At-Risk Individuals

The US Department of Health and Human Services (HHS) has developed the following definition of at-risk individuals:

> Before, during, and after an incident, members of at-risk populations may have additional needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation. In addition to those individuals specifically recognized as at-risk in the Pandemic and All-Hazards Preparedness Act (i.e., children, senior citizens, and pregnant women), individuals who may need additional response assistance include those who have disabilities, live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speaking, are transportation disadvantaged, have chronic medical disorders, and have pharmacological dependency.

This HHS definition of *at-risk individuals* is designed to be compatible with the National Response Framework (NRF) definition of *special needs populations*. The difference between the illustrative list of at-risk individuals in the HHS definition and the NRF definition of special needs is that the NRF definition does not include pregnant women, those who have chronic medical disorders, or those who have pharmacological dependency. The HHS definition includes these three other groups because pregnant women are specifically designated as at-risk in the Pandemic and All-Hazards Preparedness Act and those who have chronic medical disorders or pharmacological dependency are two other populations that HHS has a specific mandate to serve.

At-risk individuals are those who have, in addition to their medical needs, other needs that may interfere with their ability to access or receive medical care. They may have additional needs before, during, and after an incident in one or more of the following functional areas (C-MIST):

Communication – Individuals who have limitations that interfere with the receipt of and response to information will need that information provided in methods they can understand and use. They may not be able to hear verbal announcements, see directional signs, or understand how to get assistance due to hearing, vision, speech, cognitive, or intellectual limitations, and/or limited English proficiency.

Medical Care – Individuals who are not self-sufficient or who do not have adequate support from caregivers, family, or friends may need assistance with: managing unstable, terminal or contagious conditions that require observation and ongoing treatment; managing intravenous therapy, tube feeding, and vital signs; receiving dialysis, oxygen, and suction administration; managing wounds; and operating power-dependent equipment to sustain life. These individuals require the support of trained medical professionals.

Independence – Individuals requiring support to be independent in daily activities may lose this support during an emergency or a disaster. Such support may include consumable medical supplies (diapers, formula, bandages, ostomy supplies, etc.), durable medical equipment (wheelchairs, walkers, scooters, etc.), service animals, and/or attendants or caregivers. Supplying needed support to these individuals will enable them to maintain their pre-disaster level of independence.

Supervision – Before, during, and after an emergency individuals may lose the support of caregivers, family, or friends or may be unable to cope in a new environment (particularly if they have dementia, Alzheimer's disease, or psychiatric conditions such as schizophrenia or intense anxiety). If separated from their caregivers, young children may be unable to identify themselves; and when in danger, they may lack the cognitive ability to assess the situation and react appropriately.

Transportation – Individuals who cannot drive or who do not have a vehicle may require transportation support for successful evacuation. This support may include accessible vehicles (e.g., lift-equipped or vehicles suitable for transporting individuals who use oxygen) or information about how and where to access mass transportation during an evacuation.

At-Risk Individuals (continued)

This approach to defining at-risk individuals establishes a flexible framework that addresses a broad set of common function-based needs irrespective of specific diagnoses, statuses, or labels (e.g., those with HIV, children, the elderly). At-risk individuals, along with their needs and concerns, must be addressed in all federal, territorial, tribal, state, and local emergency plans.

The following examples may assist with the understanding and identification of who may be considered at-risk.

Example #1
An individual with HIV/AIDS who does not speak English and who contracts influenza could easily find herself in a precarious situation. In addition to treatment for influenza, her functional needs would be *medical care* (for the HIV/AIDS) and *communication* (her lack of English may keep her from hearing about where and how to access services). Without addressing those functional needs, she cannot receive adequate healthcare services.

Example #2
During an influenza pandemic, the health status of an individual who receives home dialysis treatment and who relies on a local para-transit system to attend medical appointments and food shopping could quickly become critical if 40% of the workforce is ill and transportation is suspended. In addition to treatment for influenza, his functional needs would be *medical care* (for dialysis) and *transportation*. Without addressing those functional needs, he cannot receive adequate healthcare services.