

What is ECRIN?



ECRIN

Evacuating County Residents in Need

ECRIN is a free, voluntary, and confidential program, open to all county residents to provide assistance to those with special needs in the event of an emergency. It is designed to help identify those who have no reliable source of assistance in the event of an evacuation.

Those who would benefit the most include Individuals with:

- ◆ Wheelchairs, walkers, canes etc.
- ◆ Service animals
- ◆ Immobility
- ◆ No family, friends in the area, or means of transportation
- ◆ Mental disabilities
- ◆ Physical disabilities
- ◆ Special needs

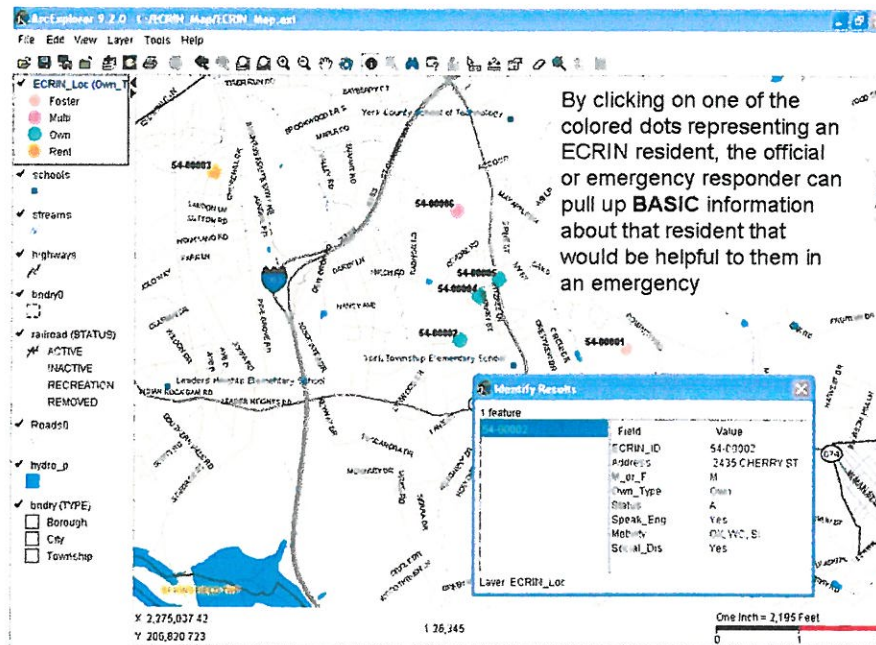
State law requires each township, borough, and city to maintain information about special needs people in their jurisdiction. ECRIN is a tool provided to the municipalities to make this task easier.

The program was developed by the York County Human Services Department in conjunction with the York County Office of Emergency Management and all necessary tools are provided free of charge to each municipality.

Residents have the option to participate in ECRIN by filling out a one page form. Information from each form is then entered into a computerized mapping system. The collected information can be used by fire, police, ambulance, and emergency management officials to ensure resident safety in all types of emergencies and disasters - including floods, fires, chemical spills, and police incidents.

What do I look like on a map?

Below is an example of the map emergency responders will see. Each colored dot represents one resident who has signed up for ECRIN.



By clicking on one of the colored dots representing an ECRIN resident, the official or emergency responder can pull up **BASIC** information about that resident that would be helpful to them in an emergency

The box in the lower right hand corner of this map shows the information as the emergency responder will see it. No personally identifying information is displayed; only basic facts about each participant such as gender, disabilities, and address.

61% of people with disabilities have not made plans to safely evacuate their homes.

- National Organization on Disability

Prepare Yourself!

- ◆ Have an emergency kit:
 - Be sure to include several days worth of medications
- ◆ Set up a support network:
 - Talk to nearby family and neighbors who can check on you in a disaster
- ◆ If you rely on assistance from a home healthcare agency find out how they will respond in an emergency.
- ◆ Put together an emergency health information card, include:
 - Name and date of birth
 - Medications— dosage instructions
 - Emergency contacts
 - Allergies
 - Pertinent medical history, ex.
 - Heart attack, stroke, respiratory problems
 - Provide this card to family or a caregiver

Remember these three steps: Get a kit, Make a plan,
Be informed.

For more information contact:

York County Human Services Division
Kelly Blechertas
GIS and Information Systems Administrator
717.771.9347
KABlechertas@york-county.org

York County Office of Emergency Management
Shen Kreiser
Nuclear Planner/Trainer
717.840.2990
shkreiser@ycdes.org



ECRIN

Registration Form

Office Use Only

ID #: _____ -- _____

A/I/D: _____

Revised: 9/2010

- Date: ___/___/___
- List Municipality in which you are located: _____
- Home: Own _____ Rent _____ Group Home _____ Foster Care _____
- Do you speak English? Yes _____ No _____
- If NO, what is your native language? _____
- Do you read English? Yes _____ No _____

Personal Information:

- Name: _____
- Date of Birth: _____
- Street Address: _____
- City _____ •Zip _____
- Male or Female (circle one)
- Phone: Home: _____
- Cell: _____
- Apartment #: _____

- Pets that need evacuation? Yes _____ No _____
- If yes, what type of pets? _____

- Emergency Contact: Name: _____ Address: _____
- Phone: _____
- Cell: _____ Relationship: _____

Check All That Apply:

- Confined to bed
- Confined to wheelchair
- Require medical support equipment (oxygen, ventilator, other)
- Walk with walker, cane, or other
- Without any personal means of transportation
- I might not be able to evacuate without help due to a mental disability, mental retardation, Autism, Alzheimer's, or due to not being able to respond verbally
- Service animal
- Sight Impairment
- Hearing Impairment
- Other (Please Explain) _____

I have read and understood the information release on the back of this form.

Registrant / Caregiver Signature: _____ Date: _____

**Return To Your Local Municipality, Or:
York County Human Services || 100 West Market Street || York, Pa 17401**

Client Consent Form

Privacy of Health Information / HIPAA Disclosures in Emergency Situations

HIPAA permits various agencies and public officials who are responding to a man-made or natural emergency to disclose needed information to public officials in a variety of ways. This allows emergency responders to communicate effectively in the face of an emergency. Covered entities may disclose protected health information, without the individuals authorization, to a public health authority acting as authorized by law in response to a man-made or natural emergency.

See: 45 CFR 164.512 (b); 45 CFR 164.512 (j); 45 CFR 164.512 (f); 45 CFR 164.512 (k) (2); or judicial and administrative proceedings; 45 CFR 164.512 (e).

Client Consent

- ◆ I consent to having my information be shared with York County Human Services, York County Emergency Management, others involved in ECRIN, as well as local emergency responders and municipal officials.
- ◆ **Liability Notice:** Neither the County of York (or any of its elected officials, employees, agencies, or departments), York County Planning Commission, your local municipality, nor any of the individuals or entities involved in the accumulation of data, entry of data, or use of the data can assure the accuracy, completeness, or reliability of the information provided or the use of that information in an emergency situation. Under no circumstances shall the County of York nor the other entities as noted previously be liable to you, including claims of negligence, for any special, incidental, direct, indirect, punitive, or consequential damages.
- ◆ **Information Notice:** I agree that you may retain my information and use it for emergency planning and response, effective from the date of my signature and continuing until / if I submit a signed, dated notice to my local municipal office, to the attention of Emergency Management, requesting that they remove my information. I understand that my local municipality may remove my name from the ECRIN service. I understand that I am also responsible for notifying my municipality if I change my address or health status.