

VULNERABLE POPULATIONS IN HIGH RISE BUILDINGS: CONTINGENCY PLAN

Version 1.3 – February 27, 2013

1. **PURPOSE:** The purpose of this plan is to establish contingency tactics to address populations living in high rise buildings following incidents which disrupt routine services that the populations rely on to be self-sufficient, thus increasing the vulnerability of the populations and the health and medical support needs.
2. **SITUATION:** Florida has a large number of multi-story condominiums that house a variety of populations including, vulnerable populations, elderly and retirement communities. The populations living in these communities are for the large part self-sufficient as long as they have access to electricity, air conditioning, medication, elevators and other routine services and amenities. During disasters, when these services are disrupted (most often due to wide-spread power outages) these populations may begin to decompensate. Without intervention, by 3 days post-incident the high-rise complexes can become a serious health and medical concern for their occupants and must be addressed.

Florida is experienced with this scenario as a result of hurricane impacts to South Florida, with the most prominent example being Hurricane Wilma. The contingencies included in this plan are based on Florida's experiences from these incidents.

3. **CONSIDERATIONS:** This plan factors in the following considerations which were used in the development of the contingency options.
 - a. Many high-rise communities do not have back-up power. Therefore when widespread power outages occur, these facilities will be adversely impacted. Power disruptions lead to the following health consequences:
 - i. **Inability to use elevators:** Mobility issues prevent residents from using stairs to enter and exit the buildings and in many cases trap the residents in the building. In the best case scenario, generators may be used to power elevators on a very limited basis, such as one or two hours a day. Further, transport of food and water manually up stairs may be beyond their capabilities.
 - ii. **Loss of air-conditioning:** Exacerbate health conditions due to high heat and humidity.
 - iii. **Loss of ability to operate medical equipment:** Oxygen concentrators, electric wheelchairs and scooters, and other electronic medical equipment and devices.
 - b. The number of high-rise residential buildings with generators to operate elevators during disasters in Florida may have changed as a result of a 2011 repeal of the Florida law that required high-rise buildings to have back-up generators (established in 2006).
 - c. Like other populations in the community, residents in high rise communities are impacted by the inability to get their prescription medications as either a result of disruption to mail services and/or their ability to leave the building to get their mail or to the pharmacy due to road obstruction.
 - d. Multi-story building residents can be maintained in place if necessities can be delivered to them.

- e. Ongoing health assessments of the residents must be conducted in order to determine the needs of the populations in the buildings. These assessments will be conducted as a part of broader Community Health Assessment activities.
- f. At 72 hours post-impact shelters will likely experience a surge as survivors (who are able to leave their buildings) are exhausted, can no longer stay in their homes, and may begin to seek out shelter to get their immediate needs met.

4. AUTHORITY

- a. Appendix 8 of the State Comprehensive Emergency Management Plan authorized in Florida Statute 252 as described in the State ESF8 core missions. This contingency plan aligns to mission # 3 - Monitor and coordinate resources to support care and movement of persons with medical and functional needs in impacted counties.

5. CONTINGENCIES:

Incident objectives will be developed to meet the needs of those in high-rise buildings based on the outcomes of assessment findings. Community health assessments take place when the initial response concludes and recovery begins. These assessments are designed to look at the health conditions and potential adverse health outcomes as a result of the incident. These assessments;

- Determine health status of the community through statistical sampling of all impacted neighborhoods.
- Assess the community potential for health status decompensation.

Populations must be re-assessed as needed based on the incident demands.

The following contingencies are incident objectives which may be implemented as appropriate. The objectives below are not solely the responsibility of ESF8 and would be done in coordination with the SERT and local emergency management. These objectives may be implemented individually or in coordination with one another.

- **Evacuate residents at greatest risk for adverse health outcomes to a shelter, health care facility or alternate care site (based on individual acuity).** During the assessment process, residents with the greatest vulnerability for adverse health outcomes would be identified. In concert with Urban Search and Rescue Teams these individuals would be transported to an alternate location best equipped to meet their individual needs this may include a general population or special needs shelter, health care facility or alternate care site. Residents would be cared for in these facilities until such time they can resume to self-sustainability or return to their home.
- **Provide information to residents who can remain in their homes on where to access needed services.** Residents who can come and go from the facility independently but need access to other health and medical services, can go to an a designated location (i.e. Disaster Recovery Center, Essential Service Center, Point of Distribution) to obtain basic public health and medical services and information on the status of these services in the community.
- **Establish temporary services to the complex providing basic needs until power can be fully restored by creating task forces or strike teams that can**

move resources to the facility and therefore maintain the survivors in their homes. Using logistical resources, residents may be provided with supplies, equipment and pharmaceuticals to sustain them until routine services can be provided. Strike teams do not need to be comprised of public health and medical personnel. Staffing options for these teams may include volunteers, National Guard, civic groups, or students.

6. RECORD OF CHANGES AND APPROVAL

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7. REFERENCES AND ATTACHMENTS

Example: Local All-Hazards High Rise Emergency Evacuation Plan



An All-Hazards High
Rise Emergency Evac