On oxygen _____ Cannot move _____ Hearing problem _____ Back problems _____ Physically unable _____ Mentally disabled _____ Cannot drive _____	1(a) This person's problems include the following: Wheelchair _____ Cannot walk well _____ Confined to bed _____ Is confused _____ Vision problem _____ Heart problem _____ On oxygen _____ Cannot move _____ Hearing problem _____ Back problems _____ Physically unable _____ Mentally disabled _____ Cannot drive _____
1(b) What else? _____	1(b) What else? _____
1(c) All the assistance this person needs to leave the area (evacuate) can be provided by myself and / or family members: Yes _____ No <input checked="" type="checkbox"/>	1(c) All the assistance this person needs to leave the area (evacuate) can be provided by myself and / or family members: Yes <input checked="" type="checkbox"/> No _____
1(d) All the assistance this person needs to create a shelter environment at home can be provided by myself and/or family members: Yes _____ No _____	1(d) All the assistance this person needs to create a shelter environment at home can be provided by myself and/or family members: Yes _____ No <input checked="" type="checkbox"/>
2. In case a car is not available during an emergency, someone (family, neighbor, relative, or friend) can be counted on to help me/my family to leave the area (evacuate): Yes _____ No <input checked="" type="checkbox"/>	2. In case a car is not available during an emergency, someone (family, neighbor, relative, or friend) can be counted on to help me/my family to leave the area (evacuate): Yes <input checked="" type="checkbox"/> No _____
3(a) There are times when children currently in our home would be alone and needing assistance in an emergency: Yes <input checked="" type="checkbox"/> No _____	3(a) There are times when children currently in our home would be alone and needing assistance in an emergency: Yes <input checked="" type="checkbox"/> No _____
3(b) If #3(a) is YES, someone (family, neighbor, relative, or friend) can be counted on to help those children in case an emergency occurs when we are not at home: Yes <input checked="" type="checkbox"/> No _____	3(b) If #3(a) is YES, someone (family, neighbor, relative, or friend) can be counted on to help those children in case an emergency occurs when we are not at home: Yes <input checked="" type="checkbox"/> No _____

Instructions on other side of this page

Record ID 2346
35146-3449
Springville AL

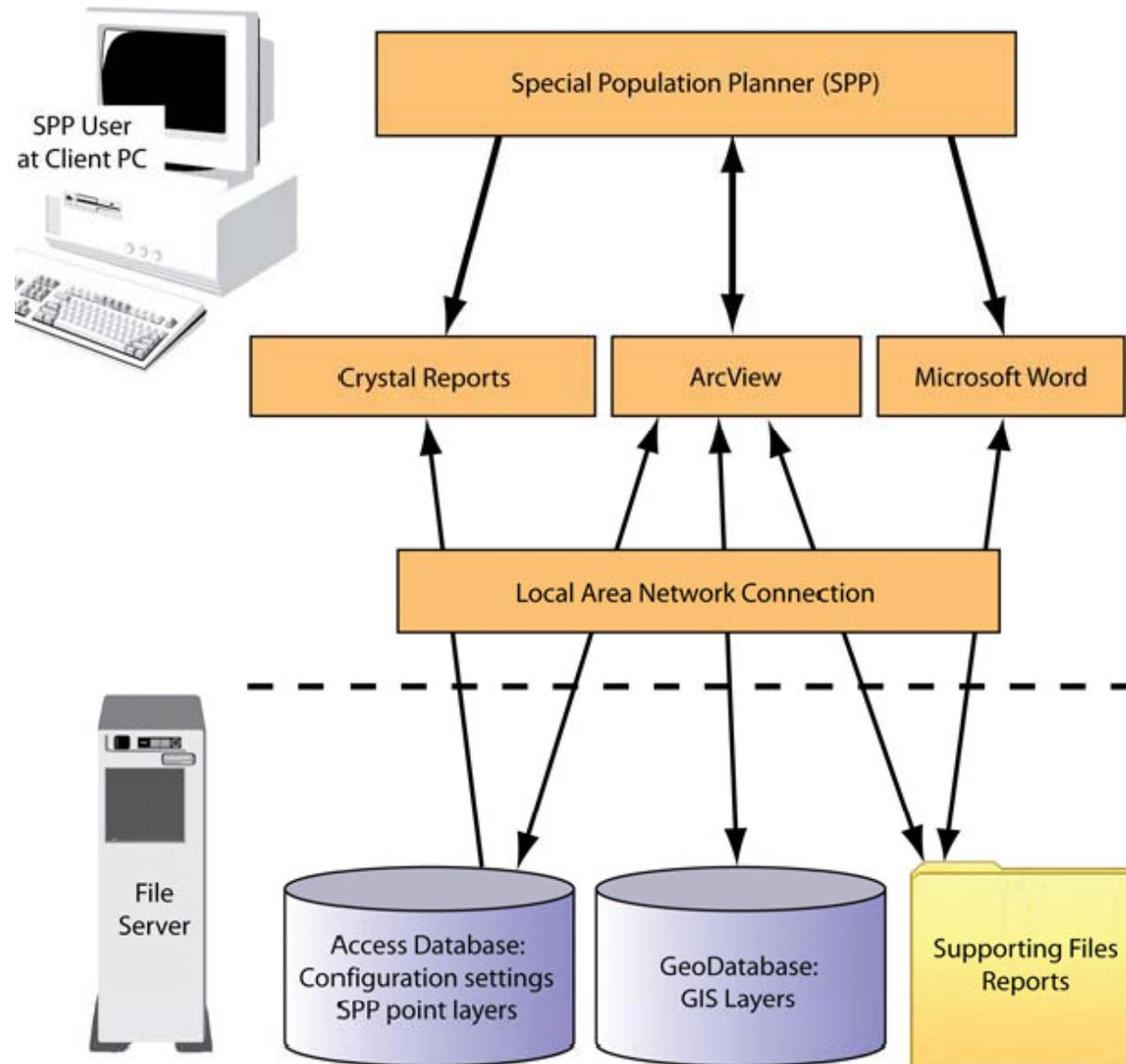
Daunting Range of Special Needs Reported by 4,603 Persons Who Registered in 2007

- Sheltering and evacuation are key protective actions.
- Many who reportedly cannot implement one also cannot implement the other.

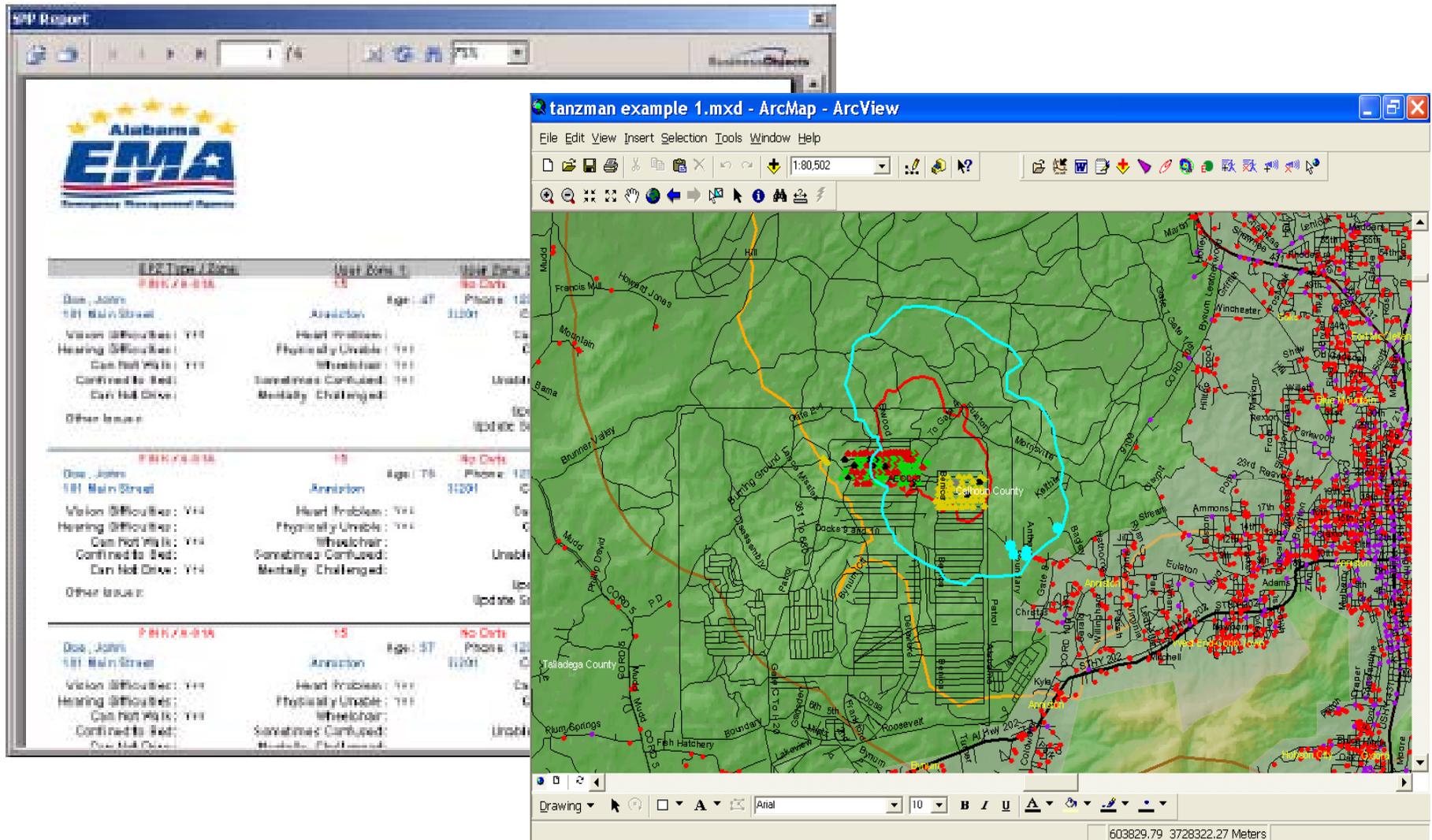


- Totals do not include "institutionalized" persons (in schools, prisons, hospitals, nursing homes, etc.).

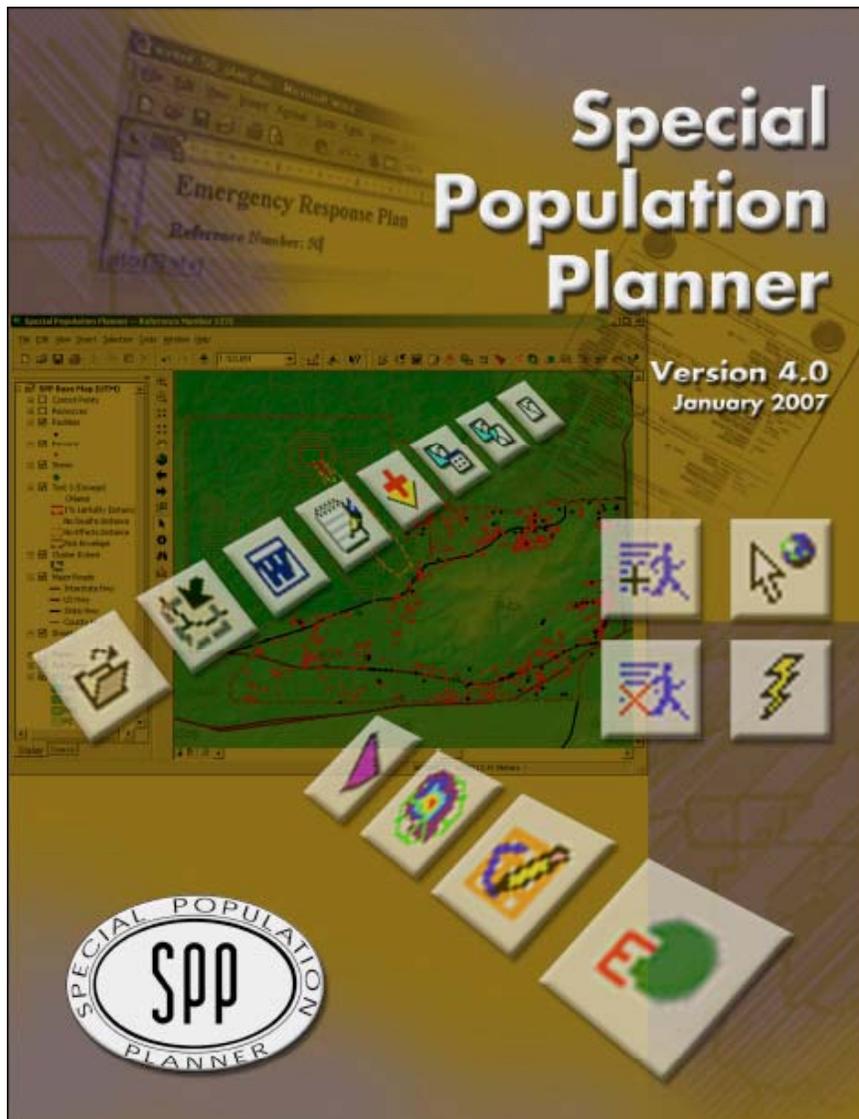
Special Population Planner Software Is Client-Server Based



Special Population Planner Enables Planning Based on Risk and/or Need



Free Open Source Application Version Available



- Users must obtain:
 - ArcView or ArcGIS 9.1 or higher
 - Crystal Reports XI (bundled with ESRI software)
 - Microsoft Access 2002 (or later)
 - Microsoft Word
- Includes:
 - Complete manual and integrated help file.
 - Database structure with example information.
- Technical support available separately.

Alabama Persons with Special Needs Offered Additional Equipment and Services

For General Population and Persons with Special Needs	Inner Zones <10 km	Middle Zones 10-20 km	Outer Zones 30-50 km
Tone alert radio delivered	X	X	X
Shelter-in-place kit for available for pickup	X	X	X
Portable room air cleaner available for pickup	X		
Respiratory protection device available for pickup	X		
Only for Persons with Special Needs			
Tone alert radio with strobe or vibrating unit	X	X	X
Toll-free telephone assistance	X	X	X
Targeted outreach activities	X	X	X
Special-needs-related training	X	X	
Home delivery of protective equipment	X	X	
Portable room air cleaner with auxiliary features	X	X	
Offer of caulking, sealing, and structural modifications	X		

Outreach Initiatives Promote Self-Sufficiency

WORKSHEET

Create a Help Network

1. Create a *Help Network* of people you can count on to help you plan and prepare for an emergency, as well as be able to assist you within minutes if an emergency occurs. Remember, it is okay to ask for help.
2. Share information with your *Help Network*.
 - ✓ Tell them about your capabilities and limitations.
 - ✓ Introduce them to your assistive animal, if you use one.
 - ✓ Tell them how to operate and move any medical equipment.
 - ✓ Give them copies of your emergency plan, emergency contact list and medical information summaries.
3. Consider your special needs and physical, medical or mental disabilities when planning for emergencies.

During an EVACUATION, travel will be restricted. Anyone providing transportation for you will have to live or work in your zone.



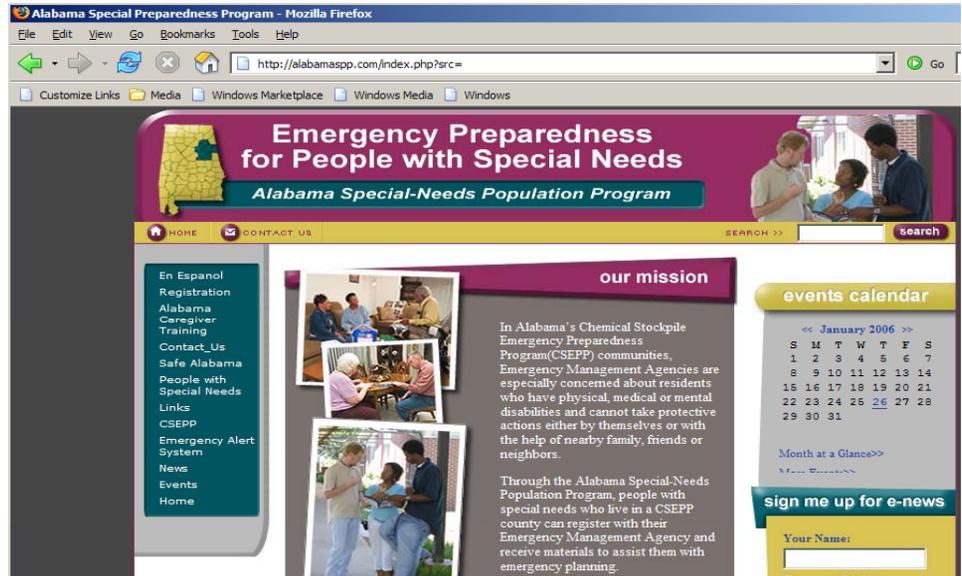
Emergency Preparedness for People with Special Needs

Include at least three people in your Help Network:

Name _____	Home phone _____
Work phone _____	Cell phone _____
Name _____	Home phone _____
Work phone _____	Cell phone _____
Name _____	Home phone _____
Work phone _____	Cell phone _____

7

- Training
- AlabamaSPP.com website
- Toll-free hotline
- TTY-TTD
- Siren familiarization tool





Questions



Edward Tanzman
Group Leader

Emergency Preparedness Group
Decision and Information Sciences Division
Argonne National Laboratory
9700 South Cass Avenue
Argonne, IL 60439-4832

1-630-252-3263 phone
1-630-252-5327 fax

tanzman@anl.gov
www.dis.anl.gov/ep

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