Essay for Certified Emergency Manager Application

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Certified Emergency Manager Application Essay

by Thomas Lyons Carr III

Introduction: During a metropolitan regional emergency preparedness campaign a few years ago, when I was an independent emergency preparedness researcher, a neighborhood volunteer Community Emergency Response Team (CERT) member & trainer, and volunteer regional emergency preparedness campaign trainer, the executive director of a neighborhood non-profit asked my assistance. The assistance requested was institutionalizing with their residents the facility’s emergency plan that the non-profit had developed.

The neighborhood non-profit corporation operates a residential living facility consisting of 140 “affordable housing” units for seniors 62 years of age or older or individuals with accessibility needs\(^1\) who come from diverse backgrounds. The facility also serves as a community center for persons living in the surrounding neighborhood who are encouraged to participate in the activities at the facility and to involve residents of the facility in outside community/neighborhood activities. This upscale inner city neighborhood spans approximately 10-by-10 city block square area, which also includes a major university and medical center that is one of the city’s trauma center, with a year around population of an approximate 13,840 residents. The neighborhood is located in a Mid-Atlantic City with an estimated population of 632,000. The city is the center of a metropolitan region with a mix of dense urban environments, suburbs, and rural communities are home to more than five and half million residents. The metropolitan region also receives more than 20 million visitors and tourists each year.

The problem: The neighborhood non-profit corporation operating the residential living facility had completed a comprehensive all hazards emergency plan that is synchronized with the City’s Municipal Response Plan (MRP) and it complies with state and federal programs that subsidized elderly and disabled housing. While the plan articulates the functions and roles of the non-profit, its staff and vendors, the plan assumes that the facility’s residents are engaged and aware of their roles. An unscientific poll of the facility’s residents conducted by the executive director revealed this is an incorrect assumption.

The objective: Engage and train the facility’s residents, encourage them to develop their own personal emergency preparedness plan that complements the facility’s emergency plan and “grab ’n go” kits that have been embellished to meet their personal needs. Additionally prepare the residents with the facility’s staff to participate in facility, neighborhood and municipal exercises following the facility’s emergency plan.

Intended Outcome: Once the facility’s residents had been engaged and trained, each of the facility’s units would have a fully stocked “grab ’n go” kit, each of the facility’s residents would have a personal plan that they had shared with the facility and out-of-state contact. Additionally residents will be prepared to participate in facility, neighborhood and municipal exercises.

Necessary actions: Initially I reviewed and familiarized myself with the facility’s emergency plan and annual Hazard Vulnerability Analysis (HVA). Without going to the too much detail, below is a general list of hazards the facility and neighborhood faces:

- Hurricane: Low
- Tornado: Low
- Severe Thunderstorm: Moderate
- Snow Fall: Moderate
For most hazards/risks the facility intends to “shelter-in-place”, however if the circumstances dictated a partial or full evacuation of the facility, the non-profit had partnered with another facility about 60 miles away for use as an alternate site and had contracts in place for transportation for the staff and residents. Additionally the neighborhood university offered assistance as need. Next, a program of the resident meetings was held in the facility’s multiuse common dining room that also services as a community center meeting area.

First Resident Meeting: Once I familiarized myself with the facility’s emergency plan and its annual Hazard Vulnerability Analysis (HVA) a number of resident meetings in the facility were scheduled. The agenda included a presentation of FEMA’s free Preparedness DVD FEMA 500 "Getting Ready for Disaster" facilitated by myself (Pro bono) and the facility’s executive director and a briefing by the City’s Emergency Management Agency (EMA)'s Outreach Office. Later in the evening then prompting the residents in attendance to fill out their own personal emergency preparedness plan on the regional emergency preparedness “Be Ready” campaign free handouts
with a copy of their plan for their out-of-state contact facilitated by myself and EMA’s Outreach Office Representative. For this first meeting about 70 of the units’ residents attended; given that residents were not compelled to attend that was a good attendance rate.

**Second Resident Meeting:** The second of a number resident meeting was scheduled for a week later, before the resident lost interest. With myself (Pro bono) and the facility’s executive director as facilitators, the agenda included a review of pervious preparedness presentation given by the City’s Emergency Management Agency's the Outreach Office, start the training plan for Older Children for “IS-22 Are You Ready? An In-depth Guide to Citizen Preparedness” and assembling a personal Emergency Preparedness “grab ’n go” kit.

For the “IS-22 Are You Ready?” lesson which was about a hour long, sufficient free copies of IS-22 “Are You Ready?” and other free resources to augment the material in the guide were ordered from and drop shipped by FEMA Distribution Center at the facility.

For the personal Emergency Preparedness “grab ’n go” kits, rather than order pre-assembled Emergency Preparedness “grab ’n go” kits, the facility’s executive director decided that the facility would supply one “grab ’n go” kit and minimum suggested items for each unit and bulk order the IS-22 suggested items. The suggested items, emergency food and water for 72 hrs, Emergency blankets, 12-hour safety light sticks, Dust masks, Nitrile gloves, Emergency whistle, Emergency ponchos, pocket tissues and a “six-pack” insulated carrying case with enough additional room for personal embellishment items and prescription drugs (if any). The “grab ’n go” kits would be assembled by the residents at the second resident meeting. By taking this approach the non-profit realized cost savings per Emergency Preparedness “grab ’n go” kit savings of approximately 50 percent and increasing the possibility of resident “buy-in” and
“ownership” by engaging the residents to build the kits. About one third of the units’ residents attended and participated.

**Third Resident Meeting:** A third meeting was planned, which turned out to be more involved and costly since the facility’s executive director wanted to include testing the transportation contract for evacuations. The transportation vendor was to be contacted two hours prior to a “no notice” fire/evacuation drill at the facility and three buses would be ordered. The “no notice” fire/evacuation drill would involve all residents, staff and vendors on the premises at the time of the drill and would start with the arrival of the first bus. Because of the demographics of the resident population and the type of facility, the “first due” apparatus from the City Fire Department and a Basic Life Support (BLS) Ambulance would be on hand with EMA's Outreach Office. The “evacuation” buses would serve as warming shelters for residents, staff and vendors until all are accounted for and “all clear” is given at the end of the drill. Except of three buses and the facility’s staff and vendors, which the non-profit would have to pay for, the cost of the drill would be covered by the City.

**Subsequent Resident Meetings:** Subsequent resident meetings were “penciled in” to request training covering “IS-22 Are You Ready?” guide and it’s the other emergency preparedness lessons more depth, at the request of the residents. Subsequent meetings did not materialize.

**Conclusion:** With participation of some of the facility’s residents, a fully stocked “grab ’n go” kit has been assigned to each of the facility’s units. However the remaining goals where met with limited success since only about 50 percent of the residents participated in initiating and sharing personal plans and even less of the residents participated in subsequent drills and exercises nor embellished the “grab ’n go” kits.
The demographic and cultural background of the audience are major challenges for the project, the facility’s residents are seniors 62 years of age or older or individuals with accessibility needs living in an upscale inner city urban neighborhood, most of these residents are still “active” and “independent” and have very little “disposable” time and are classic “20th century urbanites”. Most of their day-to-day wants and needs are satisfied by sources “just around the corner” and they do not foresee their vulnerabilities. Furthermore as potential members of an “At Risk” Population2 or “Special Population”, those residents could cause an unanticipated burden on the City by being unprepared. Another major challenge was my decreasing among of “disposable” Pro bono time and professional conflicts, since to insure success of the project, the program had to be repeated at least quarterly or more until all of the residents were exposed/engaged and then with reviewed annually.

In fact, due to professional conflicts cause by new employment, I had to disengage and turn the project over to the executive director with the recommendation to seek local consultants to follow-up with the project before the third resident meeting occurred.

Signed Verification Statement.

“I verify that I have independently completed this essay.”

Thomas Lyons Carr III;

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